

## Bedside Physical Therapy Project to Prevent Deconditioning in Hospitalized Patients With Cancer

Courtney E. Crannell, BSN, OCN®, and Elizabeth Stone, RN, BSN, MS, OCN®

The hematology-oncology unit at Christiana Care Health System has 51 beds, including a 6-bed bone marrow transplant unit. Patients are older than 18 years and usually are admitted to receive chemotherapy or to address complications related to their disease. Lengths of stay range from a few days to several months, depending on each patient's condition. Nursing staff on the unit noticed that patients with longer hospitalizations often experienced physical deconditioning, which resulted in longer hospitalizations, more falls, decreased patient satisfaction, and escalating costs for patients and the healthcare facility.

Deconditioning in patients with cancer is a common issue related to the disease itself, side effects of treatment, or comorbid conditions (Cheville, 2005; Evans & Lambert, 2007; Fouladi et al., 2005; Guise, 2006; Hartvig, Aulin, Wallenberg, & Wagenius, 2006). To prevent deconditioning, oncology inpatients should receive physical therapy (PT) during their hospital stays if possible (Hartvig et al.; Kirshbaum, 2007; Lynch, Schertzer, & Ryall, 2007; Movsas et al., 2003; Stricker, Drake, Hoyer, & Mock, 2004; Trojjan, Mody, & Chain, 2007; Young-McCaughan, 2006).

Oncologists caring for patients at Christiana Care Health Services, Inc., in Newark, DE, routinely ordered PT for their patients

to prevent deconditioning. The physicians became increasingly frustrated when patients were not able to receive the therapy, primarily because of transport issues. Several other reasons for not receiving PT were noted as well. For example, staff on the unit reported that some patients refused to go to PT. The hematology-oncology unit is located on the sixth floor of the hospital, and the PT department is located on the first floor. Patients often did not feel well during chemotherapy treatment and did not want to travel to PT. For patients, the trip to the PT department was exhausting, before a therapy session even started. Other reasons patients missed PT included pain, nausea, diarrhea, discomfort during transport, and fear of being away from their hospital rooms. As a result, only 30% of patients received PT or occupational therapy (OT) during their hospital stays in 2004. Timely PT evaluations were needed for physicians and case managers to make appropriate plans for patient discharge, and preventing deconditioning was an important goal. Patients' refusals to attend PT sessions often led to delays in discharge planning. In addition, family members, caregivers, and physicians expressed concerns regarding the patients' deconditioning while in the hospital and the resultant delays in discharges.

In 2004, the average length of stay on the hematology-oncology unit exceeded the

hospital's average length of stay by four days. The fall rate on the unit also was above the hospital average. The oncology staff believed that the findings were related, in part, to deconditioning of patients caused by a lack of timely PT and OT intervention during hospitalization. Physicians also expressed concern that length of stay was prolonged because of a lag time in completing initial PT evaluations, leading to delays in arrangements for home PT. Satisfaction surveys, completed after discharge from the unit, indicated that patients were frustrated by their lack of readiness for discharge.

### Addressing the Issue

The nurse manager of the hematology-oncology unit met with the physician unit director to discuss how to remedy the situation. They decided that a broader approach was needed to address the issue. Therefore, a multidisciplinary team was convened to discuss ways to prevent deconditioning and to improve outcomes for patients with cancer who were admitted to the unit. The team included two physicians who specialized in physical medicine and rehabilitation, the nurse manager of the unit, representatives from PT and OT, and nursing staff members. The team met approximately 10 times over the course of the following year to map out a plan of action. As a result of the meetings, a new system was designed and implemented to facilitate initial patient evaluations at the bedside by the PT and OT departments. Under the new system, a physical or occupational therapist would complete an initial assessment of a patient within 48 hours of admission to the unit. During the

### Leadership & Professional Development

This feature provides a platform for oncology nurses to illustrate the many ways that leadership may be realized and professional practice may transform cancer care. Possible submissions include but are not limited to overviews of projects, accounts of the application of leadership principles or theories to practice, and interviews with nurse leaders. Descriptions of activities, projects, or action plans that are ongoing or completed are

welcome. Manuscripts should clearly link the content to the impact on cancer care. Manuscripts should be six to eight double-spaced pages, exclusive of references and tables, and accompanied by a cover letter requesting consideration for this feature. For more information, contact Associate Editor Paula Klemm, PhD, RN, OCN®, at [klemmpa@udel.edu](mailto:klemmpa@udel.edu) or Associate Editor Judith K. Payne, PhD, RN, AOCN®, at [payne031@mc.duke.edu](mailto:payne031@mc.duke.edu).

*Courtney E. Crannell, BSN, OCN®, is a staff development specialist, and Elizabeth Stone, RN, BSN, MS, OCN®, is the nurse manager of hematology-oncology and a staff development specialist, both at Christiana Care Health Services, Inc., in Newark, DE.*

Digital Object Identifier: 10.1188/08.ONF.343-345