

Restorative as a Part of Rehabilitation

At Legend Oaks Waxahachie, we have a rehab tech who also doubles as our restorative. She works to maintain functional level for skilled residents who stay in our facility for LTC services. In addition, residents with Part B services and DC to nursing care receive restorative services for 8-12 weeks.

Benefits/Pros:

- ❖ The Tech is hired and trains directly with multiple disciplines. This gives us a better opportunity to “watch” and have immediate communication if a LTC resident has a decline or shows any potential for an increase in function.
- ❖ We get to observe more of the sessions as she will occasionally bring clients into the gym to work on our equipment as well as work on mobility within or just outside our department, allowing us to give immediate feedback and adjust the plan as needed.
- ❖ Because all disciplines have a part in training, we know she is well versed in ADLs and addressing use of adaptive equipment for self-care and self-feeding with cueing for sequencing. For ST, she is able to assist in dining by cueing individuals who use compensatory strategies such as chin tuck, or those who are instructed to take sips of a beverage in between bites and addressing. For PT, she is able to assist with walk to dine, mobility in the room as well as throughout the facility. In some instances, she has been able to attend outings with clients and report back to the Rehab department if any are having difficulty in the community. This again, would help to trigger a therapy need as we want to maintain our clients quality of life, ability to socialize, go on outings with other residents and with family safely.
- ❖ Another benefit, our restorative aide cannot be pulled to the floor to cover as a CNA, leaving restorative clients untreated.
- ❖ When not treating restorative clients, she is able to assist in the rehab department as a tech and assist with scanning and other administrative duties.

Cons:

- Restorative will come out of the Rehab budget and is a non-productive member
- Documentation/Logs still have to be signed by an RN
- At LOW, we do not have RNP provided more than 5x/wk, so it cannot be claimed on MDS

Future Outlook and growth:

- With changes anticipated in October, our RNA will be utilized to assist with some treatments.
- It has been suggested that in the PDPM model, MDS can capture a better reimbursement if restorative is captured and will impact the level of reimbursement throughout the skilled stay.
- We anticipate using the RNA to assist with small groups and exercise activities to free up the clinicians to perform the hands on, more complex skilled services.



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