Long-Term Care Survey Alert

SPECIAL FOCUS: RESTORATIVE NURSING--Make Restorative Nursing A Quality-Of-Life Journey

The right programming can make a big difference to your residents.

If you're looking to maintain or restore a resident's psychosocial health and quality of life, a restorative program may be just the ticket.

Reap the survey rewards: "Restorative programs can go a long way toward decreasing citations for psychosocial harm, which is a big issue right now," says **Patricia Boyer, RN, NHA**, principal of **Boyer and Associates** in Brookton, WI. "If we are making residents happier, their quality of life is better and you'll see less behavioral symptoms."

Consider these ideas for using restorative nursing to boost resident's psychosocial health and enjoyment in life:

1. Combine makeover groups with reminiscing: Doing so improves several important things at once--a person's memory and life review and appearance and self-esteem. For example, one facility provided a restorative group where residents talked about hairstyling and looking at pictures of different coifs, reports **Gail Robison, RN, NHA**, a consultant with Boyer and Associates. The residents would reminisce about how they used to wear their hair in certain ways. The residents "may no longer have the dexterity to put on rouge or lipstick, but talking about that brought them great joy," she relays.

Don't leave the men out: Men used to sit around in the barbershop and talk about fishing and current events, notes Robison. And "a facility could "simulate that experience with a focus on grooming and communication."

Example: Provide an activity for male residents with dementia that simulates shaving in an old-fashioned barbershop with the brushes and foam. "You'd use razors without the blades in them. The activity would also help with face and hand hygiene," says Robison.

2. Select a goal that will motivate the resident to participate in restorative. For example, ask the resident to identify a goal that's important to him and which he'd like to accomplish within six months, advises restorative nursing expert B.J. Collard, RN, principal, CTS Inc. in Denver.

Example: One resident wanted to be able to walk his granddaughter down the aisle because her father had died. "And that really motivated him to be in a walking program," says Collard. Another resident wanted to be able to hold her new baby granddaughter but couldn't do so without strengthening her upper body.

Another benefit: By setting a goal that translates into an outcome in the resident's life, you can get the family involved and excited about the restorative program, says Collard.

3. Make a game out of restorative activities. For example, develop a walking club where residents translate the feet they walk into miles, suggests Collard. Then each participant calculates how many miles it is to a chosen destination, such as Alabama where his daughter lives--or the Virgin Islands or Alaska for a vacation. Use a map and pin markers to track the walk club members' progress in reaching the destination, which is a reason for celebration, suggests Collard.

4. Focus restorative on activities that will lead to restraint reduction or prevent the need for restraints, which have a negative impact on quality of life. Because restorative maintains a person's strength, it reduces risk

of restraints, which facilities so often use to prevent falls, says **Karen Russell**, regional coordinator for the Pennsylvania Restraint Reduction Initiative/Kendal Outreach. "The facilities with restraint free programs have strong restorative program in place--they go hand in hand."

Restorative toileting programs can also reduce fall risk and, hence, the need for restraints. Regardless of a person's cognitive status, having to use the toilet is a major trigger for someone to get up on their own, observes Russell. But "toilet q 2 h" on the care plan isn't an individualized toileting plan, she notes. "Who goes to the bathroom every two hours? But when you truly develop an individualized program that meets the resident's usual elimination pattern, you've impacted fall risk."

5. Don't take restorative away from a resident who wants to participate. Collard notes, for example, some facilities tend to automatically stop restorative for someone who starts hospice care. But she worked with one woman in hospice who had tears in her eyes when staff stopped her restorative program. She said, "I know I'm dying, but taking me off this program means I'm more on the side of dying than living." The staff had taken away something important to her quality of life and peace of mind, says Collard.

A resident who is in hospice may participate in restorative with a goal of having a quality end-of-life experience, notes **Sara Wright, RN, GNP**, of the **Pennsylvania Restraint Reduction Initiative/Kendal Outreach.** "Even if the restorative aid just works on the resident's one arm with a goal of helping her feed herself, that ability can help her maintain her idea of dignity," she says.

Or the restorative aid "might help the resident sit on the side of the bed a couple of times a day, which helps the person avoid moving into that 'invalid' stage and sense of not being who they are anymore," Wright adds.

Collard has also seen people who aren't terminally ill get depressed when their restorative program ends. Yes, "there are costs involved to providing restorative," she says. But "you can design a program where volunteers supervised by nursing lead some fun [restorative] activities," she says.

MDS coding tip: To code restorative interventions in Section P3, you can't have a group of more than four per supervising person, adds Boyer.