Cleveland Clinic

Outcomes 2006

Emergency Medicine




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Outcomes | 2006

Quality counts when referring patients to hospitals and physicians, so Cleveland Clinic has created a series of outcomes books similar to this one for its institutes and departments. Designed for a health care provider 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. We hope you find these data valuable. To view all our outcomes books, visit Cleveland Clinic's Quality Web site at clevelandclinic.org/quality/outcomes.



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Chairman's Letter



The Department of Emergency Medicine consists of a professional team of physicians, nurses, clerks, technicians, respiratory therapists and other support personnel. We have experienced significant growth over the past 10 years, now seeing over 60,000 patients per year. This places us among the busiest emergency departments in the Cleveland area and among the 400 busiest in the nation.

The Department sees a diverse patient population with a variety of problems, ranging from minor to critical. The Department of Emergency Medicine is best known for its work in cardiovascular and neurovascular emergencies.

While educating students in the medical, nursing, podiatric and other health professional fields, we are also an affiliate of Case Western Reserve University's residency training program in emergency medicine. This program currently trains 12 residents per year.

Our staff physicians are highly trained in emergency, observation and urgent care medicine. Research in a variety of areas, including pediatric, geriatric, cardiac and pulmonary emergencies, is conducted. We continue to be nationally recognized for our work in decompensated heart failure and in observation medicine. In 2006, approximately $500,000 in research funding was generated.

Operations challenges in 2006 resulted from an extremely high hospital occupancy. A number of initiatives were undertaken to facilitate patient flow, customer service and designed to improve patient satisfaction. Construction to an addition in our waiting room area was completed. This addition provides an area for patient testing and treatment until beds become available within the emergency department. In some cases, care and testing have been completed in this area, significantly shortening the patient's stay in the department. Within the next 12 months, completion of emergency room remodeling is anticipated which will expand the number of treatment rooms to 12. It will also integrate new

technologies that will allow us to practice state-of-the-art emergency medicine. This expansion should enable us to diminish the number of hours on ambulance diversion and to decrease elopements until more inpatient beds are available.

A task force was convened to examine ways to decrease the number of patients who leave before being seen, due to space restrictions. Triage and registration processes, as well as ways to optimize utilization of the clinical decision unit, are also being examined. Over the next one to two years, lean-health principles are expected to be utilized in our daily operations.

The ability to access beds from Cleveland Clinic's community hospitals was a significant development. Through the year, there was a steady increase in the main campus' utilization of system beds, peaking in December with 22 patients being sent to Euclid Hospital alone. Future years will see an increasingly integrated system of care within the Cleveland area.

Our goals remain consistent: to provide compassionate and expert patient care, educate doctors-in-training who can pursue careers in medicine, and complete meaningful research that will improve the practice of medicine worldwide.

Jonathan Glauser, M.D.
Chair, Department of Emergency Medicine

Department Overview

The Department of Emergency Medicine was founded in 1994. Over the past 12 years, patient volume doubled; currently, approximately 62,000 patients per year are seen. The Department is a full-service, emergency medicine department. Since 1996, we have been affiliated with MetroHealth Medical Center's Emergency Medicine residency program and currently train 36 emergency medicine residents a year. A diverse patient population, including pediatric and geriatric patients, with a variety of medical and surgical problems is seen.

A registered nurse greets every patient who comes to the department. The nurse conducts an initial triage assessment to determine the order in which patients are seen and has the authority to initiate some diagnostic testing. Because the Department is divided into acute care and urgent care areas, patients are often treated according to need rather than arrival time. Another provision for patients is pre-registration. This occurs when physicians call ahead to notify us of their patient's planned arrival. By completing routine administrative tasks prior to arrival, a patient's time in the department is decreased.

The emergency facility houses a 20-bed acute care emergency department and a 14-bed urgent care area. Urgent care is open from 10 a.m. to 11 p.m., staffed with nurses, clerks, technicians, a physician's assistant and a physician. From 1 p.m. through 11 p.m., a pediatrician is also on staff in the urgent care area. In addition, a 20-bed clinical decision (observation) unit allows for overnight monitoring of patients with a variety of conditions, ranging from chest pain to respiratory problems.

A number of innovations were implemented to improve patient care and patient flow, starting with an electronic tracking system which allows monitoring of patients and department status. An electronic medical record system is utilized. Our radiology system is digital: films can be enhanced and are permanently stored. A radiologist is on-site 24 hours a day, providing interpretation of studies. Nursing and technical staff perform limited on-site laboratory testing that allows

rapid identification of patients' conditions, *e.g.* patients with heart attacks. Serum hemoglobin and hematocrit, electrolytes, lactate and arterial blood gases can be measured. Urine analyses and pregnancy testing, as well as B-natriuretic testing for dyspneic patients, can also be performed.

The Department's future plans include additional point-of-care testing, ultrasound screening for emergent conditions and further development and improvement of our patients' experience and satisfaction.

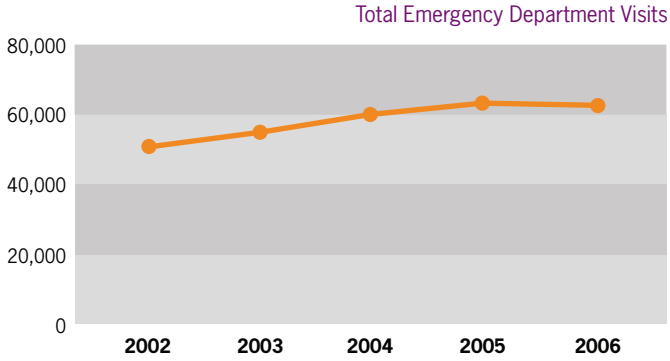
Mission Statement

Our mission is to provide care of the ill or injured patient in a competent and caring manner, to conduct research into emergency conditions in order to improve our care of patients, and to educate physicians, nurses and other health professionals in emergency care.

Quality & Outcome Measures

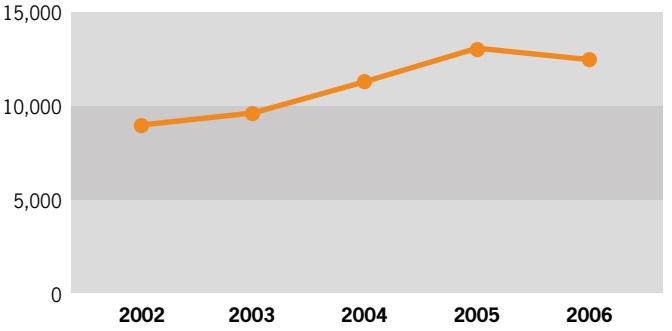
2006 Volumes

Over the past 5 years, the Emergency Department has grown significantly. Cleveland Clinic began planning an expansion of the emergency department to meet the increased demand for emergency department services in northeast Ohio. The observation unit is nationally renowned, primarily due to its involvement with chest pain evaluation and the management of patients with heart failure. A variety of medical, surgical and pediatric illnesses are managed in the observation unit.



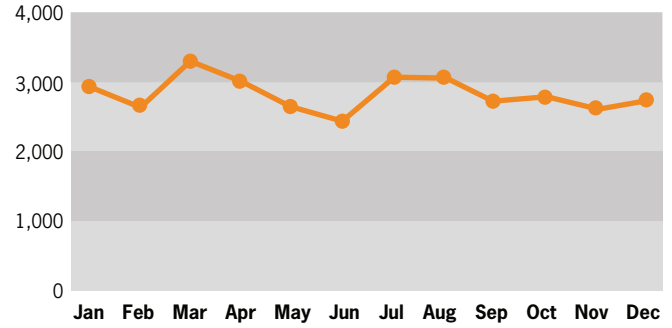
Total visits have grown approximately 23% over the last five years; acuity of visits has also increased.

Admissions to Hospital



Admissions from the emergency department to inpatient units increased in recent years. Approximately 20% of all visits were admitted in 2006, making the department a major source of CCHS admissions. Combining the numbers of admissions to inpatient units with those to the observation unit overnight (see below), the degree of patient acuity can be appreciated.

Visits Discharged to Home

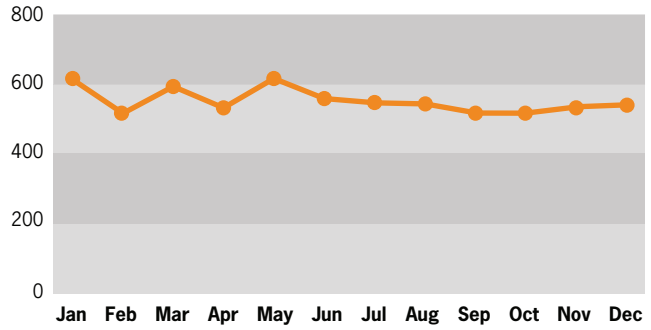


This graph suggests an increase in patient acuity while the number of patients discharged home held steady.

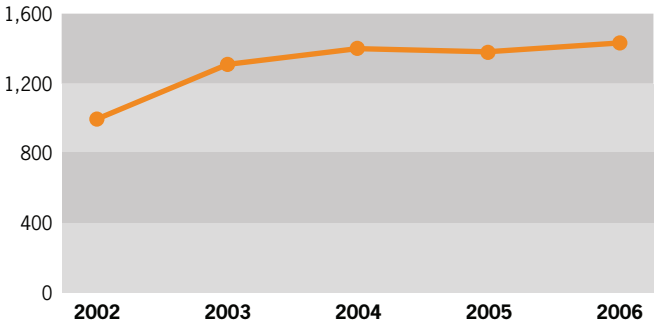
Clinical Decision Unit

The Department's 20-bed clinical decision unit (CDU) offers patients who do not require immediate hospitalization to be observed and treated up to 24 hours after initial evaluation. This unit is a national model for the evaluation of chest pain and the treatment of heart failure.

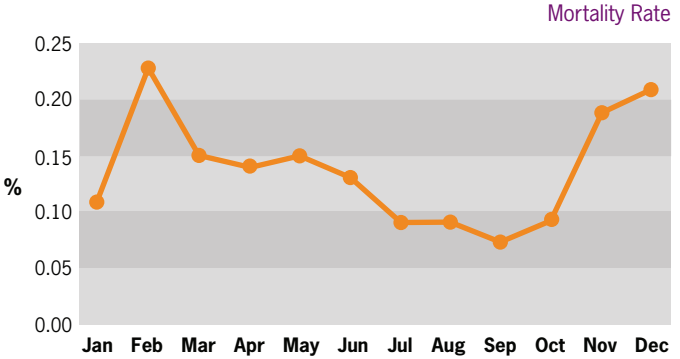
CDU Visits



Admission to Hospital from CDU

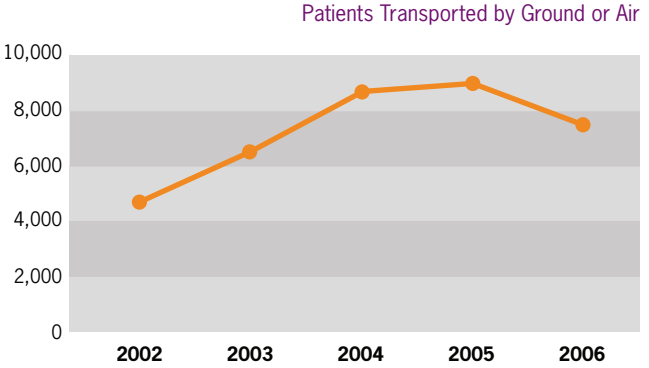


Mortality Rate



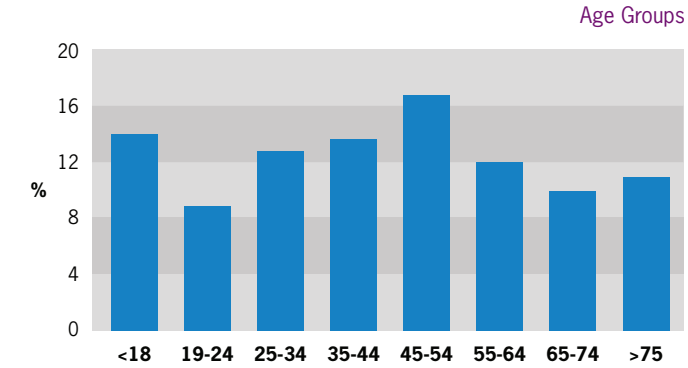
Mortality rate in the emergency department remained stable over the past four years, with expected seasonal variations.

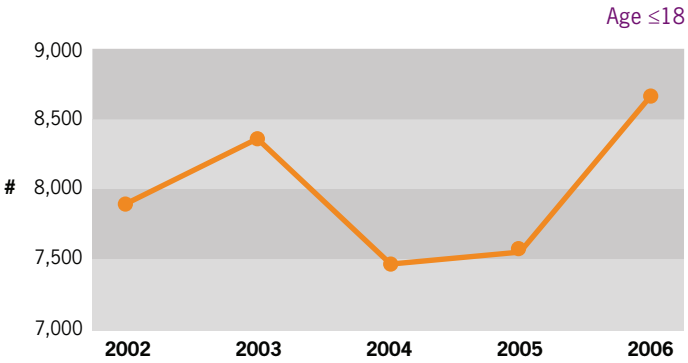
Medical Transport

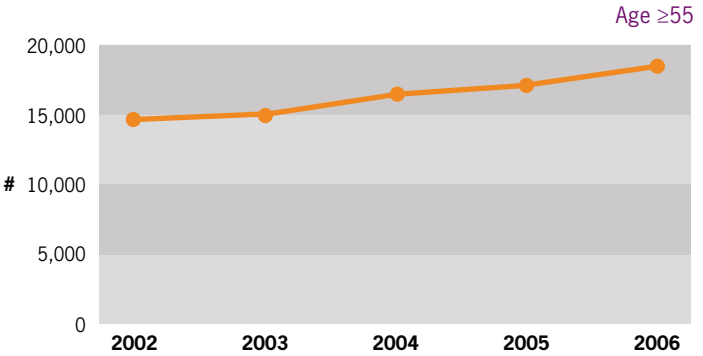


Patients are received via ambulance and air medical transport from throughout northeast Ohio. The number of ambulance deliveries stabilized over the past few years. Physicians in the emergency department participate on the City of Cleveland Emergency Medical Service advisory board.

2006 Volumes by Age

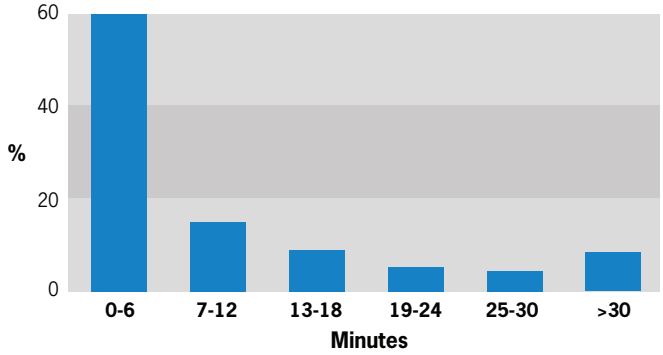






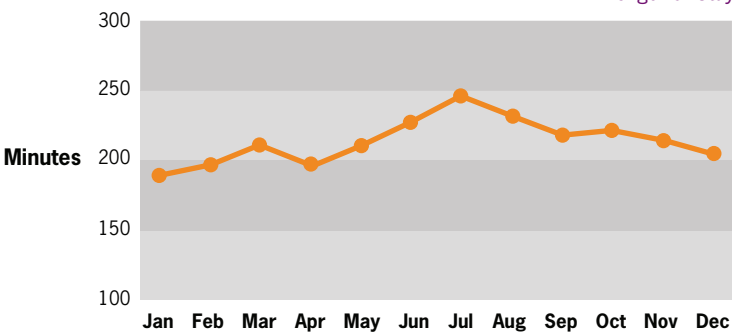
All age ranges are seen in the emergency department, although patients aged 55 and greater steadily increase. Some staff members have particular expertise and research interests in the management of geriatric patients. The Innovations section has additional information.

Time to First Professional



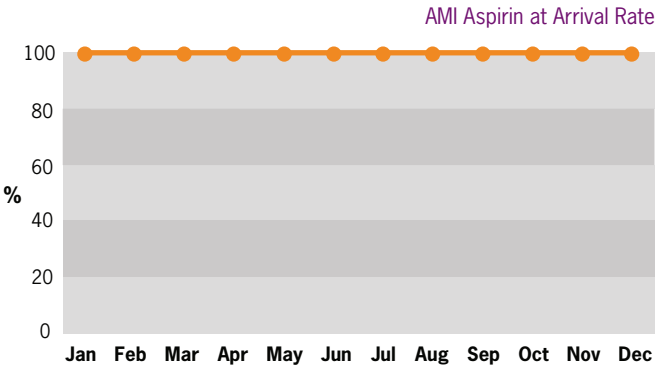
Within 12 minutes of arrival, 75% of patients are evaluated by a licensed professional.

Length of Stay

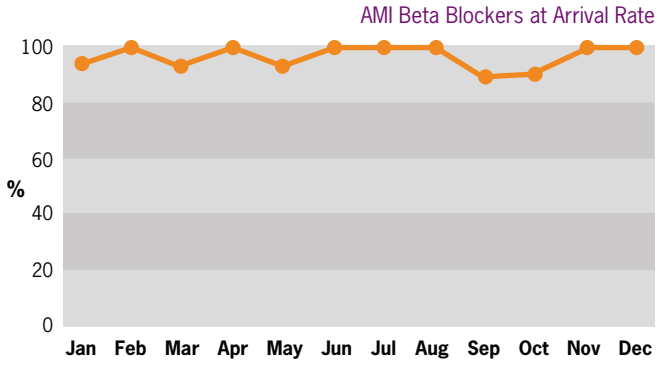


For patients ultimately discharged home, expected time in the department is approximately three hours.

CMS/Joint Commission Core Measures Indicators

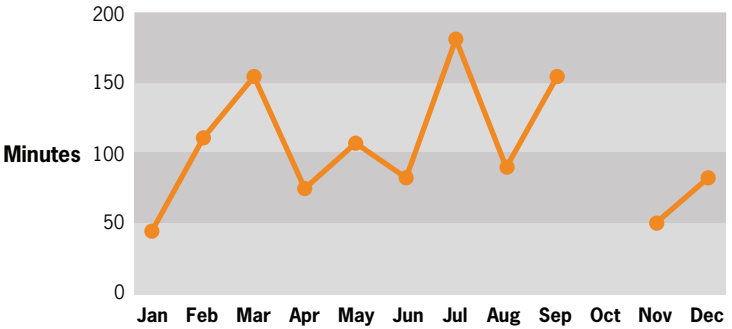


Percentage of patients with acute myocardial infarctions admitted through the ED and administered aspirin within 24 hours of arrival.



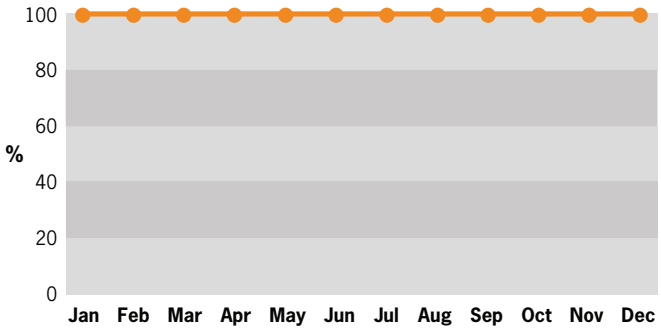
Percentage of patients with acute myocardial infarctions admitted through the ED and administered a beta blocker within 24 hours of arrival.

Median Time to PTCA



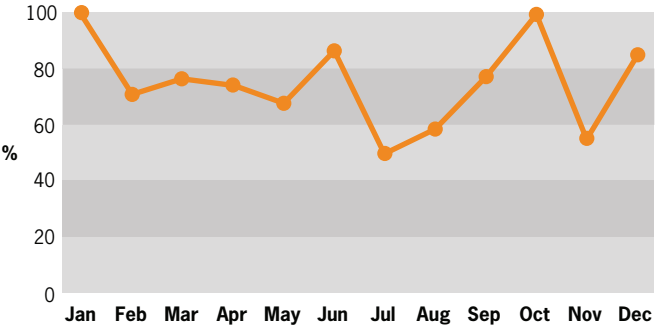
Median time from hospital arrival to PTCA for patients with acute myocardial infarctions was approximately 88 minutes (mean = 87 minutes).

Pneumonia Oxygen Assessment Rate



Percentage of community acquired pneumonia patients receiving oxygenation with arterial blood gases or pulse oximetry within 24 hours of hospital arrival.

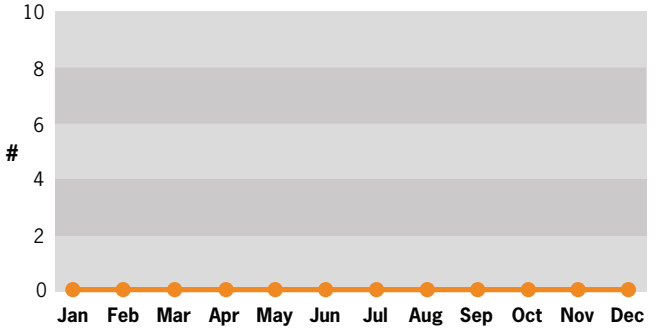
Patients Receiving Antibiotics within 4 Hours



Percentage of community acquired pneumonia patients receiving appropriate antibiotics within four hours of hospital arrival.

Procedural Sedation

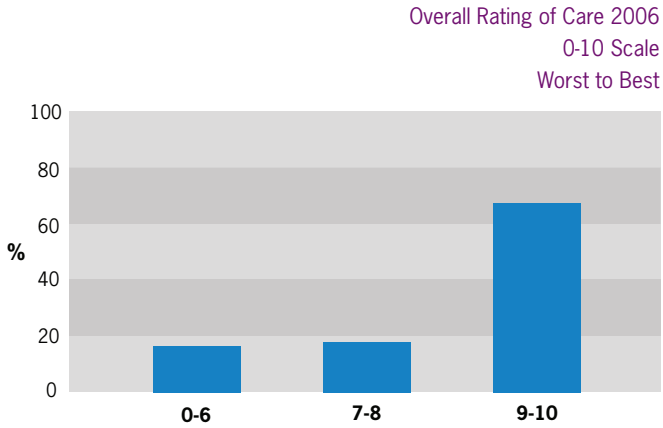
Adverse Event by Month



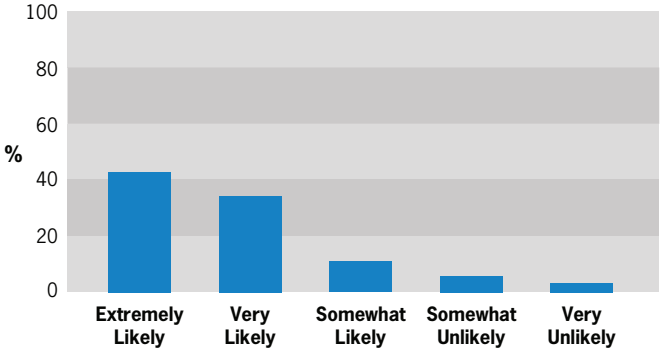
The Department performed 248 procedural sedations in 2006 with no significant associated complications. A total of 1,022 days have elapsed since the last adverse event in the emergency department; no patient sustained harm as a result of sedation in the ED within the past five years.

Patient Experience

We ask our patients about their experiences and satisfication with the services provided by our staff. Although our patients are already indicating we provide excellent care, we are committed to continuous improvement.



Likelihood to Return 2006



Innovations

Research Initiatives

Established in May 1994, Cleveland Clinic Emergency Department has enjoyed unusually rapid growth in census, expertise and reputation. Research accomplishments parallel this growth rate. Initially staffing only one clinical research nurse, today's research effort is a substantial operation. Routinely, 10 to 15 studies are being conducted, actively enrolling patients. An additional five to seven studies are being developed. Over 100 publications are generated by the Department annually. Abstracts are presented at every major emergency medicine and relevant cardiology meeting. CME events are held at locations across the United States and an Internet Web site is devoted to the treatment of heart failure. A number of multispecialty Web casts are also produced.

The Emergency Medicine Research Division formed collaborative projects with other departments at Cleveland Clinic. One of the most successful efforts was with the Department of Cardiovascular Medicine. Initially, this approach focused on heart failure and markers of cardiac ischemia. Current cardiovascular studies include a performance improvement initiative to increase the application of proven mortality-reducing therapies in emergency department patients with non-ST segment elevation myocardial infarction. Another cooperative initiative concerned the clinical performance of digital sound wave measurement compared with noninvasive impedance cardiography and pulmonary catheter measurements in acutely decompensated heart failure patients. Additional studies recently completed or currently ongoing are:

1. The investigation of abdominal aortic aneurysm by emergency bedside ultrasound.
2. The evaluation of bioimpedance monitoring for the treatment of heart failure.
3. Thomas Tallman, D.O. and Jonathan Glauser, M.D. are collaborating with the Departments of Neurosurgery and Neurology in the evaluation of Factor VII in the management of intracerebral hemorrhage.

Due to these investigative efforts, Cleveland Clinic Department of Emergency Medicine's faculty is a recognized leader in emergency cardiology research. The first textbook on emergency cardiology was published in late 2005 by McGraw Hill, NY. The lead author and editor was Frank Peacock, M.D. Many other Cleveland Clinic faculty contributed chapters. It is believed this is the first textbook of a new specialty: emergency medicine cardiology. In addition, the first fellow, Preeti Jois-Bilowich, M.D., began an emergency medicine cardiology research fellowship designed to train graduated emergency medicine residents in this field.

While cardiovascular disease investigational projects are important for the growth and development of emergency medicine research, an intentional effort was made to diversify the Department's focus and resulted in a recent expansion of research activities. Studies currently under way or starting in the next few months include:

The Use of a Computerized System to Improve Information Transfer during Patient Transition from Skilled Nursing Facilities to the Emergency Department (Hustey, FM)

The Prevalence of Platelet Resistance in ACS Study (Accumetrics) (Peacock, WF)

Nesiritide in Renal Failure (Scios)

CDU Outcomes (Scios)

Multi-center Study of the Utility of Whole Blood Choline and Other Novel Cardiac Biomarkers in the Assessment of Risk in Patients with Suspected Acute Coronary Syndrome (Abbott Laboratories) (Peacock, WF)

Sample Collection for Acute Abdominal Pain (Biosite, Inc.)

Platelet Resistance to Aspirin in the Emergency Department Suspected Acute Coronary Syndrome Patients (Accumetrics)

Can Rapid Risk Stratification of Unstable Angina Patients Suppress Adverse Outcomes with Early Implementation of ACC/AHA Guidelines? The Crusade National Quality Initiative (CRUSADE) (Schering-Plough)

Heart Failure and Audicor Technology for Rapid Diagnosis and Initial Treatment (Heard It) (Inovise Medical, Inc.)

Doppler Hematocrit (National Aeronautics and Space Agency) (Phelan, MP)

Currently Enrolling Unfunded Studies

The Effect of Cognitive Impairment on Driving Performance in Older Emergency Department Patients (follow-ups for one year) (Hustey, FM)

Informed Consent for Research in the Emergency Department (IRB) (Paradis, C)

Does the Use of Echo-Enhanced Needle Tip Improve Time to Blood Return in a Vascular Access in a Model? (Phelan, MP)

Quality Improvement Initiative to Optimize the Use of GPIIb/IIIa Inhibitors in NSTEMI in the Emergency Department

Prevalence of Abdominal Aortic Aneurysm (AAA) in Patients Presenting to the Emergency Department with Signs and Symptoms of an AAA

Unenrolled Funded Studies in Progress

Descriptive Protocol for Patient Recruitment to Support the Evaluation of NT-proBNP (Immulite) (Peacock, WF)

Emergency Medicine Pulmonary Embolism in the Real World Registry (University of Pennsylvania): A National Quality Improvement Initiative for the ED

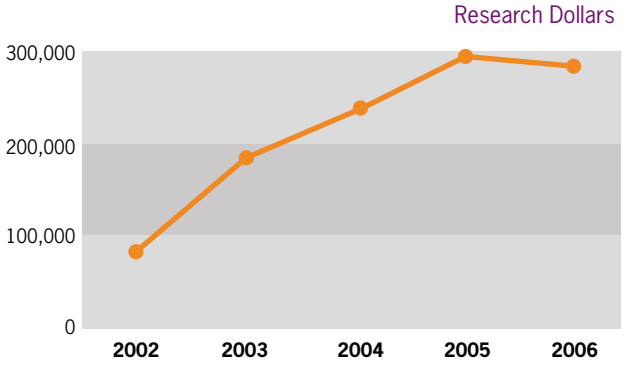
Blinded Observation Outcomes Study of PRIME ECG in the Emergency Department (HeartMate)

Myeloperoxidase in the Diagnosis of Acute Coronary Syndrome (MIDAS) (Biosite, Inc.)

Multi-center Evaluation of the Utility of Ischemia-Modified Albumin for Risk Stratification in Patients Presenting with Chest Pain and Possible Ischemic Heart Disease: The Ischemia-Modified Albumin In Diagnosing Ischemic New Events (IMAGINE) Study (Inverness)

Observation Unit Treatment to Prevent Prolonged Hospitalization in Acutely Decompensated Heart Failure (CHF Solutions)

Evaluation of the Effect of Ultrashort-acting Clevidipine in the Treatment of Patients with Severe Hypertension (The Medicine Company) (Jois-Bilowich, P)



In 2006, the Department's research staff added another research nurse to accommodate its increased project volume. The Department received $282,779 in research funding.

New Knowledge

Selected Publication Highlights

Burkhardt J, Peacock WF, Emerman CL. Predictors of emergency department observation unit outcomes. *Acad Emerg Med* 2005;12:8:69-74.

Collins SP, Arand P, Peacock WF. Prevalence of the third and fourth heart sound in asymptomatic adults. *Congest Heart Fail* 2005;11:242-247.

Peacock WF. Using the emergency department clinical decisions unit for acute decompensated heart failure. In: Crawford MH, Amsterdam EA, Kirk JD, eds. Chest Pain Units, an Issue of Cardiology Clinics. Philadelphia, PA: Elsevier; 2005:569-588.

Collins SP, Lindsell CJ, Peacock WF, Hedger VD, Storrow AB. The effect of treatment on the presence of abnormal heart sounds in emergency department patients with heart failure. *Am J Emerg Med* 2006;24:25-32.

Collins SP, Lindsell CJ, Peacock WF, Hedger VD, Askew J, Eckert DC, Storrow AB. The combined utility of an S3 heart sound and B-Type natriuretic peptide levels in emergency department patients with dyspnea. *J Card Fail* 2006;12:286-292.

Cydulka RK, Rowe BH, Clark S, Emerman CL, Rimm AR, Camargo CA Jr. Gender differences in emergency department patients with chronic obstructive pulmonary disease exacerbation. *Acad Emerg Med* 2005 12:1173-1179.

Diercks DB, Peacock WF, Hiestand BC, Chen AY, Pollack CV Jr, Kirk JD, et al. Frequency and consequences of recording an electrocardiogram > 10 minutes after arrival in an emergency room in non-ST-segment elevation acute coronary syndromes (from the CRUSADE Initiative). *Am J Card* 2006;97:437-442.

Goldman RD, Balasubramanian S, Wales P, Mace SE. Pediatric surgeons and pediatric emergency physicians attitude to analgesia and sedation for incarcerated inguinal hernia reduction. *J Pain* 2005;6:650-655.

Hustey FM. The use of a brief depression screen in older emergency department patients. *Acad Emerg Med* 2005;12:905-908.

Lewis, LM, Banet GA, Blanda M, Hustey FM, Meldon SW, Gerson LW. Etiology and clinical course of abdominal pain in senior patients: A prospective, multicenter study. *J Gerontol A Biol Sci Med Sci* 2005;60:1071-1076.

Meine TJ, Roe MT, Chen AY, Patel MR, Washam JB, Ohman EM, Peacock WF, Pollack CV Jr, Gibler WB, Peterson ED; CRUSADE Investigators. Association of intravenous morphine use and outcomes in acute coronary syndromes: Results from the CRUSADE Quality Improvement Initiative. *Am Heart J* 2005;149:1043-1049.

Newby LK, Roe MT, Peacock WF, et al. Frequency and clinical implications of discordant creatinine kinase-MB and troponin measurements in acute coronary syndromes. *J Am Coll Cardiol* 2006;47:312-318.

Nowak R, Emerman CL, Hanrahan JP, Parsey MV, Hanania NA, Claus R, Schaefer K, Baumgartner RA, for the Xopenex Acute Severe Asthma Study Group. A comparison of levalbuterol with racemic albuterol in the treatment of acute severe asthma exacerbations in adults. *Am J Emerg Med* 2006;24:259-267.

Peacock WF, Holland R, Gyarmathy R, Dunbar L, Klapholz M, Horton DP, de Lissovoy G, Emerman CL. Observation unit treatment of heart failure with nesiritide: Results from the Proaction Trial. *J Emerg Med* 2005;29:243-252.

Peacock WF, Young J, Collins S, Emerman CL. Heart failure observation units: Optimizing care. *Ann of Emerg Med* 2006;47:22-23.

Peacock WF, Fonarow GC, Emerman CL, Mills RM, Wynne J, for the ADHERE Scientific Advisory Committee and Investigators and the ADHERE Study Group. Impact of early initiation of intravenous therapy for acute decompensated heart failure on outcomes in ADHERE. *Cardiology* 2006;4;107:44-51.

Peacock WF, Emerman CL, Silver MA. Nesiritide added to standard care favorably reduces systolic blood pressure compared with standard care alone in patients with acute decompensated heart failure. *Am J Emerg Med* 2005;23:327-331.

Peacock WF, Summers RL, Vogel J, Emerman C. Impact of impedance cardiography on diagnosis and therapy of emergency dyspnea: The ED-IMPACT Trial. *Acad Emerg Med* 2006;13:365-371.

Peacock F, Morris DL, Anwaruddin S, Christenson RH, Collinson PO, Goodacre SW, et al. Meta-analysis of ischemia-modified albumin to rule out acute coronary syndromes in the emergency department. *Am Heart J* 2006;152:253-262.

Peacock WF, Harrison A, Moffa D. Clinical and economic benefits of using Audicor S3 detection for diagnosis and treatment of acute decompensated heart failure. *Congest Heart Fail* 2006;12(4 Suppl 1):32-36.

Peacock WF, Harrison A, Maisel AS. The utility of heart sounds and systolic intervals across the care continuum. *Congest Heart Fail* 2006;12(4 Suppl 1):2-7.

Peacock WF. Acoustic cardiography in the differential diagnosis of dyspnea. *Congest Heart Fail* 2006;12(4 Suppl 1):41.

Roe MT, Peterson ED, Pollack CV Jr, Newby LK, Li Y, Christenson RH, et al. Influence of timing of troponin elevation on clinical outcomes and use of evidence-based therapies for patients with non-ST segment elevation acute coronary syndromes. *Ann Emerg Med* 2005;45:355-362.

Roe MT, Peterson ED, Li Y, Pollack CV Jr, Christenson RH, Peacock WF, et al. Relationship between risk stratification by cardiac troponin level and adherence to guidelines for non-ST segment elevation acute coronary syndromes. *Arch Intern Med* 2005;165:1-7.

Roe MT, Chen AY, Riba AL, Goswami RG, Peacock WF, Pollack Jr CV, Collins SP, Gibler WB, Ohman EM, Peterson ED, for the CRUSADE Investigators. Impact of congestive heart failure in patients with non–ST segment elevation acute coronary syndromes. *Am J Cardiol* 2006;97:1707-1712.

Sharieff GQ, Benjamin L, Mace SE. Emergency physicians and the care of children. *Am J Emerg Med* 2005;23:890-893.

Silver MA, Rosendorff C, Berkowitz R, Peacock WF. Current and emerging issues with B-type natriuretic peptide. *Congest Heart Fail* 2005;11:212-214.

Silver MA, Peacock WF, Diercks DB. Optimizing treatment and outcomes in acute heart failure: beyond initial triage. *Congest Heart Fail* 2006;12:137-145.

Books in Print

Mace SE, Ducharme J, Murphy M. Pain Management and Sedation. New York, NY: The McGraw-Hill Companies, Inc; 2006.

Peacock WF, Tiffany BR. Cardiac Emergencies. New York, NY: The McGraw-Hill Companies, Inc; 2006.

Peacock WF. Short-stay Management of Heart Failure. Society of Chest Pain Centers. Philadelphia, PA: Lippincott Williams & Wilkins; 2006.

Staff Listing | Chairman



Jonathan Glauser, M.D.
Chairman, Department of Emergency Medicine

Appointed: 1999 to Cleveland Clinic
2006 to Chairman, Department of Emergency Medicine

Medical School: Temple University, Philadelphia, PA

Specialty Training: Internship - Hennepin County Medical Center, Minneapolis MN; Residency - Hennepin County Medical Center, Minneapolis MN

Other Education: B.S. - University of Michigan, Ann Arbor
M.S. - Case Western Reserve University, Cleveland, OH

Specialty Interests: evidence-based emergency medicine, diagnostic imaging utilization, public policy

Staff Listing

Chairman
Jonathan Glauser, M.D.

Quality Review Officer
Michael P. Phelan, M.D.

Emergency Medicine Staff
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Danielle A. Hoover, D.O.

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Damon Kralovic, D.O.

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William F. Peacock, M.D.

John R. Queen, M.D.

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Elaine Thallner, M.D.

Valerie Wilson, M.D.

Department Contacts | How to Refer Patients

For Hospital Transfers or Physician Consults
800.553.5056 or 216.444.8302
24 hours a day, seven days a week

Emergency Medicine
216.445.4500

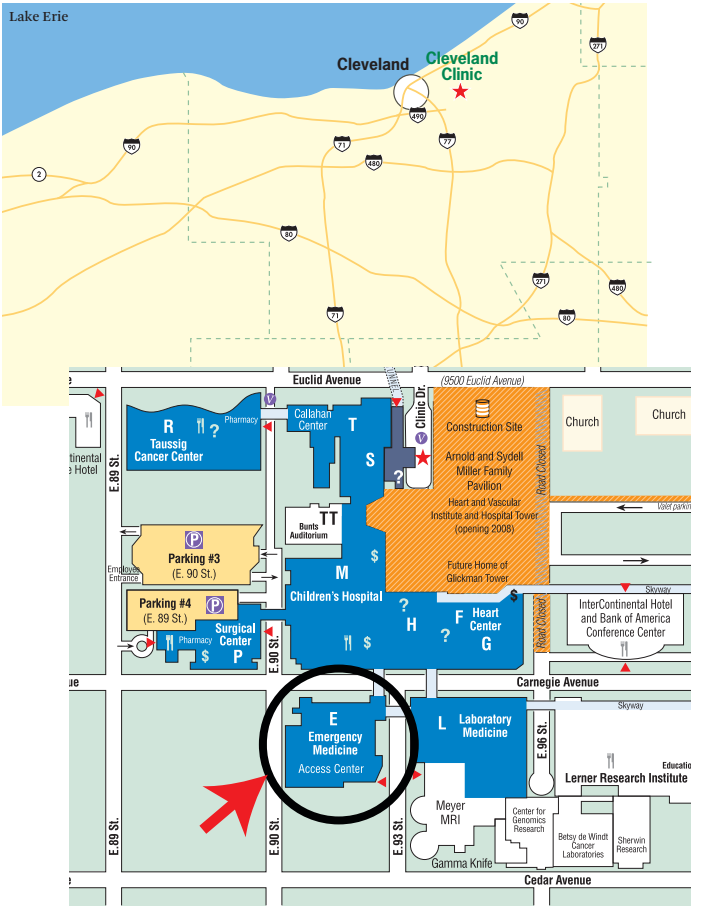
Clinical Decision Unit
216.445.4700

Triage Nurse
216.445.4570

Financial Counselor
216.445.4515

For more information about the Department of Emergency Medicine, visit clevelandclinic.org/emergencymedicine

Location



Cleveland Clinic Main Campus
Department of Emergency Medicine
9500 Euclid Avenue/E12
Cleveland, Ohio 44195

Cleveland Clinic Overview

Cleveland Clinic, founded in 1921, is a not-for-profit academic medical center that integrates clinical and hospital care with research and education. Today, 1,700 Cleveland Clinic physicians and scientists practice in 120 medical specialties and subspecialties.

Cleveland Clinic's main campus, with 41 buildings on 130 acres in Cleveland, Ohio, includes a 1,000-bed hospital, outpatient clinic, subspecialty centers and supporting labs and facilities. Cleveland Clinic also operates 13 family health centers, eight community hospitals, two affiliate hospitals, and a medical facility in Weston, Florida.

At the Cleveland Clinic Lerner Research Institute, hundreds of principal investigators, project scientists, research associates and postdoctoral fellows are involved in laboratory-based research. Total annual research expenditures exceed $150 million from federal agencies, non-federal societies and associations, and endowment funds. 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.

In September 2004, Cleveland Clinic Lerner College of Medicine of Case Western Reserve University opened and will graduate its first 32 students as physician-scientists in 2009.

For more details about Cleveland Clinic, visit clevelandclinic.org

Online Services

eCleveland Clinic

eCleveland Clinic uses state-of-the-art digital information systems to offer several services, including remote second opinions through a secure Web site to patients around the world; personalized medical record access for patients; patient treatment progress access for referring physicians (see below); and imaging interpretations by the Department of eRadiology's subspecialty trained academic radiologists. For more information, please visit eclevelandclinic.org.

DrConnect

Online Access to Your Patient's Treatment Progress

Whether you are referring from near or far, our new eCleveland Clinic service, Dr**Connect**, can streamline communication from Cleveland Clinic physicians to your office. This new online tool offers you 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 Dr**Connect** Web site. To establish a Dr**Connect** account, visit eclevelandclinic.org or e-mail drconnect@ccf.org.

MyConsult

My**Consult** Remote Second Medical Opinion is a secure, online service providing specialist consultations and remote second medical opinions for more than 600 life-threatening and life-altering diagnoses. My**Consult** remote second medical opinion service allows you to gather information from nationally recognized specialists without the time and expense of travel. For more information, visit eclevelandclinic.org/myconsult, e-mail eclevelandclinic@ccf.org or call 800.223.2273, ext 43223.

Cleveland Clinic Contact Numbers

Cleveland Clinic Contact Numbers

How to Refer Patients
24/7 Hospital Transfers or Physician Consults
800.553.5056

General Information
216.444.2200

Hospital Patient Information
216.444.2000

Patient Appointments
216.444.2273 or 800.223.2273

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

International Center
Complimentary assistance for international patients and families
216.444.6404 or visit www.clevelandclinic.org/ic

Cleveland Clinic in Florida
866.293.7866

www.clevelandclinic.org

Cleveland Clinic is determined to exceed the expectations of patients, families and referring physicians. In light of this goal, we are committed to providing accurate and timely information about our patient care. Through participation in national initiatives, we support transparent public reporting of healthcare quality data and participate 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.state.oh.us)

In addition, this publication was produced to assist patients and referring physicians in making informed decisions. To that end, information about care and services is provided, with a focus on outcomes of care. For more information, please visit the Cleveland Clinic Quality Web site at clevelandclinic.org/quality.



Cleveland Clinic

9500 Euclid Avenue, Cleveland, OH 44195

Cleveland Clinic is a not-for-profit 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 division and a research institute.

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