



Rehabilitative Care Alliance

Rehabilitative Care Best Practice Framework for Patients with Hip Fracture

Quick Reference Guide: In-Home 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.

In-Home Rehabilitative Care for Patients with Hip Fracture

Initiation	The first in-home rehabilitative care visit could be as early as 48 hours and should be no later than 5 days.
Duration	Duration of rehab may be from 6 weeks to 3 months, depending on client's clinical needs. Functional gains are often made over longer periods of time; clients should be re-assessed, and rehab extended when appropriate.
Frequency	Average 2-3 times per week, depending on the client's tolerance level and the number of health professionals involved.
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. <i>*32-35</i>
	Delirium may still be present at discharge. Caregivers require education on strategies to maintain the person's safety in the home. <i>*32-35</i>
	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. <i>*38-40</i>
	Incorporate principles of healthy lifestyles into the rehabilitation program by providing resources and/or referrals to external programs. <i>*41</i>
	Educate patient/family that changes in cognition, changes in medication, or reduced physical function can increase risk of motor vehicle accidents among older adult drivers.
Monitor progress and transfer to ambulatory rehab once patient's ability to access services outside the home is no longer limited by their condition.	

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