Rehabilitative Care Best Practice Framework for Patients with Hip Fracture

Quick Reference Guide: Ambulatory Rehabilitative Care

JANUARY 2018

The Rehabilitative Care Alliance (RCA) released two best practice frameworks in 2017:

- *Rehabilitative Care Best Practices Framework for Patients with Hip Fractures*
- *Rehabilitative Care Best Practices Framework for Patients with Primary Hip and Knee Replacements*

While the QBP clinical handbooks for hip fracture and primary hip/knee replacements provide high-level recommendations for post-surgical rehabilitative care, the RCA frameworks provide detailed best practices for rehabilitative care, across the care continuum. These best practices ensure high quality care and improve outcomes for patients. The frameworks will also support standardized, evidence-based rehabilitative care across the province.

The frameworks were developed by provincial RCA task and advisory groups following an extensive review of the literature and existing care pathways and practices. The best practice recommendations were reviewed and supported by clinicians, rehabilitative care programs, professional associations and patient and family representatives.

The Frameworks are large comprehensive documents which describe detailed clinical best practices for different levels of rehabilitative care, including:

Hip Fracture:

- Bedded Rehabilitative Care
- Ambulatory Rehabilitative Care
- In-Home Rehabilitative Care
- Rehabilitative Care in Long Term Care

Primary Hip & Knee Replacement:

- Pre-operative Care
- Bedded Rehabilitative Care
- Ambulatory Rehabilitative Care
- In-Home Rehabilitative Care

The following Quick Reference Guide provides a concise overview of the types of recommendations included in the framework, for this level/location of rehabilitative care. Red notations indicate where detailed information on a particular recommendation or topic can be located in the comprehensive framework.

Rehabilitative Care Alliance

	Ambulatory Rehabilitative Care for Patients with Hip Fracture
Initiation	Rehab should commence no later than one week following discharge from the acute-care.
Duration	Duration of rehab is from 6 weeks to 3 months, averaging 8 weeks, and is dependent on the client's clinical needs.
Frequency	Strong evidence supports intensive therapy post discharge, though the optimal frequency of rehabilitative care in the community remains unclear.
Summary of Rehabilitative Care Best Practices	Use structured assessments to identify and differentiate between delirium /dementia /depression (3 Ds). Symptoms of the 3 Ds can be superficially similar. **22-25*
	Delirium may still be present at discharge. Caregivers require education on strategies to maintain the person's safety in the home. **22-25*
	Educate patient/family that changes in cognition, changes in medication, and reduced physical function can increase the risk of motor vehicle accidents and injury, among older adult drivers.
	Provide exercises, as per BONEFIT principles.
	Key components of rehab: education on safety/falls prevention; training to improve independence in self-care, transfers, ambulation and ADLs; balance and gait training; provision of a progressive strengthening exercise program, and environmental modifications. **28-30*
	Clients are discharged from outpatient rehab based on the achievement of goals and evidence from standardized outcome measures. **31*
	Incorporate principles of healthy lifestyles into the rehabilitation program by providing resources and/or referrals to external programs.
	Communicate hip fracture precautions, fall risk, and ongoing care plan and client goals with all care providers across the continuum of care.

**** Refer to page #(s) indicated, in the RCA Hip Fracture Framework, for more information***