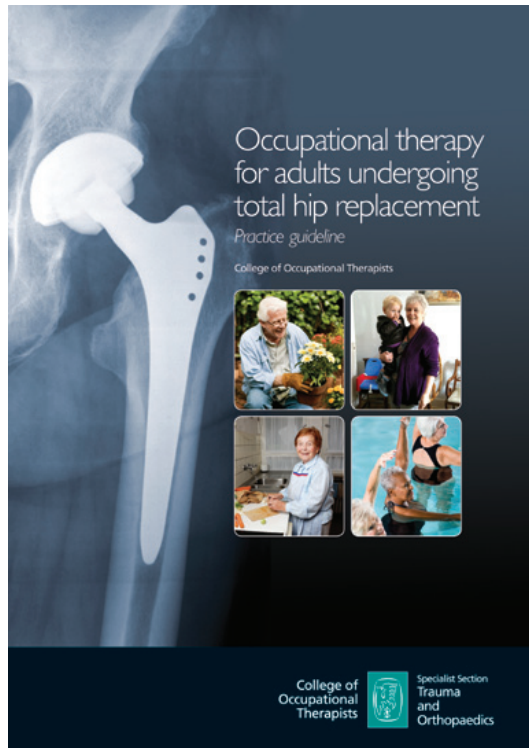


COT Implementation Toolkit/Audit Form

Occupational Therapy for adults undergoing total hip replacement



Audit Form

This audit tool is to be used in conjunction with the evidence-based practice guideline [*Occupational therapy for adults undergoing total hip replacement*](#) (COT 2012).

These evidence-based recommendations are not intended to be taken in isolation and must be considered in conjunction with the contextual information provided in the full guideline, together with the details on the strength and quality of the recommendations. The recommendations are intended to be used alongside clinical expertise and, as such, the occupational therapist is ultimately responsible for the interpretation of the evidence-based guideline in the context of their specific circumstances and service users.

The full practice guideline together with implementation resources can be found on the College of Occupational Therapists website: www.cot.org.uk

Reference

College of Occupational Therapists (2012) *Occupational therapy for adults undergoing total hip replacement: practice guideline*. London: COT.

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Date of audit		Auditor		Role	
Location				Review due date	

Recommendations

(Please note, the font size will adjust automatically to fit the box)

Maximised functional independence	What is your current practice? How do you evidence this?	Comments Action to be taken/by whom and when
1 It is recommended that the occupational therapy assessment is comprehensive and considers factors which may affect individual needs, goals, recovery and rehabilitation, including co-morbidities, trauma history, personal circumstances, obesity and pre-operative function.		
2 It is recommended that goal setting is individualised, enhances realistic expectations of functional independence, and commences at pre-operative assessment.		
3 It is recommended that occupational therapists ensure that they provide clear communication and advice that is consistent with that of other members of the multidisciplinary team.		

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Maximised functional independence (cont'd)		What is your current practice? How do you evidence this?	Comments Action to be taken/by whom and when
4	It is recommended that depression and anxiety status are taken into account during pre-operative and post-operative intervention due to their potential for impact on recovery.		
5	It is recommended that cognitive status is taken into account during pre-operative and post-operative intervention due to its potential for impact on recovery.		
6	It is recommended that service users are fully involved in decisions about the equipment required to enable them to carry out daily living activities and to comply with any hip precautions in their home environment post-surgery.		

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Maximised functional independence (cont'd)	What is your current practice? How do you evidence this?	Comments Action to be taken/by whom and when
7 It is recommended that service users are given advice on effective pain management strategies, to decrease pre-operative pain experience and sleep disturbance, and enhance post-operative physical function.		
8 It is suggested that standardised assessment and outcome measures are used, where appropriate, to determine functional outcomes and occupational performance in rehabilitation settings, either inpatient or community based.		

Reduced anxiety	What is your current practice? How do you evidence this?	Comments Action to be taken/by whom and when
9 It is recommended that the pre-operative assessment undertaken by the occupational therapist allows adequate time for individualised questions and discussion of expectations and anxieties.		

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Reduced anxiety (cont'd)		What is your current practice? How do you evidence this?	Comments Action to be taken/by whom and when
10	It is suggested that occupational therapists offer support and advice to service users who may be anxious about an accelerated discharge home.		
11	It is recommended that pre-operative assessment and education is carried out in the most appropriate environment for the service user. For the majority of service users a clinic environment is appropriate, but where needs are complex, a home assessment should be an available option.		
12	It is suggested that provision of equipment pre-operatively may facilitate familiarity and confidence in use.		

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Reduced anxiety (cont'd)		What is your current practice? How do you evidence this?	Comments Action to be taken/by whom and when
13	It is suggested that service users may value being treated by the same occupational therapist throughout the process, from pre-operative assessment/education to post-operative rehabilitation wherever possible.		
14	It is suggested that occupational therapists should contribute to standardised pre-operative education interventions, providing information, advice and demonstrations where relevant (e.g. of joint protection principles, equipment).		

Resumption of roles		What is your current practice? How do you evidence this?	Comments Action to be taken/by whom and when
15	It is recommended that work roles are discussed at the earliest opportunity as part of a comprehensive assessment.		

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Resumption of roles (cont'd)		What is your current practice? How do you evidence this?	Comments Action to be taken/by whom and when
16	It is suggested that for service users who are working, advice is provided relating to maintaining their work role pre-operatively, post-operative expectations and relevant information for employers.		
17	It is recommended that occupational therapists provide advice to facilitate service users to establish previous and new roles and relationships, and shift their focus from disability to ability.		

Low readmission rates		What is your current practice? How do you evidence this?	Comments Action to be taken/by whom and when
18	It is recommended that occupational therapists consult with the surgical team regarding any specific precautions to be followed post-operatively.		

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Low readmission rates (cont'd)		What is your current practice? How do you evidence this?	Comments Action to be taken/by whom and when
19	It is recommended that occupational therapists advise service users, where protocol includes precautions, on appropriate position behaviours for those daily activities applicable to the individual's needs, ranging from getting in/out of a car to answering the telephone.		
20	It is suggested that due to the uncertainty surrounding the need for hip precautions, and the potential for an increase in satisfaction and early functional independence when hip precautions are relaxed or discontinued, occupational therapists engage in local discussion/ review of the emerging evidence with their surgical and multidisciplinary teams.		

Decreased length of hospital stay		What is your current practice? How do you evidence this?	Comments Action to be taken/by whom and when
21	It is recommended that occupational therapists optimise length of stay, with due reference to care pathways and enhanced recovery programme guidance.		

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Decreased length of hospital stay (cont'd)	What is your current practice? How do you evidence this?	Comments Action to be taken/by whom and when
22 It is recommended that the occupational therapist is involved in early multidisciplinary post-operative intervention for service users following hip replacement, providing either inpatient or home-based rehabilitation.		

Reduced demand on support services	What is your current practice? How do you evidence this?	Comments Action to be taken/by whom and when
23 It is suggested that there are potential benefits in including informal carers in pre-operative assessment/education, and post-operative intervention, to maximise service user independence and reduce carer stress.		

Reintegration into the community	What is your current practice? How do you evidence this?	Comments Action to be taken/by whom and when
24 It is recommended that occupational therapists encourage early discussion and goal setting for community reintegration, including social and physical activities.		

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Reintegration into the community (cont'd)		What is your current practice? How do you evidence this?	Comments Action to be taken/by whom and when
25	It is suggested that where specific needs are identified, the occupational therapist refers the service user on to community rehabilitation, reablement or intermediate care services to enhance community reintegration.		