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Our first year vaulted THE HEART HOSPITAL Baylor Plano to the second busiest cardiovascular surgical center in the North Texas region with better outcomes data than national benchmarks.

The original vision for THE HEART HOSPITAL Baylor Plano was to create a unique environment where the fusion of medical excellence and five-star service would yield a new and better approach to cardiovascular care. This report of our first year confirms that the quality of care delivered here typically produces outcomes that are consistently better than the stringent benchmarks established by cardiovascular medicine's most revered entities.

Our first year was a series of highs and lows. It was shaped by high quality, high volume, high guest satisfaction, and high employee retention rates. At the same time a low mortality rate, low infection rate, low amounts of time in the ICU, and a low rate of stroke complications rounded out a successful year.

In this inaugural year, we signed our first management services agreement with Baylor Regional Medical Center at Grapevine. This agreement effectively begins a hub and spoke system that recreates our hospital's successful model at other cardiovascular programs. With Baylor Grapevine under THE HEART HOSPITAL identity we will oversee the cardiovascular services, quality outcomes, and guest satisfaction of this established regional hospital.

We also created the Institutes for Cardiovascular Innovation, a portfolio of specialized entities within THE HEART HOSPITAL Baylor Plano dedicated to clinical care, research and education. Led by medical directors, these institutes represent our hospital's unwavering commitment to delivering medical excellence and compelling outcomes.

Mark A. Valentine
President
THE HEART HOSPITAL Baylor Plano
UNCOMPROMISING QUALITY

THE HEART HOSPITAL Baylor Plano
THE HEART HOSPITAL Baylor Plano is not simply a hospital that treats hearts. It is a new paradigm in cardiovascular care. Conceived by cardiovascular physicians, the vision of our hospital was both simple and profound: Invent a health care environment that allows physicians to perform at their very best, and give them the most advanced tools, most efficient systems, a highly skilled, dedicated supporting staff, and an architectural space itself conducive to healing. The result would be a facility in a class of its own.

Today, the first and only freestanding, full-service hospital in North Texas dedicated solely to heart and vascular health care, THE HEART HOSPITAL Baylor Plano is the culmination of a unique partnership between Baylor Regional Medical Center at Plano and 86 cardiovascular physicians and surgeons. Opening January 22, 2007, the $100 million, 68-bed hospital was launched with an ambitious goal—to surpass expectations for the delivery of safe, effective, quality, compassionate care.

What started as a grand experiment is now a thriving hospital that continues to push the frontier in cardiovascular care. The proof that our hospital’s unprecedented environment and uncharted approach to health care works can be found in the outcomes. This report provides a picture of our hospital’s first year, represented by a comprehensive set of quality measures. The data that follows presents the case for visionary health care far more eloquently than words alone.
Commitment to Quality

Quality. It impacts the soul of every organization. At THE HEART HOSPITAL Baylor Plano, quality is the true north that guides our every movement. This relentless focus on quality by engaged physicians, administrators and other professionals is the driving force that has propelled us to the outcomes reported in *Uncompromising Quality*.

In our never-ending process to measure, evaluate and improve performance, we harvest quality data each quarter, upload the data to respected national databases, including the Society of Thoracic Surgeons, American College of Cardiology and others, and correlate our outcomes with those articulated by these national databases. By this process we gain an understanding of what is needed to keep our achievements among the highest in the country.

Our Medical Executive Committee is vital to maintaining the quality of our outcomes. Every month this committee studies opportunities and challenges, generates ideas for improvement, and makes decisions that move us closer to our quality goals. It is the work of this committee that, in part, explains why our hospital has quickly become the destination for elective and emergent cases as well as referrals from other health care facilities aware of our growing reputation.

Our unquenchable thirst for excellence continues to lead us to more quality outcomes. In the process, we become smarter and more effective. And our patients, the ultimate beneficiaries of our ceaseless quality focus, receive better care.

David Brown, M.D., FACC
Chairman of the Medical Staff
THE HEART HOSPITAL Baylor Plano

Interpreting the Results

The outcomes depicted in this report represent, in essence, how our patients fare compared to national averages. To derive these outcomes, we use the nation’s most widely respected databases of patient outcomes, specifically the Society of Thoracic Surgeons (STS) for surgical outcomes (benchmarks developed from 2007 outcomes) and the MIDAS+™ Comparative Performance Measurement System (CPMS) which is designed to track important clinical outcomes and care delivery processes for selected clinical case types. MIDAS+ CPMS has met the criteria for inclusion in the accreditation process and is included in The Joint Commission list of acceptable systems. We enter our patient data into the STS database, and the results are provided to Duke University Clinical Research Institute to generate a national comparison report.

Based on national averages, a patient with a certain condition will have an *expected* outcome from a procedure. The actual result is the *observed* outcome. The expected and observed outcomes are then compared and a ratio is calculated, with 1 representing a satisfactory expectation and anything less than 1 being better than expected.

For example:
If the observed mortality = 1.5
And the expected mortality = 2.0
Then the observed-to-expected ratio (O/E ratio) = .75 or better than expected.
Commitment to Quality

At THE HEART HOSPITAL Baylor Plano we are proud of our partnership with Baylor Regional Medical Center at Plano and feel that, together, our two hospitals have brought a vision of quality in health care to a new level.

In 2008, Baylor Health Care System was named winner of the prestigious National Quality Healthcare Award, presented by the National Quality Forum. The National Quality Healthcare Award is the only national award created expressly to recognize outstanding quality-driven health care organizations.

According to NQF President and CEO Janet Corrigan, the NQF panel of judges “was deeply impressed by Baylor Health Care System’s focus on quality measurement and improvement and their commitment to building a culture of transparency. In a strong pool of applicants, Baylor stood out as an exemplary model for raising the bar of health system performance to achieve higher levels of quality, safety and efficiency for the patients they serve.”

It is especially gratifying to be part of a major health care system that is gaining national recognition for its quality. For many organizations, turning their attention to quality involves a major paradigm and cultural shift. But at THE HEART HOSPITAL Baylor Plano and Baylor Regional Medical Center at Plano, quality is our culture and has been since day one. Studying, analyzing and improving quality is what we have done from the start, and we will continue to focus our efforts in these areas as we face the exciting and challenging years ahead.

Bradley M. Leonard, M.D., FACC
Vice President for Medical Affairs
Chief Medical Officer
THE HEART HOSPITAL Baylor Plano
Baylor Regional Medical Center at Plano

Distribution of Procedures
n=5880

- Open-Heart Surgery (613) 11%
- Thoracic Surgery (103) 2%
- Vascular Surgery (509) 9%
- Other Surgery (123) 2%
- Diagnostic Cath (2087) 35%
- EP Non-Device (454) 8%
- EP Pacemaker (297) 5%
- EP ICD (335) 6%
- PCI (1278) 22%
Quality Measurements

A National Scope
Guests have come to THE HEART HOSPITAL Baylor Plano from 36 states and Puerto Rico.

How Age Relates to Outcomes
More than 30.4 percent of our patients are older than 65. Given the higher risks faced by older patients it is significant that, in an advanced age population, our mortality rates are lower than the national average.

Adjusted Operation Mortality

- Coronary Bypass Surgery: 1.7% (Expected), 1.2% (Observed), 2.0% (Society of Thoracic Surgeons)
- Aortic Valve Replacement: 3.3% (Expected), 3.0% (Observed), 2.8% (Society of Thoracic Surgeons)
- Mitral Valve Replacement: 6.0% (Expected), 0.0% (Observed)
- Coronary Bypass Surgery with Aortic Valve Replacement: 5.9% (Expected), 5.9% (Observed), 4.8% (Society of Thoracic Surgeons)
- Coronary Bypass Surgery with Mitral Valve Replacement: 21.3% (Expected), 10.7% (Observed)
THE HEART HOSPITAL Baylor Plano is one of the few freestanding heart hospitals in the United States, a setting which provides a unique context from a quality of care point of view.

The Society of Thoracic Surgeons (STS) has recently developed a comprehensive rating system that allows for comparisons regarding the quality of cardiac surgery among hospitals across the country. In the most recent measurement period reported (July 1, 2007–June 30, 2008) THE HEART HOSPITAL Baylor Plano received a “3 Star” rating—the highest category of quality, which is awarded to approximately 10% of the hospitals reporting cardiac surgery measures. THE HEART HOSPITAL Baylor Plano achieved a similarly impressive performance on the Centers for Medicare & Medicaid Services (CMS) core quality measures, with All-or-None bundle performance measures reaching 97% for surgical care infection prevention, 100% for heart failure, and 100% for acute myocardial infarction for the most recent measurement period (July 2008 to October 2008).

Performance on all measures was higher than both national and state averages and among the highest performing Baylor Health Care System hospitals on all measures. These high standards of clinical quality are further reflected in the publicly reported HCAHPS patient satisfaction scores for THE HEART HOSPITAL Baylor Plano with more than 90% of survey respondents indicating they would recommend the hospital to others and 85% to 90% of respondents giving THE HEART HOSPITAL Baylor Plano the top satisfaction rating.

Survey responses for questions related to interactions with physicians and nurses during the hospital stay showed even more positive responses, with the majority of scores exceeding 95%. A recent survey of physicians at THE HEART HOSPITAL Baylor Plano gave a possible insight into at least one of the factors underlying the hospital’s tremendous success on quality of care performance measures: Physicians were found to be more closely aligned with the leadership’s quality goals and priorities than was reported by any of the other hospitals nationwide for which the same survey was conducted.

David J. Ballard, M.D., MSPH, Ph.D., FACP
Senior Vice President and Chief Quality Officer
Baylor Health Care System
Executive Director and BHCS Endowed Chair
Institute for Health Care Research and Improvement
Safe, quality, compassionate care is delivered at THE HEART HOSPITAL Baylor Plano by an experienced and rigorously trained team consisting of nurse practitioners, nurse managers, intensivists, and hospitalists all of whom focus exclusively on cardiovascular health. Their care is complemented by the amenities of our hospital which evoke the feel of a five-star hotel. There is a concierge on every floor, an outdoor terrace sitting area on the third floor, complimentary...
An Experienced and Specialized Care Team

Intensivists
The Intensivists at THE HEART HOSPITAL Baylor Plano are dedicated critical care medicine physicians delivering care through a multidisciplinary approach designed to improve patient outcomes. Left to right: Gary E. Erwin, Jr., M.D.; Matt Curry, M.D.; Jeff E. Taylor, M.D., Medical Director, ICU/Infection Control; and Jason Clark, M.D.

Hospitalists
The Hospitalists at THE HEART HOSPITAL Baylor Plano are board certified, internal medicine physicians who specialize in the care of hospitalized guests from admission to discharge. Left to right: Brian G. Schwartz, M.D.; Sayantani C. Lahiri, M.D.; Amitkumar R. Patel, M.D.; Korie L. Flippo, M.D.; Christopher T. Martin, M.D.; and Carl E. Ciborowski, M.D., Medical Director, Hospitalist Medicine. Not pictured: Eric E. Bricker, M.D.; Leigh E. Nguyen, M.D.

valet parking, and an upscale coffee shop, café and gift shop on the ground floor. These amenities pamper guests and provide a comfortable atmosphere. Characterized by abundant natural light and low noise, the environment fosters safety and privacy, decreases stress, facilitates communication between family and staff, and reduces hospital-born infections. All add up to quicker, more pleasant healing. That helps to explain why in Press Ganey surveys, which are the national benchmark for inpatient satisfaction, THE HEART HOSPITAL Baylor Plano consistently receives the highest possible score of 99th percentile.
There are no patients at THE HEART HOSPITAL Baylor Plano. Only guests. Each individual stays in a private guest suite with floor-to-ceiling windows, wood laminate floors, a flat-screen TV, and an adjoining family space with comfortable furniture, including a sofa that converts to a bed. Because the suites are innovative universal bed care models, most procedures are handled bedside, avoiding the excessive transferring encountered in traditional hospitals. Rooms can even be transformed into intensive care units if needed. Guests dine on meals prepared by an executive chef and served on china. Nurses stations are decentralized and positioned along the building’s uniquely designed curved floors, giving the staff a direct sightline to every suite.
Vicki Meyer
Vicki Meyer had always had heart valve problems. But when every step she took became harder she knew her quality of life was diminishing. In August 2008 Vicki received corrective surgery for mitral valve prolapse that, as she described it, “has made a huge difference.” “I’ve been in and out of hospitals my whole life, but by far this is the best experience I’ve ever had,” Vicki says.

Steve Roberts
Steve Roberts blamed work-related stress for a tired feeling he couldn’t shake. Following a test to evaluate blood flow to his heart, Steve entered THE HEART HOSPITAL Baylor Plano for a diagnostic catheterization. Two coronary arteries were 75% blocked; two others were 80% blocked. “If it weren’t for the physicians on the medical staff at THE HEART HOSPITAL Baylor Plano and the nurses and staff at the hospital, I wouldn’t be alive today,” Steve says before adding, “Be sure you know where THE HEART HOSPITAL is located and go there if you ever need heart care.”
In the ever-advancing field of cardiac surgery, extraordinary procedures are becoming commonplace. Some of the newest techniques, pioneered by the surgeons on our medical staff, minimize complications to degrees unachievable only a decade ago. Today, many heart procedures can be done with beating-heart or off-pump surgery, eliminating the negative effects associated with stopping and restarting the heart. Experienced in the use of new methods for endograft thoracic aortic surgery, surgeons at our hospital are able to avoid the trauma of this life-threatening condition. Both of these new techniques speed recovery and increase survival rates among high-risk patients.

Instead of requiring sternotomies, a wide range of surgeries can be performed with small incisions, including mitral valve, aortic valve, and coronary artery bypass graft procedures. Many mitral and aortic valves can now be repaired by the surgeons on our medical staff, preserving the patient’s own valve and eliminating the need for blood thinners. These and other minimally invasive techniques eliminate the stress of conventional surgery and provide patients with a quicker return to full, normal lives.

Surgeons here also pioneered the Ross procedure for treating aortic valve disease in very young patients, making our program one of the leading institutes nationwide performing this highly complex procedure. As a hospital fully dedicated to heart and vascular care we continue to demonstrate, through the sheer volume of procedures performed, that more experience equals superior outcomes.
Monthly Distribution of Cardiac Surgery Procedures

Research studies have shown that off-pump surgery allows patients to be off the breathing tube sooner, use less blood products and have a shorter length of stay. The number of patients at THE HEART HOSPITAL Baylor Plano who undergo off-pump bypass surgery is three times greater than the national average of 20% as determined by the Society of Thoracic Surgeons (STS).

G. K. Jett, M.D.
Mitral Valve Replacement vs. Mitral Valve Repair

The main advantage of mitral valve repair over mitral valve replacement is better long-term results with lower mortality rates. In 2007 the STS reported that nationwide only 54% of mitral valve surgeries consisted of repairs (46% were replacements). At THE HEART HOSPITAL 75% of our mitral valve surgeries consisted of repairs, almost 1½ times the national average, with 65% of these repairs being performed via port access which is minimally invasive.

Isolated CABG Observed-to-Expected Mortality Ratio

Observed-to-Expected ratio (O/E) is a statistic that allows a group to gauge the observed outcomes and determine if they are better, same or worse than the expected given the existing risk factors of the patient population. This number is calculated by dividing the observed rate by the expected rate. The STS O/E ratio is always one which is as expected. An O/E ratio greater than one is worse than expected outcomes, and an O/E ratio less than one is better than expected outcomes. THE HEART HOSPITAL O/E ratio is 0.7. The observed rate of 1.2% is the mortality rate that includes while in-hospital AND 30 days past surgery.

IMA Usage

The Internal Mammary Artery (IMA) is a blood vessel located on the inside of the chest cavity. It is an artery, not a vein, thus it carries blood under the same pressure as that seen in the aorta or coronary arteries themselves. Studies have shown that use of the Left Internal Mammary Artery (LIMA) improves long-term survival from coronary artery bypass surgery. THE HEART HOSPITAL Baylor Plano uses internal mammary arteries for grafting almost 3% more than the STS national averages.
None of the patients undergoing an isolated AVR at THE HEART HOSPITAL Baylor Plano had prolonged ventilation. More importantly, the mortality rate at THE HEART HOSPITAL Baylor Plano was 0% versus a national average of 2.5% as established by the STS.

None of the patients undergoing an isolated MVR at THE HEART HOSPITAL Baylor Plano had prolonged ventilation. More importantly, the mortality rate at THE HEART HOSPITAL Baylor Plano was 0% versus a national average of 5.4% as established by the STS.

Patients undergoing isolated coronary bypass at THE HEART HOSPITAL Baylor Plano had a 67% lower rate of prolonged ventilation and a 67% lower mortality rate than the national average as established by the STS.

Patients undergoing isolated coronary bypass with AVR at THE HEART HOSPITAL Baylor Plano had a 60% lower rate of prolonged ventilation and a 25% lower mortality rate than the national average as established by the STS.
An increasing number of patients are being referred to tertiary referral centers such as the THE HEART HOSPITAL for re-do cardiac surgery. These patients pose a specific set of problems both for the surgeon and the anesthesiologist and require special attention at all stages of management. This subset of patients is frequently compromised and has little reserve to compensate for the surgical related stress and other potential complications. At THE HEART HOSPITAL 8.1% of primary coronary artery bypass graft surgeries were re-dos vs. the STS average of 3.9%. THE HEART HOSPITAL Baylor Plano showed better than average outcomes despite the elevated risk of these patients.

SCIP (Surgical Care Improvement Project) antibiotic compliance includes compliance outcomes regarding best practices with use of antibiotics including selection, timing prior to incision, and discontinuation of antibiotics after surgery. This comparison graph includes outcomes for isolated coronary artery bypass graft surgery. The CPMS group is comprised of approximately 430 participating hospitals nationwide.
At the forefront in peripheral vascular care, THE HEART HOSPITAL Baylor Plano offers a variety of treatment options. In our multidisciplinary program, specialists in both open and endovascular procedures can provide patients with all current treatment options available—regardless of the complexity of their pathology.

Our role as leading investigators in multiple research trials for new peripheral vascular treatment methodologies has established our hospital as a national authority in peripheral vascular care. Presentations by the physicians on our medical staff at national and international forums have solidified this status and earned our hospital international respect as a leader in the field of cardiovascular medicine. Physicians from across the United States have traveled here to learn innovative peripheral vascular treatment options and techniques. Some of these procedures include carotid artery stenting, endovascular aortic reconstruction and various procedures for lower extremity revascularization.

As an institution dedicated to safe, quality, compassionate patient care, quality outcomes, and the research and advancement in cardiovascular medicine, we are single-minded in our attention to progressive vascular care. For this reason, our patient outcomes—which include shorter hospital stays, fewer complications, and higher survival rates—remain positive and exceed nationwide benchmarks.
Peripheral Vascular Surgery

Carotid Artery Stent Outcomes

None of the patients receiving a carotid artery stent at THE HEART HOSPITAL had a stroke or acute myocardial infarction. More importantly, the mortality rate at THE HEART HOSPITAL was 0% versus the Sapphire Study national average of 7%.

Patients undergoing CEA at THE HEART HOSPITAL Baylor Plano have a much shorter length of stay than the national average as established by the AHRQ. More importantly, the post-op stroke rate is far lower than the national average.

Percentage of Compliance with Antibiotic Use for Vascular Surgical Infection Prevention

SCIP (Surgical Care Improvement Project) antibiotic compliance includes compliance outcomes regarding best practices with use of antibiotics including selection, timing prior to incision, and discontinuation of antibiotics after surgery. This comparison graph includes outcomes for vascular surgery. The CPMS group is comprised of approximately 430 participating hospitals nationwide.
Guest Testimonial: In His Own Words ...

John Blair
John Blair was diagnosed with an abdominal aortic aneurysm and referred to THE HEART HOSPITAL Baylor Plano in September 2008 for corrective surgery. The condition "was getting to be an emergency," John explains, but it was caught in time. Dorothy, his wife of 63 years, recalls being impressed with the entire experience. "It was like he was the only patient in this hospital. Everyone was so attentive," she says. Their daughter was impressed, too. "My daughter said it was like being in a hotel," Dorothy says. "And she’s a nurse practitioner, so she’s been in a lot of hospitals."
It takes more than one perspective to resolve heart rhythm issues. This philosophy of collaboration is a key part of the success of the Heart Rhythm Institute.

THE HEART HOSPITAL Baylor Plano is a national training center for advanced atrial fibrillation procedures, laser-assisted lead extractions, and device implantation. With three highly sophisticated electrophysiology labs, we have both the technology and expertise to excel in the diagnosis and treatment of complex arrhythmias. Medical, surgical, and device therapies are used in the management of our patients. A highly advanced Stereotaxis robotic navigation lab is currently under construction.

From curative ablation to device management, the physicians on our medical staff are combining the knowledge gained from performing high volumes of complex procedures and discoveries made through ongoing research trials to shape the future of arrhythmia intervention.
Our surgical program is acknowledged as among the leading centers for minimal access beating heart Maze. Our surgeons developed the techniques to perform the left atrial Maze thorascopically on the beating heart. They conduct active teaching programs on these techniques to an international audience of heart surgeons who travel here to learn this procedure. This technique has opened the door to minimal access ablation of atrial fibrillation for millions suffering from chronic atrial fibrillation.

Electrophysiologists, cardiologists, and cardiac surgeons work in concert at THE HEART HOSPITAL Baylor Plano to treat cardiac arrhythmias. This multidisciplinary approach provides patients access to a large range of treatment options.
Half of all electrophysiology procedures involve complex arrhythmia ablation, including ablation for atrial fibrillation and ventricular tachycardia. We also offer a highly developed laser lead extraction program which holds high standards for providing patient safety.

In our acutely ill population, one of every two devices implanted offers therapy to improve quality of life in congestive heart failure patients.
These images illustrate our ability to marry technologies. CT scan images of chambers of the heart can be merged with advanced tachycardia mapping images, allowing the physician to perform complex ablations with confidence and precision regarding the location of ablation lesions.
Utilizing the experience and skills of interventional cardiologists, complemented by a highly trained, dedicated staff, and cardiovascular catheterization labs providing advanced flat-panel technology with digital subtraction and 360° spin capability, we have achieved remarkable outcomes from a broad array of interventional procedures, including balloon angioplasty, rotational and excimer laser atherectomy and drug eluting-stent placement.

Advanced intravascular ultrasound methodology, including lesion characterization and flow wire capability, allow the physicians on our medical staff to accurately diagnose patients and strategically plan the appropriate therapy. Outcomes at THE HEART HOSPITAL Baylor Plano attest to the quality of our diagnostic and therapeutic capabilities.

In addition to coronary conditions, we provide diagnosis and treatment of a wide range of blockages, including carotid arteries, arteries in the upper and lower extremities, and renal arteries. More difficult procedures like multivessel coronary intervention, closure of abnormal openings in the septum between the atrial and/or ventricular chambers of the heart, and abdominal aneurysm repair can now be dealt with using less invasive techniques. Recent progress in interventional techniques means that even complex structural, carotid, cardiac, and peripheral arterial disease, formerly addressed with surgery, can now be repaired through percutaneous intervention.
Cardiac Diagnostics and Percutaneous Interventions

Distribution of Procedures

- Interventional Cath: 38% (n=1,278)
- Diagnostic Cath: 62% (n=2,087)

Percentage of Compliance All Indicators AMI Best Care 2007

AMI (Acute Myocardial Infarction) All-or-None bundle includes compliance outcomes regarding best practices such as appropriate medications upon arrival, medications at discharge, arrival to intervention time, and smoking cessation. The CPMS group is comprised of approximately 430 participating hospitals nationwide.
Women’s Cardiovascular Institute

Cardiovascular disease in women brings its own set of challenges. Heart disease symptoms in women are different from those in men. Moreover, two-thirds of women die from heart attacks having never had any symptoms, pointing to the urgent need for both better education and early screening. The Women’s Cardiovascular Institute is dedicated to meeting this critical need. The Institute’s goals are to identify women at increased risk, offer comprehensive care and treatment for heart disease and peripheral vascular disease, and prevent heart disease by educating women about reducing their risks and achieving healthier lifestyles.

One of the few institutes of its kind in North Texas, the Women’s Cardiovascular Institute offers weekly screening clinics that include CT calcium scoring, carotid intima-media thickness ultrasound testing, ankle brachial indexing, body mass index calculation and other tests. In addition, we conduct community education seminars every three months with information on heart disease prevention tailored especially for women. The Institute is also an active participant in national research trials, including important new studies such as heart disease in women under 55.

Deepika Gopal, M.D.
For heart patients who want to reduce their risk of future heart events and make the most of their everyday lives, cardiac rehabilitation services at THE HEART HOSPITAL Baylor Plano offer distinct advantages. The program addresses the needs of every patient holistically, designing exercises and education around the needs, interests and abilities of each individual. The rehabilitation team draws from the expertise of physicians, registered nurses, nurse practitioners, exercise physiologists, registered dietitians, social workers, chaplains and pharmacists to structure personalized treatment plans.

In both inpatient and outpatient cardiac rehabilitation, education is key to success. Patients learn about their specific condition, discover ways to modify risk factors, and learn how to live healthier lives through nutrition, exercise and stress management. Keenly aware of the value of cardiac rehabilitation, physicians and nurse practitioners encourage participation so that patients can return to their daily activities sooner and feel as well as they did before having their heart event. Armed with healthier life skills, our patients often feel better than they have in years.
One of the common ways patients may access emerging therapies and advanced technology is through clinical research. The Cardiovascular Research Institute (CRI) at THE HEART HOSPITAL Baylor Plano, the Baylor Research Institute, and the Baylor Institute for Health Care Research and Improvement, are led by staff and physicians deeply committed to development and implementation of cardiovascular clinical research, contributing to the advancement of the science, teaching new concepts and techniques, and benefiting the community by delivering improved cardiovascular medical care through new, innovative therapies. With more than 30 investigators participating in important national and international clinical trials, our hospital embraces every opportunity to provide our patients with advanced drug and treatment therapies. Just a few of the important, ongoing trials are listed on the facing page.

The ultimate goal of our research efforts is to offer a variety of clinical trials broad enough to afford every patient the opportunity to access today’s medical breakthroughs even as they occur.
Clinical Research

The National Institutes of Health (NIH) sponsored Future REvascularization Evaluation in Patients with Diabetes Mellitus: Optimal Management of Multivessel Disease or FREEDOM Trial compares drug-eluting stents against coronary artery bypass graft surgery (CABG) for treating coronary artery disease in patients with diabetes mellitus.

One of the most important considerations during implant of a prosthetic valve is correct valve size selection. The exact sizing of a patient’s annulus is important to ensure implant of the largest valve possible for the annulus. This reduces the workload of the heart and improves hemodynamics. Improper valve sizing may lead to implant of a prosthesis that is too small which can contribute to suboptimal post-operative hemodynamics. A Randomized Study to Compare Sizing, Implant Techniques and Hemodynamic Performance between the Mitroflow Valve and the Carpentier-Edwards Magna Pericardial Tissue Valve.

An important trial that may yield landmark findings in women’s cardiovascular disease is the VIRGO study. This NIH sponsored study will evaluate certain risk factors that may influence recovery from a heart attack, especially in women under age 55, including demographic, clinical, metabolic, psychosocial, health care delivery and biological factors.

The primary objective of the AtriCure® Synergy Bipolar RF Energy Lesions for Permanent Atrial Fibrillation Treatment during Concomitant On-Pump Endo/Epicardial Cardiac Surgery (ABLATE Trial) is to evaluate the safety and efficacy of the AtriCure Bipolar System in performing pulmonary vein isolations and the atrial “connecting lesions” of the Maze procedure.

Dr. Michael Mack serves as the national principal investigator for the Exclusion of the Left Atrial Appendage with the AtriClip LAA Exclusion Device in Patients undergoing Concomitant Cardiac Surgery or EXCLUDE Trial. The purpose of EXCLUDE is to evaluate the safety and efficacy of a device called the AtriClip, which closes off the left atrial appendage of the heart during open-heart procedures in patients with a history of atrial fibrillation or other risk factors for stroke.
In our first year, THE HEART HOSPITAL Baylor Plano laid the foundation for a new model of cardiovascular care. In the coming years, we will build on this achievement and extend our influence throughout the region.

In our hospital, a $40 million expansion will bring our total patient suites to 116 and day surgery beds to 20. We will have seven operating rooms and a 4,000 square-foot cardiac rehabilitation wellness pavilion with outpatient clinic services. Currently, we are adding a new cardiac catheterization lab and electrophysiology lab, both equipped with teaching auditoriums, a 3,000 square-foot laboratory, and three additional operating rooms with teaching capabilities.

The expansion will also add advanced imaging, MRI and nuclear medicine capabilities as well as a 6,000 square-foot clinical research space with advanced technology that will include patient care simulators that mimic the touch and feel of real catheterization and surgical procedures. Moreover, a new intensive care unit is being planned that will bring advanced capabilities.

The additional space and technologies made possible by the expansion position our hospital as both a regional leader and nationally renowned authority in cardiovascular care. Already we are training specialists from around the world and have received patient referrals from 36 states plus Puerto Rico. As our reputation grows, our capacity must grow as well.
We’re also extending the reach of our knowledge with a management services company designed to replicate our standard of care in other hospitals. We are now managing the cardiovascular care unit at Baylor Regional Medical Center at Grapevine and will soon provide management services to the newest Baylor hospital in McKinney. Taking our care model to other hospitals standardizes protocols and can improve quality of care for this region.

Already poised to become the North Texas leader in cardiovascular care, we will continue to broaden our vision. Even more gratifying than achieving our first year’s high level of positive outcomes will be the rewards of creating similar successes in all the places, and lives, we touch.
First row, left to right: Samuel C. Woolbert, M.D., FACC; Lydia Jumonville; Roy Lamkin; Bob Mundlin, Chairman; William Ryan, M.D.; David Brown, M.D., FACC. Second row, left to right: Trent Pettijohn, M.D., PA, FACC; Scott Ozanam; Michael G. Isaac, M.D., FACC; Gary Brock. Not pictured: Darcy Anderson; Hafiza Khan, M.D., MMSc, FACC; Ronald Parker.
Physicians

Cardiovascular Surgery

Tea E. Acuff, M.D.

Richard T. Bowman, M.D., PA

Todd M. Dewey, M.D.

James R. Edgerton, M.D., FACC, FACCP, FACS
Co-Medical Director, Heart Rhythm Institute

Robert F. Hebeler, M.D., FACC, FACCP, FACS

G. Kimble Jett, M.D.

Michael J. Mack, M.D.
Medical Director, Cardiothoracic Surgery

David O. Moore, M.D., FACS

Patrick T. Roughneen, M.D.
Physicians

Cardiovascular Surgery

Not Pictured:
William T. Brinkman, M.D.
Tung H. Cai, M.D.
Carl Henry, III, M.D.
George W. Johnson, Jr., M.D., FACS,
FACC, FCCP
Mitch J. Magee, M.D.
Christian Moncrief, M.D.

William Ryan, M.D.
Medical Director, Structural Heart and
Valve Institute

Bradley Grimsley, M.D., FACS

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