



When Innovation and Partnership Create a Game Changer



Commission on Cancer<sup>®</sup>  
ACCREDITED PROGRAM

A QUALITY PROGRAM  
of the AMERICAN COLLEGE  
OF SURGEONS

## Cancer Committee

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Radiation Therapist  
*OBH Cancer Committee Chair*

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*OBH Cancer Liaison Physician*

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Radiologists

Dr. Richard Baltaro/Dr. Gina Murray,  
Pathologists

Dr. Christina Bowen, Integrative &  
Palliative Medicine

Dr. Daniel Dwyer, OB/GYN  
Outer Banks Women's Care

Dr. Christine Petzing, Hospitalist &  
Palliative Medicine Specialist, OBH

Dr. Aaron Haigh & Dr. Joe Jenkins,  
General Surgeons

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Chief Nursing Officer, OBH

Devereux Grindle, RN,  
Director of Patient Quality, OBH

Amy Montgomery, MAEd, FACHE,  
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Robin Hearne, RN, MS,  
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Jan Bennett, American Cancer Society

Ellie Ward, Community Education  
& Outreach Coordinator

## Message from the President



**Ronnie Sloan**  
**President**

Director of Community Outreach, has certainly been a game changer in our community. If you know her, you love her infectious smile, warm heart and boundless energy, and also her positive attitude. Jenn inspired our theme for this year's annual report when she was diagnosed with cancer and started calling the care she received here on the Outer Banks, and those who delivered it, a "game changer."

As President of TOBH, I can tell you without hesitation that we work hard every day to be a game changer in our community. I know there is talk of a corporate takeover or maybe local healthcare becoming corporate. I get it — we don't like those things here on the Outer Banks. We like to keep it local, do it our way and take care of our people.

I challenge you to believe me — I have the full support of my Board of Directors and our partners, Vidant Health and Chesapeake Regional Healthcare, to do what is best for this community. That is our goal here at The Outer Banks Hospital.

Sure, there are things we can't do because we wouldn't have the volume here to do it with high repetition and competency; but when someone in this community or a team member asks, "Can we...?" I always listen with an open mind and heart to fully consider what is best for our community. I listen for the game changers — the things that will make a difference.

I can think of a few game changers in cancer services this year. The one that comes to mind first is hiring a full-time permanent medical oncologist. In last year's report, I stated that as our goal for this year, and we did it! We hired Dr. Bill Guenther. He and his wife, Jane, have

We all know what a game changer is. It's that person or thing that makes a difference and changes the outcome of a situation.

Jennifer Schwartzberg,  
The Outer Banks  
Hospital's (TOBH)

bought a home here and they plan to stay. Read more about Dr. Guenther on page 5. Dr. Guenther has most certainly been a game changer for cancer care here on the Outer Banks.

Another game changer was our focus on breast cancer. Breast cancer is the most frequently diagnosed cancer in our community. The addition of scalp cooling therapy (more on page 4), Breast Tumor Board (more on page 5) and a new grant funded by the Association of Community Cancer Centers and Pfizer to help us enhance our genetic testing for breast cancer are all game changers for patients diagnosed with breast cancer.

And by far the hardest-working group of game changers in this community are the members of The Outer Banks Hospital Development Council (see the back cover). This year, they helped purchase a second mammography unit for TOBH when Sentara closed; they funded an expansion of our Chemotherapy Infusion Unit due to increasing volumes and the need for more space; they funded the healing garden at the new Radiation Therapy Center that opens in January 2019; and they completed a feasibility study for the Community Cancer Center we still have hopes and dreams of building in the near future.

As I've mentioned, both people and things can be game changers. New therapies, new spaces and new buildings are fantastic; still, it's the people who make it happen who make all the difference.

To all the game changers who are part of The Outer Banks Hospital and Medical Group, the Cancer Services Team, the Board of Directors and the Development Council, thank you for being the difference — the game changers — every day!

Ronnie Sloan, FACHE  
President, The Outer Banks Hospital

# When Innovation and Partnership Create a Game Changer



*Like most women with small children, Kaitlyn was Jenn's number one concern. "I kept thinking, 'I have a 7-year-old daughter and she needs me.'"*

The Outer Banks Hospital's (TOBH) Director of Community Outreach and Development, Jennifer Schwartzberg, is well-known to our community. Jenn and her family have been here only four years, but they have quickly become part of the fabric of the Outer Banks. Jenn serves on the Board of Directors for the Beach Food Pantry, and her husband, Jeff, is an active member of the Chamber of Commerce Board as well as the Kitty Hawk Elementary School PTA Board. They have one daughter, 7-year-old Kaitlyn Rose, who is as well-known and -loved as her parents.

The Schwartzbergs were enjoying a family vacation at Disney last February. Jenn was applying sunscreen for protection from the intense rays of the Florida sun, when she felt a lump in her left breast. "I knew sunscreen could literally save your life, but I never expected it to be this way," shared Jenn. "At first, I kept it to myself. I

felt something that was very real, but like most people, I thought, 'It's probably nothing.' Still, I knew I needed to get it checked out as soon as our vacation was over."

True to Jenn's tenacious style, she wasted no time getting it looked at. Just 11 days later, Jenn was diagnosed with breast cancer at the age of 41.

"I was in shock at first, but I knew right away that I was going to keep a positive attitude and do whatever it took to beat breast cancer."

Kaitlyn was her number one concern. "I kept thinking, 'I have a 7-year-old daughter and she needs me.'"

People with cancer can relate. Countless appointments over the next several weeks helped pinpoint an exact diagnosis and treatment plan. Jenn was ultimately diagnosed with invasive ductal carcinoma, ER/PR/HER2/neu+ breast cancer. Her cancer was genetic; her paternal

**Now, due to the FDA's approval of two commercial scalp cooling systems, chemo infusion units have equipment that is managed by the nursing staff and fairly simple to administer for patients.**

grandmother died from the same cancer at age 51. Her cancer also required chemotherapy — the kind that makes you lose your hair — in addition to a double mastectomy and other female surgeries to reduce the risk of cancer coming back in another location.

“As parents, Jeff and I knew not to burden our daughter with the full story. Sure, she knew something was up, but when I learned that I might lose my hair, it wasn't vanity that worried me. It was having to explain to Kaitlyn what was really going on.

Mommy on the couch not feeling well was one thing, but Mommy with no hair would really raise some red flags for her that I wanted desperately to protect her from.”

A few months prior to Jenn's surgery, TOBH's Director of Cancer Services, Robin Hearne, had attended a conference of the American Association of Community Cancer Centers. “I connected with a colleague from White Plains, New York, who had just implemented a newly approved therapy that helps cancer patients undergoing certain types of chemotherapy keep their hair,” recalled Robin.

The treatment is called scalp cooling therapy because it cools the scalp to a temperature that prevents the chemo from harming the hair follicles in the scalp. The therapy has been around for a while as a do-it-yourself treatment that was very cumbersome for patients to purchase and manage on their own. Now, due to the FDA's approval of two commercial scalp cooling systems, chemo infusion units have equipment that is managed by the nursing staff and fairly simple to administer for patients.

Robin was already committed to bringing the therapy to the Outer Banks, but when she learned of Jenn's

diagnosis, she made it her personal and professional mission to get it here in time for Jenn's first chemotherapy treatment, which she did.

“I will always be indebted to Robin for working so hard to bring the PAXMAN scalp cooling technology to the Outer Banks. The contract was in place and the equipment arrived just in time to train the nursing staff on the day before my first treatment,” shared Jenn.

“It was a game changer for me and my family. I didn't have to fully explain to my daughter why Mommy was losing her hair. This one thing helped me relax into my treatment and maintain a sense of normalcy, knowing that I could beat cancer without burdening my daughter with a child's worst fear — losing a parent,” Jenn continued.

After four chemotherapy infusions, Jenn kept almost all of her hair. The scalp cooling therapy worked its magic, and since then, it has helped four additional patients in our community.

Not only did Jenn keep her hair, but also funds raised by the Driving Fore the Cure Golf Tournament, an annual breast cancer fundraiser organized by the Nags Head Golf Links Ladies, were donated to the Outer Banks Relief Foundation to pay for scalp cooling therapy for any man or woman in Dare County who needs it.

“It was unbelievable. I was able to keep my hair, and our generous community stepped up and helped me afford this therapy,” added Jenn.

Depending on the number of treatments, the therapy provided by PAXMAN can cost up to \$2,500 (but not more) over a lifetime.

“We selected PAXMAN over the one competing vendor for several reasons. First, the cap comes in a custom size, providing a better fit for patients,” shared Robin. “Also, the company was founded by a young businessman who lost his mother to breast cancer. He personally made sure that we were able to work out the contract and get the equipment delivered by our target date. We have been so pleased with our decision,” continued Robin.

Right now, The Outer Banks Hospital is one of four infusion centers in the state of North Carolina offering scalp cooling therapy. Others will follow quickly, but the fact that it is here on the Outer Banks is a testament to how much we care about our community. If it will help our patients and we can make it happen, we will.

“In addition to scalp cooling therapy, another game changer for me was the amazing team of physicians and nurses who make up The Outer Banks Hospital's Cancer Program. Dr. Joe Jenkins performed my initial surgery,

**Right now, The Outer Banks Hospital is one of four infusion centers in the state of North Carolina offering scalp cooling therapy.**



and Dr. Bill Guenther with Outer Banks Oncology is my primary medical oncologist. Together, they consulted with Dr. Charles Shelton of the Outer Banks Radiation Therapy Center and integrative medicine physician Dr. Christina Bowen as part of their weekly Tumor Board meetings. It was this process that helped diagnose my genetic breast cancer so quickly and direct my treatment plan toward a cure," shared Jenn. "This local team is as good as or better than any team you will find anywhere. Some people may assume I am just saying that because I work at The Outer Banks Hospital, but think about it: I have trusted my life to this team, and it was not a decision I made lightly."

On June 19, Jenn rang the bell in the Ambulatory Medical Unit, a traditional celebration when cancer

patients finish their chemotherapy treatment plan. Watch the celebration and also see Jenn's cooling cap and hair after treatment at <https://www.youtube.com/watch?v=fpz9TP6-wc4>.

Jenn's treatment will be complete after one final surgery in December 2018, followed by Herceptin infusions every three weeks through March 2019.

"Scalp cooling therapy and the compassionate team of oncology experts here at The Outer Banks Hospital were game changers for me," emphasized Jenn. "Although it has been a big part of my life this year, cancer is not the game changer; I won't give it that power or let it define me. The people who cared for me lift me up every day — they have defined this journey, and I am forever grateful!"

## A Game Changer Worth the Wait

Hiring Dr. William Guenther as our full-time permanent medical oncologist has most certainly been a game changer for our cancer program. For several years, we relied on locum (traveling) physicians to meet this need because it takes time to recruit and hire a physician, especially just the right physician.

His first day with us was January 22, 2018, and if you have met Dr. Guenther, you know right away that he was worth the wait.

Like many of us, Dr. Guenther and his wife, Jane, were attracted to the natural beauty and moderate climate of the Outer Banks. Moving to the Outer Banks also puts the Guenthers closer to their three grown children.

"When Jane and I figured out that our adult children were not going to move back 'home' to Wisconsin, we started looking for somewhere warmer, with less snow and closer to where our kids would ultimately settle down," shared Dr. Guenther. "We are very happy with our decision to move to the Outer Banks. Our Yorkie, Madeline, and our Porkie, Charlotte, are enjoying walks along the beach."

Dr. Guenther is board certified in hematology/oncology. He graduated

from the University of Iowa College of Medicine with honors in 1981 and completed his fellowship in hematology/oncology at the University of Iowa Hospital and Clinics in 1988. Dr. Guenther is also board certified in internal medicine.

He has 37 years of experience, and most recently formed Fox Valley Hematology/Oncology in Appleton, Wisconsin.

"I have learned a lot in practice over the years. In addition to providing expert medical care, the most important thing you can do is spend time with patients and really listen to their concerns and needs. I make it a point to spend as much time with my patients as they need to understand their diagnosis and treatment options," Dr. Guenther noted.

Dr. Guenther is also quick to compliment TOBH for having all the supportive services that cancer patients need.

"When I interviewed for the position, I was truly amazed that this small community had such a robust cancer program," he recalls. "First, the program is accredited by the American College of Surgeons Commission on Cancer — that's a really big deal for a community



**Jenn Schwartzenberg and Dr. William Guenther discuss the success of her treatment plan. "I have learned the most important thing you can do is spend time with patients and really listen to their concerns," notes Guenther.**

hospital to have an accredited program." Guenther continues, "Also, in terms of supportive services, having two Oncology Nurse Navigators, a Social Worker, Tumor Boards and a symptom management clinic — to name just a few — these are resources you typically see in large cancer centers. What is already here and the commitment to do even more is truly amazing. I am proud to be a part of it."

# Welcome to Our New, State-of-the-Art Radiation Therapy Center



**Above: The Outer Banks Hospital's new, state-of-the-art radiation therapy building.**

The Outer Banks Hospital (TOBH) began operating the original Radiation Therapy Center on February 1, 2013.

"We learned that the owners/operators at that time were considering closing the center, and we just could not let that happen," shared TOBH President Ronnie Sloan.

Radiation therapy is often delivered over consecutive days, and the treatments are brief. Having to travel more than an hour every day for a 10-to-15-minute appointment would place an unnecessary burden on cancer patients and their families.

"Radiation therapy is a very safe and effective treatment for many types of cancer," noted Dr. Charles Shelton, the center's radiation oncologist. "A linear accelerator,

otherwise known as a LINAC, creates high-energy X-rays that are shaped to conform to the patient's tumor and then delivered by a beam directly to the diseased tissue."

Just like everything else, LINACs have a useful life expectancy.

"As our LINAC neared the time for replacement, we began looking at options to continue to provide services here on the Outer Banks," noted Dr. Steve McLawhorn, the center's medical physicist tasked with maintaining the quality of treatment delivered by the LINAC.

It takes approximately six months to install and commission a new LINAC. The commissioning process includes the steps taken to ensure that the beam

delivered by the LINAC is stable and accurate. Because radiation therapy treatment destroys cancer cells, extreme caution is taken to make sure that the treatment is directed at the tumor site, not surrounding tissue that is healthy.

“For several reasons, we decided to build a new Radiation Therapy Center,” shared Dr. Shelton. “First and foremost, replacing the LINAC in the current location would mean that the center would be closed for more than six months. This would place a burden on our cancer patients. Also, the current location is not ideal because parking is very limited. Last, but also a very important consideration, is the ability to build a new, state-of-the-art facility that might one day connect to a building that houses all our other cancer services.”

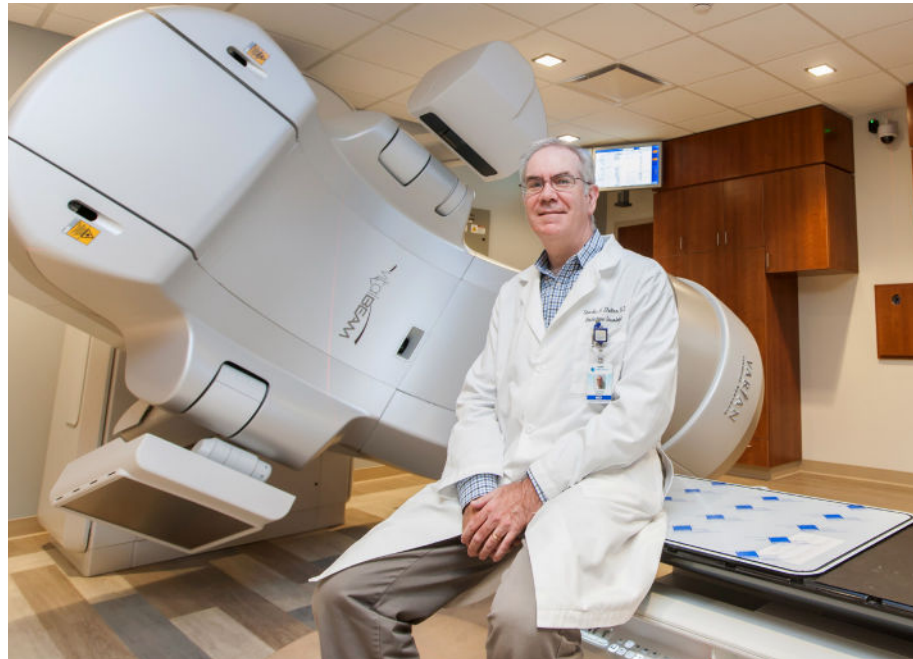
Construction on the new Radiation Therapy Center began in January 2018. The new center is located at 4927 S. Croatan Highway in Nags Head, next to The Outer Banks Hospital Urgent Care Center, and will open to patients in early January 2019.

The new center was designed to accommodate the special needs of our patients and to provide a comforting patient experience.

Anita Baughan, a cancer survivor who received radiation therapy, served on the planning committee as a patient advisor. “From the size of the patient rooms to the paint colors, we considered every opportunity to make the new Radiation Therapy Center an inviting and patient-centered environment,” shared Anita.

At the entrance of the center, patients will walk by or through a healing garden funded by The Outer Banks Hospital Development Council. “The garden was designed to greet patients with something in bloom during every season, as well as to be a place where patients and/or their caregivers can sit and relax,” noted Tess Judge, Chairperson of the Development Council. “The building was also designed so that several of the patient exam rooms have a view of the garden.”

The new Radiation Therapy Center is a game changer for local cancer care. It’s the first of many steps that TOBH is taking to expand and update our cancer services facilities. The environment where patients receive care of paramount importance in their experience and outcome.



***Dr. Charles Shelton, TOBH radiation oncologist, with the brand-new linear accelerator (LINAC).***



***The healing garden funded by The Outer Banks Hospital Development Council.***

“For months, people have been wondering what the new building is, and soon our community will have the opportunity to tour the facility,” shared Ronnie Sloan. “Our hope is that local residents never have the need to come to the center; however, if you are curious and/or just want to see the state-of-the-art care being provided right here on the Outer Banks, join us for one of our open houses this spring.”

# When Integrative Medicine Gets a Seat at the Oncology Table

**W**hile creating a partnership between integrative medicine (IM) and oncology isn't a new idea, actually making it successful takes effort and commitment.

In January 2017, Dr. Charles Shelton, The Outer Banks Hospital (TOBH) radiation oncologist, had a patient in active treatment who had a self-referral consult with IM practitioner Dr. Christina Bowen. IM is a form of medical therapy that combines practices and treatments from alternative medicine with conventional medicine to care for the whole person—the mind, body and spirit.

In this case, Dr. Bowen referred the patient to acupuncture. As a result, he was able to manage chemotherapy-induced nausea and tolerated treatments without any treatment breaks. The patient told Dr. Shelton that the IM consult played a significant role in his success. Dr. Shelton was so impressed that he reached out to Dr. Bowen to form a partnership and develop an evidence-based approach to integrative oncology for patients in TOBH cancer program.

The partnership between IM and oncology gained traction when Dr. Bowen was asked to begin attending Cancer Committee and Tumor Board meetings. In February 2017, TOBH Cancer Committee identified a programmatic

goal to develop an integrative oncology program. It's a known fact that unless complementary therapies can be easily integrated, they are often underutilized by cancer programs. So the Cancer Committee developed an electronic referral process for integrative oncology consults to facilitate incorporation of IM therapies in 100 percent of the board's multidisciplinary discussions.

"Whether a case involves complementary therapies during treatment or lifestyle modifications post-treatment, every single patient is now considered by the team for various customized therapies with integrative oncology," said Dr. Shelton. "Discussions usually involve acupuncture, biofeedback, anxiety or stress reduction, guided imagery, spirituality, massage, diet and exercise, supplements, music therapy for sleep disturbance, aromatherapy, and other mind-body alignment strategies."

More recently, the approach has been included in the program goals to diminish unplanned breaks in therapy. "This is very exciting," notes Dr. Shelton, "because a recent analysis of our population revealed that certain patients really struggle with side effects from chemoradiation." He continues, "That can result in unplanned or undesired

## Continuing the Good Work with Cancer Survivors

For most, April 1 is a day for foolery, but for Christian Routten, April 1, 2017, was a day of sobering discovery. Routten, 38 at the time, found a lump that she hadn't noticed before. After exactly one month of physician visits and tests, she had an answer. The lump was triple-negative breast cancer and the tumor was 7 cm in size.

Routten is a Dare County Public Defender. She is a confident, bright, engaging person who clearly doesn't shy away from a challenge. But this was seriously concerning and, in the true style of a wife and mother of three, she knew she had to face the news head-on.

Her treatment plan included 16 weeks of chemotherapy that finished up in October.

Her lumpectomy was performed on November 14. "One month later, I began radiation treatments with Dr. Charles Shelton, whom I loved," she said with a smile.

It was Dr. Shelton who recommended that Routten connect with Dr. Christina Bowen. "He thought I might really like her because she had a passion for working with cancer survivors," said Routten.

As an IM practitioner, Dr. Bowen works with cancer survivors to give them tools and strategies to achieve and maintain their healthiest selves. "When I'm able to incorporate IM into the patient's healing space, I witness how it gives them more control over their quality of life," she notes.



breaks in treatment. By involving the integrative oncology team approach in their care management, we can complete therapies more often, which we believe will ultimately result in higher survival rates.”

Example case studies where integrative oncology played a role in the successful completion of treatment include:

- A 61-year-old patient with a history of Lynch syndrome presented with prostate cancer. An IM consult that included a nutrition and exercise plan supported the patient through completion of hormone and radiation treatment with minimal fatigue and no weight gain.
- A breast cancer patient was referred for a breast cancer-IM consult, which included acupuncture, nutrition and resiliency training to manage the treatment-related stressors. The patient reported minimal side effects and credits IM with how well she did with her treatment. An interesting note: This patient is now a community spokesperson for the integrative oncology program at TOBH.
- A 23-year-old lymphoma patient, who chose to forgo traditional treatment, was utilizing only alternative therapies. Upon lymphoma disease progression, the patient reached out for help. Dr. Bowen strongly recommended an integrative approach utilizing complementary and traditional treatments for lymphoma. The patient was referred to our oncologist, transferred to Vidant Medical Center emergently and is doing well, with a goal of complete remission.

Today, 100 percent representation by the IM team has been achieved in all Tumor Board cases. Active participation by the IM physician as an equal seatholder at the main table of the Tumor Board has helped achieve more comprehensive symptom management, minimize detrimental breaks in chemotherapy and radiotherapy, and optimize quality-of-life outcomes. In addition to the obvious patient benefit, proactive IM involvement has unexpectedly led to broader quality improvement projects that have translated into several optimized site-specific outcomes.

The partnership that has been developed between the hospital’s cancer services and IM is currently leading the way in the Vidant Health system. “I am thrilled that integrative medicine has the respect of those who sit on the Tumor Board,” said Dr. Bowen, “because the collaboration is what I believe has led to better patient experiences and better outcomes.” She finds it particularly rewarding to observe patients after completion of their cancer treatment, because they are energized about taking steps to improve both their own and their family’s health. “As an integrative medicine practitioner, having patients make positive lifestyle choices for themselves and their families decreases the odds of a cancer recurrence or a new diagnosis,” says Dr. Bowen. “That is why I do what I do.”

**“...having patients make positive lifestyle choices for themselves and their families decreases the odds of a cancer recurrence or a new diagnosis. That is why I do what I do.”**

– Dr. Christina Bowen,  
IM practitioner

**Dare County  
Public Defender  
Christan Routten  
discovered that  
the link between  
diet and disease  
is one that she  
can control.**

“My first thought when I met Dr. Bowen was that she was fantastic,” recalls Routten. “She’s kind, caring, smart and so interested in treating your individual needs.” She added, “My goal was to reduce my risk of recurrence, so Dr. Bowen began with my diet.” When Routten was moving through chemotherapy and radiation, she believed that she didn’t have control over the future. “Dr. Bowen helped me to overhaul my lifestyle and the way that I thought about diet,” said Routten. “She taught me about the connection between diet and disease.” Dr. Bowen also reinforced the importance of meditation, which Routten discovered plays a huge role in managing daily stress. “I learned that I do have control because I can decrease the odds of recurrence. That was a huge game changer for me,” said Routten.



# The Outer Banks Hospital Prepares for Reaccreditation in May 2019

In May 2016, The Outer Banks Hospital's (TOBH) Cancer Program was accredited with commendation by the American College of Surgeons Commission on Cancer (CoC).

The CoC, a program of the American College of Surgeons, recognizes cancer care programs for their commitment to providing comprehensive, high-quality and multidisciplinary patient-centered care. The CoC is dedicated to improving survival and quality of life for cancer patients through standard-setting, prevention, research, education and the monitoring of comprehensive quality care. Through the CoC, our local cancer program has access to reporting tools to aid in benchmarking and improving outcomes, as well as educational and training opportunities, development resources, and advocacy.

To maintain accreditation, our program must adhere to high standards and continue to enhance and grow services. The Outer Banks Hospital Cancer Program is due for reaccreditation in May 2019.

During 2018, The Outer Banks Hospital's Cancer Committee focused on CoC standards. Four of those standards were related to breast cancer, as detailed below:

Standard 4.7 Studies of Quality

Standard 4.8 Quality Improvement

Standard 2.3 Genetic Counseling and Risk Assessment

Standard 1.5 Clinical Goal

## Quality Study

For our 2018 quality study, the Cancer Committee chose breast cancer because it is the most common cancer diagnosed on the Outer Banks. The breast cancer quality study measured the use of evidence-based guidelines and scanned the environment for opportunities for improvement.

The study evaluated the treatment of 37 patients treated for breast cancer at TOBH during 2017. Our treatment planning and delivery were tested against National

Comprehensive Cancer Network (NCCN) evidence-based guidelines for first-line therapy for breast cancer. The good news is that our program fully met the guidelines for 100 percent of the patients treated at TOBH during 2017.

The analysis uncovered several opportunities for program enhancement.

We learned that in order to enable and encourage breast cancer patients to stay local for care, we need to increase our resources for initial diagnosis through mammography and biopsy. We found this to also be true in terms of a patient's first treatment, which is most often surgical removal.

Although we met all the NCCN guidelines, our local team identified the opportunity to improve coordination of breast care as a team. Further, our data suggests that we may have a population at high risk for genetic breast cancer. Thirty-six percent of our patients had a first-degree relative with breast cancer, and another 25 percent had a second-degree relative with breast cancer. Another 6 percent of patients have relatives with associated cancers.

## Quality Improvement

Based on the work of the quality study, the Cancer Committee implemented a quality project to begin a Multidisciplinary Breast Tumor Board. The Breast Tumor Board had its first meeting on March 22, 2018, in which all the main providers involved in breast cancer care met to prospectively discuss breast cancer cases. The Tumor Board includes representation from imaging, pathology, surgery, medical oncology, radiation oncology, gynecology and nursing. The group uses the SMART format to discuss cases: Specific, Measurable, Assignable, Realistic, Time-Based. Since the first meeting in March, the Tumor Board has continued on a biweekly basis and reviewed a total of 24 cases. One hundred percent of breast cases have been discussed by the Tumor Board prior to surgery. The group also tracks patient data using a dashboard. Meaningful

metrics include days to biopsy, percent prospective review, time to surgery, time to chemo, hormone therapy, genetics and completion of therapy. The goal is to deliver the best care in the most timely manner.

Improvements have already been seen in several areas.

- Time to biopsy has been improved with the development of a new process that enables our surgeons to perform stereotactic breast biopsy on-site.
- Prospective discussions have altered treatment plans and improved care. For example, in some cases, additional imaging changed the plan for surgery.
- Genetic testing recommendations prior to surgery have also been instrumental.
- Tracking time to diagnosis and treatments has encouraged us to be more efficient and close the gap for patients from initial time of diagnosis to treatment.

One key success factor is that the physicians from Carolina Surgical, Dr. Joseph Jenkins and Dr. Antonio Ruiz, discuss their breast cases as part of TOBH Tumor Board; therefore, we are able to capture nearly all the cases diagnosed in our community. With our surgeons able to do stereotactic breast biopsy on-site and Dr. Jenkins performing surgeries at TOBH, a greater percentage of local breast cancers are being diagnosed and treated within our system of care, which enhances timeliness and coordination of high-quality care.

### **Genetic Counseling and Risk Assessment**

The quality study revealed that we may have a population with a higher genetic predisposition to breast cancer. In response, the Cancer Committee conducted an analysis of genetic testing for the two cancer sites that have NCCN guidelines (colorectal and breast).

For colorectal cancer, 14 cases that represented the total for 2017 were analyzed. One hundred percent had a family history of colorectal cancer. Genetic testing was discussed for five of the 14 cases, with only two meeting criteria for testing.

For breast cancer, 18 of 19 patients analyzed had a family history of breast cancer. Genetic testing was discussed for 100 percent of the cases with family history. Ten patients did not meet criteria for testing; eight patients did meet criteria and were tested. Five



*The Commission on Cancer (CoC), a program of the American College of Surgeons, recognizes cancer care programs for their commitment to providing comprehensive, high-quality and multidisciplinary patient-centered care.*

tested negative for a genetic mutation, one tested positive, one is still pending results and one result was inconclusive.

Through this process, we have incorporated consideration of family history and appropriateness for genetic testing for all breast cases. Our medical oncologist also includes a genetics discussion in his initial patient consult. We are using a genetic risk assessment tool that we created in our electronic medical record to document the risk assessment.

Further, all these cases are tracked in our database. During 2018, 69 percent of breast patients met criteria for genetic testing and 56 percent have been tested to date.

Based on our robust program and high-risk population, TOBH's Cancer Program has been awarded a grant from the American Association of Community Cancer Centers and Pfizer to increase BRCA testing for hereditary breast and ovarian cancers in eastern North Carolina. The project will begin in January 2019.

### **Clinical Goal: Scalp Cooling Therapy**

Annually, the Cancer Committee selects a clinical goal designed to establish a new clinical process that will enhance patient care.

During 2018, the Cancer Committee chose to implement the newly FDA-approved scalp cooling therapy. The therapy is proven to reduce chemotherapy-induced hair loss for certain types of chemotherapy agents.

The Cancer Committee selected the PAXMAN scalp cooling system, and a documented procedure to implement the therapy was established in April. The first patient to use the therapy began treatment on April 17. Since then, four additional patients have used the therapy.

*See the cover story for more information about the impact of scalp cooling therapy.*

# The Outer Banks Hospital 2018-2019 Development Council



*Pictured left to right, seated: Roberta Graham; Cindy Thornsvard, Vice Chair; Tess Judge, Chair; Linda Palombo, Nominating Committee Chair; Marie Neilson. Pictured left to right, standing: Myra Ladd-Bone; Sandy Martin; Lyndsey Hornock, Program Assistant for Outreach and Marketing, The Outer Banks Hospital; Richard Bruce; Jay Briley, President, Vidant Community Hospitals; Mike Waldrum, Chief Executive Officer, Vidant Health; Ronnie Sloan, President, The Outer Banks Hospital; Jennifer Schwartzberg, Director of Community Outreach and Development, The Outer Banks Hospital.*

*Missing from the photo: Tim Cafferty, Treasurer; Rick Loesch; Natalie McIntosh; Amy Montgomery, Senior Administrator, Operations, The Outer Banks Hospital*



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