

**Occupational Therapy Pre-discharge Planning and Home Assessments for Older Adults: A  
Systematic Review**

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## Abstract

**Importance:** The transition from acute care to home is a vulnerable period for older adults because functional limitations, environmental barriers, and unmet support needs can increase the risk of falls, loss of independence, and unplanned health care use. Occupational therapy pre-discharge home assessments are intended to identify home safety concerns, recommend environmental modifications and equipment, and support a safer return to community living.

**Objective:** To identify, evaluate, and synthesize the current literature concerning the effectiveness of occupational therapists' pre-discharge home assessments helping older adults improve their quality of life through increased mobility, function, and the facilitation of a safe transition home.

**Data Sources:** A literature search occurred on May 19, 2026. An additional study was located and included on May 26, 2026. Databases included CINAHL, Academic Search Complete, MEDLINE, and PsycINFO using Hawai'i Pacific University's online library databases. The search terms used were older adults, elderly, geriatric, occupational therapy, occupational therapist, pre-discharge home assessment, home visit, discharge planning, acute care, hospital discharge, transition of care, home safety, falls, and readmission.

**Study Selection and Data Collection:** This systematic review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Published studies were included if they evaluated occupational therapy involvement in pre-discharge home assessments or discharge planning for older adults and reported outcomes related to functional performance, home safety, discharge destination, falls, readmission, or quality of life. Inclusion was strictly limited to peer-reviewed articles; literature reviews, systematic reviews, scoping reviews,

dissertations, conference proceedings, study protocols, and other non-peer-reviewed literature were excluded.

**Findings:** Four studies met the inclusion criteria: one Level I, two Level III studies, and one Level V study according to the American Occupational Therapy Association's Levels of Evidence. The results showed that pre-discharge home assessments and structured discharge planning helped improve functional independence, made discharges home more likely, supported better adherence to clinical care standards, and improved occupational therapist decision-making. The studies also found that good collaboration among healthcare providers was key to better discharge outcomes and continuity of care.

**Conclusion and Relevance:** One of the four included studies demonstrated that pre-discharge home visits may be cost effective and contribute to reduced falls and hospital readmissions. The remaining studies addressed discharge planning, decision-making tools, and interprofessional communication, which indirectly or tangentially addressed the research question. Due to the lack of evidence gathered pertaining to the research question, future research should include a broader range of settings, countries, populations, study designs, and perspectives to strengthen the evidence base and improve the generalizability of findings.

**Keywords:** Discharge planning, hip fracture, home assessment, occupational therapy, older adults, transition of care.

## **Occupational Therapy Pre-discharge Planning and Home Assessments for Older Adults: A Systematic Review**

Older adults represent a growing proportion of individuals discharged from acute care settings, and this population is particularly vulnerable to adverse outcomes during the transition from hospital to home. Hospitalization is often associated with declines in mobility, endurance, cognition, and confidence in performing activities of daily living, which can persist beyond discharge (Netzer et al., 2025). At the same time, approximately one in five Medicare beneficiaries is readmitted within 30 days of hospital discharge, highlighting the clinical and economic burden of ineffective transitions of care (Jencks et al., 2009). As the population ages and rates of chronic conditions increase, healthcare systems face growing pressure to identify interventions that support safe, functional, and sustainable discharge to the community (Netzer et al., 2025).

The transition from hospital to home is especially complex because it requires older adults to resume meaningful occupations in environments that may not have been assessed during acute care. Environmental hazards, inaccessible home layouts, and increased task demands can further compromise safety and independence. These factors contribute to increased risks of falls, functional decline, caregiver burden, and hospital readmission. Research consistently demonstrates that successful discharge outcomes depend on the interaction between the individual, their environment, and the demands of daily occupations, reinforcing the need for occupation-centered, context-based interventions during pre-discharge planning (Hellman & Lindström, 2024; Netzer et al., 2025).

Occupational therapists are integral to addressing these challenges through their expertise

in functional assessment, environmental modification, and occupation-based intervention. One commonly used strategy is the pre-discharge home assessment, in which occupational therapists evaluate a patient's ability to perform daily activities within their actual home environment prior to discharge. Existing literature suggests that these assessments may improve safety and functional outcomes by identifying environmental barriers, guiding recommendations for adaptive equipment, and informing individualized discharge planning. Some studies have reported reductions in falls risk, improved independence in activities of daily living, and decreased healthcare costs following occupational therapy-led home assessments (Lockwood et al., 2019, 2025). Additionally, interdisciplinary discharge planning models that include occupational therapy input have been associated with improved functional recovery and higher rates of discharge to home rather than institutional care (Netzer et al., 2025).

However, the overall evidence base remains inconsistent. Variability exists in intervention timing, components of home assessments, patient populations, and outcome measures, making it difficult to draw firm conclusions about effectiveness. While some systematic reviews suggest low to moderate quality evidence supporting reductions in falls and improvements in participation, other studies report mixed or non-significant effects on readmission rates and functional outcomes (Lockwood et al., 2019, 2025). Furthermore, system-level barriers such as limited interprofessional communication, inconsistent implementation of home assessment protocols, and organizational constraints may influence both the delivery and effectiveness of these interventions (Aplin et al., 2025; Hellman & Lindström, 2024). As a result, there is a need to critically synthesize the current literature to clarify the impact of occupational therapy-led pre-discharge home assessments and related discharge planning approaches.

The purpose of this systematic review was to examine and analyze the strength of the evidence for occupational therapy–led pre-discharge home assessments for older adults transitioning from acute care to home, specifically evaluating their impact on home safety, functional independence, and discharge outcomes including falls, and readmission.

## **Method**

The systematic review adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines and incorporated recommended processes for conducting systematic reviews. The guiding research question for this systematic review was: Do pre-discharge home assessments conducted by occupational therapists improve home safety and facilitate a smoother transition from acute care to home for older adults?

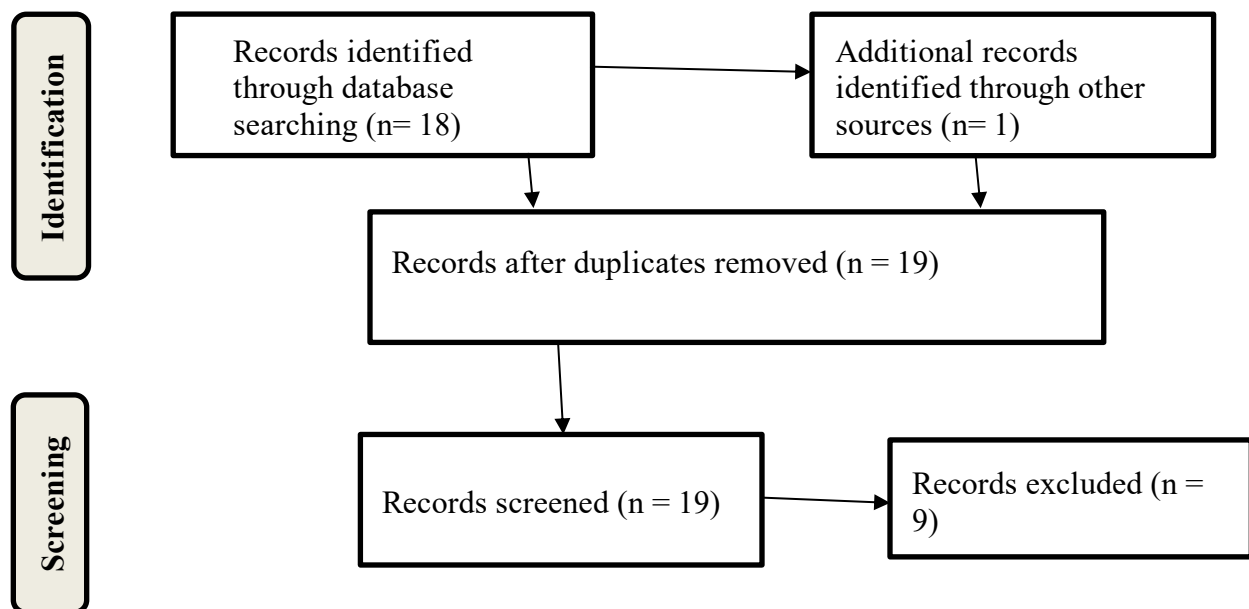
A broad search of the literature occurred May 19, 2026. An additional search was conducted May 26, 2026 to ensure all relevant research was included. The inclusion criteria for studies in this systematic review were peer-reviewed articles published in English, focused on occupational therapy–led or related pre-discharge home assessments or discharge-planning interventions, involving older adults (generally aged 50 years and older), and published between 2021 and 2026. Studies were also required to report outcomes related to functional performance, home safety, discharge destination, falls, readmission, or quality of life. Two studies by Lockwood et al. (2019 and 2025) utilized the same underlying dataset to examine different but related outcomes. The original dataset was published in 2019. This paper was also included in the search. In addition to studies not meeting the inclusion criteria, exclusion criteria included systematic reviews, scoping reviews, dissertations, conference proceedings, study protocols, and other non-peer-reviewed literature.

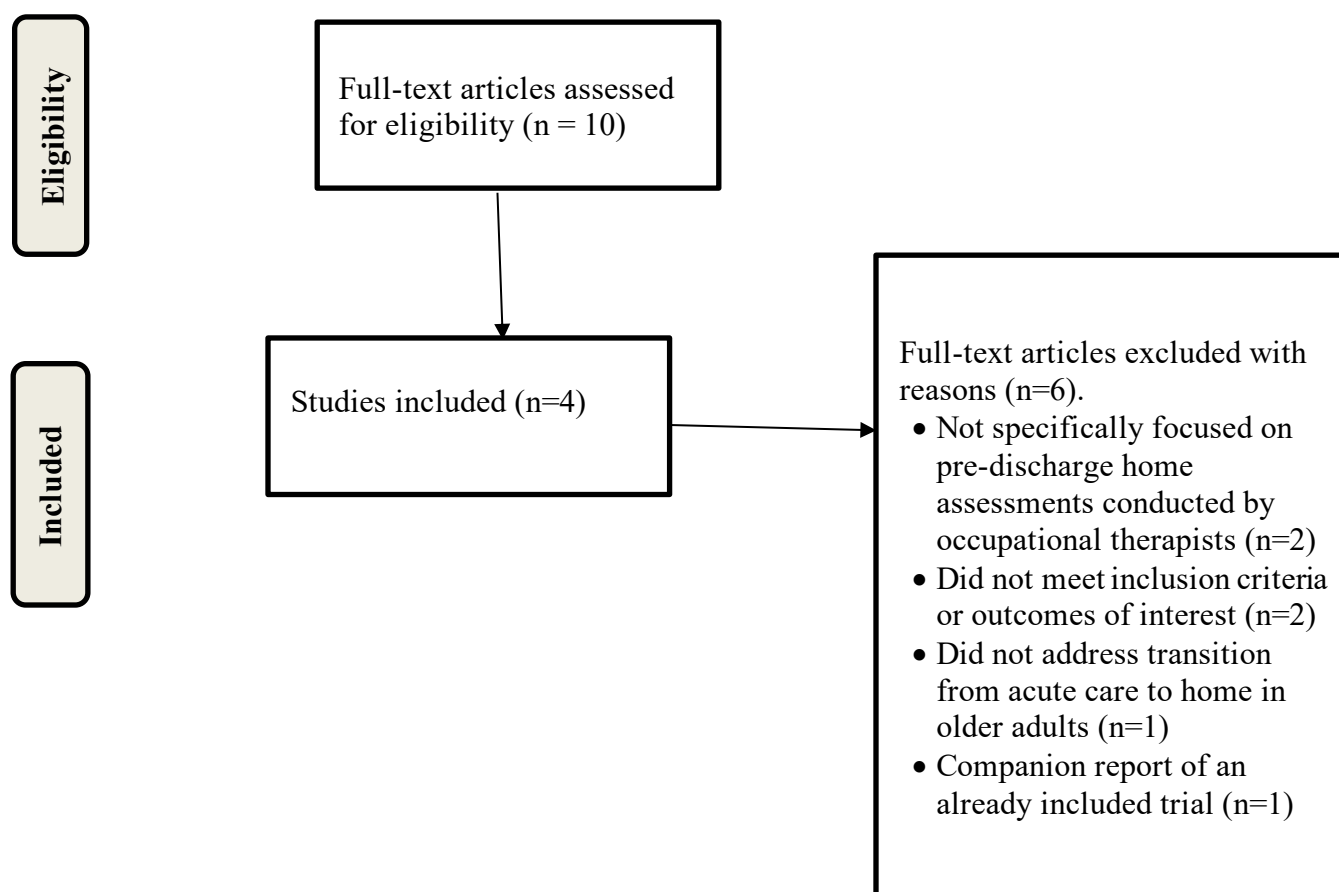
A search for relevant literature was completed using electronic databases including CINAHL, Academic Search Complete, MEDLINE, and PsycINFO through Hawai‘i Pacific University’s online library system. Search terms included combinations of *older adults*, *elderly*, *geriatric*, *occupational therapy*, *occupational therapist*, *pre-discharge home assessment*, *home visit*, *discharge planning*, *acute care*, *hospital discharge*, *transition of care*, *home safety*, *falls*, and *readmission*. Appendix A provides the full list of search terms used for this systematic review.

The initial search yielded 19 articles related to the research topic (Figure 1). Four independent reviewers completed the screening and selection of studies, assessed methodological quality, and extracted relevant data.

**Figure 1**

*PRISMA Flow Diagram of the Study Selection Process*





## Results

Four studies met the inclusion criteria. The articles were assessed according to their risk of bias, level of evidence, and quality. This systematic review included one study that contained relevant information regarding effectiveness of OT pre-discharge home assessments for older adults. Information gathered from these articles was divided into two themes: (1) communication and (2) patient outcomes and home assessment effectiveness. The search strategy is provided in Appendix A. An evidence table is provided in Appendix B. The Cochrane risk-of-bias guidelines were used to assess each article and are provided in Appendix C.

## Communication

Two out of the four studies discussed efficacy of the communication between individuals in healthcare settings. One study was a Level III study, providing evidence that there is a need

for a structured framework to allow accurate discharge decision making and satisfactory communication between the occupational therapist and the patient. The other study was a Level V study demonstrating the importance of intraprofessional communication between OTs in transfer of care (see Appendix B). Both studies provide evidence that effective communication is important when determining interventions and discharge planning for patients.

Specifically, Aplin et al. (2025) performed a pre-post study design, providing 53 occupational therapists with a decision-making practice questionnaire for 363 patients across five sites within a Queensland Health Service District across acute and subacute facilities at Time 1 and 32 therapists with 209 patients at Time 2. Results showed that occupational therapists were confident in their decision to conduct a home visit both prior to and when using the decision-making support tool. No significant changes in confidence were observed at Time 1 and Time 2. The tool proved the accuracy of their decision making was influential. Both patients and the multidisciplinary team were satisfied with the communication about the needs of conducting a home visit prior to and while using the tool.

Hellman and Lindström (2024) evaluated the experiences of OTs collaborating between inpatient care and home healthcare in the discharge process. Communication is a central expression for collaboration throughout the findings. One of the six themes described lack of communication between practitioners and patients being a major disruptor in the discharge process. Five of the six subthemes described intraprofessional communication between OTs as being challenging, intertwined, and emotional.

Limitations of the study on the decision-making tool (Aplin et al., 2025) was the accuracy analysis was based on decisions from only three expert therapists and potential bias due to being

the creator of the tool. The study on intraprofessional communication by Hellman and Lindström (2024) had low risk of bias, yet the study was constrained by significant limitations including a high number of "Not Applicable" (NA) designations on the risk of bias analysis tool, unverified participant representation, and a lack of data regarding methodological rigor, such as intervention consistency and follow-up, as reported in the systematic review.

### **Patient Outcomes and Home Assessment Effectiveness**

Regarding patient outcomes and home assessment effectiveness, two studies discussed efficacy of postoperative care for older adults with hip fractures. These studies provided evidence that multidisciplinary discharge planning and discharge planning plus pre-discharge home assessment was effective and potentially beneficial.

Netzer et al. (2025) conducted a retrospective cohort study of 100 patients at the Center for Orthogeriatric at the Interspital University Hospital of Bern, Switzerland. Evaluations were made on an orthogeriatric model of care (OMC) compared to routine orthopedic care, where the OMC pathway involved a multiprofessional rehabilitation program (MRP) including case manager, nurse, orthopedic surgeon, physical, nutritional, and occupational therapists overseen by a geriatrician. Results reported that OMC patients achieved a significantly higher rate of discharge to home with 50% compared to routine care (control group) at 29.6%. OMC participants demonstrated significant improvement in both the Barthel Index and De Morton Mobility Index during their hospital stay in pre-admission versus. at discharge.

Lockwood et al. (2019, 2025) conducted a cost-effectiveness analysis based on a RCT including 77 patients by evaluating pre-discharge home assessment visits by an occupational therapist. This was compared to usual hospital-based discharge planning for older adults

recovering from hip fracture. A single home visit was conducted by an occupational therapist, evaluating environmental factors, facilitating ADLs, and making recommendations for assistive technology and home/task modifications. The outcome measures included functional independence and lower rate of falls; 30 days and post 6-months discharge. The researcher concluded that the intervention was likely cost effective due to reducing the risk of falls, hospital re-admission rates, outweighing the higher occupational therapy and travel cost associated with pre-discharge home visits.

Limitations of the study by Lockwood et al. (2019, 2025) included underpowered sample size, public facility bias, missed admissions, outdated cost data, averaged calculations, leaving long-term impact, narrow economic perspective, and system limitations. Limitations of Netzer (2025) included a retrospective framework, single-center location, small sample size, limited generalizability, selection bias, baseline imbalances, no blinding, unmeasured routine care function, reduced tracking comparability, text-reliant cognitive data, and screening detection bias.

## **Discussion**

The findings of this systematic review did not provide sufficient direct evidence to conclusively answer the research question of whether pre-discharge home assessments conducted by occupational therapists improve home safety and facilitate smoother transitions from acute care to home for older adults. Although four studies met the inclusion criteria, only one directly evaluated the effectiveness of pre-discharge home assessments as an intervention. This study demonstrated that pre-discharge home assessments were associated with reduced hospital

readmissions, fewer falls, and decreased healthcare resource utilization, suggesting both clinical and economic benefits (Lockwood et al., 2019, 2025).

The remaining studies contributed indirect evidence by examining factors related to pre-discharge home assessments rather than evaluating their effectiveness. Collectively, these studies emphasized clinical decision-making, therapist confidence, communication between occupational therapists across care settings, and models of interdisciplinary discharge planning (Alpin et al., 2025; Hellman & Lindström, 2024; Netzer et al., 2025). These findings suggest that occupational therapists recognize the importance of pre-discharge home assessments and the broader discharge planning process; however, they do not directly demonstrate whether pre-discharge home assessments improve patient safety, home safety, or the transition from hospital to home.

Together, the findings suggest that current occupational therapy research has focused more on how pre-discharge home assessments are implemented rather than on whether they improve patient outcomes. This represents an important gap in the literature. Despite pre-discharge home assessments being an established component of occupational therapy practice, few studies have directly evaluated their effectiveness across diverse patient populations, healthcare settings, and outcome measures. This review therefore highlights a disconnect between occupational therapy practice and the available evidence. While pre-discharge home assessments are widely discussed as part of discharge planning and transition of care, there is limited direct evidence evaluating whether they improve home safety or facilitate smoother transitions from acute care to home. Consequently, the available evidence is insufficient to draw strong conclusions regarding the overall effectiveness of pre-discharge home assessments as an intervention.

### **Strengths and Limitations**

This review was conducted within an accelerated academic timeline of eight weeks, which may have limited the breadth of the literature search and article selection process. Although an exhaustive search was performed to identify studies meeting the inclusion criteria, few studies directly addressed the PIO question. Additionally, two articles could not be retrieved through interlibrary loan, and only databases accessible through the academic institution were searched. The review was also limited to articles written in or translated into English, which may have resulted in the exclusion of relevant studies. In addition to other items in the inclusion criteria, the search window of 5 years significantly limited the number of available articles. Furthermore, all included studies originated from Australia or Sweden, potentially limiting the generalizability of the findings to other healthcare systems and populations.

Despite these limitations, this review utilized a systematic methodology to identify and analyze relevant literature. Strengths of the review included the incorporation of both qualitative and quantitative study designs, perspectives from both clients and occupational therapists, and representation from multiple healthcare settings and countries.

### **Implications for Occupational Therapy Practice**

The findings of this systematic review have the following implications for occupational therapy practice:

- Additional research is needed to evaluate the effectiveness of pre-discharge home assessments as an occupational therapy intervention.

- Future research should include a broader range of settings, countries, populations, study designs, and perspectives to strengthen the evidence base and improve generalizability of findings.
- Further investigation into the impact of pre-discharge home assessments on patient safety, readmission rates, functional outcomes, and healthcare resource utilization may help clarify their clinical and economic value.

### **Conclusion**

Studies included within this systematic review provide evidence on the effectiveness of occupational therapy–led pre-discharge interventions for older adults transitioning from hospital to home. While one randomized controlled trial study demonstrated that pre-discharge home assessments can be cost-effective, reducing falls and subsequent hospital readmissions, additional research is necessary to draw a strong, definitive conclusion regarding whether pre-discharge home assessments directly improve home safety and facilitate smoother care transitions. Future studies should aim to include a broader range of settings, populations, and designs to strengthen the global evidence base and improve generalizability. In the meantime, occupational therapists should continue to use clinical reasoning and evidence-informed decision-making when determining the need for pre-discharge home assessments. Strengthening the evidence base will help guide best practices, support resource allocation, and optimize patient outcomes during the transition from hospital to home.

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*Journal of Orthopedic Surgery & Research*, 20, Article 993.

<https://doi.org/10.1186/s13018-025-06335-5>

**Appendix A***Systematic Review Search Terms*

(occupational therapy or occupational therapist or occupational therapists or ot) AND (acute care geriatrics or older adults or elderly) AND (discharge planning or discharge process or discharge management) AND (acute occupational therapy or occupational therapist or ot)

## Appendix B

### Evidence Table for Pre-discharge Home Assessments for Older Adults

| Author/Year                                                                                                      | Level of Evidence<br>Study Design<br>Risk of Bias                        | Participants<br>Inclusion Criteria<br>Study Setting                                                                                                                                                                                                                                                                          | Intervention<br>Control Groups                                                                                                                                                                                                                                                                                                   | Outcome<br>Measures                                                                                                                                                                                                                                                                                                                                    | Results                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Aplin et al. (2025)<br><br><a href="https://doi.org/10.1155/oti/2296340">https://doi.org/10.1155/oti/2296340</a> | Level 3B<br><br>Pre-post study design<br><br><i>Risk of Bias</i><br>High | <i>Participants</i><br><br>Decision making practice<br>Questionnaire<br>N = 25 (Females 84% N = 21; Males = 16% N = 4)<br>Occupational Therapist (OTs) completing Time 1 and Time 2.<br><br>Case study questionnaire<br>n= 28 (Female 86% n=24; Male 14%, n=4)<br>Occupational Therapist (OTs) completing Time 1 and Time 2. | <i>Intervention 1:</i><br><br>N= 25 for OTs that completed Time 1 and Time 2 for Decision making questionnaire.<br><br>N= 28 for OTs that completed Time 1 and Time 2 for Case study questionnaire.<br><br>The above questionnaires were completed pre/Time 1 (without the tool) and post/Time 2 (with the tool) training on the | <i>Ease and Confidence in making decisions:</i><br><br>Ease Score (5-point Likert Scale)<br>Confidence Score (5-point Likert scale).<br><br><i>Accuracy in Decision Making:</i><br>Correct responses (based on answer key).<br><br><i>Clinical Utility and Reliability:</i><br>Interrater reliability (based on time two reporting from the Case study | <i>Significant findings:</i><br><br>Strong correlation between years of experience and higher level of confidence in decision making at time 2.<br><br>Increase in accuracy in responses between time 1 and time 2 when using the decision-support tool.<br><br>Moderate interrater reliability |

| Author/Year | Level of Evidence<br>Study Design<br>Risk of Bias | Participants<br>Inclusion Criteria<br>Study Setting                                                                                                                                                                                                                                                                                             | Intervention<br>Control Groups                                                                                                                                                                                                                                                                                                                                                                                             | Outcome<br>Measures                                                                                                        | Results                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|             |                                                   | <p><i>Inclusion Criteria</i><br/>OTs recruited from five sites within a Queensland Health Service District</p> <p>Employed across acute and subacute facilities.</p> <p>Experienced in conducting home visits.</p> <p><i>Study Setting</i><br/>Five sites within a Queensland Health Service District across acute and subacute facilities.</p> | <p>decision-support tool.</p> <p>Training: After Time 1's data collection, OTs were provided with training on the tools used. A presentation was provided with time to ask questions.</p> <p>The Decision-Making Practice Questionnaire</p> <p>Time One was completed multiple times throughout the day by the occupational therapists, with one questionnaire completed for each client seen during a one-day period.</p> | <p>Questionnaire; Fleiss' Kappa)</p> <p>Internal Consistency (Decision making questionnaire time 2, Cronbach's alpha).</p> | <p>Internal consistency of the tool was found to be poor initially but was increased to good internal consistency when the medical history section was removed.</p> <p>Clinical utility was supported with therapists rating the tool as timely and easy to use.</p> <p><i>Non-significant findings:</i><br/>OTs had high confidence prior to and when using the tool.</p> <p>OTs found it very easy to make decisions prior to</p> |

| Author/Year | Level of Evidence<br>Study Design<br>Risk of Bias | Participants<br>Inclusion Criteria<br>Study Setting | Intervention<br>Control Groups                                                                                                                                                                                                                                                                                                                                                                           | Outcome<br>Measures | Results                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------|---------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|             |                                                   |                                                     | <p>Responses were measured using a 5-point Likert scale.</p> <p>Time Two was completed again using the support tool. Additional questions regarding the clinical utility of the tool were also included.</p> <p>The Case Study Questionnaire</p> <p>Time one was completed once online at the OT's convenience. This questionnaire involved the OT making home visit decisions for five purposefully</p> |                     | <p>and while using the tool.</p> <p>Correlation between years of experience and higher level of confidence in decision making prior to using the tool.</p> <p>No difference between novice and experienced OTs in correct decision making prior to or when using the tool.</p> <p>Patients and team members were satisfied with communication about the need to conduct a home site</p> |

| Author/Year                                                                                                                                            | Level of Evidence<br>Study Design<br>Risk of Bias                                | Participants<br>Inclusion Criteria<br>Study Setting                                                                                                                    | Intervention<br>Control Groups                                                                                                                                                                                   | Outcome<br>Measures                                                                                                                                                                        | Results                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                        |                                                                                  |                                                                                                                                                                        | <p>developed case studies.</p> <p>Time Two was completed online using the support tool and included the original five case studies as well as five additional new cases.</p>                                     |                                                                                                                                                                                            | <p>visit prior to and when using the tool.</p>                                                                                                                                                         |
| <p>Hellman &amp; Lindström (2024)</p> <p><a href="https://doi.org/10.1080/11038128.2024.2433101">https://doi.org/10.1080/11038128.2024.2433101</a></p> | <p>5<br/>Qualitative<br/>Content Analysis</p> <p><i>Risk of Bias</i><br/>Low</p> | <p><i>Participants</i><br/>N = 12<br/>4 participants from each of three regions</p> <p>2 participants in each setting per region.</p> <p><i>Inclusion Criteria</i></p> | <p>Semi structured intervipedew with opening question, “could you describe what a typical collaboration process looks like”.</p> <p>Interviews lasted 30 - 80 minutes and were conducted by the lead author.</p> | <p>Emergent themes and subthemes found across semi-structured interview sessions</p> <p>Aim to illuminate perceptions of intra-professional collaboration during the discharge process</p> | <p>46 subcategories</p> <p>Six subcategories</p> <p>The themes that emerged included:</p> <ul style="list-style-type: none"> <li>• Neglected patient information, participation and safety.</li> </ul> |

| Author/Year | Level of Evidence<br>Study Design<br>Risk of Bias | Participants<br>Inclusion Criteria<br>Study Setting                                                                                                                                                                                                                                                                   | Intervention<br>Control Groups | Outcome<br>Measures                                            | Results                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|             |                                                   | <p>Registered OTs with minimum of 2 years of experience working in regional inpatient care or municipal home health, working in one of three selected geographic areas in Sweden.</p> <p><i>Intervention setting</i><br/>Regional inpatient care and municipal home settings in three geographic areas in Sweden.</p> |                                | for regional inpatient care OTs vs. municipal home health OTs. | <ul style="list-style-type: none"> <li>• Different mindset and priorities depending on clinical setting.</li> <li>• Complexity of rapid communication.</li> <li>• Unpredictability of the discharge paths.</li> <li>• Conflicting organizational directive.</li> <li>• Internal and external teamwork interaction influences well-being.</li> </ul> <p><i>Main Theme:</i> The multi faces of intra-professional communication are</p> |

| Author/Year                                                                                                                          | Level of Evidence<br>Study Design<br>Risk of Bias     | Participants<br>Inclusion Criteria<br>Study Setting                                                                                                                                                                                                                                                                                                | Intervention<br>Control Groups                                                                                                                                                                                                                                                                                                                                              | Outcome<br>Measures                                                                                                                                                                                                                                                                                                                                             | Results                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                      |                                                       |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                 | challenging, intertwined, and emotional.                                                                                                                                                                                                                                                                                                                                       |
| Lockwood et al.<br>(2019, 2025)<br><a href="https://doi.org/10.1177/02692155241312065">https://doi.org/10.1177/02692155241312065</a> | Level 1B<br><br>RCT<br><br><i>Risk of Bias</i><br>Low | <i>Participants</i><br>N=77 (Female, 72%, n=55)<br><br><i>Inclusion Criteria</i><br>Adults 50 years and over with hip fractures.<br><br>Admitted to a public hospital within the region (Australia)<br><br>Living in a private residence<br><br>Planning to return home<br><br><i>Intervention Setting</i><br>Public hospital setting in Australia | <i>Intervention 1:</i><br>n=37 (Female 76% n=28)<br><br>Usual care plus a pre-discharge home assessment visit included OT transport of the patient to their home prior to discharge to assess daily living skills and provide recommendations regarding assistive technology, home and task modifications, and community support services. The patient then returned to the | <i>Clinical outcomes (2019):</i> Fewer hospital readmissions at 30 days ((n=1) intervention vs. (n=10) control) and significantly increased functional independence (FIM) at 6 months.<br><br><i>Falls</i><br>Falls were defined as unexpected events where participants came to rest on the ground, floor or lower level. Falls were monitored by participants | <i>Significant Findings</i><br>Intervention group had a higher level of function at 6 months.<br><br>Cost saving for achieving minimal clinically important difference in FIM score at 6 months in favor of an intervention group.<br><br>Cost saving for rate of falls at 30 days per fall avoided in favor of the intervention group.<br><br><i>Nonsignificant findings:</i> |

| Author/Year | Level of Evidence<br>Study Design<br>Risk of Bias | Participants<br>Inclusion Criteria<br>Study Setting | Intervention<br>Control Groups                                                                                                                                                                                                                                                                                                                                       | Outcome<br>Measures                                                                                                                                                                                                                                                                                                                                                                                                                              | Results                                                                                                                                                                                                                                                                                  |
|-------------|---------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|             |                                                   |                                                     | <p>hospital with the OT.</p> <p><i>Control Group</i><br/>n=40 (Female, 68% n =27); Usual care following hip fracture (Fx) included occupational therapy assessment, activities of daily living practice, assistive technology provision, and referrals to home modification, community support, and rehabilitation services. Caregivers were involved throughout</p> | <p>recording incidents on a monthly self-report calendar.</p> <p><i>Quality of Life (QOL)</i><br/>Health-related QOL was captured through a multi-attribute utility instrument the EQ-5D-3L which is responsive to change for patients following hip Fx. The EQ-5D was converted into a utility index (scale of 0-1) to report quality- adjusted life years.</p> <p><i>Economic outcomes (2025):</i> The pre-discharge home visit was highly</p> | <p>No difference in function at 30 days.</p> <p>Falls 30 days and 6 months (but fewer falls for intervention group at 30 days).</p> <p>No difference in health related QOL at 3 months nor 6 months.</p> <p>Total health care cost per patient (but favored the intervention group).</p> |

| <b>Author/Year</b> | <b>Level of Evidence<br/>Study Design<br/>Risk of Bias</b> | <b>Participants<br/>Inclusion Criteria<br/>Study Setting</b> | <b>Intervention<br/>Control Groups</b> | <b>Outcome<br/>Measures</b>                                                                                                                          | <b>Results</b> |
|--------------------|------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
|                    |                                                            |                                                              | assessment and<br>discharge planning.  | cost-effective from<br>a health service<br>perspective due to<br>fewer readmissions<br>offsetting travel<br>and occupational<br>therapy labor costs. |                |

|                                                                                                                                        |                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                           |
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| <p>Netzer et al. (2025)</p> <p><a href="https://doi.org/10.1186/s13018-025-06335-5">https://doi.org/10.1186/s13018-025-06335-5</a></p> | <p>3B</p> <p>Retrospective cohort study</p> <p><i>Risk of Bias</i><br/>High</p> | <p><i>Participants</i><br/>N=100 (Female: 59% n=59)</p> <p><i>Inclusion Criteria:</i><br/>Patients aged 70 with acute hip fracture admitted to the Center for Orthogeriatric at the Interspinal University Hospital of Bern, Switzerland.</p> <p>Diagnosed with coxal femoral fracture.</p> <p>Admitted from January 1, 2023 - December 1, 2023.</p> <p><i>Intervention Setting:</i><br/>Center for Orthogeriatric at the Interspinal University Hospital</p> | <p><i>Intervention 1:</i><br/>n=46 (Female 56.5% n=26)<br/>Orthogeriatric Model of care (OMC): Includes comprehensive geriatric medical and social assessment upon admission, Barthel Index (BI), delirium screening, hearing and vision assessment.</p> <p>Assessments were interpreted and individual care and therapy were given based on findings and MPR (multiprofessional Rehabilitation Program) - 10 individual therapy sessions of 30 minutes within seven days</p> | <p><i>Discharge destination</i><br/>Discharge to home vs. nonhome discharge.<br/>Discharge to home included patients discharged directly to their homes as well as those discharged home following a 2-week inpatient geriatric rehabilitation. Non home discharge included transfer to nursing homes, other hospitals, or death.</p> <p>Adherence to nine pre-specified clinical care standards: Delirium, malnutrition, vision, hearing, pain management, timing of surgery,</p> | <p>Significant findings</p> <p>A higher percentage of OMC groups were sent home than the control.</p> <p>Mean adherence to clinical care standard was higher in the OMC group than the control with sig. differences in delirium, vision, hearing, malnutrition screening, surgery within 36 hours and referral to Fx liaison service.</p> <p>Improvements in DEMMI and BI in favor of the OMC group.</p> |
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|  |  | of Bern,<br>Switzerland. | <p>included comprising 7 physical, 2 nutritional, and 1 occupational therapy sessions led by a geriatrician during the acute hospital stay.</p> <p><i>Control Group:</i><br/>n= 54 (Female: 33; 61.1%)</p> <p>Routine care on the same ward as the intervention group which included one physical therapy session the day after surgery. Additional therapy was provided as deemed necessary by the treating orthopedic surgeon.</p> | <p>first mobilization, unrestricted weight bearing, fracture prevention strategy.</p> <p>Functional outcomes (Barthell index (BI) and De Morton Mobility index (DEMMI).</p> | Nonsignificant findings: N/A |
|--|--|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|

| <b>Author/Year</b>                                                                                                                                                                                                                                                                             | <b>Level of Evidence<br/>Study Design<br/>Risk of Bias</b> | <b>Participants<br/>Inclusion Criteria<br/>Study Setting</b> | <b>Intervention<br/>Control Groups</b> | <b>Outcome<br/>Measures</b> | <b>Results</b> |
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| <i>Note.</i> RCT= Randomized Control Trial, Fx = Fracture, OT = Occupational Therapist, QOL = Quality of Life, FIM = Functional Independence Measure, BI = Barthel Index, DEMMI = De Morton Mobility Index, MRP = multiprofessional rehabilitation program. OMC = orthogeriatric model of care |                                                            |                                                              |                                        |                             |                |



