

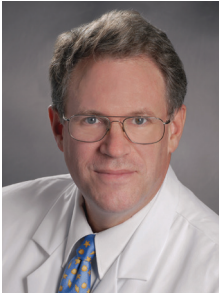


# 2021 Annual Report

Cleveland Clinic Cancer Center at Hillcrest Hospital

The Cancer Program at Hillcrest Hospital has been accredited by the American College of Surgeons Commission on Cancer since 1972.

## 2021 Chairman's Report/Cancer Liaison Physician



Henry Blair, MD

The Cancer Program at Hillcrest Hospital has been accredited by the American College of Surgeons Commission on Cancer since 1972.

The Cleveland Clinic Cancer Center at Hillcrest Hospital continues to maintain resources to provide quality and comprehensive cancer care to our patients.

The Cancer Committee acts as the governing body for the oncology program and meets every other month to review the administrative responsibilities related to the management of our program. In addition, several ad hoc committees meet to discuss and report on quality improvements suggested by the Cancer Committee.

### New Staff for cancer program in 2021:

- Amanda Reinert, NP Inpatient MedOnc Staff | Jan 2021
- Daniel Silbiger, DO MedOnc Staff | March 2021
- Danielle Seeman, NP Inpatient MedOnc Staff | April 2021
- Lindsey Beffa, MD GyOnc Staff | July 2021
- J Brandon Walters, MD Palliative Medicine Staff | August 2021
- Joel Saltzman, MD MedOnc Staff | Oct 2021
- Willem Van Heeckeren, MD MedOnc Staff | Oct 2021

The oncology program expanded its services in rectal cancer care with the addition of a dedicated multidisciplinary rectal tumor conference held the 2nd and 4th Thursdays every month. The rectal conference was established to pursue NAPRC accreditation. Our first site visit for the NAPRC was held on September 2, 2021.

### The Cancer Program accomplished a number of quality improvements for 2021:

- Palliative Medicine Clinic will be expanding from 3 days to 4 days per week for visits.
- Collaborated with Fairview, South Pointe and main campus in creating a team for Making Strides Against Breast Cancer on October 9th at Cleveland Browns Stadium. Raised over \$1600 towards breast cancer research in addition to respective sponsorships that each of the 4 hospitals provided to American Cancer Society.

Tumor conferences, which provide a multidisciplinary approach to the care of patients and education to staff,

*The Hillcrest Hospital Cancer Center strives to continue providing comprehensive, quality cancer care to our patients through the integration of new supportive patient programs and multidisciplinary services to enhance patient care and experience.*

continued throughout 2021. These patient case presentations provide a forum and opportunity for radiologists, surgeons, pathologists, oncologists and other medical specialties to provide interdisciplinary dialogue by discussing staging with diagnostic and treatment options for cancer patients, thereby improving the quality of care for the patients. For 2021, 334 total patients were presented at the breast conferences, 361 total patients were presented at the general tumor conference and 180 total patients at the thoracic conference.

The Cancer Committee continued to evaluate and increase physician use of stage and evidence-based national treatment guidelines in treatment planning for our cancer patients.

Collaboration with the American Cancer Society (ACS) and The Gathering Place on community outreach activities continued throughout 2021 focusing on supportive services, prevention and early detection.

The Hillcrest Hospital Cancer Center strives to continue providing comprehensive, quality cancer care to our patients through the integration of new supportive patient programs and multidisciplinary services to enhance patient care and experience.

The challenges to the cancer program and to our cancer patients posed by the consequences of the Covid-19 pandemic continued throughout 2021. Thanks to the all the healthcare givers who worked extremely hard and gave of themselves to provide care and compassion to our patients.

Henry Blair, MD

Co-Director, Cleveland Clinic Cancer Center at Hillcrest Hospital  
Chairman, Cancer Committee

## New Staff



### **Amanda Reinert, NP, Inpatient Medical Oncology**

Amanda graduated from Chamberlain College of Nursing with her Master's of Science in Nursing and completed certification in Family Practice. She worked as an oncology nurse for most her nursing career over the last 9 years and continues to work inpatient Medical Oncology as a Nurse Practitioner.



### **Daniel Silbiger, DO, Medical Oncology**

Dr. Silbiger graduated from Ohio University Heritage College of Osteopathic Medicine and completed his Residency at MetroHealth Medical Center in Cleveland, OH and his Fellowship at Karmanos Cancer Institute in Detroit, Michigan. His specialty area of practice is breast cancer treatment.



### **Danielle Seeman, NP, Inpatient Medical Oncology**

Danielle graduated from Ohio University with her Masters of Science in Nursing with her certification as a Family Nurse Practitioner. She has practiced as a Nurse Practitioner in general medical oncology and hematology.



### **Lindsey Beffa, MD, Gynecology Oncology**

Dr. Beffa graduated from the University of Missouri School of Medicine and completed her residency at University of Missouri Hospital and Clinics in Columbus, Missouri and her Fellowship at Women and Infants Hosp. of Rhode Island/Brown University in Providence, Rhode Island.

Her specialty interests include: women's health, hereditary cancer management, Gynecological Cancer Surgery.



### **J Brandon Walters, MD, Medical Director, Cleveland Clinic Hospice at Home, Palliative Medicine**

Dr. Walters graduated from the Medical College of Ohio and completed his residency at The Toledo Hospital in Toledo, OH and his Fellowship at University of Michigan Hospitals and Health Centers, Ann Arbor, MI.



### **Joel Saltzman, MD, Medical Oncology**

Dr. Saltzman graduated from The Ohio State University Wexner Medical Center and completed his Residency and Fellowship at Case Western Reserve University – University Hospitals of Cleveland. His specialty interests include: colorectal, prostate, pancreas and lung cancers.



### **Willem Van Heeckeren, MD, Medical Oncology**

Dr. Van Heeckeren graduated from Case Western Reserve University School of Medicine in Cleveland, OH and completed his Residency and Fellowship at University Hospitals Case Medical Center in Cleveland, OH. His specialty interests include benign and malignant hematology disorders.

## Special Amenities

The Cleveland Clinic Cancer Center at Hillcrest Hospital provides a Cancer Resource Center for the educational support to our cancer patients, their family members and caregivers. The Cancer Resource Center offers the most up-to-date cancer information, cancer programs and services, as well as referrals to community resources.

The Department of Medical Oncology in conjunction with the Pharmacy Department provides one on one chemotherapy education for patients undergoing chemotherapy treatment. This service provides an opportunity for patients to learn more about their treatment and any potential side effects. This service has proved to be a very valuable resource for our patients.

Patients and physicians have access to an electronic medical record system. This allows for streamlined communication between providers, immediate access to patient resources through a highly secure internal network, efficient coordination of care between multiple sites and providers. Authorized physicians can access a patient's medical record, check medications and monitor quality data at all times, thereby improving the care of our patients. Patients also have access to their medical record through the patient portal, MyChart. MyChart is a secure, online tool that connects patients to personalized health information from the privacy of their homes at any time. Via this portal, patients can request appointments, manage prescription renewals, view a health summary, including test results released by their physician. Additionally, patients receive important health reminders and health questionnaires to support health management.

## Cancer Center Patient Financial Assistance

The Cancer Center continues to provide financial assistance services to our patients, proactively obtaining prior authorization and pre-certification for treatments. Additionally, our finance team manages drug replacement and co-pay assistance opportunities for our patients. Furthermore, through Community Outreach and fundraising events, the Cancer Center has established a fund to address patient's medication assistance needs while undergoing treatment. For more information on this resource, please ask to speak with a Social Worker during your visit.





Confidence and hope come from knowing that advanced medical treatment is being provided by highly skilled and compassionate professionals. That's why so many people choose the Cleveland Clinic Cancer Center at Hillcrest Hospital.

Cancer Center personnel consists of Cleveland Clinic physicians, certified oncology nurses, advance practice nurses, pharmacists, radiation therapists and other professionals.

Our commitment to providing high quality compassionate care from diagnosis, to treatment, and through survivorship is indicated by our over 30 year successful, uninterrupted accreditation by the American College of Surgeons Commission on Cancer.

## Prevention

A healthy diet and lifestyle can reduce the chance of developing some forms of cancer. Cleveland Clinic provides a series of programs that can help:

- **Tobacco Treatment Clinic** – Cleveland Clinic offers assistance to cancer patients who want to quit smoking and improve their health. To contact the treatment program call the Cancer Answer Line at 866.223.8100.
- **Screening Services** – Community programs and clinical services for breast, skin, and colorectal cancers.
- **Wellness Seminars** – Featured topics cover a range of controllable risk factors and lifestyle changes, such as nutrition, exercise and environment.



### Early Detection and Diagnosis

Hillcrest Hospital Cancer Center offers advanced technology for early and accurate diagnosis including:

- CT Scan
- PET/CT Scan
- Ambient MRI (Magnetic Resonance Imaging)
- Nuclear of Isotope (bone) Scan
- Digital Mammography
- Colonoscopy

### Treatment

Cleveland Clinic medical, radiation, gynecologic (GYN) and urologic oncologists work in partnership with surgical specialists to provide patients with the highest level of comprehensive care. A superior team of health professionals support physicians in the coordination of patient care. When a hospital stay is required, the Hillcrest inpatient oncology unit is dedicated to the unique needs of cancer and blood disorder patients. All patients

receive individual consultations with their oncologist and other medical staff to ensure that they understand their individualized treatment plans.

### Surgery

Surgery was the first form of cancer treatment and continues to be a vital part of diagnosing and treating cancer. Surgeons renowned for their training and skills utilize clinical advances in non-invasive and invasive surgical techniques to improve patient outcomes. For many cancers that have not spread to other body parts, surgery is the most likely possibility for a cure.

- Hillcrest Hospital surgical oncologists specialize in GYN, breast and urological cancers.
- Hillcrest Hospital is the only community hospital on the east side of Cleveland to offer robotic surgery for prostate and GYN cancers. Robotic surgery offers the benefits of smaller incisions, a shorter hospital stay and a faster recovery.



## Medical Oncology and Hematology

Infusion and chemotherapy services are provided under the direct supervision of medical oncologists and administered by oncology certified nurses.

- Each patient undergoing active chemotherapy is offered an individualized consultation with a clinical pharmacist or clinical educator. This allows the patient and family members the opportunity to fully understand the administration of a chemotherapy regimen and common side effects of their treatment.
- Individual treatment areas feature reclining chairs and televisions for personal privacy and comfort.
- Hematology services for blood diseases are also offered.

## Radiation Oncology

More than half of all cancer patients will require radiation therapy during the course of their illness. Hillcrest Hospital's Radiation Oncology Department is staffed by Cleveland Clinic physicians, nurses, physicists, medical dosimetrists, radiation therapists who collaborate to create a plan for radiation therapy treatments. The first step to prepare a course of radiation therapy is the simulation, where we use a Philip's Brilliance CT simulator which can image the area to be treated in 3D or 4D setting. The result is the ability to spare normal tissue.

Radiation therapy can be delivered via external (teletherapy) or internal (brachytherapy) route. Brachytherapy can be delivered with a low dose rate (LDR) or high dose rate (HDR). Some patients with low to moderate risk prostate cancer are eligible for LDR brachytherapy with a permanent placement of radioactive seeds into the prostate gland. Some patients with breast, cervix and uterus cancer are eligible for HDR brachytherapy with a temporary implant in the tumor area. Image-guided radiation therapy (IGRT) is a method to deliver highly concentrated external beam radiation therapy using intensity-modulated radiation therapy (IMRT) with pre-treatment imaging with the goal of targeting the tumor while sparing normal tissue and reducing side effects. Stereotactic body radiation therapy (SBRT) is a method to deliver highly concentrated external beam radiation therapy in considerably less time than IGRT.

For breast cancer patients considering a lumpectomy, partial accelerated breast radiation therapy procedure involves placing a HDR applicator in the tumor cavity and

requires considerably less time to complete than traditional external radiation therapy treatments with minimal exposure to healthy tissue. This has been available at Hillcrest Hospital since 2004.

In January 2016, a technologically advanced linear accelerator was added to the department offering IGRT and SBRT. To ensure the best possible patient care, we continually upgrade our record and verify system, brachytherapy equipment, and treatment planning and immobilization devices. The continued growth in our technologies has allowed Hillcrest to remain one of the most advanced community based Radiation Oncology departments on the east side of Cleveland.

## Gynecologic Oncology

Gynecologic (GYN) oncologists undergo special training and certification in surgery, chemotherapy and GYN cancers. Advanced practice nurses and oncology certified nurses assist them on the treatment of cancers of the cervix, uterus, ovaries, fallopian tubes, vagina and vulva.

- Hillcrest Hospital has the only GYN Oncology program at a community hospital on the east side of Cleveland.
- Services include minimally invasive surgery including standard multiport, robotic and single incision laparoscopy.
- This highly specialized team of clinical professionals understands and addresses the various impacts of cancer on a woman's life including sexuality, child bearing, and emotional well-being.



## Breast Oncology

Our breast surgeons offer multiple progressive surgical options in the treatment of breast cancer. Choices include breast conservation surgery (lumpectomy/partial mastectomy) and mastectomy (including skin-sparing and nipple-sparing techniques) with or without breast reconstruction. Our skilled plastic surgery team offers various methods for reconstruction including implant-based procedures<sup>3/4</sup>such as insertion of tissue expanders<sup>3/4</sup>and autologous tissue reconstruction. Plastic surgeons trained in microsurgical techniques offer unilateral and bilateral DIEP reconstruction, and lymphaticovenous bypass. Treatment at Cleveland Clinic Hillcrest Hospital is delivered using a multidisciplinary approach which includes input from breast surgery, medical oncology, radiation oncology, plastic surgery, genetic counseling, nurse navigation, care coordination, social work, and clinical trial coordination.

## Urologic Oncology

Our urologists provide leading edge treatment for kidney, prostate, bladder and testicular cancers, using a multidisciplinary approach to care, as well as the latest technology. Services include robotic surgery for prostate, kidney and bladder cancer, MRI guided prostate biopsy and genetic analysis of prostate cancer biopsies.

## Supportive Services

A variety of unique services at Hillcrest Hospital are designed to enhance the care of cancer patients and their families:

**Clinical Research** – Physicians are dedicated to providing patients innovative cancer treatment options. Hillcrest Hospital participates in numerous local and national research efforts designed to answer scientific questions and determine if promising new therapies are safe and effective. Through Cleveland Clinic's Taussig Cancer and Women's Health Institutes, patients gain access to treatments usually available only at major medical educational institutions in a community setting.

**Hereditary Cancer Risk Assessment** – A genetic counselor meets with individuals concerned about their family or personal history to assess their cancer risk. Genetic testing may be offered, and if necessary, screening and management strategies are implemented.

**Financial Services** – A financial counselor is available for uninsured or under-insured patients. A reimbursement

specialist can assist with insurance verification and precertification.

**Social Services** – Support groups and community resources create a support system for each patient. An oncology social worker is available to assess, advocate and support the psychosocial needs of the cancer patient. One-on-one counseling sessions and referrals are also available for patients and their family.

**Cancer Resource Center** – Magazines, videos and brochures on cancer information, cancer programs and services, survivorship and referrals to community resources are available in the Cancer Center.

**Dietary Consultation** – A registered dietitian assesses and educates patients on healthy nutrition during and after treatment.

**Rehabilitation** – Services include physical, occupational and speech therapy services.

**Pain Management** – Options are available that include medications and medical care that eliminates or reduces pain associated with symptoms related to cancer.

**Tumor Registry** – The tumor registry ensures that the hospital's cancer program is approved by the American College of Surgeons Commission on Cancer and is vital in providing information on the occurrence of cancer and outcomes of treatment.

**Transportation** – Transportation can be difficult for people who are undergoing cancer treatments. We are pleased to offer courtesy round-trip van service to those patients who qualify. Please ask your nurse or social worker for information if you are interested in this service.

**Community Outreach** – Hillcrest Hospital partners with local organizations such as: American Cancer Society, The Gathering Place and Speaking of Women's Health to promote cancer prevention, early detection and survivorship. Multiple collaborative events are held throughout the year to address community needs and overcome barriers focused on the most commonly diagnosed cancers in the Cleveland East side region.

**Spiritual Care** – Representatives from various denominations are available to meet patients' spiritual needs.

**Special Conveniences** – Complimentary services include free snacks, musical entertainment, high tea and more.





## Supportive Services

### Genetics

#### ***Rebekah Moore, LGC***

In collaboration with the Center for Personalized Genetic Healthcare, a Licensed Genetic Counselor provides hereditary cancer risk assessment, education, and coordination of genetic testing for patients and family members. Genetic counseling services are offered to individuals with a personal and/or family history of cancer. The majority of cancer occurs by chance, or is sporadic. However, some cancers are caused by an inherited gene mutation, or are hereditary. Identifying a hereditary predisposition to cancer allows individuals and families to personalize cancer screening guidelines, medical management and treatment options. Genetic counselors work closely with the treating physicians to provide collaborative care.

### Research

#### ***Traci Stafford, RN***

#### ***Donna Latch, RN***

#### ***Jacqueline Ludwig, RN***

The most advanced current treatment plans include clinical trial options for patients that can assist in the development of new medications and/or cancer treatments. Cleveland Clinic Cancer Center at Hillcrest Hospital participates in research studies through Cleveland Clinic Taussig Cancer Institute. We work to provide the most advanced medical care to patients, while allowing them to receive that care in the community setting, closer to home. Hillcrest offers studies in Medical, Radiation, and GYN Oncology. Our staff of physicians, along with specially trained research nurses, are excited to offer these up and coming treatments to patients in their own community.

## Social Work Services

**Azia Morgan, LISW-S**

**Lorri A. Kimball, LISW**

**Riley Norton, MSW, LSW**

Hillcrest Cancer center has 2 dedicated clinical oncology licensed social workers to provide support for patients with a cancer diagnosis and their families. One – on one counseling sessions with a licensed independent social worker is available for patients and their families. The social worker can address the adjustment to the diagnosis, identify coping mechanisms, access crisis intervention, and provide referrals for various community resources. The National Comprehensive Cancer Network (NCCN) distress tools is currently utilized in each of the outpatient oncology clinics to assess patients' level of coping with their disease. Based on this tool and additional psychosocial assessments, the social worker provides services to the patient.

The Cancer Center social workers is recognized by the Association of Oncology Social Work. In the 2012 Patient Center Standards, The Commission on Cancer recognizes and recommends OSW-C. The Association of Community Cancer centers recognizes and recommends Oncology Social Work Certification in their Cancer Program Guidelines.

## Laboratory/Pathology

**Jennifer Jeung, MD**

Laboratory and pathology services provide a full range of testing for oncology patients. Routine testing is performed in the Hillcrest Hospital Laboratory, and more esoteric testing such as advanced coagulation studies, flow cytometry, cytogenetic and molecular studies are provided by Cleveland Clinic laboratories. Pathologists with expertise in hematology interpret bone marrow specimens and are available for consultation.

To provide effective reporting of surgical pathologic findings necessary to provide quality patient care, pathology reports on patients with a cancer diagnosis include the scientifically validated data elements as defined by the College of American Pathologists. Templates are utilized to incorporate the reporting of these elements.

## Radiology

**Leonard Kahn, MD**

Cleveland Clinic Imaging Institute and its group of subspecialty radiologists at Hillcrest Hospital provide patients with the most up-to-date diagnostic resources for diagnosing and assessing tumor burden. We have the newest technologies in CT and



MRI including an open Ambient™ MRI that is available for patients with a fear of claustrophobia as well as offering calming music and lighting techniques for all patients to choose from. SPECT-CT was added in 2015, and we continue to offer PET-CT.

## Pain Management

**Crawford Barnett, MD**

Medications and nerve blocks, as well as non-drug methods such as relaxation are utilized by highly-trained specialists in an effort to minimize or control the acute, chronic and incidental pain patients with cancer may experience. The Cleveland Clinic Pain Management Center at Hillcrest Hospital offers each patient an individualized treatment plan that may include one or more of the following therapeutic strategies:

- Pharmacotherapy
- Rehabilitative therapy
- Psychologic therapy
- Neural blockade and injection therapies
- Radiofrequency ablation
- Neuraxial analgesia, such as epidural infusions
- Spinal cord stimulation (SCS)
- Implanted intraspinal infusion pumps

## Pharmacy

**Clare Dyczkowski, PharmD, RDN, CNSC**

The Hillcrest Hospital Pharmacy is conveniently located with the medical oncology department. This allows the pharmacist to be easily accessible for the dispensing of chemotherapy medication. The pharmacist provides drug information resources, medication counseling, patient education, and assistance with insurance coverage submissions for medications and drug-specific enrollment programs.





## Outpatient Medical Oncology/Patient Experience

### Shared Governance

Shared Governance is a body of nursing representatives that come together on behalf of the department and focus on nursing and patient opportunities. It provides a voice for the nursing body through the voting structure. The council focuses on projects that centers on nursing, patient and staff satisfaction. We are excited as the group continues to gain momentum the positive additions it will have to the unit! Projects completed include scheduling reorganization and process improvements.

### Inpatient/Outpatient Huddle

The oncology inpatient/outpatient huddle, originally formed in 2013, has continued to prove a valuable asset between units. The interdisciplinary approach has strengthened continuity of care and fortified the patient centered model towards oncology care at Hillcrest Hospital. Palliative Medicine joined and a special focus was emphasized on appropriate patients being referred to Palliative Medicine. Representatives from three different areas are present bi-weekly: inpatient social work, case managers and nurse managers; outpatient care coordinators, social work and nurse manager; and Palliative Medicine social worker. Discussions of patient needs, history, and updates are shared between the group; each adding their unique perspective that provides everyone a fuller understanding of how best to treat the patient. The concept of a huddle

between inpatient and outpatient units is a newer approach to healthcare. The development and sustaining abilities of the huddle has been shared at multiple regional conferences and cancer centers since the formation.

### RN Specialty Certification

Nurses in the cancer center are strongly encouraged to obtain oncology certification within two years of employment. Oncology nursing certification (OCN) is a rigorous test and validates a nurse has met stringent requirements for knowledge and experience related to oncology. Recertification is required every four years. These nurses have proven qualified to give high quality of oncology care to patients. OCN certification benefits patients and their families, nurses, and employers.

### Chemotherapy/Biotherapy Education Visits

Every patient scheduled to start chemotherapy and/or biotherapy treatment has an education session with an oncology trained pharmacist. The one-on-one teaching involves reviewing the patient's individualized treatment regimen including possible side effects, measures to help prevent potential complications, and what to expect during the treatment visits. Each patient receives a treatment binder resource guide and a listing of important symptoms that require immediate intervention. The clinical pharmacist performs a medication review of all medications or herbal remedies the patient is taking and makes any necessary recommendations for changes to the managing oncologist.

# 2021 Tumor Registry Report

The Tumor Registry is an essential component of the Commission on Cancer (CoC) accredited cancer program and operates under the supervision of the Cancer Committee and maintains a complete database of all cancer cases as well as other reportable diseases diagnosed and/or treated at this facility. With the addition of 1,576 cases in 2020, the Hillcrest registry now has a database consisting of 30,609 cases.

Hillcrest Hospital is part of a two-hospital registry system that also includes data from South Pointe Hospital. Utilizing the Oncolog software allows the East Region Cleveland Clinic hospitals to share and merge data while at the same time report data independently. The registry is staffed by certified tumor registrars who are dedicated to quality database management and strive to obtain complete and accurate data on all information entered into the database. Numerous quality measures are in place so as to assure the most accurate data reporting.

The Tumor Registry is responsible for coordinating and monitoring the cancer program for continuous compliance with the American College of Surgeons Commission on Cancer standards for accreditation. Hillcrest Hospital has maintained accreditation since 1972 and was again awarded approval in 2019.

The Registry continues to maintain current follow-up information on all eligible living patients and has consistently exceeded the minimum follow-up rates as required by the American College of Surgeons Commission on Cancer.

Approximately 11,033 patients are currently followed.

The Tumor Registry coordinates weekly breast and general tumor conferences. Physicians are encouraged to present cases of interest. Tumor conferences are certified for Category I CME credit. These conferences are a vital component of cancer patient care and provide the opportunity for multidisciplinary consultative services, which are integral to improving the care of cancer patients. Weekly videoconferences from the Cleveland Clinic Foundation are also offered to physicians and other allied health professionals to promote education and for the care of the cancer patient.

The Tumor Registry provides statistical data to interested parties and encourages the use of data for outcome analysis. Data from the registry is submitted for inclusion in the Ohio Cancer Incidence and Surveillance System database as well as the National Cancer Data Base (NCDB). Cancer registry data is instrumental in resource allocation, survival data and evaluation the effectiveness of treatment modalities.

Continuing education is an important factor for the Tumor Registry. The Tumor Registry staff attends local, regional, state and national meetings to enhance their knowledge of all aspects related to cancer care. All CTR's are active members of the National Cancer Registrar's Association.

Justine Leinweber, CTR  
Supervisor, Tumor Registry





## Hillcrest Hospital 2021 Site Distribution

Diagnostic Site	Class of Case		Gender		Stage (Analytic Cases)							Total
	Analytic	Non-Analytic	Male		0	I	II	III	IV	NA	UNK	Totals
<b>ORAL CAVITY, PHARYNX</b>	<b>5</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>
Lip	0	0	0	0	0	0	0	0	0	0	0	0
Tongue	3	0	3	0	0	0	0	3	0	0	0	3
Salivary Gland	0	0	0	0	0	0	0	0	0	0	0	0
Floor of Mouth	0	0	0	0	0	0	0	0	0	0	0	0
Gum, Other Mouth	0	0	0	0	0	0	0	0	0	0	0	0
Tonsil	1	0	0	1	0	1	0	0	0	0	0	1
Nasopharynx	1	0	1	0	0	0	1	0	0	0	0	1
Oropharynx	0	0	0	0	0	0	0	0	0	0	0	0
Hypopharynx	0	0	0	0	0	0	0	0	0	0	0	0
Other Oral Cavity and Pharynx	0	0	0	0	0	0	0	0	0	0	0	0
<b>DIGESTIVE SYSTEM</b>	<b>269</b>	<b>2</b>	<b>153</b>	<b>118</b>	<b>0</b>	<b>39</b>	<b>58</b>	<b>75</b>	<b>82</b>	<b>10</b>	<b>5</b>	<b>271</b>
Esophagus	21	0	16	5	0	1	3	6	10	1	0	21
Stomach	21	0	15	6	0	5	2	1	12	0	1	21
Small Intestine	9	0	5	4	0	0	2	3	3	1	0	9
Colon, Rectum, Anus	116	1	62	55	0	13	30	45	24	0	4	117
Colon, Excluding Rectum	80	0	42	38	0	9	22	25	21	0	3	80
Cecum	21	0	10	11	0	3	6	6	6	0	0	21
Appendix	1	0	0	1	0	0	1	0	0	0	0	1
Ascending Colon	8	0	4	4	0	0	4	2	1	0	1	8
Hepatic Flexure	7	0	5	2	0	1	1	3	1	0	1	7
Transverse Colon	8	0	6	2	0	1	2	5	0	0	0	8
Splenic Flexure	1	0	0	1	0	0	0	0	1	0	0	1
Descending Colon	6	0	4	2	0	0	2	3	1	0	0	6
Sigmoid Colon	20	0	9	11	0	4	5	6	5	0	0	20
Large Intestine, NOS	8	0	4	4	0	0	1	0	6	0	1	8
Rectosigmoid, Rectum, Anus	36	1	20	17	0	4	8	20	3	0	1	37
Rectosigmoid Junction	3	0	3	0	0	2	1	0	0	0	0	3
Rectum	27	0	17	10	0	2	6	15	3	0	1	27
Anus, Anal Canal, Anorectum	6	1	0	7	0	0	1	5	0	0	0	7
Liver, Gallbladder, Intrahep Bile Duct	27	0	13	14	0	4	6	7	4	6	0	27
Liver	9	0	6	3	0	1	3	3	0	2	0	9
Gallbladder	4	0	1	3	0	1	1	0	2	0	0	4
Intrahepatic Bile Duct	5	0	2	3	0	1	0	0	1	3	0	5
Other Biliary	9	0	4	5	0	1	2	4	1	1	0	9
Pancreas	70	1	42	29	0	16	14	13	27	0	0	71
Retroperitoneum	0	0	0	0	0	0	0	0	0	10	0	0
Peritoneum, Omentum, Mesentery	3	0	0	3	0	0	1	0	2	0	0	3
Other Digestive Organs	2	0	0	2	0	0	0	0	0	2	0	2

Diagnostic Site	Class of Case		Gender		Stage (Analytic Cases)							Total
	Analytic	Non-Analytic	Male		0	I	II	III	IV	NA	UNK	Totals
<b>RESPIRATORY SYSTEM</b>	190	1	88	103	0	69	17	36	57	9	2	191
Nose, Nasal Cavity, Middle Ear	1	0	0	1	0	0	0	0	0	1	0	1
Larynx	3	0	1	2	0	1	1	1	0	0	0	3
Pleura	0	0	0	0	0	0	0	0	0	0	0	0
Lung and Bronchus	186	0	87	100	0	68	16	35	57	8	2	187
Non-Small Cell	163	1	72	92	0	65	15	30	44	8	1	164
Small Cell	18	0	11	7	0	1	1	5	10	0	1	18
Other Lung	5	0	4	1	0	2	0	0	3	0	0	5
Trachea	0	0	0	0	0	0	0	0	0	0	0	0
Mediastinum, Other Resp.	0	0	0	0	0	0	0	0	0	0	0	0
<b>BONES, JOINTS</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>SOFT TISSUE INCLUDING HEART</b>	5	0	4	1	0	1	0	0	1	3	0	5
<b>SKIN</b>	9	0	3	6	0	5	0	1	2	0	1	9
Skin: Melanoma	8	0	3	5	0	5	0	0	2	0	1	8
Skin: Other Non-Epithelial	1	0	0	1	0	0	0	1	0	0	0	1
Epithelial Skin	0	0	0	0	0	0	0	0	0	0	0	0
<b>BREAST</b>	270	2	2	270	32	154	37	12	21	13	1	272
Female Breast	268	2	0	268	32	153	36	12	21	13	1	270
Male Breast	2	0	2	0	0	1	1	0	0	0	0	2
<b>FEMALE GENITAL SYSTEM</b>	128	0	0	128	0	70	8	21	22	6	1	128
Cervix Uteri	8	0	0	8	0	3	1	1	1	2	0	8
Corpus Uteri, NOS	89	0	0	89	0	65	5	7	11	1	0	89
Corpus Uteri	88	0	0	88	0	65	5	7	10	1	0	88
Uterus, NOS	1	0	0	1	0	0	0	0	1	0	0	1
Ovary	20	0	0	20	0	1	0	11	6	1	1	20
Vagina	1	0	0	1	0	0	0	0	0	1	0	1
Vulva	4	0	0	4	0	1	0	1	1	1	0	4
Other Female Genital Organs	6	0	0	6	0	0	2	1	3	0	0	6
<b>MALE GENITAL SYSTEM</b>	207	4	211	0	0	23	83	68	20	1	12	211
Prostate	198	4	202	0	0	17	81	68	20	0	12	202
Testis	7	0	7	0	0	5	1	0	0	1	0	7
Penis	2	0	2	0	0	1	1	0	0	0	0	2
Other Male Genital Organs	0	0	0	0	0	0	0	0	0	0	0	0
<b>URINARY SYSTEMS</b>	188	0	129	59	72	55	11	32	15	3	0	188
Urinary Bladder	108	0	82	26	63	19	7	8	9	2	0	108
Kidney	61	0	32	29	0	33	3	22	3	0	0	61
Renal Pelvis	8	0	4	4	3	1	1	1	2	0	0	8
Ureter	9	0	9	0	6	2	0	1	0	0	0	9
Other Urinary Organs	2	0	2	0	0	0	0	0	0	1	1	2

Diagnostic Site	Class of Case		Gender		Stage (Analytic Cases)							Total
	Analytic	Non-Analytic	Male		0	I	II	III	IV	NA	UNK	Totals
<b>EYE, ORBIT</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Eye, Orbit: Non-Melanoma	0	0	0	0	0	0	0	0	0	0	0	0
Eye, Orbit: Melanoma	0	0	0	0	0	0	0	0	0	0	0	0
<b>BRAIN, OTHER NERVOUS SYSTEM</b>	<b>5</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>5</b>
Brain: Malignant	5	0	3	2	0	0	0	0	0	5	0	5
Cranial Nerves, Other Nervous System	0	0	0	0	0	0	0	0	0	0	0	0
Brain-CNS: Benign, Borderline	0	0	0	0	0	0	0	0	0	0	0	0
<b>ENDOCRINE SYSTEM</b>	<b>13</b>	<b>0</b>	<b>3</b>	<b>10</b>	<b>0</b>	<b>9</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>13</b>
Thyroid	9	0	2	7	0	6	2	1	0	0	0	9
Thymus	4	0	1	3	0	3	0	0	1	0	0	4
Adrenal Gland	0	0	0	0	0	0	0	0	0	0	0	0
Other Endocrine	0	0	0	0	0	0	0	0	0	0	0	0
Endocrine: Benign, Borderline	0	0	0	0	0	0	0	0	0	0	0	0
<b>LYMPHOMA</b>	<b>68</b>	<b>1</b>	<b>31</b>	<b>37</b>	<b>0</b>	<b>12</b>	<b>17</b>	<b>12</b>	<b>20</b>	<b>2</b>	<b>5</b>	<b>68</b>
Hodgkin Lymphoma	9	0	5	4	0	0	3	3	3	0	0	9
*Hodgkin – Nodal	8	0	4	4	0	0	3	3	2	0	0	8
*Hodgkin – Extranodal	1	0	1	0	0	0	0	0	1	0	0	1
Non-Hodgkin Lymphoma	59	0	26	33	0	12	14	9	17	2	5	59
*NHL – Nodal	48	0	22	26	0	11	13	9	13	1	1	48
*NHL – Extranodal	11	0	4	7	0	1	1	0	4	1	4	11
<b>MYELOMA</b>	<b>17</b>	<b>0</b>	<b>7</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>17</b>	<b>0</b>	<b>17</b>
<b>LEUKEMIA</b>	<b>18</b>	<b>0</b>	<b>13</b>	<b>5</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>10</b>	<b>2</b>	<b>18</b>
Lymphocytic Leukemia	8	0	6	2	0	3	0	1	2	0	2	8
*Acute Lymphocytic Leukemia	1	0	0	0	0	0	0	0	0	0	0	0
*Chronic Lymphocytic Leukemia	8	0	6	2	0	3	0	1	2	0	2	8
*Other Lymphocytic Leukemia	0	0	0	0	0	0	0	0	0	0	0	0
Non-Lymphocytic Leukemia	10	0	7	3	0	0	0	0	0	10	0	10
*Acute Myeloid Leukemia	7	0	5	2	0	0	0	0	0	7	0	7
*Acute Monocytic Leukemia	0	0	0	0	0	0	0	0	0	0	0	0
*Chronic Myeloid Leukemia	2	0	1	1	0	0	0	0	0	2	0	2
*Other Myeloid-Monocytic Leukemia	1	0	1	0	0	0	0	0	0	1	0	1
Other Leukemia	0	0	0	0	0	0	0	0	0	0	0	0
*Other Acute Leukemia	0	0	0	0	0	0	0	0	0	0	0	0
*Aleukemic, subleukemic and NOS	1	0	1	0	0	0	0	0	0	1	0	1
<b>MESOTHELIOMA</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>2</b>
<b>KAPOSI SARCOMA</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>MISCELLANEOUS</b>	<b>19</b>	<b>0</b>	<b>12</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>18</b>	<b>0</b>	<b>19</b>
<b>OTHER SITE: BENIGN, BORDERLINE</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTALS</b>	<b>1413</b>	<b>9</b>	<b>665</b>	<b>757</b>	<b>104</b>	<b>441</b>	<b>234</b>	<b>263</b>	<b>244</b>	<b>97</b>	<b>30</b>	<b>1422</b>

## Rapid Cancer Reporting System (RCRS) For Breast, Colon, Gastric, Lung and Rectal Cancers

The Rapid Cancer Reporting System (RCRS) is a quality data platform of the Commission on Cancer's (CoC) National Cancer Database (NCDB). This tool was made available to CoC accredited programs on Sept 28, 2020. RCRS is a web-based data collection and reporting system that advances hospital-based quality improvement by providing measures of high quality, coordinated patient care.

The National Cancer Data Base (NCDB) provides data from cancer programs. This reporting tool provides a platform from which to promote continuous practice improvement to improve quality of patient care at the local level and also permits hospitals to compare their care for these patients relative to that of other providers.

Breast Measures	2019			2020		
	Hillcrest	Ohio	National	Hillcrest	Ohio	National
Image or palpation-guided needle biopsy (core or FNA) is performed to establish diagnosis of breast cancer. (nBx) (Quality Improvement)	89.66%	93.61%	93.10%	94.57%	94.62%	93.60%
Radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with $\geq 4$ positive regional lymph nodes. (MASTR) (Accountability)	87.50%	91.03%	87.30%	66.67%	86.16%	85.65%
Radiation therapy is administered within 1 year (365 day) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer. (BCS/RT) (Accountability)	91.46%	93.51%	91.91%	93.88%	92.76%	90.41%
Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cNOMO or Stage II or Stage III hormone receptor-negative breast cancer. (MAC) (Accountability)	100%	96.38%	93.00%	100%	97.09%	93.59%
Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1cNOMO or Stage II or Stage III hormone-receptor positive breast cancer. (HT) (Accountability)	91.18%	94.36%	91.58%	96.25%	93.18%	90.89%
Colon Measures	2016			2017		
	Hillcrest	Ohio	National	Hillcrest	Ohio	National
Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under age 80 with AJCC Stage III (lymph node positive) (ACT) (Accountability)	92.31%	91.22%	86.04%	100%	90.74%	82.84%
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. (12 RLN) (Quality Improvement)	98.55%	95.16%	94.16%	92.86%	94.67%	94.38%
Gastric Measures	2016			2017		
	Hillcrest	Ohio	National	Hillcrest	Ohio	National
At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer (G15RLN) (Quality Improvement)	100%	70.59%	71.31%	100%	73.64%	70.86%
Lung Measures	2016			2017		
	Hillcrest	Ohio	National	Hillcrest	Ohio	National
Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is considered for surgically resected cases with pathologic lymph node-positive (pN1) and (pN2) NSCLC (LCT) (Quality Improvement)	100%	92.02%	90.36%	100%	90.09%	90.51%
Surgery is not the first course of treatment for cN2, M0 lung cases (LNoSurg) (Quality Improvement)	100%	93.44%	94.18%	100%	95.72%	94.91%



Rectum Measures	2016			2017		
	Hillcrest	Ohio	National	Hillcrest	Ohio	National
Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is recommended; for patients under the age of 80 receiving resection for rectal cancer RECRTCT) (Quality Improvement)	84.62%	83.67%	88.57%	77.78%	87.80%	87.73%

## Analysis of RCRS Data

Current data reflects data from 2019-2020. The cancer program at Hillcrest Hospital tracks these measures on an annual basis and are reported to the cancer committee quarterly. The data reflects that measures at Hillcrest Hospital are comparable if not a little higher than state and national measures for all cancers.

## Arts & Medicine Institute at Hillcrest Hospital Cancer Center

Cleveland Clinic's Arts & Medicine Institute was created for the purpose of integrating the visual arts, music, performing arts and research to promote healing and to enhance the lives of our patients, families, visitors and employees.

### Music Therapy

Music therapy is the use of music by a board-certified music therapist to assist in the healing process. It combines live or recorded music and therapeutic techniques to address the needs and goals of individual patients, groups of patients, or of patients and families. Music therapists assess and provide therapy in many ways, including listening to music, playing music, and encouraging patients to join in if they are able and willing. Music therapy can help to decrease pain, suffering, and anxiety. It can also help to manage stress and promote relaxation; promote well-being; provide an opportunity for self-expression; promote coping skills; and provide emotional support.



**Stephanie Morris**  
Music Therapist

Music Therapy at Hirsch Cancer Center is offered Monday-Friday from 9am-1pm in the chemotherapy infusion suites with follow-up in the inpatient hospital as needed.

**To make a referral please contact Stephanie Morris, MMT, MT-BC by phone at 440.312.1294 or by email at [morriss4@ccf.org](mailto:morriss4@ccf.org), or ask your infusion nurse or other medical team member to make a referral.**

### Art Therapy



**Kelly Pecl Dreamer**  
Art Therapist

Art Therapy is engaging in the creation of art, with the help of an Art Therapist, to assist with both emotional and physical healing and growth. Anyone can benefit from art therapy, it does not depend upon talent or technical ability. The art therapist will discuss with you, your interests and goals for the session, and then suggest art tasks. This may

include painting, simple sculpting, drawing, collage or craft work. Hillcrest Hospital Art Therapists are professionals who possess a Master's Degree in the field of Art Therapy.



## Community Outreach

The COVID-19 Pandemic continued to disrupt Community Outreach Program at the Hillcrest Hospital Cancer Center in 2021. In accordance with Cleveland Clinic event policy, all programming continued to be virtual, with exceptions granted for some screening events.

In 2021, Hillcrest partnered with the Geauga County Public Library for Wellness Wednesdays with six patient education and prevention virtual events planned. The topics of the planned events were: Preventing Skin Cancer, Women's Health: HPV and Cervical Cancer, A Healthy Lifestyle to Promote Colon Health, Smoking, Vaping and Lung Disease, Cooking and Eating for a Healthy Lifestyle and Breast Health. Due to ongoing intermittent business closures and

staffing issues, some of the programs were not able to be held as planned.

The annual Breast Cancer Screening collaboration between Hillcrest Hospital and the Willoughby Hills Family Health Center was granted special exemption from the in-person event restrictions to be held for two dates in October 2021, as part of the Return to Screening initiative. The goal of 30 women screened per day was exceeded and 39 and 47 women were served on back to back days. 28 uninsured women received mammograms free of charge. 22 women required diagnostic mammogram follow up and were appropriately navigated into services.

## Breast Cancer Screenings 2021

Decreased appointment slots due to social distancing and cleaning measures due to COVID restrictions.

**GOAL: 30 women/ day**

Dates: October 13, 14:

**86 Women Screened, Total**

Oct 13: **39 women**

Oct 14: **47 women**

Number of mammograms provided for uninsured women: **28**

Number of women navigated into diagnostic follow up: **22**



## Spotlight On: Return to Screening

### A National Quality Improvement Initiative at Hillcrest Hospital

Cancer screening is an important component of cancer care and is part of Commission on Cancer (CoC) standard 8.3 and National Accreditation Program for Breast Center (NAPBC standard 4.1. Because of the COVID-19 pandemic, cancer screening has been substantially disrupted due to: 1. closing of screening facilities; 2. Limited staffing of screening facilities and programs; 3. lack of patient awareness that screening is safe when precautions are taken; 4. Backlogs causing scheduling delays; 5. traditional in person screening events curtailed due to safety concerns; and various program and location specific reasons. The American Cancer Society, the Commission on Cancer and National Accreditation Program for Breast Centers encourage Institutions to help accelerate return to screening efforts.

Hillcrest Hospital joined a national Plan Do Study Act (PDSA) Quality Improvement initiative in 2021 to address the national, growing problem of decreased breast cancer screening rates during the pandemic. The aim of this quality improvement PDSA project is to leverage CoC and NAPBC standards and the American Cancer Society toolkit and diverse interventions to improve cancer screening rates at CoC-accredited hospitals.

Pre-Covid, in Dec 2019, January 2020 and February 2020, an average of 973 women received mammograms at Hillcrest Hospital and Willoughby Hills Family Health Center per month. During the following four months (March, April, May and June of 2020), those monthly averages fell dramatically, to an average of 503 (March: 643, April: 210, May: 413, June: 749). Our goal was to increase the number of women receiving mammograms by 10% from the baseline data (973 per month) after successful implementation of multiple strategic interventions.

Between June 2020 and April 2021, a number of interventions were implemented to assist patients to return to annual screening, including:

- Patient outreach by health care providers (July 2020 - current)
- Reducing socioeconomic, structural and economic barriers (August 2020 - current)
- Messaging across the health system (June 2020, September 2020, October 2020, January 2021, March 2021).

- Collaboration with radio and tv stations (October 2021)
- Facility level outreach (April, 2021 - current): Individualized prompts added to MyChart App and Website for each woman > 40 years old indicating next due date for screening mammography, including “schedule now” availability.

The following year in December 2020, January and February 2021 demonstrated a 14% increase in patient volumes at Hillcrest Hospital and Willoughby Hills Family Health Center with average of 1109 mammograms completed per month.

The demonstrated and sustained 14% increase in mammograms completed in late 2020-2021 is a result of the multiple collaborative interventions implemented to address all barriers. The ongoing success of patients returning to screening is not the result of one intervention, but rather the continued layering of approaches to reduce barriers to care.

In April 2021, a multidisciplinary team across the health system implemented a patient focused project that had taken over a year to realize. Patients now can view their overdue screening tests with individualized prompts from their MyChart log in or app. The prompt includes a “schedule now” button that allows patients to choose the date, time and location to receive their care. This intervention has sustained the increases noted in the post intervention data and continued to grow the number of women returning to screening. In the most recent 3 months (August, September, October 2021), the average number of women screened monthly rose again to 1208, which is a 24% increase from pre-COVID baseline data. Additionally, the number of women following the individualized prompts has risen from 5 patients in April 2021 when it was introduced to 473 in the most recent month, October 2021.

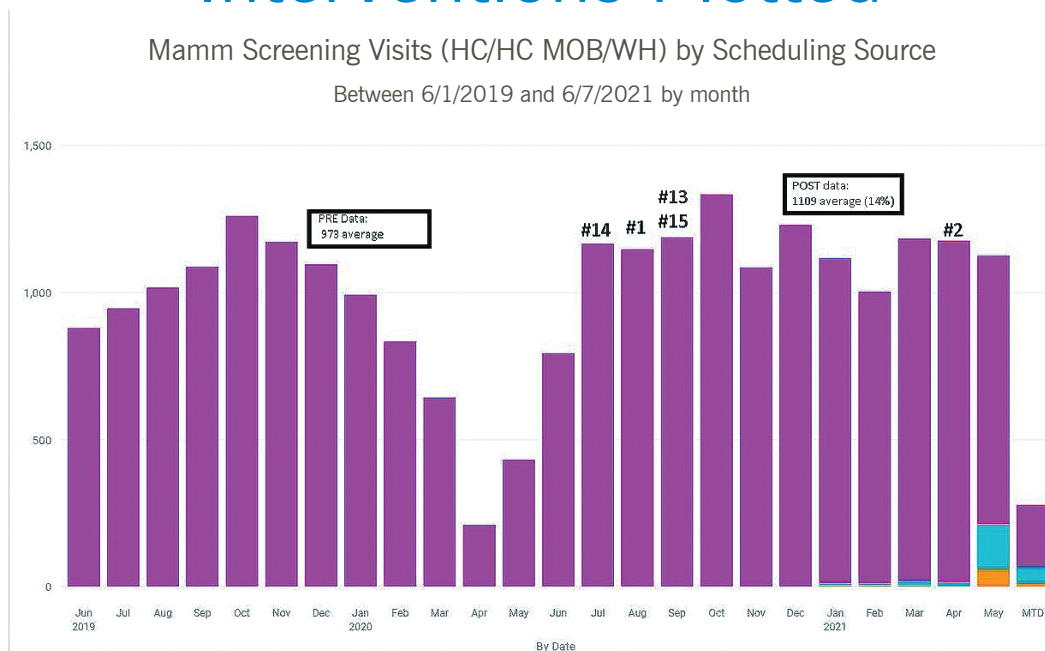


**Pre-COVID baseline:****973** women/ month**First COVID surge:****503** women/ month**Post-Intervention:****1109** women/ month**Post-MyChart Utilization:****1208** women/ month**Percentages:**Baseline: **973**Percent drop during  
COVID surge: **49%**Percent increase from  
baseline: **14%**Percent increase from  
baseline with MyChart: **24%**

## Interventions Plotted

Mamm Screening Visits (HC/HC MOB/WH) by Scheduling Source

Between 6/1/2019 and 6/7/2021 by month



### Interventions Listed

- #1: Patient Outreach by healthcare providers: Aug 1, 2020
- #2: Facility level Outreach: April 1, 2021 (MyChart scheduling activation)
- #13: Reduce SocioEconomic Barriers: Aug 19, 2020
- #14: Reduce Structural Barriers: July 1, 2020
- #15: Reduce Economic Barriers: Aug 19, 2020

### Interventions not Plotted

SMALL MEDIA GROUPING:

- #5: Messaging across hospital system
- #7: Institution social media posts
- #8: Collaboration with local TV/ radio/ news

\*all completed Summer 2020 - current, awaiting date verification from Marketing\*

## An Emphasis on Comfort

### Palliative Care

Palliative Care is interdisciplinary care for patients with a complex or serious medical illness. The palliative care team works collaboratively with oncology to address the comprehensive needs of patients and their families. Primary aims include: 1) The relief and prevention of suffering in all its forms at any stage of illness; 2) Improving quality of life by managing pain and other distressing symptoms; 3) Helping patients and families determine the most appropriate goals of care when faced with difficult and complex decisions.

Palliative Care is provided simultaneously with other medical therapies, like chemotherapy, radiation, or advanced therapies for heart and lung diseases. The palliative care team attends to the physical, emotional, spiritual and social concerns of patients and their families. This team facilitates discussion with patients and families regarding medical decision-making, quality of life, and goals of care. Through close collaboration with ancillary hospital staff, the Palliative Care team aims to optimize patient care.

### Palliative Care Consultation Program

The Hillcrest Hospital Palliative Care Consultation Program now includes a physician, nurse practitioner and social worker. The existing consultation program was augmented by the addition of a Hospice and Palliative Medicine board certified physician in May, 2015. The physician and nurse practitioner team was further complemented by the addition of an experienced and dedicated social worker in November of 2015.

### Hospice Care

Hospice is not a place; it is a philosophy of care when curative measures are no longer beneficial. The emphasis is on providing comfort, not cure; on family, not just the patient; on quality of life, not duration.

The goal is to assist patients and their families to prepare physically, spiritually and emotionally for the end of life. Hospice strives to make dying a life experience. It allows patients to maintain control over their lives, prepare for death in their own way and live their final months in a familiar environment, with a sense of personal dignity.

### When a Cure Is No Longer Possible

Hospice care is valuable when:

- a person is diagnosed with a terminal illness and has a life expectancy measured in months rather than years

- the goal of treatment is comfort and symptom management
- curative treatments are no longer beneficial

### Our Support Team

Hospice care is provided to the patient and family by dedicated support professionals, utilizing a team approach. Each member of the team provides expertise in developing a plan of care to meet the patient's specific needs.

The specially trained (in end of life care) team includes:

- Personal physician
- Physicians with expertise in palliative medicine, who are available to consult with the patient's personal physician and act as a resource for pain and symptom management.
- Registered nurses, who collaborate with the hospice team to develop a plan of care that will meet the individual needs of each patient/family. Nurses provide expertise in assessment and pain and symptom management.
- Home health aides, who provide bathing and personal care services, light housekeeping and assistance with activities of daily living.
- Medical social workers who provide emotional support and counseling. Social workers also help with financial concerns and coordinate community resource needs.
- Volunteers, who offer helping hands with errands and provide companionship.
- Chaplains, who offer support and guidance in matters of spirituality and bereavement.
- Music and art therapists.

### Additional services provided by Hospice at Home include:

- 24-hour-a-day, seven-day-a-week access to a hospice registered nurse for support and coordination of care
- medications for controlling symptoms
- medical supplies
- durable medical equipment

### Hospice Care Settings

Although hospice care is usually provided in the patient's home, care can be provided in a number of alternative settings:

#### Inpatient

When symptoms cannot be managed at home and hospitalization is needed, patients can get medical care at contracted facilities including Cleveland Clinic hospitals.

### Alternative Home Setting

Hospice care can be provided to patients residing in various nursing facilities, such as skilled nursing facilities, independent and assisted living facilities and nursing homes.

### Respite Care

In the event the primary caregiver needs a rest from caregiving responsibilities, hospice may provide short-term care in contracted facilities.

### Requesting Hospice Care

Hospice care can be requested by the patient, as well as by family members, physicians, friends or clergy on behalf of the patient, by calling 216.444.HOME (4663) or toll-free, 800.263.0403, 24 hours a day, seven days a week. A hospice team member will discuss patient needs, explain available services and review insurance coverage options. Services generally start within 24 hours of the initial call.

### Paying for Care

Hospice care is a defined benefit under both the Medicare and Medicaid programs. Most major insurance plans also provide for hospice care.

### Charitable Donations

Cleveland Clinic Hospice at Home accepts memorial donations to assist in providing care to individuals regardless of their ability to pay.

### Bereavement Services

A component of the philosophy of hospice is that we need not walk alone after the death of a loved one. As part of the healing process, our bereavement support meetings offer emotional support in a caring environment with others who share a similar experience.

### Why Choose Cleveland Clinic?

**Experience:** Cleveland Clinic Hospice at Home is backed by the resources of Cleveland Clinic, which is consistently ranked one of the top hospitals in the United States.

**Access:** Hospice at Home staff can be reached 24 hours a day, seven days a week.

**Convenience:** We directly bill insurance companies, Medicare and Medicaid for services.

**Credentials:** Cleveland Clinic Hospice at Home is accredited by The Joint Commission and is certified by the state of Ohio to participate in the Medicare/Medicaid program. In addition, the World Health Organization has recognized our Palliative Medicine Program as “a unique model of a much-needed service.”

We recognize that this is a difficult time. We listen to our patients and caregivers' concerns and answer their questions so that they can make an informed decision.

## Partnerships with the American Cancer Society and The Gathering Place

The partnership between the American Cancer Society and Hillcrest Hospital has thrived since the signing of the initial Collaborative Action Plan in March 2010 (updated June 2013). Hillcrest hosts American Cancer Society programs and refers patients to the wide range of services the Society offers. Aside from patient care, Hillcrest employees have been involved in the American Cancer Society Cancer Action Network, working with legislators to maintain funding for cancer research and on legislation that directly affects cancer patients.

The Gathering Place is a caring community that supports, educates and empowers individuals and families touched by cancer through programs and services provided free of charge. Programs include support groups, counseling, free wigs, exercise and hands-on cooking classes, lectures and workshops and services for children, teens and families.

To learn more about The Gathering Place visit [touchedbycancer.org](http://touchedbycancer.org).



# Cleveland Clinic Cancer Center at Hillcrest Hospital Staff Directory

## Medical Oncology



**Vinit Makkar, MD**  
*Co-Director,  
Cleveland Clinic  
Cancer Center at  
Hillcrest Hospital*  
Specialty interests:  
all cancers, head/  
neck cancer, lung  
cancer



**Vitaliy  
Pishchik, MD**  
Staff Directory  
Section: Specialty  
Interests: Medical  
Oncology,  
Hematology Oncology



**Jessica Cutler, CNP**  
Medical Oncology



**Aneel  
Chowdhary, MD**  
Specialty Interests:  
Solid tumor oncology,  
Thoracic and  
Gastrointestinal  
malignancies



**Daniel Silbiger, DO**



**Vanessa  
Farrow, PA-C**



**Neha Mitra, MD**  
Specialty interests:  
all cancers, breast  
cancer, genitourinary  
cancers



**Joel Saltzman, MD**



**Amanda  
Reinert, NP**



**Sudish  
Murthy, MD, PhD**  
*Section Head,  
Thoracic Surgery*



**Willem Van  
Heeckeren, MD**



**Laurie  
Robicheaux, NP**



**Michael  
Nemunaitis, MD**  
Specialty interests:  
all cancers,  
gastrointestinal  
cancers, colorectal  
cancer



**Katie Bartz, PA-C**  
Medical Oncology



**Danielle Seeman,  
NP**



## Breast Center

### Radiation Oncology



**Henry Blair, MD**

*Co-Director,  
Cleveland Clinic  
Cancer Center at  
Hillcrest Hospital*  
Specialty interests:  
breast cancer,  
prostate cancer,

lung cancer, brain cancer, bladder cancer,  
gastrointestinal cancer



**Betty Obi, MD**

Specialty interests:  
breast cancer,  
head/neck cancer,  
bladder cancer,  
gastrointestinal  
cancers, gynecologic  
cancers, lung cancer,  
lymphoma



**Michael Weller,  
MD**

Specialty interests:  
breast, lung,  
prostate and  
gastrointestinal  
cancers, quality  
of life

### Palliative Care



**Kimberlee  
Fong, DO**



**Kathryn  
Richards, MD**



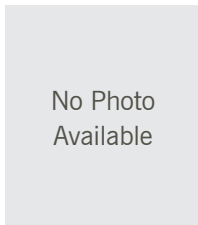
**Laura  
Shoemaker, DO**

Specialty interests:  
internal medicine,  
palliative medicine



**J Brandon  
Walters, MD**

### Genetic Counseling



No Photo  
Available

**Cameron  
Friedman, MS,  
LGC**

### Breast Surgery



**Diane M.  
Radford MD,  
FACS, FRCSEd**

Specialty interests:  
Breast cancer,  
malignant neoplasm,  
breast nodules,  
breast abscess,

breast mass, lumps or swelling, breast  
disease breast infections, breast pain

### General Surgery



**James Malgieri, MD**

Specialty interests:  
breast, breast and  
endocrine, breast  
cancer, breast  
diagnostics, breast  
diseases, breast  
surgery, breast  
surgical oncology



**William  
O'Brien, MD**

Specialty interests:  
breast, breast and  
endocrine, breast  
cancer, breast  
diagnostics, breast  
diseases, breast  
surgery

### Medical Breast



**Shazia Goraya, MD**

Specialty interests:  
family history of  
breast cancer,  
osteoporosis,  
preventative  
medicine, women's  
health and hereditary  
cancer risk  
management.



## Plastic Surgery



**Risal Djohan, MD**  
Specialty interests:  
breast surgery,  
aesthetic surgery



**Raffi Gurunian, MD**  
Specialty interests:  
breast surgery, breast  
reconstruction, facial  
reconstruction.



**Bryan Michelow, MD**



**Graham Schwarz, MD**  
Specialty interests:  
breast cancer, breast  
surgery, Microsurgical  
breast reconstruction  
(DIEP, SIEA, SGAP,  
TUG flaps), aesthetic  
surgery of the breast

## Psychology



**Kathleen Ashton, PhD, ABPP**  
Specialty interests:  
psychosocial aspects  
of breast cancer,  
survivorship, and  
hereditary risk for  
breast cancer.

## Thoracic Surgery



**Sudish Murthy, MD, PhD**



**Andrew Feczko, MD**



**Siva Raja, MD, PhD**



**Daniel Raymond, MD**



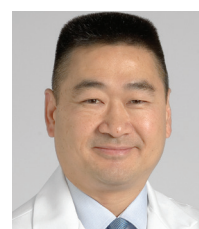
**Monisha Sudarshan, MD**

## Glickman Urological and Kidney Institute

### Urology/Urologic Oncology



**Ryan Berglund, MD**  
Specialty interests:  
open and  
laparoscopic kidney  
surgery, open and  
laparoscopic surgery  
for bladder cancer,  
open, laparoscopic,  
and robotic assisted surgery for prostate  
cancer, urinary reconstructive techniques,  
urologic oncology



**Michael Gong, MD, PhD**  
Specialty interests:  
bladder cancer,  
kidney cancer,  
prostate cancer,  
robotic and  
laparoscopic surgery,  
testis cancer

# Women's Health Institute

## Gynecological Oncology



**Lindsey Beffa, MD**



**Chad Michener, MD**

Specialty interests:  
cervical cancer,  
endometrial cancer,  
gynecologic oncology,  
ovarian cancer, vulvar  
cancer



**Suzanne Elliott, CNP**



**Robert DeBernardo, MD**

Specialty interests:  
cervical cancer,  
cervical dysplasia,  
cervical tumors,  
endometriosis,  
fibroids and

leiomyoma, gestational trophoblastic tumor,  
hereditary gynecologic cancers, advanced  
and recurrent ovarian, fallopian tube and  
peritoneal cancer, HIPEC, intra-peritoneal  
chemotherapy, minimally invasive surgery



**Carli DeKeyser, CNP**



**Jacqueline Stewart, CNP**

## 2021 Cancer Committee Comprehensive Community Cancer Program

**Crawford Barnett, MD**  
Pain Management

**Ryan Berglund, MD**  
Genitourinary Surgical Oncology

**Henry Blair, MD**  
Chair, Cancer Committee  
Radiation Oncology

**Nancy Fong, MD**  
Pathology

**Thomas Garofalo, MD**  
Colorectal Surgery

**Leonard Kahn, MD**  
Radiology

**Vinit Makkar, MD**  
Medical Oncology

**Chad Michener, MD**  
Gynecologic Oncology

**Betty Obi, MD**  
Radiation Oncology  
Cancer Liaison Physician

**William O'Brien, MD**  
Breast Surgery

**Diane Radford, MD**  
Breast Surgery  
NAPBC Director

**Kathryn Richards, MD**  
Palliative Medicine

**Daniel Silbiger, MD**  
Radiation Oncology  
Interim NAPBC Director

**Michael Weller, MD**  
Medical Oncology  
Cancer Liaison Physician

**Beth Bennett**  
The Gathering Place

**Cory Caranci, RN, MSN**  
Outpatient Oncology Manager

**Debra Dale, MSM, RT**  
Radiation Oncology

**Breanna Fedor, RN**  
Inpatient, 3 Seidman

**Cameron Friedman, GC**  
Genetics

**Michael Garlisi, MBA**  
Senior Director  
Oncology Services

**Nicole Hopsecger RD**  
Nutrition

**Justine Leinweber, CTR**  
Cancer Registry

**Darryl Mittelstaedt, PT**  
Rehab Services

**Azia Morgan, LISW**  
Oncology Social Worker

**Marie Shimko, RN**  
Survivorship

**Kathryn Vriezen, RN, MSN**  
Community Outreach

**Janet Wright, RN**  
Quality Improvement

**Tiffany Williams**  
American Cancer Society



**Cleveland Clinic**  
**Hillcrest Hospital**

**Cleveland Clinic Cancer Center  
at Hillcrest Hospital**

6780 Mayfield Road  
Mayfield Heights, OH 44124

440.312.4569

[hillcresthospital.org/cancer](http://hillcresthospital.org/cancer)