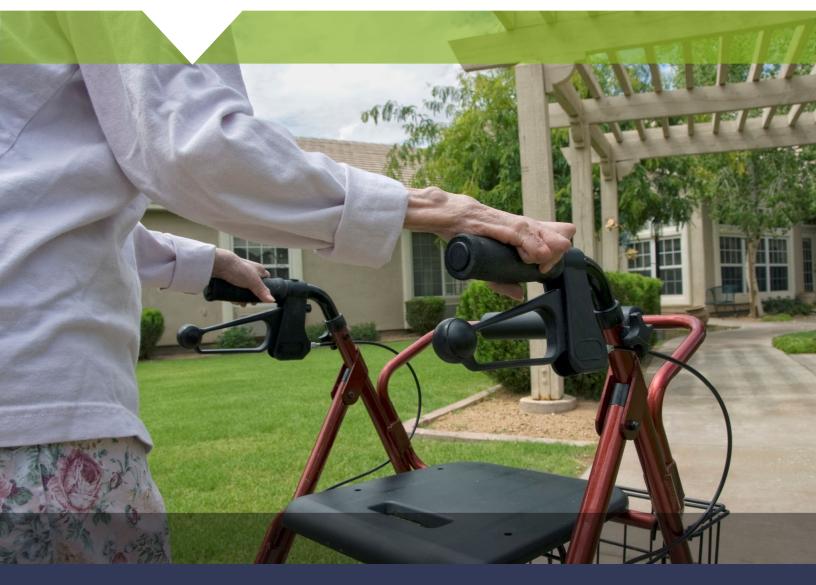


A CLIENT CARE MODULE: UNDERSTANDING RESTORATIVE CARE



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A Client Care Module: UNDERSTANDING RESTORATIVE CARE

Instructions for the Learner

If you are studying the inservice on your own, please do the following:

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask your supervisor.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need <u>8</u>
 <u>correct</u> to pass!
- Print your name, write in the date, and then sign your name.
- Email In the Know at <u>feedback@knowingmore.com</u> with your comments and/or suggestions for improving this inservice.

THANK YOU!



We hope you enjoy this inservice, prepared by registered nurses especially for caregivers like you!

After finishing this inservice, you will be able to:

Describe the purpose of restorative care.

*

Promote clients' efforts toward more independent performance of activities of daily living.

*

Demonstrate proper use of assistive equipment needed to restore independence in clients.

*

List at least 3 ways you can inspire your clients to participate in restorative care.

*

Recognize, document and report when a care plan change is needed to reflect a new level of functioning.



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date, you may purchase a current copy of the materials by calling 877-809-5515.



A Client Care Module: Understanding Restorative Care

LESS STRESS, MORE ENERGY!

How would you like to have less stress, less pain and more energy? It's completely possible and you don't have to spend a fortune on an island vacation to get it!

In fact, you can have all that while you work!

Chances are you're **doing too much** for some of your clients. Some of your clients **can** and **should** do more for themselves.

When you do things <u>for</u> your clients, instead of <u>with</u> them, you actually make them **more dependent** on you. And, this makes your job much harder!

Traditional nursing assistant care focuses on providing services <u>to</u> clients. Those services usually include supervision, assistance and personal care.

Unfortunately, the service you provide may actually make the client's condition worse. When you do *all* the work, the client may lose muscle tone and strength, confidence and self esteem, and have a poorer quality of life.

When you shift the way you care for clients to include *"restorative care"*, you will find your clients:

- Maintain function and strength.
- Have increased confidence and self-esteem.
- Do more for themselves.
- Rely less on you!

Restorative care is a philosophy of care that focuses on:

- Building and maintaining every clients' strengths and abilities.
 - Preventing the loss of ability to do things independently.

So, sit back and relax! And, keep reading to learn how doing <u>less</u> for your clients actually helps them <u>more</u>!



A CLOSER LOOK AT RESTORATIVE CARE

WHAT EXACTLY IS RESTORATIVE CARE?

Restorative means "having the ability to renew strength or health."

So, *restorative care* is a type of care that helps clients feel strong and healthy once more.

It's sort of like restoring a table or a classic car. You take something that has become run-down and worn out and try to bring it back its former beauty and usefulness.

Except with your clients, you're starting with people who have become weak or frail from illness or disease and you try to revive that spark that once twinkled in their eyes.

WHAT SHOULD YOU TRY TO RESTORE?

Restorative care is going to be a little bit different for each client. It will depend on each individual's current level of functioning, what they are actually capable of doing, and how much they are willing to participate.

Some common restorative goals include:

FEEDING/EATING

- Cooks/reheats meal
- Feeds self using utensils
- Consumes solid food
- Consumes liquid food

TOILETING

- Removes clothing
- Transfers on and off toilet
- Cleans self
- Flushes toilet; washes hands

CONTINENCE

- Participates in bowel/bladder retraining
- Participates in catheter care
- Uses bedpan, commode, urinal as needed

GROOMING

- Washes and dries face
- Combs/brushes hair
- Brushes teeth, cleans dentures

BATHING

- Gets in bathing position (transfers to shower or tub with adaptive equipment)
- Lathers body & rinses
- Shampoos hair (shower or sink)
- Transfers out of bathing position
- Dries body

DRESSING

- Dresses & undresses upper body (shirt, coat)
- Dresses & undresses lower body (pants, skirt)

MOBILITY

- Bed mobility, sits up in bed
- Transfers: sit to stand, bed to chair

NOTE: Remember that each client is different! For some clients, restorative care may involve simply walking to the dining hall for dinner instead of going in a wheelchair.

Check the care plan! The amount and type of restorative activity each client needs will be ordered by the doctor and supervised by a licensed nurse.



Grab your favorite highlighter! As you read this inservice, <u>highlight five things</u> you learn that you didn't know before. Share this new information with your co-workers!

BATHING, GROOMING AND DRESSING

If your care plan instructs you to provide restorative care during bathing, grooming and dressing, then follow these guidelines:

- Stick with the routine. Provide restorative care the same time of day the client would normally do that activity. For example, if your client normally likes to get washed and brush her teeth before breakfast, then do the restorative activity at that time.
- Include the client in the activity. Ask and encourage clients to participate in personal care and give them time to perform the activity.
- Never rush a client through a restorative activity. Remember, the goal is to restore the client's ability to do this task independently. If you rush, or get impatient and do it yourself, you deprive the person of the opportunity to regain this skill. This means you will ALWAYS have to do it!
- **Give a head start.** Set up the items needed for the client to perform the activity independently. For example, put toothpaste on the toothbrush and place it near the client.
- **Keep it simple.** Break complex tasks down into smaller steps. Provide cues for activities to be completed. For example, "Here is the wash cloth. Wash your face." Or, "Pick up the brush and brush your hair."
- Use the "hand-over-hand" method. If your client does not respond to your verbal cues, try the hand-over-hand method. You do this by placing your hand on top of the client's hand and performing the activity together.
- **Be patient.** Allow your clients to do as much self-care as possible—even if it takes much longer for the task to be completed.
- **Be positive.** Encourage clients who try to do things for themselves. Show them that you are confident in their abilities.
- **Every effort counts.** If a client cannot complete a task after a reasonable amount of time and effort, praise her effort and then complete the task for her.

Never punish clients for not being able to do a task, even if you think they <u>should</u> be able to do it.



Studies show that **job satisfaction** greatly <u>increases</u> when nursing assistants work to help clients regain or improve their strength and abilities—rather than just being assigned daily personal care tasks.

Restorative care programs give you an opportunity to function at a higher level. This can lead to greater self-esteem and feeling more valued.

One nursing assistant said, "I have been a CNA for ten years. I really enjoy taking care of my residents. In the past year we added restorative care to our daily care. We are all able to help the residents not just with their daily care needs, but also to get back skills they have lost. Just to walk down the hall makes them proud. I like it better now that we have total care of our residents because we help them reach their goals."

- How do you think restorative care changes the way you feel about work?
- Restorative care is supposed to benefit clients... but what benefits do you think are in it for <u>you</u>?

MOBILITY, TRANSFERS AND WALKING

If your care plan instructs you to help your client regain independence with mobility, transfers or walking, then follow these guidelines:

- **Put safety first.** Educate all clients and family members on your employer's policies to prevent falls.
- Use assistive equipment (walker, wheelchair) as ordered. If you feel your client needs assistive equipment but doesn't have it, talk to the nurse about getting an order.
- Apply orthotics and prosthetics as described in the care plan. Orthotic devices (such as a knee brace) improve function and prevent deformities. Prosthetic devices are replacements for body parts like a leg or a foot.
- For bed mobility: Ask and encourage the client to move in bed and give them time to move. Give step-by-step cues on how to move in bed. For example, "Put your right hand on the rail and pull yourself over on your left side." If the client cannot follow your instructions, place her hand on the rail to encourage independent movement.
- For ambulation: Ask and encourage your client to walk to the bedroom, dining room, activities, or to push herself in the wheelchair. Give plenty of time for the client to get from place to place. If your client's care plan includes a goal to improve walking abilities, give step-by-step cues. For example, "Move your left foot forward, now move your right foot."

Modify the environment to promote safety and independence.

- Keep all floors, stairs, and walkways free of clutter and well lit.
- Eliminate throw rugs.
- Provide skid proof footwear.
- Make sure there aren't any electrical cords or wires where people might trip over them.
- Make sure there are non-skid strips or mats on the bottom of the bathtub or shower.
- For clients with balance or gait problems, encourage exercises that strengthen the lower body.



Often, restorative care goes handin-hand with physical and occupational therapy. If your client is working with a physical or occupational therapist, take time to talk to the therapists about your client.

You might want to ask:

- What is the best way to ambulate Mr. Johnson?
- Will you demonstrate how I should apply Ms. Walker's prosthetic limb?
- What are the best range of motion exercises for Mr. Smith?

In addition, you may ask:

 What should I do if fatigue or pain seems to slow my client's recovery?

"How to live to be 80? Take a two-mile walk every morning before breakfast."

~ President Harry Truman

EATING AND DRINKING

Goals for eating and drinking can be very different from one client to another. For example, some clients may be able to work on preparing or heating up meals, while others may just be able to work on sitting up straight and getting finger foods into their mouths. Here are some general guidelines:

- **Position for safety.** Position your clients so they are sitting up as straight as possible. Eating in a reclining position increases the risk of choking.
 - The best place to eat is in the dining hall or at a dining room (or kitchen) table at home.
 - For clients who must eat in bed, be sure to raise the head of the bed and use pillows for propping and holding the client in an upright position.
- **Protect clothing.** Provide protection for clothing, or cues to remind the client to place the napkin in the lap.
- Set up the meal. Only set-up what you feel the client needs in order to be able to focus on eating. For example, remove covers from the food and open containers that may be difficult for the client—such as a carton of milk. If the client can't get to the food, they won't be able to practice eating.
 - Place the napkin and silverware within easy reach.
 - Cut up meats or large vegetables, if needed.
- Provide verbal cues. Give step-by-step verbal instructions to your clients as needed. For example, you may say:
 - Pick up your spoon.
 - Get some potatoes.
 - Now, put it in your mouth.
- Use assistive equipment. If your client uses any special equipment for eating, make sure it's clean and ready for use. (This equipment might include a scoop plate, special silverware, cups with special handles, plate guards and special cutting tools.)
- **Provide plenty of time.** Never rush meals. Allow the client to take as long as needed, and to do as much as possible.
- **Clean hands and face.** Provide a wet washcloth or moist wipe and encourage your client to wash his own hands and face, especially if he used his fingers to eat.



Look through your client's current Care Plan.

On a separate piece of paper write down each restorative goal listed. There may be as few as 2 or as many as 5-7.

Keep in mind, you are NOT responsible for EVERY goal! Some goals will be just for the therapist or nurse. So, read through and find the goals that fall within <u>your</u> scope.

- Now, place a checkmark next to the goals you already work on and document for this client.
- Next, place a star next to the goals you have not been working on— but will start now!
- Finally, highlight any goals that you are unclear about, have not been trained on or think need to be revised.
- Show the highlighted goals to your supervisor. Request clarification, training or further discussion if needed.

TOILETING AND CONTINENCE

Restorative care for toileting and continence usually involves bowel and bladder retraining. Here are a few guidelines:

- **Kegal exercises:** Train your client to begin doing Kegal exercises every day. Kegal exercises strengthen the muscles that help you "hold" urine when the bladder becomes full.
 - Tell the client to practice stopping urinating mid-stream. Explain that the muscle contraction needed to stop the urine is the kegal exercise. Then, ask the client to do that same muscle contraction while just sitting, watching TV or reading.
- Schedule regular trips to the bathroom. Have your client start the day with a trip to the bathroom. Most people have to urinate as soon as they wake up in the morning.
 - Set a timer for one hour, then take the client to the bathroom when the timer goes off, even if there is no urge to urinate. Repeat every hour.
 - After a few days of going every hour, and just after meals, you should notice a pattern. You can cut back on the trips to the bathroom to every two or three hours, depending on your client's particular pattern.
- **Helpful tricks.** If your client has difficulty getting urine started, run the water. Have the client lean forward. Placing pressure on the bladder may also help.
- **Keep it clean!** Even though your client is learning to use the bathroom independently, you should still be prepared to help with perineal care. Always assess perineal hygiene and check skin for breakdown.
- **Provide plenty of time.** Never rush or show frustration or anger. Your patience and support is all that is needed.
- Accidents will happen. Never punish, yell or mock a client for having an "accident." Treat the problem very matter-of-fact. Clean up the mess and reassure your client there is nothing to be ashamed or embarrassed about.
- **Praise every effort.** Take time to review the successes of the day and praise your client's efforts.



Have you ever heard the old saying, "Incontinence is an affliction of old age." Well, it's just not true! You don't have to become incontinent just because you are old.

Did you know there are things you can do to prevent incontinence?

Encourage your clients who still have bladder and bowel control to hang onto it with these simple suggestions:

- Maintain a normal weight. Being overweight increases the risk of becoming incontinent.
- Manage constipation. Straining during bowel movements weakens the muscles and nerves and stretches the connective tissues of the pelvic floor.
- Quit smoking and get medical treatment for chronic coughing. Coughing weakens the muscles of the pelvic floor.
- Lift safely. Use leg and arm muscles and avoid straining.
- **Do Kegals.** Get into the habit of doing Kegal exercises to build the muscles of the pelvic floor.

RESTORING SOCIAL RELATIONSHIPS

Social activities can increase life expectancy, improve self worth and create a sense of meaning and purpose in life. Here are some restorative care guidelines for improving social relationships:

If your client is able—and the care plan allows—here are some social activities you may suggest:

- Socializing (Keeping in touch with friends and family).
- Reminiscing (Telling stories about the "good ol' days").
- Intergenerational Activities (Activities with kids and grandkids).
- Caring for pets (Walking a dog in the park).
- Volunteering (Helping others).
- Group or team games (Cards, board games, shuffleboard).
- Sharing a meal (Picnics, barbeques, parties).
- Join a book club (or start one).
- Get involved with a Church or community senior center.
- Look for church groups or other volunteer organizations that make visits to elderly and ill individuals—and request a visit.
- Help your clients reminisce and tell stories from the past—try asking them questions such as:
 - How much was a loaf of bread when you were a child?
 - Where did you grow up?
 - Who was your first boyfriend/girlfriend?
- Encourage your clients' families to bring children for visits, and suggest that they play a game with your client. It's usually best to limit the activity to 1 or 2 hours. The kids' energy level may wear out elderly clients!
- Volunteering can give a sense of purpose and connectedness. Your client may be able to pack care packages for troops overseas, organize a coat drive, or make blankets for sick children. Check out www.seniorcorps.org for volunteer opportunities all over the United States.

KEEP IN MIND: If you work with clients in their homes, be sure you know if their medical insurance requires them to be <u>homebound</u>. If so, don't suggest activities that take place away from the client's home.



Thinking outside the box!

Working with clients in the home often requires coming up with creative solutions to uncommon problems.

- THE PROBLEM: You are caring for a 75 year old woman who had a mild stroke that weakened her physically and mentally.
- Recently, she seems to be feeling stronger, so you suggest she resume some of her old social relationships with her friends at the senior center. But oddly, she refuses.
- WHAT YOU KNOW: You know the social interaction would be good for her. But, when you ask her why she won't go—she just says she's too tired.
- GET CREATIVE: Think of 3 creative solutions you might try to help your client be as socially active as possible while still respecting her rights and dignity.
- TALK ABOUT IT: Share your ideas with your co-workers and supervisor and find out how they would solve the problem.

DOCUMENTING AND REPORTING CHANGES

You are in a position to provide **vital information** about your client that will help shape the care plan and set goals that are unique to your individual client's needs.

• Your documentation has always been important . . . but with restorative care, it is more important than ever that your documentation is *complete*, *accurate* and *on time*!

Here are some ways you can document how your client performs certain activities:

- **Independent:** The client does not need any help or supervision from the staff.
- **Supervision:** The staff member must be present for the activity, but only to provide encouragement or verbal cues.
- **Limited assistance:** The client is highly involved in the activity but requires physical help to move limbs.
- **Extensive assistance:** The client performs part of the activity, but help of the following type(s) is provided:
 - Weight-bearing support, or
 - Full staff performance of the activity.
- **Total dependence:** The client is unwilling or unable to perform any part of the activity.

In addition to the above, you should document how much staff support was needed for each activity. For example:

- No setup or physical help from staff: The client completes the activity with no help or supervision.
- Setup help only: The materials for the task are set up, but the client performs the task independently.
- **One person physical assist:** The client needed one staff member to help with the task.
- **Two or more person physical assist:** The client needed more than one staff member to help with the task.



Apply what you've learned!

Think about a client you care for right now.

What tasks you are doing for this client that you think he or she may be able to do independently?

Does this client have any restorative goals that he just can't do? (For example, your client may have a goal to self feed, but does not seem to get enough to eat without a lot of help from you.)

Talk to your supervisor about your thoughts on this client's goals.

Your careful observations provide valuable information that can help shape the care plan to meet the client's individual needs!



MOTIVATING INDEPENDENCE

Clients who are depressed, tired, confused or in pain may have trouble getting motivated to participate in restorative care activities.

Your role is to inspire your clients to participate. Here are a few things you can try:

- **Talk and Listen:** Really spend time with your clients. Listen when they talk about things that are important to them. Some of your clients may have suffered many losses, like the loss of a spouse or loss of health. Often, people must talk about these losses before they can move on and begin to heal.
- **Educate:** Talk to your client about the benefits of participating in restorative care. Knowledge is power! Let them know they will improve their strength, their mood, and their outlook on life. You may also want to mention that participating can decrease pain and dependency.
- **Build a trusting relationship:** Start every client relationship by letting your client know exactly what he or she can expect from you—then be reliable and do what you say you will do.
- **Practice the 3 R's:** The three "R's" of customer service are *recognition, respect* and *reassurance*. You should **Recognize** the concerns and needs of your client. Always **Respect** your client as an individual. And, take time to **Reassure** your client that he is making progress toward his goals.
- Give choices: It's normal to feel a loss of control when you have to rely on others to meet your most basic needs. This loss of control can lead to helplessness and hopelessness. Giving the client a choice of goals and activities can restore a sense of control.
- **Give praise:** Praise is a powerful and immediate reward. The reason you give praise is to encourage a certain behavior to continue. It's important to give praise as soon as you see the effort and to make sure you are being sincere.



Key Points to Remember

- 1. Restorative care is a philosophy of care that focuses on building and maintaining every clients' strengths and abilities to do things more independently.
- 2. When you shift the way you care for clients to include *"restorative care,"* you will find your clients build strength, have increased confidence, do more for themselves and rely less on you!
- 3. Restorative means "having the ability to renew strength or health." So, restorative care is a type of care that helps clients feel strong and healthy once more.
- 4. You spend the most time with your client. So, you are in the best position to know what they can and cannot do. If you feel the goals for your client are too easy or too hard, let the nurse know so the care plan can be changed.
- 5. If you are not sure how to help your client reach the goals outlined in the care plan, ask the nurse, physical therapist or occupational therapist for help.

FINAL TIPS ON RESTORATIVE CARE

- Check the care plan! Be sure you check your client's care plan to find out exactly what their restorative care goals are. Never do more than what is ordered in the plan.
- Your observations matter! You spend the most time with your client. So, you are in the best position to know what they can and cannot do. If you feel the goals for your client are too easy or too hard—let the nurse know so the care plan can be changed.
- Be sure you document exactly what the client can do and how much help you provide. This information is important for legal and financial reasons . . . but also helps shape the care plan and goals.
- Never do for your clients what they can do for themselves just because you can do it better or faster. This only makes them *more* dependent on you!
- When you do more for clients than you should, you deprive them of the opportunity to get stronger and healthier.
- If you are not sure how to help your client reach the goals outlined in the care plan, ask the nurse, physical therapist or occupational therapist.
- Request demonstrations of how to safely encourage mobility, transfers, ambulation, and independent eating and toileting.
- If your client needs special assistive devices, be sure these devices are available and in good working order.
- Always put safety first! If you feel an activity that is outlined in the care plan is not safe for your client to do—do not do it! Contact the nurse to talk about the options.
- Remember, when you shift the way you care for clients to include *"restorative care,"* you will find your clients:
 - Maintain function and build strength,
 - Have increased confidence and selfesteem,
 - Do more for themselves, and
 - Rely less on you!



Now that you've read this inservice on restorative care, take a moment to jot down a couple of things you learned that you didn't know before.



EMPLOYEE NAME (Please print):

DATE: ____

- I understand the information presented in this inservice.
- I have completed this inservice and answered at least eight of the test questions correctly.

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

Inservice Credit:

Self Study	1 hour	
Group Study	1 hour	

File completed test in employee's personnel file.



A Client Care Module: **Understanding Restorative Care**

Are you "In the Know" about restorative care? Circle the best choice or fill in your answer. Then check your answers with your supervisor!

- 1. Restorative care is a philosophy of care that focuses on restoring the client's:
 - A. Strength

- C. Confidence
- D. All of the above
- 2. Restorative care is ordered by the physician and supervised by a:
 - A. Nursing Assistant B. Family Caregiver

B. Functional abilities

- C. Licensed Nurse
- D. Physician's Assistant

3. The best way to explain a complex task to a client is to:

- A. Be prepared to explain it over and over.
- B. Describe each step in detail then ask the client to demonstrate.
- C. Break complex tasks down into smaller steps and provide verbal cues.
- D. Demonstrate the task once, and then ask the client to return demonstrate.

4. If your client does not respond to verbal cues, you should:

- A. Complete the task yourself. C. Repeat the cue until successful.
- B. Try the hand-over-hand method. D. None of the above.
- 5. True or False

Restorative care goals are usually the same for every client.

6. True or False

Bladder retraining starts with taking clients to the bathroom every hour.

7. True or False

If you can do a task better or faster for a client, you should do it so your client can save energy.

8. True or False

One way to help motivate clients to participate in restorative care is to offer choices.

9. True or False

Clients who have a restorative goal to improve walking should be taught how to prevent falls.

10. Fill in the Blanks

When you do things ______ your clients, instead of _____ them, you actually make them more dependent on you!