

BC specialists travel to Cleveland Clinic, one of the world's foremost medical centres

What does the Cleveland Clinic have to do with health care in BC?

Well, the two of us traveled to Ohio with a group of BC specialists and health care executives in November to find out.

The not-for-profit Cleveland Clinic is one of the top three medical centres in the US, receiving accolades around the world for its patient-first approach to medicine.

While the clinic is known for many medical landmarks including the first coronary bypass surgery, the first larynx transplant, and the discovery of the coronary angiography, it is the culture of the clinic that makes the biggest impact on physician and staff work life and patient health care.

It's a true service-oriented culture with everything organized to be fully accommodating to the patient or visitor. Upon walking through the front door someone is there to greet you, ensuring no one is wandering around lost or confused.

The staff wear color-coded jackets so patients know who's who—greeters wear red jackets, and doctors wear the traditional white lab coat.

The goal of the excursion was to study a quality-driven organization that delivers world-class, patient-first health care. The tour was organized by the Practice Support Program in collaboration with the Specialist Services Committee.

The BC team got extraordinary access with briefings from a full roster of Cleveland Clinic executives and managers including President and

This article is the opinion of the SSC and has not been peer reviewed by the BCMJ Editorial Board.

CEO Dr Delos M. Cosgrove.

We discovered that many of the best practices happening at the Cleveland Clinic are completely transferable to BC. They look after the same types of patients and have similar process issues. If funding could truly follow the patient in the BC system then the cultural innovations of the Cleveland Clinic could also be used here.

As patient satisfaction improved, so did provider satisfaction. Strong leadership and measurable initiatives make all the difference.

In Canadian terms the Cleveland Clinic is not a clinic at all. It's a first-class hospital, research facility, and medical school all rolled into one. It employs 36 000 people including 2857 physicians and scientists. In practical terms it has much in common, albeit on a smaller scale, with BC's health system.

In its 91-year history the Cleveland Clinic has shown a clear pattern of breaking from traditional thinking, including adopting a strong emphasis on specialized medicine long before it was vogue.

Other innovations include:

- A vision to "re-humanize" the hospital experience.

Table. Cleveland Clinic: The numbers (from 2011)

4.6 million	Clinic visits
187 905	Surgical cases
160 405	Admissions
2857	Physicians and scientists
1318	Residents and fellows in training
1300	Beds

- The creation of institutes to deliver care in a way easily understood by patients (e.g., Heart & Vascular Institute, Digestive Disease Institute).
- A system of all physicians being salaried and on 1-year contracts. Contracts are renewed based on performance.
- A physician-led board of governors. Physicians also lead the executive team and steer the direction of the center.
- A significant focus on metrics. As stated by Chief Medical Operations Officer Dr Robert Wyllie, "If you can't measure it, you can't manage it."

Another element that stood out to us while touring the clinic was the extremely focused leadership of the Cleveland Clinic executives. A few years ago the physician-led executive team realized that although their patient outcomes were exceptional, they were failing to measure up in patient satisfaction surveys.

They set a plan in motion to improve their scores based on several simple initiatives, including a new, simple policy that introduced quiet hours in the evenings. Within 3 years, patient satisfaction scores rose from 46% to 92%.

The key revelation uncovered by this simple change was that as patient satisfaction improved, so did provider

Continued on page 49

stops in Grand Cayman, Costa Maya, Cozumel, and Castaway Cay. The CME provides a rock-solid foundation in the basics of medical CBT and a plethora of 10-minute techniques to help patients with mental health issues. Lead instructor Greg Dubord, MD, is a recent University of Toronto CME Teacher of the Year. Accredited for 12.0 Mainpro-C credits. No prerequisites. For a limited time, rates for deluxe family ocean view staterooms are \$2230 (taxes included), with Canada's largest cruise agency, CruiseShipCentres. Group discounts and companion cruises free. See www.cbt.ca or call 888 739-3117. Plan B? Disney Mediterranean cruise 17–24 Aug.

SEA COURSES CME CRUISES Various destinations and dates

Canada's #1 provider of accredited CME cruises since 1995, with conferences offering a wide range of CME topics for family physicians and specialists. Upcoming CME cruise destinations in 2013 and 2014 include Caribbean, Tahiti, Panama Canal, Mediterranean, Black Sea, Scandinavia, Russia, Alaska, Trans-Atlantic, Rhine River, Mekong River, South America, Australia/New Zealand, Asia, Bermuda, and Antarctica. We offer

group pricing on all Sea Courses CME cruises, and your companion cruises free. Contact Sea Courses Cruises at 604 684-7327, toll free 1 888 647-7327, e-mail cruises@seacourses.com. Visit seacourses.com for a complete list of CME cruises around the world.

SOUTH AMERICA CRUISE 19 Jan–2 Feb 2014 (Sun–Sun)

Witness some of the most exotic sites onboard award-winning Celebrity Cruises. Earn up to 18 hours of CME credits. Key features: companion travels free, contemporary adult learning, unique VIP (Very Important Partner) program, fully escorted by CMEatSEA team, exclusive savings. Contact CMEatSEA at 1 888-523-3732, or visit www.cmeatsea.org.

CARIBBEAN CRUISE 8–15 March 2014 (Sat–Sat)

Sail the Caribbean onboard the world's largest cruise ship, Royal Caribbean's *Oasis of the Sea*. Earn up to 18 hours of CME credits. Key features: companion travels free, contemporary adult learning, unique VIP (Very Important Partner) program, fully escorted by CMEatSEA team, exclusive savings. Contact CMEatSEA at 1 888-523-3732, or visit www.cmeatsea.org.

Continued from page 44

satisfaction. Strong leadership and measurable initiatives make all the difference.

As well as the high level of provider satisfaction, the attitude of the staff was notable. They clearly love going into work every day. They're not there because of the money; they're there because of the culture.

A second visit to the clinic with a different group of specialist physicians is planned for early this year. The focus of this trip will be to look at practical applications and the degree to which elements of the clinic's programs could work for BC's specialist physicians. A review will be published in this column.

For more information, visit the Cleveland Clinic website at www.clevelandclinic.org.

—Ian Courtice, MD

—Ken Hughes, MD

cdc

Continued from page 33

June 2012. Accessed 15 December 2012. www.imshealth.com/portal/site/ims/menuitem.856807fe5773bfb9ec895c973208c22a/?vgnextoid=4eb65890d33ee210VgnVCM1000071812ca2RCRD&vgnxtfmt=default.

- Bronstein AC, Spyker DA, Cantilena LR, et al. 2010 Annual Report of the American Association of Poison Control Centers' National Poison Data System (NPDS): 28th Annual Report. *Clin Toxicol* 2011;49:910-941.
- McFee RB, Caraccio TR. "Hang up your pocketbook"—an easy intervention for the granny syndrome: Grandparents as a risk factor in unintentional pediatric exposures to pharmaceuticals. *J Am Osteopath Assoc* 2006;106:405-411.

Medical writing prize: \$1000 for best student article

The J.H. MacDermot Prize for Excellence in Medical Journalism comes with a cash award of \$1000 for the best article on any medicine-related topic submitted to the *BC Medical Journal* by a medical student in British Columbia.

The British Columbia Medical Association awards the annual prize to the finest medical student manuscript received by the *BC Medical Journal* that year. The prize honors Dr John Henry MacDermot (1883–1969), who became the editor of the *Vancouver Medical Bulletin* at its formation in 1924, remaining at the helm until 1959, when it became the *BC Medical Journal*. He was editor of the *BCMJ* until he retired in 1967. Dr MacDermot was also past president of both the VMA and the BCMA.