Mobility Program for People With Cancer Reduces Dependency on Hospitalization

The program also greatly improved patients' satisfaction with their hospital stays.

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A mobility program lowered health care requirements among people hospitalized with cancer, according to a pilot study. These findings were presented at the recent American Society of Clinical Oncology (ASCO) 2020 Virtual Meeting.

Complications from cancer and its treatment can often result in hospitalization. Diminished physical conditioning can lead to longer stays in the hospital, frequent readmissions and a resultant drop in the quality of the patient experience.

Cardinale Smith, MD, PhD, of the Icahn School of Medicine at Mount Sinai, and colleagues initiated a mobility program for hospitalized cancer patients in an attempt to improve the quality of care, shorten the average stay and reduce health care utilization. The goal of the program was to "provide the right level of care in the right setting at the right time," Smith said.

"Whereas previous research has focused on risk factors that limit mobility and interventions for enhancing mobility in well-functioning, community-dwelling older adults, there have been limited interventions on the mobility of hospitalized [patients with cancer]," Smith told Healio .

At an oncology unit in a medical center, the team conducted a mobility program for 988 participants from April 2, 2019, to December 31, 2019. They used the Activity Measure for Postacute Care, which measures mobility, with values ranging from bed rest to walking at least 250 feet.

A multidisciplinary team comprising a physical therapist, medical assistant with rehabilitation training and nurses created care plans for the participants and mobilized them twice daily.

The team studied the impact of these mobilization exercises on the length of stay, readmissions and overall patient experience as well as any changes in mobility. For the latter, they used the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, comparing results after the progam was implemented against the six-month interval prior to the program's

execution.

Following the initiation of the program, the number of excess days spent in the hospital dropped 6%. The readmission rate fell from 25% to 19%. About three fourths of participants either maintained or improved their mobility levels. Throughout, the participants' satisfaction with their hospitalization—their HCAHPS score—rose from 63% to 91%.

So the mobility program not only significantly lowered the reliance on health care but also improved patient experiences. "This demonstrates that non–physical therapy (PT) professionals can mobilize hospitalized cancer patients, decreasing the burden of PT and nursing resources," the researchers concluded. "Future work will evaluate the sustainability of the program and its association with health care costs."

"Increased activity and mobilization during hospitalization are essential to prevent functional decline," Smith told Healio.

Click here to read the study abstract from ASCO 2020.

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