NEWSLETTER

RGCIRC
Ethics, Empathy & Excellence

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EDITORIAL

FROM MEDICAL OUTCOMES TO PATIENT EXPERIENCE: HOW THE CLEVELAND CLINIC TRANSFORMED CARE

Founded in 1921 with a single site, the Cleveland Clinic has long been one of the most prestigious medical centres in the United States. It has pioneered many procedures (including cardiac catheterization, open-heart bypass, face transplant, and deep-brain stimulation for psychiatric disorders) and made a number of breakthrough discoveries (identifying genes linked to juvenile macular degeneration and to coronary artery disease.)

The Cleveland Clinic has long had a reputation for medical excellence and for holding down costs. But in 2009 Delos "Toby" Cosgrove, the CEO, examined its performance relative to that of other hospitals and admitted to himself that inpatients did not think much of their experience at its flagship medical centre and decided something had to be done. Over the next three years the Clinic transformed itself. Let us see how the transformation occurred.

1. Cosgrove made improving the patient experience a strategic priority, ultimately appointing James Merlino, a prominent colorectal surgeon to lead the effort. Merlino got everyone in the enterprise on board, including physicians who thought that only medical outcomes mattered. It was recognized that patient dissatisfaction was a significant issue and that all employees, even administrators and janitors, were "caregivers" who should play a role in fixing it.
2. The CMS began making the scores from its satisfaction survey, public and made comparative data on the quality of care publicly available online. CMS satisfaction scores were based on randomly selected patient's post discharge responses to questions about how well doctors and nurses communicated with them, whether caregivers treated them with courtesy and respect, the staff's responsiveness to the call button, how well their pain was controlled and the cleanliness of the room and bathroom, among other things. Patients were also asked to give the hospital an overall rating and to say whether they would recommend it to friends and family.
3. Later on, providing patients with an excellent overall experience – in areas such as making appointments, offering a pleasant physical environment, addressing their fears and concerns during their stays, and providing clear discharge instructions – was not a priority. The Clinic focused almost solely on medical outcomes. It took great pride that U.S. News & World Report repeatedly ranked it among the top five U.S hospital for overall quality of care and listed its heart program as number one.
4. The Clinic adopted a new care model in an effort to improve collaboration and thereby increase quality and efficiency and reduce costs. Clinic abandoned the traditional hospital structure in which a department of medicine supervises specialties such as cardiology, pulmonology, and gastroenterology while a department of surgery oversees general surgery along with cardiac, transplant and other specialty procedures. Instead, it created institutes in which multidisciplinary team treats all the conditions affecting a particular organ system. Its heart and vascular institute, for example, included everything having to do with the heart and circulatory system (cardiac surgery, cardiology, vascular surgery and vascular medicine) and cardiologists and surgeons see patients together. The new model had positive effects not only on quality and cost but also on the patient experience.
5. Before becoming CEO, Cosgrove had led the department of cardiothoracic surgery and he had

been tasked with improving the department's surgical outcomes. One method he'd found effective was releasing outcomes data on every surgeon and program so that all could see how their performance compared with that of others. Employees were shocked by the scores and understood that the problem was important. But they were unclear about what they personally could do to raise the scores.

6. The patient experience was everyone and everything people encountered from the time they decided to go to the Clinic until they were discharged. The effort to improve it became known as "managing the 360." In most hospitals the primary relationship is considered to be between the doctor and the patient; the rest of the staff members see themselves in supporting roles. But in the eyes of patients, all their interactions were important. Merlino realized that all employees are caregivers and that the doctor-centric relationship should be replaced by a caregiver-centric one.
7. To get everyone in the organization to start thinking and acting accordingly, Merlino proposed having all 43,000 employees participate in a half-day exercise. Randomly assembled groups of eight to 10 people would meet around a table with a trained facilitator – a janitor might be seated between a neurosurgeon and a nurse. All would participate as caregivers, sharing stories about what they did – and what they could do better – to put the patient first and to help the Clinic deliver world class care. They would also be trained in basic behaviours practiced by workers at exemplary service organizations: smiling; telling patients and other staff members their names, roles and what to expect during the activity in question; actively listening to and assisting patients. Physicians on the team believed that doctors would never attend such meetings. The head of nursing questioned whether it could be justified without a quantifiable ROI. One of the program's main aim was to eliminate the divide between doctors and the rest of the staff and create a unified culture in which everyone worked together to do what was best for the patient. Nonphysician employees were amazed by the experience of sitting with doctors and discussing how they, too, were caregivers. Participants shared frustrations about not always being able to provide a nurturing environment. Even doctors who had been sceptical about the exercise felt it was worthwhile.
8. To continue to drive change, the Clinic instituted a number of other measures: identifying problems and addressing their root causes, establishing processes and norms, and engaging and motivating employees. One step taken to address this problem was the launch of a "caregiver celebration" program. This allowed both managers and frontline workers to recognize colleagues who had done something exceptional for patients or for the organization. Recognition made employees eligible for a monetary award of varying amounts.
9. Merlino created a "best practices" department to identify, implement, promote and monitor approaches used by top performers in the CMS survey. These problems were not difficult to fix. Most of them were addressed by instituting simple process to surface issues, get people to work better together and keep patients informed about what was going on. Caregivers were given a chance to communicate regularly.
10. Another area that was hurting the Clinic in the CMS survey was nursing rounds. The nurses or nursing assistants on designated floors were required to see patients frequently and to ask patients five questions: Do you need anything? Do you have any pain? Do you need to be repositioned? Do you need your personal belongings? Do you need to go to the bathroom? Nurse managers also held spot audits.

Changing culture and process to improve the patient experience can lead to substantial improvements in safety and quality. To put it bluntly, a patient-centred approach to care, which includes giving patients an outstanding experience, is not an option; it's a necessity. Doing the best for patients means continually analysing what can be done better and then figuring out how. There will always be something.

Guest Editor - **Renu Katnauriya,** Head Quality
Co-Author - **Dr. A. K. Dewan** - Director-Surgical Oncology

CME WITH IMA GREATER BHOPAL BRANCH, MP





RGCIRC organized an Oncology CME in association with the Indian Medical Association (IMA), Greater Bhopal Branch, MP on Saturday, 05th September 2026 at Jehan Numa Palace Hotel, Shyamla Hills Road, Bhopal, MP.

Dr. L. M. Darlong, Head – Thoracic Oncosurgery, delivered an insightful lecture on Lung Cancer & It's Surgical Management in Current Era and Dr. Abhinav Dewan, Consultant – Medical Oncology spoke on Approach to A Patient with Suspected Malignancy and Screening of Cancer.

MIDCON 2026 BY IMA ROHINI ZONE





RGCIRC participated in MIDCON 2026 organized by IMA Rohini on Sunday, 6th September 2026 at Hotel Crowne Plaza, Rohini, Delhi. Dr. Jaskaran Singh Sethi, Sr. Consultant & Unit Head, Radiation Oncology delivered an insightful lecture on CyberKnife: Surgery Beyond the Scalpel which highlighted the latest advancements, precision benefits, and future scope of non-invasive robotic radiosurgery.

Dr. Narender Agarwal, Sr. Consultant & Unit Head, Hemato-Oncology, Leukemia and BMT spoke on Advances in Leukaemia which highlighted recent breakthroughs, novel targeted therapies, and evolving treatment approaches in hematological oncology.

NURSICON 2026 - "THREADS OF HOPE: ONCOLOGY NURSING CARE BEYOND CURE"

Department of Nursing, RGCIRC, successfully hosted NURSICON 2026 – "Threads of Hope: Oncology Nursing Care Beyond Cure" on September 18 and 19, 2026. The two-day academic conference brought together nursing professionals, clinicians, educators and healthcare experts to discuss the evolving role of oncology nurses across the cancer care continuum, from treatment and patient safety to supportive care, rehabilitation and survivorship.



The conference placed oncology nurses at the centre of multidisciplinary cancer care, recognising that their responsibilities extend far beyond administering treatment. Through scientific sessions, panel discussions, abstract presentations and interactive learning, NURSICON 2026 explored how nurses can contribute to safer care, better patient experiences and stronger support systems for patients and families.

The first day opened with a session on "The Happiness Prescription: A Dose for Every Nurse", followed by discussions on ethical issues and patient rights in end-of-life cancer care, advances in systemic therapy, patient safety in the operation theatre and nursing perspectives in paediatric oncology emergencies. The programme also featured "The Threads that Hold Us: A Family's Tribute to Oncology Nurses," reflecting the emotional and human impact of nursing care on patients and caregivers.

A key highlight was the panel discussion “Happy Hormones, Healthy Nurses: Can Wellbeing Transform Patient Care?”, moderated by Col. Madhumita Dhall, Director of Nursing, RGCIRC. The panel brought together senior nursing leaders and healthcare professionals from institutions including Tata Medical Center, VMMC & Safdarjung Hospital, Sir Ganga Ram Hospital, Medanta and RGCIRC, highlighting the growing importance of caregiver wellbeing in sustaining high-quality patient care.



The first day also covered reliable vascular access, living with a stoma, prevention of central line-associated bloodstream infections, advances in pressure injury assessment and staging, and concluded with a cultural programme.



Day two began with abstract presentations, followed by sessions addressing preventive oncology, nutrition, bone marrow transplant care, early supportive care, wound management, infection prevention in immuno-compromised patients, nurse wellbeing and ostomy management. The programme also examined how oncology nurses increasingly serve as “safety sentinels” in modern cancer care, reinforcing their role in identifying risks, coordinating care and protecting patients throughout treatment.

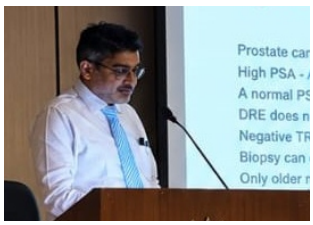
The conference also reflected the multidisciplinary nature of contemporary oncology nursing. Specialists from preventive oncology, medical oncology, paediatric oncology, haemato-oncology and BMT, psycho-oncology, microbiology and infection control, dietetics and anaesthesiology contributed to the scientific programme, enabling nursing professionals to engage with different aspects of cancer care.

NURSICON 2026 also provided participants with opportunities to share research and practical experiences through abstract presentations and focused discussions. By bringing together professionals from different institutions and specialties, the conference encouraged collaborative learning and reinforced the importance of evidence-based nursing practices in improving cancer care.



CME WITH IMA MEERUT, UP

RGCIRC in association with IMA Meerut, organized an Oncology CME on Wednesday, 23rd September 2026 at Dr. Bhupal Singh Memorial IMA Hall, Meerut, UP.





Dr. Amitabh Singh, Sr. Consultant, GenitoUro-Oncology, RGCIRC, Rohini delivered a lecture on Improving Functional Outcome & Quality of Life Without Affecting Cancer Control in Uro Oncology & Dr. Sunny Malik, Consultant In Charge Pain Management, Hospice Care & Palliative Medicine, RGCIRC Niti Bagh spoke on Pain Management & Palliative Care: The New Rising Pillar of Comprehensive Oncology respectively.

नया जीवन



मुस्कुराहट भरे जीवन में दु:ख सारा छा गया था
उमर तो थी छोटी सी ज़हर जैसा रोग आ गया था

बुखार, खाँसी, गाँठ जैसे लक्षण अब दिख रहे थे
दर्द तो कहाँ सहन करे आँसू के साथ चिर रहे थे

कोई कसर छोड़ी नहीं ,पूजा पाठ मंदिर सब कर लिया
मानने में तो थे हम हिंदू, नमाज, बाईवल सब पढ़ लिया

मन ही मन उम्मीद का खत RGCIRC को लिख रहे थे
भगवान तो होते है सुना था यहाँ साक्षात आगे दिख रहे थे

छोटी से छोटी पीड़ा को
आपने धीरे-धीरे दूर भगाया
बुझने वाले दीपक
आए थे, हमे रोशन करके फिर जगाया

चुनौती से भरे जीवन में सुन्दर रंग भरके दिखाया
जीने के ख्वाब खो चुके थे, फिर से जीना सिखाया

Nabin Phuyal

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An Architect's Impression of RGCIRC, Niti Bagh (Post Expansion)

Rohini Centre:
A Unit of Indraprastha Cancer Society and Research Centre
D - 18, Sector - 5, Rohini, Delhi - 110085 I E-mail: info@rgcirc.org

Niti Bagh, South Delhi Centre:
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