

# **Restoring Life: The Role of Inpatient Rehabilitation in Complex Cancer Care**

**Presented by,**

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# Disclosures

- No financial relationships to disclose.
- No non-financial relationships to disclose.
- All statements made as a part of this presentation and/or discussion will be based on current evidence based care.

# Learning Outcomes

- Participants will be able to apply the Dietz Classification System to inpatient rehabilitation for patients with cancer.
- Participants will be able to describe how an interdisciplinary team collaborates to provide comprehensive, patient-centered care and improve functional outcomes.

# Introduction

- Madonna's Cancer Rehabilitation Program is the only *CARF Accredited Cancer Rehabilitation Specialty Program* in the state/region, one of only 13 in the US and a total of 15 worldwide.
- CARF accredited for inpatient adult cancer rehabilitation at Madonna's Omaha campus since 2021
- Full continuum of inpatient and outpatient care for patients with cancer
- Comprehensive, interdisciplinary team approach
- Based on Dietz Classification of Cancer Rehabilitation (3 Rehab Tracks)

# Why Cancer Rehab?

- Cancer is second leading cause of death in US overall
  - **Leading cause among people younger than 85 years**
- Approximately 2,041,910 new cancer cases and 618,120 cancer deaths projected in US in 2025
- 1 in 2 people in US will develop cancer
- Increase in survivability with unique set of medical and psychosocial needs
- Important role in cancer care continuum
- Improved outcomes and quality of life
- Evidence suggests rehab interventions are effective before, during and after cancer treatments

National Cancer Institute [www.cancer.gov](http://www.cancer.gov)  
Desai K et al. 2024

# Who's Appropriate for Cancer Rehab?

- Acute Rehabilitation (AR)
  - 3 Cancer Program Tracks (Restorative, Supportive, Transitional)
  - Able to tolerate 3 hours therapy per day, 5 days per week
  - Must have off-site chemotherapy plan
  - Pharmacy reviews/approves patient's chemo plan and medication list prior to admit
  - Consider ongoing procedures & treatment
  - If poor prognosis must have home discharge plan
- Long Term Care Hospital (LTCH)
  - Medically complex patients with cancer diagnosis
  - Unable to tolerate 3 hours therapy per day, 5 days per week
  - Goal is to manage symptoms and/or co-morbidities to discharge to lesser level of care

# Dietz Model

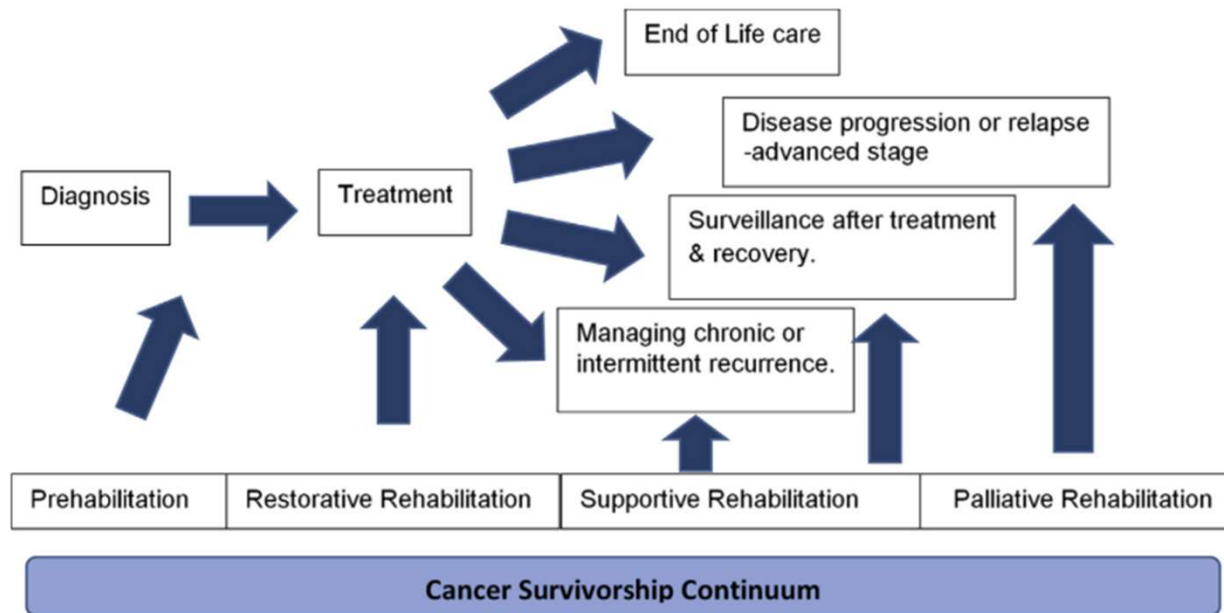


Fig. 2. Dietz classification of cancer rehabilitation in the treatment continuum: Exercise promotes significant improvements in clinical, functional, and in some populations, survival outcomes and can be recommended regardless of the type of cancer. Exercise is beneficial before, during, and after cancer treatment, across all cancer types, and for a variety of cancer-related impairments.<sup>5</sup>

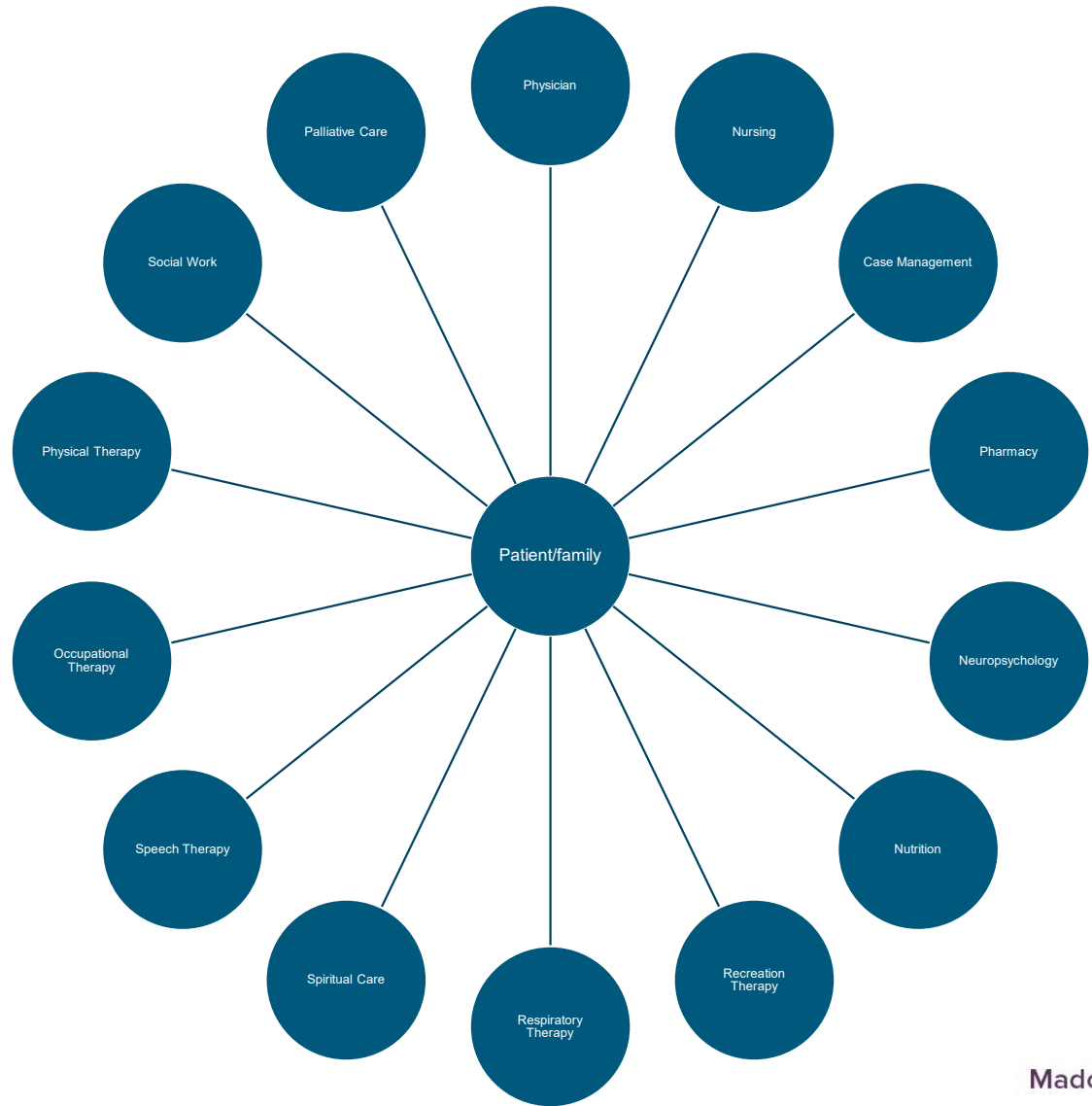
Chowdhury RA et al. 2020

# Madonna Inpatient Cancer Program Fast Facts



# Interdisciplinary Team

**\*Patient/family at the center of all we do**



Programming For Patients With Cancer	Oncology/Medical Prognosis	Rehab Focus/Goal	Caregiver Assist	Madonna LOS
<p><b>RESTORATIVE</b> Return to prior level of function expected</p> <p>Standard rehab interventions</p>	<p>Good with curative treatments</p> <p>3-5 year survival rate</p>	<p>Community re-entry &amp; return to work/school</p>	<p>Involvement recommended but likely will not require much assist at DC</p>	<p>1-4 weeks</p>
<p><b>SUPPORTIVE/COMPENSATORY</b> Concurrent treatment or between rounds of treatment</p> <p>Interventions will focus on energy conservation, compensatory strategies, equipment, caregiver training, improve QOL with symptoms management, and maintain/improve strength</p>	<p>Mostly medically stable and/or will likely be under control within 2 weeks.</p> <p>Survival of 6-12+ months post rehab likely</p>	<p>DC patient home safely at a modified level and/or with caregiver assist NOT on community re-entry</p>	<p>Involvement highly recommended and in some cases required. Patient will likely require some assistance throughout the day upon DC. Caregiver to be present minimum of 1-2 full days of therapy, potentially more.</p>	<p>2-4 weeks</p>
<p><b>TRANSITIONAL (ACUTE REHAB ONLY)</b> Progressive disease diagnosis, imminent hospice or medically unstable with decreased likelihood of regaining stability</p>	<p>Poor prognosis, &lt;6-8 months or progressive disease with minimal treatment options</p> <p>Unstable metastatic disease or grade/stage III to IV</p>	<p>Train caregiver and patient on safe transfers, use of equipment, wellness education, and psychology support all to improve QOL and ease transition of dying</p>	<p>Involvement is REQUIRED and is likely needed for most to all of the day upon DC. Family needs to be present frequently during rehab stay for training (3-6 full days minimum)</p>	<p>7-14 days for caregiver training, obtaining equipment and some symptom management</p>

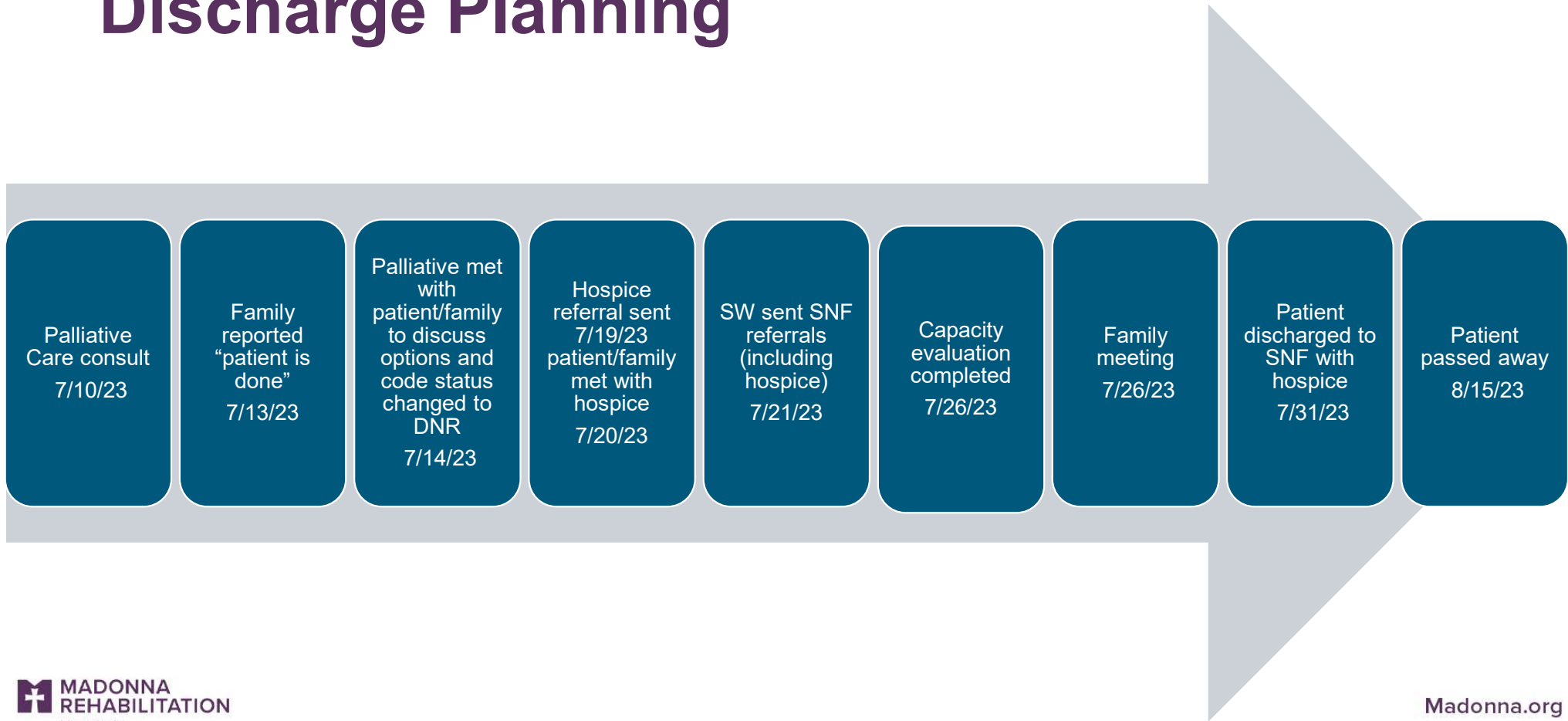
# Case Study #1

## Transitional Track

SP 62 year old male

Diagnosis: bladder cancer with multiple complications

# Case Study #1 Care Coordination & Discharge Planning



# Case Study #2

## Supportive/Compensatory Track

JB 64 year old female  
Diagnosis: glioblastoma with post-op R CVA

# Case Study #2 Care Coordination & Discharge Planning

Palliative Care Consult  
9/3/24

Family meeting #1  
9/10/24

CM provided patient/family list of ALFs, transportation options, referral sent to Bridge to Better Living  
9/11/24

Patient went to oncology appointment; palliative assisted patient with questions to ask  
9/17/24

CM met with patient/family they stated they could not identify accessible home or apartment to discharge to  
9/17/24

Family meeting #2  
9/25/24

Power wheelchair evaluation completed  
9/26/24

Family signed paperwork for respite stay at ALF  
9/30/24

Patient began daily radiation treatments at NE Medicine Village Point  
10/1/24

PT completed home safety check with patient at ALF  
10/2/24

Patient tested positive for COVID-19, ALF requested we monitor symptoms  
10/3/24

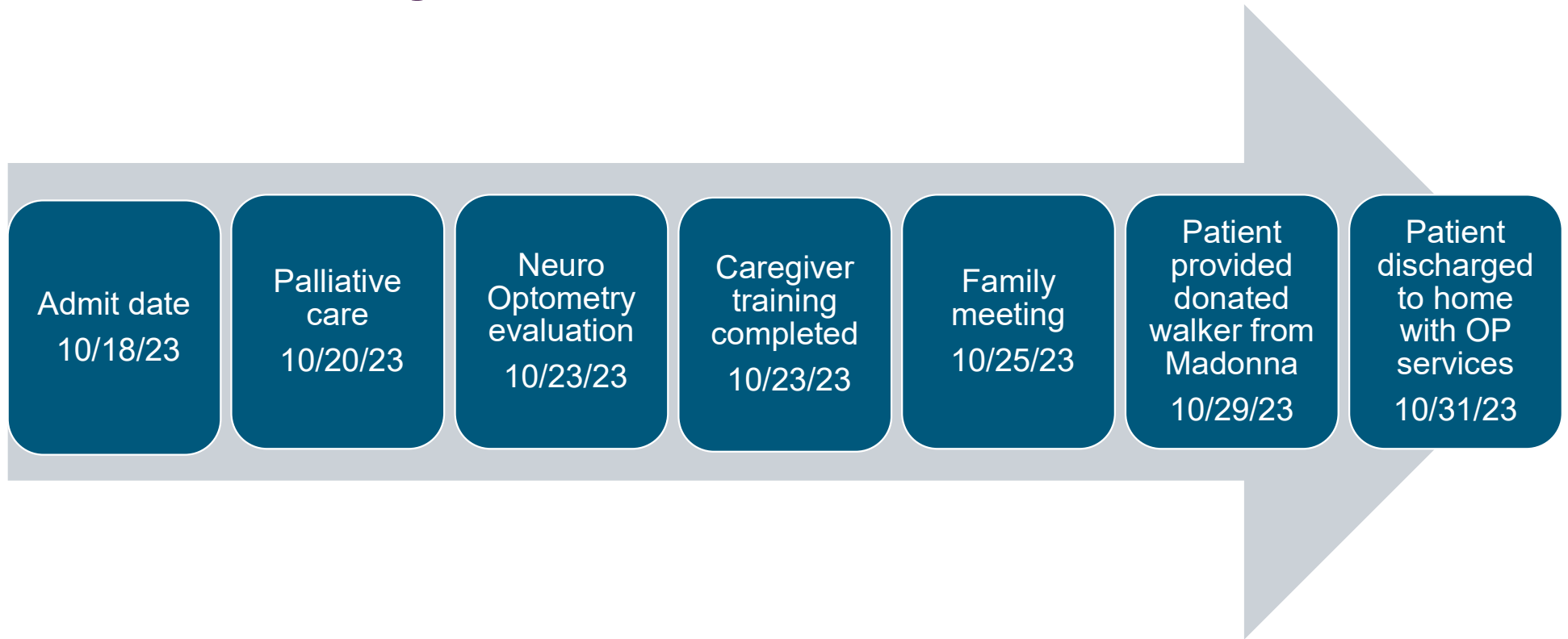
Patient discharged to ALF with home health PT, OT, SLP, daily radiation & referral made for OP Palliative Care  
10/15/24

# Case Study #3

## Restorative Track

DD 71 year old female  
Diagnosis: R parietal metastatic brain mass s/p  
craniotomy with excision of tumor

# Case Study #3



# Key Takeaways

- Interdisciplinary, patient centered approach
- Team communication & collaboration across entire continuum
- Patients can move between rehab tracks
- Madonna as a member/partner for cancer care in Omaha, NE and surrounding region





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