MEASURING INNOVATION IN HEART AND VASCULAR CARE

BAYLOR JACK AND JANE HAMILTON HEART AND VASCULAR HOSPITAL

LEADERSHIP TEAM

Nancy Vish, PhD, RN, NEA-BC, FACHE
President and Chief Nursing Officer

Trey Wicke
Vice-President of Finance

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Chief-of-Staff Co-Medical Director of Cardiology

Robert Stoler, MD, FACC, FSCAI
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Medical Director of Vascular Surgery

Paul Grayburn, MD, FACC
Medical Director of Non-Invasive Cardiology

Bertram Smith, MD, FACS
Medical Director of Non-Invasive Vascular

Rafic Berbarie, MD
Medical Director of Cardiac Rehab

Stephen Hohmann, MD, FACS
Medical Director of Patient Safety

Jeffrey Schussler, MD, FACC, FSCAI, FSCCT
Medical Director of Critical Care

Michael Ramsay, MD, FRCA
Medical Director of Anesthesia Services

Edward Mays, MD
Medical Director of Laboratory

Bradley Lembcke, MD
Medical Director of Health Care Improvement

William Dockery, MD
Medical Director of Radiology
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The Baylor Jack and Jane Hamilton Heart and Vascular Hospital (BHVH) opened in 2002 as the first North Texas hospital dedicated solely to the care and treatment of heart and vascular patients. Today, BHVH is still the only hospital in Dallas County with this singular focus. We are continuing to change the way cardiovascular conditions are managed, through our inpatient care, outpatient care and continuing education programs, as well as research that brings therapies from the lab to the patient bedside.

Every day for nearly a decade, our employees and physicians on our medical staff have worked together to provide patients with outstanding service, quality, and surgically advanced heart and vascular care.

Our unwavering commitment to excellence has had impressive results. In FY 2011, our high Press-Ganey patient satisfaction scores placed us among the top 4 percent of similar facilities nationwide for outpatient satisfaction and the top 8 percent for inpatient and ambulatory patient satisfaction. In addition, in FY 2011 we exceeded national averages across all core measures for heart and vascular care. Core measures are tracked by the Centers for Medicare and Medicaid Services as key indicators for quality of care.
We have been able to achieve these outstanding results thanks to the collaborative efforts of staff and physicians who attend regular meetings and evaluate one another in an effort to improve patient care processes and quality throughout the continuum of care. This close interaction between physicians and staff helps form a true partnership between caregivers for the benefit of our patients.

BHVH celebrated many accomplishments and firsts in FY 2011. For the third year in a row, we had the lowest readmission rate in the country for congestive heart failure – a huge accomplishment. Additionally, we were the first hospital in North Texas to introduce a cryoablation balloon catheter to treat atrial fibrillation, and one of only 40 hospitals in the country chosen to participate in a clinical trial using a minimally invasive surgical technique to replace aortic valves. This less-invasive procedure is an alternative to traditional open-heart surgery.

We are extremely proud of our achievements, as well as all the awards, accreditations and accolades we received in FY 2011 and over the past decade. They are key milestones on our journey to becoming a top five cardiac care destination in the country within the next five years and continuing to be a leader in cardiovascular care.

Sincerely,

Nancy Vish, RN, PhD, NEA-BC, FACHE
President and Chief Nursing Officer

Kevin Wheelan, MD
Chief-of-Staff and Co-Medical Director of Cardiology
Going with the Flow
Baylor Hamilton Heart and Vascular Hospital relieves one woman’s pain by restoring circulation to her hand and arm

At first, Martha Ausburn shrugged off her hand and arm pain as nothing serious. When her right hand would get numb and her fingers would tingle, she’d just shake it out to get the blood flowing again.

But it wasn’t long before the 51-year-old Dallas resident was in so much pain that she was having trouble with daily activities like typing, grocery shopping and blow-drying her hair.

She was initially diagnosed with carpal tunnel syndrome but later told a doctor friend about her pain and the fact that her hand often felt cold. He checked the pulse in her arm, and when he couldn’t find one, he referred her to Baylor University Medical Center at Dallas.

There, Ausburn was diagnosed with a condition called thoracic outlet syndrome. In her case, it was the result of an extra rib causing trauma to the subclavian artery that feeds the arm, and an aneurysm had formed.

“People with thoracic outlet syndrome experience symptoms related to compression on nerves causing pain, numbness or weakness in the shoulder, arm or hand,” explains Greg Pearl, M.D., chief medical director of vascular surgery and a vascular surgeon on the medical staff at Baylor Dallas and Baylor Hamilton Heart and Vascular Hospital. “In some cases, blood clots can develop leading to poor circulation.”

Thoracic outlet syndrome isn’t always caused by an extra rib and can happen at any age—especially in athletes or people who participate in regular strenuous activity. If it’s left untreated, the loss of circulation could lead to gangrene, amputation or permanent nerve damage.

Fortunately, Baylor has vast experience treating thoracic outlet syndrome. Surgeons removed Ausburn’s extra rib and replaced the damaged part of the artery where the aneurysm was with a graft.

Ausburn says she could tell the difference right after surgery: The pain in her hand was gone. After a brief recovery period she was back to her normal activities. “I feel like a new person,” she says. “I just wish I hadn’t let the pain go on so long before I did something about it.”
“I feel like a new person.”
– Martha Ausburn
Centers for Medicare and Medicaid Services (CMS) – Lowest Heart Failure Readmission Rate of any Hospital in the Country – Second Year in a Row

Baylor Hamilton Heart and Vascular Hospital (BHVH) had the lowest readmission rate for heart failure patients in the United States, according to CMS. Rates are based on the readmission of congestive heart failure patients within 30 days of discharge. BHVH is among 4,000 hospitals that were scored. The national average is 24.5 percent, and the readmission rate at BHVH is only 15.9 percent, which, according to CMS, is a national example of superior quality for other hospitals to follow.

Becker’s Hospital Review – Named Among Nation’s Best Cardiovascular Programs

BHVH is one of 25 hospitals and health care systems nationwide to be recognized in Becker’s Hospital Review for having a Great Cardiovascular Program. The facilities featured are among hospitals with the highest distinctions and awards given from other organizations and publications for heart care. They also feature some of the most advanced technology, highest quality of care and best reputations in the specialty.

Magnet Award for “Excellence in Nursing Services”

The Magnet Recognition Program® was developed by the American Nurses Credentialing Center to recognize health care organizations that provide nursing excellence. The program also provides a vehicle for disseminating successful nursing practices and strategies.

The Joint Commission Accreditation

Joint Commission standards address the organization’s level of performance in key functional areas, such as patient rights, patient treatment, and infection control. The standards focus not simply on an organization’s ability to provide safe, high quality care, but on its actual performance as well. Standards set forth performance expectations for activities that affect the safety and quality of patient care.

HealthGrades’ hospital ratings and awards reflect the track record of patient outcomes at hospitals in the form of mortality and complication rates. HealthGrades rates hospitals independently based on data that hospitals submit to the federal government.

Press Ganey Summit Award

BHVH achieved this prestigious distinction by sustaining an overall rank above the 95th percentile for inpatient satisfaction in the “All Press Ganey” database for twelve consecutive quarters. Recognized as a leader in performance improvement for 25 years, Press Ganey partners with more than 10,000 health care organizations to create and sustain high performing organizations, and, ultimately, improve the overall health care experience.

VHA Leadership Award in Clinical Excellence

This award honors health care organizations that have differentiated themselves around national performance standards by achieving performance at the 90 percent level or above on clinical core measures. BHVH won the award for acute myocardial infarction treatment, heart failure and surgical infection prevention.

Texas Health Care Quality Improvement Awards – Award of Excellence

Winners of this award are measured in the frequency of best care practices utilized on patients with specific conditions including acute myocardial infarction, heart failure, and pneumonia as well as surgical infection prevention.
Innovation Award from the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR)

The award acknowledges programs that have enhanced their delivery of care for a patient population in a unique and creative way, beyond the traditional model of cardiac and pulmonary rehabilitation. AACVPR is dedicated to reducing morbidity, mortality and disability from cardiovascular and pulmonary disease through education, prevention, rehabilitation, research and disease management. Central to the mission is the improvement in the quality of life for patients and their families.

Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL)

The purpose of the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL) is to provide a mechanism for accreditation of facilities which perform comprehensive testing for vascular disease with non-invasive testing modalities. Laboratories assess every aspect of daily operation and its impact on the quality of health care provided to patients.

Intersocietal Commission for the Accreditation of Echo Laboratories (ICAEL)

ICAEL accreditation is a means by which echocardiography laboratories can evaluate and demonstrate the level of patient care they provide. After a laboratory submits the application to the ICAEL, the application undergoes a confidential peer-review by the ICAEL’s trained reviewers, including both physicians and sonographers.

American College of Radiology – Accreditation for Computed Tomography (CT)

The American College of Radiology awards accreditation to facilities for the achievement of high practice standards after a peer-review evaluation of the practice.
Quality Texas Foundation – Achievement Level Recognition

BHVH was recognized for organizational excellence with well-deployed, effective, systematic approaches to organizational management with good performance levels and trends evaluated against industry standards.

Joint Commission – The Flu Challenge – Silver

In recognition for achieving a flu vaccine rate of 85 and 94 percent among the employees during the 2010-2011 flu season.

American Heart Association’s Get With The GuidelinesSM – Bronze Award

BHVH achieved at least 90 consecutive days of 85 percent or higher adherence to the Heart Failure Performance Achievement indicators to improve quality of patient care outcomes. Get With The GuidelinesSM (GWTG) is the premier hospital-based quality improvement program for the American Heart Association and the American Stroke Association. It empowers healthcare provider teams to consistently treat heart and stroke patients according to the most up-to-date guidelines.

American Heart Association – Mission Lifeline – Silver

The American Heart Association recognizes BHVH for achieving 85% or higher composite adherence to all Mission: Lifeline STEMI. Receiving Center Performance Achievement indicators for consecutive 12-month intervals and 75% or higher compliance on all Mission: Lifeline STEMI Receiving Center quality measures to improve the quality of care for STEMI patients.

START! Fit-Friendly Gold Award

The American Heart Association awarded BHVH the “Start! Fit-Friendly Award.” Companies reach Gold level status by implementing various activities and programs to encourage physical activity, nutrition and culture enhancements such as on-site walking routes, healthy food choices in cafeterias and vending machines, annual employee health risk assessments and online tracking tools.
Our “Circle of Care” encompasses our mission, vision, and priorities, and places our patients front and center. We recognize that there are four key areas of excellence that must be in place to ensure that patients are our number one priority: people, quality, service and fiscal “stewardship”.

WHAT DOES THIS MEAN?

It means that Baylor Health Care System supports and cares for patients as individuals. We promote a healing environment in which the members of the health care team work together as one, for the benefit of the patient.

To do that, Baylor Hamilton Heart and Vascular Hospital adopts best practices and industry standards that support and sustain a patient-centered culture. When these are
put into place, we not only enhance patient safety and quality of care, we also increase our level of performance as a health care system. Baylor Hamilton Heart and Vascular Hospital’s founding principles are the qualities we treasure in our employees. We work to exceed patient, family and our own expectations which results in satisfaction, excellence and trust.

During the strategic planning process, Baylor Hamilton Heart and Vascular Hospital leadership uses the Circle of Care as a framework to identify the principal factors that determine success relative to competitors and sustainability for its key stakeholders.

**OUR VISION**

To redefine the relationship between physicians and the hospital with an integrated heart and vascular delivery system focused on high quality, cost effective care.

**OUR MISSION**

To operate an integrated heart and vascular health care delivery system, founded as a Christian Ministry of healing, that exists to serve people by offering a continuum of quality service committed to quality care and patient safety, medical education, research and community service.

**OUR VALUES**

Baylor Hamilton Heart and Vascular Hospital values guide our actions as we remain faithful to our mission and work toward our vision.

- **Integrity**: Conducting ourselves in an ethical and respectful manner
- **Servanthood**: Serving with an attitude of unselfish concern
- **Quality**: Meeting the needs and striving to exceed the expectations of those we serve through continuous improvement
- **Innovation**: Consistently exploring, studying and researching new concepts and opportunities
- **Stewardship**: Managing resources entrusted to us in a responsible manner

**OUR CARE MODEL**

**FOUNDING PRINCIPLES:**

Honesty + Respectfulness + Integrity + Compassion + Communication + Positive Attitude
Keeping the Beat
Baylor Hamilton Heart and Vascular Hospital uses new technology to help one man stay safe — and get the MRI he needed

For eight years, Al Thompson, a 43-year-old resident of Forney, has relied on a pacemaker to keep his heartbeat steady and regular.

It was working out well for him, until he needed to have an MRI scan so doctors could look at a tumor on his spinal cord. Traditional pacemakers and MRIs are not compatible, for a variety of reasons.

Earlier this year, Thompson was the first patient in North Texas to receive a new kind of pacemaker that’s safe for use in MRI scanners, which use a powerful magnetic field to capture images. Baylor was among the first hospital systems to adopt this new pacemaker technology.

“My new pacemaker is just like my old one, except it’s a little smaller and doesn’t protrude from my chest as much,” Thompson says. “I can barely tell it’s there, and it’s working great.”

He was able to have the MRI scan he needed, which ruled out any serious problems. Thompson’s doctors want him to have periodic MRI scans to keep an eye on the growths on his spine, which is no problem with his new pacemaker.

“A large percentage of people who need pacemakers will also need MRIs at some point, so I think we’re going to see this technology become standard eventually,” Dr. Assar says. “Patients who need pacemakers should ask their doctor whether this option might be a good idea for them.”
“My new pacemaker is just like my old one, except it’s a little smaller and doesn’t protrude from my chest as much. I can barely tell it’s there, and it’s working great.”

— Al Thompson
HOSPITAL ADMISSIONS AND REGISTRATIONS

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Inpatient</th>
<th>Outpatient</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2007</td>
<td>22,810</td>
<td>18,929</td>
<td>3,881</td>
<td>22,810</td>
</tr>
<tr>
<td>FY2008</td>
<td>20,679</td>
<td>19,831</td>
<td>1,848</td>
<td>20,679</td>
</tr>
<tr>
<td>FY2009</td>
<td>20,891</td>
<td>21,955</td>
<td>1,064</td>
<td>20,891</td>
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<tr>
<td>FY2010</td>
<td>22,084</td>
<td>21,609</td>
<td>475</td>
<td>22,084</td>
</tr>
<tr>
<td>FY2011</td>
<td>22,810</td>
<td>20,956</td>
<td>2,854</td>
<td>22,810</td>
</tr>
</tbody>
</table>

ADMISSIONS AND REGISTRATIONS BY MAJOR SERVICE LINES

<table>
<thead>
<tr>
<th>Year</th>
<th>Operating Room</th>
<th>Electrophysiology/Pacemaker</th>
<th>Catheterization Lab</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2007</td>
<td>6,338</td>
<td>1,460</td>
<td>2,457</td>
</tr>
<tr>
<td>FY2008</td>
<td>5,843</td>
<td>1,357</td>
<td>2,353</td>
</tr>
<tr>
<td>FY2009</td>
<td>5,830</td>
<td>1,844</td>
<td>2,137</td>
</tr>
<tr>
<td>FY2010</td>
<td>5,866</td>
<td>2,319</td>
<td>2,055</td>
</tr>
<tr>
<td>FY2011</td>
<td>5,727</td>
<td>2,177</td>
<td>2,020</td>
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</table>
### INPATIENT AVERAGE LENGTH OF STAY

<table>
<thead>
<tr>
<th>FISCAL YEAR</th>
<th>LENGTH OF STAY (IN DAYS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2007</td>
<td>1.9</td>
</tr>
<tr>
<td>FY 2008</td>
<td>2.3</td>
</tr>
<tr>
<td>FY 2009</td>
<td>2.4</td>
</tr>
<tr>
<td>FY 2010</td>
<td>2.7</td>
</tr>
<tr>
<td>FY 2011</td>
<td>3.1</td>
</tr>
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</table>

*Intensive Care Unit (ICU) opened January 2010

### NON-INVASIVE PROCEDURES (FY2011)

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>COUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transthoracic Echocardiogram</td>
<td>7,676</td>
</tr>
<tr>
<td>Stress Echocardiogram</td>
<td>353</td>
</tr>
<tr>
<td>Dobutamiine Stress Echocardiogram</td>
<td>137</td>
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<tr>
<td>Signal Average ECG</td>
<td>6</td>
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<tr>
<td>Metabolic Stress Test</td>
<td>45</td>
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<tr>
<td>Holter Monitors</td>
<td>45</td>
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<tr>
<td>Exercise Arterial Test</td>
<td>5</td>
</tr>
<tr>
<td>Transesophageal Echocardiogram</td>
<td>1,279</td>
</tr>
<tr>
<td>Cerebrovascular Studies</td>
<td>417</td>
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<tr>
<td>Arterial Studies</td>
<td>790</td>
</tr>
<tr>
<td>Venous Studies</td>
<td>1,009</td>
</tr>
<tr>
<td>Visceral Studies</td>
<td>74</td>
</tr>
<tr>
<td>Dialysis Access Scan</td>
<td>72</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>11,908</td>
</tr>
</tbody>
</table>
PRIMAR Y SERVICE AREAS (PSA)  
50% Inpatient Volume

SECONDAR Y SERVICE AREAS (SSA)  
Additional 30% Inpatient Volume

TOTAL SERVICE AREAS (TSA)  
80% Inpatient Volume
Baylor Hamilton Heart and Vascular Hospital continues to move forward in the utilization of the website and associated tools for patient engagement, marketing, and administrative efficiency. Web traffic for the Baylor Hamilton Heart and Vascular Hospital website has remained relatively constant.

**eNewsletter**

Monthly issues of the automated electronic newsletter are distributed to the BHVH mailing list which includes our employees, patients and their families and the community. Email addresses are collected through community events and the patient registration process.

<table>
<thead>
<tr>
<th></th>
<th>SENT</th>
<th>OPENS</th>
<th>CLICK THROUGHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2010</td>
<td>2,394</td>
<td>501 (24.7%)</td>
<td>81 (16.2%)</td>
</tr>
<tr>
<td>June 2011</td>
<td>5,591</td>
<td>887 (15.9%)</td>
<td>161 (18.2%)</td>
</tr>
</tbody>
</table>

**Articles featured include topics on:**

- Cardiac Rehabilitation
- Olive Oil and Vegetables are Good for a Woman’s Heart
- Resynchronization Therapy Extends Lives of Heart Failure Patients
- Study Finds Promise in Home Monitoring of Blood Thinners
- Four Myths of Stress
- Metabolic Syndrome Doubles Heart Disease
In a Heart Beat
Baylor Hamilton Heart and Vascular Hospital eliminates one man’s arrhythmia through a brand new procedure

Dave Amman of Melbourne, Florida, enjoys running, biking and swimming. But when an atrial fibrillation started to seriously compromise his active lifestyle, he looked into having an ablation.

Research showed there was an advanced technique called cryoablation that uses cold or freezing energy to selectively destroy the abnormal heart cells that are causing the irregular heartbeat.

When Dave and his wife learned Baylor Jack and Jane Hamilton Heart and Vascular Hospital in Dallas had participated in the clinical trial and was one of the first hospitals to offer the procedure, there was no question they would make the thousand-mile trip.

At Baylor, Dave was the second person nationally to undergo the new procedure. “I’m back to doing exactly what I want to do. I’ve never felt better.”
“I traveled from Florida for Baylor’s expertise in cardiac arrhythmias.” – David Amman
In addition to health care benefits, Baylor Hamilton Heart and Vascular Hospital offers even more benefits to help the staff when they need it.

401(k) Plan—Baylor will match the 401(k) contributions dollar for dollar, up to the first 5% of eligible pay. Vesting is the amount of company match the employees get to keep when they leave Baylor.

Tuition Reimbursement—Baylor will reimburse 100% of the employee’s tuition costs up to $5,250 per calendar year if:
- The course has “residency” in-state rates.
- The course is complete with a grade of C- or better.
- The employee continues working full-time when reimbursed for the course.

Jury Duty—Employees can receive jury duty pay for scheduled work hours missed while serving on a jury. If employees appear in-court on behalf of Baylor Health Care System, they will be paid for their time as hours worked.

Bereavement Leave—Full-time employees may receive up to three paid days off to attend a funeral, depending on their relationship to the deceased.

Backup Child Care Program—KinderCare offers a backup child care program for all Baylor employees.

Child Care Benefits—Baylor has partnered with two national child care groups that offer our employees a 10% tuition discount for preschool and school-age children.

Travel Assistance—If an emergency occurs when an employee is 100 miles or more away from home, Baylor offers the Employee Travel Assistance Program to help employees.
## POLICIES, SERVICES AND BENEFITS TAILORED TO STAFF SEGMENTED BY NEEDS

<table>
<thead>
<tr>
<th>SEGMENT NEEDS</th>
<th>POLICIES, SERVICES, BENEFITS</th>
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</thead>
<tbody>
<tr>
<td>Safety</td>
<td>Safe Choice, Violence Prevention, Defensive Driving</td>
</tr>
<tr>
<td>Health</td>
<td>Health Screenings, THRIVE Wellness Program, Health Club Discounts</td>
</tr>
<tr>
<td>Career Oriented</td>
<td>Career Development, Clinical Coaches, Tuition Reimbursement, Leadership Development Programs, Internships, ASPIRE, School Affiliations</td>
</tr>
<tr>
<td>Family Oriented</td>
<td>2-Day Alternate Work Schedule (TDA); Adoption Assistance, Discounted Childcare Programs</td>
</tr>
<tr>
<td>Personal Emergencies</td>
<td>Paid Time Off (PTO), Employee Assistance, Employee Trust Fund, Personal/Funeral Leave, Family Medical Leave Act (FMLA)</td>
</tr>
<tr>
<td>Civic Minded</td>
<td>Jury Duty, Military Leave, Paid Time Off (PTO)</td>
</tr>
<tr>
<td>Security</td>
<td>Insurance, Short Term/Long Term Disability; 4 Medical Plan Options, 3 Dental Plans, Life Insurance</td>
</tr>
<tr>
<td>Long Term Financial Goals</td>
<td>Credit Union, 401K Plan, Retirement Plan</td>
</tr>
<tr>
<td>Short Term Financial Needs</td>
<td>Credit Union, ATM</td>
</tr>
</tbody>
</table>
Baylor Hamilton Heart and Vascular Hospital uses Press Ganey Associates to survey their patient population for discharge information. A select sample of recipients will receive satisfaction surveys through the mail.
Baylor Hamilton Heart and Vascular Hospital Has Maintained a Mean Score in the 90s

<table>
<thead>
<tr>
<th></th>
<th>FY2009 MEAN SCORE</th>
<th>FY2010 MEAN SCORE</th>
<th>FY2011 MEAN SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Overall</td>
<td>93.7</td>
<td>94.2</td>
<td>94.0</td>
</tr>
<tr>
<td>Helpfulness of Registration Person</td>
<td>93.9</td>
<td>94.4</td>
<td>93.3</td>
</tr>
<tr>
<td>Ease of the Registration Process</td>
<td>93.6</td>
<td>93.7</td>
<td>92.4</td>
</tr>
<tr>
<td>Standard Facility</td>
<td>91.8</td>
<td>91.8</td>
<td>91.6</td>
</tr>
<tr>
<td>Comfort of Waiting Area</td>
<td>91.4</td>
<td>91.8</td>
<td>91.3</td>
</tr>
<tr>
<td>Cleanliness of Facility</td>
<td>94.8</td>
<td>95.1</td>
<td>95.0</td>
</tr>
<tr>
<td>Standard Test or Treatment</td>
<td>94.9</td>
<td>96.0</td>
<td>96.7</td>
</tr>
<tr>
<td>Friendliness of Staff</td>
<td>96.1</td>
<td>96.9</td>
<td>97.5</td>
</tr>
<tr>
<td>Explanations Given by Staff</td>
<td>93.9</td>
<td>95.1</td>
<td>96.1</td>
</tr>
<tr>
<td>Skill of Techs/Therapists/Nurses</td>
<td>95.6</td>
<td>96.3</td>
<td>97.1</td>
</tr>
<tr>
<td>Staff Concern for Comfort</td>
<td>95.0</td>
<td>95.9</td>
<td>96.9</td>
</tr>
<tr>
<td>Staff's Concern/Questions Worries</td>
<td>94.3</td>
<td>95.6</td>
<td>96.1</td>
</tr>
<tr>
<td>Standard Personal Issues</td>
<td>93.2</td>
<td>94.2</td>
<td>94.3</td>
</tr>
<tr>
<td>Our Concern for Privacy</td>
<td>93.6</td>
<td>94.2</td>
<td>94.4</td>
</tr>
<tr>
<td>Our Sensitivity to Your Needs</td>
<td>93.4</td>
<td>94.5</td>
<td>94.3</td>
</tr>
<tr>
<td>Response to Concerns/Complaints</td>
<td>92.8</td>
<td>94.1</td>
<td>94.2</td>
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<tr>
<td>Standard Overall Assessment</td>
<td>95.7</td>
<td>96.4</td>
<td>96.4</td>
</tr>
<tr>
<td>Staff Worked Together Provide Care</td>
<td>95.0</td>
<td>96.0</td>
<td>95.8</td>
</tr>
<tr>
<td>Overall Rating of Care</td>
<td>95.6</td>
<td>96.6</td>
<td>96.5</td>
</tr>
<tr>
<td>Likelihood of Recommending</td>
<td>96.4</td>
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</tr>
<tr>
<td></td>
<td>FY2009 MEAN SCORE</td>
<td>FY2010 MEAN SCORE</td>
<td>FY2011 MEAN SCORE</td>
</tr>
<tr>
<td>-----------------------------------</td>
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</tr>
<tr>
<td>Standard Overall</td>
<td>95.0</td>
<td>95.8</td>
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<tr>
<td>Overall</td>
<td>95.0</td>
<td>95.8</td>
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</tr>
<tr>
<td>Standard Admission</td>
<td>91.8</td>
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<tr>
<td>Admission</td>
<td>91.8</td>
<td>93.2</td>
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</tr>
<tr>
<td>Courtesy of Person Admitting</td>
<td>93.9</td>
<td>95.0</td>
<td>95.2</td>
</tr>
<tr>
<td>Courtesy of Person Served Food</td>
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<td>93.1</td>
<td>93.3</td>
</tr>
<tr>
<td>Standard Nurses</td>
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<td>93.8</td>
<td>94.0</td>
</tr>
<tr>
<td>Friendliness/Courtesy of the Nurses</td>
<td>94.9</td>
<td>96.0</td>
<td>95.8</td>
</tr>
<tr>
<td>Promptness Response to Call</td>
<td>92.1</td>
<td>93.1</td>
<td>93.2</td>
</tr>
<tr>
<td>Nurses’ Attitude Toward Requests</td>
<td>93.5</td>
<td>94.7</td>
<td>94.4</td>
</tr>
<tr>
<td>Attention to Special/Personal Needs</td>
<td>91.9</td>
<td>93.4</td>
<td>93.2</td>
</tr>
<tr>
<td>Skill of the Nurses</td>
<td>93.7</td>
<td>94.6</td>
<td>94.8</td>
</tr>
<tr>
<td>Extent to Which Nurses Checked ID</td>
<td>94.6</td>
<td>95.5</td>
<td>95.9</td>
</tr>
<tr>
<td>Courtesy of Person Took Blood</td>
<td>91.7</td>
<td>92.8</td>
<td>93.4</td>
</tr>
<tr>
<td>Staff Attitude Toward Visitors</td>
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<td>94.0</td>
</tr>
<tr>
<td>Friendliness/Courtesy of Physician</td>
<td>92.4</td>
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<td>93.6</td>
</tr>
<tr>
<td>Skill of Physician</td>
<td>95.4</td>
<td>96.5</td>
<td>96.1</td>
</tr>
<tr>
<td>Staff Worked Together to Care for You</td>
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<td>94.7</td>
<td>95.0</td>
</tr>
<tr>
<td>Likelihood Recommending Hospital</td>
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<td>96.4</td>
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<tr>
<td>Intensive/Critical Care</td>
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</tr>
<tr>
<td>Friendliness/Courtesy ICU Nurses</td>
<td>n/a</td>
<td>97.4</td>
<td>96.0</td>
</tr>
<tr>
<td>ICU Nurse Help Understand T&amp;T/Cond</td>
<td>n/a</td>
<td>96.1</td>
<td>95.1</td>
</tr>
<tr>
<td>Attention Special/Personal Need Icu</td>
<td>n/a</td>
<td>97.4</td>
<td>96.6</td>
</tr>
<tr>
<td>Skill of ICU/CCU Nurses</td>
<td>n/a</td>
<td>97.2</td>
<td>96.2</td>
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<tr>
<td>Operating/Recovery Room</td>
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<td>n/a</td>
<td>94.0</td>
</tr>
<tr>
<td>Friendliness/Courtesy of Anesthesia</td>
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<td>93.3</td>
<td>94.5</td>
</tr>
<tr>
<td>Explanation by Anesthesia Staff</td>
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<td>92.0</td>
<td>93.6</td>
</tr>
</tbody>
</table>
Retention is a focus for our team. Retention metrics are also hardwired into the performance appraisals of the leadership team. Attendance at special classes about employee retention is required for the leadership team.

<table>
<thead>
<tr>
<th>FY2011</th>
<th>BAYLOR HEALTH CARE SYSTEM</th>
<th>BAYLOR HAMILTON HEART AND VASCULAR HOSPITAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Employees</td>
<td>89.6%</td>
<td>92.9%</td>
</tr>
<tr>
<td>Direct Patient Care RNs</td>
<td>88.0%</td>
<td>94.6%</td>
</tr>
<tr>
<td>Allied Health</td>
<td>88.3%</td>
<td>94.4%</td>
</tr>
<tr>
<td>Direct Patient Care UAPs</td>
<td>84.7%</td>
<td>93.6%</td>
</tr>
</tbody>
</table>
All in the Family
Baylor Hamilton Heart and Vascular Hospital helps one man overcome his genetics and live well with heart disease

Modesto Lara looks so good for his age that he sometimes has to show people his driver’s license to prove he’s turning 76 this year. So he certainly doesn’t look like someone who has had two heart attacks and six-vessel coronary artery bypass surgery.

Lara’s first heart attack happened 20 years ago, when he was just 55 years old. He was treated with angioplasty and medication.

“It’s common in people who develop heart disease in their 40s and 50s to be extremely scared, but we show them that they can live with it and be around to raise their families,” says Azam Anwar, M.D., a cardiologist on the medical staff at Baylor University Medical Center at Dallas and Baylor Hamilton Heart and Vascular Hospital.

Under his physician’s care, Lara quit smoking, started eating a healthier diet and lost weight. He also attended cardiac rehab and continued participating in a square-dancing club for exercise. But despite his best efforts, he had a second heart attack in 2003, which prompted the bypass surgery.

“These things run in my family,” says Lara. “I had two brothers who passed away from heart problems, and then my middle daughter, Paula, was the first of my daughters to be diagnosed. She has three stents, and my eldest, René, has one.”

Lara, who lives in Greenville, has been a “model patient,” according to his doctors. He leads an active, healthy lifestyle, working part-time making deliveries for an auto parts store and spending time with his three daughters, nine grandchildren and 11 great-grandchildren.

“A patient can have a chronic cardiac problem and not be limited by it,” says Rafic Berbarie, M.D., a cardiologist on the medical staff at Baylor Dallas and Baylor Hamilton Heart and Vascular Hospital, who now oversees Lara’s care. “Modesto has overcome a lot and is still able to maintain a very active lifestyle.”
“A patient can have a chronic cardiac problem and not be limited by it. Modesto has overcome a lot and is still able to maintain a very active lifestyle.”

– Rafic Berbarie, M.D.

a cardiologist on the medical staff at Baylor Dallas and BHVH
Baylor Hamilton Heart and Vascular Hospital has a program in place for certification reimbursement. A nurse may request up to $500 in reimbursement for the certification exam, a review course, and review course materials.

We Would Like to Recognize Our Nationally Certified RN’s:

- Allison Tidmore, BSN, RN, CCRN
- Amy Merritt, BSN, RN, CCRN
- Annabelle Zakarian, MSN, RN, CVN
- Anne Lawrence, DIPL, RN-BC
- Annette Parise, ADN, RN-BC
- Araceli Ticzon, BSN, RN, CMSRN
- Aster Naffe, BSN, RN, CCRN
- Beverly Allen, ADN, RN, CPHQ, CPHRM
- Bo Wu, MS, RN, CMSRN, CCRN
- Cecilia Lijauco, MSN, RN, CPHQ, NEA-BC
- Cheryl Rowan, ADN, RN-BC
- Courtney Wade, BSN, RN, CCRN
- Cynthia Simmons, ADN, RN-BC
- Danielle Strauss, MSN, RN-BC
- Daphne Smith, ADN, RN-BC
- Denise York, ADN, RN, PCCN
- Diana Ekkis, BSN, RN, TNCC, CEN
- Erica Salas, BSN, RN, CNOR
- Gabriell Grayson, BSN, RN-BC
- Henry Viejo, BSN, RN-BC
- Holly Coleman, BSN, RN, CCRN
- Jackie Geddie, ADN, RN-BC
- Jeff Wilcox, ADN, RN-BC, CPAN
- Jennifer Maninang, ADN, RN, CNOR
- Joel Hagenswold, ADN, RN-BC
- Julie Gonzalez, ADN, RN, CRN
- Kelly Pinaga, BSN, RN-BC
- Kristine Maguigad, BSN, RN-BC
- Laurie Barta, ADN, RN, CEPS, CCDS
- Laurie Linker, BSN, RN, CNOR
- Lisa Dodd, ADN, RN-BC
- Mark Sanders, MSN, RN, NEA-BC
- Mary Atkins, BSN, RN-BC
- Mary Muldoon, DIPL, RN-BC, CEPS
- Michael Harris, ADN, RN, RCIS
- Michael Walsh, BSN, RN-BC
- Millie Church, BSN, RN, CCRN
- Mindy Smart, BSN, RN-BC
- Mini Iype, MSN, RN-BC
- Nancy Vish, PhD, RN, NEA-BC, FACHE
- Paige Holmes, BSN, RN-BC
- Paul St. Laurent, MSN, RN, ANP, CCRN, ACNP-BC
- Paz McDonald, BSN, RN, CCRN
- Rodrigo Sta-Maria, BSN, RN, CCRN
- Romero Resurreccion, ADN, RN-BC
- Ronald Maninang, ADN, RN, TNCC
- Rose Andrews, BSN, RN-BC, CCRN
- Sandra McLeroy DeJong, BSN, RN-BC
- Shannon Zhou, BSN, RN, CNOR
- Sharon Carroll, BSN, RN, CEPS
- Stacy Fowler, BSN, RN, CCRN
- Tara Byxbe, BSN, RN, CCRN
- Tonja Solomon, ADN, RN-BC
- Tracy Ordrop, MSN, RN, NE-BC
- Valerie Darst, BSN, RN-BC, RCIS
- Vicki Fletcher, ADN, RN-BC
The STARRS Committee continues to play a very important role in satisfaction. STARRS stands for Service, Training, Accountability, Recruitment, Retention and Satisfaction.

As a standing agenda item the STARRS Committee has an open discussion period where representatives may bring up issues that require clarification, problem solving or process improvement. Issues brought to this council by the staff over the past twelve months have led to higher levels of employee satisfaction. Initiatives include meet and greet breakfasts for new employees, employment anniversary cards, community service, review of department actions plans from the quarterly employee surveys and an open forum called the “Stupid List” which highlights “little annoyances” with “big consequences.”

**Chair – Daphne Smith, RN**

**Co-Chair – Leigh Ann Ward, RT(R), ARRT**

**FY2011 ACCOMPLISHMENTS INCLUDE:**

- Shoes for Orphan Souls
- Genesis Women’s Shelter
- Departmental pumpkin decorating contest
- Our Children’s House stuffed toy drive
- “Painting of the Bowls” and silent auction to raise money for the North Texas Food Bank
- North Texas Food Bank “Empty Bowls” project
- Scrapbook event to document council accomplishments
- Father’s Day basket raffle
- Return of the “Stupid List” where staff members have a forum to voice ideas to improve the working environment

**THE SHARED GOVERNANCE MODEL**

The shared governance model is an organizational structure in which clinical nurses have a voice in determining nursing practice, standards and quality of care. The advantages of shared governance are twofold:

- It empowers nurses to use their clinical knowledge and expertise to develop, direct and sustain our own professional practice.
- It allows nurses to network with colleagues and to collaborate among units and departments.
The Standards and Measure Committee focuses on Patient and Family Satisfaction. When it comes to service, Baylor Hamilton Heart and Vascular Hospital employees often go above and beyond what’s expected – on the patient floor, in administrative offices, in clinics and elsewhere. We want to make sure those efforts are recognized and rewarded. The Standards and Measures Committee helps identify those staff members who should be recognized for their efforts.

FY2011 ACCOMPLISHMENTS INCLUDE:

- Implementation of the BHVH Service Signature: “Is there anything else I can do for you?”, “Communication Connection”, “Every Patient, Every Encounter” and “Memory Moments”
- Press Ganey staff monthly notification and poster boards
- Language interpretation initiatives enhancement
- IV start trending stats
- Patient family communication enhancements- chart label (with family contact information) used during procedures to inform family of progress
- Post procedure meal delivery timeliness improvement (decrease of over 15 minutes)
- Patient care delivery model improvement- 4SCU open longer for post procedure patients to return to the same floor
- Training and coaching on communication delivery- verbal and non verbal
- A service tool kit (box) placed in all the units so RNs and PCTs are able to do service recovery. Boxes include multiple items: hairdryers, meal coupons, parking tokens, game books and movie tickets
- New departure check list put into action and is utilized on all patients
- Service Alert notifications implemented for procedural wait times longer than three hours
- Service Signatures are carried forward to the hospital’s physician partners
When it comes to service, Baylor employees often go above and beyond what’s expected – on the patient floor, in administrative offices, in clinics and elsewhere. We want to make sure those efforts are recognized and rewarded. That’s why we’re introducing Service Excellence Awards. These awards are given monthly to employees across the System who demonstrate exceptional levels of customer service. Each award recipient receives a $125 American Express gift card (taxes paid by Baylor).

Service Excellence Awards

Nurse.com’s prestigious annual Nursing Excellence Awards honors superior nurses in regions across the country. The award is nominated by nurses, selected by nurses and awarded by nurses. Categories include: Advancing and Leading the Profession, Community Service, Mentoring, Clinical Care, Management and Teaching.

The President/Senior Leader Service Excellence Award Winners Were:

**August 2010**
- Allie Gammill
- Ashley Kent
- Diana Ekiss
- Ed Reiter
- Margaret Donor
- Josh Glasgow
- Katrina Bailey
- Terry Theologes

**September 2010**
- Jackie Geddie
- Jamil Ahmad
- Kathleen Kennedy
- Ramiro Vasquez

**October 2010**
- Tara Byxbe
- Celeste Thompson
- Jade Hesson
- Paige Holmes

**December 2010**
- Diana Ekiss
- Nicole DeGennaro
- Rebecca Morton
- Stacy Yohnann
- Ashley Kent
- Margaret Donor
- Timothy Majewski
- Lindsey Anderson
- Adrienne Adams
- Thais Winmill
- Daphne Smith
- Shylwanda Brooks

**May 2011**
- Yaira Liedl
- Jackie Clark
- Ramiro Baiza
- Theresa Ware

**June 2011**
- Courtney Wade
- Mike Davis
- Shylwanda Brooks
- Dellar Jenkins
- Scotty Pate
- Vicki Fletcher
- Julie Gonzalez
- Rose Andrews
- Iwiller Hendrix
- Laurie Barta
- Nicole Fuller
- Celeste Thompson

**FY2011 Finalists Include:**

- Sandra DeJong McLeroy, BSN, RN-BC (Management)
- Sherry Keithly, RN-BC (Community Service)
- Mindy Smart, BSN, RN-BC (Clinical Care)
These awards are presented quarterly to up to 24 outstanding employees system-wide, chosen from among the top monthly award recipients. Each quarterly honoree receives a $3,000 cash payment (taxes paid by Baylor) and a small keepsake, presented by Baylor CEO Joel Allison at a luncheon.

Timothy (Tim) Majewski, BSN, RN
Specialty Care Unit, Baylor Hamilton Heart and Vascular Hospital

Tim is consistently recognized in Press Ganey surveys as someone who provides excellent care and is communicative with patients and their families. He is described by patients as a “great nurse.” He was also recognized by the BHVH Nurse Practitioner and leadership team for his attention to newly diagnosed diabetic patients. Tim is passionate about his role in the hospital-wide priority to discover patients with undiagnosed diabetes, and to provide them with education and resources. Tim’s positive attitude is infectious and permeates his entire team, improving the team’s morale and cooperation with each other. Tim’s patient-centeredness is evident when he welcomes patients, sees to their safety and works with family members to ensure they understand the patient’s condition and care. Tim also volunteers for BHVH Community projects by conducting health screens and patient education, and represents BHVH at recruitment events.

Michael (Mike) Davis, Chaplain
Pastoral Care, Baylor Hamilton Heart and Vascular Hospital

As a chaplain, Mike graciously serves patients and their families, and is an integral part of the service BHVH strives to provide. He often stops by a room to pray with a patient. On one occasion, when Mike went into a patient’s room, he recognized how weak she was and that her meal tray had been delivered to the room. She was hungry but couldn’t feed herself, so Mike stopped to help her and stayed with her to make sure she got the nourishment she needed. Mike is kind, gentle and compassionate ways have put families at ease and given hope and the strength to continue to fight to patients.
Stacy Yohannan, BSN, RN

Stacy is a compassionate and highly skilled nurse. She is recognized by her patients as well as her peers for her nursing knowledge and passion for excellence in patient care. Stacy consistently receives recognition from her patients through Press Ganey satisfaction surveys and five star spirit awards. Patients at BHVH appreciate Stacy’s genuine concern for them, whether they are there for a cardioversion, ablation or other procedure. Her positive attitude is important to patients as they undergo serious treatment. Knowing they are in the hands of a capable nurse means everything to them. She is described as caring, attentive to her patients, friendly and efficient. Stacy is an excellent role model for service excellence and is meticulous in making sure her patients receive outstanding care. As one patient stated, “She is an example of how nurses should perform their duties.”

Scott Pate, Cardiovascular Invasive Specialist

Scott co-chairs the Standards and Measures Council, which has made a positive impact throughout the team and the entire BHVH staff. He has also promoted, led and championed multiple initiatives, including AIDET + (AIDET with a twist!), physician-focused service coaching and initiatives to increase our patient satisfaction related to physician scores. Scott greets patients as they enter the cath lab with a smile on his face and a friendly, positive and encouraging attitude that helps ease patients’ anxieties. Patients often comment that they don’t feel alone while waiting for their procedures to begin as the staff talk to them and often joke and find something funny to share with them to lighten their mood. Scott has positioned himself as a service excellence role model, consistently demonstrating and encouraging staff to do likewise.
The Housewide Professional Development Council focuses on education. They meet monthly to address continuing education events and planning for CEUs and NOW cards. The council addresses competencies and orientation programs, as well as, policy education.

FY2011 ACCOMPLISHMENTS INCLUDE:

- Multiple housewide and unit based inservices throughout the year
- Three annual seminars organized and led by staff members: Cardiovascular Symposium, Vascular Seminar, and Electrophysiology/Pacemaker Seminar
- Ethics Lunch and Learns held for all staff members
- Online Journal Club initiated
- Restraint education provided to staff
- Staff education on policy and procedures
- Annual staff BLN modules
- Staff completed Nursing Professional Profiles on HR WorkWays
- “Teach back” for consents implemented
- Verbal/Telephone Order Read Back sticker implemented
- Diversity 101 events initiated
- Bedside Shift Report began
- Annual Skills Week for clinicians
- Education on new ACLS and BLS practice changes
- Hospital OR Sterile Technique Class held
- Second Annual Nursing Quality Summit held

The Housewide Clinical Practice Council focuses on improving patient care and education. The council monitors compliance with The Joint Commission, reviews ethics, implements and maintains practice guidelines consistent with national, regional and community standards and recommends improvements to the Practice Model. The council also updates the staff on drug administration, pharmacy and medication updates, notices staffing patterns and assists in the policy and procedure development.

FY2011 ACCOMPLISHMENTS INCLUDE:

- Multiple Policy and Procedure changes implemented
- Multiple evidence based articles presented to staff
- Algorithm for EP/PM device checks implemented
- Implementation of new Code Critique sheet
- Multiple new ordersets implemented
- Monthly reporting of hypoglycemic and diabetes audits
- New patient discharge education forms implemented
- New Advance Directives Tracking form
- Teletracking implemented
- Staff attended “Professional Practice Model” conference
- First LifeNet activation
- Rapid Response Team stickers and magnets placed in patient rooms for easy accessibility of patient family
## HOUSEWIDE INFECTION PREVENTION COUNCIL

Chair – Deborah White, MHA, BSCLS

**FY2011 ACCOMPLISHMENTS INCLUDE:**
- Utilized “flu buggy” to encourage staff flu vaccination
- Baylor received Silver Level achievement for Joint Commission regarding flu vaccinations
- BLN module on “Infection Control”
- Monthly staff and physician hand hygiene audits performed
- Isolation grid for Clostridium Difficile distributed to staff members

## HOUSEWIDE PAIN MANAGEMENT COMMITTEE

Chair – Paz MacDonald, BSN, RN, CCRN
Co-Chair – Julie Gonzalez, RN, CRN

**FY2011 ACCOMPLISHMENTS INCLUDE:**
- On Q pain pump competency check offs
- Audits on patient controlled analgesia performed
- Education of patient and family members performed regarding patient controlled analgesia pumps
- Staff inservice regarding “Sedation and Management in the ICU”
- Multiple lectures on pain management provided by physicians
- “Assessment and Pain Management” inservice
- “Complementary and Alternative Medicine” inservice
- “Acupuncture in Pain Management” inservice by an Acute Pain Nurse Practitioner

## HOUSEWIDE RESEARCH COMMITTEE

Chair – Mary Muldoon, RN, RN-BC, CEPS
Co-Chair – Tar Byxbe, RN-BC

**FY2011 ACCOMPLISHMENTS INCLUDE:**
- “Comparison of Intrathoracic Pressure Exerted on Sternal During Low, Medium and High-Intensity Bench Press Resistance Exercise vs. a Sneeze” research study funded by Cardiovascular Review Committee
- “Highland Park Physical Ability Test” research study approved by the IRB
- Automotive Technician study abstract accepted for poster presentation at 2010 AACVPR national conference
- Patient Website research study approved by the IRB and funded by Cardiovascular Review Committee
- BLAH research study approved by the IRB and funded by the Nursing Research Council
- Article: “Assessment of the historical use of a proposed insulin sliding scale and its effect on patient glucose control” published in BUMC Proceedings
- Pink Packet research study completed and submitted for publication
- Research associate in the Cardiac Rehabilitation Department was asked to sit on the editorial board for *BUMC Proceedings*
Centers for Medicare and Medicaid Services (CMS) FY2011

The core measures that the hospital tracks include Acute Myocardial Infarction (AMI), Heart Failure (HF), and Surgical Care Infection Prevention (SCIP). In each of these measures, the hospital has exceeded national averages. Concurrent data acquisition is in place with data elements reviewed daily. Variances are also managed daily with education and/or process design review and modification.

### HEART ATTACK QUALITY INDICATOR

<table>
<thead>
<tr>
<th>HEART ATTACK (ACUTE MYOCARDIAL INFARCTION)</th>
<th>BHVH</th>
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<th>TEXAS</th>
</tr>
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<tr>
<td>AMI Bundle</td>
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</tr>
<tr>
<td>Aspirin at arrival</td>
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<td>99%</td>
<td>99%</td>
</tr>
<tr>
<td>Aspirin at discharge</td>
<td>100%</td>
<td>99%</td>
<td>98%</td>
</tr>
<tr>
<td>ACEI or ARB for LVSD</td>
<td>100%</td>
<td>96%</td>
<td>96%</td>
</tr>
<tr>
<td>Adult smoking cessation advice/counseling</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Beta blocker at discharge</td>
<td>100%</td>
<td>98%</td>
<td>98%</td>
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### HEART FAILURE QUALITY INDICATOR

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</tr>
</thead>
<tbody>
<tr>
<td>CHF Bundle</td>
<td>100%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>All discharge instructions</td>
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<td>90%</td>
<td>91%</td>
</tr>
<tr>
<td>Evaluation of LVS function</td>
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<td>98%</td>
<td>98%</td>
</tr>
<tr>
<td>ACEI or ARB for LVSD</td>
<td>100%</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>Adult smoking cessation advice/counseling</td>
<td>100%</td>
<td>99%</td>
<td>99%</td>
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</tbody>
</table>

### SURGICAL INFECTION QUALITY INDICATOR

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<tr>
<th>SURGICAL INFECTION IMPROVEMENT PROJECT</th>
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<th>NATIONAL</th>
<th>TEXAS</th>
</tr>
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<tbody>
<tr>
<td>SCIP All or None Bundle</td>
<td>99%</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Antibiotic received within one hour of incision</td>
<td>99%</td>
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<tr>
<td>Antibiotic selection</td>
<td>100%</td>
<td>98%</td>
<td>98%</td>
</tr>
<tr>
<td>Antibiotic discontinued within 24 hours</td>
<td>100%</td>
<td>96%</td>
<td>95%</td>
</tr>
<tr>
<td>Appropriate hair removal</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Beta blocker use preoperatively</td>
<td>100%</td>
<td>94%</td>
<td>94%</td>
</tr>
</tbody>
</table>
Baylor Hamilton Heart and Vascular Hospital monitors several other quality indicators in Atrial Fibrillation and Percutaneous Interventional Cardiology. These diagnoses require several evidenced based measures to be in place to assure quality of care. The hospital’s data is collected concurrently and reviewed daily. The hospital has exceeded national standards in these areas as well.

Baylor Hamilton Heart and Vascular Hospital participates in preventive health measures with the American Heart Association. This program requires several indicators of preventive health to be monitored as part of secondary prevention. The hospital puts these measures into place in an effort to assure that we are addressing prevention of heart disease. The hospital has exceeded national averages in these areas. Metrics are incorporated into the pre-printed order sets that are utilized for patient care to assure that the elements of care are hardwired into our daily activities.
## PERFORMANCE REPORT FY2011

### Atrial Fibrillation

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coumadin at discharge</td>
<td>100%</td>
</tr>
<tr>
<td>Patient follow-up</td>
<td>100%</td>
</tr>
<tr>
<td>Teaching smoking cessation</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Percutaneous Coronary Intervention

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lipid lowering medication at discharge</td>
<td>99%</td>
</tr>
<tr>
<td>Plavix at discharge</td>
<td>100%</td>
</tr>
<tr>
<td>ASA at discharge</td>
<td>99%</td>
</tr>
<tr>
<td>Teaching smoking cessation at discharge</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Beta Blockers in Vascular Surgery

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior to surgery</td>
<td>100%</td>
</tr>
<tr>
<td>Recovery room</td>
<td>97.5%</td>
</tr>
<tr>
<td>Specialty Unit</td>
<td>96.6%</td>
</tr>
<tr>
<td>At discharge</td>
<td>93.2%</td>
</tr>
</tbody>
</table>

### AHA Get with the Guidelines

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>HbA1c&gt;7 outpatient diabetic referral</td>
<td>100%</td>
</tr>
<tr>
<td>HbA1c&gt;7 letter to PCP</td>
<td>100%</td>
</tr>
<tr>
<td>ADA diet orders for diabetic patients</td>
<td>98.4%</td>
</tr>
<tr>
<td>At discharge</td>
<td>98.1%</td>
</tr>
</tbody>
</table>

### Vaccinations

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumococcal vaccinations</td>
<td>100%</td>
</tr>
<tr>
<td>Influenza vaccinations</td>
<td>98.8%</td>
</tr>
</tbody>
</table>
## IN-HOSPITAL MORTALITY FY2011

<table>
<thead>
<tr>
<th>EP/PACEMAKER/ICD</th>
<th>CASE COUNT</th>
<th>IN-LAB</th>
<th>PERCENT</th>
<th>POST PROCEDURE</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pacemaker Only</td>
<td>406</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0.49%</td>
</tr>
<tr>
<td>Event Recorder</td>
<td>51</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>ICD Only</td>
<td>501</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0.60%</td>
</tr>
<tr>
<td>EP Cases</td>
<td>889</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0.11%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>1,847</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>0.32%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CATH LAB</th>
<th>CASE COUNT</th>
<th>IN-LAB</th>
<th>PERCENT</th>
<th>POST PROCEDURE</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic Cath Only</td>
<td>2,308</td>
<td>1</td>
<td>0.04%</td>
<td>18</td>
<td>0.78%</td>
</tr>
<tr>
<td>Diagnostic Peripheral Only</td>
<td>397</td>
<td>0</td>
<td>0.00%</td>
<td>1</td>
<td>0.25%</td>
</tr>
<tr>
<td>Cardiac Intervention</td>
<td>1,406</td>
<td>2</td>
<td>1.42%</td>
<td>5</td>
<td>0.36%</td>
</tr>
<tr>
<td>Peripheral Intervention</td>
<td>894</td>
<td>1</td>
<td>0.00%</td>
<td>5</td>
<td>0.56%</td>
</tr>
<tr>
<td>Peripheral Diagnostic w/ Cardiac Procedures</td>
<td>761</td>
<td>1</td>
<td>1.30%</td>
<td>5</td>
<td>0.66%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>5,766</td>
<td>4</td>
<td>0.07%</td>
<td>34</td>
<td>0.59%</td>
</tr>
</tbody>
</table>
### Readmissions to Baylor Hamilton Heart and Vascular Hospital FY2011

<table>
<thead>
<tr>
<th>Cause/Procedure</th>
<th>No. Cases</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pacemaker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead Dislodgement</td>
<td>4</td>
<td>1.0%</td>
</tr>
<tr>
<td>Infection</td>
<td>5</td>
<td>1.2%</td>
</tr>
<tr>
<td>Another related procedure</td>
<td>10</td>
<td>2.4%</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>2.7%</td>
</tr>
<tr>
<td>EP Ablation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Re-Ablation</td>
<td>21</td>
<td>2.9%</td>
</tr>
<tr>
<td>Same site</td>
<td>17</td>
<td>2.3%</td>
</tr>
<tr>
<td>Different site</td>
<td>4</td>
<td>0.6%</td>
</tr>
<tr>
<td>ICD Only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead Dislodgement</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Infection</td>
<td>3</td>
<td>0.6%</td>
</tr>
<tr>
<td>Another ICD relate procedure</td>
<td>17</td>
<td>3.6%</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>0.6%</td>
</tr>
<tr>
<td>Coronary Interventions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Same Vessel</td>
<td>40</td>
<td>2.3%</td>
</tr>
<tr>
<td>Coronary Angiogram</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Return for Intervention</td>
<td>174</td>
<td>4.4%</td>
</tr>
</tbody>
</table>
Baylor Hamilton Heart and Vascular Hospital has selected multiple quality indicators, including nurse sensitive indicators that are monitored and reported monthly on a performance report card. This report card is reviewed in multiple forums including our shared governance councils, Medical Leadership, and Board of Manager meetings. This report is also reviewed in all employee meetings on a quarterly basis. Actions are taken for areas with improvement opportunities.

<table>
<thead>
<tr>
<th>NATIONAL HEALTHCARE SAFETY NETWORK (NHSN)</th>
<th>NO. PROCEDURES</th>
<th>BHVH INFECTION RATE PER 100 OPERATIONS</th>
<th>CDC/NHSH BENCHMARK RATE PER 100 OPERATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carotid endarterectomy</td>
<td>150</td>
<td>2.0</td>
<td>0</td>
</tr>
<tr>
<td>Peripheral bypass</td>
<td>128</td>
<td>3.9</td>
<td>2.75</td>
</tr>
</tbody>
</table>
Statistical process control charts are utilized to analyze the variance in fall incidence. The data subset has consistently trended below the NDNQI National Comparative Information mean for Bedside <100. The fall rate from 2Q09 to 1Q11 is consistently below the NDNQI benchmark. In addition, the injury rate for the Med-Surg group has remained below the NDNQI benchmark.

The Clinical Practice team of the Specialty Care unit designed the “Call, Don’t Fall” Program approximately two years ago to focus on falls. Nurse leaders and supervisors continue to educate nurses and patient care techs ongoing about the importance of fall precautions.

### FALLS PER 1,000 PATIENT DAYS:

<table>
<thead>
<tr>
<th>ADULT MED-SURG COMBINED</th>
<th>2Q09</th>
<th>3Q09</th>
<th>4Q09</th>
<th>1Q10</th>
<th>2Q10</th>
<th>3Q10</th>
<th>4Q10</th>
<th>1Q11</th>
<th>AVG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialty Care Unit</td>
<td>1.41</td>
<td>1.41</td>
<td>2.32</td>
<td>0.80</td>
<td>2.37</td>
<td>1.07</td>
<td>1.79</td>
<td>2.28</td>
<td>1.68</td>
</tr>
<tr>
<td>Hospital Adult Med-Surg Combined Median</td>
<td>1.41</td>
<td>1.41</td>
<td>2.32</td>
<td>0.80</td>
<td>2.37</td>
<td>1.07</td>
<td>1.79</td>
<td>2.28</td>
<td>1.68</td>
</tr>
</tbody>
</table>

### NATIONAL COMPARATIVE INFORMATION – BEDSIZE<100

| 25th percentile | 1.87 | 1.88 | 1.86 | 1.82 | 1.93 | 1.56 | 1.85 | 1.76 | 1.82 |
| 50th percentile (median) | 2.99 | 3.14 | 3.00 | 3.26 | 3.07 | 3.10 | 2.94 | 2.88 | 3.05 |

### INJURY FALLS PER 1,000 PATIENT DAYS

<table>
<thead>
<tr>
<th>ADULT MED-SURG COMBINED</th>
<th>2Q09</th>
<th>3Q09</th>
<th>4Q09</th>
<th>1Q10</th>
<th>2Q10</th>
<th>3Q10</th>
<th>4Q10</th>
<th>1Q11</th>
<th>AVG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialty Care Unit</td>
<td>1.41</td>
<td>0.56</td>
<td>0.00</td>
<td>0.00</td>
<td>0.52</td>
<td>0.55</td>
<td>1.12</td>
<td>1.16</td>
<td>0.66</td>
</tr>
<tr>
<td>Hospital Adult Med-Surg Combined Median</td>
<td>1.41</td>
<td>0.56</td>
<td>0.00</td>
<td>0.00</td>
<td>0.52</td>
<td>0.55</td>
<td>1.12</td>
<td>1.16</td>
<td>0.66</td>
</tr>
</tbody>
</table>

### NATIONAL COMPARATIVE INFORMATION – BEDSIZE<100

| 25th percentile | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 50th percentile (median) | 0.75 | 0.75 | 0.66 | 0.75 | 0.70 | 0.65 | 0.71 | 0.74 | 0.71 |
Baylor Hamilton Heart and Vascular Hospital had no reported Hospital Acquired Pressure Ulcers (HAPU) for the FY 2009 and has consistently trended below the NDNQI National Comparative Information mean for Bedside <100. Current methods of investigating skin breakdown are effective. A specially trained group of “skin integrity” nurses do monthly skin integrity audits and standing delegated medical orders allow faster utilization of ET nurse consults. Data indicating a unit to be at or below the NDNQI means are used as a measurement of success. Problem identification and appropriate education is provided if there is an identification of an acquired pressure related skin ulcer. All data regarding HAPU is reported at the monthly Health Care Improvement Committee and Housewide Clinical Practice Committee.

<table>
<thead>
<tr>
<th>PERCENT OF SURVEYED PATIENTS WITH HOSPITAL ACQUIRED PRESSURE ULCERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADULT MED-SURG COMBINED</td>
</tr>
<tr>
<td>Specialty Care Unit</td>
</tr>
<tr>
<td>Hospital Adult Med-Surg Combined Median</td>
</tr>
<tr>
<td>NATIONAL COMPARATIVE INFORMATION – BEDSIZE&lt;100</td>
</tr>
<tr>
<td>25th percentile</td>
</tr>
<tr>
<td>50th percentile (median)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PERCENT OF SURVEYED PATIENTS WITH HOSPITAL ACQUIRED PRESSURE ULCERS STAGE II AND ABOVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADULT MED-SURG COMBINED</td>
</tr>
<tr>
<td>Specialty Care Unit</td>
</tr>
<tr>
<td>Hospital Adult Med-Surg Combined Median</td>
</tr>
<tr>
<td>NATIONAL COMPARATIVE INFORMATION – BEDSIZE&lt;100</td>
</tr>
<tr>
<td>25th percentile</td>
</tr>
<tr>
<td>50th percentile (median)</td>
</tr>
</tbody>
</table>
Atrial Fibrillation (A-Fib or AF) is the most prevalent arrhythmia that originates in the atria. It is estimated that currently 2.2 million Americans suffer from this arrhythmia and that several million more will suffer with this over the next ten years.

At Baylor Hamilton Heart and Vascular Hospital, we understand that this patient population is, at times, underserved. We have made it our mission to partner with patients who suffer from Atrial Fibrillation – to help them get better. We have a multidisciplinary treatment team focused on the diagnosis and treatment of Atrial Fibrillation.

<table>
<thead>
<tr>
<th>DATE OF EVENT</th>
<th>SPEAKER</th>
<th>NO. OF ATTENDEES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sep. 2009</td>
<td>AFIB Community Talk – Dr. Assar</td>
<td>49</td>
</tr>
<tr>
<td>Mar. 2010</td>
<td>AFIB Community Talk – Dr. Kowal</td>
<td>78</td>
</tr>
<tr>
<td>Jun. 2010</td>
<td>AFIB Community Talk – Dr. Franklin</td>
<td>41</td>
</tr>
</tbody>
</table>
Arctic Front® Cardiac CryoAblation Catheter system

Baylor Hamilton Heart Hospital, First in North Texas to Use Cold Technology to Treat a Common Form of Irregular Heartbeat

Physicians at Baylor Hamilton Heart and Vascular Hospital are the first in North Texas to offer the Arctic Front® Cardiac CryoAblation Catheter system, the first and only cryoballoon in the United States indicated to treat drug refractory recurrent symptomatic paroxysmal atrial fibrillation (PAF), a serious heart rhythm disorder that affects millions of Americans. Recently approved by the U.S. Food and Drug Administration, the cryoballoon treatment involves a minimally-invasive procedure that efficiently creates lesions around the pulmonary veins, which is the source of erratic electrical signals that cause the irregular heartbeat.

Unlike traditional ablation treatments that use radiofrequency, or heat, to destroy faulty electrical circuits in the heart, the balloon-based technology of Arctic Front is novel because it ablates cardiac tissue through the use of a coolant rather than heat, which is delivered through a catheter. This freezing technology allows the catheter to adhere to the tissue during ablation, allowing for greater catheter stability.

Dr. Kevin Wheelan, medical director of Baylor Hamilton’s electrophysiology program, says, “The value of the new cryoablation technology over existing ablation methods is that it enables physicians to more safely isolate the pulmonary veins using a simple, efficient approach. This minimally invasive procedure may give patients peace-of-mind that their heart may be restored to an
appropriate rhythm and they can resume their normal, daily activity following the treatment."

According to the STOP-AF (Sustained Treatment of Paroxysmal Atrial Fibrillation) trial, which served as the basis for FDA approval, 69.9 percent of patients treated with Arctic Front achieved treatment success at 12 months, compared to 7.3 percent of patients treated with drug therapy only. The study also demonstrated that treatment with the device is safe, with limited procedure-related adverse events (3.1 percent), and a reduction in adverse events caused by atrial fibrillation when compared to drug therapy. Additionally, patients treated with Arctic Front displayed a significant reduction of symptoms, a decrease in the use of drug therapy and substantial improvements in both physical and mental quality-of-life factors. Baylor Hamilton Heart and Vascular Hospital was the lead enrolling site in the STOP-AF study in the United States and Canada.

The new catheter technology is approved by the U.S. Food and Drug Administration for use with Medtronic’s Arctic Front® Cardiac CryoAblation Catheter System to provide a more straightforward treatment approach. When used in conjunction with Arctic Front, the Achieve Mapping Catheter combines pulmonary vein diagnostic and ablation capabilities in a single system. The Achieve Mapping Catheter is deployed through the Arctic Front guide wire lumen enabling the Arctic Front procedure to be performed using a single transseptal puncture with minimal catheter exchanges, enabling physicians to map electrical conduction between the left atrium and pulmonary veins in order to assess pulmonary vein potentials before, during and after cryoablation.

The Arctic Front Cardiac CryoAblation Catheter, approved by the FDA in December 2010, is the first and only cryoballoon in the United States indicated for the treatment of PAF. Baylor Hamilton Heart and Vascular Hospital was the first in North Texas to offer the Arctic Front CryoAblation Catheter and was a major participant in the STOP-AF trial which demonstrated its effectiveness. The cryoablation treatment involves a minimally-invasive procedure that creates circumferential lesions around the pulmonary vein (the source of erratic electrical signals that cause atrial fibrillation) and blocks the conduction of atrial fibrillation in cardiac tissue through the use of a coolant.
First MRI-Safe Pacemaker

Baylor Hamilton Heart and Vascular Hospital Implants
First MRI-Safe Pacemaker in North Texas

An interventional cardiologist on Baylor Hamilton Heart and Vascular Hospital’s medical staff successfully used the Revo MRI™ SureScan® pacing system, the first MR-Conditional pacing system designed, tested and FDA approved for use in the Magnetic Resonance Imaging (MRI) environment. Prior to the Revo MRI SureScan pacing system, MRI procedures for patients with implanted pacemakers were not recommended because these patients might face serious complications, such as interference with pacemaker operation, damage to system components, lead or pacemaker dislodgement or change in pacing capture threshold.

The number of patients with pacemakers is growing at the same time that the use of MRI is increasing. About 40 million MRI scans are performed annually in the United States. MRI is often preferred by physicians because it provides a level of detail and clarity not offered by other soft tissue imaging modalities.

It has been estimated that there is a 50 to 75 percent probability that cardiac device patients will be indicated for an MRI over the lifetime of their devices. Furthermore, more than 200,000 patients annually in the U.S. have to forego an MRI scan because they have a pacemaker. The Revo MRI SureScan pacing system can help address this important unmet patient need.

Developed by Medtronic, the Revo MRI SureScan pacing system is the first pacing system of its kind in the U.S. The Revo MRI SureScan pacing system was designed to address safety concerns around MRI procedures for patients who have implanted pacemakers. MRI scanners may cause traditional pacemakers to misinterpret MRI-generated electrical noise and withhold pacing therapy or deliver unnecessary pacing therapy. The Revo MRI pacing system, when programmed into SureScan mode prior to an MRI scan, is designed to be used safely in the MRI environment.
CoreValve

New Technology Treats Aortic Heart Valve Disease without Surgery

Baylor Hamilton Heart and Vascular Hospital announced its first patient implant in the Medtronic CoreValve® U.S. Clinical Trial. We are one of 40 hospitals across the U.S. to participate in the trial evaluating an innovative non-surgical, less-invasive procedure as a treatment alternative to open-heart surgery for patients with severe aortic stenosis.

A 93-year old woman from Dallas was our first patient to receive the CoreValve replacement valve. She suffers from aortic stenosis, which prevents the heart’s aortic valve from opening completely, thereby preventing healthy blood flow from the aorta to the rest of the body. Untreated, aortic valve stenosis leads to serious heart problems.

“There is significant need for a new treatment option for patients with aortic stenosis, and it is enormously rewarding that Baylor Hamilton Heart and Vascular Hospital can be part of evaluating this new treatment option in our community,” said Robert Stoler, M.D., co-medical director of cardiology, and medical director of interventional cardiology services. “As the population ages, the need for this type of procedure will continue to grow, as aortic stenosis is a condition that develops with age, and many people who are otherwise healthy could benefit significantly.” A second patient, a 91-year old woman from Midland, Texas, also received a CoreValve today.

“Because open-heart surgery is currently the only available treatment option for these patients, and because the risks of surgery can be significant for many patients, the medical community is enthusiastic about the less-invasive option for these patients,” said Dr. Stoler.

Worldwide, approximately 300,000 people have been diagnosed with this condition (100,000 in the U.S.), and approximately one-third of these patients are deemed at too high a risk for open-heart surgery, the only therapy with significant clinical effect that is currently available in the United States.

In the clinical trial, physicians channel a catheter (thin tube) with a porcine, prosthetic valve through a small opening in
the patient’s femoral artery to reach the heart. The physician guides the CoreValve System to the aortic valve, where it self-expands to replace the diseased aortic valve; the procedure is completed without open-heart surgery or surgical removal of the native valve.

In the U.S., the CoreValve System will not be commercially available until the successful completion of this clinical trial and approval by the U.S. Food and Drug Administration (FDA). The CoreValve System received CE (Conformité Européenne) Mark in Europe in 2007.

**Harvest Pivotal Trial**

**Bone Marrow Aspirate Concentrate (BMAC) for Treatment of Critical Limb Ischemia (CLI)**

Critical limb ischemia (pain at rest with or without tissue damage) is a constant and relentless problem, which is growing due to the aging of our population as well as the growth of diabetes in the population. Critical limb ischemia has an annual incidence of 500-1000 cases per million. Critical limb ischemia severely impairs patients’ functional status and quality of life, and is associated with an increased cardiovascular mortality and morbidity.

The prognosis of critical limb ischemia is poor. Even when patients are candidates for current revascularization therapies such as angioplasty or bypass surgery, these therapies are commonly accompanied by significant morbidity and mortality risk. Patients are afflicted with intractable ache and a very high risk of limb loss and/or death.

“Bone Marrow Aspirate Concentrate therapy is so much faster, less invasive, and less expensive than traditional vascular interventions, that if proven efficacious will certainly result in an immediate change in the standard of care for patients with end stage peripheral vascular disease,” said Gregory Pearl, M.D., medical director of vascular surgery.

Baylor took part on the Harvest pilot trial, which utilized the Bone Marrow Aspirate Concentrate system, which processes the cells in 15 minutes in the operating room. A unique feature of both the upcoming pivotal trial and the preceding pilot trial was that it compared the relative effectiveness of the BMAC to a control injection of a placebo and detailed the safety profile of the device and the technique. Neither the subjects nor the investigators know which material was being injected.

The System concentrates the cellular composition of the patient’s bone marrow, which contains the patient’s own stem cells.
In Good Hands
Baylor Hamilton Heart and Vascular Hospital gives one man with heart failure a second chance

Jamol Brocks experienced chest pains while at work, but ignored them and continued through the rest of his shift. Later that night, he awoke feeling nauseated and blacked out a short time later. His wife insisted they go to the hospital right away.

At Baylor Jack and Jane Hamilton Heart and Vascular Hospital, Jamol was diagnosed with myocarditis, an inflammation of the heart muscle. When Jamol’s kidneys and liver started to fail, he was put on full life support. To give his heart time to rest, physicians on the medical staff inserted a temporary device that helps a weakened heart pump blood.

A few days later, his organs began to function normally again. After 18 days in the hospital, Jamol went home. “Going to Baylor was the best decision I ever made. I felt like I was in good hands.”
“Success is beating heart failure.” – Jamol Brocks
Our program draws on a multidisciplinary team that includes internal medicine physicians, registered nurses, exercise specialists, registered dietitians, and social workers in a carefully designed program that is tailored to your specific needs. Offered in three phases, our program features monitored physical activity in which you gradually increase the efficiency of your heart and lungs, strengthening your body’s muscles while gaining the confidence you need to return to daily life.

### CARDIAC REHAB PROGRAM

<table>
<thead>
<tr>
<th>Total Attendees</th>
<th>FY 2007</th>
<th>FY 2008</th>
<th>FY 2009</th>
<th>FY 2010</th>
<th>FY 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase II*</td>
<td>5,419</td>
<td>4,583</td>
<td>4,253</td>
<td>4,874</td>
<td>4,869</td>
</tr>
<tr>
<td>Phase III**</td>
<td>2,830</td>
<td>2,930</td>
<td>3,326</td>
<td>3,308</td>
<td>3,185</td>
</tr>
</tbody>
</table>

*Phase II is a supervised outpatient program of individually prescribed exercise with continuous or intermittent ECG monitoring.
**Phase III is a long term program generally including both clinical supervision by an exercise professional or nurse and intermittent ECG monitoring.
The only one of its kind in North Texas, the Return to Work Lab™ follows industrial athletes and those with jobs that require higher intensity levels after heart procedures to evaluate when their heart is physically ready to return to work. The goal of the Return to Work Lab is to train patients to achieve the fitness level necessary for them to safely perform required job duties upon return to work and/or activities of daily living.

Typical cardiac rehabilitation programs advise participants to perform lower levels of activity by using equipment such as the treadmill, bike, and light hand weights. Our program uses real-life tools and equipment that our participants might use--fire hoses, industrial tools, simulated red guns--that weigh the same as their real life counterparts. We also use training materials taken from these professions; stairway; stairmill; slideboard; agility equipment; simulated lawn equipment; and a weighted workstation.

After successfully completing this program, you will be confident that you’re ready for the demands of your job--and so will your family members, your physician, your employer and coworkers.
Preventative health education groups are one of the best resources for persons who have experienced heart and vascular disease. Share your experience and learn from others in one of Baylor’s ongoing groups.
Leap For Life®

Take the first leap toward a healthier lifestyle with Baylor Health Care System’s Leap (Lifestyle Education Awareness Program) for Life® program. Designed to meet the needs of patients and their families with heart disease, Leap for Life teaches what you can do now to manage your disease and possibly improve your health. It’s a wellness and disease prevention program available to heart patients, their family members, and the community that empowers individuals with physical, dietary, and stress education to achieve better health.

<table>
<thead>
<tr>
<th>LEAP FOR LIFE</th>
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<tbody>
<tr>
<td></td>
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<tr>
<td><strong>Cardiac Rehab Patients</strong></td>
</tr>
<tr>
<td>120</td>
</tr>
<tr>
<td><strong>Community Participants</strong></td>
</tr>
<tr>
<td><strong>Guests</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

Wired For Life

Baylor Hamilton Heart and Vascular Hospital has teamed up with past implantable cardioverter defibrillator (ICD) recipients to provide future ICD recipients with support, comfort and answers to their questions. Volunteers meet with the future recipients and their families before and after the ICD procedure.

<table>
<thead>
<tr>
<th>WIRED FOR LIFE</th>
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<tbody>
<tr>
<td>DATE OF EVENT</td>
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<tr>
<td>----------------</td>
</tr>
<tr>
<td>September 2010</td>
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<tr>
<td>November 2010</td>
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<td>January 2011</td>
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<tr>
<td>March 2011</td>
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<tr>
<td>May 2011</td>
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</tbody>
</table>

Caring Hearts

Emotional support is an important part of recovery, and we think that it’s important for patients in cardiac rehabilitation to learn from the experiences of those who have already completed the program. In the Caring Hearts® program, people who are a year past their own cardiac event, volunteer to visit a patient and their family before or after a procedure, offering empathy and support. Caring Hearts® volunteers also support waiting room staffs. Caring Hearts® volunteers at Baylor Hamilton Heart and Vascular Hospital are cardiac patients or family members of cardiac patients.
Heart Well Forum

Our Heart Well Forum helps you and your family members connect to other people who are experiencing the same things you are. Heart Well Forum is a monthly meeting and support group for cardiovascular patients and their families. The meeting features lunch, an educational presentation, and time for social interaction and support.

<table>
<thead>
<tr>
<th>DATE OF EVENT</th>
<th>NO. OF ATTENDEES</th>
<th>SPEAKER</th>
<th>TOPIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2010</td>
<td>67</td>
<td>Dr. Rafic Berbarie</td>
<td>“Risk Factors for Heart Disease: A Numbers Game”</td>
</tr>
<tr>
<td>August 2010</td>
<td>56</td>
<td>Shabnam Pate, RDCS, RCS</td>
<td>“Stress Echocardiograms: Why Do They Stress Me Out?”</td>
</tr>
<tr>
<td>September 2010</td>
<td>52</td>
<td>Lea Ann England, BSN, RN-BC, NE-BC, CCRN</td>
<td>“Living With Heart Failure: A Case Study”</td>
</tr>
<tr>
<td>October 2010</td>
<td>51</td>
<td>Deborah Suderman, LCSW</td>
<td>“The Heart of the Mind-Body Connection”</td>
</tr>
<tr>
<td>November 2010</td>
<td>67</td>
<td>Emily Malorzo, RD, LD</td>
<td>“Sodium: Should We Take It with a Grain of Salt?”</td>
</tr>
<tr>
<td>December 2010</td>
<td>76</td>
<td>Holiday Party</td>
<td></td>
</tr>
</tbody>
</table>
LINK: Connecting Cardiovascular Health and Wellness Across Generations

LINK is a monthly meeting for heart and vascular patients and their family members to hear a physician or staff member on the medical staff at Baylor Hamilton Heart and Vascular Hospital speak on a variety of topics.

Guests are encouraged to bring friends and family members to the meeting to gain knowledge that heart disease does spread across generations.

### LINK: CONNECTING CARDIOVASCULAR HEALTH AND WELLNESS ACROSS GENERATIONS

<table>
<thead>
<tr>
<th>DATE OF EVENT</th>
<th>NO. OF ATTENDEES</th>
<th>SPEAKER</th>
<th>TOPIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2011</td>
<td>6</td>
<td>Dr. Sue Williams</td>
<td>“The Sweet Truth About Chocolate and Your Heart”</td>
</tr>
<tr>
<td>February 2011</td>
<td>13</td>
<td>Dr. Cara East</td>
<td>“Cholesterol, HDL, LDL... You Know the Words, But What Do They Mean?”</td>
</tr>
<tr>
<td>March 2011</td>
<td>18</td>
<td>Dr. William Roberts</td>
<td>“How to Stay Heart Healthy”</td>
</tr>
<tr>
<td>April 2011</td>
<td>17</td>
<td>Dr. John Garner</td>
<td>“Keeping Up the Beat – Everything You Want to Know About Electrophysiology”</td>
</tr>
<tr>
<td>May 2011</td>
<td>18</td>
<td>Dr. Ravi Vallabhan</td>
<td>“What is the Big Deal About Heart Disease?”</td>
</tr>
</tbody>
</table>
Pumped About Life

Baylor Hamilton Heart and Vascular Hospital helps one man regain his energy for living

There was a time when just walking from the driveway to his house exhausted Larry Cherry. “I’d have to sit down on the couch because I was just too tired to make it any farther,” says the 41-year-old resident of Abilene.

The reason for Cherry’s fatigue, which severely limited his activities, was congestive heart failure (CHF). First, he was treated with medications. But when it got to the point that his heart was only functioning at about 10 percent capacity, a better solution was essential.

“The doctors told me that my heart could just stop pumping, or that my kidneys and lungs could begin failing,” Cherry says. “That’s when they started telling me about the LVAD.”

LVAD stands for left ventricle assist device. It is a mechanical device that’s implanted in those with CHF who have a weakened, enlarged heart, says Shelley Hall, M.D., medical director of the LVAD program at Baylor Dallas and Baylor Hamilton Heart and Vascular Hospital.

“Compared to medical therapy, this is a much better device for somebody with advanced heart failure who doesn’t have other treatment options,” she explains.

Once only used as a temporary solution until a heart transplant could be arranged, LVAD is now approved for what’s known as destination therapy, which means the LVAD itself is the ultimate treatment.

In either application, the LVAD is implanted, and a battery and control module are worn outside the body.

Cherry’s LVAD, implanted in December 2010, was originally intended as destination therapy. But now that he has lost weight, Cherry is eligible for a heart transplant and is being evaluated for the waiting list.

“Before my LVAD, I had no energy to exercise and weighed about 335 pounds,” he says. “I’m now at 248 pounds, so everything’s going in the right direction.”

His increased energy level makes it possible for Cherry to play basketball and volleyball with his kids and coach youth football again. “I couldn’t do those things before,” he says. “That in itself right there is worth it to me.”
“Before my LVAD, I had no energy to exercise and weighed about 335 pounds. I’m now at 248 pounds, so everything’s going in the right direction.”

– Larry Cherry
Baylor Hamilton Heart and Vascular Hospital is committed to providing opportunities to be actively involved in the community. Community involvement suggestions have been received from our team members in our Advisory Council and Leadership Council.
Peripheral Artery Disease Screenings

If you’re experiencing cramping, burning or tingling pain in your legs, it could be that you have peripheral artery disease (PAD). The discomfort is the result of decreased blood flow caused by the narrowing of the arteries. Left untreated, PAD can pose serious risks to your health. The good news is that this disease can be diagnosed using a simple, painless test. Baylor Hamilton Heart and Vascular Hospital has an entire PAD program staffed by specialists who can offer you a variety of treatment options, along with ongoing care.

Women and Heart Disease (Screening Cards)

Mention the term “heart attack” and most people imagine a pudgy, middle-aged man drenched in sweat and clutching his chest. Few people seem to consider cardiovascular disease (CVD) as a woman’s disease. But according to the American Heart Association, cardiovascular disease is the leading killer of women over age 25. It kills nearly twice as many women in the United States than all types of cancer, including breast cancer. Only 13 percent of women think heart disease is a threat to their health.

The misleading notion that heart disease is not a real problem for women can be blamed in part on medical research. For a very long time, heart disease studies have focused primarily on men. Changes are under way, but some doctors still fail to recognize the warning signs displayed by female patients.

Baylor Hamilton Heart and Vascular Hospital has implemented screening cards for certain decades of age for women. Each card can help the patient start on 12 months of healthy living. By starting with a phone call to their doctor, he or she can recommend self-tests and set up the screening tests than can help the patient uncover health problems early, when they’re most treatable. A doctor may recommend earlier or more frequent screenings, based on family history or other risk factors.
**BHVH and Athletes**

Baylor Hamilton Heart and Vascular Hospital has partnered with the Dallas Running Club, the largest running and walking organization in the Dallas-Fort Worth area, to screen their members for abnormal electrocardiograms (EKGs), while running a full lipid panel.

<table>
<thead>
<tr>
<th>DATE OF EVENT</th>
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<th>NAME OF EVENT</th>
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<tr>
<td>Jul. 2010</td>
<td>45</td>
<td>Dallas Runners Club</td>
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<tr>
<td>Jan. 2011</td>
<td>30</td>
<td>Dallas Runners Club</td>
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<tr>
<td>Jun. 2011</td>
<td>75</td>
<td>Runner's Symposium</td>
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</tbody>
</table>

**American Heart Association: Heart Walk**

Each year Baylor Hamilton Heart and Vascular Hospital supports the American Heart Association’s Mission to “Build healthier lives, free of cardiovascular diseases and stroke” by raising donations through a series of activities and events. Baylor Hamilton Heart and Vascular Hospital’s employees, their families and pets participate in a fun-filled, non-competitive three-mile walk through downtown Dallas. Over 200 Baylor employees attend this annual event.

**Continuing Education**

Baylor Hamilton Heart and Vascular Hospital hosts and sponsors four all-day events throughout the calendar year. These programs are created and managed by the Baylor Hamilton Heart and Vascular Hospital clinical team and are made available to the staff and community. Each year attendees travel as far as other states to attend our seminars. In addition to the seminars and symposiums, Baylor Hamilton Heart and Vascular Hospital offers preceptor and charge nurse classes in addition to other on site continuing education opportunities.

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<thead>
<tr>
<th>CONTINUING EDUCATION</th>
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<tr>
<td><strong>DATE OF EVENT</strong></td>
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<td>Jul. 2010</td>
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<td>Jun. 2011</td>
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<tr>
<td><strong>CARDIOVASCULAR SYMPOSIUM</strong></td>
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<td>Cardiovascular</td>
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<td>Vascular Seminar</td>
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<tr>
<td>EP/Non Invasive Seminar</td>
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<tr>
<td>Cardiovascular</td>
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<td>Summit</td>
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BHVH and Athletes

Continuing Education
Baylor’s graduate medical education program promotes diversity, quality and a combination of real-world applications and academic excellence. The dedicated physician leaders on the medical staff work to prepare fellows and interns for the challenging and rewarding field of medicine. Medical education has been a successful collaborative effort between Baylor University Medical Center at Dallas and Baylor Hamilton Heart and Vascular Hospital, both located on the downtown campus. All programs are accredited by the ACGME (Accreditation Council for Graduate Medical Education).

**Cardiac Electrophysiology Fellowship**
Fellows complete a twelve-month comprehensive training program. The curriculum includes diagnostic and procedure skills, outpatient management and clinical research. One fellow is accredited per year.

**Cardiovascular Disease Fellowship**
Fellows complete a three-year comprehensive training program which includes all aspects of cardiology. Clinical rotations at Baylor Hamilton Heart and Vascular Hospital include interventional cardiology, cardiac electrophysiology, cardiac rehabilitation, lipids, noninvasive cardiology, nuclear cardiology, and vascular medicine. Two fellows are accepted into the program annually.

**Vascular Surgery Residency**
The program annually offers two residency positions through the NRMP (National Residency Matching Program). The two-year residency is devoted exclusively to general vascular surgery with research participation.

**Cardiovascular Interventional Fellowship**
Fellows complete an 18-month comprehensive training program. The curriculum provides for an interventional clinical and procedural focus during the first year, followed by a focus on clinical research during the subsequent six months. One fellow is accepted into the program annually.

**Baylor Hamilton Heart and Vascular Hospital FY2011 Fellows were:**
- Ramy Ayad, MD
- John Garner, MD
- Betsy George, MD
- Poorya Fazel, MD
- Brian Schwartz, MD
- Anumeha Tandon, MD
- Rahul Bose, MD
- Josh Gierman, MD
- Todd Cumbie, MD
- Taylor Hicks, MD
- Karen McQuaid, MD
Real Patients. Real Stories.
Baylor Hamilton Heart and Vascular Hospital helps one man keep up with his grandkids

With a family history of heart disease, Danny Weatherly is very familiar with cardiovascular procedures. He had his first heart attack at age 39 and has had three angioplasties, a procedure in which a catheter with a balloon on the end is threaded through the femoral artery in the groin. After the procedure, a patient must lie flat for about six hours to prevent bleeding.

At Baylor Hamilton Heart and Vascular Hospital, Danny underwent a radial artery angioplasty, an innovative new procedure in which the catheter is threaded through a small artery in the wrist. Danny wore a small wristband to control any bleeding and was able to walk around immediately after the procedure. “Baylor gave me more energy. And with 10 grandkids, I need all the energy I can get.”
“Baylor went through my wrist to save my heart.” – Danny Weatherly
**Atrial Fibrillation**

**Cabana**—A National Institutes of Health study comparing atrial fibrillation ablation and medical therapy for paroxysmal atrial fibrillation.  
*Primary investigator: Robert Kowal, MD*

**Crystal AF**—A study of an arrhythmia monitoring device in patients who have had a cryptogenic stroke.  
*Primary investigator: Manish Assar, MD*

**Prevail (Watchman)**—A study of a left atrial appendage occluder device in patients with atrial fibrillation versus warfarin therapy.  
*Primary investigator: Kevin Wheelan, MD*

**Coronary Artery Disease**

**Educate**—A study of clopidogrel plus ASA comparing 12 months versus 30 months post PCI for a drug-releasing stent.  
*Primary investigator: Robert Stoler, MD*

**Excel**—A study of patients with left main or three vessel coronary artery disease comparing PCI versus CABG.  
*Primary investigator: James Choi, MD*

**Liberte DAPT**—A study of prasugrel plus ASA comparing 12 months versus 30 months post PCI for a drug-releasing stent.  
*Primary investigator: Robert Stoler, MD*

**Solid**—A study of a novel anti-plaque medicine called darapladib which may promote reabsorption of plaque in acute coronary syndrome.  
*Primary investigator: Cara East, MD*

**US Pella**—A registry to assess outcomes using a catheter-mounted, LVAD-like device for PCI.  
*Primary investigator: Robert Stoler, MD*

**VIRGO**—A National Institutes of Health study to assess the psychosocial and genetic risk factors for acute MI in young women and men.  
*Primary investigator: Cara East, MD*

**VISTA**—A study of the second anti-plaque medicine varespladib, which will be used for 16 weeks after an episode of acute coronary syndrome.  
*Primary investigator: Cara East, MD*

**Congestive Heart Failure**

**Atmosphere**—A study comparing the renin inhibitor aliskerin versus an ACE inhibitor versus the combination for cardiac events in patients with congestive heart failure.  
*Primary investigator: Cara East, MD*
Defibrillators

**Vest Predicts**—A study to see if an external automatic defibrillator vest will reduce overall mortality 60 days following an MI in patients with EF <35%.
*Primary investigator: Jay Franklin, MD*

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Gene Trials

**CHF genomic study**—A pilot study to evaluate genes in acute decompensated congestive heart failure in patients with chronic heart failure and EF <35%.
*Primary Investigator: Paul Grayburn, MD*

**Fabry's**—A study to screen for Fabry disease by looking at the Fabry gene GLA, the enzyme α-galactosidase A, and urinary globotriaosylceramide in patients with different types of heart disease and compared to control patients.
*Primary investigator: Raphael Schiffmann, MD, MHSc*

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Heart Surgery

**ATS valves**—Two studies evaluating the implantation of the ATS valve in special high-risk populations.
*Primary investigator: Robert Hebeler, MD*

**CoreValve transcatheter valve**—A study comparing surgical or transcatheter valve replacement in severe or critical aortic stenosis.
*Primary investigators: Robert Stoler, MD, Robert Hebeler, MD, Paul Grayburn, MD*

**CT Pain**—A study comparing continuous marcaine versus intermittent marcaine versus placebo infusions into chest tubes after heart surgery.
*Primary investigator: Robert Hebeler, MD*

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Cardiothoracic Surgical Trial Network Moderate MR—
A trial which randomizes patients with ischemic CM to CABG only versus CABG with mitral annuloplasty.
*Primary investigators: Michael Mack, MD, Paul Grayburn, MD, Robert Hebeler, MD*

**Cardiothoracic Surgical Trial Network Severe MR**—A trial which randomizes patients with severe MR to mitral valve replacement plus chordal sparing versus mitral valve annuloplasty.
*Primary Investigators: Michael Mack, MD, Paul Grayburn, MD, Robert Hebeler, MD*

**Dabigatran for mechanical valves**—A study comparing the direct thrombin inhibitor dabigatran versus warfarin for anticoagulation after mechanical valve implantation.
*Primary investigators: Robert Hebeler, MD, Cara East, MD*

**Harvest CABG**—A study using bone-marrow derived stem cells to be implanted at the time of CABG surgery in areas of the heart to which adequate vascular grafting cannot be applied at the time of surgery.
*Primary investigator: Baron Hamman, MD*
Proact/On-X valve—A study to investigate the lowest dose of anticoagulation needed for the carbon-based mechanical valve for severe aortic stenosis.
*Primary investigator: Baron Hamman, MD*

Realism—A continuing access registry of percutaneous mitral valve repair with a clip device in patients with severe mitral regurgitation. *Primary investigator: Paul Grayburn, MD*

Kidney Disease and the Heart

Accuseal—A new artificial dialysis graft which has a heparin coating, which might prolong the functioning of artificial grafts. *Primary Investigator: Dennis Gable, MD*

AV Fistula—Patients who can get a functioning native dialysis graft live twice as long as patients with artificial dialysis grafts. This study will look at the patient and surgery factors to see if anything can be done to promote the survival of natural dialysis grafts. *Primary Investigator: Andrew Fenves, MD*

BOSS—A study comparing high dose bicarbonate versus placebo in patients with chronic kidney disease undergoing catheterization or other procedures using contrast. *Primary investigator: Robert Stoler, MD*

SAMe and renal insufficiency—A National Institutes of Health study to assess the effects of the over-the-counter antidepressant SAMe on homocysteine and related metabolic factors. *Primary investigators: Teodoro Bottiglieri, PhD, Andrew Fenves, MD, Cara East, MD*

Pacing

Advisa MRI—a non-ferrous meral pacemaker, which once implanted can safely undergo any needed MRI. *Primary Investigator: Robert Kowal, MD*

No Pain—A study comparing lidocaine versus marcaine versus the combination for reduction of postoperative pain and pain medications after new device implantation. *Primary investigators: Udaya Padakandla, MD, Giovanni Filardo, PhD*

SLS—A study to evaluate the long-term reliability and performance of market-released cardiac therapy products by analyzing survival probabilities. *Primary investigator: Kevin Wheelan, MD*

Peripheral Vascular Disease

Choice—A study comparing two different carotid stents in patients who are considered too high risk for carotid endarterectomy. *Primary investigator: Bruce Bowers, MD*
**Dissection Trial**—A study following deployment issues and long-term effects of a graft implanted for acute, complicated type B aortic dissections.
*Primary investigator: William T. Brinkman, MD*

**Harvest Pivotal trial**—A study implanting bone-marrow derived stem cells along lower extremity blood vessels in patients with critical limb ischemia.
*Primary investigator: Greg Pearl, MD*

**Viper**—A study of an endoprosthesis with a heparin-bioactive surface for the treatment of peripheral arterial disease.
*Primary investigator: Dennis Gable, MD*

**Pulmonary Hypertension**

**PF study**—A study of a long-acting phosphodiesterase inhibitor as monotherapy or in combination with other treatments for pulmonary hypertension.
*Primary investigator: Johannes Kuiper, MD*

**Miscellaneous**

**Precision**—A study of the effects of ibuprofen, naproxen, or Celebrex on cardiac events in patients who take daily arthritis medicines.
*Primary investigator: Cara East, MD*

**Stride**—A cardiac evaluation of patients entering a drug rehabilitation program, randomized to an exercise program versus the usual intensive educational program.
*Primary investigator: Nexus Recovery Center*

**Synergene**—A cardiac evaluation of patients about to undergo chemotherapy with a p53 gene-treated liposome.
*Primary investigator: John Nemunaitis, MD*
Staying in Sync
Baylor Hamilton Heart and Vascular Hospital helps one woman keep up her active lifestyle

One minute, everything was fine. But the next thing she knew, Sara N. Lee was lying on the floor with her dog licking her face. Even though she’d lost consciousness briefly, Lee says she didn’t give the incident much thought until she started having more frequent episodes.

“I would feel uneasy when I was away from home because I was afraid of passing out,” says Lee, a 76-year-old resident of Arlington and a proud grandmother who also volunteers as a guardian for an older woman.

Lee’s doctor referred her to a cardiologist, who diagnosed her with a condition known as vasovagal syncope. “The reason people pass out from vasovagal syncope is because they have a marked slowing of the heart rate or a marked decrease in blood pressure—or both—which is thought to be related to defective wiring between the brain and the heart,” says Manish D. Assar, M.D., a cardiac electrophysiologist on the medical staff at Baylor Dallas and Baylor Hamilton Heart and Vascular Hospital.

Triggers for vasovagal syncope vary, depending on the person. In Lee’s case, it’s having something to drink, which is known as swallow syncope. Other triggers include prolonged standing, pain and certain odors.

According to Dr. Assar, the most effective treatment for many is education. If people know what triggers their episodes, they may be able to avoid them. There are also medications that can help. In rare circumstances, a pacemaker is needed.

For Lee, the solution was a pacemaker because the top and bottom chambers of her heart weren’t synchronizing properly. A pacemaker is implanted into the chest and activates when needed to correct irregular heart rhythms.

Since getting her pacemaker six years ago, Lee hasn’t passed out once. “I can feel the symptoms and I think, ‘Oh, I’d better sit down,’ but then the pacemaker does its job and I’m fine,” she says.

Dr. Assar emphasizes that vasovagal syncope is a benign condition. “But if it’s something that’s affecting someone’s daily activities,” he says, “then it’s time to seek treatment.”
“I can feel the symptoms and I think, ‘Oh, I’d better sit down,’ but then the pacemaker does its job and I’m fine.”

— Sara Lee
Journal Articles


8. Fonarow GC, Albert NM, Curtis AB, Stough WG, Gheorghiade M, Heywood JT, McBride ML, Inge PJ, Mehra MR, O’Connor CM, Reynolds D, Walsh MN, Yancy CW. Improving Evidence-Based Care for Heart Failure in Outpatient Cardiology Practices Primary Results of the Registry to Improve the Use of Evidence-Based Heart Failure Therapies in the Outpatient Setting (IMPROVE HF). *Circulation* 2010;122:585-596.


15. Henry CL, Ko JM, **Henry AC**, Roberts WC, **Matter GJ**. Aortic valve replacement for stenosis with or without coronary artery bypass grafting after 2 previous isolated coronary artery bypass grafting operations. *Baylor University Medical Center Proceedings* 2011;24:6-8.


19. Lilly SM, **Schussler JM, Stoler RC**. Anamalous origin of the right coronary artery from the left sinus of Valsalva associated with syncope in a young athlete. *Baylor University Medical Center Proceedings* 2011;24:13-14.


**Book Chapters**


**Employee Research and Publications**


**Poster Presentations**

Danielle Strauss, BS, RN-BC and Jenny Adams, PhD. “Assessment of Functional Capacity Requirements During Simulated Automotive Mechanic Tasks for the Purpose of Developing an Occupation-Specific Assessment for Safe and Expeditious Return to Work for Cardiac Patients” at the AACVPR Conference.


Ann Lawrence, RN-BC. “Individualized Task Specific Training in Cardiac Rehabilitation that Safety Exceeds Traditional Heart Rate Limits: A Retrospective Pilot Study” at the Preventative Cardiovascular Nurses Association (PCNA).

Julie Gonzalez, ADN, RN, CRN. “The Diabetes Detectives: Identification of Unrecognized Diabetes in Patients Admitted to the Heart and Vascular Hospital”.

Nancy Vish, PhD, RN, NEA-BC, FACHE. “Heart Failure” at the TONE conference.

Mini Iype, MSN, RN-BC. “Impella Circulatory Support System” at the 29th Annual Convention of the Society of Vascular Nursing (SVN).

Andres Sisneros, RT(R), AART; Valerie Darst, BSN, RN-BC, RCIS; Colleen Wells, RT(R), ARRT, RCIS. “Improving and Sustaining Door to Treatment Times for ST Elevation Myocardial Infarctions: It Takes a Team” at the American Heart Association/Caruth Advisory AMI Symposium.
Accelerating Best Care at Baylor (ABC Baylor)

Baylor Health Care System is committed to ensuring that health care providers have the tools needed to deliver health care in a safe, timely, effective, efficient, equitable, and patient-centered (STEEEP) manner. Accelerating Best Care is an innovative educational program focused on health care quality improvement, outcomes management, and staff development. It facilitates the enhancement of skills that lead to quality improvement efforts. ABC courses train participants in rapid cycle improvement processes, which is based on the Plan-Do-Check-Act model.

ABC Baylor course objectives are to teach the core principles of clinical quality improvement and include Rapid Cycle Improvement, design of data systems, data management, tools to improve outcomes, clinical practice guidelines and customer service.

At Baylor Hamilton Heart and Vascular Hospital, it is a requirement for all nurse leaders/supervisors to complete the ABC Baylor course. We also included council chairs to further enhance their knowledge to assist others to implement rapid cycle improvement projects.

### COMPLETED ABC BAYLOR PROJECTS (FY2011)

<table>
<thead>
<tr>
<th>ABC PROJECT TITLE</th>
<th>TEAM MEMBERS</th>
<th>DATE OF EVENT</th>
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<tbody>
<tr>
<td>“The Diabetes Detectives”: Identification of Unrecognized Diabetes in Patients Admitted to Baylor Hamilton Heart and Vascular Hospital</td>
<td>Paul St. Laurent</td>
<td>Aug. 2010</td>
</tr>
<tr>
<td>“Increasing Laboratory Test Order Entries Accuracy”</td>
<td>Henry Viejo</td>
<td>Dec. 2010</td>
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<tr>
<td>“Improving Patient Satisfaction Regarding Information Day of Surgery”</td>
<td>Sherry Keithly</td>
<td>Dec. 2010</td>
</tr>
<tr>
<td>“Patient-ly Waiting (Improving Patients Perception of Wait Time and Pre-Procedure)”</td>
<td>Brenda Keeton</td>
<td>Jun. 2011</td>
</tr>
</tbody>
</table>
A Better Way

An innovative, less invasive procedure fixed Derrell’s heart

Derrell Dixon was walking his dog when he felt like something was pushing against his chest. He ignored it and later went to bed. When he awoke with chest pains the next night, he knew something was wrong.

At Baylor Hamilton Heart and Vascular Hospital, he was diagnosed with a blocked left coronary artery. He was quickly moved to the cardiac catheterization lab where a stent was inserted through the radial artery in his wrist.

This innovative procedure minimizes bleeding and discomfort and generally allows patients to get back on their feet much sooner than angioplasties performed through the groin. “The care at Baylor was very attentive and professional. My family always thinks of Baylor first when it comes to health care.”
“Baylor had a better way to fix my heart.” – Derrell Dixon
General Cardiology

**Paul Aggarwal, MD, FACC, FACP, FCCP**
Medical School: Memorial University, Canada; Internship: Tufts University; Residency: Tufts University; Fellowship: Tufts University, University of California San Francisco, University of Ottawa Heart Institute, Canada; Board Certification: Cardiovascular Disease, Internal Medicine; Clinical Expertise: Heart Failure, Prevention of Heart Disease, Heart Disease in Women

**Rafic Berbarie, MD**
Medical School: UT Medical Branch at Galveston; Internship: Baylor University Medical Center at Dallas; Residency: Baylor University Medical Center at Dallas; Fellowship: Baylor University Medical Center at Dallas; Board Certification: Internal Medicine, Cardiovascular Disease; Clinical Expertise: General Cardiology, Non Invasive Cardiology, Echocardiography, Nuclear Cardiology

**Andrew Berggren, MD**
Medical School: UT Southwestern Medical School; Internship: UT Southwestern Medical School; Residency: UT Southwestern Medical School; Fellowship: UT Health Sciences Center in San Antonio; Board Certification: Internal Medicine, Cardiovascular Disease, Nuclear Cardiology; Clinical Expertise: Nuclear Cardiology, Cardiac Echocardiography, Cardiac Wellness

**Melissa M. Carry, MD, FACC**
Medical School: University of Arkansas for Medical Sciences; Internship: University of Arkansas for Medical Sciences; Residency: University of Arkansas for Medical Sciences; Fellowship: UT Southwestern Medical School; Board Certification: Internal Medicine, Cardiovascular Disease; Clinical Expertise: Non Invasive Cardiology, Echocardiography, Women Heart Disease

**Cara A. East, MD, FACP**
Medical School: UT Southwestern Medical School; Internship: Parkland Hospital, UT Southwestern Medical School; Residency: Parkland Hospital, UT Southwestern Medical School; Fellowship: UT Southwestern Center for Nutrition, Baylor University Medical Center at Dallas; Board Certification: Internal Medicine, Cardiovascular Disease, Endocrinology, Echocardiography; Clinical Expertise: Cholesterol Disorders, Cardiology Clinical Research, Echocardiography

**Charles M. Gottlich, MD**
Medical School: UT Southwestern Medical School; Internship: University of California at San Francisco Medical School; Residency: University of California at San Francisco Medical School, UT Southwestern Medical School; Fellowship: UT Southwestern Medical School; Board Certification: Internal Medicine, Cardiovascular Disease; Clinical Expertise: Cardiology
Paul A. Grayburn, MD, FACC
Medical School: UT Medical Branch at Galveston; Internship: St. Paul University Hospital; Residency: St. Paul University Hospital; Fellowship: University of Kentucky Medical Center; Board Certification: Internal Medicine, Cardiovascular Disease; Clinical Expertise: Valvular Heart Disease, Echocardiography

Jerrold M. Grodin, MD, FACC
Medical School: Mount Sinai School of Medicine; Internship: Mount Sinai School of Medicine; Residency: Mount Sinai School of Medicine; Fellowship: Baylor University Medical Center at Dallas; Board Certification: Internal Medicine, Cardiovascular Disease; Clinical Expertise: Interventional Cardiology

Shelley A. Hall, MD, FACC
Medical School: UT Southwestern Medical School; Internship: UT Southwestern Medical School; Residency: UT Southwestern Medical School; Fellowship: UT Southwestern Medical School; Board Certification: Cardiovascular Disease; Clinical Expertise: Congestive Heart Failure, Transplantation

Brian W. Hardaway, MD
Medical School: University of Tennessee-Memphis; Internship: University of Michigan; Residency: University of Michigan; Fellowship: The Cleveland Clinic Foundation; Board Certification: Internal Medicine, Cardiovascular Disease; Clinical Expertise: General Cardiology, Congestive Heart Failure, Transplant

Shyla T. High, MD, FACC
Medical School: Texas Tech University; Internship: Baylor University Medical Center at Dallas; Residency: Baylor University Medical Center at Dallas; Fellowship: Baylor University Medical Center at Dallas; Board Certification: Cardiovascular Disease; Clinical Expertise: Non Invasive Cardiology, Echocardiography, Women Heart Disease

John W. Hyland, MD, FACC
Medical School: Washington University Medical School; Internship: Barnes-Jewish Hospital, Washington University Medical School; Residency: Barnes Hospital, Washington University Medical School; Fellowship: Peter Bent Brigham Hospital, Harvard Medical School; Board Certification: Internal Medicine, Cardiovascular Disease; Clinical Expertise: General Cardiology, Nuclear Cardiology
General Cardiology (Continued)

Alfredo H. Jimenez MD, FACC
Medical School: Universidad Nacional de Colombia Medical School; Internship: University of Missouri-Columbia; Residency: University of Missouri-Columbia; Fellowship: Washington University School of Medicine, Barnes-Jewish Hospital; Board Certification: Internal Medicine, Cardiovascular Disease; Clinical Expertise: Cardiovascular Diseases

Stephen B. Johnston, MD, FACC
Medical School: UT Health Science Center at San Antonio; Internship: Baylor University Medical Center at Dallas; Residency: Baylor University Medical Center at Dallas; Fellowship: Baylor University Medical Center at Dallas; Board Certification: Internal Medicine, Cardiovascular Disease, Nuclear Cardiology, Echocardiography; Clinical Expertise: General Cardiology, Non-Invasive Cardiology

Mohammad N. Khan, MD
Medical School: Punjab Medical College; Internship: UT Medical Branch at Galveston; Residency: UT Medical Branch at Galveston; Fellowship: UT Medical Branch at Galveston; Board Certification: Internal Medicine, Cardiovascular Disease; Clinical Expertise: Non-General Cardiology, Non Invasive Cardiology, Cardiac Echo, Cardiac Wellness, Cardiovascular Disease

Karen K. Klatte, MD, FACC
Medical School: UT Southwestern Medical School; Internship: Baylor University Medical Center at Dallas; Residency: Baylor University Medical Center at Dallas; Fellowship: St. Louis University Hospitals; Board Certification: Internal Medicine, Cardiovascular Disease, Echocardiography; Clinical Expertise: Non Invasive Cardiology, Echocardiography, Nuclear Cardiology, Women Heart Disease

Johannes J. Kuiper, MD, FACC
Medical School: New York University School of Medicine; Internship: New York University School of Medicine; Residency: Presbyterian Medical Center; Fellowship: Presbyterian Medical Center, University of California; Board Certification: Cardiovascular Disease, Echocardiography; Clinical Expertise: Heart Failure, Transplantation, Pulmonary Hypertension

Rohit Parmar, MD, FACC
Medical School: University of Bristol; Internship: UT Southwestern Medical School; Residency: UT Southwestern Medical School, University of Bristol; Fellowship: UT Medical Branch at Galveston; Board Certification: Internal Medicine, Cardiovascular Disease, Nuclear Cardiology, Echocardiography; Clinical Expertise: General Cardiology, Non Invasive Cardiology, Nuclear Cardiology, Cardiac Echocardiography
Robert L. Rosenthal, MD
Medical School: Columbia University School of Medicine; Internship: UT Southwestern Medical School; Residency: UT Southwestern Medical School; Fellowship: UT Southwestern Medical School; Board Certification: Internal Medicine, Cardiovascular Disease; Clinical Expertise: Preventive Cardiology, CT Coronary Angiography, Non Invasive Cardiology

James S. Sharp, MD
Medical School: UT Medical Branch at Galveston; Internship: Louisiana State University Medical Center; Residency: Louisiana State University Medical Center; Fellowship: Louisiana State University Medical Center; Board Certification: Internal Medicine, Cardiovascular Disease; Clinical Expertise: Cardiac Wellness

James H. Shelton, MD, FACC
Medical School: Harvard University; Internship: University of California at San Diego; Residency: University of California at San Diego; Fellowship: University of California at San Diego; Board Certification: Internal Medicine, Cardiovascular Disease; Clinical Expertise: Cardiovascular Diseases, Interventional Cardiology, Nuclear Cardiology

Michael N. Sills, MD, FACC
Medical School: George Washington University; Internship: George Washington University Hospital; Residency: Strong Memorial Hospital; Fellowship: UT Southwestern Medical School; Board Certification: Internal Medicine, Cardiovascular Disease; Clinical Expertise: Non Invasive Cardiology, Echocardiography

Scott K. Stephenson, MD
Medical School: UT Southwestern Medical School; Internship: Baylor University Medical Center at Dallas; Residency: Baylor University Medical Center at Dallas; Fellowship: Baylor University Medical Center at Dallas; Board Certification: Internal Medicine, Cardiovascular Disease; Clinical Expertise: Cardiac Wellness

Clyde W. Yancy, Jr., MD
Medical School: Tulane University School of Medicine; Internship: Parkland Memorial Hospital; Residency: Parkland Memorial Hospital; Fellowship: University of Texas Southwestern Medical Center at Dallas Affiliated Hospitals; Board Certification: Internal Medicine, Cardiovascular Disease; Clinical Expertise: Heart Failure, Hypertension, Preventative Cardiology, Cardiomyopathy, Heart Transplantation
Cardiovascular & Thoracic Surgery

**Baron L. Hamman, MD**
Medical School: UT Southwestern Medical School; Internship: University of Louisville Medical School; Residency: University of Louisville Medical School, University of Alabama; Fellowship: University of Alabama, Harvard Medical School; Board Certification: Cardiothoracic Surgery; Clinical Expertise: Surgery of the Aortic Root, Mitral Valve Repair, Minimally Invasive Cardiac Surgery, Complex (and off pump) Coronary Artery Bypass Surgery

**Robert E. Hebeler, Jr., MD**
Medical School: Tulane University School of Medicine; Internship: University of Texas Health Science Center at Houston; Residency: University of Texas Health Science Center at Houston; Fellowship: Emory University Hospital; Board Certification: Cardiothoracic Surgery; Clinical Expertise: Reconstructive Valve Surgery, Atrial Fibrillation, Left Ventricular Remodeling

**Albert C. Henry III, MD**
Medical School: University of Texas Medical School at Houston; Internship: Memorial Hermann Hospital; Residency: Texas Heart Institute, UT Health Science Center at Houston; Fellowship: Texas Heart Institute; Board Certification: Cardiothoracic Surgery, General Surgery; Clinical Expertise: Thoracic Aneurysms

**Greg Matter, MD**
Medical School: Baylor College of Medicine; Internship, Residency and Fellowship: University of Alabama; Board Certification: Cardiothoracic Surgery; Clinical Expertise: Cardiothoracic Surgery, Multiple Bypass, Reoperations, Treatment of Aorta and Heart Valves

Interventional Cardiology

**Azam Anwar, MD, FACC**
Medical School: University of Missouri; Internship and Residency: Baylor University Medical Center at Dallas; Fellowship: UT at San Antonio, San Francisco Heart Institute; Board Certification: Internal Medicine, Interventional Cardiology, Cardiovascular Disease; Clinical Expertise: Complex Interventional Cardiology, Percutaneous Mitral Valve Repair, ASD/PFO closure, Alcohol Septal Ablation for HOCM, Valvuloplasty, Medical Device Development
James W. Choi, MD, FACC, FSCAI  
Medical School, Internship, Residency and Fellowship: Northwestern University Medical School; Board Certification: Internal Medicine, Cardiovascular Disease, Interventional Cardiology, Nuclear Cardiology; Clinical Expertise: Complex Coronary Interventions: Chronic Total Occlusions, Unprotected Left Main Stenting, Peripheral Vascular Interventions, Percutaneous pfo/asd Closures, Mitral and Aortic Valve Balloon Valvuloplasty

Michael S. Donsky, MD, FACC  
Medical School: UT Medical Branch at Galveston; Internship: D.C. General Hospital - Georgetown University; Residency: Parkland Memorial Hospital; Fellowship: UT Southwestern Medical School; Board Certification: Internal Medicine, Cardiovascular Disease; Clinical Expertise: Interventional Cardiology

Kenneth B. Johnson, MD  
Medical School: University of New Mexico; Internship: Baylor University Medical Center at Dallas; Residency: Baylor University Medical Center at Dallas; Fellowship: Baylor University Medical Center at Dallas; Board Certification: Internal Medicine, Interventional Cardiology, Cardiovascular Disease, Vascular Medicine, Endovascular Medicine; Clinical Expertise: Medical and Endovascular Management of Arterial and Venous Disorders

John R. Schumacher, MD, FACC, FSCAI  
Medical School: Indiana University; Internship: Baylor University Medical Center at Dallas; Residency: Baylor University Medical Center at Dallas; Fellowship: Baylor University Medical Center at Dallas; Board Certification: Internal Medicine, Interventional Cardiology, Cardiovascular Disease; Clinical Expertise: Interventional Cardiology

Jeffrey M. Schussler, MD, FACC, FSCAI  
Medical School: UT Medical Branch at Galveston; Internship, Residency and Fellowship: Baylor University Medical Center at Dallas; Board Certification: Interventional Cardiology, Cardiovascular Disease, Cardiac Computed Tomography (CT); Clinical Expertise: General Cardiology, Preventative Cardiology, Treadmill Testing/Stress Testing, Echocardiography/Stress Echocardiography, Nuclear Stress Testing, Cardiac Catheterization, Interventional Cardiology-Cardiac stents, Calcium Scoring, CT Coronary Angiography/Non-invasive Coronary Angiography, Takotsubo Cardiomyopathy/Broken Heart Syndrome

Rolando M. Solis, MD  
Medical School: Far Eastern University; Internship: Albert Einstein Healthcare Foundation; Residency and Fellowship: Baylor University Medical Center at Dallas; Board Certification: Cardiovascular Disease; Clinical Expertise: Diagnostic and Interventional Cardiology, Transvenous Permanent Pacemaker Implantation
Interventional Cardiology (Continued)

Robert C. Stoler, MD, FACC, FSCAI
Medical School: Duke University; Internship and Residency: UT Southwestern Medical School; Fellowship: Beth Israel Hospital, Harvard Medical School; Board Certification: Internal Medicine, Interventional Cardiology, Cardiovascular Disease; Clinical Expertise: Complex Coronary Interventions including Left Main Coronary Artery PCI and Chronic Total Occlusion PCI; Valvular Heart Disease

Ravi Vallabhan, MD, FACC
Medical School, Internship and Residency: UT Health Sciences Center in San Antonio; Fellowship: Baylor University Medical Center at Dallas; Board Certification: Interventional Cardiology, Cardiovascular Disease; Clinical Expertise: Percutaneous Mitral Valve Repair, Alcohol septal ablation for HOCM, Medical Device Development, Management of Atrial Septal Defect (ASD) and Patent Foramen Ovale (PFO)

Carlos E. Velasco, MD, FACC, FACP
Medical School: Universidad de Guayaquil School of Medicine; Internship and Residency: Baylor College of Medicine; Fellowship: Vanderbilt University Hospital, Baylor College of Medicine; Board Certification: Internal Medicine, Interventional Cardiology, Cardiovascular Disease; Clinical Expertise: Cardiovascular Diseases, Interventional Cardiology

Anthony Yoon, MD
Medical School: UT Southwestern Medical School; Internship and Residency: Baylor University Medical Center at Dallas; Fellowship: Harbor-UCLA Medical Center, Good Samaritan Hospital; Board Certification: Internal Medicine, Cardiovascular Disease, Nuclear Cardiology, Interventional Cardiology; Clinical Expertise: General Cardiology, Nuclear Cardiology and Interventional Cardiology

Clinical Cardiac Electrophysiology

Manish Assar, MD, FACC
Medical School: University of California at San Francisco Medical School; Internship and Residency: UT Southwestern Medical School; Fellowship: Duke University Medical Center, University of Western Ontario; Board Certification: Cardiac Electrophysiology, Cardiovascular Disease; Clinical Expertise: Clinical Cardiac Electrophysiology, Catheter Ablation for Complex Arrhythmias (supraventricular/ventricular tachycardias), Pacemaker and defibrillator therapy including biventricular resynchronization therapy for the treatment of heart failure, diagnosis and treatment of syncope, laser lead extraction

Alan S. Donsky, MD, FACC
Medical School: UT Medical Branch at Galveston; Internship: Barnes-Jewish Hospital, Washington University Medical School; Residency: Washington University in St. Louis; Fellowship: St. Luke’s Episcopal Hospital, Baylor University Medical Center at Dallas; Board Certification:
Jay O. Franklin, MD, FACC
Medical School: Texas A&M University College of Medicine; Internship: Texas A&M University College of Medicine; Residency: University of Louisville; Fellowship: University of California at San Francisco Medical School, University of Missouri; Board Certification: Internal Medicine, Clinical Cardiac Electrophysiology, Cardiovascular Disease; Clinical Expertise: Clinical Cardiac Electrophysiology, Catheter Ablation for Complex Arrhythmias (supraventricular/ventricular tachycardias), Pacemaker and defibrillator therapy including bi-ventricular resynchronization therapy for the treatment of heart failure, diagnosis and treatment of syncope, catheter ablation for the treatment of atrial fibrillation

Peter J. Wells, MD
Medical School: Indiana University School of Medicine; Internship and Residency: Vanderbilt University; Fellowship: UT Southwestern Medical School; Board Certification: Internal Medicine, Clinical Cardiac Electrophysiology, Cardiovascular Disease; Clinical Expertise: Arrhythmia management including pacemaker and defibrillator implantation as well as curative ablation therapy

Kevin R. Wheelan, MD
Medical School: Washington University School of Medicine; Internship and Residency: Baylor University Medical Center at Dallas; Fellowship: UT Southwestern Medical School; Board Certification: Internal Medicine, Clinical Cardiac Electrophysiology, Cardiovascular Disease; Clinical Expertise: Clinical Cardiac Electrophysiology, Catheter Ablation for Complex Arrhythmias (supraventricular/ventricular tachycardias), Pacemaker and defibrillator therapy including bi-ventricular resynchronization therapy for the treatment of heart failure, diagnosis

Robert C. Kowal, MD, PhD
Medical School: UT Southwestern Medical School; Internship: Brigham and Women’s Hospital, Harvard Medical School; Residency: Brigham and Women’s Hospital, Harvard Medical School; Fellowship: Brigham and Women’s Hospital, Harvard Medical School, UT Southwestern Medical School; Board Certification: Cardiovascular Disease, Clinical Cardiac Electrophysiology, Clinical Expertise: Clinical Cardiac Electrophysiology, Catheter Ablation for Complex Arrhythmias (atrial fibrillation, supraventricular, and ventricular tachycardias), Pacemaker and defibrillator therapy including bi-ventricular resynchronization therapy for the treatment of heart failure, diagnosis and treatment of syncope, atrial fibrillation and genetic arrhythmia syndromes.
Vascular Surgery

Hassan I. Bukhari, MD, FACS
Medical School: King Edward Medical College; Internship: Saint Charles Hospital; Residency: Tucson General Hospital; Fellowship: Baylor University Medical Center at Dallas, Wadley Institute of Molecular Medicine; Board Certification: General Surgery; Clinical Expertise: General Vascular Surgery, General Surgery

Tuan-Hung B. Chu, MD, RVT
Medical School: UT Southwestern Medical School; Internship and Residency: University of Medicine & Dentistry of New Jersey; Fellowship: Loyola University Medical Center; Board Certification: General Surgery, Vascular Surgery; Clinical Expertise: Abdominal Aneurysm, Peripheral Vascular Disease, Carotid Surgery, Varicose Vein Treatment, Lymphadema, Angiography, Non-Invasive & Surgical Management of Vascular Lesions, AV access

Toby J. Dunn, MD
Medical School: Duke University School of Medicine; Internship: Washington University School of Medicine; Residency: Washington University School of Medicine; Fellowship: Washington University School of Medicine; Board Certification: General Surgery; Clinical Expertise: Vascular and Endovascular Surgery

Dennis R. Gable, MD, RVT, FACS
Medical School: Baylor College of Medicine; Internship and Residency: University of Louisville; Fellowship: Baylor University Medical Center at Dallas; Board Certification: Vascular Surgery, General Surgery; Clinical Expertise: Endovascular, Medical and Surgical Treatment of Vascular Disorders - including Aneurysms, Carotid Stenosis, Peripheral Vascular Disease, Venous Disease, Varicose Veins, including Laser Treatment and Dialysis Access
Brad R. Grimsley, MD, FACS  
Medical School: Emory University School of Medicine; Internship and Residency: Wake Forest University School of Medicine; Fellowship: Baylor University Medical Center at Dallas; Board Certification: Vascular Surgery, General Surgery; Clinical Expertise: Endovascular, Medical and Surgical Treatment of Vascular Disorders - including Aneurysms, Carotid Stenosis, Peripheral Vascular Disease, Venous Disease, Varicose Veins, including Laser Treatment and Dialysis Access

Taylor Hicks, MD, RPVI  
Medical School: UT Southwestern Medical School; Internship and Residency: University of Illinois; Fellowship: Baylor University Medical Center at Dallas; Board Certification: General Surgery, Vascular Surgery; Clinical Expertise: Endovascular, Medical and Surgical Treatment of Vascular Disorders including Aneurysms, Carotid Stenosis, Peripheral Vascular Disease, Venous Disease, Varicose Veins, including Laser Treatment and Dialysis Access

Stephen E. Hohmann, MD, FACS  
Medical School: University of California at San Diego; Internship, Residency and Fellowship: Baylor University Medical Center at Dallas; Board Certification: Vascular Surgery, General Surgery; Clinical Expertise: Endovascular, Medical and Surgical Treatment of Vascular Disorders - including Aneurysms, Carotid Stenosis, Peripheral Vascular Disease, Venous Disease, Varicose Veins, including Laser Treatment and Dialysis Access

John Kedora, MD, RPVI, FACS  
Medical School: Saint Louis University Medical School; Internship, Residency and Fellowship: Baylor University Medical Center at Dallas; Board Certification: Vascular Surgery, General Surgery; Clinical Expertise: Endovascular, Medical and Surgical Treatment of Vascular Disorders - including Aneurysms, Carotid Stenosis, Peripheral Vascular Disease, Venous Disease, Varicose Veins, including Laser Treatment and Dialysis Access
Vascular Surgery (Continued)

**Gregory J. Pearl, MD, FACS**
Medical School: Tulane University Medical School; Internship and Residency: Northwestern University Memorial Hospital; Fellowship: Baylor University Medical Center at Dallas, Northwestern University Medical School; Board Certification: Vascular Surgery, General Surgery; Clinical Expertise: Endovascular, Medical and Surgical Treatment of Vascular Disorders including Aneurysms, Carotid Stenosis, Peripheral Vascular Disease, Venous Disease, Thoracic Outlet Syndrome, Varicose Veins, including Laser Treatment and Dialysis Access

**William P. Shutze, MD, FACS**
Medical School and Internship: Baylor College of Medicine; Residency: University of Alabama; Fellowship: Baylor University Medical Center at Dallas; Board Certification: Vascular Surgery, General Surgery, Surgical Critical Care; Clinical Expertise: Endovascular Management of Thoracic and Abdominal Aortic Aneurysms

**Bertram L. Smith, MD, FACS**
Medical School: UT Southwestern Medical School; Internship and Residency: UT Health Sciences Center in San Antonio; Fellowship: Saint Thomas Hospital; Board Certification: Vascular Surgery, General Surgery; Clinical Expertise: Endovascular, Medical and Surgical Treatment of Vascular Disorders - including Aneurysms, Carotid Stenosis, Peripheral Vascular Disease, Venous Disease, Varicose Veins, including Laser Treatment and Dialysis Access

**Javier Vasquez, Jr., MD, RVT**
Medical School: UT Southwestern Medical School; Internship and Residency: Baylor College of Medicine; Fellowship: University of Connecticut; Board Certification: General Surgery, Vascular Surgery; Clinical Expertise: Abdominal Aneurysms, Carotid Disease, Peripheral Vascular Disease, Endovascular Management of all Vascular Lesions, Dialysis Access, Lymphedemic and Cosmetic Varicose Vein Procedures, Carotid Stents, Leg Artery Stents, Thoracic Aneurysm Stent Graft Repair and Limb Salvage