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Committed to its Community

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FirstHealth Moore Regional Hospital Pinehurst, N.C.

Committed to Its Community

Moore Regional Hospital, located in Pinehurst, N.C., provides comprehensive cancer care to an aging but rapidly growing community. The town of Pinehurst is a small golfing resort, comprised largely of older Americans living an active retired life. Pinehurst and the surrounding Moore County are expected to double their population in the next eight years; more than 30,000 residents will reach age 65 by 2010. Of those 30,000 people, one in three can be expected to develop cancer. The hospital also serves resi-

dents of the neighboring, primarily rural, fourteen-county area. Meeting the needs of both communities has required a regional, coordinated approach to care that emphasizes multiple points of service along with a wide array of treatment options and supportive care services.

In 1995, in an effort to consolidate services in the state's south central region, Moore Regional merged with Montgomery Memorial Hospital, thirty miles away in Troy, N.C., to become FirstHealth of the Carolinas. This system, which also includes two primary care physician groups and hos-

pice, offers all members of the community access to the full continuum of care, from prevention to diagnosis and treatment to palliative care.

Fourteen FirstHealth clinics are located throughout Moore Regional's service area. They provide primary care services to residents and serve as a point of referral to FirstHealth's cancer program and other services. These clinics, each less than an hour's drive from Moore Regional, are part of an outreach strategy to encourage residents to seek health care by making it more readily available, according to Tom Smith, M.S., R.Ph., admin-

FirstHealth Moore Regional Hospital, an acute care, nonprofit hospital, is the major referral center for a fourteen-county region in the Carolinas. Moore Regional is the flagship hospital for FirstHealth of the Carolinas, the region's first comprehensive health care network, which also includes Montgomery Memorial Hospital in Troy, N.C., fourteen primary care clinics, and hospice. Moore Regional Hospital, ACoS approved since 1995, participates in the protocols of Duke University and the University of North Carolina as well as RTOG, GOG, and CALGB.

VITAL STATISTICS

Total hospital bed size: 400
Dedicated cancer unit beds: 13
Number of analytic cancer patients seen each year: 900
Managed care penetration in the state: 35 percent

PATIENT SUPPORT SERVICES

■ The Moore Regional Health & Fitness Center is the largest hospital-based wellness facility in

North Carolina, with more than 4,000 memberships.

■ An in-house referral system allows clinicians in the Behavioral Services Department to receive direct referrals from oncologists for patients needing assessment and/or intervention with grief and loss, depression, family issues, or other concerns related to the

diagnosis of cancer.

■ Lifeline, a personal response system, links home care patients to twenty-four-hour medical assistance with the touch of a button. Telecare provides patients with daily telephone contact with hospital representatives.



istrative director for oncology and pharmacy. The ultimate benefit to the cancer program, Smith said, is "to help us improve our chances of identifying possible diagnoses of cancer in early stages, and thus initiate treatment sooner." Additional outreach programs include a mobile mammography van, community screening for prostate and skin cancers, and a school nurse program to educate schoolchildren.

A LINK TO HOSPICE

In 1996 the freestanding Sandhills Hospice in Pinehurst merged with FirstHealth of the Carolinas to become FirstHealth Hospice. The merger occurred out of a desire to link hospice to a larger community, according to Ellen Willard, M.D., medical director for First Health Hospice. "We knew that, both from a financial and mission standpoint, we could operate more efficiently and serve our patients' needs better as part of a system." Willard, who is certified in hospice and palliative medicine by the American Academy of Hospice and Palliative Medicine, works with Moore Regional physicians to determine appropriate hospice admission.

Partnership with FirstHealth has benefited the program through earlier patient referrals to hospice, improved interaction with physicians at Moore Regional, and increased educational opportunities for staff, according to Executive Director Carol White. White collaborates with Moore Regional to present workshops and other community education programs on topics such as the hospice Medicare benefit and end-of-life issues.

Hospice staff benefit from Moore Regional's professional educational programs, which are provided at no cost to FirstHealth sys-

tem employees. Nurses regularly attend programs on topics such as coping with stress, infection control, leadership and management, and systems thinking. Without such an affiliation, hospice staff would otherwise have to seek similar offerings at great expense to the program, White said.

Above all, affiliation with FirstHealth allows the hospice's philanthropic dollars to go further, an important factor in today's increasing competition for charitable donors. Independent hospice programs must often rely on donations to stay in business, White explained. "As part of a system, we're not forced to use our donated dollars on operational activities," she stated. "Givers know that their donations are directed only toward charity efforts and indigent services."

TARGETING BREAST CANCER

In 1996 community leaders in Moore County convened to identify specific health care issues of its residents. As a result, Moore Regional Hospital, in conjunction with Moore County's Health Department, Department of Aging, and public school system, created MooreHealth, a volunteer organization to provide community education to residents of Moore County.

MooreHealth identified and prioritized important health issues to address, including breast cancer. A Breast Cancer Task Force, composed of individuals from throughout the community, including physicians, nurses, public health officials, American Cancer Society representatives, and educators, was formed to identify women at risk for breast cancer and to study the early detection methods and barriers that exist in seeking those services.

Results from a survey of the community's perception of breast

health and mammography found that underutilization of mammography services and cost were two impediments to screening. The task force developed a lay health advisor program, Moore Women Who Care, to increase the awareness of breast cancer, provide greater access to early detection methods, and identify resources for women in the community. Advisors provide social support and education by organizing health activities in the community and advocating for improvements in the health care system overall. Currently nineteen trained advisors are working throughout communities in the county.

Moore Regional's 2010 Plan of initiatives for the next century includes construction of a comprehensive cancer center that will serve as the hub of cancer-related services for the FirstHealth network. The center will provide a full continuum of cancer services, including an inpatient unit, outpatient infusion clinic, radiation oncology, hospice, pharmacy, cancer registry, patient/family education library, and meeting facilities, in one setting. The center is scheduled for completion in the year 2000.

At that time, Moore Regional expects to apply for Comprehensive Cancer Program status through the American College of Surgeons. Such a designation, however, will only improve Moore Regional's dedication to its community. "To a large extent our hospital is operated by the community," Smith explained. "Our efforts to build a comprehensive cancer center, our commitment to remain a nonprofit presence, are examples of our response to a community with definite ideas about what it expects from a health care provider." ■