



# UNC Cancer Care at Nash

A N N U A L R E P O R T

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Accredited by the American College of Surgeons Commission on Cancer / Comprehensive Community Cancer Program (CCCP)

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The UNC Cancer Care at Nash is accredited by the American College of Surgeons Commission on Cancer (ACoS-CoC), and is designated a Comprehensive Community Cancer Program (CCCP). To meet the requirements of this volunteer designation, the UNC Cancer Care at Nash must accession 500 or more newly diagnosed cancer cases each year. In addition, the facility must provide a full range of diagnostics and treatment services either on-site or by referral.

The cancer program at Nash is proud to be accredited and designated a Comprehensive Communicate Cancer Program for more than 15 years.

## UNC Cancer Care at Nash — Cancer Committee

UNC Cancer Care at Nash brings together a variety of disciplines and specialists for a multidisciplinary collaborative team of health care professionals to drive and develop clinical quality oversight and strategic goal development.

UNC Cancer Care at Nash is accredited by the American College of Surgeons Commission on Cancer (ACoS-CoC), specifically a Comprehensive Community Cancer Program (CCCP). To meet this requirement designation, UNC Cancer Care at Nash must accession 500 or more newly diagnosed cancer cases each year. In addition, the facility must provide a full range of diagnostic and treatment services either on-site or by referral. This is a volunteer accreditation that UNC Cancer Care at Nash has been proud to hold for more than 15 years.

This Committee is a requirement of the Commission on Cancer and includes board-certified physicians from surgery, medical oncology, radiation oncology, diagnostic radiology, pathology, and many other areas, along with the Cancer Liaison Physician. In addition, representatives from nursing, pharmacy, psychosocial services, registry, quality, nutrition, and administration are also among the members. Working together, the Cancer Committee annually identifies topics for study, evaluation and improvement throughout the year. Several of these topics are highlighted in the UNC Cancer Center at Nash Annual Report.



### 2017 UNC Cancer Care at Nash Cancer Committee Membership

Dave Seaman, MD	Chairman/Surgeon Representative
Michael Roth, MD	Cancer Liaison Physician/Pathologist
Sherri Alligood, RN	Hospice and Palliative Care Director/Alternate
Devena Alston-Johnson, MD	Medical Oncologist/Representative
Donna Baber, CTR	CTR/Alternate
Tillman Bailey, MD	Radiologist/Alternate
Morgan Baryla, RD, LDN	Dietitian/ Alternate
Doug Boyette, MD	Hospice and Palliative Care Medical Director/ Representative
Jane Burain, PharmD	Pharmacist/Representative
Chris Cherry, RN	Oncology Nurse/Alternate
Terri Crawford, RT	Breast Care Center Manager/Representative
Daniel Crocker, MD	Medical Oncologist
David Eckert, MD	Pathologist/Representative
Lisa Gimber, RHIT, CTR	Cancer Registry Quality Coordinator/CTR/Representative
Brian Singleton, MD	Radiologist /Alternate (replacing Dr. Todd Goodnight)
David Gorby, MD	Vice President of Quality/Alternate
Sterling Grimes, MS	Cancer Program Administrator/Representative
Enola Hicks, RN	Social Worker/Alternate
Lisa Hicks	Secretary
John Huffman, MD	Medical Oncologist/Alternate
Jillian Hyttenhove, RD	Dietitian/Representative
Laura Jacimore, MD	Radiation Oncologist/Representative
Richard Jared	Community Outreach Coordinator
Allen Johnson, MD	Diagnostic Radiology/Representative
Rev. Richard Joyner	Pastoral Care/Representative
Beth Kelly, RT	Dosimetrist, Supervisor of Radiation Oncology/ Representative
Allison Manning-Williams	Psychiatric/Mental Health/Representative
Matt Paszek, MD	Surgeon/Alternate
Janet Ragle, RN	Quality Improvement Coordinator/Representative
Tracey Sanderford, PT	Physical Therapist/Rehabilitation Services/ Representative
Dave Seaman, MD	Surgeon/Representative
Pat Silver, RN	Cancer Conference Coordinator/Oncology Navigator
Krystin Fmura, RN	Cancer Conference Coordinator/Oncology Navigator
Robbie Tilley	American Cancer Society/Representative
Karen Vick, RN	Community Outreach Coordinator/Alternate
Terri Volk, RN	Oncology Nurse Supervisor/Representative
Brad Weisner, COO	COO/Cancer Program Director/Alternate
Delphine Wiggins, MSW	Psychosocial Services Coordinator/Social Worker/ Representative

## Chairman's Letter

Dave Seaman, MD; Committee Chairman, Surgeon



I am honored to have been asked to serve as the chairman of the Cancer Committee at UNC Cancer Care at Nash. My predecessor, Dr. Ivan Peacock, is to be congratulated for his

service and leadership while building the program. Under his tutelage, with the help of many star players, the committee was conceived and developed. Today the program is thriving with first class care and a multitude of wonderful support programs. New ideas and improvements are being discussed and added to the program at each quarterly meeting. It is very exciting to be a member of a true working committee with common goals and interests in providing the care necessary to treat the citizens of Nash and surrounding counties. I am indebted to each of the committee members for their high standards, tireless education, devotion, and work ethic in making this committee the best it can be. The goals are lofty, but as a group, we are attaining them one by one.

Our Cancer Committee is arranged under the auspices of the American College of Surgeons and their Commission on Cancer. The college has set very high standards and criteria that focus on quality of data collection, patient care, program management, clinical services, support services, and patient outcomes. On Friday, December 1, 2017, Dr. Thomas Eisenhower will represent the college while performing an on-site survey of our program. He will attend various meetings and seminars throughout the day, including conferences with various committee members and medical staff. At the end of the day, the program will be critically reviewed with constructive recommendations sought. We are preparing for the meetings and look forward to Dr. Eisenhower's suggestions as we continually strive for excellence while improving the quality and content.

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 dsseaman@nhcs.org.

## Commission on Cancer Quality Accountability Measures 2017 Cancer Liaison Physician Report

Michael Roth, MD; Cancer Liaison Physician, Pathologist

Nash UNC Health Care is committed to providing comprehensive cancer care to area residents close to home. We use a multidisciplinary approach in treatment planning based on evidence-based, nationally accepted treatment guidelines. The cancer program's performance is measured for compliance with retrospective and real-time CoC quality reporting tools, such as the Rapid Quality Reporting System (RQRS) and the Cancer Program Practice Profile Reports (CP3R). These programs utilize quality measures endorsed by the National Quality Forum (NQF), National Comprehensive Cancer Network (NCCN), and the American Society for Clinical Oncology (ASCO).

Three of the measures noted below are endorsed by the NQF as Accountability Measures, meaning that these measures can be used for purposes such as public reporting, payment incentive programs, and the selection of providers by consumers, health plans, or purchasers.

In addition, the program reports to and utilizes the National Cancer Data Base (NCDB), jointly sponsored by the American College of Surgeons and the American Cancer Society with over 1,500 CoC accredited facilities. The NCDB reporting tools provide quality-related performance measures in comparison to aggregated CoC accredited programs at the state, region, and national levels, including quality improvement, quality assurance, and surveillance measures.

Using the above tools, the quality of care delivered by Nash UNC Health Care is monitored in accordance to nationally recognized benchmarks, which allows for continuous quality improvement. Nash UNC Health Care cancer care is in excellent standing with current performance rates at or above CoC goal.

### Rapid Quality Reporting System - Breast Accountability Measures Representative of Program Performance

American College of Surgeons  
Commission on Cancer –  
Rapid Quality Reporting System

1. Radiation therapy is administered within one year of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.  
**Commission on Cancer goal 90%, Nash performance at 100%.**
2. Combination chemotherapy is considered within four months of diagnosis for hormone receptor negative breast cancer.  
**Commission on Cancer goal 90%, Nash performance at 100%.**
3. Adjuvant hormonal therapy administered within one year of diagnosis for hormone receptor positive breast cancer.  
**Commission on Cancer goal 90%, Nash performance at 100%.**
4. Image-guided needle biopsy performed for the diagnosis of breast cancer.  
**Commission on Cancer goal 80%, Nash performance at 90%.**

## Lung Cancer Screening Saves Lives

Pat Silver, RN, BSN, CCM; Oncology Nurse Navigator

Lung cancer claims approximately 160,000 lives in the United States each year. The Lung Cancer Initiative of North Carolina reports that lung cancer is the leading cause of death in North Carolina. Many types of cancers may be prevented, cured, or successfully treated if detected early. A study by the New England Journal of Medicine, published in June 2011, showed that 40% of cancers detected using computerized tomography (CT) were detected at stage 1A.

In 2015, Nash UNC Health Care implemented a lung cancer screening program. The goal of the program is to decrease the mortality rate by offering convenient, low-cost lung cancer screenings for patients. Those who meet the screening criteria receive a low-dose computerized tomography scan that provides detailed images of both lungs. The test takes only a few seconds. Patients eligible for the screening must be ages 55-74 with a 30 pack-per-year smoking history and currently smoke or have quit in the last 15 years with no current symptoms. A written order from each patient's physician is required for the test. If the patient does not have a primary care physician, the nurse navigators will assist with a referral.

Nash UNC Health Care's Multidisciplinary Thoracic Conference meets every other week to review and discuss findings on the low-dose computerized tomography scans that are performed. The team consists of a medical oncologist, radiation oncologist, pulmonologist, thoracic surgeon, radiologist, pathologist and other allied health team members. The recommendations by the multidisciplinary thoracic conference team are communicated to each patient's personal physician.

Nash UNC Health Care participates in the UNC Lung Cancer Screening Registry that is conducted by the Radiology Department at the University of North Carolina at Chapel Hill. The purpose of the research is to develop a lung

cancer screening registry for improvements in understanding the risks and outcomes of screening for lung cancer. Patients that have low-dose computerized tomography scans receive notification letters about the results of their screenings with packets about the lung cancer screening registry project. This information encourages patient participation. If a patient agrees to participate, he or she is asked to complete and sign a health history questionnaire and consent forms.

Individuals with heavy smoking histories remain at risk for lung cancer. The

best way to reduce the risk of lung cancer is to not smoke. Nash UNC Health Care offers a smoking cessation program at no cost to participants called Freshstart. The Freshstart program was developed by the American Cancer Society and is designed to aid participants in their efforts to quit smoking.

Nash UNC Health Care is working to reduce the mortality rate in patients diagnosed with lung cancer. In 2016, Nash UNC Health Care screened a total of 71 patients; five were found to have suspicious findings requiring immediate follow up. Nash UNC Health Care's goal is to reduce the mortality rate of lung cancer by 20% in the counties it serves.



If you have questions about the lung cancer screening program, please contact one of our Oncology Nurse Navigators: Pat Silver, RN at (252) 962-6110 or email [pdsilver@nhcs.org](mailto:pdsilver@nhcs.org), or Krystin Fmura, RN at (252) 962-8962 or email [kgfmura@nhcs.org](mailto:kgfmura@nhcs.org).



## Supporting, Educating and Cancer Transitions: Shifting From “Support During Treatment” to “Long Term Survivorship”

Delphine C. Wiggins, MSW, LCASA; Oncology Social Worker

The minute an individual is diagnosed with cancer, he or she joins a community of cancer survivors. Whether they are living with the condition or have been declared cancer-free, they are survivors! The American Cancer Society and the National Cancer Institute estimate 14 million people who have been diagnosed with Cancer are still alive today. According to an article in the U.S. News and World Report (February, 17, 2016), the Mayo Clinic’s Dr. Lisa Richardson, Director of the Division of Cancer Prevention indicates, “Two-thirds of people diagnosed with cancer will live at least five years and beyond.”

With an increase in life expectancy, the focus is not on just the short-term and getting the patient through treatment, but on what the long-term impact will be. Cancer survivorship is considered to be a part of the continued life goal, from the moment people learn they have cancer, throughout treatment, and beyond. To assist patients and their families in their move from active treatment to post-treatment care, UNC Cancer Care at Nash, with the support of the Duke Endowment and in partnership with the North Carolina Cancer Hospital, offers



**Cancer Transitions “Get Back to Wellness.”** The program is a two and a half hour, five-week survivorship wellness meeting that provides adult survivors who have completed active treatment in the past 0-24 months with tools and resources to help them form a plan to improve health-related quality of life, reduce the negative impact of cancer, increase physical activity, and improve dietary behavior. A group of qualified professionals that includes oncology nurses, social workers, nutritionists, and exercise specialists guides survivors through education, exercise routines, relaxation and stress management techniques, nutrition plans, and long-term medical management options customized to fit the cancer survivor’s needs. UNC Cancer Care at Nash urges all cancer survivors to be a part of the Cancer Transitions Program so that they may implement what is taught, promote survivorship, and bridge the gap between cancer treatment and life after treatment ceases. Classes are offered in the spring and fall of each year.

For more information or to enroll, contact oncology social worker, Delphine Wiggins, MSW at (252) 962-8908 or email [dcwiggins@nhcs.org](mailto:dcwiggins@nhcs.org).

# Physical Therapy & Breast Cancer

Tracy Sanderford, PT, Cert MDT; Physical Therapist  
Pat Silver, BSN, RN, CCM; Oncology Nurse Navigator

In the fall of 2016, the Cancer Committee identified the need for a post-procedural exercise program that would assist patients with breast cancer in restoring function to their upper extremities. After researching several different protocols, an exercise program was developed and a handout was created that features pictures with written instructions. Please see images. Each patient diagnosed with breast cancer at Nash Breast Care Center is provided with a "Pink Packet" of education and resource materials at the time of diagnosis. The packet includes information to help make the breast cancer journey more successful and less stressful. Since January 2017, the exercise handouts have been included in the Pink Packets. To learn more information about the exercise program or to request a copy, please contact Oncology Nurse Navigator, Pat Silver, RN at (252) 962-6110 or email pdsilver@nhcs.org.

## Exercises After Breast Surgery

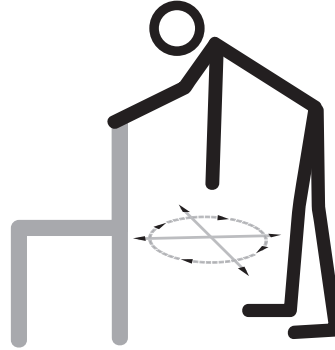
Any type of breast surgery can affect how well your arm moves during normal activities throughout the day. The following exercises will assist the surgical patient in maintaining normal function of the shoulder and arm. The exercises are listed from easiest to hardest. Start out slowly adding another exercise as able to tolerate.

**Do Not Start The Exercises Until After You Have Seen Your Surgeon For Follow-Up!**

### Things to consider:

1. Your surgeon will instruct you when to begin the exercise program.
2. If any exercise causes an increase in pain, please stop the exercise immediately.
3. Please stop the exercise if experiencing any strange sensations in the arm such as heaviness, aching or tightness.
4. If unusual swelling develops, stop all exercise.

**Pendulum:** Lean on a stable surface and swing your involved arm forwards/backwards, side to side, and in circles 5 times each. Your arm should remain relaxed throughout the exercise.



### Seated:

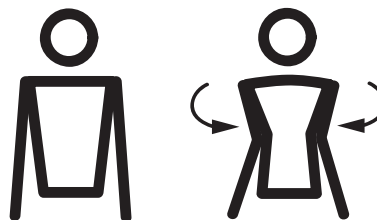
#### 1. Scapular Protraction: "Table top slides"

- Sit in a chair up close to a table
- Place affected arm on the table top with palm down (may place your hand on a dry cloth for ease of sliding).
- Slide affected arm towards opposite side of the table
- Relax and repeat 5-7 times.



#### 2. Scapular Retraction: "Shoulder Blade Squeeze"

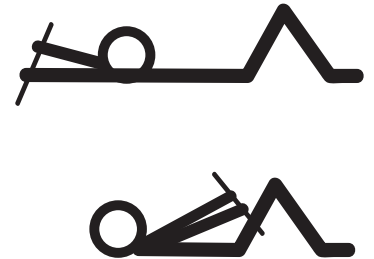
- Sit comfortably in a chair with arms by your side and elbows bent
- Squeeze shoulder blades together bringing elbows together behind you. Do not lift shoulders up towards your ears. You should not feel any pain.
- Relax and repeat 5-7 times.



### Lying down:

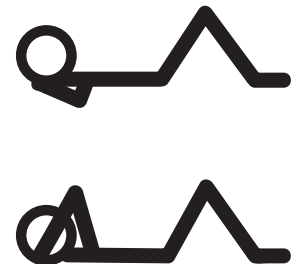
#### 1. Shoulder flexion: "Wand Exercise"

- {This exercise may be done sitting or lying down}
- Hold a stick in your hands while resting on your back
  - Lift the stick up over your head as far as you can comfortably. Allow the uninvolved arm to assist the involved arm until a stretch is felt.
  - Lower and repeat 5-7 times.



#### 2. Shoulder IR/ER: "Elbow Winging/Butterflies"

- {This exercise may be done sitting or lying down}
- Clasp hands behind your neck with elbows pointing to the ceiling
  - Move your elbows down to rest comfortably on the bed.
  - Repeat 5-7 times



### Standing:

#### Corner Stretch:

- Stand facing a corner with forearms resting comfortably on the wall as shown
- Keeping your arms and feet in place, move your chest towards the corner until a gentle stretch is felt across chest and shoulders
- Relax and repeat 5-7 times





## Nash Health Care Foundation: Cancer Patient Assistance Fund

Stacy Jesso, VP; Chief Development Officer, Nash Health Care Foundation



Patients diagnosed with cancer can often face tremendous financial challenges. Cancer treatment begins at diagnosis and can last a lifetime, forcing patients and families to incur a host of financial hardships. They are often forced to take unpaid leave from work, lack of transportation to and from treatment, and/or are unable to afford the cost of medicines for pain or nausea. For these patients, financial stress can become so great that it drives them to end their treatment prematurely.

Patients need to focus on hope, health, and healing. They should never have to choose between receiving treatment or providing food and shelter for their families. To help ease financial hardship, the UNC Cancer Center at Nash Patients Assistance Fund provides financial assistance for applicable patients in need.

Financial assistance commonly awarded through the UNC Cancer Care at Nash Patient Assistance Fund includes:

- Assistance with copays for treatment
- Gift cards for gas and food
- Nutritional supplements
- Assistance with household expenses such as rent, mortgage, and utilities
- Prosthetics
- Bras
- Wigs
- Lymphedema therapy

Any patient receiving cancer care at Nash UNC Health Care is eligible to apply for financial assistance through the UNC Cancer Care at Nash Patient Assistance Fund, though successful applicants must meet specific criteria. Requests are monitored by UNC Cancer Care at Nash social workers, who work closely with patient navigators and financial counselors to assist burdened patients with pursuing financial relief.

### 2016 Third & Fourth Quarter Report

Total Number of Patients Served: 27  
Total Dollars Spent: \$1,936.76

#### Dollars Spent Breakdown

Food/Nutritional Supplements: \$361.38  
Transportation: \$820.00  
Rent/Utilities: \$478.89  
Medicine: \$276.49

### 2017 First Quarter Report

Total Number of Patients Served: 40  
Total Dollars Spent: \$1378.40

#### Dollars Spent Breakdown

Food/Nutritional Supplements: \$133.40  
Transportation: \$345.00  
Rent/Utilities: \$500.00  
Medicine: \$0  
Massage Therapy: \$400.00

To learn more about the Nash UNC Health Care Foundation, please contact Erika Thompson at (252) 962-8585 or email [elthompson@nhcs.org](mailto:elthompson@nhcs.org).

# Hospice and Palliative Care of Nash UNC Health Care Systems

Sherri B. Alligood, RN, MAEd; Director of Hospice and Palliative Care, Nash UNC Health Care Systems



Hospice and Palliative Care of Nash UNC Health Care Systems was established in 1986 with our first patient admitted in mid-1987. Since that time, we have continuously served the patients of Nash and surrounding counties as the only not-for-profit agency in the area. Staffed by an interdisciplinary team of nurses, nursing assistants, social workers, clergy, and a medical director, hospice is a comforting and supportive service that enables patients to receive care in their homes. The goal of care is comfort - physical, psychological, emotional, and spiritual - rather than cure.

To qualify for hospice, a patient must have a terminal illness and seek to receive comfort for his or her disease process. After receiving a referral, an initial evaluation is made and discussed with the patient's physician. If it is determined that the patient wants and

qualifies for hospice, the patient's medical, social, and spiritual needs are assessed. This enables the hospice team to implement a plan of care tailored to meet the specific needs of the patient and family. Admission to the hospice program is based solely upon the desire and the need for services. There is no discrimination on the basis of the patient or family's ability to pay. Reimbursement is provided by Medicare, Medicaid, and most insurance companies.

In 2016, Hospice and Palliative Care of Nash UNC Health Care provided care for 215 people. Our average daily census was 24 patients, and those patients received care for an average of 19 days. While most people think of hospice as caring for only cancer patients, Nash Hospice also provided care for patients

with Alzheimer's, strokes, and heart, lung, and kidney diseases.

In 2017, plans are being made to establish a palliative care consult team to serve patients in the hospital. Because of the advances of modern medicine, people are living longer with serious, chronic, and complex illnesses. Today's health care system, however, is fragmented in a way that makes it difficult to navigate for health care consumers. Comprised of a physician, advanced

practice provider, social worker, and clergy, a palliative care team seeks to provide interdisciplinary coordination and team-driven continuity of care that can best respond to these complex patients.

Palliative care is focused on the relief of suffering and offers support for the best possible quality of life for patients with serious and complex chronic illness, as well as for their families. One does not have to be

deemed to have a terminal illness, defined as 6 months or less to live, to qualify for palliative care. Our consult team will be available for conversations with patients and families about goals of care, end-of-life decisions, and will also assist hospital physicians with symptom management issues for their patients. These services will enable better use of hospital resources and provide for patients a better delivery of care, enabling physicians to provide the right care, at the right time, in the right place.



**To learn more information about Hospice and Palliative Care at Nash Health Care, please contact Sherri Alligood, Administrative Director, at (252) 962-3433 or email [sballigood@nhcs.org](mailto:sballigood@nhcs.org).**

# Cancer Committee: Studies of Quality 2016

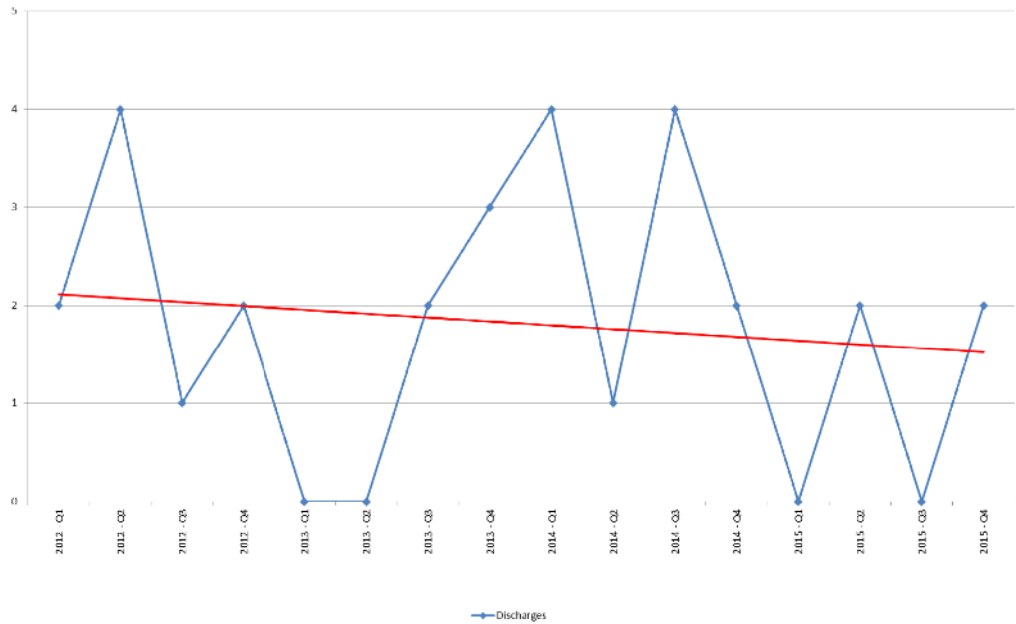
Janet A. Ragle MSN/MBA CPHQ; Director  
Quality and Performance Improvement

Commission on Cancer Standard 4.7 states that the quality improvement coordinator annually, 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 2016 there were two proposed and accepted studies of quality that were presented to the Cancer Committee. The first study reviewed quality and patient outcomes regarding Oncology Inpatients and the diagnosis of Sepsis.

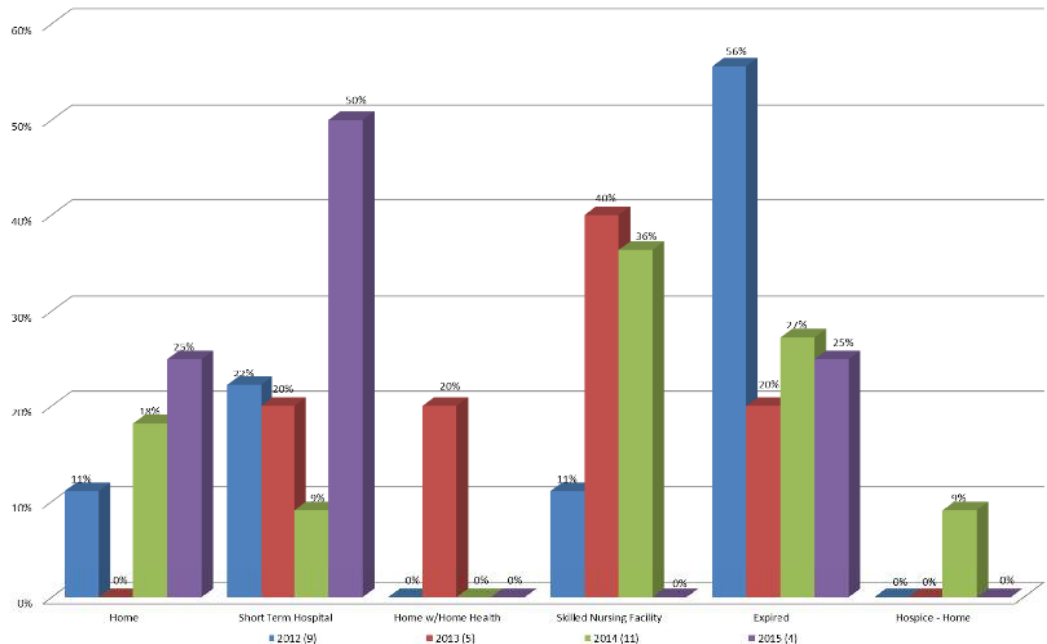
Sepsis is a life-threatening condition that arises when the body's response to infection causes injury to its own tissues and organs. This study included a retrospective data review to determine the volume of Oncology inpatients with a sepsis diagnosis and to establish if there were any actions that needed to be implemented. After review of the data, it was verified that the overall volume of Oncology/Hematology patients with a diagnosis of Sepsis was low (29 patients for four years). It was also discovered that the trend line for expiration for this cohort of patients is declining.

Nash UNC Health Care has undergone extensive training for the care of the patient with sepsis, and many improvement events for patient care have occurred throughout the UNC System. Education for the updated Sepsis Protocol was provided to physicians who care for Hematology/Oncology patients, and Quality Support Services will continue to monitor this group for future trends.

**Hematology - Oncology Service Line  
Sepsis Diagnosis  
Discharges**



**Hematology - Oncology Service Line  
Sepsis Diagnosis  
Discharge Disposition Rates**



To learn more about quality studies, please contact Janet Ragle, Director of Quality and Performance Improvement, at (252) 962-8084 or email jaragle@nhcs.org.



## Cancer Registry Report

Lisa Gimber, RHIT, CTR; Certified Tumor Registrar

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 18,000 cases into the database since its inception in 1992.

During 2016, 511 new cases were accessioned into the Cancer Registry database at UNC Cancer Care at Nash. Of these cases, 429 were analytic, (either diagnosed at Nash or received all or part of their first course of treatment at Nash) and 82 were non-analytic (diagnosed elsewhere and received their first course of treatment elsewhere). Of the 511 new cases, 245 were male patients and 266 were female patients. The registry accessioned patients from nine counties in North Carolina including Nash, Edgecombe, Halifax, Wilson, Warren, Northampton, Franklin, Wake, and Pitt.

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. That means, the Cancer Registry is currently following 4,563 patients a year in order maintain the 93.42% reference year follow up rate, which is about 350 patients per month. The Cancer Committee approved to change the reference year to 2010 with a 2018 January 1st start date. This change, will allow the Cancer Registrars to devote more time to abstracting timeliness, while still meeting the requested follow-up information.

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 the 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

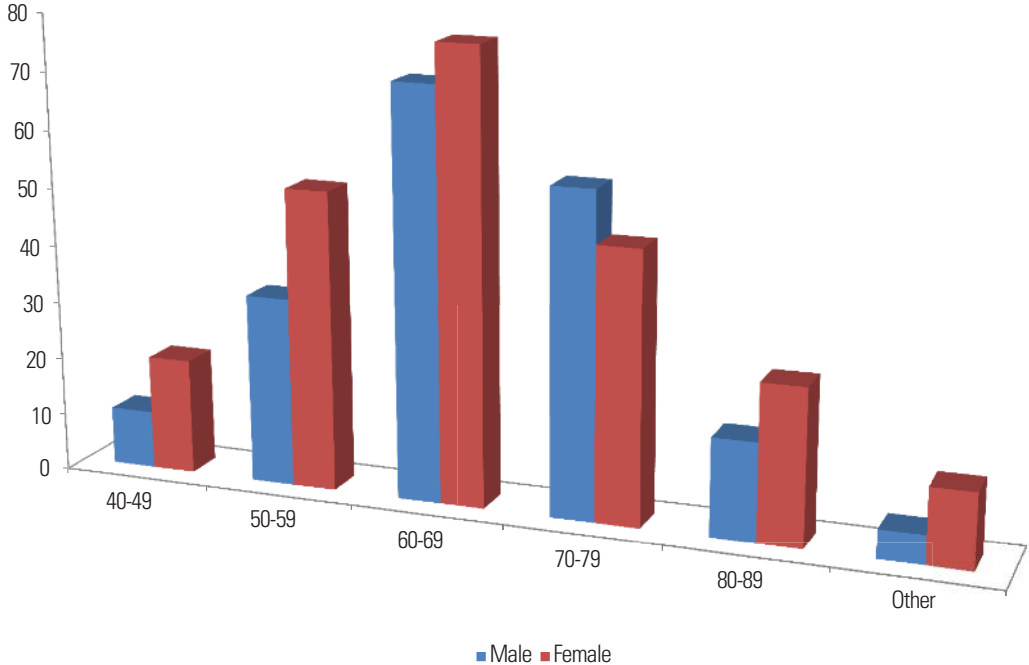
The Cancer Registry also:

- Responded to hundreds of requests for data during 2016
- Submitted all required cases error-free on initial submission to the National Cancer Data Base
- Attended the Association of NC/SC Cancer Registrars Annual State Meeting in Charlotte, NC
- Submitted all required cases to the North Carolina Central Cancer Registry
- Attended NAACCR webinars
- Maintained membership with the National Cancer Registrars Association
- Maintained membership with the Association of NC Cancer Registrars

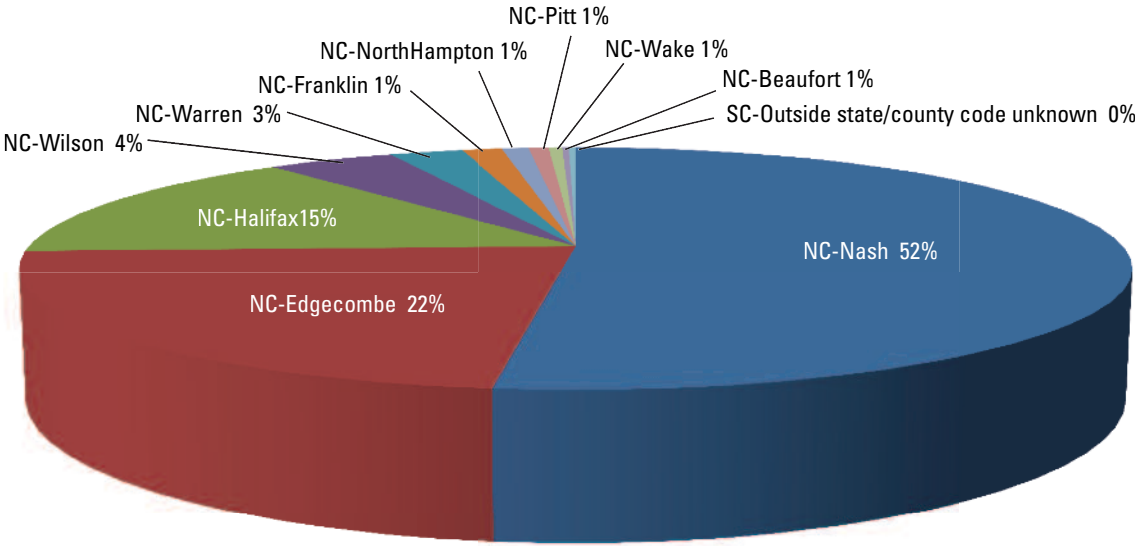
To learn more information about the Cancer Registry, please contact Lisa Gimber, CTR, Lead Registrar, at (252) 962-5799 or email [lgimber@nhcs.org](mailto:lgimber@nhcs.org).

# UNC Cancer Care at Nash Patient Statistical Information

### Age of Diagnosis



### Percent of Cancer Diagnosed by County



# Program and Building Construction Project – UNC Cancer Care at Nash

Sterling W. Grimes, M.S.;  
Director of Nash Cancer Center

UNC Cancer Care at Nash is changing! Dr. Devena Alston-Johnson, hematologist and medical oncologist, came to Nash from Greenville, South Carolina. In the summer of 2016, she



began seeing patients and started performing her medical directorship duties. She came to us with fresh ideas and a passion for multi-disciplinary patient care.

Dr. Alston-Johnson is currently seeing patients on the second-floor of the hospital. Chemotherapy and infusion services are also located in this area; however, this is temporary! Construction is well under way for a consolidated comprehensive cancer center. This project should be completed and ready for patients during early 2018. Dr. Laura Jacimore, radiation oncologists and current president of the medical staff, Dr. Doug Boyette, medical director of hospice and palliative care, and Dr. Alston-Johnson will be located together to allow for even greater collaboration and consolidation of patient care.

The new cancer center is proudly named after a local Rocky Mount hero and hall of fame inductee, Danny Talbott. The Danny Talbott Cancer Center will span more than 11,000 square feet and include hematology and medical oncology, infusion services, radiation oncology, and many supportive services such as navigational, pharmaceutical, social work, clinical trial, financial counseling and dietary.

The mission for the Danny Talbott Cancer Center is to provide patient-focused, quality comprehensive collaborative cancer care close to home. We invite you to attend the ribbon cutting ceremony expected in early 2018.



## DESIGN CONCEPTS



MAIN ENTRANCE



MAIN RECEPTION DESK



WAITING AREA



WAITING AREA

To learn more information about the Danny Talbott Cancer Center and UNC Cancer Care at Nash, please contact Sterling Grimes, Director of Cancer Services, at (252) 962-6707 or email [swgrimes@nhcs.org](mailto:swgrimes@nhcs.org).



UNC Cancer Care at Nash

*A service of Nash Hospitals*

2460 Curtis Ellis Drive, Rocky Mount, NC 27804

[www.nhcs.org](http://www.nhcs.org)