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The Cancer Center at Monmouth
Promoting a Multidisciplinary Ideology

In 1992 the Cancer Center at Monmouth Medical Center included one of the earliest dedicated oncology units in New Jersey, state-of-the-art radiation therapy and radiation oncology departments, a dedicated group of medical oncologists, and ACoS approval as a teaching hospital cancer center. Despite these merits, the Center still recognized the need to expand and make more comprehensive the approach to providing services, according to Barbara Rabinowitz, Ph.D., M.S.W.,

R.N., administrative director. "We needed to step back and evaluate our community's needs and evolve ourselves to meet those needs," said Rabinowitz.

That same year the Cancer Center expanded its outpatient cancer services. Medical Director P. Paulo Ferreira, M.D., recalled, "Everyone from the medical staff and senior management was prepared to put forth a great effort to help in this growth process." A multidisciplinary Strategic Planning Committee, comprised

of management, physicians, nurses, and strategic planners, was formed to develop strategic initiatives for the Cancer Center. Using SWOT analysis (strengths, weaknesses, opportunities, and threats), the committee examined community needs in site-specific areas, such as breast, colorectal, and lung specialties, and prioritized its first four strategic initiatives based on their data.

Early on Rabinowitz enlisted the support of Monmouth physicians committed to comprehensive care.

The Cancer Center at Monmouth Medical Center, located in Long Branch, N.J., provides a full range of cancer services for residents of Monmouth and Ocean counties. The Cancer Center is an affiliate of the New Jersey Community Clinical Oncology Program (NJCCOP) and a clinical research affiliate of the Cancer Institute of New Jersey.

National Prostate Cancer Awareness Program.

- Oncology social workers offer an all-cancer-site support group, site-specific support groups for patients with breast and prostate cancers, as well as family support groups.
- The Continuing Cancer Education Series presents lectures

to the community on topics such as chemotherapy education, alternative therapies, and community resources.

- The Cancer Information Center and a Breast Information Center provide the latest information on cancer, breast health care, detection and prevention, and treatment options.

VITAL STATISTICS

- Total system-wide bed size: 526
- Dedicated cancer unit beds: 27
- New analytic cancer patients seen each year: 820
- Managed care penetration in New Jersey: 14.4 percent

PATIENT SUPPORT SERVICES

- Community education and cancer awareness programs are offered, including Breast Cancer Detection Awareness Day, skin cancer screenings, and the



According to Rabinowitz, it is easy enough for a center to *call* itself "comprehensive"; however, the key is fulfilling patients' expectations of comprehensive care. "Through patient satisfaction surveys, we knew our patients wanted one-stop health care," said Rabinowitz, whose role was to bring the various disciplines together to "communicate...with one voice."

The first initiative was to develop the Jacqueline M. Wilentz Comprehensive Breast Center to provide diagnostic, treatment, psychosocial, educational, and support services in one setting. "In 1993, Monmouth County was ranked among the top counties in New Jersey for breast cancer incidence, one of many facts that made a comprehensive breast center the logical choice for our first initiative," said Rabinowitz. The Wilentz Breast Center opened in 1994.

The Breast Center's multidisciplinary team, comprised of a dedicated breast imaging radiologist, medical and radiation oncologists, breast surgeons, mammography technicians, pathologists, nurses, plastic surgeons, and psychologists and psychosocial counselors, provides a collaborative approach to treatment. "This multidisciplinary approach is reassuring to the patient," said Elaine Zipp, program administrator for the Breast Center. "The patient knows that her treatment plan is based on consensus from professionals interested in every aspect of her health."

Monmouth Medical's Breast Cancer High Risk Program shares the Breast Center's multidisciplinary ideology. A team of specialists provides each woman identified as high risk a detailed risk assessment and case review and surveillance recommendations. In addition the woman receives a clinical examination, breast self-examination

instruction, breast health education, and counseling.

As part of its holistic approach to care, the Breast Center provides chemotherapy administration to patients who require it after breast surgery. Instead of returning to a physician's office, the patient is treated by the same team who provided care throughout the course of treatment. "Continuing with the same team eases treatment access and provides psychoemotional support for the patient," Rabinowitz maintained. "It also enables the center to track patients more completely."

Because a significant number of patients with renal, lung, and other disease also receive chemotherapy, the Cancer Center developed the Chemotherapy Corrective Action Team to measure, develop, and implement policies and actions to assist with chemotherapy administration in non-oncology areas of the hospital. Previously, chemotherapy protocols had been devised on a unit-to-unit basis. The new chemotherapy policy, which was established institution-wide, has resulted in quality improvement and greater efficiency.

MEETING THE SPECIAL NEEDS OF CHILDREN

The Valerie Fund Children's Center at Monmouth Medical Center was designed from the outset to allow children with cancer to receive treatment locally instead of traveling to Philadelphia or New York. The Center operates in part through a grant from the Valerie Fund, a New Jersey-based organization that provides funds for programs providing quality care to pediatric oncology patients in the state.

In 1994 the center's pediatric oncology department became a full-time program with the addition of a dedicated pediatric oncologist.

Since that time, the numbers of patients entering the program have greatly increased, a sign that pediatricians are committed to referring patients locally, according to Mary Ann Nappi, R.N., B.S.N., O.C.N., program coordinator for the Children's Center.

Nearly all pediatric oncology patients are enrolled in either the Children's Cancer Group (CCG) or the Pediatric Oncology Group (POG) research studies. Pediatric oncology cases are relatively smaller in number compared to adult oncology, and therefore do not encounter the difficulty of patient placement onto studies, explained Nappi. "Physician cooperation with these studies contributes to pediatric oncology's success in treating patients."

As part of the American Cancer Society's School Re-Entry Program, Nappi works closely with local schools to educate students about cancer. "Children often associate 'cancer' with 'death,'" said Nappi, who tries to alleviate students' confusion when a fellow classmate undergoes cancer treatment.

Prior to the cancer patient's return to school, Nappi visits students to explain the changes their classmate may have undergone, such as hair loss. Using information cards that she and her staff developed, Nappi asks students various questions about cancer. The students then view an American Cancer Society educational film and review the questions afterward to clear up any misconceptions.

The Center's attention to the specific issues surrounding each patient's needs contributes to its success, Rabinowitz said. "We will thrive only by adapting to the community and truly meeting its needs." ■