CHAIRMAN’S LETTER

Dave Seaman, MD; Committee Chairman, Surgeon

The hospital system welcomed Dr. Lee Isley as the new President and CEO of Nash Healthcare in April. He has brought a new face and new ideas to Rocky Mount. In conjunction with Ms. Sterling Grimes, we look forward to their insight and administrative direction as we move forward.

The UNC Cancer Program at Nash has made a number of important improvements. The program moved into the newly constructed Danny Talbot Cancer Center in May, consolidating the oncology and radiation oncology departments in the new facility. This is the first step towards our ultimate goal of providing one day cancer care planning with a multidisciplinary approach including oncology, radiation oncology, radiology, surgery, and pathology. This arrangement will streamline the approach for patients who will spend one day meeting providers, discussing their history and diagnosis, and leaving at the end of the day with a comprehensive treatment plan.

Over the past year, under the direction of Dr. Devena Alston-Johnson, the tumor board has become a well attended conference on Friday mornings. This meeting, open to all medical staff, is designed for education and discussion of current cases and management protocols. In addition, Nash has joined forces with UNC for chemotherapy research protocols with the acquisition of Ms. Kerry Finch as clinical research coordinator. This will allow for additional potential care plans eliminating onerous travel time for our patients.

The surgical service initiated a program using wireless chip technology (Saviscoult) for breast mass identification prior to surgical excision. This takes the place of the more invasive placement of a guide wire, often painful and time consuming. Feedback from the patients has been very positive.

In August, Dr. Jay Manikkam will join Dr. Alston-Johnson on the oncology service. He is a recent graduate of the University of Nebraska Oncology Fellowship program. We look forward to his knowledge, additional points of view, and friendly demeanor. Between Drs. Alston-Johnson and Manikkam, the program will increase substantially the volume and efficiency of appointment scheduling.

In closing, special thanks go out to all of our cancer committee members. Their unending support, motivation, and work ethic coupled with world-class, outstanding patient and family care serve as the true backbone for this program. It is the ultimate example of giving back to your community. Your efforts are noted and appreciated, every single day.

For any questions regarding the Cancer Committee or cancer services provided at UNC Cancer Care at Nash, please do not hesitate to contact me at (252) 962-6510 or by email at David.Seaman@unchealth.unc.edu.
Unc Chess Cancer Care at Nash (UNC-CCN) appoints a physician on the Cancer Committee to serve as Cancer Liaison Physician (CLP). The CLP collaborates with the Cancer Committee to meet and exceed cancer program standards and improve clinical practice. In particular, the liaison works with the multidisciplinary cancer teams to develop best practices, evaluate compliance with adopted guidelines, and improve quality of care. The CLP attends regularly scheduled cancer conferences that bring together multidisciplinary teams to focus on the best treatment plan for the patient.

As a community-based, not-for-profit organization, our physicians and clinicians are involved in direct patient care every day. UNC-CCN is committed to providing comprehensive cancer care to area residents close to home. We achieve this by constantly communicating, sharing best practices and collaborating on behalf of our patients. We use a multidisciplinary approach with treatment planning based on evidence-based nationally accepted treatment guidelines. UNC-CCN diligently focuses on quality improvement. Our national accreditation helps our patients in ways that may be invisible to them, but those quality measures and processes support their treatment and recovery. A focus on patient-centered care, improving quality of care and patient outcomes offers a complete infrastructure for cancer care.

UNC-CCN has achieved Comprehensive Community Cancer Program, an accreditation awarded by the Commission on Cancer of the American College of Surgeons. To earn voluntary accreditation, a cancer program must be evaluated every three years and must meet or exceed quality standards established by the Commission on Cancer (CoC). Accredited programs maintain levels of excellence in the delivery of comprehensive patient-centered care.

At UNC-CCN, we are always striving for innovative patient-centered progress. As an example in the past year UNC-CCN has enrolled in the Rapid Quality Reporting System (RQRS). RQRS is a quality tool of the National Cancer Data Base (NCDB), developed to assist CoC-accredited cancer programs in promoting evidence-based cancer care at the local level. It allows for systematic data collection and reporting that advances evidenced-based treatment through a prospective alert system for anticipated care which supports care coordination required for breast and colorectal cancer patients at participating cancer programs. Cancer programs participating in RQRS receive real clinical time alerts for individual cases in which pending adjuvant treatment has not been reported to the system. These alerts have been developed to provide a warning system for cancer programs to prevent patients from slipping through the cracks.

New standards now require accredited programs to reach specific performance levels on measuring quality for treating patients with breast, colon, and lung cancers. These quality measures are defined by the Commission on Cancer and endorsed by the National Quality Forum. UNC-CCN tracks and monitors these measures, and for last two years in a row all performance levels measured at UNC-CCN exceed national benchmarks as reported by the NCDB. A few recent examples are shown below:

**Radiation therapy is administered within 1 year of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer:**

- **UNC-CCN: 100%**
- **All NC: 92.6%**
- **All CoC: 92.4%**

**Combination chemotherapy is considered or administered within 4 months of diagnosis for women under 70 with T1N0M0, or Stage II or III hormone receptor negative breast cancer:**

- **UNC-CCN: 100%**
- **All NC: 95.7%**
- **All CoC: 93.1%**

**At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer:**

- **UNC-CCN: 100%**
- **All NC: 92.1%**
- **All CoC: 92.2%**

For more information on Commission on Cancer Accountability Measures, please contact Dr. Michael Roth at Michael.Roth@unchealth.unc.edu
Cancer Committee: Studies of Quality 2017
Janet A. Ragle MSN/MBA CPHQ;
Director Quality and Performance Improvement

Standard 4.7 states that annually the quality improvement coordinator, under the direction of the cancer committee, develops, analyzes, and documents the required studies that measure the quality of care and outcomes for patients with cancer. In 2017 there were three quality studies presented to the Cancer Committee and they were all accepted as opportunities for data analysis.

The first quality study reviewed Nutrition and Weight Management Interventions for cancer patients. The focus of this study was a review of patients with body mass indexes that were either above or below normal and nutritional interventions were discussed with the patients. This study included a review of patient charts and data analysis revealed that there was potential to increase the volume of nutrition and weight management referrals for cancer patients to assist with improved outcomes, fewer treatment related symptoms, and enhanced quality of life.

The second quality study reviewed the percentage of patients who expired from cancer and who were not admitted to a Hospice program. The data analysis revealed an opportunity to develop strategies for improving end of life discussions and meeting patient’s wishes sooner than one to two weeks prior to death. Nash has the opportunity to continue to develop the palliative care program and provide earlier assignment of hospice care for appropriate patients.

The third quality study included a review of patients who are currently receiving Radiation Therapy and who have a documented plan of care to quantify and address pain. The plan for this quality study was reviewed with the staff and provider in Radiation Oncology and two quarters of data were collected and analyzed. It was determined that there was a 100% compliance rate for the quality goal of the patient with a diagnosis of cancer, and currently receiving radiation oncology, having intensity of pain quantified and also having a documented plan of care to address pain. These findings were shared with the staff and provider in radiation oncology along with the Cancer Committee. The goal of quality studies discussed with the Cancer Committee is to continue to address gaps in resources and services, review opportunities to improve patient safety and outcomes, and develop educational offerings for staff, providers, and patients that will address identified needs.

Cancer Committee: Quality Improvements 2017
Janet A. Ragle MSN/MBA CPHQ;
Director Quality and Performance Improvement

Each calendar year, the cancer committee, under the guidance of the Quality Improvement Coordinator, implements two cancer care improvements that are actions taken or improvement of processes that enhance patient cancer care. The implementation of these types of improvements validate the commitment of the program with providing high quality cancer care. One of the studies should be based on a cancer related quality study that provides a baseline of pertinent data and reveals a gap or needed improvement.

In 2017 one quality improvement was identified after an analysis and study of data regarding the patient satisfaction with receiving biopsy results based on the Breast Care Center scheduling methodology. This process was studied by Terri Volk, Director of Quality and Performance Improvement, at the North Carolina Cancer Hospital. This quality improvement was proposed and accepted regarding further action of the Oncology/Pathology Department with the coordination of the Cancer Program.

The second quality improvement in 2017 was related to a previous quality study performed with the cancer program regarding the oncology sepsis patient. In 2016 Sepsis data was collected and analyzed regarding the oncology patients within the cancer program. In 2018 the quality improvement was proposed and accepted regarding further action of the Sepsis Coordinator, Amy Trull, following up regarding an oncology patient who developed sepsis and related patient care. A third quality improvement project for the cancer program in 2018 involved a proactive risk assessment called a Failure, Modes, Effects, Analysis (FMEA) regarding the delivery of the chemotherapy agent 5FU as a home delivered pump medication for cancer patients within the program. There was an in-depth gap analysis and quality study of the required processes that were needed to provide safe patient care with this medication. The improved processes included education and competencies, increased documentation and assessment requirements, and improved patient education materials regarding the 5FU medication. This new process was implemented and resulted with improvements to the process of patients receiving their biopsy results in a timely fashion.

This process and quality improvement allowed for an enhanced biopsy process and increased patient satisfaction.
The Cancer Registry at UNC Cancer Care at Nash maintains a data system designed for the collection, management and analysis of data on individuals diagnosed with cancer. The Cancer Registry has entered more than 19,000 cases into the database since its inception in 1992. During 2017, 763 new cases were accessioned into the Cancer Registry database at UNC Cancer Care at Nash. Of these cases, 672 were analytic, (either diagnosed at Nash or received all or part of their first course of treatment at Nash) and 91 were non-analytic (diagnosed elsewhere and received their first course of treatment elsewhere, presenting to Nash with disease progression/recurrence).

The registry accessioned patients from ten counties in North Carolina during 2017, including: Nash, Edgecombe, Franklin, Halifax, Johnston, Northampton, Pitt, Wake, Warren, and Wilson. The American College of Surgeons Commission on Cancer mandates that at least 90 percent of the analytic patients from the last five years and 80 percent from the reference year (1992) are followed each year. The Cancer Registry maintains 94% follow up rate for analytic patients from the last five years and a 92% follow-up rate for analytic patients from the registry reference year.

The Cancer Registry staff maintains the daily functions of the registry and ensures data accuracy with continuous quality improvement reviews by Cancer Committee physicians. The registry provides the Cancer Committee with information from which clinical application and analysis of patient outcomes can be determined.

**Uses for the information collected by the Cancer Registry include:**
- Measuring quality outcomes
- Tracking community outreach activities
- Supporting clinical, diagnostic, and treatment research
- Evaluating the effectiveness of current treatment modalities
- Presenting data for the individualized patient treatment planning
- Submitting to local and national databases for incidence and outcome comparison

**During 2017 the Cancer Registry also:**
- Responded to hundreds of requests for data
- Submitted all required cases error-free on initial submission to the National Cancer Data Base (NCDB)
- Submitted all required cases to the North Carolina Central Cancer Registry
- Submitted cases quarterly to the Rapid Quality Reporting System (RQRS)
- Maintained membership with the National Cancer Registrars Association (NCRA)
- Maintained membership with the Association of NC Cancer Registrars (ANCCR)

To learn more information about the Cancer Registry, please contact Lisa Gimber, MHA, RHIT, CTR - Lead Registrar, at (252) 314-5799 or email Lisa.Gimber@unchealth.unc.edu
Clinical Trials: A Catalyst for Hope
Kerry Finch, RN, Clinical Research Project Manager
Office of Research Support & Compliance (ORSC) - UNC Health Care System

UNC Cancer Care at Nash supports patients in their cancer treatment journey by offering a multi-disciplinary, collaborative treatment team. In line with this collaborative care approach, a partnership with UNC Health Care System (UNCHCS) set into motion a catalyst for hope through clinical trials.

During the final quarter of 2017, the infrastructure and planning stages for clinical research at Nash began. Currently, UNC Cancer Care at Nash is building relationships with oncology cooperative groups and industry sponsors to open a variety of research trials specific to the needs of the patient population in our community. Integrated UNCHCS research policies and procedures, centralized shared research support services and staff expertise throughout UNCHCS working toward the same goal propels clinical trials forward in community hospitals. Involvement in cancer research fosters hope with our patients by providing access to state of the art technology and treatments close to their home.

When effective treatment options are few, clinical trials offer hope to patients. As part of their cancer treatment plan, patients will meet with the clinical research coordinator at Nash to review eligible research trials available at Nash as well as discuss other trial opportunities available in the surrounding region. Participation in clinical trials may not be for every patient, but providing education and discussing all treatment and investigational options is an important opportunity for every patient to take an active part in their healthcare. For those patients who do qualify and volunteer to participate, it also provides hope that the knowledge gained from their involvement can make a difference for other cancer patients in the future.

Dr. Devena Alston-Johnson is the physician champion leading the research endeavors at Nash. Her goal is to continue to gain knowledge from clinical trials and to learn how these new discoveries will impact current and future treatments for various disease processes. Dr. Alston-Johnson wishes to raise the level of awareness for cancer prevention and treatment including clinical trial options for patients in the community.

Clinical trials give patients, physicians and health systems access to cutting edge therapies and provide the opportunity to play a role in developing new therapies. Clinical Trials are a catalyst of hope for the future of cancer treatments and cures.

For more information about clinical trials at UNC Cancer Care at Nash, please contact
Kerry Finch, RN at Kerry.Finch@unchealth.unc.edu

Prevention and Screening Programs
Rich Jared, Community Outreach Coordinator

Each year the Commission on Cancer requires each Cancer Program’s Community Outreach Coordinator and Cancer Committee to Prevention and Screening Programs. The cancer prevention and screening needs must be based off of community needs and follow evidence based guidelines.

In 2018, the Cancer Committee approved a Prevention and Screening Program is centered around Breast Cancer. The 2016 Community Needs Assessment completed by the Nash Cancer Program showed that 25.6% of all cancer diagnosed at the Nash Cancer Center was Breast Cancer. It was the also the most commonly diagnosed cancer in North Carolina. The Needs Assessment also showed that women in Halifax County were diagnosed at the highest rate compared to other women in the area. It was also found that 12.51% of households in Halifax County reported that they did not have a car, which was twice the state average. With this data, the Nash Cancer Program designed an initiative around Prevention and Screening.

When effective treatment options are few, clinical trials offer hope to patients. As part of their cancer treatment plan, patients will meet with the clinical research coordinator at Nash to review eligible research trials available at Nash as well as discuss other trial opportunities available in the surrounding region. Participation in clinical trials may not be for every patient, but providing education and discussing all treatment and investigational options is an important opportunity for every patient to take an active part in their healthcare. For those patients who do qualify and volunteer to participate, it also provides hope that the knowledge gained from their involvement can make a difference for other cancer patients in the future.

Dr. Brian Singleton and Heather Reed, MS, RD, LDN co-presented at the Nash County Senior Center in February 2018 as a Breast Cancer Prevention Effort. The Prevention presentation was titled “Looking at the Whole Picture: Breast Cancer Prevention and Early Detection” and was joint effort by a Radiologist and Dietitian to cover Breast Cancer prevention from multiple disciplines. There were 28 participants that signed up for the presentation and we received 16 evaluations, which highlighted the participants increased awareness in the prevalence of Breast Cancer in our area and the relationship between diet, healthy body weight, and physical activity to Breast Cancer.

To address the high prevalence of Breast Cancer in Halifax County, the Nash Breast Care Center, the Nash Health Care Foundation, and Rural Health Group partnered to provide transportation and screening mammograms to women in Halifax County. The Rural Health Group estimated they had nearly 2,000 women over the age of 50 that had not received a screening mammogram in the last two years. Staff from the Rural Health Group and Nash Breast Care center are working together to increase screening mammogram rates in the Halifax County area. Patients that do not have transportation will be provided a ride to and from their appointment by a local transportation company. There are no restrictions to private insurance, Medicare, Medicaid, or uninsured patients. Transportation costs are being funded through the Nash Health Care Foundation Patient Assistance Fund and Nash Breast Care Center Patient Assistance Fund.

For more information about prevention and screening programs at UNC Cancer Care at Nash, please contact
Rich Jared at (252) 962-3473 or email at Rich.Jared@unchealth.unc.edu

**TOP 5 CANCERS - 2014**
**BASED ON NASH CANCER REGISTRY**

![Cancer Pie Chart]

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>34.1%</td>
</tr>
<tr>
<td>Bronchus &amp; Lungs</td>
<td>25.6%</td>
</tr>
<tr>
<td>Colorectal</td>
<td>14.0%</td>
</tr>
<tr>
<td>Prostate</td>
<td>10.7%</td>
</tr>
<tr>
<td>Other</td>
<td>6.7%</td>
</tr>
</tbody>
</table>

For more information about prevention and screening programs at UNC Cancer Care at Nash, please contact
Rich Jared at (252) 962-3473 or email at Rich.Jared@unchealth.unc.edu

Dr. Brian Singleton and Heather Reed, MS, RD, LDN co-presented at the Nash County Senior Center in February 2018 as a Breast Cancer Prevention Effort. The Prevention presentation was titled “Looking at the Whole Picture: Breast Cancer Prevention and Early Detection” and was joint effort by a Radiologist and Dietitian to cover Breast Cancer prevention from multiple disciplines. There were 28 participants that signed up for the presentation and we received 16 evaluations, which highlighted the participants increased awareness in the prevalence of Breast Cancer in our area and the relationship between diet, healthy body weight, and physical activity to Breast Cancer.

To address the high prevalence of Breast Cancer in Halifax County, the Nash Breast Care Center, the Nash Health Care Foundation, and Rural Health Group partnered to provide transportation and screening mammograms to women in Halifax County. The Rural Health Group estimated they had nearly 2,000 women over the age of 50 that had not received a screening mammogram in the last two years. Staff from the Rural Health Group and Nash Breast Care center are working together to increase screening mammogram rates in the Halifax County area. Patients that do not have transportation will be provided a ride to and from their appointment by a local transportation company. There are no restrictions to private insurance, Medicare, Medicaid, or uninsured patients. Transportation costs are being funded through the Nash Health Care Foundation Patient Assistance Fund and Nash Breast Care Center Patient Assistance Fund.
The financial cost associated with cancer care is often overwhelming for patients and families. Even health insurance doesn’t ensure a patient is able to afford his or her treatment. The Nash Health Care Foundation supports UNC Cancer Care at Nash patients with treatment and needs related to quality of life. To help support patients in our community, please contact Stacy Jesso with the Nash Health Care Foundation at (252) 962-8584 or visit nashhealthcarefoundation.org.