This year the Baylor Jack and Jane Hamilton Heart and Vascular Hospital celebrated its 10th anniversary. The hospital opened in 2002 as the first in North Texas dedicated solely to the care and treatment of heart and vascular patients. Today, BHVH is still the only hospital in Dallas County with that focus.

In the past 10 years, our employees and the physicians on our medical staff have worked together to provide patients with outstanding service, quality care, and advanced heart and vascular treatments. The collaborative focus and commitment to excellence has again led to impressive results in FY 2012.

- 2012 Magnet award for "Excellence in Nursing"
- 95.2% all employee retention rate
- 96.5% satisfaction overall rate - inpatients & outpatients
- 22,625 admissions & registrations
- 12,270 non-invasive procedures
- 12,270 post-procedure mortality rate: 0%
- 96.5% of inpatients say they're likely to recommend BHVH
- Press Ganey Summit Award, second year in a row

OUTCOMES: MEASURING INNOVATION IN HEART AND VASCULAR CARE

2012
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BHVH was recognized again as a Magnet™-designated facility, an honor representative of our hospital’s excellence in nursing. The Joint Commission again recognized BHVH for its core measure outcomes and we are now fully accredited for percutaneous coronary intervention by Accreditation for Cardiovascular Excellence (ACE).

Modern Healthcare named Baylor Hamilton Heart and Vascular Hospital as one of the 100 “Best Places to Work” in health care nationwide. This award is a testament to the people who come to work every day with an attitude of caring, not only for our patients, but for each other as well.

In FY12, we were honored for the second straight year with the Press Ganey Summit Award. A second consecutive Summit Award means BHVH has had a patient satisfaction rate greater than 95 percent for 16 consecutive quarters, or 4 years in a row.

These awards help validate that the dedication to our goals of clinical excellence, patient and family satisfaction, health care team satisfaction, and fiscal responsibility, do help provide a quality patient experience.

As part of our continuing dedication to education, BHVH continues to offer fellowships in cardiology, electrophysiology, and vascular surgery residency program that are fully accredited by the Accreditation Council for Graduate Medical Education.

In the spirit of innovation, research at BHVH continues utilizing adult stem cells to improve heart function in patients with congestive heart failure and in treating acute myocardial infarction. Also, we are one of a limited number of sites in the country researching the use of the transcatheter aortic valve implantation through our participation in the CoreValve® clinical trial.

We are proud of our accomplishments, accolades, accreditations and awards in FY 2012 and over the past decade. We look to the future with great anticipation, striving to make the next 10 years better than our first.

Sincerely,

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

BAYLOR JACK AND JANE HAMILTON HEART AND VASCULAR HOSPITAL

Awards and Honors

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BAYLOR JACK AND JANE HAMILTON HEART AND VASCULAR HOSPITAL
Hospital Leadership

- Trey Wickie
  - Vice President of Finance

- Kevin Wheelan, MD
  - Chief-of-Staff
  - Co-medical Director of Cardiology

- Robert Stoler, MD, FACC, FSCAI
  - Co-medical Director of Cardiology, Medical Director of Cath Lab

- Gregory Pearl, MD, FACS
  - Medical Director of Vascular Surgery

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

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

- Rafic Berbarie, MD
  - Medical Director of Cardiac Rehab

- Stephen Hohmann, MD, FACS
  - Medical Director of Patient Safety

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

- Michael Ramsay, MD, FRCA
  - Medical Director of Anesthesia Services

- William Dockery, MD
  - Medical Director of Radiology

- Edward Mays, MD
  - Medical Director of Laboratory

Board of Directors

- Timothy Owens
  - Chairman

- Michael Graham

- Don Wills

- John McWhorter, III

- Richard Lockwood

- John Schumacher, MD

- Robert C. Kowal, MD, PhD

- Kevin Wheelan, MD

- Brad R. Grimsley, MD, FACS

- C.T. Beckham
ACCREDITATIONS

ACE Accredited for PCI

BHVH has been fully accredited for percutaneous coronary intervention by Accreditation for Cardiovascular Excellence, an organization dedicated to ensuring adherence to the highest quality standards for cardiovascular and endovascular care. ACE accreditation is a professional review of an organization’s structure, internal processes, patient safety practices, and clinical outcomes to determine if it meets the standards established by experts in cardiac and endovascular care.

American College of Radiology – Accreditation for Computed Tomography (CT)
The American College of Radiology awards accreditation to facilities for the achievement of high practice standards after a peer-review evaluation of the practice.

Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAE)
The ICAEL accreditation review process is a means by which echocardiography laboratories can evaluate and demonstrate the level of patient care they provide. After a laboratory submits the...
application to the ICAEL, the application undergoes a confidential peer-review by ICAEL’s trained reviewers, including both physicians and on-somographers.

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

American Heart Association’s Get With The Guidelines – Gold Level Get With The Guidelines® (GWTG) is the premier hospital-based quality improvement program for the American Heart Association and the American Stroke Association. It empowers health care provider teams to consistently treat heart and stroke patients according to the most up-to-date guidelines.

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

Innovation Award from the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) This award acknowledges programs that have enhanced their delivery of care for a patient population in a unique and creative way, beyond the traditional model of cardiac and pulmonary rehabilitation. AACVPR is dedicated to reducing morbidity, mortality and disability from cardiovascular and pulmonary disease through education, prevention, rehabilitation, research and disease management.

START! Fit-Friendly Gold Award The American Heart Association awarded Baylor Hamilton Heart and Vascular Hospital the “START! Fit-Friendly Award.” Companies reach Gold-level status by implementing various activities and programs for their employees to encourage physical activity, nutrition and culture enhancements such as on-site walking routes, healthy food choices in cafeterias and vending machines, annual employee health risk assessments and online tracking tools.

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

Press Ganey Summit Award – Second Year in a Row The 2010, 2011 Press Ganey Summit Award, one of Press Ganey’s most prestigious honors, was bestowed upon Baylor Hamilton Heart and Vascular Hospital. BHVH achieved this distinction by sustaining an overall rank above the 95th percentile for inpatient satisfaction in the “All Press Ganey” database for at least three years. There are approximately 1,800 hospitals in the inpatient survey database and about 1,500 emergency departments in the AHA Press Ganey database.

Texas Health Care Quality Improvement Awards – Award of Excellence Winners of this non-competitive award are measured by the frequency of best care practices utilized on patients with specific conditions, including acute myocardial infarction, heart failure, and pneumonia as well as surgical infection prevention.

VHA Leadership Award in Clinical Excellence The award honors health care organizations that have differentiated themselves around national performance standards by achieving performance at the 90 percent level or above on clinical core measures. Baylor Hamilton Heart and Vascular Hospital won the award for acute myocardial infarction treatment, heart failure and surgical infection prevention.
Our “Circle of Care” encompasses our mission, vision, and priorities, and places our patients front and center. Our mission supports this patient-centered approach. We recognize that there are four key areas of excellence that must be in place to ensure that patients are our number one priority: people, quality, service and fiscal stewardship.

What does this mean? It means that Baylor Health Care System supports and cares for patients as individuals. We provide healing environments in which the members of the health care team work together as one, for the benefit of the patient.

To do that, Baylor adopts best practices and industry standards that support and sustain a patient-centered culture. When these are put into place, we not only enhance patient safety and quality of care, we also increase our level of performance as a health care system.

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

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

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

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

Integrity: Conducting ourselves in an ethical and respectful manner.

Servanthood: Serving with an attitude of unselfish concern.

Quality: Meeting the needs and striving to exceed the expectations of those we serve through continuous improvement.

Innovation: Consistently exploring, studying and researching new concepts and opportunities.

Stewardship: Managing resources entrusted to us in a responsible manner.

Our Care Model
With the opening of Baylor Hamilton Heart and Vascular Hospital, we designed a care model that is a foundation for our daily operations.

Our founding principles define the qualities we look for in our team members. We believe that if we work to exceed people’s expectations, the results will be satisfaction, care excellence, and a trusting relationship. Our goals are Clinical excellence (Quality), Patient and family satisfaction (Service), Health care team satisfaction (People), and Fiscal responsibility (Finance). We review our model of care at our hospital team meetings and the metrics associated with the goals we have set.
BaylorHeartHospital.com got a new look in 2012. Baylor Heart and Vascular Hospital continues to move forward in the utilization of BaylorHeartHospital.com for patient engagement, marketing and administrative efficiency. Website traffic spiked 66 percent, in the last quarter of FY12, after the site redesign.

BaylorHeartHospital.com JULY 2011 JUNE 2012
Visits: 3,345 6,365
Unique Visitors: 2,870 5,550

eNewsletter
Monthly issues of the automated electronic newsletter were distributed to more than 7,000 people per month. The newsletter contains tips for healthier living, plus the latest information about Baylor Heart and Vascular Hospital.

22,625 admissions & registrations
Jeré Cypert was pushing her granddaughter in a stroller up a hill when she became very short of breath. Her back, head and neck hurt. She ignored the symptoms, thinking she was just out of shape. When the symptoms returned a month later, she went to her doctor, where they told her she would never have a heart attack. Not satisfied with the diagnosis, Jeré went to Baylor Jack and Jane Hamilton Heart and Vascular Hospital where she learned she had two blocked arteries.

At Baylor, Jeré had an angioplasty, a minimally invasive procedure that cleared the blockages, and two stents were inserted to keep her arteries open. She then participated in six months of cardiac rehab. “Baylor was awesome. I can’t say enough good things about them. They got my blood flowing and my energy back.”
Centers for Medicare & Medicaid Services (CMS) FY2012

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

### HEART ATTACK QUALITY INDICATOR

<table>
<thead>
<tr>
<th>HEART ATTACK (ACUTE MYOCARDIAL INFARCTION) NATIONAL TEXAS BHNH</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>AMI Bundle</td>
<td>100%</td>
</tr>
<tr>
<td>Aspirin at arrival</td>
<td>99% 99% 100%</td>
</tr>
<tr>
<td>Aspirin at discharge</td>
<td>99% 99% 100%</td>
</tr>
<tr>
<td>ACEI or ARB for LVSD</td>
<td>97% 99% 100%</td>
</tr>
<tr>
<td>Adult smoking cessation advice/counseling</td>
<td>100% 100% 100%</td>
</tr>
<tr>
<td>Beta blocker at discharge</td>
<td>99% 99% 100%</td>
</tr>
</tbody>
</table>

### HEART FAILURE QUALITY INDICATOR

<table>
<thead>
<tr>
<th>HEART FAILURE NATIONAL TEXAS BHNH</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CHF Bundle</td>
<td>99.1%</td>
</tr>
<tr>
<td>All discharge instructions</td>
<td>93% 50% 100%</td>
</tr>
<tr>
<td>Evaluation of LVS function</td>
<td>96% 95% 100%</td>
</tr>
<tr>
<td>ACEI or ARB for LVSD</td>
<td>97% 96% 100%</td>
</tr>
<tr>
<td>Adult smoking cessation advice/counseling</td>
<td>99% 99% 100%</td>
</tr>
</tbody>
</table>

### SURGICAL INFECTION QUALITY INDICATOR

<table>
<thead>
<tr>
<th>SURGICAL INFECTION IMPROVEMENT PROJECT NATIONAL TEXAS BHNH</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>SCIP All or None Bundle</td>
<td>99.4%</td>
</tr>
<tr>
<td>Antibiotic received within one hour of incision</td>
<td>98% 98% 100%</td>
</tr>
<tr>
<td>Antibiotic selection</td>
<td>98% 98% 100%</td>
</tr>
<tr>
<td>Antibiotic discontinued within 24 hours</td>
<td>97% 97% 100%</td>
</tr>
<tr>
<td>Appropriate hair removal</td>
<td>100% 100% 100%</td>
</tr>
<tr>
<td>Beta blocker use preoperatively</td>
<td>97% 96% 100%</td>
</tr>
</tbody>
</table>

Baylor Hamilton Heart and Vascular Hospital also monitors several other quality indicators in atrial fibrillation and percutaneous interventional cardiology. These diagnoses require several evidence-based measures to be in place to assure quality of care. The hospital’s data is collected concurrently and reviewed daily. The hospital has exceeded national standards in these areas as well.

### Performance Report FY2012

Baylor Heart and Vascular Hospital participates in preventive health measures with the American Heart Association. This program requires several indicators of preventive health to be monitored as part of secondary prevention. The hospital puts these measures into place in an effort to assure that we are addressing prevention of heart disease. The hospital has exceeded national averages in these areas. Metrics are incorporated into the pre-printed order sets that are utilized for patient care to assure that these elements of care are hardwired into our daily activities.
### PERFORMANCE REPORT FY2012

#### ATRIAL FIBRILLATION

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

#### BETA BLOCKERS IN VASCULAR SURGERY

<table>
<thead>
<tr>
<th>Prior to surgery</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recovery room</td>
<td>100%</td>
</tr>
<tr>
<td>Specialty care room</td>
<td>100%</td>
</tr>
<tr>
<td>At discharge</td>
<td>100%</td>
</tr>
</tbody>
</table>

#### PERCUTANEOUS CORONARY INTERVENTION

<table>
<thead>
<tr>
<th>Light heparin medication at discharge</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned at discharge</td>
<td>100%</td>
</tr>
<tr>
<td>ASA at discharge</td>
<td>99.8%</td>
</tr>
<tr>
<td>Teaching smoking cessation at discharge</td>
<td>100%</td>
</tr>
</tbody>
</table>

#### AHA GET WITH THE GUIDELINES

<table>
<thead>
<tr>
<th>HbA1c &gt; 7 outpatient diabetic referral</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>HbA1c &gt; 7 letter to PCP</td>
<td>100%</td>
</tr>
<tr>
<td>ADA diet orders for diabetic patients</td>
<td>96%</td>
</tr>
</tbody>
</table>

#### VACCINATIONS

<table>
<thead>
<tr>
<th>Pneumococcal vaccinations</th>
<th>97.8%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza vaccinations</td>
<td>97.0%</td>
</tr>
</tbody>
</table>

### IN-HOSPITAL MORTALITY FY2012

#### EP/PACEMAKER/ICD

<table>
<thead>
<tr>
<th>Case Count</th>
<th>In-Lab</th>
<th>Percent</th>
<th>Post Procedure</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pacemaker Only</td>
<td>335</td>
<td>0</td>
<td>0.00%</td>
<td>1</td>
</tr>
<tr>
<td>Event Recorder</td>
<td>53</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>ICD Only</td>
<td>446</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>EP Cases</td>
<td>928</td>
<td>0</td>
<td>0.00%</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1780</td>
<td>0</td>
<td>0.00%</td>
<td>3</td>
</tr>
</tbody>
</table>

#### CATH LAB

<table>
<thead>
<tr>
<th>Case Count</th>
<th>In-Lab</th>
<th>Percent</th>
<th>Post Procedure</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic Cath Only</td>
<td>2061</td>
<td>3</td>
<td>0.15%</td>
<td>15</td>
</tr>
<tr>
<td>Diagnostic Peripheral Only</td>
<td>436</td>
<td>0</td>
<td>0.00%</td>
<td>1</td>
</tr>
<tr>
<td>Cardiac Intervention</td>
<td>1285</td>
<td>1</td>
<td>0.09%</td>
<td>6</td>
</tr>
<tr>
<td>Peripheral Intervention</td>
<td>858</td>
<td>0</td>
<td>0.00%</td>
<td>12</td>
</tr>
<tr>
<td>Peripheral Diagnostic w/ Cardiac Procedures</td>
<td>723</td>
<td>0</td>
<td>0.00%</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5363</td>
<td>3</td>
<td>0.06%</td>
<td>42</td>
</tr>
</tbody>
</table>
Interdisciplinary Quality and Safety Committee

Baylor Heart and Vascular Hospital has selected multiple quality indicators, including nurse sensitive indicators that are monitored and reported monthly on a performance report card. This report card is reviewed in multiple forums, including our shared governance councils, Medical Leadership, and Board of Manager meetings. This report is also reviewed in all employee meetings on a quarterly basis. Actions are taken for areas with improvement opportunities.

### Infection Report FY2012

<table>
<thead>
<tr>
<th>Procedure</th>
<th>No. Procedures</th>
<th>BNN (Rate per 100 Procedures)</th>
<th>Benchmark* (Rate per 100 Procedures)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal aorta aneurysm</td>
<td>10</td>
<td>0</td>
<td>0.19</td>
</tr>
<tr>
<td>Carotid endarterectomy</td>
<td>140</td>
<td>0.71</td>
<td>0.33</td>
</tr>
<tr>
<td>Peripheral bypass</td>
<td>146</td>
<td>6.59</td>
<td>0.71</td>
</tr>
<tr>
<td>Pacemaker/ICD</td>
<td>966</td>
<td>0.52</td>
<td>0.44</td>
</tr>
</tbody>
</table>

*2010 CDC/NHSN pooled mean

### Readmissions to Baylor Hamilton Heart and Vascular Hospital FY2012

<table>
<thead>
<tr>
<th>Cause/Procedure</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pacemaker</td>
<td></td>
</tr>
<tr>
<td>Lead Dislodgement</td>
<td>0.28%</td>
</tr>
<tr>
<td>Infection</td>
<td>0.56%</td>
</tr>
<tr>
<td>Another related procedure</td>
<td>2.61%</td>
</tr>
<tr>
<td>Other</td>
<td>1.12%</td>
</tr>
<tr>
<td>EP Ablation</td>
<td></td>
</tr>
<tr>
<td>Re-ablation</td>
<td>4.12%</td>
</tr>
<tr>
<td>Same site</td>
<td>2.69%</td>
</tr>
<tr>
<td>Different site</td>
<td>1.24%</td>
</tr>
<tr>
<td>ICD Only</td>
<td></td>
</tr>
<tr>
<td>Lead Dislodgement</td>
<td>0.24%</td>
</tr>
<tr>
<td>Infection</td>
<td>2.38%</td>
</tr>
<tr>
<td>Another ICD related procedure</td>
<td>4.51%</td>
</tr>
<tr>
<td>Other</td>
<td>0.71%</td>
</tr>
<tr>
<td>Coronary Interventions</td>
<td></td>
</tr>
<tr>
<td>Same vessel</td>
<td>2.14%</td>
</tr>
<tr>
<td>Coronary Angiography</td>
<td>5.09%</td>
</tr>
</tbody>
</table>

**Lead dislodgement rate:** 0.24%

**Total readmission rate:** 2.16%

**Abdominal aorta aneurysm infection rate:** 0%
Patient Falls

Statistical process control charts are utilized to analyze the variance in fall incidence. The data subset has consistently trended below the NDNQI National Comparative Information mean for bed size <100. The fall rate is consistently below the NDNQI benchmark. In addition, the injury rate for the Med-Surg group has remained below the NDNQI benchmark.

### TOTAL FALLS PER 1,000 PATIENT DAYS

<table>
<thead>
<tr>
<th></th>
<th>3Q10</th>
<th>4Q10</th>
<th>1Q11</th>
<th>2Q11</th>
<th>3Q11</th>
<th>4Q11</th>
<th>1Q12</th>
<th>2Q12</th>
<th>AVG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Adult Med-Surg Combined Median</td>
<td>1.41</td>
<td>1.41</td>
<td>2.32</td>
<td>0.80</td>
<td>2.37</td>
<td>1.67</td>
<td>1.70</td>
<td>2.28</td>
<td>1.68</td>
</tr>
<tr>
<td>Specialty Care Unit</td>
<td>0.93</td>
<td>1.89</td>
<td>2.71</td>
<td>2.61</td>
<td>1.67</td>
<td>1.46</td>
<td>2.23</td>
<td>1.69</td>
<td>1.89</td>
</tr>
<tr>
<td>National Comparative Information–Bed Size&lt;100 Mean</td>
<td>3.52</td>
<td>3.52</td>
<td>3.58</td>
<td>3.54</td>
<td>3.41</td>
<td>3.34</td>
<td>4.21</td>
<td>3.86</td>
<td>3.67</td>
</tr>
<tr>
<td>25th percentile</td>
<td>2.26</td>
<td>2.18</td>
<td>2.41</td>
<td>2.14</td>
<td>2.06</td>
<td>2.05</td>
<td>2.52</td>
<td>2.36</td>
<td>2.24</td>
</tr>
<tr>
<td>50th percentile</td>
<td>3.43</td>
<td>3.31</td>
<td>3.50</td>
<td>3.51</td>
<td>3.21</td>
<td>3.20</td>
<td>3.93</td>
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### INJURY FALLS PER 1,000 PATIENT DAYS

<table>
<thead>
<tr>
<th></th>
<th>3Q10</th>
<th>4Q10</th>
<th>1Q11</th>
<th>2Q11</th>
<th>3Q11</th>
<th>4Q11</th>
<th>1Q12</th>
<th>2Q12</th>
<th>AVG</th>
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</thead>
<tbody>
<tr>
<td>Specialty Care Unit</td>
<td>0.84</td>
<td>0.86</td>
<td>1.06</td>
<td>1.05</td>
<td>0.80</td>
<td>0.89</td>
<td>0.27</td>
<td>0.47</td>
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<tr>
<td>National Comparative Information–Bed Size&lt;100 Mean</td>
<td>0.91</td>
<td>0.97</td>
<td>0.99</td>
<td>0.99</td>
<td>0.80</td>
<td>0.84</td>
<td>0.27</td>
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<td>0.27</td>
<td>0.18</td>
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<td>0.78</td>
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<td>0.76</td>
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<td>0.69</td>
<td>0.64</td>
<td>0.64</td>
<td>0.73</td>
<td>0.71</td>
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</table>

### PERCENT OF SURVEYED PATIENTS WITH HOSPITAL ACQUIRED PRESSURE ULCERS

#### COMBINED-ACUITY ADJUSTED

<table>
<thead>
<tr>
<th></th>
<th>3Q10</th>
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<th>1Q11</th>
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<th>4Q11</th>
<th>1Q12</th>
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<th>AVG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialty Care Unit</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
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<td>0.00</td>
<td>4.59</td>
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<td>National Comparative Information–Bed Size&lt;100 Mean</td>
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<td>2.79</td>
<td>2.93</td>
<td>2.48</td>
<td>3.02</td>
<td>2.55</td>
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<tr>
<td>25th percentile</td>
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<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>50th percentile</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
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</tbody>
</table>

#### PERCENT OF SURVEYED PATIENTS WITH HOSPITAL ACQUIRED PRESSURE ULCERS STAGE II & ABOVE

<table>
<thead>
<tr>
<th></th>
<th>3Q10</th>
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<th>2Q11</th>
<th>3Q11</th>
<th>4Q11</th>
<th>1Q12</th>
<th>2Q12</th>
<th>AVG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialty Care Unit</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
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</tr>
<tr>
<td>National Comparative Information–Bed Size&lt;100 Mean</td>
<td>1.57</td>
<td>1.78</td>
<td>2.11</td>
<td>2.01</td>
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<td>1.76</td>
<td>1.41</td>
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<td>25th percentile</td>
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<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>50th percentile</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>
Graduate Medical Education
Baylor’s graduate medical education program promotes diversity, quality and a combination of real-world applications and academic excellence. The dedicated physician leaders on the medical staff work to prepare fellows and interns for the challenging and rewarding field of medicine. Medical education has been a successful collaborative effort between Baylor University Medical Center at Dallas and Baylor Hamilton Heart and Vascular Hospital, both located on the downtown Baylor campus. All programs are accredited by the ACGME (Accreditation Council for Graduate Medical Education).

Cardiac Electrophysiology Fellowship
Fellows complete a 12-month comprehensive training program. The curriculum includes diagnostic and procedure skills, outpatient management and clinical research. One fellow is accredited per year.

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

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

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

BHVH FELLOWS (FY2012)
Cardiology Fellows:
- Brian Schwartz, MD (graduated)
- Poorya Fazel, MD
- Anumeha Tandon, MD
- Betsy George, MD
- Adam Falcone, MD
- Aneley Hundze, MD

EP Fellow: Senthil Nachimuthu (graduated)

Vascular Fellows:
- Todd Cumbie, MD (graduated)
- Joshua German, MD (graduated)
- Christopher Busken, MD
- Allen Lee, MD
**Patient Satisfaction Surveys**

**Outpatient Satisfaction Survey Results**

<table>
<thead>
<tr>
<th>Service Area</th>
<th>FY2009</th>
<th>FY2010</th>
<th>FY2011</th>
<th>FY2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>93.7</td>
<td>94.2</td>
<td>96.8</td>
<td>96.5</td>
</tr>
<tr>
<td>Helpfulness of registration person</td>
<td>93.9</td>
<td>94.4</td>
<td>93.3</td>
<td>92.6</td>
</tr>
<tr>
<td>Ease of the registration process</td>
<td>93.6</td>
<td>93.7</td>
<td>92.4</td>
<td>91.4</td>
</tr>
<tr>
<td>Staff</td>
<td>91.8</td>
<td>91.8</td>
<td>91.8</td>
<td>91.7</td>
</tr>
<tr>
<td>Cleanliness of facility</td>
<td>94.8</td>
<td>95.1</td>
<td>95.0</td>
<td>95.1</td>
</tr>
<tr>
<td>Staff worked together</td>
<td>94.8</td>
<td>95.1</td>
<td>95.0</td>
<td>95.1</td>
</tr>
<tr>
<td>Our sensitivity to your needs</td>
<td>96.1</td>
<td>96.9</td>
<td>97.5</td>
<td>97.2</td>
</tr>
<tr>
<td>Staff worked closely</td>
<td>93.9</td>
<td>93.0</td>
<td>92.0</td>
<td>91.6</td>
</tr>
<tr>
<td>Staff courtesy toward patients/nurses</td>
<td>95.6</td>
<td>96.3</td>
<td>97.1</td>
<td>96.6</td>
</tr>
<tr>
<td>Staff concern for comfort</td>
<td>95.0</td>
<td>95.0</td>
<td>96.0</td>
<td>96.1</td>
</tr>
<tr>
<td>Staff’s concern/questions worries</td>
<td>94.3</td>
<td>95.8</td>
<td>96.1</td>
<td>95.6</td>
</tr>
<tr>
<td>Our experience</td>
<td>93.2</td>
<td>94.2</td>
<td>94.4</td>
<td>94.2</td>
</tr>
<tr>
<td>Our concern for privacy</td>
<td>93.6</td>
<td>94.2</td>
<td>94.4</td>
<td>94.2</td>
</tr>
<tr>
<td>Our sensitivity to your needs</td>
<td>93.4</td>
<td>94.5</td>
<td>94.3</td>
<td>94.7</td>
</tr>
<tr>
<td>Response to concerns/complaints</td>
<td>92.8</td>
<td>94.1</td>
<td>94.2</td>
<td>94.8</td>
</tr>
<tr>
<td>General</td>
<td>93.8</td>
<td>94.6</td>
<td>95.1</td>
<td>95.4</td>
</tr>
<tr>
<td>Staff worked together provide care</td>
<td>95.0</td>
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<td>95.8</td>
<td>95.7</td>
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<tr>
<td>Overall rating of care</td>
<td>96.4</td>
<td>96.8</td>
<td>96.5</td>
<td>96.3</td>
</tr>
</tbody>
</table>

*Note: The mean score is on a scale of 100.*

**Inpatient Satisfaction Survey Results**

<table>
<thead>
<tr>
<th>Service Area</th>
<th>FY2009</th>
<th>FY2010</th>
<th>FY2011</th>
<th>FY2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>95.6</td>
<td>95.6</td>
<td>95.4</td>
<td>95.7</td>
</tr>
<tr>
<td>Degree of satisfaction with care</td>
<td>91.8</td>
<td>93.2</td>
<td>93.9</td>
<td>93.4</td>
</tr>
<tr>
<td>Admission</td>
<td>93.9</td>
<td>95.0</td>
<td>95.2</td>
<td>95.1</td>
</tr>
<tr>
<td>Staff working together</td>
<td>92.6</td>
<td>93.1</td>
<td>93.3</td>
<td>92.7</td>
</tr>
<tr>
<td>Skill nurses</td>
<td>93.7</td>
<td>94.8</td>
<td>94.5</td>
<td>94.3</td>
</tr>
<tr>
<td>Friendliness of the nurses</td>
<td>94.0</td>
<td>99.8</td>
<td>99.1</td>
<td>95.1</td>
</tr>
<tr>
<td>Promptness response to call</td>
<td>92.1</td>
<td>93.1</td>
<td>93.2</td>
<td>93.6</td>
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<tr>
<td>Staff attitude toward requests</td>
<td>93.9</td>
<td>94.7</td>
<td>94.4</td>
<td>94.6</td>
</tr>
<tr>
<td>Attention to special/personal needs</td>
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<td>93.4</td>
<td>93.2</td>
<td>93.6</td>
</tr>
<tr>
<td>Skill of physician</td>
<td>93.7</td>
<td>94.4</td>
<td>94.4</td>
<td>94.1</td>
</tr>
<tr>
<td>Friendliness of physician</td>
<td>94.3</td>
<td>94.4</td>
<td>95.8</td>
<td></td>
</tr>
<tr>
<td>Overall rating of care</td>
<td>92.2</td>
<td>92.9</td>
<td>92.3</td>
<td>91.6</td>
</tr>
<tr>
<td>Our sensitivity to your needs</td>
<td>96.6</td>
<td>96.7</td>
<td>96.5</td>
<td>96.0</td>
</tr>
<tr>
<td>Staff worked together</td>
<td>96.2</td>
<td>96.7</td>
<td>96.5</td>
<td>96.4</td>
</tr>
<tr>
<td>Overall rating of care</td>
<td>93.7</td>
<td>94.2</td>
<td>94.0</td>
<td>93.9</td>
</tr>
</tbody>
</table>

**Ambulatory Satisfaction Survey Results**

<table>
<thead>
<tr>
<th>Service Area</th>
<th>FY2010</th>
<th>FY2011</th>
<th>FY2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>94.2</td>
<td>94.6</td>
<td>96.1</td>
</tr>
<tr>
<td>Degree of satisfaction with care</td>
<td>94.3</td>
<td>94.3</td>
<td>94.2</td>
</tr>
<tr>
<td>Staff working together</td>
<td>92.5</td>
<td>92.8</td>
<td>92.3</td>
</tr>
<tr>
<td>Friendliness of the nurses</td>
<td>93.2</td>
<td>92.8</td>
<td>92.2</td>
</tr>
<tr>
<td>Overall assessment</td>
<td>94.4</td>
<td>99.6</td>
<td>96.3</td>
</tr>
</tbody>
</table>

**Note:** This is a new survey for the hospital as of January 2010.
Preventative Health Education groups are one of the best resources for people who have experienced heart and vascular disease. Share your experience and learn from others in one of Baylor’s ongoing groups.

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

LINK: Connecting Cardiovascular Health and Wellness Across Generations
LINK is a monthly meeting for heart and vascular patients and their family members to the meeting to gain knowledge that heart disease does spread across generations.

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

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

Preventative Health Education
Peripheral Vascular Disease Screenings

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

American Heart Association: Heart Walk

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

Continuing Education

Baylor Hamilton Heart and Vascular Hospital hosts and sponsors four all-day events throughout the calendar year. These programs are created and managed by our clinical team and are made available to the staff and community. Each year attendees travel as far as other states to attend our seminars.

In addition to the seminars and symposiums, Baylor Hamilton Heart and Vascular Hospital offers preceptor and charge nurse classes in addition to other on site continuing education opportunities.
### Employee Incentives

#### SEGMENT NEEDS

<table>
<thead>
<tr>
<th>Safety</th>
<th>Safe Choice, Violence Prevention, Defensive Driving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Health Screenings, THRIVE Wellness Program, Health Club Discounts</td>
</tr>
<tr>
<td>Career Oriented</td>
<td>Career Development, Clinical Coaches, Tuition Reimbursement, Leadership Development Programs, Internships, ASPIRE</td>
</tr>
<tr>
<td>Family Oriented</td>
<td>2-Day Alternate Work Schedule (TDA), Adoption Assistance, Discounted Childcare Programs</td>
</tr>
<tr>
<td>Personal Emergencies</td>
<td>Paid Time Off (PTO), Employee Assistance, Employee Trust Fund, Personal/Funeral Leave, Family Medical Leave Act (FMLA)</td>
</tr>
<tr>
<td>Civic Minded</td>
<td>Jury Duty, Military Leave, Paid Time Off (PTO)</td>
</tr>
<tr>
<td>Security</td>
<td>Insurance, Short Term/Long Term Disability, 4 Medical Plan Options, 3 Dental Plans, Life Insurance</td>
</tr>
<tr>
<td>Long Term Financial Goals</td>
<td>Credit Union, 401K Plan, Retirement Plan</td>
</tr>
<tr>
<td>Short Term Financial Goals</td>
<td>Credit Union, ATM</td>
</tr>
</tbody>
</table>

#### POLICIES, SERVICES AND BENEFITS TAILORED TO STAFF SEGMENTED BY NEEDS

- **Safety**:
  - Safe Choice, Violence Prevention, Defensive Driving

- **Health**:
  - Health Screenings, THRIVE Wellness Program, Health Club Discounts

- **Career Oriented**:
  - Career Development, Clinical Coaches, Tuition Reimbursement, Leadership Development Programs, Internships, ASPIRE

- **Family Oriented**:
  - 2-Day Alternate Work Schedule (TDA), Adoption Assistance, Discounted Childcare Programs

- **Personal Emergencies**:
  - Paid Time Off (PTO), Employee Assistance, Employee Trust Fund, Personal/Funeral Leave, Family Medical Leave Act (FMLA)

- **Civic Minded**:
  - Jury Duty, Military Leave, Paid Time Off (PTO)

- **Security**:
  - Insurance, Short Term/Long Term Disability, 4 Medical Plan Options, 3 Dental Plans, Life Insurance

- **Long Term Financial Goals**:
  - Credit Union, 401K Plan, Retirement Plan

- **Short Term Financial Goals**:
  - Credit Union, ATM
Employee Retention

Retention is a focus for our team. Retention metrics are also hardwired into the performance appraisals of the leadership team. Special classes are required for the leadership team on Retention.

BAYLOR HAMILTON HEART AND VASCULAR HOSPITAL NURSING RETENTION, NEW HIRE RETENTION AND VACANCY DIRECT PATIENT CARE, ROLLING 12 MONTHS

<table>
<thead>
<tr>
<th>FY2011</th>
<th>BAYLOR HEALTH CARE SYSTEM</th>
<th>BAYLOR HEART AND VASCULAR HOSPITAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Employees</td>
<td>89.8%</td>
<td>95.2%</td>
</tr>
<tr>
<td>Direct Patient Care RNs</td>
<td>87.4%</td>
<td>95.6%</td>
</tr>
<tr>
<td>Allied Health</td>
<td>92.0%</td>
<td>97.3%</td>
</tr>
<tr>
<td>Direct Patient Care UAPs</td>
<td>88.1%</td>
<td>92.8%</td>
</tr>
</tbody>
</table>

Al Booker was nominated for Dallas-Ft.Worth Hospital Council Employee of the Year

Mindy Smart BSN, RN-BC, was honored as one of the Great 100 Nurses of Dallas-Ft. Worth

Sandra McLeroy-DeJong BSN, RN-BC, was honored as one of the Great 100 Nurses of Dallas-Ft. Worth

Mark Sanders, MSN, RN, NEA-BC, was nominated for D Magazine Nurse of the Year

Ravi Vallabhan, MD, was nominated for Dallas-Ft.Worth Hospital Council Doctor of the Year
Baylor Hamilton Heart and Vascular Hospital has a program in place for certification reimbursement. A nurse may request up to $500 in reimbursement for the certification exam, a review course, and review course materials.

56% of eligible RNs are certified RNs
70 certified RNs on BHVH staff

WE WOULD LIKE TO RECOGNIZE OUR NATIONALLY CERTIFIED RN’S:

Abraham, Cetty, CCRN
Adkins, Jeanine, CNOR
Allen, Beverly, CPHQ, CPHRM
Andrews, Rose, CCRN, RN-BC
Antony, Manju, RN-BC
Asbury, Crystal, RN-BC
Atkins, Maryanna, RN-BC
Ballesteros, Barbara, RN-BC
Barta, Laurie, CEPs, CCDS
Bass, Bethany, RN-BC
Carroll, Sharon, CEPs
Chandani, Niamat, RN-BC
Church, Millie, CCRN
Coleman, Holly, CCRN
Dant, Valerie, RN-BC, RICS
Dodd, Lisa, RN-BC
Easo, Mini, RN-BC
Edelstein, Jacie, CCRN
Ellis, Meridith, RN-BC
Fletcher, Vicki, RN-BC
Flick, Charlene, CPHQ
Florez, Samuel, CCRN
Fowler, Stacy, CCRN
Fuller, Nicole, RN-BC
Geddie, Jackie, RN-BC
Glasgow, Josh, RN-BC
Grayson, Gabriell, RN-BC
Harris, Michael, RICS
Harry, Chloe, CCRN
Hessan, Jade, RN-BC
Holmes, Paige, RN-BC
Kirkpatrick, Sandra, CCRN, TNCC
Lawrence, Anne, RN-BC
Lenge, Jennifer, RN-BC
Magugad, Kristine, RN-BC
Maninang, Jennifer, CNOR
Maninang, Ron, TNCC
Marenah, Mariama, RN-BC
McCord, LeAnn, CCRN
McCray, Stephanie, RN-BC
McDonald, Paz, CCRN, RN-BC
McKethan, JoAnn, RN-BC
Moore, Renita, CMSRN
Muldoon, Mary, RN-BC, CEPs
Murphy, Kate, RN-BC
Naffe, Aster, CCRN
Pantie, Annette, RN-BC
Pinaga, Kelly, RN-BC
Rentberger, Tara, RN-BC
Resurrection, Rome, RN-BC
Rowan, Cheryl, TNCC, RN-BC
Roye, Sarah, CCRN
Rury, Angela, RN-BC
Salas, Erica, CNOR
Simmons, Cynthia, RN-BC
Smart, Mindy, RN-BC
Smith, Daphne, RN-BC
Solomon, Tonja, RN-BC
St. Laurent, Paul, CCRN, ACNP-BC
Sta-Maria, Rodrigo, CCRN
Swanner, Gary, RN-BC
Thomas, Jennifer, CCRN
Tizcon, Araceli, CMSRN
Tidmore, Allison, CCRN
Valles, Joy, RN-BC
Wade, Courtney, CCRN
Wu, Bo, CMSRN, CCRN
Yohannan, Stacy, RN-BC
York, Denise, PCCN, CCRN
Zhou, Shannon, CNOR, CCRN
“Collaboration is at the heart of everything we do.”

– Nancy Vish, President and CNO

**HOUSEWIDE STARRS COMMITTEE**

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

The STARRS Committee continues to play a very important role in satisfaction. STARRS stands for Service, Training, Accountability, Recruitment, Retention and Satisfaction.

As a standing agenda item, the STARRS Committee has an open discussion period where representatives may bring up issues that require clarification, problem solving, process improvement or administrative support. Issues brought to this council over the past twelve months have led to higher levels of employee satisfaction. Their focus has moved from environmental improvements to staff teamwork. Initiatives include meet and greet breakfasts for new employees, employment anniversary cards and a focus on improving teamwork and recognition.

**FY2012 ACCOMPLISHMENTS INCLUDE:**

- Habitat for Humanity
- Christmas for the Dallas Children’s Advocacy Center
- Diversity Projects
- Anniversary Cards
- Thank You Cards
- Guiding STARR

**HOUSEWIDE STANDARDS AND MEASURE COMMITTEE**

**Chair** – Scotty Pate, RT(R), ARRT  
**Co-Chair** – Lisa Dodd, ADN, RN-BC

The Standards and Measure Committee focuses on patient and family satisfaction. When it comes to service, Baylor employees often go above and beyond what’s expected – on the patient floor, in administrative offices, in clinics and elsewhere. We want to make sure those efforts are recognized and rewarded. The Standards and Measures Committee helps identify those staff members who should be recognized for their efforts.

**FY2012 ACCOMPLISHMENTS INCLUDE:**

- Implementation of the BHVH service signature: “Is there anything else I can do for you?”
- Press Ganey staff monthly notification and poster boards
- Language interpretation initiatives enhancement
- IV start trending stats
- Patient family communication enhancements – chart label (with family contact information) used during procedures to inform family of progress
- BHVH Service Signature: “Communication Connection”
- Post procedure meal delivery time improvement (decrease of over 15 minutes)
- Patient care delivery model improvement – 4500 open longer for post procedure patients to return to the same floor
- Training and coaching on communication delivery – verbal and non verbal
- BHVH Service Signature: “Every Patient, Every Encounter”
- A service tool kit (box) placed in all the units so RNs and CLTs are able to do service recovery. Items include: hairdryers, meal coupons, parking tokens, game books and movie tickets
- BHVH Service Signature: “Memory Moments”
- New departure checklist put into action and is utilized on all patients
- Service Alert notifications implemented for procedural wait times longer than three hours
- All patients receive personal escort from registration to pre-procedure floor
- Scripting for patient privacy awareness
- Non-invasive post discharge phone calls
- Television added in Radiology guest waiting area
The CEO Awards of Excellence is presented quarterly to outstanding employees, chosen from among the top monthly award recipients. Each quarterly honoree receives a $3,000 cash payment and a small keepsake, presented by Baylor CEO Joel Allison at Leadership Development Institute meetings. The FY2012 CEO Award of Excellence winners were:

Jenny Adams, PhD, Research Associate, Cardiac Rehabilitation

Jenny Adams was instrumental in developing the Return to Work Lab in Cardiac Rehabilitation at the Baylor Heart and Vascular Hospital. The use of this lab recently helped get a firefighter back on the job. Jenny used data from nursing assessments to apply specific exercise physiology knowledge and skills in the firefighter’s rehabilitation program that simulated actual experiences he would face once back on the job. This program included exercises in climbing stairs with fire hoses and other firefighter equipment in a safe environment to prepare his heart for the intense work a firefighter faces. Jenny submitted the idea for improving cardiac care in 2008, and her idea for the Return to Work Lab was accepted and given a $250,000 grant for the development and implementation of the idea. The cardiac rehabilitation center at BHVH has won a national award from the American Cardiovascular Association and Pulmonary Rehabilitation organization for this level of innovation treating those with intense job demands such as firefighter, police officers and athletes.

Niamat Chandani, RN, Specialty Care Unit

Niamat goes above and beyond on a daily basis. Niamat is professional, knowledgeable and provides excellent customer service and advice to her patients. She’s also been described as attentive, gentle and as “providing some of the best care I’ve had” by one of her patients. Helping to make our patients feel warm, welcome and cared for during uncertain times of illness is why Niamat goes above and beyond on a daily basis. Niamat is an invaluable member of the Baylor team and most importantly, to her patients.

Megan Linker, RN, Recovery Room

Megan joined the Recovery team as a patient care technician in February 2009 while she was a student nurse. She obtained her nursing license in June 2010. Megan is an excellent bedside nurse and is open and receptive to learning from others. She doesn’t hesitate to ask questions. Because patients are usually sedated or anesthetized during their procedures, they’re usually sleepy or drowsy during their time in Recovery. So, any time a patient remembers the wonderful care they received during their recovery, it says the nurse made an above-and-beyond impression on that patient. Megan has done that on several occasions. Besides caring for patients, Megan also runs the hospital’s house-wide Clinical Practice Council and is a very effective co-chair of her unit-based System Nurses Council. She has taken on the daily schedule and the on-call schedule in PACU and ensures that all shifts are covered while her co-workers have an opportunity for time off. Megan has taken on the duties of a unit secretary when needed. Everything she does is with a very pleasant attitude and a very willing heart.

Lacy McMillon, RN, Specialty Care Unit

(Let from a patient family letter)...Lacy - I saved her for last because she made such a lasting impression on me. Lacy cared for my Mom one night, but she also was the charge nurse the night of her death. Lacy is a compassionate, professional nurse who others should emulate. She is knowledgeable, truly listens to what the family is saying and answers all questions thoroughly (even the tough ones). She took the time to address some of my concerns and reviewed information in the chart so she could answer questions. On the night of my Mom’s death, Lacy was willing to “go over the resident’s head” when we had some difficulty and was able to get Dr Grimsley on the phone for us at two in the morning. She is a warrior with a strong and caring human touch. It meant a great deal and allowed us to honor my Mom’s wishes timely when we had to make hard decisions. She is not afraid to be an advocate for the patient and the family. For this we are eternally grateful. Lacy also made a point to find my Mom’s online obituary and leave us all a note. This was a wonderful surprise in a time of sorrow and was greatly appreciated.

(Team leader survey comment) Lacy McMillon – she is always pleasant and seems to focus on what is best for the patient anytime I’ve taken a patient to her or heard anything about her. The last PACU/ICU Patient Centered Council meeting we had, she attended, and her ideas and responses were genuinely patient centered and team oriented. She is respectful to her co-workers, and is spoken of highly by leadership that knows her. Another role model of our BHVH Values.

Niamat has received not one, but six Five Star Spirit submissions from her patients and their family members. There is a common theme in these submissions – Niamat is professional, knowledgeable and provides excellent customer service and advice to her patients. She’s also been described as attentive, gentle and as “providing some of the best care I’ve had” by one of her patients. Helping to make our patients feel warm, welcome and cared for during uncertain times of illness is why Niamat goes above and beyond on a daily basis. Niamat is an invaluable member of the Baylor team and most importantly, to her patients.

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Annette Parise, RN, Pacemaker/Electrophysiology

Annette’s reputation for flexibility and teamwork was evident one day when she took it upon herself to start the transthoracic echocardiogram (TTE) for a physician who needed to quickly verify whether a patient was suffering from an accumulation of fluid.

Annette has extensive experience in non-invasive treatment and is known as the super-trainer because of her knowledge in intracardiac echocardiography (ICE) cath and her problem-solving skills. Whenever there is an issue with ICE, it’s Annette to the rescue. Her team and the physicians, greatly appreciate her expertise. There are several people on the Non-Invasive team who are cross trained to do transesophageal echocardiograms, but Annette is the only one who can also do stress test. She often volunteers to float to Non-Invasive whenever there is a need.

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

FY2012 ACCOMPLISHMENTS INCLUDE:
- Multiple evidence based articles presented to staff
- Redible Shift Report implemented
- Improvement of hypoglycemia scores
- MRT card developed for patient and family education
- Service Alert for procedural area patients implemented
- 4 Specialty Care Unit discharge videos developed to improve patient discharge teaching
- Policy and Procedures updated
- New consents implemented
- Need for wound care services identified
- “Butty System” initiative created for RNs
- New Diabetic Education booklet created for newly diagnosed patient families
- Increased IV line time from 72 to 96 hours
- “Hand Off” tool created to follow patient throughout hospital stay

HOUSEWIDE INFECTION PREVENTION COUNCIL

Chair – Jennifer Adams, MT, MPH, CIC
Co-Chair – Tar Byxbe, RN-BC

FY2012 ACCOMPLISHMENTS INCLUDE:
- Updated “flu bugle” to encourage staff flu vaccination
- BLN module on “Infection Control”
- Monthly staff and physician hand hygiene audits performed
- Infection Prevention Fair
- Received Silver Level achievement for Joint Commission regarding flu vaccinations

HOUSEWIDE PAIN MANAGEMENT COMMITTEE

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

FY2012 ACCOMPLISHMENTS INCLUDE:
- August 2011, BMN and ASPMN: Introducing Captoprivity
- September 2011, Using IV Acetaminophen for Pain Management, using Capnography Patient Monitoring during BLS and ACLS
- October 2011, Update from BHCS Pain Task Force, Review of appropriate Pain Scales for different patient and procedures
- November 2011, Paz represented BMN at ASPMN Day Seminar, and presented to BMN “Role of the Nurse in Pain Assessment and Management of Individuals Affected by Pain.”
- January 2012, along with ASPMN North Texas, “In Acetaminophen”
- February 2012, Defined Nurses Roles in Pain Management from all Nursing Units; Past included in Pain Management for Nurses
- March 2012, along with ASPMN North Texas, “Hospice 101” by Candidate Baker, RN
- April 2012, presented from “Patient Guide to Pain Management” brochure, Pasero Opioid Stabilisation Scale, approved for the BHCS
- May 2012, Review of Oxygen protocol
- June 2012, Review Pain management, pre-medic before wound vac application and dressing change, Pain brochures distributed to 3, 3 and 4 ICU. (Bora in charge)

HOUSEWIDE PROFESSIONAL DEVELOPMENT COUNCIL

Chair – Laura Linker, BSN, RN, CNOR
Co-Chair – Tonja Solomon, RN, RN-BC

The Housewide Professional Development Council focuses on education. They meet monthly to address continuing education events and planning for CEUs and NOW cards. The council addresses competencies and orientation cards, as well as, policy education.

FY2012 ACCOMPLISHMENTS INCLUDE:
- Wound Program will be presented by HCI in October (Wine Program)
- Epidermal-in-services held for IDU staff
- Monthly Learning needs assessments conducted for all units
- Non-invasive has established their own CME program ABE
- Capnology tool recently used on UOSS insurance
- Patient Care Team Annual Rescues reviewed and completed independently
- Multiple housewides and unit-based trainings throughout the year
- Three annual seminars organized and led by staff members; – Cardiovascular Symposium – Vascular Seminar – FPNM Seminar
- Ethics Lunch and Learns held for all staff members
- Online learning for staff members
- Annual staff BLN modules
- Diversity 101 events held
- Annual Skills Week for clinicians

HOUSEWIDE RESEARCH COMMITTEE

Chair – Mary Mudison, RN, RN-BC, CEPs
Co-Chair – Tar Byxbe, RN-BC

FY2012 ACCOMPLISHMENTS INCLUDE:
- Ongoing studies carried over from 2011 into 2012: PGW/Web Study, Blunt Study, Impression Study, Sinusitis Study, PN Study
- Evaluated PN Study in Feb 2012
- Conclusion of Data collection for BLA study
- Closure of Systematic Review - Awarding Publication
- Review of Depression Study, July 2012 - Awarding Publication in major proceedings
- Sent two staff RNs to TOC-JBI Systematic Review Training Feb 2012
- Received Silver Level achievement for Joint Commission regarding flu vaccinations
- Infection Prevention Fair
- Monthly staff and physician hand hygiene audits performed
- BLN module on “Infection Control”
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Ramiro Romo, 76, thought he would have to live with the fatigue that resulted from a leaky mitral valve. His cardiologist in East Texas prescribed medication that had no real effect. When his grandson saw Ramiro’s condition, he brought him to Baylor Jack and Jane Hamilton Heart and Vascular Hospital for a second opinion.

Because he was too weak to undergo open-heart surgery, Ramiro decided to participate in a clinical research study of the MitraClip®, a minimally invasive surgical approach to repair the leaky valve. The procedure may offer less pain, shorter hospital stays and faster recovery times. “I feel 100 percent better than I did before,” Ramiro says. “I was walking the second day after the procedure, and I could feel the difference right away.”
The Baylor Hamilton Heart and Vascular Hospital Center for Complex Arrhythmias (CCA) was established in 2009 with the goal of being North Texas’ premier center for patients with cardiac arrhythmias, such as atrial fibrillation and ventricular tachycardia. Designed as a one-stop shop for diagnostics, education, treatment and ongoing disease management for North Texans suffering from a wide range of arrhythmias, the CCA’s quality care and outstanding reputation quickly made it a destination treatment clinic for patients from across the country.

“Each and every patient who comes to our facility represents a unique clinical problem and is treated with a care plan and recommendations customized to his or her specific problems,” says Kevin Wheelan, MD, FACS, medical director of electrophysiology and chief of staff. “These recommendations are based upon the knowledge and expertise of a physician team that has a national reputation with exceptional outcomes and a high safety profile.”

The CCA’s team of highly skilled cardiologists and nurses, who specialize in electrophysiology, provide patients with the diagnosis and treatment of abnormal heart rhythms using advanced technology.

One of the latest advancements in the treatment of atrial fibrillation is cryotherapy – also known as cryoballoon ablation. An alternative to radiofrequency ablation, which uses heat delivered to heart tissue via catheter to correct the condition, cryotherapy uses extremely cold temperatures applied through a balloon catheter to alter cardiac cells’ capacity to conduct electrical impulses.

The cryoballoon is an efficient approach associated with successful outcomes and low complication rates. Our electrophysiology department was the leading research site in the United States for the cryoballoon and performed the first procedure in the North Texas.

In addition to cryotherapy, we offer several other treatment options for arrhythmias:

- Medications to control rate and rhythm
- Anticoagulation medication therapy
- Radiofrequency ablation
- Surgical maze

2.2 million americans have a-fib
Aortic Endograft

One of the most dangerous of all cardiovascular conditions is an aortic aneurysm. Aortic aneurysms can develop slowly over time or happen suddenly, often as the result of a physical trauma such as a car accident.

Treatment for aortic aneurysms and other aortic pathologies was once limited to open-heart surgery, which involves stopping the flow of blood through the aorta and replacing the diseased section with a tube. While many hospitals still focus on using an open technique, Baylor Hamilton Heart and Vascular Hospital takes a minimally invasive approach whenever possible, through an endovascular procedure using the TAG® Thoracic Endoprosthesis.

This endovascular graft is guided via imaging technology and guidewires through the femoral artery to the aorta where it is “deployed” to create a tight fit against the aortic wall. The metal endograft seals off the lesion or aneurysm, creating a new path for blood to flow.

Outcomes using this less invasive approach have been impressive. Endovascular repair has resulted in lower mortality and lower complication rates than traditional open-heart surgery.

“The recovery process is much easier for patients treated endovascularly,” says Gregory Pearl, MD. “Rather than a lengthy stay in the hospital, which also may include time in the ICU, patients with an endograft are typically discharged within a few days.”

Dr. Pearl says that patients who have open-heart surgery to repair their aorta typically take three to six months to fully recover. Meanwhile, patients who have been treated endovascularly can typically return to life as usual within two to six weeks of the procedure, depending on other health conditions.

CoreValve®

Approximately 300,000 people worldwide suffer from severe aortic stenosis, which occurs when the heart’s aortic valve is narrowed, restricting blood flow from the heart to the body. Traditionally, the most effective treatment option has been replacing the aortic valve through open-heart surgery.

Unfortunately, open-heart surgery carries many risks and, in fact, approximately one-third of severe aortic stenosis patients are not even candidates for the procedure. Research shows that left untreated, severe aortic stenosis has a 50 percent mortality rate at one year. Baylor Hamilton Heart and Vascular Hospital is participating in a clinical trial studying Medtronic’s CoreValve® transcatheter aortic valve replacement system as a treatment alternative to open-heart surgery. This artificial valve is made of natural tissue with “leaflets” that control the flow of blood secured to a flexible, self-expanding frame for support. Baylor Hamilton Heart and Vascular Hospital is one of 45 national CoreValve sites, and we have been awarded the next phase of the study called SURTAVI which looks at the valve in lower risk patients.

With CoreValve, an incision is made in the femoral artery and the new aortic valve is delivered via a catheter threaded up to the heart. Since 2010, we have successfully implanted 30 CoreValves through this minimally invasive approach.

“Our patients who have undergone a CoreValve procedure have seen phenomenal results,” says Robert Stoler, MD, co-medical director of cardiology, and medical director of interventional cardiology services. “Their length of hospital stay is shorter. Their rehabilitation and recovery process is faster and easier, and many of them have gone on to live active, symptom-free lives.”

Potential benefits to patients participating in the study include: improved heart valve function and blood flow; the possibility of improved survival; and reduced symptoms of aortic stenosis such as chest pain, feeling faint, dizziness, fatigue, shortness of breath, heart palpitations and heart murmurs.
Radial Artery Catheterization

Coming up with new and better ways to diagnose and treat blocked arteries has long been a focus of professionals in the field of cardiovascular medicine. For well over a decade, cardiologists have relied on cardiac catheterization as the gold standard for minimally invasive angiography and angioplasty to diagnose and remove blockages. Cardiologists on the Baylor Hamilton Heart and Vascular Hospital medical staff also have long relied on the technique, successfully treating thousands of patients over the years. Recently, we have begun using a new technique to perform cardiac catheterization in certain cases that’s improving both safety and patient satisfaction.

During most traditional cardiac catheterization procedures, a cardiologist uses the femoral artery in the leg as the entry point for a catheter tube, which is guided through the body’s arteries to the heart. The relatively new radial artery approach allows cardiologists on our medical staff to insert the catheter through the radial artery in the wrist.

Once the catheter has reached the heart, a contrast dye is injected through the tube, which identifies cholesterol deposits in diseased arteries that may be blocking blood flow. After the blockage is identified, angioplasty can be performed to reopen the artery.

“Regardless of the patient’s status, though, there are significant benefits to this approach,” says Dr. Schussler, “and I think it’ll be used more and more often at Baylor and throughout the nation. Nearly all of my patients, who have had a heart catheterization both ways, strongly preferred having it performed through the radial artery.”

Radial artery catheterization offers patients several benefits:

• Fewer complications at the access site
• Less bleeding, meaning less chance of needing a blood transfusion
• Less risk of nerve trauma
• Lower rates of complication
• Shorter recovery/more comfortable (patients can move around immediately after the procedure rather than having to stay in bed for several hours)

To view the full publication on radial artery angiography, visit: http://www.baylorhealth.edu/Documents/BUMC%20Proceedings/2011%20Vol%2024/No.%203/24_3_Schussler.pdf

STEMI and NSTEMI System of Care Development

Survival rates of patients with cardiovascular disease in Dallas County are lower than the national average. Thanks to a $3.5 million grant from the W. W. Caruth Jr. Foundation of Communities Foundation of Texas (CFT) to the SouthWest Affiliate of the American Heart Association, work is underway to improve those numbers.

Baylor Hamilton Heart and Vascular Hospital partnered with the SouthWest Affiliate American Heart Association, 14 other Dallas-area hospitals and 25 EMS agencies in Dallas County to accelerate the STEMI and NSTEMI system of care development. The regional project is aimed at forming an integrated heart attack emergency care system in Dallas County.

Although the project is ongoing, the preliminary results are promising. The collaboration has led to greater consistency by Dallas-area hospitals in handling heart attack patients, lower door-to-bed times and a drop in mortality rate.

Thoracic Outlet Syndrome Treatment

Baylor Hamilton Heart and Vascular Hospital is not only a destination treatment facility for conditions directly impacting the heart and chest, but also for vascular conditions that can be debilitating to other parts of the body as well.

Thoracic outlet syndrome is a condition wherein the nerve, artery and vein get compressed as they wind from the chest and down the arm, often creating a more ergonomic work area,” says Gregory Pearl, MD, department head of vascular surgery. “If a patient still has problems or has the vascular form of the disease, we can take a more aggressive approach and correct the problem surgically.”

While anyone can be at risk, it is most common among athletes and others who practice repetitive arm motions. Symptoms include pain, numbness, tingling and weakness in the arm, chest and/or neck. Some forms of the condition are more serious and can include aneurysms and blood clots.

Since we have gained a national reputation for expertise in the treatment of thoracic outlet syndrome, athletic trainers and physicians nationwide refer patients to us for treatment. Over the past year, we have managed more than 118 cases.

“The goal is getting the patient back to full activity and doing whatever they want to do,” Dr. Pearl says.
Cardiac Rehab
Our program draws on a multidisciplinary team that includes internal medicine physicians, registered nurses, exercise specialists, registered dietitians and social workers in a carefully designed program that is tailored to your specific needs. Offered in three phases, our program features monitored physical activity in which you gradually increase the efficiency of your heart and lungs, strengthening your body’s muscles while gaining the confidence you need to return to daily life.

Return to Work Lab™ – Live Your Action Potential
The only one of its kind in North Texas, the Return to Work Lab™ follows industrial athletes and those with jobs that require higher intensity levels after heart procedures to evaluate when their heart is physically ready to return to work. The goal of the Return to Work Lab is to train patients to achieve the fitness level necessary for them to safely perform required job duties upon return to work and/or activities of daily living.

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

After successfully completing this program, participants are confident that they are ready for the demands of their job – and so are their family members, physicians, employers and coworkers.

Cardiology

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<td>The Effect of Chief Angiographic Measurements (CAM) on Blood Levels of Homocysteine and Metabolites in Patients with Renal Insufficiency</td>
<td>East, Cara, MD</td>
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<td>A Randomized, Controlled Trial of the Methrocal Drug Eluting Drug (MT-570) Eluting Coronary Stent System versus the Taxus Fractalius Eluting Coronary Stent System in Its Novel Native Coronary Artery Lesions</td>
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<td>A Double-Blind, Randomized, Placbo-controlled, Multicenter Study to Assess the Efficacy and Safety of Daptomycin with Treat for Mortality and Morbidity in Heart Failure (HF) Subjects with Supraventricular Left Ventricular Systolic Dysfunction and Atria</td>
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<td>Evaluation of Sodium Bicarbonate to Reduce Contrast-Induced Nephropathy (CIN) in Subjects with Advanced Chronic Kidney Disease (CKD) who are Undergoing Angiography</td>
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Innovations | Measuring Innovation in Heart and Vascular Care

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<tr>
<td>Phase II</td>
<td>5,419</td>
<td>4,583</td>
<td>4,253</td>
<td>4,874</td>
<td>4,869</td>
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<td>Phase III*</td>
<td>2,830</td>
<td>2,930</td>
<td>3,326</td>
<td>3,308</td>
<td>3,185</td>
<td>2,444</td>
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*Phase II is a supervised outpatient program of individually prescribed exercise with continuous or intermittent ECG monitoring.
**Phase III is a long-term program generally including both clinical supervision by an exercise professional or nurse and intermittent ECG monitoring.
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<td>Advika MRI System Study</td>
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<td>Collector Ablation Versus Anti-arrhythmic Drug Therapy for Atrial Fibrillation (CARABIN Trial)</td>
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<td>A Randomized, Double-Blind, Placebo-Controlled, Event-Driven Trial Of Quarterly Subcutaneous Canekinamab in the Prevention of Recurrent Cardiovascular Events Among Patients Post-Staphylococcus Infection With Extended Indexing the CANOKISS Trial</td>
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<td>A Randomized, Double-Blind, Placebo-Controlled, Parallel Group Study To Determine Whether In Patients With Type 2 Diabetes at High Risk for Cardiovascular and Renal Events, Ablation, On Top of Conventional Treatment, Reduces Cardiovascular and Renal Mortality</td>
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<td>Natural History of Aortic Desection</td>
<td>Roberts, William, MD</td>
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<td>A Randomized, Double-Blind, Placebo-Controlled, Event-Driver Trial Of Quarterly Subcutaneous Canekinamab in the Prevention of Recurrent Cardiovascular Events Among Chronic Post-myocardial Infarction Patients With Severe Angina CRF</td>
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<td>Clinical and Pathologic Evaluation To Determine the Causes of Aortic Desection</td>
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<td>Gore Expression Profiling of Mitral Valve Prostheses</td>
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<td>Determination of Effectiveness of the SilverHawk® Peripheral Plaque Excision System (SilverHawk Device) for the Treatment of Infrarenal Vessels / Lower Extremities (DEFINITIVE LE)</td>
<td>Johnson, Kenneth, PhD</td>
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<td>Subcutaneous Outcome Comparison Between Subjects Who Receive Usual Care Versus Those Who Receive Activity Discharge Instructions From a Clinical Exercise Specialist</td>
<td>Adams, Jenny, PhD</td>
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<td>Infrarenal Delivery of Autologous Bone Marrow Cells in Patients With Heart Failure Due To Dilated Cardiomyopathy</td>
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<td>High-Intensity, Occupation-Specific Training for Firefighters in a Phase II Cardiac Rehabilitation Program</td>
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<td>Evaluation of a New Method of Relieving Pain Associated with Intropulmonary Tubes Following Thoracic or Cardiac Surgery</td>
<td>Hobelec, Jr., Robert, MD</td>
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<td>Off-Mapping Ethnotic Aortic Valvulopathy And Trepair AF (CRYSTAL AF)</td>
<td>Assan, Manish, MD</td>
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<td>Evaluation of the Safety and Efficacy of Short-term A-002 Treatment in Subjects With Acute Coronary Syndromes: VISTA-16 (Maximal Inflammation Suppression in Acute Coronary Syndromes for 16 Weeks A-002)</td>
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<td>A Prospective, Single-Blind, Randomized, Multi-Center Study Comparing the CYPHER ELITE to the CYPHER Bx VELOCITY (Vascular Inflammation Suppression to Treat Acute Coronary Syndrome for 16 Weeks) A-002</td>
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<td>Feasibility Study of Autologous Concentrated Bone Marrow Nucleated Cell Therapy for Congestive Heart Failure Patients Undergoing Treatment With Coronary Artery Stenting (CAMG Surgery)</td>
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<td>SOX6 Expression in Pancreatic Islet Cells</td>
<td>Grayburn, Paul, MD</td>
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<td>Evaluation of a New Method of Relieving Pain Associated with Intropulmonary Tubes Following Thoracic or Cardiac Surgery</td>
<td>Hobelec., Jr., Robert, MD</td>
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<td>REST-ABLE Long Term Multi-Center Extension of Dagabatin Treatment in Patients With Atrial Fibrillation who Completed the RE-LY Trial and a Double Randomized Trial To Assess the Effect of a Knowledge Translation Intervention on Patient Outcomes</td>
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## Cardiology

### Clinical Trials and Studies

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<td><strong>PLATINUM</strong></td>
<td>A prospective, Randomized, Multicenter Trial to Assess an Everolimus-Containing Coronary Stent System (PRIUS Element) for the Treatment of Up to Two De Novo Coronary Artery Lesions</td>
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<td>A randomized, double-blind, placebo-controlled, parallel-group, multicenter study to evaluate cardiovascular outcomes during treatment with daco�umab in type 2 diabetes patients after an acute coronary syndrome event</td>
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<td>Experience with Endovascular Aortic Aneurysm Repair at BUMC</td>
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<td>Evaluation of the GORE ACUSIA Vascular Graft for Hemodilution Access</td>
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<td>Nursing and Clinical Observation: Femoral Access Risk Factors During Left Heart Catheterizations Leading to Additional Hospitalizations and Vascular Surgical Intervention</td>
<td>Gonzalez, Julie, RN</td>
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<td>Vascular Filter Placement Using Intravascular Ultrasound (IVUS)</td>
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<td>A Randomized, Double-Blind, Placebo-Controlled, Parallel-Group Study to Determine Whether, in Patients with Type 2 Diabetes at High Risk for Cardiovascular and Renal Events, Alfuzosin, on Top of Conventional Treatment, Reduces Cardiovascular and Renal Events</td>
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<td>A Randomized, Double-Blind Parallel-Group Study of Cardiovascular Safety in Orthotopic or Reconstructed Aortic Patients with or at High Risk for Cardiovascular Disease comparing Celecoxib with Naproxen and Ibuprofen (PRECISION)</td>
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<td>A Study of the Enovy Endovascular Valve Repair System (CVRS) Endovascular Valve Edge-to-Edge Repair Study EVEREST II</td>
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### Journal Articles (2011)


34. Schussler JM. Effectiveness and safety of transradial access for cardiac catheterization. Baylor University Medical Center Proceedings; 2011;24:205-209.

35. Schussler JM. Effectiveness and safety of transradial access for cardiac catheterization. Baylor University Medical Center Proceedings; 2011;24:205-209.


41. Shoemake BD, Patterson BA, Schussler JM. Clinical Significance of a Single Coronary Artery Arising from the Right Sinus of Valsalva With the Left Anterior Descending Anterior to the Pulmonary Artery and a Retro-aortic Left Circumflex. American Journal of Cardiology; 2011;108:1196.

42. Shoemake BD, Patterson BA, Schussler JM. Clinical Significance of a Single Coronary Artery Arising from the Right Sinus of Valsalva With the Left Anterior Descending Anterior to the Pulmonary Artery and a Retro-aortic Left Circumflex. American Journal of Cardiology; 2011;108:1196.

43. Shoemake BD, Patterson BA, Schussler JM. Clinical Significance of a Single Coronary Artery Arising from the Right Sinus of Valsalva With the Left Anterior Descending Anterior to the Pulmonary Artery and a Retro-aortic Left Circumflex. American Journal of Cardiology; 2011;108:1196.


31. Roberts WC, Jannig KG, Ko JM, Filardo G, Matter GJ. Frequency of Congenitally Bicuspid Aortic Valves in Patients ≥80 Years of Age Undergoing Aortic Valve Replacement for Aortic Stenosis (With or Without Aortic Regurgitation) and Implications for Transcatheter Aortic Valve Implantation. American Journal of Cardiology 2012;109:1632-1636.


43. Patankar GR, Donsky MS, Schussler JM. Delayed takotsubo anomaly?: Very high takeoff of the left main coronary artery above the left coronary sinus. Texas Heart Institute Journal 2012;39:538-541.

42. Rosenthal RL, Carrothers IA, Schussler JM. Benign or malignant anomaly?: Very high takeoff of the left main coronary artery above the left coronary sinus. Tex Heart Inst J. 2012;39(4):538-541. Texas Heart Institute Journal


Employee Research and Publications


36. Roberts WC, Vowels TJ, Ko JM, Guilleayro JM. Acute Aortic Dissection With Tear in the Ascending Aorta Not Diagnosed Until Necropsy or Operation (for Another Condition) and Comparison to Similar Cases Receiving Proper Operative Therapy. The American Journal of Cardiology 2011;107:728-735.


34. Roberts WC, Vowels TJ, Ko JM, Guilleayro JM. Acute Aortic Dissection With Tear in the Ascending Aorta Not Diagnosed Until Necropsy or Operation (for Another Condition) and Comparison to Similar Cases Receiving Proper Operative Therapy. The American Journal of Cardiology 2011;107:728-735.
This year the Baylor Jack and Jane Hamilton Heart and Vascular Hospital celebrated its 10th anniversary. The hospital opened in 2002 as the first in North Texas dedicated solely to the care and treatment of heart and vascular patients. Today, BHVH is the only hospital in Dallas County with that focus.

In the past 10 years, our employees and the physicians on our medical staff have worked together to provide patients with outstanding service, quality care, and advanced heart and vascular treatments. The collaborative focus and commitment to excellence has again led to impressive results in FY 2012.

- **All employee retention rate:** 95.2%
- **2012 Magnet award for “Excellence in Nursing”**
- **12,270 non-invasive procedures**
- **96.5% satisfaction overall rate - inpatients & outpatients**
- **22,625 admissions & registrations**
- **96.5% overall satisfaction rate among inpatients & outpatients**
- **Friendliness of staff:** 97.2%
- **Post-procedure mortality rate:** 0%
- **Press Ganey Summit Award, second year in a row**