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Rehabilitation for older people following a hip fracture

Who gets access to rehab after hip fracture?

Each year, around 18,700 older Australians fracture a hip—one of the most serious and costly injuries sustained by older people. Rehabilitation is an important part of the recovery process but not everyone receives the same access to services.

Researchers from the Australian Institute of Health Innovation, Macquarie University, surveyed and interviewed healthcare staff across Australia and New Zealand regarding the availability of hip fracture rehabilitation services and the criteria used to decide which type of rehabilitation each patient receives (www.tandfonline.com/doi/full/10.1080/09638288.2019.1643418).

Recovery from hip fracture begins on the ward where patients are encouraged to get up and move around the day following surgery. They are then transferred either to a rehabilitation ward or a geriatric ward for 'slow stream' rehabilitation. Some may be discharged to receive rehabilitation in their own home or an aged care facility.

Research shows that funding, staff capacity and facility resources are all significant features influencing which rehabilitation services are available to an older person. How each individual meets the criteria used by a hospital to refer patients for rehabilitation, also plays a part.

Key factors

Some of the key factors to determining which type of rehabilitation is offered, include:

- a patient's cognitive capacity
- their ability to meaningfully participate in rehabilitation
- their type of health insurance
- whether they live in an aged care facility.

The research showed that rehabilitation is generally offered to older people most likely to benefit; that is, more often older people living independently at home.

People living with dementia or experiencing delirium—who make up between 12%-39% of the annual number of those who fracture their hips—are generally offered slower stream rehabilitation. These patients are often considered to have poor rehabilitation potential, due to beliefs that their impaired insight, poor attention and memory stop them from following and remembering instructions. However, evidence suggests that older people with cognitive impairment can benefit from participating in rehabilitation activities.

It is important to note that all staff participating in the study said that having dementia was not grounds for exclusion from rehabilitation, and emphasised the importance of considering each patient as an individual. >

Criteria for access to rehabilitation

Across the facilities we studied there were no consistent criteria for determining the suitability of a patient to receive rehabilitation. A combination of the following considerations, however, was generally taken into account when referring a patient for rehabilitation:

- a patient's age
- comorbidities
- mobility before their fracture
- capacity to engage in rehabilitation
- behaviour
- where they lived
- health insurance status
- facility resources.

Examples of how these criteria may affect a person's access to rehabilitation are as follows:

- **Capacity to engage in rehabilitation:** It is considered important for a patient to have the cognitive and physical ability to participate meaningfully in rehabilitation and to make functional gains within a reasonable time.
- **Health insurance status:** Health insurers allocate a set numbers of days to complete rehabilitation, and patients who may take longer than the allocated days are not easily accepted for rehabilitation in the private sector.
- **Hospital resources:** Older people living in aged care or living with dementia are less likely to be provided with in-hospital rehabilitation as rehabilitation wards are not necessarily equipped to accommodate patients with high nursing care needs; nor are they designed for those living with dementia, and who require higher levels of supervision and a secure setting.
- **Aged care facility resources:** Aged care facilities have highly variable access to rehabilitation services and so patients discharged to a facility may, at a minimum, be provided with physiotherapy.

"This research showed that there are no consistent criteria used by facilities to assess whether an older person is 'fit for rehab'. Accordingly, we recommend that a consistent set of criteria and pathways for access to hip fracture rehabilitation be developed."

Moving forward

While older people who live independently have better access to rehabilitation services, older people living with dementia do not. Some ways to overcome the barriers to care include:

- improved coordination of dementia care
- improved guidelines for transitions between care services
- development of dementia-specific approaches for hip fracture rehabilitation
- dementia care training for healthcare staff.

This research showed that there are no consistent criteria used by facilities to assess whether an older person is 'fit for rehab'. Accordingly, we recommend that a consistent set of criteria and pathways for access to hip fracture rehabilitation be developed. These criteria would provide a standard approach for rehabilitation access, particularly for patients with cognitive impairment and who reside in aged care facilities.

Such guidelines already exist in Canada that take into account factors such as medical stability and comorbidities, rehabilitation goals, and mobility before the fracture.

Australia should follow Canada's lead and ensure better access to rehabilitation services following hip fracture for all who need it. ha