Oncology Issues

ISSN: 1046-3356 (Print) 2573-1777 (Online) Journal homepage: https://www.tandfonline.com/loi/uacc20

A Rehabilitation Hospital

Services for the Oncology Patient

Judy Lundgren

To cite this article: Judy Lundgren (1999) A Rehabilitation Hospital, Oncology Issues, 14:6, 20-21, DOI: 10.1080/10463356.1999.11905270

To link to this article: https://doi.org/10.1080/10463356.1999.11905270

A Rehabilitation Hospital
Services for the Oncology Patient

by Judy Lundgren, R.N., M.S.N., A.O.C.N.

Just as rehabilitation staff must be aware of the special needs of patients with cancer, staff at a cancer program must learn about the many rehabilitation services available. Talking to a local rehabilitation hospital is a good place to start for cancer programs seeking to develop or expand an oncology rehabilitation program.

HealthSouth Rehabilitation Hospital of Arlington in Arlington, Tex., provides a unique service to the medical community through its cancer rehabilitation program offered to both inpatients and outpatients. Designed and constructed especially for rehabilitation, this sixty-bed facility is in close proximity to acute-care facilities and physicians' offices. Cancer rehabilitation is marketed as both a patient and a community service. Although there is no formal commitment to or alliance with specific hospitals or physicians, HealthSouth receives referrals from local hospitals and two groups of oncologists who practice in the Arlington area, as well as from orthopedic surgeons, internists, and PCPs. The length of stay in HealthSouth depends on the patient's condition, but the average stay is from two to three weeks. This service is reimbursed by Medicare.

A TEAM APPROACH

At HealthSouth the multidisciplinary focus on patient and family rehabilitation helps assure progress in the shortest time and most efficient manner. Each member of the rehabilitation team brings a different set of skills to the table.

- A physiatrist consults with the patient's oncologist as needed.
- A rehabilitation nurse monitors the oncology patient's treatment plan and prognosis.
- The occupational therapist assists the patient and family in returning to as much independent functioning in daily activities as possible.
- Physical therapists work with the patient and family to increase strength and develop endurance through exercise and the use of ambulatory aids as needed.
- The speech pathologist provides assistance to patients with swallowing difficulties and/or laryngectomy.
- The recreational therapist teaches patients to use leisure activities to reduce stress and to help them return to their community
- The nutritionist addresses nutritional deficits and provides valuable information about dietary supplements and vitamins.
- The psychologist addresses the emotional needs of the patient and family, while members of the clergy address their spiritual needs.
- The case manager makes sure the patient receives all the needed services within his or her available insurance benefits, arranges for home health needs, and makes referrals to community agencies or assists in selecting a care facility appropriate for the patient at discharge.

Rehabilitation services within a cancer program should use a multidisciplinary team approach to help cancer patients attain their highest level of wellness. In partnership with the rehab team, the oncology professional can offer a variety of options for the cancer patient that will impact the cancer patient's and the family's quality of life.

SPECIFIC NEEDS OF THE ONCOLOGY PATIENT

The Oncology Nursing Society defines cancer rehabilitation as a "process by which individuals within their environments are assisted to achieve optimal functioning within the limits imposed by cancer." (Mayer D, O'Conner L. Rehabilitation of persons with cancer: an ONS position statement. *Oncol Nurs Forum.* 1989;16:433.) Rehabilitation focuses on improving function impaired by a disability caused by injury or illness. The focus is on the patient's ability to adapt to the disability, not on the causative factor of the disability.

Cancer patients are no different than other chronically ill people. Indeed, the need to understand their current limitations and continue on with their lives is not different from that of patients with impairments caused by stroke, cardiac, respiratory, neurologic, or orthopedic diagnoses. What does set cancer patients apart are issues unique to oncology, such as alopecia, neuropathy from chemotherapeutic agents, fatigue and anorexia related to chemotherapy and radiation therapy, as well as anxiety and depression related to their diagnosis and treatment. Cancer patients must also cope with such psychosocial issues as family role reversal, employment issues, insurance issues, and the economic impact of paying for expensive treatments.

Providing aid to patients to enable their return to work, home, family, and friends is at the core of each individual treatment plan. Rehabilitation is appropriate for the cancer patient both during

Judy Lundgren, R.N., M.S.N., A.O.C.N., is clinical nurse specialist/oncology nurse manager at HealthSouth Rehabilitation Hospital of Arlington, in Arlington, Tex.

treatment and postoperatively to decrease fatigue and increase muscle strength and tolerance, provide nutritional counseling and support, treat lymphedema with manual lymph drainage, and help the patient and family learn how to transfer and care for the patient at home. All these treatments will improve the quality of life for the cancer patient and his or her family as well as aid the patient in tolerating rigorous cancer treatments.

SPECIFIC SERVICES

Although there are many variations to the services provided at HealthSouth, here are a few examples.

- *A recent pathologic fracture due to metastatic disease postsurgery.* This patient might receive reduced intensity physical therapy to the affected area with emphasis on strengthening and endurance for the rest of the musculature. Adjustments to activities of daily living (ADLs) and toileting along with energy-conserving strategies will be taught. Nutrition and pain control will be addressed. The patient's family will participate in all teaching about strategies for home care.
- *A newly diagnosed colon cancer patient postcolostomy.* The patient will be taught care of the ostomy and will participate in strengthening and endurance programs. Nutrition, energy conservation, pain issues, body image changes, and sexuality will be addressed. The patient will be referred to and encouraged to use support group/community resources.
- *A postop total laryngectomy patient.* The laryngectomy patient will be assessed for safe swallowing and taught to care for the trach and to speak with assistive devices.
- *A deconditioned breast patient postradiation; chemotherapy, with paclitaxel-induced neuropathies.* This patient will receive strengthening and endurance training; energy conservation strategies; assistive devices to perform ADLs; instruction for performance of daily activities at work, home, and recreation within limitations of neuropathies; nutritional counseling; and psychosocial counseling to aid in dealing with body image changes, sexuality, coping strategies, and stress reduction.

All patients receive assistive devices and equipment ordered as their case dictates. The patient and family are taught how to use all equipment. Home health services are arranged, including continued therapy as needed. Outpatient therapy is encouraged, if appropriate.

The patient's need for cancer rehabilitation should become an ongoing part of the care plan.

REIMBURSEMENT ISSUES

Medicare will reimburse for rehabilitation and for basic home equipment needs. If a patient has unique needs, he or she may be required to pay out of pocket for complex equipment costing more than Medicare's standard reimbursement rate. Extensive documentation by therapists and physicians can sometimes allow medical equipment suppliers to obtain Medicare payment.

Medicare usually requires documentation supporting the need for and positive effects of rehabilitation on the cancer patient. The plan of care should be explained, and measurable outcomes detailed. Occasionally, our medical director may need to consult with the insurer's medical director to provide further clinical information. The key to success is persistence and written documentation, as well as the willingness on the part of referring physicians and rehabilitation staff to invest time and effort to state the case for rehab for a cancer patient and explain measurable, timely outcomes. Included in the documentation are the financial benefits of rehabilitation (i.e., decreased chance of patient immediately returning to acute care, increased chance that patient will return home, cost advantages compared with an extended care facility). The fact that rehabilitation increases the quality of life for the patient and family should be the core motivation for all negotiations on behalf of the patient.

Other insurance plans, including Medicare with the HMO component, require precertification before admission. Careful documentation and persistence are needed in some cases, but approval is usually obtained.

Cancer rehabilitation programs—whether at a rehabilitation hospital or as part of a hospital cancer program—must be committed to improving the quality of life of the cancer patient and their family. The patient's need for cancer rehabilitation should become an ongoing part of the care plan.