DEFINING QUALITY

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“THE STRENGTH, MISSION AND REPUTATION OF THE CLEVELAND CLINIC ARE BASED ON INTELLECTUAL CAPITAL – OUR SKILL, EXPERIENCE AND DEDICATION. THESE INTANGIBLE CHARACTERISTICS ARE HARD TO MEASURE, AND, YET, THEY AMOUNT TO THE PRINCIPAL INVESTMENT IN THE FUTURE OF HEALTH CARE.”

FLOYD D. LOOP, M.D.
Chairman and CEO, The Cleveland Clinic
As a medical, scientific and educational institution, The Cleveland Clinic is committed to the validity of controlled studies, quantifiable data and repeatable outcomes. The pursuit of quality at The Cleveland Clinic is a matter of benchmarking, survey analysis and measurable results. At the same time, The Cleveland Clinic is a deeply human enterprise, with a workforce that is as diverse in talent, culture and personality as it is united in the pursuit of patient care that goes far beyond the bounds of the merely acceptable. The people of The Cleveland Clinic are its human capital and most valuable asset. They hold the future of medicine in their hands, and the best of them are making quality the focus of their professional lives.
The following pages introduce a sample of individuals who exemplify The Cleveland Clinic’s devotion to quality. They pursue quality by leadership in quality improvement initiatives, and personify excellence through their dedication to patient care, research and education.
“Too often, children who are seriously ill do not receive competent, compassionate and consistent care that meets their physical, emotional and spiritual needs.”  
(Source: Report from the Institute of Medicine of the National Academies of Science)
I SAW AN UNMET

“need”
Claire Young, R.N., M.B.A., is prepared to build on a legacy of nursing quality constructed over more than 80 years at The Cleveland Clinic. As the new chief nursing officer and chair, Division of Nursing, Ms. Young oversees more than 3,500 employees – nurses, patient care nursing assistants, clinical nurse specialists and advanced practice nurses. She has experience in quality, having previously served as director of The Cleveland Clinic’s Office of Quality Management. “Quality paints everything we do,” she says. “It colors the entire patient care process.”

From the earliest days of The Cleveland Clinic, nurses have played a crucial role at every stage of institutional development and have been key participants in every medical advance. In 2003, the Cleveland Clinic Division of Nursing was honored with Magnet Status for Nursing Excellence by the American Nurses Credentialing Center of the American Nurses Association. Only 72 hospitals nationwide have achieved this coveted status. Cleveland Clinic Chairman and CEO Floyd D. Loop, M.D., said the award “exemplifies the skills of our nursing division across the organization, and shows our patients that we have the highest qualified, most compassionate nurses in the world.”

Working with the momentum of Magnet Status, Ms. Young is planning quality improvements that will bring greater unity and effectiveness to all areas of nursing at The Cleveland Clinic: inpatient, outpatient, research and regional medical practices.

“The Cleveland Clinic is the best place in the country to be a nurse,” says Ms. Young, who came to The Cleveland Clinic from the Texas Medical Center. “When I first came to the Clinic, I was thoroughly impressed with what was happening here in health care. The talent is unbelievable and leadership is highly supportive. I look around and think, ‘the sky’s the limit.’”

It has been repeatedly proven that high quality nursing care reduces the rate of complications and length of stay in a hospital. A 2001 Department of Health and Human Services study proved that nurse staffing has a direct correlation with decreased length of stay and other positive indicators. However, there is a widening gap between the supply and demand for nurses that is changing the profession, and creating new opportunities as well as challenges for nurses everywhere. *(Source: American Nurses Association)*
DAVID A. KVANČZ, M.S., R.PH., FASHP
CHIEF PHARMACY OFFICER
It is projected that costs of $76 billion a year are attributable to medication misuse. Since the 1999 Institute of Medicine report on the prevalence of medical errors nationwide, many hospitals have reviewed and strengthened their safety procedures. In pharmacy and medication use, new processes and procedures are reducing potential errors, and making hospital care safer than ever. (Source: National Institutes of Health)

David Kvancz, M.S., R.Ph., FASHP, oversees one of the largest hospital pharmaceutical services in the world. About 95 percent of The Cleveland Clinic’s yearly total of roughly 52,000 inpatients receive at least one dose of medication daily – with one being delivered every 4.9 seconds. Mr. Kvancz is responsible for their effective distribution and safe use. In addition to the full range of the expected quality, safety and effectiveness efforts being implemented by Pharmacy at The Cleveland Clinic, the department is expanding a new practice model that promises additional improvement across the board. Called the Clinical Staff Pharmacist Practice Model, it assures that pharmacists are involved in every stage of the medication-use process.

“We believe that the pharmacist must be part of the patient care team,” says Mr. Kvancz. “In areas where the new model is being used, clinical staff pharmacists round with key physicians and target specific risk factors and outcomes. They assure that the drug therapy being ordered provides the best clinical outcomes, least risk and most appropriate cost. In additional areas, advanced degree clinical pharmacist specialists round with key physicians to consult on medication-use issues concerning individual patients.”

A study co-authored by members of the Cleveland Clinic Pharmacy team concluded that the Clinical Staff Pharmacist Practice Model has the potential to minimize risks, decrease costs and improve outcomes associated with drug therapy. This practice model was recognized with the Abbott National Hospital Pharmacy Quality Award in 2000 and the American Society of Health-System Pharmacists Achievement for Professional Practice of Pharmacy in Health Systems award in 2002.

“We intend to strengthen the clinical outcomes focus of our practice, working closely with physicians and nurses,” says Mr. Kvancz. Further expansion of the Clinical Staff Pharmacist Practice Model to all patient care areas will occur during the next two to three years, as new automated drug preparation, dispensing and information systems are installed at The Cleveland Clinic. “Our goal is that our people, systems and services be recognized within our profession at the same level as Cleveland Clinic medical, surgical and nursing are recognized within theirs.”
“Now that a draft of the human genome map is complete, research is focusing on the function of each gene and the role that faulty genes play in disease. This will lead to improved diagnosis of diseases and a new approach to disease therapy. Researchers will create new classes of drugs based on gene sequencing and structure. These drugs, because they are targeted to specific sites in the body, will have fewer of the side effects common in many of today’s medicines. Other medications will be customized for an individual’s genetic profile.”

(Source: National Human Genome Research Institute)

One of the biggest medical stories of the year came out of the Cleveland Clinic Center for Cardiovascular Genetics, directed by Qing Wang, Ph.D. Dr. Wang and Eric Topol, M.D., chairman of Cardiovascular Medicine, became the first scientists in history to identify a specific gene as a cause of human coronary artery disease. This medical first could lead to better screening and life-saving treatment for patients who have a family history of heart disease.

Although the discovery was covered widely in newspapers and national television news, Dr. Wang says the most critical media attention was the publication of his and Dr. Topol’s paper in the journal Science, and its highlighting in perspective articles there and in Nature Reviews Genetics, Circulation, Discovery Medicine, and Clinical Genetics. “Publication in prestigious journals like Science is an important validation of quality in the academic field,” says Dr. Wang. Other validation, according to Dr. Wang, includes outside grants, which he has from the National Institutes of Health, the Doris Duke Charitable Foundation and the American Heart Association.

A native of China, where he continues to maintain scientific and educational ties, Dr. Wang came to The Cleveland Clinic in 1999 with an already significant record of achievements in genetics, including the discoveries of three genes for long QT syndrome and the first gene for idiopathic ventricular fibrillation (Brugada syndrome), a lethal cardiac arrhythmia.

“Working together with Dr. Topol was the key to finding the gene for familial heart disease,” says Dr. Wang. “It began with the clinical expertise of his department, which interwove directly with the work we perform in the lab and led to the breakthrough discovery.”

Currently, Dr. Wang is anticipating publication of an important paper on the genetics of angiogenesis (the growth of new blood vessels). He continues to work on projects involving the genetics of coronary artery disease and myocardial infarction, and cardiac arrhythmia and sudden death. He also is expanding into the genetics of atrial fibrillation and neurological disease.
LEADERS IN MEDICATION CURE AND QUALITY

QING WANG, PH.D.
DIRECTOR, CENTER FOR CARDIOVASCULAR GENETICS
LINDSEY C. HENSON, M.D., PH.D.

VICE DEAN FOR EDUCATION FOR THE
CLEVELAND CLINIC LERNER COLLEGE OF
MEDICINE, CASE SCHOOL OF MEDICINE

PROFESSOR OF ANESTHESIOLOGY AND STAFF,
DEPARTMENT OF GENERAL ANESTHESIOLOGY,
THE CLEVELAND CLINIC
While physician scientists have traditionally moved discoveries from bench to bedside, they are becoming an “endangered species.” It is believed that the number active today is only half of the number needed. Even though promising new ideas continue to be produced in the basic sciences, the lack of physicians with the training to do patient research has resulted in an inability to turn scientific discoveries into patient cures. (Source: The Wall Street Journal)

Lindsey Henson, M.D., Ph.D., is the first person to hold appointments as a physician at The Cleveland Clinic and in the Dean’s Office at Case Western Reserve University School of Medicine. She is emblematic of the remarkable partnership that has been forged between these two institutions to create the Cleveland Clinic Lerner College of Medicine of Case Western Reserve University, a new program dedicated to training medical students to become physician investigators. Its goal is to meet the pressing public need for skilled medical research that can be quickly translated into patient care.

More than 600 undergraduates applied for the 32 available spots in the College of Medicine’s first class (entering July 2004). While The Cleveland Clinic already has one of the largest post-graduate medical training programs in the country and hosts medical students from other schools, the College of Medicine’s students will “energize The Cleveland Clinic in a new way,” says Dr. Henson. “The presence of these bright, eager young people, studying a medical curriculum built from the ground up by Cleveland Clinic staff members, will be professionally and intellectually stimulating.”

As vice dean, Dr. Henson is responsible for the academic, financial and operational affairs of the College of Medicine as a component of the Case School of Medicine and works with other deans and faculty for Case’s existing M.D. program to coordinate planning, particularly in the clinical curriculum. She is inspired by the overwhelming enthusiasm of Cleveland Clinic personnel for the new College of Medicine, and the immense amount of time and labor they have devoted to making it a reality. “So many people who go into medicine long to give something back,” she reflects. “Given the opportunity to share their wisdom and knowledge with those who will be the medical leaders of tomorrow, Cleveland Clinic scientists and physicians have devoted countless hours to creating one of the most innovative medical education programs in America. They are amazing.”
Doing it right the first time is important to Joseph Hahn, M.D., and Chris Coburn of CCF Innovations (CCFI). “We are developing serious products that need to work under the most stressful conditions – products that we ourselves can take with confidence to our patients,” says Dr. Hahn.

Confidence is high at CCFI, where Dr. Hahn, Mr. Coburn and their colleagues work hard to enhance research and technology development for patient care, and to generate income for research by bringing Cleveland Clinic innovations to market. In 2003, CCFI had record performance in almost every category and hosted a high-profile innovation conference, attended by the leading names in the biotechnology industry.

As CCFI’s administrative team, Dr. Hahn and Mr. Coburn bring a wealth of experience to their jobs. Dr. Hahn, a neurosurgeon, inventor and M.B.A., was the longest serving chairman of surgery in the history of The Cleveland Clinic (1987–2003), leading a division with more than 220 surgeons and six departments ranked among the 10 best in the country. Chris Coburn was a vice president and general manager at Battelle, Ohio’s first Science and Technology Advisor; held staff positions at the National Institutes of Health and NASA; and has written, consulted and lectured on technology commercialization around the world.

“There are no casual decisions in business today,” says Mr. Coburn. “Every investment, every grant comes under intense analysis. We’re trying to subtract the risk for the investor. That’s the definition of quality in entrepreneurship.”

Dr. Hahn believes that The Cleveland Clinic’s human capital, its hard work and record of successful innovation will continue to attract funding. “Innovation at The Cleveland Clinic keeps chugging along like a train on the tracks,” he says. “Investors want to be part of that tradition of excellence. They know that with The Cleveland Clinic, they are investing in a winner.”

“Technology offers Ohio a path for manufacturing modernization and growth, as well as spurring new technology firms and industries from its research base. Technology can lead to faster business growth, higher wages and a larger multiplier effect for the economy.”

(Source: Battelle Memorial Institute Report, April 2002)
WE ARE Dedicated TO GETTING IT RIGHT THE FIRST TIME
Peter Cavanagh, Ph.D., brings multifaceted expertise to his new position as the Virginia Lois Kennedy chairman of Biomedical Engineering at The Cleveland Clinic. As a researcher, he is head of the Bone Loss Team for NASA’s National Space Biomedical Research Institute. His clinical interest is in foot complications of diabetes. His department – the largest in the Lerner Research Institute – also is multifaceted, with 25 principal investigators leading a group of more than 250 researchers working in the areas of biomechanics, biomedical devices, bioMEMS and nanotechnology, cardiovascular bioengineering, imaging, neural control, orthopaedic biology and bioengineering, wound healing and tissue engineering.

“We are committed to investigation, innovation and the translation of scientific discoveries into practical applications that enhance patient care,” says Dr. Cavanagh. He expects the quality of his department to be gauged by specific attributes, including peer-reviewed funding; scientific results in respected journals; translation of scientific results into patient care; participation in the international scientific community; and being sought for authoritative consultation by industry, government and the media.

“I hope to lead in quality by example,” he says. “Our department is where science, education and technology transfer come together for the advancement of knowledge and the good of the patient. Our work must stand up to the highest level of comparison with our peers at any academic organization.”

Impressed by the openness of The Cleveland Clinic leadership to new ideas, Dr. Cavanagh notes that “people here are remarkably collaborative.”

One of Dr. Cavanagh’s other goals is to build The Cleveland Clinic’s Diabetic Foot Care Program, which he heads, into one of the nation’s leading centers. Collaboration will be key, as he creates clinical and research programs to minimize the impact of the disease on African-Americans, who suffer from the disease in disproportionate numbers.

“In the next 25 years, advances in electronics, optics, materials and miniaturization will accelerate development of more sophisticated devices for diagnosis and therapy, such as imaging and virtual surgery. The emerging new field of bioengineering – engineering based in the science of molecular cell biology – will greatly expand the scope of biomedical engineering to tackle challenges in molecular and genomic medicine.”

(Source: The Journal of the American Medical Association)
“As we review infections over the years ... we conclude that a constant appraisal of preventive measures, dissemination of results, and insistence on accountability are the best methods of attaining the ‘irreducible minimum,’ given the current state of technology and our understanding of immune function.”

Quality means paying attention to every detail of care. For Lars Svensson, M.D., Ph.D., who performs enormously complex cardiovascular surgeries, that plays out in efforts to minimize postsurgical complications – including those that involve the incision itself. “Quality is a tradition here,” says Dr. Svensson. “We are constantly looking for ways to improve safety, effectiveness and cost. As far back as the 1980s, Dr. Floyd Loop was demonstrating that control of post-surgical complications was a factor in controlling the cost of patient care. When you develop a reputation for developing higher quality care, you also begin to get more complex referrals.”

Director of the Center for Aortic Surgery, Marfan and Connective Tissue Disorder Clinics at the Cleveland Clinic Heart Center, Dr. Svensson has contributed to advances in protecting the brain from stroke; the use of cryogenic methods to reduce neurocognitive deficit after complex cardiovascular surgery; and protecting the spinal cord and kidneys during major aortic surgery.

“When operating on the descending thoracic aorta, there is a danger of reduced blood flow to the spinal cord causing paralysis,” says Dr. Svensson. “At one time, the incidence of this in the highest risk group was as high as 41 percent. We have been able to reduce the risk to 3.8 percent. This is very gratifying.”

Dr. Svensson has made important contributions to the development of minimally invasive cardiac surgery, including reoperations. His studies also have established the most effective means of reducing wound infection after surgery.

“A reputation for quality can help you recruit the best physicians to your institution,” he says. “It also helps to attract educated patients. So many patients now are using the Internet to research doctors and hospitals. When they see that you have written a great deal on a disease process, and have passion and enthusiasm for the subject, they know that you will give them superior care.”
QUALITY IS DATA

WALTER MAURER, M.D.
ASSOCIATE CHIEF OF STAFF,
OFFICES OF QUALITY AND ACCREDITATION

DEBORAH NADZAM, PH.D., R.N., F.A.A.N.
DIRECTOR, OFFICE OF QUALITY AND
THE QUALITY INSTITUTE
“Advances in the science of quality measurement, in health information systems, and in our understanding of how to effect change in clinical practice present unprecedented opportunities for improvement. Quality measurement and reporting is a powerful mechanism to drive quality improvement. Health care consumers, purchasers and providers all have an interest in building capacity for quality improvement and measurement. Consumers and purchasers need reliable, comparative data to buy value in health care and to generate market demand for quality. Providers also need comparative data to design improvement programs and compare their performance against regional and national benchmarks.”

(Source: National Quality Forum)

In many areas of life, quality is in the eye of the beholder. But at The Cleveland Clinic, data rule. Over the past several years, The Cleveland Clinic has increased its data gathering activities in areas ranging from clinical outcomes to patient satisfaction, all for the purpose of measuring and improving quality. Many of these activities are initiated and overseen by Walter Maurer, M.D., associate chief of staff, Offices of Quality and Accreditation. “Medicine as a whole has shied away from the public reporting of data,” says Dr. Maurer. “We want to reverse that trend by collecting and releasing data that are relevant to quality issues.”

Deborah Nadzam, Ph.D., R.N., F.A.A.N., facilitates this process as director of the Office of Quality and The Quality Institute. “Quality is very definable in terms of our function,” she says. “It is evidence-based care, provided in an environment that is safe and comfortable for patients, and which meets or exceeds their expectations.”

Under the auspices of Chief of Staff Robert Kay, M.D., Dr. Maurer and Dr. Nadzam (along with Eileen Pomieko, director of the Office of Accreditation) are making The Cleveland Clinic and the Cleveland Clinic Health System national models of quality management. “Quality begins with asking questions,” says Dr. Maurer. “Did we make the patient better? Is the patient satisfied? How do we stack up against government standards and safety regulations? Are we meeting the needs of payors? Are we putting enough resources behind data collection representative of quality of care?”

“People who work in quality have to be quality,” says Dr. Nadzam. “They need to be teachers. They have to be able to pull a system apart and analyze it. They need to be collegial and encourage collaboration.”

“Defining quality is the future of this institution,” adds Dr. Maurer.
We are doing the most advanced work.
“Urologists remain high on the list of in-demand medical specialists in the United States, and their services are even more sought after than in previous years ... A recently published study ... concludes that an aging American population will increase demand for surgical procedures by as much as 50% by the year 2020. Urologic surgeries are expected to increase by more than one-third by 2020.”

(Source: Urology Times)

The Cleveland Clinic Glickman Urological Institute is America’s largest urological practice. It is also one of the most highly regarded. “It personifies all the attributes of quality in patient care,” says Eric Klein, M.D., who has been a member of the department since 1981.

“Quality means putting the patient’s best interests first,” says Dr. Klein. “It is doing the appropriate evaluation and medical or surgical management, getting it right the first time and keeping the patient informed every step of the way.”

Defining the State of the Art is the Urological Institute’s motto. “We are doing the most advanced work in many areas,” says Dr. Klein. “Our physicians and researchers aren’t simply reacting to what other people think is appropriate. We are establishing precedents for others to follow.”

Quality at the Urological Institute is reflected in its award-winning clinical research, number of publications, enormous patient volume and outstanding graduate medical education (ranked number one at The Cleveland Clinic two years in a row).

“The salaried staff model at The Cleveland Clinic also contributes to our culture of excellence,” says Dr. Klein. “There is no incentive for us to provide anything but the most appropriate care for each patient, and we are glad to refer a patient to colleagues that would benefit the patient most.” The Urological Institute, he observes, is the most subspecialized department in the world, yet another measure of quality.

For the past 14 years, urology at The Cleveland Clinic has ranked in the top five in U.S. News & World Report’s annual “America’s Best Hospitals” survey and is currently ranked in the top two. Dr. Klein credits former chairman Ralph Straffon, M.D., current chairman Andrew Novick, M.D., and outstanding colleagues, past and present, with “setting a tone of excellence that remains the standard for everything the department does.”
A new report indicates that “the nation’s health care system is riddled with ‘quality gaps’ that prevent millions of Americans from receiving ‘best practice’ care … The observed ‘quality gaps’ were not equally prevalent throughout the system – among health plans that measure and report on their performance, clinical quality was higher and showed strong gains.” (Source: “State of Health Care Quality” Report, National Committee for Quality Assurance)

“Quality means consistently meeting the highest standards for patient experience and patient care,” says David Bronson, M.D., chairman of Regional Medical Practice, a network of family health and surgery centers across Northeast Ohio. Dr. Bronson oversaw an important quality milestone in 2003 when his division became the first at The Cleveland Clinic to switch over to the completely integrated electronic patient record.

“The electronic record reduces errors, enhances privacy and allows internists, primary care physicians and specialists to share patient information with other physician specialists without touching a piece of paper,” says Dr. Bronson.

Electronic record keeping makes it possible to do quality assessment at a level of detail never before achieved in medicine. It has been a powerful tool for internist James Gutierrez, M.D., appointed by Dr. Bronson to chair Regional Medical Practice’s Quality Council – a group of physicians, nurses and administrators who meet monthly to monitor and improve medical quality efforts.

“Our primary focus so far has been a project to assess how our physicians are meeting standardized measures for preventive care targeted by the National Committee for Quality Assurance,” says Dr. Gutierrez. “The goal is to assure that all physicians are providing preventive care at a level that exceeds these national benchmarks.”

Dr. Gutierrez and his colleagues sample physician records to assess the rate at which patients are participating in key preventive measures, including mammography, colorectal cancer screening, adult and pediatric immunizations, cholesterol screening, smoking cessation and bone density testing.

Over the past three years, the performance of Regional Medical Practice physicians has exceeded national benchmarks, with steady improvement over time in most areas. They consistently perform at the highest level compared to other physicians locally and statewide.

Says Dr. Bronson, “We really are a group practice extending across the region, operating as part of a major academic medical center. That combination assures ongoing high quality for all patients.”
“Treatment of common childhood eye diseases should begin much earlier than standard practice. One childhood eye disease, strabismus, is an abnormality in which children cannot align their eyes properly or fuse the images from the two eyes. Children with this condition – which affects at least 30,000 babies each year – typically stop using one of their eyes to avoid double vision. This results in deprived sensory input to that eye.” *(Source: Society for Neuroscience)*
“WE MUST PROVIDE THE Best CARE FOR ALL”
No organization can pursue quality as diligently as The Cleveland Clinic without being noticed. The Cleveland Clinic stands out among hospitals for the recognition it has received from those who have made quality their mission. Listed below are some of the honors awarded to The Cleveland Clinic in 2003. We are proud of these honors, not for their own sake, but as validations of the quality of care we provide to patients who come to The Cleveland Clinic from throughout the world.

**“AMERICA’S BEST HOSPITALS” (U.S. News & World Report)**
The Cleveland Clinic has been ranked one of the five leading hospitals in America every year for more than a decade in *U.S. News & World Report’s* prestigious “America’s Best Hospitals” survey. In 2003, The Cleveland Clinic ranked number one in America for cardiac care for the ninth consecutive year, and one of America’s top 10 in Gastroenterology, Geriatrics, Nephrology, Neurology and Neurosurgery, Orthopaedics, Otolaryngology, Rheumatology and Urology. In all, The Cleveland Clinic ranked among the nation’s best in all 17 specialties surveyed by this magazine.

**MAGNET STATUS (American Nurses Credentialing Center)**
America’s most sought-after indicator of nursing excellence, Magnet Status was awarded to Cleveland Clinic nursing in 2003. Independent studies of Magnet Status hospitals have shown that patients average shorter lengths of stay and have higher rates of satisfaction with their care.

**TOP 100 HOSPITALS (Solvicent)**
The Cleveland Clinic is a seven-time winner of this national benchmark survey that recognizes medical and operational excellence.

**AMERICA’S TOP DOCTORS**
Seventy Cleveland Clinic physicians were named in the 2003 edition of this directory. The Cleveland Clinic was one of the best-represented hospitals in the directory.

**CONSUMER CHOICE AWARD (National Research Corp.)**
The Cleveland Clinic was named the preferred hospital in its region, based on a survey of consumers who were selected at random and asked their perception of which hospital has the best doctors, nurses, image and reputation, and overall quality.

**ERNEST A. CODMAN AWARD**
*Joint Commission on Accreditation of Healthcare Organizations*
The Cleveland Clinic and the hospitals of the Cleveland Clinic Health System were named a 2003 winner of the seventh annual Ernest A. Codman Award in the category of stroke quality improvement. This award recognizes excellence in the use of outcomes measurement by health care organizations to achieve improvements in the quality and safety of health care.
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