A message from our Executive Director

Emmanuel E. Zervos, MD, MBA
Raab Professor of Adult Oncology
Executive Director of Vidant Cancer Care

Dear Vidant Cancer Care Community,

In the pages ahead, Vidant Cancer Care proudly presents our annual report to the community for 2019. With the 1 year anniversary of occupying the Eddie and Jo Allison Smith Tower at Vidant Medical Center (VMC) in Greenville, this has been a year of celebration for our patients, our providers, and our community. On April 4th, a celebration was held for patients and families promoting the services in the Resource Center as well as the Image Renewal Center. This year, the second annual Raab Multidisciplinary Cancer Symposium was held on Friday, August 23rd with a focus on pancreatic cancer. Nationally recognized medical experts along with regional experts met in Greenville to share their knowledge and expertise with over 100 local providers and staff. On Wednesday, October 23rd, our Vidant Cancer Care retreat was held at the Monroe Conference Center. This event focused on Vidant Cancer Center in the morning and regional sites in the afternoon. Lunch and dedication of the sculpture “Troika” were held in the large healing garden of the cancer tower. Several firsts for our patients in eastern North Carolina included the use of wireless localization for breast cancer surgery, use of spaceOAR hydrogel for prostate cancer, and Gammatile for recurrent brain tumors. Finally, you will read about outreach events sponsored by our service line that add value and knowledge to the medical and rural communities we serve. Thank you for your ongoing interest and support of our programs and thank you for helping Vidant Cancer Care become a national model of rural oncologic care.

Cake for patient appreciation day on April 4th.
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The Vidant Health/Vidant Medical Center (VMC) Cancer Care purpose is to be the premier, trusted, integrated cancer care delivery system in eastern North Carolina by developing a national model for rural healthcare that will reduce mortality and provide ready access to prevention, early intervention, and quality, coordinated patient care.

Here at VMC, the Cancer Committee continues to ensure that high quality cancer care is in place to meet the needs of cancer patients in eastern North Carolina. Our staff, in conjunction with local private practice physicians, Vidant Medical Group physicians, and physicians from The Brody School of Medicine at East Carolina University, work together to provide comprehensive cancer care across our service area. Congratulations to our team on achieving reaccreditation by the Commission on Cancer in March 2019.

The Eddie and Jo Allison Smith cancer center and bed tower celebrated its 1-year anniversary in March. The facility has enabled the enhancement of efficiency of care delivery and improvement in the patient experience. Vidant Cancer Care (VCC) at VMC will continue to focus on improving care for the top five cancer sites, increasing clinical trial availability and accruals, reducing barriers to care through patient navigation, increasing public awareness of cancer prevention, early detection and screening, and collaborating with regional Vidant community hospitals to ensure seamless, high quality care across the continuum. VMC serves as “the hub” for Vidant Health providing tertiary cancer care for eastern North Carolina.

2019 cancer committee

Wargaa Akram, MD
Michael Berry, MD
Brian Brodish, MD, liaison physician
Vijay Chaudhary, MD
Karl Chiang, MD
Tae Juon Lee, MD
Andrew Ju, MD
Brian Kuszyk, MD
Shachar Laks, MD, liaison physician
Darla Liles, MD, chair
Mahvish Muzaffar, MD
Daniel Moore, MD
Gina Murray, MD
Musharraf Navaid, MD
Karyn Prenshaw, MD
Nitika Sharma, MD
Chris Thomas, MD
Nasreen Vohra, MD
Andrew Weil, MD
Jan Wong, MD
Emmanuel Zervos, MD, MBA
Michael Anglin, MPT
Tim Barnes, BS, RT(R,T)
Merrill Bright, RHIA, CTR
Kathye Bennett-Chambliss, RDN, LDN
Leslie Corbett, RN
Felicia Collins, RN, MSN, CRRN
Marilyn Davis, MDiv, LMFT, BCC
Phyllis Deantonio, RN, MSN, FAAMA
Vickie Downing, RN, MSN, OCN
Susan Eubanks, RN, MSN, OCN
Julie Hann, RDN, LDN
Leighann Henley, RN, MSN
Todd Hickey, FACHE
Jennifer Higgins, MSW, LCSW, OSW-C
Nikki Hyatt, BSN, OCN
Ken Jones, RN, OCN
Evelina Kolychev, PharmD, BCOP
Judy Koutlas, RN, MS, OCN
Suzanne Lea, PhD
Debra Mascarenhas, RN, BSN, CBCN
Vicki McLawhorn, DNP, RN, FNP-BC
Allyson Meyer, MS, CGC
Sarah Mizelle, MSW, LCSW
Tiffanie Moore, MPH
Janet Moye, PhD, RN, NEA-BC
Teresa Parent, RN, BSN, OCN
Chelsea Passwater, RN, MSN, OCN
Janet Reimer, RN, BSN, OCN
Katherine Ross
Barbara Rouse, community member
Micah Sam
Debra Taft, FNP-C, AOCNP
Robbie Tilley, ACS
Catherine Wallace, PharmD, BCOP
Chris Wood, RT (R)(T) MBA
Goals for 2019


*These goals were approved by the Cancer Committee in January 2019.*

2019 Accomplishments

The following are some of the noteworthy accomplishments for 2019:

- Continued partnership between 4CC Medical Oncology, the Resource Center, and Vidant Wellness Center to have personal trainers work with patients for inpatient and outpatient Survivorship 101 program.

- Welcomed new physicians and staff: Thomas Alcock – screening nurse navigator; Laketia Vines – cancer registrar; Patty Davis – oncology intake coordinator; Samantha Griffin – oncology intake coordinator; Kimberly Hill – oncology intake coordinator; Martha Stewart-Singleton – oncology intake coordinator; Robynique Willis-Brown – social worker; Katherine Ross – genetic counselor; Dr. Matthew Sean Peach and Dr. Mohit Kasibahtla – radiation oncology

- Provided 105,741 hours of community benefit.

- Lay Navigation program expanded to 11 volunteer navigators.

- Provided cancer awareness/prevention/screening information to more than 15,723 people. Information disseminated via radio broadcasts, educational displays and packets, presentations, health fairs and information sessions. Provided more than 320 people with cancer screenings (breast, lung, skin, head and neck).

- Offered professional educational programs for physicians, nurses, allied health professionals and registrars.

- The cancer registry responded to over 150 data requests for research and outcome studies, including VMC site-specific information and case totals. Other requests included NAPBC report, survivorship care plan data, eastern NC specific data comparisons and mortality projections, and colorectal cancer stage 3 data for quality study.

- Power Up for a Healthier You held on November 21, 2019 with over 100 in attendance at cancer tower.

- Up to 86.89 percent chemotherapy is administered as an outpatient.

- Clinical trials volume increased by 18.6% of annual caseload.

Recognitions

Micah Sam presented posters “Impact of Symptom Management Clinic on Oncology Care” and “Reduction in Time to First Antibiotic in Patients with Neutropenic Fever” at the National Quality Conference June 6-7, 2019.

Judy Koutlas, RN, MS, OCN presented poster “Utilizing Volunteer Non Clinical Navigators (NCN) as Extenders of the Breast Nurse Navigator (BNN) to Provide Patient Education and Support” presented at the 2019 ASCO Quality Care Symposium.

Debra Mascarenhas, RN, BSN, CBCN, attended the 2019 Academy of Oncology Nurse & Patient Navigators (AONN) Conference and was awarded the 2019 AONN+ Outstanding Poster Award for Category V: Professional Roles and Responsibilities for the poster “Utilizing Volunteer Non Clinical Navigators (NCN) as Extenders of the Breast Nurse Navigator (BNN) to Provide Patient Education and Support.”

Chelsea Passwater, MSN, RN, AGCNS-BC, OCN, oncology clinical nurse specialist, named a Great 100 RN.

Christine Smith, MSN, RN; Myra Lewis, MSN, RN, NE-BC; and Tammy Murphy, LRT IV received the St. Martin of Tours Award.

Phyllis DeAntonio, RN, MSN, FAAMA; Leighann Henley, RN, MSN; Evelina Kolychev, PharmD, BCOP; Darla Liles, MD; Chelsea Passwater, MSN, RN, AGCNS-BC, OCN; Micah Sam, BA awarded second place for poster “Benefits of an Oncology Symptom Management Clinic” at the Raab Symposium.

Jenny Higgins, MSW, LCSW, OSW-C recognized as Southern Star in April.

Research and presentations


• Robert Corns, Yingli Zhao: Calibrating TrueBeam jaws by considering collimator walkout to improve the dose uniformity at abutting field junctions. *Journal of Applied Clinical Medical Physics*, 2019.


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**Clinical services**

### Inpatient Medical Oncology – 4th Floor Cancer Center

The Medical Oncology unit has continued to evolve this year by implementing a new model of care based on best practice. The 48 bed unit was divided into two units, a 24 bed Intermediate Level of Care Unit and a 24 bed General Monitored Level of Care Unit. This assists the progression of our patients within the same physical space with the same specialized nursing care which supports our goal of providing continuity of care for patients throughout their treatment plan. In order to support the team functioning as two units within one, three nurses received promotions to Assistant Nurse Manager this year to better serve our team. Erin Williams, MSN, RN, OCN; Valentina Godnyuk-Grinchak, BSN, RN and Allison Boykin, BSN, RN were promoted to Assistant Nurse Managers.

Specialty-trained physicians and nurses provide comprehensive care to adult patients with all types of hematologic and oncologic diseases as well as working seamlessly with the other services throughout the cancer center. The medical oncology team consists of hematology/oncology providers, as well as hospitalist and advanced practice providers who collaborate to develop and execute a comprehensive plan of care. The interdisciplinary team also includes nurses, nursing assistants, unit secretaries, nurse and social work case managers, a recreational therapist, a pharmacist, physical/occupational therapists, a dietitian, a professional development specialist, and a clinical nurse specialist.

Staff nurses are encouraged and supported in their professional development. Additional promotional opportunities are available through Vidant Health’s clinical ladder that enable nurses to address patient educational and clinical needs as well as provide educational opportunities for their peers that promote expertise in bedside nursing. The medical oncology unit supports and participates in the local Oncology Nursing Society chapter. The chapter provides educational opportunities for nurses. The focus continues on increasing our number of Oncology Certified Nurses (OCN) which validates expertise in oncology nursing. We continue to have nurses seeking advanced degrees, certifications and leadership opportunities through our active Unit Based Council, Quality Council and newly added Retention/Recognition Committee. The work of the Quality Council has been recognized through Melissa Reason, RNII, QI Representative and UBC Chair having an abstract accepted for a poster presentation at the 2020 North Carolina Association for Healthcare Quality.

Promoting a healing environment is necessary to achieve holistic patient outcomes as well as promoting an engaged team. On the medical oncology unit this has been a joint effort between the team, patients and their families. The team celebrated its one year anniversary in the Eddie and Jo Allison Smith Cancer Tower where we are fortunate to have state of the art facilities and equipment. Hospitalized patients have access to support and survivorship services, healing gardens, and an indoor and outdoor labyrinth to help promote their overall wellbeing. The Unit Based Councils are interdisciplinary as well and have had great successes in bringing not only clinical expertise and improvement in quality initiatives, they also have worked together to bring joy to our patients and each other by celebrating patient weddings on the unit, birthdays parties for patients children and a collaborative effort during the holidays supplying and running a Santa’s Workshop where the immunocompromised patients and their loved ones could shop at no cost, enjoy team members singing songs of the season and hot chocolate. The spiritual well-being the team brings was also recognized by having 2 nurses, Christine Smith, MSN, RN; Myra Jones Lewis, MSN, RN, NE-BC and a recreational therapist, Tammy Murphy, Recreational Therapist, LRT IV receive the honor of the St. Martin of Tours Award, Esther Wentling a Leading the Way nominee and Melissa Reason, RNII a NC Great 100 nominee.

### Inpatient Surgical/Oncology – 2nd Floor Cancer Center

The Surgical Oncology unit, consisting of 24 beds, is capable of providing general, general monitored and intermediate levels of care. We provide a seamless transition from surgical oncology care to medical oncology treatment. Patient care is provided for the following surgical procedures: gastrointestinal, genitourinary, head/neck and gynecology. Our surgical oncology team is an interdisciplinary team made up of physicians, advance practice practitioners, nurses, nurse case manager, social work case manager, dietitian, pharmacist, physical/occupational therapists, and nursing assistants. The surgical staff utilizes a team approach with preoperative and postoperative care. This collaborative approach provides patients and their families with the knowledge and skills necessary for transitioning to independence and recovery in their home environment. This year, our Unit Based Council created a flier titled, “How You Can Help Heal”; it can be located in Krames. This was created with our patients and families at the forefront of what we do, our goal was to provide information that was meaningful and clear, engaging them in their care. High quality care and clinical decisions respectfully include the individual's preferences, values and needs.
Professionalism, compassionate care and a commitment to continuous improvement are key qualities of our health care team with a priority on competency training. Physicians and nurses engage in the unit and hospital practice councils for decision making and clinical practice recommendations. The team also participates in quality improvement projects to bring awareness to quality initiatives and improve patient experience and outcomes. Nursing development is encouraged through advancement in higher level degrees, professional organizations, specialty certifications and participation in professional clinical pathways. We eagerly welcomed eleven new nurses and three nursing assistants to our team. We are excited for another fantastic year ahead.

**Palliative Care Unit – 2nd Floor Cancer Center**
The Palliative Care Unit provides services to cancer patients and other patients requiring symptom management and care for life-limiting illnesses. Hospice in Palliative Care is a specialized service provided to patients whose symptom burden requires frequent assessment and intervention. Due to demonstrated need for more beds the Palliative Care Unit expanded to 24 beds on May 29, 2019, consisting of 16 general beds and 8 general monitored beds. Our palliative care team is an interdisciplinary team made up of physicians, advance practice practitioners, nurses, nurse case manager, social work case manager, advance care planning and hospice coordinator, dietitian, pharmacist, chaplains, physical/occupational therapists, and nursing assistants. This collaborative approach provides patients and their families with compassionate care and support throughout decision-making and transitioning to home or other settings for continued care.

Physicians and nurses in palliative care participate in unit and hospital councils and committees to promote various quality improvement initiatives, including, but not limited to, advance care planning, mortality, and patient and family experience. This past year we were very happy to welcome 13 new nurses, eight new nursing assistants and three new unit secretaries to our team.

**VMC Infusion Center**
The VMC Infusion Center is located inside the Eddie and Jo Allison Smith Cancer Tower. It is designed to deliver chemotherapy, blood products, and other infusions in an outpatient setting. The Infusion Center delivers necessary treatments and therapies to patients while allowing them to maintain their normal routines as much as possible. The center provides the best of both worlds by providing an outpatient service located within a major medical center.

The Infusion Center has 60 treatments beds/chairs and treats 80-100 patients daily from across eastern NC. Currently, Infusion has 12 private rooms and 48 infusion chairs. We also offer a dedicated space for quick treatments such as injections and port flushes. The center offers the following amenities to keep patients comfortable and entertained during their stay: reclining chairs with heat and massage, beautiful views of our gardens, and TVs for every patient with individual controls. These televisions are equipped with state of the art patient engagement technology offering education, entertainment, and relaxation features. Art and music therapy are provided by students from East Carolina University. The infusion suites are built around a beautiful healing garden that is accessible from inside the center. This garden is open to patients and families, and has tables, benches, and a walking labyrinth.

The lab is located adjacent to the Infusion center to make lab results available in the most efficient time. There is also an onsite pharmacy to provide safe and timely access to chemotherapy, decreasing patient wait times and increasing patient satisfaction. Shuttle and valet services are available to all patients to assist with transportation to and from the parking areas.

The Infusion center staff of nurses, care partners and unit secretaries work closely with all referring providers. Nurses are chemotherapy certified with an average of 15 years of nursing experience. Eleven are certified oncology nurses and others are working toward this goal. Certification is the gold standard of oncology nursing, and every nurse in Infusion has a true passion for oncology patients.

Realizing the need to spend time at home with loved ones, patients at the Infusion Center receive the highest quality, most efficient care possible.

**Symptom Management Clinic**
The Symptom Management Clinic (SMC) is located within the Infusion Center and began seeing patients in July 2017. The clinic is open five days a week from 8:00 am until 5:00 pm, with the last appointment available at 3:30. There are significant side effects to many cancer treatments, and this clinic was created to help patients manage those symptoms as early as possible. The goals for the SMC are to avoid emergency room visits, provide better access to care, improve clinic workflow, reduce length of stay/readmission, increase patient centered care, and decrease cost. Patients may call the clinic nurse or disease-specific navigator to report symptoms and referrals are made for a same day appointment. Patients may be seen in the SMC for fever, chills, generalized fatigue, nausea, vomiting, diarrhea, dyspnea, pain, decreased appetite, and wound/drain issues. The clinic is staffed by our oncology nurse practitioners Vicki McLawhorn and Debra Taft. Any cancer patient undergoing treatment may be seen. All physicians and staff are encouraged to refer patients to this needed service.
Prevention Clinic

The Prevention Clinic began seeing patients weekly in February and has seen 84 patients this year. A risk assessment tool is completed by the patient prior to their appointment and is reviewed by the oncology nurse practitioner/MD. There are a variety of services available including: personal and family history, risk assessment with referrals as needed, physical examination, review of results, personalized plan for wellness, cancer screenings, and referral to genetic counselor or tobacco cessation treatment specialist. In addition, integrative medicine is being offered as part of the clinic. The clinic is located in clinic A of the cancer tower and is open on Fridays. This is open to any individual who wants to know more about their risk for cancer. Additional service lines are in process, including integrative medicine and survivorship clinics.

Outpatient Clinics

We have had a busy year in our outpatient clinics. We continue to offer our patients multispecialty visits for their oncology care. In the past year we have added sub-specialties such as cardio-oncology, neuro-oncology, and palliative care to allow for patients to receive this care closer to home. We have also worked with our Infusion Center to facilitate the Symptom Management Clinic, which allows for patients experiencing symptoms related to their cancer to have improved access to care by an oncology specialized provider.

We have worked to facilitate our survivorship clinics for our breast, colon, hematology and gynecology population and have identified future projects for the upcoming year.

Clinical trials

The East Carolina University (ECU) Oncology Clinical Trials office and the Vidant Clinical Trials Office coordinate and facilitate clinical research to improve the cancer care of tomorrow and provides patients in eastern North Carolina access to novel therapies and the latest advancements in cancer care. Patients are seen in the outpatient setting at the Eddie and Jo Allison Smith Cancer Tower and in all areas of VMC. Our participation in the research process establishes a connection with the National Cancer Institute and The National Clinical Trials Network (NCTN) oncology cooperative groups that currently include Alliance, NRG, ECOG-ACRIN, SWOG. Our ECU pediatric hematology oncology physicians are active members of the Children’s Oncology group which allows them to provide the latest therapies to our children diagnosed with cancer. ECU maintains a collaborative relationship with UNC-Chapel Hill Cancer Network. Through this collaboration our ECU surgical oncologist maintains a tumor tissue bank which allows bench research physicians access to clinical tumor samples for development of new therapies. In addition, our own oncology physicians write protocols to specifically meet the needs of our patient population. Some of these include translational research that provide the backbone for which bench research may reveal relevance in clinical treatment. We work directly with pharmaceutical companies on selected studies which can offer emerging new therapies not otherwise available.

The following summarizes accrual information for calendar year 2019.

Clinical trials, January 1 – November 9, 2019

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<tr>
<td>Quality of life trials</td>
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<tr>
<td>Other</td>
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<tr>
<td>Total pediatric patients accrued</td>
<td>23</td>
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<tr>
<td>Total accruals</td>
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Cancer care navigation

Patient navigation provides personalized assistance and guidance to cancer patients, families, and their caregivers during the cancer journey. Navigators help overcome barriers to care such as financial concerns, practical problems, and emotional distress. Our new specially trained oncology intake coordinators ensure timely access to state-of-the-art cancer care and collaborate with the multidisciplinary team including our nurse navigators. Our nurse navigators serve as patient advocates ensuring that patients understand the recommended treatment and are involved in the decision-making process. They provide services to an average of 550 cancer patients and their families per month and provided over 6,600 encounter visits over the year which included identifying barriers to care and linking patients to much needed support services and programs. Our navigators serve patients living in all 29 counties of eastern NC and beyond.

Our regional navigation team collaboration provides for seamless, timely access to quality cancer care across the health care system for every cancer patient. All Vidant Cancer Care navigators work to improve communication among providers across our system. Over 4,000 patient encounters in 2019 involved multidisciplinary care coordination by our navigation team. In addition, they provided 4,100 educational sessions and intervened with 260 patients to prevent them from having to go to the emergency room or be admitted to the hospital. Over 2,500 patients were provided emotional support and counseling. The team of 14 professional navigators including nurses and social workers have worked together to determine how to best identify patients who have transportation as a barrier to their care and how we can improve the resources available across eastern NC. Our transportation charter work will continue into 2020.

Navigators referred 1,700 patients and their families to local and national programs that provided assistance for medications, transportation, and many additional expenses related to cancer treatment. With the support of several Vidant Health Foundation grants, cancer patients were provided with financial assistance for daily living expenses such as rent, food, and utilities as well as medications and travel expense. The navigators referred over 1,500 patients to supportive care service members including dieticians, financial counselors, social workers, genetic counselors, as well as many others who assist throughout the health care continuum. The navigators actively facilitate Caring Conversations support group. Our team are expert speakers and provide education at numerous community events for early detection, screening, and prevention programs including the new “Power UP for A Healthier You” event. Our screening navigator plays an integral role in educating community members about the importance of prevention and early detection and links patients to our Prevention Clinic for services.
Our volunteer non-clinical navigation team continues to grow with the support of a statewide training program in partnership with UNC and grant funded by the Duke Endowment. The patient navigators provide non-clinical, one-on-one assistance to patients and families who need support and guidance throughout the health care system. For example, they will check on patients by phone after treatments, offer to accompany patients who are alone to their appointments, and visit patients while receiving chemotherapy or on the inpatient units. The navigators closely work with the nurse navigators and social workers to identify patients in need of their services. The volunteer often provides tours of the Resource Center, shares information about survivorship programs, and gives patients an extensive list of local and national resources. We have also successfully piloted this year having the non-clinical navigators involved in the breast cancer clinic providing educational videos and materials along with support and link to necessary resources like wigs and prosthesis. Through the continued use of the non-clinical navigators we were able to serve an additional 29% more new breast cancer patients compared to the previous year. In fact, an abstract entitled, "Utilizing Volunteer, Non-Clinical Navigators (NCN) as Extenders of the Breast Nurse Navigator (BNN) to Provide Patient Education & Support" was accepted and presented as a poster at the 2019 ASCO Quality Symposium and the poster also received the 2019 AONN+ Outstanding Poster Award for Category V: Professional Roles and Responsibilities.

### 2019 Non Clinical Volunteer Navigators:
- Jordyn Alentino
- Kassie Balestrieri
- Nick Balestrieri
- Myra Bowen
- Peggy Gatlin
- Michael Grubey
- Muriel Hines
- Jennifer Lockhart
- Judy Plymale
- Jeanie Robertson
- Lina Shammas
- Dana Shefet
- Susan Waldrum

### VMC cancer care navigators

<table>
<thead>
<tr>
<th>Clinical navigator/area of specialty</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Judy Koutlas, RN, MS, OCN, manager skin cancers</td>
<td>252-814-3580</td>
</tr>
<tr>
<td>Thomas Alcock RN, BSN Cancer Prevention/Screening</td>
<td>252-341-3524</td>
</tr>
<tr>
<td>Ken Jones, RN, BSN, OCN Brain cancer</td>
<td>252-714-5072</td>
</tr>
<tr>
<td>Debra Mascarenhas, RN, BSN, CBCN Breast cancer</td>
<td>252-341-0917</td>
</tr>
<tr>
<td>Teresa Parent, RN, BSN, OCN Lung and esophageal cancers</td>
<td>252-341-0834</td>
</tr>
<tr>
<td>Amanda Pendry, RN, BSN, OCN Gastrointestinal cancers</td>
<td>252-717-1931</td>
</tr>
<tr>
<td>Janet Reimer, RN, BSN, OCN Head and neck cancers; genitourinary cancers</td>
<td>252-341-3688</td>
</tr>
<tr>
<td>Shana Smith RN, MSN Hematologic Malignancies</td>
<td>252-531-2680</td>
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### Psychosocial distress screening

The Personal Support Assessment (PSA) is given to patients in the outpatient setting at least once during identified pivotal points. This year, there were 1,341 screenings: 769 (57.3%) in radiation, 368 (27.4%) in medical oncology, 185 (13.8%) in infusion, and 19 (1.4%) other. The top 10 commonly reported concerns were: fatigue, pain, worry, sleep, insurance/financial, nervousness, tingling in hands/feet, depression, eating, and constipation. When compared to the data from a year ago, 263 more patients have been screened and 6 additional patients reported a distress of 6 or greater. The interventions/on-site referrals include: case manager for practical concerns; medical professional for physical concerns; hospital chaplain for spiritual/religious concerns; licensed clinical social worker/psychotherapist for emotional & psychological concerns. Improvement efforts include conducting a pilot study with the use of iPads in the outpatient setting, inspire interactive education, renaming of the screening tool, improved functioning of the tool in the electronic medical record, and meeting with private practice providers/clinic to educate on importance of screening their patients for distress.
Survivorship care plans

Cancer survivorship begins on the day of diagnosis. The number of cancer survivors is consistently growing due to earlier diagnosis, advances in treatment, and an aging population. Currently, there are over 15 million survivors and that is estimated to be over 20 million by 2026. The survivorship care plan summarizes and communicates what occurred during active cancer treatment, recommendations for follow-up care and surveillance testing, referrals for support services, and other pertinent information of the survivor’s short and long term care. To meet the Commission on Cancer accreditation in 2019, 50% of all eligible patients who are stage 1-3 and completed curative intended treatment needed to be provided with a survivorship care plan. The personalized care plan is developed and recorded within the electronic medical record based on the diagnosis. During a follow up clinic visit after treatment is completed, the provider discusses the information and recommendations related to the treatment received, when to see their cancer provider, what long term effects to expect, and how to stay healthy. A summary of the treatment received as well as staging is included in the written care plan provided to the patient. Additional handouts related to eating right and exercising are incorporated into the survivorship packet. Information about integrative therapies and other survivorship programs is provided as well. The care plan is also sent to the primary care physician to improve communication to ensure other important health screenings are being done.

Our survivorship care team consists of many different physician specialists, midlevel providers, navigators, social workers, and nurses. With their teamwork, we provided survivorship care plans to 420 patients (53%) which surpasses the CoC standard goal of 50%.

Gamma Knife Center

Gamma Knife offers hope for patients with brain lesions that were once considered inoperable. The use of Gamma Knife alleviates much of the pain, scarring and long recovery time normally associated with cases treated with intracranial surgery.

Gamma Knife therapy avoids many risks associated with open brain surgery. Patients experience a minimal amount of pain and typically tolerate the procedure with local anesthesia. Shorter hospital stays and less invasive surgery make Gamma Knife a more cost-effective option than conventional neurosurgery.

Gamma Knife gives surgeons the ability to effectively treat abnormalities in the brain through stereotactic radiosurgery. Stereotactic radiosurgery is defined as the delivery of a single high dose of radiation to a small and critically located intracranial target without opening the skull. Physicians can remove intracranial lesions by focusing multiple gamma rays on a precisely defined target.

The ICON, installed in November 2018, gives clinicians the option to perform single or fractionated frame-based or frameless treatments, allowing for more individualized delivery – without sacrificing precision and accuracy. Addressing the growing radiosurgery market, the ICON makes Leksell Gamma Knife radiosurgery more flexible and easier to use, allowing more clinics to build an intracranial radiosurgery program.

Gamma Knife therapy avoids many risks associated with open brain surgery. Patients experience a minimal amount of pain and they typically tolerate the procedure with local anesthesia. Shorter hospital stays and less invasive surgery make Gamma Knife a more cost-effective option than conventional neurosurgery.
Indications for Gamma Knife therapy

Patients undergoing Gamma Knife radiosurgery are evaluated by a team of specialists including neurosurgeons and radiation oncologists. Diagnoses that indicate Gamma Knife therapy include:
- Meningiomas
- Metastases
- Vestibular Schwannomas
- Trigeminal Neuralgias
- AVMs
- Other benign tumors
- Pituitary Adenomas
- Other Functional Disorders
- Other Malignancies
- Glioblastomas
- Other Vascular
- Essential Tremors

Outcomes
- Patient satisfaction surveys in the mid-90 percentile
- Effective tumor control sparing organs at risk
- 2-4x lower dose to normal brain
- Highest possible accuracy for both frame-based and frameless treatments
- Metastatic brain tumors, the No. 1 indicator for Gamma Knife
- Excellent success at achieving local control of disease in these patients
- Superb outcomes for control of tumor size in patients with benign tumors such as meningioma and acoustic schwannoma
- Increased awareness of Gamma Knife treatment among referring physicians due to efforts by VH Strategic Development Department

Gamma Tile® Therapy

On December 13, 2019, Vidant Medical Center became the first facility in North Carolina to perform a new treatment called Gammatile for recurrent metastatic brain tumors. The treatment implants small radioactive wafers in the brain once a recurrent tumor is surgically resected. Led by Vidant Chief Neurosurgeon, Dr. Stuart Lee and Associate Professor of Radiation Oncology, Dr. Sean Peach from the ECU Brody School of Medicine, Gammatile® brings a treatment option for many patients which alternative options may not exist.

“Keeping care close to home is an important part of Vidant’s mission to improve the health and well-being of eastern North Carolina,” said Dr. Stuart Lee. “This procedure enables us to meet that goal while providing effective treatment and improving quality of life for those battling brain cancer. I am incredibly proud of the care team here at Vidant as well as our partners at ECU for their tireless work in making this new treatment a reality in the East.”

Gammatile® was approved by the FDA in 2018. Currently Vidant Medical Center joins only 8 centers across the United States who offer this form of complex therapy. The treatment employs 4 cesium rods implanted in a Duragen wafer. The number of wafers needed are calculated based on the anticipated resection volume. Radiation Safety then performs post planning scans and overlays the dosage lines to confirm the delivery of the dose. After the first 10 days following surgery over 50% of the dose has been delivered. Over 95% of the dose is delivered after 6 weeks. Patients remain in hospital after surgery for short stays and then can be discharged to home with no radiation safety concern.

Vidant Cancer Care is proud to be able to offer this cutting edge treatment modality for this subset of patients. This could only have been achieved through the close collaboration of Vidant Medical Center and ECU Brody School of Medicine Physicians. This advancement further advances the neuro-oncology treatment options for those in eastern North Carolina.
SpaceOAR® at Vidant Medical Center

In 2019, Vidant Medical Center introduced a new product called SpaceOAR® for men undergoing radiotherapy for prostate cancer. This product is a bio-absorbable hydrogel that is implanted prior to radiation therapy in the space between the posterior prostate gland and the anterior rectal wall. During prostate radiotherapy treatment, having adequate space in this region can reduce the dose to the rectum and reduce the risks of side effects. In randomized controlled clinical trials, patients who received the hydrogel prior to treatment reported significantly less rectal pain during treatment and had significantly less severe long-term rectal complications. The gel is water soluble and after treatment is absorbed into the body normally. The procedure provides another advancement at Vidant Medical Center to stay on the cutting edge of treatment for prostate cancer. By coordinating the placement of SpaceOAR® and the radiation treatment, we are able to deliver curative doses of radiation with less side effects than seen before.

VMC community benefit

Community benefit is designed to promote the health of a population broad enough to assist the community as a whole. VMC defines community benefit as a program or activity that responds to a demonstrated health-related community need and seeks to achieve at least one of the four community benefit objectives: improve access to health services, enhance public health, advance knowledge or relieve government burden.

VMC’s mission statement is “to improve the health and well-being of eastern North Carolina.” These words have deep significance and provide a framework for service to community. VCC takes a proactive approach to health care through its involvement in various community service events. During the past year, we provided 105,741 hours of community services.

Community benefit activities include: support group meetings, cancer screenings, awareness presentations, resource fairs/clinics, health symposiums, complementary therapies, survivorship programs and dinner-and-learn health information sessions. This information is detailed in various sections of our report. For our staff, the ultimate reward comes from the participants’ expressions of appreciation for the services and information they received.

2018 outreach events

Nov 1, 2018- Nov 30, 2019 VCC events including grant funded

<table>
<thead>
<tr>
<th>Targeted cancer</th>
<th>Awareness and prevention events</th>
<th>Attendance</th>
<th>Broadcast and media awareness events</th>
<th>Screenings</th>
<th>Attendance</th>
<th>Number of abnorml results</th>
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</thead>
<tbody>
<tr>
<td>General cancer</td>
<td>38</td>
<td>3,600</td>
<td></td>
<td>3</td>
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<tr>
<td>Breast cancer</td>
<td>13</td>
<td>1,025</td>
<td></td>
<td>1</td>
<td>6</td>
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<td>Cervical cancer</td>
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<td></td>
<td></td>
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<tr>
<td>Colorectal cancer</td>
<td>29</td>
<td>4,324</td>
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<tr>
<td>Head &amp; Neck cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td>148</td>
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<tr>
<td>Lung cancer/Tobacco</td>
<td>23</td>
<td>2,364</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin Cancer</td>
<td>7</td>
<td>700</td>
<td></td>
<td>3</td>
<td>1</td>
<td>65</td>
</tr>
<tr>
<td>Prostate cancer</td>
<td>4</td>
<td>95</td>
<td></td>
<td>1</td>
<td>18</td>
<td>2</td>
</tr>
<tr>
<td>Hematologic cancers</td>
<td>1</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advance Care Planning</td>
<td>7</td>
<td>195</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>122</td>
<td>12,403</td>
<td></td>
<td>9</td>
<td>11</td>
<td>320</td>
</tr>
</tbody>
</table>
Outreach program

Awareness and prevention
A goal of the outreach program is to meet the community members where they are. One of the ways we have been doing that is through increased partnerships with local churches and businesses to provide cancer awareness. In the past year, we have been able to provide cancer awareness education to nearly 8,000 individuals within their churches or their places of work. Within churches this has been done through bulletin inserts, educational presentations, and informational tables. Within businesses this has been done through mailers, lunch-and-learn presentations, and employee health fairs. Through these partnerships, we are reaching people who might not otherwise access health care.

2019 has been an exciting year for Vidant Cancer Care as we opened our Cancer Prevention Clinic. The Vidant Cancer Prevention Program is under the direction of Dr Clyde Brooks, Jr., MD. This program was initiated through funding from the Duke Endowment Grant and is modeled after the MD Anderson program. The clinic allows patients the opportunity to assess their individual cancer risk and offers solutions for minimizing those risks. The clinic utilizes an evidence-based approach with help from the Invitae Cancer Gene Connect risk assessment system that evaluates the lifestyle, genetics, and screenings of the patient, guiding our clinicians to assemble personalized prevention plans for our patients.

Many patients of the Prevention Clinic were found through community outreach efforts conducted in areas which people are statistically at a high risk for cancer. Cancer survivors, caregivers, and employees have also utilized this clinic for assessing their own risk and for education on how to prevent occurrence or recurrence.

As a result of clinic visits, appointments are made for additional services such as colonoscopies, mammograms, pap smears, low dose CT scans, chest x-rays, transvaginal ultrasounds, breast biopsies, and ultrasounds. In addition, referrals are coordinated for genetic counseling, dermatology, bone density, gynecology, surgery, dietician services, and exercise programs. Of the patients seen for prevention, there were 11% abnormal findings including breast cysts, fibrous changes, post-menopausal bleeding, a lung nodule requiring frequent follow-up, and an early stage invasive breast cancer requiring surgical intervention.

Cancer screening
On November 21, 2019 Vidant Cancer Care held the first annual screening event “Power Up for a Healthier You”. Community members were invited to the cancer center for an evening of cancer screenings, information tables, healthy snacks, and educational sessions. We were excited to see the number of community members who came out to invest in their health. By the end of the evening, we were able to provide 16 clinical breast exams, 18 prostate exams, 61 head and neck screenings, and 65 skin screenings. Through these screenings, several abnormal findings were identified and followed after the event. In addition, 6 mammograms and 10 colonoscopies were scheduled for individuals not up-to-date on cancer screenings. Several referrals were made as well for community members in need of primary care, dermatology appointments, and genetic counseling. In addition to screenings, educational presentations were offered during the evening on topics such as vaping, the link between sugar and cancer, and clinical trials.

In addition to this event, we continue to hold several breast cancer screenings each year for uninsured women in Pitt County. In 2019, 4 screenings were held which provided free clinical breast exams, mammograms, and education for women without insurance. A total of 57 women were screened, with several women needing further imaging for suspicious findings. No breast cancers were found in any of the patients. Women requiring further imaging or treatment are referred to the NC Breast and Cervical Cancer Control program, where assistance is provided for biopsy and treatment if needed.

Support services
We proudly place patient centered care in the forefront of the healing experience at Vidant Health. Our Support and Survivorship department specializes in caring for the minds, bodies and spirits of our cancer communities of eastern North Carolina. Our holistic approach to care offers cancer survivors and their caregivers enhanced opportunities for health and healing. Throughout the region we place great effort in offering a wide variety of Integrative and Complementary Therapy services intended to improve the overall well-being of those who participate. Our offerings are broad, meeting the needs of both young and aging adults. Survivors and caregivers do not have to be patients of Vidant Health in order to participate in most of our services. We recognize and honor the need for regional support.
At VMC we provide services ranging from psychotherapy for individuals and families, support groups, complementary therapies, integrative medicine, community partnership programs and nutrition and exercise programs. If you are a cancer survivor/caregiver, or if you know of someone who is, and would like more information please contact, Jenny Higgins, LCSW, OSW-C, CMHIMP at 252-714-3905. For additional information about our onsite programs, please call 252-816-2708.

**2019 Community Partnership Program Highlights: Support Services Special Thank You to the Community**

With immense and sincere gratitude we thank our private and community donors for your gracious contributions that make our programing and services to the greater cancer community possible. Your support and kindness provides meaningful opportunities to many who would not otherwise have access to critical biopsychosocial-spiritual wellness. These modalities contribute to the improved health of eastern North Carolina and we could not do it without your love and support. We genuinely appreciate you!

- January, 2019- Living the Arts- Greenville Museum of Art
- February, 2019- Kicking Cancer with Cuisine- Fresh Vibes, Scullery and Starlight Café
- March, 2019- Painting for Positivity- Painted Peacock
- April, 2019- A Cruise to Paradise (Dolphin tour Cruise)- Paradise Cruises
- May, 2019- Mindful Wellness Retreat- Vidant Edgecombe Hospital and VMC
- May, 2019- Kayaking for Life- VMC, Marion L. Shepard Cancer Center, Inner Banks Outfitters and Backwater Jack’s
- June, 2019- National Cancer Survivors Day- Queen Ann’s Revenge Conversation Lab
- July, 2019- Growing Gratitude- Plant and See Nursery
- August, 2019- Dove Retreat- VMC and Marion L. Shepard Cancer Center
- September, 2019- Support Groupers- Captain Stacy Fishing Center - will return in 2020
- October, 2019- Fall on the Farm- Simply Natural Creamery
- November, 2019- Fall Gardening-Plant and See Nursery
- November, 2019- Living our Legacy Art Exhibition- Emerge Art Gallery
- December, 2019- Juice and Smoothie Making 101- Fresh Vibes
Cancer registry

A cancer registry is a data system for the collection, management, and analysis of data on persons with a cancer diagnosis. The VMC cancer registry accession 2,800 cases annually. The Vidant Health eight hospitals combined accession over 3,700 cases annually. The top five sites diagnosed and treated at VMC are breast, lung, colorectal, prostate and uterine/cervical cancer.

The cancer registry team

The registry team consists of a Supervisor, Assistant Supervisor, four oncology data abstractors, all of which are Certified Tumor Registrars (CTR’s), and one follow up analyst. A Certified Tumor Registrar is a nationally certified data collection and management expert with the training and specialized skills to provide the high quality data required in all avenues of cancer statistics and research. They review, interpret and capture a complete summary of patient history, demographic, diagnosis, staging, treatment modality and follow-up information. They also provide a valuable service to the hospital and public health professionals in determining needs in the community for resources for cancer prevention, diagnosis and treatment services in order to address the cancer burden in eastern North Carolina. Cancer registrars provide a valuable service leading to better monitoring of trends, designing and evaluating programs and providing data for cutting-edge research.

Data usage

Cancer registry data are used continuously throughout the year. Over 150 data requests were provided for research and outcome studies. Data for these studies include: county based data, follow up, and annual case load statistics. Hospital specific case totals and other information were reported for Edgecombe, Outer Banks, Beaufort, and Roanoke-Chowan hospitals. Treatment related data requests such as the number of patients that received radiation and many breast cancer correlated study requests were fulfilled.

Information was analyzed and reported for the East Carolina University Brody School of Medicine National Accreditation Program for Breast Centers Survey. Cancer registry data is utilized to report standard compliance to the American College of Surgeons Commission on Cancer for accreditation purposes. The cancer registry reports annually the National Cancer Data Base (NCDB) and monthly to the North Carolina Central Cancer Registry. Data reported to the NCDB is used in the Cancer Programs Cancer Profile Practice Profile Reporting tool in order to monitor the facilities compliance with national standard treatment guidelines of care.

2018 leading cancer sites

<table>
<thead>
<tr>
<th>Primary site</th>
<th>Vidant Medical Center</th>
<th>North Carolina</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cases</td>
<td>Percent</td>
<td>Cases</td>
</tr>
<tr>
<td>Breast</td>
<td>587</td>
<td>20.9</td>
<td>7,760</td>
</tr>
<tr>
<td>Lung</td>
<td>503</td>
<td>17.9</td>
<td>8,490</td>
</tr>
<tr>
<td>Prostate</td>
<td>223</td>
<td>7.9</td>
<td>5,580</td>
</tr>
<tr>
<td>Colorectal</td>
<td>184</td>
<td>6.5</td>
<td>4,440</td>
</tr>
<tr>
<td>Bladder</td>
<td>87</td>
<td>3.1</td>
<td>2,530</td>
</tr>
<tr>
<td>NH Lymphoma</td>
<td>79</td>
<td>2.8</td>
<td>2,240</td>
</tr>
<tr>
<td>Corpus uteri</td>
<td>89</td>
<td>3.2</td>
<td>1,910</td>
</tr>
<tr>
<td>Melanoma of skin</td>
<td>83</td>
<td>3.0</td>
<td>3,310</td>
</tr>
<tr>
<td>Leukemia</td>
<td>65</td>
<td>2.3</td>
<td>2,050</td>
</tr>
<tr>
<td>Cervix</td>
<td>25</td>
<td>0.9</td>
<td>410</td>
</tr>
<tr>
<td>All others</td>
<td>887</td>
<td>31.5</td>
<td>16,410</td>
</tr>
<tr>
<td>Total cases</td>
<td>2,812</td>
<td>100.0</td>
<td>55,130</td>
</tr>
</tbody>
</table>
Rapid Quality Reporting System (RQRS)
The Vidant Medical Center Accredited Cancer Program participates in the American College of Surgeons Commission on Cancer Rapid Quality Reporting System (RQRS). The objective of the RQRS is to promote and facilitate evidence-based cancer care at Commission on Cancer accredited cancer programs. The RQRS serves to assess compliance with six National Quality Forum-endorsed quality performance measures for breast and colon cancers. Participation in RQRS provides our cancer program with real clinical time alerts for individual cases in which pending adjuvant treatment has not been reported to the system. These alerts have been developed to provide a warning system for cancer programs to prevent patients from “slipping through the cracks.” The Vidant Accredited Cancer Program uses the RQRS alerts to help ensure the utmost quality of care is provided to our patients.

Education
The Vidant Medical Center Cancer Registry serves as the eastern North Carolina host site for the North American Association of Central Cancer Registries webinar series. Each site specific webinar is hosted once a month, year round. Each webinar is geared to educate cancer registrars on updates to abstracting, coding, treatment modalities, and statistics.

Evidence-based outcome study
Study to Assess Compliance with NCCN Guidelines in the Treatment of Oropharyngeal Squamous Cell Carcinoma at Vidant Medical Center

Author
Jamie Grubey, MD

Presented by
Jamie Grubey, MD

Purpose
To ensure compliance using NCCN guidelines for oropharyngeal cancer and to review the use of Transoral Robotic Surgery (TORS) in the Management of Oropharyngeal Squamous Cell Carcinoma compared to XRT.

Source
Vidant Medical Center 2019 oropharyngeal squamous cell carcinoma cases

Sample
14 oropharyngeal squamous cell carcinoma cancer patients with stage T1-T4a.

Method
Patient age, sex, stage of disease were used to study TORS treatment and survival. The NCCN guidelines were reviewed.

Vidant experience (difficult to compare to national data due to low volume)
- Length of stay is 1.5 days.
- 7% (1 patient) of patients were readmitted and 7% (1 patient) required a g tube after 6 months.
- 0 post op bleeds and 0 mortality.

Conclusions
- Oropharyngeal squamous cell carcinoma is affecting a new, younger population.
- Morbidity and post treatment functionality has improved with use of TORS.
- Vidant Health has been consistent with the national data.
- Treatment paradigms are shifting with HPV+ patients and TORS is part of that change.

Recommendations
- Ongoing surveillance needed due to low volume of TORS patients to monitor side effects, outcomes of surgery, and quality of life.

Quality studies
The Impact of Oncology Intake Coordinators on Getting More Timely Appointments for New Breast Cancer Patients

Authors
Judy Koutlas, RN, MS, OCN and Chris Wood, MBA

Presented by
Judy Koutlas and Chris Wood

Purpose
Some complaints from referring providers that new appointments for breast cancer patients are not being scheduled during the first phone call causing delays, and some patients are being directed to other providers.

Method
Utilized an Epic report that contained patient name, diagnosis, MRN, referral date created, date assigned, first appointment date, and days to first appointment. The Advisory Board Oncology Roundtable benchmark is for the first appointment wait time to be less than or equal to 5 business days.

Conclusions
57% of referrals were assigned same day as referral received. 26% were assigned in 1-5 days and 16% were assigned in 6-10 days. Time from assigned date to appointment date: 1-5 days (25%); 6-10 days (25%); and > 10 days (50%). Assessment of current process revealed: intake process being handled by PAS staff; volume increased with move to the cancer tower; high call abandonment rate; navigators and clinical teams relied on...
heavily for triaging of new incoming referrals and gathering missing records; and lack of standardized process for requesting pathology slides and imaging. Delays were caused by staff with other responsibilities handling referrals, waiting on navigators or clinic staff to review referrals, receipt of records from outside office, and schedule coordination with provider availability.

**Recommendations**
- The implementation of the Oncology Intake Coordinator position specific for breast to process all new breast cancer referrals. This new business model has created a team of disease focused individuals to work with the clinical teams to expedite the assignment of the appointment at the time of the referral and decrease time to first appointment.

**Developing a Standardized Blood Transfusion Protocol/Order Set to Improve Time to Transfusion After Critical Labs Reported**

**Author**
Chelsea Passwater, MSN, RN, AGCNS-BC, OCN

**Presented by**
Chelsea Passwater

**Purpose**
There have been several situations where nurses reported patients had blood orders written hours after critical labs or not at all. Is there a delay in time from critical lab to transfusion for adult inpatients with leukemia?

**Method**
An EPIC report was utilized containing the patient name, MRN, admitting diagnosis, lab result time, lab result to order time, and order time to start time. National guidelines used were from the American Association of Blood Banks (AABB) and the American Society of Hematology (ASH). The recommendation of the hematology group is within 120 minutes.

**Findings**
73 transfusion orders were reviewed ages 18-84. The average hemoglobin was \( \leq 7 \) g/dL. The average time from critical lab to order placed was 169 minutes, while the time from order placed to start of transfusion was 34 minutes. Total time from critical lab to transfusion was 203 minutes, which is above the recommended time by 83 minutes. There is no rapid ordering process or standardization for transfusions at present. The process contains four steps: RN receives critical lab value from lab, reports to APP/MD and waits for product order, waits for call from blood bank to initiate release of blood product, and blood product arrives on unit for administration. Identified causes of delay include: type and screen not drawn at time of transfusion order; delay in reporting of critical lab values; delay in input of transfusion orders by providers; blood bank delays (typing of patient with complex antibodies, emergent orders taking priority); and delay in start time by nursing due to competing responsibilities, patient acuity, or patient undergoing another procedure at that time.

**Recommendations**
- Develop a standardized blood transfusion protocol/order set for acute leukemic patients along with education of hospitalist team, all inpatient staff, and providers on “time to transfusion goal” and acute leukemic parameters.

**Fundraising**
Cancer is one of the leading causes of mortality in eastern North Carolina. In our 29-county region, we serve 1.4 million residents; 19 are diagnosed every day with cancer, and eight of our residents die each day. Mortality rates in the region are 15 percent higher than the other 71 counties in North Carolina combined.

Vidant Health is on a mission-driven journey to change the face of cancer statistics and cancer care delivery for our patients.

More than 3,500 donors have contributed close to $46 million for Vidant Cancer Care at the Eddie and Jo Allison Smith Tower. These generous funds have assisted with the building of the facility and much needed state-of-the-art equipment, as well as critical programs and services such as survivorship programs; pre-screenings/early detection services; nurse navigation program; diagnostic procedures; and patient resources such as transportation, lodging, prescriptions, and childcare.

The fundraising goal is $50 million for the new facility and for much-needed programs and services in Greenville and throughout the region.

For more information you may visit VidantHealthFoundation.com to learn more about our campaign or please contact Varessa Wall at (252) 847-8994 or Varessa.Wall@VidantHealth.com.