Measuring Outcomes Promotes Quality Improvement
Measuring and understanding outcomes of medical treatments promotes quality improvement. Cleveland Clinic has created a series of Outcomes books similar to this one for its disease-based institutes. Designed for a physician audience, the Outcomes books contain a summary of many of our surgical and medical treatments, with data on patient volumes and outcomes and a review of new technologies and innovations.

The Outcomes books are not a comprehensive analysis of all treatments provided at Cleveland Clinic, and omission of a particular treatment does not necessarily mean we do not offer that treatment. When there are no recognized clinical outcome measures for a specific treatment, we may report process measures associated with improved outcomes. When process measures are unavailable, we may report volume measures; a relationship has been demonstrated between volume and improved outcomes for many treatments, particularly those involving surgical techniques.

In addition to these institute-based books of clinical outcomes, Cleveland Clinic supports transparent public reporting of healthcare quality data and participates in the following public reporting initiatives:

- Joint Commission Performance Measurement Initiative (qualitycheck.org)
- Centers for Medicare & Medicaid Services (CMS) Hospital Compare (hospitalcompare.hhs.gov)
- Ohio Department of Health (ohiohospitalcompare.ohio.gov)
- Cleveland Clinic Quality Performance Report (clevelandclinic.org/QPR)

Our commitment to transparent reporting of accurate, timely information about patient care reflects Cleveland Clinic’s culture of continuous improvement and may help referring physicians make informed decisions.

We hope you find these data valuable, and we invite your feedback. Please send your comments and questions via email to:

OutcomesBooksFeedback@ccf.org or scan here.

To view all our Outcomes books, please visit Cleveland Clinic’s Quality and Patient Safety website at clevelandclinic.org/outcomes.
Dear Colleague:

Welcome to this 2012 Cleveland Clinic Outcomes book. We distribute Outcomes books for more than 14 specialties. These publications are unique in healthcare. Each one provides a summary overview of medical or surgical trends, innovations, and clinical data for a Cleveland Clinic specialty over the past year.

Cleveland Clinic uses data to manage outcomes across the full continuum of care. Clinical services are delivered through patient-centered institutes, each based around a single disease or organ system. Institutes combine medical and surgical services, along with research and education, under unified leadership. The individual institute defines quality benchmarks for its specialty services and reports longitudinal progress.

All Cleveland Clinic Outcomes books are available in print and online. Additional data are available through our online Quality Performance Report (clevelandclinic.org/QPR). The site offers process measure, outcome measure, and patient experience data in advance of national and state public reporting sites.

Our practice of releasing annual outcomes reports has received favorable notice from colleagues, media, and healthcare observers. We appreciate your interest and hope you find this information useful and informative.

Sincerely,

Delos M. Cosgrove, MD
CEO and President
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Prefer an e-version?

Visit clevelandclinic.org/OutcomesOnline, and we’ll remove you from the hard copy mailing list and email you when next year’s books are online.
Dear Colleagues,

Welcome to this latest edition of the Head & Neck Institute's annual Outcomes book, reporting the results of the care we provided to our patients in 2012. This book, which we have been producing for a number of years now, is a prime example of Cleveland Clinic's commitment to measuring and transparently reporting outcomes in an effort to continuously improve our care.

The pages that follow also present an overview of our institute, which was formed to collaboratively diagnose and treat patients with complex disorders of the ear, nose, throat, and mouth. The Head & Neck Institute brings together the expertise of otolaryngologists, oral and maxillofacial surgeons, prosthodontists, dentists, audiologists, speech language pathologists, and voice specialists to provide multidisciplinary care for both adult and pediatric patients.

The outcomes-monitoring efforts behind this book are just one example of our institute's continuous improvement commitment. In 2012 every institute employee and staff member received a 360-degree evaluation that included confidential, anonymous input from the colleagues they interact with across various job descriptions. Twice a year we ask our employees and staff what could be done to make their day better. We implement as many of those suggestions as we can; when we cannot implement a suggestion, we explain why not.

I believe this transparent commitment to ongoing improvement is yielding dividends. Our institute has one of the highest levels of employee engagement in the Cleveland Clinic health system. Our physician communication scores are in the 89th percentile for all reported hospital results published by the Centers for Medicare & Medicaid Services. And we continue to grow our staff, having successfully integrated four new private-practice physicians and their employees into our institute in 2012 and having welcomed three other accomplished professional staff.
This ethic of continuous improvement also likely played a role in Cleveland Clinic’s ranking among the top 2 ear, nose, and throat programs in the nation by *U.S. News & World Report* in its 2012 “America’s Best Hospitals” survey. We are humbled by this recognition and committed to continuing to deliver the clinical excellence and leadership that underlie it.

One new example of that excellence is the state-of-the-art recording studio we installed in our Voice Center in 2012 — the first professional-grade recording studio in a clinical setting. It allows us to diagnose voice disorders during performance and provide vocalists with treatment in-house and, via telemedicine, when they are on tour.

This is just one of the Head & Neck Institute’s notable clinical achievements from 2012. Others are touched on in the pages that follow. I urge you to take a look and share your input on how we might better collaborate to meet your patients’ needs for specialized care or to further advance the disciplines that fall within the Head & Neck Institute.

Sincerely,

Michael S. Benninger, MD
Chairman, Head & Neck Institute
benninm@ccf.org
In 2012, Cleveland Clinic’s otolaryngology program was ranked as one of the top 2 ear, nose, and throat programs in the country by *U.S. News & World Report* in its annual “America’s Best Hospitals” survey, achieving the best ranking in Ohio.

The otolaryngology program is part of Cleveland Clinic’s Head & Neck Institute, a comprehensive, multidisciplinary institute that also includes general dentistry, oral and maxillofacial surgery, prosthodontics, periodontics, speech language pathology, and audiology. More than 40 faculty members in the institute pool their talents and expertise to achieve excellence in education, research, patient outcomes, and patient experience.

### 2012 Statistics

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Patient Visits</td>
<td>117,934</td>
</tr>
<tr>
<td>Total Patients New to Cleveland Clinic</td>
<td>4,515</td>
</tr>
<tr>
<td>Primary Surgical Cases</td>
<td>5,674</td>
</tr>
<tr>
<td>Admissions</td>
<td>805</td>
</tr>
<tr>
<td>Days’ Wait for a New Patient Appointment</td>
<td>14</td>
</tr>
<tr>
<td>Same-Day Appointment Demand Percentage</td>
<td>14</td>
</tr>
<tr>
<td>Same-Day Appointment Request Met Percentage</td>
<td>97</td>
</tr>
</tbody>
</table>
The International Outcome Inventory for Hearing Aids was administered three weeks after hearing devices were fitted. The horizontal bars represent the expected norms for patients in each of the hearing loss categories (mild to moderate and moderate to severe hearing loss).* The blue dots reflect the average scores (0 = worst, 5 = best) for patients seen at Cleveland Clinic.

Oral appliance therapy uses a mouth guard-like device worn only during sleep to maintain an open, unobstructed airway. These devices prevent the airway from collapsing by supporting the jaw in a forward position.

The apnea–hypopnea index (AHI) is a numerical measure that accounts for the number of pauses in breathing per hour of sleep. It is used to assess the severity of an individual’s sleep apnea.

For many, oral appliance devices are more comfortable to wear than a continuous positive airway pressure (CPAP) mask. The devices are also quiet, portable, and easy to maintain. Research suggests that oral appliance therapy can be very effective for mild to moderate apnea and offers a higher patient compliance rate than found with a CPAP mask.
Free Flap Distribution (N = 825)
2002 – 2012

- 9% Other
- 24% Fibula
- 31% Anterolateral Thigh
- 36% Forearm

Facial Plastic and Reconstructive Surgery
Free Flap Operative Times (N = 731)  
2003 – 2012

Flap Inset and Microvascular Anastomosis Time  
(Total Minutes Added to Planned Cancer Surgical Procedures)

<table>
<thead>
<tr>
<th></th>
<th>Cleveland</th>
<th>National Average*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minutes</td>
<td>150</td>
<td>200</td>
</tr>
</tbody>
</table>

Free Flap Survival (N = 632)  
2001 – 2012

Percent

<table>
<thead>
<tr>
<th></th>
<th>Cleveland</th>
<th>National Average*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>80</td>
<td>100</td>
</tr>
</tbody>
</table>

*National average based on the cumulative average of the five major studies referenced below:


Length of Stay for Patients Undergoing Free Flap Reconstruction (N = 141)

2012

Days

<table>
<thead>
<tr>
<th></th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleveland Clinic</td>
<td>5</td>
</tr>
<tr>
<td>Average U.S.*</td>
<td>10</td>
</tr>
<tr>
<td>Average Europe*</td>
<td>20</td>
</tr>
</tbody>
</table>

*Averages based on the cumulative average of the four major studies referenced below:


Advancements in cochlear implant (CI) design and insertion techniques allow for preservation of cochlear structures in patients with serviceable low-frequency hearing. Early experience suggests that preservation of low-frequency (< 750 Hz) acoustic hearing after cochlear implantation is possible for the majority of patients even with full insertion of a standard-length array. In this series of 13 ears (11 unilateral CI recipients, one bilateral CI recipient), more than half of patients with serviceable preoperative low-frequency hearing demonstrated ≤ 35 dB shift in air conduction thresholds from 125 Hz through 500 Hz at device activation. As expected, higher frequencies were less capable of retaining residual acoustic hearing.
The survival curves presented represent treatment outcomes of patients with nasopharyngeal and base of tongue (BOT) cancers treated at Cleveland Clinic from 1997–2012. Both overall and disease-specific survival rates are illustrated for all stages of nasopharyngeal cancer and advanced-stage BOT cancer. The BOT data includes 45 more patients than reported in 2011 but shows similar trends.

The data shows a statistically significant improved survival in early-stage nasopharyngeal cancer compared with advanced-stage disease. The treatment outcomes represent overall and disease-specific survivals that exceed national averages for both cancers listed (American Joint Committee on Cancer. AJCC Cancer Staging Manual. 7th ed. New York, NY: Springer; 2010).
Nasopharynx Carcinoma Overall Survival Rate, Stages I/II vs. III/IV
(N = 68)
1997 – 2012

Nasopharynx Carcinoma Disease-Specific Survival Rate, Stages I/II vs. III/IV
(N = 68)
1997 – 2012
Office-based vocal fold injection medialization is a common procedure for temporary rehabilitation of unilateral vocal fold paralysis. Many substances for temporary treatment are available, but the most common is hyaluronic acid because of its ease of use and patient tolerability.

A 15-month review of the institute's experience with hyaluronic acid revealed consistent improvement in voice following injection, favorable soft tissue interaction with the vocal folds with preserved mucosal pliability, and a low complication rate.

More than 90% of patients had a subjective improvement in voice following injection. The average duration of benefit was 10–12 weeks.

### Office-Based Vocal Fold Injection Medialization Complications and Outcomes (N = 117 Patients, 155 Injections) 2011 – 2012

<table>
<thead>
<tr>
<th>Complication/Outcome</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hematoma</td>
<td>2</td>
</tr>
<tr>
<td>Superficial Injection</td>
<td>2</td>
</tr>
<tr>
<td>Vocal Fold Inflammation</td>
<td>0</td>
</tr>
<tr>
<td>Diminished Pliability</td>
<td>0</td>
</tr>
<tr>
<td>Aborted Procedure Due to Patient Intolerance</td>
<td>5</td>
</tr>
<tr>
<td>Average Voice Handicap Index Before Injection</td>
<td>78</td>
</tr>
<tr>
<td>Average Change in Voice Handicap Index Following Injection</td>
<td>42</td>
</tr>
</tbody>
</table>
Dental implants are routinely placed in the jawbones to replace missing teeth or provide greater retention for removable prostheses (dentures, partials, etc.). Many patients undergo rehabilitation after cancer or tumors of the oral cavity.

Institute success rates continue to be well above 95%.
For mastoidectomies performed for any reason, postoperative hearing outcomes were superior for primary vs. revision or multiple revision surgery. However, even among complex patients who underwent revision mastoid surgery, most achieved a minimal to mild conductive hearing loss or air-bone gap.

The Head & Neck Institute has a tertiary and quaternary referral base, resulting in a high level of complexity for chronic ear disease. Almost two-thirds of new patients requiring mastoidectomies in 2011–2012 had undergone previous mastoid surgery.
**Surgical Outcomes for Definitive Treatment of PFAPA Syndrome (N = 10)**  
*(Periodic Fever, Aphthous Stomatitis, Pharyngitis, Adenitis)*

**2011 – 2012**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Surgical Treatment</th>
<th>Surgical Complications*</th>
<th>Recurrence of Fevers &gt; 60 Days Postoperative</th>
</tr>
</thead>
<tbody>
<tr>
<td>3–7</td>
<td>Tonsillectomy and Adenoidectomy</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8–12</td>
<td>Tonsillectomy and Adenoidectomy</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>13–16</td>
<td>Tonsillectomy and Adenoidectomy</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*No admission for dehydration or postoperative hemorrhage*

PFAPA syndrome includes recurrent episodes of fever with aphthous stomatitis and pharyngitis as well as cervical lymphadenopathy. Acute episodes of fever last three to seven days and routinely occur every few weeks. Other less common symptoms are joint pain, abdominal pain, rash, headache, vomiting, and diarrhea.
**Surgical Outcomes and Complications of Endoscopic Sinus Surgery (N = 231)**

### 2012

<table>
<thead>
<tr>
<th>Complication</th>
<th>N</th>
<th>%</th>
<th>Long-Term Sequelae</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Age (Years)</td>
<td>51</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Patients</td>
<td>231</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>107</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>124</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td>Image Guidance</td>
<td>202</td>
<td>87</td>
<td></td>
</tr>
<tr>
<td>Hospital-Based OR</td>
<td>162</td>
<td>70</td>
<td></td>
</tr>
<tr>
<td>Ambulatory Surgery Center</td>
<td>69</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Outpatient/23-Hour Observation</td>
<td>213</td>
<td>92</td>
<td></td>
</tr>
<tr>
<td>Intracranial Injury</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Orbital Injury (Major)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Orbital Injury (Minor)</td>
<td>1</td>
<td>0.4</td>
<td>0</td>
</tr>
<tr>
<td>Mucocele</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Epistaxis (Major – Requiring Intervention, e.g., Packing or Observation)</td>
<td>6</td>
<td>2.6</td>
<td>0</td>
</tr>
<tr>
<td>Synechiae, Requiring Repeat OR</td>
<td>4</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Postoperative Pain Syndrome</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Anesthetic Complication</td>
<td>4</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

Patients undergoing endoscopic sinus surgery had very favorable outcomes and rarely experienced complications. The majority of these cases were revision procedures and were successfully performed using surgical navigation on an outpatient basis.
Swallowing disorders frequently occur as a result of neurological conditions. Modified diets are often recommended by speech-language pathologists for optimal safety. Dysphagia interventions work toward improvement of swallow function, with a focus on prevention of aspiration and potential pneumonia. Traditional dysphagia interventions with adult neurological populations resulted in positive outcomes, as reflected in advancement of dietary levels toward normal. These enhancements support medical concerns regarding nutrition and hydration, as well as improve quality of life for the patient.
National Surgical Quality Improvement Program

The American College of Surgeons’ National Surgical Quality Improvement Program (NSQIP) objectively measures and reports risk-adjusted surgical outcomes based on a defined sampling and abstraction methodology. These outcomes data reflect Cleveland Clinic’s NSQIP performance benchmarked against more than 350 participating hospitals.

Cleveland Clinic
Overall Multispecialty 30-Day Mortality (N = 4,988)
July 2011 – June 2012

Cleveland Clinic
Overall Multispecialty 30-Day Morbidity (N = 4,988)
July 2011 – June 2012

Overall mortality was significantly lower than expected, and overall morbidity was significantly higher than expected.
In addition to overall surgical performance, NSQIP data specific to otolaryngology surgery are provided. There was no significant difference between otolaryngology surgery observed and expected morbidity rates.
Cleveland Clinic is dedicated to delivering excellent clinical outcomes and the best possible experience for our patients and their families. Patient feedback is critical in driving priorities and assessing results. Based on this feedback, Cleveland Clinic's Office of Patient Experience implements training programs to improve service and communication as well as educational initiatives to help patients understand what to expect when they are in our care.

**Outpatient Office Survey — Head & Neck Institute**

2011 – 2012

*Response options: Very Good, Good, Fair, Poor, Very Poor
Each bar represents a composite score based on responses to multiple survey questions.

Source: Press Ganey, a national hospital survey vendor
The Centers for Medicare & Medicaid Services requires United States hospitals that treat Medicare patients to participate in the national Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, a standardized tool that measures patients’ perspectives of hospital care. Results collected for public reporting are available at medicare.gov/hospitalcompare.

The guiding principle of Cleveland Clinic is “Patients First,” and improving the patient experience is a major strategic organizational goal. The Office of Patient Experience collaborates with physician and nursing leadership to establish best practices and implement standardized protocols that ensure delivery of patient-centered care.
Overview

Cleveland Clinic health system uses a scorecard approach to measure and monitor quality, safety, and patient experience. Real-time dashboard data are leveraged in each location to drive performance improvement. Although not an exact match to publicly reported data, more timely internal data create transparency at all organizational levels and support improved care in all clinical locations. The following measures are examples of health system 2012 quality and safety focus areas. Throughout this section, “Cleveland Clinic” refers to the academic medical center or “main campus,” and those results are shown.

Cleveland Clinic Core Measures
Appropriateness of Care
2011 – 2012

Percent of Patients

<table>
<thead>
<tr>
<th>Percent of Patients</th>
<th>Cleveland Clinic Performance</th>
<th>Cleveland Clinic Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>80</td>
<td>80</td>
<td>80</td>
</tr>
<tr>
<td>60</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>40</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>20</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>0</td>
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</tbody>
</table>

Cleveland Clinic's goal is for all patients to receive all the recommended care for their condition. An aggregated “all or nothing” measurement approach to monitoring multiple publicly reported process-of-care measures for heart failure, acute myocardial infarction, pneumonia, and surgery patients yields results consistently above 94%.

All-Cause 30-Day Readmission Rate to Any Cleveland Clinic Hospital
2011 – 2012

Percent of Discharges

<table>
<thead>
<tr>
<th>Percent of Discharges</th>
<th>Cleveland Clinic Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>14</td>
<td>14</td>
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<td>12</td>
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<td>10</td>
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<td>8</td>
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<tr>
<td>6</td>
<td>6</td>
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<tr>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Cleveland Clinic monitors 30-day readmission rates for any reason to any of its system hospitals. Unplanned readmissions are actively reviewed for improvement opportunities. Strategies associated with communication, education, and follow-up have been implemented for several high-risk conditions, including heart failure and pneumonia. These practices are being expanded and enhanced to reduce overall avoidable readmissions.
Cleveland Clinic Overall In-Hospital Mortality Observed/Expected Ratio

2011 – 2012

Cleveland Clinic’s observed/expected (O/E) mortality ratio outperformed the University HealthSystem Consortium (UHC) academic medical center 50th percentile throughout 2012 based on the UHC 2012 risk model. Ratios less than 1.0 indicate mortality performance “better than” expected in UHC’s risk adjustment model.

The Agency for Healthcare Research and Quality’s Patient Safety Indicator 4 (AHRQ PSI 4) reports deaths among patients with serious treatable complications. Cleveland Clinic performs in the top third of UHC’s academic medical centers for this measure.

*These data are prepared using the University HealthSystem Consortium (UHC) Clinical Database. uhc.edu
Cleveland Clinic continues to improve its performance with respect to postoperative blood clots (AHRQ Patient Safety Indicator 12). Improved screening and prevention strategies have led to a 45% reduction in these events over the past two years.

Cleveland Clinic has implemented several strategies to reduce central line-associated bloodstream infections (CLABSI), including a central-line bundle of insertion, maintenance, and removal best practices. In 2012, Cleveland Clinic initiated focused reviews of every CLABSI occurrence and is introducing equipment and technology to support reductions in CLABSI rates in its high-risk critical care population.

*These data are prepared using the University HealthSystem Consortium (UHC) Clinical Database. uhc.edu
A pressure ulcer is an injury to the skin that can be caused by pressure, moisture, or friction. These sometimes occur when patients have difficulty changing positions on their own. Cleveland Clinic caregivers have been trained to provide appropriate skin care and regular repositioning help while taking advantage of special devices and mattresses to reduce pressure for high-risk patients. In addition, they actively look for hospital-acquired pressure ulcers and treat them quickly if they occur.

Nationally, falls are a leading cause of hospital patient injury. Cleveland Clinic fall prevention efforts include identifying patients who are at risk for falls, checking on them frequently, assisting them to the bathroom, and providing nonskid footwear. Caregivers make sure patients have all necessary items, including a call light, within easy reach.

*The National Database of Nursing Quality Indicators® (NDNQI®) is owned by the American Nurses Association. The database collects and evaluates unit-specific nurse-sensitive data from hospitals domestically and globally, with > 1900 hospitals participating. The comparison data represented here are based on a third of all hospitals in the U.S. participating. © 2012, American Nurses Association, All Rights Reserved. [www.nursingquality.org](http://www.nursingquality.org)
Patient Experience

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey is a standardized national tool used to measure patients’ perspectives of hospital care. Results collected for public reporting are available at medicare.gov/hospitalcompare.

Cleveland Clinic HCAHPS Overall Assessment
2011 – 2012

Percent Best Response*

<table>
<thead>
<tr>
<th>Recommend Hospital (% Definitely Yes)*</th>
<th>Hospital Rating (% 9 or 10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011 (N = 10,378)</td>
<td>80.0</td>
</tr>
<tr>
<td>2012 (N = 11,190)</td>
<td>80.8</td>
</tr>
</tbody>
</table>

*Response options: Definitely Yes, Probably Yes, Probably No, Definitely No
Source: Centers for Medicare & Medicaid Services and Press Ganey, a national hospital survey vendor
The guiding principle of Cleveland Clinic is “Patients First,” and improving the patient experience is a major strategic organizational goal. The Office of Patient Experience collaborates with physician and nursing leadership to establish best practices and implement standardized protocols that ensure delivery of patient-centered care.
Dentistry


Head & Neck Institute


Some physicians may practice in multiple locations. For a detailed list including staff photos, please visit clevelandclinic.org/staff.
Head and Neck Surgery and Oncology Section
Brian Burkey, MD
Section Head
Mumtaz Khan, MD
Eric Lamarre, MD
Robert Lorenz, MD
Joseph Scharpf, MD
Benjamin Wood, MD

Laryngology Section
Michael S. Benninger, MD
Paul Bryson, MD

Laryngotracheal Reconstruction Section
Samantha Anne, MD
Michael S. Benninger, MD
Paul Bryson, MD
Brian Burkey, MD
Mumtaz Khan, MD
Paul Krakovitz, MD
Robert Lorenz, MD
Joseph Scharpf, MD

Maxillofacial Prosthodontics Section
Myung Chang, DDS
Section Head

Oral and Maxillofacial Surgery Section
Michael Horan, DDS, MD, PhD
Section Head
Joseph Krajekian, DMD, MD
Otology-Neurotology Section
Tom Haberkamp, MD
Section Head
Erika Woodson, MD
Medical Director, Hearing Implant Program

Pediatric Otolaryngology Section
Paul Krakovitz, MD
Section Head
Samantha Anne, MD

Research Section
James Kaltenbach, PhD
Director, Otology Research Head, Auditory Neurobiology Laboratory

Rhinology, Sinus, and Skull Base Surgery Section
Raj Sindwani, MD
Section Head
Michael S. Benninger, MD
Troy Woodard, MD

Sleep Disorders Section
Todd Coy, DMD
John Dobrowski, MD
Michael Horan, DDS, MD, PhD
Alan Kominsky, MD
Joseph Krajekian, DMD, MD

Speech and Language Pathology
Douglas Hicks, PhD
Section Head
Claudio Milstein, PhD

Vestibular and Balance Disorders Section
Judith White, MD, PhD
Section Head

The Voice Center
Douglas Hicks, PhD
Director
Tom Abelson, MD
Michael S. Benninger, MD
Paul Bryson, MD
Richard Freeman, MD, PhD
Claudio Milstein, PhD

Head & Neck Institute Anesthesiology
Andrew Zura, MD
Section Head
Basem Abdelmalak, MD
Chanjit Bahniwal, MD
Matvey Bobylev, MD
D. John Doyle, MD
Paul Kempen, MD
Tatyana Kopyeva, MD
Jerome O’Hara, MD
Antonio Ramirez, MD
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General Patient Referral
24/7 hospital transfers or physician consults
800.553.5056

Head & Neck Institute Appointments/Referrals
216.444.8500 or 800.223.2273, ext. 48500

Dentistry Appointments/Referrals
216.444.6907 or 800.223.2273, ext. 46907
On the Web at clevelandclinic.org/hni

Additional Contact Information

General Information
216.444.2200

Hospital Patient Information
216.444.2000

General Patient Appointments
216.444.2273 or 800.223.2273

Referring Physician Center and Hotline
24/7 hotline to streamline access to our array of medical services and schedule patient appointments
855.REFER.123 (855.733.3712)
Or email refdr@ccf.org or visit clevelandclinic.org/refer123

Request for Medical Records
216.444.2640 or 800.223.2273, ext. 42640

Same-Day Appointments
216.444.CARE (2273)

Global Patient Services/International Center
Complimentary assistance for international patients and families
001.216.444.8184 or visit clevelandclinic.org/gps

Medical Concierge
Complimentary assistance for out-of-state patients and families
800.223.2273, ext. 55580, or email medicalconcierge@ccf.org

Cleveland Clinic Abu Dhabi
clevelandclinicabudhabi.ae

Cleveland Clinic Canada
888.507.6885

Cleveland Clinic Florida
866.293.7866

Cleveland Clinic Nevada
702.483.6000

For address corrections or changes, please call
800.890.2467
Cleveland Clinic Main Campus
9500 Euclid Ave.
Cleveland, OH 44195
216.444.8500

Beachwood Family Health and Surgery Center
26900 Cedar Road
Beachwood, OH 44122
216.839.3740

Garfield Heights
5400 Transportation Blvd., Suite 8
Garfield Heights, OH 44125
216.662.3373

Independence Family Health Center
Crown Centre II
5001 Rockside Road
Independence, OH 44131
216.986.4100

Medina Medical Office Building
970 E. Washington St., Suite 6A
Medina, OH 44256
330.723.6673

Parma
Medical Arts II Building
6707 Powers Blvd., Suite 202
Parma, OH 44129
440.842.4800

Strongsville Family Health and Surgery Center
16761 SouthPark Center
Strongsville, OH 44136
440.878.2500

Twinsburg Family Health and Surgery Center
8701 Darrow Road
Twinsburg, OH 44087
330.888.4000

Westlake Medical Campus
850 Columbia Road, Suite 100
Westlake, OH 44145
440.250.5744

Willoughby Hills Family Health Center
2550 SOM Center Road
Willoughby Hills, OH 44094
440.943.2500
Overview

Cleveland Clinic is an academic medical center offering patient care services supported by research and education in a nonprofit group practice setting. More than 3,000 Cleveland Clinic staff physicians and scientists in 120 medical specialties care for more than 5 million patients across the system, performing more than 200,000 surgeries and conducting 450,000 Emergency Department visits. Patients come to Cleveland Clinic from all 50 states and more than 132 nations around the world.

Cleveland Clinic is an integrated healthcare delivery system with local, national, and international reach. The main campus in midtown Cleveland, Ohio, has a 1,450-bed hospital, outpatient clinic, specialty institutes, labs, classrooms, and research facilities in 46 buildings on 167 acres. Cleveland Clinic patients represent the highest CMS case-mix index in the nation. Cleveland Clinic encompasses 75 northern Ohio outpatient locations, including 16 full-service family health centers, eight community hospitals, an affiliate hospital, and a rehabilitation hospital for children. Cleveland Clinic also includes Cleveland Clinic Florida, Cleveland Clinic Lou Ruvo Center for Brain Health in Las Vegas, Cleveland Clinic Canada, and Sheikh Khalifa Medical City (management contract). Cleveland Clinic Abu Dhabi is a full-service hospital and outpatient center in the United Arab Emirates scheduled to begin offering services in 2014. Cleveland Clinic is the second-largest employer in Ohio with nearly 44,000 employees. It generates $10.5 billion of economic activity a year.

The Cleveland Clinic Model

Cleveland Clinic was founded in 1921 by four physicians who had served in World War I and hoped to replicate the organizational efficiency of military medicine. The organization has grown through the years by adhering to the model set forth by the founders. All Cleveland Clinic staff physicians receive a straight salary with no bonuses or other financial incentives. The hospital and physicians share a financial interest in controlling costs, and profits are reinvested in research and education.

The Cleveland Clinic system began to grow in 1987 with the founding of Cleveland Clinic Florida and expanded in the 1990s with the development of 16 family health centers across Northeast Ohio. Fairview Hospital, Hillcrest Hospital, and six other community hospitals joined Cleveland Clinic over the past decade and a half, offering Cleveland Clinic institute services in heart and neurological care, physical rehabilitation, and more. Clinical and support services were reorganized into 27 patient-centered institutes beginning in 2007. Institutes combine medical and surgical specialists around specific diseases or body systems under single leadership and in a shared location to provide optimal team care for every patient. Institutes work with the Office of Patient Experience to give every patient the best outcome and experience.
Cleveland Clinic Lerner Research Institute

At the Lerner Research Institute, hundreds of principal investigators, project scientists, research associates, and postdoctoral fellows are involved in laboratory-based translational and clinical research. Total research expenditures from external and internal sources exceeded $265 million in 2012. Research programs include cardiovascular, oncology, neurology, musculoskeletal, allergy and immunology, ophthalmology, metabolism, and infectious diseases.

Cleveland Clinic Lerner College of Medicine

Lerner College of Medicine of Case Western Reserve University, which celebrated its 10th anniversary in 2012, is known for its small class size, unique curriculum, and full-tuition scholarships for all students. The program is open to 32 students who are preparing to be physician investigators.

Graduate Medical Education

In 2012, nearly 1,800 residents and fellows trained at Cleveland Clinic and Cleveland Clinic Florida, which is part of a continuing upward trend.

U.S. News & World Report Ranking

Cleveland Clinic is consistently ranked among the top hospitals in America by U.S. News & World Report, and our heart and heart surgery program has been ranked No. 1 in the nation since 1995. In 2012, Cleveland Clinic’s urology and nephrology programs were both ranked No. 1 in the nation.

For more information about Cleveland Clinic, please visit clevelandclinic.org.
**Referring Physician Center and Hotline**

24/7 hotline to streamline access to our array of medical services and schedule patient appointments, call 855.REFER.123 (855.733.3712), email refdr@ccf.org, or visit clevelandclinic.org/refer123

**Remote Consults**

Online medical second opinions from Cleveland Clinic's MyConsult® are particularly valuable for patients who wish to avoid the time and expense of travel. Cleveland Clinic offers online medical second opinions for more than 1,200 life-threatening and life-altering diagnoses. For more information, visit clevelandclinic.org/myconsult, email eclevelandclinic@ccf.org, or call 800.223.2273, ext. 43223.

**Request Medical Records**

216.444.2640 or 800.223.2273, ext. 42640

**Track Your Patients’ Care Online**

DrConnect® offers referring physicians secure access to their patients’ treatment progress while at Cleveland Clinic. To establish a DrConnect account, visit clevelandclinic.org/drconnect or email drconnect@ccf.org.

**Medical Records Online**

Cleveland Clinic continues to expand and improve electronic medical records (EMRs) to provide faster, more efficient, and more accurate care by sharing patient data through a highly secure network. Patients using MyChart® can renew prescriptions and review test results and medications from their personal computers. MyChart provides a link to Microsoft HealthVault, a free online service that helps patients securely gather and store health information. It connects to Cleveland Clinic’s social media and Internet site, currently the most visited hospital website in America. For more information, visit clevelandclinic.org/mychart.

**Critical Care Transport Worldwide**

Cleveland Clinic’s critical care transport team and fleet of mobile ICU vehicles, helicopters, and fixed-wing aircraft serve critically ill and highly complex patients across the globe.

To arrange a transfer for STEMI (ST elevated myocardial infarction), acute stroke, ICH (intracerebral hemorrhage), SAH (subarachnoid hemorrhage), or aortic syndrome, call 877.379.CODE (2633).

For all other critical care transfers, call 216.444.8302 or 800.553.5056.

**CME Opportunities: Live and Online**

Cleveland Clinic’s Center for Continuing Education operates one of the largest and most successful CME programs in the country. The center’s website (ccfcme.org) is an educational resource for healthcare providers and the public. Available 24/7, it houses programs that cover topics in 30 areas. Among other resources, the website contains a virtual textbook of medicine (Disease Management Project) and myCME, a system for physicians to manage their CME portfolios. Live courses, however, remain the backbone of the center’s CME operation. Most live courses are held in Cleveland, but outreach plans are underway.
Clinical Trials
Since its establishment in 1921, Cleveland Clinic has been an innovator in medical breakthroughs, with a mission of unlocking basic science and pursuing clinical research. Today, Cleveland Clinic is running more than 2,000 clinical trials of various types. Our researchers are focusing on an array of conditions, including breast and liver cancer, coronary artery disease, heart failure, epilepsy, Parkinson disease, chronic obstructive pulmonary disease, asthma, high blood pressure, diabetes, depression, and eating disorders. To learn more, go to clevelandclinic.org/research.

Healthcare Executive Education
Cleveland Clinic's dynamic executive education program provides real-world insights into the highly competitive business of healthcare. The Executive Visitors’ Program is an intensive three-day program that provides a behind-the-scenes view of our organization for the busy executive. The Samson Global Leadership Academy is a two-week immersion into the challenges of leadership, management, and innovation. The curriculum includes coaching and a personalized three-year leadership development plan. Learn more at clevelandclinic.org/execed.
This project would not have been possible without the commitment and expertise of a team led by Raj Sindwani, MD, and Cynthia Cartellone, MHA.

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Every life deserves world class care.