Addressing the Impact of Restorative Programming on Your Case Mix Index Reimbursement

APRIL 24, 2023

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Sample Email from GoToWebinar

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Objectives

Identify	Identify the necessary components for a successful restorative program
Discuss	Discuss how restorative programs affect case mix reimbursement
Understand	Understand the training requirements for restorative aides
Review	Review documentation to support restorative programs and practices

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RESTORATIVE SERVICES

Agenda

- State of the industry
- Regulatory review
- Definitions
- Delivery model
- Tools
- MDS / PDPM / Medicaid
- Best practices

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RESTORATIVE SERVICES

State of the Industry

- Provided almost exclusively on an in-house basis
- 67% of SNFs in the U.S. provide programs
- Only 10% of existing programs generate funding
- Fewer than 1/3 of long-stay residents participate
- Q1 of 2017 more than 1 million residents received restorative care
- 31 states use Case Mix Index when calculating Medicaid reimbursement

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RESTORATIVE SERVICES

Current View

96% need help bathing

87% need help with dressing and grooming

66% require help with bed to chair transfers

66% need help with ambulation

63% need help toileting

46% require assistance with eating

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OBRA '87

Overview

Each resident must receive, and the facility must provide the necessary care and services to attain or maintain the highest practical physical, mental, and psychosocial well-being in accordance with the comprehensive assessment and plan or care.

Including assessing their strengthen/weaknesses, Identifying deterioration factors, Determining their potential for improvement, designing an individual plan of care, implementing it and updating it as appropriate.

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RAI MANUAL

Overview and Opportunity

- RAI Manual

"Restorative nursing program refers to nursing interventions that promote the resident's ability to adapt and adjust to living as independently and safely as possible. This concept actively focuses on achieving and maintaining optimal physical, mental, and psychosocial functioning."

- RAI Manual

"A resident may be started on a restorative nursing program when he or she is admitted to the facility with restorative needs, but is not a candidate for formalized rehabilitation therapy, or when restorative needs arise during the course of a longer-term stay, or in conjunction with formalized rehabilitation therapy. Generally, restorative nursing programs are initiated when a resident is discharged from formalized physical, occupational or speech rehabilitation therapy."

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ENERG RESTORATIVE

Definition

Restorative Nursing

- "Non-skilled" rehabilitative care provided by restorative aides and restorative nurses aimed to improve or maintain function
- Does not require a physician order
- Can be established and modified by a therapist and/or by a licensed nurse
- Not a directly reimbursable service

Therapy & Restorative complement each other, not compete.

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RESTORATIVE SERVICES

Therapy Vs. Restorative

Skilled Intervention/Services	Non-Skilled Interventions and Services
Patient Observations	Routine tasks with the patient
Assessment	Cueing patient during a task
Treatment Techniques	Supervising a patient performing a learned treatment routine
Patient/family/caregiver training	Repetitive exercises
Establishment of a Maintenance Program	Implementation of a Maintenance Program

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RESTORATIVE SERVICES

Definition

- Urinary Toileting Program and/or Bowel Toileting Program
- Passive Range of Motion (PROM)
- Active Range of Motion (AROM)
- Splint or Brace Assistance
- Bed Mobility
- Walking
- Transfer
- Dressing and/or Grooming
- Eating and/or Swallowing
- Amputation/Prostheses Care
- Communication

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ENERG RESTORATIVE

DELIVERY MODEL

- **Employment of the restorative aide/s**
  - Typically with a 6 day/week coverage plan.
- **It is a restorative NURSING program, therefore there is a nursing component that needs to be maintained on a regular basis**
  - Not a large commitment. Averages 4-6 hours per week.
    - Oversight by a licensed nurse
    - Intermittent assessment of restorative need
- **RAI guidelines stipulate that the individual must be a CNA to perform ROM and splint care**

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DELIVERY MODEL

- **Delivery:**
  - ☐ UB - Urinary / Bowel Toileting Program
  - ☐ BW - Bed Mobility and/or Walking
  - ☐ AP - Amputation / Prosthesis Care
  - ☐ ES - Eating and/or Swallowing
  - ☐ SB - Splint or Brace Assistance
  - ☐ AP - Active and/or Passive ROM
  - ☐ TT - Transfer Training
  - ☐ DG - Dressing and/or Grooming
  - ☐ CT - Communication Training
- **To 'count' towards nursing case mix, the delivery needs to be 2 categories, at least 15 minutes each, 6 days per week delivered in a 4:1 ratio or less**
- **Documentation:**
  - Establishment of restorative plan of care
  - Daily documentation in EMR
  - Intermittent assessment / note by restorative nurse manager
  - Completion of section H (Urinary/Bowel Training) and section O

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RESTORATIVE

OVERVIEW AND OPPORTUNITY

There has been great interest from many providers surrounding restorative services and the potential impact that exists with long term care residents as well as the short-term residents within the evolving PDPM environment.

Communities have identified the following impacts / needs:

- Staffing
- Clinical Delivery / QM
- CMI Opportunity
- PDPM Impact

Communities are looking for an end-to-end solution:

- A solution that flows from identification of need, to establishment of a POC, to assignment of tasks, to delivery of services, to documentation, to validation, to MDS input.

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END – TO – END

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TOOLS

Create tools to aid in program delivery and management:

- **60 Day Start-up Plan**
- **Restorative Meeting Flowsheet**
- **Restorative Manual**
- **Hand-off Tool / Referral Document**
- **Restorative Aide Interview Guides**
- **Orientation Checklist**
- **Competency / Proficiency Checklist**
- **Marketing Collaterals**

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ENERG RESTORATIVE TOOLS

Restorative Hand-off Form

Today's Date: _____

Resident's Name: _____ Apt. / Room #: _____

PT: _____ OT: _____ ST: _____ Nursing: _____

Tent date of therapy discharge: _____ Diagnosis: _____

Precautions / Restrictions: _____

Therapy Treatment Delivered: _____

Goal/s: _____

Intervention Classification (please check at least 2 of the following):

- ☐ Urinary / Bowel Toileting Program
- ☐ Active and/or Passive ROM
- ☐ Bed Mobility and/or Walking
- ☐ Transfer Training
- ☐ Amputation / Prosthesis Care
- ☐ Dressing and/or Grooming
- ☐ Eating and/or Swallowing
- ☐ Communication Training

Specific Tasks: (please provide specific tasks with objective metrics such as device, distance, assist, repetitions, techniques, equipment, time, restorative group, etc.):

1. _____
2. _____
3. _____
4. _____
5. _____

Delivery Model: (please check): ☐Group ☐One-on-One ☐Both

Therapist Completing Form: _____ ☐Training

Restorative Representative: _____ ☐Training

Restorative to Rehab

PT: _____ OT: _____ ST: _____

Identified need: _____

Restorative Representative Completing Form: _____

Therapist Conformation of Receipt: _____

Competency Areas

Self-Assessment and Validation Form

Self-Assessment Date: Extender:

Competency Areas	Self Assessment Score	Yrs of Experience	Confirmation / Validation	Route of Confirmation	Recommended Development Action
Urinary Toileting Program					
Bowel Toileting Program					
Active and/or Passive ROM					
Bed Mobility and/or Walking					
Transfer Training					
Dressing and/or Grooming					
Eating and/or Swallowing					
Communication Training					
Amputation / Prosthesis Care					

Signature and date of staff completing self-assessment

With my signature, I verify that the above self- assessment score is true and correct. I understand that I will be asked to demonstrate competency in essential job skills. I acknowledge that it is my responsibility to request review and/or demonstration of procedures where I lack experience.

Person Completing Validation Signature & Date

Person Completing Validation Signature & Date

ader, Manager, AVP/ND or CPS/HH APS

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ROI ENHANCEMENT OPPORTUNITIES

Opportunities:

- 5 Star
- Quality Measures / Indicators
  - Late loss ADL
  - ROM Decline
  - Reduced Mobility
- PDPM Nursing Case Mix
- Medicaid Case Mix in Associated States
- Survey Preparedness
- Compliance
- Creation of an Internal Continuum

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PDPM

Table 1: Determinants of Payment in PDPM

PT	OT	SLP	Nursing	NTA
Primary reason for SNF care Functional status	Primary reason for SNF care Functional status	Primary reason for SNF care Cognitive status Presence of swallowing disorder or mechanically altered diet Other SLP-related comorbidities	Clinical information from SNF stay Functional status Extensive services received Presence of depression Restorative nursing services received	Comorbidities present Extensive services received
Point in the stay (variable per diem adjustment)	Point in the stay (variable per diem adjustment)			Point in the stay (variable per diem adjustment)

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PDPM

PDPM Nursing Case-Mix Group	Clinical Conditions	# of Restorative Nursing Services	GG-based Function Score	Nursing Case-Mix Index
BAB1	Behavioral or cognitive symptoms	0-1	11-16	0.99
BAB2	Behavioral or cognitive symptoms	2 or more	11-16	1.04
PDE1	Assistance with daily living and general supervision	0-1	0-5	1.47
PDE2	Assistance with daily living and general supervision	2 or more	0-5	1.57
PBC1	Assistance with daily living and general supervision	0-1	6-14	1.13
PBC2	Assistance with daily living and general supervision	2 or more	6-14	1.21
PA1	Assistance with daily living and general supervision	0-1	15-16	0.66
PA2	Assistance with daily living and general supervision	2 or more	15-16	0.70

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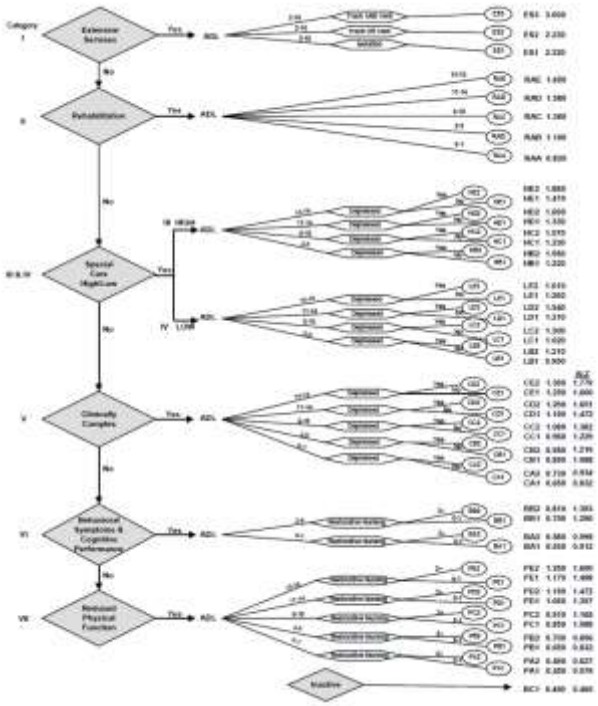
RUG IV 48 GROUPER



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Review

- We reviewed 16 communities initially
- We added an additional 14 communities in the secondary review for a total of 30 locations
- Characteristics for fist review:
  - Communities in case mix states
  - Good communication and MDS involvement
  - Established tenure
- Characteristics for secondary review
  - Case Mix States
  - 4-6 mo. tenure

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FINDINGS

- CMI Impact:
  - Three decreased
  - Two stayed flat
- Average increase over the "prior to current" time frame was 0.1286 in initial review and 0.0808 in secondary review
- Review found that there were also substantial opportunities present for improved capturing of:
  - Depression
  - ADL's
  - Additional Dx.

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Simple ROI - Initial

Avg. # Mcd Res		Base Rate	CMI Impact	Increase per res per day	Whole com. Rev per day	Whole com. Rev per year	Whole com. Rev per month
30		$ 170.00	0.1286	$ 21.86	$ 655.86	$ 239,388.90	$ 19,949.08

Simple ROI - Secondary

Avg. # Mcd Res		Base Rate	CMI Impact	Increase per res per day	Whole com. Rev per day	Whole com. Rev per year	Whole com. Rev per month
30		$ 170.00	0.0808	$ 13.74	$ 412.08	$ 150,409.20	$ 12,534.10

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ENERG RESTORATIVE OUTCOMES

RESULTS: RESTORATIVE EXAMPLE:

EnerG's restorative care program focuses on what an individual can do and promotes the ability to adapt and adjust to living as independently and safely as possible as residents transition to their next level of wellness. The initiation of restorative services, often alongside therapy, on PDPM patients has produced additional clinical benefit and nursing case mix impact for providers.

The results below represent a community with an average Medicare population of 12 residents.

CMI Impact

Pre-initiation 1.47

Post-initiation 1.57

Daily Nursing Case Mix impact per patient:

Pre-initiation – PDE1: $155.70

Post-initiation – PDE2: $166.29

Daily Enhancement: **$10.59 per day**

Enhancement per patient with a 21 day LOS: $222.39

40% of patients impacted by restorative = 4.8 patients

Potential CMI impact: over one month: $1575.78/mo.

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ENERG RESTORATIVE OUTCOMES

RESULTS: RESTORATIVE EXAMPLE:

In the month of April EnerG had assumed responsibility for all activities programming and by May EnerG had implemented a Restorative Wellness program. EnerG's restorative care program focuses on what an individual can do and promotes the ability to adapt and adjust to living as independently and safely as possible as residents transition to their next level of wellness.

The results below represent 33 residents over one quarter, before and after the implementation of a restorative care program wellness.

CMI Impact

Pre-initiation .977

Post-initiation 1.0925

Monthly Reimbursement

Pre-initiation $182,051.10

Post-initiation $205,613.10

Quarterly Enhancement $70,686

We are also baselining QM and comparing to restorative program participation:

- Late loss ADL
- ROM Decline
- Reduced Mobility

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RESTORATIVE SERVICES

BEST PRACTICES

IDT Communication / Collaboration
Quarterly Screens / Rounds tied to ARDs
Nursing / Therapy Referral System
Comprehensive therapy evaluation including standardized tests & measures
Quarterly in-services – All Shifts
Resident / family / nursing education and training
Flexible therapy schedules / Extended hours
Person-centered care / Preferences
Home Exercise Programs
Wellness Programs
Functional Outcomes & Clinical Program tracking and audits

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VALUE

PROPOSITION

- Improves resident function and quality of life
- Increased financial opportunity
- Delivers better outcomes
- Improves satisfaction and engagement
- Powers marketing efforts

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THANK YOU

QUESTIONS?

Brian D Boekhout, PT | Vice President, Wellness Services
Aegis Therapies / EnerG by Aegis – *Health & Wellness Solutions for Life*
Office | Cell: 951.203.6520
AegisTherapies.com | AegisTherapies.com/contract-wellness-services

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REGULATORY REQUIREMENTS

FEDERAL

MISSOURI

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Federal Regulations

42 CFR 483.25 Quality of Care-F-676
- A resident is given the appropriate treatment and services to maintain or improve his or her abilities.

42 CFR 483.25 Quality of Care-F-688
- A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.

42 CFR 483.25 Quality of Care-F684
- Each resident must receive, and the facility must provide the necessary care and
- services to attain or maintain the highest practicable physical, mental and
- psychosocial well-being, in accordance with the comprehensive assessment and plan of care.

42 CFR 483.25 Quality of Care-F-677
- A resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes ability to:
- Bathe, dress and groom
- Transfer and ambulate
- Toilet
- Eat and use speech, language or functional communication devices

F825: Specialized rehabilitative services
- Restorative services **are not considered** Specialized Rehabilitative Service

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Pertaining F Tags

- F552 Right to be Informed/Make Treatment decisions
- F636 Comprehensive Assessments & Timing
- F656 Comprehensive Care Plans
- F658 Services Provided Meet Professional Standards
- F676 Activities of Daily Living –Maintain Abilities
- F677 ADL Care Provided for Dependent Residents
- F684 Quality of Care
- F686 Pressure Sores
- F688 Increase/Prevent Decrease in Range of Motion/Mobility
- F689 Free of Accident Hazards/Supervision/Devices
- F690 Incontinence
- F692 Nutrition/Hydration status Maintenance
- F725 Sufficient Nursing Staff
- F825 Provide/Obtain Specialized Rehabilitative Services

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State Regulatory Requirements-Missouri

- Missouri:13 CSR 15-14 (21) "Training in restorative nursing shall be included in in-service education for nursing personnel at least annually and shall be conducted by a registered nurse or qualified therapist…"

Education Program: A **manual** developed by the Department of Health and Senior Services is available.

- The program constitutes at least 30 hours of classroom/laboratory instruction.
- A minimum of 30 hours of clinical practice will be given each participant under the supervision of the facilitator and licensed therapist.
- Evaluation includes written tests.

Instructor Qualifications: The course may be facilitated by an RN (preferably a Certified Rehabilitation Nurse or Certified Gerontological Nurse).

- Individual consultants (i.e., physical therapist, occupational therapist, speech therapist) should teach specific restorative procedures in their respective areas.

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State Regulatory Requirements-Missouri

Prerequisites for the RNA Course:

- The individual should be a practicing CNA with at least six (6) months experience after completion of the CNA program.
- The director of nursing of the facility at which he/she is employed should recommend the individual.
- The individual should have a high school diploma or GED

Test Procedure: A recommended testing procedure is:

- A written final exam consisting of 50 questions. The student must answer a total of 80% correctly.
- The practical exam will consist of a minimum of **six** skills, *two from each discipline*. Required skills will be:
  - Draping the resident for treatment/procedures
  - Range of motion exercises
  - Transfer techniques
  - Ambulation activities

A Manual is available at MO DHSS. Call 800-366-8232 or 573-882-4694

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Program Components

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Level of Rehabilitation to Restorative Care

- Level I (Skilled Therapy)
  - Provided by licensed therapist and certified therapy aides
  - Physician-ordered
  - Reimbursed by the Federal Medicare program
- Level II (Restorative Nurse and Restorative CNA)
  - Restorative/Retraining Services
  - Recommended and directed by a licensed therapist
- Level III (CNAs)
  - Maintenance Nursing Services
  - Provided under the direction of unit nurses by certified nursing assistants

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Best Practices

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Why Restorative Nursing?

Restorative Philosophy of Care: : Focus on what the resident can do for him/herself when taught, cued, or given enough time. Focus on short, achievable goals geared to what the resident *can* do, emphasizing strengths, *not* limitations

- To enable nursing home residents to achieve and/or maintain their highest practicable level of function with minimal assistance by focusing on the residents' strengths and building on them
- To provide an environment where residents can live meaningful lives and experience quality of life and dignity
- To maintain or improve residents' functional abilities in eating, bathing, dressing, grooming, mobility/ambulation, transfers and bowel/bladder control
- To promotes independence and dignity among residents in the nursing home

In short, we do restorative for three reasons

1. To help the residents maintain their current level of function

2. To improve the resident's level of function

3. If we can't maintain or improve, we do restorative to slow the decline or to prevent from declining

- Restorative aides provide training, coaching, cueing and cheerleading to have residents complete the designated programs

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Setting up Your Restorative Program

- Restorative committee:
  - – ***Medical Director***
  - – ***Director of Nursing Services***
  - – ***Therapy Representative***
  - – ***Restorative Nurse and Aides***
- Assign a restorative nurse and restorative aids
- Develop philosophy for the restorative program
- Provide mandatory training for all staff including ***on-going restorative education calendar***
- Develop job descriptions for restorative staff
- Develop policies and procedures for the restorative program
- Assess and identify residents for the program
- Create a system for identifying restorative needs on admission
- Tools to track progress
- Develop program level change
- Develop documentation guidelines and tools

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Restorative Nurse Job Description Example

- **Summary/Objective**
  This position is a full-time position, and reports to the Administrator, Director of Nursing & Assistant Director of Nursing. The candidate must be able to work cohesively with current Restorative Director. In keeping with our organization's goal of improving the lives of the Residents we serve, the Restorative Nurse plays a critical role in providing superior customer service and nursing care to all Residents. The Restorative Nurse implements and directs the facility's restorative nursing program with the goal of helping Residents reach and maintain their full mobility potential.
- **Essential Functions**
  -Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.
  -Develops, implements, directs and evaluates the facility's Restorative Nursing Program.
  -Meets and consults with the facility's interdisciplinary team on a regular basis to develop and maintain restorative care standards.
  -Ensures that the restorative nursing program complies with applicable laws, regulations, and national restorative nursing standards and requirements.
  -Participates in the admission process.
  -Participates in discharge planning, development and implementation of Resident care plans and assessments.
  -Performs administrative tasks such as charting, care planning, reports and etc.
- -Completes assigned MDS portions accurately and on time.
  -Assists with the recruitment and selection of restorative nursing staff.
  -Provides supervision to Restorative Nurses' Aides and C.N.A's and all subordinate staff which includes checking their work to ascertain that assignments have been completed.
  -Completes annual performance reviews of all subordinate restorative staff. Provides guidance and education to staff in regards to their performance.
  -Provides counseling and disciplinary action to subordinate staff members as needed.
  -Assists with and participates in the disciplinary process of subordinate restorative staff.
  -Performs other nursing care assignments by working as a floor nurse when needed.
  -Only practices nursing procedures and tasks with the scope of licensure.
  -Ensure that Resident care plans are being followed.
  -Round with physicians when needed.

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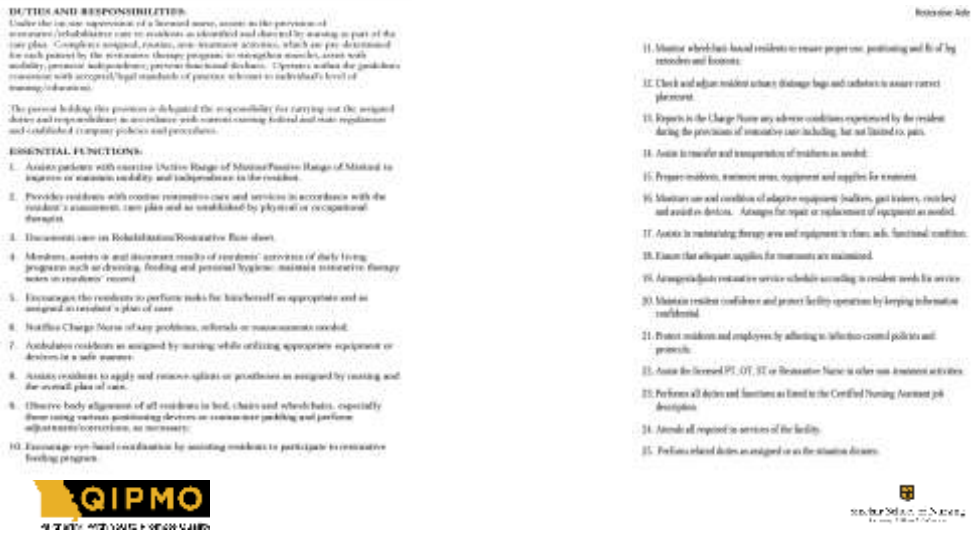
Restorative Aide Job Description Example



DUTIES AND RESPONSIBILITIES:

Under the on-site supervision of a licensed nurse, assists in the provision of restorative/rehabilitative care to residents as identified and directed by nursing as part of the care plan. Completes assigned, routine, non-treatment activities, which are pre-determined for each patient by the restorative therapy program, to strengthen muscles, assist with mobility, promote independence, prevent functional declines. Operates within the guidelines consistent with accepted/legal standards of practice relevant to individual's level of training/education.

The person holding this position is delegated the responsibility for carrying out the assigned duties and responsibilities in accordance with current nursing federal and state regulations and established company policies and procedures.

ESSENTIAL FUNCTIONS:

1. Assists patients with exercise (Active Range of Motion/Passive Range of Motion) to improve or maintain mobility and independence in the resident.
2. Provides residents with routine restorative care and services in accordance with the resident's assessment, care plan and as established by physical or occupational therapists.
3. Documents care on Rehabilitation/Restorative flow sheet.
4. Monitors, assists in and documents results of residents' activities of daily living programs such as dressing, feeding and personal hygiene; maintains restorative therapy notes in residents' record.
5. Encourages the residents to perform tasks for him/herself as appropriate and as assigned in resident's plan of care.
6. Notifies Charge Nurse of any problems, referrals or reassessments needed.
7. Ambulates residents as assigned by nursing while utilizing appropriate equipment or devices in a safe manner.
8. Assists residents to apply and remove splints or prostheses as assigned by nursing and the overall plan of care.
9. Observes body alignment of all residents in bed, chairs and wheelchairs, especially those using various positioning devices or communicator padding and performs adjustments/corrections, as necessary.
10. Encourages eye-hand coordination by assisting residents to participate in restorative feeding program.

Restorative Aide

11. Monitors wheelchair-bound residents to ensure proper use, positioning and fit of leg extenders and footrests.
12. Check and adjust resident urinary drainage bags and catheters to ensure correct placement.
13. Reports to the Charge Nurse any adverse conditions experienced by the resident during the provisions of restorative care including, but not limited to, pain.
14. Assists in transfer and transportation of residents as needed.
15. Prepares residents, treatment areas, equipment and supplies for treatment.
16. Monitors use and condition of adaptive equipment (walkers, gait trainers, crutches) and assistive devices. Arranges for repair or replacement of equipment as needed.
17. Assists in maintaining therapy area and equipment in clean, safe, functional condition.
18. Ensures adequate supplies for treatments are maintained.
19. Arranges/adjusts restorative service schedule according to resident needs for service.
20. Maintains resident confidences and protect facility operations by keeping information confidential.
21. Protects residents and employees by adhering to infection control policies and protocols.
22. Assists the licensed PT, OT, ST or Restorative Nurse in other non-treatment activities.
23. Performs all duties and functions as listed in the Certified Nursing Assistant job description.
24. Attends all required in-services of the facility.
25. Performs related duties as assigned or as the situation dictates.

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Identifying Potential Candidates for Restorative Services

- Observed decline in functional status
- Recommended by therapy through a screen, evaluation or transition from therapy services
- Quality Measure triggered: i.e. LS Percent of residents whose need for help with daily activities has increased or Percent of residents whose ability to move independently worsened
- Triggered event: falls, weight loss, pressure ulcer or newly identified incontinence
- Functional decline or maintenance need identified at admission or during their stay and not appropriate for therapy (MDS Section G)

Other things to consider:

- What are the resident's goals for health and wellbeing
- What are their preferences?
- Is the resident willing to participate in a RNP?
- What is the resident's ability to participate in and benefit from a RNP?

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Long Stay QM Examples

Percentage of long-stay residents whose ability to move independently worsened

↓ Lower percentages are better

7%

National average: 16.2%

Missouri average: 13.7%

Percentage of long-stay residents whose ability to move independently worsened

↓ Lower percentages are better

17.2%

National average: 16.2%

Missouri average: 13.7%

Percentage of long-stay residents whose need for help with daily activities has increased

↓ Lower percentages are better

18.1%

National average: 14.8%

Missouri average: 15.4%

Percentage of long-stay residents whose need for help with daily activities has increased

↓ Lower percentages are better

27.2%

National average: 14.8%

Missouri average: 15.4%

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MDS Section G. Functional Status

SECTION G: FUNCTIONAL STATUS

G0110: Activities of Daily Living (ADL) Assistance

- Additional types of candidates:
  - Residents who are at risk for or have limitations in ROM
  - Resident's who require assistance with ADLs (transfer, walking, dressing and grooming)
  - Residents who have balance problems, experience falls
  - Residents who have swallowing, eating and/or communication problems
  - Residents who require prosthesis care

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Possible Reasons for ADL Decline

- Acute medical condition (new cerebrovascular accident (CVA), diabetes, Parkinson's, fracture)
- Pain
- Pressure ulcers
- Depression
- Withdrawal/Social isolation
- Infection
- Cognitively impaired (advanced stages of Alzheimer's)
- Physical restraints
- Hospice
- End-stage chronic conditions
- Lack of restorative programs

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Restorative Program Components

- Policy and Procedure Management
- Forms for referring, assessing, logging, tracking activities and document the progress
- Assessment Process: Identification of a need for enrolling program based on assessment, resident 's goal and input
- Selection of which program/plan is appropriate for the resident
- Determination that the program is a separate, individualized care planned program
- Documentation to support the services and to substantiate the program need with implementation
- Ongoing monitoring and re-evaluation to determine progress and positive outcomes
- Staff education and competence including skills checklists, competency evaluations, etc.
- Oversight and audits for compliance to incorporate into the QAPI program

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Restorative Program Components

Ensure the restorative aides are CNAs who have been specially trained in rehabilitation/restorative nursing care and carry out specific care activities for residents who have been assessed for restorative ROM, ambulation, dressing/grooming and dining programs.

Identify specific restorative programs and carry out by members of the interdisciplinary team

Ambulation Program	Bed Mobility Program	Communication Program	Dining Program	Dressing/Grooming Program	Orthotic/Prosthetic Program	Range of Motion Program	Toileting Program	Transfer Program

Identify the monitoring and evaluating system including the licensed nurse who is in charge of the program

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Restorative Nursing Functions

- Provides direct restorative care and delegates formalized therapy tasks, completing work accurately, safely and in a timely manner
- Specific care includes passive and active ROM, ambulation, special positioning techniques, splints, assistive feeding devices/adaptive equipment, ADL training, bowel and bladder management, restorative dining, facility feeding program and bladder retaining
- Sets up grooming, exercise, sensory stimulation classes, etc.
- Sets up restorative dining program
- Works with PT/OT/ST and other nursing staff
- Coaches and assists to make sure residents have their recommended assistive feeding devices in dining room
- Coaches and assists floor CNAs in positioning, ROM, ambulation, ADL, cones/splints/ contracture care, safety device application, reduction, and release, and appropriate padding and wheelchair cushions
- Conducts education on resident restorative care and proper equipment procedures
- Assists with bowel and/or bladder retraining and works with staff in seeing that the program is properly executed

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Individual Restorative Plan

- What are the current goals and interventions for the resident?
- How were the interventions determined to ensure they were suitable for the resident's needs?
- How was the resident/representative involved in decisions regarding their goals, interventions, and treatments?
- How and by whom was the RNA trained on the resident's restorative program needs?
- How and by whom are nursing staff supervised and monitored to ensure they are implementing care planned interventions?
- What is the required amount of assistance from staff does the resident need with their restorative services?
- How do you promote and encourage the resident's participation in these services?
- What is the process for resident assessment (e.g., quarterly therapy screen) for a change in function and where is it documented?

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Assessing an Individual Restorative Plan

- How did facility staff assess the resident's therapy and/or restorative needs and status?
- Has the resident's progress including improvement, maintenance or decline been assessed and documented?
- If a resident demonstrates a decline, how, when and by whom was the decline identified? What is the possible cause of the decline? When was the decline reported? Was the resident's treatment plan modified?
- What therapy and/or restorative interventions were in place before the decline developed? Why did these interventions not prove effective?
- Does the resident use any assistive devices? If so, what device(s) and indicated reason? How is the resident educated and encouraged to use these device(s)?
- How should staff handle resident refusal to participate?
- If care plan concerns are noted, interview staff responsible for care planning as to the rationale for the current care plan goals and interventions. Was the care plan and interventions revised to reflect any changes needed?

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MDS Coding of Restorative Services

SECTION O — Special Treatments, Procedures, and 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
☐	A. Range of motion (passive)
☐	B. Range of motion (active)
☐	C. Splint or brace assistance
Number of Days	**TRAINING AND SKILL PRACTICE IN:**
☐	D. Bed mobility
☐	E. Transfer
☐	F. Walking
☐	G. Dressing and/or grooming
☐	H. Eating and/or swallowing
☐	I. Amputation/prostheses care
☐	J. Communication

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MDS Coding Section O 0500 Restorative Nursing Programs

- To count a day of RNP there must be 15 minutes of programming in a 24-hour period
- The 15 minutes do not have to be all at once, they can be added up over a 24-hour period
- The minutes for each activity are coded separately. Activities cannot be combined to obtain the 15 minutes needed (e.g., 7 minutes AROM and 8 minutes PROM=15 minutes)
- The minutes must be documented. These programs, when used together, will be counted as one program
- Only the time staff spends with the resident is counted (e.g., the time the resident actually wears the splint is not included)

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MDS Coding Section O 0500 Restorative Nursing Programs

Activities provided by Restorative nursing staff

Sessions are individualized to the resident's needs, planned, monitored, evaluated, and documented in the resident's medical record

- O0500A Range of Motion (Passive): Code provision of passive movements in order to maintain flexibility and useful motion in joints

  For ROM (Passive) the caregiver moves the body part around a fixed point or joint through the resident's available range of motion. The resident provides no assistance
- O0500B Range of Motion (Active): Code exercises performed by the resident, with cuing, supervision or physical assist by staff. Include active ROM and active-assisted ROM

  Any participation by the resident in the ROM activity should be coded here
- O0500C Splint or Brace Assistance: Code provision (1) verbal and physical guidance and direction that teaches the resident how to apply, manipulate, and care for a brace or splint; or (2) a scheduled program of applying and removing the splint or brace

  For splint or brace assistance: assess the resident's skin and circulation under the device, and reposition the limb in correct alignment

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MDS Coding Tips: Training and Skill Practice

Code activities to improve or maintain the resident's self-performance in:

- O0500D Bed Mobility: Moving to/from a lying position, turning side-side and positioning him/herself in bed
- O0500E Transfer: Moving between surfaces or planes either with or without assistive devices
- O0500F Walking: Walking with or without assistive devices
- O0500G Dressing and/or Grooming: Dressing and undressing, bathing and washing, and performing other personal hygiene tasks
- O0500H Eating and/or Swallowing: Feeding oneself food and fluids, or activities used to improve or maintain the resident's ability to ingest nutrition and hydration by mouth
- O0500I Amputation/Prosthesis Care: Putting on and removing a prosthesis, caring for a prothesis, and providing appropriate hygiene at the site where the prothesis attaches to the body

Residents with dementia learn skills best through repetition that occurs multiple times per day

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Restorative Coding examples

- Mrs. D. is receiving training and skill practice in walking using a quad cane. Together, Mrs. D. and the nursing staff have set progressive walking distance goals. The nursing staff has received instruction on how to provide Mrs. D. with the instruction and guidance she needs to achieve the goals. She has *three scheduled times each day* where she learns how to walk with her quad cane. Each teaching and practice episode for walking, supervised by a nursing assistant, takes approximately 15 minutes.
- *Coding:* Walking item (O0500F), would be coded 7.
- *Rationale*: Because this was the number of days that restorative nursing skill and practice training for walking was provided.

- Mr. W.'s cognitive status has been deteriorating progressively over the past several months. Despite deliberate nursing restoration attempts to promote his independence in feeding himself, he will *not eat unless he is fed.*
- *Coding:* Eating and/or Swallowing item (O0500H), would be coded 0.
- *Rationale*: Because restorative nursing skill and practice training for eating and/or swallowing were not provided over the last 7 days.

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Successful Plans

- Assessments for restorative services needs. What is the problem? (different than the resident's baseline condition)
- Measurable goals and individualized interventions
- Care plans address the identified problem, goal(s) with timeframe and the restorative program as an intervention with duration, frequency, repetitions and specific procedures
- Evaluation period by the licensed nurse
- The activities are carried out by the trained RNA
- Program is supervised by a licensed RN/LPN
- Group therapies are limited to 3-4 residents per staff

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Plan Evaluation

- The evaluation is completed to assess the effectiveness of the Restorative Nursing Program
- Were the objectives met? If not, why?
- What were the barriers that prevented the resident from reaching his/her goals?
- The evaluation should describe the resident's progress towards the identified goal of the plan. Has the maximum benefit been achieved?
- If a lack of progress is identified, the evaluation should describe the barriers to the resident's progress and identify how to help the resident overcome those barriers
- Was the resident on board with the plan at the onset or did the goal(s) conflict with the resident's preferences or health goals?
- Resident refusals must be assessed. Why is the resident refusing? Time of day? Frequency? Unable to perform the task?
- Do other factors play a role: pain, staff following the program, staff approaching at an inconvenient time, do staff have time to implement the program etc.
- The evaluation must identify the rationale for the decision to revise, continue, or discontinue

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Individual Program Reevaluation

Mr. Elderberry returned from the hospital this morning. Prior to discharge, he was completing a walking program with restorative three times daily by walking to each meal, and he was on a scheduled toileting program to manage urinary incontinence. Therapy evaluated the program this afternoon and recommends Mr. Elderberry's walking program be discontinued at this time due to therapy working with gait-training and balance. The program will be discontinued today with a plan to reevaluate prior to discharge from therapy services. Therapy reports that Mr. Elderberry will continue to benefit from the restorative toileting program, with adjustment of this program for the resident to use a four-wheeled walker, gait-belt, and assistance of one helper to ambulate to the bathroom. Mr. Elderberry's prior toileting program required contact guard assist only. The program is now updated to reflect the new level of assistance, these changes have been communicated to staff, and the care plan has been updated.

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Nurse Evaluation of Resident's Plan

Goal: The resident will ambulate 100 feet daily

The Evaluation:

The resident demonstrated this ability daily for the past two weeks. Staff believe the resident has the potential to walk even further; however, the resident is afraid and won't attempt to walk further if staff aren't with her. Will revise program to increase the number of feet she is walked. Will meet with her weekly to talk to her about her fears and how much she is achieving.

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Documentation

- Person Centered Care Plan
- Records for logging RNA documentation and progress
- Daily documentation/flow sheet should include:
  - Program information containing intervention, goal, duration, frequency, repetitions, and other instructions as needed
  - Minutes (only document actual minutes restorative program performed with the resident)
  - Results (e.g., completed, refused, complaints of pain)
  - Time performed
  - Staff initials/signature
  - Oversight by licensed nurse (e.g., restorative manager providing weekly oversight)
- Change of Condition charting
- Quarterly Review (progress, participation, resident response to programs over the quarter)
- Formal Communication (written and verbal) when formal therapy discharges resident from therapy to include:
  - Current functional status
  - Appropriate Goal
  - Interventions
- **Once therapy discharges and resident is in a Restorative Program, the program is under the direction of nursing
- Specific measurements of the progress. (e.g., Walk 10 ft with cane)

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Sample Restorative Document

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Care Planning

Problem Statement Examples

- The resident is unable to ambulate independently related to Parkinson's disease as evidenced by an unsteady, shuffling gait, weakness and a history of falls.
- The resident is at risk for contractures in UE/LE ROM r/t CVA and R side hemiplegia as e/b the resident displays signs of hemi-neglect and does not initiate movement with the affected extremities.

Recommended Care Plan Format

The Problem Statement-

- The resident is unable to_____ r/t_____ as e/b_____.
- The resident is at risk for _____r/t_____ as e/b _____.

The Goal Statement-

- The resident will_____.
- The resident will continue to _____.

The problem statement identifies what the resident cannot do and the goal statement identifies what you want the resident to do.

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Care Plan Goals

Measurable Goals

A restorative nursing care plan must have a measurable goal.

SMART goals are measurable goals

A SMART Goal is Specific

- It identifies exactly what the resident is expected to accomplish.
- The resident will:
  - Be able to raise both arms straight above their head
  - Put on their shoes independently
  - Eat breakfast independently
  - Be continent of bladder during waking hours
  - Fully extend their right leg so that the back of the knee lays flat on the bed

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Measurable Restorative Goals

Examples of Measurable Goals

- The resident will walk 100 feet daily
- The resident will feed self finger foods at breakfast
- The resident will open the fingers of her left hand far enough to hold a spoon (or tennis ball or some other object)
- The resident will fasten the buttons on their shirt independently
- The resident will be able to fully extend their legs so that their legs rest flat on the bed.

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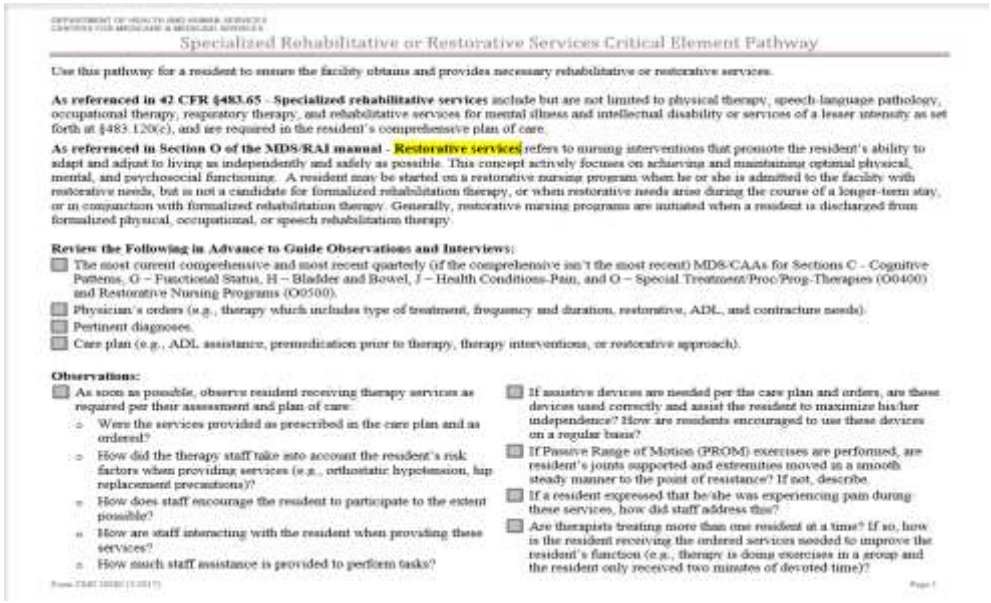

Specialized Rehabilitative or Restorative Services Critical Element Pathway

Use this pathway for a resident to ensure the facility obtains and provides necessary rehabilitative or restorative services.

As referenced in 42 CFR §483.65 - Specialized rehabilitative services include but are not limited to physical therapy, speech-language pathology, occupational therapy, respiratory therapy, and rehabilitative services for mental illness and intellectual disability or services of a lesser intensity as set forth at §483.120(c), and are required in the resident's comprehensive plan of care.

As referenced in Section O of the MDS/RAI manual - Restorative services refers to nursing interventions that promote the resident's ability to adapt and adjust to living as independently and safely as possible. This concept actively focuses on achieving and maintaining optimal physical, mental, and psychosocial functioning. A resident may be started on a restorative nursing program when he or she is admitted to the facility with restorative needs, but is not a candidate for formalized rehabilitation therapy, or when restorative needs arise during the course of a longer-term stay, or in conjunction with formalized rehabilitation therapy. Generally, restorative nursing programs are initiated when a resident is discharged from formalized physical, occupational, or speech rehabilitation therapy.

Review the Following in Advance to Guide Observations and Interviews:

- ☐ The most current comprehensive and most recent quarterly (if the comprehensive isn't the most recent) MDS/CAAs for Sections C - Cognitive Patterns, G – Functional Status, H – Bladder and Bowel, J – Health Conditions-Pain, and O – Special Treatment/Proc/Prog-Therapies (O0400) and Restorative Nursing Programs (O0500).
- ☐ Physician's orders (e.g., therapy which includes type of treatment, frequency and duration, restorative, ADL, and contracture needs).
- ☐ Pertinent diagnoses.
- ☐ Care plan (e.g., ADL assistance, premedication prior to therapy, therapy interventions, or restorative approach).

Observations:

- ☐ As soon as possible, observe resident receiving therapy services as required per their assessment and plan of care:
  - Were the services provided as prescribed in the care plan and as ordered?
  - How did the therapy staff take into account the resident's risk factors when providing services (e.g., orthostatic hypotension, hip replacement precautions)?
  - How does staff encourage the resident to participate to the extent possible?
  - How are staff interacting with the resident when providing these services?
  - How much staff assistance is provided to perform tasks?
- ☐ If assistive devices are needed per the care plan and orders, are these devices used correctly and assist the resident to maximize his/her independence? How are residents encouraged to use these devices on a regular basis?
- ☐ If Passive Range of Motion (PROM) exercises are performed, are resident's joints supported and extremities moved in a smooth steady manner to the point of resistance? If not, describe.
- ☐ If a resident expressed that he/she was experiencing pain during these services, how did staff address this?
- ☐ Are therapists treating more than one resident at a time? If so, how is the resident receiving the ordered services needed to improve the resident's function (e.g., therapy in douse exercises in a group and the resident only received two minutes of devoted time)?

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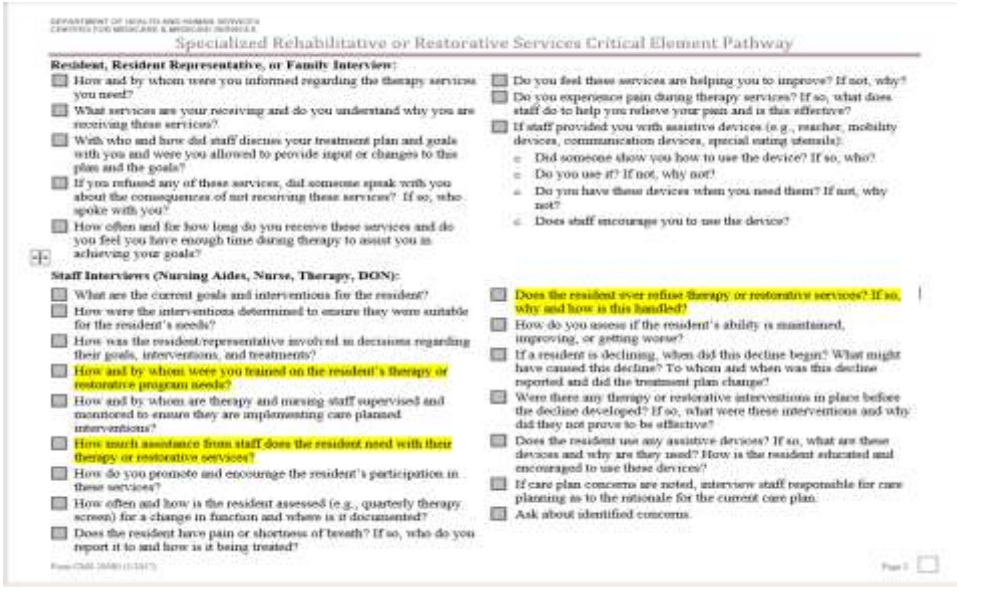

Specialized Rehabilitative or Restorative Services Critical Element Pathway

Resident, Resident Representative, or Family Interview:

- ☐ How and by whom were you informed regarding the therapy services you need?
- ☐ What services are your receiving and do you understand why you are receiving these services?
- ☐ With who and how did staff discuss your treatment plan and goals with you and were you allowed to provide input or changes to this plan and the goals?
- ☐ If you refused any of these services, did someone speak with you about the consequences of not receiving these services? If so, who spoke with you?
- ☐ How often and for how long do you receive these services and do you feel you have enough time during therapy to assist you in achieving your goals?
- ☐ Do you feel these services are helping you to improve? If not, why?
- ☐ Do you experience pain during therapy services? If so, what does staff do to help you relieve your pain and is this effective?
- ☐ If staff provided you with assistive devices (e.g., reacher, mobility devices, communication devices, special eating utensils):
  - Did someone show you how to use the device? If so, who?
  - Do you use it? If not, why not?
  - Do you have these devices when you need them? If not, why not?
  - Does staff encourage you to use the device?

Staff Interviews (Nursing Aides, Nurse, Therapy, DON):

- ☐ What are the current goals and interventions for the resident?
- ☐ How were the interventions determined to ensure they were suitable for the resident's needs?
- ☐ How was the resident/representative involved in decisions regarding their goals, interventions, and treatments?
- ☐ How and by whom were you trained on the resident's therapy or restorative program needs?
- ☐ How and by whom are therapy and nursing staff supervised and monitored to ensure they are implementing care planned interventions?
- ☐ How much assistance from staff does the resident need with their therapy or restorative services?
- ☐ How do you promote and encourage the resident's participation in these services?
- ☐ How often and how is the resident assessed (e.g., quarterly therapy screen) for a change in function and where is it documented?
- ☐ Does the resident have pain or shortness of breath? If so, who do you report it to and how is it being treated?
- ☐ Does the resident ever refuse therapy or restorative services? If so, why and how is this handled?
- ☐ How do you assess if the resident's ability is maintained, improving, or getting worse?
- ☐ If a resident is declining, when did this decline begin? What might have caused this decline? To whom and when was this decline reported and did the treatment plan change?
- ☐ Were there any therapy or restorative interventions in place before the decline developed? If so, what were these interventions and why did they not prove to be effective?
- ☐ Does the resident use any assistive devices? If so, what are these devices and why are they used? How is the resident educated and encouraged to use these devices?
- ☐ If care plan concerns are noted, interview staff responsible for care planning as to the rationale for the current care plan.
- ☐ Ask about identified concerns.

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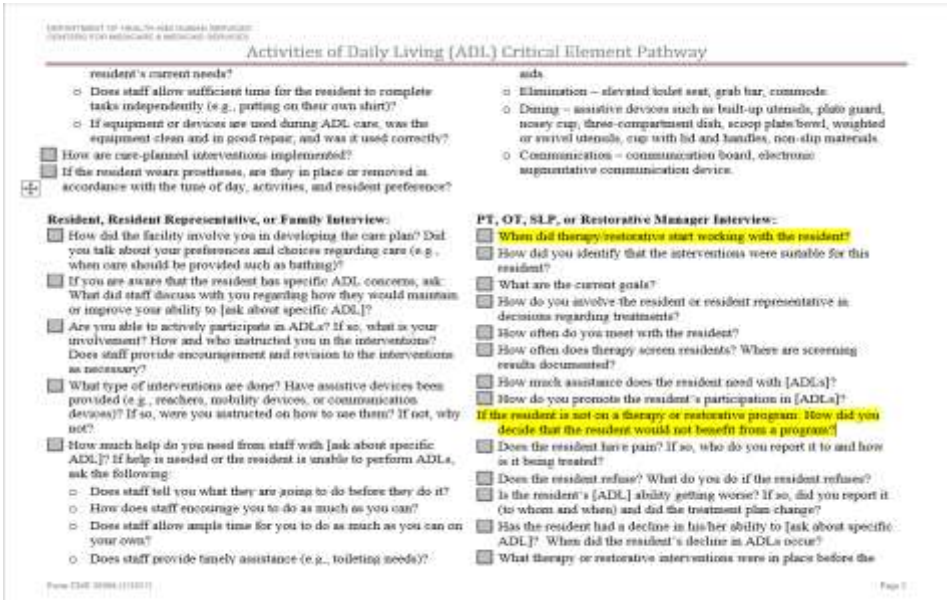


Activities of Daily Living (ADL) Critical Element Pathway

resident's current needs?
- Does staff allow sufficient time for the resident to complete tasks independently (e.g., putting on their own shirt)?
- If equipment or devices are used during ADL care, was the equipment clean and in good repair, and was it used correctly?

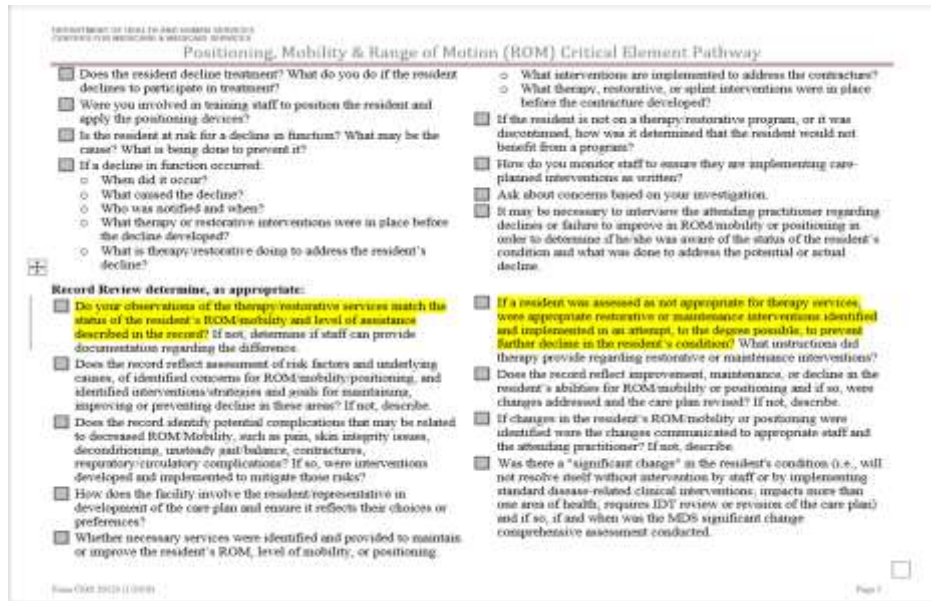
How are care-planned interventions implemented?
If the resident wears prostheses, are they in place or removed in accordance with the time of day, activities, and resident preference?

Resident, Resident Representative, or Family Interview:
- How did the facility involve you in developing the care plan? Did you talk about your preferences and choices regarding care (e.g., when care should be provided such as bathing)?
- If you are aware that the resident has specific ADL concerns, ask: What did staff discuss with you regarding how they would maintain or improve your ability to [ask about specific ADL]?
- Are you able to actively participate in ADLs? If so, what is your involvement? How and who instructed you in the interventions? Does staff provide encouragement and revision to the interventions as necessary?
- What type of interventions are done? Have assistive devices been provided (e.g., reachers, mobility devices, or communication devices)? If so, were you instructed on how to use them? If not, why not?
- How much help do you need from staff with [ask about specific ADL]? If help is needed or the resident is unable to perform ADLs, ask the following:
  - Does staff tell you what they are going to do before they do it?
  - How does staff encourage you to do as much as you can?
  - Does staff allow ample time for you to do as much as you can on your own?
  - Does staff provide timely assistance (e.g., toileting needs)?
  - aids
  - Elimination – elevated toilet seat, grab bar, commode
  - Dining – assistive devices such as built-up utensils, plate guard, nosey cup, three-compartment dish, scoop plate/bowl, weighted or swivel utensils, cup with lid and handles, non-slip materials
  - Communication – communication board, electronic augmentative communication device.

PT, OT, SLP, or Restorative Manager Interview:
- When did therapy/restorative start working with the resident?
- How did you identify that the interventions were suitable for this resident?
- What are the current goals?
- How do you involve the resident or resident representative in decisions regarding treatments?
- How often do you meet with the resident?
- How often does therapy screen residents? Where are screening results documented?
- How much assistance does the resident need with [ADLs]?
- How do you promote the resident's participation in [ADLs]?

If the resident is not on a therapy or restorative program: How did you decide that the resident would not benefit from a program?

- Does the resident have pain? If so, who do you report it to and how is it being treated?
- Does the resident refuse? What do you do if the resident refuses?
- Is the resident's [ADL] ability getting worse? If so, did you report it (to whom and when) and did the treatment plan change?
- Has the resident had a decline in his/her ability to [ask about specific ADL]? When did the resident's decline in ADLs occur?
- What therapy or restorative interventions were in place before the



Positioning, Mobility & Range of Motion (ROM) Critical Element Pathway

- Does the resident decline treatment? What do you do if the resident declines to participate in treatment?
- Were you involved in training staff to position the resident and apply the positioning devices?
- Is the resident at risk for a decline in function? What may be the cause? What is being done to prevent it?
- If a decline in function occurred:
  - When did it occur?
  - What caused the decline?
  - Who was notified and when?
  - What therapy or restorative interventions were in place before the decline developed?
  - What is therapy/restorative doing to address the resident's decline?

Record Review determine, as appropriate:
- Do your observations of the therapy/restorative services match the status of the resident's ROM/mobility and level of assistance described in the record? If not, determine if staff can provide documentation regarding the difference.
- Does the record reflect assessment of risk factors and underlying causes, of identified concerns for ROM/mobility/positioning, and identified interventions/strategies and goals for maintaining, improving or preventing decline in these areas? If not, describe.
- Does the record identify potential complications that may be related to decreased ROM/Mobility, such as pain, skin integrity issues, deconditioning, unsteady gait/balance, contractures, respiratory/circulatory complications? If so, were interventions developed and implemented to mitigate those risks?
- How does the facility involve the resident/representative in development of the care plan and ensure it reflects their choices or preferences?
- Whether necessary services were identified and provided to maintain or improve the resident's ROM, level of mobility, or positioning
  - What interventions are implemented to address the contracture?
  - What therapy, restorative, or splint interventions were in place before the contracture developed?
- If the resident is not on a therapy/restorative program, or it was discontinued, how was it determined that the resident would not benefit from a program?
- How do you monitor staff to ensure they are implementing care-planned interventions as written?
- Ask about concerns based on your investigation.
- It may be necessary to interview the attending practitioner regarding declines or failure to improve an ROM/mobility or positioning in order to determine if he/she was aware of the status of the resident's condition and what was done to address the potential or actual decline.

- If a resident was assessed as not appropriate for therapy services, were appropriate restorative or maintenance interventions identified and implemented in an attempt, to the degree possible, to prevent further decline in the resident's condition? What instructions did therapy provide regarding restorative or maintenance interventions?
- Does the record reflect improvement, maintenance, or decline in the resident's abilities for ROM/mobility or positioning and if so, were changes addressed and the care plan revised? If not, describe.
- If changes in the resident's ROM/mobility or positioning were identified were the changes communicated to appropriate staff and the attending practitioner? If not, describe.
- Was there a "significant change" in the resident's condition (i.e., will not resolve itself without intervention by staff or by implementing standard disease-related clinical interventions; impacts more than one area of health; requires IDT review or revision of the care plan) and if so, if and when was the MDS significant change comprehensive assessment conducted.

References

- www.cms.gov. SOM Appendix PP, RAI Manual, CMS 20080 Specialized Rehabilitative or Restorative Services CEP, CMS 20066 Activities of Daily Living CEP, CMS 20120 Positioning, Mobility, and Range of Motion (ROM) CEP
- www.health.mo.gov/CNARegistry/RNA.html
- www.health.state.mn.us/facilities/regulation/casemix/docs/rnppowerpoint.pdf Restorative Nursing Nadine Olness, RN, RAC-CT MN State RAI Coordinator, Licensing and Certification Program
- www.aapacn.org Restorative and Therapy: Collaborate for Successful Outcomes

Potential Resource

- www.aapacn.org Guide to Successful Restorative Programs $52.00 member price

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Questions

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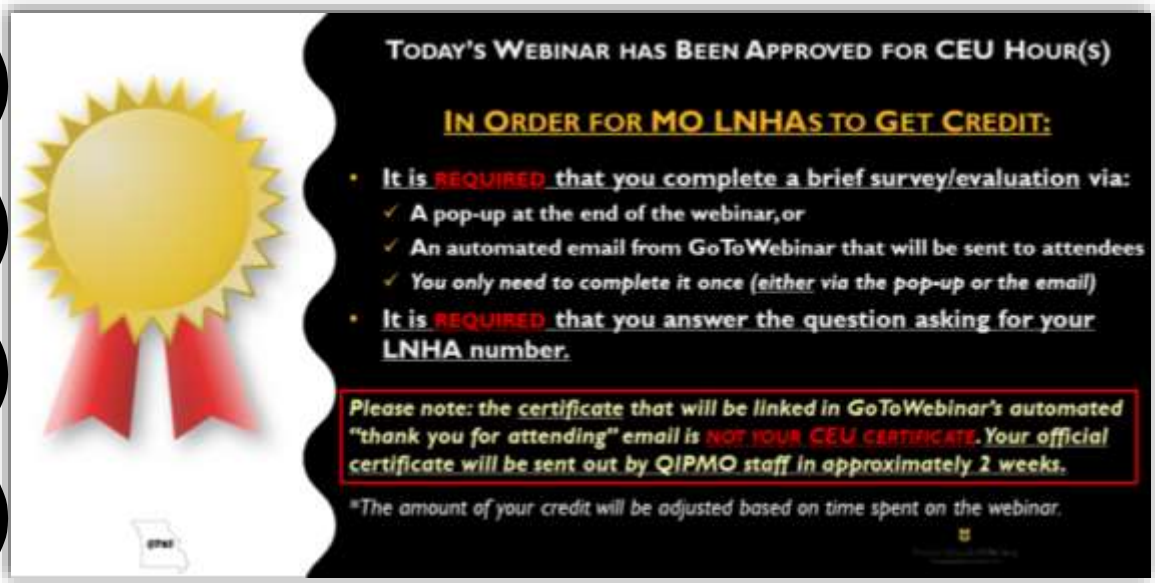
IMPORTANT – CEU INFORMATION



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SAMPLE EMAIL FROM GOTOWEBINAR

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Clinical Education Nurses

www.nursinghomehelp.org/qipmo-program
musonqipmo@missouri.edu

Wendy Boren
borenw@missouri.edu
Region 2

Katy Nguyen
nguyenk@missouri.edu
Regions 3, 4

Crystal Plank
plankc@missouri.edu
Regions 5, 6

Debbie Pool
poold@missouri.edu
Region 7

Amy Moenning
moenninga@missouri.edu
Region 1

75

Infection Control Team

www.nursinghomehelp.org/icar-project
musonicarproject@missouri.edu

Shari Kist
kistse@missouri.edu
Regions 5, 6

TBA
musonicarproject@missouri.edu
Regions 3, 4

Sue Shumate
shumatese@missouri.edu
Region 2, 7 ALFs/RCFs

Amy Moenning
moenninga@missouri.edu
Region 1

Nicky Martin
martincaro@missouri.edu
Region 2 SNFs

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Leadership Coaches and Admin Team

www.nursinghomehelp.org/leadership-coaching
musonqipmo@missouri.edu

Mark Francis
francismd@missouri.edu
Regions 1, 3

Nicky Martin
martincaro@missouri.edu
Region 2,

Libby Youse
youseme@missouri.edu
Regions 4, 5, 6

TBA
musonqipmo@missouri.edu
Region 7

Marilyn Rantz
Project Director

Jessica Mueller
Sr. Project Coordinator
muellerjes@missouri.edu

Ronda Cramer
Business Support Specialist
cramerr@missouri.edu

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