A NEW ERA:
ENHANCING
RESTORATIVE
DELIVERY FOR
INCREASED CLINICAL
AND FINANCIAL
OPPORTUNITY WITH
WELLNESS IN MIND

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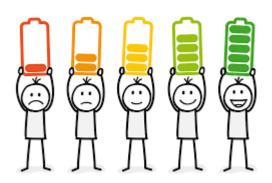
SESSION AGENDA



- Restorative Basics
- Clinical, Financial & Marketing Opportunities
- Wellness Dimensions and Benefits
- Weaving wellness initiatives into restorative care enhanced delivery model
- Restorative Wellness Experience- 5 min. demo AROM, and then with enhancements, along with wellness packet.
- Handouts and Resources



Get Moving with EnerG



RESTORATIVE BASICS



Restorative Nursing Overview

- A Restorative Nursing Program is defined as "A specific approach that
 is organized, planned, documented, monitored and evaluated"
- Nursing and "non-skilled" interventions that promote the patient's ability to adapt and adjust to living as independently and safely as possible while improving and/or maintaining function



RESTORATIVE BASICS: WHEN TO INITIATE RESTORATIVE CARE

- A patient generally may be started on a restorative nursing program when:
 - He / she is admitted to a facility with restorative needs but is not a candidate for formalized rehabilitation therapy
 - Functional decline during the nursing home stay
 - In Conjunction with PT, OT, SLP
 - Often when a patient is discharged from formalized physical, occupational or speech therapy

Important Factors to note:

- 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 can and should complement each other, not compete





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	

- Note: Several categories do not "count" as two if provided together
 - Urinary and Bowel Training
 - AROM and PROM
 - Bed Mobility and Walking





- Foundation of restorative
 - Minimum of <u>two categories</u> delivered
 - Delivered typically with a <u>6 day/week</u> coverage plan. Each category to be delivered for a minimum of <u>15 minutes</u> per program
 - In a ratio of 4:1 or less
- Don't forget, it is still a restorative NURSING program, therefore there is a nursing component that needs to be retained.
 - Oversight by a licensed nurse
 - <u>Intermittent</u> assessment by a licensed nurse
- Guidelines stipulate that the individual must be a CNA to perform ROM and splint care
- To 'count' towards CMI or PDPM the delivery needs to be 2 categories, at least 15 minutes each, 6 days per week delivered in a 4:1 ratio or less during their ARD lookback period*





Documentation:

- Establishment of restorative plan of care (MDS or Restorative Nurse)
- Daily minute documentation in POC
- Intermittent assessment by restorative nurse manager
- Completion of section H
 (Urinary/Bowel Training) and section O



RESTORATIVE



OVERVIEW AND OPPORTUNITY

Interest has increased surrounding restorative services and the potential impact that exists currently with long term care residents through CMI, as well as the short-term residents within the evolving PDPM environment.



Customer needs identified:

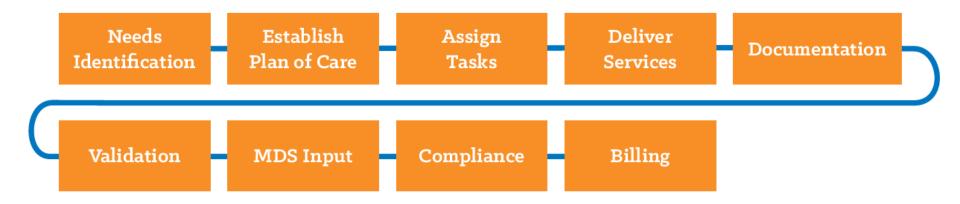
- Staffing
- Clinical Delivery / QM
- CMI Opportunity
- PDPM Impact

Looking for an end-to-end solution

 A solution that flows from identifying the need for a restorative program to locking the MDS for billing.







OPPORTUNITIES

INTEGRATING WELLNESS & RESTORATIVE



BENEFITS OF A RESTORATIVE WELLNESS PROGRAM

- Continuity of care
- Increased communication with the interdisciplinary team
- Helps maintains the patient's level of function, as indicated in quality measurement tools and generates good surveys
- Offers a holistic, multi-dimensional approach to restorative
- Decreases unplanned hospital readmissions
- Improving sleep
- Reduces isolation & depression
- Creates a positive community culture



Quality Measures /Indicators

Short stay

- Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury
- Percent of Residents Who Made Improvements in Function
- Percent of Short-Stay Residents Who Were Re-Hospitalized after a Nursing Home Admission

Long Stay

- Percent of Residents Whose Ability to Move Independently Worsened
- Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased rehospitalizations
- Symptoms of depression

OPPORTUNITIES WITH WELLNESS & RESTORATIVE



Results from over 15,000 communities

Group A = Facilities utilizing Aegis for therapy AND restorative; Group B = Facilities utilizing Aegis for therapy only; Group C = Facilities who do not utilize Aegis

Group	Measure	Description	Avg A	Avg B	Avg C
5 Ca B. di C d	Overall	Overall 5-star rating		3.07	2.92
5-Star Rating System	Survey	Health inspection survey 5-star rating	3.18	2.83	2.80
Datum to Usonital	Short stay rehospitalizations	Percentage of short-stay residents who were re-hospitalized after a nursing home admission	20.70	21.14	22.11
Return to Hospital	Long stay hospitalizations	Number of hospitalizations per 1,000 long-stay resident days	1.27	1.42	1.50
	Self-Care	Percentage of SNF residents who achieve or exceed a self-care ability expected for their condition at discharge	51.52	48.59	47.42
Quality of Life	Ulcers	Percentage of high risk long-stay residents with pressure ulcers	5.96	7.18	8.16
	Depression	Percentage of long-stay residents who have depressive symptoms	2.95	5.42	7.53
Efficiency	Medicare Spending per Beneficiary Medicare spending per beneficiary (MSPB)		0.97	1.02	1.06





FINANCIAL OPPORTUNITIES

	Determinants of Payment in PDPM					
PT		ОТ	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 	



RESTORATIVE PDPM –FINANCIAL OPPORTUNITIES CONT.

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



FINANCIAL OPPORTUNITIES WITH RESTORATIVE AND WELLNESS RESTORATIVE

RESULTS: RESTORATIVE EXAMPLE:

A quality restorative care program focuses on what an individuals 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 as well as financial nursing CMG impact for providers.

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

Nursing CMG PDPM Impact

Without Restorative PDE1 Nursing CMG: 1.47

With Restorative PDE2 Nursing CMG: 1.57

Daily Nursing Case Mix impact per patient:

PDE1: \$155.70

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: \$1,575.78/mo.

A CMI OPPORTUNITY IN CMI STATES CMI EQUATION.

RESULTS: RESTORATIVE

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 powered by EnerG 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	

CMI- in your community

\$200.00 (Base Rate) X .05 (increase from restorative services) =\$210.00

25 (Number of MCD) x 10 (difference from base rate) x 30 (days in month) = "\$7,500 per month"

\$7,500 x 12 months = \$90,000

\$15,000 x 12 months = \$180,000 (50 MCD)

CMI- in your community

\$200.00 (Base Rate) X .10 (increase from restorative services) =\$220.00

25 (Number of MCD) x 20 (difference from base rate) x 30 (days in month) = "\$15,000 per month"

\$15,000 x 12 months= \$180,000

\$30,000/month x 12 months = \$360,000 (50 MCD)



INCORPORATING WELLNESS INTO RESTORATIVE A NEW WELLNESS APPROACH

- Ideal wellness is holistic
- Focus on a multi-dimensional model of care that supports ALL factors that impact health on a daily basis
- Individualized and evidencebased programming to enhance participants' health and happiness





HOW TO INCORPORATE RESTORATIVE & WELLNESS TOGETHER

- Provision of wellness services as an adjunct to activities / recreation therapy in a senior community setting
- Creates a more integrated (therapeutic) approach to wellness across ancillary services
 - Therapy, nursing, social services and traditional activities
- Wellness program offerings are multi-dimensional. The intent is to offer a wide array of opportunities for individuals to access wellness products
 - Consultative services
 - Wellness activities / classes

RESTORATIVE WELLNESS EXPERIENCE WEAVING IN ELEMENTS OF WELLNESS

Daily Wellness-Minute exercises- implemented during restorative delivery:

- Trivia questions/Fun Fact of the day (intellectual, social)
- Getting to know you conversation prompts (emotional, social)
- Stress/pain management (spiritual, emotional)
 - Self-Massage
 - Guided Imagery
 - Breathing techniques



It's time to experience the wellness enhancements for yourself!

Join us for a few sample exercises!

SAMPLE WELLNESS EXERCISES TRIVIA/FUN FACT OF THE DAY

On this date - April 19 - in 1934:

Shirley Temple made her debut in the movie Stand Up and Cheer! The film was about efforts undertaken during the Great Depression to boost morale.

Did you know: Shirley Temple starred in

12 short films and 43 feature films!

Related discussion starters:

- 1. Do you have any memories of watching Shirley Temple films? If so, tell your partner about what you remember.
- 2. If you didn't watch any of her films, tell your partner about a memory you had around movies-maybe your first movie in a theater, a memorable film you saw, etc.



SAMPLE WELLNESS EXERCISES **SHARING GRATITUDE**

1. Describe your favorite location in your home and why you enjoy that space. (This can be in your current home or somewhere you have lived at any point in your life)

2. Describe an experience that made you stronger as a person.

Energ

Sharing Gratitude with EnerG®

To engage each resident, utilize the list of Gratitude prompts below. You can choose to pre-select a question from the list that you will ask every resident you work with that day OR you can have each questions routing the thing that you will san every request you work with that day on you can never every resident select a number and ask them the corresponding question. These are all verbal exercises and you will not need to write down responses- use them as a conversation starter to chat about while you win not need to write down responses—use when it is a conversation stated to undersount write delivering restorative programs. You will find that the prompts may lead to deeper conversations and

- Who is one friend you could always rely on?
- 2. What is the biggest accomplishment in your personal life? What is the biggest accomplishment in your professional life? What is your favorite memory of your father?
- 5. What is your favorite memory of your mother?
- Share up to 10 hobbies or activities that bring you joy. Describe a family tradition you are most grateful for.
- Ureactive a latinity tradition you are most greatered to.
 Who is a teacher or mentor that has made an impact on your life and how did they help What do you like most about your town or city?
- Writer our you mae nices evolve your somit or city:
 Describe your favorite location in your home and why you like it (this could be anywhere in What is something you have learned this week that you are thankful for?
- 12. Who made you smile in the past 24 hours and why?
- 14. What is the biggest lesson you learned in childhood?
- 13. What is a recent purchase that has added value to your life?
- 15. Share up to 10 ways you can share your gratitude with other people in the next 24 hours. Describe your favorite sound.
- 18. Describe your favorite sight. 19. Describe your favorite taste.

- 20. How can you pamper yourself in the next 24 hours?
- 21. Name someone you have never met but has helped your life in some way. 22. How is life more positive today than it was a year ago? 23. What do other people like about you?
- 24. Share up to 10 skills you have that most people don't p

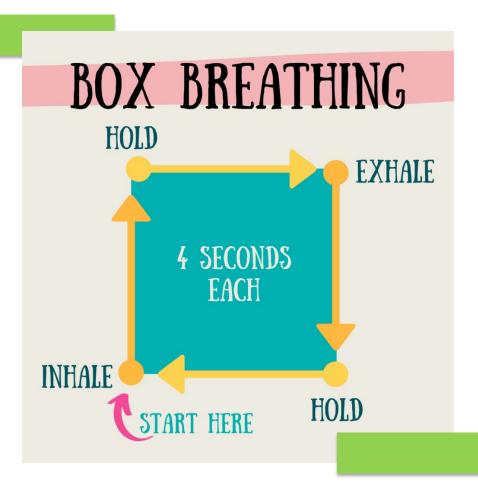


SAMPLE WELLNESS EXERCISES STRESS/PAIN MANAGEMENT

Breathing Technique for Reduced Stress and Relaxation

Experience Box Breathing

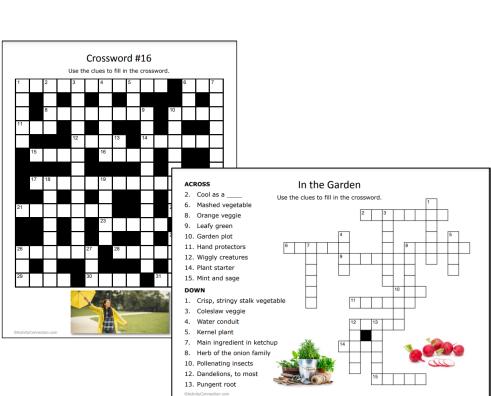
4 Cycles



Handouts and Resources

- Sample Activity Pack
- Copy of the sample wellness exercise enhancements experienced today
- Power point slide deck available
- Electronic files available













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