Restorative Nursing Program Assessment

PROGRAM SUPERVISOR:

Name:	
Title:	

PROGRAM CONTENT:

Indicate which specific Restorative Nursing Programs are in place, noting if training and execution are satisfactory or need improvement.

Program	Satisfactory (Y/N)	Comments
Ambulation		
Range of Motion		
Bed Mobility		
Transfers		
Splint/Brace Assistance		
ADL/Grooming & Hygiene		
Eating & Swallowing		
Communication		
Bowel & Bladder		
Amputation/Prosthesis Care		

PROGRAM DOCUMENTATION:

Is a facility policy in place regarding Restorative Nursing documentation? Yes No

Is a facility policy in place regarding physician's orders for Restorative Nursing? Yes No

(NOTE: Physician's orders are not required to implement an RNP.)

Survey/review medical record (program documentation) for at least 25 percent of the residents currently receiving Restorative Nursing services.

Number of charts surveyed: _____

Item	Number Compliant	Comments
RNP resident plan present & current		
Daily documentation present & accurate		
Weekly documentation present		
Documentation completed timely		
Physician order present (if applicable)		
Does the resident's care plan accurately reflect Restorative interventions being provided?		
Are Restorative referrals present & complete?		

CASELOAD:

Review current residents receiving Restorative Nursing care, noting which program/service each is receiving (some residents may be in more than one program).

Resident	Rm #	Ambulation	Range of Motion	Bed Mobility	Transfers	Splint/Brace	ADL/Grooming	Eating/Swallowing	Communication	Bowel & Bladder	Amputation/Prosth	Other	Other

STAFFING:

Indicate if current staffing for Restorative Nursing is adequate in terms of number, training, skill set. Review personnel files for presence of competency skills checklists and appropriate job description.

Staff	Hire Date	Job Description	Competency Skills Checklist

ADDITIONAL COMMENTS:

RESTORATIVE NURSING PROGRAM IMPROVEMENT PLAN:

List areas for improvement based on program assessment, outlining targeted interventions to address each item, responsible party, and target date for implementation.

Objective/Issue	Intervention Strategy	Responsible Party	Target Date