Rehabilitative Care Alliance

Hip Fracture
Capacity Planning Canvas

Developed with Hip Fracture Capacity Planning Clinical and Patient Subject Matter Experts

March 2019

Population

Who	Adults ≥18 years with low-energy trauma hip fracture (exclude metastatic disease, MVC)		
What	Rehabilitative Care Services According to the RCA Definition*	Where	Ontario
When	1) 0-8 weeks; 8 weeks -3 months 2) 3-6 months 3) 6-24+ months	Why	Better Quality of Life, Functional Outcomes, Return to Community

Needs (adapted from HQO Quality Standard: Care for People with Fragility Fractures, 2017)

A. Education (1,2,3)
- **Pain and medication management education (1,2,3)**
- **Positioning education for comfort relief (1,2,3)**
- **Medication management (1, 2, 3)**
- **Education on safety and fall prevention (1,2,3)**

B. Pressure Ulcer Prevention(1,2)
C. Fluid, Nutrition and Elimination (1,2)
D. Manage Delirium/Depression/Dementia(1,2,3)
E. Independence in Self-Care (1,2)
F. Transfer training (1,2)
G. Balance, strengthening, gait assessment and training (1,2,3)
H. Stair training (1,2)
I. Transitional Care Planning (1,2)
J. Immediate assistance with non-urgent education (knowledge exchange with trained staff) (1, 2, 3)
K. Peer support hub (1, 2, 3)
L. Environmental modifications (1,2,3)
M. Osteoporosis management and education (1,2,3)
N. Transportation (1,2,3)
O. Caregiver Engagement and Support (1,2,3)
P. Ongoing exercise program (1,2,3)
Q. Instrumental Activities of Daily Living (1,2,3)
R. Social Reintegration (1,2,3)
S. Complex Geriatric Assessment (1)

Resources

Setting	Services
Acute Care	DIETITIAN, OT, PHARMACY, PHYSICIANS (GEN MED, PHYSIATRIST, GERIATRICIAN), PT, REHABILITATION NURSING, NURSING , SW, THERAPY ASSISTANTS
Inpatient Rehab (Rehabilitation Level of Care)	DIETITIAN, REHABILITATION NURSING, OT, PHYSICIANS, PT, SW, THERAPY ASSISTANTS
In-Home, include retirement homes	OT, PT, THERAPY ASSISTANTS, PSW; (PHYSICIANS, SW, CARE COORDINATORS, DIETITIAN, NURSING, AS NEEDED)
Outpatient Clinic	DIETITIAN, NURSING, OT, PHYSICIANS, PT, SW, THERAPY ASSISTANTS
Convalescent Care (Activation/ Restoration Level of Care)	DIETITIAN, OCCUPATIONAL THERAPY, PHYSIOTHERAPY, PHYSICIAN, THERAPY ASSISTANT, SOCIAL WORK, SPEECH LANGUAGE PATHOLOGY
Long-Term Care	PT, OT, NURSING, SW, THERAPY ASSISTANTS, PSW (DIETITIAN, PHARMACY, PHYSICIANS AS NEEDED)
Complex Care (Short- and Long-term Complex Medical Management Level of Care)	PT, OT, SW, THERAPY ASSISTANTS, PSW (DIETITIAN, NURSING, PHYSICIANS AS NEEDED)

Resource-Relevant Factors

Frailty, prior living status, rural/urban/remote, age.

Data Requirements

- Annual incidence of Adults ≥18 years with low-energy trauma hip fracture; 3 month, 6 month and 2-year survival rates

© Rehab Care Alliance and Matthew Meyer, 2019

Setting 1, Table 1a: Acute Care Patient Needs and Staffing Roles

Patient Need	Leading Role	Supporting Role	Alternate Option
A. **Education (1,2,3)**	Team Responsibility, All Involved		
B. **Pressure Ulcer Prevention(1,2,3)**	Nursing, PT	Dietitian	OT
C. **Fluid, Nutrition and Elimination (1,2)**	Dietitian, Nursing, OT		
D. **Delirium/Depression/Dementia Management (1,2,3)**	Team Responsibility, All Involved		
E. **Independence in Self-Care (1,2)**	Nursing, OT	Therapy Assistants	
F. **Transfer training (1,2)**	Nursing, PT, OT	Therapy Assistants	
G. **Balance, strengthening, gait assessment and training (1,2,3)**	PT	Therapy Assistants	Nursing, OT
H. **Stair training (1,2)**	PT, OT	Therapy Assistants	
I. **Transitional Care Planning(1,2)**	SW		Nursing, OT, Physicians, PT
J. **Immediate assistance with non-urgent education *(knowledge exchange with trained staff)* (1, 2, 3)**	Not applicable in acute care		
K. **Peer support (1, 2, 3)**	Not applicable in acute care		
L. **Environmental modifications (1,2,3)**	PT, OT	Therapy Assistants	
M. **Osteoporosis management and education (1,2,3)**	Dietitian, Pharmacy, Physicians		Nursing, OT, PT
N. **Transportation (1,2,3)**	Not applicable		
O. **Caregiver Engagement and Support (1,2,3)**	Team Responsibility (all involved)		
P. **Ongoing exercise program (1,2,3)**	PT, OT		
Q. **Instrumental Activities of Daily Living (1,2,3)**	OT, SW	Therapy Assistants	
R. **Social Reintegration (1,2,3)**	SW, OT	Therapy Assistants	PT
S. **Comprehensive Geriatric Assessment (1)**	Team Responsibility (all involved)		
Recommended Core Team: Dietitian, OT, Pharmacy, Physicians (Gen Med, Physiatrist, Geriatrician), PT, Rehabilitation Nursing, Nursing, SW, Therapy Assistants			

© Rehab Care Alliance and Matthew Meyer, 2019

Setting 1, Table 1b: Acute Care Capacity Planning Details

		% in need	100[1]
Service/ Resource	**% in Need**	**Average Amount of Service Required per Patient in Need (assumptions used)**	**Comments and References**
Bed	100	8 days (surgery within 2 days, rehab within 6 days post-surgery)	RCA Hip Fracture Best Practices Framework and HQO QBP Clinical Handbook for Hip Fracture[1,2]
Nursing / Rehabilitation Nursing*	100	Daily; 24 hour coverage	Standard of care for post-surgical acute care
Physicians (Surgeon and/or consultative physician services)	100	Daily; 24 hour coverage	Standard of care for post-surgical acute care
Geriatrician	80-100	1 hr assessment and 1-2 15 minute follow up visits	Consensus based on current practice
Physiotherapy	100	270 min (6 attendances, 45min per attendance)	RCA Hip Fracture Best Practices Framework[2]
Occupational Therapy	100	180 min (Every other day (4x), 45min per day)	RCA Hip Fracture Best Practices Framework[2]
Therapy Assistants	100	Daily (2x for PTA, 1x for OTA), 45 min per day	RCA Hip Fracture Best Practices Framework; *no more than 50% of therapy to be provided by therapy assistants*[2]
Pharmacy*	100	Daily	
Dietitian	28 - 82	RCA to complete after research,	Likely, if patient is coming from home would be needed
Social Work	55%	RCA to complete after research, meets the need for discharge planning; screen for home and community care coordinator	Patients who are referred from home and are going home likely will need SW.
***Services out of scope for per-patient capacity planning (planning should align with available/local standards for patient coverage): Nursing/Rehabilitation nursing, Pharmacy**			

Note – assumption here is that there are 7 days a week coverage for rehab services in acute care

[1] Health Quality Ontario; Ministry of Health and Long-Term Care. Quality-Based Procedures: Clinical Handbook for Hip Fracture. Toronto, ON: Health Quality Ontario; 2013 May

[2] Rehabilitative Care Best Practices for Patients with Hip Fracture, Rehabilitative Care Alliance, September 2018

© Rehab Care Alliance and Matthew Meyer, 2019

Setting 2, Table 2a: Inpatient Rehab (Rehabilitation Level of Care) Patient Needs and Staffing Roles

Patient Need	Leading Role	Supporting Role	Alternate Option
A. **Education (1,2,3)**	Team Responsibility, All Involved		
B. **Pressure Ulcer Prevention(1,2,3)**	OT	Dietician, Nursing, PT	
C. **Fluid, Nutrition and Elimination (1,2)**	Dietitian, Nursing,		
D. **Delirium/Depression/Dementia Management (1,2,3)**	Team Responsibility, All Involved		
E. **Independence in Self-Care (1,2)**	Nursing, OT	Therapy Assistants	
F. **Transfer training (1,2)**	Nursing, PT, OT	Therapy Assistants	
G. **Balance, strengthening, gait assessment and training (1,2,3)**	PT	Therapy Assistants	Nursing, OT,
H. **Stair training (1,2)**	PT	Therapy Assistants	OT
I. **Transitional Care Planning(1,2)**	SW / Care coordinator		OT, Physicians
J. **Immediate assistance with non-urgent education *(knowledge exchange with trained staff)* (1, 2, 3)**	Not applicable		
K. **Peer support (1, 2, 3)**			
L. **Environmental modifications (1,2,3)**	PT, OT		Nursing
M. **Osteoporosis management and education (1,2,3)**	Dietitian, Pharmacy, Geriatric team		Nursing
N. **Transportation (1,2,3)**	Not applicable		
O. **Caregiver Engagement and Support (1,2,3)**	Team Responsibility, All Involved		
P. **Ongoing exercise program (1,2,3)**	PT		OT
Q. **Instrumental Activities of Daily Living (1,2,3)**	OT	Therapy Assistants	
R. **Social Reintegration (1,2,3)**	SW,OT		PT
S. **Comprehensive Geriatric Assessment (1)**	Team Responsibility, All Involved		
Recommended Core Team: Dietitian, Rehabilitation Nursing, OT, Physicians, PT, SW, Therapy Assistants, Nurse practitioner			

© Rehab Care Alliance and Matthew Meyer, 2019

Setting 2, Table 2b: Inpatient Rehab (Rehabilitation Level of Care) Capacity Planning Details

			% in need	39%[3]
Service/ Resource	**% in Need**	**Average Recommended Frequency & Duration**	**Comments and References**	
Bed	100	24 - 28 days	RCA Hip Fracture Best Practices Framework[4]	
Nursing / Rehabilitation Nursing	100	Daily; 24 hour coverage	Standards for practice	
Physiotherapy	100	90 min each admission and discharge assessment, 5 days a week (150 minutes per week)	RCA Hip Fracture Best Practices Framework[4] and consensus for minutes based on practice	
Occupational Therapy	100	90 min each admission and discharge assessment; 5 days a week therapy, 150 minutes per week	RCA Hip Fracture Best Practices Framework[4] and consensus for minutes based on practice	
Therapy Assistants	100	Daily; assistants provide no more than 50% of therapy time; 5 days a week (150 by PTA and 150 by OTA) per week	RCA Hip Fracture Best Practices Framework[4]; *no more than 50% of therapy to be provided by therapy assistants*	
Pharmacy	100	Approximately 15 mins per day on average; *those who are admitted complex and need med rec. would need an additional 4 hours total*	Consensus based on current practice	
Physicians (Gen Med, Physiatrist, Geriatrician)	25-50%	For geriatrician, approximately one hour admission, 30mins discharge, and daily around 10 mins admission assessment for all patients	Consensus based on current practice	
Dietitian				
Social Work	100	120 minutes;	Consensus based on current practice; assumes 100% of patients transfer from IP rehab to home	
Services out of scope for per-patient capacity planning (planning should align with available standards for patient coverage): Nursing; Physicians; Pharmacy				

Note – assumption here is that there are 7 days a week coverage for rehab services (mobilization, socialization daily, conducted by full team)

[3] Health Quality Ontario; Ministry of Health and Long-Term Care. Quality-Based Procedures: Clinical Handbook for Hip Fracture. Toronto, ON: Health Quality Ontario; 2013 May

[4] Rehabilitative Care Best Practices for Patients with Hip Fracture, Rehabilitative Care Alliance, September 2018

© Rehab Care Alliance and Matthew Meyer, 2019

Setting 3: In-home Rehab Patient Needs and Staffing Roles (*includes retirement homes or any patients residence)*

Patient Need	Leading Role	Supporting Role	Alternate Option
A. **Education (1,2,3)**	Team Responsibility, All Involved		
B. **Pressure Ulcer Prevention(1,2,3)**	PT, OT	PSW	Nursing
C. **Fluid, Nutrition and Elimination (1,2)**	PT, OT (screen/identify), Dietitian(2), Nursing(1)	PSW	
D. **Delirium/Depression/Dementia Management (1,2,3)**	PT, OT (screen/identify), Nursing, Pharmacy, Primary Care Provider (Physician or NP), potentially identified by care coordinator (must be RHP)	Therapy Assistants	Nursing, Primary Care Provider (physician or NP), SW,
E. **Independence in Self-Care (1,2)**	PT, OT	Therapy Assistants, PSW	
F. **Transfer training (1,2)**	OT	Therapy Assistants, PSW	
G. **Balance, strengthening, gait assessment and training (1,2,3)**	PT	Therapy Assistants, PSW	Nursing, OT
H. **Stair training (1,2)**	PT	Therapy Assistants, PSW	
I. **Transitional Care Planning(1,2)**	PT, care coordinator		OT, Physicians
J. **Immediate assistance with non-urgent education *(knowledge exchange with trained staff)* (1, 2, 3)**	Care coordinator, clinical coordinators		
K. **Peer support hub (1, 2, 3)**	Volunteer with experience		
L. **Environmental modifications (1,2,3)**	PT, OT	Therapy Assistants, PSW	Nursing
M. **Osteoporosis management and education (1,2,3)**	PT, OT (screen/identify), Dietitian, Pharmacy (treat)		Nursing
N. **Transportation (1,2,3)**	SW/OT	PSW	
O. **Caregiver Engagement and Support (1,2,3)**	Team Responsibility, All Involved		
P. **Ongoing exercise program (1,2,3)**	PT	Therapy Assistants, PSW	OT
Q. **Instrumental Activities of Daily Living (1,2,3)**	OT	Therapy Assistants, PSW	SW
R. **Social Reintegration (1,2,3)**	PT, OT		SW
S. **Comprehensive Geriatric Assessment (1)**	Not applicable in home		
Recommended Core Team: OT, PT, Therapy Assistants, PSW; (Physicians, SW, Care coordinators, Dietitian, Nursing, as needed)			

© Rehab Care Alliance and Matthew Meyer, 2019

Setting 3, Table 3b: In-home Rehab Capacity Planning Details

		% in need	70%[5]

Service/ Resource	% in Need	Average Recommended Frequency & Duration	Comments and References
Physiotherapy	100	4 to 6 visits, 90 minutes over 10-12 weeks (2/3 by PT)	RCA Hip Fracture Best Practices Framework[6]
Occupational Therapy	100	2 visits x 120 minutes (2/3 by OT)	Needs further evaluation; recommendation from the subject matter expert group
Rehab Therapy Assistants	100	For LHINs who have therapy assistants available, up to 1/3 of PT or OT visits could be conducted by therapy assistants	Some LHINs don't have OTAs, some LHINs have very few PTAs, will use rehab therapy assistants as a placeholder for any assistant as available by LHIN.
PSW*	30% (community complex cohort)	Dependent on patients' condition and supports; maximum of 2 hours per day	
Nursing / Rehabilitation Nursing*		Dependent on whether wound becomes infected and needed nursing care	
Pharmacy*		Out of scope	
Physicians (Gen Med, Physiatrist, Geriatrician)*	< 5%	As needed for follow-up related to conditions; complications	
Dietitian	<5%	2 visits x 4 weeks up to 60 min	
Social Work	<5%	2 visits x 4 weeks up to 60 min	
***Services out of scope for per-patient capacity planning (planning should align with available standards for patient coverage): PSW, Nursing, Pharmacy, Physicians**			

Notes[5]:

Community Healthy cohort, direct to home (40%) - are doing well currently with 4-6 total visits over 10 weeks

Community complex cohort (30%) – need more intensive services, acute to other rehab setting, then in-home

(Weight bearing, comorbidities will determine need. These are significant resource relevant factors for in-home services)

[5] Health Quality Ontario; Ministry of Health and Long-Term Care. Quality-Based Procedures: Clinical Handbook for Hip Fracture. Toronto, ON: Health Quality Ontario; 2013 May

[6] Rehabilitative Care Best Practices for Patients with Hip Fracture, Rehabilitative Care Alliance, September 2018

© Rehab Care Alliance and Matthew Meyer, 2019

Setting 4: Outpatient Needs and Staffing Roles

Patient Need	Leading Role	Supporting Role	Alternate Option
A. **Education (1,2,3)**	Team Responsibility, All Involved		
B. **Pressure Ulcer Prevention(1,2,3)**	PT, OT		Nursing
C. **Fluid, Nutrition and Elimination (1,2)**	PT, OT (screen/identify), Dietitian(2), Nursing(1)		
D. **Delirium/Depression/Dementia Management (1,2,3)**	PT, OT (screen/identify), Nursing, Pharmacy, Primary Care Provider (Physician or NP), potentially identified by care coordinator (must be RHP)	Therapy Assistants	Nursing, Primary Care Provider (physician or NP), SW
E. **Independence in Self-Care (1,2)**	PT, OT	Therapy Assistants	
F. **Transfer training (1,2)**	OT	Therapy Assistants	
G. **Balance, strengthening, gait assessment and training (1,2,3)**	PT	Therapy Assistants	Nursing, OT
H. **Stair training (1,2)**	PT	Therapy Assistants	
I. **Transitional Care Planning(1,2)**	PT		OT, Physicians
J. **Immediate assistance with non-urgent education *(knowledge exchange with trained staff)* (1, 2, 3)**	Care coordinator, clinical coordinators		
K. **Peer support hub (1, 2, 3)**	Volunteer with experience		
L. **Environmental modifications (1,2,3)**	PT, OT	Therapy Assistants	Nursing
M. **Osteoporosis management and education (1,2,3)**	PT, OT (screen/identify), Dietitian, Pharmacy (treat)		Nursing
N. **Transportation (1,2,3)**	SW/OT		
O. **Caregiver Engagement and Support (1,2,3)**	Team Responsibility, All Involved		
P. **Ongoing exercise program (1,2,3)**	PT	Therapy Assistants	OT
Q. **Instrumental Activities of Daily Living (1,2,3)**	OT,	Therapy Assistants	SW
R. **Social Reintegration (1,2,3)**	PT, OT		SW
S. **Comprehensive Geriatric Assessment (1)**	Team Responsibility, All Involved		
Recommended Core Team: Dietitian, Nursing, OT, Physicians, PT, SW, Therapy Assistants			

© Rehab Care Alliance and Matthew Meyer, 2019

Setting 4, Table 4b: Outpatient Rehab Capacity Planning Details

% in need: 5%[7]

Service/ Resource	% in Need	Average Recommended Frequency & Duration	Comments and References
Nursing	15	(120 min), 2x/episode, 60 min 0.6 hours/week (0-2 hours/week) 8 weeks (3-12 weeks)	Based on subject matter expert experience; in some GTA sites, depending on model of care up to 30% of outpatient rehab patients may use nursing in this setting; if an ambulatory wound care clinic available, nursing would not be required <frequency and duration based on Subject Matter Expert recommendation>
Physiotherapy	100	(90 min), 2x/episode, 45min per session; 3 hours/week (1-3 hours/week) 8 weeks (3-12 weeks)	Current state utilization, on average, in GTA; <frequency and duration confirmed via Subject Matter Expert recommendation>
Occupational therapy	100 (needs further investigation)	(90 min), 2x/episode , 45min per session; 2 hours/week (0-2.25 hours/week) 8 weeks (3-12 weeks)	Current state utilization, on average, in GTA <frequency and duration based on Subject Matter Expert recommendation>
Therapy assistants	100	(2x/week), 8 weeks, 45min per session; 1.5 hours/week (1-3 hours/week) 8 weeks (3-12 weeks)	Current state utilization, on average, in GTA <frequency and duration confirmed via Subject Matter Expert recommendation>
SW	10	0.4 hours/week (0-1 hours/week) 8 weeks (3-12 weeks)	<frequency and duration based on Subject Matter Expert recommendation>
Dietitian*		0.2 hours/week (0-1 hours/week) 8 weeks (3-12 weeks)	<frequency and duration based on Subject Matter Expert recommendation>
Physician*		0.25 hours/week (0-1 hours/week) 8 weeks (3-12 weeks)	<frequency and duration based on Subject Matter Expert recommendation>
***Services out of scope for per-patient capacity planning (planning should align with available standards for patient coverage): Dietitian and Physician**			

[7] Based on consensus and recommendation from subject matter experts

© Rehab Care Alliance and Matthew Meyer, 2019

Setting 5: Convalescent Care (Activation/Restoration Level of Care)

Patient Need	Leading Role	Supporting Role	Alternate Option
A. **Education (1,2,3)**	Team Responsibility, All Involved		
B. **Pressure Ulcer Prevention(1,2,3)**	PT, Nursing		OT
C. **Fluid, Nutrition and Elimination (1,2)**	Nursing and Dietitian		
D. **Delirium/Depression/Dementia Management (1,2,3)**	Team responsibility, All involved		
E. **Independence in Self-Care (1,2)**	PT, OT	Therapy Assistants	PSW
F. **Transfer training (1,2)**	OT	Therapy Assistants	PSW
G. **Balance, strengthening, gait assessment and training (1,2,3)**	PT	Therapy Assistants	OT, PSW
H. **Stair training (1,2)**	PT	Therapy Assistants	PSW
I. **Transitional Care Planning(1,2)**	SW, Nursing, Care coordinator		OT, Physicians
J. **Immediate assistance with non-urgent education *(knowledge exchange with trained staff)* (1, 2, 3)**	Not applicable		
K. **Peer support hub (1, 2, 3)**	Trained volunteer		
L. **Environmental modifications (1,2,3)**	PT, OT	Therapy Assistants	PSW
M. **Osteoporosis management and education (1,2,3)**	PT, OT (screen/identify), Dietitian, Physician, Pharmacy (treat)		
N. **Transportation (1,2,3)**	Not applicable		
O. **Caregiver Engagement and Support (1,2,3)**	Team responsibility, All involved		
P. **Ongoing exercise program (1,2,3)**	PT	Therapy Assistants, PSW	OT
Q. **Instrumental Activities of Daily Living (1,2,3)**	OT	Therapy Assistants, PSW	SW
R. **Social Reintegration (1,2,3)**	PT, OT, SW		SW
S. **Comprehensive Geriatric Assessment (1)**	Team responsibility, All involved		
Recommended Core Team: PT, OT, Nursing, SW, Therapy Assistants, PSW (Dietitian, Pharmacy, Physicians as needed)			

© Rehab Care Alliance and Matthew Meyer, 2019

Setting 6, Table 6b: Convalescent Care Rehab (Activation/Restoration Level of Care) Capacity Planning Details

		% in need	17%[8]
Service/ Resource	% in Need	Average Recommended Frequency & Duration	Comments and References
Physiotherapy		3 hours/week (1.5 - 5 hours/week), 8 weeks (4 - 12 weeks)	<frequency and duration based on Subject Matter Expert recommendation>
Occupational Therapy		2.25 hours/week (1-3 hours/week), 8 weeks (4-12 weeks)	<frequency and duration based on Subject Matter Expert recommendation>
Social Worker		1 hour/week (0-1 hours/week), 8 weeks (4-12 weeks)	<frequency and duration based on Subject Matter Expert recommendation>
Personal Support Worker		6 hours/week (1-14 hours/week), 8 weeks (4-12 weeks)	<frequency and duration based on Subject Matter Expert recommendation>
Therapy Assistant		3 hours/week (1.5-5 hours/week), 8 weeks (4-12 weeks)	<frequency and duration based on Subject Matter Expert recommendation>
Dietitian		0.5 hours/week (0-1 hours/week), 8 weeks (4-12 weeks)	<frequency and duration based on Subject Matter Expert recommendation>
Discharge Planner/Care Coordinator		1 hour/week (0-1 hours/week), 8 weeks (4-12 weeks)	<frequency and duration based on Subject Matter Expert recommendation>
Most Responsible Physician		1 hour/week (0-1 hours/week), 8 weeks (4-12 weeks)	<frequency and duration based on Subject Matter Expert recommendation>

[8] Health Quality Ontario; Ministry of Health and Long-Term Care. Quality-Based Procedures: Clinical Handbook for Hip Fracture. Toronto, ON: Health Quality Ontario; 2013 May

© Rehab Care Alliance and Matthew Meyer, 2019

Setting 6: Long Term Care

Patient Need	Leading Role	Supporting Role	Alternate Option
A. **Education (1,2,3)**	Team Responsibility, All Involved		
B. **Pressure Ulcer Prevention(1,2,3)**	PT, Nursing		OT
C. **Fluid, Nutrition and Elimination (1,2)**	Nursing and Dietitian		
D. **Delirium/Depression/Dementia Management (1,2,3)**	Team responsibility, All involved		
E. **Independence in Self-Care (1,2)**	PT, OT	Therapy Assistants	PSW
F. **Transfer training (1,2)**	OT	Therapy Assistants	PSW
G. **Balance, strengthening, gait assessment and training (1,2,3)**	PT	Therapy Assistants	OT, PSW
H. **Stair training (1,2)**	PT	Therapy Assistants	PSW
I. **Transitional Care Planning(1,2)**	SW, Nursing, Care coordinator		OT, Physicians
J. **Immediate assistance with non-urgent education *(knowledge exchange with trained staff)* (1, 2, 3)**	Not applicable		
K. **Peer support hub (1, 2, 3)**	Trained volunteer		
L. **Environmental modifications (1,2,3)**	PT, OT	Therapy Assistants	PSW
M. **Osteoporosis management and education (1,2,3)**	PT, OT (screen/identify), Dietitian, Physician, Pharmacy (treat)		
N. **Transportation (1,2,3)**	Not applicable		
O. **Caregiver Engagement and Support (1,2,3)**	Team responsibility, All involved		
P. **Ongoing exercise program (1,2,3)**	PT	Therapy Assistants, PSW	OT
Q. **Instrumental Activities of Daily Living (1,2,3)**	OT	Therapy Assistants, PSW	SW
R. **Social Reintegration (1,2,3)**	PT, OT, SW		SW
S. **Comprehensive Geriatric Assessment (1)**	Team responsibility, All involved		
Recommended Core Team: PT, OT, SW, Therapy Assistants, PSW (Dietitian, Nursing, Physicians as needed)			

© Rehab Care Alliance and Matthew Meyer, 2019

Setting 6, Table 6b: Long-term Care Home Rehab Capacity Planning Details

(RCA was unable to obtain complete input from long-term care planning experts. This section will be updated in future editions)

	% in need	17%[9]

Service/ Resource	% in Need	Average Recommended Frequency & Duration	Comments and References
Bed	100	Full time as per arrangement prior to fracture	
Nursing / Rehabilitation Nursing	100	Full time as per arrangement prior to fracture; additional visit for wound care as needed	
Physicians (Gen Med, Physiatrist, Geriatrician)*			
Physiotherapy	100	Total 6-12 therapy sessions of rehab with at least 50% provided by a PT. Recommended 2-3 times per week, over 6 weeks to 3 months, 30-40 min per attendance 3 hours/week (2-5 hours) 9 weeks (4-16 weeks)	RCA Best Practices Framework[10] <frequency and duration based on Subject Matter Expert recommendation>
Occupational Therapy	80-100	1.5 hours/week (0.25-2 hours/week) 9 weeks (4-16 weeks)	RCA Best Practices Framework[10]; Mostly for assessments, modifications for safety, etc <frequency and duration based on Subject Matter Expert recommendation>
Therapy Assistants	100	Total 6-12 therapy sessions of rehab, no more than 50% of sessions provided by assistants. Recommended 2-3 times per week, over 6 weeks to 3 months, 30-40 min per attendance	RCA Best Practices Framework[10]
Most Responsible Physician		0.7 hours/week (0.25-1 hour/week) 9 weeks (4-16 weeks)	<frequency and duration based on Subject Matter Expert recommendation>
Personal Support Worker		17 hours/week (14-21 hours/week) 9 weeks (4-16 weeks)	<frequency and duration based on Subject Matter Expert recommendation>
Pharmacy*			
Dietitian*		0.5 hours/week (0-1 hour/week) 9 weeks (4-16 weeks)	<frequency and duration based on Subject Matter Expert recommendation>
Social Work*		0.5 hours/week (0.25-1 hours/week) 9 weeks (4-16 weeks)	<frequency and duration based on Subject Matter Expert recommendation>
***Services out of scope for per-patient capacity planning (planning should align with available standards for patient coverage): Physician, Pharmacy, Dietitian & Social Work**			

[9] Health Quality Ontario; Ministry of Health and Long-Term Care. Quality-Based Procedures: Clinical Handbook for Hip Fracture. Toronto, ON: Health Quality Ontario; 2013 May

[10] Rehabilitative Care Best Practices for Patients with Hip Fracture, Rehabilitative Care Alliance, September 2018

© Rehab Care Alliance and Matthew Meyer, 2019

Setting 7: Complex Care (Short- and Long-Term Complex Medical Management Level of Care)

Patient Need	Leading Role	Supporting Role	Alternate Option
A. **Education (1,2,3)**	Team Responsibility, All Involved		
B. **Pressure Ulcer Prevention(1,2,3)**	Dietitian?, Nursing, PT, OT?		
C. **Fluid, Nutrition and Elimination (1,2)**	Dietitian, Nursing, OT?		
D. **Delirium/Depression/Dementia Management (1,2,3)**	Team Responsibility, All Involved		
E. **Independence in Self-Care (1,2)**	Nursing, OT	Therapy Assistants	
F. **Transfer training (1,2)**	Nursing, PT, OT	Therapy Assistants	
G. **Balance, strengthening, gait assessment and training (1,2,3)**	PT	Therapy Assistants	Nursing, OT,
H. **Stair training (1,2)**	PT, OT	Therapy Assistants	
I. **Transitional Care Planning(1,2)**	SW		OT, Physicians
J. **Immediate assistance with non-urgent education *(knowledge exchange with trained staff)* (1, 2, 3)**	Not applicable		
K. **Peer support hub (1, 2, 3)**			
L. **Environmental modifications (1,2,3)**	PT, OT		Nursing
M. **Osteoporosis management and education (1,2,3)**	Dietitian, Pharmacy		Nursing
N. **Transportation (1,2,3)**	Not applicable		
O. **Caregiver Engagement and Support (1,2,3)**	Team Responsibility, All Involved		
P. **Ongoing exercise program (1,2,3)**	PT		OT
Q. **Instrumental Activities of Daily Living (1,2,3)**	OT, SW	Therapy Assistants	
R. **Social Reintegration (1,2,3)**	SW,OT	Therapy Assistants	PT
S. **Comprehensive Geriatric Assessment (1)**	Team Responsibility, All Involved		
Recommended Core Team: PT, OT, SW, Therapy Assistants, PSW (Dietitian, Nursing, Physicians as needed)			

© Rehab Care Alliance and Matthew Meyer, 2019

Setting 7, Table 7b: Complex Care (Short- and Long-Term Complex Medical Management Level of Care) Rehab Capacity Planning Details

% in need	13%[11]

Service/ Resource	% in Need	Average Recommended Frequency & Duration	Comments & References
Bed	100		
Nursing / Rehabilitation Nursing*	100		
Physicians (Gen Med, Physiatrist, Geriatrician)	100	0.7 hours/week (0-1 hour/week) 8 weeks (2-12 weeks)	<frequency and duration based on Subject Matter Expert recommendation>
Physiotherapy	100	4.6 hours/week (1-8 hours/week) 8 weeks (2-12 weeks)	<frequency and duration based on Subject Matter Expert recommendation>
Occupational Therapy	100	2.4 hours/week (1-5 hours/week) 8 weeks (2-12 weeks)	<frequency and duration based on Subject Matter Expert recommendation>
Pharmacy	100	0.8 hours/week (0-1 hours/week) 8 weeks (2-12 weeks)	<frequency and duration based on Subject Matter Expert recommendation>
Dietitian	100	0.7 hours/week (0-1 hour/week) 8 weeks (2-12 weeks)	<frequency and duration based on Subject Matter Expert recommendation>
Social Work		0.8 hours/week (0-2 hours/week) 8 weeks (2-12weeks)	<frequency and duration based on Subject Matter Expert recommendation>
Recreation Therapy		2.8 hours/week (0-6 hours/week) 8 weeks (2-12 weeks)	<frequency and duration based on Subject Matter Expert recommendation>
***Services out of scope for per-patient capacity planning (planning should align with available standards for patient coverage): Nursing/Rehabilitation Nursing**			

[11] Health Quality Ontario; Ministry of Health and Long-Term Care. Quality-Based Procedures: Clinical Handbook for Hip Fracture. Toronto, ON: Health Quality Ontario; 2013 May

© Rehab Care Alliance and Matthew Meyer, 2019