C.E. Tate
TAVR patient
Story on page 11
By recruiting some of the world’s most promising clinical trials and putting advanced technologies in the hands of skilled cardiovascular specialists on the medical staff, we are advancing the practice and science of heart and vascular care every day.
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*Notice Regarding Physician Ownership: The Heart Hospital Baylor Denton and The Heart Hospital Baylor Plano are hospitals in which physicians have an ownership or investment interest. The list of the physician owners or investors is available to you upon request.
Innovation and quality are the foundation of The Heart Hospital Baylor Plano and The Heart Hospital Baylor Denton. Physicians, nurses, researchers and hundreds more representing numerous disciplines build on this foundation daily, each bringing their best to advance the care each guest receives. Every thought, every action, every surgery or procedure relates back to this foundation, which is why Innovation and Quality is the theme of our 2016 Outcomes Report.

Since opening The Heart Hospital Baylor Plano in 2007, our outcomes year after year reinforce that we are a leader and an innovator in the cardiovascular arena. As illustrated on the next page, the honors and accolades we have earned in the past two years alone prove we place our guests first and confirm the high-quality results we produce. This recognition also acts as a testament to the zeal with which we pursue medical excellence and the compassionate and dedicated way it is delivered.

You can review our 2015 data in this report for both The Heart Hospital Baylor Plano and The Heart Hospital Baylor Denton, and read our “Top 10” list of innovative medical initiatives. You’ll also learn about our Heart Team approach – a fundamental and critical aspect of our patient care – and you’ll meet former guests whose stories support our unwavering commitment to medical quality and service excellence.

As a top 10 national cardiovascular program, we will strive to continue providing medical intelligence at every level, at every turn, across the spectrum of specialties and services we offer our guests. Our “Cardiac IQ” – based on Innovation and Quality – will increase because of the medical leadership we have in place now and through those who join us in the future, as we redefine the conversation about cardiovascular medicine.
5% of hospitals in the U.S. earned 5 stars.

2.8% of hospitals in the U.S. earned 5 stars.

168 hospitals in the U.S. earned 5 stars.

3,544 total hospitals and healthcare facilities rated.

1 of only 13 hospitals in Texas who earned 5 stars.

1 of only 102 hospitals in the nation who earned 5 stars out of 3,662 rated.

3-star rating for two consecutive years from the Society of Thoracic Surgeons, placing us in top 1% of 1,017 cardiac surgery programs.

18th in the nation for cardiology and heart surgery.

Five-star rating* for “Overall Patients’ Experiences” by Centers for Medicare & Medicaid Services (CMS).

Five-star rating* for “Overall Hospital Quality” by Centers for Medicare & Medicaid Services (CMS).

*Ratings based on CMS reporting. All ratings are updated quarterly. Visit www.medicare.gov/hospitalcompare for latest ratings and full reporting details for each rating category represented.
2015 Overview

- **Patient Visits**: 25,604
- **Admissions**: 4,427
- **Beds**: 116

**Surgical Procedures Performed in 2015 (CY)**

- **Cardiac**: 1,562
- **Vascular**: 1,037
- **Thoracic**: 250
- **Thoracic Aortic**: 237
- **Minimal Access/ Cardiac**: 383
- **Other**: 425
## Non-Surgical Procedures Performed in 2015 (CY)

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>Diagnostic Interventions</td>
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<td>Other</td>
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<tr>
<td>Carotid Interventions</td>
<td>53</td>
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<tr>
<td>Vascular Interventions</td>
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<td>Implantable Cardioverter-Defibrillators</td>
<td>489</td>
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<tr>
<td>Pacemakers</td>
<td>673</td>
</tr>
</tbody>
</table>
The Heart Hospital Baylor Plano (THHBP) has embarked upon a $100 million expansion to enhance its ability to bring innovative, quality care to the communities THHBP serves, as well as guests from across the country and around the globe. The centerpiece of the project is a five-story patient tower, with amenities and technologies aimed at improving both the guest and provider experience.

In with the New...
THHBP’s expansion, the fifth over the past nine years, will build upon the hospital’s already considerable care and training resources:

- Three new operating suites
- 28 additional ambulatory surgery beds with the ability to expand to an additional 28 beds in the future
- New 200-seat auditorium
- New and larger cardiac rehabilitation center
- Restaurant-style dining facilities
- Renovated and expanded atrium-style main lobby
- Dedicated suite for cardiovascular research

Visionary Design
Enhanced main entries, a lush landscape and an expanded lobby with a fireplace will create a warm, inviting environment for guests and their families. Every corner, contour and design element is geared to evoke a sense of calm while flowing seamlessly with the existing facility, resetting expectations of what a hospital experience can and should be.

Architectural renderings of the expansion convey the new front entrance, plus the additional wing that will house expanded services and capacity.
Top 10 Developments in Innovation 2015/2016

The Heart Hospital Baylor Plano is committed to advancing the programs, tools and techniques to further the practice and science of cardiovascular medicine.

1 Cardiac and Thoracic Robotic Surgery
Robotic surgery has become the mainstay of both mitral valve and thoracic surgery at The Heart Hospital Baylor Plano. With sophisticated robotic technology in the hands of skilled surgeons, minimally invasive procedures become even less invasive, often resulting in next-day discharge. In fact, we are one of the leading facilities in the country for length-of-stay and outcomes for many robotic procedures.*

2 PARTNER III (Transcatheter Aortic Valve Replacement)
Over the past decade, transcatheter aortic valve replacement (TAVR) has been shown to be superior to medical therapy and equally as effective as surgery in high and intermediate risk patients with aortic stenosis. We are one of the nation’s leading enrollers in new pivotal research trials comparing the effectiveness of TAVR to surgery in low-risk patients.

3 Advanced Cardiovascular Imaging
To perform complex structural heart therapies, expertise plus advanced imaging technology and software programs are critical. Using 4-D CT scans from our high-speed CT scanner, 3-D TEE, cardiac MRI and coronary MRA, sophisticated imaging brings exciting new capabilities to both our medical staff and research programs. These services are critical for diagnosing cardiovascular disease and procedure planning.

4 Regional Acute Aortic Syndrome Program
The treatment of acute aortic syndromes such as aortic dissections is best handled by physicians focused on aortic disease management. Our Thoracic Aortic Disease Center has established a regional network and protocols to expedite the transfer of patients with life-threatening aortic conditions to our facility and experienced physicians on the medical staff.

5 Noninvasive Coronary Artery Disease Imaging
Virtual fractional flow reserve studies using a coronary CT scan may represent a future disruptive technology that could lead to a decrease in nuclear heart scans and invasive coronary angiographies that yield normal results. This software-based technology represents a new, noninvasive way to determine the clinical and hemodynamic significance of a coronary blockage using complex computations and flow dynamic calculations.

*Compared to national data from The Society of Thoracic Surgeons and National Inpatient Sample.
Due to exceptional outcomes and a high number of robotic thoracic procedures, we have been designated as a da Vinci® Robotic Epicenter, a site where surgeons can observe thoracic procedures.
Transcatheter Mitral Valve Replacement
Transcatheter aortic valve replacement has changed the management of patients with aortic stenosis through advanced, minimally invasive technology. A similar catheter-based therapy, transcatheter mitral valve replacement (TMVR), could be used to revolutionize the treatment of severe mitral regurgitation. We are leading two national feasibility trials, including performing the first TMVR in the United States.

Mitral Annular Calcification – National Trial
Mitral annular calcification (MAC), which causes advanced degrees of mitral stenosis and mitral regurgitation, is a highly morbid condition that also presents significant surgical challenges. As an alternative, researchers on our medical staff are leading a national trial investigating the feasibility of placing a valve used for TAVR to address MAC under direct vision through minimally invasive incisions.

Neuroprotection During Valve Replacement
Embolization of calcium to the brain is a significant complication of both TAVR and surgical valve replacement. In an effort to make both procedures safer, we are investigating new technologies and techniques to either capture or deflect calcium particles from traveling to the brain during these procedures to mitigate this potential complication.

Pulmonary Embolism Response Team (PERT)
Sub-massive and massive pulmonary embolisms have a high mortality rate, making identification and early intervention critical. We are the first hospital in North Texas to develop a multidisciplinary pulmonary embolism response team and formal program to address this serious condition. The physician team on the medical staff makes the critical decision of implementing either catheter-directed therapy, IV-directed therapy or surgical therapy to address pulmonary embolisms and provide our guests with accurate, rapid and quality care.

Structural Heart Fellowship
Despite all the breakthroughs in technology and techniques to treat complex structural heart disease, advanced training at centers across the United States is still lacking. To bolster training efforts of new cardiologists and cardiovascular surgeons in these strategies, we have begun a fellowship training program for both cardiologists and cardiovascular surgeons in the true “Heart Team” approach to patient care.
C.E. Tate

Sulphur, OK
Former Guest, The Heart Hospital Baylor Plano

C.E. Tate (“Tinker” to his friends) is an 87-year-old who loves horses and country-western dancing, but he wasn’t fit for either when he started having breathing problems. At The Heart Hospital Baylor Plano, he had a transcatheter aortic valve replacement (TAVR). “I couldn’t walk 100 feet before the procedure. The day after, I could walk around the hospital,” he says. In fact, he felt so well at his follow-up appointment that he danced the Cotton-Eyed Joe. “I still go dancing every week,” he says.

“After having TAVR, I danced at my next checkup.”
Christmas Island

Taking on Rheumatic Heart Disease in Kiritimati
Rheumatic heart disease continues to be a significant health issue worldwide – primarily in poor, developing nations. This is particularly true on the small island of Kiritimati (Christmas Island), one of the 33 islands of the Republic of Kiribati located in the Central Pacific Ocean. Some of these patients will develop progressive deterioration of the mitral and aortic valves and require open heart surgery in order to prevent premature death from congestive heart failure.

The Heart Hospital Baylor Plano (THHBP) established a relationship with a nonprofit organization, Pacific Islands Medical Aid, Inc., in 2009 in an effort to provide surgical care for these patients from Kiritimati [kuh-ris-muhs]. Since that time, three groups of patients have traveled to THHBP for surgery; the first in 2009 and a second group in 2011. Our medical team has recently returned from the island where more than 300 patients were screened for rheumatic heart disease. As a result of this trip, a third group came to Plano in July 2016 for surgery.

Baylor Scott & White Health has demonstrated strong support for humanitarian efforts to provide care for those without resources. This initiative will be expanded in the coming year to include the larger, more populous island of Tarawa.

The Chain of Hope Foundation, established by world-renowned heart surgeon Sir Madgi Yacoub, will soon collaborate with THHBP to provide cardiovascular surgical care for a number of patients from Haiti and Central America. All of this is possible due to the commitment of the hospital, surgeons and staff who will care for them. This is an exciting time for THHBP as it expands our mission of providing excellent cardiovascular care on a global level.

Captain William Mynors, of the British East India Company ship Royal Mary, gave the island its name because he and his crew arrived on Christmas Day in 1643.

2016
300 ISLANDERS SCREENED
8 SURGERIES*
32 SURGERIES SINCE 2009

*7 performed at THHBP.
Heart Team
Collaboration

Left to right:

Front Row: Michael DiMaio, MD, Medical Director, Residency/Fellowship Program; David L. Brown, MD, President of Medical Affairs; Deepika Gopal, MD, Medical Director, Advanced Cardiovascular Imaging MRI Program; Molly Szerlip, MD, Medical Director, Inpatient Valve Services; Michael J. Mack, MD, Medical Director, Baylor Scott & White Health Cardiovascular Services; William H. Ryan III, MD, Chairman, Cardiovascular Surgical Services. Back Row: William T. Brinkman, MD, Medical Director, CACC/Thoracic Aortic Disease Center; Robert L. Smith II, MD, Vice Chair, Cardiovascular Surgical Services; Kelley A. Hutcheson, MD; Ambarish Gopal, MD, Medical Director, Advanced Cardiovascular Imaging CT Program; Srini P. Potluri, MD, Medical Director, Cardiac Catheterization Laboratory; Katherine B. Harrington, MD; Steven Kindsvater, MD, Vice Chairman, Cardiovascular Medicine.
Teaming with Quality

While advanced technologies and skilled providers are vital to creating quality results, the cornerstone of quality at The Heart Hospital Baylor Plano (THHBP) is a team approach to addressing complex cardiovascular conditions, taken to a level that few other programs in the nation can match. THHBP’s program structure gives guests with complicated issues input from multiple specialists on the medical staff, often in a single clinic visit.

THHBP’s weekly valve clinics are perhaps the best illustration of the Heart Team approach to care. At the clinics, guests receive a full evaluation and imaging studies, and have their cases reviewed by multiple specialists on the medical staff, including cardiovascular surgeons, interventional cardiologists, noninvasive cardiologists and cardiac imaging specialists. Thus, every case is looked at through multiple lenses to determine a comprehensive treatment plan.

This team approach also extends to other areas of cardiovascular medicine. The close working relationship among interventional cardiologists, cardiovascular surgeons and electrophysiologists on the medical staff helps promote the right treatment plan for guests with other complex diseases of the heart.
Increasingly, minimally invasive techniques are accounting for a greater share of procedures in both THHBP’s mitral and aortic valve surgery programs, helping contribute to low complication rates. These include MitraClip® for mitral valve repair, as well as minimal access aortic valve surgery. Compared to The Society of Thoracic Surgeons’ database, THHBP operative mortality rates across the four major areas of valve surgery remained well below average, including:

- Isolated aortic valve replacement (AVR)
- AVR with coronary artery bypass graft
- Isolated mitral valve replacement (MVR)
- Isolated mitral valve repair

Key Complication Rates Significantly Below National Averages

In 2015, The Heart Hospital Baylor Plano’s (THHBP) Valve Program performed more than 1,000 procedures for the first time in the hospital’s history. By caseload, THHBP is one of the nation’s busiest centers for valve surgery.
Star Swaner

Wylie, TX
Former Guest, The Heart Hospital Baylor Plano

After a life of near perfect health, Star Swaner suddenly found herself in the ER with a strep infection, pneumonia and shortness of breath. Tests revealed that both her aortic valve and mitral valve were damaged. At The Heart Hospital Baylor Plano, she underwent surgery to repair her mitral valve and replace her aortic valve. Now, even though she was active and felt healthy before, things are different. “I feel healthier than I ever have,” she says. “I could not have been in better hands.”

“After valve surgery, my heart has never felt stronger.”
ISOLATED AVR MORTALITY
PERCENTAGE PER YEAR

1.6%  3.6%  1.3%  0.6%
2012  2013  2014  2015

AORTIC VALVE SURGERY
TOTALS PER YEAR

TAVR
AORTIC SURGERY

2012: 48% Minimal Access, 72% Traditional
2013: 27.3% Minimal Access, 77.3% Traditional
2014: 22.7% Minimal Access, 68.3% Traditional
2015: 31.7% Minimal Access, 68.3% Traditional
TAVR Has Been Shown to Be the Preferred Treatment for High Surgical Risk Patients with Aortic Valve Stenosis.

This is one of the reasons THHBP has remained at the forefront in developing a robust TAVR program. The number of TAVR cases at THHBP has increased more than four-fold since the launch of the program in 2012. TAVR accounts for an increasing share of aortic valve replacement procedures, and THHBP has one of the nation’s most active and experienced TAVR programs:

- **Lengths of stay for guests who undergo TAVR continue to decrease, with a significant number going home the day after surgery, compared to five to seven days with traditional aortic valve replacement surgery**
- **The TAVR procedure time, in some cases, is only 25–35 minutes per case. Shorter procedures may offer fewer chances for complications and help speed recovery**

### Valve Surgery

**Transcatheter Aortic Valve Replacement (TAVR)**

**PARTNER III**

Principal Investigators: David L. Brown, MD/Michael Mack, MD

Establish the safety and effectiveness of the SAPIEN 3 Transcatheter Heart Valve in low-risk patients requiring aortic valve replacement who have severe, calcific, symptomatic aortic stenosis.

**GALILEO**

Principal Investigator: Molly Szerlip, MD

Global study comparing a rivaroxaban-based antithrombotic strategy to an antiplatelet-based strategy after transcatheter aortic valve replacement (TAVR) to optimize clinical outcomes.
Advancing TAVR
THHBP is among only a handful of centers in the United States studying the use of TAVR in low-risk patients with critical aortic stenosis. Since 2002, more than 250,000 TAVR procedures have been performed worldwide – first in patients who were inoperable, then those at high risk for surgery and now for those at intermediate risk. Exploring the use of TAVR in low-risk patients could usher in a new standard of care for any patient in need of aortic valve replacement, further diminishing the need for and risk of surgery.

REFLECT I (EMBOLIC PROTECTION)
Principal Investigator: David L. Brown, MD
This study is a prospective, single-blind, randomized trial in the United States, Europe and Israel. Subjects with indications for TAVR will be randomized 2:1 to one of two treatment arms:
- Intervention: TAVR with the TriGuard HDH embolic deflection device
- Control: standard unprotected TAVR
All subjects will be followed in-hospital and at 30 and 90 days with MRI and neuropsychological testing.
As a young woman, Edith Geske survived rheumatic fever, but it left her with a heart murmur. More than six decades later, her aortic valve was damaged beyond repair. Her doctor sent her to The Heart Hospital Baylor Plano, where she received a transcatheter aortic valve replacement (TAVR), a no-incision procedure. “That was the best hospital I have ever been in, and at my age, I’ve been in a lot,” the 95-year-old says. Now she’s back to her active, independent life. “I’m back to normal,” she says. “I feel just wonderful.”

“I got a new heart valve and went home the next day.”
In 2015, THHBP Was the First Institution to Successfully Perform TMVR in the United States.

Due to the complexity of the mitral valve, device development has taken longer than for the aortic valve. However, THHBP is involved in trials for investigative devices that represent the first significant efforts to perform TMVR in the United States, and these efforts could lead to game-changing procedures for mitral valve disease that may expand treatment options and hasten recovery.

These devices represent the first wave of technologies that could shift the paradigm for treating mitral valve disease. The medical device industry continues to look to THHBP to conduct important trials to determine the efficacy of these novel devices.

Advancing TMVR

Over the next decade, additional devices will be developed to treat complex cases of mitral valve disease and speed recovery of patients. Currently, THHBP is participating in multiple trials with such devices with success, including no operative mortalities.

RESEARCH TRIALS

CARDIAQ – FORTIS
Principal Investigators: Robert L. Smith II, MD/Molly Szerlip, MD
Early feasibility study of the CardiAQ™ Transcatheter Mitral Valve Implantation (TMVI) System (Transfemoral and Transapical Delivery Systems) for the treatment of moderate to severe mitral regurgitation.

SITRAL
Principal Investigator: Robert L. Smith II, MD
The purpose of this study is to establish the safety and feasibility of the Edwards SAPIEN 3 valve in subjects with mitral annular calcification (MAC) associated with mitral stenosis (MS) and/or mitral regurgitation who are at high risk for mitral valve surgery due to the extent of calcification. The study will include subjects undergoing mitral valve replacement with the Edwards SAPIEN 3 heart valve by a surgical approach. Subjects will undergo follow-up visits at 30 days, 6 months and 12 months post-procedure.
2012: 267
   - 2.3% Robotic
   - 37.4% Minimal Invasive
   - 60.3% Traditional

2013: 330
   - 8.8% Robotic
   - 45.7% Minimal Invasive
   - 45.5% Traditional

2014: 369
   - 7.2% Robotic
   - 46.8% Minimal Invasive
   - 46% Traditional

2015: 363
   - 10.7% Robotic
   - 55.6% Minimal Invasive
   - 33.7% Traditional
One of the Region’s Most Experienced Programs with Results to Match

The Heart Hospital Baylor Plano (THHBP) is home to one of Texas’ busiest robotic cardiothoracic surgery programs. Robotic-assisted surgery is among the hospital’s most important minimally invasive solutions in both thoracic procedures and select cardiac interventions.

Cardiac Robotic Surgery

THHBP has used robotics to aid in a number of cardiac procedures since the inception of the program in 2011. Thanks in part to robotic techniques, THHBP’s operative mortality rate for mitral valve procedures has remained well below national averages. In addition, lengths of stay continue to decrease for guests who undergo robotic mitral valve procedures.

In addition to mitral valve procedures, cardiac robotics at THHBP can also be used to treat adult congenital heart conditions such as atrial septal defect (ASD), and to assist in complex bypass surgeries.
Thoracic Robotic Surgery
More than 80 percent of thoracic procedures in 2015 were performed using minimally invasive robotic-assisted surgery, including lobectomies. The ability to use this technology for such a wide range of procedures has yielded some of the shortest lengths of stay for thoracic procedures in Texas, as well as about half of The Society of Thoracic Surgeons’ thoracic surgery database average.¹

THHBP offers thoracic robotic procedures to address:

- Lung cancer
- Mediastinal tumors
- Lymphomas
- Chest infections with decortications or cancer
- Scar tissue from bypass
- Blood flow to the heart (transmyocardial laser revascularization)
- Esophageal gastrectomies

Advancing Robotics
We have been a national leader in the use of robotics to improve cardiothoracic care. The hospital has deployed the fourth-generation da Vinci Xi® robot, and has been selected by the manufacturer as one of only a few Observation Epicenters in the world. THHBP hosts physicians and operating room teams from around the nation and internationally to observe cases.

¹Compared to national data from The Society of Thoracic Surgeons and National Inpatient Sample.
Short Lengths of Stay and Few Complications Boost Outcomes and Case Growth.

Our Vascular Surgery Program performed a record number of cases in 2015, with most cases employing minimally invasive endovascular techniques. Length of stays for guests undergoing carotid endarterectomy, carotid stents and endovascular aneurysm repair were generally much shorter than national averages or what would be expected, according to national benchmarking data.

More importantly, THHBP experienced no mortality for three complex vascular procedures, including:

- Carotid endarterectomy
- Open abdominal aortic resection
- Type B aortic dissections

THHBP is one of 27 hospitals in the nation to receive three stars, the highest rating possible, from the Vascular Quality Initiative Participation Awards, which are aimed at increasing quality in vascular surgery primarily through reporting and follow-up.

**GREAT**

Principal Investigator: Dennis R. Gable, MD

GREAT Outcomes Evaluation is a prospective observational cohort registry designed to obtain data on device performance and clinical outcomes of patients treated with GORE endovascular aortic products.
VASCULAR VOLUMES
TOTALS PER YEAR
APPROACHING 10 YEARS

PERIPHERAL INTERVENTION
SURGICAL INTERVENTION
Thoracic Aortic Disease

THHBP is home to an innovative regional center for treating complex aortic disease, including aortic dissections and aortic aneurysms of all types and locations. According to The Society of Thoracic Surgeons (STS), outcomes at high-volume thoracic disease treatment programs are typically better than those performed at lower volume centers.

Quality is the hallmark of THHBP’s Thoracic Aortic Disease Program, which features:

- Low mortality rates for both aneurysm and dissections
- Low reoperative rates for bleeding for both aneurysms and dissections
- Low rate of complications from treatment

<table>
<thead>
<tr>
<th>AAA REPAIR 2015 PERCENTAGE</th>
<th>THORACIC AORTIC OVERALL 2015 PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endo AAA Repair</td>
<td>95%</td>
</tr>
<tr>
<td>Open AAA Repair</td>
<td>4%</td>
</tr>
<tr>
<td>Aneurysm</td>
<td>21.7%</td>
</tr>
<tr>
<td>Dissection</td>
<td>78.3%</td>
</tr>
</tbody>
</table>

| 72                           | 144                                      |

28
Advancing Vascular Disease Treatment

Vascular disease specialists on the THHBP medical staff offer minimally invasive repair of thoraco-abdominal aneurysms – a type of aneurysm which often requires open repair at other centers. THHBP also is one of only a handful of places in the region to offer fenestrated endovascular repair for the minimally invasive repair of aortic aneurysms. This procedure broadens the types of aneurysms that can be treated without major surgery, which often means shorter hospital stays and fewer complications.

Research Trial

Dissection

Principal Investigator: William Brinkman, MD

This is a retrospective study to assess the outcomes of all patients who were diagnosed and had surgery due to Type A acute aortic dissections and compare their outcomes to patients who were transferred from another facility to THHBP or had surgery in another TQI hospital between 1/1/2009–12/31/2014.

Expected vs. Observed

<table>
<thead>
<tr>
<th>THHBP Observed</th>
<th>VQI Expected</th>
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<tr>
<td>&gt; 2 Days LOS EVAR</td>
<td>33.2%</td>
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Ellen Q. Sullivan
Denton, TX
Former Guest, The Heart Hospital Baylor Plano

Ellen Sullivan had never had heart trouble, but her internist was telling her he heard a heart murmur. An echocardiogram revealed a large ascending aortic aneurysm just above the heart. Without surgery, it could be fatal. At The Heart Hospital Baylor Plano, Ellen underwent surgery to repair the aneurysm with a graft.

“I’m glad I had the surgery to repair my aneurysm. I’m healthier than ever.”
Electrophysiology Cases Up Nearly 50 Percent Over the Past Five Years

The electrophysiology (EP) team at The Heart Hospital Baylor Plano (THHBP) added new staff to meet growing demand, as well as enhanced processes in the EP lab to further promote best care practices and safety. Additionally, the EP specialists on the medical staff continue to work closely with the hospital’s Valve Program to determine which guests undergoing transcatheter aortic valve replacement may need a pacemaker.

The upcoming expansion of THHBP will add a new EP Lab, further increasing capabilities and the number of guests the EP Program will be able to serve in the future.

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**Electrophysiology Cases Over the Past Five Years**

<table>
<thead>
<tr>
<th>Year</th>
<th>EP Ablation</th>
<th>Pacemaker</th>
<th>Cardiac Defibrillator</th>
<th>Implantable Cardiac Defibrillator</th>
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<td>601</td>
<td>910</td>
<td>404</td>
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<td>2012</td>
<td>1,714</td>
<td>766</td>
<td>910</td>
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<td>2013</td>
<td>1,980</td>
<td>620</td>
<td>1,015</td>
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<td>2014</td>
<td>2,158</td>
<td>659</td>
<td>1,159</td>
<td>489</td>
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<tr>
<td>2015</td>
<td>2,142</td>
<td>673</td>
<td>1,101</td>
<td>489</td>
</tr>
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</table>

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**Research Trial**

**nMARQ** Pulmonary Vein Isolation System for the Treatment of Paroxysmal Atrial Fibrillation

- Evaluate the nMARQ™ catheter system compared with the THERMOCOOL Navigational Family of catheters in treating subjects with paroxysmal atrial fibrillation who still have symptoms with medical treatment.
Advancing Electrophysiology

THHBP, which already offers a robust portfolio of therapies for atrial fibrillation, is among select centers exploring investigational devices for the treatment of atrial fibrillation (Afib).¹ These devices seek to allow the ablation of larger areas at one time, which may have the potential to:

- Improve the speed of ablation
- Be more effective in eliminating sources of Afib than traditional focal point catheters used for ablation

In addition, THHBP is also participating in a global, first-of-its-kind study² looking at the risks and benefits of ablation for patients with persistent Afib.

THHBP recently began offering patients with non-valvular atrial fibrillation an alternative to long-term warfarin medication with the recently approved WATCHMAN™ Left Atrial Appendage Closure Implant. The WATCHMAN implant closes off an area of the heart called the left atrial appendage (LAA) to keep harmful blood clots that can form in the LAA from entering the blood stream and potentially causing a stroke. By closing off the LAA, the risk of stroke may be reduced. The WATCHMAN implant procedure usually lasts about an hour, and the patient is typically in the hospital for 24 hours. Patients remain on warfarin for at least 45 days post-procedure until the device endothelializes.

¹ reMARQable nMARQ™ Pulmonary Vein Isolation System for the Treatment of Paroxysmal Atrial Fibrillation
² Evaluation of Multielectrode Phased RF Technology in Persistent Atrial Fibrillation
Darryl Pratt

Frisco, TX
Former Guest, The Heart Hospital Baylor Plano

Darryl Pratt nearly died of cardiac arrest while having lunch with a friend in January. Quick thinking from the restaurant manager who began CPR, and paramedics who continued it, saved his life. At The Heart Hospital Baylor Plano, hypothermia treatment saved his brain. Over the next five weeks, physicians removed a 10 cm clot on his heart, implanted a pacemaker/defibrillator and monitored his vital signs while he remained in a medically induced coma. He woke up on Valentine’s Day. Would his brain still function? He can answer that. “I’m back at work full time,” he says. “Seeing clients, doing it all.”

“Hypothermia treatment, a pacemaker/defibrillator and outstanding care saved my life.”
Advancing Cardiac Catheterization

Chronic total occlusions (CTO) are significant coronary artery blockages that present some of the most challenging cases seen in the Cath Lab. THHBP’s CTO coronary intervention program is expanding with four specialists on the medical staff highly trained in CTO intervention and a number of processes in place to promote the ideal intervention and outcome, including:

- Extensively reviewing every case before and after intervention with both interventional cardiologists on the medical staff and other Cath Lab clinicians
- Determining a strategic approach to treat the CTO based on indications and appropriateness to optimize efficacy and safety
- Having a close working relationship with cardiovascular surgeons on the medical staff to determine which CTOs are more appropriate for surgery and which can be addressed through percutaneous intervention

New Procedures and Expanding Programs

With more than 4,700 cases performed in the Cath Lab in 2015, THHBP’s Cardiac Catheterization Program has shown a steady uptick in caseloads over the past several years in both categories of diagnostic and coronary interventions.
Additionally, the Cath Lab continued to outperform National Cardiovascular Data Registry (NCDR) speed expectations in emergent heart attack cases with door-to-balloon times and door-to-door-to-balloon times significantly faster than the respective goals. Rapid intervention is critical to preserving heart tissue.
Advanced Imaging, Advanced Convenience

The cornerstone of planning for any complex cardiovascular procedure is quality, reliable imaging studies, as well as thorough evaluation and consultation. The Heart Hospital Baylor Plano (THHBP) offers advanced imaging capabilities and comprehensive diagnostic work-ups and treatment planning at guests’ convenience through the outpatient Center for Advanced Cardiovascular Care (CACC).
Through the CACC, guests have access to imaging procedures and technologies that are not widely available. These studies are available by individual appointment as needed, but also are integrated into weekly clinics at the CACC, providing guests the opportunity to receive full diagnostics and a treatment plan in a single visit. The Heart Valve Center of Texas is one of several clinics in the CACC that offers full evaluations and treatment plans for all types of valve conditions, including advanced aortic valve stenosis.

**RESEARCH TRIAL**

**4D CT TAVR**
Principal Investigator: Ambarish Gopal, MD

*4D CT to Evaluate Valve Thrombosis after Transcatheter Aortic Valve Replacement* – Identify the incidence of valve thrombosis in patients referred for 4D CT evaluation due to clinical and/or echocardiographic criteria.
Center for Advanced Cardiovascular Care
Advanced Imaging

ECHO AND CT VOLUMES
TOTALS PER YEAR

MRI VOLUME*
TOTALS PER YEAR

*MRIs are performed at THHBP.
Bringing Cardiovascular Conditions into Focus

Cardiovascular echocardiograms, CT and MRI imaging studies at the CACC (echo and CT) and THHBP (MRI) are provided under the guidance and expertise of imaging specialists on the THHBP medical staff. Some advanced imaging studies include:

- Cardiac MRI viability imaging
- Myocardial strain imaging
- Pre-procedural planning and guidance for structural heart procedures
- Evaluation of valvular heart disease with 4D imaging
- 4D CTA of cardiovascular system
- Coronary CT angiography with fractional flow reserve CT (FFR-CT)

Left to right:
Ambarish Gopal, MD
Medical Director – Advanced Cardiovascular Imaging CT Program

Deepika Gopal, MD
Medical Director – Advanced Cardiovascular Imaging MRI Program

Paul Grayburn, MD
Medical Director, Noninvasive Cardiology

4D Flow MRI
The Center for Advanced Cardiovascular Care (CACC) offers various outpatient clinics that provide evaluations and treatment plans across a broad range of diseases and conditions, including:

- Congestive heart failure
- Vascular disease and the diabetic foot
- Complex wound care
- Pulmonary hypertension
- Thoracic aortic disease
- Valve disease
- Heart arrhythmia
- Inherited cardiovascular disease

Clinic services are led by physician leaders on the medical staff, nurse practitioners, registered nurses and imaging technologists dedicated to meeting the specific needs of guests on an outpatient basis. If surgical intervention is needed based on the treatment plan, the CACC team works in conjunction with inpatient hospital staff to coordinate hospital care and then outpatient follow-up. There are three CACC locations to serve the Plano, McKinney and Denton areas.

**Adult Congenital Heart Disease**

The Heart Hospital Baylor Plano (THHBP) has initiated an innovative program to address the unique needs of the growing number of adults living with adult congenital heart disease. The program, one of only a handful in the nation, features a dedicated clinic led by a cardiologist on the medical staff who is one of only a small number of physicians in the entire country who are board certified in adult congenital heart disease. The clinic manages ongoing care for guests with adult congenital heart disease, coordinating procedures to help them maintain their health as needed, the most common of which are:

- Atrial septal defect (ASD)/patent foramen ovale (PFO) closure
- Left atrial appendage (LAA) management

**Advancing Care for Adult Congenital Heart Disease**

THHBP will be involved in multiple research projects about adult congenital heart disease, a burgeoning subspecialty of cardiovascular medicine. In addition to being the national coordinating site for two multicenter studies – one focusing on treatment outcomes and the other on single ventricle physiology – the clinic will serve as the cornerstone of a Baylor Scott & White Health original study. This study focuses on collecting genetic data on guests with congenital heart disease with the goal of identifying new markers for disease severity and indications for therapy.
Charles Webb

Plano, TX
Former Guest, The Heart Hospital Baylor Plano

Charles Webb was diagnosed with congestive heart failure just days after returning from a vacation. "I was unaware I had anything seriously wrong," he says. A pacemaker-defibrillator helped for a while, but he needed more. At The Heart Hospital Baylor Plano, he received a left ventricular assist device (LVAD) implant. With help and care post-LVAD at the CACC Heart Failure Clinic, Charles’ life is back on track. “I work out on machines, lift weights and walk 15 minutes on the treadmill,” he says.

“After my LVAD implant, I’m exercising up to four days a week.”
For the Next Generation

The Heart Hospital Baylor Plano (THHBP) has launched a one-year fellowship program to provide comprehensive training in the management of structural heart disease to two highly qualified fellows. These fellows – one in interventional cardiology and one in cardiothoracic surgery – will work closely with the medical staff to understand and deliver THHBP’s Heart Team approach to care. This intensive fellowship focuses on the clinical evaluation, noninvasive imaging evaluation, medical management, and procedure and post-procedure management of guests with structural heart disease.

Exploring Every Angle

Fellows will receive quality, in-depth training in every facet of managing structural heart disease, which could help improve care for the thousands of patients each fellow will go on to care for throughout his or her career:

- Outpatient valve clinic
- Inpatient valve service
- Noninvasive imaging
- Cardiac catheterization laboratory
- Hybrid operating room procedures
- Robotic mitral and coronary procedures
- Research

THHBP Fellows in the Structural Heart Fellowship Program:

Sukhdeep Singh Basra, MD
Deborah Tabachnick, MD
Left to right:

Kathryn Hobbs
Training and Innovation Manager

Michael DiMaio, MD
Medical Director,
Residency/Fellowship Program
Women in Heart Disease

From left to right:
Deepika Gopal, MD, FACC, FSCCT, FASE, Medical Director, Advanced Cardiovascular Imaging MRI Program
Elizabeth Holper, MD, MPH, FACC, FSCAI, Chief Quality Officer
Molly Szerlip, MD, FACC, FACP, FSCAI, Medical Director, Inpatient Valve Services
Breaking the Mold While Leading the Fight Against Heart Disease

Despite the marked increase in the number of female physicians over the past 30 years, women are still significantly underrepresented in the cardiovascular medicine specialties. In fact, nationally, women comprise only 4 percent of interventional cardiologists\(^1\) and a similar percentage of cardiothoracic surgeons.\(^2\)

However, at The Heart Hospital Baylor Plano (THHBP), there are 130 female physicians, comprising more than 20 percent of the total medical staff. They have played an indispensable role in delivering quality outcomes to thousands of guests. Their skill and contributions have helped the hospital earn international acclaim, including honors such as The Society of Thoracic Surgeons’ three-star rating in coronary bypass, aortic valve replacement and combined bypass and valve replacement, among many other accolades.

Female medical staff members are also involved in leading key research initiatives at THHBP. These initiatives are advancing global efforts to combat coronary artery disease, valve disease and a range of other cardiovascular conditions.

130

AT THHBP THERE ARE 130 FEMALE PHYSICIANS

20%

COMPRISING 20 PERCENT OF THE TOTAL MEDICAL STAFF

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1 Study Finds Women Underrepresented in Interventional Cardiology Field. The Society for Cardiovascular Angiography and Interventions. 2014.

The surgery went beautifully. I’ve got a three-inch scar, and I’ve never had pain.”

Marvin Williams was doing fine with his pacemaker, but when he went in for a follow-up appointment, he learned he had a bad aortic valve. At The Heart Hospital Baylor Denton, he became the first person in a Denton County hospital to receive an aortic valve replacement through a minimally invasive procedure called a mini sternotomy. “Friends who’ve had heart surgery had their chest opened. That didn’t happen with me.”

Marvin Williams
Corinth, TX
Former Guest, The Heart Hospital Baylor Denton
The Heart Hospital Baylor Denton (THHBD) is quickly establishing itself as a premier facility for quality cardiac care and service for Denton County residents and surrounding areas all the way north into Southern Oklahoma:

- Marked increase in inpatient and ED registrations
- Increase in open heart and bypass procedures
- 12 percent increase in invasive cardiology procedures
- Now the fourth-busiest heart surgery center in Baylor Scott & White Health system
- One of only a handful of North Texas hospitals to perform more than 100 open heart surgeries annually
More importantly, even with the climbing caseloads, THHBD quality outcomes remained strong with mortality, average length of stay and key complication rates significantly below averages reported in The Society of Thoracic Surgeons’ national database. In fact, during its first two years of operation under the THHBD banner, the hospital has had no in-house mortality related to cardiovascular surgery.
Press Ganey® Award
In early 2016, THHBD received the Press Ganey Guardian of Excellence Award® for Inpatient Satisfaction. The Press Ganey Guardian of Excellence Award® is a nationally recognized symbol of achievement in healthcare.

Made for Accolades
- Two-star rating from The Society of Thoracic Surgeons for isolated coronary artery bypass grafting
- The highest nursing satisfaction scores out of 48 hospitals in the Baylor Scott & White Health system
- Named one of the “Top 55 Hospitals Patients Would Definitely Recommend” in the nation by Becker’s Hospital Review

Offering Convenient, Quality Cardiac Care
- Cardiothoracic surgery
- Cardiac catheterization
- Electrophysiology
- Comprehensive wound care management and limb preservation
- Vascular and endovascular surgery
- Advanced imaging

Five-star rating* for “Overall Patients’ Experiences” by Centers for Medicare & Medicaid Services (CMS)

Jerry Neighbors’ angina just wouldn’t go away, so he stopped by a neighborhood urgent care clinic. They immediately sent him to The Heart Hospital Baylor Denton, where an angiogram revealed that several arteries were blocked up to 90 percent. “Going there was the best move I ever made,” he says. Within a few days, he received four coronary artery bypass grafts. That was just five months ago. Now, he says, “I’m pretty much back to 100 percent. I’m sure it’s because of the great care I received.”

“I recovered so fast from my quadruple bypass, it even surprised the nurses.”
Hyperbaric oxygen therapy (HBO) is an integral treatment modality at the Comprehensive Wound & Vascular Center.

**Healing Rate Five Days Faster than the National Average***

The Center for Advanced Cardiovascular Care (CACC) in Denton is owned and operated as a department of THHBD, and it offers the only complex wound care center in Denton County – the Comprehensive Wound & Vascular Center (CWVC). The CWVC offers services for the diagnosis, treatment and management of complex non-healing wounds through a wide range of approaches, with specialty focus on limb preservation and hyperbaric therapy.

Soon, the CACC in Denton will also offer cardiac rehabilitation services. Modeled after the cardiac rehab program at The Heart Hospital Baylor Plano, the Denton program will focus on helping guests rebuild physical strength and maintain a healthy lifestyle after a cardiac event or cardiovascular surgery. The program will be equally appropriate for guests with chronic conditions, such as coronary artery disease or heart failure, who can benefit from exercise and risk factor modification.

*Palliative/malignant wounds were not included in the days to heal/healing percentage. 2015 WoundExpert® Database: Net Health’s WoundExpert is certified as a Complete Electronic Health Record (EHR) by the Drummond Group, an ONC-ATCB testing entity.
The Heart Hospital Baylor Plano

Research Team

The Heart Hospital Baylor Plano Research Team
Pictured from left to right: Front: Jackie Ward, CRC; Trista Todd, RN, BSN; Holly Weaver, MSN, RN; Michael DiMaio, MD, Medical Director; Residency/Fellowship Program; David L. Brown, MD, President of Medical Affairs; Molly Szerlip, MD, Medical Director; Inpatient Valve Service; Michael J. Mack, MD, Baylor Scott & White Health, Medical Director; Cardiomyopathy Service; Rachelle Winkle, RN, BSN; Katherine Nabul, BA; Natasha Feliz; Haley Bovill, BS, ED; Julie McCracken, BS; Middle: Megan White, CCRC, BA; Lesia R. Feurer, RN, BSN; Elizabeth Hilder, MD, MPH, FACC, Chief Quality Officer; Srinivasa Potluri, MD, Medical Director; Cardiac Catheterization Laboratory; Esperanza Jackson; Renuka Whitman, CCRC, BS; Renuka Kall, RN, Amanda Forni; Lucy Miranda; Audrey Anderson; Back: Tina Worley, RN, BSN, CCRC, Penny DeLyn, RN, BSN; Jack Squiers, BSE; Jennifer Swim; Heike Baumgarten, HD; Brittany Ziegler, RN, BSN; Tricia Streuk, CCRC, Ali Biberstein, RN, BSN; Melissa Johnson, CCRC, Jennifer Fox, Jackie Tatnall, CRC; C. Yvette King, CM, CCIR; Bridgette Oehle, BS; Cecilia Mahoney, BS, CCIR
Since 2008, nearly 3,000 patients have participated in clinical trials conducted through The Heart Hospital Baylor Plano. In that time, we have completed more than 50 trials and have 75 active clinical trials.* Baylor Scott & White Research Institute (BSWRI) is accredited by the Association for the Accreditation of Human Research Protection Programs (AAHRPP), which is a voluntary, peer-driven and educationally based model of accreditation. The BSWRI team at The Heart Hospital Baylor Plano is backed by the expansive BSWRI network, which has more than 3,000 board-certified physicians, including approximately 500 active research investigators experienced in drug, device and vaccine studies.

**CARDIOLOGY**

**ARTEMIS**
Principal Investigator: David L. Brown, MD

*Affordability and Real-World Antiplatelet Treatment Effectiveness* – Assess the impact of copayment reduction by equalizing the copayment of clopidogrel and ticagrelor. Will assess prescribing patterns, patient medication adherence and clinical outcomes up to one year.

**RADIANCE**
Principal Investigator: Srini P. Pottiuri, MD

The “Radiance-HTN” Study – A Study of the ReCor Medical Paradise System in Clinical Hypertension – Demonstrate the ability of the Paradise System to effectively reduce systolic daytime ambulatory BP (ABP) in hypertensive subjects.

**CORONARY ARTERY DISEASE**

**CHRONIC TOTAL OCCLUSION**
Principal Investigator: Srini P. Pottiuri, MD

This is a prospective registry of all patients at The Heart Hospital Baylor Plano who undergo attempt at coronary CTO intervention.

**EVOLVE**
Principal Investigator: Molly Szerlip, MD

Assess the safety of three-month DAPT in subjects at high risk for bleeding undergoing PCI with the SYNERGY Stent System.

**LEVO-CTS**
Principal Investigator: Randy Marcel, MD

Evaluate if an investigational medicine, called LEVOSIMENDAN, is safe and effective in patients with left ventricular systolic dysfunction who are undergoing cardiac surgery on cardiopulmonary bypass.

**RESOLUTE INTEGRITY**
Principal Investigator: Srini P. Pottiuri, MD

Resolute Integrity US Extended Length Sub-Study (RI-US XL) – Conduct a prospective, multicenter evaluation of the procedural and clinical outcomes of subjects that are treated with the commercially available 34 MM and 38 MM Medtronic Resolute Integrity ZOTAROLIMUS-ELUTING coronary stem system.

**ELECTROPHYSIOLOGY**

**ADAPT**
Principal Investigator: Hafiza H. Khan, MD

Adapt Response Clinical Trial – Test the hypothesis that market-released CRT devices which contain the ADAPTIVE CRT algorithm have a superior outcome compared to standard CRT devices and CRT-indicated patients with normal AV conduction in left bundle branch block.

*Not all active clinical trials are listed.*
**CABANA**
Principal Investigator: J. Brian DeVille, MD

*Catheter Ablation versus Anti-Arrhythmic Drug Therapy for Atrial Fibrillation (AF) Trial* — Test the hypothesis that the treatment strategy of left atrial catheter ablation for the purpose of eliminating AF will be superior to the current therapy with either rate control or rhythm control drugs for reducing total mortality in patients with untreated or incompletely treated AF.

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**CARELINK EXPRESS**
Principal Investigator: J. Brian DeVille, MD

Determine if evaluating CIEDs using CareLink Express® can lead to shorter time to interrogation in the Emergency Department compared to evaluation of devices using traditional evaluation procedures.

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**CATHETER ABLATION**
Principal Investigator: J. Brian DeVille, MD

This is a retrospective study to describe the population of patients at THHBP who have undergone percutaneous ablation for atrial arrhythmias following failed surgical ablation from 2007–2015.

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**ENHANCE**
Principal Investigator: Trieu Q. Ho, MD

*CRT Implant Strategy Using the Longest Electrical Delay for Non-LBBB Patients* — Purpose is to analyze the effect of the left ventricular lead pacing location and the non-left bundle branch block in heart failure patient population.

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**LARIAT®**
Principal Investigator: J. Brian DeVille, MD

*Left Atrial Appendage Closure with SentreHeart Lariat® Device* — Primary aim is to assess the outcome of patients undergoing left atrial appendage ligation or closure with the SentreHeart Lariat device as a stand-alone procedure at the participating centers.

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**PAN**
Principal Investigator: J. Brian DeVille, MD

*Medtronic Product Surveillance Registry (Cardiac Rhythm)* — Purpose of this registry is to better understand the safety and effectiveness of Medtronic market-released products.

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**POAF MVR**
Principal Investigator: James Edgerton, MD

This is a prospective study to assess the incidence of new Afib events after discharge in patients with isolated post-MVR Afib at THHBP between 9/1/2015–8/30/2016.

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**QUARTET 1457Q**
Principal Investigator: Adam Shapira, MD

Assess the safety of the St. Jude Medical™ 1457Q Quartet™ Quadriipolar LV lead at three months in a patient population indicated for cardiac resynchronization.

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**VICTORY AF**
Principal Investigator: J. Brian DeVille, MD

*Evaluation of the Phased Radiofrequency Ablation System* — The purpose of this clinical study is to evaluate the risk of procedure and/or device-related strokes in subjects with persistent or long-standing, persistent Afib, undergoing ablation with the Phased RF System.
HEART FAILURE

HEARTMATE III
Principal Investigator: Brian Lima, MD
Evaluate the safety and efficacy of injecting MPCs (150 million dose) into the native myocardium of LVAD recipients.

PULMONARY HYPERTENSION

OPUS
Principal Investigator: Sahil Bakshi, DO
OPsumit USers Registry – Registry developed to characterize the safety profile (including primarily potential serious hepatic risk) and to describe clinical characteristics and outcomes of patients with pulmonary hypertension who are newly treated with Opsumit in the post-market setting.

PAH BIOBANK
Principal Investigator: Sahil Bakshi, DO
National Biological Sample and Data Repository for Pulmonary Arterial Hypertension – Establish a national biorepository of biological samples and genetic data of patients with WHO Group 1 PAH.

VALVE SURGERY

BENTALL VS. VALVE SPARING
Principal Investigator: William Brinkman, MD
This is a retrospective study to compare postoperative outcomes between patients who underwent Bentall or VSRR procedure at THHBP between 1/1/2009–6/1/2015.

CARDIOCEL®-TRI-LEAFLET
Principal Investigator: William T. Brinkman, MD
Will quantify the safety and efficacy of the CardioCel® implant in tri-leaflet repair.

COAPT
Principal Investigator: Paul Grayburn, MD
Cardiovascular Outcomes Assessment of the MitraClip® Percutaneous Therapy for Heart Failure Patients with Functional Mitral Regurgitation – Compare the performance of the investigational MitraClip® system plus optimal drug therapy with optimal drug therapy alone.

CTSN-TRICUSPID
Principal Investigator: Robert L. Smith II, MD
Evaluate the efficacy and safety of performing tricuspid valve (TV) repair in patients undergoing mitral valve surgery with either moderate tricuspid regurgitation (TR) or less than moderate TR with tricuspid annular dilation.

ENDOCARDITIS-SHORT-TERM
Principal Investigator: J. Michael DiMaio, MD
This is a retrospective study to assess the short-term outcomes of patients who underwent valve surgery for infective endocarditis (IE) versus patients who underwent valve surgery without IE in the Baylor Scott & White system from 2004–2013.

MAC
Principal Investigator: Srini P. Potluri, MD
This is a retrospective study to analyze and quantify the degree of mitral annulus calcification (MAC) in patients undergoing TAVR at THHBP between 11/1/2011–11/1/2015.

THE MITRAL EXPERIENCE
Principal Investigator: Robert L. Smith, MD
This is a retrospective study to compare the outcome and treatment costs of all patients who underwent isolated MVR either using a minithoracotomy or robotic approach at THHBP between 1/1/2007–12/31/2015.
THHBP Research

MITRAL GRADIENT
Principal Investigator: Srin P. Potluri, MD
This is a retrospective study to analyze how the TAVR procedure affects mitral gradient from baseline compared to postoperatively at one month and one year in patients who underwent TAVR at THHBP between 11/1/2011–11/1/2015.

MR GRADING
Principal Investigator: Paul Grayburn, MD
This is a retrospective study to develop a mitral regurgitation (MR) score for secondary MR grading and verify the score on patients who underwent echocardiographic assessment at THHBP and BHVH between 1/1/2007–6/30/2013.

NEUROPROTECTION
Principal Investigator: Michael Mack, MD
Neuroprotection in Patients Undergoing Aortic Valve Replacement – Primary aim of this study is to evaluate the efficacy and safety of embolic protection devices to reduce ischemic brain injury in patients undergoing surgical aortic valve replacement.

PARTNER II
Principal Investigators: David L. Brown, MD/William T. Brinkman, MD
The Partner II Trial: Placement of Aortic Transcatheter Valves – Establish the safety and effectiveness of the Edwards Sapien XT and the Edwards Sapien 3 transcatheter heart valve device and delivery systems, which are intended for use in patients with symptomatic, calcific, severe aortic stenosis.

PVL IN TAVR
Principal Investigator: Deepika Gopal, MD
A Novel Imaging Approach to Assess Paravalvular Leak for Transcatheter Valve Replacement – Assess the agreement between cMRI PVL grading (based on regurgitant fraction) and TTE PVL grading (based on pressure, half-time and the ratio of the jet arch to the circumference of the annulus).

ROSS/ROOT
Principal Investigator: William H. Ryan III, MD
This is a retrospective study to compare the outcomes of all patients who underwent the Ross procedure or had a prosthetic aortic root replacement at THHBP between 1/1/2007–12/31/2014.

SALUS-DIRECT FLOW
Principal Investigators: David L. Brown, MD/William T. Brinkman, MD
Demonstrate the safety and effectiveness of the Direct Flow Medical® Transcatheter Aortic Valve System in subjects with severe aortic stenosis who are considered extreme or high risk for surgical valve replacement.

SURTAVI
Principal Investigators: William H. Ryan III, MD/David L. Brown, MD
A prospective study evaluating TAVR with the Medtronic Evolut/CoreValve® in intermediate-risk patients with severe aortic stenosis. Patients are randomized 1:1 between TAVR and SAVR. Follow-up is through five years.

TRANSFORM
Principal Investigator: William H. Ryan III, MD
Multicenter Experience with the Rapid Deployment EDWARDS INTUITY Valve System For Aortic Valve Replacement – Assess the safety and effectiveness of the EDWARDS INTUITY Valve System in subjects with aortic stenosis or stenosis-insufficiency requiring primary replacement of the native aortic valve.
VASCULAR SURGERY

EVAS I (NELLIX®)
Principal Investigator: Jay Vasquez Jr., MD
A prospective, multicenter, single-arm safety and effectiveness study of endovascular abdominal aortic aneurysm repair using the Nellix system: pivotal and continued access study.

EXCLUDER
Principal Investigator: William P. Shutze III, MD
Evaluation of the GORE® EXCLUDER® Iliac Branch Endoprosthesis for the Treatment of Common Iliac Artery Aneurysms or Aorto-Iliac Aneurysms – Designed to assess the safety and efficacy of the IBE device in subjects with common iliac artery aneurysms or aorto-iliac aneurysms.

IVUS
Principal Investigator: William P. Shutze III, MD
A Prospective Randomized Feasibility Trial Comparing Angiography and Angiography with IVUS for treatment of hemodialysis access failures – Determine if the data IVUS provides is able to recognize lesions that would have gone untreated and to determine whether or not this impacts outcomes.

THORAFLEX HYBRID
Principal Investigator: William T. Brinkman, MD
Evaluation of the Thoraflex™ Hybrid Device – Assess the effectiveness and safety of the Thoraflex Hybrid device in the treatment of aortic disease affecting the aortic arch and the descending aorta, with or without involvement of the ascending aorta.

VALIANT EVO
Principal Investigator: William T. Brinkman, MD
Valiant Evo Thoracic Stent Graft System – Demonstrate the safety and effectiveness of the Valiant Evo Thoracic Stent Graft System in subjects with a descending thoracic aortic aneurysm (DTAA) who are candidates for endovascular repair.

VASCULAR POST MARKET REVIEW
Principal Investigator: Dennis R. Gable, MD
Vascular Post Market Review – CardioCel® CEA – Confirm that properties of CardioCel® provide operative benefit to surgeons when compared to Dacron, CorMatrix and all other bovine pericardium not treated with proprietary ADAPT engineering.

WISCR
Principal Investigator: Dennis R. Gable, MD
Designed to collect clinical reference images using the study device (Spectral MD DeepView Wound Imaging System 2.0) in subjects with a variety of acute and chronic wounds.
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Tung H. Cai, MD, Medical Director, Cardiopulmonary Program, THHBD
James R. Edgerton, MD
Katherine B. Harrington, MD

Tung H. Cai, MD
James R. Edgerton, MD
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Michael Mack, MD, Medical Director, Cardiovascular Services, Baylor Scott & White Health
Robert L. Smith II, MD, Vice Chair, Cardiovascular Surgical Services, THHBP
Vickie L. Chappell, MD
Robert J. Wilcott, MD

William H. Ryan III, MD, Chairman, Cardiovascular Surgical Services, THHBP
Robert L. Smith II, MD, Vice Chair, Cardiovascular Surgical Services, THHBP
Not Pictured:
Vickie L. Chappell, MD
Robert J. Wilcott, MD

Dennis R. Gable, MD, RVT, Chairman of Vascular Surgery, THHBP
Bradley R. Grimsley, MD

VASCULAR SURGERY

THORACIC & CARDIOVASCULAR SURGERY
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John C. Kedora, MD, Vice Chairman of Vascular Surgical Services, THHBP
Warrett Kennard, MD
William P. Shutze, III, MD, Chairman of Credentials
Bertram L. Smith, III, MD
Jay Vasquez, Jr., MD, PA

INTERVENTIONAL CARDIOLOGY

Franklin S. Yau, MD
Wael Abo-Auda, MD
Poonam G. Agarwal, MD
Kanti L. Agrawal, MD
Saleem Akbar, MD

Not Pictured:
Robert H. Connaughton, MD
Carlos Cruz, MD

Venkata R. Aligeti, MD
Neeraj Arora, MD
James D. Boehrer, MD
Bruce S. Bowers, MD
David L. Brown, MD
President of Medical Staff Affairs, THHBP, THHBD
Physician Partners

Manuel W. Cruz, MD
Eric J. Eichhorn, MD
Gary P. Fazio, MD, Medical Director, Cardiology Services, THHBD
Alistair I. Fyfe, MD, PhD
Luisa Y. Gan, MD
Jeffrey R. Gladden, MD, Medical Director, Cardiac Rehab, Heart Attack & Stroke Prevention, THHBP

Ambarish Gopal, MD, Medical Director, Advanced Cardiovascular Imaging CT Program, THHBP
Bruce M. Gordon, DO, Medical Director, Cardiac Catheterization Laboratory, THHBD
Srinivas R. Gunukula, MD, Medical Director, CACC/Outpatient Imaging, THHBD
Ricky L. Harris, DO
Phillip J. Hecht, MD, PA
John S. Hollowell, MD

Elizabeth Holper, MD, Chief Quality Officer, THHBP
Michael G. Isaac, MD
Abraham Jacob, MD
Vishnu V. Kalidindi, MD
Jeff D. Kaplan, MD, Chairman of Peer Review, THHBD
Farhana Kazi, MD

INTERVENTIONAL CARDIOLOGY
Physician Partners

Srini P. Potluri, MD, Medical Director, Cardiac Catheterization Laboratory, THHBP

David W. Prewitt, MD

Srinivas A. Reddy, MD

J. Edward Rosenthal, MD

Raul A. Santos, MD

David M. Scherer, MD, PA

Brian G. Schwartz, MD

David A. Schwartz, MD

Dhiren L. Shah, MD

Rolando M. Solis, MD

Molly Szerlip, MD, Medical Director, Inpatient Valve Services, THHBP

Kevin P. Theleman, MD

Scott C. Turner, DO

Jai Varma, MD

Thomas A. Waller, MD

Samuel C. Woolbert, MD Chairman, Cardiovascular Medicine, THHBP

Donald D. Wurzburg, MD

INTERVENTIONAL CARDIOLOGY

Not Pictured:

Richard F. Ammar Jr., MD
Mario A. Bonilla, MD
Jacob Chemmalakuzhy, MD
Christopher B. Cianci, DO
Saritha Dodla, MD
David A. Engleman, MD
Aravind Gangasani, MD
Fayak S. Kamili, MD
Asad Karim, MD
M. Akram Khan, MD
Sameh Sayfo, MD
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Physician Partners

M. Kevin Graves, MD
Paul A. Grayburn, MD, Medical Director, Noninvasive Cardiology, THHBP
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Sarah A. Samaan, MD

Manisha J. Shah, MD
Marc S. Shalek, MD, Co-chairman of Peer Review, THHBP

Not Pictured:
John E. Reuter, MD
MEDICAL STAFF

ADVANCED PRACTICE PROFESSIONAL
Abraham, Jai, ACNP
Alexander, Jennifer PA-BC
Baxter, Lindsey E., AGACNP
Bradford, Monique L., ANP
Caras, LuAnn I., ACNP
Forst, Stacy A., ACNP
Grayson, Gabriell N., ACNP
Guajardo, Terri L., MD
Hildebrand, Clint, PA-BC
Jalloh, Fatmata, AGACNP
Laine, Jason P., ACNP
McAlister, Diana L., ANP
Nerml, Nerchi, AGACNP
Ojeda-De los Santos, Melissa, ACNP
Romero, Alejandro, PA-BC
Smith, Aneicha, AGACNP
Sulkin, Lee M., ANP
Timmerman, Erin, PA-BC
Vien, Adrienne T., PAC
Vintinner, Jacob, PA-BC
Walsh, Amy, PA-BC
Wilson, Gretchen, PA-BC
Zurawski, Ranae M., ACNP

ANESTHESIOLOGY
Ackerman, David S., MD
Adams, Thomas Jr., MD
Aleem, Mohammed A., DO
Assadi, Mohammed A., MD
Boehler, Lillian M., MD
Bond, Ninetta M., MD
Boulangier, Kristine S., MD
Bulger, Robert R., MD
Burton, Laura B., MD
Cade, Aaron M., MD
Chi, Lei, MD
Cohen, Seth, DO
Coleman, Robyn G., MD
Craig-McMurtry, Kelli E., MD
Desai, Ronak K., MD
DiGiovanni, David A., MD
Duffy, Larry J., MD
Ellermeyer, William P., MD
Fox, Leonidas G., MD
Gathe-Ghormay, Joy C., MD
Gilly, Michael D. Jr., MD
Goots, Peter J. II, MD
Griffin, Julia, MD
Harvey, Benjamin J., DO
Higgins, Jennifer B., MD
Hoffman, William J., MD
Horswell, Jeffrey L., MD
Huss, Michael G., MD
Hussain, Asadullah, MD
Jahani, Mehmoos, DO
Jahani, Minoo, DO
Lacour, Thomas A., Jr., MD
Laton, Terry W., MD
Lee, Miriam E., MD
Lodes, Kirk J., MD
Love, Kevin B., MD
Love, Mark S., MD
Marcel, Randy J., MD
Marlowe, Brannon D., MD
Maydew, Randall P., MD
McVay, Travis J., MD
Merritt, Nathan H., MD
Michelsen, Luis G., MD
Morris, Joseph J., Jr., MD
Mueller, James B., MD
Nance, Jeff E. III, MD
Needleman, Steven M., MD
Nguyen, Hoang D., MD
Nj, Lucas, MD
Ogbee, Patrick O., MD
Padakandla, Udaya B., MD
Pailis, Nathan A., MD
Pohar, Selvi M., MD
Quinones, Hector L., MD
Raccasi, Mark A., MD
Ransom, Brian J., DO
Reed, Scott E., MD
Reynolds, Justin H., DO
Richmond, Kim B., DO
Robbins, Randy L., MD
Ronderos, Jaime R., MD
Sangal, Raghuram, MD
Saye, Timothy D., MD
Scott, John S. Jr., DO
Sigurdsson, Sigurdur S., MD
Singleton, Terrica R., MD
Speers, Cynthia W., MD
Steffey, Clinton S., MD
Thomas, Kevin F., MD
Tonrey, Frank G., MD
Villarreal, Mark C., MD
Vu, Giac T., MD
Vu, Phat T., MD
Vuppulanchi, Madhuri, MD
Walsh, Michael J., MD
Webb, Richard M., MD
Webb, Jerry L., MD
White, Lindsey K., MD
Wiley, Casey B., MD
Wong, Alvin P., MD
You, Paul Y., MD
Zietz, Danielle F., DO

CARDIOLOGY, NONINVASIVE
Agrawal, Kanti L., MD
Akbar, Saleem, DO
Allo, Simon N., MD
Baksi, Sahil, DO
Bavikati, Neeta, MD
Bonilla, Mario A., MD
Carry, Melissa M., DO
Cedars, Ari M., MD
Chodimella, Vidyasagar, MD
Davies, David F., MD
Dodla, Saritha, MD
Duncan, John W., MD
Evans, Matthew R., MD
Gopalakrishnan, Deepika, MD
Graves, Max K., MD
Grayburn, Paul A., MD
Haddad, Marun S., MD
Hall, Randall S., DO
Hall, Shelley A., MD
Haynie, David P., MD
Henderson, Eugene B. Jr., MD
Iftikhar, Faizan, MD
Jain, Vikas C., MD
Shah, Arjav J., MD
Sinclair, T., MD
Tonrey, Frank G., MD
Villarreal, Mark C., MD
Vu, Giac T., MD
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Vuppulanchi, Madhuri, MD
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Webb, Richard M., MD
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White, Lindsey K., MD
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CARDIOLOGY, INVASIVE
Abraham, Jai, ACNP
Adams, Thomas Jr., MD
Aleem, Mohammed A., DO
Assadi, Mohammed A., MD
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Boulangier, Kristine S., MD
Bulger, Robert R., MD
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CLINICAL PATHOLOGY
Craig-McMurtry, Kelli E., MD
Desai, Ronak K., MD
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White, Lindsey K., MD
Wiley, Casey B., MD
Wong, Alvin P., MD
You, Paul Y., MD
Zietz, Danielle F., DO

CRITICAL CARE MEDICINE
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DIAGNOSTIC RADIOLOGY
Arraut, Alfredo L., MD
Bakshi, Tracy R., MD
Benson, Eric H., MD
Bondy, John D., MD
Boren, Edwin L. Jr., MD
Boyle, Daniel, MD
Burtea, Iulian M., MD
Carenza, Jeffrey W., MD
Chaudhry, Sadaf, MD
Chen, Henry T., MD
Chicoskie, Christopher J., MD
Chitkara, Pranav, MD
Chu, Vincent, MD
Clark, Jeremy D., DO
Colby, Ethan, MD
Davis, Eric, MD
Diebner, Jeffrey D., MD
Donohoe, Amanda C., MD
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Aligeti, Venkata, MD  
Aligeti, Venkata, MD  
Alo, Deeba N., MD  
Ambrosino, Peter A., DO  
Amoah, John K., MD  
Amon, Krishna Prasad, MD  
An, John, MD  
Annenberg, Henry, MD  
Annan-Adjei, Kwadwo T., MD  
Anstee, Cameron, MD  
Anotch, Janki, MD  
Anver, Mushtaque R., MD  
Arun, Albert, MD  
Arya, Nidhi, MD  
Awan, Shabbar, MD  
Axelson, Y., MD  
Azmy, 苏黎思, MD  
Aznar, Ernesto R., MD  
Babkach, Andriy, MD  
Baker, Jenean, MD  
Balan, Murali, MD  
Balog, Maya, MD  
Banda, John, DO  
Bard, Daniel, MD  
Barani, Jaison, MD  
Barbour, Charles J., MD  
Barth, Brian, MD  
Batra, Himanshu, MD  
Bates, Madeleine, MD  
Bates, Madeleine, MD  
Bhame, Vinit, MD  
Bhattacharya, Prasun, MD  
Bhatnagar, Anuj, DO  
Bhatnagar, Anuj, DO  
Bhattacharya, Sharmistha, MD  
Bhattacharya, Sharmistha, MD  
Bhattacharya, Sharmistha, MD  
Bhattacharyya, Amrata, MD  
Bhattacharyya, Anindita, MD  
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Bhatch
NEUROLOGICAL SURGERY
Loyola, Walter X., MD
Turner, Michael S., MD

NEUROLOGY
El Moslimany, Halima, MD
Haq, Anwarul, MD
Hyson, Morton I., MD
Jenevein, Nolan B., MD
Khoury, Chaouki K., MD
Lastimosa, Augusto C., MD
Michaelson, Paul S., MD
Miller, Spencer O., MD
Mitchell, Thomas A., MD
Nosnik, Pedro, MD
Ramirez, Carmen T., MD
Simkin, Nicole, MD
Tak, Vivek H., MD
Toler, Kathy A., MD
Vengrow, Michael I., MD

ONCOLOGY
Flippo, Korie L., MD
Gupta, Manish, MD
Kovoor, Philip A., MD
Melmed, Gavin M., MD
Reddy, Sashidhar N., MD
Stokeoe, Christopher T., MD
Stone, Scott A., MD
Trillo, Gerardo H., MD
Younas, Ahmer, MD

OTOLARYNGOLOGY
Kapadia, Lav S., MD
Lunde, Kevin C., MD

PHYSICAL MEDICINE AND REHAB
Hume, John W., MD

PLASTIC SURGERY
Young, Patty K., MD

PODIATRIC SURGERY
Bastawros, David S., DPM
Brook, Joel W., DPM
Dauphinee, Damien M., DPM
Northcutt, David R., DPM

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Richey-Smith, Lesley R., DPM

PULMONARY DISEASE
Curry, Matthew W., MD
Erwin, Gary E. Jr., MD
Hannam, Ryan F., MD
Iyer, Sridhar K., MD
Lilly, Jeffrey C., MD
Memon, Abdul M., MD
Memon, Saima B., MD
Myers, David P., MD
Taylor, Jeff E., MD
Vaquera, Key A., MD

RADIATION ONCOLOGY
Boyd, Jessamy A., MD
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SLEEP MEDICINE
Farah, Nabeel W., MD
Thirumalai, Shanthi, MD

THORACIC SURGERY
Acuff, Tea E., MD
Bowman, Richard T., MD
Brinkman, William T., MD
Cai, Tung H., MD
Chamogeorgakis, Themistoklis, MD
Chang-Tung, Eric G., MD
Chappell, Vicky L., MD
Cheung, Edson H., MD
Cook, Allan Q. Jr., MD
Dimaio, John M., MD
Edgerton, James R., MD
Gonzalez-Stawinski, Gonzalo V., MD
Harrington, Katherine B., MD
Hebler, Robert F. Jr., MD
Henry, Albert C. III, MD
Hoang, Thomas T., MD
Hutcheson, Kelley A., MD
Jett, Gary K., MD
Lewis, Harry M., MD
Lima, Brian, MD
Lytte, Bruce W., MD
MacHannaford, Juan C., MD
Mack, Michael J., MD
Magee, Mitchell J., MD
Moore, David O., MD
Norcross, James F., MD
Ryan, William H. III, MD
Smith, Robert L. II, MD
Tauriainen, Mikko P., MD
Tran, Minh P., MD
Wallace, William E., DO
Wilcott, Robert J., MD

UROLOGY
Allen, Mark L., MD
Bennam, Elie, MD
Fetner, Christopher D., MD
Hassell, Jeffrey S., MD
Holden, A M. Jr., MD
Kim, Nancy Y., MD
Lieman, Stephen J., MD
McBride, Dan G., MD
Mitchell, William C., MD
Mutha, Ravi K., MD
Moschowitz, Mitchell O., MD
Mulchin, William L., MD
Rogenes, Vince J., MD
Stringer, Jared D., MD
Tran, Anh-Hong H., MD

VASCULAR & INTERVENTIONAL RADIOLOGY
Batra, Dev, MD
Pong, Edward M., MD
Roman, Jorge L. III, MD

VASCULAR NEUROLOGY
Graybeal, Dion, MD
Mir, Osman, MD

VASCULAR SURGERY
Baig, Mirza S., MD
Bagai, Atif, MD
Chu, Tuan-Hung B., MD
Cruz, Carlos P., MD
Eidt, John F., MD
Gable, Dennis R., MD
Grimley, Bradley R., MD
Hayhurst, James C., MD
Hohmann, Stephen E., MD
Kakish, Humam B., MD
Kedora, John C., MD
Ortega, Raul E., MD
Pearl, Gregory J., MD
Shutze, William P., MD
Smith, Bertram L. III, MD
Stephanian, Edic, MD
Vasquez, Javier, Jr., MD
Yau, Franklin S., MD
2016


Avoidance of Retrograde Type A Dissection During Intervention for Acute Complicated Type B Dissection. Gable DR, Shutze W. Vascular and Endovascular Challenges Update. 2016.


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Covered stent grafts in the SFA are still the endovascular champion in long lesions. Gable DR. Vasc Spec. 2015.


Why Build an Aortic Center? Arko FR, Gable DR. Endovascular Today. 2015.
The NCDR®

An initiative of the American College of Cardiology Foundation®, the National Cardiovascular Data Registry (NCDR) began in 1997 to help healthcare provider groups and institutions respond to increasing requirements to document their processes and outcomes of care in the cath lab setting. Today, the NCDR is the most comprehensive outcomes-based quality improvement program in the United States, encompassing both hospital-based registries and a practice-based program.

For hospital-based cardiovascular registries:

- ACTION Registry® – GWTG™

For acute coronary syndrome patients:

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For diagnostic cardiac catheterizations and percutaneous coronary interventions:

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For Transcatheter Aortic Valve Replacement

The Society of Thoracic Surgeons (STS) National Database

The Society of Thoracic Surgeons is a not-for-profit organization representing more than 5,800 surgeons, researchers and allied health professionals worldwide who are dedicated to ensuring the best possible heart, lung, esophageal and other surgical procedures for the chest. The Society of Thoracic Surgeons offers outcome programs in the areas of Adult Cardiac, General Thoracic and Congenital surgery. By committing to collecting outcomes data to the STS National Database, surgeons are committing to improving the quality of care that their cardiothoracic surgery patients receive. Since 1994, more than 40 publications have come from the STS National Database. These studies have been published in a variety of professional journals and textbooks. The STS National Database has recently served as the basis for a federally funded national quality improvement randomized trial, as well as research in targeted areas of cardiac surgery.

Pathways Powered by M2S Through VQI

The Vascular Quality Initiative (VQI) is a collaborative of regional quality groups collecting and analyzing data in an effort to improve patient care.
HELPFUL TELEPHONE NUMBERS

Access Services (Admitting) ............................................ 469-814-4100
Administration ................................................................. 469-814-3500
Comprehensive Care Management .................................. 469-814-3399
Cardiopulmonary Rehabilitation ....................................... 469-814-3850
Cardiac Universal Bed 2nd Floor ..................................... 469-814-4240
Cardiac Universal Bed 3rd Floor ..................................... 469-814-3340
Cardiac Universal Bed 4th Floor ..................................... 469-814-3440
Cardiac Universal Bed 5th Floor ..................................... 469-814-4540
Cardiac Universal Bed 6th Floor ..................................... 469-814-4640
Catheterization Laboratory .............................................. 469-814-4375
Center for Advanced Cardiovascular Care ....................... 469-814-3480
Central Scheduling ...................................................... 1-866-810-1168
Concierge (1st Floor) ....................................................... 469-814-3566
Concierge (2nd Floor) ....................................................... 469-814-4263
Concierge (3rd Floor) ....................................................... 469-814-3363
Concierge (4th Floor) ....................................................... 469-814-3458
Education ........................................................................ 469-814-4772
Electrophysiology Laboratory ......................................... 469-814-4320
Emergency Department ................................................... 469-814-3575
Environmental Services ................................................... 469-814-3773
Health Information Records (Medical Records) ................. 469-814-4360
Human Resources ........................................................... 469-814-3540
Imaging Services ............................................................. 469-814-4350
Marketing ........................................................................ 469-814-3359
Nutrition Services ............................................................ 469-814-3742
Pastoral Care ................................................................... 469-814-3344
Public Safety ................................................................... 469-814-4444
Respiratory Services ....................................................... 469-814-3778
Stress Lab ....................................................................... 469-814-4332

To find a physician: 1-800-4BAYLOR

FOR PHYSICIANS ONLY:
For acute aortic emergencies, please call our Patient Transfer Center for the Thoracic Aortic Referral Program at 214-820-6444.
For questions about our medical staff, please call 469-814-3516.
Officer Mike Gonzalez, a 12-year police veteran and competitive powerlifter, was in great shape. Then a fierce case of H1N1 flu nearly killed him. By the time he got to The Heart Hospital Baylor Plano, he’d already been given last rites. Here, he was put on extracorporeal membrane oxygenation (ECMO), a machine that takes over for the heart and lungs to oxygenate the blood. He spent a month on ECMO and underwent weeks of physical therapy. Now he’s back to policing, weight lifting and being grateful.

“I’m more appreciative than I can tell you.”