Rehabilitative Care Best Practice Framework for Patients with Hip Fracture

Quick Reference Guide: Bedded Rehabilitative Care

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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

	Bedded Rehabilitative Care for Patients with Hip Fracture
Initiation	Upon admission initiate range of motion, strengthening, mobility and balance activities.
Duration	Target length of stay is 24-28 days; average length of stay is dependent on patient need.
Frequency	Patients should receive daily PT and/or OT, seven days a week.
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. **8-11*
	All individuals with a fragility fracture of the hip should be considered at high risk for osteoporotic fractures. Provide exercises, as per BONEFIT principles. **15*
	Assess transfers and mobility; provide education on the safe use of gait-aids; provide gait and stair training; progress safe mobility & independence with ADLs to improve function and reduce risk for falls; work towards safe, independent discharge. **17-18*
	Engage patient/family in ongoing communication to review treatment program and discharge plan. Provide patient and family with education on fall risk. **19*
	Evaluate risk of readmission and revise care and discharge plans as required. **19-21*
	When planning for discharge, educate patient and 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 written individualized care and discharge plans to patient's primary care provider and other community providers within 24 hours of discharge.

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