2018 Cancer Report
Cancer Program Goals for 2018

Each year, HRMC Cancer Committee establishes, implements and monitors at least one clinical and one programmatic goal for endeavors related to cancer care. Clinical goals involve the diagnosis, treatment and care of patients. Programmatic goals are directed toward the scope, coordination and processes of patient care. Each goal is evaluated at least twice annually, and the evaluation is documented in Cancer Committee minutes. Annual goals provide direction for the strategic planning of cancer program activities and serve as the basis for cancer program evaluation.

Clinical goals selected for 2018 is identifying all patients with incidental lung nodules and offer follow-up at three and six months. Programmatic goals selected is to follow all patients with incidental lung nodules subsequently identified as malignant to ensure mitigation and coordination of care.

The screening goals selected was to identify patients as risk for colon cancer through the physician practices and offer them a screening tool to detect early. The Prevention goal was smoking cessation since it's causative effect can be seen across cancer types.

Educational Conference

In addition to regularly scheduled tumor conferences, the Cancer Committee will be offering at least one cancer-related education activity yearly to physicians, nurses and other allied health professionals. This activity is focused on the use of AJCC or other appropriate staging in clinical practice, which includes the use of appropriate prognostic indicators and evidence-based national guidelines used in treatment planning. Providing quality education with the goal of a multidisciplinary team approach to coordinate the best treatment options is an essential component of both ACoS CoC and American College of Radiology (ACR) accreditation.

Closing

I am proud and honored to have been Chairman of HRMC’s Cancer Committee. It gives me great pleasure to work alongside other members who have the same commitment to excellence in cancer care. In keeping with HRMC’s stated mission, the Cancer Program at HRMC offers some of the most advanced medical treatments along with support services and educational programs to continuously improve the health and well-being of patients we serve.

Dr. Barton Paschal, Chairman, Cancer Committee
As chairman of HRMC’s Cancer Committee, I am pleased to present the 2018 Cancer Program Annual Report. The Cancer Committee is comprised of multidisciplinary panel of specialists and ancillary personnel and provides leadership in ensuring the provision of quality patient care through cancer-related activities that benefit not only patients and their families, but also our community. Working towards accreditation by the American College of Surgeons (ACoS) Commission of Cancer (CoC), our goal is to ensure our community has access to a full range of cancer services, inducing a multidisciplinary approach to patient care and programs that impact survival and quality of life. These programs focus on prevention, early diagnosis, pre-treatment evaluation, staging, optimal treatment, clinical trials, rehabilitation services and surveillance for recurrent disease, support services, hospice, patient navigation, survivorship and quality of life.

Pursuing the Commission of Cancer American College of Surgeons Accreditation

Haywood Regional Medical Center is on the journey of pursuing the ACoS CoC accredited cancer program. The benefit to the community is not only excellence in patient care but also a cancer program and hospital that meet national standards. By participating in this survey, HRMC’s entire Cancer Program is held to a higher standard of care.

The CoC’s Accreditation Program offers many notable benefits that enhance a cancer program, including:

- A model for organizing and managing a cancer program that ensures multidisciplinary, integrated and comprehensive oncology services.
- Self-assessment of cancer program performance based on recognized standards.
- Recognition by national health care organizations, including The Joint Commission, for the establishment of performance measures for high-quality cancer care.
- The ability to provide robust oncology data for clinicians and other health care professionals, third-party payers, managed care organizations and the public from our required Cancer Registry.
- National marketing and public exposure through collaboration with the American Cancer Society (ACS) in the Facility Information Profile System (FIPS), which is an information-sharing program of resources, services and cancer data made available to the public by the ACS through their National Call Center and website.
- Participation in the National Cancer Data Base (NCDB); a nation-wide oncology outcomes database for more than 1,400 hospitals in the United States.
- Access to hospital comparison benchmark reports containing national aggregate data and individual facility data to access patterns of care and outcomes.
- Participation in national studies developed to address important cancer-related problems.
- An Accredited Cancer Program Performance Report that will enable a facility to identify quality improvement initiatives by comparing its CoC compliance standards with other accredited programs statewide and within its accreditation award category.
Outcomes & Data

Demographics & Socioeconomics:
As the first county hospital in North Carolina, Haywood Regional Medical Center is a 159 bed hospital serving the towns of Waynesville, Maggie Valley, Clyde, Canton and surrounding counties. It is the largest hospital west of Asheville. Services encompass over 30 medical specialties. Services provided include hematology & oncology, general surgery, MRI, CT, mammography, Breast Center and an on-site Health & Fitness Center. Haywood Regional is designated as a center of excellence in lung cancer by the Bonnie J. Addario Lung Cancer Foundation.

<table>
<thead>
<tr>
<th>Demographics &amp; Socioeconomics</th>
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<tbody>
<tr>
<td>Population</td>
</tr>
<tr>
<td>High School Grad or higher</td>
</tr>
<tr>
<td>Median Household Income</td>
</tr>
<tr>
<td>Persons Below Poverty Level</td>
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<tr>
<td>Persons 65+</td>
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<tr>
<td>White</td>
</tr>
<tr>
<td>African American</td>
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<td>Hispanic or Latino</td>
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U.S. Census Bureau

OUTCOMES: Patients Diagnosed with Lung Cancer (2018)

Lung Cancer Navigation Program- 39 Lung cancer diagnoses were followed with navigation.

Incidental Pulmonary Nodule Clinic– 12 of the cancers were found through the incidental nodule program with 7 being at Stage 1 or 2.

Low Dose CT Lung Program (2018)– 426 total LDCT screenings for the year.

OUTCOMES: Breast Cancer-

Cancer Staging is typically expressed as number in the range of 0-4 with stage 0 used to identify non-invasive breast cancers such as ductal carcinoma in-situ (DCIS). Stage 0 breast cancer has no evidence of cancer cells. Invasive breast cancers with a stage of 1, 2 or 3 are staged based on tumor size and lymph node involvement. Stage 4 breast cancer has spread beyond the breast and nearby lymph nodes to other organs. 35 of the 48 breast cancer cases identified at HRMC were diagnosed as early stage cancers at Stage 1 and 11.
Demographic **Data**

**Top 5 overall cancers according to gender in Haywood Co.**

- **Prostate**
- **Urinary Bladder**
- **Lung**
- **Colon**
- **Rectum**

- **Breast**
- **Lung**
- **Ovary**
- **Benign Brain**
- **Colon**

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**Top 5 overall cancers in Haywood Co.**

1. Lung
2. Breast (Female)
3. Prostate
4. Urinary Bladder
5. Colon

**Race and Hispanic Origin**

- White alone, percent 96.3%
- Black or African American alone, percent 1.2%
- American Indian and Alaska Native alone, percent 0.7%
- Asian alone, percent 0.5%
- Two or More Races, percent 1.3%
- Hispanic or Latino, percent 3.8%
- White alone, not Hispanic or Latino, percent 2.9%

*Information provided by the United States Census Bureau*

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**Sex**

- **2016**
  - Male .......... 29,181
  - Female ........ 31,450

- **2021**
  - Male .......... 29,527
  - Female ........ 31,836

**Age**

- 0-19.............11,989
- 20-44...........15,893
- 45-64...........17,256
- 65+.............14,657

*Information provided by the Haywood Economic Development Council 2016 Report*

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*Cancer statistics are provided by report from HRMC 2016 diagnosed cancer patients.*
Who is a Cancer Liaison Physician?

A Cancer Liaison Physician (CLP) is a leader of the cancer program, someone who will support the facility’s efforts in complying with and maintaining the Commission of Cancer (CoC) standards, facilitate activities with the interests of the cancer patients, HRMC and the community in mind, and is dedicated to improving the quality of care delivered to the cancer patient.

The Cancer Liaison Physician serves as a link between the hospital and the community, between the national standards organizations and the hospital, and between the Cancer Committee and the various departments at HRMC. For example, the liaison collaborates with the Cancer Committee to meet and exceed cancer program standards and improve clinical practice. CLP’s serve a three-year term with eligibility to serve an unlimited number of terms.

In particular, this liaison works with the multispecialty cancer teams to develop best practices, evaluate compliance with adopted guidelines, expand participation in clinical trials, and improve quality of care.

CLP Selection Criteria

- The CLP position is a required component of the CoC-accredited cancer programs.
- The CLP serves a three-year term with eligibility to serve an unlimited number of terms based on performance as assessed by the CoC and the Cancer Committee.
- The CLP is a required member of the cancer committee.
- The CLP is a member of the medical staff. The Cancer Committee must ensure that the physician is authorized to access facility-specific information that is maintained by the CoC.
- The CLP serves as liaison among the cancer program, the CoC and the community.
- The CLP can fulfill a leadership position within the cancer committee such as chair, vice chair or quality improvement coordinator.

Primary Responsibility

The primary responsibilities of the Cancer Liaison Physician are to monitor, interpret and report the programs’ performance using data to evaluate and improve the quality of care. The CLP reports and discusses the facility’s performance and response related to the accountability and quality improvement measures. A quality-related audit is initiated for any of the accountability and quality improvement measures that fall below required levels of compliance.
The Cancer Registry at HRMC is a vital component of our cancer program. The cancer program at HRMC functions within the standards set by the American College of Surgeons' Commission on Cancer (ACoS CoC). We collect cancer-related information from diagnosis through treatment: demographics, history, work-up, AJCC staging, prognostic factors, surgery, chemotherapy, hormone and targeted therapy, radiation, follow-up, etc. per state and national requirements. Serving as an important public health tool, cancer registries enable public health officials to make decisions on activities such as research funding allocation, screening program placement and education program development. Furthermore, the collected information is important to understanding treatment effectiveness and determining cancer occurrence and survival rates.

Registry data is submitted to the National Cancer Data Base. This data enables programs to compare treatment, treads, education, screening guidelines and outcomes with regional, state and national statistics. Annual patient follow-up is essential to accurately assess treatment outcomes and patient survival. It is required on all analytic cases; these are patients who were diagnosed at HRMC and/or received their first course of treatment at HRMC. This contact provides the Registry with important information and serves as a reminder to former patients to continue their follow-up exams with physicians. We attempt to follow all patients which can sometimes be challenging and time consuming.

**Registry data may be used for:**

- Providing information to physicians using specific criteria as requested
- Determining need for screenings and early detection programs
- Providing follow-up information and current disease status
- Monitoring patient outcomes
- Administrative planning and education
- Evaluation treatment modalities
- Calculating survival rates
- Patient care evaluation studies
- Analyzing referral patterns
- Research

![2014 Total Cancers Diagnosed at HRMC](chart1.png)

![2015 Total Cancers Diagnosed at HRMC](chart2.png)
**Tumor Boards**

The Tumor Board is held every other Tuesday at 7 am with multidisciplinary discussion among cancer program team members, and educational conferences for physicians and allied health professionals about cases brought to the board.

In 2018, a total of 21 conferences were held with 108 cases discussed. 96% of the cases were prospective presentations, discussing diagnosis, stage, treatment options and follow-up care. Among the leading sites presented were breast, colon, prostate, bladder, pancreas, head and neck, brain, melanoma and lymphoma.

The Lung Tumor Board meets weekly, every Thursday at 4pm. In 2018 a total of 34 lung tumor conferences were held with 88 lung cases discussed, 100% of cases.

**Community Awareness & Events**

**2018 EVENTS**

- **Walk with a Doc-Cervical Cancer**- Dr. Jenny VanWinkle, Ob/Gyn and Breast Cancer/Mammography
- **Talk with a Doc: Breast Cancer, Dr. Allison Johnson, Lung Cancer, Dr. Scott Skibo**
- **Health Fairs with cancer information, screenings or preventative information: Haywood County School Employees; HRMC Baby & Children’s fair, Champion Credit Union employees; Haywood Vocational Opportunities Employees; Ladies Night Out**
- **Power of Pink 5K**
- **Social Media/ Print media topics: Prostate Screenings; Head & Neck Cancers; Colorectal cancers; Mammography; Skin Cancer; Kidney Cancer; Cervical Cancer; Lung Cancer Screening Ads; GI colonoscopy ads in local papers**

**Cancer Support Groups**

**HOPEful Living, Women’s Cancer Support Group:** occurs the third Tuesday monthly at Haywood Regional Health & Fitness Center, Clyde, NC.

**Look good, feel better:** Workshop held bi-monthly in Asheville, NC for women 18+ currently undergoing cancer treatment, about to undergo cancer treatment, or have recently completed cancer treatment (chemotherapy, radiation therapy, surgery, hormone therapy, or other forms of treatment).

**Support Services and Community Outreach Programs**

**HOSPICE.** Hospice care is a specialized program to help manage pain and other symptoms associated with terminal illness. Chaplains, dietitians, social workers, nurses, therapists, and volunteers are available to meet with patients and speak frankly about cancer and other life-limiting illness, share ideas and offer support. Services are available regardless of ability to pay. For more information, call 828.452.5039.

**LYMPHEDEMA PHYSICAL THERAPY.** Following surgery, a certified physical therapist is available for lymphedema therapy to assess and help minimize arm swelling, if this develops. They can teach women how to identify the signs and symptoms of lymphedema so that treatment can be started in a timely way.

**HOME HEALTH.** HRMC Home Health offers patients a range of services, including skilled and specialty nursing and rehabilitation. Technology has developed to the point that almost any services available in the hospital can be delivered in a home setting with some modifications. For more information, please call 828.452.8292.

**PALLIATIVE CARE PROGRAM.** Palliative care uses an interdisciplinary approach to provide the comprehensive care and management of the physical, psychological, emotional and spiritual needs of patients of all ages, and their families with chronic debilitating or life-limiting illnesses. The goal of palliative care is to improve the quality of life for both the patient and the family. For more information, call 828.452.8696.

**MYRIAD GENETICS.** HRMC offers genetic screening and testing through Myriad Genetics. Patients with hereditary risk are offered testing for known gene mutations and can be connected with certified genetics counselors and support services to better understand their personal cancer risks.

**STEP PROGRAM.** This physician referred exercise program is designed to help participants achieve desired fitness goals. Whether participants have special medical needs or just need to jumpstart healthy habits, Haywood Regional Health & Fitness Center’s STEP program is a great place to start. It’s a physician referral based program. STEP is focused on individuals with chronic medical condition who need to integrate exercise and weight management into their treatment program to successfully manage their health. Examples include: heart and lung disease, diabetes, cancer recovery, bone and joint conditions, obesity and general deconditioning.

**YOGA FOR CANCER:** HRMC started a yoga for cancer program in 2018. This 4 week series started in Q.4 of 2018. Patients can participate 6 weeks following surgery.
Our Mission
Making Communities Healthier ®

Our Vision:
We want our hospital to be a place where:
- People choose to come for health care
- Physicians want to practice
- Employees want to work