Cultivating a Culture of Mobility within a Pediatric Hematology/Oncology Unit

Cricket Porter OTDS and Stephanie Wilson MSOT, OTR/L
Hawai'i Pacific University, Doctor of Occupational Therapy Program, Honolulu, Hawai'i
Shawn Jenkins Childrens Hospital

Introduction

The Medical University of South Carolina provides comprehensive pediatric hematology and oncology services to children and adolescents across South Carolina and is ranked among the top locations in America to receive treatment.The pediatric hematology/oncology unit at MUSC Shawn Jenkins Children's Hospital currently promotes a "bed-rest culture" where adolescent cancer patients (ages 12-18) remain sedentary during hospitalization. This approach contradicts substantial evidence demonstrating that physical activity and mobility significantly reduce treatment-related fatigue and improves patient outcomes. Improving treatment related faituge allows patients to engage in preferred occupations and increase independence during ADL tasks.

Project Description

This capstone project will develop and pilot a comprehensive "Culture of Mobility" program targeting all stakeholders using a top down approach (medical staff, nurses, allied health professionals, parents, and adolescent patients) on the pediatric hematology/oncology unit.

- **Kokua (help) -**
  - Provide comprehensive multimodal support to all stakeholders
- **Laulima (teamwork) -**
  - Fostering interdisciplinary teamwork
- **Pono (Integrity)**
  - Ensure ethical practice by aligning unit culture with evidence-based practices
- **Aloha (compassion) -**
  - Provide patient-centered care by advocating for practices that enhance patients quality of life
- **Kuleana (responsibility) -**
  - Assume responsibility for challenging and improving the unit

Purpose and Aims

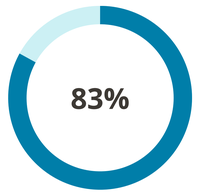
This projects primary purpose is to improve the units current views and practices regarding mobility. This includes shifting all stakeholders views on mobility by acknowledging the role of movement as a part of the plan of care. Thus allowing patients to engage in preferred occupations and increasing independence during ADL task. This purpose will be addressed by focusing on four primary aims.

- Comprehensive needs assessment
  - Stakeholder surveys
  - Qualitative interviews
- Development of materials
  - Educational resources
  - Intervention activities
  - Communication protocols
- Implementation of materials
  - Unit wide activities
  - Patient feedback during interventions
- Longterm sustainability
  - Groundwork for program growth

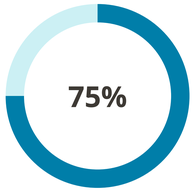
Results and Outcomes

Survey

Pre-implementation survey data from 41 interdisciplinary staff members revealed critical insights into the unit's mobility culture and existing barriers to change. The diverse participant pool included MD/DO's (n=3), PA/NP's (n=4), RN's (n=15), PT/OT/SLP's (n=16), PCT/MA's (n=6), and other staff (n=4). A substantial majority (83%) of respondents assessed the current unit culture as inadequate, with 39% rating it as poor and 44% as fair, corresponding to patients spending over 50% of time in bed. Barrier identification revealed that patient fatigue and weakness represented the most commonly cited obstacle to mobility promotion (75%), followed by patient engagement challenges and family resistance (48%), highlighting the need for comprehensive education addressing misconceptions about activity during treatment.



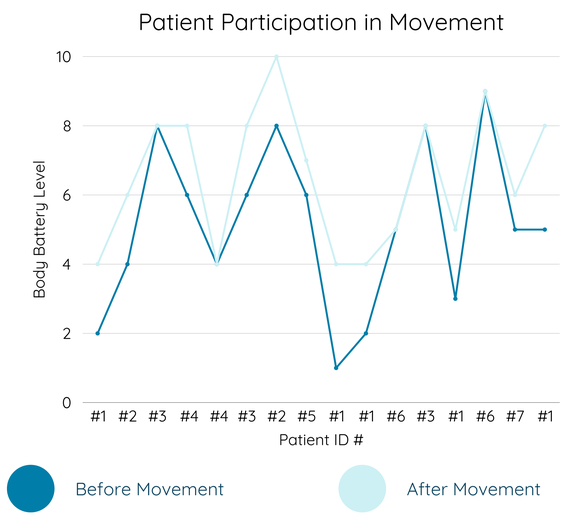
Percentage of stake holders who rated the culture of mobility on the unit as less than fair



Percentage of stake holders who stated patients were too fatigued to participate in movement

Program

Program interventions were strategically tailored to engage all stakeholders in culture transformation. Patients engaged with age-appropriate educational materials, interactive activity planning tools, and resources that positioned them as active participants in mobility decision-making. These resources included daily schedules, body battery sheets, scavenger hunts, movement idea sheets, daily exercises, and daily stretches. A unit-wide Halloween celebration designed as an experiential culture change catalyst was implemented. Rather than relying on didactic education alone, the event created an environment where adolescent patients engaged in sustained movement-based activities such as games, decorating, and socialization. This event allowed buy in from all stake holders and made them much more receptive towards inservice education. The culture will continue to grow and change due to strong buy in with a future of a stop light program and increased rehab presences during rounding.



Methods

This quality improvement project will utilize a mixed-methods approach across four phases which includes a needs assessment, program development, implementation, and evaluation. Methods included quantitative data collection through structured surveys, qualitative interviews, evidence-based resource development, top-down educational interventions, and direct observation of intervention delivery. This systematic approach enables a comprehensive assessment of culture change effectiveness while ensuring stakeholder engagement and sustainability planning throughout the project lifecycle.

Discussion

The Culture of Mobility program successfully demonstrated that evidence-based intervention can transform unit practices. Patient outcomes revealed that the majority of adolescents engaging in mobility interventions reported increased energy levels. This contradicts the current unit misconceptions that activity depletes patients energy. The Halloween celebration emerged as a particularly powerful intervention. These findings establish occupational therapy's critical role in mobility practices. However, the project did show limitations. These limitation include a short time frame, single site design, and stakeholders assumptions of roles. Future development priorities include a stop light program as well as increased rehab presences during rounding.

References