THE UNIVERSITY OF CHICAGO
UChicago Medicine
Center for Healthcare Delivery Science and Innovation

Get Moving! 2.0

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Problem

- Allogeneic hematopoietic stem cell transplant (HSCT) is an aggressive treatment for certain hematological and myeloproliferative disorders that leads to profound physical deconditioning and weakness
- A review of institutional HSCT outcomes showed an increased number of patients being discharged to post-acute care facilities, being readmitted, or requiring prolonged lengths of stay (LOS)
    - Among 85 patients, median LOS was 25 days, IQR 24-27
    - Among 81 evaluable patients, 24 were readmitted within 100 days (including 5 patients with >1 readmission)

- The first iteration of Get Moving! focused on engaging patients while hospitalized to take ownership for their activity to reduce debility
- No current workflow exists for patients to be seen by physical therapy **after** HSCT – therefore, Get Moving! 2.0 was created

Goal

- Create a new standard operating procedure (SOP) with PT evaluation D+30-45 (or first week out of hospital) as part of post-transplant workflow
- Evaluation will mimic outcomes collected during TOP evaluation to capture deficits and compare patient to pre-transplant level of function

Strategy

- Initial Meeting: December 2024 with Cellular Therapy Program, follow-up in May 2025

- Stakeholders: Inpatient and outpatient APP leads, Lead MD, inpatient and outpatient PT, lead outpatient RN, SCT director

- Final proposal: Discussion with stakeholders and Cell Therapy Leadership in March 2026

- Solidified workflow to ensure timely patient referrals

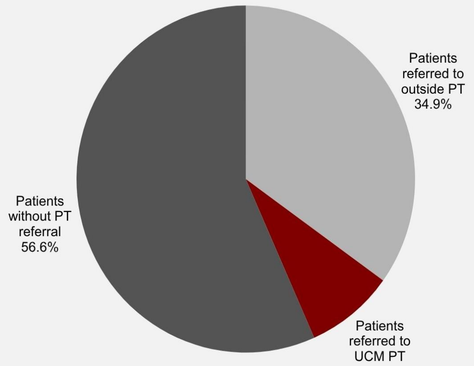
- Initiated program in early April 2026

Outcomes To Assess

- Adherence
- Readmission rate within 1year
- 100-day mortality
- Brief Fatigue Inventory
- Physical Function Measures (current SOC by outpatient PT):
    - 6-minute walk
    - 5x STS
    - SPPB

Results to Date

Prior State of Post-Transplant Care

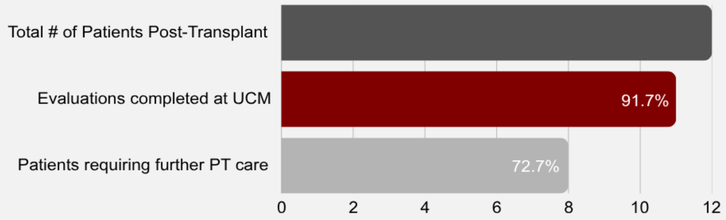


Data from 2023-2026

Without referral pathway in place, over 50% of patients were not being seen by PT after transplant

Among 81 evaluable pts, 24 were readmitted within 100 days including 5 patients with >1 readmission with 100 days

Current State of Post-Transplant Care



- Data from 3/27/26 - 8/21/26
- Main symptoms requiring further care included fatigue and weakness
- PT eval completed average 28.3 days post discharge; 47 days post transplant

Next Steps

- Data to be collected on readmissions within first year, 100-day mortality, adherence to PT interventions
- Functional outcomes to be collected at PT discharge to compare pre-transplant function to immediate post-transplant function, and function at end of PT plan of care

- First iteration to occur over 1 year with an expected n=20-25 older adults (>60 years) undergoing first allogeneic HSCT, with goal to expand to other patient populations (adults younger than 60, second HSCT, autologous HSCT, CAR-T)
- Automate process in Epic to decrease workload on individual providers and to expand to other patient populations

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