



RISE Restore Program Phase 1

Digitally-Enabled Restorative Care in the Community

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Funded through:

 **Health Cities**
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Reimagine Health - Elevate Care

RISE Restore Program

Restorative Care for Older Adults

The **RISE Restore Program** is a fully funded digitally enabled, nurse-led rehabilitation and restorative care model designed to support older adults to improve function, prevent falls, and remain safely at home.

It is designed for individuals who are **medically stable but functionally vulnerable**—those at risk of decline, readmission, caregiver burnout, or transition to higher levels of care.



The **12 week program** is delivered in the home and led by an Advanced Practice Nurse (APN), to support safe restorative care, fall prevention programming and stabilization in the community.

At the core is a **Comprehensive Geriatric Assessment (CGA)** and a **Supportive Personalized Plan**, enhanced through digital health technologies for objective functional measurement and ongoing tracking of progress.

Key Objectives

- 1 Restore function & prevent falls through a 12-week restorative program
- 2 Identify & address decline early using ongoing assessment & monitoring
- 3 Coordinate comprehensive care with allied health professionals
- 4 Support independence at home and prevent higher levels of care.

What Makes This Program Different

- **Restorative vs. task-based care**
Focus on improving function, not simply maintaining baseline
- **Objective, data-driven approach**
Standardized tools track progress and guide care decisions
- **Nurse-led, interdisciplinary model**
Integrated access to OT, PT, dietitian, and social supports
- **Digitally enabled monitoring**
Early identification of decline with proactive intervention
- **Flexible delivery model**
In-home, hospital-to-home, or in assisted living facilities



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Definition of Eligible Patients

This program is suitable for older adults living in the community who are experiencing increasing health, functional, cognitive, or caregiver challenges that place them at risk of hospitalization, loss of independence, or requiring a higher level of care. They may benefit from additional support in the home to stabilize their health, improve function, address unmet needs, and help them remain safely at home.

Core Criteria



- 1 Increasing difficulty living safely and independently at home.
- 2 Considered at risk for falling, frailty or higher level of care
- 3 Willing to participate in a 12 week restorative home program

Patient Profiles

- **Cognitive impairment** Mild-to-moderate dementia where safety can be supported with RPM, aides, and family
- **Falls or mobility decline** Requiring restorative rehabilitation and fall-prevention programming
- **Frailty with functional decline** Identified through frailty index or CGA domains
- **Chronic disease management** That can be stabilized with home monitoring and coordinated care
- **Social vulnerability** Isolation, limited caregiver support, or low digital literacy
- **Post-surgical recovery or post-acute recovery** Who are medically stable by need rehab supports at home
- **Polypharmacy & medication management challenges** Remote monitoring and medication coaching to prevent readmission
- **Nutrition or functional decline** That can be addressed with dietician input and restorative programming

Exclusions (not appropriate for Phase 1)

- Patients requiring complex medical interventions (ventilators, complex IV therapies)
- Severe dementia or behavioral issues that cannot be safely managed at home
- Patients requiring palliative-only care (future adaptations could create a parallel pathway for this group)