Why Rehabilitation Nursing isn’t Nursing as Usual

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The Specialty Practice of Rehabilitation Nursing

Providence Holy Cross Medical Center

- Providence Holy Cross Medical Center is located in Mission Hills in the San Fernando Valley
- We are a 258 Bed facility with a new 140 bed wing opening in 2011
- We have a 13 bed Acute Rehabilitation Unit that opened in 1991, and also Out Patient Rehabilitation Services
Rehabilitation

- Development of rehabilitation medicine came out of the response to injuries of war and the needs of children with disabilities
- Civil War - physical agents were used as treatments for wounds
- Rehabilitation Medicine became a specialty after WWI
  - Vocational rehabilitation provided by law in 1918 for veterans

Rehabilitation

- Between WWI and WWII physical medicine developed as a specialty during the polio epidemics
- During WWII physical medicine underwent greater development under the influence of Dr. Rusk who introduced psychosocial treatment and vocational training to the Air Force Convalescent centers
Rehabilitation

- Most people did not know of Franklin Roosevelt’s disability due to polio
- He won 4 presidential elections in spite of it
- During his time in office he passed the Social Security Bill and supported comprehensive rehabilitation

Nursing

- Nursing also grew out of the need to care for soldiers during times of war
- Florence Nightingale became famous for the part she played in taking a group of nurses to the Crimean war
Florence Nightingale

- Founder of modern nursing felt that nurses should have formal training
- Thought nursing should be based on sound scientific principles
- Brilliant statistician
  - After her interventions in the Crimean War the morbidity/mortality rates for soldiers were reduced from 48%-2%

History of Nursing in the U.S.

- The American Nurses Association (ANA) was established in 1896 and describes nursing as the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations
Variuos Faces of Nursing

Over the years as health care and medicine changed, so did nursing

History of Rehab Nursing

- The Association of Rehabilitation Nurses (ARN) was established in 1974 and describes rehabilitation nurses this way:
  - Rehabilitation nurses help individuals affected by chronic illness or physical disability to adapt to their disabilities, achieve their greatest potential, and work toward productive, independent lives. They take a holistic approach to meeting patients’ medical, vocational, educational, environmental, and spiritual needs
So What is Rehabilitation Nursing?

- The ANA and ARN define rehabilitation nursing as a unique specialty practice area within the scope of professional nursing practice whose practitioners operate with a common body of knowledge, skills, and attitudes about nursing and disability.

Rehabilitation Nursing

- Rehabilitation nurses believe that a person with a disability has intrinsic worth that transcends the disability, and that each person is a unique holistic being who has both the right and responsibility to make informed personal choices regarding health and lifestyle (ANA and ARN 1988).
Hallmarks of Rehab Nursing

- Rehabilitation patients are not defined by their disability
- Rehabilitation is a holistic practice
- Patients participate in decision making
- Utilization of the nursing process:
  - Assessment
  - Diagnosis
  - Outcome identification
  - Planning, implementation and evaluation

The Many Roles of the Rehab Nurse

- Caregiver
- Educator
- Counselor
- Coordinator of Care
- Patient advocate
- Researcher
- Home Care Rehabilitation
- Case Manager
Rehabilitation Nursing Knowledge and Skills

- Rehabilitation nurses share a common body of knowledge and skills that are unique to this practice which includes care for:
  - Brain injury
  - Spinal cord injury
  - Stroke
  - Amputation
  - Parkinsons
  - Guillian Barre
  - Multiple Sclerosis
  - ALS

Rehabilitation Nursing - Medical

- Cardiovascular
- Pulmonary
- GI/GU
- Skin
- Neurological
- Psychosocial

- Medication administration
- Wound care
- Incontinence
- Pain management
- Nutrition
## Rehabilitation Nursing

- There are many psychosocial aspects to rehab nursing
  - Planning for discharge needs to begin when the patient arrives on the IRF unit, goals must be identified on day one
- Rehabilitation nursing practice is goal oriented to assist the patient and family toward optimal functional outcomes
- Goals are mutually set between the nurse and the patient

## Rehabilitation Nursing Knowledge and Skills

- Psychosocial issues
- Vocation for the patient with disabilities
- Activities of daily living
- Fulfillment of previous roles
- Adjustment to changes in lifestyle and physical functioning
- Self-care
- Mobility/transfers
- Accessing home and community
Rehabilitation Nursing

• The rehab nurse works with the interdisciplinary team in collaborative practice
  – The goal of an interdisciplinary team practice is to achieve the most comprehensive outcomes possible that are also of significant practical value to the patient
  – The team should include both internal and external providers
  – The patient is always included as a member of the team

Rehabilitation Nursing

• The focus of rehab nursing is the way individuals, their “families” and community respond to actual or potential health problems (medical and functional)
• The rehabilitation patient is an active participant in their own care
• The patient contributes to the plan of care and is the most important member of the team
Rehabilitation Nursing

- The focus for disability is:
  - Health promotion
  - Health management
  - Disease prevention
  - Prevention of worsening disability
  - Ultimately the focus is on improving the quality of life for the individuals served

Rehabilitation Nursing

The rehab nurse assesses and supports:
- Medical issues
- Functional needs
- Instrumental ADLs
- Physical assessment
Rehabilitation Nursing

Functional:

- Patient participation and abilities related to ADLs
  - Eating
  - Grooming
  - Bathing
  - Dressing/undressing
- Instrumental ADLs:
  - Answering the phone
  - Making bed
  - Emptying the commode/urinal

Rehabilitation Nursing

Functional:

- Transfers
- Locomotion
- Cognition
- Communication
- Bladder and bowel management
- Effects of medication (including first dose of new med)
- Effects of co-morbid conditions on participation
  - Hemiplegia
  - Dysphagia
  - Amputation
Rehabilitation Nursing

Management vs monitoring

- Monitoring (observing) is passive
- Management is active, it involves changes in the treatment plan to achieve the optimum outcomes for the patient

<table>
<thead>
<tr>
<th>Concepts of adaptation, and coping</th>
<th>Group process and dynamics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy</td>
<td>Growth and development</td>
</tr>
<tr>
<td>Aging</td>
<td>Health promotion</td>
</tr>
<tr>
<td>Change process</td>
<td>Learning process</td>
</tr>
<tr>
<td>Communication</td>
<td>Optimum wellness</td>
</tr>
<tr>
<td>Cultural diversity</td>
<td>Pain management</td>
</tr>
<tr>
<td>End-of-life care</td>
<td>Prevention</td>
</tr>
<tr>
<td>Family and crisis theory</td>
<td>Quality of life</td>
</tr>
<tr>
<td>Functional outcomes</td>
<td>Role theory safety</td>
</tr>
<tr>
<td>Self care</td>
<td>Sexuality</td>
</tr>
<tr>
<td></td>
<td>Socialization</td>
</tr>
</tbody>
</table>
Raising Rehab Nurses

Patricia Benner’s Novice to Expert Model

- Novice
- Advance Beginner
- Competent
- Proficient
- Expert
CRRN

- Certification in rehabilitation nursing is accomplished by fulfilling the criteria to sit for the exam and passing the test
- A nurse must have a certain amount of hours to qualify for the exam (amounts to 2 years of experience)
- After this period of time the nurse will have accomplished a competent level of rehab nursing

Motivating Nurses

- Review class (paid for)
- Reimbursement for test fee (with passing)
- Bonus (some one time, some annually)
- Offering opportunity to work in as high-tech area
- Invite them to local chapter ARN meeting
Rehabilitation Nursing

- Rehabilitation nurses have the right to be treated as equal members of the team, they also have the responsibility to function as an equal member.

What Rehab Nurses Say

Rehab nursing gives me the best of nursing: patient care, teaching and seeing the patient improve and eventually be discharged home after a long hospital stay. I have been a rehab nurse for 14 years and what keeps me in rehab is the working relationship between nursing, therapy and the physicians. My training included new grad orientation, being mentored while working and attending conferences. I am a CRRN.
What Rehab Nurses Say

I floated once or twice to a rehab unit when I first started working as a nurse and it felt very rewarding for me. This is my 11th year as a rehab nurse and what keeps me in rehab is that rewarding feeling, seeing your patient getting better, functioning when they thought or felt that they are not going to get better. My acute rehab training is just experience and learning from my co-workers who had worked in rehab for awhile. But it is still training everyday I work. I am studying for the CRRN exam.

What Rehab Nurses Say

I decided to specialize in Rehab nursing because of the feeling of pride I felt in knowing that I had a part in helping someone with a disabling illness move towards independence. I was working as a “student nurse” at Loma Linda on the night shift while going to nursing school and would ask to be put on the neuro/rehab unit whenever possible. I was also fascinated with neurology so when in my senior year my neuro/rehab rotation came up, I asked the nurse manager if he thought he might have an opening by the end of the quarter which was the end of the school year. He did and I started working as a team leader on the day shift the day after graduation. I have been a rehab nurse for 35 years and a CRRN for 25 years. What keeps me in rehab...is that it’s probably the most rewarding area of nursing I can think of.
What Rehab Nurses Say

I was an immigrant who came to this country with no experience aside from nursing school in my home country. I worked in customer service and was promoted to supervisor before I came to this country. With my experience in management and being a BSN, I got promoted to Nursing Supervisor within 6 months at the SNF that hired me. After a while, I got really bored with my job in the SNF and wanted more. I said to myself-I will try the acute hospital. The nurse recruiter put me in a TCU. After 2 years the acute hospital opened a position for Acute Rehab Supervisor/Manager. All I knew at this time was that I was born to lead and teach people and this is a good opportunity. I had to research and educate myself on this unit including regulatory activities and protocols. Those are the very first moments where my passion grew and I started falling in love with one of the many specialties in the nursing profession.
Tom’s Art

People - Janeshia
Future of Health Care

• The future of health care in the U.S. is uncertain, however what is certain is that nursing will be in the forefront of support and advocacy of the patient
• ARN is active in advocate work and will continue to support funding for the nursing workforce development programs, nursing research, and the Traumatic Brain Injury Act programs, as well as support of the Prosthetics Parity Act and keeps members up to date on the ARN web site

Rehabilitation Nurses

First do no harm!
Then do everything you can to make it better!
References


Thank you.

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Questions