Outcomes 2008

Head & Neck Institute

Cleveland Clinic
To promote quality improvement, Cleveland Clinic has created a series of Outcomes books similar to this one for many of its institutes. Designed for a physician audience, the Outcomes books contain a summary of our surgical and medical trends and approaches, data on patient volume and outcomes, and a review of new technologies and innovations.

Although we are unable to report all outcomes for all treatments provided at Cleveland Clinic — omission of outcomes for a particular treatment does not mean we necessarily do not offer that treatment — our goal is to increase outcomes reporting each year. When outcomes for a specific treatment are unavailable, we often report process measures associated with improved outcomes. When process measures are unavailable, we may report volume measures; a volume/outcome relationship has been demonstrated for many treatments, particularly those involving surgical techniques.

In addition to our internal efforts to measure clinical quality, Cleveland Clinic supports transparent public reporting of healthcare quality data and participates in the following public reporting initiatives:

- Joint Commission Performance Measurement Initiative (www.qualitycheck.org)
- Centers for Medicare and Medicaid (CMS) Hospital Compare (www.hospitalcompare.hhs.gov)
- Leapfrog Group (www.leapfroggroup.org)
- Ohio Department of Health Service Reporting (www.odh.ohio.gov/healthStats/hlthserv/hospitaldata/hospperf.aspx)

Our commitment to providing accurate, timely information about patient care will also help patients and referring physicians make informed healthcare decisions. We hope you find these data valuable. To view all our Outcomes books, visit Cleveland Clinic’s Quality and Patient Safety website at clevelandclinic.org/quality/outcomes.
Dear Colleague,

On behalf of Cleveland Clinic, I am pleased to present our 2008 Outcomes books. The primary purpose of our annual Outcomes book initiative is to promote quality improvement at Cleveland Clinic, thereby optimizing the care we provide to our patients. Measuring and reporting outcomes reflects our organizational commitment to accountability, transparency and results.

Each year, external stakeholders are requiring hospitals to report more and more quality and patient safety data. We view our Outcomes books as voluntary supplements to the required public reporting and an opportunity to share selected innovations with colleagues across the country.

Designed for the physician reader, each book in the annual series focuses on care provided by one of our patient-centered clinical institutes. We hope you find the content informative.

Sincerely,

Delos M. Cosgrove, MD
CEO and President
what’s inside

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I am pleased to share with you our 2008 Outcomes representing some of the key activities of Cleveland Clinic’s Head & Neck Institute. As we strive to provide the highest quality care and service for our patients we feel it is vital to carefully review the successes of our interventions and critically evaluate the outcomes. We believe that it is only through this thoughtful and transparent self-evaluation that we can continue to pursue excellence in clinical care, support our patients and their families, facilitate convenience and accessibility of care, and service the needs of our referring doctors and institutions. These outcomes assessments will continue to allow us to meet our missions in clinical care, education and research.

Highlighted in this issue are thoughtful evaluations of treatment and outcomes in nearly all of our subspecialty areas. One of the major areas is evaluations of survival for our head and neck cancer patients from multiple primary sites. We have a very strong free tissue transfer reconstruction program and, as reported, our free flap success rates and reduced interoperative times are national benchmarks. Our audiology and otology sections have continued to closely evaluate the outcomes of their treatments. We highlight just a few, including the rate of Meniere’s patients that received intratympanic steroids and progressed to subsequent surgical or ablative procedures, and the effectiveness of our hearing aid treatments. We continue to evaluate post-tonsillectomy bleeding rates and complication rates in revision sinus surgery, and we are carefully assessing the success of injection therapy and medialization laryngoplasty in managing patients with unilateral vocal fold paralysis. Our speech and language pathologists are assessing the effectiveness of immediate post modified barium swallow evaluation counseling to adults with suspected swallowing problems.

We are working to build upon our foundation of professionalism, the pursuit of excellence and enhancing the patient experience in our efforts to meet both the expressed and unexpressed needs of our patients and referring doctors. Please enjoy this issue of Outcomes 2008.

Michael S. Benninger, MD
Chairman, Head & Neck Institute
In 2008, the Head & Neck Institute was ranked No. 11 in the United States and No. 1 in Ohio by *U.S. News & World Report*.

In addition to providing excellent, quality care to our patients, we published more than 40 publications, 10 book chapters and one book.

We are comprised of more than 20 faculty members caring for adult and pediatric patients with complex ear, nose and throat disorders, and oral and dental problems. The transition throughout Cleveland Clinic from a traditional academic departmental structure to institutes has truly allowed us to better coordinate and facilitate multidisciplinary care, improve communication with patients and among providers, and provide avenues for innovative therapies, novel research and education programs. The Head & Neck Institute has brought together the core head and neck specialties of otolaryngology, audiology, speech and language pathology and dentistry to better serve our patients and trainees and to facilitate research. This structure also makes it easy for us to coordinate care across other related institutes, such as the Neurological Institute, Dermatology & Plastic Surgery Institute and the Respiratory Institute.

### 2008 Statistics

- **Total Patient Visits**: 90,871
- **Total New Patients**: 3,106
- **Primary Surgical Cases**: 5,232
- **Average Length of Stay**: 4.47 days
- **Admissions**: 598
## Revision Image-Guided Functional Endoscopic Sinus Surgery Complication Rate

### Patient demographics

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Average age</td>
<td>45</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of participants</td>
<td>86</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>53</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td>33</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Complication

<table>
<thead>
<tr>
<th>Complication</th>
<th>N</th>
<th>%</th>
<th>Long-Term Sequelae</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intracranial injury</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Orbital injury (major)</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Orbital injury (minor)</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Mucocele</td>
<td>1</td>
<td>1.16%</td>
<td>0</td>
</tr>
<tr>
<td>Epistaxis (major)</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Epistaxis (minor)</td>
<td>2</td>
<td>2.32%</td>
<td>0</td>
</tr>
<tr>
<td>Synchiae, requiring repeat OR</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Postoperative pain syndrome</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Anesthetic complication</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
</tbody>
</table>
The overall survival outcomes of 126 patients with base of tongue (BOT) squamous cell carcinoma treated between 2000 and 2006 are depicted above. For study inclusion, patients needed a minimum of two years of follow-up. Treatment included surgery for early-stage disease, radiation, or chemoradiation therapy for advanced disease with surgery for either residual disease or recurrence.
Tonsil Cancer Disease-Specific Survival, Stage III and IV (N = 110) 2000 – 2006

The disease-specific survival outcomes of 110 patients with tonsillar squamous cell carcinomas treated between 2000 and 2006 are depicted above. For study inclusion, patients needed a minimum of two years of follow-up. Treatment included surgery for early-stage disease, radiation or chemoradiation therapy for advanced disease with surgery for either residual disease or recurrence.
The overall survival outcomes of 234 patients with oral squamous cell carcinoma treated between 2000 and 2006 are depicted below. These data are plotted against historical data (AJCC, 2002) for comparison. For study inclusion, patients needed a minimum of two years of follow-up. Treatment includes surgery with postoperative radiation or chemoradiation therapy for advanced stage disease.

Oral Cancer Disease-Free Survival Stages I and II (N = 234)  
2000 – 2006

Oral Cancer Disease-Free Overall Survival Stages III and IV (N = 234)  
2000 – 2006

The disease-free survival outcomes of 234 patients with oral squamous cell carcinoma treated between 2000 and 2006 are depicted below. These data are plotted against historical data (AJCC, 2002) for comparison. For study inclusion, patients needed a minimum of two years of follow-up. Treatment includes surgery with postoperative radiation or chemoradiation therapy for advanced stage disease.

Free Flap Survival (N = 239)

2001 – 2008

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


Free Flap Operative Times (N = 173)

2003 – 2008

Flap Inset and Microvascular Anastamosis Time
(Total minutes added to planned Cancer Surgical Procedures)

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


Complex Patient Volume (N = 239)

2002 – 2008

Free Flap Distribution (N = 432)

2002 – 2008
Post-Tonsillectomy Bleeding Rate with or without Adenoidectomy (N = 1,712)

2003 – 2008

** Percent **

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>Readmission with Observation</th>
<th>Return to OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4*</td>
<td>N = 603</td>
<td>0-2%</td>
</tr>
<tr>
<td>5-12**</td>
<td>N = 907</td>
<td>0-2%</td>
</tr>
<tr>
<td>13-18***</td>
<td>N = 202</td>
<td>0-2%</td>
</tr>
</tbody>
</table>

*National Average Range for Returning to the OR

2-5%


* Intracapsular tonsillectomies performed on 37% of age group 0 - 4
** Intracapsular tonsillectomies performed on 16% of age group 5 – 12
*** Intracapsular tonsillectomies performed on 5% of age group 13 – 18
Improved Care for Adult Swallowing Disorders: Patient Education Efficacy

Post MBS Patient Reported Education Effectiveness (N = 35)

2008

The above graph attempts to assess the effectiveness of immediate post-modified barium swallow (MBS) evaluation counseling to adults with suspected swallowing problems. The target indicator is patient perception of counseling details and receipt of strategies handout.

Despite documented Speech Language Pathology fulfillment of all four counseling behaviors, patient/family perception of the same is not as robust as deemed desirable. A minimum response rate of 90 percent would be considered acceptable. The data suggest that assuming information delivered is consistently received is not confirmed. We are now implementing adjustments to our protocol to improve education efficacy.
Dental Implant Success Rate (N = 323)

2008

2% Implants Failed
N = 5

98% Implants Successful
N = 318

All five failures were re-treated successfully.
Meniere’s Patients Receiving Intratympanic Steroids (N = 37)

2008

Number of Patients

- Received intralympanic steroids only
- progressed to surgical or ablative procedure

Reporting follows the most recent guidelines of the Academy of Otolaryngology-Head and Neck Surgery Committee on Hearing and Equilibrium (OHNS 113(3):181-185, 1995). Only patients with “definite” disease are reported: two or more definitive spontaneous episodes of vertigo lasting 20 minutes or longer, audiometrically documented sensorineural hearing loss on at least one occasion, tinnitus or aural fullness in the treated ear and other causes excluded.
Vocal fold immobility is a common problem seen in The Voice Center. There are multiple treatment options available to treat a unilateral immobile vocal fold including observation, temporary medialization usually through injections of the vocal fold, or permanent procedures including medialization or reinnervation. Two important and easily performed tests that are commonly used to evaluate the preoperative and postoperative function of these patients are Maximum Phonation Time (MPT) and the Voice Handicap Index (VHI).

Thirty consecutive patients with an immobile vocal fold who elected to proceed with surgical therapy were evaluated with an MPT and a VHI before and at an average of three months after surgery. The surgical procedures performed were a medialization laryngoplasty with silastic (13 patients) or a vocal fold injection with Radiesse® (17 patients). The combined scores of these two interventions before and after treatment are noted in the tables revealing a dramatic improvement in MPT and VHI scores. Because Radiesse® is not permanent, most of those patients will eventually go on to another procedure such as medialization with silastic.
Patients were asked to complete a brief survey following their appointment by responding to each item on a scale of zero to 10. A rating of 10 denotes exceptional service, while a rating of zero represents a poor evaluation of the service provided. Patients were seen for a variety of audiology visit types including: comprehensive hearing assessments for adults and children, hearing aid related appointments (e.g., hearing needs assessment, hearing aid fittings, hearing aid consults), electrophysiologic testing, and tinnitus management.
During 2008, 230 patients were administered the International Outcome Inventory (IOI) approximately three weeks after being fitted with hearing aids.

The mean scores, as indicated by the orange dots, are plotted on the graph. The rectangles represent the expected norms for patients with mild to moderate hearing loss (light blue bars) and those with more severe hearing losses (dark blue bars).

The American College of Surgeons’ National Surgical Quality Improvement Project (NSQIP) is a national program that objectively measures surgical outcomes. Based on a defined sampling and abstraction methodology, risk-adjusted 30-day outcomes are reported. Cleveland Clinic recently expanded NSQIP participation to include certain subspecialties. At this time, two months of 2008 otolaryngology surgery data are available and shown above. There was no statistically significant difference between the observed and expected rates.
Cleveland Clinic has placed a renewed emphasis on improving the patient experience by establishing the role of Chief Experience Officer. Recognizing that patients seek more than solely a successful clinical outcome, the mission of the Office of Patient Experience is to create an environment that enhances the well-being of our patients, families and employees in a way that elevates Cleveland Clinic’s reputation as one of the world’s best hospitals.

In 2008, the Office of Patient Experience dedicated teams within the institutes to research and implement innovative patient and family-based programs that support this mission.

**Patient Experience**

**Outpatient – Head & Neck Institute**

**Overall Rating of Outpatient Care and Services**

<table>
<thead>
<tr>
<th>Year</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>23%</td>
<td>23%</td>
<td>15%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>2008</td>
<td>20%</td>
<td>23%</td>
<td>18%</td>
<td>22%</td>
<td>17%</td>
</tr>
</tbody>
</table>

Source: Quality Data Management, a national hospital survey vendor
Patient Experience

Rating of Outpatient Provider

2007 – 2008

Source: Quality Data Management, a national hospital survey vendor

Recommend Outpatient Provider

2007 – 2008

Source: Quality Data Management, a national hospital survey vendor
Inpatient – Head & Neck Institute

With the support of the Centers for Medicare and Medicaid Services (CMS) and its partner organizations, the first national standard patient experience hospital survey (HCAHPS) was implemented in late 2006. Results collected for reporting are available at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov).

**HCAHPS Overall Assessment**

**2007-2008**

<table>
<thead>
<tr>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate Hospital</td>
</tr>
<tr>
<td>% respondents choosing 9 or 10</td>
</tr>
<tr>
<td>2007 total survey respondents = 110</td>
</tr>
<tr>
<td>2008 total survey respondents = 111</td>
</tr>
<tr>
<td>58%</td>
</tr>
<tr>
<td>60%</td>
</tr>
<tr>
<td>Would Recommend</td>
</tr>
<tr>
<td>% respondents choosing 'definitely yes'</td>
</tr>
<tr>
<td>73%</td>
</tr>
<tr>
<td>69%</td>
</tr>
</tbody>
</table>

Source: Quality Data Management and Press Ganey, national hospital survey vendors

For comparison purposes, 2007 and Q1 2008 HCAHPS scores have been adjusted to account for a survey mode administration change as recommended by CMS.

**HCAHPS Domains of Care**

**2007 – 2008**

<table>
<thead>
<tr>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge Information</td>
</tr>
<tr>
<td>Doctor Communication</td>
</tr>
<tr>
<td>Nurse Communication</td>
</tr>
<tr>
<td>Pain Management</td>
</tr>
<tr>
<td>Room Clean</td>
</tr>
<tr>
<td>Communication New Medications</td>
</tr>
<tr>
<td>Responsiveness to Needs</td>
</tr>
<tr>
<td>Quiet at Night</td>
</tr>
</tbody>
</table>

Source: Quality Data Management and Press Ganey, national hospital survey vendors

For comparison purposes, 2007 and Q1 2008 HCAHPS scores have been adjusted to account for a survey mode administration change as recommended by CMS.
The Head & Neck Institute staff authored more than 40 publications in 2008. For a complete list go to www.clevelandclinic.org/quality/outcomes


Selected Publications


Head & Neck Anesthesiology Journal Publications


Staff Listing

Institute Chairman
Michael S. Benninger, MD

Institute Quality Review Officer
Alan Kominsky, MD

Audiology Section
Craig Newman, PhD
Section Head
Donald Goldberg, PhD
Co-Director, Hearing Implant Program
Sharon Sandridge, PhD
Director, Audiology Clinical Services

Dentistry Section
Michael Matheis, DDS
Section Head
Todd Coy, DMD
Director, Residency Program
Michael Huband, DDS
Karen A. Kahn, DDS
Joseph Krajekian, DMD, MD
Rex Raper, DDS

Facial Plastic and Reconstructive Surgery Section
Daniel Alam, MD
Section Head
Michael Fritz, MD
P. Daniel Knott, MD

General Otolaryngology Section
Edward Fine, MD, PhD
Section Head
Tom Abelson, MD
Steven Ball, MD
Edward Fine, MD, PhD
Richard Freeman, MD, PhD
Catherine Henry, MD
Robert Katz, MD
P. Daniel Knott, MD
Alan Kominsky, MD

Head and Neck Surgery Section
Joseph Scharpf, MD
Section Head
Benjamin Wood, MD

Laryngology Section
Michael S. Benninger, MD
Section Head
Nasal and Sinus Disorders Section
Pete S. Batra, MD
Section Head
Michael S. Benninger, MD

Otology Section
Peter Weber, MD
Section Head
Director, Residency Program, and Co-Director, Hearing Implant Program

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

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

Speech and Language Pathology/Voice Center
Douglas Hicks, PhD
Section Head
Tom Abelson, MD
Michael S. Benninger, MD
Claudio Milstein, PhD

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

Head and Neck Institute Anesthesiology Section
Andrew Zura, MD
Section Head
Basem Abdelmalak, MD
Rafi Avitsian, MD
J Michael DeUngria, MD (deceased)
John Doyle, MD PhD
Ursula Galway, MD
Tatiana Kopyeva, MD
Jia Lin, MD
Mauricio Perilla, MD

Some physicians may practice in multiple locations.
For a detailed list including staff photos, please visit clevelandclinic.org/staff.
Contact Information

General Patient Referral
24/7 hospital transfers or physician consults
800.553.5056

Head and Neck Cancer Appointments/Referrals
866.430.9583

Head and Neck Institute Appointments/Referrals
216.444.6691 or 800.223.2273, ext. 46691

Dentistry Appointments/Referrals
216.444.6907 or 800.223.2273, ext. 46907

On the Web at clevelandclinic.org/headandneck

Additional Contact Information

General Information
216.444.2200

Hospital Patient Information
216.444.2000

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

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

Cleveland Clinic in Florida
866.293.7866

For address corrections or changes, please call
800.890.2467
## Institute Locations

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>City, State</th>
<th>ZIP Code</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Main Campus</strong></td>
<td>9500 Euclid Ave.</td>
<td>Cleveland, OH</td>
<td>44195</td>
<td>216.444.6691</td>
</tr>
<tr>
<td><strong>Beachwood Family Health and Surgery Center</strong></td>
<td>26900 Cedar Road</td>
<td>Beachwood, OH</td>
<td>44122</td>
<td>216.839.3740</td>
</tr>
<tr>
<td><strong>Independence Family Health Center</strong></td>
<td>5001 Rockside Road</td>
<td>Independence, OH</td>
<td>44131</td>
<td>216.986.4160</td>
</tr>
<tr>
<td><strong>Solon Family Health Center</strong></td>
<td>29800 Bainbridge Road</td>
<td>Solon, OH</td>
<td>44139</td>
<td>440.519.6950</td>
</tr>
<tr>
<td><strong>Strongsville Family Health and Surgery Center</strong></td>
<td>16761 SouthPark Center</td>
<td>Strongsville, OH</td>
<td>44136</td>
<td>440.878.2500</td>
</tr>
<tr>
<td><strong>Westlake Family Health Center</strong></td>
<td>30033 Clemens Road</td>
<td>Westlake, OH</td>
<td>44145</td>
<td>440.899.5630</td>
</tr>
</tbody>
</table>
Cleveland Clinic Overview

In 2007, Cleveland Clinic restructured its practice, bundling all clinical specialties into integrated practice units called institutes. An institute combines all the specialties surrounding a specific organ or disease system under a single roof. Each institute has a single leadership and focuses the energies of multiple professionals onto the patient. From access and communication to billing and point-of-care service, institutes will improve the patient experience at Cleveland Clinic.

Cleveland Clinic’s main campus, with 50 buildings on 166 acres in Cleveland, Ohio, includes a 1,000-bed hospital, outpatient clinic, specialty institutes and supporting labs and facilities. Cleveland Clinic also operates 15 family health centers; eight community hospitals; one affiliate hospital; a rehabilitation hospital for children; a 150-bed hospital and clinic in Weston, Fla.; and health and wellness centers in Palm Beach, Fla., and Toronto, Canada. Cleveland Clinic Abu Dhabi (United Arab Emirates), a multispecialty care hospital and clinic, is scheduled to open in late 2012.

At the Cleveland Clinic Lerner Research Institute, hundreds of principal investigators, project scientists, research associates and postdoctoral fellows are involved in laboratory-based, translational and clinical research. Total annual research expenditures exceed $244 million from federal agencies, non-federal societies and associations, endowment funds and other sources. In an effort to bring research from bench to bedside, Cleveland Clinic physicians are involved in more than 2,400 clinical studies at any given time.

Now in its fifth year of existence, Cleveland Clinic Lerner College of Medicine of Case Western Reserve University offers all students full tuition scholarships. The program will graduate its first 29 students as physician-scientists in 2009.

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 since 1995.

For more information about Cleveland Clinic, please visit clevelandclinic.org
Cleveland Clinic Secure Online Services

Cleveland Clinic uses state-of-the-art digital information systems to offer secure online services such as online medical second opinions, medical record access, patient treatment progress for referring physicians (see below), and imaging interpretations by our subspecialty trained radiologists. For more information, please visit clevelandclinic.org.

MyChart  This secure online tool connects patients to their own health information from the privacy of their home any time, day or night. Some features include renewing prescriptions, reviewing test results and viewing medications, all online. For the convenience of physicians and patients across the country, MyChart now offers a secure connection to Google™ Health. Google Health users can securely share personal health information with Cleveland Clinic, and record and share the details of their Cleveland Clinic treatment with the physicians and healthcare providers of their choice. To establish a MyChart account, visit clevelandclinic.org/mychart.

DrConnect  Whether you are referring from near or far, DrConnect streamlines communication from Cleveland Clinic physicians to your office. This complimentary online tool offers secure access to your patient’s treatment progress at Cleveland Clinic. With one-click convenience, you can track your patient’s care using the secure DrConnect website. To establish a DrConnect account, visit clevelandclinic.org/drconnect or email drconnect@ccf.org.

MyConsult  Online Medical Second Opinion  This secure online service provides specialist consultations from our Cleveland Clinic experts and remote medical second opinions for more than 1,000 life-threatening and life-altering diagnoses. MyConsult is particularly valuable for people who wish to avoid the time and expense of travel. For more information, visit clevelandclinic.org/myconsult, email eclevelandclinic@ccf.org or call 800.223.2273, ext 43223.

Critical Care Transport: Anywhere in the world

Cleveland Clinic’s critical care transport team serves critically ill and highly complex patients across the globe. The transport fleet comprises mobile ICU vehicles, helicopters and fixed-wing aircraft. The transport teams are staffed by physicians, critical care nurse practitioners, critical care nurses, paramedics and ancillary staff, and are customized to meet the needs of the patient. Critical care transport is available for children and adults.

To arrange a transfer for STEMI (ST elevated myocardial infarction), acute stroke, ICH (intracerebral hemorrhage), SAH (subarachnoid hemorrhage) or aortic syndromes, call 877.279.CODE (2633).

For all other transfers, call 216.444.8302 or 800.553.5056.

CME Opportunities: Live and Online

Cleveland Clinic’s Center for Continuing Education’s website, clevelandclinicmeded.com, offers hundreds of convenient, complimentary learning opportunities, from webcasts and podcasts to a host of medical publications including the Disease Management Project Online Medical Textbook, with more than 150 chapters. The site also offers a schedule of live CME courses, including international summits that focus on key areas of translational research. Many live CME courses are hosted in Cleveland, an economical option for business travel. Physicians can manage their CME credits by using the myCME Web Portal. Available 24/7, the site offers CME opportunities to medical professionals across the globe.
Cleveland Clinic

9500 Euclid Avenue, Cleveland, OH, 44195

Cleveland Clinic is a nonprofit multispecialty academic medical center. Founded in 1921, it is dedicated to providing quality specialized care and includes an outpatient clinic, a hospital with more than 1,000 staffed beds, an education institute and a research institute.

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Please visit us on the Web at clevelandclinic.org.