

Cancer Services Annual Report



2020

Cancer didn't quit.
Neither did we.



Commission
on Cancer[®]
ACCREDITED
PROGRAM

A QUALITY PROGRAM
OF THE AMERICAN
COLLEGE OF SURGEONS

President's Message



Ronnie Sloan, FACHE
President
The Outer Banks Hospital

Since March, when COVID-19 hit, we've created over 100 inspirational messages to our team members about the importance of resilience and how to stay resilient.

Truth be told, we didn't need to do that. The folks who make up our team of over 500 strong have been using the power of resilience since they entered the healthcare field... probably even before that. You see, it takes a unique individual to get up for each shift and, despite the slings and arrows of life, walk into work with one goal—to make someone else's life better.

That personal drive is how we were able to continue to care for our community. Those in our medical practices worked tirelessly and within a few weeks developed a virtual care model here locally and led our health system with that process and technology.

Our quality and environmental services teams researched, developed, and implemented measures to keep team members and patients safe.

Likewise, the barriers created by the pandemic were no match for our cancer services team. Treatments, counseling, and coordinating care didn't miss a beat. The following pages will show specifics, but I can tell you that the numbers don't lie. Our community members needed us, and we stood strong to keep cancer services available.

Cancer didn't quit, and I'm proud to say that neither did we.

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ON THE COVER:
Cancer care throughout the pandemic at The Outer Banks Hospital

A Year Like No Other

The Cancer Committee and cancer services team began 2020 like every year. Armed with a set of goals for the year ahead, ready to dig into preventing and treating cancer and really making a difference for people in our community.

For the first two months of the year, our team members and patients faced the usual barriers to care. The financial burden of cancer, transportation, and scheduling issues are some of the most common barriers.

Then the almost unthinkable barrier to care happened. It almost seemed surreal, like a movie. A pandemic occurred, and everything—well almost everything—shut down.

One Exception Was Our Cancer Program

The COVID-19 pandemic created chaos and panic for everyone. Stay-at-home-orders were issued, and it took time for everyone in almost every industry—including healthcare—to figure out how to manage.

The pandemic required individuals, including cancer patients, to stay home, stay six feet apart, wear a mask, and wash hands thoroughly.

While some of these infection prevention practices imposed by COVID-19 were and still are very good for cancer patients, the stay-at-home requirement presented some significant barriers to care that needed to be overcome quickly. Our goal was to reduce the barriers created by COVID-19 by minimizing our patients' chances of exposure to the virus without sacrificing lifesaving cancer care.

It was imperative that we be able to continue to "see" new oncology patients to begin care. It was also imperative that we be able to continue treating active patients via clinic visits, chemotherapy, supportive care, and radiation therapy.

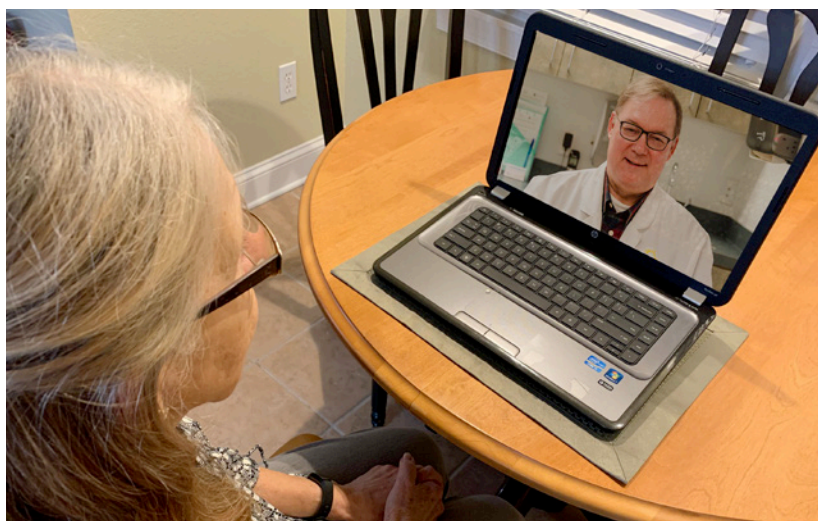
Within one week, The Outer Banks Hospital cancer services team used Centers for Disease

Control and Prevention guidelines to develop strategies to stay open and continue to provide care.

The Medical Oncology Clinic quickly developed the capacity and workflows to conduct virtual visits via telephone or FaceTime or Duo. This capacity was operational within one week of the pandemic shutting down in-person activities. At the beginning and during the height of the pandemic, nearly 100% of medical oncology clinic visits were virtual.

The Ambulatory Medical Unit (AMU) developed a workflow to prescreen patients the day before an

To keep cancer patients (and providers) as safe as possible, virtual visits became part of the care experience.





The team at the Radiation Therapy Center developed a prescreening workflow that occurs the day before appointments to increase safety during treatments.

infusion. The screening included questions about COVID-19-like symptoms, including fever. On the day of their infusion, patients were screened at the entrance to the building and required to hand sanitize and wear a mask. Visitors were restricted from accompanying patients.

The Radiation Therapy Center also provided consults virtually. For treatments, the staff developed a prescreening workflow for patients the day before all treatments. Similar to the AMU, patients were asked questions about symptoms and on the day of treatment were screened at the entrance to the building, required to sanitize their hands, and wear a mask. Visitors were restricted from accompanying patients.

All team members were also screened, which included a temperature check, before coming in to work, and they were required to wear a

procedure mask at all times while in the building.

Last but not least, we greatly increased levels of sanitizing in all spaces.

All of this enabled cancer patients to start and/or continue care.

The results speak volumes about our success in reducing the barriers to care created by COVID-19. In the table below, notice the **INCREASE** in visits we experienced during the initial phase of the pandemic as compared to the same time frame the prior year. It was not the decrease you might expect during a global shutdown.

As the table illustrates, medical oncology and total chemotherapy visits increased and all other volumes remained stable. The dip in total AMU encounters is due to a reduction in non-oncology care.

Over this five-and-a-half-month span, telehealth visits accounted for 44% of patient visits in Medical Oncology and 68% of patient visits in Radiation Oncology and the Genetics Clinic.

“It is truly amazing but not surprising that our oncology team stepped up to the plate and courageously continued to provide cancer care in the midst of a global pandemic,” commented Amy Montgomery, senior administrator of operations. “Being here on the front lines of healthcare, knowing that our doors had to stay open to provide lifesaving care, was scary. I am so proud of our team members for their professionalism and compassion. They have no limits.”

March 15 – August 31	2019	2020
Medical Oncology Clinic Visits	1,472	1,910
New Chemotherapy Patients	53	50
Total Chemotherapy Infusions	640	737
Total AMU Encounters	2,735	3,198
Total Radiation Therapy Treatments	1,297	1,209

The Commitment to Nurse Education and Credentials

In 2020, the Commission on Cancer revised accreditation standards for nurse education and credentials. The new standard outlines the requirement that all registered nurses (RNs) providing direct oncology care must demonstrate current, cancer-specific certification by an accredited certification program or documentation of 36 cancer-related continuing education nursing contact hours every three years.

The revised 2020 standard clearly articulates the importance of specialized continuing education for oncology nurses.

The most common and sought-after certification is the Oncology Nurse Certification OCN. To qualify for certification, a nurse must have more than two years of RN experience along with 2,000 hours of oncology experience. Certification is valid for four years and renewable with ongoing practice hours and continuing education or by retaking the exam.

Of The Outer Banks Hospital's 14 oncology nurses, two were certified prior to the new standard. This past year presented some challenges for our nurses to work toward certification, but we overcame them.

An OCN review course was planned for March 2020 but was canceled due to COVID-19. Once things settled down over the summer, the team regrouped and safely held the in-person workshop on October 16. One hundred percent of the Outer Banks Hospital's oncology nurses attended which was co-hosted by the Coastal North Carolina Chapter of the Oncology Nursing Society, The Outer Banks Hospital, and Vidant Cancer Care. The full-day course delivered 7.5 hours of rigorous learning for the entire nursing team.

During 2020, despite COVID-19, one additional RN became OCN certified – Robin Williams who serves as the charge nurse for the Medical Oncology clinic.

Certification makes a difference. In an environment of rapid advancements in treatments, technologies and patient-care modalities, OCN validates that a nurse has specialized knowledge and experience in cancer care.

The entire Outer Banks Hospital Cancer Services nursing team is committed to earning certification. As they individually work toward that, they are also maintaining 100% compliance with the requirement to obtain 36 cancer-related continuing education contact hours during the three-year accreditation cycle.

Robin Williams, RN, OCN, charge nurse for The Outer Banks Hospital Medical Oncology Clinic, received her OCN on September 15, 2020. The achievement demonstrates a solid commitment to leading and delivering high-quality, compassionate cancer care to patients.



The Power of Prevention

Today, we enjoy a life expectancy almost double that of what our ancestors enjoyed just one century ago. The development of vaccines against infectious disease is responsible for much of this gain in life expectancy. COVID-19 is a stark reminder of just how far we have come in medicine and public health. As we scramble to develop the next lifesaving vaccine against a new and deadly virus and deploy it first to those on the front lines and at highest risk, let's take this opportunity to pause and reflect on the true power of prevention.

Living Longer Means Increased Risk of Disease

Now that we are living longer, that means that we are more likely to succumb to diseases that result from aging and/or lifestyle. Cancer is a great example of a disease of aging and/or lifestyle. It can also be a disease passed down through your genes.

So just like we have the opportunity to prevent many infectious diseases, including COVID-19 once the vaccine is widely available, we also have the ability to prevent cancer from occurring or catching it early and reducing the risk of dying from it.

Over the past two years, The Outer Banks Hospital cancer services team has embarked on a journey to assess cancer risk and invoke the power of prevention for local residents.

The team started with breast cancer because of the known link between the BRCA gene and breast cancer. The idea is that if we screen for genetic predisposition to breast cancer, we can help women get one step ahead of it. Taking that a step further, the BRCA gene is present in all humans, and it actually works to suppress the growth of tumor cells. It's a mutation in the gene that makes a person more susceptible to cancer. Some people are more susceptible to the

mutation. What most people don't know is that lifestyle factors can play a role in whether or not a mutation occurs.

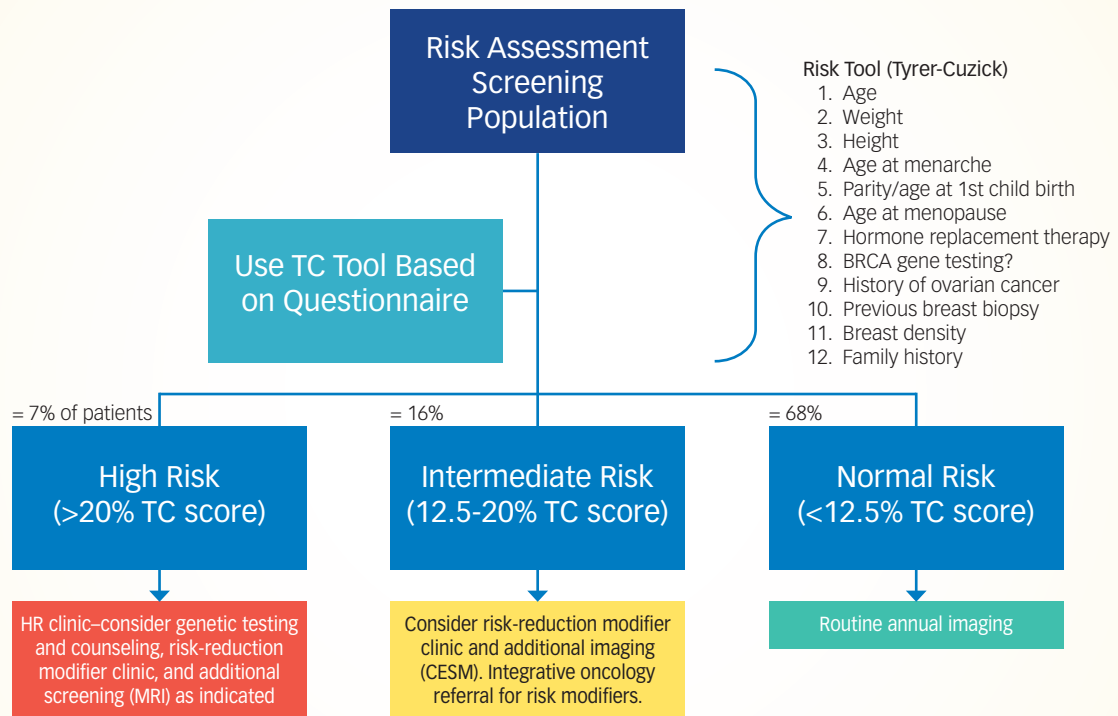
So just like many of us are anxiously awaiting the COVID-19 vaccine so we can avoid a deadly virus, The Outer Banks Hospital Cancer Services program has made it possible to know your genetic risk for breast cancer and to take every action possible to prevent a deadly occurrence of breast cancer.

In July 2019, The Outer Banks Hospital began using a survey to screen all women for possible genetic predisposition to breast cancer. The survey is standard now for all women who get their annual mammogram at The Outer Banks Hospital. Answers to the survey allow our team to rank patients at low, moderate, or high risk for a BRCA genetic mutation.

Since July 2019, The Outer Banks Hospital has surveyed and screened more than 5,000 women. Of them, 1 in 5 or 22%, met the criteria for genetic testing for breast cancer. We have tested 300 women, and of these, 5% tested positive for a BRCA genetic mutation.

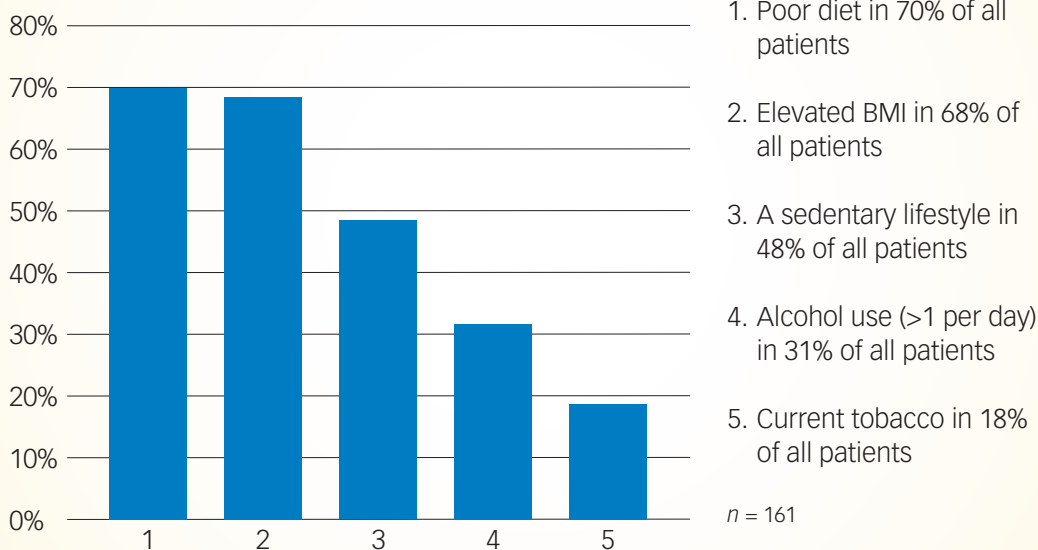
Does Angelina Jolie come to mind? Stop right there. A survey and a genetic test do not always or even often result in a double mastectomy. Not even close.

Figure 1: The Outer Banks Hospital Risk Assessment Model*



*This model is used to assess risk in the general population for breast cancer given high familial clustering in first- and second-degree relatives, high body mass index (BMI) rates, and high breast density as well as other risks we examined. We have found the Tyrer-Cuzick model best suited for these metrics. CESM = contrast enhanced screening mammogram.

Figure 2: Top 5 Modifiable Risks by Rank



1. Poor diet in 70% of all patients
2. Elevated BMI in 68% of all patients
3. A sedentary lifestyle in 48% of all patients
4. Alcohol use (>1 per day) in 31% of all patients
5. Current tobacco in 18% of all patients

The model above is comprehensive and includes risks that are both genetic and environmental. Risks that we cannot change, like genetic and familial risk, are identified, as are modifiable risks like diet, physical activity, smoking, alcohol use, and stress, which also contribute to cancers, more so than do our genes.

Those designated at high risk may have MRI's instead of mammograms, be screened more frequently, and are encouraged to modify their risk factors, such as weight or smoking. Those at moderate risk may do some of the same.

Because lifestyle factors contribute to cancer risk and serve as a one-two punch for those with a genetic predisposition, Radiation Oncologist Charles Shelton, MD and Integrative Medicine Physician Christina Bowen, MD, pioneered the development of the Prevention Clinic.

What is the Prevention Clinic?

Any woman who has been found to be at high risk for breast cancer or who has been diagnosed with breast cancer locally is referred to the Prevention Clinic.

Dr. Bowen meets with high-risk patients to talk about ways to reduce their risk through

modifiable risk factors. These include eating foods that reduce inflammation in the body, maintaining a healthy weight, exercising regularly, reducing alcohol consumption, quitting smoking, enhancing sleep, reducing stress, and elevating overall well-being by developing a strong social support network.

"Some people call this fluff or voodoo medicine, but think about many of the modifiable risk factors. They are things you put in your body daily or ways that you take care of the one body that you have. As a family practice physician, I do prescribe medicine; however, I also know that how we treat our bodies and soul is as important as any other factor in our overall health. Modifying the risk factors that are within our control absolutely has the power to prevent cancer or prevent a second occurrence of cancer," shared Dr. Bowen.

This program has made such a local impact that Dr. Shelton and Dr. Bowen plan to work with their system partners at Vidant Health to replicate this care throughout the 29-county region of Eastern North Carolina served by Vidant Health.

"We are already branching out into other forms of cancer, such as risk analysis and genetic testing for ovarian, colorectal, and prostate cancer," shared Dr. Shelton. "Our goal is to move the needle here locally and throughout Eastern North Carolina. We want to provide access to the information people need to invoke the power of prevention and prevent cancer."

Sound like pie in the sky? Think again. This program has already garnered the attention of national oncology publications and state and national health officials. The September/October edition of *Oncology Issues* published an article titled "Empowering Cancer Patients Using Integrative Medicine, A Novel Model for Breast Cancer Risk Modification" about this groundbreaking work.



Dr. Christina Bowen works with Carolyn Nicholson, a patient, on lifestyle modifications in order to reduce the risk for disease.

On November 19, the National Organization of State Offices of Rural Health led National Rural Health Day, an annual day of celebration that shines a light on those serving the vital health needs of an estimated 57 million people living in rural America. During this year's celebration, Dr. Bowen became the first North Carolinian to be recognized as a Community Star. Her work in the arena of breast cancer prevention was just one of the accolades that earned her this title.

“Dr. Bowen has been doing some incredible work out on the coast...reducing risk for cancer and improving rurally related disparities and cancer outcomes. I think this is a really unique model, and I’m really proud of Dr. Bowen and her team’s work.”

— *Dr. Mandy Cohen, Secretary of the North Carolina Department of Health and Human Services, acknowledging Dr. Bowen during the National Rural Health Day virtual celebration.*

“We’ve doubled our life expectancy through prevention efforts. I don’t think the goal is to extend that a lot further; instead, it’s to allow as many people as possible to have a healthy quality of life well into their golden years. The power of prevention is the key, and we are committed to helping as many people as we can,” concluded Dr. Shelton.

(Right) Leaders from The Outer Banks Hospital, Outer Banks Medical Group, and Vidant Health recognize Christina Bowen, MD, for being selected as North Carolina’s Community Star by the National Organization of State Offices of Rural Health.



Oncology Issues published a 13-page article in the September/October 2020 edition about the pioneering work developed by Christina Bowen, MD and Charles Shelton, MD.



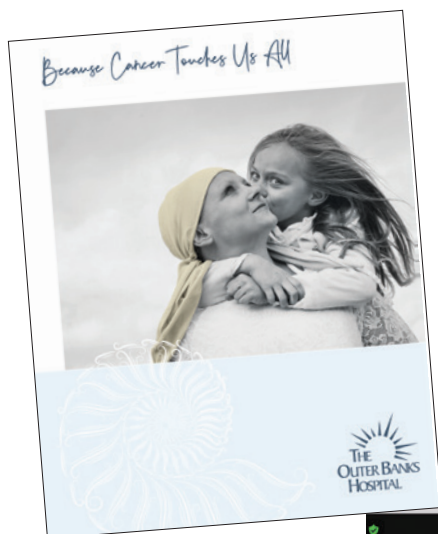
Achieving the Vision

Last February, the hospital's 15th Anniversary Gala raised a record \$175,000, which kicked off a capital campaign to fund construction of a cancer center on the Outer Banks. The plans had been in the works for a few years, a feasibility study was completed, and cabinet members aligned to help us raise \$6 million for this project. The momentum experienced after the gala was incredible... and then came March.

For the next several months, COVID-19 created a "new normal." Instead of moving forward with planned cultivation parties and meetings with donors to discuss the campaign, fundraising plans were put on pause and we focused on preparing, strategizing, and strengthening our skills. The Development Council and Cancer Center Cabinet continued to meet and discuss ideas related to the campaign as well as to address the best ways to approach donors when the

time was right. Many of the members completed relationship maps that identified donors whom they would be comfortable approaching about the campaign. Our hospital president and cancer center chairs wrote letters to members of the hospital's board and leadership team to begin securing 100% commitment from those closest to the project. In addition to countless trainings related to donor cultivation and fundraising strategy during a pandemic, our development team worked with our marketing department to create a stellar campaign case statement that focuses on why this campaign is so vital to the care that the Outer Banks deserves.

The need is evidenced by the consistent rise in annual AMU and oncology visits between 2009 and 2020 (see chart on opposite page.) In fact, since 2017, there has been a 35% increase in hematology/oncology patient visits. There's no doubt that now is the time to build this cancer center.

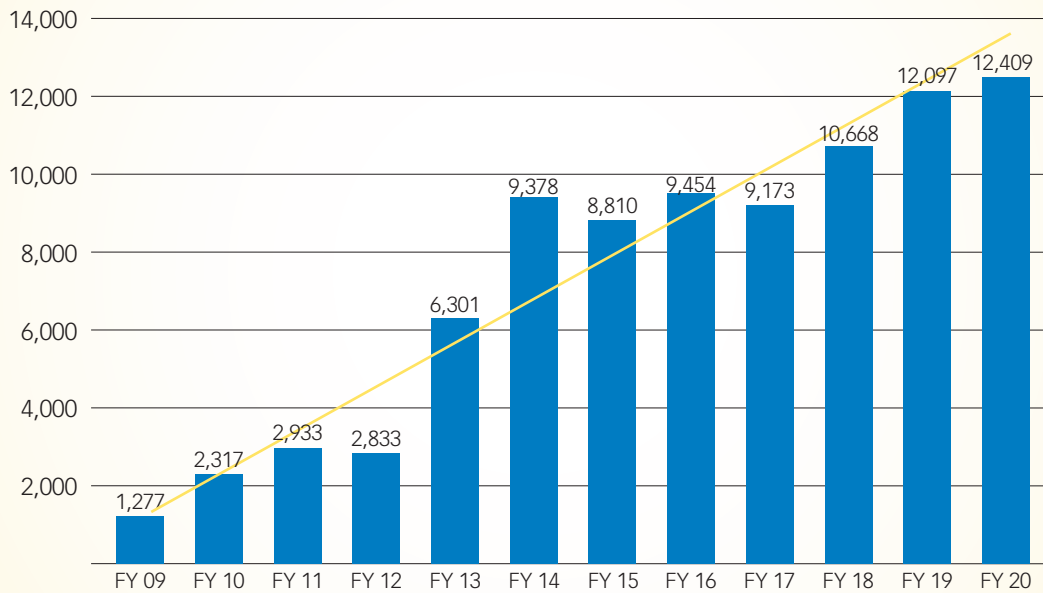


(Photo above) Cover of the campaign case statement that focuses on the importance of this fundraising effort for the future of cancer care on the Outer Banks.

(Photo right) Since the pandemic began, the Cancer Center Cabinet has met virtually. The December 2020 virtual meeting pictured focused on funds raised to date and expectations moving forward.



Figure 3: AMU and Oncology Annual Visits 2009-2020



For that reason and despite COVID-19, our work continued behind the scenes so that we would be ready when the time was right to again meet with donors. This past fall, we started those meetings, and we haven't looked back. With nearly

25% of our goal pledged, we are energized to be putting ideas and strategies into motion as we work to raise the additional funds needed to make this project a reality. Our hospital is grateful for those who served with us this year and helped us share our story.

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The Outer Banks Hospital is part of Vidant Health and Chesapeake Regional Healthcare.