



## Community Memorial Healthcenter

A Partnership for Patients in Rural Virginia

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## Community Memorial Healthcenter A Partnership for Patients in Rural Virginia

**F**or the past ten years, Community Memorial Healthcenter (CMH) and the Massey Cancer Center at the Medical College of Virginia (MCV) have teamed together to provide quality oncology care to residents of South Hill, Va., and surrounding vicinities. CMH initially served as the pilot site for MCV's Rural Cancer Outreach Program (RCOP), an effort to establish cancer programs in rural pockets of the state, especially those areas lacking a strong oncology pres-

ence. The program has since enabled CMH to provide comprehensive oncology services to a community of 65,000.

With some of the highest incidence of cancer in the nation, and a high percentage of adult illiteracy, South Hill residents were in great need of oncology education and outreach services. In most cases, patients had been seeking medical treatment for cancer only after the disease had reached an advanced and often untreatable stage. Patients then faced the option of traveling to Richmond (ninety

miles away) or Raleigh/Durham, N.C. (seventy miles away) for the duration of their treatment.

Because it lacked a local full-time oncologist, CMH would have been unlikely to meet these particular needs of the community on its own, according to Mary Hardin, R.N., B.S.N., director of specialty clinics/oncology at CMH. Thus, the partnership with MCV has provided CMH an opportunity to expand its market reach and serve a population that, as Hardin stated, would have

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*Community Memorial Healthcenter (CMH), founded in 1954 by the rural communities of Brunswick, Lunenburg, and Mecklenburg counties in southern Virginia, remains committed to providing state-of-the-art health care. An association with the Massey Cancer Center at the Medical College of Virginia has established CMH as part of the college's Rural Cancer Outreach Program (RCOP). The outpatient clinic was established in 1989 and has grown to a capacity of about 270 patients annually.*

### VITAL STATISTICS

- Total hospital bed size: 144
- Annual number of patients on NCI-approved protocols: 4
- Number of analytic cancer patients seen each year: 136
- Managed care penetration in the state: 18 percent

### PATIENT SUPPORT SERVICES

- Transportation for patients receiving radiation treatment at MCV is available as a joint service of the Massey Cancer Center

and the Radiation Oncology Departments at MCV.

- A social worker provides emotional support, referrals to and coordination with home health/hospice agencies, financial counseling and assistance with applications for disability and other benefits, and assistance to indigent patients through

various organizations and pharmaceutical companies.

- Kids Finding Comfort is a special support group available for children ages 6-12 who have lost a family member.
- Nursing follow-up assessments assist patients with problems ranging from draining wounds to radiation burns.



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otherwise gone elsewhere for treatment, or worse, not received treatment at all.

**THE CMH ONCOLOGY CLINIC**

At the heart of the cancer outreach program are nurses who manage the day-to-day activities of the CMH clinic. The comprehensive array of services includes prevention and early detection programs, evaluation and management of disease-related symptoms and treatment-related side effects, ambulatory chemotherapy infusion, social services, and a cancer registry. A rotating team of MCV oncologists and an oncology nurse practitioner travel three times a month to the CMH oncology clinic to conduct new patient visits, provide patient follow-up, and participate in tumor board conferences. Radiation treatment is available at MCV sites in Richmond.

CMH patients are provided transportation, which is just one example of MCV's financial commitment to patients in the South Hill area. Overall, MCV has covered the bulk of the expenses involved with establishing and operating the oncology clinic, including start-up costs for such necessities as infusion equipment and supplies. Perhaps more importantly, the RCOP program has provided a number of intangible benefits. "Our partnership with MCV provides a link to the academic setting," Hardin explained. "Our patients are often seen by residents and fellows, an unusual option in a small hospital setting." Patients also have access to clinical trials through MCV.

According to Hardin, the CMH/MCV arrangement is dependent on a collaborative partnership between MCV physicians and their local CMH counterparts. "Our

local physicians have been very willing to cooperate as a team with our MCV partners," Hardin acknowledged. Tumor board participation is taken seriously, with local non-oncology physicians as well as members of the pathology, radiology, and cancer registry departments actively joining in discussion about patient treatment. Participation by local physicians is crucial. With the entire oncology team meeting only a few times a month, "it's in the best interest of our patients for everyone to contribute," she added.

**JUST A CLICK AWAY**

Keeping lines of communication open between MCV and CMH staff on a daily basis has been facilitated by the widespread use of e-mail. CMH oncology nurses are in daily contact with an MCV nurse practitioner regarding patient treatment at the CMH clinic. E-mail also allows the transmission of clinic schedules and patient updates to physicians in advance to ease what is often a hectic day of clinic visits.

CMH oncology nurses also have developed a paging system for notifying MCV staff based on the use of specific codes to indicate one of three levels of response based on need. The levels, which range from "Whenever you get a chance" to "Urgent" to "Stop everything and come to the phone," are each assigned a code that is included when paging. For example, for an urgent page, a nurse would add the code (911) after the CMH telephone number. This system allows MCV staff to instantly recognize the priority of a page. "MCV nurses know that CMH is calling and that we need something *now*," Hardin explained.

In the same way, the electronic transmission of information is

helping CMH seek informed consultations on difficult pathology cases. Telepathology, digital imaging, and Internet access allow physicians to transmit tumor images to colleagues both in and out of state. This ability decreases the time it takes to diagnose tumors and facilitates second opinions.

In much the same way, these technologies are changing presentations at tumor conferences. Digital images of a patient's tumor are captured by camera, transferred to a removable computer hard drive, and inserted into special projection equipment that allows more than 140 people to view the tumor at one time. Discussions concerning the appropriate therapy for a patient as well as the proper course of follow-up take place in the context of interdisciplinary and comprehensive collaboration.

**PERFORMANCE IMPROVEMENTS**

CMH is undertaking several performance improvement efforts as part of its larger mission toward American College of Surgeons' accreditation. In particular, the Cancer Committee has undertaken two projects in the areas of cancer pain management and the detection and prevention of adverse drug reactions. These projects demonstrate CMH's dedication to advancing oncology treatment through enhanced quality of life for patients.

The progress CMH has achieved is remarkable, considering the state of cancer care in South Hill just ten years ago, Hardin noted. In June CMH is celebrating the tenth anniversary of the RCOP program. The program's success stands as a testament to the notion that obstacles to quality cancer treatment must be—and can be—overcome. ■