

 **JOHNSTON**  
UNC HEALTH CARE

2018





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# Cancer Care Program Accreditation Overview

The American College of Surgeons Commission on Cancer (ACoS-CoC) is a consortium of professional organizations dedicated to improving survival and quality of life of patients with cancer through standards setting, prevention, research, education, and the monitoring of comprehensive care. Cancer Accreditation is granted to facilities that have voluntarily committed to provide the best in cancer diagnosis and treatment and is able to comply with the established CoC standards.

The CoC challenges cancer programs to enhance the care they provide by addressing patient-centered needs and measuring the quality of the care they deliver against national standards. Johnston Health was first awarded Cancer Accreditation in June, 2015 by the CoC as a nationally recognized cancer treatment center for enhancing our care and treatment of cancer patients and providing the framework to improve the quality of patient care through various cancer-related programs that focus on the full spectrum of cancer care, including; prevention, early diagnosis, cancer staging, optimal treatment, rehabilitation, life-long follow-up for recurrent disease and end-of-life care. By participation in the CoC Accreditation Program, Johnston Health demonstrates its commitment to meet the rigorous standards and improve patient outcomes across all domains of care: access and service, satisfaction

and well-being, quality of care and cancer outcomes.

Johnston Health is provided with National recognition, access to the National Cancer Data Base, and educational and training opportunities, which ensures that patients with cancer will be offered and provided with a full range of diagnostic, treatment, and supportive services with high-quality, patient-centered care through multidisciplinary approaches.

Johnston Health is proud to offer such comprehensive cancer services to patients in Johnston County through our Smithfield and Clayton cancer centers. We have joined with UNC REX Healthcare and Duke Medicine to bring the best physicians, technology and treatment to our patients, right here at home. We offer screenings, diagnostic tests, chemotherapy treatments, radiation therapy treatments, surgery options, and more to design a comprehensive treatment program for each patient.

Johnston Health was resurveyed for Cancer Accreditation on May 17th, 2018. We are proud to announce the Commission on Cancer (CoC), a quality program of the American College of Surgeons (ACS) has granted Three-Year Accreditation to the cancer program at Johnston Health.



**Dr. Debra Harr, MD**  
*Cancer Committee Chairperson*  
*Radiation Oncologist*



**Leslie Taylor, MD**  
*Cancer Liaison Physician*  
*Pathologist*

# Lung Cancer Overview

Lung cancer is the most common cause of cancer death in the United States. Cigarette smoking is, by far, the leading cause of lung cancer. Smoking increases the risk for many other cancers (head and neck, esophageal, kidney, leukemia) as well. One in 8 smokers will get lung cancer. Lung cancer is rare in non-smokers though 1 in 10 lung cancers will occur in non-smokers. Lung cancer in non-smokers responds more effectively to therapies.

Smoking cessation and lung cancer risk should be discussed with a health care provider. Medications can be prescribed, and referral for help with smoking cessation can be made. The risk of developing lung cancer declines after quitting smoking and by 20 years the risk approaches that of a non-smoker. After age 55, people with a history of heavy smoking are eligible for low radiation dose chest CT scans to screen for early lung cancers. Screening with chest CT scans improves the cure rate. Screening with regular chest X-rays has been shown to be ineffective at detecting small cancers when they are still curable with surgery. Johnston Health has been a leader in our area in the use of low dose screening chest CTs.

Optimal therapy for lung cancer requires multiple diagnostic and treatment modalities which are all available at Johnston Health. A biopsy may be via bronchoscopy, including endobronchial ultrasound, CT guided needle biopsy or surgery. The biopsy will determine whether the cancer is non-small cell (types include adenocarcinoma, squamous or undifferentiated large cell cancer) or small cell. PET CT scans are required to determine the clinical stage of the disease. Low-stage non-small cell lung cancers (stage I and II) are generally treated with surgery to remove cancer. Minimally invasive thoroscopic and robotic surgeries which improve recovery time and minimize post-operative symptoms are now performed routinely at Johnston Health.



**Russell Anderson, MD**

For stage II and larger stage I non-small cell cancers, chemotherapy may be offered after surgery to improve the cure rate. Higher stage cancers which have not spread beyond the lungs (stage III) and early-stage small cell cancers (stage I, II and III) are usually treated first with a combination of chemotherapy and radiation therapy. In non-small cell cancer, this may be followed by surgery to remove any remaining disease. Surgery is not usually used in small cell cancer because microscopic small cell cancers have usually already spread throughout the body at the time of diagnosis and respond very well to chemotherapy. More recently, immunotherapy given after chemotherapy and radiation for

stage III non-small cell lung cancer has been shown to double disease control rates and is being employed routinely at Johnston Health. (see figures 1 through 4 for the numbers and characteristics of patients with lung cancer treated in Johnston County in 2017).

Stage IV lung cancer consists of cancer which has been confirmed to have spread (metastasized) to organs beyond the lung and lymph nodes in the chest. Sites of cancer spread in stage IV cancer typically include bone, liver, adrenal glands and/or brain. It is usually incurable.

Chemotherapy is used to help patient's live longer and relieve symptoms related to cancer. Radiation therapy is used to treat specific sites of cancer spread which may cause problems such as pain or bleeding. A newer technique called stereotactic radiosurgery helps to focus the benefits and reduce side effects of radiation. Conventional surgery is usually not used in stage IV lung cancer, but procedures such as PleurX catheters may be employed to drain fluid from the lungs. Immunotherapy is used frequently now for stage IV lung cancer and can sometimes provide years of disease control and prolonged survival with minimal side effects.

**Russell Anderson, MD**  
*Medical Oncologist*

# Lung - 2017 Site Review

Figure 1

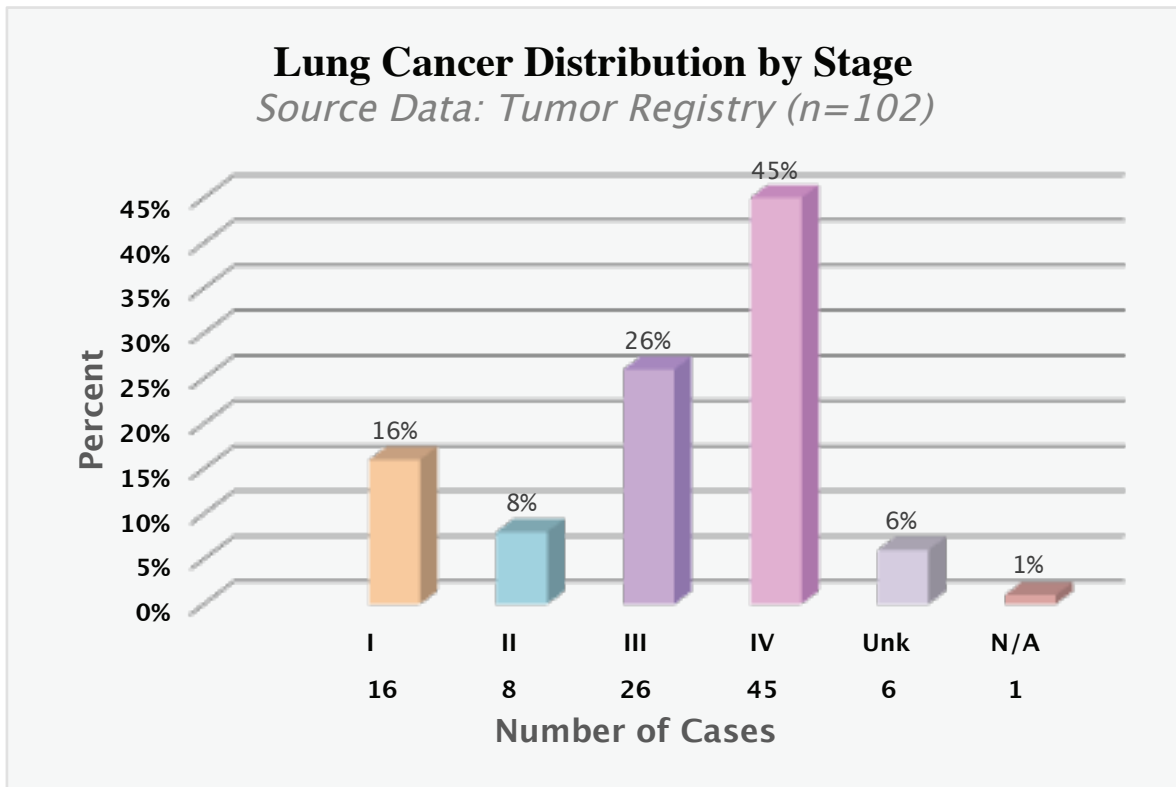
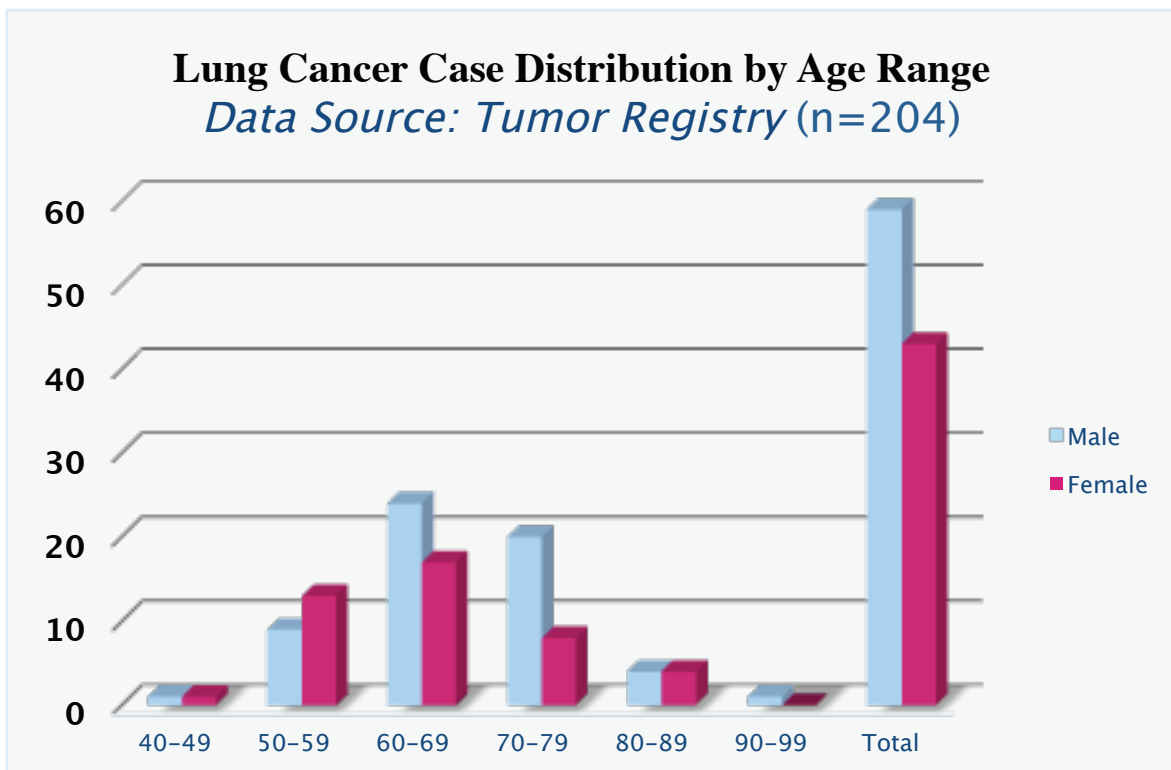


Figure 2



# Lung - 2017 Site Review

Figure 3

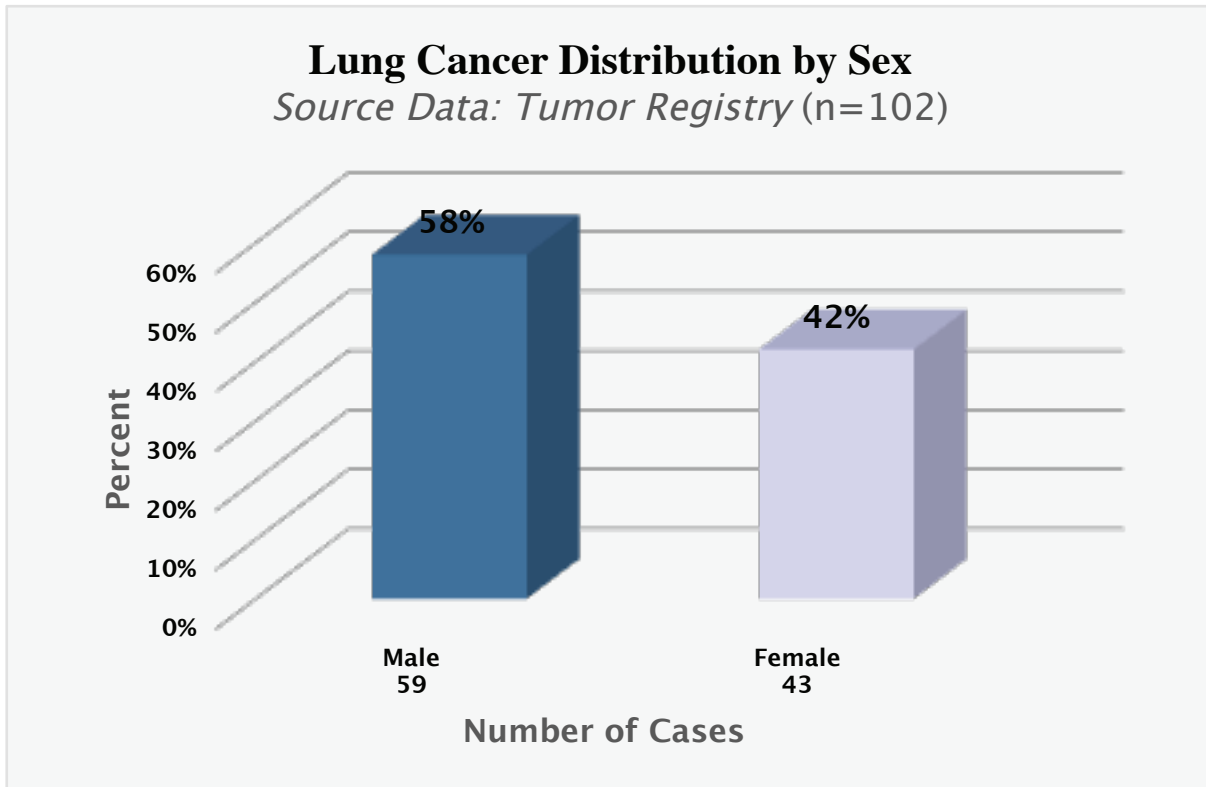
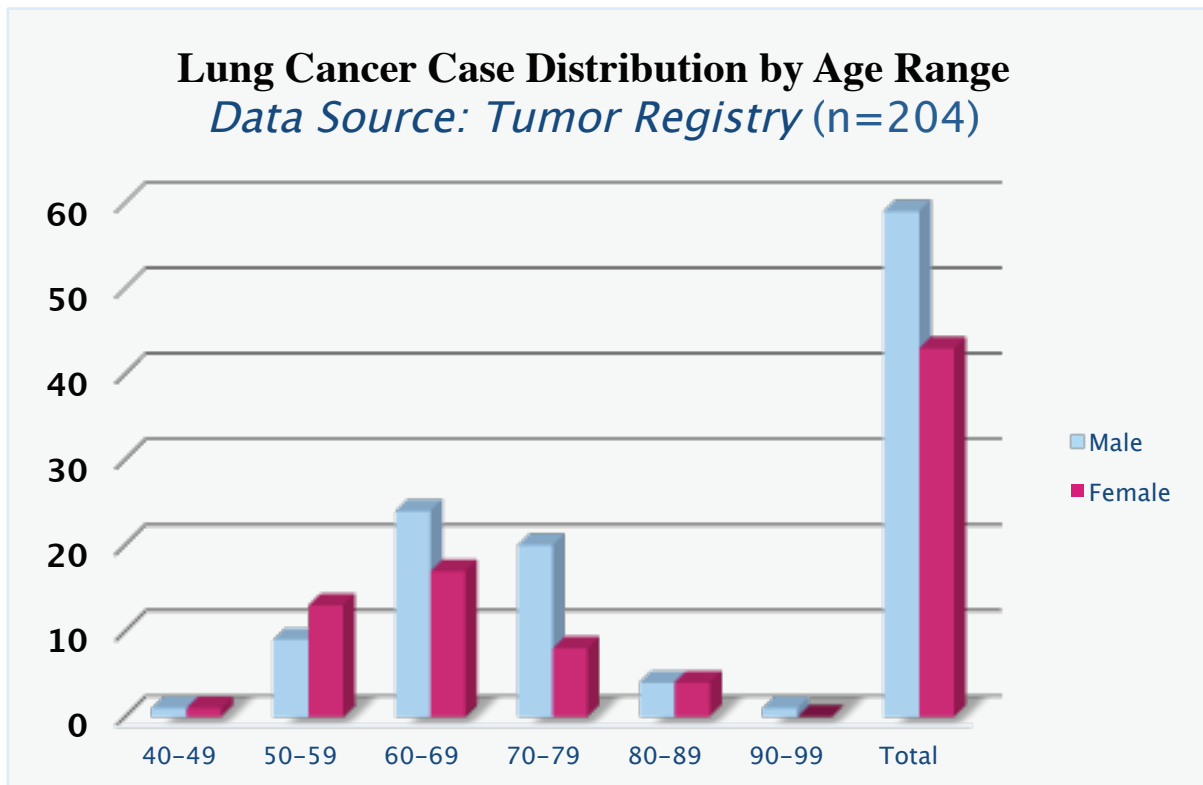
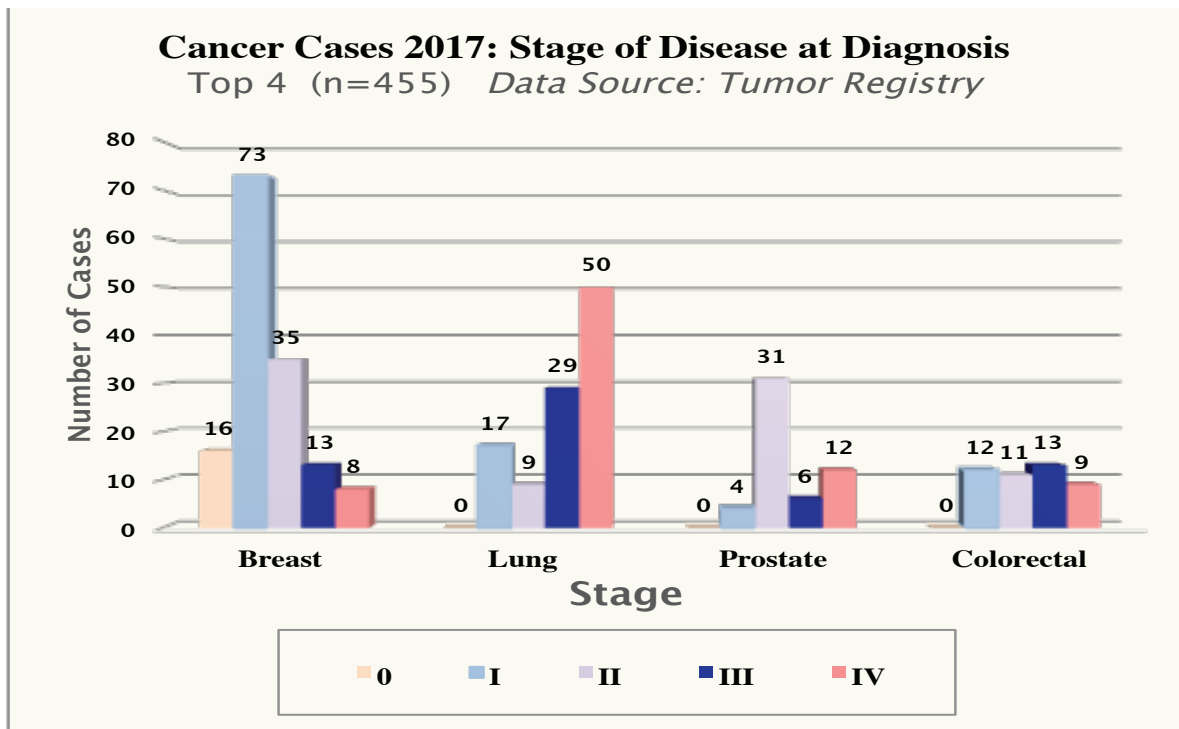
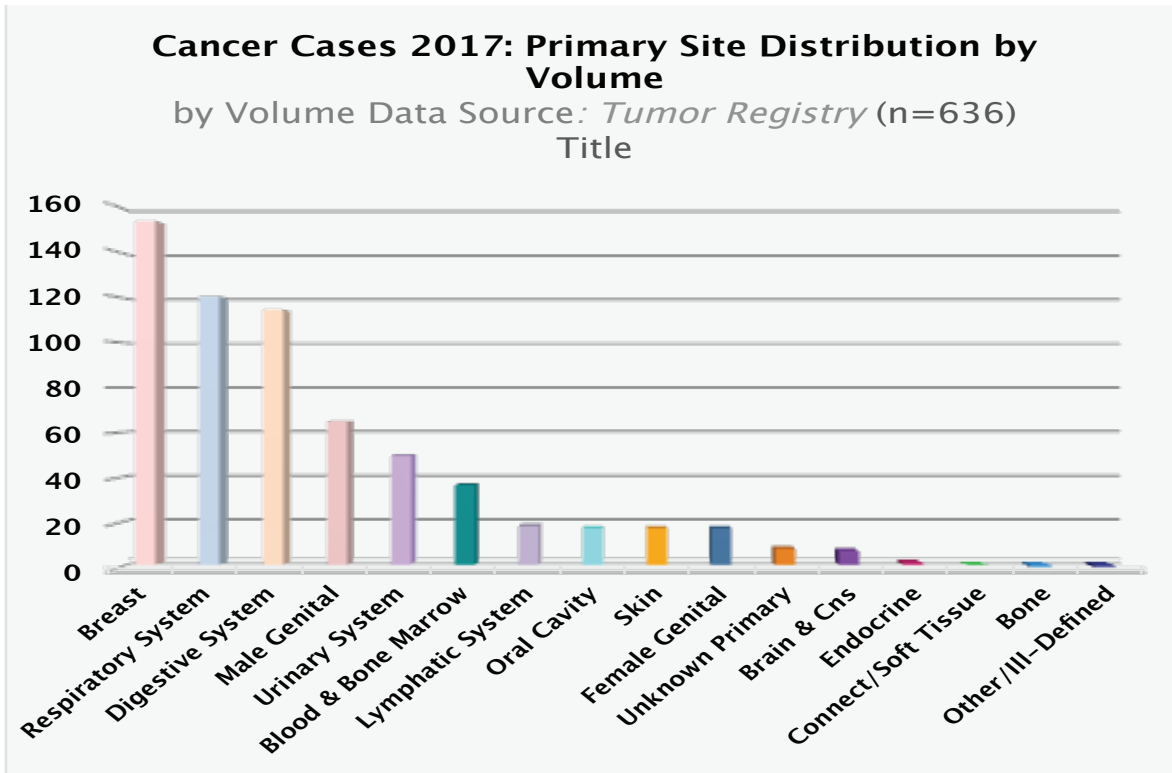


Figure 4



# Cancer Cases

## Primary Site Distribution & Stage Of Disease At Diagnosis



Treatment options depend on the stage of disease at diagnosis. One of the goals of the Johnston Health cancer program is to diagnose the cancer as early as possible to prevent spread to lymph nodes and surrounding tissues. The higher the stage, the more advanced the

disease. Screening programs, such as the low dose screening for lung cancer is helping to increase earlier diagnoses and reduce patients presenting at a more advanced stage, Stage IV, or already metastatic (distant spread) at time of diagnosis.



# Essential To The Team

## Advancing the Standard of Care Through Specialization, Leading-Edge Techniques and State-of-the-Art Technology

### Surgery

**Program Leader: Dr. Dennis S. Koffer**

**Department of Surgery**

#### Overview:

Surgery is used to both diagnose and treat cancer. In a diagnostic surgery, a tissue sample is collected to see if cancer is detected and, if so, to identify the type of cancer. Often surgery is the best treatment option for certain cancers. Our general surgeons and specialists have years of experience in diagnosing and removing malignant tumors. Also, our da Vinci robotic surgical system offers the least invasive option for patients with certain types of cancer.

### Diagnostic Radiology

**Program Leader: Dr. Jeff Jones**

**Vascular Interventional Radiology**

#### Overview:

Johnston Health is proud to partner with Carolina Radiology Consultants to offer a wide variety of radiology services at multiple locations in Johnston County. Our skilled technologists utilize the latest technology to ensure the best possible treatment for our patients. We conduct outpatient procedures in Smithfield and Clayton, where we offer a wide range and the latest in diagnostic and interventional radiology services accredited by the American College of Radiology. Diagnostic imaging services including MRI, Breast MRI, CT, Pet CT, Low-dose chest CT, 2D and 3D digital mammography and bone dosimetry.

Interventional radiology provides extensive therapeutic procedures for our oncology patients. These procedures include image-guided biopsies, intra-arterial chemoembolization, radio-frequency ablation, cryoablation, venous access for systemic chemotherapy and Pleurex Catheter placement for malignant pleural effusion.

We are committed to providing quality care to all of our patients, and that begins with a friendly and caring staff of experts. Our well trained, certified technologists uphold the highest standards of the American Registry of Radiologic Technologists (ARRT), and the American Board of Radiology certifies our radiologists.

### Pathology

**Program Leader: Dr. Leslie Taylor**

**Laboratory Medical Director**

#### Overview:

Pathology is essential to study the nature, effects, causes and consequences of disease. Tissue and/or fluid samples are obtained through biopsy or surgery and examined under a microscope. The tissue diagnosis given by the pathologist indicates the type of cell that is proliferating, its histological grade, genetic abnormalities, and other features of the tumor. Together, this information is used to evaluate the prognosis of the patient and to choose the best treatment.

Cytogenetic and immunohistochemistry are other types of testing that the pathologist may perform on the tissue sample. These tests may provide information about the molecular changes that have happened in the cancer cells, and may thus also indicate the future behavior of the cancer and best treatment.

### Hematology & Oncology

**Program Leader: Dr. Russell Anderson**

**Medical Director, Hematology & Medical Oncology**

#### Overview:

Cancer is not one disease, but a general term covering many distinct diseases. Hematology is the study and treatment of blood disorders while Oncology is the study and treatment of cancer. Many blood disorders and cancer types require a variety of cancer treatment therapies including chemotherapy, hormone therapy, biological therapy, targeted therapy, immune therapy, transfusions, growth factors, coagulation therapy, iron infusions and supportive therapies. These therapies and treatments are more often in combination than alone.

Through an affiliation with Duke Medicine, Johnston Health is able to provide specialists in the diagnosis and treatment of blood disorders and cancer. Because there are so many variables, different types of treatments are required for every patient, and no single treatment is right for everyone. Our physicians, who see patients in the Smithfield and Clayton medical oncology centers, customize treatment plans to meet every patient's specific condition and requirements. Clinical trials of newer therapies are also available and participation is encouraged. Our goal is to provide compassionate and supportive care to the people in our communities.

### Radiation Oncology

**Program Leader: Dr. Debra Harr**

**Radiation Oncology**

#### Overview:

Through a partnership with UNC REX Healthcare, we are able to bring radiation therapy to patients at our Radiation Oncology offices in Smithfield and Clayton. Radiation therapy is used in most types of cancer either alone for cure, in the early stages, or in combination with chemotherapy and surgery in more advanced tumors. Radiation also play an important role in palliating the pain caused by malignant tumors. The role of radiation is to damage the DNA of the cancer cell to stop it from growing. However, the same damage can occur in normal tissues surrounding the tumor. Our goal is to try to minimize the radiation dose to normal tissue and maximize the dose to the tumor. We can accomplish this with advance therapy machines, and improved techniques aided by advanced computer planning systems. The relationship between UNC REX Healthcare and Johnston Health is vital to providing these programs to the cancer patient of Johnston County.

# Clinical Support

## Key Services Available Before, During and After Treatment

### Pharmacy

**Program Leader: Jay Renfrow, PharmD**  
**Registered Pharmacist**

#### Overview:

Our Johnston Health Hematology and Oncology centers in Smithfield and Clayton have dedicated outpatient oncology pharmacies each staffed with an oncology-specialist pharmacist. The oncology pharmacists specialize in oncology medications and infusion therapy. They work with patients, medical oncologists, physician assistants, nurse practitioners, oncology nurses and other health care providers to ensure safe medication use. Both centers achieved successful results following inspections in 2014 from the Joint Commission and the North Carolina Board of Pharmacy.



The pharmacy prepares chemotherapy and other oral and infused medications for the patients at each center. These medications are prepared using a special biological safety cabinet to ensure a sterile, accurate and timely product. Each dose of chemotherapy is compounded on site for each patient on the day of his or her appointment.

One of our goals is to continue to grow our clinical trial program. It is our desire to keep our patients close to home while offering them the benefits of participating in the newest research available in cancer care. The outpatient oncology pharmacy is responsible for managing investigational study medications used in clinical trials. Each pharmacy prepares and dispenses study medications for patients participating in a clinical trial.

### Nutrition Services

**Program Leader: Kelli Wallace, LDN, RD**  
**Department of Food Services**

#### Overview:

Maintaining optimal nutrition is extremely important when going through cancer treatments. Our registered dietitian provides complementary one-on-one nutrition counseling with patients and their caregivers. She provides diet education, tips for dealing with nutrition-related side effects, referrals and other resources to help the patient maintain an optimal nutrition status during cancer treatment. The nutritional needs of patients dealing with cancer differ from other individuals and also vary from patient to patient. Therefore, these consultations are individualized and tailored to meet the patient's needs and requests.

### Physical Rehabilitation

**Program Leader: Wanda Howell, LPT**  
**Department of Rehabilitation**

#### Overview:

Our department evaluates patients and devises treatment plans to maximize recovery after injury, surgery, illness, long-term disability or other debilitating conditions. Our licensed staff provides one-on-one evaluations to determine the best treatment plan for your needs. Our specialties include physical therapy, aquatic therapy, occupational therapy and speech therapy.



# Patient Support

## Core Services For Delivering Comprehensive Cancer Care

### Social Work Services

**Charity Pate, MSW**

**Oncology Social Worker**

#### Overview:

Oncology social work is a professional discipline that provides psychosocial services to patients, families, and caregivers facing the impact of a cancer diagnosis. Social work services may include providing support with practical and emotional needs, engaging in patient education and advocacy, or connecting individuals to resources.

This past year was a time of growth for oncology social work and patient supports available to those served by our clinic. Two patient financial counselors joined the support services team, providing an additional resource to address financial concerns faced by many patients. This new service has allowed the oncology social worker to focus more on direct psychosocial services, providing a more holistic and positive patient experience.

During 2018, the oncology social worker saw over 350 individuals. Patients were often seen more than once during their treatment journey, with the oncology social worker averaging over 135 social work encounters monthly. These encounters addressed a variety of topics, including coping strategies, anxiety reduction, transportation, financial assistance, and nutrition. In-house programs have expanded as well this year. In addition to our monthly support group and Look Good Feel Better program, a new monthly support and education program has begun designed specifically for newly diagnosed patients.

#### Initiatives:

##### Angel Fund

The total cost of oncology care can be overwhelming due to unanticipated practical needs such as the cost of transportation to/from treatments or appointments, oral nutritional supplements, or multiple medication copays. Patients often face increasing financial strain with few resources available in the community. The Johnston Health Foundation's Angel Fund is a wonderful resource that assists oncology patients experiencing financial hardship to ensure these needs are met. Angel Fund support may include gas cards, food gift cards, medication assistance, oral nutritional products, transportation, or durable medical equipment. This year, the expansion of items offered in our Bare Essentials Wig Boutique was made possible through Angel Fund. In addition to wigs, patients now have access to scarves, hats, wraps, turbans, caps, and supplies needed for proper wig care and maintenance. During the 2017-2018 fiscal year, 111 patients received assistance from the Angel Fund.

### Patient Navigation Services

**Melinda "Mindy" Ferguson, RN**

**Department of Medical Oncology**

#### Overview:

As the oncology service line continues to grow and evolve at Johnston Health, so does the role of patient navigation. Patient navigation refers to individualized assistance offered to cancer patients, families, and caregivers to help them overcome barriers to care.

This role also facilitates timely access to care and is available along the entire cancer care continuum, from suspicion and throughout the treatment journey.

Johnston Health's Nurse Navigator supports patients by:

- Acting as a single point of contact for patients and caregivers to resolve barriers to care.
- Accompanying patients to initial appointments when possible.
- Assess patient's needs including physical, emotional, spiritual and financial.
- Initiating referrals.
- Coordinating care.
- Providing patient education.
- Collaborating with the entire oncology team.

Over 120 patients in 2018 have received patient navigation with referrals to social work, financial counselors and dietician when needed. Assistance is also provided with arranging outside referrals when patients are relocating for treatment, assists and follows up with Genetic Testing and OncoType testing results, and arranges appointments in considering access to care and transportation needs based on the Community Health Needs Assessment. The Patient Navigator has established relationships with community providers to facilitate expedited access to care needed by the patient.

This service is free to both patient and referring providers. For more information please call 919-989-2192.

### Chaplaincy Services

**Program Leader: Rev. Greg McClain**

**Director of Spiritual Care and Volunteer Services**

#### Overview:

Chaplains sustain, support, guide and help people in their search for meaning and hope during illness and for reconciliation in relationships.

We have chaplains who offer consultation and counsel regarding spiritual, emotional and ethical matters. Spiritual care of patients and families is always done in collaboration with the multi-disciplinary cancer care committee.

# Clinical Research

## Advancing The Understanding And Treatment of Cancer

### What Are Clinical Trials?

Clinical Trials are carefully designed research studies that test promising new cancer treatments. Patients who take part in research studies will be the first to benefit from these treatments. The study results will also help other patients. In a clinical trial, you get either standard treatment or a new treatment that's thought to be as good as – or maybe better than – the standard treatment. Studies are never done to see if you would recover from cancer without treatment at all. As with any other medical care, you are free to withdraw from a clinical trial at any time and seek other treatment options.

### Why Are Clinical Trials Important?

Clinical trials show us what works (and what doesn't) in medicine and health care. They are the best way to learn what works best in treating diseases such as cancer. Clinical trials are designed to answer two important questions:

**Does the new treatment work in humans?** If it does, doctors are also looking for how well it works. Is it better than what's now being used to treat a certain disease? If it's not better, is it at least as good, while perhaps causing fewer side effects? Or does it work in some people who aren't helped by current treatments? In other words, is it a step forward? A treatment that doesn't offer anything new probably isn't worth studying.

**Is the new treatment safe?** This must be answered while realizing that no treatment or procedure – even one already in common use – is entirely without risk. But do the benefits of the new treatment outweigh the possible risks?

Clinical trials are available for these disease groups: breast, colon, lung and supportive care.

### Jay Renfrow, PharmD

*Johnston Health Hematology Oncology Pharmacist*

## Quality and Standards

### Cancer Registry

The Cancer Registry at Johnston Health was established in 2013, and accredited by the American College of Surgeons Commission on Cancer (ACoS-CoC) in May 2014.

The registry has 2,948 cases in the database since the reference date of 2012. 2,379 (81%) of those cases are analytic cases with initial diagnosis and/or first course of treatment at Johnston Health. The additional 557 (19%) cases are non-analytic cases which represent patients with recurrent disease, initially diagnosed and/or treated elsewhere.

The primary function of the Cancer Registry is to collect and manage statistical data on our cancer population. Information collected includes patient demographics, medical history, anatomical site and histology of the primary cancer, extent of disease and treatment. The Cancer Registry data provides our physicians and administration with information to help improve quality and treatment for our patients and statistical reports to study survival and support research.

measures that are monitored for quality of care and national evidence-based practices to ensure high-quality patient-centered care in our community.

We are committed to providing the right care at the right time at Johnston Health.

In 2015, the Cancer Registry started reporting cases to the Rapid Quality Reporting System (RQRS) as part of the CoC NCDB accountability and quality improvement measures. RQRS monitors accountability and quality improvement measures for Breast and Colon cases. The Cancer Committee monitors these measures to ensure patient centered care. The right care at the right time at Johnston Health.

### Certified Staff

The Johnston Health Cancer Registry team is a group of highly trained, qualified and experienced data management experts.

They are Certified Tumor Registrars and active members of the Association of NC Cancer Registrars and the National Cancer Registrars Association.

### Accountability and Quality Improvement Measures

As part of Johnston Health's CoC accreditation, the Cancer Registry reports data to the National Cancer Data Base (NCDB). The NCDB has defined several accountability performance and quality improvement

### Kathy Foote, CTR

*Cancer Registry Manager*



# Cancer Program 2018

## Cancer Program Goals:

**1. Clinical Goal:** Pathological findings are a significant component of tumor-board presentations. A digital-pathology environment that enables pathologists to manage and interpret information originating from the digitization of a glass slide offers a practical alternative to traditional microscopy. A digital-pathology platform vastly can improve the tumor board experience — saving time, enabling greater flexibility, and improving the quality of slide-image data. The Cancer Committee approved to set up a workflow that engages a digital pathology platform, which can streamline the preparation and presentation process for our tumor boards. This modification focuses on two components integral to the conference: (1) the presentation of salient pathologic features of each tumor selected for discussion, and (2) the pathologist's role as a principal institutional educator with respect to neoplastic processes. The pathology camera and software was approved by the Operations Council and the Information Systems Development Department, and has been purchased. The Cancer Committee will continue to monitor this Clinical Goal and ensure implementation into the Tumor Board meetings.

**2. Programmatic Goal:** Through the use of our Support Services programs (Social Work, Navigation, Dietitian), the Cancer Program developed a oncology support group specifically designed for newly diagnosed cancer patients with integrated psychosocial support and patient education. This four-week open support group consists of:

- Week 1: Learning about the cancer center, the resources available, and how to deal with a new diagnosis.
- Week 2: Discussing the role of the patient navigator, navigating treatment decisions, and the utilization of the patient navigator.
- Week 3: Focus on nutrition, the importance of nutrition during treatment, and the role of the dietitian in cancer care.
- Week 4: Learning about next steps and how to connect with community resources available to the cancer patients and families.

This support group replicates throughout the year to include both Johnston Health campuses at Smithfield and Clayton. The first cycle of this support group started on August 2, 2018. Although the Cancer Committee will continue to monitor this support group, this Programmatic Goal was accepted as complete by the Cancer Committee on October 4, 2018.

## Studies of Quality:

- 1. CMS-OP35 – Cancer Patients Presenting to the Emergency Department within 30 Days of Receiving Chemotherapy Treatment:** At Johnston Health Cancer Center, cancer patients are presenting for an Emergency Department visit within 30 days of receiving chemotherapy treatment. Chemotherapy treatment can have severe, predictable side effects, which, if inappropriately managed, can reduce a patient's quality of life and increase health care utilization and costs. Improved outpatient symptom management for patients receiving active chemotherapy treatment will mitigate the patients' need for Emergency Department visits and increase their quality of care. The Cancer Committee studied the gaps in processes that support cancer patients that fall within this 30 day time frame to best equip them with the appropriate resources in order to avoid Emergency Department visits for chemotherapy related symptoms. The goal of this quality study is to reduce the number of patients utilizing the Inpatient and/or Emergency Department for chemotherapy related symptoms by 50%. The gaps identified are: (1) lack of a standardized process for nursing triage, (2) no formal process for patients symptom reporting, and (3) a new phone system and phone tree. The improvement and countermeasures identified are to evaluate the current nursing triage process, create appointments for focused pain assessments, and continue to collect data utilizing Epic reporting.
- CMS Benchmark national performance (October 1, 2015 – September 30, 2016) is 14.3% for Inpatient and 4.8% for Emergency Department: During this time frame, 24 patients presented to the Emergency Department and/or qualified for inpatient admission.
  - Comparative study outcome (January 1, 2018 – June 30, 2018): 14 patients presented to the Emergency Department and/or qualified for inpatient admission.

The Cancer Committee identified a gap in the lack of a standardized process for nursing triage with average call back times of 2 hours and 49 minutes. The Cancer Committee approved a Quality Improvement based off of this Study of Quality for 2019 to Develop a standardized triage process to decrease the call back times to under 2 hours. Areas for potential improvements are incorporating a dedicated triage

# Cancer Program 2018 - continued

## Studies of Quality Continued:

nurse, utilization of a triage ascom phone, scripting, and algorithms. The Cancer Committee accepted this Study of Quality as complete on December 6, 2018

**2. Exposure from computed tomography (CT/Simulation) scanning has been criticized:** The safety of medical procedures that involve radiation continues to be an important public concern. In particular, exposure from computed tomography (CT/Simulation) scanning has been criticized. CT is by far the greatest contributor to medical radiation exposure in the United States, accounting for 49% of the total. It was estimated that in 2015, 78.7 million CT procedures were performed at 8905 sites in the United States. Thus, radiation exposure from CT scans is a significant public health concern. At issue is the potential lifetime risk of developing cancer from radiation dose, not only from multiple CT scans but also from other diagnostic tests that use radiation. The uniform agreement is that when CT is used, the medical benefits generally outweigh the radiation risks. That said, the medical necessity of every CT scan should be weighed against the radiation exposure risks and, when an examination is necessary, steps should be taken to reduce radiation exposure. The Cancer Committee evaluated repeat CT/Simulation and ways to minimize exposure by evaluating our current state, as well as informed practices, identified opportunities for improvements, communication, education, and engaged collaborative action in improving care when identified. The study time frame was July 2017 – March 2018, identifying the majority of repeat scans were medically necessary and/or due to incapable equipment. Areas of opportunities identified are: (1) 2 of the 5 CT/Simulations are older systems and lack the adjust radiation exposure or image acquisition parameters to compensate for patient size and weight, (2) Protocols are recommended to minimize the radiation dose necessary to acquire quality treatment planning images, and (3) Refer when appropriate to UNC REX Radiology Dept. who uses CareDose Technology to minimize exposure yet maintain optimal imaging. The Cancer Committee developed a Quality Improvement based off of this Quality Study for 2019. This Quality Study was accepted as complete by the Cancer Committee on June 7, 2017.

## Quality Improvements:

**1. Development of a comprehensive ASEPT catheter management process:** Indwelling pleural catheters (IPCs) offer effective control of malignant pleural effusions (MPEs). IPC-related infection is uncommon but remains a major concern. Historically there has been no standardized process for patients receiving ASEPT catheter with regards to patient education and supply acquisition at Johnston Health. An international multicenter study found that post-infection pleurodesis is common and often allows removal of IPC. Staphylococcus aureus was the causative organism in 48% of cases. Post infection pleurodesis developed in 31 patients (62%), especially those infected with staphylococci; 79% vs 45% with non-staphylococcal infections. Infections from gram-negative organisms were associated with an increased need for continuous antibiotics or death; 60% vs 15% in gram-positive and 25% mixed infections cited: ([journal.chestnet.org/article/S0012-3692\(13\)60736-9/fulltext](http://journal.chestnet.org/article/S0012-3692(13)60736-9/fulltext)). The goal of this Quality Improvement is to educate patients with the proper self/home care of ASEPT catheters prior to discharge from the Radiology Department. The Johnston Health developed a standard operating procedure and obtained an ASEPT catheter for patient education for pre-procedure patients. Patients will receive a educational packet prior to catheter placement supplied by ASEPT catheter vendor. Nurses will educate on proper care and drainage of catheter. Both Oncology and Special Procedures staff have been educated on this process. The Cancer Committee accepted this Quality Improvement as complete on October 4, 2018.

**2. CMS-OP33-P4P – External Beam Radiation Therapy (EBRT) for Bone Metastases (Based off of the 2017 Quality Study of CMS-OP-33-P4P Measure):** The Cancer Committee identified improvement needs based off of the 2017 Quality Study of CMS OP33-P4P measure for EBRT for bone metastases as:

Are all members aware of the CMS OP 33 “Pay for Performance” Measure? Part of a CMS Bundle Quality Payment – based on performance – actual cost or penalty to be determined? Radiation Oncology is not part of this CMS measure at this time.

What is the CMS OP33 documentation requirements? “Physician’s documentation of a medical reason to exclude only when the documentation: a) clearly identifies one of the exclusion criteria, and b) references findings in the initial encounter” (CMS).

CMS Benchmark national performance is 82%. The goal of this Quality Improvement is to increase compliance to 90% or higher and maintain compliance to the treatment regimens per CMS. Monthly case reviews from January through August demonstrated 100% compliance according to CMS criteria. The Cancer Committee accepted this Quality Improvement as complete on December 6, 2018.

# Cancer Conference Report

Cancer conferences (also called Tumor Board Conferences) are a treatment planning approach to review and discuss the medical condition and treatment options for cancer patients. The initial evaluation and treatment decisions are the most critical in the outcome for a patient diagnosed with cancer. With cancer being a systemic illness that can rarely be detected, diagnosed, and adequately treated by only one physician, the cancer conferences offer a multidisciplinary patient-oriented approach that can lead to improved care and management of the cancer patient.

The primary goal of cancer conferences are to improve the care of the community’s cancer patients through the exchange of information and expertise among participating and treating physicians; which include Medical Oncologists, Radiation Oncologists, Surgeons, Pathologists, and Diagnostic Radiologists. Other cancer care providers include social workers, nurses, nurse navigators, pharmacists, and nutritionists. All other medical staff is encouraged to attend and participate in the cancer conferences, which also provides continuing medical education credits for all physicians and cancer care staff who attend.

The Cancer Conference Coordinator monitors all

cancer conference activity, including; cancer conference frequency, multidisciplinary attendance, total number of case presentations, percentage of prospective case presentations, discussion of stage, prognostic indicators and treatment planning using nationally recognized evidence-based treatment guidelines (NCCN), options and eligibility for clinical trial enrollment, and adherence to the cancer conference policies. Additional areas that are being monitored in 2017 by the Cancer Conference Coordinator are genetic testing and counseling, discussion of palliative care services, psychosocial care services, and rehabilitation care services for the cancer patients.

The monitoring and evaluation of cancer conference activity ensures that conferences provide consultative services for cancer patients to formulate an effective treatment plan and offer education to physicians and allied health professionals who are in attendance. The monitoring of cancer conference activity may also identify opportunities to improve the patient care process. The Cancer Conference Coordinator reports all the cancer conference activity to the Cancer Committee at least annually, and recommends corrective action if any area falls below the annual goal or requirement set forth by the Commission on Cancer.

## Cancer Conference Data 2017

Johnston Health held 34 cancer conferences and discussed 248 cancer cases.

| Measure Description   | Measure Requirement | Measure Obtained |
|---|---------------------|------------------|
| Multidisciplinary Attendance Rate                                   | 100%                | 100%             |
| Prospective Cases Presented of the Cases Discussed                  | 80%                 | 98%              |
| Prospective Cases Presented of the Total Analytic Cases             | 15%                 | 86%              |
| Discussion of Stage   | Monitor             | 93%              |
| Prognostic Indicators and Treatment Planning using NCCN Guidelines  | Monitor             | 100%             |
| Discussion of Options and Eligibility for Clinical Trail Enrollment | Monitor             | 34%              |
| Adherence to Cancer Conference Policies                             | 100%                | 100%             |



The cancer conferences are held every Thursday, except the first Thursday of the month, at 7:15 a.m., and are coordinated by Amy Brown, Cancer Accreditation and Cancer Conference Coordinator, and led by Dr. Russell D. Anderson, Medical Oncologist.

**Amy C. Brown**

*Accreditation Programs Coordinator & Cancer Conference Coordinator*

# Community Outreach: Education, Prevention, Support & Events

Johnston Health Cancer Services believes that one of the best avenues to success in prevention, early detection and successful treatment is through education and awareness. Our Community Outreach programs involve many events, activities and seminars. Some, like our Ladies Night Out and 5k, are annual events. Others vary year to year. This year, we had quite a few.

Support group meetings provide patients with the unique opportunity to share concerns, give hope, receive encouragement, and build community, all while knowing that they are not alone in their journey. Charity Pate, oncology social worker, facilitates these groups.

The Angels Among Us support group meets in Smithfield on the 4th Tuesday of each month at 6pm in the Johnston Health Medical Mall, Room 1404. This group is open to patients in active treatment, survivors, and caregivers. Topics addressed during 2018 meetings included: medication safety, coping with cancer after diagnosis, myths & facts about cancer, reducing anxiety, using art to express emotions, and nutrition.

New in 2018 was the launch of What's Next: An educational support group for patients recently diagnosed with cancer. The purpose of this group

## Support Programs

### Angels Among Us

Angels Among Us provides a place for patients, families, caregivers, and survivors to share common concerns and get emotional support from each other. It is held the fourth Tuesday of every month, 6:00 pm at Johnston Medical Mall. This year we had 6 participants

### What's Next

An educational support group for patients recently diagnosed with cancer. The purpose of this group is to reduce patient distress and empower patients to make informed decisions about their cancer care. It is held the first Thursday of every month, 10:00 am at Johnston Medical Mall.

### Look Good Feel Better Workshops

Look Good Feel Better Offers practical education on managing appearance-related side effects of cancer treatment. Licensed cosmetologists trained and certified through the American Cancer Society lead workshops quarterly. For more information on this program contact the Oncology Social Worker.

## Prevention Program - Food For Life

The Food for Life: Cancer Project classes offer a unique opportunity to acquire knowledge about the link between diet and cancer, experience the benefits of plant-based nutrition, and learn practical cooking skills. There were 13 participants and the instructor was Ana Gray.

is to reduce patient distress and empower patients to make informed decisions about their cancer care. Held the first Thursday of every month from 10am-11am in the Johnston Health Hematology & Oncology Conference Room, this group is open to anyone facing a new cancer diagnosis. Topics rotate monthly and include: getting to know your cancer center and facing distress; navigating treatment decisions; nutritional needs during treatment; next steps and community resources.

Angels Among Us and What's Next will continue on the same schedule for 2019.



**Charity Pate, MSW**  
*Oncology Social Worker*

## Screening Programs

### Colorectal Cancer Screening

A total of 25 participants took advantage of the free fecal immunochemical test (FIT) screenings that were provided to men and women age 45-75 during the month of October in partnership with the Johnston County Health Department and UNC-Physicians Network. Patients were able to pick-up a screening kit, collect the specimen in the comfort of their own home, and then return the specimen to Johnston Health for testing. The FIT is a screening test for colon cancer. It tests for hidden blood in the stool, which can be an early sign of colorectal cancer.

### Prostate Screening

A total of 29 participants took advantage of the free PSA tests that were provided to men age 45-75 for the entire month of September. Patients were able to walk in at our registration desk in either our Clayton or Smithfield location and have labs drawn same day. The test measures the amount of prostate-specific antigen (PSA) in your blood. The PSA test can detect high levels of PSA that may indicate the presence of prostate cancer.





# Community Outreach & Events

## Johnston Health Champions 5K

549 people participated in the Champions 5K and 10K race on April 14th. We appreciate everyone who ran, walked, cheered, visited and volunteered. With the support of our wonderful sponsors, we raised \$19,500 for the Angel Fund and the Healthy Kids Fund. The Angel Fund assists cancer patients who are going through financial hardships with medications, co-pays, transportation, wigs, prosthetics, and other needs. This marked the 3rd year in a row dogs were welcome participants, and has been a huge hit among dog owners and dog lovers. The 5K/10K helped to spread awareness about the various cancer support services that Johnston Health offers to the community.



## Ladies Night Out

Our annual Ladies Night Out is an event like no other. You can shop, get a free chair massage, have your blood sugar checked and your mammogram scheduled—all at the local hospital.

In 2012, Ladies Night Out at Johnston Health Clayton started as an event to raise awareness about breast cancer and to highlight the services offered to prevent and treat the disease. It has since grown in popularity, and morphed in a festive women's health event. More than 350 women attended the most recent LNO, many of them wearing shirts and hats decorated with pink ribbons.

There were also opportunities to have your blood pressure checked, learn about women's health, and pick up complementary trial memberships to HealthQuest Fitness and Wellness Center. Among the activities that drew lines were the chair massages, heavy hors d'oeuvres and the cupcakes piled high with icing.

## Portofino Derby Classic

On May 5, 2018, more than 900 people donned their finest hats and most dapper suits to party with a purpose at Clayton's Portofino Equestrian Center. The inaugural Portofino Derby Classic netted more than \$80,000 for the Johnston Health Angel Fund, making it the largest fundraising event in the Foundation's history.



## Public Service Announcement Programs

Public service announcements and programs like our Johnston Health Talk, hosted by Physician Recruitment & Integration Specialist Liz Thurston, have an effective way to communicate information about our services. This year through WARZ-TV, EWTN & WTSB we aired six radio programs and seven TV programs highlighting many topics related to cancer, from breast cancer awareness to surgical oncology and Hematology/Oncology treatments.

# Program & Support Services: Contact Information

## Resource Directory

### Medical Oncology/Hematology

Smithfield 919-989-2192  
Clayton 919-585-8835  
Director - Bryant Washington 919-938-7830

### Radiation Oncology

Smithfield 919-209-3555  
Clayton 919-585-8550  
Manager - Vanessa Narron 919-209-3555

### Support Services

Oncology Social Worker  
Charity Pate 919-938-7834  
Spiritual Care Services 919-209-3655

### Oncology Dietician

919-934-8171  
Ext. 6229

### Johnston Health Foundation

Angel Fund 919-938-7834

### Cancer Registry

Kathy Foote 919-784-7204

### Patient Navigator

Mindy Ferguson 919-938-6562

### Cancer Accreditation/Cancer Conference Coordinator

Amy Brown 919-938-7569

### Diagnostic Imaging

Smithfield 919-938-7190  
Clayton 919-585-8450

### Ambulatory Imaging

919-938-0467

### HealthQuest

**Fitness & Wellness Center** 919-938-7581

### Nutritional Services

919-934-8171  
Ext. 6718

### Home Health Services

919-938-7560

### Hospice Services

In Home 919-938-7560  
SECU Hospice House 919-209-5100

### Wound Care

919-938-7716

### American Cancer Society

Local Contact  
Brenda Robinson 919-302-4557

### Breast Prosthesis & Bras

Johnston Medical Supply 919-934-4997  
Lovely Lady 919-934-2960

### Wigs

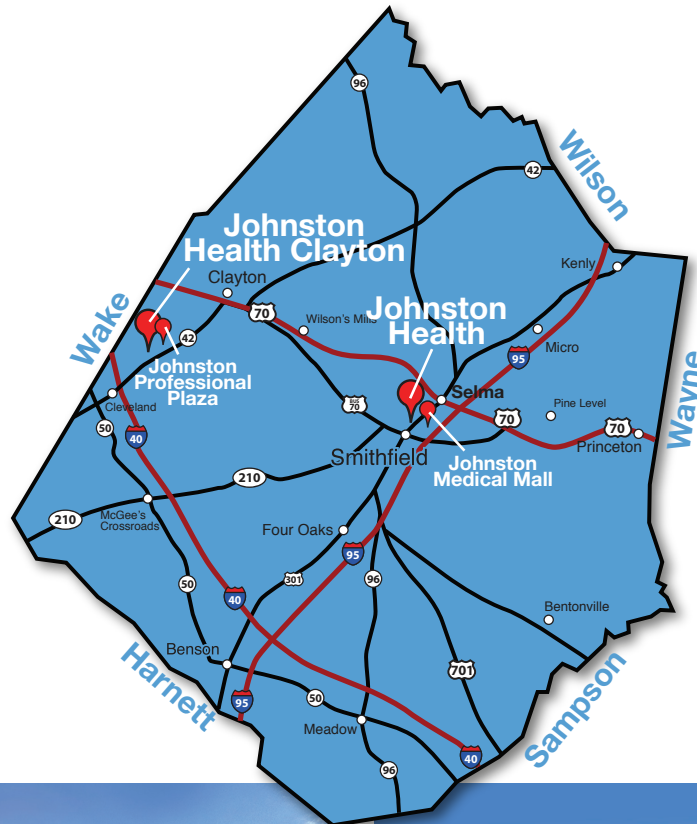
Bare Essentials Boutique 919-938-7834

## Acknowledgements

We would like to acknowledge and send a warm thank you to all of the members of the Johnston Health Cancer Care Committee, physicians, cancer staff and all others who support our cancer program each year.

This report was prepared by Johnston Health and UNC REX Healthcare staff with guidance from the Cancer Care Committee. Requests for more information can be directed to the Johnston Health Marketing and Communications Department at 919-938-7103.

# Johnston Health Cancer Services Locations



**Johnston Health  
Hematology & Oncology  
Johnston Medical Mall**  
514 N. Bright Leaf Boulevard  
Suite 1100  
Smithfield, NC 27577  
(919) 989-2192

**UNC Radiation Oncology at  
Smithfield\***  
**Johnston Medical Mall**  
514 N. Bright Leaf Boulevard  
Suite 1200  
Smithfield, NC 27577  
(919) 209-3555

**UNC Radiation Oncology at  
Clayton\***  
**Johnston Professional Plaza**  
2076 Highway 42 West  
Suite 120  
Clayton, NC 27520  
(919) 585-8550

**Johnston Health Clayton  
Hematology & Oncology  
Johnston Professional Plaza**  
2076 Highway 42 West  
Suite 130  
Clayton, NC 27520  
(919) 585-8835

\*A joint partnership between Johnston Health and UNC REX Healthcare



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