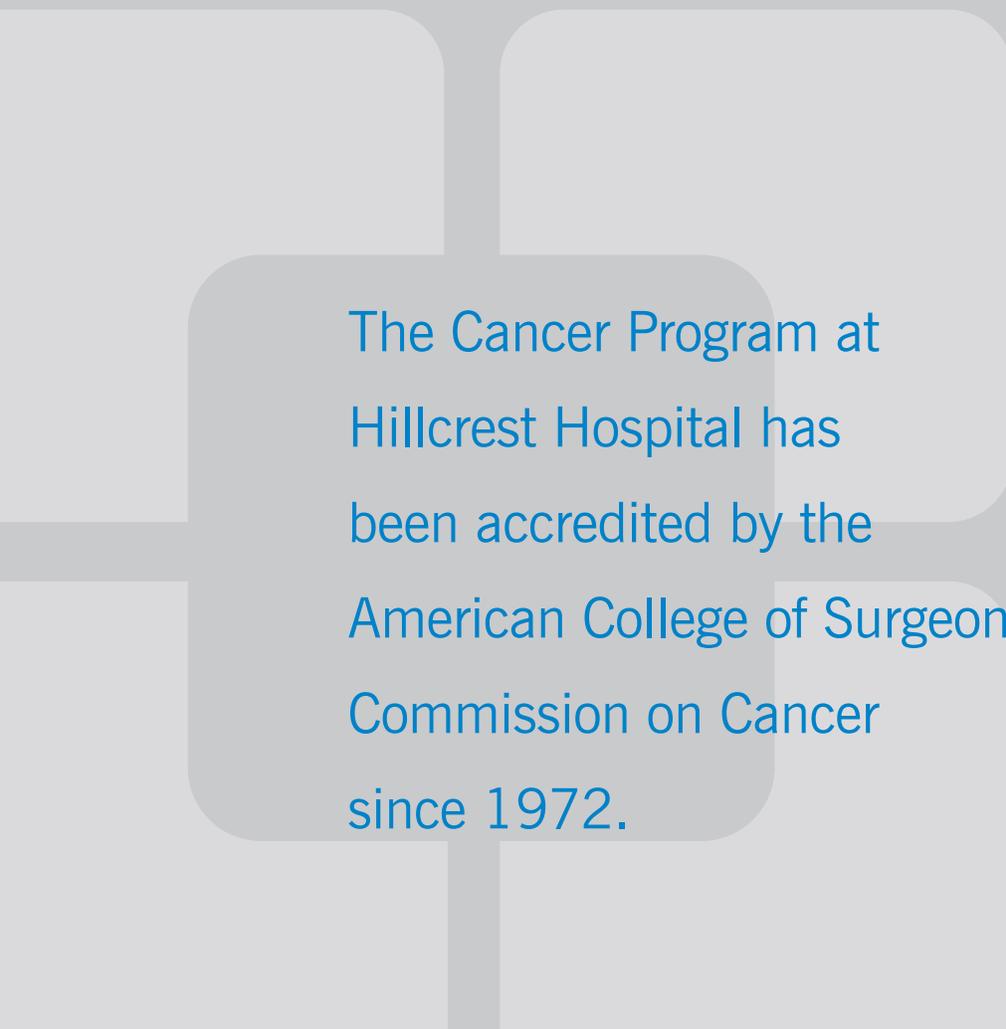




2020 Annual Report

Cleveland Clinic Cancer Center at Hillcrest Hospital



The Cancer Program at Hillcrest Hospital has been accredited by the American College of Surgeons Commission on Cancer since 1972.

2020 Chairman's Report



Henry Blair, MD

The Cancer Program at Hillcrest Hospital has been accredited by the American College of Surgeons Commission on Cancer since 1972.

The Cleveland Clinic Cancer Center at Hillcrest Hospital continues to maintain resources to provide quality and comprehensive cancer care to our patients.

The Cancer Committee acts as the governing body for the oncology program and meets quarterly to review the administrative responsibilities related to the management of our program. In addition, several ad hoc committees

meet to discuss and report on quality improvements suggested by the Cancer Committee.

New Staff for cancer program in 2020:

- Katherine Bartz, PA-C (Medical Oncology)
- Jessica Cutler, CNP (Medical Oncology)
- Susan Hamilton, CNP (Medical Oncology)

The oncology program expanded its services in rectal cancer care with the addition of a dedicated rectal tumor conference held the 2nd and 4th Thursdays every month. The rectal conference was established to pursue NAPRC accreditation.

The Cancer Program accomplished a number of quality improvements for 2020:

- Cancer Program received 3 year re-accreditation by the American College of Surgeons Commission on Cancer Program
- Our 2020 quality improvement initiative focused on improving the process for chemotherapy ordering and release of orders for the patients. Hillcrest Hospital Cancer Center has identified a trend in recent safety events related to chemotherapy prescribing and releasing. From April 2020 to December 2020, we will reduce the number of Medical Oncology Chemotherapy SERS due to dose propagation errors or inappropriate release by 75%. The CI team identified two trends in the reported safety events: the nursing workflow for releasing chemotherapy orders was not a standardized process and providers were not propagating dose changes through the full treatment plan. These errors accounted for ~73% of all Medical Oncology SERS during that time. A problem statement was created with baseline and goal metrics identified. In January 2020 nursing standard work was created, and our providers were educated in a staff meeting re: dose propagation. These changes in provider and nursing workflow were implemented in March 2020. We determined during this time that our metric of SERS was not reliable for measuring improvement as it relies on caregivers reporting events. The team decided to implement process confirmation board (PCB) (visual management tool), and establish a goal for both the provider dose propagation and nurse standard work flow. This would allow for validation of improvement. This process was initiated on May 11, 2020. July 2020: SERS data from April 2020 through June 2020 was assessed to determine if any implications for adjustment of the plan. The team also reviewed the PCB results to date at this time. It was determined that of the 28 Medical Oncology SERS during this time, 4 (or 14.3%) were for dose propagation errors, and 4 (or 14.3%) were for inappropriate release. Our SERS for these 2 event types decreased from ~73% to ~28%. The PCB results indicated that the correct provider and nursing workflows were being followed ~90% of the time. While it was felt the project was showing improvement the target was not being achieved. In line with the PDCA steps, the team adjusted their strategy. Nursing increased their number of

audits being performed, with real-time intervention when standard work was not being done, and re-enforcement of education on the standard work was done at a staff meeting. An additional opportunity to aid the providers in their workflow was identified. The Synopsis tab within EPIC provides all necessary details including chemotherapy orders/treatment plan-a physician liaison was consulted and provided an in-service to the team with a visual aid. The data was again reviewed in October (July-September): Aggregated SERS data for 1Q-3Q2020: 16.5% of SERS reported were related to either dose propagation or inappropriate release (a decrease in SERS of 57%); while this is less than the target SERS decrease of 75%, the Process Confirmation data from 5/11/2020 through 10/21/2020 showed that Dose Propagation and Nursing Standard work (appropriate release) is being achieved at a rate of 95%.

Tumor conferences, which provide a multidisciplinary approach to the care of patients and education to staff, continued throughout 2020. These patient case presentations provide a forum and opportunity for radiologists, surgeons, pathologists, oncologists and other medical specialties to provide interdisciplinary dialogue by discussing staging with diagnostic and treatment options for cancer patients, thereby improving the quality of care for the patients. For 2020, 256 total patients were presented at the breast conferences and 312 total patients were presented at the general tumor conference during 2020.

The Cancer Committee continued to evaluate and increase physician use of stage and evidence-based national treatment guidelines in treatment planning for our cancer patients.

The impact of COVID 19 hampered the extent of the Hillcrest Hospital Cancer Program efforts in 2020, specific to community outreach and fundraising to support patient healthcare related expenses, and general programming. In March 2020, Cleveland Clinic suspended all in-person education and screening activities. Collaboration with the American Cancer Society (ACS) and The Gathering Place continued, focusing on cancer patient supportive services, prevention and early detection. In late summer and fall, Hillcrest partnered with Taussig Community Outreach to provide much needed mammography screening to underserved communities. The program was adapted into a curbside model, observing all appropriate COVID-19 mitigation efforts including social distancing and masking. A total of 18 clinics were held across the region. Three of the clinics were held in collaboration with Hillcrest Hospital and Willoughby Hills FHC, serving 117 women.

COVID-19 severely affected fundraising efforts in 2020. However, the Cancer Center was able to hold small fundraising events to raise money to assist our patients experiencing financial hardships. These funds can be applied towards patient's medical related bills, transportation needs, and assistance with the cost of certain medications needed in their cancer care.

The Hillcrest Hospital Cancer Center strives to continue providing comprehensive, quality cancer care to our patients through the integration of new supportive patient programs and multidisciplinary services to enhance patient care and experience.

Henry Blair, MD
Co-Director, Cleveland Clinic Cancer Center at Hillcrest Hospital
Chairman, Cancer Committee

New Staff



**Katie Bartz, PA-C
Medical Oncology**

Katie has been practicing for 10 years, graduating from Marquette University in Wisconsin with her Masters in Physician

Assistant Studies. She started her career in bone marrow transplant but since 2016 has been working in Medical Oncology and Hematology.



**Jessica Cutler, CNP
Medical Oncology**

Jessica graduated from Chamberlain University in June of 2020 with her MSN. She has 13 years of experience as an

oncology nurse. Jessica serves as the Nurse Practitioner for the Hematology Oncology Inpatient Service at Hillcrest Hospital.



**Susan
Hamilton, CNP
Medical Oncology**

Special Amenities

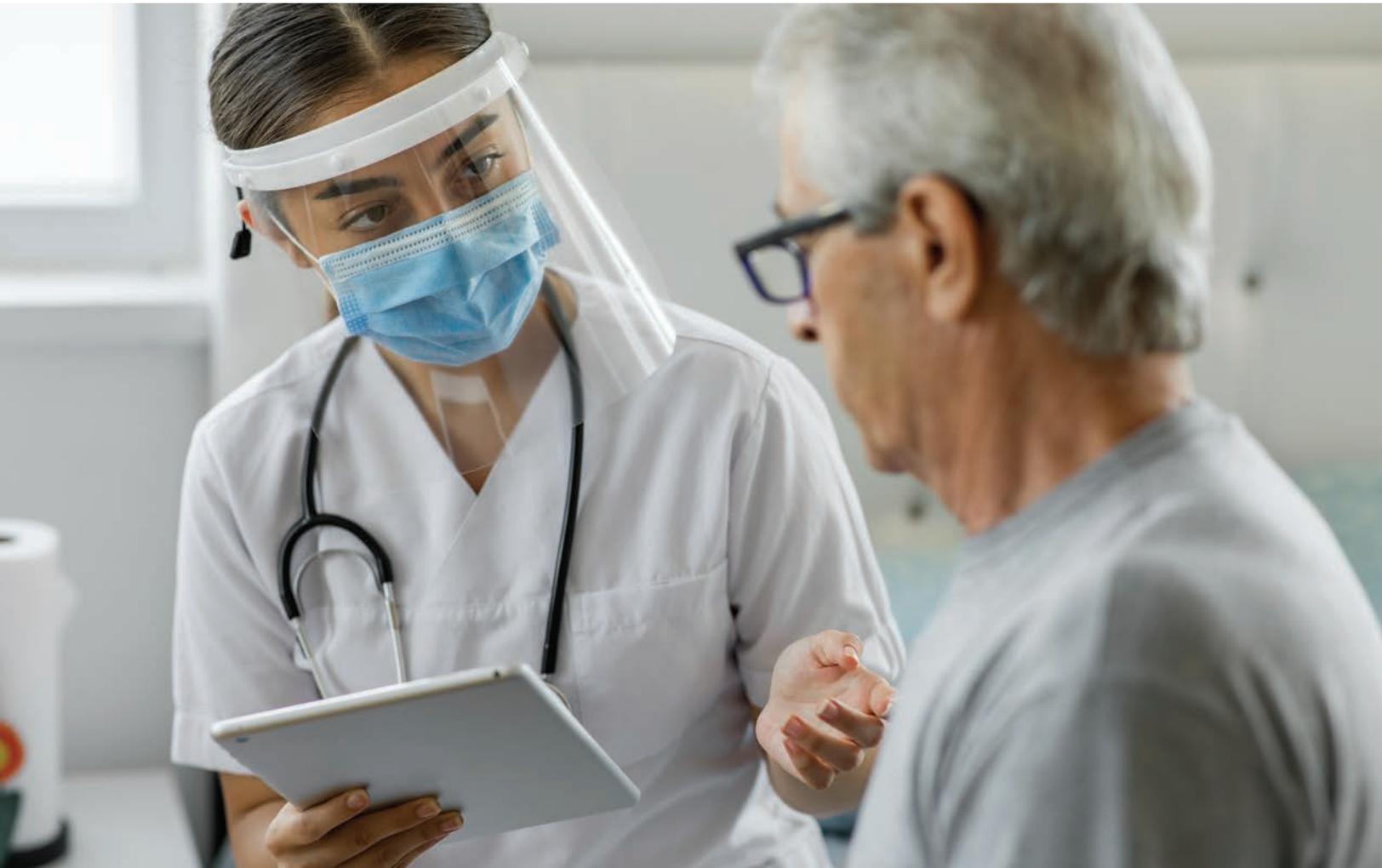
The Cleveland Clinic Cancer Center at Hillcrest Hospital provides a Cancer Resource Center for the educational support to our cancer patients, their family members and caregivers. The Cancer Resource Center offers the most up-to-date cancer information, cancer programs and services, as well as referrals to community resources.

The Department of Medical Oncology in conjunction with the Pharmacy Department provides one on one chemotherapy education for patients undergoing chemotherapy treatment. This service provides an opportunity for patients to learn more about their treatment and any potential side effects. This service has proved to be a very valuable resource for our patients.

Patients and physicians have access to an electronic medical record system. This allows for streamlined communication between providers, immediate access to patient resources through a highly secure internal network, efficient coordination of care between multiple sites and providers. Authorized physicians can access a patient's medical record, check medications and monitor quality data at all times, thereby improving the care of our patients. Patients also have access to their medical record through the patient portal, MyChart. MyChart is a secure, online tool that connects patients to personalized health information from the privacy of their homes at any time. Via this portal, patients can request appointments, manage prescription renewals, view a health summary, including test results released by their physician. Additionally, patients receive important health reminders and health questionnaires to support health management.

Cancer Center Patient Financial Assistance

The Cancer Center continues to provide financial assistance services to our patients, proactively obtaining prior authorization and pre-certification for treatments. Additionally, our finance team manages drug replacement and co-pay assistance opportunities for our patients. Furthermore, through Community Outreach and fundraising events, the Cancer Center has established a fund to address patient's medication assistance needs while undergoing treatment. For more information on this resource, please ask to speak with a Social Worker during your visit.



Confidence and hope come from knowing that advanced medical treatment is being provided by highly skilled and compassionate professionals. That's why so many people choose the Cleveland Clinic Cancer Center at Hillcrest Hospital.

Cancer Center personnel consists of Cleveland Clinic physicians, certified oncology nurses, advance practice nurses, pharmacists, radiation therapists and other professionals.

Our commitment to providing high quality compassionate care from diagnosis, to treatment, and through survivorship is indicated by our over 30 year successful, uninterrupted accreditation by the American College of Surgeons Commission on Cancer.

Prevention

A healthy diet and lifestyle can reduce the chance of developing some forms of cancer. Cleveland Clinic provides a series of programs that can help:

- **Tobacco Treatment Clinic** – Cleveland Clinic offers assistance to cancer patients who want to quit smoking and improve their health. To contact the treatment program call the Cancer Answer Line at 866.223.8100.
- **Screening Services** – Community programs and clinical services for breast, skin, and colorectal cancers.
- **Wellness Seminars** – Featured topics cover a range of controllable risk factors and lifestyle changes, such as nutrition, exercise and environment.



Early Detection and Diagnosis

Hillcrest Hospital Cancer Center offers advanced technology for early and accurate diagnosis including:

- CT Scan
- PET/CT Scan
- Ambient MRI (Magnetic Resonance Imaging)
- Nuclear of Isotope (bone) Scan
- Digital Mammography
- Colonoscopy

Treatment

Cleveland Clinic medical, radiation, gynecologic (GYN) and urologic oncologists work in partnership with surgical specialists to provide patients with the highest level of comprehensive care. A superior team of health professionals support physicians in the coordination of patient care. When a hospital stay is required, the Hillcrest inpatient oncology unit is dedicated to the unique needs of cancer and blood disorder patients. All patients

receive individual consultations with their oncologist and other medical staff to ensure that they understand their individualized treatment plans.

Surgery

Surgery was the first form of cancer treatment and continues to be a vital part of diagnosing and treating cancer. Surgeons renowned for their training and skills utilize clinical advances in non-invasive and invasive surgical techniques to improve patient outcomes. For many cancers that have not spread to other body parts, surgery is the most likely possibility for a cure.

- Hillcrest Hospital surgical oncologists specialize in GYN, breast and urological cancers.
- Hillcrest Hospital is the only community hospital on the east side of Cleveland to offer robotic surgery for prostate and GYN cancers. Robotic surgery offers the benefits of smaller incisions, a shorter hospital stay and a faster recovery.

Medical Oncology and Hematology

Infusion and chemotherapy services are provided under the direct supervision of medical oncologists and administered by oncology certified nurses.

- Each patient undergoing active chemotherapy is offered an individualized consultation with a clinical pharmacist or clinical educator. This allows the patient and family members the opportunity to fully understand the administration of a chemotherapy regimen and common side effects of their treatment.
- Individual treatment areas feature reclining chairs and televisions for personal privacy and comfort.
- Hematology services for blood diseases are also offered.

Radiation Oncology

More than half of all cancer patients will require radiation therapy during the course of their illness. Hillcrest Hospital's Radiation Oncology Department is staffed by Cleveland Clinic physicians, nurses, physicists, medical dosimetrists, radiation therapists who collaborate to create a plan for radiation therapy treatments. The first step to prepare a course of radiation therapy is the simulation, where we use a Philip's Brilliance CT simulator which can image the area to be treated in 3D or 4D setting. The result is the ability to spare normal tissue.

Radiation therapy can be delivered via external (teletherapy) or internal (brachytherapy) route. Brachytherapy can be delivered with a low dose rate (LDR) or high dose rate (HDR). Some patients with low to moderate risk prostate cancer are eligible for LDR brachytherapy with a permanent placement of radioactive seeds into the prostate gland. Some patients with breast, cervix and uterus cancer are eligible for HDR brachytherapy with a temporary implant in the tumor area. Image-guided radiation therapy (IGRT) is a method to deliver highly concentrated external beam radiation therapy using intensity-modulated radiation therapy (IMRT) with pre-treatment imaging with the goal of targeting the tumor while sparing normal tissue and reducing side effects. Stereotactic body radiation therapy (SBRT) is a method to deliver highly concentrated external beam radiation therapy in considerably less time than IGRT.

For breast cancer patients considering a lumpectomy, partial accelerated breast radiation therapy procedure involves placing a HDR applicator in the tumor cavity and

requires considerably less time to complete than traditional external radiation therapy treatments with minimal exposure to healthy tissue. This has been available at Hillcrest Hospital since 2004.

In January 2016, a technologically advanced linear accelerator was added to the department offering IGRT and SBRT. To ensure the best possible patient care, we continually upgrade our record and verify system, brachytherapy equipment, and treatment planning and immobilization devices. The continued growth in our technologies has allowed Hillcrest to remain one of the most advanced community based Radiation Oncology departments on the east side of Cleveland.

Gynecologic Oncology

Gynecologic (GYN) oncologists undergo special training and certification in surgery, chemotherapy and GYN cancers. Advanced practice nurses and oncology certified nurses assist them on the treatment of cancers of the cervix, uterus, ovaries, fallopian tubes, vagina and vulva.

- Hillcrest Hospital has the only GYN Oncology program at a community hospital on the east side of Cleveland.
- Services include minimally invasive surgery including standard multiport, robotic and single incision laparoscopy.
- This highly specialized team of clinical professionals understands and addresses the various impacts of cancer on a woman's life including sexuality, child bearing, and emotional well-being.



Breast Oncology

Our breast surgeons offer multiple progressive surgical options in the treatment of breast cancer. Choices include breast conservation surgery (lumpectomy/partial mastectomy) and mastectomy (including skin-sparing and nipple-sparing techniques) with or without breast reconstruction. Our skilled plastic surgery team offers various methods for reconstruction including implant-based procedures^{3/4}such as insertion of tissue expanders^{3/4}and autologous tissue reconstruction. Plastic surgeons trained in microsurgical techniques offer unilateral and bilateral DIEP reconstruction, and lymphaticovenous bypass. Treatment at Cleveland Clinic Hillcrest Hospital is delivered using a multidisciplinary approach which includes input from breast surgery, medical oncology, radiation oncology, plastic surgery, genetic counseling, nurse navigation, care coordination, social work, and clinical trial coordination.

Urologic Oncology

Our urologists provide leading edge treatment for kidney, prostate, bladder and testicular cancers, using a multidisciplinary approach to care, as well as the latest technology. Services include robotic surgery for prostate, kidney and bladder cancer, MRI guided prostate biopsy and genetic analysis of prostate cancer biopsies.

Supportive Services

A variety of unique services at Hillcrest Hospital are designed to enhance the care of cancer patients and their families:

Clinical Research – Physicians are dedicated to providing patients innovative cancer treatment options. Hillcrest Hospital participates in numerous local and national research efforts designed to answer scientific questions and determine if promising new therapies are safe and effective. Through Cleveland Clinic's Taussig Cancer and Women's Health Institutes, patients gain access to treatments usually available only at major medical educational institutions in a community setting.

Hereditary Cancer Risk Assessment – A genetic counselor meets with individuals concerned about their family or personal history to assess their cancer risk. Genetic testing may be offered, and if necessary, screening and management strategies are implemented.

Financial Services – A financial counselor is available for uninsured or under-insured patients. A reimbursement

specialist can assist with insurance verification and precertification.

Social Services – Support groups and community resources create a support system for each patient. An oncology social worker is available to assess and support the psychosocial needs of the cancer patient. One-on-one counseling sessions are also available for patients and their family.

Cancer Resource Center – Magazines, videos and brochures on cancer information, cancer programs and services, survivorship and referrals to community resources are available in the Cancer Center.

Dietary Consultation – A registered dietitian assesses and educates patients on healthy nutrition during and after treatment.

Rehabilitation – Services include physical, occupational and speech therapy services.

Pain Management – Options are available that include medications and medical care that eliminates or reduces pain associated with symptoms related to cancer.

Tumor Registry – The tumor registry ensures that the hospital's cancer program is approved by the American College of Surgeons Commission on Cancer and is vital in providing information on the occurrence of cancer and outcomes of treatment.

Transportation – Transportation can be difficult for people who are undergoing cancer treatments. We are pleased to offer courtesy round-trip van service to those patients who qualify. Please ask your nurse or social worker for information if you are interested in this service.

Community Outreach – Hillcrest Hospital partners with local organizations such as: American Cancer Society, The Gathering Place and Speaking of Women's Health to promote cancer prevention, early detection and survivorship. Multiple collaborative events are held throughout the year to address community needs and overcome barriers focused on the most commonly diagnosed cancers in the Cleveland East side region.

Spiritual Care – Representatives from various denominations are available to meet patients' spiritual needs.

Special Conveniences – Complimentary services include free snacks, musical entertainment, high tea and more.



Supportive Services

Genetics

Rebekah Moore, LGC

In collaboration with the Center for Personalized Genetic Healthcare, a Licensed Genetic Counselor provides hereditary cancer risk assessment, education, and coordination of genetic testing for patients and family members. Genetic counseling services are offered to individuals with a personal and/or family history of cancer. The majority of cancer occurs by chance, or is sporadic. However, some cancers are caused by an inherited gene mutation, or are hereditary. Identifying a hereditary predisposition to cancer allows individuals and families to personalize cancer screening guidelines, medical management and treatment options. Genetic counselors work closely with the treating physicians to provide collaborative care.

Research

Traci Stafford, RN

Donna Latch, RN

Jacqueline Ludwig, RN

The most advanced current treatment plans include clinical trial options for patients that can assist in the development of new medications and/or cancer treatments. Cleveland Clinic Cancer Center at Hillcrest Hospital participates in research studies through Cleveland Clinic Taussig Cancer Institute. We work to provide the most advanced medical care to patients, while allowing them to receive that care in the community setting, closer to home. Hillcrest offers studies in Medical, Radiation, and GYN Oncology. Our staff of physicians, along with specially trained research nurses, are excited to offer these up and coming treatments to patients in their own community.

Social Work Services

Azia Morgan, LISW-S

Sarah Dalby, LISW-S

Hillcrest Cancer center has 2 dedicated clinical oncology licensed social workers to provide support for patients with a cancer diagnosis and their families. One – on one counseling sessions with a licensed independent social worker is available for patients and their families. The social worker can address the adjustment to the diagnosis ,identify coping mechanisms, access crisis intervention , and provide referrals for various community resources. The National Comprehensive Cancer Network (NCCN) distress tools is currently utilized in each of the outpatient oncology clinics to assess patients' level of coping with their disease . Based on this tool and additional psychosocial assessments , the social worker provides services to the patient.

The Cancer Center social workers is recognized by the Association of Oncology Social Work. In the 2012 Patient Center Standards , The Commission on Cancer recognizes and recommends

OSW-C. The Association of Community Cancer centers recognizes and recommends Oncology Social Work Certification in their Cancer Program Guidelines.

Laboratory/Pathology

Jennifer Jeung, MD

Laboratory and pathology services provide a full range of testing for oncology patients. Routine testing is performed in the Hillcrest Hospital Laboratory, and more esoteric testing such as advanced coagulation studies, flow cytometry, cytogenetic and molecular studies are provided by Cleveland Clinic laboratories. Pathologists with expertise in hematology interpret bone marrow specimens and are available for consultation.

To provide effective reporting of surgical pathologic findings necessary to provide quality patient care, pathology reports on patients with a cancer diagnosis include the scientifically validated data elements as defined by the College of American Pathologists. Templates are utilized to incorporate the reporting of these elements.

Radiology

Leonard Kahn, MD

Cleveland Clinic Imaging Institute and its group of subspecialty radiologists at Hillcrest Hospital provide patients with the most up-to-date diagnostic resources for diagnosing and assessing tumor burden. We have the newest technologies in CT and



MRI including an open Ambient™ MRI that is available for patients with a fear of claustrophobia as well as offering calming music and lighting techniques for all patients to choose from. SPECT-CT was added in 2015, and we continue to offer PET-CT.

Pain Management

Crawford Barnett, MD

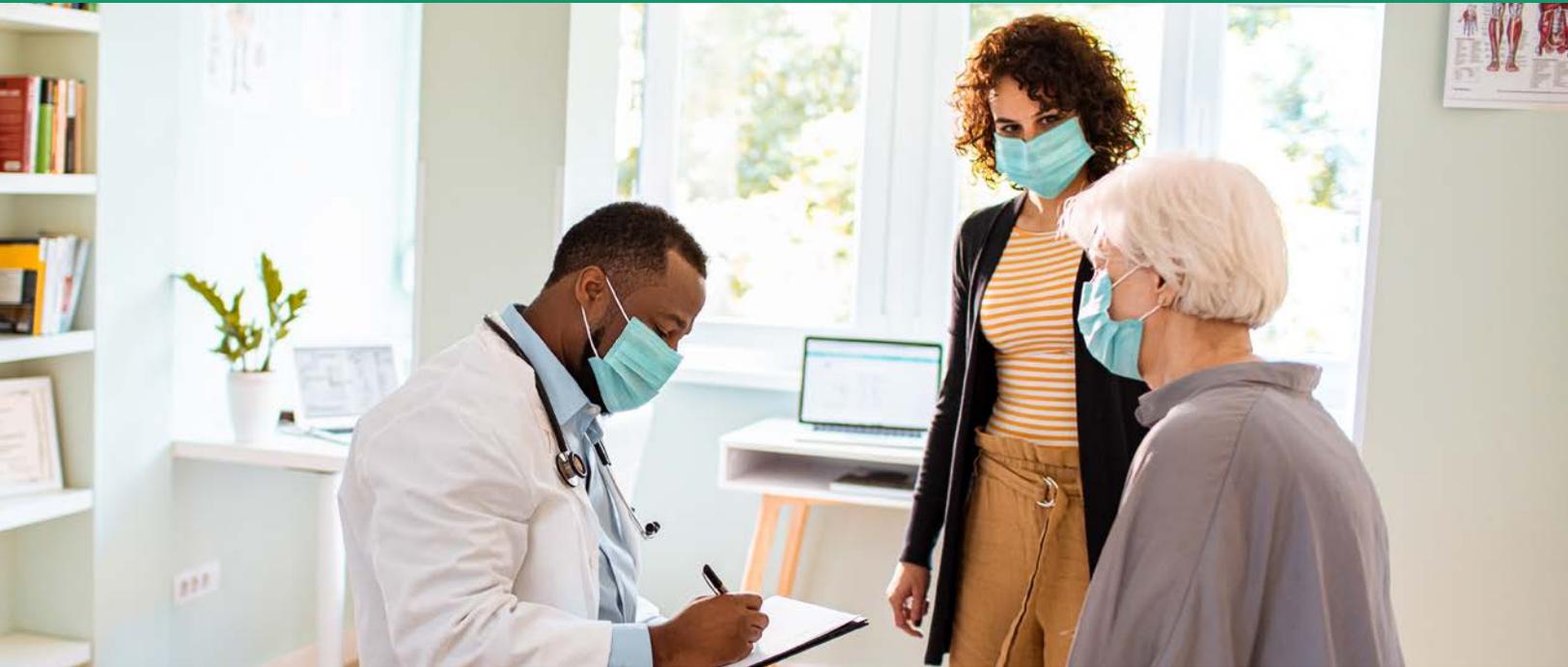
Medications and nerve blocks, as well as non-drug methods such as relaxation are utilized by highly-trained specialists in an effort to minimize or control the acute, chronic and incidental pain patients with cancer may experience. The Cleveland Clinic Pain Management Center at Hillcrest Hospital offers each patient an individualized treatment plan that may include one or more of the following therapeutic strategies:

- Pharmacotherapy
- Rehabilitative therapy
- Psychologic therapy
- Neural blockade and injection therapies
- Radiofrequency ablation
- Neuraxial analgesia, such as epidural infusions
- Spinal cord stimulation (SCS)
- Implanted intraspinal infusion pumps

Pharmacy

Nicholas Link, PharmD, BCOP

The Hillcrest Hospital Pharmacy is conveniently located with the medical oncology department. This allows the pharmacist to be easily accessible for the dispensing of chemotherapy medication. The pharmacist provides drug information resources, medication counseling, patient education, and assistance with insurance coverage submissions for medications and drug-specific enrollment programs.



Outpatient Medical Oncology/Patient Experience

Shared Governance

Shared Governance is a body of nursing representatives that come together on behalf of the department and focus on nursing and patient opportunities. It provides a voice for the nursing body through the voting structure. The council focuses on projects that centers on nursing, patient and staff satisfaction. We are excited as the group continues to gain momentum the positive additions it will have to the unit! Projects completed include scheduling reorganization and process improvements.

Inpatient/Outpatient Huddle

The oncology inpatient/outpatient huddle, originally formed in 2013, has continued to prove a valuable asset between units. The interdisciplinary approach has strengthened continuity of care and fortified the patient centered model towards oncology care at Hillcrest Hospital. Palliative Medicine joined and a special focus was emphasized on appropriate patients being referred to Palliative Medicine. Representatives from three different areas are present bi-weekly: inpatient social work, case managers and nurse managers; outpatient care coordinators, social work and nurse manager; and Palliative Medicine social worker. Discussions of patient needs, history, and updates are shared between the group; each adding their unique perspective that provides everyone a fuller understanding of how best to treat the patient. The concept of a huddle

between inpatient and outpatient units is a newer approach to healthcare. The development and sustaining abilities of the huddle has been shared at multiple regional conferences and cancer centers since the formation.

RN Specialty Certification

Nurses in the cancer center are strongly encouraged to obtain oncology certification within two years of employment. Oncology nursing certification (OCN) is a rigorous test and validates a nurse has met stringent requirements for knowledge and experience related to oncology. Recertification is required every four years. These nurses have proven qualified to give high quality of oncology care to patients. OCN certification benefits patients and their families, nurses, and employers.

Chemotherapy/Biotherapy Education Visits

Every patient scheduled to start chemotherapy and/or biotherapy treatment has an education session with an oncology trained pharmacist. The one-on-one teaching involves reviewing the patient's individualized treatment regimen including possible side effects, measures to help prevent potential complications, and what to expect during the treatment visits. Each patient receives a treatment binder resource guide and a listing of important symptoms that require immediate intervention. The clinical pharmacist performs a medication review of all medications or herbal remedies the patient is taking and makes any necessary recommendations for changes to the managing oncologist.

2020 Tumor Registry Report

The Tumor Registry is an essential component of the Commission on Cancer (CoC) accredited cancer program and operates under the supervision of the Cancer Committee and maintains a complete database of all cancer cases as well as other reportable diseases diagnosed and/or treated at this facility. With the addition of 1,620 cases in 2019, the Hillcrest registry now has a database consisting of 28,941 cases.

Hillcrest Hospital is part of a two-hospital registry system that also includes data from South Pointe Hospital. Utilizing the Oncolog software allows the East Region Cleveland Clinic hospitals to share and merge data while at the same time report data independently. The registry is staffed by certified tumor registrars who are dedicated to quality database management and strive to obtain complete and accurate data on all information entered into the database. Numerous quality measures are in place so as to assure the most accurate data reporting.

The Tumor Registry is responsible for coordinating and monitoring the cancer program for continuous compliance with the American College of Surgeons Commission on Cancer standards for accreditation. Hillcrest Hospital has maintained accreditation since 1972 and was again awarded approval in 2019.

The Registry continues to maintain current follow-up information on all eligible living patients and has consistently exceeded the minimum follow-up rates as required by the American College of Surgeons Commission on Cancer.

Approximately 10,694 patients are currently followed.

The Tumor Registry coordinates weekly breast and general tumor conferences. Physicians are encouraged to present cases of interest. Tumor conferences are certified for Category I CME credit. These conferences are a vital component of cancer patient care and provide the opportunity for multidisciplinary consultative services, which are integral to improving the care of cancer patients. Weekly videoconferences from the Cleveland Clinic Foundation are also offered to physicians and other allied health professionals to promote education and for the care of the cancer patient.

The Tumor Registry provides statistical data to interested parties and encourages the use of data for outcome analysis. Data from the registry is submitted for inclusion in the Ohio Cancer Incidence and Surveillance System database as well as the National Cancer Data Base (NCDB). Cancer registry data is instrumental in resource allocation, survival data and evaluation the effectiveness of treatment modalities.

Continuing education is an important factor for the Tumor Registry. The Tumor Registry staff attends local, regional, state and national meetings to enhance their knowledge of all aspects related to cancer care. All CTR's are active members of the National Cancer Registrar's Association.

***Justine Leinweber, CTR
Supervisor, Tumor Registry***



Hillcrest Hospital 2019 Site Distribution

Diagnostic Site	Class of Case		Gender		Stage (Analytic Cases)							Total
	Analytic	Non-Analytic	Male	Female	0	I	II	III	IV	NA	UNK	Totals
ORAL CAVITY, PHARYNX	3	1	4	0	0	1	1	0	1	1	0	4
Lip	0	0	0	0	0	0	0	0	0	0	0	0
Tongue	1	0	1	0	0	0	1	0	1	0	0	1
Salivary Gland	1	0	1	0	0	0	1	1	0	0	0	1
Floor of Mouth	0	0	0	0	0	0	0	0	0	0	0	0
Gum, Other Mouth	0	0	0	0	0	0	0	0	0	0	0	0
Tonsil	1	0	0	1	0	0	0	0	0	1	0	1
Nasopharynx	1	0	1	0	0	1	0	0	0	0	0	1
Oropharynx	0	0	0	0	0	0	0	0	0	0	0	0
Hypopharynx	0	0	0	0	0	0	0	0	0	0	0	0
Other Oral Cavity and Pharynx	0	0	0	0	0	0	0	0	0	0	0	0
DIGESTIVE SYSTEM	271	1	135	137	1	42	53	74	81	11	9	272
Esophagus	12	0	9	3	0	0	1	4	6	0	1	12
Stomach	13	0	8	5	0	5	3	3	2	0	0	13
Small Intestine	12	0	4	8	0	3	2	3	1	0	3	12
Colon, Rectum, Anus	120	0	59	61	1	19	28	43	25	1	3	120
Colon, Excluding Rectum	85	0	40	45	1	13	24	27	17	1	2	85
Cecum	13	0	6	7	0	4	2	4	3	0	0	13
Appendix	6	0	2	4	1	0	2	1	1	0	1	6
Ascending Colon	18	0	8	10	0	3	8	6	1	0	0	18
Hepatic Flexure	2	0	1	1	0	0	1	0	1	0	0	2
Transverse Colon	14	0	7	7	0	0	5	6	3	0	0	14
Splenic Flexure	2	0	0	2	0	0	1	0	1	0	0	2
Descending Colon	6	0	4	2	0	0	1	2	2	0	1	6
Sigmoid Colon	20	0	9	11	0	5	4	7	4	0	0	20
Large Intestine, NOS	4	0	3	1	0	1	0	1	1	1	0	4
Rectosigmoid, Rectum, Anus	35	0	19	16	0	6	4	16	8	0	1	35
Rectosigmoid Junction	3	0	0	3	0	0	0	1	2	0	0	3
Rectum	28	0	17	11	0	6	3	13	5	0	1	28
Anus, Anal Canal, Anorectum	4	0	2	2	0	0	1	2	1	0	0	4
Liver, Gallbladder, Intrahep Bile Duct	34	1	19	16	0	3	8	4	11	7	1	35
Liver	18	1	11	8	0	3	5	1	5	4	0	19
Gallbladder	4	0	2	2	0	0	1	0	3	0	0	4
Intrahepatic Bile Duct	6	0	3	3	0	0	0	0	2	3	1	6
Other Biliary	6	0	3	3	0	0	2	3	1	0	0	6
Pancreas	75	0	33	42	0	12	11	15	36	0	1	75
Retroperitoneum	2	0	2	0	0	0	0	1	0	10	0	2
Peritoneum, Omentum, Mesentery	0	0	0	0	0	0	0	0	0	0	0	0
Other Digestive Organs	3	0	1	2	0	0	0	1	0	2	0	3

Diagnostic Site	Class of Case		Gender		Stage (Analytic Cases)							Total
	Analytic	Non-Analytic	Male	Female	0	I	II	III	IV	NA	UNK	Totals
RESPIRATORY SYSTEM	180	2	90	92	0	48	12	36	61	22	1	182
Nose, Nasal Cavity, Middle Ear	0	0	0	0	0	0	0	0	0	0	0	0
Larynx	5	0	5	0	0	1	0	0	4	0	0	5
Pleura	0	0	0	0	0	0	0	0	0	0	0	0
Lung and Bronchus	175	2	85	92	0	47	12	36	57	22	1	177
Non-Small Cell	144	2	75	71	0	43	9	27	43	22	0	146
Small Cell	27	0	7	20	0	1	3	9	13	0	1	27
Other Lung	4	0	3	1	0	3	0	0	1	0	0	4
Trachea	0	0	0	0	0	0	0	0	0	0	0	0
Mediastinum, Other Resp.	0	0	0	0	0	0	0	0	0	0	0	0
BONES, JOINTS	0	0	0	0	0	0	0	0	0	0	0	0
SOFT TISSUE INCLUDING HEART	5	1	2	4	0	2	0	0	1	2	0	6
SKIN	11	0	5	6	0	2	1	3	3	1	1	11
Skin: Melanoma	10	0	4	6	0	2	1	3	3	0	1	10
Skin: Other Non-Epithelial	1	0	1	0	0	0	0	0	0	1	0	1
Epithelial Skin	0	0	0	0	0	0	0	0	0	0	0	0
BREAST	324	1	5	320	56	199	30	14	10	9	6	325
Female Breast	319	1	0	320	56	196	30	14	9	9	5	320
Male Breast	5	0	5	0	0	3	0	0	1	0	1	5
FEMALE GENITAL SYSTEM	105	0	0	105	0	56	10	18	19	1	1	105
Cervix Uteri	7	0	0	7	0	4	2	0	1	0	0	7
Corpus Uteri, NOS	74	0	0	74	0	47	7	10	9	0	1	74
Corpus Uteri	72	0	0	72	0	46	7	10	8	0	1	72
Uterus, NOS	2	0	0	2	0	1	0	0	1	0	0	2
Ovary	18	0	0	18	0	4	0	6	7	1	0	18
Vagina	1	0	0	1	0	0	0	0	1	0	0	1
Vulva	2	0	0	2	0	1	1	0	0	0	0	2
Other Female Genital Organs	3	0	0	3	0	0	0	2	1	0	0	3
MALE GENITAL SYSTEM	248	3	251	0	0	28	104	75	17	1	23	251
Prostate	237	3	240	0	0	20	103	74	17	0	23	240
Testis	8	0	8	0	0	7	0	1	0	0	0	8
Penis	2	0	2	0	0	1	1	0	0	0	0	2
Other Male Genital Organs	1	0	1	0	0	0	0	0	0	1	0	1
URINARY SYSTEMS	203	0	156	47	71	67	27	26	10	0	2	203
Urinary Bladder	140	0	111	29	68	33	23	9	5	0	2	140
Kidney	51	0	36	15	0	33	1	15	2	0	0	51
Renal Pelvis	11	0	8	3	3	1	2	2	3	0	0	11
Ureter	1	0	1	0	0	0	1	0	0	0	0	1
Other Urinary Organs	0	0	0	0	0	0	0	0	0	0	0	0

Diagnostic Site	Class of Case		Gender		Stage (Analytic Cases)							Total
	Analytic	Non-Analytic	Male	Female	0	I	II	III	IV	NA	UNK	Totals
EYE, ORBIT	0	0	0	0	0	0	0	0	0	0	0	0
Eye, Orbit: Non-Melanoma	0	0	0	0	0	0	0	0	0	0	0	0
Eye, Orbit: Melanoma	0	0	0	0	0	0	0	0	0	0	0	0
BRAIN, OTHER NERVOUS SYSTEM	2	0	2	0	0	0	0	0	0	2	0	2
Brain: Malignant	1	0	1	0	0	0	0	0	0	1	0	1
Cranial Nerves, Other Nervous System	1	0	1	0	0	0	0	0	0	1	0	1
Brain-CNS: Benign, Borderline	0	0	0	0	0	0	0	0	0	0	0	0
ENDOCRINE SYSTEM	8	0	4	4	0	5	0	0	0	1	2	8
Thyroid	7	0	3	4	0	5	0	0	0	1	1	7
Thymus	1	0	1	0	0	2	0	0	0	0	1	1
Adrenal Gland	0	0	0	0	0	0	0	0	0	0	0	0
Other Endocrine	0	0	0	0	0	0	0	0	0	0	0	0
Endocrine: Benign, Borderline	0	0	0	0	0	0	0	0	0	0	0	0
LYMPHOMA	58	1	36	23	0	13	13	10	15	4	3	59
Hodgkin Lymphoma	7	0	2	5	0	0	4	1	2	0	0	7
*Hodgkin – Nodal	7	0	2	5	0	0	4	1	2	0	0	7
*Hodgkin – Extranodal	0	0	0	0	0	0	0	0	0	0	0	0
Non-Hodgkin Lymphoma	51	1	34	18	0	13	9	9	13	4	3	52
*NHL – Nodal	40	1	29	12	0	11	8	8	9	2	2	41
*NHL – Extranodal	11	0	5	6	0	2	1	1	4	2	1	11
MYELOMA	23	0	13	10	0	0	0	0	0	23	0	23
LEUKEMIA	16	0	11	5	0	2	0	1	1	11	1	16
Lymphocytic Leukemia	6	0	4	2	0	2	0	1	1	1	1	6
*Acute Lymphocytic Leukemia	1	0	1	0	0	0	0	0	0	1	0	1
*Chronic Lymphocytic Leukemia	5	0	3	0	0	2	0	1	1	0	1	5
*Other Lymphocytic Leukemia	0	0	0	0	0	0	0	0	0	0	0	0
Non-Lymphocytic Leukemia	9	0	6	3	0	0	0	0	0	9	0	9
*Acute Myeloid Leukemia	5	0	4	1	0	0	0	0	0	5	0	5
*Acute Monocytic Leukemia	0	0	0	0	0	0	0	0	0	0	0	0
*Chronic Myeloid Leukemia	3	0	1	2	0	0	0	0	0	3	0	3
*Other Myeloid-Monocytic Leukemia	1	0	1	0	0	0	0	0	0	1	0	1
Other Leukemia	1	0	1	0	0	0	0	0	0	1	0	1
*Other Acute Leukemia	0	0	0	0	0	0	0	0	0	0	0	0
*Aleukemic, subleukemic and NOS	1	0	1	0	0	0	0	0	0	1	0	1
MESOTHELIOMA	0	0	0	0	0	0	0	0	0	0	0	0
KAPOSI SARCOMA	0	0	0	0	0	0	0	0	0	0	0	0
MISCELLANEOUS	26	1	13	14	0	0	0	0	0	7	0	27
OTHER SITE: BENIGN, BORDERLINE	0	0	0	0	0	0	0	0	0	0	0	0
TOTALS	1484	10	726	768	128	465	251	257	219	115	49	1494

Cancer Program Practice Profile Reports (CP3R) for Breast, Colon, Gastric, Lung, and Rectal Cancers

The National Cancer Data Base (NCDB) provides data from cancer programs. The Web-based Cancer Program Practice Profile Reports (CP3R) offer providers comparative information to assess adherence to and consideration of standard of care therapies for major cancers. This reporting tool provides a platform from which to promote continuous practice improvement to improve quality of patient care at the local level and also permits hospitals to compare their care for these patients relative to that of other providers. (American College of Surgeons, Commission on Cancer, NCDB)

Breast Measures	2016			2017		
	Hillcrest	Ohio	National	Hillcrest	Ohio	National
Image or palpation-guided needle biopsy (core or FNA) is performed to establish diagnosis of breast cancer. (nBx) (Quality Improvement)	86.5%	91.6%	90.2%	86.7%	92%	90.5%
Radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with >= 4 positive regional lymph nodes. (MASTRT) (Accountability)	75%	90.6%	88.8%	100%	89%	87.7%
Radiation therapy is administered within 1 year (365 day) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer. (BCS/RT) (Accountability)	92.8%	94.7%	92%	96.5%	92.7%	91%
Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cNOMO or Stage II or Stage III hormone receptor-negative breast cancer. (MAC) (Accountability)	100%	96%	93.5%	86.7%	94.9%	93.5%
Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1cNOMO or Stage II or Stage III hormone-receptor positive breast cancer. (HT) (Accountability)	97%	96.4%	93.1%	98.4%	95.5%	92.3%
Colon Measures	2016			2017		
	Hillcrest	Ohio	National	Hillcrest	Ohio	National
Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under age 80 with AJCC Stage III (lymph node positive) (ACT) (Accountability)	85.7%	92.2%	89.7%	80%	92%	89.1%
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. (12 RLN) (Quality Improvement)	97.7%	93.3%	92.9%	98.3%	94.8%	93.2%
Gastric Measures	2016			2017		
	Hillcrest	Ohio	National	Hillcrest	Ohio	National
At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer (G15RLN) (Quality Improvement)	100%	62.7%	66.6%	100%	72.3%	67.3%
Lung Measures	2016			2017		
	Hillcrest	Ohio	National	Hillcrest	Ohio	National
Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is considered for surgically resected cases with pathologic lymph node-positive (pN1) and (pN2) NSCLC (LCT) (Quality Improvement)	87.5%	93.5%	91.7%	100%	86.7%	89.2%
Surgery is not the first course of treatment for cN2, M0 lung cases (LNoSurg) (Quality Improvement)	100%	93%	93.4%	100%	94%	92.2%

Rectum Measures	2016			2017		
	Hillcrest	Ohio	National	Hillcrest	Ohio	National
Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is recommended; for patients under the age of 80 receiving resection for rectal cancer RECRTCT) (Quality Improvement)	91.6%	92.5%	89.8%	80%	87.8%	87.9%

Analysis of CP3R Data

Current data reflects data from 2019. The cancer program at Hillcrest Hospital tracks these measures on an annual basis and are reported to the cancer committee quarterly. The data reflects that measures at Hillcrest Hospital are comparable if not a little higher than state and national measures for all cancers.

Arts & Medicine Institute at Hillcrest Hospital Cancer Center

Cleveland Clinic's Arts & Medicine Institute was created for the purpose of integrating the visual arts, music, performing arts and research to promote healing and to enhance the lives of our patients, families, visitors and employees.

Music Therapy

Music therapy is the use of music by a board-certified music therapist to assist in the healing process. It combines music and therapeutic techniques to address the needs and goals of individual patients, groups of patients, or of patients and families. Music therapists assess and provide therapy in many ways, including listening to music, playing music, and encouraging patients to join in if they are able and willing. Music therapy can help to decrease pain, suffering, and anxiety. It can also help to manage stress and promote relaxation; promote well-being; provide an opportunity for self-expression; and promote positive coping skills.



Stephanie Morris
Music Therapist

Music therapy at Hirsch Cancer Center is offered Monday-Friday from 9am-1pm in the chemotherapy infusion suites. Environmental music therapy is offered one hour on every other Thursday in the radiation oncology waiting room.

To make a referral please contact Stephanie Morris, MT-BC by phone at 440.312.1294 or by email at morriss4@ccf.org, or ask your infusion nurse or other medical team member to make a referral.

Art Therapy



Kelly Pecl Dreamer
Art Therapist

Art Therapy is engaging in the creation of art, with the help of an Art Therapist, to assist with both emotional and physical healing and growth. Anyone can benefit from art therapy, it does not depend upon talent or technical ability. The art therapist will discuss with you, your interests and goals for the session, and then suggest art tasks. This may include painting, simple sculpting, drawing, collage or craft work. Hillcrest Hospital Art Therapists are professionals who possess a Master's Degree in the field of Art Therapy.



Arts and Medicine Institute brings the arts into the hospital to infuse the hospital environment with the energy, vitality, and healing capacity of the arts.

MISSION

- to enhance the Cleveland Clinic experience through the arts
- to practice and investigate the use of the arts in healing
- to build community around the arts, health and medicine

PROGRAMS:

- **Music and Art Therapy:** trained therapists work with patients to improve health and well-being using art and music modalities
- **Visual Art:** curated art collection engages, enlivens, and inspires
- **Performing Arts:** daily live performances improve the environment and uplift the spirit
- **Research:** investigating the benefits of the arts



Community Outreach

The COVID-19 Pandemic caused the Community Outreach Program at the Hillcrest Hospital Cancer Center to first pause and then adapt to pandemic precautions to serve the community. From March 2020 – August 2020, all programming was paused and community education and screening events were cancelled. Staff and resources from all levels of Community Outreach within the Cancer Institute were reallocated to patient care.

Beginning Summer 2020, the team began to meet remotely to plan for a collaborative Fall Breast Screening program. In late 2019, Hillcrest partnered with Taussig Cancer Institute to implement the Hillcrest Screening Model across the entire Cleveland Clinic Enterprise. Those plans and workflows had to be reimagined but the partnership remained intact. The Walk-In screening model was adapted for a Curbside Check In Model, which enabled safe, socially distanced options for women to receive their mammograms.

The Pilot event was held August 11, 2020 at Willoughby Hills Family Health Center with Hillcrest Hospital and the Taussig Cancer Institute partnership and was a resounding success. The goal of 15 women served was exceeded and 22 women completed their screenings with the Pilot Curbside Model. Over 18 additional clinics were held across the region in the Fall of 2020.

Hillcrest Hospital and Willoughby Hills FHC partnered for two additional dates on October 28 and 29. The goal of 32 women screened per day was exceeded and 49 and 46 women were served on back to back days. 31 uninsured women received mammograms free of charge. 22 women required diagnostic mammogram follow up and were appropriately navigated into services. 2 women were diagnosed with breast cancer and were navigated into treatment.

Breast Cancer Screenings 2020

- Partnered with Taussig Cancer Center to implement Hillcrest model across the health system. Total of 18 clinics in 2020.
- New goals, new process with curbside check in due to COVID restrictions. Goal: 15 women for Pilot event, 32 women/ day subsequent
- Dates: Aug 11 (Pilot), October 28, 29
 - Aug 11: 22 women
 - Oct 23: 49 women
 - Oct 24: 46 women
- Number of mammograms provided for uninsured women: 31
- Number of women requiring diagnostic follow up: 22

Cleveland Clinic

Mammograms and Covid19 Curbside

Wednesday, October 28
Thursday, October 29
8:30 a.m. to 6 p.m.

Willoughby Hills Family Health Center

Call to schedule your mammogram at 216.444.2626

Early Detection Saves Lives

2020 Mammogram Clinics
Call to schedule your mammogram at 216.444.2626

Tuesday, Aug. 11
8:30 a.m. to 2:30 p.m.

Willoughby Hills Family Health Center

Call to schedule your mammogram at 216.444.2626

COVID-19 Safety Measures

- Advance Scheduling Required/ No Walk-Ins
- Mask Required
- Covid19 Scheduling & Check-In Process Includes:
 - Covid19 Screening Questions
 - Temperature Check
 - Mask (will be provided)
 - Curbside Check-in Available Upon Request

Breast exams and mammogram screenings are usually covered under most insurance plans. Cleveland Clinic offers financial aid for the uninsured and underinsured. Financial responsibility is determined by completing the financial assistance application.

Spotlight On: Telehealth

Meeting the Needs of our Patients in 2020 and Beyond

When the COVID-19 global pandemic hit the United States in March 2020, it slowed down many aspects of American life, but accelerated innovation in healthcare. Expanding telehealth access has long been a priority at the Cleveland Clinic. Virtual Visits were first offered as a patient option in 2014. In the interim six years, digital health provided convenient, high quality care to a total of just under 100,000 patients. In 2019, we saw the digital health trend accelerating and the Cleveland Clinic enterprise provided it's highest numbers yet: 41,000 digital health visits that included: 3,500 inpatient virtual visits 5,000 eVisits for outpatient care, 4,500 eConsults and 600 Second Opinions.

The telehealth team said this of the achievement in December, 2019: "This technology also makes us more flexible, increasing our ability to provide care where and when our patients need it. At the same time, it helps create efficiency that benefits us as caregivers. Thank you for your energy to support these new tools, which optimize care for both patients and caregivers."

At the same time, the enterprise set a goal of *doubling* Virtual Visits from 0.8% of total provider visits in 2019 to 1.6% total provider visits transitioning from in-person to telehealth in 2020.



2019 enterprise goals for 2020:

1.6% of OP visits provided via telehealth

March 2020 changed the way we safely and effectively delivered healthcare for the year to come. On March 13, 2020, the Cleveland Clinic released this statement for staff: "For the benefit of the community during the current and ongoing escalated need for population care, Cleveland Clinic (CC) will be promoting sheltering in place as a component of CDC approved COVID-19 triage and treatment guidelines. Thus, expanded Telehealth services will be available to CC Providers to treat patients with COVID-19 like symptoms

who are at home, in other facilities, or confirmed self-isolated patients *until further notice* subject to the following guidelines.

A Virtual Visit is appropriate for any patient who is in need of:

- Care related to COVID-19 treatment or
- Care for any other condition where providing the care is supportive of the goals of minimizing potential exposure and/or transmission of COVID-19"

Thankfully, the Cleveland Clinic had already invested in the telehealth infrastructure to be able to optimize patient care. During the next 12 months the Cleveland Clinic and the Hillcrest Cancer Center used multiple modalities to deliver the care our patients needed. Initially partnered with AmWell Technologies, over the next months, we added phone encounter visits, as well as Zoom virtual visits powered through the existing MyChart platform. The scheduling teams worked diligently to best match patient's current home technology options to the multiple options provided by the Cancer Center. Physicians and Advanced Practice Providers received upgraded technology options in both their clinical and office workspaces to facilitate the best care possible with a focus on creating connection with their patients.



MyChart | Your Interactive Health Record

How to Prepare for and Attend a MyChart® Video Visit on Your Computer

Cleveland Clinic now offers video visits for scheduled appointments through your secure MyChart® account. Follow the steps below to make sure you can start your visit on time.

Privacy and Security

Cleveland Clinic values your privacy and security. MyChart video visits use Zoom™ for Telehealth, a HIPAA-compliant service that is integrated with Cleveland Clinic's electronic health record and MyChart. This means that your video visit will use a secure, encrypted connection that protects your confidential information.

You must connect to your video visit through the MyChart website or mobile app. You will not be able to connect directly from the Zoom website or app. For added security, be sure you are using the most up-to-date version of Zoom Cloud Meetings (4.6.12 or higher).

If you need help at any time, please contact MyChart Support at 866.915.3383.

Consistent and sustained education was provided to both patients and staff as changes and adaptations were made. Educational tools were developed to guide patients through the Virtual Visit Process and technical assistance is available through a dedicated MyChart Support Team.

All of these enhancements and teamwork created unprecedented results in patient care throughout 2020 and into 2021. The challenges of 2020 were unforeseen, but technology allowed for safe and effective patient care to continue in the midst of the global pandemic, both at Cleveland Clinic as a whole and within the Hillcrest Cancer Center.

In 2020:
984,301
virtual visits completed

25% of total visits

91.5% of CCF
unique providers
(Physicians/ APPs) utilized
Virtual Visits in 2020 –
3,470 providers

Most importantly, the Hillcrest Cancer Center provided **11,057** appointments total in 2020, compared to **11,697** in 2019. While the whole country shut down, we continued to provide the life saving care our patients needed.

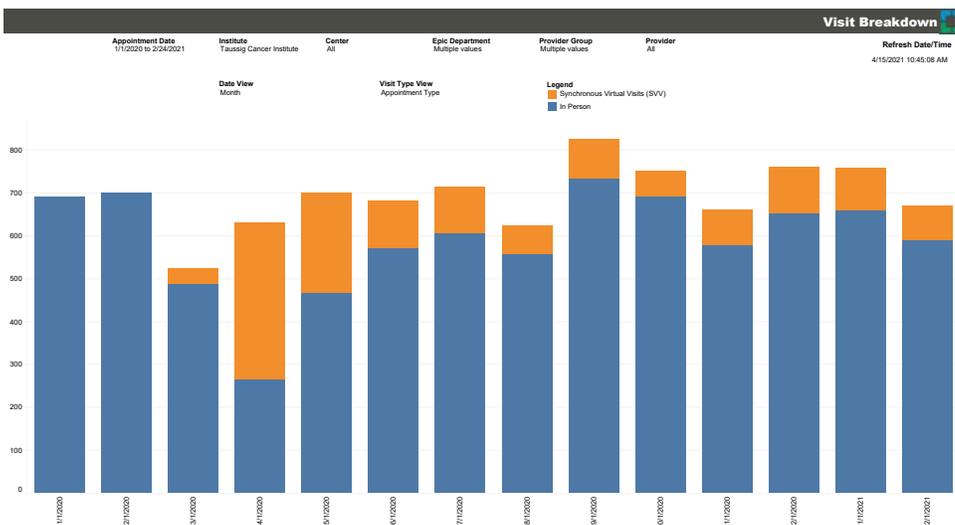
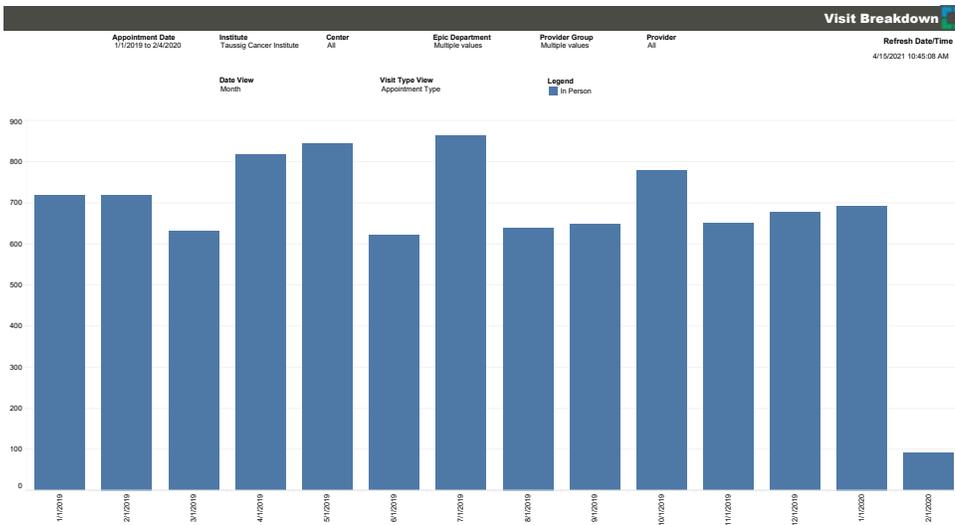
The entire team adapted from zero Virtual Visits in 2019 to providing more than 1,400 in 2020.

**Hillcrest Cancer
Cancer Center**

1,411
VV completed in 2020

91.7%
HCC providers (11 people)

13% of total



An Emphasis on Comfort

Palliative Care

Palliative Care is interdisciplinary care for patients with a complex or serious medical illness. The palliative care team works collaboratively with oncology to address the comprehensive needs of patients and their families. Primary aims include: 1) The relief and prevention of suffering in all its forms at any stage of illness; 2) Improving quality of life by managing pain and other distressing symptoms; 3) Helping patients and families determine the most appropriate goals of care when faced with difficult and complex decisions.

Palliative Care is provided simultaneously with other medical therapies, like chemotherapy, radiation, or advanced therapies for heart and lung diseases. The palliative care team attends to the physical, emotional, spiritual and social concerns of patients and their families. This team facilitates discussion with patients and families regarding medical decision-making, quality of life, and goals of care. Through close collaboration with ancillary hospital staff, the Palliative Care team aims to optimize patient care.

Palliative Care Consultation Program

The Hillcrest Hospital Palliative Care Consultation Program now includes a physician, nurse practitioner and social worker. The existing consultation program was augmented by the addition of a Hospice and Palliative Medicine board certified physician in May, 2015. The physician and nurse practitioner team was further complemented by the addition of an experienced and dedicated social worker in November of 2015.

Hospice Care

Hospice is not a place; it is a philosophy of care when curative measures are no longer beneficial. The emphasis is on providing comfort, not cure; on family, not just the patient; on quality of life, not duration.

The goal is to assist patients and their families to prepare physically, spiritually and emotionally for the end of life. Hospice strives to make dying a life experience. It allows patients to maintain control over their lives, prepare for death in their own way and live their final months in a familiar environment, with a sense of personal dignity.

When a Cure Is No Longer Possible

Hospice care is valuable when:

- a person is diagnosed with a terminal illness and has a life expectancy measured in months rather than years

- the goal of treatment is comfort and symptom management
- curative treatments are no longer beneficial

Our Support Team

Hospice care is provided to the patient and family by dedicated support professionals, utilizing a team approach. Each member of the team provides expertise in developing a plan of care to meet the patient's specific needs.

The specially trained (in end of life care) team includes:

- Personal physician
- Physicians with expertise in palliative medicine, who are available to consult with the patient's personal physician and act as a resource for pain and symptom management.
- Registered nurses, who collaborate with the hospice team to develop a plan of care that will meet the individual needs of each patient/family. Nurses provide expertise in assessment and pain and symptom management.
- Home health aides, who provide bathing and personal care services, light housekeeping and assistance with activities of daily living.
- Medical social workers who provide emotional support and counseling. Social workers also help with financial concerns and coordinate community resource needs.
- Volunteers, who offer helping hands with errands and provide companionship.
- Chaplains, who offer support and guidance in matters of spirituality and bereavement.
- Music and art therapists.

Additional services provided by Hospice at Home include:

- 24-hour-a-day, seven-day-a-week access to a hospice registered nurse for support and coordination of care
- medications for controlling symptoms
- medical supplies
- durable medical equipment

Hospice Care Settings

Although hospice care is usually provided in the patient's home, care can be provided in a number of alternative settings:

Inpatient

When symptoms cannot be managed at home and hospitalization is needed, patients can get medical care at contracted facilities including Cleveland Clinic hospitals.

Alternative Home Setting

Hospice care can be provided to patients residing in various nursing facilities, such as skilled nursing facilities, independent and assisted living facilities and nursing homes.

Respite Care

In the event the primary caregiver needs a rest from caregiving responsibilities, hospice may provide short-term care in contracted facilities.

Requesting Hospice Care

Hospice care can be requested by the patient, as well as by family members, physicians, friends or clergy on behalf of the patient, by calling 216.444.HOME (4663) or toll-free, 800.263.0403, 24 hours a day, seven days a week. A hospice team member will discuss patient needs, explain available services and review insurance coverage options. Services generally start within 24 hours of the initial call.

Paying for Care

Hospice care is a defined benefit under both the Medicare and Medicaid programs. Most major insurance plans also provide for hospice care.

Charitable Donations

Cleveland Clinic Hospice at Home accepts memorial donations to assist in providing care to individuals regardless of their ability to pay.

Bereavement Services

A component of the philosophy of hospice is that we need not walk alone after the death of a loved one. As part of the healing process, our bereavement support meetings offer emotional support in a caring environment with others who share a similar experience.

Why Choose Cleveland Clinic?

Experience: Cleveland Clinic Hospice at Home is backed by the resources of Cleveland Clinic, which is consistently ranked one of the top hospitals in the United States.

Access: Hospice at Home staff can be reached 24 hours a day, seven days a week.

Convenience: We directly bill insurance companies, Medicare and Medicaid for services.

Credentials: Cleveland Clinic Hospice at Home is accredited by The Joint Commission and is certified by the state of Ohio to participate in the Medicare/Medicaid program. In addition, the World Health Organization has recognized our Palliative Medicine Program as “a unique model of a much-needed service.”

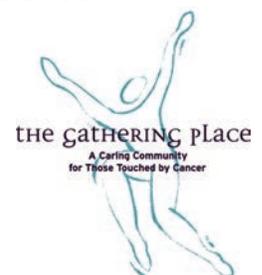
We recognize that this is a difficult time. We listen to our patients and caregivers' concerns and answer their questions so that they can make an informed decision.

Partnerships with the American Cancer Society and The Gathering Place

The partnership between the American Cancer Society and Hillcrest Hospital has thrived since the signing of the initial Collaborative Action Plan in March 2010 (updated June 2013). Hillcrest hosts American Cancer Society programs and refers patients to the wide range of services the Society offers. Aside from patient care, Hillcrest employees have been involved in the American Cancer Society Cancer Action Network, working with legislators to maintain funding for cancer research and on legislation that directly affects cancer patients.

The Gathering Place is a caring community that supports, educates and empowers individuals and families touched by cancer through programs and services provided free of charge. Programs include support groups, counseling, free wigs, exercise and hands-on cooking classes, lectures and workshops and services for children, teens and families.

To learn more about The Gathering Place visit touchedbycancer.org.



Cleveland Clinic Cancer Center at Hillcrest Hospital Staff Directory

Medical Oncology



Vinit Makkar, MD
*Co-Director,
Cleveland Clinic
Cancer Center at
Hillcrest Hospital*
Specialty interests:
all cancers, head/
neck cancer, lung
cancer



**Vitaliy
Pishchik, MD**
Staff Directory
Section: Specialty
Interests: Medical
Oncology,
Hematology Oncology



**Heather
Manchen, NP**



**Aneel
Chowdhary, MD**
Specialty Interests:
Solid tumor oncology,
Thoracic and
Gastrointestinal
malignancies



Katie Bartz, PA-C
Medical Oncology



**Laurie
Robicheaux, NP**



Neha Mitra, MD
Specialty interests:
all cancers, breast
cancer, genitourinary
cancers



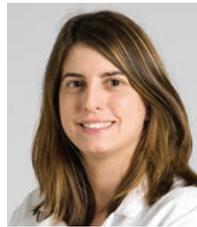
Jessica Cutler, CNP
Medical Oncology



Henry Blair, MD
*Co-Director,
Cleveland Clinic
Cancer Center at
Hillcrest Hospital*
Specialty interests:
breast cancer,
prostate cancer,
lung cancer, brain cancer, bladder cancer,
gastrointestinal cancer



**Sudish
Murthy, MD, PhD**
*Section Head,
Thoracic Surgery*



**Vanessa
Farrow, PA-C**



Betty Obi, MD
Specialty interests:
breast cancer,
head/neck cancer,
bladder cancer,
gastrointestinal
cancers, gynecologic
cancers, lung cancer,
lymphoma



**Michael
Nemunaitis, MD**
Specialty interests:
all cancers,
gastrointestinal
cancers, colorectal
cancer



**Susan Hamilton,
CNP**
Medical Oncology



Michael Weller, MD
Specialty interests:
breast, lung,
prostate and
gastrointestinal
cancers, quality of
life

Radiation Oncology

Breast Center

Palliative Care



Kimberlee Fong, DO



Kathryn Richards, MD



Laura Shoemaker, DO
Specialty interests: internal medicine, palliative medicine

Genetic Counseling



Rebekah Moore, MS, LGC

Nutrition



Mia Digeronimo, RD

Breast Surgery



Diane M. Radford MD, FACS, FRCSEd

Specialty interests: Breast cancer, malignant neoplasm, breast nodules, breast abscess,

breast mass, lumps or swelling, breast disease breast infections, breast pain

General Surgery



James Malgieri, MD

Specialty interests: breast, breast and endocrine, breast cancer, breast diagnostics, breast diseases, breast surgery, breast surgical oncology



William O'Brien, MD

Specialty interests: breast, breast and endocrine, breast cancer, breast diagnostics, breast diseases, breast surgery

Medical Breast



Shazia Goraya, MD

Specialty interests: family history of breast cancer, osteoporosis, preventative medicine, women's health and hereditary cancer risk management.

Plastic Surgery



Risal Djohan, MD

Specialty interests: breast surgery, aesthetic surgery



Raffi Gurunian, MD

Specialty interests: breast surgery, breast reconstruction, facial reconstruction.



Bryan Michelow, MD



Graham Schwarz, MD

Specialty interests: breast cancer, breast surgery, Microsurgical breast reconstruction (DIEP, SIEA, SGAP, TUG flaps), aesthetic surgery of the breast

Psychology



Kathleen Ashton, PhD, ABPP

Specialty interests: psychosocial aspects of breast cancer, survivorship, and hereditary risk for breast cancer.

Women's Health Institute

Gynecological Oncology



Robert DeBernardo, MD

Specialty interests: cervical cancer, cervical dysplasia, cervical tumors, endometriosis, fibroids and leiomyoma,

gestational trophoblastic tumor, hereditary gynecologic cancers, advanced and recurrent ovarian, fallopian tube and peritoneal cancer, HIPEC, intra-peritoneal chemotherapy, minimally invasive surgery



Stephanie Ricci, MD

Specialty interests: cervical cancer, endometrial cancer, ovarian cancer, uterine cancer, vulvar cancer. minimally invasive surgery and robotic surgery.



Jacqueline Stewart, CNP



Carli DeKeyser, CNP



Jeanne Walker, CNP



Chad Michener, MD

Specialty interests: cervical cancer, endometrial cancer, gynecologic oncology, ovarian cancer, vulvar cancer



Suzanne Elliott, CNP

Glickman Urological and Kidney Institute

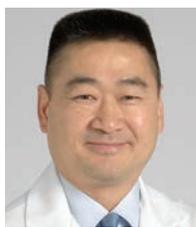
Urology/Urologic Oncology



Ryan Berglund, MD

Specialty interests: open and laparoscopic kidney surgery, open and laparoscopic surgery for bladder cancer, open, laparoscopic,

and robotic assisted surgery for prostate cancer, urinary reconstructive techniques, urologic oncology



Michael Gong, MD, PhD

Specialty interests: bladder cancer, kidney cancer, prostate cancer, robotic and laparoscopic surgery, testis cancer

2020 Cancer Committee Comprehensive Community Cancer Program

Crawford Barnett, MD
Pain Management

Ryan Berglund, MD
Genitourinary Surgical Oncology

Henry Blair, MD
Chair, Cancer Committee
Cancer Liaison Physician
Radiation Oncology

Debra Dale, MSM, RT
Radiation Oncology

Nancy Fong, MD
Pathology

Michael Garlisi, MBA
Senior Director
Oncology Services

Leonard Kahn, MD
Radiology

Justine Leinweber, CTR
Cancer Registry

Nicholas Link, PharmD
Pharmacy

Vinit Makkar, MD
Medical Oncology

Chad Michener, MD
Gynecologic Oncology

Lisa Mirossay, CCRP
Research

Darryl Mittelstadt, PT
Rehab Services

Azia Morgan, LISW
Oncology Social Worker

Sarah McGee, GC
Genetics

Diane Radford, MD
Breast Surgery

Kathryn Richards, MD
Palliative Medicine

Cory Caranci, RN, MSN
Outpatient Oncology Manager

Megan Vegal, RN
Quality Improvement

Kathryn Vriezen, RN, MSN
Community Outreach

Tiffany Williams
American Cancer Society

Kristina Austin
Gathering Place

Marie Patterson-Shimko, RN
Survivorship

Chad Anderson, RN
Inpatient, Seidman



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