



2016

CANCER CARE SERVICES ANNUAL REPORT



A QUALITY PROGRAM
of the AMERICAN COLLEGE
OF SURGEONS

A Gold Seal of Approval...

The Outer Banks Hospital Cancer Program is now accredited by the Commission on Cancer of the American College of Surgeons

During 2016, The Outer Banks Hospital was awarded Accreditation with Commendation by the Commission on Cancer (CoC) of the American College of Surgeons. CoC accreditation status is the gold standard of quality assurance for cancer centers across the nation. Established in 1922 by the American College of Surgeons, the CoC is a consortium of professional organizations dedicated to improving patient outcomes and quality of life for cancer patients through standard-setting, prevention, research education, and the monitoring of comprehensive, quality care.

CoC accreditation is a voluntary process. The Outer Banks Hospital Cancer Program began this process five years ago, during 2012. The rigorous process of becoming accredited and maintaining the prestigious status is a clear demonstration of commitment to excellence in the delivery of comprehensive patient-centered care.



Pictured left to right are: Robin Hearne, OBH Director Cancer Services; Kathleen Christian, MD, FACS, a surveyor for The American College of Surgeons Commission on Cancer; and Dr. Charles Shelton, OBH Radiation Therapy Center. Dr. Christian is also a general surgeon at the Mayo Clinic Health System & Franciscan Healthcare, La Crosse, WI.



When patients receive care at a CoC facility, they also have access to information on clinical trials and new treatments, genetic counseling, and patient-centered services including psychosocial support, a patient navigation process, and a survivorship care plan.

Like all CoC-accredited facilities, The Outer Banks Hospital maintains a cancer registry and contributes data to the National Cancer Data Base (NCDB), a joint program of the CoC and American Cancer Society (ACS). This nationwide oncology outcomes database is the largest clinical disease registry in the world. Data on all types of cancer is tracked and analyzed through the NCDB and used to explore trends in cancer care. CoC-accredited cancer centers, in turn, have access to the data analysis, which is used to create benchmark reports. These reports help CoC facilities with their quality improvement efforts.



“The true value of achieving CoC accreditation is reflected in the overall quality of care delivered to our patients and the depth of programs and services available here in our community. This has been an amazing journey, made possible by the hard work, commitment and synergy of our cancer care team and hospital leadership.”

— Robin Hearne, RN, MS, OBH Director of Cancer Services

...for Your Community Cancer Program.



Ronnie Sloan
President

I am extremely proud of The OBH Cancer Care Program and especially proud of the Cancer Committee for earning CoC accreditation. The CoC encompasses

the best minds in cancer care and utilizes expertise from the national oncology community to set the high standards of care for accredited cancer programs. Likewise, we have assembled a team here at The Outer Banks Hospital that is committed to upholding the highest standard of care and compassion for our local patients with cancer.

The first step toward earning the accreditation was to have a strong leader in place. I distinctly remember interviewing candidates for the position currently held by Robin Hearne, our Director of Cancer Services. We asked all of the candidates what they thought about our community hospital working toward CoC accreditation. The

responses varied, but Ms. Hearne's was memorable. She enthusiastically responded, "Yes, we can do that. When can I start?" Now, here we are 5 years later and our program is accredited.

It's that kind of "can do" spirit that embodies the entire Cancer Committee, from Dr. Charles Shelton, the Chair, to every single member of the team. I am in awe of what this committed group of healthcare professionals does for patients and for our community. From putting services in place like the Symptom Management Clinic to winning national awards for cancer prevention efforts, The Outer Banks Hospital Cancer Committee is second to none.

It's that same spirit that makes the Outer Banks such a special place to live. No matter what the need, our community steps up to the plate to help. The Outer Banks Hospital Cancer Program is proud to serve this community.

Ronnie Sloan, FACHE
President
The Outer Banks Hospital

Cancer Committee

Dr. Charles Shelton, *The Outer Banks Hospital Radiation Therapy Center Cancer Committee Chair*

Dr. Roger Lever, *Hospitalist, OBH*

Dr. Carolyn Day, *Cancer Physician Liaison*

Dr. Lylse Ailstock, *Eastern Radiology Associates*

Dr. Gohar Arslan/

Dr. Samuel Needleman, *Oncologists*

Dr. Gregory Gagnon/Dr. Richard Baltaro, *Pathologists*

Dr. Daniel Dwyer

Outer Banks Women's Care

Dr. Ernie Larkin, *Board of Directors, OBH*

Dr. Van Martin

Outer Banks General Surgery

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

Marcia Bryant, MSN, RN, NE-BC,
Chief Nursing Officer, OBH

Elaine Campbell, RN,
Director of Patient Quality, OBH

Amy Montgomery, MAEd,
Senior Administrator, OBH

Robin Hearne, RN, MS,
Cancer Program Administrator, OBH

Anne Graham, RN,
Cancer Conference Coordinator

Jaclyn Hall, *Registered Dietician, OBH*

Amy Feltz, *Pharmacist, OBH*

Angie Goetsch, OTR, CLT (*Certified Lymphedema Therapist*), OBH

Amy Robinson, PT, CLT, OBH

Jaime Rovinelli, CTR,
Vidant Health Cancer Registry

Denise Schnabel,
Clinical Research Coordinator, OBH

Pat Sylvia, RN/**Beverly Jones**, RN,
Oncology Nurse, OBH

Lauren Zaritsky, LCSW/**Stephanie Ryder**
Psychosocial Services Coordinators, OBH

Daphne Hauser, RN,
Clinical Informatics Nurse, OBH

Marie Neilson, *Volunteer Coordinator, OBH*
Deborah Johnson, *Director of Diagnostic Services & Rehabilitation, OBH*

Donna Delfera, *Nurse Navigator, OBH*

Deb Howard, RN, *Oncology Nurse, Outer Banks Oncology*

Ellie Ward, *Vidant Palliative Care Coordinator*

Photo at left: The Outer Banks Hospital December 2016 Cancer Committee meeting



Your Cancer Care Team

The Cancer Care Team includes OBH Hematology/Oncology, the Ambulatory Medical Unit, the Radiation Therapy Center, the Navigation Team, the Symptom Management Clinic Team, Cancer Services staff, Hands of Hope volunteers, and the Cancer Committee.



Outer Banks Hospital Hematology/Oncology: Yvonne Palmer, Quality Review Specialist; Dr. Needleman; Debora Howard, RN, Staff Nurse.

Outer Banks Hospital

Hematology/Oncology provides medical care for people with cancer right here on the Outer Banks. The office is located across the hall from The Outer Banks Hospital Cancer Resource Center, convenient to all of the other resources that the Cancer Care Program provides.

The Outer Banks Hospital's Ambulatory Medical Unit

provides chemotherapy treatment. Our team of six registered nurses have all completed an oncology course, are current with their chemo/biotherapy certification and competence, and maintain their skills by completing (six) continuing education hours related to oncology/chemotherapy every year.



The Outer Banks Hospital's Ambulatory Medical Unit: Kathleen Davidson, RN, Staff Nurse; Patricia Sylvia, RN, Staff Nurse; Tricia Ledford, RN, Staff Nurse; Chanel Keaton, RN, Staff Nurse; Nancy Vanderhoof, Quality Review Specialist; Stacy Marshall, Quality Review Specialist; Holly Froehlich, RN, Staff Nurse.

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The Outer Banks Hospital Radiation Therapy Center is staffed by fully certified, licensed medical professionals armed with the latest technology. Radiation therapy is provided using the Siemens Oncor Linear Accelerator, which is one of the most advanced radiotherapy systems of its kind. Therapeutic treatments include:

- External Beam Radiation Therapy
- Intensity Modulated Radiation Therapy
- Image Guided Radiation Therapy

The Outer Banks Hospital Symptom Management Team helps people with cancer manage their cancer-related symptoms on an outpatient basis. Common symptoms include, but are not limited to, nausea, dehydration, pain, wound care, and distress.

Our **Cancer Services Staff** help coordinate your care. Care coordination is provided free of charge, and you and your physician decide where you go for tertiary cancer treatment.

Our Oncology Nurse Navigators help patients through the complex process of cancer treatment. Their role is to help patients get the medical care they need in a timely manner as seamlessly as possible. Our Oncology Social Worker and our Hands of Hope Coordinator work with patients to coordinate supportive care. We help connect patients and their families with financial assistance, community resources, and emotional support throughout their cancer journey.



The Outer Banks Hospital Radiation Therapy Center: Amanda Martin, Point of Service Specialist; Dr. Steve McLawhorn, Physicist; Joy Allgood, Radiation Therapist; Dr. Charles H. Shelton III; Beverly Jones, Radiation Therapy Nurse Leader; Raye Johnson, Radiation Therapist.



The Outer Banks Hospital Symptom Management Team: Yvonne Palmer, Quality Review Specialist; Donna Delfera, RN, Oncology Nurse Navigator; Anne Graham, RN, Oncology Nurse Navigator; Dr. Christine Petzing; Jaclyn Hall, Registered Dietician; Stephanie Ryder, Oncology Case Manager; Heather Rhodes, RN, Staff Nurse.



Cancer Services Staff: Ann Graham, RN, Oncology Nurse Navigator; Marie Neilson, Hands of Hope Coordinator; Stephanie Ryder, Oncology Social Worker; and Donna Delfera RN, Oncology Nurse Navigator.

Colon Cancer Under the Microscope

Colon Cancer is the fourth-most common type of cancer diagnosed in Dare County and the second leading cause of cancer death in men and women in the US. During 2016, the Cancer Committee decided to put colon cancer under the microscope due to the fact that more than 80% of colon cancer diagnosed in our community is detected at a late stage. When colon cancer is diagnosed at a late stage, it is more difficult to treat, and the chance of long-term survival is significantly reduced.

The Cancer Committee approached colon cancer from three angles: 1) Screening, 2) Quality of Screening and, 3) Physician Education.

Screening

During 2016, The Outer Banks Hospital joined the national "80% by 2018" effort to increase colon cancer screening



OBH President Ronnie Sloan signs the National 80% by 2018 Pledge with Cancer Committee Chair Dr. Charles Shelton (left) and Colon Cancer Screening Physician Champion and General Surgeon Dr. Van Martin (right).

compliance to 80% by 2018. 80% by 2018 is a National Colorectal Cancer Roundtable Initiative designed to encourage 80% of adults ages 50 and older to be regularly screened for colon cancer.

National data suggests that 65% of adults over age 50 are up to date with their colon cancer screening. Here

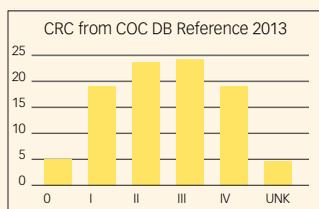
locally, that percentage is likely much lower. Two strong indications that our local compliance with colon cancer screening is lower are our late-stage diagnosis rates and data from a sample population.

As part of our assessment, we looked at our own employees at The Outer Banks Hospital. As of June 2016, 53 percent were compliant with the recommendation for colon cancer screening after age 50.

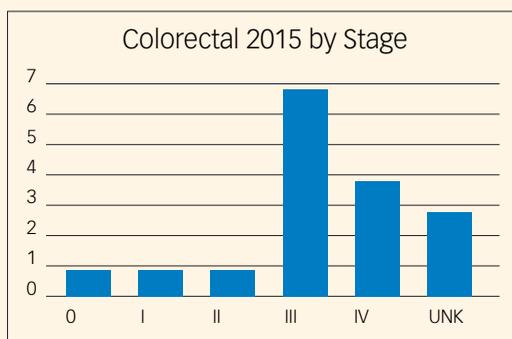
To increase compliance with colon cancer screening, the Cancer Committee engaged our Occupational Health Nurse to encourage Outer Banks Hospital Employees to be screened.

Also during 2016, The Cancer Committee pilot tested colon cancer screening in the community using FIT tests. The initial pilot screened 39 individuals which resulted in just one abnormal result that was found to be non-cancerous. During 2017, colon cancer screening using FIT testing will be added to the Wellness Screening offered through the hospital's Health Coach Community Wellness Program.

Colorectal Cancer by Stage



Reference DB from COC 2013



The Outer Banks Hospital

The chart above compares colorectal cancer diagnosis by stage at The Outer Banks Hospital to comparable national data supplied by the CoC database for colorectal cancer. Note that the national trend follows a bell curve, with early-stage diagnosis just as common as late stage. Locally, very few colorectal cancers are diagnosed during an early stage, when the cancer is easier to treat.

Quality Colon Cancer Screening

According to the CDC, the best test is the one that a person is willing to get. Four screening tests are approved by the US Preventive Services Task Force:

- Fecal Occult Blood Test (FOBT) – Annually Beginning at Age 50
- Fecal Immunochemical Test (FIT) – Annually Beginning at Age 50
- Colonoscopy – Every 10 Years beginning at Age 50
- Sigmoidoscopy – Every 5 Years beginning at Age 50

The FOBT and FIT tests use stool samples. Abnormal results from these screening tests should be followed up with a colonoscopy.

Both the colonoscopy and the sigmoidoscopy are performed by physicians in a healthcare setting.

Although all of the screening tests listed are effective, the gold standard screening test for colon cancer is the colonoscopy, due to the fact that the healthcare provider can see the entire colon and also remove pre-cancerous polyps during the screening.

In an effort to measure the quality of colonoscopy screening provided at The Outer Banks Hospital, the Cancer Committee conducted a study of 338 colonoscopies performed by our two general surgeons during an eight-month time period (January 2016-September 2016). Our data was compared to standards set by the American Society for Gastrointestinal Endoscopy and the American College of Gastroenterology. The table above summarizes the results of our quality study.

The Outer Banks Hospital Exceeds National Standards for Quality Screening Colonoscopy

QUALITY INDICATOR	TARGET	OBH PERFORMANCE
Procedure Notes Document Quality of Bowel Prep	98%	100%
Bowel Prep Is Adequate to Conduct Screening (OBH Uses Split Prep)	85%	98%
Cecal Intubation Rate (Surgeon Is Able to Visualize the Entire Cecum)	95%	98%
Adenoma Detection Rate (Compared to National Benchmarks, in What Percentage of Total Patients Do We Find Polyps)	25%	42%
Incidence of Perforating the Colon	<1/500	0
Post-Polypectomy Bleeding (Bleeding After Polyps Are Removed)	<1%	0.005% (2/338)
Appropriate and Timely Recommendation for Repeat Colonoscopy Documented and Provided to Patient	>90%	99%

Physician Education



Mark Manwaring, MD,
ECU Brody School of
Medicine

With the strong focus on Colon Cancer this year, the Cancer Committee invited Colorectal Cancer Surgeon Dr. Mark Manwaring to provide the required annual Physician Certified Medical Education (CME) Program. Dr. Manwaring practices within the Oncology Surgical Division at ECU's Brody School of Medicine. On November 10, 2016, Dr. Manwaring delivered a two-hour program to a group of local physicians. During his talk, he updated those present on risk factors for colon cancer, genetic pathways for the disease, screening guidelines, and recent advances in surgical treatment for colon cancer.

Patient Testimonial



Tim White, Director of Dare County Parks and Recreation, is beating colon cancer!

Once a competitive college athlete, Tim says he is approaching his cancer diagnosis the way he approached every basketball game he ever played – "I am going to win." Tim wants you to win too – that's why he is encouraging everyone age 50 and over to get in the game and get screened for colon cancer. "My advice to you – get screened and give yourself the chance to catch cancer early!"

Supportive Care for Our Patients with Cancer

The word that patients with cancer want to hear most is “cure.” We also know that while patients and their caregivers are working toward curing a diagnosed cancer, what patients need most is support.

Cancer treatment can take a toll on an individual and their family. Not only is cancer treatment costly, it can be very stressful on the body and soul.

The Outer Banks Hospital Cancer Committee is always looking for ways to support patients as they face a cancer diagnosis and undergo treatment. During 2016, the Cancer Committee led several initiatives designed to provide supportive care.

Lymphedema Therapy for Head/Neck Cancer Patients

Head and Neck Lymphedema (HNL) is a potentially disfiguring condition that follows surgery or radiation for the treatment of head and neck cancer. HNL occurs when the body

is unable to transport fluid because of damage to the lymphatic system. HNL can substantially impact daily functions such as a patient’s ability to communicate and swallow. HNL can also result in a disfigured appearance. HNL patients benefit from specialized lymphedema therapy.

During 2016, the Cancer Committee reviewed data that revealed a large percentage of patients present with locally advanced cancer of the head and neck, which puts them at risk for developing HNL. In order to support these patients and provide the care they need here in our community, The Outer Banks Hospital Development Council sponsored two therapists to receive training to become certified HNL therapists.

Now that The Outer Banks Hospital has two certified HNL therapists, all head and neck cancer patients receive pre-treatment consults and education regarding lymphedema.

Distress Screening

A hard-wired process is in place at The OBH for cancer patients to receive a distress screening. This screening is an essential tool that helps to identify issues that could interfere with a patient’s quality of life and ability to fully participate in his or her treatment plan. Results allow our caregivers to coordinate the support that patients need.

During 2016, 268 patients were screened, with 31% reporting distress. Supportive care for these patients included contact from the Nurse Navigator or referral to our Oncology Social Worker.

The most common cause of distress was physical symptoms related to their cancer or cancer treatment. Catching this distress early also resulted in timely referral to our Symptom Management Clinic (see below).

Symptom Management

The OBH Symptom Management Clinic helps patients manage symptoms from their cancer and/or cancer treatment. The clinic is staffed by a multi-disciplinary team (see page 5).

During 2016, the clinic helped 40 patients with the following symptoms:

- Pain Management
- Sleep
- Fatigue
- Mucositis/Esophagitis
- Bowel Problems
- Nutritional Therapy
- Advanced Care Planning
- Home Equipment Needs
- Physical/Speech Therapy Referrals



OBH Physical, Occupational and Certified Lymphedema Therapists Amy Robinson, PT, CLT, and Angie Goetsch, OTR, CLT, train cancer care staff members in the importance of lymphedema therapy for head and neck cancer patients.

The Importance of a Compassionate Patient Experience

Being accredited by the CoC is a commitment to continuous quality improvement.

During 2016, the Cancer Committee chose to focus on ensuring a compassionate patient experience in the Ambulatory Medical Unit (AMU), where chemotherapy is provided.

HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) data was used to evaluate opportunities for improvement and to measure improvements in care.

Baseline data revealed what is most important to patients with cancer. Cancer patients rank courtesy and respect among staff as their top priority, followed by staff introducing themselves during the first visit. Like most patients, patients with cancer also like to be informed of delays in care/treatment, and they like teamwork among their care team to be visible and obvious.

With patient preferences in mind based on survey feedback, the AMU staff focused on using personalized and compassionate communication skills to meet individual patient needs. The AMU staff also became more attuned to patient expectations with regard to scheduling. The staff also instituted weekly team meetings to review upcoming cases and coordinate patient care. Last but not least, the AMU staff advocated for new chemo chairs for their patients to increase their comfort.

This focused attention to detail paid off, and survey results revealed the following improvements in patient experience in our AMU.

Improvements in Patient Experience in Our AMU

PATIENT EXPERIENCE MARKER	BASELINE DATA 10/2015-12/2015	FOLLOW-UP DATA 1/2016-3/2016
Staff Introduced Selves at 1st Visit	73rd Percentile	99th Percentile
Staff Are Courteous Toward Family and Friends	86th Percentile	99th Percentile
Overall Courtesy/Respect of Patient Care Staff	79th Percentile	99th Percentile
Staff Listens Carefully to Patients	47th Percentile	99th Percentile
Healthcare Team Demonstrates Teamwork	54th Percentile	99th Percentile
Staff Calms Fears Among Patients	86th Percentile	86th Percentile

The Patient's Voice



Karen Lurie

Originally from Harrisburg, PA, Kitty Hawk resident Karen Lurie knows better than many about the importance of compassionate care. This RN and Certified Case Manager was diagnosed with stage 2 HER 2 cancer in her right armpit in December 2015. After having 16 lymph nodes removed, she is following normal treatment protocol with radiation and chemotherapy.

Lurie chose to have her treatments here at The Outer Banks Hospital rather than travel to another facility. "It's all the same cocktail," she noted with a smile. When speaking about her experience at OBH, she exclaimed, "I was just so overwhelmed by that group down in AMU. They seem to work like a well-functioning clock." Lurie added, "They're so friendly, and it's clear that they care about all the patients. I really admire the way they work together."

Lurie was grateful that the AMU team made her feel well taken care of and secure during her treatments. "They meet you where you are," she said. "It's a very good experience."

National Innovator Award for HPV Vaccination Program



If you could prevent your child from developing a certain type of cancer as an adult later in life, would you do it? The Outer Banks Hospital Cancer Committee believes the answer is “yes”.

The Outer Banks Hospital Cancer Committee began using this new conversation when they undertook an initiative to increase the HPV vaccination rate among students enrolled in our local public schools. Increasing HPV vaccination is one of the most profound cancer prevention opportunities because it can prevent many cancers associated with the virus.

Ideally, adolescents should be vaccinated before they are exposed to HPV. The CDC recommends HPV vaccination for girls and boys at ages 11 or 12 years to protect against cancers caused by HPV infections. Currently, HPV vaccines are administered as a 3-dose series over 6 months. Literature widely available through the CDC and NCI reports a high safety profile for the vaccine, similar to those of other adolescent vaccines.

Human Papillomavirus (HPV) is a very common virus that infects surfaces of the skin and mucosal surfaces that line cavities of the body, such as the nose, mouth, throat, and genital surfaces. Persistent infections with high-risk, oncogenic HPV types such as HPV 16 and 18, can cause cancers of the cervix, vulva, vagina, anus, penis, as well as cancers of the oropharynx, including the back of the throat, base of the tongue, and tonsils. For the women diagnosed with an HPV-related cancer, cervical cancer is the most common. For men diagnosed with an HPV cancer,

oropharyngeal cancer is the most common.

In 2014, The Outer Banks Hospital Cancer Committee developed an evidence-based outreach program designed to increase HPV vaccination among children ages 11 and 12 in our community. From the beginning, Cancer Committee leadership underscored the importance of establishing strategic partnerships with key community leaders to ensure program acceptance. With our hospital President’s support in hand, the Director of Community Outreach met with leadership from our local health department and the Superintendent of Schools to inform them of our project and gain their support. As a result of their support, Dare County’s lead school nurse became an active member of our work group.

Over the summer, school nurses conducted an audit of student vaccination records for all rising 8th and 12th grade students. The results of this audit showed alarmingly low rates of vaccination. This baseline data served to validate the work that needed to be done and served as a baseline metric to monitor the impact of our efforts.

One of the first steps was to communicate the importance of the HPV vaccine to the public. So the hospital devoted an issue of its bi-

The results of the program were astounding. After just one year, local HPV vaccination rates among 8th grade students increased from 6% to 16%.

monthly community newsletter to the cause. The content of the publication framed the message “HPV Vaccination = Cancer Prevention.” Additionally, they created a short video they call a “Health Clip,” which featured a local physician champion who underscored the same message.

The results of the program were astounding. After just one year, local HPV vaccination rates among 8th grade students increased from 6% to 16%.

The Association of Community Cancer Centers (ACCC) Innovator Awards honor cancer program members that have developed and implemented innovative strategies for the effective delivery of cancer care. The Outer Banks Hospital Cancer Committee is honored to be one of eight national 2016 award winners for innovative cancer prevention work. The recognition is confirmation that our efforts around cancer prevention here at The Outer Banks Hospital are on par with some of the top cancer programs around the country. Most important, our efforts are a success if just one cancer has been prevented.

Acknowledgment

The Outer Banks Hospital would like to thank Dr. Charles Shelton, Dr. Daniel Dwyer, Anna Butler-Ward, PA-C, and Debbie Dutton, RN for their collaboration and support for this project.



The Outer Banks Hospital “Health Coach” community newsletter (left) and the “Health Clip” YouTube video (below) were both devoted to the topic of HPV vaccination.



OBH Director of Cancer Services Robin Hearne, RN, MS and Senior Administrator of Operations, Amy Montgomery were presented with the 2016 ACCC Innovator Award at the 33rd Annual National Oncology Conference in St. Louis on October 19. The award honors cancer programs that have exhibited pioneering and creative solutions to improve the effectiveness of cancer care. Pictured left to right are: OBH Senior Administrator of Operations Amy Montgomery; OBH Director of Cancer Services Robin Hearne, RN MS; ACCC President Jennie R. Crews, MD, MMM, FACP; and ACCC Executive Director Christian G. Downs, MHA, JD.

A Tribute to Hands of Hope Coordinator Marie Neilson

You know when you see it. That special person who is meant to be right where there are, for a period of time, to help put something in place for lasting impact.

For the past seven years, that very special person has been Marie Neilson. Marie, a cancer survivor herself, joined The Outer Banks Hospital's Cancer Care Team in 2010 as the very first Hands of Hope Coordinator.

The Hands of Hope Program was the creation of several caring people in our community who had witnessed what cancer can be like without that little extra care and support. With Marie's help, Linda Willey, Tess Judge, and Bea Basnight developed the Hands of Hope Program, where caring volunteers are trained and deployed to help people in our community with cancer.

Their goal was to assemble a group of volunteers with "hands that serve and hearts that care" so that "no one in our community walks the cancer journey alone."



Hands of Hope Coordinator, Marie Neilson celebrates survivorship at the Annual American Cancer Society Survivor Luncheon held at the Elizabethan Gardens on Roanoke Island.

In a style all her own, Marie did just that. She assembled a group of more than 40 caring volunteers who, over the years, have helped in so many meaningful ways. Hands of Hope Volunteers, and quite often, Marie herself, drove patients to appointments, walked dogs, met children at the bus stop, or delivered meals for our friends and neighbors with cancer.

"If you are open, you can learn something from every single person you work with," shared Cancer Services Director Robin Hearne. "What I learned from Marie was that sometimes what patients need even more than their medical treatment is a caring word or touch. Marie had this extraordinary ability to connect emotionally with patients. It

was amazing to watch her engage with people and calm their fears."

Marie retired on November 22 of this year to spend more time with her growing collection of grandchildren. Please join us in celebrating Marie and her significant contribution of time, talent, and compassion to Hands of Hope patients.

Marie, we pay tribute to you because the Hands of Hope Program will continue to serve this community for many years to come because of all the time you invested in securing its success.

Thank you, Marie. May you be blessed in your retirement in as many ways as you have blessed others.

