Restorative nursing programs help prevent pressure ulcers

By Jeri Lundgren, BSN, RN, PHN, CWS, CWCN

Immobility affects all our body systems, including our skin. According to the National Pressure Ulcer Advisory Panel, many contributing factors are associated with the formation of a pressure ulcer, with impaired mobility leading the list.

So what can clinicians do to prevent harm caused by immobility? One often-overlooked strategy is a restorative nursing program. (See *About restorative nursing*.)

About restorative nursing

Restorative nursing programs in long-term care incorporate interventions that promote a patient's ability to adapt and adjust to living safely and as independently as possible. It includes rehabilitation, management of behavioral symptoms, cognitive performance, and physical function. Examples of restorative programs include range of motion, splints, walking, transfer, communication skills, and range of motion.

Click here to watch a short video about restorative care.[A]

Moving up the time line

Most patients who score poorly for mobility and/or activity impairments on the Braden Scale for Predicting Pressure Ulcer Risk are referred to physical therapy, but too often a restorative nursing program isn't started until patients are ready to be discharged from therapy. However, the more active we can keep patients, the less likely they will have prolonged periods of time in the same position, thus preventing pressure ulcer formation. If your patients are spending most of their time sitting in wheelchairs and/or in their beds, consider tapping into a restorative nursing program, which should run parallel to therapy.

Benefits of restorative nursing

Implementing a restorative nursing program can significantly benefit your patients. For example, restorative nurses can promote early mobility by assessing patients' ability to turn and reposition themselves in bed, go from a lying to sitting position, and shift their weight in the wheelchair, including reverse push-ups.

Restorative nurses also can provide strength-training exercises as part of range-of-motion programs. These exercises can help patients develop the muscles they need for mobility and self-positioning. A strength-training program can be tailored to any position (supine, sitting, or standing) so it's individualized for the patient's needs. Many clinicians think patients who are of advanced age or deconditioned aren't eligible for strength-training programs, but studies show that these patients still benefit. Essentially it is never too late.

Connecting patients with a restorative nursing program

To start a restorative nursing program, first discuss its benefits with the patient and ensure he or she is willing to participate. Next, work with therapists to identify the appropriate exercises that restorative nurses and nursing aides will perform with the patient. Physician clearance is recommended.

Remember that the program can be enhanced with interactive activities such as obstacle courses, video games, gardening, dance classes, tai chi, and bowling to keep your patients mobile.

Be proactive

The more active and mobile your patients are—and the earlier they begin activity—the less likely they will develop a pressure ulcer. You might want to have a policy in your care setting that automatically triggers a restorative nursing program for residents who score poorly for mobility and/or activity on the Braden Scale. The program may be just what the patient needs to protect him or her from harm. ■

Jeri Lundgren is the president of Senior Providers Resource in Cape Coral, Florida. She can be contacted at jeri@seniorprovidersresource.com.

Selected references

Edsberg LE, Langemo D, Baharestani MM, et al. Unavoidable pressure injury: state of the science and consensus outcomes. *J Wound Ostomy Continence Nurs.* 2014;41(4):313-34.

Minnesota Department of Health. What are restorative nursing programs? August 2014. health.state.mn.us/divs/fpc/profinfo/cms/RUG-IV_FS12.pdf

National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Ulcer Injury Alliance. Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline. Emily Haesler (ed.). Cambridge Media: Osborne Park, Western Australia; 2014.

Online Resource

A. https://www.youtube.com/watch?v=lCRRiEkUtOk

Top 10 outpatient reimbursement questions

By Kathleen D. Schaum, MS

At the 2015 Wild on Wounds conference, the interactive workshop "Are You Ready for an Outpatient Reimbursement Challenge?" featured a lively discussion among participants about 25 real-life reimbursement scenarios. Here are the top 10 questions the attendees asked, with the answers I provided.

Q Why is it necessary for qualified healthcare professionals (QHPs) such as physicians, podiatrists, nurse practitioners, physician assistants, and clinical nurse specialists to identify the place of service where they provide wound care services and to correctly state the place of service on their claim forms?

A In any given day, QHPs often perform wound care services for patients in various sites of care. For example, a physician may spend the first 4 hours of the day in the hospital-based outpatient wound care department (place of service