

Restorative Care

Policy, Procedures and Training Package

Release Date: December 17, 2010

Disclaimer

The Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS) Long-Term Care Homes Act (LTCHA) Implementation Member Support Project resources are confidential documents for OANHSS members only. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon this information, by persons or entities other than the intended recipients is prohibited without the approval of OANHSS.

The opinions expressed by the contributors to this work are their own and do not necessarily reflect the opinions or policies of OANHSS.

LTCHA Implementation Member Support Project resources are distributed for information purposes only. The Ontario Association of Non-Profit Homes and Services for Seniors is not engaged in rendering legal or other professional advice. If legal advice or other expert assistance is required, the services of a professional should be sought.

Table of Contents

ABOUT THIS DOCUMENT	4
RESTORATIVE CARE	5
Policy	5
Procedure	7
APPENDIX A: RESTORATIVE NURSING DAILY TRACKING FORM.....	10
APPENDIX B: RESTORATIVE CARE TRAINING PRESENTATION.....	11

ABOUT THIS DOCUMENT

The development and implementation of a policy and procedures for restorative care is a requirement of Regulation 79 of the *Long-Term Care Homes Act, 2007* (LTCHA). This document contains a sample policy, procedures and staff training materials and tools that meet the minimum requirements of the LTCHA and regulation.

This package is intended to be used as a resource for OANHSS member homes to modify and customize, as appropriate. This material can also be used by homes to review their current policies and procedures and compare content. Please note: The project team have compiled these materials during the fall of 2010, and as a result, the information is based on the guidance available at this time. Members will need to regularly review the Ministry of Health and Long-Term Care (MOHLTC) Quality Inspection Program Mandatory and Triggered Protocols to ensure that internal policies and procedures align to these compliance expectations.

Acknowledgements

OANHSS gratefully acknowledges the contribution of written practices, resources and tools used in the development of this package from Belmont House, Toronto.

RESTORATIVE CARE

Philosophy

The fundamental principle of the Long-Term Care Homes Act, 2007, is that a long-term care home is primarily the home of its residents and is to be operated so that it is a place where residents may live with dignity and in security, safety and comfort and have their physical, psychological, social, spiritual and cultural needs adequately met. LTCHA, 2007, c. 8, s. 1.

Restorative Care Principles to be applied within a long-term care home are:

- Providing resident focused care based on the resident's needs and desires
- Fostering the individual resident's independence and quality of life
- Optimizing the resident's remaining strengths and abilities to attain and maintain optimal level of function possible
- Promoting an interdisciplinary team and co-ordinated approach to resident care

Policy

The home shall ensure that Restorative Care approaches and principles aimed at improving, preventing deterioration or maintaining a resident's functional level and quality of life are integrated into the home programs and individual plans of care for all residents.

Preamble

Restorative Care is a coordinated approach to care which is integrated throughout all aspects of the home. This approach is intended to ensure that each resident is able to maintain or improve his/her functional and cognitive capacities in all aspects of daily living to the extent of his/her abilities. It is put into practice through the care planning process and is delivered through interdisciplinary programs and policies, nursing restorative services and therapy services.

Requirements for Restorative Programs:

1. Relevant policies focus on an interdisciplinary program and include residents with cognitive impairment or not able to leave their rooms
2. Written program descriptions including resident focused goals, program protocols, risk management, monitoring and evaluation aimed at improving or maintaining the resident's function
3. Access to specialized resources and referral process for specialized services
4. Suitable supplies, assistive devices and equipment are available, safe for resident use and in good working order
5. Annual evaluation of restorative programs including a written record of evaluation and changes made, who participated and when the changes were implemented
6. Documentation for individual residents must include assessments, re-assessment, interventions and resident responses to interventions
7. Staff carrying out interventions must be trained in restorative techniques

8. Therapists providing service must be licensed under the *Ontario Regulated Health Professions Act, 1991*.
9. Social Workers and Social Service Workers must be registered under the *Ontario Social Work and Social Service Work Act, 1998*.

Definitions

Nursing Restorative Care

Nursing 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. The resident may receive nursing restorative services, and receive services from specialized therapy staff (e.g. occupational therapist, physical therapist, speech and language pathologist etc.).

Nursing Interventions are related to skill development or caregiver support which assist or promote the resident's ability to attain his or her maximum functional potential.

There must be an opportunity to meet program goals, to improve, maintain, or slow the decline in Activities of Daily Living (ADL) and cognitive function.

Nursing Restorative Services is a creative process requiring the co operative efforts of everyone involved with the Residents to improve the mental, physical, social condition with the objective in mind of preserving the individual's ability to enjoy life. Nursing Restorative interventions must be under the direction of an RN or RPN and evaluated by same.

Nursing Restorative Services include:

- Range of motion (active and passive)
- Bed mobility
- Transfer
- Walking
- Dressing or grooming
- Eating and swallowing
- Communication
- Amputation or prosthesis care
- Other (i.e. teaching for self care for diabetic management, self admin of medications etc)

The process of providing nursing restorative services involve setting resident focused goals and strategies in collaboration with the interdisciplinary team including Therapy Services, through the care planning process. These services must be planned, scheduled and documented in the clinical record.

Therapy Services

On-site therapists must be available to meet the needs of residents and may be accessed through contracted services, community resources or directly through the home. It is provided to residents on an individualized basis or in a group setting based on residents' assessed care needs.

Therapy Services may consist of consultation, education, assessment, treatment, monitoring and evaluation. Therapeutic interventions such as use of modalities, specific treatment techniques, retraining or teaching new skills to residents are usually provided by an on-site Physiotherapist (PT) or an Occupational Therapist (OT) or a Speech and Language Pathologist (SLP). These services focus on addressing a clinical issue such as illness, injury or disease. PT, OT, SLP are provided under the direction, of and evaluated by, the relevant therapist. Interventions may be carried out by the therapist or trained support personnel.

To provide therapy services, it involves setting resident focused goals in collaboration with the interdisciplinary team including Nursing and developing and implementing strategies as part of the care planning process. These services must be planned, scheduled and documented within the resident's clinical record. Another key aspect of providing therapy services is ensuring a sufficient supply of therapy equipment available at all times to meet the needs of residents.

Social Work and Social Services

There must be a written description of social work and social services provided in the home and the service must meet the needs of residents.

Transfers and Positioning

Staff shall use devices and techniques, when transferring and positioning residents, which maintain or improve, wherever possible, a residents' weight bearing capability, endurance and range of motion.

Procedure

Assessment

Functional assessment is a snapshot of how residents are currently managing daily routines, and functional status refers to the survival skills needed to negotiate everyday life. Functional assessment provides information related to whether the resident is able to do what he/she needs and wants to do and if not, why not. It monitors change over time.

1. A resident is assessed at admission, ongoing and at least quarterly to determine the need for interventions, monitor for potential to improve maintain his/her functional level, and to prevent deterioration.
 - MDS RAI data is used to identify potential for nursing restorative services and/or therapy services.
 - MDS RAI Outcome scales will provide evidence and support the interdisciplinary team decision.
2. Registered Nursing Staff collect resident's health information and determine his/her

functional abilities and initiate an initial care plan within 24 hours. The assessment involves, as appropriate, the resident, family or Substitute Decision Maker (SDM) and health care providers e.g. Physiotherapist. (RAI MDS –section G)

3. The Registered Nursing staff determines the resident's potential to benefit from the specific restorative service and the resident's interest in participating.
4. The Registered Nursing staff initiates and carries out referrals to specialized services (eg Therapy Services).
5. The interdisciplinary team identifies expected goals with the resident/SDM, individualized to the resident and recommends specific restorative programs which would benefit the resident.
6. Within 21 days the interdisciplinary team completes and documents the care plan and ensures that the restorative goals are mutually developed (with resident, substitute decision maker (SDM), family) and are:
 - resident specific
 - measurable
 - attainable
 - realistic
 - have a time frame for completion
7. The interdisciplinary team develops (as part of the care plan) and implements interventions that are safe and appropriate in order to achieve the expected goals.
8. Education of the resident, SDM and family must be part of the intervention implementation.

Care Planning

1. Develop restorative strategies including “who will do what” and when.
2. Who is involved, when occurs, what will be done, how it is done, where it is done.

Monitor and Evaluate

Quarterly Reassessment

1. Assessment and reassessment of the resident's status (and documented evidence of periodic assessment) is ongoing. In addition, there is the need for a quarterly review and re-assessment.
2. The Registered Nursing staff will seek input from the interdisciplinary team regarding the resident's progress towards achieving the expected nursing restorative goals, the effectiveness of the strategies and determine if the resident will continue in the program, if the program will be modified, if the resident has potential to benefit from another program or if the resident will be discontinued from the program.
3. Registered Therapists will reassess residents on their caseloads at least quarterly and more frequently as required by the resident's assessed needs as part of the care planning process with input from the interdisciplinary team, the resident/SDM.

Annual Reassessment

Individual Resident

- The resident's involvement in a nursing restorative program will be reassessed as part of the care planning process with input from the interdisciplinary team, the resident/SDM.
- The resident's involvement in Therapy Services will be reassessed as part of the care planning process with input from the interdisciplinary team, the resident/SDM.

Restorative Programs

A written record will be kept of the program review and will include:

- the name and relevant discipline of the individuals participating in the review,
- a summary of any changes arising from the review and,
- an action plan outlining the timelines for the implementation of the changes.

Nursing Restorative Programs and Therapy Services Programs are evaluated annually.

Documentation

Documentation of restorative care for individual residents must include the following:

- Assessment: MDS RAI,
- Flow sheets: PSW record of carrying out interventions – sample attached,
- Progress as it occurs: recorded in the resident's progress notes,
- Changes in resident's status: recorded in the resident's progress notes, RAI MDS – scores,
- Quarterly review: resident status recorded on the resident record.

APPENDIX A: RESTORATIVE NURSING DAILY TRACKING FORM

Resident Name:

Restorative Nursing Activity/ Intervention	Date and Minutes	1	2	3	4	5	6	7	
	Shifts								
Range of motion (active and passive) Bed mobility Transfer Walking Dressing or grooming Eating and swallowing Communication Amputation or prosthesis care	Night								
	<i>Initials</i>								
	Day								
	<i>Initials</i>								
	Evening								
	<i>Initials</i>								
	Total Minutes								
Range of motion (active and passive) Bed mobility Transfer Walking Dressing or grooming Eating and swallowing Communication Amputation or prosthesis care	Night								
	<i>Initials</i>								
	Day								
	<i>Initials</i>								
	Evening								
	<i>Initials</i>								
	Total Minutes								

APPENDIX B: RESTORATIVE CARE TRAINING PRESENTATION

For Appendix B: Restorative Care Training Presentation, see attached presentation (Microsoft PowerPoint file) included in this package.