The hematology-oncology unit at Christia-
a Care Health System has 51 beds, includ-
ing 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 condi-
tions (Cheville, 2005; Evans & Lambert,
2007; Fouladiun 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,
Schertzter, & Ryall, 2007; Movsas et al.,
2003; Stricker, Drake, Hoyer, & Mock,
2004; Trojan, Mody, & Chain, 2007; Young,
McCaughan, 2006).

Oncologists caring for patients at Chris-
tiana 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, primar-
ily 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 depart-
ment 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, discom-
fort 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 de-
conditioning of patients caused by a lack of
timely PT and OT intervention during hospi-
talization. Physicians also expressed concern
that length of stay was prolonged because of
a lag time in completing initial PT evalua-
tions, 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 readi-
ness for discharge.

Addressing the Issue

The nurse manager of the hematology-
oncology unit met with the physician unit di-
rector to discuss how to remedy the situation.
They decided that a broader approach was
needed to address the issue. Therefore, a mul-
tidisciplinary team was convened to discuss
ways to prevent deconditioning and to im-
prove 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 man-
ger 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 com-
plete an initial assessment of a patient within
48 hours of admission to the unit. During the