A 42 YEAR LOVE AFFAIR WITH REHABILITATION NURSING

Margaret Riccardi, MS, BA, GNP-BC, CRRN
Objectives

At the conclusion of this program, the participant should be able to:

1. State at least 3 professional positions for rehab nurses.

2. Identify changes in where physical rehabilitation is delivered in the health care system.

3. Assist veterans with accessing available VA benefits.
My Journey ......
Humble beginnings…

- There I was, a Sparkling new RN, a sponge for knowledge about what this physical rehabilitation was all about.

- Slowly realizing I was at the mecca of Physical Rehabilitation Medicine, Rusk Institute.

- The last sentence in his autobiography is “To believe in rehabilitation is to believe in humanity” (Rusk 1977)

- First assignment, four quadriplegics all in one large room.

- So much to learn and do - bathing, dressing, transferring, listening, teaching, comforting.
And then there was ARN…
taken from the ARN website “About ARN”

• In 1974 the Association of Rehabilitation Nurses was formed by Sue Novak with the help from Lutheran General Hospital.

• 1976 ARN was formerly recognized as a specialty nursing organization by the American Nurses Association.

• 1984 The Certified Rehabilitation Nurse (CRRN®) exam was first administered.

• 2013 ARN releases the *Essential Role of the Rehabilitation Nurse in Facilitating Care Transitions* Published in the Rehabilitation Nursing Journal Volume 39-Issue 1-p3-15
Certified Rehabilitation Registered Nurse (CRRN®)

- Accomplished by several nurses and myself while working at Rusk in 1984 as we studied for and passed the first exam.

- Grueling however very worthwhile


- Maintained certification to this day.
ARN Keeping it Local

- Difficult to network just belonging to National.

- ARN grew forming chapters in every state.

- Florida, being so spread out, it was even difficult to network regularly with the Florida Chapter

- Districts were formed for networking and meetings.

- Refer to the FSARN website fsarn.org for district information.
Careers for the Rehabilitation Nurse

• Staff or charge nurse, Nurse Manager, Supervisor, ADON, DON, Educator, Administrator at an Acute Rehabilitation Facility.

• DON, ADON or Supervisor at a Skilled Nursing Facility.

• Rehab Case Manager.

• Legal Nurse Consultant for expert file reviews involving patients in rehab or skilled nursing facilities.

• Researcher
Advances/Changes

• Where Physical Rehabilitation is Delivered: Patients go from acute care hospital to….
  • Acute Rehabilitation Facilities
  • Skilled Nursing Facilities
  • Home with Skilled Home Health

• Improved survival —Advances in science and technology have increased survival tremendously through the years. We have many independent older persons seeking rehab after acute exacerbations of chronic conditions in order to return to their previous level of functioning.
Advances/Changes continued…

- Prospective Payment System (PPS) is a method of reimbursement in which Medicare payment is made based on a predetermined, fixed amount.

- Patient Protection and Affordable Care Act-this legislation includes a long list of health-related provisions that began taking effect in 2010. Key provisions were intended to extend coverage to millions of uninsured Americans, to implement measures that will lower health care costs and improve system efficiency, and to eliminate industry practices that include rescission and denial of coverage due to pre-existing conditions.

- Advances in medicine resulting is shorter lengths of stay, i.e., patient sent home the next day post total hip replacement.
Skilled Nursing Facilities (SNF’s) aka Nursing Homes

• Skilled rehabilitation
  • PT, OT, ST and nursing performed largely by LPN’s for meds and treatments, CNA’s for ADL’s

• Patients may be sent originally for rehab however if after a course of therapy, can still not return to their PLOF. they may go home with care or stay long term in the nursing facility.

• Long term care patients placed in a restorative program for 6-8 weeks following skilled therapy and then placed on what they called “floor nursing” with the goal of maintaining their physical status after rehab.
Recommendations regarding SNF’s

Based on my experiences and because so much rehabilitation is being performed in skilled nursing facilities, I feel very strongly about the following:

- Education of basic rehab principles for the LPN’s and CNA’s in skilled nursing facilities.

- Every skilled nursing facility should have a certified rehabilitation nurse on staff.

- Voluntary CARF Accreditation on Short Stay Rehabilitative Measures in U.S. Nursing Homes

- Consideration of a rehab course and/or rehab certification specific for LPN’s as most of the charge nurses are LPN’s and some facilities utilize LPN’s in leadership roles.
Conclusion

My ultimate goal and purpose in becoming a nurse was to increase and maintain a person’s optimal level of functioning both mentally and physically and, subsequently, to decrease their years of morbidity. Choosing rehabilitation nursing at the beginning of my career, becoming a charter member of ARN, becoming certified as a rehabilitation nurse, maintaining my CRRN certification, and continuing with rehabilitation principles have allowed me to achieve that goal. I strongly believe that people trained and working in rehabilitation can apply rehabilitation principles and be successful in every aspect of the nursing profession.
References:


• Prospective Payment System (PPS). CMS.gov
References cont.

• Patient Protection and Affordable Care Act. Healthcare.gov


THANK YOU