NATIONALLY RECOGNIZED HEART AND VASCULAR CARE
Founded as a Christian ministry of healing, Baylor Scott & White Health promotes the well-being of all individuals, families and communities.

Mission

To be the trusted leader, educator and innovator in value-based care delivery, customer experience and affordability.

Values

We serve faithfully
We act honestly
We never settle
We are in it together

Strategies

Health
Experience
Affordability
Alignment
Growth

Ambition
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Dear Readers:

On behalf of our Board of Managers and our medical staff leadership, we are pleased to provide you with the fiscal year 2021 outcomes report for Baylor Scott & White Heart and Vascular Hospital–Dallas and Fort Worth. Annually, since the 2002 opening of our Dallas hospital, the first dedicated heart and vascular hospital in North Texas, we publish our fiscal year-end results, quality indicators and volumes. We look forward to sharing our accomplishments with physicians, clinicians, administrators, and all who are interested.

The information includes overviews of programs and services, as well as data reflective of the Dallas and Fort Worth campuses where we collaborate closely with Baylor University Medical Center, a part of Baylor Scott & White Health, on our Dallas campus, and in Fort Worth with Baylor Scott & White All Saints Medical Center – Fort Worth. Particularly in fiscal year 2021, as the pandemic continued, we came together to support all of our front lines to provide access and care for the community. We remain “in it together” as a part of Baylor Scott & White Health, the largest not-for-profit healthcare organization in Texas, we work in tandem with members of our medical staff and all clinicians to deliver high-value quality care and maintain excellence in the patient experience. Many awards and recognitions we received during the fiscal year are a testament to this collaboration including:

- 5-Star Rating from Centers for Medicare & Medicaid Services for Patient Safety
- Grade A from The Leapfrog Group in Spring 2020 for the 5th consecutive reporting period
- Healthgrades Patient Safety Excellence Award™
- Coronary Intervention Excellence Award™
- Press Ganey® Guardian of Excellence Award for Patient Safety
- U.S. News & World Report recognition as High Performing in Abdominal Aortic Aneurysm, Heart Failure and Heart Attack

Additional awards and accolades are included within the pages of this report.

A highlight for both our Dallas and Fort Worth campuses remains the commitment to advancing cardiovascular care through research and clinical trials. Through Baylor Scott & White Research Institute and Soltero Cardiovascular Research Center, patients have experienced the opportunity to be on the forefront of research into new technology and treatment options. Being nationally acclaimed as innovators in cardiovascular care is a hallmark for our medical staff and teams. A listing of the clinical trials for the fiscal year is included in this report.

As you will read, the graduate medical education programs for general cardiology, interventional cardiology, electrophysiology, and heart failure, as well as vascular and cardiac surgery remain strong. We appreciate the opportunity to work with young careerists who will shape the future of cardiovascular care. They have demonstrated great resilience in the face of the pandemic.

At the end of fiscal year 2021, our Chief Medical Officer, Kevin Wheelan, MD, who, for the past 20 years provided unwavering leadership with dedication and passion, retired. We celebrate his accomplishments and the abundance of his contributions to many physicians, clinicians and patients. Personally, I thank him for his vision and relentless pursuit of quality, safety and service. These are foundational to our culture and led Baylor Scott & White Heart and Vascular Hospital – Dallas and Fort Worth to become a nationally recognized heart and vascular hospital. We wish him well in his retirement years.

We are proud of our growth over the past years and sincerely appreciate the confidence that many in North Texas have placed in the services and care provided in both Dallas and Fort Worth. In fiscal year 2022, we look forward to expanding cardiovascular care in collaboration with Baylor Scott & White Medical Center – Waxahachie for this growing region of North Texas.

For those who have referred patients to us; thank you for the trust you have in our ability to care for your patients. To the employers who have worked closely with us on maximizing the value of healthcare services, we appreciate our collective ability to focus on value while maintaining quality care and exceptional patient experience. To our patients and those who may become our patients, we are resolute in our commitment to you; bringing you excellence in the cardiovascular programs and services provided. If I can be of service, please do not hesitate to contact me at Nancy.Vish@BSWHealth.org.

Nancy Vish, RN, PhD, NEA-BC, FACHE
President and Chief Nursing Officer
Baylor Scott & White Heart and Vascular Hospital Dallas and Fort Worth
A year ago, I wrote about 2020 being a year like no other, with the assumption that when I wrote again for 2021, this would be over. Yet I now know another definition of the word surge, one I had not contemplated, yet one that we all now fully understand. Notwithstanding the surge, effective, safe, quality, compassionate healthcare at Baylor Scott & White Heart and Vascular Hospital – Dallas and Fort Worth continues. Throughout this publication, you will read about many of the great advances which we see.

I think about the direction we have to love our neighbor as ourselves, and I see this carried forward in every corridor, conference room, and elevator I enter. Carried forward by those wearing the Baylor Scott & White Heart and Vascular Hospital badge as well as by others, both patients and visitors. For that, I am grateful. Our mission continues, and those contributing to and accomplishing that mission are all the more amazing for doing so in the face of such difficulty and headwinds.

And as I write this, I hope you will join me in thanking all those who are on the front lines of healthcare and all of those contributing to and those supporting them.

Now entering fiscal year 2022, we are beginning the 20th year of operations for Baylor Scott & White Heart and Vascular Hospital. The advancement in technology and level of innovation in cardiovascular care never ceases to amaze me as I reflect on these past two decades of nurturing the first dedicated heart and vascular hospital in North Texas grow into a nationally recognized heart and vascular care hospital. We have maintained a level of excellence in clinical care and patient outcomes that places the hospital at the highest Centers for Medicare and Medicaid rating of 5-Stars. For more on recognitions, see the Awards and Accolades section.

Research and involvement in clinical studies remain a foundation of our organization and for our medical staff members. It is key to providing advanced treatment options for our patients. In fiscal year 2021 alone, the number of cardiovascular research studies on the Dallas and Fort Worth campus numbered more than 65 with a total of more than $5.9 million in research grants. This allows patients access to participation in clinical research studies on the latest generation in cardiovascular devices and treatment options. It is a part of our history to be— and to always remain— at the forefront of recent advancements in cardiovascular care.

A cornerstone to our program continues to be the fostering of the next generation of cardiovascular clinicians. In fiscal year 2021, we expanded our fellowship training programs. We collaborated with the Dallas VA Medical Center to offer clinical support and training on the Dallas VA campus.

Reflecting on the past decades, and observing our fellows in training, I am very much encouraged for the future of cardiovascular care not only at our Baylor Scott & White Health locations, but for all patients. These young careerists are truly inspiring.

My personal goal of helping Baylor Scott & White Heart and Vascular Hospital achieve its national reputation as a center of cardiovascular excellence has been achieved. And, now, after 35 years of clinical practice, I am proudly passing the leadership role as Chief Medical Officer to well-qualified Dr. Jeffrey Schussler. Together with the dedicated team of healthcare professionals, I am confident there will be another twenty-plus years of striving for excellence and remaining at the forefront of cardiovascular care.

For all who open this book and learn about our programs and services, if we can be of service to you or your patients, please do not hesitate to reach out.

My best wishes to all and for the continued success,
Kevin Wheelan, MD, FACC, FHRS
Chief Medical Officer | Baylor Scott & White Heart and Vascular Hospital - Dallas and Fort Worth

While most will agree that fiscal year 2021 was challenging as we all navigated the pandemic world, the healthcare provider team at Baylor Scott & White Heart and Vascular Hospital in both Dallas and Fort Worth should be proud of the collective strength and dedication to quality and safety demonstrated throughout the year. They have managed through COVID-19 at its highest level in our Dallas and Fort Worth area while continuing to offer safe, uninterrupted cardiovascular care access to patients. Steady through it all, the heart and vascular teams persisted in maintaining a commitment to our organizational values to serve faithfully, act honestly, never settle and realize—we are all in this together.

The Year in Review

<table>
<thead>
<tr>
<th>Total admissions</th>
<th>7,590</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total cath lab cases*</td>
<td>6,939</td>
</tr>
<tr>
<td>Total EP procedures*</td>
<td>2,496</td>
</tr>
<tr>
<td>Total vascular surgeries*</td>
<td>34,083</td>
</tr>
</tbody>
</table>
| Total non-invasive procedures* | 5 Stars

Press Ganey®
for patient satisfaction*
(Dallas & Fort Worth through July 2021)

5 Stars
5 out of 5 stars from CMS for patient safety*
(Dallas & Fort Worth through July 2020)

LeapFrog Group rating*
Grade ‘A’
(Spring 2021)

Analyses**

Healthgrades Excellence Awards

Patient Safety Excellence Award™ Healthgrades
(2020 - 2021)

Coronary Intervention Excellence Award™ Healthgrades
(2020 - 2021)

* Baylor Scott & White Heart and Vascular Hospital - Dallas and Fort Worth

**Baylor Scott & White Heart and Vascular Hospital - Dallas and Fort Worth
Leapfrog Group assigns “A” to hospital for patient safety

Bayor Scott & White Heart and Vascular Hospital – Dallas received its twelfth consecutive “A” grade. The Leapfrog Group, a nonprofit organization committed to driving quality, safety and transparency in the US healthcare system, assigned the “A” rating for its commitment to reducing errors, infections and accidents that can harm patients. According to the Leapfrog Group’s information, “Hospitals that earn top marks nationally in the Leapfrog Hospital Safety Grade have achieved the highest safety standards in the country.”

Readmission

Unplanned 30-day readmission rates are a marker of quality patient care across many disciplines. Baylor Scott & White Heart and Vascular Hospital focuses on all-cause, all-condition readmission rates as well as readmission rates for disease-specific cohorts (vascular surgery, AMI, CHF).

Efforts to reduce readmissions start with our pre-admission call. Patients receive daily rounding by a multidisciplinary team. At a weekly meeting of a readmission prevention team, a multidisciplinary group of clinicians, plans for high-risk patients are developed. The team also reviews opportunities and lessons learned from any patient who has an unplanned return to the hospital. The team works with post-discharge organizations (including home health agencies and skilled nursing facilities) to build and maintain relationships focused on quality outcomes and smooth transitions.

All of our patients receive a call from our dedicated Discharge Care Call RN 24 to 72 hours post-discharge to assure patients are transitioning home as expected and their needs have been addressed. A review of discharge instructions, new medications and post-discharge follow-up appointments occurs.

7.9% All-cause readmission rate (FY20)

Bayor Scott & White Health recognizes teams across the organization that demonstrate exceptional results from a quality or process improvement initiative reducing clinical practice variation and improving patient outcomes. The annually bestowed Bill Aston Exemplary Project Award was presented to the Bayor Scott & White Heart and Vascular Hospital team involved in efforts to reduce vascular surgery readmissions.

Centers for Medicare and Medicaid

Centers for Medicare & Medicaid Services (CMS) publicly launched the hospital Quality Star Rating System in mid-2016 with the goal of improving the usability of existing quality measurements on the website, Medicare.gov/ HospitalCompare, as well as improving the ability of consumers to make informed and important healthcare decisions.

While the ratings were developed to encompass a broad array of quality measures to provide consumers with a simple overall rating generated by combining multiple dimensions of quality into a single summary score, the data is often a year or 18 months old.

Overall hospital rating*

5 out of 5 Stars

Hospitals that earn a CMS 5-Star Rating generally have better scores in the heavily weighted categories, i.e., mortality, patient experience, safety, and readmission. Five stars is the highest attainable rating in the report. CMS created the 5-Star Quality Rating System to help consumers, their families and caregivers compare nursing healthcare organizations more easily and to help identify areas where patients and families might wish to ask questions. Only 455 hospitals out of 4,556 total received 5-Stars.

Top 10th percentile – Magnet® hospital comparison group

Baylor Scott & White Heart and Vascular Hospital remains in the top 10th percentile for all hospitals in the Magnet Hospital Comparison Group for the prior four quarters pertaining to:

- Catheter-associated urinary tract infections per 1,000 catheter days
- Percent of surveyed patients with hospital acquired pressure injuries
- Percent of surveyed patients with hospital acquired pressure injuries stage 2 and above
- Hospital acquired pressure injury – medical device related
- C. diff rate – New event, healthcare acquired per 1,000 patient days
- MRSA rate – New event, healthcare acquired per 1,000 patient days

Additional data sources include:

- Centers for Medicare & Medicaid Services (CMS)
- Press Ganey® Associates
- Progress CTO – Prospective Global Registry for the Study of Chronic Total Occlusion Intervention
- Baylor Scott & White Quality and Healthcare Improvement

Other hospital ratings

- 5 out of 5 Stars
- CMS via Hospital Compare: Medicare.gov/HospitalCompare
- National Cardvascular Database and Registry (NCDB)
- Cath-PCI Registry
- LAAM Registry
- STS/ACC TVT Registry
- Chest Pain - MI Registry
- Society for Thoracic Surgeons (STS)
- Adult Cardiac Surgery Database
- General Thoracic Surgery Database
- Intermacs Database
- Vascular Quality Initiative (VQI)
- Endo AAA Repair
- Open AAA Repair
- Thoracic and Complex EVAR
- Carotid Artery Stent
- Carotid Endarterectomy
- American Heart Association (AHA)
- Mission: Lifeline (GWTG)
- Coronary Artery Disease (CAD)
- Stroke

Public reporting of healthcare quality data is available to the public with in-depth discussions about methodologies. Information can be found at:

- The Joint Commission Performance Measurement Initiative. QualityCheck.org
- CMS via Hospital Compare: Medicare.gov/HospitalCompare

Registries and data sources involved in citations for the fiscal year 2021 outcomes for heart and vascular data include:

- American Heart Association (AHA)
- Vascular Quality Initiative (VQI)
- Society for Thoracic Surgeons (STS)
- National Cardiovascular Database
- Medicare.gov/HospitalCompare
- Accreditation and Quality Improvement Program (NCDR)
- American College of Cardiology (ACC)
- American Thoracic Society (ATS)
- Society of Thoracic Surgeons (STS)
- General Thoracic Surgery Database
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- Stroke

Other hospital ratings

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- Stroke
Patient Safety and Infection Prevention

Annually, the team at Baylor Scott & White Heart and Vascular Hospital develops a combined patient safety and quality plan. The plan is presented to the board of managers and medical staff leadership for review and approval. All patient safety measures and key quality indicators are regularly reviewed at all levels. Employees are engaged in the hospital’s commitment to “Zero Harm” and hear from the president and chief nursing officer, Nancy Vish, PhD, RN, NEA-BC, FACHE, no less than quarterly about the results of patient safety initiatives and safety goals. The Patient Safety Officer works with leadership and staff to promote a “Zero Harm” culture.

<table>
<thead>
<tr>
<th>Hospital-acquired condition performance (FY21)</th>
<th>Target</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduction of hospital onset C. diff infection</td>
<td>SIR 0.43655</td>
<td>SIR 0.00</td>
</tr>
<tr>
<td>Reduction of hospital onset MRSA bacteremia</td>
<td>SIR 1.73300</td>
<td>SIR 0.00</td>
</tr>
</tbody>
</table>

- Includes all inpatient HAI/HOSY operational procedures in patients ≥18 years of age
- SIR is only calculated if number is >1 Lower bound of 95% Confidence Interval only calculated if infection count >0
- The numerator of predictive events is calculated based on national aggregate NHSN data. Document containing the list of risk factors used in risk adjustment for each procedure is available at CDC.gov/NHSN/2015Rebaseline/Index.html
- Excludes Superficial Infection and Surgical Site Infections as well as Deep Incisional Secondary (DIS) SIs
- Includes procedures and associated SIs that are reported with either primary or other than primary drainage technique
- Excludes SSI detected on follow-up admission to a different facility (RO) and SSI detected through post-discharge surveillance efforts (P)
- Source of aggregate data: NHSN SSI Data (June 2021)

FY21 and COVID-19

The health and safety of our patients and team members continue to be our top priority. As we remain dedicated to our Mission during the unprecedented time of COVID-19, together with Baylor Scott & White, during the pandemic, hospital leadership announced new preventive safety measures and innovative care options as well as educational tools for patients grounded in the COVID-19 Safe Care plan.

COVID-19 Safe Care plan objectives:

- Educate our communities about the many ways Baylor Scott & White Health is working to safeguard their health and well-being, protecting them from COVID-19
- Demonstrate how Baylor Scott & White Health is leading the state and paving the way in both virtual and in-person care options throughout the pandemic
- Reinforce there are potential unintended consequences for delaying care
- Demonstrate the commitment for educating our communities about the many ways we are working to safeguard our patients’ health and well-being—as well as that of our caregivers—from COVID-19. New measures and protections are in place across our hospitals, surgery centers and clinics, in accordance with CDC guidance and recommendations by our clinical experts

Plan elements include:

- COVID-19 testing of patients deemed appropriate through individual case review prior to in-hospital surgeries; patient swabs collected via convenient drive-thru locations
- Where possible, virtual waiting rooms, allowing patients and loved ones of hospital or surgery center patients to receive updates about their care via calls and text messaging, minimizing time in common areas
- Virtual care options provided to patients before and after surgeries and procedures, if determined appropriate, simplifying the experience
- Masking of patients, approved visitors and staff in hospitals, surgery centers and clinics
- Enhanced cleaning and touch-free protocols in hospitals, surgery centers and clinics, including UV-light disinfection and paperless registration
- COVID-19 home monitoring digital care journey, enabled through the MyBSWHealth app or website, offered to those diagnosed with COVID-19 so there is support by care teams while quarantined

For more information about our COVID-19 Safe Care plan: BSWHealth.com/SafeCare or 888.4.BSW.SAFE
Leadership at Baylor Scott & White Heart and Vascular Hospital - Dallas and Fort Worth, collaborates with the nationally recognized vendor, Press Ganey* Associates, Inc., to provide national, regional, and specialty patient satisfaction measurements across the care continuum.

In early fiscal year 2021, Baylor Scott & White Heart and Vascular Hospital won the Guardian of Excellence® for Patient Experience in HCAHPS for reaching the 95th percentile for each reporting period for the award year.

The team works collaboratively on activities to improve the experience from prior to arrival at the hospital through post-hospital discharge and rehabilitation.

Prior to hospital arrival, calls are completed to patients in order to review procedure information and help set expectations. Online education is offered to patients scheduled for a procedure. This education was specifically developed to assist the patient with a better understanding of the scheduled procedure and the post-procedure care. Survey results have indicated that those patients who have viewed the pre-hospital stay information enter the hospital less stressed and better informed.

To assist patients and family members during their stay, hospital volunteers provide comfort and assist in communication between the procedural areas and the family waiting rooms. While traditional face-to-face interaction was restricted, the hospital adopted virtual waiting rooms, a part of Baylor Scott & White’s COVID-19 Safe Care plan, where updates have been given over the phone to the patient’s family members. Most of the hospital volunteers are former cardiac patients and have a passion for their work.

In the spirit of continuous improvement, patients may have experienced senior leaders “rounding.” These visits obtained real-time feedback from patients and family members. Helping with the reduction of stress, visitors may have experienced visits from certified pet therapy dogs.

From the on-demand food and nutritional services to the assistance provided to patients who wish to visit with a chaplain, our teams strive to make the patient’s experience positive. Post discharge, certified patients and caregivers received phone calls to check in on recovery, answer questions and provide additional resource information if needed. The scores identified in this section reflect the individual fiscal year 2021 outcomes of the respective patient populations for the Dallas and Fort Worth campuses.

Patient experience activities the team focused on during this time included:
- Use of “Your Passport to Center for Valve Disorders” - a special patient itinerary for their journey through the Center for Valve Disorders - Dallas
- Fast Track process for Ambulatory Surgery
- Patients to expedite patient registration upon arrival to the hospital
- Creation of Tuck and Tea packets (includes ear plugs, eye mask, lavender hand wipes, lip balm) to help facilitate rest and healthy for patients
- Daily multidisciplinary patient rounding provides safe, quality and timely coordination of care across multiple disciplines.

**HCAHPS survey results overall rating:**
- Patient satisfaction metrics reported by Press Ganey*

### Hospital Compare Public Report*

**Outpatient survey results (Mean FY21)**
- Question: Likelihood to recommend

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Outpatient survey results (Mean FY21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSWHVH - Dallas</td>
<td>96.7%</td>
</tr>
<tr>
<td>BSWHVH - Fort Worth</td>
<td>95.5%</td>
</tr>
<tr>
<td>All PG*</td>
<td>94.4%</td>
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</table>

**Ambulatory surgery survey results (Mean FY21)**
- Question: Likelihood to recommend

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Ambulatory surgery survey results (Mean FY21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSWHVH - Dallas</td>
<td>92.2%</td>
</tr>
<tr>
<td>BSWHVH - Fort Worth</td>
<td>88.5%</td>
</tr>
<tr>
<td>All PG*</td>
<td>81.9%</td>
</tr>
</tbody>
</table>

**HCAHPS* survey results (Mean FY21)**
- Question: Likelihood to recommend

<table>
<thead>
<tr>
<th>Hospital</th>
<th>HCAHPS* survey results (Mean FY21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSWHVH - Dallas</td>
<td>88.5%</td>
</tr>
<tr>
<td>All PG*</td>
<td>70.5%</td>
</tr>
</tbody>
</table>

**Patient satisfaction metrics reported by Press Ganey**

**Communication with physicians**
- BSWHVH - Dallas: 87.1%
- All PG*: 79.9%
- Percentile ranking: 96%

**Communication with nurses**
- BSWHVH - Dallas: 87.1%
- All PG*: 79.9%
- Percentile ranking: 96%

**Procedure and diagnosis**
- BSWHVH - Dallas: 98.9%
- All PG*: 97.9%
- Percentile ranking: 97%

**HCAHPS* survey results overall rating:**
- Willingness to recommend the hospital
- Communication with nurses
- Communication with doctors
- Overall rating of hospital
- Communication about medicines
- Care transitions

**Patient satisfaction activities the team focused on during this time included:**
- Use of “Your Passport to Center for Valve Disorders” - a special patient itinerary for their journey through the Center for Valve Disorders - Dallas
- Fast Track process for Ambulatory Surgery
- Patients to expedite patient registration upon arrival to the hospital
- Creation of Tuck and Tea packets (includes ear plugs, eye mask, lavender hand wipes, lip balm) to help facilitate rest and healthy for patients
- Daily multidisciplinary patient rounding provides safe, quality and timely coordination of care across multiple disciplines.

**Hospital Compare Public Report**
- Baylor Scott & White Heart and Vascular Hospital - Dallas’ Director of Nursing, Robert Williams, MBA, BSN, RN, NE-BC, and Manager of Service Excellence and Patient Experience, Michelle Sensom, MBA, BSN, RN, NE-BC, presented on the methodology used to help facilitate a successful implementation of a new electronic health record (EHR). The leadership team at Baylor Scott & White Heart and Vascular Hospital helped develop the staff’s emotional intelligence as a way to effectively minimize changes in patient experience scores during the implementation of the EHR as well as to support the transition facility-wide. The presentation also provided information on the importance of emotional and social intelligence in daily work. Experiences were shared on the ways staff can assess stress coping mechanisms as well as the vital techniques imperative to sustaining a positive attitude during a change of this magnitude.
Our people make the hospital great. All employees develop a commitment statement that summarizes their reason for being in their role and giving their best to patients, families and each other. Working closely with physicians on the medical staff and volunteers who graciously give their time, there is a strong sense of pride for the reputation of being a nationally recognized hospital specializing in heart and vascular care and a choice for many clinicians and patients.

Fostering a culture of continuous learning is important to the leaders of Baylor Scott & White Heart and Vascular Hospital. Employees have opportunities to grow in professional development by advancing their technical degrees and certifications or achieving a doctorate in a variety of related programs. Several leaders have participated annually in the Southern Methodist University (SMU) Cox School of Business Executive Leadership Training Program.

Emotional and spiritual support are important for both patients, as well as the hospital team. The hospital maintains a dedicated full-time chaplain for cardiovascular patients, as well as assisting team members during a stressful situation.

The culture at Baylor Scott & White Heart and Vascular Hospital is one that encourages all employees to value every role and every position. Not a single recognition day for one discipline is celebrated. Annually, the entire team celebrates “Partners in Care Week: which signifies that we are “all in it together.”

Volunteers: A part of the team

Caring Hearts® volunteers are a part of the team providing emotional support and timely communication to patients. The volunteers have experienced heart issues or are a family member of a cardiac patient and are valuable to those who may be experiencing heart events for the first time. These volunteers provide family members with updates during their loved one’s procedures and recovery process. Additionally, Caring Hearts volunteers often visit patients and their family members pre-procedure to answer questions and help reduce anxiety that may have been present.

ANCC Magnet®

Baylor Scott & White Heart and Vascular Hospital attained Magnet® recognition for the third consecutive time in 2017. This third-time designation granted by the American Nurses Credentialing Center (ANCC) signifies that the hospital is one of only 36 hospitals in Texas to achieve the third-time designation. The application for fourth time designation was submitted and the hospital will be surveyed mid-fiscal year.

According to the ANCC, 452 US healthcare organizations out of over 6,300 US hospitals have achieved Magnet recognition. In addition, approximately 34% of Magnet-recognized organizations that have attempted three or more designations have been successful.

This recognition is a testament to the hospital leadership’s continued dedication to high-quality nursing practice as the Magnet Recognition Program® distinguishes healthcare organizations that meet rigorous standards for nursing excellence. This credential is the highest national honor for professional nursing practice.

To achieve initial Magnet recognition, organizations must pass a rigorous and lengthy process that demands widespread participation from leadership and staff. This process includes an electronic application, written patient care documentation, an on-site visit, and a review by the Commission on Magnet Recognition. Healthcare organizations may reapply for Magnet recognition every four years based on adherence to Magnet concepts and demonstrated improvements in patient care and quality. The team will again welcome surveyors in fiscal year 2022.

Shared Governance

Hospital leadership believes in the Shared Governance model, which empowers employees to have a voice and become engaged in decision-making opportunities within the hospital. This model is grounded in a framework of partnership, equity, accountability and ownership. Shared Governance has been proven to create an environment conducive for patient-centered care and improved patient safety with the use of evidence-based clinical practice.

The Shared Governance councils include:

- Clinical Practice Council
- Professional Development Council
- STARRS – Service, Training, Accountability, Recruitment, Retention and Satisfaction
- BRAIN (Bridging Research and Innovation) – Research Council
- Patient Experience Council
- Patient Education Council
- Electronic Health Record Council
The leadership teams at Baylor Scott & White Heart and Vascular Hospital – Dallas and Fort Worth are committed to the mission of giving back to the community by providing health screenings and preventive health education. Community outreach also means informing and educating the broader community, identifying neighborhoods in need. It leads to collaboration with civic organizations, city government departments and churches who strive to help improve community health.

Community needs identified and associated action items in fiscal year 2021 include:

• Community health education and screenings for the under-insured and uninsured persons in the service area.
• Exposure to various careers in healthcare provided to teens and college-age students through several formalized programs.
• Community sponsorship monies are distributed to programs and agencies that help provide access to care for middle to lower socioeconomic groups and organizations fostering heart-healthy lifestyles.
• Spanish-language health education is available upon request, addressing the prevention and risk factors for diabetes and cardiovascular disease.

Wellness and screening events

The Watson Health Heart Disease Estimates identified hypertension as the most prevalent heart disease diagnosis in much of the greater service area. Whether a church requested heart health information for an audience of 20 or 200, Baylor Scott & White Heart and Vascular Hospital teams in Dallas and Fort Worth accept opportunities to provide much needed hypertension education and blood pressure screenings, especially in underserved areas. During fiscal year 2021, an innovative approach to pandemic times included a “Drive-by” health fair at three area recreation centers. Heart-health information, including hypertension education materials, were provided. Hands-only CPR education has also been a mainstay in community outreach activities. At area employers, churches, police departments, and school districts, hospital representatives provided hands-only CPR instruction in accordance with approved guidelines.

The team will continue to work with area churches, employers and various not-for-profit organizations and schools as in-person events return.

Promoting healthcare careers

Baylor Scott & White Heart and Vascular Hospital – Dallas believes it is important to provide opportunities for youth to consider healthcare careers. The Community Health Needs Assessment indicated an opportunity to improve awareness for the broad variety of healthcare careers. Improving awareness and exposure to these careers, specifically with at-risk youth, may lead to improved socioeconomic futures for families.

Throughout the school year, Baylor Scott & White Heart and Vascular Hospital – Dallas hosted students enrolled in health, science and technology programs at Title 1 schools. Title I funding is available to schools with at least 40% of their students meeting low income criteria established by the federal poverty census. The funding is designed to assist schools in meeting the educational goals of low-income students. In fiscal year 2021, the hospital paused the program in response to the COVID-19 pandemic and looks forward to welcoming back these students in fiscal year 2022.

In fiscal year 2021, as a part of the STEM Goes Red project of the American Heart Association, students from all over the Metroplex joined various organizations for a virtual presentation on STEM careers. The students had the opportunity to view different areas of the hospital, including the catheterization lab, non-invasive services and electrophysiology services. This is another program where the hospital team is strongly engaged in developing interest in young minds for healthcare careers.

Baylor Scott & White vaccination hubs

In a mission to fight coronavirus in our communities, employees at the hospitals volunteered their time at COVID-19 vaccination hubs in Dallas and Tarrant Counties. Volunteers were able to help with clinical duties, including administering the vaccine, as well as non-clinical duties, such as wayfinding and sanitizing, providing a safe and efficient experience for our community members.

Clinical rotation and proctoring occurred for students in nursing programs from the following universities and colleges in fiscal year 2021:

• Baylor University School of Nursing
• Tarrant County Community College
• Texas Wesleyan University
• Texas Woman’s University
• University of Texas - Arlington
• University of Texas - Tyler

The high school advanced programs, universities and colleges who sent students to Baylor Scott & White Heart and Vascular Hospital – Dallas and Fort Worth for allied health professions training included:

• Brookhaven Community College
• College of Healthcare Professionals
• Dallas Baptist University
• El Centro College
• Hill College
• Parker University
• Texas Tech University Health Science Center
• Texas Woman’s University

>150 STEM Goes Red Students FY21: (virtual presentation in Dallas and Fort Worth)

Over the years, several students who participated in various educational programs have enrolled in college to pursue healthcare careers. Several have gone on to graduate from medical school or have pursued nursing or allied health careers. Also, several past program participants have returned to Baylor Scott & White Heart and Vascular Hospital – Dallas as staff members.

In addition to area high schools, area junior colleges and universities were represented in the total number of proctored hours on the Dallas and Fort Worth campuses.

7,731 Total nursing students proctored and non-proctored hours (school year 2020 - 2021)

10,731 Total non-nursing students proctored and non-proctored hours (school year 2020 - 2021)
Ongoing patient education and support programs

The hospital emphasizes community outreach by sponsoring ongoing classes focused on preventive health education.

**Leap for Life**

“Leap” stands for Lifestyle Education Awareness Program. For the past 14 years, this successful program has focused on the needs of cardiovascular patients and their family members. Leap for Life sessions in Dallas and Fort Worth educate the community on the steps that can be taken to manage cardiovascular disease and to improve health and well-being. This wellness and disease prevention program was available to all heart patients and their family members. The class was also open to anyone from the community. Educators with special expertise in cardiovascular patient care helped empower individuals with physical, dietary and stress management education and information.

Offered in 2021, virtual Leap for Life classes were hosted through an online platform that allowed speakers and participants to interact as they would during an in-person class while maintaining a safe distance. Additionally, online classes expanded the option for those who live outside the Dallas-Fort Worth region to learn about wellness and cardiovascular disease prevention from the experts at Baylor Scott & White Heart and Vascular Hospital.

**Topics included:**
- Stress Management
- Diabetes and Heart Health
- Mindful Eating and Staying Active
- Cardiac Medications

For Leap for Life class schedules and more information: 1.844.BSW.DOCS.

**Wired for Life**

Baylor Scott & White Heart and Vascular Hospital – Dallas teams up with past implantable cardioverter defibrillator (ICD) recipients to provide future or past ICD recipients with support, comfort and answers to questions. Volunteers are also available to meet with future recipients and family members before and after an ICD procedure. Classes have been scheduled every other month for the past nearly 10 years. With the COVID-19 pandemic, the team of electrophysiology nurses pivoted their educational sessions to virtual classes for patients.

For Wired for Life class schedules and more information: 1.844.BSW.DOCS.

**“Living with . . .” community education series**

In fiscal year 2021, several Living with AFib, Living with Heart Failure and Living with Healthy Legs evening community events were held in Dallas and Fort Worth. Expert presenters provided attendees with helpful information on managing chronic conditions, heart arrhythmias, heart failure, peripheral artery disease and peripheral vascular disease, and as well as signs and symptoms for a variety of conditions.

**Women and Heart Health**

Fiscal year 2021 was the first year Baylor Scott & White Heart and Vascular Hospital hosted a virtual Women’s Heart Health event. Heart disease is the number one killer of women, and more than 180 attendees joined to listen. Female cardiovascular experts from Dallas and Fort Worth presented various topics ranging from signs and symptoms of a heart attack to heart failure and transplantation.

**HeartSpeak podcast**

Baylor Scott & White Heart and Vascular Hospital provided on-demand education to patients and community members in fiscal year 2021. HeartSpeak is a podcast featuring tips about heart and vascular health with experts from the hospitals in Dallas and Fort Worth. Topics include various disease conditions from cardiovascular disease and diet to heart transplantation. The podcast series also has several Spanish-language episodes available to target the ever-growing Hispanic community in the DFW region. The podcast is available on Apple Podcast, Google Podcast, Spotify, or wherever you get your podcasts.

**Community volunteerism**

The team at Baylor Scott & White Heart and Vascular Hospital – Dallas remained committed to providing all employees with opportunities to be actively involved in the community. This took many forms in fiscal year 2021. The STARRS* committee of employees met regularly to discuss community involvement and requests from various organizations who needed assistance. The committee was also dedicated to reaching out to economically challenged neighborhoods with heart-healthy information.

**STARRS* –**

Organizations specifically targeted for outreach in fiscal year 2021 included:
- Carter Blood Care
- Faith in Action Initiatives – a department of Baylor Scott & White Health – included donations of blankets and backpacks
- North Texas Food Bank

*Service, Training, Accountability, Recruitment, Retention and Satisfaction

For Wired for Life class schedules and more information: 1.844.BSW.DOCS.

565 Total Leap for Life participants educated (FY21)

>420 Total community education series participants (FY21)
Community sponsorships

Nancy Lieberman Charities
For many years, the hospital has supported Nancy Lieberman Charities’ efforts to promote health and fitness in specific at-risk areas. A national organization known for its “Dream Ball Courts” program, the hospital supports the annual gala. In addition, the support extends to a summer basketball camp for economically challenged and at-risk children across the Metroplex.

American Heart Association
The teams at Baylor Scott & White Heart and Vascular Hospital – Dallas and Fort Worth are strong supporters of the American Heart Association’s (AHA) efforts in the fight against cardiovascular disease and stroke. Support included the following events:
• Dallas Heart Walk
• Tarrant County Heart Walk
• Go Red for Women® Luncheon Dallas
• Go Red for Women® Luncheon Fort Worth
• CycleNation™
• Côtes du Coeur – Dallas’ Heart Ball
• Heart Ball – Fort Worth
• STEM Goes Red

North Texas Food Bank
For the past several years and especially during the pandemic, donations were made to the North Texas Food Bank. Food insecurity concerns have increased. The organization distributes food through a network of more than 1,000 feeding programs and 262 Partner Agencies throughout North Texas. Together with other Baylor Scott & White Health facilities, contributions assisted with keeping the shelves stocked for numerous families impacted by the pandemic.

Educational opportunities – clinicians
Educational opportunities are provided for hospital employees as well as for the clinicians throughout the community. Clinical research, interesting case studies or timely topics within the various specialties are presented by the medical staff, visiting experts or fellows training in the respective fellowship programs. CMEs and/or CEUs are often available. Some of the educational offerings are in-person conferences while others are streamed virtually.

Cardiovascular Virtual Provider Presentation Series
The Dallas Cardiovascular Virtual Provider Presentation Series launched in July of 2020 as a platform to provide education to healthcare professionals, including physicians and advanced practice providers.

Continuing education provided for first responders/EMS
During fiscal year 2021, the Dallas team recognized EMS paramedics quarterly for their work in the field. Following safety precautions, the team delivered a copy of the patient’s outcome report in addition to a video message from a cardiologist on the medical staff thanking EMS for their work which resulted in a positive patient outcome. The paramedics were also presented with a unique challenge coin, a customary practice used to recognize first responders.

While the pandemic during fiscal year 2021 slowed the number of scheduled events, the team looks forward to future educational events in collaboration with first responder organizations.

Regular monthly educational events at the hospitals include:
• Cardiology Grand Rounds
• Cath Conference
• Electrophysiology Conference
• Echo Conference
• Vascular Surgery Conference
• Clinical Cardiology Conference
• Ethics Lunch and Learns
• Aortic Conference
• High-Risk Cardiac Surgery Meeting

28 FY21 lectures

Cardiovascular Virtual Provider Presentation Series

Photo courtesy of Nancy Lieberman Charities
Baylor Scott & White Heart and Vascular Hospital – Dallas

ADVANCED IMAGING

The above numbers report on Dallas campus activities for fiscal year 2021 unless otherwise noted.

Registered more than 37,900 patients.

Baylor Scott & White Heart & Vascular Hospital - Dallas is a Magnet®-recognized, fully accredited hospital serving residents of more than 10 cities in the Dallas-Fort Worth area. The hospital opened in 2002 as the first North Texas hospital dedicated solely to the care and treatment of heart and vascular patients. The Hospital is located near downtown Dallas adjacent to Baylor University Medical Center, part of Baylor Scott & White Health. Providing inpatient and outpatient services focused on preventive heart health and comprehensive cardiovascular disease management, patients travel nationally and internationally for the specialists on the medical staff and the hospital’s cardiovascular programs and services. In fiscal year 2021, the hospital registered more than 37,900 patients.

The above numbers report on Dallas campus activities for fiscal year 2021 unless otherwise noted.

5 STARS CMS quality rating

100% Overall AMI performance

5,721 Total cath lab cases

2,496 Total vascular surgeries

1,389 TAVRs performed (to date in the program)

68 Heart transplants*

>75 Current number of cardiovascular clinical trials

624 VADs implanted* (to date in the program)

CMS quality rating

Overall AMI performance

Cardiac CT

The computed tomography (CT) program at Baylor Scott & White Heart and Vascular Hospital - Dallas was awarded Gold Seal Accreditation for imaging services’ quality and patient safety by the American College of Radiology (ACR). Thanks to advanced CT imaging technology, physicians on the hospital’s medical staff can obtain images of the body that freeze motion without asking patients to hold their breath, saving time and expediting decisions regarding treatment.

Fractional flow reserve CT (FFRct) is available in the hospital’s advanced imaging department. This technology provides non-invasive analysis of coronary artery blood flow in patients suspected of having coronary artery disease. FFRct may eliminate the need to perform diagnostic catheter angiography or to perform an invasive catheter-based FFR test, improving quality and safety.

Cardiac MRI

The advanced technology of the 1.5 Tesla magnetic resonance imaging (MRI) in the advanced imaging department provides a full complement of cardiac imaging capabilities. In collaboration with electrophysiologists, the hospital provides advanced safe imaging options for patients with cardiac implantable devices, including non-conditional pacemakers and defibrillators, who previously could not undergo an MRI. The MRI program at the hospital was awarded Gold Seal Accreditation for imaging services’ quality and patient safety by the American College of Radiology (ACR).

Physicians on the medical staff of Baylor Scott & White Heart and Vascular Hospital – Dallas utilize cardiac MRI to diagnose a wide range of conditions, such as:

- Cardiomyopathy
- Atherosclerosis
- Congenital heart disease
- Heart failure
- Heart valve disease

MR angiograms (MRAs) are used to assess suspected aneurysms, plaque build-up, injuries or damage, blood clots, or structural problems. The total number of MRAs completed in fiscal year 2021 was 183.

>1,000 Cardiac MRIs performed (FY21)

Advanced CMR techniques/sequences available

In July 2021, the hospital gained access to more advanced cardiovascular magnetic resonance technology to evaluate the potential of the novel MRI sequences/techniques for research and patient care. The technology includes the Wideband late gadolinium enhancement (LGE), 4D flow, and later in fiscal year 2022, FIDDLE sequences.

The Wideband LGE sequence helps eliminate artifacts caused by ICDs/PPIs or other metal objects, making scar imaging/viability study more diagnostic and accurate in patients with cardiac implantable electronic devices or other metal implants. With the 4D flow technique, the complex blood flow patterns in the heart and great vessels can be visualized and measured throughout the cardiac cycle.

The FIDDLE sequence increases conspicuity of areas of myocardial scar adjacent to the blood pool, and the sensitivity of detecting subendocardial infarct, papillary muscle scar, and vessel wall delayed enhancement.

Refer a patient: 214.820.0128.
Non-invasive services: Cardiology

Baylor Scott & White Heart and Vascular Hospital – Dallas offers a comprehensive range of non-invasive approaches and technologies used by physicians on the medical staff to diagnose heart disease.

2D/3D transesophageal echocardiogram

Used by some of the most advanced echocardiography labs in the world, three dimensional transesophageal echocardiograms are performed by specially trained team members and physicians on the medical staff at Baylor Scott & White Heart and Vascular Hospital – Dallas. Three dimensional imaging in echocardiography has proven to be superior to two dimensional echocardiography. Cardiac chamber volumes, congenital abnormalities and structural heart disease evaluations are more accurate and reproducible with limitations such as foreshortening a thing of the past, in some cases.

Non-invasive cardiac services offered:
- Exercise stress tests
- Holter monitoring
- Pharmacological exercise stress tests

The Dallas campus team, in collaboration with the team in non-invasive cardiac services in Fort Worth, launched the weekly Sonographer Education Conference in fiscal year 2021. This educational virtual event led by sonographers was created to provide a collaborative, positive experience for educators and clinical professionals.

Non-invasive services: Vascular

Non-invasive vascular services at Baylor Scott & White Heart and Vascular Hospital – Dallas offers diagnostic testing and pre-procedure planning to assist physicians in diagnosing many conditions of the circulatory system, including blood vessel blockages and aneurysms. The entire non-invasive vascular team has received specialized training and certification in vascular imaging.

The non-invasive vascular lab is accredited by the IAC in peripheral venous, peripheral arterial and extracranial cerebrovascular duplex examinations. The department has been accredited for vascular testing since 2005. All sonographers are nationally registered, while physicians on the medical staff include board-certified vascular surgeons, cardiologists and other specialists.

Types of non-invasive vascular procedures available:
- Extra-cranial cerebrovascular duplex scans
- Arterial ultrasound exams
  - Upper and lower extremity arterial duplex scans
  - Bypass graft scans
  - Pseudoaneurysm scans
  - Abdominal aorta aneurysm scans
  - Renal artery scans
- Physiologic arterial testing
  - Ankle-brachial index (ABI)
  - Segmental pressure tests
- Venous ultrasound exams
  - Upper and lower extremity vein mapping and scanning
  - Upper and lower extremity venous duplex

The Hispanic Cardiovascular Institute – Dallas is comprised of a multidisciplinary team of physicians on the medical staff at Baylor Scott & White Heart and Vascular Hospital – Dallas and Baylor University Medical Center who specialize in providing care at all stages of cardiovascular disease, including cardiology, cardiac surgery, thoracic surgery, vascular surgery, advanced heart failure, infectious disease, anesthesiology, and nutrition services.

Team members of the institute understand the cultural dynamics of the Hispanic population. For this reason, the team attaches great importance to incorporating the Spanish language, family and religion in medicine. This eliminates barriers and creates a comforting and empathetic environment, often leading to the patient’s better understanding of his or her health condition.

Catering care to the Latin American population which comprises 42%* of the Dallas community, involves understanding the common diseases and risk factors. Hispanics are at a higher risk of developing coronary artery disease, stroke and heart failure. Our team follows the patient throughout his or her advanced cardiovascular care journey, coordinating with the patient’s referring office to provide a collaborative, positive experience throughout the continuum of care.

As part of the Institute’s outreach efforts and unwavering commitment to serving the Hispanic population, physicians in the Hispanic Cardiovascular Institute volunteer to participate in a medical mission called Salvando Corazones, or Saving Hearts. Since 2013, the medical mission has brought critical cardiovascular surgeries to people in Peru. The mission also includes a mentorship program, which helps foster practical learning for Peruvian surgical residents to apply the techniques learned to build a brighter medical future for the people of Peru.

* According to 2019 Population Estimate

Hispanic Cardiovascular Institute – Dallas medical staff physician team (FY21):
- Sharon Choi, MD - Cardiology
- Cesar Guerrero-Miranda, MD - Advanced Heart Failure and Transplant Cardiology
- Alfredo Jimenez, MD - Cardiology
- Alfredo Lopez, MD - Anesthesiology
- Eitan Podgaetz, MD - Thoracic Surgery
- Aldo Rafael, MD - Cardiac Surgery and Heart Transplantation
- Uriel Sebastian Sandikovsky, MD - Infectious Disease
- Leonidas Tapia, MD - Thoracic Surgery
- Javier (Jay) Vasquez, MD - Vascular Surgery
- Leticia Ramirez, NP - Nurse Practitioner
- Carolina Luzon, RD - Dietitian

Refer a patient to the Hispanic Cardiovascular Institute – Dallas: 214.820.0390 or email BSWHVHHispanicCVInstitute@BSWHealth.org.
Total EP procedures (FY21): 4,492
Pacemakers/ICDs implanted (FY21): 657
Permanent pacemaker insertions or replacements (FY21): 130
ICD implants or replacements (FY21): 147
ILR (FY21): 24
AV Node Ablations (FY21): 60
AFib Ablations (FY21): 371
SVT Ablations (FY21): 258
VT Ablations (FY21): 98

Baylor Scott & White Heart and Vascular Hospital - Dallas' electrophysiology (EP) services maintained its leadership position in North Texas, performing nearly 4,500 total EP procedures in fiscal year 2021. The physicians in cardiac electrophysiology on the hospital’s medical staff use their vast experience for one of the busiest programs in the region. Home to innovative research and many “firsts” in the history of the specialty, the high-volume program includes the diagnosis and treatment of patients with atrial fibrillation, ventricular tachycardia, Wolff-Parkinson White syndrome, flutter, and other abnormal heart rhythms. Treatment labs equipped with technologically advanced equipment, such as 3D mapping, enable the team of clinicians to deliver the appropriate treatment to each patient experiencing a heart rhythm problem. The philosophy of the electrophysiology team is to support involvement from the referring primary care provider and the patient’s non-interventional cardiologist.

The multidisciplinary team is comprised of experienced fellowship-trained electrophysiologists, cardiology imaging specialists, specially trained nurses, and researchers focused on heart rhythm studies and clinical trials. Cardiac surgeons may be a part of the team depending on the treatment option or for those patients who receive MAZE — a surgical procedure. Depending on the patient’s condition and individual disease state, the team employs a variety of diagnostic and treatment modalities including medical management, ablation, implantable devices such as pacemakers and implantable cardioverter-defibrillators, surgical intervention and more.

Two new fiscal year 2021 procedures: the remede® System and Convergent.

Consistent with the history of the electrophysiology department on the Dallas campus, the team remains on the forefront of the latest treatment options and procedures for those suffering with heart rhythm disorders. In fiscal year 2021, two new treatment options became available to offer hope to patients with central sleep apnea and persistent atrial fibrillation.

The remede® System uses an implantable device to treat central sleep apnea by using phrenic nerve stimulation. Central sleep apnea (CSA) is a serious breathing disorder that disrupts the normal breathing pattern during sleep and negatively affects sleep quality and is associated with poor outcomes. CSA is caused by the brain’s inability to send appropriate signals to the respiratory muscles to stimulate breathing. The remede System is an implantable device that activates automatically each night to stimulate a nerve in the chest (phrenic nerve) that sends signals to the brain to control breathing. It monitors respiratory signals and helps restore normal breathing patterns. The battery-powered remede System is placed under the skin in the patient’s upper chest by an electrophysiologist on the hospital’s medical staff.

The Convergent (hybrid ablation) procedure includes both epicardial and endocardial ablation and combines the expertise of both a cardiothoracic surgeon and an electrophysiologist to treat more persistent forms of atrial fibrillation. The procedure is usually performed in two stages, two to six weeks apart. Initially the cardiothoracic surgeon will make a small 2cm to 3cm subxiphoid incision and use a camera and long scope with a special device to ablate the posterior wall of the heart with radiofrequency energy. At the same time, via three small ports on the left lateral of the chest, the surgeon will thorascopically place a clip across the base of the left atrial appendage which will provide electrical isolation and reduce stroke risk. The patient will usually stay two nights in the hospital after this stage of the procedure.

A few weeks later, an electrophysiologist will bring the patient into the EP lab and place catheters inside the patient’s heart via small incisions in the patient’s upper leg. This will deliver cryo-energy (freezing) and radiofrequency energy to complete the circuits and ablate areas that are still emitting abnormal signals. The electrophysiologist meticulously connects his/her work with the post-exterior ablation that was performed by the cardiothoracic surgeon. The patient will usually be discharged the same day following the endocardial portion of the procedure. Baylor Scott & White Heart and Vascular Hospital - Dallas was one of the first hospitals in North Texas to offer the Convergent procedure.

Baylor Dallas site was one of several research centers in the US to participate in clinical trials focused on proving the safety and efficacy of the Convergent procedure.

For a complete listing of all of the clinical trials currently open, go to BSWMedhealth.com/research/clinical-trials.

Heart Rhythm Center - Dallas

In fiscal year 2021, the Heart Rhythm Center at Baylor Scott & White Heart and Vascular Hospital - Dallas continued to provide individualized support and treatment for patients from throughout the region with complex heart rhythm disorders. The center’s team of specialists on the hospital’s medical staff included fellowship-trained cardiac electrophysiologists with intensive training in evaluating and treating heart arrhythmias, along with experienced nurse practitioners, physician assistants and nurses. Other disciplines that contribute to the success of the Heart Rhythm Center include clinical cardiologists, cardiac surgeons, imaging specialists, and researchers.

Patients benefit from accurate diagnoses and treatment of regular heartbeat conditions, such as atrial fibrillation, ventricular tachycardia, atrial flutter, atrial tachycardia, PACs and PVCs, and other related arrhythmias. The team provides referring physicians and patients with extensive information on heart rhythms and evidence-based treatment options, including medication therapy, catheter-based procedures and surgery. The goal is to provide personalized assistance to patients as the patients and their primary care provider navigate through the process of diagnosis and treatment. Specialized interventions include:

- 3D mapping for complex arrhythmia ablation
- Transcatheter ablation therapy, radiofrequency ablation and cryoablation
- Cardiac resynchronization therapy
- Left atrial appendage closure
- Pacemaker and implantable cardioverter defibrillator (ICD) device implantation
- Laser-assisted lead extraction and newer mechanical extraction system tools
- Cardiac device therapy for central sleep apnea
- Surgical procedures including MAZE

For information about the Heart Rhythm Center: 214.820.5306.

Cardiac ablation expertise

Catheter ablation has grown as a treatment option for patients with ventricular tachycardia (VT), the abnormal rapid heart rhythm originating from the lower pumping chambers of the heart—the ventricles. Most commonly seen in patients with a weakened heart muscle from cardiomyopathy or from scar tissue as a result of a prior heart attack, VT left untreated can evolve into ventricular fibrillation (VF). VF can be fatal if not defibrillated into a normal rhythm.

The EP department’s labs at Baylor Scott & White Heart and Vascular Hospital - Dallas are equipped with sophisticated 3D mapping technology, decreasing the need for fluoroscopy and improving procedural time efficiency. The arrhythmia-locating technology combines magnetic and current-based technologies for real-time display of catheter locations, as well as intra-cardiac echocardiography images of the heart’s chambers. Three maps contain anatomical, electrical voltage, electrical activation times and ablation data.

Leadless pacers

In fiscal year 2021, electrophysiologists on the hospital’s medical staff continued to place the world’s smallest pacemaker called the Micra™ Transcatheter Pacemaker System in patients. The size of a nickel or paperclip, the pacemaker represents the first entry in what is a new class of slimmer, minimally invasive pacemakers that rest entirely inside the heart.
This type of leadless pacemaker is placed directly into the right ventricle using a flexible tube the size of a large drinking straw, which is advanced into the heart from a small incision in the leg. Tiny bits of metal are inserted through a catheter and screwed into the heart tissue. This avoids the need for traditional pacemaker insulated wires called leads to deliver the pacemaker’s electric pulses.

Now, the LAAO device is more commonly offered as a viable option for patients who are unable to take blood thinners. The LAAO device is designed to prevent blood clots that frequently form in the LAA from traveling in the blood stream to the brain, lungs and other parts of the body. After receiving this device, patients are generally released from the hospital after 24 hours. Medical follow-up continues over the course of time as patients decrease their blood thinner medication under the supervision of a cardiologist.

LAAO device is suitable for patients with nonvalvular atrial fibrillation who:

- Are at an increased risk for stroke and systemic embolism based on CHA2DS2-VASc scores and are recommended for anticoagulation therapy
- Have an appropriate rationale to seek a non-pharmacologic alternative to oral anticoagulation, taking into account the safety and effectiveness of the device compared to warfarin.

Left atrial appendage occlusion (LAAO)

In fiscal year 2021, electrophysiologists on the hospital’s medical staff continued to treat patients at risk of developing blood clots in the left atrial appendage by occluding them with the left atrial appendage occluder (LAAO) device. The Dallas campus was one of the leading research sites that conducted clinical trials on the left atrial appendage devices to prove the safety and efficacy of the device that is now becoming more of a recognized treatment option for patients.

Atrial fibrillation (AFib) can decrease the heart’s pumping efficiency by as much as 30%. Compromised pumping increases the risk of clots forming in the heart chambers, particularly the left atrial appendage (LAA). The LAA is pouch-shaped and about the size of the thumb. It is located on the top of the heart. LAAO device generally decreases the risk of stroke without the need for blood thinners.

Patient education and support

Wired for Life is an educational class for patients with implantable cardioverter defibrillators (ICDs). The electrophysiology team provides patients with guidance, encouragement and support on the use of their ICDs. Patients suffering from cardiomyopathy, congestive heart failure or who have experienced sudden cardiac arrest, know that the ICD can be a life saver. A workshop for patients with ICDs is offered six times per year by clinical experts from Baylor Scott & White Heart and Vascular Hospital – Dallas, who has an ICD — regardless of where the ICD was implanted. In fiscal year 2021, more than 150 patients registered for these webinars.

For more information about Wired for Life classes: BSWHealth.com/Events.

Transradial Cardiac Catheterization

Transradial cardiac catheterization is both a safe and effective procedure to diagnose and treat blockages in the heart. Traditionally, cardiac catheterization is performed using a small incision in the leg, but studies have shown that going through the wrist, using the transradial approach, produces the same results with a shorter hospital stay and with less bleeding or discomfort for the patient. At Baylor Scott & White Heart and Vascular Hospital – Dallas, the transradial approach has been performed since 1996, and the number of procedures continues to grow year-over-year. In fiscal year 2021, more than 24% of the total PCI cases were performed by transradial access.
Regionalized STEMI Program

Baylor Scott & White Heart and Vascular Hospital – Dallas, together with Baylor University Medical Center, collaborates with area free-standing emergency departments, urgent care centers and community hospitals to provide quick treatment for patients who experience a STEMI—segment elevation myocardial infarction. Door-to-balloon time for STEMI patients is a key measurement for meeting specific criteria and standards of performance for the quick and appropriate treatment of STEMI heart attack patients.

In early fiscal year 2022, Baylor Scott & White Heart and Vascular Hospital - Dallas received Mission: Lifeline® Gold-Plus recognition as a STEMI Receiving Center and Gold recognition for NSTEMI care from the American Heart Association. The Gold-Plus award recognizes the hospital for implementing specific quality improvement measures for the treatment of patients who suffer severe heart attacks, including emergency procedures to re-establish blood flow to blocked arteries. Not only was the criteria for Gold status met, but the Plus designation means the hospital achieved 75% or greater compliance on the Quality PLUS measures. In addition, the Gold for NSTEMI designation recognizes the hospital for meeting specific criteria and standards of performance for the quick and appropriate treatment of NSTEMI heart attack patients.

Mission: Lifeline® was created in 2003 by the American Heart Association and is designed to improve the quality of care provided to STEMI patients. Baylor Scott & White Heart and Vascular Hospital - Dallas has demonstrated sustained achievement in the Chest Pain - MI Registry for two consecutive years (2018 and 2019) and has met the threshold for PCI performance for STEMI and NSTEMI patients

Mission: Lifeline® /GET With The Guidelines Gold-Plus, and Gold Recognition

**Overall AMI composite score (FY21)**

<table>
<thead>
<tr>
<th>AMI performance</th>
<th>US Registry 90th percentile</th>
<th>BSWHVH - Dallas</th>
<th>Better, worse than US Registry 90th percentile</th>
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<tbody>
<tr>
<td>Overall AMI performance composite</td>
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<tr>
<td>Overall defect-free care</td>
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<td>STEMI performance composite</td>
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<td>NSTEMI performance composite</td>
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<tr>
<td>ACE-I or ARB for LVSD at discharge</td>
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<td>AMI performance</td>
<td>US Registry 75th percentile</td>
<td>BSWHVH - Fort Worth</td>
<td>Better, same, worse than US Registry 75th percentile</td>
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<td>Cardiac Rehabilitation patient referral from an inpatient setting</td>
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<td>96.7%</td>
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<td>High-Intensity Statin therapy for all AMI patients</td>
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<td>ACUTE AMI Performance composite</td>
<td><strong>97.4%</strong></td>
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<td>BETTER</td>
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</tbody>
</table>

| Source: RQ 2021 Q1 published Information. National Cardiovascular Database and Registry (NCDR) Baylor Scott & White Heart and Vascular Hospital – Dallas. |

**Total number of transfers (FY21):**

**STEMIs (FY21):**

**NSTEMI (FY21):**

**Total AMIs (FY21):**

**Median door-to-balloon time:**

65.6 minutes

**BETTER**

**SAME**

**WORSE THAN**

**Overall AMI performance composite (FY21):**

98.8%

**For STEMI patients on acute discharge and performance metrics**

**In early fiscal year 2022, Baylor Scott & White Heart and Vascular Hospital - Dallas received Mission: Lifeline® Gold-Plus recognition as a STEMI Receiving Center and Gold recognition for NSTEMI care from the American Heart Association. The Gold-Plus award recognizes the hospital for implementing specific quality improvement measures for the treatment of patients who suffer severe heart attacks, including emergency procedures to re-establish blood flow to blocked arteries. Not only was the criteria for Gold status met, but the Plus designation means the hospital achieved 75% or greater compliance on the Quality PLUS measures. In addition, the Gold for NSTEMI designation recognizes the hospital for meeting specific criteria and standards of performance for the quick and appropriate treatment of NSTEMI heart attack patients.**

**Mission: Lifeline® /GET With The Guidelines Gold-Plus, and Gold Recognition**

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Catheter-based and less invasive procedures include:
- Transcatheter pulmonic valve replacement
- Patent foramen ovale (PFO) catheter repair
- Mitral valve repair
- Atrial septal defect (ASD) closure
- Patent foramen ovale (PFO) catheter repair
- Mitral valve repair
- Transcatheter aortic valve repair

Generally, structural heart disease programs focus on diseases involving the heart’s valves or other noncoronary structures of the heart. When it comes to this specialized area, Baylor Scott & White and Vascular Hospital - Dallas brings additional specialties to the discussion to provide individualized, multidisciplinary care.

This team includes interventional cardiologists and cardiac surgeons as well as echocardiography specialists, advanced imaging experts and electrophysiologists. Expertise from board certified cardiologists and vascular surgeons on the medical staff of Baylor Scott & White Heart and Vascular Hospital – Dallas use the newest endovascular system to treat pulmonary embolism.

For more information and a complete list of updated clinical trials: BSWealth.com/research/clinical-trials.

Widely published throughout the years, the interventional cardiologists on the medical staff were again authors or contributing authors in fiscal year 2021 for several medical and scientific journals. Several of the articles published were directly related to structural heart disease.

A sampling of the articles and citations in fiscal year 2021:
Minimally invasive aortic valve therapies

Baylor Scott & White Heart and Vascular Hospital – Dallas continues to be one of the highest volume centers in the US for commercial and research minimally invasive valve repair and replacement procedures. Since the early beginnings of TAVR, Robert Stoler, MD, medical director of the cardiac catheterization lab and co-director of the Division of Cardiology, has conducted transcatheter mitral and aortic valve studies leading to FDA approval of new technologies for patients. Dr. Stoler and other implant physicians involved in the Center for Valve Disorders have proctored cases internationally on three TAVR devices, sharing knowledge from the multidisciplinary Dallas campus program.

Aortic valve research trials:
• Clinical trials available in fiscal year 2021 included asymptomatic severe aortic stenosis, new generation valves, small annulus size and cerebral embolic protection

In July 2021, Baylor Scott & White Heart and Vascular Hospital – Dallas was the first in the state of Texas to enroll a patient in the SMART trial.

Minimally invasive mitral valve therapies

For years, open heart surgery was the only treatment option for mitral regurgitation. Through the advancement of research and the clinical trials conducted by cardiologists on the medical staff at Baylor Scott & White Heart and Vascular Hospital - Dallas, mitral regurgitation can be treated via a minimally invasive transcatheter repair.

Mitral valve research trials:
• Clinical trials available include symptomatic mitral regurgitation or mitral stenosis through transcatheter mitral valve repair and replacement using new generation technology

The Dallas campus was involved in the initial COAPT trial which led to the evolution of this device including FDA approval for commercial use in primary and secondary functional mitral regurgitation.

Minimally invasive tricuspid valve therapies

Tricuspid Valve Research Trial:
Clinical trial available included minimally invasive transcatheter valve repair with TriClip™.

Surgical aortic, mitral and tricuspid repair and replacement

Patients who are surgical candidates undergo workups to include minimally invasive replacement as well. Shared decision making occurs between the Center for Valve Disorders team and patients regarding open surgical versus minimally invasive intervention.

Center for Valve Disorders medical staff team (FY21):

Interventional cardiologists:
• James W. Choi, MD, FACC, FSCAI
• Stuart Lander, MD, FACC
• Robert Stoler, MD, FACC, FSCAI
• Ravi Vallabhani, MD, FACC, FSCAI

Imaging cardiologists:
• Haojie Wang, MD, PhD, FACC, RPVI
• Anumeha Tandon, MD

Cardiac surgeons:
• Daniel H. Enter, MD
• Robert F. Hebeler, Jr., MD, FACS
• Albert Carl Henry, III, MD, FACS
• Aldo Rafael, MD

Advanced nurse practitioners:
• Anna-Catherine Wolynec, FNP-BC

To make a referral to the Center for Valve Disorders in Dallas or for more information: 214.820.3604, email ValveCenter@BSWHealth.org or visit BSWHealth.com/DallasHeartValveCenter.

96% Post-minimally invasive valve replacement patients discharged home with no additional care required*
To extend the continuum of care on the downtown Dallas campus, Baylor Scott & White Heart and Vascular Hospital – Dallas collaborates closely with Baylor University Medical Center’s cardiac programs. As such, the following data from cardiac surgery, advanced heart failure and heart transplantation is available for fiscal year 2021.

**Coronary artery bypass surgery**

Coronary artery bypass surgery (CABG) is advised for select groups of patients with narrowing and blockages of the coronary arteries. CABG creates new routes around narrowed and blocked arteries using grafts, allowing sufficient blood flow to deliver oxygen and nutrients to the heart muscle. Although in most cases open heart surgery is performed, less invasive techniques may be used, including off-pump procedures and keyhole surgery.

The cardiac surgery department at Baylor University Medical Center has been fine-tuned from years of experience treating routine CABG patients to complex cases that were previously denied treatment by other centers. Nationally known for award-winning quality, the multidisciplinary team of clinical specialists are also involved in research that allows the team to provide innovative cardiovascular treatment.

**Convergent procedure**

In fiscal year 2021, Baylor Dallas became one of the first hospitals in Dallas-Fort Worth to offer the Convergent procedure. The Convergent (hybrid ablation) procedure includes both epicardial and endocardial ablation and combines the expertise of both a cardiothoracic surgeon and an electrophysiologist to treat more persistent forms of atrial fibrillation. The procedure is usually performed in two stages, two to six weeks apart. The hospital also offers a Heart Rhythm Center to manage patients with complex arrhythmias of the heart.

**Specialized care team**

Dedicated care provided by the entire surgical team is critical to the patient’s outcomes, including continuous coverage by a specialized care team. Expertise provided by the cardiac surgery team includes:

- Intensive care specialists provide 24/7 critical care coverage
- Cardiovascular anesthesiologists are fellowship-trained and board-certified in transesophageal echocardiography (TEE)
- As a quaternary care center, Baylor University Medical Center has the infrastructure and physician experience to provide quality care to the most complex cases referred to the Dallas campus from across the country

The members of the Department of Cardiac Surgery participate in a vast array of operations and specialty centers. The team conducts open cardiac operations as well as minimally invasive approaches, percutaneous valve procedures, thoracic aortic procedures, and operations for heart failure, heart transplant and assist devices. Members of the department are active in the Aortic Center, Center for Valve Disorders, Cardiovascular Second Opinion program, Heart Rhythm Center, and Hispanic Cardiovascular Institute.

**High-risk meetings**

Every surgical patient presents a unique set of challenges, and the cardiac surgical team is committed to providing personalized treatment. The weekly high-risk meetings allowed specialists, from all levels of patient care, to weigh in on a specialized treatment plan for each patient. From cardiothoracic anesthesiologists to perfusionists and ECMO specialists, the diverse team of experts is specifically equipped for the most complex heart cases.

**A commitment to education**

Surgeons featured on HeartSpeak podcast

Cardiac surgeons on the medical staff at Baylor Dallas commit to providing educational content related to cardiovascular surgery to patients as well as the public. Members of the department are featured on the podcast, HeartSpeak, discussing topics such as coronary artery bypass graft in both English and Spanish, mitral valve disease and aortic dissections. Listen and subscribe to HeartSpeak wherever you listen to podcasts to hear from the hospital’s subject matter experts.
CARDIOVASCULAR SECOND OPINIONS

The Cardiovascular Second Opinion Program is available on the Dallas campus as a result of patients seeking second medical opinions for cardiovascular disease diagnoses, treatment options or surgical recommendations. Our team understands securing a second opinion often helps patients find greater peace of mind regarding a new diagnosis or a pending surgery. As a trusted resource for cardiovascular care, patients have been seeking advice from specialized physicians on the medical staff for more than two decades.

The team with the Cardiovascular Second Opinion Program assists in the coordination of appointments with specialists on the medical staff and any additional follow-up, including diagnostic testing that may be required. The clinicians are committed to help patients throughout the patient journey from the time of diagnosis through procedure or surgery and post-follow-up care in collaboration with individual physician offices.

Conditions and procedures

 Newly diagnosed patients facing major surgery or an interventional procedure may wish to research options or find additional experts to provide resources. The navigation team working with the Cardiovascular Second Opinions program connects patients with specialists on the medical staff to address their concerns. Patients may request a virtual second opinion for the following diagnoses and procedures:

- Abdominal or aortic aneurysms
- Aortic valve disease
- Arrhythmias
- Bypass surgery
- Cardiac catheterization
- Cardiomyopathy
- Carotid stenosis
- Heart failure
- Mitral valve disease
- Thoracic outlet syndrome
- Other cardiovascular disease diagnoses

To request a second opinion, email CV2Opinion@BSWHealth.org.

Advanced treatment options

Patients who are seeking a second opinion may wish to explore treatment options or technology that may not be readily available in their immediate area. As a part of Baylor Scott & White Health, through Baylor Scott & White Research Institute, patients may have options available via clinical trials available on the Dallas campus. The program supports patients from Texas, Louisiana and Oklahoma, as well as across the US and internationally.

Aortic Center medical staff physician team (FY21):
Cardiac Surgery:
- Dan Enter, MD
- Aldo Rafael, MD
- Charles S. Roberts, MD
Vascular Surgery:
- Hung Chu, MD, RPVI
- Robert S. Corn, MD, RPVI
- John F. Eidt, MD, RTVi, RPVI, FACS
- Brad Gromski, MD, FACS
- Stephen Hohmann, MD, FACS
- Bertram Smith, MD, FACS
- Javier (Jay) Vasquez, MD, RPVI, FACS

Advanced treatment options offered through the Aortic Center include:
- Surgery with neurocerebral and spinal cord protection protocols
- Reconstruction of the aortic root with aortic valve-sparing techniques
- Complex arch and hybrid aortic arch reconstruction
- Advanced medical management strategies to control blood pressure and reduce inflammation and expansion of the aorta

Physicians treating patients with these conditions may need to be aware of a patient’s risks for the aorta to dilate or the potential for life-threatening aortic dissection:
- Degenerative aneurysm disease
- Type A and B aortic dissections
- Hypertension
- Bicuspid aortic valve
- Genetic conditions, such as Marfan syndrome
- Inflammatory aortic disease
- Bicuspid aortic valve
- Vascular anomalies
- Connective tissue disorders, such as Ehlers-Danlos disorder, polychondritis, scleroderma, osteogenesis imperfecta, polycystic kidney disease, and Turner syndrome

The Aortic Center at Baylor Scott & White Heart and Vascular Hospital – Dallas, comprised of vascular surgeons on the medical staff as well as cardiac surgeons on the medical staff at Baylor University Medical Center, is one of only a few programs that bridges the gap between these two specialties. The team collaborates with one another, as well as with patients’ referring physicians, to determine treatment plans based on age, medical history, type and stage of aortic disease.

Advanced medical management strategies to control blood pressure and reduce inflammation and expansion of the aorta, including:
- Advanced treatment options offered through the Aortic Center include:
  - Surgery with neurocerebral and spinal cord protection protocols
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Refer a patient: 214.820.4876 or email DallasAorticCenter@BSWHealth.org.
Refer an emergent aortic aneurysm: 214.820.6444 (Acute Transfer Center).
VASCULAR SURGERY

Baylor Scott & White Heart and Vascular Hospital – Dallas perform complex and minimally invasive procedures to treat patients for circulation-related occlusive cerebrovascular disease, thoracic and abdominal aorta diseases or disorders, or lower extremity circulatory disorders. The surgeons are also known for their ability to provide surgical access for complex dialysis access patients. Clinical staff experienced in managing vascular surgery patients work closely with the vascular surgeons.

The vascular surgeons on the medical staff have special expertise and years of experience in several key procedures and have often led the nation in the number of procedures performed for diverse vascular conditions. They diagnose and treat patients who may need surgical intervention for atherosclerotic plaque buildup in the carotid arteries. The main treatment for plaque buildup is carotid endarterectomy (CEA). Patients unable to undergo CEA for various medical reasons may benefit from another procedure, carotid angioplasty and stenting, to restore blood flow and cover the obstructing plaque. Vascular surgeons on the medical staff at the hospital have been involved in years of research and clinical studies related to carotid stenting and techniques.

Published in April 2021, through the participation of the VQI database, Baylor Scott & White Heart and Vascular Hospital – Dallas received the 2020 VQI Participation Award in the form of three stars, the highest rating available. VQI centers are eligible to receive up to three stars depending on the extent of their participation in four categories:

- Rate of long-term follow-up reporting
- Physician attendance at regional quality group meetings
- Quality improvement activities
- Number of VQI registries submitted, which provides opportunities for learning and improvement

Diagnostic testing

To diagnose carotid artery disease, Baylor Scott & White Heart and Vascular Hospital – Dallas offers tests including carotid ultrasound, carotid angiography and computed tomography angiography (CT angiography). CT angiography allows vascular surgeons to visualize the carotid arteries and may include the use of contrast dye.

3-Star Rating: VQI Participation

The Vascular Quality Initiative (VQI) is a collaboration of regional quality groups designed to improve the quality, safety, effectiveness, and cost of vascular healthcare by collecting and analyzing information. This allows centers and providers to compare their performance to regional and national benchmarks. The VQI is governed by the Society for Vascular Surgeons (SVS) Patient Safety Organization (PSO), which provides oversight of data sharing arrangements, key outcome and quality measure analyses, and dissemination of information to participating providers.

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Carotid endarterectomy

At Baylor Scott & White and Vascular Hospital – Dallas, vascular surgeons on the hospital’s medical staff diagnose and treat patients who may need surgical intervention for atherosclerotic plaque buildup in the carotid arteries. The main treatment for plaque buildup is carotid endarterectomy (CEA). Patients unable to undergo CEA for various medical reasons may benefit from another procedure, carotid angioplasty and stenting, to restore blood flow and cover the obstructing plaque. Vascular surgeons on the medical staff at the hospital have been involved in years of research and clinical studies related to carotid stenting and techniques.

Patients who receive TCAR experienced positive outcomes as was noted in a study presented at the Society for Vascular Surgeons annual conference. Overall results appear to be better than traditional carotid endarterectomy and carotid surgery with the greatly reduced potential of strokes and myocardial infarctions. Based on these results, TCAR may well prove to be the appropriate treatment of choice for carotid disease patients.

Peripheral artery disease and visceral vascular disease

Atherosclerosis of the peripheral arteries—peripheral artery disease (PAD) or peripheral vascular disease (PVD)—is a growing health issue in America. Vascular surgeons on the medical staff of Baylor Scott & White and Vascular Hospital – Dallas successfully diagnose and treat thousands of patients annually for PAD and PVD issues. The experience of vascular surgeons on the medical staff extends to conditions, such as:

- Peripheral artery disease (PAD)
- Intestinal ischemic syndrome
- Renovascular occlusive disease
- Popliteal entrapment syndrome
- Hypercoagulable states
- Deep vein thrombosis (DVT)
- Pulmonary embolism
- Axillo-subclavian vein thrombosis

Transcarotid artery revascularization

Vascular surgeons on the hospital’s medical staff are in a small national group of surgeons trained in transcarotid artery revascularization (TCAR). TCAR combines the safety and reliability of open carotid endarterectomy with the less invasive features of carotid stenting. Baylor Scott & White Heart and Vascular Hospital – Dallas is one of the highest procedure volume TCAR sites in the nation. As such, it has become a TCAR training site for vascular surgeons from around the country.

TCAR procedures (FY21)

Outcomes published in the most recent regional quality report for calendar year 2020 procedures included the following results indicating the hospital performed better than the expected rate and the region’s observed rates

- Carotid endarterectomy asymptomatic: stroke/death in hospital 0.0% 0.0% 0.0%
- Transcarotid carotid artery stent asymptomatic: stroke/death in hospital 1.4% 2.6% 1.7%

New treatments and technology for PAD

Baylor Scott & White Heart and Vascular Hospital – Dallas is a leader in the comprehensive management and treatment of PAD with a vascular surgery program that spans decades on the Dallas campus. Vascular surgeons on the hospital’s medical staff use a wide variety of catheter-based therapies to diagnose and treat PAD. A hybrid imaging suite provides physicians with the capability of placing drug-coated stents in blocked arteries using minimally invasive approaches.

Lower extremity PAD can be especially serious and challenging. Vascular surgeons on the hospital’s medical staff see patients from throughout North Texas and the nation for this condition and may perform an angioplasty, place a stent, or perform a bypass. In other cases, the vascular surgeon may opt for using a thrombolytic agent to dissolve a blood clot that may be blocking an artery.

One of the newest technologies pioneered at Baylor Scott & White Heart and Vascular Hospital and is now being employed against PAD is extracorporeal shockwave therapy. The procedure involves introducing a balloon-tipped catheter into the blocked artery. The balloon is expanded, and sonic pressure waves are created that break up the calcium plaque blockage in the artery wall. This minimally invasive technology provides instant pain relief and restores the use of the patient’s lower extremities.

Clinical trials

With a robust research program encompassing a wide array of studies and clinical trials on the Baylor Scott & White Heart and Vascular Hospital – Dallas campus, the vascular surgeons on the medical staff continue the tradition of being innovative pioneers in vascular medicine and surgery.

One of the studies in fiscal year 2021 is WAVES. This study is a prospective, randomized, controlled, multicenter study comparing the merit WRAPsVOY endovascular stent graft to percutaneous transluminal angioplasty for treatment of venous outflow circuit stenosis or occlusion in hemodialysis patients. The principal investigator is Stephen Hohmann, MD.

Another study on the Dallas campus and one of the top enrolling sites is the NEUROS Study. The objective of this study is to evaluate a high-frequency nerve block for post-amputation pain. Participants of this study with at least one amputated lower limb are implanted with an investigational device that includes a cuff electrode which gently cools around the identified nerve. A generator, similar to a pacemaker, works with the cuff electrode to deliver an electrical signal to the nerve. The principal investigator for this study is John Eidt, MD.

For more information and a complete list of updated clinical trials: BSWHealth.com/research/Clinical-trials.

Supervised exercise therapy for PAD

Patients with PAD are eligible to receive supervised exercise therapy (SET) if diagnosed with PAD caused by arterial insufficiency and if classic intermittent claudication is present. Exercise training helps slow the decline in the ability to function and move through daily activities. Offered through cardiac rehabilitation at both the Dallas and Fort Worth locations, the program is called SET for PAD. Benefits of SET for PAD include improvement in functional capacity, decreased leg pain, increased leg strength, and reduction of additional risks associated with PAD. Patients are encouraged to complete three exercise sessions per week supervised by an exercise therapist over the course of eight to 12 weeks.

For more information about SET for PAD, please call 214.880.2109.

Complex dialysis access

Clinical studies and continued research in the area of complex dialysis access is a mainstay for the vascular surgery division. In fiscal year 2021, vascular surgeons on the hospital’s medical staff continued to see an increasing number of referrals from throughout Texas and the greater Southwest region for complex dialysis access procedures. The team continues to support the National Kidney Foundation’s “Fistula First” initiative with the goal of providing fistulas for the end-stage renal disease patient population in concert with the goals of the National Kidney Foundation Kidney Disease Outcomes Quality Initiative (NKF-NDOQI).

Baylor Scott & White Heart and Vascular Hospital – Dallas was the first site in the US to use the BD WavelinQ EndoVF System, a new and innovative treatment option for patients with End-Stage Renal Disease (ESRD). The technology enables vascular surgeons on the Baylor Scott & White Heart and Vascular Hospital – Dallas medical staff to provide ESRD patients with two additional fistula location options that are less invasive compared to a surgical fistula. Using this approach can help create and maintain AV access for patients on hemodialysis, which is an important expansion of the hospital’s complex dialysis access program.

The CONNECT-A V study is available for interested qualified patients. This is a prospective, multi-center clinical study of the BD WavelinQ EndoVF System for the Creation of Arteriovenous AV Fistula in Patients Requiring Dialysis (CONNECT-A V). The principal investigator is Stephen Hohmann, MD.

Thoracic outlet syndrome

Baylor Scott & White Heart and Vascular Hospital – Dallas is one of the nation’s leading treatment centers for thoracic outlet syndrome (TOS)—a condition where the nerve, artery and vein between the lower neck and upper chest become compressed, causing pain, numbness and weakness in the upper extremity.

Patients who live with daily disabling symptoms secondary to TOS are offered relief with first rib resection, a surgical procedure offered at Baylor Scott & White Heart and Vascular Hospital – Dallas. The first rib resection procedure involves removing part of the first rib, eliminating the pressure on the thoracic outlet. In some cases, blood vessels around the area need to be repositioned, if the vessels are extremely narrowed, angioplasty may become an option.

Home to the second oldest vascular surgery fellowship program

Two fellows are selected annually for the Baylor University Medical Center Vascular Surgery Fellowship Program. One of approximately 100 such programs in the country, the hospital’s Vascular Surgery Fellowship is more than 55 years old, making it one of the most established and most competitive vascular surgery programs in the country. The fellowship has evolved over the years from an apprenticeship type experience to a competency-based education, encompassing a wide array of skills including technical, behavioral and ethical.

In addition, fellows receive multi-faceted experience including simulation, cadaver surgery, simulation surgery, and other training approaches. Stephen Hohmann, MD, FACS, a vascular surgeon on the medical staff of Baylor Scott & White Heart and Vascular Hospital – Dallas, is the current program director.

<table>
<thead>
<tr>
<th>National CMS rate*</th>
<th>BSWWH - Dallas</th>
</tr>
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<tbody>
<tr>
<td>24.0%</td>
<td>10.76%</td>
</tr>
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</table>
The advanced heart failure team is dedicated to the treatment of advanced heart failure through its level of care and commitment to research and innovation. The multidisciplinary team includes transplant cardiologists and surgeons on the medical staff, certified heart failure nurses, transplant coordinators, dietitians, social workers, and others. Additionally, the program offers a full spectrum of therapeutic options for heart failure patients, including post-treatment care such as cardiac rehabilitation, patient education focused on medication, lifestyle adjustments and nutrition; and patient and family support groups.

Mechanical circulatory support

- Largest LVAD management program in North Texas by volume
- Baylor University Medical Center Ventricular Assist Device (VAD) Destination Therapy Program received the Gold Seal of Approval® from The Joint Commission’s Disease-Specific Care Certification Survey
- One of seven sites selected for Carmat Total Artificial Heart, a landmark clinical trial and is the only site to offer the FDA-approved total artificial heart in the area
- Baylor Dallas was first in the nation to implant the newly designed EVATIVE® 2 Left Ventricular Assist System (LVAS) with a miniaturized controller system

**Extracorporeal life support**

Baylor University Medical Center is one of the busiest programs in the nation for extracorporeal membrane oxygenation, or ECMO. This labor-intensive treatment is amplified by the multidisciplinary team of specialists with extensive training in this procedure. The partnered approach between cardiology, cardiovascular surgery and vascular surgery allows access for the device to be administered by fellowship-trained vascular surgeons who specialize in vascular cutdown. This increases the quality of care to these acute patients backed by ECMO nurses, intensivists and perfusionists.

Extracorporeal Life Support Organization (ELSO) awarded Baylor Dallas the 2021 Platinum designation—one of only seven facilities in the United States to earn the prestigious honor. The program at Baylor Dallas is in its 10th year and has 17 ECMO machines. The Platinum recognition is based on patient volume—Baylor Dallas has supported nearly 1,000 patients with ECMO— and more importantly, outcomes and quality improvement. However, it is not just numbers that sets the program at Baylor Dallas apart. The program also distinguishes itself by being:

- The only hospital in the Dallas-Fort Worth area to provide ECPR in the emergency room, which makes it a primary destination for EMS services transporting these patients
- The only medical center in the region, and one of only a few in the state, with a mobile ECMO team, that can go to other hospitals, put a patient on ECMO and transfer them back to Baylor Dallas
- A heart and lung transplant center that offers ECMO to bridge patients to and from lifesaving procedures

ECMO is a lifesaving treatment for the sickest patients after other options have been exhausted. As the world continues to face the coronavirus pandemic, many facilities are turning to ECMO to treat acute patients suffering from the virus. Baylor University Medical Center cared for 90 COVID-related patients on ECMO with a 63% survival rate better than the 43% international rate. After treatment, patients may experience a prolonged recovery journey and a referral to cardiac rehabilitation.

**ECMO support volume**

<table>
<thead>
<tr>
<th>Calendar year</th>
<th>Total ECMO cases</th>
</tr>
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<tbody>
<tr>
<td>2020</td>
<td>154</td>
</tr>
<tr>
<td>2019</td>
<td>123</td>
</tr>
<tr>
<td>2018</td>
<td>152</td>
</tr>
</tbody>
</table>

**ECMO transports**

<table>
<thead>
<tr>
<th>Calendar year</th>
<th>Total ECMO cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>62</td>
</tr>
<tr>
<td>2019</td>
<td>33</td>
</tr>
<tr>
<td>2018</td>
<td>24</td>
</tr>
</tbody>
</table>

Key heart failure-related clinical trials

Physicians on the medical staff participate in various heart failure trials that pave the way for the future of medicine. For a full listing of current studies, visit the Clinical Trials section in this book.

**APOLLO-B** - Randomized, double-blind, placebo controlled multicenter study to evaluate the efficacy and safety of patisiran in patients with transthyretin amyloidosis with cardiomyopathy (ATTR Amyloidosis, with cardiomyopathy). Principal investigator: Parag Kate, MD

**Carmat Total Artificial Heart** - Evaluate the safety and performance of the Carmat Total Artificial Heart in subjects with advanced heart failure requiring biventricular support. Baylor University Medical Center is one of seven sites participating in this bridge-to-transplant study for advanced heart failure patients. Principal investigator: Dan Meyer, MD

**COMPETENCE** - This is a prospective, multi-center, unblinded, randomized, controlled, and non-inferiority study comparing the EVAS LVAS to the most recent magnetically levitated centrifugal LVAS (HM3 LVAS). Principal investigator: Dan Meyer, MD, MD

Baylor Dallas was the first in North Texas to implant the EVAHEART® LVAS. The hospital was also the first in the nation to implant the device with a miniaturized controller system.

**PARAGLIDE-HF** - A multicenter, randomized, double-blind, double dummy, parallel group, active controlled 8-week study to evaluate the effect of sacubitril/valsartan (LCZ696) versus valsartan on changes in NT-proBNP and safety and tolerability of in-hospital initiation of LCZ696 compared to valsartan in HFpEF patients with acute decompensated heart failure (ADHF) who have been stabilized during hospitalization. Principal investigator: Shelley Hall, MD

Advanced heart failure and transplant cardiologists on the medical staff at Baylor University Medical Center are contributing on innovative clinical trials for COVID-19, having a deep understanding of treating transplant recipients who have a similar immune response as patients with the virus.

For more information and a complete list of updated clinical trials: BSWHealth.com/research/clinical-trials.
HEART TRANSPLANTATION

TOP 10
Heart transplant program in the nation*

#1
Heart transplant volumes in Texas*

Heart transplants since program’s inception:

>1,000

Heart transplants (FY21):

68

Accepts high-risk patients declined by other programs

Heart-to-Heart program
In 1993, William C. Roberts, MD, MACC, joined the medical staff at Baylor University Medical Center. He is an internationally recognized authority on cardiac pathology. A member of the Baylor Dallas and Baylor Scott & White Heart and Vascular Hospital – Dallas medical staffs, Dr. Roberts is also executive director of the Baylor Scott & White Heart and Vascular Institute, editor-in-chief of The American Journal of Cardiology, editor-in-chief of Baylor University Medical Center Proceedings, and dean of the A. Webb Roberts Center for Continuing Medical Education.

Seven years ago, Dr. Roberts followed his heart and began a program that has touched the lives of more than 157 heart transplant recipients – Heart-to-Heart. At the request of a patient who received a heart transplant at Baylor Dallas 10 years earlier, Dr. Roberts invited him to see his old heart and hold it in his hands. Patients and family members have participated in these powerful educational sessions by Dr. Roberts. To read more about Dr. Roberts, please see page 72.

HEART TRANSPLANTATION

In fiscal year 2021, Baylor University Medical Center, part of Baylor Scott & White Health, performed 68 heart transplants, one of the top 10 heart transplant programs in the nation, and was listed for the 22nd consecutive year in the U.S. News & World Report’s “America’s Best Hospitals” issue. The team of professionals is dedicated to the treatment of advanced heart failure, including transplant cardiologists and cardiothoracic surgeons on the medical staff, certified heart failure nurses, transplant coordinator, dietitians, social workers, and more.

The heart transplant program at Baylor University Medical Center is an internationally renowned destination for transplant care with one of the shortest wait times in the country. From the aggressive approach to recipient and donor selection to the dual listing program reducing the wait time for heart transplant candidates and access to clinical trials, the team of cardiac specialists is able to provide lifesaving care for more people.

1,000 Heart Transplant Milestone

1,000 heart transplants milestone
Baylor University Medical Center is a pioneer in organ transplantation. Since the hospital’s first heart transplant in 1986, the goal has remained to transform patient lives in our communities. In September 2020, the program reached another milestone. The team, with expertise across advanced heart failure, heart transplantation, mechanical device support, and ECMO, completed its 1,000th heart transplant since the program’s inception.

The heart transplantation team performs some of the most complex heart transplant cases, helping patients turned away by other medical centers while also enjoying the shortest wait time from listing to transplant surgery in the state.

Clinical trials

ALL IN: Targeting Inflammation and Alloimmunity in Heart Transplant Recipients with Tocilizumab
This is a Phase II, prospective, multicenter, randomized, placebo-controlled clinical trial. The primary objective is to assess the efficacy of tocilizumab (Actemra) on post-transplant outcomes. The drug, currently FDA approved for rheumatologic conditions, is hypothesized to improve post-transplant survival rate by reducing incidence of rejection, donor-specific antibodies, and hemodynamic compromise. Principal investigator: Shelley Hall, MD, FACC, FHFA, FAST

TROJAN-C: Transplant of Redeemed Organs by Judicious Administration of New Direct-Acting Antivirals for Hepatitis-C Heart Recipients
This Phase II, multicenter, open-label study will evaluate the safety and efficacy of utilizing HCV-positive donors for heart transplant in HCV-negative recipients treated with sofosbuvir 400 mg / velpatasvir 100 mg (Epclusa®). The primary objective is to increase the number of viable hearts that can be used for transplant, since drugs are available to treat HCV with minimal side effects. Principal investigators: Shelley Hall, MD, FACC, FHFA, FAST, and Robert Gottlieb, MD, PhD, FACC

For more information and a complete list of updated clinical trials, visit BSWHealth.com/research/clinical-trials.
Supervised exercise therapy

The supervised exercise therapy (SET) program is designed for peripheral artery disease (PAD) patients who are asymptomatic or have leg pain that prevents activity. A patient may benefit from the program if his or her PAD is caused by arterial insufficiency and classic intermittent claudication is present. The lack of activity in PAD patients can cause worsening cardiovascular risk factors, loss of leg strength and eventually disability.

Clinical trials show SET for PAD can help improve functional capacity, decrease painful symptoms and achieve systemic risk-reduction benefits. Following evidence-based protocols from the Vascular Disease Foundation and the American Association of Cardiovascular and Pulmonary Rehabilitation, the patient may see functional benefits at four to eight weeks with continued improvement over the program’s 12 to 24 weeks. This may be achieved by exercising to the level of mild to moderate claudication pain, which has been shown to produce physiological adaptive changes.*


To learn more or refer a patient: 214.820.2109.

Keep Your Move In The Tube®

Keep Your Move In The Tube® is an innovative approach to cardiac rehab for stenotomized patients. Members of the Baylor Scott & White Heart and Vascular Hospital – Dallas rehab team have other visit rehabs programs globally and nationally to share the theory and techniques of the program.

Ventricular assist devices patients

Another unique differentiator from other programs is the individualized care plans developed for patients with ventricular assist devices (VAD), an external mechanical pump that assists the heart’s pumping blood throughout the body. One of the most challenging cardiac rehabilitation candidates for some programs, ventricular assist device patients are generally in a situation whereby they are bridging to heart transplantation and waiting for an appropriate donor. However, some patients with VADs may live with a VAD as a long-term solution. The cardiac rehabilitation program in Dallas is adept at caring for these patients, helping them gain strength and stamina during their journey while providing necessary support as each patient strives to achieve the highest quality of life with the device. This specialized expertise is important on the Dallas campus as the Ventricular Assist Device Program at Baylor University Medical Center is one of the largest in the nation. In addition, a variety of cardiac rehab components were the subjects of research studies and clinical trials in fiscal year 2021. The team also continues to be in the forefront of publications and presentations at national conferences.

American College of Sports Medicine adopts BSWH Research’s sternal guidelines

The new (11th) edition of the American College of Sports Medicine (ACSM) Guidelines for Exercise Testing and Prescription has shifted the guidelines for individuals with sternotomy to reflect the work by physicians on the medical staff as well as providers, exercise physiologists, physical therapists, and registered nurses at Baylor Scott & White Heart and Vascular Hospital – Dallas. This text is the guideline “Care for cardiovascular and pulmonary rehabilitation, vascular rehabilitation and many other professions involving exercise in healthy or clinical populations.

The published guidelines reflect years of effort that produced evidence-based change resulting in a paradigm shift for clinicians around the world. Post-CABG patients being encouraged to use their arms and to resume ADLs more quickly is a practice the cardiac rehabilitation team has implemented in their own program after years of research. These include, “Challenging traditional activity limits after coronary artery bypass graft surgery: a simulated lawn-moving activity” and “An alternative approach to prescriptive sternal precautions after median sternotomy: Keep Yourself in the Tube®.”

Leap for Life®

The hospital’s heart disease prevention program, Leap for Life® is comprised of sessions for cardiovascular patients, caregivers and open to the community on heart-healthy topics, risk factor modification and personal goal setting. A practice the cardiac rehabilitation team has shared the theory and techniques of the program.

For more information about Leap for Life or other heart-healthy education classes: 814.856.DOCS or BSWHealth.com/DFWHeartEvents.

Total Leap for Life® participants educated (FY21)

565

Cardiac Rehabilitation
In fiscal year 2021, many patients were in the care of the clinical teams at Baylor Scott & White Heart and Vascular Hospital – Fort Worth for cardiovascular disease through a broad array of treatment options. Collaborating with Baylor Scott & White All Saints Medical Center – Fort Worth, all areas expanded capabilities to treat complex cardiovascular conditions. Patients came from not only the immediate Fort Worth and Tarrant County area, but also from West Texas and beyond.

“This past fiscal year will be memorable for several reasons. The ability to treat complex cardiovascular patients grew, and a combined record number of TAVRs, mitral valve repairs, coronary interventions, electrophysiology procedures, and cardiac surgeries were performed on the Fort Worth campus.

We celebrated an incredible milestone as Baylor Scott & White – Fort Worth announced the affiliation with Texas Christian University and University of North Texas Health Science Center (TCU and UNTHSC) School of Medicine to offer Accreditation Council for Graduate Medical Education (ACGME)-accredited physician resident training positions. We received institutional accreditation from the ACGME, and the first sponsored program in Internal Medicine received initial accreditation. This first class of residents will start in July 2021. We are excited to contribute to educating and training the next generation of physicians in our community.

The year also brought several additional clinical trials and research to our cardiovascular care of the clinical teams at Baylor Scott & White – Fort Worth. In addition, in collaboration with area EMS, a special seminar was hosted virtually for EMS and first responders on cardiovascular disease treatment options and recent updates.

Ongoing case reviews are conducted every week during the Structural Heart Disease Program meetings. During these meetings, a thorough clinical review of valve patient candidates from the Valve Disorders Center and other referral centers is conducted by a multidisciplinary team. In fiscal year 2021, the Echocardiography Conferences occurred weekly. These opportunities provide continual education for the entire clinical team including the medical staff. Area clinicians are also invited and special arrangements can be made for inclusion in the conferences virtually.

People
At the foundation of providing quality care and excellent patient experience are the people who care for patients every day – at the bedside – as well as all those in vital supportive roles. The Fort Worth team includes a skilled team of acute care nurse practitioners who work closely with the cardiologists on the medical staff to provide individualized cardiovascular care.

>80% All employee retention (FY21)

Learning opportunities occurred throughout fiscal year 2021 with the help of the medical staff and clinical leaders for the cardiovascular team and the staff of Baylor Scott & White – Fort Worth. In addition, in collaboration with area EMS, a special seminar was hosted virtually for EMS and first responders on cardiovascular disease treatment options and recent updates.

At Baylor Scott & White All Saints Medical Center – Fort Worth, the 110-year history of cardiovascular care continues through a collaboration with Baylor Scott & White Heart and Vascular Hospital – Fort Worth. The physicians on the medical staff of Baylor Scott & White Heart and Vascular Hospital – Fort Worth and the team who supports the care of cardiovascular patients realized growth in the number of available treatment options and patient volumes during fiscal year 2021.

The number of cardiovascular patients grew, and a combined record number of TAVRs, mitral valve repairs, coronary interventions, electrophysiology procedures, and cardiac surgeries were performed on the Fort Worth campus.

All of these services are located on the sixth floor of Building A at Baylor Scott & White – Fort Worth along with pre- and post-procedure rooms, Valve Disorders Center and Heart Rhythm Center areas. Additional patient rooms are located on the fifth floor. The fifth floor addition of 25,816 square feet occurred during calendar year 2018 in order to provide rooms for cardiology patients requiring critical care.

Baylor Scott & White Heart and Vascular Hospital – Fort Worth operates as a department of the Baylor Scott & White Heart and Vascular Hospital – Dallas but with a separate State of Texas ambulance surgery center license. The hospital also has management oversight for the Carter Cardiac and Pulmonary Rehabilitation program.

The listed numbers report the Fort Worth campus activities for fiscal year 2021, unless otherwise noted.

>80% All employee retention (FY21)
Patient satisfaction

Baylor Scott & White Heart and Vascular Hospital – Fort Worth collaborates with Press Ganey® Associates, Inc. to measure patient satisfaction across the patient experience continuum. The goal is to support patient satisfaction that reflects service excellence knowing the results have a direct correlation to quality and safety outcomes. In addition, during fiscal year 2020, a COVID-19 Safe Care plan was implemented. The plan’s goal was to help keep all those who entered the hospital safe as we navigated through the pandemic.

The patient satisfaction scores and patients’ comments are regularly reviewed by the hospital’s Board of Managers, hospital care teams and medical staff. At least once a week, all leaders review the latest scores and read comments in order to focus improvement efforts. Positive comments are shared with the team to recognize success and service excellence.

The following scores represent the outcomes of the ambulatory surgery patient experience for Baylor Scott & White Heart and Vascular Hospital – Fort Worth.

Ambulatory surgery patient experience (FY21)

- Overall Satisfaction: Communication with Nurse: 96.2% Percentile ranking: 99%
- All hospitals in PG database: 79.3% Percentile ranking: 99%

Hospital Environment: Cleanliness and Quietness

- Overall Satisfaction: Communication with Physicains: 92.5% Percentile ranking: 99%
- All hospitals in PG database: 79.9% Percentile ranking: 99%

Response of hospital staff

- Overall Satisfaction: Communication with Physicians: 98.6% Percentile ranking: 99%
- All hospitals in PG database: 64.9% Percentile ranking: 99%

Urban hospitals: Cleanliness and Quietness

- Overall Satisfaction: Communication with Physicians: 82.6% Percentile ranking: 97%
- All hospitals in PG database: 66.2% Percentile ranking: 97%

Outpatient Surveys Results: Likelihood to Recommend

- Overall Satisfaction: Communication with Physicians: 94.4% Percentile ranking: 99%
- All hospitals in PG database: 98.4% Percentile ranking: 99%

FORT WORTH SERVICES AND PROGRAMS

Non-invasive cardiac services

>8,500 Total non-invasive procedures performed (FY21)

Baylor Scott & White Heart and Vascular Hospital’s Department of Non-Invasive Cardiac Services uses various approaches and available technology to help diagnose heart disease as used by the physicians on the medical staff. Non-invasive cardiac services available include:
- Exercise stress tests
- Holter monitoring
- Metabolic stress testing
- Pharmacological/exercise stress tests
- Echocardiograms
- Transesophageal echocardiograms
- Transesophageal echocardiograms

6,117 Transesophageal echocardiograms (FY21)

Committed to education and knowledge sharing, the team in non-invasive cardiac services at Baylor Scott & White Heart and Vascular Hospital – Fort Worth launched The Sonographer Education Conference in fiscal year 2021. This virtual educational event was created to ensure knowledge and technique follows national standards and guidelines set forth by the American Society of Echocardiography. The conference is completely sonographer driven with different speakers every week and a newsletter summarizing the presentation. Topics are precise and limited to specific points of interest using actual images and case studies, such as: measuring LA Volume Index (LAVI) or identifying the Mechanism of Mitral Regurgitation. Critical thinking is developed through the discussions which are led by our own experts.

CARDIAC ELECTROPHYSIOLOGY

As a part of the comprehensive cardiovascular services on the Fort Worth campus, the electrophysiology (EP) program and the electrophysiologists on the medical staff are known for their expertise in treating all types of heart rhythm disorders from atrial fibrillation and ventricular tachycardia.

These EP specialists on the medical staff are recognized for their ability to provide left atrial appendage closure device as a treatment option. Known as LAAD, a device is implanted in patients who have been diagnosed with atrial fibrillation using a minimally invasive technique. Over time, the LAAD device works to lower the risk of stroke in heart rhythm disorder patients and these patients are able to decrease the amount of blood thinner medication prescribed prior to the procedure.

The LAAD device is suitable for patients with nonvalvular atrial fibrillation who:
- Are at increased risk for stroke and systemic embolism based on CHADS2 or CHADS2-VASc scores and are recommended for anticoagulation therapy
- Have an appropriate rationale to seek a non-pharmacologic alternative to oral anticoagulation, taking into account the safety and effectiveness of the device compared to warfarin.

Electrophysiologists on the medical staff received patient referrals from throughout the region for precise diagnosis and treatment of rhythm disorders using ablation therapy. The use of advanced mapping systems for signal analysis coupled with the experience of the electrophysiologists results in a more accurate identification of the abnormal rhythm circuit, eliminating it both safely and effectively.

In fiscal year 2021, patients who qualified had an opportunity to enroll in recent clinical trials focused on atrial fibrillation.

Led by Craig Delaughter, MD, PhD, FACC, FHRS, medical director for electrophysiology at Baylor Scott & White Heart and Vascular Hospital – Fort Worth, the open clinical trials in fiscal year 2021 included:
- AMPLATZER™ Amulet LAA Occluder Trial (Amulet IDE) – The study objective is to compare the new device to other LAAD closure devices in a randomized 1:1 ratio study.
• OPTION - A study to determine if left atrial appendage closure with the Watchman FLX device is a reasonable alternative to oral anticoagulation following percutaneous catheter ablation for high-risk patients with non-valvular atrial fibrillation who have a reasonable rationale to see a non-pharmacologic alternative to chronic oral anticoagulation. The principal investigator is Craig Delaughter, MD.

• WaveCrest - A study to evaluate the safety and effectiveness of the WaveCrest device in subjects who have atrial fibrillation by comparing it to a similar left atrial appendage closure device. Joining principal investigator, Dr. Delaughter, is interventional cardiologist on the medical staff Farhan Ali, MD.

For more information and a complete list of updated clinical trials: BSWHealth.com/research/clinical-trials.

Through the pandemic months of fiscal year 2021, Baylor Scott & White Heart and Vascular Hospital - Fort Worth experienced a strong volume of implantable cardioverter defibrillators (ICDs) and cardiac resynchronization therapy (CRT). Highlights for the department include:

• MRI compatible ICDs are routinely used, allowing patients and their physicians to use this modality for diagnostic imaging even after ICD implantation.

• Available CRT devices provide multipoint pacing, a “next generation” form of CRT that permits the ventricles from three sites instead of two. This form of pacing has been shown to increase the clinical response rate of heart failure patients in early clinical trials.

• Treatment options include leadless pacemakers that are implanted using femoral access and are entirely contained within the heart itself.

• Specialized interventions include:

  • Pacemaker implantation – Advanced technologies include MRI scan compatible devices, cellular network home monitoring with wireless communication and the catheter-delivered leadless pacemaker

  • ICD implantation – Offering MRI scan compatibility, cellular network home monitoring with wireless communication and subcutaneous ICD

  • Cardiac resynchronization therapy (CRT) or biventricular pacing – Particularly helpful for advanced heart failure patients, CRT sends small electrical impulses to the heart muscles to allow the ventricles to contract together, which may improve cardiac function

Interventional Cardiology

The regional reputation for the interventional cardiology services at Baylor Scott & White Heart and Vascular Hospital - Fort Worth continues to grow as the referrals have grown over the past several years. PCI continues to be the favored treatment option for patients with simple and complex ischemic cardiovascular disease. With advanced equipment and a broad complement of stents available, including the availability of the smallest drug-eluting stent at 2.5mm, interventional cardiologists on the medical staff collaborate closely with referring providers on the treatment options available for patients.

During fiscal year 2021, during the pandemic, the volumes remained stable and consistent. Protocols as a part of the Baylor Scott & White Safe Care Plan were instituted. The members of the medical staff, alongside the entire team on the Fort Worth campus, were diligent in efforts to assure cardiovascular patients that care should not be delayed during the pandemic.

Several interventional cardiology “firsts” have been celebrated at Baylor Scott & White - Fort Worth. This past year, one of the more notable “firsts” included being the first in Fort Worth and Tarrant County to use intravascular lithotripsy for the treatment of severely calcified coronary artery plaques.

Colloborating with emergency department physicians on the medical staff and the clinical team of Baylor Scott & White - Fort Worth, the Heart Rhythm Center clinicians identify patients who may have need for follow-up. Since the potential for elevated stroke risk is a concern for many arrhythmia patients, early diagnosis and treatment is critical.

For more information about the Heart Rhythm Center: 817.825.1374.

Farhan Ali, MD, MA, MPH, FACC, FSCAI, RPVI, medical director for interventional cardiology for Baylor Scott & White Heart and Vascular Hospital - Fort Worth, announced in April 2021 that the first use of Shockwave Coronary IVL System in Fort Worth occurred in the hospital’s cath lab. This new system is a new, innovative technology for the treatment of cardiac patients and was recently approved by the FDA for the treatment of severely calcified coronary artery plaques. The therapy is similar to the therapy used to break up kidney stones and is known as Intravascular Lithotripsy (or IVL). The device uses a balloon to deliver sonic pressure waves that can pass through soft arterial tissue to “preferentially disrupt” calcified plaque and optimize stent placement. This allows for a safer delivery of stents. As of the date of this printing, this was the only commercially available modality of this type available.

The Journal of the American College of Cardiology (JACC) published an article in 2021 that stated patients with an advanced form of coronary artery disease (CAD) benefited from treatment that used sonic pressure waves to break up hardened blockages in the heart.

1,869 Total cath cases – Fort Worth (FY21)

407 PCI Procedures – Fort Worth (FY21)

<table>
<thead>
<tr>
<th>Percutaneous coronary intervention*</th>
<th>US Registry 75th percentile</th>
<th>BSWHVH – FW</th>
<th>Better, worse, or the same as US Median</th>
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</thead>
<tbody>
<tr>
<td>PCI within 90 minutes (patients with STEMI)</td>
<td>100%</td>
<td>100%</td>
<td>SAME</td>
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<tr>
<td>Median time to immediate PCI for STEMI patients</td>
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<td>91 minutes</td>
<td>SAME</td>
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<td>Median transfer time from door-to-door (patients with STEMI)</td>
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<td>49 minutes</td>
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<td>Median time to immediate PCI (transfer patients with STEMI)</td>
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<td>71 minutes</td>
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</table>

<table>
<thead>
<tr>
<th>Percutaneous coronary intervention*</th>
<th>US Registry 75th percentile</th>
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</thead>
<tbody>
<tr>
<td>Composite, Major adverse events (all patients)</td>
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<td>1.16</td>
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<tr>
<td>Composite, Major adverse events (select PCI patients)</td>
<td>1.70</td>
<td>1.20</td>
<td>BETTER</td>
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</tbody>
</table>

Farhan Ali, MD, MA, MPH, FACC, FSCAI, RPVI, medical director for interventional cardiology for Baylor Scott & White Heart and Vascular Hospital - Fort Worth, announced in April 2021 that the first use of Shockwave Coronary IVL System in Fort Worth occurred in the hospital’s cath lab. This new system is a new, innovative technology for the treatment of cardiac patients and was recently approved by the FDA for the treatment of severely calcified coronary artery plaques. The therapy is similar to the therapy used to break up kidney stones and is known as Intravascular Lithotripsy (or IVL). The device uses a balloon to deliver sonic pressure waves that can pass through soft arterial tissue to “preferentially disrupt” calcified plaque and optimize stent placement. This allows for a safer delivery of stents. As of the date of this printing, this was the only commercially available modality of this type available.

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1,869 Total cath cases – Fort Worth (FY21)

407 PCI Procedures – Fort Worth (FY21)
Regional STEMI Program – Tarrant and surrounding counties

Baylor Scott & White All Saints Medical Center – Fort Worth has a robust regional STEMI program, collaborating with area free-standing emergency departments, urgent care centers and community hospitals to provide quick treatment for patients who experience a STEMI (segment elevation myocardial infarction). Patients are transported to the emergency department and directly admitted to the Baylor Scott & White Heart and Vascular Hospital – Fort Worth cath lab for rapid intervention. Baylor Scott & White – Fort Worth was awarded the Gold Seal from The Joint Commission for Chest Pain Certification during the recertification process in fiscal year 2021. Only after a thorough review of performance for acute myocardial infarction (AMI) and acute coronary syndrome (ACS) and a determination made that the program exceeds the high standards set forth by the Joint Commission is this Gold Seal and certification granted.

**STRUCTURAL HEART DISEASE PROGRAM**

The entire cardiovascular team at Baylor Scott & White Heart and Vascular Hospital – Fort Worth is proud to have launched the first Structural Heart Program in all of Tarrant County. It is the most comprehensive Tarrant County Structural Heart Disease Program as determined by cardiologists and cardiothoracic surgeons on the medical staff.

A multidisciplinary team of experienced cardiologists, cardiothoracic surgeons, interventional cardiologists, electrophysiologists and imaging specialists on the medical staff, along with our specialized nurses, combine their expertise with advanced technologies to treat a variety of patient conditions that are considered within the category of structural heart disease. The medical director of the Structural Heart Disease Program is George S. Khammar, MD, FACC.

**Valve Disorders Center**

A part of the comprehensive Structural Heart Disease Program, the Valve Disorders Center at Baylor Scott & White Heart and Vascular Hospital – Fort Worth reached a milestone of performing more than 250 TAVRIs in early July 2021 – the total since its beginning in late October 2017. With referrals coming from all over Tarrant County and the western region of Texas, the Valve Disorders Center is comprised of a multidisciplinary team of clinicians. Led by medical director Dr. Khammar, the multidisciplinary team meets to review each potential patient’s case and determine the most appropriate approach to valve repair or replacement.

**Specialized treatments offered:**
- Atrial septal defect (ASD) closure
- Left atrial appendage occlusion (LAAO)
- Minimally invasive surgical repair of structural heart defects
- Minimally invasive tricuspid valve repair
- Patent foramen ovale (PFO) catheter repair
- Port access minimally invasive aortic valve replacement
- Transcatheter aortic valve replacement – minimally invasive (TAVR)
- Transcatheter mitral valve repair – minimally invasive (TMVR)
- Surgical repair of ascending aortic aneurysms and dissections**
- Surgical procedures performed at both Baylor Scott & White All Saints Medical Center – Fort Worth. All valve procedures are performed at the same campus but within Baylor Scott & White Heart and Vascular Hospital – Fort Worth.

**Therapies available include:**
- Transcatheter aortic valve replacement (TAVR)
- Transcatheter mitral valve repair (TMVR), especially for high surgical risk patients with severe mitral regurgitation
- Minimally invasive aortic, mitral, pulmonic and tricuspid valve repair and replacement using sternal sparing, port-access approaches
- Transcatheter valve-in-valve implantation for failed bioprosthetic valves in the aortic and mitral valves

The Valve Disorders Center is supported by a team of nurse practitioners, registered nurses, coordinators and data analysts who continually review and report outcomes. Valve Disorders Center medical staff members in fiscal year 2021 included:

**Interventional cardiologists:**
- Farhan Ali, MD, MA, MPH, FACC, FSCAI, RPVI
- Sukesh Burjenroppa, MD, FACC, FSCAI
- Vijay Kabaria, MD, FACC, FSCAI
- Abdul Keyhani, MD
- Amir Malik, MD, FACC, FSCAI

**Cardiothoracic surgeons:**
- Reza Khalafli, MD, FACS, FCCP
- Anita Krueger, MD
- Jeffrey Wu, MD

24/7 referral line and patient support: 817.825.1374. Email questions to: BHVHValveCenterFW@BSWHealth.org.

**Mitra Valve Program**

Collaborating with the cardiothoracic surgeons on the medical staff of Baylor Scott & White – Fort Worth, the mitral valve program’s specialists treat both degenerative mitral valve disease as well as functional mitral valve conditions. Other patients may present with:
- Degenerative disease or congenital anomalies
- Ischemic cardiomyopathy
- Acute endocarditis
- Carcinoid heart disease
- Mitral annular calcifications

**Clinical outcomes**

- Number of strokes associated with TAVR patients (FY21): 0
- 30-day All cause mortality (FY21): 0
- 30-day in hospital mortality (FY21): 0
- Total number of AMIs – Fort Worth (FY21): 177
- Total number of TAVR implants (Oct 2017 – June 30, 2021): 250
- Acute AMI performance composite (FY21): 98.5*
In fiscal-year 2021, the robotic cardiothoracic surgery program realized wider acceptance demonstrated by growing volumes. A larger percentage of valve surgeries were performed using minimally invasive techniques.

In fiscal-year 2021, the Cardiovascular Intensive Care Unit and the Progressive Care Unit received the Silver Beacon Award from the American Association of Critical Care Nurses for nursing excellence based on quality metrics, leadership structures and systems, evidence-based practices, appropriate staffing, staff engagement and knowledge management. The team also recognizes the vital role of families to ensure holistic approach to cardiovascular care and provide for the well-being of all patients.

Although mitral valve repair is more surgically complex than replacement, it reduces the need for blood thinners and complications of prosthetic valves. Research indicates early mitral valve repair leads to better outcomes for symptoms, such as ventricular dysfunction or dilation, pulmonary hypertension and atrial fibrillation. In addition, mitral valve repair provides better long-term patient survival, better preservation of heart function, lower risk of complications, and usually eliminates the need for long-term use of blood thinners (anticoagulants). 

Cardiothoracic Surgery Program

The medical staff of Baylor Scott & White Heart and Vascular Hospital - Fort Worth work closely with the cardiothoracic surgeons and the clinical teams of Baylor Scott & White - Fort Worth in the care, treatment and recovery of patients needing cardiovascular surgery. Through collaborative efforts between the two hospitals for streamlining processes, including the critical role families play by integrating best practices and benchmarking excellence and improving patient care outcomes and patient experience indicators, the Fort Worth Cardiovascular program will continue to lead Tarrant County and counties to the west in innovation, research and advancement of complex cardiovascular care.

The Cardiothoracic Surgery Program at Baylor Scott & White All Saints Medical Center – Fort Worth continued to experience growth in fiscal-year 2021. The program has shown wide acceptance by the residents of Tarrant and surrounding counties, contributing to year-over-year volume increases especially during 2016 through 2021. The team of cardiothoracic specialists continues to expand, as does the multidisciplinary team supporting the program.

For more information about this center: 817.922.2273.
Carter Cardiac and Pulmonary Rehabilitation Center

Residents of Tarrant and surrounding counties needing cardiac and pulmonary rehabilitation turn to the experts at Carter Cardiac and Pulmonary Rehabilitation Center, located in the Carter Fitness Center on the campus of Baylor Scott & White - Fort Worth, for individual care planning and therapy.

As an extension of Baylor Scott & White Heart and Vascular Hospital - Fort Worth, the Carter Cardiac and Pulmonary Rehabilitation Center features, a multidisciplinary team of health professionals - physicians, exercise physiologists, respiratory therapists, nurses, and registered dietitians who assess each patient’s health status and creates a care plan designed to return the patient to his or her highest level of functioning possible. The care plan incorporates the patient’s ability and activity level plus any specific strengthening activity in which the patient has a special interest, such as boxing or martial arts.

Many patients return to work after their cardiac or pulmonary episode. If their job requires physical work, exercise physiologists integrate their simulated work activities into their overall rehabilitation plan of care. By tailoring care to the individual patient’s needs, many are able to return to work earlier than if he or she had not participated in rehab. In addition, many rehabilitation patients are able to resume a more active lifestyle.

Once a patient completes the course of rehabilitation sessions, the team celebrates the “graduation” with the patient. In fiscal year 2021, the program’s medical director, Steve Simpson, MD, provided oversight and leadership to the team of more than 12 exercise physiologists, registered nurses and respiratory therapists.

Keep Your Move In The Tube®

Thanks to the pioneering work of its sister rehab program – Baylor Scott & White Heart and Vascular Hospital - Dallas’ Walter I. Berman Cardiovascular Prevention and Cardiac Rehabilitation Center, the Carter Cardiac and Pulmonary Rehabilitation Center introduced Keep Your Move In The Tube® for sternotomy patients. The innovative approach to rehab for these patients who have their sternum opened during heart surgery applies standard kinesiology principles that teach patients how to perform load-bearing movements in a way that avoids excessive stress to the sternum. The approach is based on ergonomics that shorten the length of the outstretched arm, enabling patients to perform previously contraindicated movements. Patients are allowed to resume their normal load-bearing activities at their own pace, within pain-free limits, as long as they stay “in the tube.” The program enables sternotomy patients to regain their strength faster, often eliminating the costly and time-consuming step of going to skilled nursing, and as well as often providing patients with the opportunity to immediately begin cardiac rehabilitation.

Ongoing lifestyle education through Leap for Life®

Committed to the philosophy that cardiac and pulmonary rehab patients must be lifelong learners, Carter Cardiac and Pulmonary Rehabilitation sponsors a rich roster of educational opportunities. Through the Leap for Life® education and awareness program, webinar sessions were held twice a month during fiscal year 2021. In order to keep attendees safe but continue the valuable patient education during the time of the COVID-19 pandemic, the classes were held virtually. Patients are encouraged to register and attend the sessions, which are also open to the public. Topics vary each month. However, all are focused on wellness, disease prevention and risk factor reduction.

For more information about Leap for Life: BSWHealth.com/DFWHeartLeapforLife.

American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) certification

Carter Cardiac and Pulmonary Rehabilitation Center was re-certified by the AACVPR in 2021. The three-year certification recognizes the Center for its commitment to improving the quality of life of cardiac and pulmonary patients by enhancing standards of care. AACVPR Program Certification is the only peer-review accreditation process designed to review individual programs for adherence to standards and guidelines developed and published by AACVPR and other professional societies. AACVPR-certified programs are recognized as leaders in the field of cardiovascular and pulmonary rehabilitation because they offer the most advanced practices available. Many of the clinical team are involved in the national conference for AACVPR and have been speakers or presented posters.

Supervised exercise therapy for patients with peripheral arterial disease

In fiscal year 2021, Carter Cardiac and Pulmonary Rehabilitation launched a new supervised exercise therapy (SET) program for patients with peripheral arterial disease (PAD). Developed in accordance with evidence-based protocols from the Vascular Disease Foundation and the American Association of Cardiovascular and Pulmonary Rehabilitation, the program continued focusing on increasing awareness for the program as a new therapy option.

Patients participating in the program are encouraged to complete three exercise sessions per week, supervised by an interdisciplinary team of nurses, exercise physiologists and dietitians. The goal for each patient is to reach a pain tolerance level that can be improved upon at each session in order to build strength and exercise tolerance. The program typically spans eight to 12 weeks. Exercise training has the potential to interrupt functional decline, whether leg symptoms are present or not. The lack of activity in PAD patients can cause worsening cardiovascular risk factors, loss of leg strength and eventual disability. Clinical studies show SET for PAD can help improve functional capacity, decrease painful symptoms and achieve systemic risk-reduction benefits.

To speak to a clinician with the Carter Cardiac and Pulmonary Rehabilitation program: 817.922.1702.
FY21 Research and Clinical Trials

Fiscal year 2021 ended with a well-rounded and impressive list of clinical trials and studies despite the challenges that the pandemic provided. Cardiologists at Baylor Scott & White Health, in partnership with Solterra Cardiovascular Research Center in Dallas, a part of the Baylor Scott & White Research Institute, and through Baylor Scott & White Heart and Vascular Institute, participated in more than 65 clinical trials and research studies on the Dallas campus in fiscal year 2021. Also during fiscal year 2021, the Fort Worth campus grew the number of clinical trials, expanding opportunities for residents of Tarrant and the surrounding counties to participate in groundbreaking studies aimed at benefiting future cardiovascular patients.

For a complete listing of the clinical trials and the principal investigators: BSWHealth.com/research/clinical-trials

Cardiologists on the medical staff were also involved in targeted studies related to COVID-19. Using their experience with specific medications, several heart specialists participated in national clinical trials and studies focused on identifying ways to slow or lessen the severity of COVID-19 illness in patients. This work took on added importance as researchers and physicians began to recognize the impact COVID-19 had on the heart and vascular systems. This work took on added importance as researchers and physicians began to recognize the heart was being affected by the virus was causing to the heart and vascular systems.

At the heart of clinical studies evaluating treatment options targeting COVID-19 in addition, Baylor Dallas was the leading enroller worldwide in the study in participants with early-stage COVID-19 to evaluate the safety, efficacy and pharmacokinetics of remdesivir administered by inhalation. The study characterized the impact of inhaled remdesivir (IVD) on severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) viral load in participants with early-stage coronavirus disease 2019 (COVID-19).

Other key COVID-19 treatment studies in which Dr. Gottlieb served as principal investigator or co-principal investigator in FY21 include:

- A study to evaluate the EFFICACY AND SAFETY OF GIMSULUMAB IN CONFIRMED SEVERE OR CRITICAL CONFIRMED CORONAVIRUS DISEASE (COVID-19) - The purpose of this study was to evaluate the clinical response of Gimsulumab (administered as a single intravenous dose) plus standard of care (SOC) compared to placebo plus SOC in COVID-19. Baylor Dallas was a leading enroller nationwide for this study.
- BLAZE-1 - A STUDY OF LY382953 (LY-COV555) AND LY3832479 (LY-COV16) IN PARTICIPANTS WITH MILD TO MODERATE COVID-19 ILLNESS - The purpose of this study was to measure how well LY382953 and LY3832479 work against the virus that causes COVID-19. Baylor Dallas was a leading enroller nationwide for this study.
- BLAZE-4 - A STUDY OF IMMUNE SYSTEM PROTEINS IN PARTICIPANTS WITH MILD TO MODERATE COVID-19 ILLNESS - The purpose of this study was to measure how well monoclonal antibodies work, either alone or in combination, against the virus that causes COVID-19.
- ACTIV-3 - Therapeutics for Inpatients with COVID-19 (TICO) - This study assessed the safety and effectiveness of different drugs in treating COVID-19 in patients who have been hospitalized with the infection. Participants in the study will be treated with either a study drug plus current standard of care (SOC), or with placebo plus current SOC. Co-principal investigator was Unil Sebastian Sandikovsky, MD.
- BREATH - A STUDY TO ASSESS THE EFFICACY AND SAFETY OF GIMSULUMAB IN SUBJECTS WITH LUNG INJURY OR ACUTE RESPIRATORY DISTRESS SYNDROME SECONDARY TO COVID-19 - Gimsulumab is a monoclonal antibody against granulocyte macrophage-colony stimulating factor (GM-CSF), which is a myeloid cell growth factor and pro-inflammatory cytokine. Late stages of COVID-19 can be marked by a “cytokine storm” and the over activation of inflammatory myeloid cells that infiltrate and damage tissue, such as the lungs. Inhibition of GM-CSF may be able to reverse this pathology. This multi-center, adaptive, randomized, double-blind, placebo-controlled study assessed the efficacy and safety of gimsulumab in subjects with lung injury or acute respiratory distress syndrome (ARDS) secondary to COVID-19. Baylor Dallas was a leading enroller nationwide for this study.

Research and Clinical Trials

Nationally Recognized Top Enrolling Studies

- BREATH - Ranked #1 nationwide
- SPYRAL ON, SPYRAL OFF - Ranked #1 nationwide
- SPYRAL DYSTAL - Ranked #1 nationwide
- SHORE - Ranked #1 nationwide
- EFFICACY AND SAFETY OF IRINOCUMAB FOR COVID-19 - Ranked #1 nationwide
- EVAHEART - Tied for #1 nationwide
- ALL-IN - Ranked #2 nationwide
- AGENT™ - Ranked #5 nationwide
- NEUROS - Ranked #4 nationwide
- MOTR - Ranked #5 nationwide

Dallas Site Clinical Trials

4D-310-2001 - An open-label, phase 1 and 2 trial of gene therapy 4D-310 in adult males with classic Fabry Disease. Principal investigator: Peter McCullough, MD.

020-079 NSI - A study looking at the national trends in hospital utilization, mortality and cost of care for patients with versus without hyperkalemia. Principal investigator: Kristen Tescion, PhD.

ABBOTT SKYPOINT 48 - A study to evaluate the safety and effectiveness of the Abbott NG DES 48 in improving coronary artery luminal diameter in subjects with coronary artery disease (CAD) due to de novo native coronary artery long lesions. Principal investigator: James Choi, MD.

ASORB BIIV - A clinical evaluation of Absorb® BVS, the Everolimus eluting bioreabsorbable vascular scaffold in the treatment of subjects with de novo native coronary artery lesions. Principal investigator: James Choi, MD.

ACURATE - This trial compares the ACURATE transmembrane aortic valve system with other commercially available valves that can be delivered without open heart surgery. Principal investigator: Robert Stoler, MD.

ADAPTABLE - A patient-centric trial assessing the benefits and long-term effectiveness of aspirin dosing. Principal investigator: Peter McCullough, MD.

AGENT™ - The purpose of the trial is to assess the safety and effectiveness of the Agent™ Paclitaxel Coated PTA Balloon Catheter compared to balloon angioplasty (POBA) in patients with in-stent restenosis (ISR) of a previously treated lesion of up to 26 mm in length (by visual estimate) in a native coronary artery 2.0 mm to 4.0 mm in diameter. Principal investigator: Robert Stoler, MD.

ALL-IN - A study to evaluate if Ticaglarib will, when given with standard anti-rejection medicines, lead to better heart transplantation outcomes at one year after the transplant, with less rejection, less development of unwanted antibodies, and better heart function. Principal investigator: Shelley Hall, MD.
ALLO MAP PATIENT EXPERIENCE STUDY – A single-center survey study to compare the post-heart transplant patient’s experience of having two different modalities of testing completed: endomyocardial biopsy (EMB) and Allomap® testing. This is to check for graft rejection parameters and to assess the differences in terms of patient satisfaction. Principal investigator: Aayla Jamil, MPH.

ALLOSORE EXERCISE – This study uses AlloSure test characteristics in immunologically quiescent and immunologically active heart transplant recipients. Assessing maximal cardiopulmonary stress testing prior to transplantation. This is to assess the preservation of test specificity while enhancing sensitivity. Principal investigator: Robert Gottlieb, MD, PhD.

APOLLO – A multi-center, global, prospective, randomized, interventional pre-market study to evaluate whether TMVR is non-inferior to conventional mitral valve surgery at one year for patients with severe symptomatic native mitral regurgitation. Study subjects are randomized on a 1:1 basis to either TMVR with the Medtronic ImpreSeed TMVR System or to conventional mitral valve surgery to compare treatment efficacy. Principal investigator: Ravit Vailahun, MD.

APOLLO-8 – Randomized, double-blind, placebo-controlled multi-center study to evaluate the efficacy and safety of patients with transfusionary amyloidosis with cardiomyopathy (ATTR Amyloidosis with cardiomyopathy). Principal investigator: Parag Kale, MD.

ARRAY 797-301 – A phase 3, multi-national, randomized, interventional pre-market study to assess the safety and efficacy of patients with non-valvular atrial fibrillation who are not suitable for oral anticoagulation therapy. Principal investigator: James Choi, MD.

ASP-TOP – Assessment of the WATCHMAN™ device in patients unsuitable for oral anticoagulation. The purpose of this study is to establish the safety and effectiveness of the left atrial appendage closure device for subjects with non-valvular atrial fibrillation who are not suitable for oral anticoagulation therapy. Principal investigator: James Choi, MD.

BARIATRIC SURGERY ON CARDIOVASCULAR FUNCTION – The purpose of this study is to collect data from patients with advanced heart failure undergoing bariatric surgery to investigate the short-term and long-term outcomes of weight loss surgery on patients with heart failure. Principal investigator: Daniel Davis, DO.

BIOFLOW V – A prospective randomized multi-center study to assess the safety and effectiveness of the Orsiro Sirolimus Eluting Coronary Stent System in the treatment of subjects with up to three de novo or restenotic coronary artery lesions. V. Principal investigator: James Choi, MD.

BIOFLOW VII – The purpose of this post-approval study is to confirm that the clinical performance of the Orsiro® stent in a real-world setting is similar to the clinical performance observed for Orsiro in the BIOFLOW-V Investigation of the Orsiro® Stent in Symptomatic Pivotal trial. Principal investigator: Robert Stoler, MD.

BIS – Bioelectrical Impedance Spectroscopy in Heart Transplantation. This study tracks post-transplant changes in body composition and correlation with conventional preoperative risk assessment modalities. Principal investigator: Jeanette Hassle, PhD.

BREATHE – A study to assess the efficacy and safety of Gimsilumab in subjects with lung injury or acute respiratory distress syndrome secondary to COVID-19. Gimsilumab is a monoclonal antibody against granulocyte macrophage-colony stimulating factor (GM-CSF), which is a myeloid cell growth factor and pro-inflammatory cytokine. Late stages of COVID-19 can be marked by a “cytokine storm” and the overactivation of inflammatory myeloid cells that infiltrate and damage tissue, such as the lungs. Inhibition of GM-CSF may be able to reverse this pathology. This multi-center, adaptive, randomized, double-blind, placebo-controlled study assessed the efficacy and safety of gimsilumab in subjects with lung injury or acute respiratory distress syndrome (ARDS) secondary to COVID-19. Baylor Dallas was a leading enrollee nationwide for this study. Principal investigator: Robert Gottlieb, MD, PhD.

CARDIOMEMS – This study evaluates the impact of CardioMEMS for heart failure (HF) patients in a large healthcare system: a registry. Principal investigator: Shelley Hall, MD.

CARMAT TOTAL ARTIFICIAL HEART – Evaluate the safety and performance of the Carma Total Artificial Heart in subjects with advanced heart failure requiring biventricular support. Baylor University Medical Center is one of seven sites participating in this bridge-to-transplant study for advanced heart failure patients. Principal investigator: Dan Meyer, MD.

COAPT – The purpose of the Cardiovascular Outcomes Assessment of the MitraClip® Percutaneous Therapy for Heart Failure Patients with Functional Mitral Regurgitation (COAPT) trial is to confirm the safety and effectiveness of the MitraClip® System for the treatment of moderate-to-severe or severe functional mitral regurgitation (FMR) in symptomatic heart failure subjects who are treated per standard of care and who have been determined by the site’s local heart team as not appropriate for mitral valve surgery. Principal investigator: Robert F. Hebele, Jr., MD.

COAPT/CAS – The objective of this study is to evaluate the MitraClip® NT System for the treatment of clinically significant functional mitral regurgitation (FMR) in symptomatic heart failure subjects who are treated per standard of care and who have been determined by the site’s local heart team as not appropriate for mitral valve surgery. Principal investigator: Robert F. Hebele, Jr., MD.

CTO – A multi-center register of chronic total occlusion interventions. Principal investigator: James Choi, MD.

DAPA ACT HF – A multi-center, randomized, double-blind, parallel group study of dapagliflozin on clinical outcomes in patients with heart failure with reduced ejection fraction who have been stabilized or restenotic coronary artery lesions – V. Principal investigator: Robert Gottlieb, MD, PhD.


EARLY TAVR – A prospective, controlled, multi-center study. Patients will be randomized 1:1 to receive either transcatheter aortic valve replacement (TAVR) with the Edwards SAPIEN 3 THV or clinical surveillance (CS). Patients are stratified by whether or not they are able to perform a treadmill stress test; in addition, patients who are screened for enrollment but have a pre-existing qualitative anxiety disorder (GAD-7) item scale (GAD-7) validated instrument, pain experience via the PolyClinic pain scale instrument, and questions about any adverse events. Principal investigator: Robert Stoler, MD.

EBR WISE – This study is a prospective, multi-center, pivotal trial to study the safety and efficacy of the WISE-CRT System for cardiac re-synchronization therapy. The WISE-CRT System is an implantable cardiac pacing system capable of delivering pacing energy to the left ventricle of the heart without using a pacing lead. Co-principal investigators: Mansi Assar, MD; Robert L. Gottlieb, MD, PhD.

EMPULSE – A multi-center, randomized, double-blind, 90-day superiority trial to evaluate the effect on clinical benefit, safety and tolerability of once daily oral EMPagliflozin 10 mg compared to placebo, initiated in patients hospitalized for acute heart failure (de novo or decompensated chronic HF) who have been stabilized. Principal investigator: Cesar Guerrero-Mandria, MD.

EVACHEART – This is a prospective, multi-center, unblinded, randomized, controlled, and non-inferiority study comparing the EVAVE LAS to the most recently magnetically levitated centrifugal LAS (HM3 LAS). Principal investigator: Dan M. Meyer, MD.

EVINACUMAB – The primary objective of the study is to demonstrate the reduction of low-density lipoprotein cholesterol (LDL-C) by evinacumab intravenously (IV) in comparison to placebo after 24 weeks in patients with homozygous familial hypercholesterolemia (HoFH). Principal investigator: Robert Gottlieb, MD, PhD.

EVLUT R/ XL – This study evaluates the efficacy and safety of the Evolut R and XL aortic valve replacement. Principal investigator: Robert Stoler, MD.

EVOLOV 4.5/5.0 – A US post-approval study to prove the safety and effectiveness of the Synergy 4.5/5.0 mm Everolimus-Eluting Platinum Chromium Coronary Stent System for treatment of atherosclerotic lesions. Principal investigator: Robert Stoler, MD.
EVOLVE 48 - A prospective multi-center single arm trial to assess the safety and effectiveness of the SYNERGYTM 48 mm Everolimus-Eluting Platinum Chromium Coronary Stent System (SYNERGYTM Stent System) for the treatment of subjects with atherosclerotic lesion(s). Principal investigator: Robert Stoler, MD.

EXCEED - A prospective, single-arm, controlled, multi-center study to establish the safety and effectiveness of the CENTERA THV system in intermediate risk patients who have symptomatic, severe, calcific, aortic stenosis requiring aortic valve replacement. Principal investigator: Robert Stoler, MD.

EXTEND-CRS - In fiscal year 2021, this study was in multi-center stage. The study was a prospective, double-blind placebo controlled, parallel group, randomized trial of extended release exanetad versus placebo (Cohort A) and a prospective single group, open label, blinded outcome trial of extended release exanetad (Cohort B) in Type 2 diabetic patients with Type 4 cardiorenal syndrome (Extend CRS Trial). The study was to find what effects exanetad extended-release for injectable suspension, a current FDA approved treatment for Type 2 diabetes mellitus as an on heart and kidney function. Principal investigator: Peter McCullough, MD.

FLOW - A multi-center, international, randomized, double-blind, parallel group, placebo-controlled trial comparing semaglutide 1.0 mg versus placebo both administered subcutaneously once weekly and added to standard of care in subjects with type 2 diabetes and pre-existing chronic kidney disease. Principal investigator: Peter McCullough, MD.

FROZEN AF - A study to evaluate the safety & effectiveness of Boston Scientific cryoablation system for treatment of symptomatic, drug refractory, recurrent paroxysmal atrial fibrillation. Principal investigator: Kevin Wheelan, MD.

GALACTIC-HF - This study determines if treatment with omecamtiv mecarbil/APG 423 when added to a standard of care was superior and not inferior to placebo in reducing the risk of cardiovascular death or heart failure events in subjects with chronic HF-REF. Principal investigator: Susan Joseph, MD.

GREAT REGISTRY - A prospective, observational registry to obtain data on GREAT device performance and clinical outcomes for endovascular aortic treatment. Principal investigator: Dennis R. Gable, MD.

GUIDE-HF - Hemodynamic-Guided Management of Heart Failure study evaluates heart failure patients with recent heart failure hospitalizations and NYHA II or III or IV and the effectiveness of the CardoMEMS HF-System device. Principal investigator for Dallas site: Shelley Hall, MD.

GUARDIAN Registry - Global Utilization and Registry Database for Improved Heart Preservation. Principal investigator: Dan Meyer, MD.

HEART-FD - Randomized placebo-controlled trial of FCM as treatment for heart failure with iron deficiency. The primary objective of this study is to determine the efficacy and safety of iron therapy using intravenous (IV) ferric carboxymaltose (FCM), relative to placebo, in the treatment of participants in heart failure with iron deficiency and with a reduced ejection fraction. Principal investigator: Shelley Hall, MD.

HEARTMATE3 PAS - A prospective, multi-center, non-blinded, controlled study intended to evaluate the extended use of the HeartMate III LVAS compared to the HeartMate II LVAS in those patients that are ongoing at the two-year follow-up in the MOMENTUM 3 IDE trial. Principal investigator: Shelley Hall, MD.

HEARTWARE ENDURANCE - A prospective, randomized, controlled, unblinded, multi-center clinical trial to evaluate the HeartWare™ Ventricular Assist Device System for destination therapy of advanced heart failure. Principal investigator: Dan M. Meyer, MD.

HELOS-A - A phase 3 global, controlled, open-label study to evaluate the efficacy and safety of ALN-TTRSCuze in patients with hereditary transthyretin amyloidosis (HATTR Amyloidosis). Principal investigator: Parag Kale, MD.

HEPC TRANSPLANT COLLABORATIVE - Principal investigator: Shelley Hall, MD.

HLA ANTIBODIES IN BTT - This is a prospective analysis of de novo anhuman leukocyte antigen antibodies production in patients bridged by temporary mechanical circulatory support devices to orthotopic heart transplantation. Principal investigator: Shelley Hall, MD.

HUMANITY - An assessment of Humacyte’s Human Acellular Vessel in patients needing Renal replacement therapy: a comparison with ePTFE grafts as conduits for hemodialysis (HUMANITY). Principal investigator: Stephen Hohnmann, MD.

INNIAVASC - This study evaluates the safety and effectiveness of the InniAlac AIV for hemodialysis access in patients with ESRD. The safety and the effectiveness of the device and the procedure will be assessed using separate primary endpoints through six months. Principal investigator: Stephen Hohnmann, MD.

INTERHEART EX - This study evaluates the extension of the diagnostic and therapeutic applications of microarrays in heart transplantation, a multicenter study (INTERHEARTEX). Principal investigator: Shelley Hall, MD.

INTERMACS - The Intermacs registry is a national quality improvement system designed to advance the understanding and application of mechanical circulatory support devices in order to improve the durability and quality of life in patients with advanced heart failure. Principal investigator: Dan M. Meyer, MD.

INTREPID - A study to evaluate the safety and performance of the Twelve Intrepid Transcatheter Mitral Valve Replacement System in high-risk patients with severe, symptomatic mitral regurgitation. Principal investigator: Paul Grayburn, MD.

IONS Neuro-TRANSFORM - A phase 3 global, open-label, randomized study to evaluate the efficacy and safety of ION-62884 in patients with hereditary transthyretin-mediated amyloid polyneuropathy. Principal investigator: Paul Grayburn, MD.

IONIS NEURO-TRANSFORM - A phase 3 global, open-label, randomized study to evaluate the safety and effectiveness of the IONIS NEURO-TRANSFORM (TTRSC02) in patients with hereditary transthyretin-mediated amyloid polyneuropathy. Principal investigator: Paul Grayburn, MD.

LOW-RISK BICUSPID VALVE TRIAL - TAVR with Medtronic Surgical Aortic Valve Replacement (SAVR). The study’s objective is to evaluate the procedural safety and efficacy of the Medtronic TAVR system in patients with bicuspid aortic anatomy and severe aortic stenosis at low risk for SAVR. Principal investigator: Robert Stoler, MD.

LOWER - The Lomtapiide observational worldwide evaluation registry. Principal investigator: Peter McCullough, MD.

MOTR - The purpose of this study is to assess the use of donor-derived cell-free DNA in multi-organ transplant rejection detection. Principal investigator: Timothy Gong, MD.

LVAD REFERRAL BIAS - A single-center retrospective analysis to distinguish referral bias versus management difference in access to advanced cardiothoracic heart failure therapies. Principal investigator: Robert Gottlieb, MD, PhD.

MAFASA - This is a prospective, single arm, non-randomized, multi-center observational study to demonstrate the performance of the EchoMark and EchoSure devices in patients undergoing peripheral arteriovenous fistula creation for hemodialysis access. Principal investigator: Stephen Hohnmann, MD.

MEDTRONIC DT PAS - The HeartWare™ HAVID™ destination therapy (DT) post approval study (PAS) to further confirm safety and effectiveness of the HeartWare Ventricular Assist Device System (HVAD System) when used as intended, in “real-world” clinical practice. Principal investigator: Dan M. Meyer, MD.


METERIC - A double-blind, randomized, placebo-controlled, multi-center study to assess the effect of Omecamtiv Mecarbil on exercise capacity in subjects with heart failure with reduced ejection fraction and decreased exercise tolerance. Principal investigator: Amarinder Bindra, MD.

MOMENTUM 3 CAP - The purpose of this study is to evaluate the safety and effectiveness of the HeartMate III LVAS by demonstrating non-inferiority to the HeartMate II LVAS when used for the treatment of advanced, refractory, left ventricular heart failure. Principal investigator: Shelley Hall, MD.

MOTR - The purpose of this study is to assess the use of donor-derived cell-free DNA in multi-organ transplant rejection detection. Principal investigator: Timothy Gong, MD.
NEUROS - This study evaluates the high-frequency nerve block for prevention of postamputation pain. Principal investigator: John Edt, MD.

NODE 303 - This study evaluates the safety of self-administered Etipramil nasal spray for PSVT. Principal investigator: Praween Rao, MD.

NOVARTIS CTG123AI0001 - A multi-center cross-sectional epidemiological study to characterize the prevalence and distribution of isopropen (A) levels among patients with established cardiovascular disease. Principal investigator: Peter McCullough, MD.

NUPULSE CV IVAS - This is a clinical feasibility study to evaluate ambulatory counterpulsation for the treatment of advanced heart failure. Principal investigator: Dan P. Meyer, MD.

ONYX ONE CLEAR - This study is designed to evaluate the clinical safety of the Resolute Onyx stent with use of one-month DAPT in subjects deemed at high risk for bleeding and/or medically unsuitable for more than one-month DAPT treatment. Principal investigator: James Choi, MD.

PARAGLIDE HF - A multi-center, randomized, double-blind, double-dummy, parallel group, active controlled eight-week study to evaluate the effect of sacubitril/valsartan (LCZ696) versus valsartan on changes in NT-proBNP and safety and tolerability of in-hospital initiation of LCZ696 compared to valsartan in HFpEF patients with acute decompensated heart failure (ADHF) who have been stabilized during hospitalization (PARAGLIDE-HF). Principal investigator: Shelley Hall, MD.

PCR - The Preventive Cardiology Registry. Principal investigator: Peter McCullough, MD.

PGD NATIONAL REGISTRY - Primary Graft Dysfunction International Consortium. Principal investigator: Shelley Hall, MD.

PREDICTORS OF EARLY ELEVATION - This study looks at the predictors of intermediate/high AlloSure scores outside of acute cellular rejection, antibody-mediated rejection and/or cardiac graft failure. Principal investigator: Sandra Carey, PhD.

PRE-SERVED HF TRIAL - This study evaluates the effects of dapagliflozin on biomarkers, symptoms and functional status in patients with PRESERVED ejection fraction heart failure. Principal investigator: Susan Joseph, MD.

PRE-WHIRE and Pre-WHIRE II - In fiscal year 2021, this study came to a close and was in manuscript stage at the time of printing this book. The purpose of this prospective study was to assess hydroxychloroquine in the prevention of SARS-COV-2 (COVID-19) infection in healthcare workers after high-risk exposures. Principal investigator: Peter McCullough, MD.

Preventive Cardiology Registry and Rare Disease Registry Program (LSDR). Principal investigator: Peter McCullough, MD.

PROTECTED TVAR - This is a prospective, post-market, multi-center randomized controlled trial evaluating use of the Sentinel Cerebral Protection System in subjects with aortic valve stenosis who are treated with a commercially available TAVR device. Principal investigator: Robert Stoler, MD.

QUARK039 - A randomized, double-blind, placebo controlled, phase 3 study to evaluate the efficacy and safety of GPI-1002 for the prevention of major adverse kidney events (MAKE) in subjects at high risk for acute kidney injury (AKI) following cardiac surgery: QUARK039 Study. Principal investigator: Robert F. Hebele, Jr., MD.

QUEST - Electrical Nerve Block for Amputation Pain: The purpose of this clinical trial is to learn whether electrical nerve block via the Altus System is a safe and effective treatment for patients with forearm, lower limb pain and/or residual limb pain. Principal investigator: John F. Edt, MD.

QUEST-NEUROS - The primary study objective is to evaluate the safety and effectiveness of the Altus System High Frequency Nerve Block (HFNb) treatment for the management of post amputation pain. The secondary study objective is to determine the impact of Altus HFNb treatment for post amputation pain on health outcomes, including measurement health related quality of life and use of pain medications. Principal investigator: John F. Edt, MD.

RAPAD - The objective of this study is to determine if the novel use of a commercially-available radiation protection pad will significantly reduce the radiation exposure to the operating surgeon during fluoroscopic-imaging guided procedures. Principal investigator: Gregory Pearl, MD.

REDUCE LAP-HF - The study evaluates the Corvia Medical, Inc. JAZDA® System II to reduce elevated left atrial pressure in patients with heart failure. The Corvia Medical InterAtrial Shunt Device (JAZDA®) System IIa indicated for the improvement in quality of life and reduction of heart failure related symptoms and events in patients with heart failure with preserved (HFrEF) or mid-range ejection fraction (HfMREF) with elevated left atrial pressures, who remain symptomatic despite standard GDMT. Principal investigator: Cesar Guerero-Miranda, MD.

REPRISE II - The objective of this study is to evaluate the safety and effectiveness of the Lotus™ Valve System and LOTUS Edge™ Valve System for transcatheter aortic valve replacement (TAVR) in symptomatic subjects with calcific, severe native aortic stenosis who are considered at extreme or high risk for surgical valve replacement. Principal investigator: Robert Stoler, MD.

RNA SEQUENCING SARCOIDOSIS - Comprehensive identification of molecular biomarkers for cardiac sarcoidosis from whole blood using next generation RNA sequencing. Principal investigator: Detlef Wenckner, MD.

SHEARWAVE - This trial determines the association of liver stiffness with development of post-LVAD RHF and identifies cutpoint(s) of LS associated with increased mortality during hospital stay, at 30 days, and at one year. The trial also determines the association between LS and post-LVAD complications including the development of cardiac failure syndrome. Principal investigator: Amaninder Bindra, MD.

SHOCK 1000 - SHOCK 1000 multi-center registry. Principal investigator: Detlef Wenckner, MD.

SHOCKWAVE - A prospective, multi-center, single-arm, global IDE study of the Shockwave Coronary Intravascular Lithotripsy System with the Shockwave C2 Coronal IV Catheter in calcified coronary arteries (DISRUPT CAD III Study). Principal investigator: Robert Stoler, MD.

SHORE - This is an observational registry to assess the clinical utility of surveillance using HeartCare testing services, in association with clinical care of heart transplant recipients. Principal investigator: Shelley Hall, MD.

SLEEP APNEA POST CARDIAC TRANSPLANT - This study evaluates the impact of sleep apnea post cardiac transplantation. Principal investigator: Sandra Carey, PhD.

SOPRANO - This study evaluates the effect of macitentan 10 mg on pulmonary vascular resistance (PVR) as compared to placebo in subjects with pulmonary hypertension (PH) after left ventricular assist device implantation. The study also evaluates the effect of macitentan 10 mg as compared to placebo on cardio-pulmonary hemodynamics and disease severity with PH after LVAD implantation. Finally, the study explores the potential effect of macitentan 10 mg as compared to placebo on right ventricular function, selected clinical events, and on renal function as measured by glomerular filtration rate (GFR), in subjects with PH after LVAD implantation. Principal investigator: Shelley Hall, MD.

SPIRIT HFPEF - A unique registry-randomized clinical trial (RRCIT) that will test the hypothesis that Spirullina plus standard care compared to standard of care alone reduces the composite of CV mortality and HF hospitalization. Principal investigator: Timothy Gong, MD.

STATESAL ADVANCED - The primary objectives of this study are to evaluate the performance of StatSeal Advanced used in conjunction with the TR Band (SS) as compared to the TR Band without SS (TRB) relative to: 1. The time to Hemostasis (TTH); 2. the incidence of access site or forearm hematoma; 3. peri-procedural radial artery occlusion (RAO) at discharge or 24 hours, whichever occurs first. Principal investigator: Jeffrey Schussler, MD.

SUMMIT - Clinical trial to evaluate the safety and effectiveness of using the Tendyne Mitral Valve System for the treatment of symptomatic mitral regurgitation (SUMMIT). Principal investigator: Robert F. Hebele, Jr., MD.

SURTAVI - This study is designed to investigate the safety and efficacy of transcatheter aortic valve replacement in patients with severe, symptomatic aortic stenosis at intermediate surgical risk by randomizing patients to either surgical aortic valve replacement or transcatheter aortic valve replacement. Principal investigator: Robert Stoler, MD.

TI AND RECURRENT EVENTS - A study of the retrospective use of healthcare/pharmaceutical/insurance claims data on patients from the HMO Research Network database to determine therapeutic intensity of lipid lowering therapy in recurrent CV events. Principal investigator: Peter McCullough, MD.
TRILUMINATE - A randomized, controlled trial to demonstrate the safety and effectiveness of the TriClip device in improving clinical outcomes in symptomatic patients with severe tricuspid regurgitation (TR), who are at intermediate or greater estimated risk for mortality with tricuspid valve surgery. The study compares the TriClip device to control medical therapy. Principal investigator: James Choi, MD.

VASC PROJECT 2 - The study will look at various outcomes, including but not limited to in-hospital complications and adverse events related to the patterns of hematologic changes among COVID-19 patients. Also, we aim to identify various management practices among a diverse group of vascular surgeons around the world and correlate with patient outcomes. Principal investigator: John Eidt, MD.

VELOXIS ENVARSUS - A phase II study evaluating the efficacy of tacrolimus extended release tablets to twice daily tacrolimus dosing regimen. Twenty-five adult subjects of a heart transplant will be enrolled in each group—one receiving a once a day dosing of Envarsus, the other receiving twice a day dosing of Prograf. Results of the two groups will be compared and evaluated for short-term safety and tolerability of Envarsus. Principal investigator: Shelley Hall, MD.

XIENCE 28 - A prospective, single arm, multi-center, open label, non-randomized trial to evaluate the safety of one-month (as short as 28 days) DAPT in HBR subjects undergoing PCI with XIENCE. Principal investigator: James Choi, MD.

Soltero Cardiovascular Research Center

The Soltero Cardiovascular Research Center (SCRC), a part of Baylor Scott & White Research Institute, began on the Baylor Dallas campus in 1987. SCRC’s goal is to bring clinically relevant cardiology research studies to Baylor Scott & White Health to improve patients’ lives by understanding, preventing and even reversing heart disease.

Cara East, MD, FAPCR, FACC, FACF, is director of SCRC. SCRC has MAGI Blue Ribbon Site designation and is nationally recognized for conducting high-quality studies addressing cardiovascular problems, medications and surgical procedures. Its studies have focused on cardiovascular issues caused by diabetes, hardening of the arteries, high blood pressure, and increased levels of lipoprotein molecules in the blood.

SCRC Clinical trials included:

ALDIAL - A phase III trial to evaluate the efficacy and safety of biweekly alirocumab in patients on a stable dialysis regimen. Principal investigator: Cara East, MD.

CLEAR - A randomized, double-blind, placebo-controlled study to assess the effects of berapmoacid (ETC-1002) on the occurrence of major cardiovascular events in patients with, or at high risk for, cardiovascular disease who are statin intolerant. Principal investigator: Cara East, MD.

CONNECT-AV - A prospective, multi-center clinical study of the BD WaveLing EndoAV/F System for the creation of arteriovenous AV Fistula in patients requiring dialysis (CONNECT-AV). Principal investigator: Stephen Hahnmann, MD.

DELIVER - A prospective, single-arm, multi-center study of the metavention integrated radio frequency denervation system to improve glycemic control in type 2 diabetic subjects. Principal investigator: James Choi, MD.

DREAM - A double-blind, randomized, sham-procedure-controlled, parallel-group efficacy and safety study of allogenic mesenchymal precursor cells (relesterolrectol-1) in patients with chronic heart failure due to left ventricular systolic dysfunction of either ischemic or nonischemic etiology. DREAM HF-1. Principal investigator: Cara East, MD.

EMPEROR-Preserved - A phase III double-blind, placebo-controlled trial evaluating the efficacy and safety of empagliflozin 10 mg compared to placebo, in patients with chronic Heart Failure with preserved Ejection Fraction. EMPagliflozin outcomeE Trial in patients with CHF/PCHeart failure (EMPEROR-Preserved). Co-principal investigators: Cara East, MD; Peter McCulloch, MD.

EMPEROR-Reduced - A phase III randomized, double-blind trial evaluating efficacy and safety of once daily empagliflozin 10 mg compared to placebo, in patients with chronic Heart Failure with reduced Ejection Fraction (HFrEF). EMPagliflozin outcomeE Trial in patients with CHF/PCheart failure (EMPEROR-Reduced). Co-principal investigators: Cara East, MD; Peter McCulloch, MD.

ENTRIQUE - A phase 2, randomized, double-blind, placebo-controlled study to explore the efficacy and safety of BIO89-100 in subjects with severe hypertriglyceridemia. Principal investigator: Cara East, MD.

GENETICURE - Association between a multi-gene panel and renal denervation effectiveness in patients with hypertension (GxRDxHTN). An observational study designed to assess whether renal denervation (RDN) effectiveness using the Symplity Spyrâ’™ multi-electrode renal denervation system is associated with ranked genomic scoring from the Gencurrence multi-gene algorithm for renal denervation. The study will assess if subjects who have a high genetic score, based on the hypothesized importance of the organ systems involved, will have differential responsiveness to RDN in a descending order. Principal investigator: Cara East, MD.

PEARL - A multi-center, randomized, double-blind, active-controlled, parallel group phase 3 study to evaluate the efficacy and safety of Sotagliflozin compared to Ramipril on morbidity and mortality in high-risk patients following an acute myocardial infarction. Principal investigator: Cara East, MD.

PERSPECTIVE - A multi-center, randomized, double-blind, active-controlled study to evaluate the effect of LCZ696 compared to valsartan on cognition, function in patients with chronic heart failure and preserved ejection fraction. Principal investigator: Cara East, MD.

GENETICURE - Association between a multi-gene panel and renal denervation effectiveness in patients with hypertension (GxRDxHTN). An observational study designed to assess whether renal denervation (RDN) effectiveness using the Symplity Spyrâ’™ multi-electrode renal denervation system is associated with ranked genomic scoring from the Gencurrence multi-gene algorithm for renal denervation. The study will assess if subjects who have a high genetic score, based on the hypothesized importance of the organ systems involved, will have differential responsiveness to RDN in a descending order. Principal investigator: Cara East, MD.

HERITAGE - A multi-center cross-sectional epidemiological study to characterize the prevalence and distribution of lipoprotein(a) levels among patients with established cardiovascular disease. Principal investigator: Cara East, MD.

HORIZON - A randomized double-blind, placebo-controlled, multi-center trial assessing the impact of lipoprotein(a) lowering with TQJ230 on major cardiovascular events in patients with established cardiovascular disease HORIZON outcomes study. Co-principal investigators: Cara East, MD; Peter McCulloch, MD.

ON-X PROACT - An X-Valve Using Low Dose Anticoagulation. Principal investigator: Robert Smith, MD.

PARADISE - A multi-center, randomized, double-blind, active-controlled, parallel group phase 3 study to evaluate the efficacy and safety of Entresto™ compared to Ramipril on morbidity and mortality in high-risk patients following an acute myocardial infarction. Principal investigator: Cara East, MD.

QUARK 309 - A randomized, double-blind, placebo-controlled, phase 3 study to evaluate the efficacy and safety of LCZ696 compared to valsartan on cognition, function in patients with chronic heart failure and preserved ejection fraction. Principal investigator: Cara East, MD.

SPYRAL OFF MED - Global clinical study of renal denervation with the symplicity spyral multi-electrode renal denervation system in patients with uncontrolled hypertension in the absence of antihypertensive medications. SPYRAL Study. Principal investigators: James W. Choi, MD; Cara East, MD.

SPYRAL ON MED - Global clinical study of renal denervation with the symplicity spyral multi-electrode renal denervation system in patients with uncontrolled hypertension on standard medical therapy. Principal investigators: James W. Choi, MD; Cara East, MD.
A prospective, randomized, controlled, multi-center study comparing the merit WRAPSODY denervation in the distal main and first order branch renal arteries using the Symplicity Spyral denervation system and the Symplicity Spyral Stent System. Principal investigator: Craig Delaughter, MD.

Distinguished Cardiovascular Leaders

Milton Packer, MD, distinguished scholar in Cardiovascular Science at Baylor Scott & White Heart and Vascular Institute, an internationally recognized expert on heart failure, continued in his leadership role in FY21 participating as an investigator in several clinical trials, serving as a speaker at national and international conferences, and authoring or co-authoring a number of publications. He is also a recent recipient of the Hellenic Heart Failure Society Lifetime Achievement Award.

Dr. Packer's featured and keynote speaking engagements in fiscal year 2021 included:

- Cardiovascular Symposium sponsored by the University of Toronto, Canada, May 2020.
- Cardiovascular symposium sponsored by Imperial College, London, UK, July 2020.
- International Cardiometabolic Meeting (eSPACE), July 2020.

• Cardiovascular Institute of Philadelphia, Cardiovascular Symposium, October 2020.
• Translational Medicine Academy, Basel, Switzerland, October 2020.
• Cardiovascular Clinical Trials Forum, Washington DC, December 2020.


research. In doing so, they are able to produce facts—examination of specimens and through a variety of causes of cardiovascular diseases through hands-on.

Students also participate in weekly cardiovascular conferences, attend cardiovascular specimen dictations and review histology sections for final diagnosis. Combined with working in a fast-paced office environment, their internship becomes a complete experience centered around the sciences, ethics and humanity.

Having earned the American College of Cardiology’s Lifetime Achievement Award in 2016, Dr. Roberts isn’t satisfied to rest on his laurels. He continues to serve as a mentor to the Baylor Dallas cardiology fellows and he is an avid advocate for proactive heart health maintenance by espousing the virtues of a plant-based diet, heart-healthy exercise and overall good nutrition.

Perhaps one of the initiatives of which he is most proud is the founding of the Heart-to-Heart program, a first-of-its kind interactive program for heart transplant patients that’s been emulated across the country and around the world. In its seventh year, more than 860 Baylor Dallas heart transplant patients have been amazed and overwhelmed by the opportunity to hold their old diseased heart in their hands, listening to Dr. Roberts describe what went wrong with their old heart and learning how they can protect the health of their new heart.

The experience has been life-changing for many participants, with some tearing up at the sight of their diseased heart, knowing they’ve been given a second chance with a new one. The program gained national attention when The American Cardiology Journal Online published an article in April 2020.

In fiscal year 2021, Dr. Roberts conducted educational sessions for the Baylor Scott & White Research Institute’s internship program in an environment devoted exclusively to cardiac pathology research. This eight-week-long program offers a wide range of exposure to the Baylor Scott & White T om Landry Health and Wellness Center and the Cardiac Rehabilitation and Return to Work programs.

Combined with working in a fast-paced office environment, their internship becomes one of the complete experience centered around the sciences, ethics and humanity.

The Accreditation Council for Graduate Medical Education (ACGME) accredits the combined efforts of Baylor University Medical Center and Baylor Scott & White Heart and Vascular Hospital – Dallas for the nationally recognized fellowship programs. In fiscal year 2021, active fellowship programs included Cardiovascular Disease, Interventional Cardiology, Cardiac Electrophysiology, Advanced Heart Failure and Cardiac Transplantation, Vascular Surgery, and Cardiothoracic Surgery.

**Clinical Cardiology Fellowship**

This ACGME-accredited program participates in the National Residency Match Program. Four positions are offered annually for three years of training in the clinical fellowship program. Training is broad-based and includes experience in the coronary care unit, cardiac surgical intensive care, cardiac catheterization laboratory, cardiac electrophysiology laboratory, cardiac non-invasive laboratory, and peripheral vascular labs. Fellows gain extensive experience in electrocardiography; echocardiography; rhythm monitoring, stress testing, nuclear imaging; peripheral vascular imaging; cardiac computed coronary angiography; magnetic resonance imaging; pacemaker and cardio defibrillator implantation and programming. Coordinating with the busy Baylor University Medical Center emergency department medical staff, fellows gain experience in emergency cardiovascular care. Active participation in research projects, exposure to clinical trials and authorship on original scientific publications assist the cardiovascular disease fellows with developing critical thinking to be applied for innovative cardiovascular treatment and care in the future. Baylor Dallas fellows are challenged to integrate data into well-communicated, evidence-based patient consultations, while remaining mindful of the unique features of each and every patient. Fellows also have exposure to the Baylor Scott & White Tom Landry Health and Wellness Center and the Cardiac Rehabilitation and Return to Work programs.

**Interventional Cardiology Fellowship**

Program Director:  
Ravi Vallabhan, MD, FACC, FSCAI  
Fellow:  
Ari Hamadeh, MD  
Incoming Fellow  
July 2021:  
Brian Simpson, MD

This one-year ACGME-accredited training program accepts one fellow annually. The program offers a broad-based learning experience on all aspects of interventional cardiology with clinical training in coronary interventional procedures, peripheral interventions, valvular heart interventions, and structural heart procedures. Experience and training in a longitudinal ambulatory clinic are also included as part of the fellowship. Advanced percutaneous interventions include balloon angioplasty, coronary stenting, CTO interventions, intravascular ultrasound, rotational atherectomy, thrombectomy, distal protection devices, IVUS, and pressure wire evaluation. In addition to cardiol and peripheral interventions, valvular heart interventions include TAVR, percutaneous mitral valve repair and mitral balloon valvuloplasty. Structural heart interventions consist of ASD, PFO, PDA, and LAA closures. The Baylor Scott & White Heart and Vascular Hospital – Dallas cardiac catheterization laboratory performs more than 4,500 diagnostic cardiac procedures and more than 1,600 coronary interventions annually.
Cardiac Electrophysiology Fellowship

**Program Director:**
Parag Kale, MD, FACC, FHRS

**Fellow:**
Venugopal Bhattad, MD

** Incoming Fellow July 2021:**
Arzan Patel, MD; Nishi Patel, MD

One fellow is accepted every two years into this Baylor University Medical Center and Baylor Scott & White Heart and Vascular Hospital – Dallas fellowship, which fulfills the two-year ACGME requirement. Key to the program is that it takes place at a quaternary referral center for the Southwest United States. Thus, it provides fellows with rigorous diagnostic and procedural exposure and refines electrophysiology skills that also enhance the outpatient management of patients. Involvement in clinical research and scientific publications is required. Baylor Scott & White Heart and Vascular Hospital – Dallas has a total of four electrophysiology suites (EP) where the EP fellows have the opportunity to observe and learn from more than 4,000 cases that are performed annually. These include advanced procedures ranging from cryoballoon ablation for atrial fibrillation, laser lead extraction of devices and ischemic VT ablations using CARTO and ESI mapping systems. To encourage a well-rounded electrophysiologist’s skill set, the fellow is continually exposed to clinical evaluation and indications for tests and procedures in conjunction with history and physical exams supervised by an attending physician.

Vascular Surgery Fellowship

**Program Director:**
Stephen Wohlmann, MD, FACS

**Fellows:**
Ashlee Vinyard, MD; Christopher Henry, MD; Lauren Belleveau, MD; Gabriel Gonzalez, MD

**Incoming Fellows July 2021:**
Erica Davanian, MD; William Reischer, MD

More than 56 years ago, pre-eminent vascular surgeon, Jesse Thompson, MD, launched only the second Vascular Surgery Fellowship in the country at Baylor University Medical Center, helping train and advance what was at the time a burgeoning surgical subspecialty. Since coming under the Baylor Scott & White Heart and Vascular Hospital – Dallas banner, the fellowship has grown in prestige alongside the entire hospital’s vascular services offerings and volumes. Baylor Scott & White Heart and Vascular Hospital – Dallas celebrated the program’s 55th anniversary in 2020. More than 124 fellows have graduated from the program and gone on to provide vascular surgical care to patients the world over. Quality and service excellence have always been hallmarks of the vascular specialists on the hospital medical staff, in addition to a commitment to offering advanced treatment options in vascular surgery that are not always widely available.

Advanced Heart Failure and Cardiac Transplantation Fellowship

**Program Director:**
Parag Kale, MD, FACC, FHRS

**Fellow:**
Venugopal Bhattad, MD

**Incoming Fellows July 2021:**
Ifran Abdollahman; Gregory Milligan, MD; Fuad Habash, MD

This fellowship program accepts one to three fellows every year for one year of clinical training in all medical phases of cardiac transplantation and advanced circulatory support. This includes procedural training in cardiac biopsy, IVUS and percutaneous hemodynamic support devices. Since inception, Baylor University Medical Center has completed more than 615 heart transplants and has been heralded as one of the premier solid organ transplantation centers in the nation. The fellowship is supported by cardiovascular surgeons and transplant cardiologists.

Cardiothoracic surgery fellowship

**Program Director:**
Dan Meyer, MD

**Fellow:**
Andres Leal, MD

**Incoming Fellow July 2021:**
Victoria Lam, MD

Each year since 2012, Baylor University Medical Center accepts one candidate for this fellowship. Candidates for this fellowship will have completed a cardiac surgery residency. During this time, the fellow obtains a significant amount of experience and competence in donor operations, heart transplants and mechanical circulatory support. Upon completion of their fellowship, the surgical fellow will be trained in the areas of preoperative evaluation of transplant recipients, surgical techniques for heart transplantation, post-operative management in the intensive care unit, acute care management, post-transplant complications treatment, as well as proficient in research in the field of transplantation. Baylor University Medical Center has a high volume mechanical circulatory support program. In addition, since the heart transplant program’s inception at Baylor Dallas, there have been more than 1,100 heart transplants.

Board of Managers*

The board of managers for Baylor Scott & White Heart and Vascular Hospital is comprised of 13 members. Seven of the members are appointed by Baylor University Medical Center, and six are elected by the physician owners. Many of the members of the board are representatives of the community or medical staff leaders who volunteer their time to governance responsibilities.

*Fiscal year 2021
Cardiovascular Medical Leadership – Dallas


Kevin Wheelan, MD, FACC
Chief Medical Officer; Co-Medical Director of Cardiology – Baylor Scott & White Heart and Vascular Hospital - Dallas
Director, Division of Cardiology – Baylor University Medical Center; Medical Director, Cardiovascular Research, Quality and Standardization – Baylor Scott & White Health – North Texas

Jeffrey M. Schussler, MD, FACC, FSCT, FACP
Medical Director, Cardiovascular Intensive Care Unit; Medical Director, Cardiac Rehabilitation – Baylor Scott & White Heart and Vascular Hospital - Dallas; Incoming Chief Medical Officer

Marish D. Assar, MD, FACC, FHRS
Program Director, Cardiac Electrophysiology Fellowship Program – Baylor University Medical Center; Incoming Medical Director, Electrophysiology – Baylor Scott & White Heart and Vascular Hospital - Dallas

Kenneth Auslos, MD
Medical Director, Pulmonology – Baylor Scott & White Heart and Vascular Hospital - Dallas

Raul Benavides, MD
Medical Director, Infectious Diseases – Baylor Scott & White Heart and Vascular Hospital - Dallas; Training Program Director – Baylor University Medical Center

Cristle Columbus, MD
Medical Director, Infectious Diseases – Baylor Scott & White Heart and Vascular Hospital - Dallas

William Dockery, MD, FACP
Medical Director, Radiology – Baylor Scott & White Heart and Vascular Hospital - Dallas

Cara East, MD, FAPCR, FACCR, FACP
Director – Solio Cardioscience Research Center; Clinical Professor – Texas A&M College of Medicine

John F. Eidt, MD, BVT, RPVI, FACS
Vice Chair, Vascular Surgery – Baylor Scott & White Heart and Vascular Hospital – Dallas

Cesar Guererro-Miranda, MD, FHFSFA
Medical Director, Ventricular Assist Device Program – Baylor University Medical Center

Shelley Hall, MD, FACC, FHFSFA, FAST
Chief, Transplant Cardiology, Mechanical Circulatory Support and Heart Failure – Baylor University Medical Center

Albert C. Henry, MD
Medical Director, Quality – Cardiovascular Surgery Services – Baylor University Medical Center

Stephen Hohmann, MD, FACS
Program Director, Vascular Surgery Fellowship Program – Baylor University Medical Center

Parag Kale, MD, FACC, FHFSFA
Program Director, Advanced Heart Failure and Cardiac Transplantation Fellowship Program – Baylor University Medical Center

Roger Khetan, MD
Medical Director, Quality – Baylor Scott & White Heart and Vascular Hospital - Dallas

Dan Moyer, MD
Chief, Heart Transplantation and Advanced Circulatory Support – Baylor University Medical Center; Medical Director, Cardiothoracic Transplant Surgery and Mechanical Circulatory Support Fellowship Program – Baylor University Medical Center

Peter A. McCaulough, MD, MPH, FACC, FACS, FAAAAI, FACC, FSCAI, FACP, FNIA, FCTSI
Medical Director, Cardiology Fellowship Program (through January 2021) – Baylor University Medical Center

Stuart Owen, MD
Medical Director, Cardiology – Baylor Scott & White Heart and Vascular Hospital - Dallas and Fort Worth

Robli Parmar, MD, FACC
Patient Safety Officer – Baylor Scott & White Heart and Vascular Hospital - Dallas

Gregory J. Pearl, MD, FACS
Co-Medical Director, Vascular Surgery – Baylor Scott & White Heart and Vascular Hospital - Dallas

Michael Ramsay, MD, FRCA
Chief, Department of Anesthesia and Pain Medicine – Baylor University Medical Center; Medical Director, Anesthesia Services – Baylor Scott & White Heart and Vascular Hospital - Dallas; President, Baylor Scott & White Research Institute

Charles S. Roberts, MD
Chief, Cardiovascular Services, Chair, Cardiac Surgery; Medical Director, Cardiovascular Education – Baylor University Medical Center

William C. Roberts, MD, MACC
Executive Director, Baylor Scott & White Heart and Vascular Institute – Baylor University Medical Center

William C. Roberts, MD, MACC
Executive Director, Baylor Scott & White Heart and Vascular Institute – Baylor University Medical Center

Bertram Smith III, MD, FACS
Medical Director, Non-Invasive Vascular Laboratory – Baylor Scott & White Heart and Vascular Hospital – Dallas

Robert Stoler, MD, FACC, FSCT
Co-Medical Director, Cardiology; Medical Director, Catheterization Laboratory – Baylor Scott & White Heart and Vascular Hospital – Dallas

Anumeha Tandon, MD
Medical Director, Structural Heart Echo/Cardiovascular Imaging Program – Baylor Scott & White Heart and Vascular Hospital – Dallas

Ravi Vallabhan, MD, FACC, FSCT
Program Director, Interventional Cardiology Fellowship Program – Baylor University Medical Center

Javier (Jay) Vasquez, MD, RPVI, FACS
Medical Director, Surgical Safety – Baylor Scott & White Heart and Vascular Hospital - Dallas

Carlos Velasco, MD, FACC
Medical Director, Cardiology Quality Assurance and Peer Review – Baylor Scott & White Heart and Vascular Hospital - Dallas

Haqool Wang, MD, PhD, FACC, RPVI
Medical Director, Advanced Cardiovascular Imaging Program – Baylor Scott & White Heart and Vascular Hospital - Dallas

Detlef Wanczer, MD, FHFSFA
Medical Director, Advanced Heart Failure – Baylor University Medical Center
Cardiovascular Medical Leadership - Fort Worth


Mohan Sathyamoorthy, MD, FACC
Chief, Cardiology Division - Baylor Scott & White All Saints Medical Center - Fort Worth
Medical Director, Cardiology - Baylor Scott & White Heart and Vascular Hospital - Fort Worth

Farhan Ali, MD, MA, MPH, FACC, FSCAI, RPVI
Medical Director, Interventional Cardiology - Baylor Scott & White Heart and Vascular Hospital - Fort Worth

Craig Delaughter, MD, PhD, FACC, FRHIS
Medical Director, Electrophysiology - Baylor Scott & White Heart and Vascular Hospital - Fort Worth

Scott Ewing, DO
Medical Director, Quality - Baylor Scott & White Heart and Vascular Hospital - Fort Worth

Salman Gohar, MD, FACC
Medical Director, Advanced Heart Failure and Mechanical Circulatory Support Service - Baylor Scott & White All Saints Medical Center - Fort Worth

Gonzalo V. Gonzalez-Stawinski, MD
Chief, Cardiovascular and Thoracic Surgery (Through April 2021) - Baylor Scott & White All Saints Medical Center - Fort Worth

J. Vijay Jayachandran, MD, FACC, FHRS
Medical Director, Patient Safety - Baylor Scott & White Heart and Vascular Hospital - Fort Worth

George Khammar, MD, FACC
Medical Director, Structural Heart Disease Program - Baylor Scott & White Heart and Vascular Hospital - Fort Worth

Arun Padala, MD, FACC
Medical Director, Non-invasive Cardiology - Baylor Scott & White Heart and Vascular Hospital - Fort Worth

Steve Simpson, MD
Medical Director, Cardiac Rehabilitation - Baylor Scott & White Heart and Vascular Hospital - Fort Worth

Jeffrey Wu, MD
Chief, Cardiovascular and Thoracic Surgery (April 2021 to present) - Baylor Scott & White Heart and Vascular Hospital

Baylor Heart Center app

The Baylor Heart Center app makes finding a physician on the medical staff at Baylor Scott & White Heart and Vascular Hospital in Dallas and Fort Worth simple. Features include:

- Contact information for specialists
- Direct lines to transfer a patient
- ECMO referral guidelines
- Clinical trials

Your patient can prepare for an upcoming visit at the hospital with resources in the app, including a 360-degree tour of our facilities and guided meditation videos to manage stress. Pair your session with your Apple Watch to record your heart rate and monitor progress. Download today by searching Baylor Heart Center on the Apple App Store or scanning the QR code.

This book is available on our website at BSWHealth.com/DFWHeartOutcomes. If you have feedback on this book, email: Navigator@BSWHealth.org.