OUTCOMES BOOK 2024

EXCELLENCE. INNOVATION. **PASSION.**

Transforming Cardiovascular Care





Thank you to the following team members for their outstanding contribution in creating this outcomes book: Susan Dorval, Natalie A. M. Lewis, Deborah Bray, Ellie Huff, Wirt "Stoney" Jackson, Anthony McClure, Timothy Dolan, Jawaun "Richie" Roberson, Sean Badger-Bolt Photography



CONTENTS

6	Quality Awards 2024
8	Overall Volumes
10	Cardiovascular Disease
14	Thoracic and Robotic Surgery
16	Valve and Structural Heart Disease
18	Vascular Disease
20	Advanced Aortic Disease
22	Electrophysiology
24	Advanced Heart Recovery
26	Advanced Cardiovascular Imaging
28	Hospitalist and Intensivist Programs
29	Office of Professionalism and Well-Being
30	Nursing Excellence
32	Supportive Palliative Care
33	Pastoral Care
34	Works of Heart
36	Patient Education
37	Charities and Outreach
38	STAR Award Recipients
39	Clinical Research
40	Graduate Medical Education and the Cardiovascular Institute
42	Foundation for Advanced Cardiovascular Education & Training
43	Regional Cardiac Care
44	Active Trials
46	Selected Publications
50	Board of Managers
51	Physician Partners

- 59 Administrative Leadership
- 60 Medical Staff
- 64 In Memoriam



SCAN TO LEARN MORE



AT THE HEART OF EVERY DECISION, ACTION AND STRATEGY LIVES OUR QUEST TO PROVIDE THE HIGHEST QUALITY AND INNOVATIVE CARDIOVASCULAR CARE FOR OUR PATIENTS."

DAVID L. BROWN, MD PRESIDENT EMERITUS OF MEDICAL STAFF AFFAIRS

WARM WELCOME

At Baylor Scott & White The Heart Hospitals, excellence, innovation and passion have driven everything we do since 2007.

OUR DEDICATION TO these core values is evident in the impressive growth and accolades we have achieved this past year. While we are excited about the achievements highlighted in this book, we are even prouder of our forward-thinking cardiovascular care teams, who continue to push boundaries to pursue innovations for the thousands of guests who turn to The Heart Hospitals each year.

From our medical leadership participating in national and international clinical trials to our charity work serving cardiac patients in Haiti, we continue to expand our reach globally. Our graduate medical education programs are highly sought after by the top medical students in the country, exemplifying our commitment to investing in the future healthcare leaders of tomorrow.

These accomplishments would not be possible without the unwavering dedication of our physicians, nurses, advanced practice providers and hospital support personnel, who believe in our mission to transform cardiovascular health and wellness. In summary, it is the exceptional people of The Heart Hospitals who help us deliver on the promise of hope, healing and health.



Makal MARK A. VALENTINE

President Baylor Scott & White The Heart Hospital – Plano Baylor Scott & White The Heart Hospital – Denton Baylor Scott & White The Heart Hospital – McKinney



DAVID L. BROWN, MD President Emeritus of Medical Staff Affairs Baylor Scott & White The Heart Hospital - Plano Baylor Scott & White The Heart Hospital - Denton Baylor Scott & White The Heart Hospital - McKinney



QUALITY AWARDS 2024

AMONG THE HEART AND VASCULAR HOSPITAL ELITE



Among the **first four hospitals nationwide and first in Texas** to be verified



3-Star rating out of **3 stars** in all 5 STS categories for Plano

3-Star rating in **1 STS** category for Denton



Achieved VQI 3-Stars for both Plano and Denton Top 12% of hospitals



21st in US Comprehensive Cardiac Care



Carotid Quality





2024 Premier **Top 50** Cardiovascular Hospital

2024 **#30 in the** United States

U.S. NEWS & WORLD REPORT HIGH PERFORMING RECOGNITIONS



NATIONALLY RECOGNIZED AS THE BEST



Plano: Magnet Nursing Designation



Denton: Magnet Pathway Designation



Silver Level Award



Press Ganey: **Pinnacle and Guardian of Excellence** Plano and Denton multi-time award winner

Gold Center of Excellence for ELSO



2024 150 Top Places to Work in Healthcare



2024 Top 8% nationally for Plano and Denton



OVERALL VOLUMES

BAYLOR SCOTT & WHITE THE HEART HOSPITALS BY THE NUMBERS

FISCAL YEAR 2024







16,131 PATIENT VISITS

17,304 REGISTRATIONS

22 BEDS

1,173 Admissions

577 SURGICAL PROCEDURES

2,563 CARDIOVASCULAR PROCEDURES **McKINNEY**



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13,872 REGISTRATIONS

13,370 PATIENT VISITS

4 BEDS

> 502 ADMISSIONS

2,825 CARDIOVASCULAR PROCEDURES



CARDIOVASCULAR CARE DESIGNED FOR THE MOST COMPLEX CARDIAC CASES

AS ONE OF THE BUSIEST, most comprehensive cardiovascular centers, we maintain superior quality and nationally recognized patient outcomes. We have **received the highest star ratings in CathPCI by the American College of Cardiology.** Our heart team pioneered the multidisciplinary, patient-centered approach, enabling us to determine the most appropriate treatment for efficient, personalized care.

INTERVENTIONAL CARDIOLOGY

Ranked among the nation's leading cardiovascular centers for comprehensive services, we prioritize timely delivery of exceptional clinical care, contribute to scientific advancement through clinical trials, integrate innovative technology and lead the way in cardiovascular education.

HIGH-RISK SERVICE TEAM

We continue to provide highly specialized care for the most complex cardiovascular conditions and optimize outcomes for high-acuity patients. Our team is available 24/7 for consultation and collaborative planning to develop tailored treatment plans for these patients, with the goal of supporting patients and providers and delivering the best possible care.

ON THE HORIZON

- Newly approved drug-coated balloons for treatment in restenosis stents.
- Advances in the assessment and treatment of coronary microvascular disease for patients with angina and obstructive CAD, ischemia with no obstructive CAD or myocardial infarction with no obstructive coronary arteries.
- Advancement in testing hypertension with renal denervation through the advanced hypertension clinic.





PLANO & DENTON



A 4-star rating is the highest rating awarded by the American College of Cardiology and National Cardiovascular Data Registry.

ACCOMPLISHMENTS

- In 2024, achieved initial Comprehensive Cardiac Center
 Certification in Plano, the first facility in Collin County, third in Texas and 21st in the US to receive this certification.
- Observed mortality of 0.9% in Plano and 0.3% in Denton, compared with the registry average of 2%.
 - Risk standardized acute kidney injury (AKI) of 6.25 in Plano and 6.5 in Denton, compared with the registry average of 7.68.
 - Risk standardized bleeding of 1.68 in Plano and 1.27 in Denton, compared with the registry average of 2.38.
- Leaders in several multinational, multicenter clinical trials aimed at advancing science in the field of interventional cardiology.

INNOVATIONS

- Using co-registration in coronary artery imaging, allowing us to align different imaging techniques and better understand the heart's anatomy, which can help reduce the risk of complications during certain procedures.
- Technological advances in atherectomy, lithotripsy, specialty scoring balloons and ultra-high-pressure balloons.
- Ultra-low contrast PCI techniques, such as dynamic coronary road mapping, intravascular ultrasound and coronary physiology, to reduce contrast consumption and help mitigate the risk of CA-AKI.
- Continued improvement with our CTO outcomes and successful interventions.
- Using renal denervation as a minimally invasive approach for patients resistant to traditional hypertensive treatments.

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WHEN CLINICIANS AND CONSUMERS HEAR BAYLOR SCOTT & WHITE THE HEART HOSRITALS, WE WANT THEM TO THINK ABOUT QUALITY AND CLINICAL **EXCELLENCE IMMEDIATELY.** WE ARE DELIVERING ON OUR COMMITMENT TO EXCELLENCE THROUGH EXTENSIVE ONGOING EDUCATION EFFORTS-THE CARDIOLOGY FELLOWSHIP PROGRAM, CADAVER LAB SESSIONS AND. MOST/SIGNIFICANTLY. INTERNATIONAL PROGRAMS. SUCH AS DALLAS PCI AND LIVE CASES-AND THROUGH INNOVATIVE CARE WITHIN OUR COMMUNITY AND WORLDWIDE."

SRINIVASA P. POTLURI, MD CHAIRMAN, CARDIOVASCULAR MEDICINE

KARIM M. AL-AZIZI, MD MEDICAL DIRECTOR, CARDIAC CATHETERIZATION LABORATORY





CARDIAC SURGERY

AMONG CARDIAC SURGERY'S ELITE NATIONALLY

SCAN TO LEARN MORE

Coronary Artery Bypass Graft Aortic Valve Replacement Aortic Valve Replacement + CABG Mitral Valve Repair/Replacement Mitral Valve Repair/Replacement + CABG

STS CATEGORY VOLUMES (ROLLING THREE YEARS ENDING DEC. 2023)

PROCEDURE TYPE	PLANO	DENTON	
Isolated CABG	1,540	986	
AVR	264	30	
AVR + CABG	197	39	
MVRR	651	11	
MVRR + CABG	95	6	

ACCOMPLISHMENTS

- Baylor Scott & White The Heart Hospital Plano and Denton continue to maintain elite status with the STS in its latest published report. Plano maintained the highest three-star rating in all five categories from STS, and Denton maintained its threestar rating in isolated coronary artery bypass graft (CABG).
- Plano is one of the three busiest cardiac surgery programs in the United States, meaning our patients have access to some of the most experienced surgical care in Texas.
- Plano has an isolated CABG mortality rate of 0.32%, compared with the STS national average of 2.1%.
- Denton has maintained a 0% mortality rate in aortic valve replacement plus CABG procedures for the past seven years.
- We **initiated a robotic aortic valve replacement program** in Plano, complementing the many cardiovascular treatments offered at our facilities.
- The robotic isolated CABG mortality rate in Plano has remained at 0% for the past five years.
- Robotic cardiovascular surgery has **grown by 159%** over the last three years.
- We have implemented a strong enhanced recovery after surgery (ERAS) program that focuses on pre- and postoperative care to decrease post-operative length of stay in patients undergoing isolated CABG.

INNOVATIONS

- The Plano location performs convergent procedures for patients with chronic atrial fibrillation, allowing a collaborative approach between cardiovascular surgeons and electrophysiologists.
- Our cardiovascular surgeons perform the technically challenging Commando procedure, which involves division of the intervalvular fibrous body, mitral valve replacement and aortic valve replacement.
- We have successfully developed a pathway to initiate next-day discharge for robotic mitral valve surgery.
- With our patient-centered approach, we developed a robust nurse navigation program for inpatient coordination with the goal of shortening length of stay and decreasing readmissions. The program manages pathways for patients and families while in-house and four weeks post-discharge.

OUR TEAM'S COMMITMENT: RELENTLESS PURSUIT OF EXCELLENCE THAT FUELS GROWTH THROUGH ANALYSIS OF CLINICAL RESULTS, THOUGHTFUL INCORPORATION OF INNOVATION, AND ENHANCING OUR REPUTATION IN THE COMMUNITY AND REGION. WE ARE ALWAYS PUSHING THE BOUNDARIES TO **IMPROVE THE CARE WE PROVIDE, AIMING TO** TRANSFORM THE FIELD OF CARDIAC SURGERY FOR PATIENTS."

ROBERT L. SMITH II, MD MEDICAL DIRECTOR, CHAIR OF CARDIOVASCULAR SURGERY

CARDIOTHORACIC ROBOTIC GROWTH





A LEADING CENTER IN THORACIC AND ROBOTIC SURGERY

BAYLOR SCOTT & WHITE THE HEART HOSPITAL- PLANO remains at the forefront of thoracic and robotic surgery, continually striving to improve patient care through innovation, dedication and advanced medical practices. Thoracic and robotic surgery continue to grow with a significant increase in the utilization of robotic platforms. Our growth has enhanced our capabilities and solidified our status as one of the busiest robotic centers in the world. The Plano location is a leading center

that proctors other institutions in robotic thoracic and cardiac surgery techniques. Our commitment to excellence ensures that we provide our patients with the highest quality of care backed by the latest technological advancements and a highly skilled medical team.

ACCOMPLISHMENTS

- **Strong growth in robotic surgeries:** Plano has seen a significant 36% growth over the past two years.
- Expansion of minimally invasive robotic
 technologies: We have successfully expanded
 the use of minimally invasive robotic
 technologies for foregut surgery, improving
 patient outcomes and decreasing the length of
 hospital stays.
- **Excellent patient outcomes:** Our lung cancer surgery population has achieved a remarkable 0% mortality rate.
- Increased thoracic surgery volume: We continue to see growth in thoracic surgeries, particularly for esophageal cancer and other foregut surgeries.

INNOVATIONS

- Focus on collaboration: We have established a yearly Foregut Cancer Symposium that focuses on diagnosing and treating cancers in the esophagus, stomach and upper intestines. This multidisciplinary event involves thoracic surgery, surgical oncology, gastroenterology, medical oncology and radiation oncology.
- **Use of CYTALUX®:** A thoracic surgeon on our medical staff has initiated the use of this FDA-approved prescription medication administered intravenously to adult patients suspected of needing lung cancer surgery. This innovative medication enhances the visualization of lung cancer lesions during surgery.
- Advancements in robotic technologies: The Plano location continues to grow in robotic technologies, and state-of-the-art robotic platforms are actively being investigated to advance future healthcare for our community.

THORACIC VOLUME





Date range for all data is June 2023-May 2024.

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WE EMBRACE A COMMITMENT THAT POSSESSES AN IN-DEPTH UNDERSTANDING OF PATHOPHYSIOLOGY, DIAGNOSIS AND TREATMENT OF THORACIC AND FOREGUT DISEASE WHILE DEVELOPING A BROAD RANGE OF SPECIALIZED TREATMENT PLANS FOR OUR LUNG AND FOREGUT POPULATION."

ANDREW NGUYEN, MD REGIONAL MEDICAL DIRECTOR AND CHIEF OF THORACIC SURGERY



THORACIC OUTCOMES - FY24

STS THORACIC PROCEDURE FY24	LOBECTOMY	SEGMENTECTOMY RESECTION	
Volume	49	5	
PFT Complete	100% (95.53%)	100% (93.37%)	
Unexpected Invasive Procedures	0% (3.13%)	0% (1.77%)	
Mortality	0% (0.57%)	0% (0.17%)	

% = Plano performance (%) = STS GT registry average



BaylorScott&White



A TEAM APPROACH TO VALVE AND STRUCTURAL HEART DISEASE CARE

AS ONE OF THE NATION'S FIRST AND BUSIEST

STRUCTURAL HEART PROGRAMS, Baylor Scott & White The Heart Hospital – Plano offers comprehensive care for aortic, mitral, tricuspid and pulmonic valve interventions and leads several national clinical trials that keep us at the forefront of medicine. Through our heart team approach, each patient is reviewed by a multidisciplinary team to provide a personalized treatment plan and maximize quality of life and outcomes.



M-TEER YEAR-OVER-YEAR GROWTH

ACCOMPLISHMENTS

ANC

- We participate in the ALIGN-AR trial, which uses a transcatheter approach for aortic valve implantation in patients with high-risk symptomatic native aortic regurgitation.
- While the hospital is a pioneer in transcatheter aortic valve replacement (TAVR), we also focus heavily on adult congenital heart disease, which includes percutaneous prosthetic valve repair, atrial septal device use, pulmonic replacement, anomalous vein issues, and both percutaneous and open surgical options, including treatment of hypertrophic obstructive cardiomyopathy.
- We lead the nation in expertise with the Ross procedure, with three physicians capable of performing it. (See Page 20 for additional insight.)
- Our valve and structural heart clinics continue to expand to increase the availability of comprehensive valve care in North Texas.

INNOVATIONS

- Strong focus on evaluating the latest generations of TAVR valves to expand treatment options for patients who haven't typically been candidates.
- The only hospital in the North Texas region using electrosurgery, a cutting-edge structural intervention, in both aortic and mitral leaflet division.
- Initiated separate robotic aortic valve replacement to expand minimally invasive options for aortic valve surgery.
- Continue to lead the way in mitral valve disease treatment through various clinical trials focusing on transcatheter mitral valve replacement technologies, to expand our program and provide treatment options for a broader range of patients.
- Innovating care for tricuspid regurgitation as one of the TRISCEND II sites that performed the first two cases of transcatheter tricuspid valve repair in the US, which led to FDA approval.

BAYLOR SCOTT & WHITE HEART -PLANO HAS ALWAYS EMBRACED INNOVATION AND DISRUPTIVE TECHNOLOGY, RECOGNIZING THESE AS KEY TO ADVANCING SCIENCE AND EXPANDING PATIENT TREATMENT OPTIONS. WE HAVE BECOME ONE OF THE LEADING HOSPITALS FOR STRUCTURAL HEART CARE BY RELENTLESSLY FOCUSING ON HIGH-QUALITY, PATIENT-CENTERED CARE."

MOLLY SZERLIP, MD REGIONAL MEDICAL DIRECTOR, STRUCTURAL HEART PROGRAMS



TAVR HISTORICAL CUMULATIVE VOLUME PLANO AND DENTON

STRUCTURAL HEART OUTCOMES FY24

COMPLICATION	PLANO	M-TEER REGISTRY AVERAGE
In-House Mortality	0%	1.5%
Stroke	0%	0.4%
Acute Care Kidney Injury	0%	0.8%
Disabling Bleeding	0%	0.9%
Atrial Septal Defect Closure	0%	2.0%



VASCULAR DISEASE: INNOVATION THAT IMPROVES OUTCOMES

VASCULAR CARE AT Baylor Scott & White The Heart Hospitals integrates a multidisciplinary team and vascular specialists to offer a comprehensive care model for patients with peripheral vascular disease. Services encompass aortic disease, complex arterial reconstruction, limb salvage, pulmonary embolism, venous disease and advanced wound care. These peripheral vascular diseases can be treated with an endovascular and open approach.

ACCOMPLISHMENTS

- Our teams initiated an enhanced recovery after surgery program to improve outcomes, speed recovery times and decrease hospital length of stay for patients.
- Serving as only one of four hospitals in the nation-and
 the first in Texas and the Southwest-to attain the
 status of Vascular Verification through the American
 College of Surgeons in collaboration with the Society
 for Vascular Surgery. This designation is awarded
 to facilities that demonstrate commitment to the
 highest standard of vascular care and consistently
 strive to minimize complications, improve outcomes,
 save lives and preserve limbs.
- Due to the strength and expertise of our vascular program, two staff physicians are reviewers for the Vascular Verification.
- For the ninth and fourth years in a row, respectively,
 Plano and Denton have been awarded the SVS/VQI

Three-Star Rating, placing the hospitals among the top12% in the nation for quality in vascular surgery.

Plano has developed a patient-centered process that encourages patients to actively participate in their care through shared decision-making. The Centers for Medicare & Medicaid Services has required this for carotid angioplasty and stenting, but our vascular care team has implemented it for all carotid procedures with patients.

Two of our vascular APPs–Gabriell Grayson and Liza Singh– received the Award for Clinical Excellence in Vascular Nursing from the Society for Vascular Nursing for outstanding clinical skill and direct patient care delivery.





Gabriell Grayson, DNP, APRN, ACNP-BC, CV-BC

Liza Singh, MSN, RN, AGACNP-BC

INNOVATIONS

Plano recently opened a new, state-of-the-art operating suite with FORS technology that enhances visibility and reduces radiation exposure time. We are one of only five hospitals in the nation to adopt this technology, which improves our ability to perform complex aortic cases less invasively, reducing hospital stays and recovery time for our patients.

VASCULAR OUTCOMES FY24

PROCEDURE	PROCEDURE VOLUME	CVA IN-HOSPITAL
Carotid Stent	125	0.8%
Carotid Endarterectomy	147	0.7%
Infrainguinal Bypass	26	0%
Endo AAA Urgent	6	0%
Endo AAA Nonurgent	55	0%
Open AAA Urgent	1	0%
Open AAA Nonurgent	11	0%
TEVAR Urgent	5	0%
TEVAR Nonurgent	62	1.5%

OUR VASCULAR SERVICE LINE CONTINUES TO PURSUE NEW AND INNOVATIVE TECHNOLOGIES THAT ALLOW US TO PROVIDE CUTTING-EDGE TREATMENT OPTIONS FOR ALL OUR PATIENTS. WITH THE ADDITION OF OUR NEW HYBRID SUITE, WE CAN CONTINUE TO PROVIDE THIS SERVICE WITH LESS-INVASIVE PROCEDURES WHILE AT THE SAME TIME ALLOWING FOR LESS RADIATION EXPOSURE AND IMPROVED IMAGING FOR SHORTER PROCEDURE TIMES."

DENNIS R. GABLE, MD, FACS, DFSVS, RVT CHIEF OF VASCULAR AND ENDOVASCULAR SURGERY

ELEVATING CARE FOR PATIENTS WITH **ADVANCED** AORTIC DISEASE

BAYLOR SCOTT & WHITE THE HEART HOSPITAL -

Plano offers a comprehensive care model uniquely designed by a team of specialists dedicated to innovation and treatments for complex aortic disease. Our aortic team includes geneticists, interventional cardiologists, vascular surgeons, radiologists and cardiothoracic surgeons. We provide advanced treatment options, including minimally invasive repairs, endovascular grafts, robotic surgery and hybrid surgical approaches for the aortic root, thoracic aorta, abdominal aorta and complex aortic valve repairs.

ACCOMPLISHMENTS

- Plano has seen a two-year growth of 106% with the resurgence of the Ross procedure. Being the only aortic valve replacement demonstrated to restore life expectancy to normal, we are leading the way in increasing access to the Ross procedure. During this time, Plano has experienced 0% stroke, re-operation for valve dysfunction, post-operative aortic re-intervention and renal failure.
- With cutting-edge technology and skilled surgeons,
 Plano has achieved a rate of 0% with CVA, re-intervention,
 spinal ischemia and MI post-urgent thoracic endovascular
 aortic repairs. Additionally, the post-operative length
 of stay for this population has been reduced to just
 3.8 days, a 56% reduction from the previous year.
- With the growth of valve-sparing aortic root surgeries,
 Plano has experienced a 0% mortality rate over the
 last three years.
- Within the acute Type A dissection population—the highest risk cohort—we achieved a 0% stroke rate and 16% 30-day mortality rate, both superior to national benchmarks.
- Thoracic aortic aneurysm repair performed electively achieved a 0.9% stroke rate and 0.4% mortality rate, again accomplishing better than national benchmarks.



WILLIAM BRINKMAN, MD MEDICAL DIRECTOR, THORACIC AORTIC SURGERY PROGRAM

MAZIN FOTEH, MD MEDICAL DIRECTOR, AORTIC THERAPY AND INNOVATION

INNOVATIONS

- Developed a strong publication supporting the durability of valvesparing root replacement (VSRR) in bicuspid and tricuspid aortic valves showing that VSRR can be safely performed on patients with BAV and TAV morphology, yielding similar midterm freedom from mortality, recurrent >2+ AI, and reoperation.
- Spearheading the North American Ross Consortium with three other centers.
- One of fewer than 40 centers in the US to actively participate in the International Registry of Acute Aortic Dissection (IRAD), a consortium of research centers evaluating the current management and outcomes of acute aortic dissection and intramural hematoma.
- Actively enrolling patients in the ARISE II trial, a pivotal clinical trial using minimally invasive stent graft technology to treat the ascending aorta.



THORACIC AORTIC PROCEDURES (PLANO)

Date range for all data is June 2023-May 2024.







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ELECTROPHYSIOLOGY FOCUSED ON OPTIMIZING RESULTS

THE DEDICATED ELECTROPHYSIOLOGY team at Baylor Scott & White The Heart Hospitals is a unified and cohesive group focusing on safe, quality outcomes. The team's unwavering commitment to creating a patient-centered care model has led to hard-earned recognition and success.

Electrophysiology continues to add new physicians to meet our growing community needs, ensuring our patients can receive electrophysiology heart care promptly while always striving to incorporate innovative technologies.

ACCOMPLISHMENTS

- Involved in clinical trials for and were early adopters of pulsed-field ablation technology for treating atrial fibrillation, placing Baylor Scott & White The Heart Hospital – Plano among the top three centers in the US for utilizing this technology.
- Full participation in the EP Device Implant Registry (EPDI), a rigorous national monitoring platform that tracks quality outcomes in a way that compares facilities across the country.
- Accomplished a 0% mortality score for CRT-P, Leadless, HIS bundle and Left Bundle procedures at all three locations.
- Maintained a 0% mortality for left atrial appendage occlusion (LAAO) device procedures while fostering a **4% volume growth.**
- · Successfully graduated Plano's first electrophysiology fellow.
- Streamlined MRI scanning of patients with cardiac implantable electronic devices.

ON THE HORIZON

Applying to obtain formal ACC Electrophysiology Accreditation, a recognition secured by only six other facilities in Texas and 41 in the US, demonstrating our commitment to quality and patient safety.



LEFT ATRIAL APPENDAGE OCCLUSION (LAAO) VOLUME



ABLATION VOLUME: THREE-MONTH COMPARISON WITH AND WITHOUT PFA



OUR SKILLED ELECTROPHYSIOLOGY PHYSICIANS, ADVANCED PRACTICE NURSE PRACTITIONERS, ELECTROPHYSIOLOGY FELLOWS, CARDIOLOGY FELLOWS, REGISTERED NURSES AND TECHS ALL WORK TOGETHER AS A TEAM, GUIDED BY OUR FOUNDATIONAL PRIORITIES OF OPERATIONAL SAFETY, HIGH-QUALITY CARE, ZERO MORTALITY AND PATIENT SATISFACTION."

ADAM SHAPIRA, MD MEDICAL DIRECTOR, ELECTROPHYSIOLOGY MEDICINE

BRIAN DEVILLE, MD REGIONAL MEDICAL DIRECTOR, ELECTROPHYSIOLOGY MEDICINE

INNOVATIONS

Utilizing pulsed-field ablation technology, which is growing in popularity due to its success rate, shorter procedure time, reduced radiation exposure for patients and, in many cases, sameday discharges.

LAAO OUTCOMES FY24	PLANO	DENTON	REGISTRY AVERAGE
Observed Mortality	0%	0%	O.1%
Major Complication	1.14%	0.51%	1.3%
Bleeding	0%	0%	0.2%
Stroke	0%	0%	O.1%



RETHINKING CARE FOR COMPLEX HEART RECOVERY

THE PASSIONATE TEAM with our Advanced Heart Recovery program comprises cardiologists, surgeons and heart failure specialists who offer our community a tailored plan of care for optimal patient outcomes.

ACCOMPLISHMENTS

- Grew the left ventricular assist device (LVAD) program at Baylor Scott & White The Heart Hospital – Plano to one of the largest destination therapy programs in the country.
- Developed an enhanced outreach strategy by connecting with other centers in Texas to collaborate on better care for cardiogenic shock.
- Expanded heart recovery clinics in underserved rural communities.
- Actively participated in over 15 national trials, including the EMPACT-MI trial, for developing treatment plans to lower the risk of heart failure and death in our MI population, and the CRISPR trial, using a technology for gene editing to study the genetic basis of the

disease in the amyloid population.

- Obtained recertification for LVAD and heart failure, supporting our commitment to providing the best possible care and outcomes.
- Achieved initial Comprehensive Cardiac Center
 Certification at the Plano location, the first facility in
 Collin County, third in Texas and 21st in the US to receive this certification.
- Received Foundation for Sarcoidosis Research Center of Excellence certification for our sarcoidosis Clinic. There has also been remarkable growth of the hypertrophic cardiomyopathy, amyloid, heart failure with preserved ejection fraction and adult congenital heart disease clinics.

WE OFFER COMPREHENSIVE TREATMENT THROUGH CLINICS FOR THE FOLLOWING DISEASES: sarcoidosis, hypertrophic cardiomyopathy, amyloidosis and HFpEF/dyspnea.

ON THE HORIZON

- Development of a comprehensive outpatient diuresis clinic to decrease emergency room visits and readmissions.
- Patient reunion events for LVAD, ECMO and shock populations.
- Center of Excellence certification for the Hypertrophic Clinic.



THE HEART RECOVERY PROGRAM MANAGES PATIENTS WHO REQUIRE COMPLEX MEDICAL MANAGEMENT. THROUGH THE PARTNERSHIP WITH OUR PATIENTS, THE DEDICATION OF OUR MULTIDISCIPLINARY TEAM AND OUR SUPPORT GROUPS, WE HAVE SEEN IMPRESSIVE IMPROVEMENTS LEADING TO A HIGHER QUALITY OF LIFE."

DAVID RAWITSCHER, MD MEDICAL DIRECTOR OF HEART FAILURE

AASIM AFZAL, MD MEDICAL DIRECTOR OF MECHANICAL CIRCULATORY SUPPORT

TIMOTHY GEORGE, MD SURGICAL DIRECTOR OF MECHANICAL CIRCULATORY SUPPORT

PLANO

ECMO OUTCOMES FY24 (N=62)

REGISTRY AVERAGE









ADVANCED CARDIAC IMAGING:

ADVANCED IMAGING AT Baylor Scott & White The Heart Hospitals is driven by cutting-edge technology. We are expanding our involvement in national and international imaging research trials and registries. By participating in these initiatives, we aim to advance the entire

field of cardiac imaging and cardiac care. Through collaborative research efforts focusing on CT/MRI and echocardiography, we strive to contribute to the development of innovative solutions and best practices that benefit patients worldwide.

ACCOMPLISHMENTS

- Clinical volumes for our cardiac MRI services tripled over the past 18 months, reflecting our commitment to delivering excellent-quality diagnostic services.
- We started a successful coronary CTA decision-making pathway that provides results in less than three hours for patients presenting to the emergency room with acute chest pain.
- Over the last four years, advanced echocardiography has quadrupled the number of imaging procedures and patients served.
- Support for the growth of our structural and surgical valve programs has led to three sites offering advanced echo and CT analysis and reporting on the day of a patient's visit.
- We have broadened imaging services for surgical procedures, including aortic and mitral valve repair, surgical and transcatheter valve replacement, and Ross procedures, with imaging working closely with surgeons to select the best approach for treating patients with various valvular pathologies.

INNOVATIONS

- The introduction of three-dimensional scar mapping utilizing CT and MRI imaging allows us to generate electro-anatomical models. This technology can assist our electrophysiologists in complex ablation procedures for arrhythmia management, improving procedural accuracy and patient outcomes.
- Our cardiac imaging teams implemented novel technologies and techniques, such as fusion, 3D and strain imaging.

WITH OUR LEADERSHIP'S SUPPORT AND RECOGNITION OF THE IMPORTANCE OF DEDICATED CARDIAC IMAGING, WE HAVE EXPANDED OUR TEAM BY ADDING CARDIOLOGISTS WITH SPECIALIZED IMAGING FELLOWSHIP TRAINING. THIS INVESTMENT IN TALENT, COUPLED WITH SUBSTANTIAL UPGRADES TO OUR HARDWARE AND SOFTWARE, REFLECTS OUR COMMITMENT TO PROVIDING TOP-TIER PATIENT CARE."

AMRO ALSAID, MD MEDICAL DIRECTOR OF ADVANCED CARDIOVASCULAR IMAGING CT AND MRI PROGRAMS

ZUYUE WANG, MD REGIONAL MEDICAL DIRECTOR OF NON-INVASIVE CARDIOLOGY SERVICES



TOTAL CARDIAC MRIS: 2,588 354% growth over three years

TOTAL CARDIAC CTs: 26,543

74% GROWTH AT PLANO OVER THREE YEARS

TOTAL ECHOS: **42,810**

24% GROWTH OVER THREE YEARS Data is from July 2023 to June 2024.

BAYLOR SCOTT & WHITE THE HEART HOSPITALS | 27

HOSPITALIST AND INTENSIVIST PROGRAMS THAT TRANSFORM PATIENT CARE

THE HOSPITALIST AND INTENSIVIST PROGRAMS at Baylor Scott & White The Heart Hospitals are vital components of our multidisciplinary delivery model, designed to connect patients with coordinated care from admission to discharge, with a focus on improving results, efficiency and patient satisfaction.

HOSPITALIST PROGRAM

We recently introduced a unique continue-to-care model that ensures patients receive seamless, comprehensive care throughout their treatments.

The hospitalist who admits a patient follows them 24/7 with no sign-offs. This dedicated hospitalist gains indepth knowledge of each patient's needs, enabling better communication with other professionals involved in the patient's care. The hospitalist coordinates and consults with specialists, orders appropriate testing, monitors progress, and transitions care to the patient's primary care provider upon discharge.

This approach has improved our ability to deliver patient-centered care. As a result, our patients experience better outcomes and shorter lengths of stay, and patients and staff report higher satisfaction with the treatment process.

INTENSIVIST PROGRAM

Recognizing the need for a more coordinated approach to treating critically ill patients in our intensive care unit (ICU), we refined our intensivist program to allow for round-the-clock care for this sensitive patient population.

Board-certified intensivists lead a multidisciplinary team that can include consulting physicians, nurses, respiratory therapists, pharmacists, dietitians, social workers and chaplains. These specialists provide continuity of care and address a patient's medical, emotional and spiritual needs.





OUR CONTINUITY OF CARE MODEL SETS OUR PROGRAM APART. BY ALLEVIATING HAND-OFFS, THE MODEL FOSTERS SEAMLESS COMMUNICATION AMONG ALL DISCIPLINES AND ELEVATES THE UNDERSTANDING OF THE PATIENT WITH NO INTERRUPTIONS. THIS INVALUABLE SERVICE PROVIDES A SENSE OF SECURITY AND CARE TO OUR PATIENTS AND THEIR CAREGIVERS."

HENRY ALLEN, MD MEDICAL DIRECTOR, HOSPITALIST MEDICINE MEDICAL DIRECTOR, HOSPITAL UTILIZATION MANAGEMENT

Our intensivist program allows for better patient safety and overall outcomes, reduces complications, and shortens lengths of stay in the ICU. Our patients and staff feel more confident in the care provided, and we have demonstrated reductions in overall healthcare costs.

ENHANCING PATIENT CARE

These innovative programs exemplify our dedication to transforming cardiovascular care, the patient experience and overall outcomes for complex heart and vascular diseases.

In addition, patients and families find these programs immensely valuable, which drives us to continue investing in new ways to improve their experience.

ENHANCING PROFESSIONAL FULFILLMENT AND MITIGATING BURNOUT

LAUNCHED THREE YEARS ago, the Office of Professionalism and Well-Being at Baylor Scott & White The Heart Hospitals addresses the growing but challenging issue of burnout, which negatively impacts providers' well-being and patient care.

Our efforts include:

- Identifying environmental causes of stress and frustration. Annual provider surveys allow us to pinpoint stressors. We strive to design interventions to alleviate the sources of stress.
- Providing resources for improved well-being.
 A psychological safety-net clinic provides services tailored to healthcare professionals, and a physician well-being website provides mental health resources.
- An interactive screening program. Distressed physicians can take an anonymous questionnaire. A program counselor evaluates the input, offers personalized feedback and guides them to the appropriate next steps.

DRIVING CHANGE

Data collected from our annual surveys resulted in the first scientific paper published on physician leadership in matrixed hospital systems. The data shows that leader-supportive behavior drives physician professional satisfaction and reduces burnout. We are using this information to guide our own leadership training efforts.

We are proud of the steps we have taken to address professional satisfaction and burnout in healthcare.

Our program has received recognition from the American Medical Association's Joy in Medicine Health System Recognition Program and the National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience Network Organizations. In addition, we were early adopters of and have been recognized by the National Academy of Medicine Change Maker Campaign.

We also recently joined the Healthcare Professional Well-being Academic Consortium, which allows us to collaborate with other vanguard medical centers, such as Stanford University, Johns Hopkins Medicine and MD Anderson, which are equally dedicated to improving healthcare professionals' well-being.

THE EFFECTS OF PHYSICIAN BURNOUT



OUR TEAM HAS DEVELOPED A ROBUST PROGRAM THAT USES A DATA-DRIVEN APPROACH TO IDENTIFY AND CORRECT THE ROOT CAUSES OF BURNOUT."

JAMILE ASHMORE, PHD, ABPP CHIEF WELLNESS OFFICER

A PASSION FOR **NURSING EXCELLENCE**

OUR TEAM IS rooted in the foundation of the compassion, art and science of nursing-the compassion of providing dignity and establishing trust to those in a vulnerable state, the **art** of technique and strategy in patient care, and the science of medicine and heart care. This trifecta is the guiding principle that leads us to always strive for next-level care, quality outcomes and patient satisfaction.

THE DAISY AWARD®

The DAISY Award is a special honor given to extraordinary nurses for the compassionate contributions they make every day, going above and beyond expectations in science and sensitivity.

- Jocelyn Calauod–Denton
- Ellen Nyquist-McKinney
- Sydney McCall–Plano Q1
- Courtnie Jones–Plano Q2

SUNSHINE AWARDS

This recognition and reward program is available to staff who provide non-nursing ancillary care and support services, as well as volunteers who go above and beyond to demonstrate exceptional service and compassion every day.

- Alejandro Mercado–Denton · David Carter–Plano Q1
- Kari Largent–Denton
- Natalia Doroshchuk– . Plano Q2
- Adrienne White–McKinney



OUR DEDICATED NURSING TEAM TRAINS THE NEXT GENERATION OF NURSES, USING NURSING STUDENTS AS TECHS TO DEEPEN THEIR UNDERSTANDING OF CARDIAC CARE NEEDS. WE SUPPORT CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT THROUGH SCHOLARSHIPS AND ENCOURAGE STAFF TO PURSUE HIGHER EDUCATION."

SUZANNE KRAIS, DNP CHIEF NURSING OFFICER AND VICE PRESIDENT OF PATIENT SERVICES





EXCELLENCE IN NURSING 2024

The Baylor Scott & White Excellence in Nursing program honors remarkable nurses across the system.

- Shiny Edwards-Plano

- Gabriell Grayson (APRN System Winner)
- Necole Kell-Denton
- MAGNET

Plano: Magnet Nursing Designation









- Loree Thompson–Plano
- Courtney Newsom-McKinney

SELECTED NURSING ACCOMPLISHMENTS

- Baylor Scott & White Heart - Plano named in 2024's Becker's Hospital Review for best hospitals for nurse communication.
- Press Ganev Pinnacle of Excellence Award® and Guardian of Excellence Award® for emergency department admissions.
- 2024 Women's Choice Award for Patient Safety, Heart Care, Minimally Invasive Surgery and Patient Experience.
- Maria Hoffman, RN, won second place for her poster presentation, "Innovation through Education, Research and Evidence Based Practice." presented at the Sigma Theta Tau International Honor Society of Nursing, Delta Theta Chapter, Research Symposium.
- Suzanne Krais, DNP, Chief Nursing Officer and Vice President of Patient Services, and Sharon King, DNP, Vice President of Patient Care, recognized as Leaders in Healthcare by Local Profile magazine.
- Jessica Thompson, RN, BSN, with Plano's electrophysiology department, named Baylor Scott & White Health's - DFW East Region Greatest Catch 2023.
- Katie Choy, DNP, RN, NEA-BC, NPD-BC, Regional Director of Nursing Professional Development and Wound Care. named one of the Texas Nurses Association's Outstanding 25 Texas Nurses for 2024.



SUPPORTIVE PALLIATIVE CARE: A LEADING EXAMPLE OF OUR PATIENT-CENTERED APPROACH

BAYLOR SCOTT & WHITE THE HEART HOSPITALS has

established a pioneering supportive palliative care (SPC) program that sets a new standard in care for patients with chronic heart conditions. Using a holistic approach to addressing our patients' physical, emotional and spiritual needs, we have become the first surgical specialty hospital in the country to earn the Advanced Certification for Palliative Care from The Joint Commission.

EASING STRESS AND ANXIETY IN DECISION-MAKING

The SPC collaborates closely with interventional and noninterventional cardiologists, cardiothoracic surgeons, and other subspecialists to alleviate the symptom burden in chronically ill heart patients and, perhaps more importantly, assist in their decision-making.

Determining appropriate treatments for patients with complex cardiovascular conditions can promote anxiety even in seasoned physicians. The SPC team assists with those decisions, always considering not just whether a physician can provide treatment but whether they should, particularly in cases where life-extending interventions are options.

Committed to following the Hippocratic Oath, our SPC team adheres to each patient's goals of dignity and comfort. With those in mind, the team assists physicians in deciding on supplemental therapeutics and how to care for symptoms in compassionate, medically ethical ways.

EVOLVING PALLIATIVE CARE IN THE OUTPATIENT SETTING

The SPC program has had a profound impact on patients and providers by easing their stress and helping them feel confident that care aligns with patients' wishes. The program also supports staff by providing education and building trust.

The success of SPC in the inpatient setting is evolving in ways that can benefit patients in outpatient clinics, such as our Advanced Heart Recovery Center for patients with complex heart failure. Understanding a patient's wishes and goals can increase satisfaction



and reduce costs when physicians consider whether treatment is beneficial or wanted before recommending a care path.

As we continue to innovate and expand our services, we remain committed to providing compassionate support to our patients facing serious illness.

COMPLEMENTARY CARE

Patients in our supportive palliative care program have free access to:

- Child life specialists 🕠
- Nurse navigators
- A fitness gym Pastoral care
- Music therapy

NOTABLE OUTCOMES

70% of program patients are discharged alive.

1 ETHICS CONSULT IN THE PAST 7.5 YEARS, compared with 1 per year for other facilities.

PASTORAL SUPPORT FOR FAMILIES AND PHYSICIANS

WHEN PATIENTS COME to Baylor Scott & White The Heart Hospitals, their prognosis is not always optimal. In collaboration with our clinicians, the chaplains in our pastoral care program provide spiritual and emotional support to everyone impacted by a diagnosis.

'WE ARE IN IT TOGETHER'

Our pastoral care program is a true partnership. Chaplains aim to visit every seriously ill patient within 24 to 48 hours of admission to discuss and assist with advance care planning.

More than legal documentation, advance care planning gives patients the power to articulate treatment wishes and decisions that align with their spiritual and personal beliefs, easing stress and anxiety for families when making difficult decisions.

Physicians can also contribute to those conversations. They often feel invested in our families' well-being and want to ensure everyone is comfortable with treatment decisions.

"We are in it together' is a reality," says Ines Lowe, manager of pastoral services. "There are those who go down in the well and those who hold the rope. For us to make an impact as a chaplain, you have to have the calling, and if you don't have the calling, you won't stay in the field for long."

AN EMPATHETIC EAR

Our pastoral care program also offers patients and their families solace and comfort. Often, they simply need someone to listen and provide emotional support. When patients pass away, the pastoral care team can assist with bereavement services and connect families to support groups, grief counseling and estate management advice.

We deeply believe in the value of spiritual support and care. We recognize that when patients and families have access to these services, our care teams can make a lasting impact on everyone they serve.



SPECIAL GESTURES MATTER

We take particular pride in caring for current and former members of the US military. When these patients pass away, we hold a special ceremony to present their families with a military coin to recognize and honor their dedication and thank them for their service.

We also introduced a new initiative in 2024: our "God Is Big Enough" bracelets. Patients receive the bracelets to remind them of the support they received from their pastoral care team.

> IT'S AN HONOR THAT PATIENTS ALLOW US TO BE PRESENT IN THE MOST VULNERABLE TIMES IN THEIR LIVES. THEY SHARE THINGS THAT ARE SO IMPORTANT TO THEIR BEING."

INES LOWE MANAGER OF PASTORAL SERVICES

WORKS OF HEAR



ROLANDO M. SOLIS, MD, FSCAI, created the beautiful photographs on display at Baylor Scott & White The Heart Hospital – Plano. He fell in love with nature and became a self-taught photographer whose passion for

capturing the unique moment or split-second in time is a testament to his creativity behind the lens. Borrowing from his profession, Dr. Solis has used surgical pick-up forceps and a surgical mask to prepare for even the most fragile subjects, details that result in spectacular images.

There is also another side to Dr. Solis' passion for life.

FIVE DECADES OF SERVICE

In 1966, an internal medicine residency brought Dr. Solis to Baylor University Medical Center (BUMC) in Dallas, Texas. A cardiology fellowship followed, and so began his association with Baylor, which continues today after more than five decades. Dr. Solis currently serves as medical director of the Plano location's cardiac rehabilitation program, the largest in Texas.

As a cardiology interventionalist at BUMC, Dr. Solis achieved the following:

 First to perform a transfemoral and transradial left heart catheterization at BUMC









EFFEFF



- First successful percutaneous transluminal coronary angioplasty (PTCA) in North Texas in 1980
- The first Filipino physician in the world who performed a PTCA in North Texas
- First to perform radial coronary angiography and angioplasty at BUMC
- · First to establish a pacemaker clinic in Dallas
- First non-surgeon to perform transvenous permanent pacemaker implantation at Baylor and in North Texas

MAKING AN IMPACT

Dr. Solis's impact extends beyond North Texas. He has trained numerous fellows in interventional cardiology and has traveled extensively to share his knowledge. However, one of his most significant international accomplishments was establishing the interventional cardiology program at the Philippine Heart Center in Metro Manila. This initiative has had a lasting impact on cardiology in the Philippines and beyond.

Dr. Solis is one of the longest-serving medical staff members at Baylor Scott & White Health. His unwavering dedication to patient care is a testament to his commitment, as he dreams of providing six decades of patient care, working uninterrupted in the same healthcare system.









NEW PERSPECTIVES ON PATIENT EDUCATION

PATIENT EDUCATION HAS always been a priority at Baylor Scott & White The Heart Hospitals. We have taken that dedication a step further through a recently launched initiative to enhance patient education and caregiver experience through the perspective of former cardiovascular patients.

The Patient Education and Experience Committee (PEEC) comprises 30 former heart patients, their significant others and a multidisciplinary clinical team, who collaborate on educational materials that capitalize on the insights and expertise of patients and caregivers who have experienced cardiovascular treatments firsthand.

EDUCATION THROUGH SHARED EXPERIENCES

Since its inception, the committee has revamped 30 patient education pieces and spearheaded the following initiatives.

• A comprehensive **Inpatient Heart Surgery Timeline guide** offers advice on what happens daily during an inpatient stay for cardiac surgery. Patient volunteers crafted the wording and suggested details relevant to patients and caregivers, and the committee's clinical members substantiated their guidance. The guide features patient-friendly language and includes valuable patient-focused information often omitted from clinical materials.

- A **one-page educational resource about Code STEMI** helps alleviate stress in the emergency department (ED). Initiated by patient volunteer George Lynch, the document explains what Code STEMI means in layman's terms so caregivers waiting for information about loved ones understand how the code impacts their loved one's care. The resource helps caregivers understand why there may be delays in information about their loved ones and enables ED staff to focus on emergent concerns.
- Patient Bruce Johnson initiated the development of an art map that shows patients and caregivers where the hospital has displayed artwork throughout the hospital. The map and the experience of enjoying the art give patients and caregivers a calming way to pass the time or during stressful visits.

FUTURE INITIATIVES

The PEEC continues to find new ways to improve patient-provider communication.

A recently launched pilot program, the Heart Surgery Care Companion, focuses on patients having isolated coronary artery bypass graft (CABG) and their caregivers. Similar to the Inpatient Heart Surgery Timeline, this guide offers guidance and education for days one to 30 of recovery from isolated CABG. A follow-up survey for patients and caregivers will allow the committee to gauge its success.

As a valuable component of our patient-centered care philosophy, we will continue to support the PEEC. Through our volunteers' invaluable insights, perseverance and willingness to give back, the PEEC provides essential information that empowers patients to advocate for themselves and gives caregivers the support they need.

A PASSION TO SERVE

THROUGHOUT OUR HISTORY, Baylor Scott & White The Heart Hospitals have been dedicated to making a positive impact on people's lives. Our physicians and medical staff have shared their time, resources and energy with numerous local and international charitable efforts, providing life-changing and lifesaving care to people who need it most.

TOTAL GROSS CHARITY FOR THE PAST TWO YEARS

Baylor Scott & White The Heart Hospital – Denton:

\$7.3 MILLION

Baylor Scott & White The Heart Hospital – McKinney: Baylor Scott & White The Heart Hospital – Plano:

\$6.3 MILLION \$49.3 MILLION

CARDIOVASCULAR CHARITY PROGRAMS AND ASSISTANCE



Successfully implanted **1 left ventricular assist device** during FY23



Disseminated **42 out of 50 blood pressure cuffs** to heart recovery patients



Disseminated **weight scales** to every heart recovery patient



Awarded **\$19,000** in Cardiovascular Institute scholarships for the last two years

COMMUNITY CHARITIES AND OUTREACH

The Heart Hospitals partnered with Hope's Door, a women's and children's shelter, to host a drive for clothing and domestic goods.

As part of and in coordination with the DEI Council, we and our 98 volunteers:

- Sponsored or participated in 10 community health fairs
- Disseminated 2,160 heart health education materials
- Performed 708 health
 screenings
- Donated four Philips ultrasound machines to Faith in Action Ministries



HAITI CARDIAC ALLIANCE

Baylor Scott & White Heart – Plano has worked in collaboration with the Haiti Cardiac Alliance, a nonprofit organization that provides lifesaving operations for young Haitians with rheumatic and congenital heart disease.



\$2.4 MILLION in net charity care over the past 10 years



OVER \$300,000 INVESTED IN OUR COMMUNITIES. NOTABLE PARTNERSHIPS INCLUDE:

Living for Zachary Annual HeartBeats Gala: Founder & Presenting Sponsor | The John Ritter Foundation for Aortic Health: Platinum Sponsor | American Heart Association Heart Fest: Co-Chair | Texas Legends Charity Night: Annual Sponsor Back to School Drive: Annual FIA Sponsor | Compassion Care Clothing Drive: Sponsor | Denton Arts & Jazz Festival: Sponsor

STAR AWARD: RECOGNIZING PHYSICIAN EXCELLENCE

BAYLOR SCOTT & WHITE THE HEART HOSPITALS STAR AWARD celebrates physicians who embody the exceptional qualities of servanthood, teamwork, attitude and results. Physicians are nominated by their peers based on four criteria that show measurable improvements in outcomes.

The four physicians below deserve the many nominations they received.

Congratulations!





AASIM M. AFZAL, MD-2024

"[Dr. Afzal] always makes team members feel valued and advocates endlessly for staff satisfaction and positive patient outcomes. His teamwork is not bound by The Heart

Hospital walls. He forms partnerships with physicians across state lines to allow patients to have shared care options in their hometown. ... He supports his staff and goes above and beyond his duties to make sure nurses get what they need. Our team has always witnessed him having an interdisciplinary collaborative approach to patient care."



SAMIR N. SHAHANI, MD-2024

"[Dr. Shahani] has consistently demonstrated a selfless commitment to serving others. His dedication to the well-being of both patients and colleagues goes beyond

expectations. During the height and uncertainty of COVID, this doctor stayed late and worked diligently to ensure that all team members felt safe and heard. ... This doctor has shown a remarkable ability to put the needs of others first, embodying the true spirit of servanthood."



SWATHI R. BAYYA, MD-2023

"[Dr. Bayya] is always looking after the patient's best interest. She communicates with all team members effectively. She is available even when she is off. ...

She is a great communicator who keeps all the staff in the loop. She has the respect of all levels of staff and understands everyone's role and limitations clearly. This allows her to provide the most efficient care to her patients."



TIMOTHY J. GEORGE, MD-2022

"[Dr. George] went above and beyond in the last two years, sacrificing his time, resources and energy to ensure that all his patients received the best possible care at

all times. This meant taking calls in the middle of the night when he wasn't the designated on-call doctor, or coming in during his off hours to help ensure all was OK with their care. His actions and grit helped ensure that his patients had the absolute best chance to pull through. ... He is the epitome of someone who serves his community from the heart."

NOTABLE ACCOMPLISHMENTS IN CLINICAL RESEARCH

AS A PIONEER in cardiovascular care, we remain at the forefront of cardiovascular research. In 2024, we led the charge with participation in over 120 active clinical trials, ranking among the top five global enrollers in many trials. This exceptional commitment to research solidifies our position as a leader in cardiovascular advancements. Our extensive clinical research portfolio, coupled with a team of seasoned experts, drives advancements in innovations and care.

RESEARCH INITIATIVES BY THE NUMBERS

INTERVENTIONAL CORONARY AND PERIPHERAL VASCULAR STUDIES



Total number of **active studies** over the last five years

ACADEMIC RESEARCH



Presentations at national annual meetings

CARDIAC IMAGING CORE LAB

30

Peer-reviewed scientific papers co-authored by Anna Sannino, MD, PhD, and Paul Grayburn, MD









7% Year-over-year increase in revenue

66

FROM OUR INCEPTION, BAYLOR SCOTT & WHITE THE HEART HOSPITAL WAS BUILT ON DELIVERING CUTTING-EDGE CARDIAC CARE AND PROPELLING MEDICAL KNOWLEDGE FORWARD THROUGH CLINICAL TRIALS. WE REMAIN AT THE FOREFRONT OF SHARING OUR EXPERTISE THROUGH INTERNATIONAL PRESENTATIONS, PUBLICATIONS AND EDUCATION. THIS DEDICATION RINGS TRUE TODAY."

J. MICHAEL DIMAIO, MD CHIEF OF STAFF MEDICAL DIRECTOR, GRADUATE AND POST-GRADUATE TRAINING AND PUBLICATIONS

MOLLY SZERLIP, MD ASSOCIATE MEDICAL DIRECTOR, EDUCATION AND RESEARCH

INCREASE IN EXTERNAL GRANTS FOR INVESTIGATOR-INITIATED PROJECTS

Our researchers received grant support of \$3.4 million for 18 studies in 2024 across all of our service lines. These funds from the Foundation and Research Institute have been augmented by \$1.7 million of industry support. Of note, Paul Grayburn, MD, and colleagues received funds to further research mitral valve regurgitation via the CAROL Act grant. This grant was awarded to fund some of the infrastructure for the Cardiothoracic Surgical Trials Network (CSTN). CSTN provides a platform to collaborate with investigators and the National Heart, Lung, and Blood Institute to design, conduct and analyze impactful clinical trials of surgical interventions, as well as to undertake mechanistic studies and implementation science in the area of cardiovascular disease.

INVESTING IN THE FUTURE OF HEALTH CARE

THE EDUCATION PROGRAMS at Baylor Scott & White The Heart Hospital – Plano are crucial in shaping the next generation of healthcare professionals. With a focus on collaboration and hands-on experience, our programs equip students with the knowledge and skills needed for successful medical careers.

GRADUATE MEDICAL EDUCATION

Now in its eighth year, our graduate medical education (GME) program has grown from a single Structural Heart Fellowship to a robust enterprise with eight additional areas of focus. Six of our fellowships have received accreditation from the Accreditation Council for Graduate Medical Education (ACGME), and three have been approved by the Texas Medical Board (TMB).

Every year, our GME program trains more than 25 fellows in the following fields:

- Advanced Cardiac Imaging Fellowship (TMB)
- Advanced Heart Failure and Transplant Fellowship (ACGME)

WE LIVE AND BREATHE OUR HEART TEAM APPROACH EVERY DAY. OUR ASPIRATION IS TO SHOW THAT A TRUE TEAM APPROACH IS POSSIBLE. WE BELIEVE IT'S THE BEST WAY TO GIVE CARE AND TO TEACH OUR FELLOWS. OUR FELLOWS CAN THEN GO ON TO OTHER HOSPITALS AND MAKE IT HAPPEN THERE."

MOLLY SZERLIP, MD ASSOCIATE DIRECTOR OF RESEARCH AND EDUCATION

- Cardiovascular Disease Fellowship (ACGME)
- Clinical Cardiac Electrophysiology Fellowship (ACGME)
- Interventional Cardiology Fellowship (ACGME)
- · Peripheral Endovascular Fellowship (TMB)
- Structural Heart Fellowship (TMB)
- Thoracic Surgery Fellowship (ACGME)
- Vascular Surgery (ACGME)

"We created a hospital with advanced care and expert doctors, and the missing piece was education," says J. Michael DiMaio, MD, director of education and research. "Now, we have top students from across the country in our programs. They see and feel the difference in our approach, and they come here because of it."

A FOCUS ON CROSS-DISCIPLINARY EDUCATION

Just as we pride ourselves on taking a team approach to patient care, our GME program emphasizes physician collaboration for better insights and outcomes in cardiovascular treatments.

Fellows discuss patient care in regular daily meetings with peers and clinicians from other subspecialties. The meetings allow for discussion of complex patient cases and give fellows the opportunity to contribute to and better understand treatment decisions.

Research plays an important role in the GME program, as well, with our fellows and faculty having written over 1,000 publications since 2018 and currently participating in 120 clinical trials. In addition to offering insight into a fellow's chosen subspecialty, our research program provides another opportunity for collaboration. Fellows present their research initiatives at national and locally hosted conferences, where they can discuss their findings and learn from other specialists in related fields.

"The interaction between our programs means that cardiology fellows understand cardiothoracic surgery and vascular surgery–whom to call, what procedures they choose and why–and vice versa," says Molly Szerlip, MD, associate director of research



and education. "They go to each other to discuss cases before coming to attendings, so we get a higher level of discussion and thought."

This team-focused approach not only leads to better care but also improves the success of our fellows. Our program has a 100% success rate in fellows passing their exams on the first try.

CARDIOVASCULAR INSTITUTE

Launched in 2020, Plano's Cardiovascular Institute has helped more than 50 students advance their careers as allied health professionals.

We created the program to meet a growing need for professionals with expertise in adult echocardiography, cardiovascular perfusion and invasive cardiovascular technology. It has become so successful that the 2024-2025 school year will be at full capacity, allowing 24 students to succeed in their chosen fields.

FILLING A CRUCIAL GAP

Cardiovascular perfusion is a highly sought-after specialty, but most states have only one perfusion program, if one exists at all. Additionally, programs are increasingly requiring students to have master's degrees, further narrowing the field of applicants.

Our program enrolls highly qualified students with bachelor's degrees who meet specific prerequisites

and trains them to pass the demanding board exams, with great success for them and us. All graduates have earned jobs in the field, and 50% of our operating room perfusionists graduated from our program.

ATTRACTING AND SUPPORTING STUDENTS

We adhere to rigorous recruitment standards, requiring all students to have an associate's (for adult echocardiography and invasive cardiovascular technology) or bachelor's (for cardiovascular perfusion) degree.

Once students arrive, they have options for scholarships and other forms of financial aid, thanks to our generous donors. The financial assistance helps ensure financial concerns don't prevent them from successfully completing their programs.

CONTINUAL IMPROVEMENT

All three 12-month programs are accredited by the Commission on Accreditation of Allied Health Education Programs and led by The Heart Hospital's medical directors and seasoned, experienced practitioners.

Our instructors also focus on continual improvements in their curricula, and CVI leadership has invested in new technologies and simulators to ensure our graduates leave with an intimate knowledge of the latest advancements in their fields.

FACET: LEARN, TEACH, IMPROVE



WE PARTNER WITH the Foundation for Advanced Cardiovascular Education & Training (FACET) to provide a collaborative environment where physicians, scientists, nurses and medical professionals can discuss and teach advanced techniques, improve clinical knowledge, and enhance the ability to provide excellent patient care, which ultimately improves patient health outcomes. Through FACET, we strive to educate and train local, regional and national medical communities on the most recent advancements in medical science and research.



ANNUAL KEY PROGRAMS

Dallas CV Updates

ECMO Symposium

Dallas PCI

Dallas PVD

Fellows Boot Camp



ACTIVITIES & SERVICES

Local, regional, national and international programs

Joint sponsorship

Seminars, conferences, symposia and case studies

Collaborative programs with accredited providers

FACET BY THE NUMBERS

204 Events and meetings

10,092 Total

58% Physicians 1,168 CME programs since 2017

YEAR ONE OF OUR NEW PRODUCTION STUDIO

Launched in February 2024, the new Baylor Scott & White The Heart Hospital – Plano

production studio has proven to be a successful investment. Our professionally produced videos and Heart Talk podcast demonstrate our heart team's passion for sharing knowledge and innovation in cardiovascular care.



FACET ACCREDITATION BREAKDOWN FACET provides multiple credit options, including:

CE (Nursing) 22% MOC (Physician) 9% AANA (Anesthesia) 5% T,064 2023 Total credits provided CME (Physician) 28%

SCAN THE QR CODE TO LISTEN TO OUR HEART TALK PODCAST AND VIEW FACET VIDEOS.



PARTNERING FOR EXCELLENCE IN CARDIOVASCULAR CARE

BAYLOR SCOTT & WHITE THE HEART HOSPITAL - PLANO has partnered with sister hospitals within Baylor Scott & White Health to offer consulting services that have been instrumental in elevating the standards of cardiac care across the region.

By partnering with sister hospitals, we have successfully implemented strategies to gain better physician alignment, enhance operational efficiency, standardize supplies and appropriate site of care, streamline processes, and improve quality reporting and metrics.

4 AREAS OF FOCUS

Collaborating with other Baylor Scott & White Health facilities has fostered a culture of continuous quality improvement, leading to advancements in patient outcomes. We have empowered our partner hospitals to optimize their cardiac programs through shared knowledge and expertise in four key areas:

- 1. Medical director guidance
- 2. Quality and registry operations guidance
- 3. Nursing and patient care operations guidance
- 4. Executive guidance

Our successful partnership with Baylor Scott & White Medical Center Centennial and Lake Pointe launched in the fall of 2020. Through our partnership, staffing has been optimized and participation established in the American College of Cardiology's CathPCI Registry®, the American Heart Association's Get With The Guidelines® - Coronary Artery Disease registry and Vascular Quality Initiative registries. These registries allow facilities to monitor outcomes, compare those outcomes to national benchmarks and support best practices for the cardiac and vascular population.

White The Heat

Baylor Scott & White The Heart Hospitals look to continue and expand our consulting offerings across the region.



ACTIVE TRIALS

STUDY NAME: ENVISION STUDY TITLE: ENVISION IDE Trial: Safety and Effectiveness of NAVITOR in Transcatheter Aortic Valve Implantation (ENVISION) SPONSOR: Abbott Medical Devices PI: Harrington/Szerlip THERAPEUTIC GROUP: Aortic Valve

STUDY NAME: ALLIANCE STUDY TITLE: ALLIANCE: Safety and Effectiveness of the SAPIEN X4 Transcatheter Heart Valve SPONSOR: Edwards Lifesciences PI: Al-Azizi/Schaffer THERAPEUTIC GROUP: Aortic Valve

STUDY NAME: Shockwave ILIT STUDY TITLE: Intravascular Lithotripsy in High Risk Calcified Iliac Anatomy for Transfemoral TAVR (ILIT) SPONSOR: Baylor Research Institute PI: Al-Azizi THERAPEUTIC GROUP: Aortic Valve

STUDY NAME: ALIGN-AR STUDY TITLE: The JenaValve ALIGN-AR Pivotal Trial (ALIGN-AR) SPONSOR: JenaValve Technology, Inc. PI: Szerlip/Harrington THERAPEUTIC GROUP: Aortic Valve

STUDY NAME: ICETEE STUDY TITLE: Intracardiac Versus Transesophageal Echocardiographic Guidance for Left Atrial Appendage Occlusion (ICETEE) SPONSOR: Baylor Research Institute PI: Al-Azizi THERAPEUTIC GROUP: Cardiology

STUDY NAME: Shockify STUDY TITLE: SHOCKWAVE™ VS SURGICAL ENDARTERECTOMY OF CALCIFIED SEVERE COMMON FEMORAL ARTERY STENOSIS: COMPARISON OF EFFICACY, SAFETY, AND LONG-TERM OUTCOMES **SPONSOR:** Baylor Research Institute **PI:** Sayfo **THERAPEUTIC GROUP:** Cardiology

STUDY NAME: IMPROVE STUDY TITLE: IMPact on Revascularization Outcomes of IVUS Guided Treatment of Complex Lesions and Economic Impact (IMPROVE) SPONSOR: MedStar Cardiovascular Research Network PI: Al-Azizi THERAPEUTIC GROUP: Cardiology

STUDY NAME: Symphony-PE STUDY TITLE: SYMPHONY-PE Study for Treatment of Pulmonary Embolism SPONSOR: Imperative Care, Inc. PI: Sayfo THERAPEUTIC GROUP: Cardiology

STUDY NAME: SPYRAL AFFIRM Global Study of RDN With the Symplicity Spyral RDN System in Subjects With Uncontrolled HTN SPONSOR: Medtronic Vascular PI: Potluri THERAPEUTIC GROUP: Cardiology

STUDY NAME: Ross (NARC) STUDY TITLE: Prospective Long-Term Outcomes of a Standardized Ross Procedure (ROSS) SPONSOR: Baylor Research Institute PI: Brinkman THERAPEUTIC GROUP: CV Surgery

STUDY NAME: ROMA STUDY TITLE: Randomization of Single vs Multiple Arterial Grafts (ROMA) SPONSOR: Weill Medical College of Cornell University PI: DiMaio THERAPEUTIC GROUP: CV Surgery

STUDY NAME: CTSN PACeS STUDY TITLE: Anticoagulation for New-Onset Post-Operative Atrial Fibrillation After CABG (PACES) SPONSOR: Icahn School of Medicine at Mount Sinai PI: DiMaio THERAPEUTIC GROUP: CV Surgery

STUDY NAME: LeAAPS STUDY TITLE: Left Atrial Appendage Exclusion for Prophylactic Stroke Reduction Trial (LeAAPS) SPONSOR: AtriCure, Inc. PI: Hutcheson THERAPEUTIC GROUP: CV Surgery

STUDY NAME: SmartPulse PAF STUDY TITLE: A Study of the THERMOCOOL SMARTTOUCH Surround Flow (SF) Catheter With the TRUPULSE Generator for Treatment of Drug Refractory Symptomatic PAF (SMARTPULSE PAF) SPONSOR: Biosense Webster, Inc. PI: DeVille THERAPEUTIC GROUP: Electrophysiology

STUDY NAME: ODYSSEY-HCM STUDY TITLE: A Study of Mavacamten in Non-Obstructive Hypertrophic Cardiomyopathy (ODYSSEY-HCM) SPONSOR: Bristol-Myers Squibb PI: Afzal THERAPEUTIC GROUP: Heart Failure

STUDY NAME: IMPACT STUDY TITLE: IMpella-Protected cArdiaC Surgery Trial (IMPACT) SPONSOR: Abiomed Inc. PI: George THERAPEUTIC GROUP: Heart Failure STUDY NAME: DISCOVER-HCM STUDY TITLE: A Prospective Registry Study to Assess Real-world Patient Characteristics, Treatment Patterns, and Longitudinal Outcomes in Patients Receiving Mavacamten and Other Treatments for Symptomatic Obstructive Hypertrophic Cardiomyopathy (Obstructive-HCM) (DISCOVER-HCM) SPONSOR: Bristol-Myers Squibb PI: Rawitscher THERAPEUTIC GROUP: Heart Failure

STUDY NAME: ALLAY-HF STUDY TITLE: Alleviant ALLAY-HF Study SPONSOR: Alleviant Medical, Inc. PI: Szerlip THERAPEUTIC GROUP: Heart Failure

STUDY NAME: CLASP IID/IIF STUDY TITLE: Edwards PASCAL CLASP IID/IIF Pivotal Clinical Trial (CLASP IID/IIF) SPONSOR: Edwards Lifesciences PI: Smith/Szerlip THERAPEUTIC GROUP: Mitral Valve

STUDY NAME: APOLLO STUDY TITLE: Transcatheter Mitral Valve Replacement With the Medtronic Intrepid[™] TMVR System in Patients With Severe Symptomatic Mitral Regurgitation. (APOLLO) SPONSOR: Medtronic Cardiovascular PI: Szerlip/Smith THERAPEUTIC GROUP: Mitral Valve

STUDY NAME: PROSERA (GB002-3101) STUDY TITLE: Efficacy and Safety of Seralutinib in Adult Subjects With PAH (PROSERA) SPONSOR: Gossamer Bio Inc. (GB002, Inc.) PI: Bakshi

THERAPEUTIC GROUP:

Pulmonary Hypertension

STUDY NAME: UNISUS STUDY TITLE: Outcome Study Assessing a 75 Milligrams (mg) Dose of Macitentan in Patients With Pulmonary Arterial Hypertension (UNISUS) SPONSOR: Actelion PI: Bakshi THERAPEUTIC GROUP: Pulmonary Hypertension

STUDY NAME: CLASP II TR STUDY TITLE: Edwards PASCAL Transcatheter Valve Repair System Pivotal Clinical Trial (CLASP II TR) SPONSOR: Edwards Lifesciences PI: Szerlip/Smith THERAPEUTIC GROUP: Tricuspid Valve

STUDY NAME: TRISCEND II Pivotal, CAS STUDY TITLE: TRISCEND II Pivotal Trial SPONSOR: Edwards Lifesciences PI: Smith/Szerlip THERAPEUTIC GROUP: Tricuspid Valve

STUDY NAME: COVER DFUs I STUDY TITLE: Multi-Center, Prospective, Randomized Controlled Trial Evaluating SkinTE® in the Treatment of the Wagner 2 DFUs (COVER DFUs) SPONSOR: PolarityTE PI: Bastawros THERAPEUTIC GROUP: Vascular

STUDY NAME: stAAAble STUDY TITLE: Nectero EAST System Clinical Study (stAAAble) SPONSOR: Nectero Medical, Inc. PI: Shutze THERAPEUTIC GROUP: Vascular STUDY NAME: Improve-AD STUDY TITLE: IMPRoving Outcomes in Vascular DisEase-Aortic Dissection (IMPROVE-AD) SPONSOR: Duke University PI: Gable THERAPEUTIC GROUP: Vascular

STUDY NAME: ARISEII STUDY TITLE: Evaluation of the GORE® Ascending Stent Graft (ARISEII) SPONSOR: W.L.Gore & Associates PI: Brinkman THERAPEUTIC GROUP: Vascular

STUDY NAME: TIGER STUDY TITLE: Terumo Aortic Global Endovascular Registry (TIGER) SPONSOR: Vascutek Ltd. PI: Gable THERAPEUTIC GROUP: Vascular

SELECTED PUBLICATIONS

CARDIOLOGY

Agarwala, A., Dixon, D. L., Gianos, E., Kirkpatrick, C. F., Michos, E. D., Satish, P., Birtcher, K. K., Braun, L. T., Pillai, P., Watson, K., Wild, R., & Mehta, L. S. (2024). **Dyslipidemia management in women of reproductive potential: An expert clinical consensus from the National Lipid Association.** *Journal of Clinical Lipidology*, S1933-2874(24)00188-0. Advance online publication. https:// doi.org/10.1016/j.jacl.2024.05.005

Agarwala, A., Patel, J., Stephens, J., Roberson, S., Scott, J., Beckie, T., Jackson, E. A., & American Heart Association Prevention Science Committee of the Council on Epidemiology and Prevention and Council on Cardiovascular and Stroke Nursing; Council on Clinical Cardiology; Council on Lifestyle and Cardiometabolic Health; Council on Peripheral Vascular Disease; Council on Quality of Care and Outcomes Research; and Stroke Council (2023). **Implementation of prevention science to eliminate health care inequities in achieving cardiovascular health: A scientific statement from the American Heart Association. Circulation, 148(15), 1183-1193. https:// doi.org/10.1161/CIR.0000000000001171**

Douglas, P. S., Nanna, M. G., Kelsey, M. D., Yow, E., Mark, D. B., Patel, M. R., Rogers, C., Udelson, J. E., Fordyce, C. B., Curzen, N., Pontone, G., Maurovich-Horvat, P., De Bruyne, B., Greenwood, J. P., Marinescu, V., Leipsic, J., Stone, G. W., Ben-Yehuda, O., Berry, C., Hogan, S. E., ... PRECISE Investigators (2023). **Comparison of an initial risk-based testing strategy vs. usual testing in stable symptomatic patients with suspected coronary artery disease: The PRECISE randomized clinical trial. JAMA Cardiology, 8(10), 904–914. https://doi.org/10.1001/jamacardio.2023.2595**

CARDIOVASCULAR SURGERY

Shih, E., Ryan, W. H., Squiers, J. J., Schaffer, J. M., Harrington, K. B., Banwait, J. K., Meidan, T. G., DiMaio, J. M., & Brinkman, W. T. (2023). **Outcomes of the Ross procedure in patients older versus younger than 50 years old.** European Journal of Cardio-Thoracic Surgery: Official Journal of the European Association for Cardio-Thoracic Surgery, 64(4), ezad260. https://doi.org/10.1093/ejcts/ezad260

Hughes, G. C., Chen, E. P., Browndyke, J. N., Szeto, W. Y., DiMaio, J. M., Brinkman, W. T., Gaca, J. G., Blumenthal, J. A., Karhausen, J. A., Bisanar, T., James, M. L., Yanez, D., Li, Y. J., & Mathew, J. P. (2024). Cognitive effects of body temperature during hypothermic circulatory arrest trial (GOT ICE): A randomized clinical trial comparing outcomes after aortic arch surgery. *Circulation*, 149(9), 658–668. https://doi.org/10.1161/CIRCULATIONAHA.123.067022

Dagher, O., Appoo, J. J., Herget, E., Atoui, R., Baeza, C., Brinkman, W., Bozinovski, J., Chu, M. W. A., Dagenais, F., Demers, P., Desai, N., El-Hamamsy, I., Estrera, A., Grau, J. B., Hughes, G. C., Jassar, A., Kachroo, P., Lachapelle, K., Ouzounian, M., Patel, H. J., ... Boodhwani, M. (2024). Impact of nondiameter aortic indices on surgical eligibility: Results from the Treatment in Thoracic Aortic Aneurysm: Surgery versus Surveillance (TITAN: SvS) randomized controlled trial. The Journal of Thoracic and Cardiovascular Surgery, S0022-5223(24)00308-8. Advance online publication. https://doi.org/10.1016/j.jtcvs.2024.04.010

Eisenga, J., Hocking, J., Kluis, A., DiMaio, J. M., Shih, E., Schaffer, J., Moore, D. O., Ryan, W., Hutcheson, K., & Heart Hospital Consortium on Deep Venous Thrombosis (2023). **A comprehensive deep venous thrombosis prophylaxis regimen in isolated coronary artery bypass grafting.** JTCVS Open, 17, 145–151. https://doi.org/10.1016/j.xjon.2023.11.021

Piccini, J. P., Ahlsson, A., Dorian, P., Gillinov, A. M., Kowey, P. R., Mack, M. J., Milano, C. A., Noiseux, N., Perrault, L. P., Ryan, W., Steinberg, J. S., Voisine, P., Waldron, N. H., Gleason, K. J., Titanji, W., Leaback, R. D., O'Sullivan, A., Ferguson, W. G., Benussi, S., & NOVA-AF Investigators (2024). Efficacy and safety of botulinum toxin type a for the prevention of postoperative atrial fibrillation. JACC. *Clinical Electrophysiology*, 10(5), 930–940. https:// doi.org/10.1016/j.jacep.2024.01.020

ELECTROPHYSIOLOGY

Salih, M., Alom, M., Kazem, A., DeVille, B., & Potluri, S. (2023). Drug-coated balloon venoplasty to treat iatrogenic pulmonary vein stenosis. JACC. Case Reports, 24, 102019. https://doi.org/10.1016/j.jaccas.2023.102019

Cubberley, A., Khan, H., & Dohadwala, M. (2023). **Utilizing high-density mapping for ablation of mitral annular flutter in a patient with persistent left superior vena cava.** *HeartRhythm Case Reports*, 10(3), 198–200. https:// doi.org/10.1016/j.hrcr.2023.12.006

HEART FAILURE

Kluis, A., Squiers, J. J., Moubarak, G., DiMaio, J. M., George, T. J., Rawitscher, D., & Afzal, A. M. (2023). **The investigation for the optimal anticoagulation strategy continues.** ASAIO Journal (American Society for Artificial Internal Organs: 1992), 69(8), e403. https://doi.org/10.1097/ MAT.00000000001940

Harada, R., George, T. J., Schaffer, J., Kabra, N., Rawitscher, D., & Afzal, A. (2023). **Case report: Management of refractory cardiogenic shock with Impella 5.5 in patients with transcatheter aortic valves.** European Heart Journal. Case Reports, 7(8), ytad381. https:// doi.org/10.1093/ehjcr/ytad381

Alam, A., van Zyl, J. S., Afzal, A., Felius, J., Hall, S. A., Meyer, D. M., & Carey, S. A. (2023). **Early elevated donor-derived cell-free DNA levels in heart transplant recipients following precision-controlled cardiac transport system or icecooled organ transport.** *Clinical Transplantation*, 37(12),

e15151. https://doi.org/10.1111/ctr.15151

Tonna, J. E., Boonstra, P. S., MacLaren, G., Paden, M., Brodie, D., Anders, M., Hoskote, A., Ramanathan, K., Hyslop, R., Fanning, J. J., Rycus, P., Stead, C., Barrett, N. A., Mueller, T., Gómez, R. D., Malhotra Kapoor, P., Fraser, J. F., Bartlett, R. H., Alexander, P. M. A., Barbaro, R. P., ... Extracorporeal Life Support Organization (ELSO) Member Centers Group (2024). Extracorporeal Life Support Organization Registry International Report 2022: 100,000 Survivors. ASAIO Journal (American Society for Artificial Internal Organs: 1992), 70(2), 131–143. https://doi.org/10.1097/ MAT.00000000002128

George, T. J., Sheasby, J., Milligan, G., Kabra, N., Dimaio, J. M., Rawitscher, D. A., & Afzal, A. (2023). **Managing right** ventricular failure after left ventricular assist device implant at a destination therapy center. The American Journal of Cardiology, 201, 1-7. https://doi.org/10.1016/j. amjcard.2023.05.056

INTERVENTIONAL CARDIOLOGY Coronary

Al-Azizi, K., Moubarak, G., Dib, C., Sayfo, S., Szerlip, M., Thomas, S., McCracken, J., Smith, A., Kelavkar, U., Hale, S., Van Zyl, J., McCoy, S. L., Lanfear, A. T., Banwait, J. K., Ravindranathan, P., Chionh, K., DiMaio, J. M., Mack, M. J., & Potluri, S. (2023). **Distal versus proximal radial artery access for cardiac catheterization: 30-day outcomes of the DIPRA study.** *Journal of the American Heart Association*, 12(21), e030774. https://doi.org/10.1161/JAHA.123.030774

Stone, G. W., Ali, Z. A., O'Brien, S. M., Rhodes, G., Genereux, P., Bangalore, S., Mavromatis, K., Horst, J., Dressler, O., Poh, K. K., Nath, R. K., Moorthy, N., Witkowski, A., Dwivedi, S. K., Bockeria, O., Chen, J., Smanio, P. E. P., Picard, M. H., Chaitman, B. R., Berman, D. S., ... ISCHEMIA Research Group (2023). **Impact of complete revascularization in the ISCHEMIA trial.** Journal of the American College of Cardiology, 82(12),1175–1188. https://doi.org/10.1016/j. jacc.2023.06.015

Al-Azizi, K., Moubarak, G., Dib, C., Sayfo, S., Szerlip, M., Thomas, S., Hale, S., Zyl, J. V., Settele, R. M., Gonzalez, O. R., Ventura, S. J., DiMaio, J. M., Mack, M. J., & Potluri, S. (2024). **Distal versus proximal radial artery access for cardiac catheterization: 1-year outcomes.** The American Journal of Cardiology, 220, 102–110. https://doi.org/10.1016/j. amjcard.2024.02.036

Mitral

Hassanin, A., Alom, M., Potluri, S., & Al-Azizi, K. (2024). Intracardiac echocardiography-guided percutaneous mitral balloon commissurotomy: Technique and early experience. *Structural Heart*, 100330. https:// doi.org/10.1016/j.shj.2024.100330

Peripheral

Das, T. S., Shammas, N. W., Yoho, J. A., Martinez-Clark, P., Ramaiah, V., Leon, L. R., Pacanowski, J. P., Tai, Z., Ali, V., Arslan, B., & Rundback, J. (2024). Solid state, pulsedwave 355 nm UV laser atherectomy debulking in the treatment of infrainguinal peripheral arterial disease: The Pathfinder Registry. Catheterization and Cardiovascular Interventions: Official Journal of the Society for Cardiac Angiography & Interventions, 103(6), 949–962. https:// doi.org/10.1002/ccd.31023

Sayfo, S., Salih, M., Moubarak, G., Ibrahim, R., Apala, D., Das, T., Banerjee, S., & Potluri, S. (2024). **Safety and efficacy of radial artery access for peripheral vascular intervention: a single-center experience.** The American Journal of Cardiology, 226, 59–64. https://doi.org/10.1016/j. amjcard.2024.06.025

Pulmonary Embolism

Sterling, K. M., Goldhaber, S. Z., Sharp, A. S. P., Kucher, N., Jones, N., Maholic, R., Meneveau, N., Zlotnick, D., Sayfo, S., Konstantinides, S. V., & Piazza, G. (2024). **Prospective multicenter international registry of ultrasound-facilitated catheter-directed thrombolysis in intermediate-high and high-risk pulmonary embolism (KNOCOUT PE).** *Circulation. Cardiovascular Interventions*, 17(3), e013448. https:// doi.org/10.1161/CIRCINTERVENTIONS.123.013448

Structural

Cubberley, A., Sawhney, R., Grayburn, P., Gopal, A., Schaffer, J., Smith, R. L., Szerlip, M., & Potluri, S. (2023). **Transcatheter closure of aortic root rupture and pseudoaneurysm after surgical implantation of transcatheter valve in native mitral annular calcification with concomitant surgically implanted transcatheter aortic valve**. Structural Heart: The Journal of the Heart Team, 7(6), 100205. https://doi.org/10.1016/j.shj.2023.100205

VALVE AND STRUCTURAL HEART DISEASE

Abbas, A. E., Khalili, H., Madanat, L., Elmariah, S., Shannon, F., Al-Azizi, K., Waggoner, T., Pilgrim, T., Okuno, T., Bavry, A., Ternacle, J., Christensen, J., Cabau, J. R., Mack, M., & Pibarot, P. (2023). **Echocardiographic versus invasive aortic valve gradients in different clinical scenarios.** Journal of the American Society of Echocardiography: Official Publication of the American Society of Echocardiography, 36(12), 1302–1314. https://doi.org/10.1016/j.echo.2023.06.016

Herrmann, H. C., Mehran, R., Blackman, D. J., Bailey, S., Möllmann, H., Abdel-Wahab, M., Ben Ali, W., Mahoney, P. D., Ruge, H., Wood, D. A., Bleiziffer, S., Ramlawi, B., Gada, H., Petronio, A. S., Resor, C. D., Merhi, W., Garcia Del Blanco, B., Attizzani, G. F., Batchelor, W. B., Gillam, L. D., ... SMART Trial Investigators (2024). **Self-expanding or balloonexpandable TAVR in patients with a small aortic annulus.** The New England Journal of Medicine, 390(21), 1959–1971.

SELECTED PUBLICATIONS (CONTINUED)

https://doi.org/10.1056/NEJMoa2312573

Marin-Cuartas, M., Tang, G. H. L., Kiefer, P., Fukuhara, S., Lange, R., Harrington, K. B., Saha, S., Hagl, C., Kleiman, N. S., Goel, S. S., Kempfert, J., Werner, P., Petrossian, G. A., Geirsson, A., Desai, N. D., Chu, M. W. A., Bhadra, O. D., Shults, C., Garatti, A., Vincent, F., ... EXPLANT-TAVR Investigators (2024). **Transcatheter heart valve explant with infective endocarditis-associated prosthesis failure and outcomes: The EXPLANT-TAVR international registry.** *European Heart Journal*, 45(28), 2519–2532. https://doi.org/10.1093/ eurheartj/ehae292

Moubarak, G., Kluis, A., Eisenga, J., McCullough, K., Ladner, J., Salih, M., Banwait, J., DiMaio, J. M., Mack, M. J., George, T., & Szerlip, M. I. (2024). **Causes and clinical outcomes of patients who failed screening for transcatheter tricuspid valve interventions.** The American Journal of Cardiology, 220, 67–76. https://doi.org/10.1016/j. amjcard.2024.03.030

Madhavan, M. V., Kodali, S. K., Thourani, V. H., Makkar, R., Mack, M. J., Kapadia, S., Webb, J. G., Cohen, D. J., Herrmann, H. C., Williams, M., Greason, K., Pibarot, P., Hahn, R. T., Jaber, W., Xu, K., Alu, M., Smith, C. R., & Leon, M. B. (2023). **Outcomes of SAPIEN 3 transcatheter aortic valve replacement compared with surgical valve replacement in intermediate-risk patients.** *Journal of the American College of Cardiology*, 82(2), 109–123. https:// doi.org/10.1016/j.jacc.2023.04.049

Mack, M. J., Leon, M. B., Thourani, V. H., Pibarot, P., Hahn, R. T., Genereux, P., Kodali, S. K., Kapadia, S. R., Cohen, D. J., Pocock, S. J., Lu, M., White, R., Szerlip, M., Ternacle, J., Malaisrie, S. C., Herrmann, H. C., Szeto, W. Y., Russo, M. J., Babaliaros, V., Smith, C. R., ... PARTNER 3 Investigators (2023). **Transcatheter aortic-valve replacement in lowrisk patients at five years.** The New England Journal of Medicine, 389(21), 1949–1960. https://doi.org/10.1056/ NEJMoa2307447

Kaneko, T., Bapat, V. N., Alakhtar, A. M., Zaid, S., George, I., Grubb, K. J., Harrington, K., Pirelli, L., Atkins, M., Desai, N. D., Bleiziffer, S., Noack, T., Modine, T., Denti, P., Kempfert, J., Ruge, H., Vitanova, K., Falk, V., Thourani, V. H., Bavaria, J. E., ... Fukuhara, S. (2024). **Transcatheter heart valve explantation for transcatheter aortic valve replacement failure: A Heart Valve Collaboratory expert consensus document on operative techniques.** The Journal of Thoracic *and Cardiovascular Surgery*, *S0022-5223*(24)00369-6. Advance online publication. https://doi.org/10.1016/j. jtcvs.2024.04.025

Kapadia, S. R., Krishnaswamy, A., Whisenant, B., Potluri, S., Iyer, V., Aragon, J., Gideon, P., Strote, J., Leonardi, R., Agarwal, H., Larrain, G., Sanchez, C., Panaich, S. S., Harvey, J., Vahl, T., Menon, V., Wolski, K., Wang, Q., & Leon, M. B. (2024). **Concomitant left atrial appendage occlusion and** transcatheter aortic valve replacement among patients with atrial fibrillation. *Circulation*, 149(10), 734–743. https:// doi.org/10.1161/CIRCULATIONAHA.123.067312

Hahn, R. T., Lawlor, M. K., Davidson, C. J., Badhwar, V., Sannino, A., Spitzer, E., Lurz, P., Lindman, B. R., Topilsky, Y., Baron, S. J., Chadderdon, S., Khalique, O. K., Tang, G. H. L., Taramasso, M., Grayburn, P. A., Badano, L., Leipsic, J., Lindenfeld, J., Windecker, S., Vemulapalli, S., ... TVARC Steering Committee (2023). **Tricuspid valve academic research consortium definitions for tricuspid regurgitation and trial endpoints.** *Journal of the American College of Cardiology*, 82(17), 1711–1735. https://doi.org/10.1016/j. jacc.2023.08.008

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Rao, A., Shih, E., Szeto, W., Atluri, P., Acker, M., Hargrove, W. C., Hafen, L., Smith, R., & Ibrahim, M. (2024). **Re-repair for mitral insufficiency.** The Annals of Thoracic Surgery, S0003-4975(24)00439-9. Advance online publication. https://doi.org/10.1016/j.athoracsur.2024.05.022

Smith, R. L., Lim, D. S., Gillam, L. D., Zahr, F., Chadderdon, S., Rassi, A. N., Makkar, R., Goldman, S., Rudolph, V., Hermiller, J., Kipperman, R. M., Dhoble, A., Smalling, R., Latib, A., Kodali, S. K., Lazkani, M., Choo, J., Lurz, P., O'Neill, W. W., Laham, R., ... CLASP IID Pivotal Trial Investigators (2023). **1-year outcomes of transcatheter edge-toedge repair in anatomically complex degenerative mitral regurgitation patients.** JACC. Cardiovascular Interventions, 16(23), 2820–2832. https://doi.org/10.1016/j. jcin.2023.10.020

Marcoff, L., Koulogiannis, K., Aldaia, L., Mediratta, A., Chadderdon, S. M., Makar, M. M., Ruf, T. F., Gößler, T., Zaroff, J. G., Leung, G. K., Ku, I. A., Nabauer, M., Grayburn, P. A., Wang, Z., Hawthorne, K. M., Fowler, D. E., Dal-Bianco, J. P., Vannan, M. A., Bevilacqua, C., Meineri, M., ... CLASP IID Pivotal Trial Investigators (2024). **Echocardiographic** outcomes with transcatheter edge-to-edge repair for degenerative mitral regurgitation in prohibitive surgical risk patients. JACC. Cardiovascular Imaging, 17(5), 471–485. https://doi.org/10.1016/j.jcmg.2023.09.015

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Stolz, L., Doldi, P. M., Sannino, A., Hausleiter, J., & Grayburn, P. A. (2024). **The evolving concept of secondary mitral regurgitation phenotypes: Lessons from the M-TEER trials**. JACC. Cardiovascular Imaging, 17(6), 659–668. https://doi.org/10.1016/j.jcmg.2024.01.012

VASCULAR DISEASE

Patrone, L., Pasqui, E., Conte, M. S., Farber, A., Ferraresi, R., Menard, M., Mills, J. L., Rundback, J., Schneider, P., Ysa, A., Abhishek, K., Adams, G. L., Ahmad, N., Ahmed, I., Alexandrescu, V. A., Amor, M., Alper, D., Andrassy, M., Attinger, C., Baadh, A., ... Montero Baker, M. (2024). **The "woundosome" concept and its impact on procedural outcomes in patients with chronic limb-threatening ischemia.** Journal of Endovascular Therapy: An Official Journal of the International Society of Endovascular Specialists, 15266028241231745. Advance online publication. https://doi.org/10.1177/15266028241231745

DiLosa, K., Schonefeld, S., El-Khoury, R., Eichler, C., DiBartolomeo, A., Magee, G. A., Yi, J., Simioni, A., Gable, D., Barghout, R., Ayad, M., Mouawad, N. J., Maximus, S., Baril, D., Aranson, N., Azizzadeh, A., & Humphries, M. (2024). **Multi-center experience with intravascular lithotripsy for treatment of severe calcification during transcarotid artery revascularization for high-risk patients.** *Journal of Vascular Surgery*, *S0741-5214(24)*01075-9. Advance online publication. https://doi.org/10.1016/j.jvs.2024.04.049 Shutze, W., Gable, D., Ogola, G., & Eidt, J. (2024).

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Flippo, Korie L., MD Gupta, Manish, MD Karippot, Asha, MD Kovoor, Philip A., MD Melmed, Gavin M., MD Mobley, James M., MD Nwizu, Tobenna I., MD Reddy, Dheeraj, MD Reddy, Sashidhar N., MD

NEPHROLOGY

Acharya, Vinay S., DO Ahmed, Adil S., MD Ajiboye, Oyintayo, MD Asgaonkar, Anil V., MD Asghar, Arshad, MD Asghar, Syed-Ali, MD Aslam, Abid, MD Azam, Muhammad O., MD Biedermann, Scott A., MD Canela Samaniego, Victor A., DO Carlson, Theresa R., AGACNP Dudko, Yana N., AGACNP Farkas, Robert A., MD Firoz, Najam M., MD Fischbach, Bernard V., MD Gajanayaka, Ranil, MD George, Jessie, MD Glowacki, Lori S., MD Hartono, John R., MD Hsu, Alice L., MD Hussain, Mohammad Ahraz A., MD Hussain, Mohammad F., MD ljaz, Adeel, MD Iqbal, Bilal Z., MD Jagalur, Anjana S., MD Kaiser, Shaun, MD Katipally, Swapna, MD

Khalil, Ali, MD Khan, Naseeruddin, MD Khan, Shehpar A., MD Khayat, Maurice I., MD Kilari, Rakesh, MD Krishnamurthy, Gururaj, MD Kumar, Sumit, MD Kumar, Surachit, MD Landgarten, Michael J., MD Liu, Hao, MD Mahmud, Saqib, MD Margassery, Suresh K., MD Mukku, Venkata Kishore R., MD Muraga, Janet M., NP Pakkivenkata, Uma Bhimeshwara R., MD Panesar, Atinder P., MD Park, Joonho, MD Peri, Usha N., MD Polani, Adnann S., MD Prakash, Anand, MD Prakash, Vikyath, MD Qureshi, Muhammad R., MD Racheruvu, Mamatha, MD Rahman, Saadur, DO Reddy, Samitha M., MD Reyes, Hector M., MD Saghir, Syed Shariq A., MD Saquib, Rehana A., MD Shah, Rehan, MD Sharma, Vivek, MD Siddiqui, Nadeem A., MD Sindhu, Wajeeha K., DO Syed, Samaha, MD Thomas, Hanna, MD Tran, Long D., MD Umber, Afia, MD Zamann, Asad, MD

NEUROLOGICAL SURGERY

Denning, Jeremy W., MD Desaloms, John M., MD Fuller, Michelle L., FNP Hood, Brian J., MD Kheir, Tamara O., PA-C Krumerman, Jon A., MD Lucero, Lesley R., PA-C Morgan, Brent C., MD Satyan, Krishna B., MD Saunders, Susan P., ACNP Stein, Lauren B., FNP Taub, Jason S., MD

NEUROLOGY

Asaad, Hakam, MD Berezoski, Abigail J., MD Bryant, Christopher S., MD Campbell, Joel D., MD De Jesus, Maria A., MD Fournier, Lauren E., MD Freeman, Matthew B., MD Ghodsianzadeh, Farzan, DO Graybeal, Dion, MD

Hasan, Rashedul, MD Jenevein, Nolan B., MD Kambhampati, Sarita, MD Kellam, Michael P., MD Khan, Saadat A., MD Laali, Sam J., MD Lauritsen, Jonathan M., DO Li, Wenyang, MD Lopez, Jerome E., MD Maddukuri, Srirekha, MD Matus, Jose A., MD Mayakrishnan, Indurashmi, MD Mehendale, Rachel, MD Miller, Spencer O., MD Mirza, Shazia, MD Mitchell, Thomas A., MD Neal, Jason B., MD Nosnik, Pedro, MD Panuganti, Pradeep K., MD Patel, Margi B., MD Rahman, Haseeb A., MD Rasmussen-Winkler, Jennifer, MD Ray, Debarti, MD Ritch, Mark, DO Shadman, Arash, MD Shimamoto, Shoichi, MD Tan, Simon S., MD Tang, Wei, MD Verma, Avesh R., MD Weiss, Martin A., MD Wu, Chen, MD Yao, Jiagi, MD, PhD

NEURORADIOLOGY

Chen, Henry T., MD Clark, Jeremy D., DO Davis, Eric, MD Hoang, Lon, DO Kapoor, Vipul, MD Kim, Ryomin, MD Madaelil, Thomas P., MD Tatum, James K., MD

NONINVASIVE CARDIOLOGY

Allo, Simon N., MD Alsaid, Amro, MD Bakshi, Sahil, DO Binder, Andrew J., MD Bujold, Crystal A., DO Carry, Melissa M., MD Chodimella, Vidyasagar, MD Davis, David F., MD Douthit, Samantha A., AGACNP Duncan, John W., MD Gilada, Daniel R., MD Gopalakrishnan, Deepika, MD Hecht, Phillip J., MD Holland, Madison R., PAC Hollowell, John S., MD Illum, Annika S., MD Jain, Vikas C., MD Karagiannis, Paul C., MD

Khan, Mubashar H., MD Kulkarni, Anandita, MD Lankipalli, Ramarao S., MD Macpherson, Nicholas C., MD Malik, Amyn, MD Manhas, Amit H., MD McKenzie, Marcus E., MD Nair, Arjun, MD Nair, Radhakrishnan G., MD Nanayakkara, Diana B., ACNP Parmar, Rajiv R., MD Patel, Sati, MD Raiker, Nisha K., MD Rawitscher, David A., MD Raza, Fayez S., MD Raza, Samreen R., MD Raza, Syed S., MD Ren, Hao Yu, MD Reuter, John E., MD Reynolds, Adam M., MD Rivera, Jose M., MD Sarmast, Syed A., MD Sathiyakumar, Vasanth, MD Shah, Dhiren L., MD Shah, Manisha J., MD Shalek, Marc S., MD Solis, Rolando M., MD Sori, Ermias, DO Veerappan, Balaji A., MD Wang, Zuyue, MD Woodley, Margaret C., PAC Woolbert, Samuel C., MD

NUCLEAR RADIOLOGY

Boren Jr, Edwin L., MD

ORAL MAXILLOFACIAL SURGERY

Ray, John M., DDS

ORTHOPEDIC SURGERY

Borens, Gabrielle A., AGACNP Howard, Kali L., AGACNP Powe, Joni R., PA-C Sanchez, Danielle R., PA-C Yousuf, Khalid M., MD

OTOLARYNGOLOGY -HEAD & NECK SURGERY Kapadia, Lav S., MD

PALLIATIVE MEDICINE

Wanjiru, Serah W., AGNP

PATHOLOGY

Bajaj, Jaya, MD Bannister, Paul, MD Black, Michael E., MD Bredeweg, Arthur C., DO Campbell, Jaime A., MD Dobson, Robin W., MD Gill, Javed I., MD Hale, Daniel A., MD Kanhere, Rujuta A., MD Keglovits, Latoya G., MD Krause, John R., MD Le, Don K., DO Leday, Temekka V., MD Mays III, Edward J., MD Simon, Walter B., MD Toosi, Siavash, MD Vuica-Ross, Milena, MD Wenceslao, Stella M., MD Winneberger, Linda J., MD

PEDIATRIC RADIOLOGY

Kim, John Y., MD Tschoepe, Ernest J., MD Wen, Ted S., MD

PHYSICAL MEDICINE & REHABILITATION

Ahmadian, Amir, DO

PLASTIC SURGERY

Costlow, Edie G., SA/ST Woodford, Lorna A., SA/ST Young, Patty K., MD

PODIATRY

Bastawros, David S., DPM Khan, Asif, DPM

PSYCHIATRY

Aligeti, Manish, MD Ansari, Taha, MD Arnoudse, Nicholas, MD Kambhampati, Radha K., MD Nair, Manish M., MD Nandu, Bharat I., MD Okwara, Chinonyerem J., MD Perez, Veronica, MD Pesek, Justin, MD Rayapati, Abner O., MD Schoenborn, Heather A., MD Suleman, Mumtaz, MD Sullivan, Joachim A., MD Tokunaga, Chris, MD Wright, Rosemary E., DO Young, Julie S., MD

PULMONARY DISEASE

Adachi, Mari, MD Ashiq, Javed, MD Awad, Omar, MD Iyer, Sridhar K., MD Loftin Jr., James P., MD McGraw, Meghan K., MD Raza, Ahmed, MD Sewell, Heidi M., AGACNP Sutton, Shelby E., MD Tompkins, Melissa L., MD

PULMONOLOGY

Battey, Andrea L., AGACNP Curry, Matthew W., MD Erwin Jr., Gary E., MD Harness-Brumley, Cayce L., MD Myers, David P., MD Taylor, Jeff E., MD

Vaquera, Key A., MD

RADIATION ONCOLOGY

Greenberg, Jeffrey E., MD

SLEEP MEDICINE

Chandrashekhar, Ravindra, MD Jamieson, Andrew O., MD Kuang, Tang Y., MD Rosenthal, Leon D., MD Saeed, Sidra U., MD Stevenson, Brent E., DO Wolinsky, Joel S., MD

UROLOGY

Allen, Mark L., MD Danawala, Zeeshan A., MD Hassell, Jeffrey S., MD Lieman, Stephen J., MD Mitchell, William C., MD Mooney, Ryan P., MD Rogenes, Vince J., MD Stringer, Jared D., MD Subramanian Jr, Vairavan S., MD West, Jeremy, MD

VASCULAR SURGERY

Ali, Mujtaba M., MD Algaim, Mohammad, MD Bond, Jordan M., MD Chou, Daisy, MD Chu, Tuan-Hung B., MD Corn. Robert S., MD Cruz Carlos P MD Davanian, Erica A., DO Eidt. John F., MD Fleischer, William, MD Foteh, Mazin I., MD Gable, Dennis R., MD Grayson, Gabriell N., ACNP Grimsley, Bradley R., MD Hayhurst, James C., MD Henry, Christopher L., MD Hohmann, Stephen E., MD Jafree, Kamran A., MD Kedora, John C., MD Kim, Sean D., CPO Liechty, Joseph M., MD Mendelsberg, Ranan A., MD Pearl, Gregory J., MD Salhanick, Marc A., MD Samuel, Anna R., ACNP Shirvani, Arash M., MD Shutze, William P., MD Singh, Liza N., AGACNP Smith III, Bertram L., MD Tesic, Goran, MD Vasquez Jr., Javier, MD Wagner, Scott J., FNP Yau, Franklin S., MD Zaluski, Sarah M., FNP

IN MEMORIAM

IN MEMORY OF A WORLD CLASS HEART SURGEON, HEALTHCARE PIONEER, TEACHER AND CHERISHED FRIEND.

Dr. Will Ryan was a visionary leader who had a relentless passion for quality and excellence. He never settled, always pushing to improve because good was never enough for him. His unwavering support for everyone around him was a testament to his character. He inspired us to strive for excellence, and when we reached it, he urged us to surpass it. His legacy of excellence will live on in all of us who were blessed to know and learn from him.

CELEBRATING THE LIFE AND CONTRIBUTIONS OF DR. WILL RYAN

OVER FOUR DECADES, WILLIAM RYAN III, MD, left a

profound impact on the practice of cardiothoracic surgery in Texas. Dr. Ryan will be remembered for his surgical expertise, love for research and passion for quality. His ability to make others feel valued, inspired and supported left a lasting impression on those fortunate enough to meet him.

LEGACY OF LEADERSHIP

Dr. Ryan earned his medical degree at the University of North Carolina School of Medicine in 1977. He completed an internship and surgical residency at the University of Texas Southwestern Medical School and Parkland Hospital.

After a cardiothoracic surgery residency at Vanderbilt University Medical Center, Dr. Ryan began his cardiothoracic surgery practice in Dallas-Fort Worth in 1984. A founding member of Baylor Scott & White The Heart Hospital – Plano, he held several administrative appointments, including chief of surgery, chief quality officer and member of the board of managers.

His long-standing commitment to the development of Baylor Scott & White The Heart Hospital helped build it into an internationally recognized hospital. He guided the cardiac surgery program to join the nation's top 1% for quality, according to data from the Society of Thoracic Surgeons.

"He was an outstanding surgeon, a great mentor, a true gentleman, a great friend," said colleague Jose Rivera, MD.

FAR-REACHING IMPACT

Dr. Ryan was involved in several professional

organizations, including the Society of Thoracic Surgeons, Southern Thoracic Surgical Association and Society of Heart Valve Disease. He received many awards, including *D* Magazine Best Doctor and Texas Monthly Super Doc.

He was also active in research to advance the practice of cardiothoracic surgery, including serving as co-director of research at Baylor Scott & White Heart – Plano. His contributions included dozens of peer-reviewed publications focused on TAVR, the Ross procedure and CABG. He was instrumental in adopting and leading minimally invasive cardiac surgery in our region.

"People like Will cannot be replaced," colleague William Shutze, MD, said. "His absence has been felt very strongly since he retired and will be for a long time."

BELOVED MENTOR

Dr. Ryan will be remembered as a mentor dedicated to the next generation of cardiothoracic surgeons, including both his junior partners and aspiring trainees. Several of Dr. Ryan's mentees have now taken on their own leadership roles at Baylor Scott & White Heart – Plano, carrying his leadership and mentorship into the future. This includes faculty surgeons training current residents and fellows, one of whom is annually awarded the Dr. William Ryan Teaching Award in recognition of their dedication to teaching young surgeons in the model of Dr. Ryan.

"I know many of us wouldn't be here without him," colleague Molly Szerlip, MD, said. "I learned more from him than anyone. He will always be the person that I strive to be."

ROLE MODEL FOR ALL

Known for his deep commitment to colleagues, patients, family, and friends, Dr. Ryan genuinely cared about those around him. From letting his kids dress him in mismatched clothes for work to humbly sharing his wisdom with up-and-coming surgeons, Dr. Ryan modeled kindness, integrity, and compassion. As colleague Jodie Hurwitz, MD, said, he was "a true role model in all walks of life."

After a long battle with cancer, Dr. Ryan passed away at the age of 73 on Aug. 27, 2024. His legacy of compassion, education and excellence will persist through his patients, colleagues and cherished friends.

"Dr. Ryan was more than a world-class surgeon; he was a person of deep kindness and unwavering integrity," colleague Zuyue Wang, MD, said. "He genuinely cared about seeing others thrive, always offering his wisdom with patience. Dr. Ryan will be deeply missed, but the light he brought into our lives will never fade." WITH HIS SKILL AND UNWAVERING FOCUS ON QUALITY FOR OUR PATIENTS, HE CREATED THE FOUNDATION FOR OUR SUCCESS, ESTABLISHING OUR HOSPITAL AS ONE OF THE BEST HEART SURGERY PROGRAMS IN THE NATION. HIS IMPACT IS A SOURCE OF PRIDE FOR ALL OF US. HE WILL REMAIN OUR NORTH STAR AND CONTINUE TO GUIDE US THROUGH HIS LEGACY."

MARK VALENTINE PRESIDENT

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