

spotlight

Schneck Cancer Center Seymour, Indiana



Located one hour north of Louisville, Kentucky, and one hour south of Indianapolis, Schneck Cancer Center treats a large and ever-growing cancer patient population in the south-central portion of Indiana. First certified in 1991 by the American College of Surgeons Commission on Cancer, Schneck Cancer Center has since received the Outstanding Achievement Award for cancer care in its last two surveys. But perhaps what is most noteworthy about Schneck is the story of how the cancer center came to fruition.

Meeting Community Needs

Prior to the construction of the freestanding Schneck Cancer Center, cancer services were housed at Schneck Medical Center. The medical center is a Magnet Hospital and in 2011 received the Malcolm Baldrige National Quality Award. To date, Schneck is the only organization in Indiana to achieve this prestigious award from the President of the United States.

Every three years, the medical center's marketing department conducts a community needs assessment. In the hospital's 2005 assessment, the community identified local radiation oncology services as a need. At that time, patients had to travel a minimum of 30 minutes to reach the nearest radiation oncology facility.

"It's very tiring just to receive radiation. The community made it very clear that we needed to be offering radiation oncology services here at home," said Sally Acton, RN, BSN, MSM, OCN, director, Cancer and Palliative Care Services at Schneck Cancer Center.

Instead of building a radiation oncology wing into the existing hospital structure, hospital leadership decided to build a free-standing cancer center on the hospital campus that would bring both medical and radiation oncology services under one roof. The hospital foundation took this plan out into the community, and the community responded with \$4.5 million in funds for the new cancer center.

"From the larger donors down to the lemonade stands, they [community members] feel like they're part of the cancer center," said Acton. "One woman told us she was driving by the cancer center and her child said, 'Look Mom, there's my cancer center!' because she had held a lemonade stand to raise money for it."

Today the Schneck Cancer Center is located on the Schneck Medical Center campus, across from the hospital on a street owned by the hospital. The cancer center is connected to the pharmacy and lab by a tube system. For those drugs that cannot travel by tube, the pharmacy technicians personally transport them to the center.

The one-story cancer center's lobby features warm, green tones in both the art and design with a large, welcoming fireplace in the middle. The lobby separates the two sides of the building, with medical oncology services located to the right, and radiation oncology services to the left.

When the building of the new infusion space was underway, Ms. Acton served as the voice for her patients. "In many larger centers, chairs are separated into cubby holes with a TV in each cubby hole. Our

patients did not want that. Our culture is very open here, so our chemotherapy room is very open and everybody talks to everyone. My patients have told me it's like a big support group. They wanted one TV so they could all talk about what was on, so I think our cancer center reflects our culture," said Acton.

In addition to the 10 chairs in the open infusion space, there is also one private room available if a patient prefers.

Across the entire cancer center, staff includes one medical oncologist, one radiation oncologist, and six registered nurses (RNs). The nurses are required to obtain their oncology certification. One of the RNs is the nurse navigator, one is the radiation oncology nurse, one is the medical oncology nurse, two are stationed in the chemotherapy room, and Ms. Acton assists in all areas.

The palliative care program, housed in the cancer center, also includes two nurse practitioners (NPs), one of whom is an oncology certified nurse who also sees follow-up and survivorship patients. The other NP also sees inpatients for other chronic diseases and the radiation oncology nurse also participates in palliative care activities.

The palliative care program received certification by The Joint Commission in December 2015. While historically palliative care was seen as an equivalent of hospice care, Schneck Cancer Center promotes their program as a symptom management clinic. Even if patients are going to be cured of their disease, they will still experience treatment-related side effects and



symptoms. “Many of our patients are seeing the palliative care team because they’ve been in treatment and are getting symptoms from either the treatment, disease, or both,” said Acton.

Navigating the System

Schneck Cancer Center uses the National Comprehensive Cancer Network (NCCN) Distress Tool to measure patient distress. The clinic nurse will administer the tool to patients prior to the physician appointment. The nurse documents the results in the electronic health record (EHR) and the physician is able to review the patient’s responses before the clinic visit.

The documented distress tool allows the cancer treatment team to see what each patient may be distressed about; whether they are concerned mentally, financially, or with a day-to-day need, such as a lack of transportation to and from appointments. Through the EHR, patients can be automatically referred to a psychologist, social worker, chaplain, or the palliative care team, depending on the patient’s supportive care needs. Plus, an interdisciplinary supportive care team meets every week to discuss individual patient cases as a group.

Once a patient has been diagnosed with cancer, nurse navigator Lynda Richey, RN, BSN, steps in. She contacts patients prior to their first appointment at Schneck Cancer Center to make sure they are aware of their diagnosis, and then gauges how much navigation they prefer. Should patients desire it, Richey is available to accompany them to doctors’ offices,

coordinate diagnostic appointments, and help the oncologist write the plan of care to make sure the patient, family, and physician are all on the same page.

In her initial consultation with patients, Richey provides education materials and sits with patients to go through the cancer diagnosis and answer questions. Once a patient has completed their treatment, Richey initiates the Journey Forward (survivorship care plan), which is given to patients at their next follow-up visit.

Continuous Community Assessment


Schneck Cancer Center finds value in surveying its community for evolving needs. A 2015 community needs assessment focused on the state, national, and regional statistics of cancer incidence.

One important finding was the higher incidence of lung cancer and death from lung cancer in the region. “If you look at the statistics, 26 percent of adults smoke in our county. We now have the pulmonologist hold clinic several days a week, and also increased our lung screening program using CT scans,” said Acton. Schneck Cancer Center also partners with the State Health Department to offer smoking cessation.

With the high number of smokers in its patient catchment area, Schneck Cancer Center holds a monthly tumor board for lung and breast cases. This tumor board began as a breast cancer-specific board, but with the increase in the number of lung patients and with a pulmonologist on-site, staff has affectionately dubbed this tumor board “all things chest.”

This past year, Schneck joined Indiana University in a lung cancer screening research study, “Measuring Stigma and Health Beliefs about Lung Cancer Screening in Long-Term Smokers.”

“I think it’s key that we use our registry statistics and our community needs assessment to come up with what we need to center on,” said Acton. Statistics are also retrieved from the Indiana Cancer Consortium (ICC), as Acton is on the steering committee.

Schneck goes out into the community often—both to engage the public and to promote prevention and early detection. With money raised through philanthropy and community donations, the cancer center is often able to pay for diagnostic testing resulting from their many community screenings; since many of the people attending these free screenings are often without insurance coverage. 

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Number of new analytic cases seen in 2015: 264.