



Webinar: Best Practice Considerations for Aging Services Professionals: Restorative Care to Maintain and Improve Function

(Sponsored by ComForCare Home Care Franchise Systems, LLC)

Questions Not Answered During Webinar – May 14, 2024

Q: How can you incorporate a toileting or bowel/bladder program into this program?

A: It would be recommended to review any previous bowel/bladder program that had been implemented to identify the assessment information and type of program that had been implemented. If no assessment is present, then an assessment, including an evaluation of the patient pattern, to identify an appropriate program of when to prompt or assist to toilet based upon an individualized plan.

Q: A moderately impaired patient who is at risk for BLE contractures and does not get out of bed most times and is on RNP for ROM but refuses most of the time. Can they be discharged from RNP?

A: It is recommended that before you discharge, that you first try to identify why the patient/individual is refusing (i.e., pain, etc.), then if there are not reasons identified, then educate on the benefits of ROM and the risks of what could happen if patient continues to refuse. Document refusal and education provided. You could also contact the physician as well. If the patient continues to refuse, you can remove from the program.

Q: When is the right time to change a patient from a Toileting program to a check and change protocol?

A: This would depend on the assessment and reassessment. Examples of when you could change to a check and change program include: If the patient/client no longer participates and is not in agreement with the program after education, or if patient is completely dependent with toileting with no identified pattern upon re-evaluation (and a medical condition would be ruled out), you can document the rationale and place on a check and change protocol.

Q: I often see challenges when caregiver struggles to offer preference of client but that extends the time allotted for task. Is this typical?

A: Yes, this is a challenge. Explaining to caregivers that the time is well-spent because as staff continue to follow the programs, in many cases, patient function will improve and the staff time necessary will decrease.

Q: Restorative Nursing sounds like a philosophy as part of a Nursing Care Plan in partnership with PT/OT/Speech. Is this correct?

A: Yes, Restorative Nursing absolutely can be in partnership with PT/OT, and it can also be part of good nursing/clinical care by trained and competent caregivers.

Q: How does Medicaid Waiver pay for restorative nursing?

A: Medicaid Waiver Programs can pay for our services for approved clients. When an agency is also a Medicaid certified provider our ADL services can be covered. We can then train our caregivers on restorative care and best practices and they can utilize those skills with their ADL service clients.