More than 300 donors, former patients, healthcare staff, elected officials and guests gathered at MedStar Washington Hospital Center on June 16 to witness the dedication of the area’s first dedicated cardiovascular hospital. The occasion marked the end of years of planning, design and construction, and the beginning of a new era of tightly coordinated, centralized specialty care for the most complex cardiovascular cases in the region.

“This is an extraordinary milestone for our patients,” said Stuart F. Seides, MD, physician executive director of MedStar Heart & Vascular Institute. “Every aspect of the new hospital was designed with patients’ comfort, convenience and safety in mind as we worked to create an environment conducive to healing.”

The result is a state-of-the-art facility that unites virtually the entire heart and vascular healthcare delivery staff—cardiologists, cardiac and vascular surgeons, nurse practitioners, cardiac care nurses, and other specialized caregivers—into one cohesive team in one location for more effective, streamlined care.

“Previously, patients with heart problems could have received care on one of 10 different nursing units,” says Allen J. Taylor, MD, chief of Cardiology at both the Hospital Center and MedStar Georgetown University Hospital. Adds Nancy Bruce, RN, BSN, assistant vice president for Nursing, “It makes it possible for us to ensure that the patient and family experience is seamless, and care is coordinated every step of the way.”
From admission to discharge, all aspects of the new hospital-within-a-hospital help promote that goal. Patient units feature their own echocardiography, X-ray, stress tests and other non-invasive services for faster, more convenient examinations and evaluations. The majority of the 164 rooms are also private, furnished with couches and other amenities to increase the comfort and satisfaction levels of patients and their families.

July saw the opening of the last phase of the project, an expanded cardiovascular intensive care unit (CVICU). One of the unique features is the bed is in the center of the room, which allows staff to have 360-degree patient access.

“The new, highly advanced CVICU will allow us to constantly improve care, comfort and efficiency for the sickest patients in the region,” says Paul Corso, MD, chairman, Cardiac Surgery. The new Zirkin Heart & Vascular Hospital is the culmination of a dream for cardiovascular care in the mid-Atlantic region.”

The physical improvements position MedStar Washington Hospital Center—an affiliate of the world-renowned Cleveland Clinic and nationally recognized for excellence in cardiovascular care—for even more achievements in the years ahead.

For that, thanks go to Nancy and Harold Zirkin and their $10 million leadership gift. “When Nancy and I learned about the vision of MedStar Heart & Vascular Institute and its important alliance with Cleveland Clinic,” Mr. Zirkin says, “we saw this as an ideal opportunity to bring together our strong interest in better health with the region’s need for world-class heart care. We’re thrilled we were able to help make this dream a reality.”

Dr. Seides concludes, “We’ve always been blessed with some of the most talented and dedicated physicians and nurses in the country. Now we are providing them with an environment that allows that teamwork to flourish—and ultimately allows us to provide the best possible patient care.”

MedStar Heart & Vascular Institute (MHVI), founded at MedStar Washington Hospital Center, is a national leader in the research, diagnosis and treatment of cardiovascular disease. Aligned with the nation’s #1 heart program, Cleveland Clinic Heart & Vascular Institute, MHVI comprises more than 140 cardiovascular physician specialists and the 10 MedStar Health hospitals located in Central Maryland and Greater Washington, DC. The new Zirkin Heart & Vascular Hospital is located on the campus of MedStar Washington Hospital Center in the Northwest quadrant of the city. The new facility ushers in a new era of health care, creating a patient experience that matches the Hospital Center’s nationally recognized clinical expertise.
1964
METROPOLITAN AREA’S FIRST CORONARY CARE UNIT OPENS

1968
CARDIAC CATHETERIZATION LAB OPENS

1972
AREA’S FIRST OPEN-HEART SURGERY PERFORMED

1985
FIRST CARDIAC ARRHYTHMIA CENTER AND FIRST INTRA-CARDIAC DEVICE IMPLANTED IN THE METROPOLITAN WASHINGTON AREA

1960s sixties

1965
FIRST CODE BLUE TEAM ESTABLISHED IN THE D.C. REGION FOR TREATING CARDIAC ARREST

James Bacos, MD, Cardiologist
Chief of Cardiology, 1965-85

In 1962, when I was hired, I was the only full-time cardiologist on staff. Upon my arrival, there weren’t any cardiac patients because no one knew the hospital could treat them. I visited nearby hospitals to establish relationships, and eventually we started getting patients. During my time at the Hospital Center, I expanded the staff to include specialists and subspecialists. I taught an electrophysiology course and established the Physician Assistants and Paramedic programs. I opened the first Catheterization Lab and the first Coronary Care Unit with about eight to 10 beds, and a heart station, where we were able to wirelessly monitor patients at other hospitals. And I established Code Blue. We had one cart for the whole hospital. (Now there are 130!)

1970s seventies

1981
REGION’S FIRST ANGIOPLASTY PROCEDURE

Jorge Garcia, MD, Cardiac Surgeon
Chief of Cardiac Surgery, 1978-91

In 1972, I was chief senior surgical resident at the Hospital Center. Chief of Surgery Karel Absolon, MD, wanted to establish a heart surgery program. John Keshishian, MD, Thoracic Surgery, and I worked closely with him to set up the program. Before we were fully operational, however, a middle-aged man arrived in shock and near death because of a massive pulmonary embolism. We rushed him to the OR. It was chaotic. This was the first open heart surgery here and the team had really no time to rehearse and prepare. Dr. Absolon did the operation with Dr. Keshishian and me assisting. This was not the patient you choose as your first case, but our priority was to save this man’s life! Dr. Absolon removed a very big blood clot from the pulmonary artery. The patient recovered and walked out of the hospital.

1980s eighties

1985
FIRST CARDIAC ARRHYTHMIA CENTER AND FIRST INTRA-CARDIAC DEVICE IMPLANTED IN THE METROPOLITAN WASHINGTON AREA

MedStar Washington Hospital Center

facts

130
Code Blue carts. In 1965, we had one.

7,500
Cath Lab procedures annually

3,500
Electrophysiology procedures annually

4 CENTERSCOPE | SUMMER 2016
In July 1978, just before I left NIH to go into private practice, my boss, Dr. Steve Epstein, brought down Dr. Simon Stertzer, one of the first two U.S. doctors to do angioplasty, to talk about this revolutionary procedure. We were astonished. The idea of sticking a catheter down an artery to fix it was violating so many rules! We had been taught the artery was to be respected, never touched. Two years later, 1980, I was fortunate enough to get a spot to train with Dr. Andreas Gruentzig in Zurich, the physician who performed the first coronary angioplasty. When I returned, I started looking for patients. Equipment was primitive and patients were limited, anatomically. It took me six months to find the right patient. We scheduled the case on appropriately enough, on Valentine’s Day, Feb. 14, 1981. We did it successfully, and the patient, a man in his 40s, had a great outcome. I followed him for years.
The Future of Cardiovascular Care

From performing the first heart transplant in the nation’s capital to perfecting the most popular implanted heart pump in the world today, MedStar Washington Hospital Center has been synonymous with innovation for nearly 60 years. Now, its physicians and researchers are paving the way for even better patient care and outcomes in the future...here and everywhere.

**Small Devices, Big Results**

In 1988, MedStar Washington Hospital Center became one of the first three hospitals in the United States to implant a ventricular assist device—a mechanism that takes over a weakened heart’s pumping action. Ever since, the Hospital Center has been front and center in the march to perfect the technology, and reduce the toll from end-stage congestive heart failure.

Leading the charge is Steven W. Boyce, MD, surgical director of Advanced Heart Failure Program, whose latest contribution to the field is the device called MVAD®. Now in European trials, MVAD results in smaller incisions, less blood loss and shorter hospital stays. However, its biggest benefit is its size. Smaller than a thumb, MVAD may be the answer for many individuals, including women and children, whose smaller chest cavities can’t accommodate even today’s streamlined models.

Originally viewed as a bridge to transplant for very sick patients, VADs today often take the place of transplant. In fact, Dr. Boyce predicts that VADs will be the first line, destination treatment for most congestive heart failure (CHF) patients before the end of this decade. Already, the Hospital Center performs more than four times as many VAD procedures as heart transplants, and is the busiest VAD hospital in the Mid-Atlantic.

“In the United States alone, end-stage CHF kills more people each year than cancer. Yet only 3,000 heart transplants take place worldwide in any given year. By continuing to improve VADS, we can help revolutionize the global treatment of heart failure, and extend quality of life for millions.”

—Steven W. Boyce, MD
EASIER TREATMENTS FOR PATIENTS

When MedStar Washington Hospital Center performed the region’s first TAVR (transcatheter aortic valve replacement) in 2010, the investigational device was revolutionary. Physicians now had a treatment option for frail, elderly patients who could not withstand open heart surgery.

“Today, we’re on the cusp of a new era in treating structural heart disease through less invasive means,” says interventional cardiologist Lowell Satler, MD. “Our experience with combining interventional cardiology, surgical and imaging techniques shows that we can often use a catheter-based approach and get the same result as a standard open chest operation.”

Dr. Satler and his colleagues are participating in multiple clinical trials to test novel treatments and devices. Studies range from implanting devices to close off or tighten leaky valves to inserting an artificial valve inside a malfunctioning one, all with the goal of making valve repair faster and easier on patients.

MHVI recently launched the first multi-institutional, clinical trial in the nation to evaluate the benefits of using TAVR in low-risk patients. Dr. Satler says, “If the study’s successful, we could see the approach overtake open heart surgery for the majority of aortic stenosis patients in the near future.”

Edward Woo, MD, director of MedStar Vascular Program, reports similar progress. MHVI is about to launch a clinical trial using minimally invasive stent grafts to treat disease processes in the body’s main blood vessel—the aortic artery—which would normally require open heart surgery.

“We are consistently at the forefront of new techniques for treating complex aortic, carotid and lower extremity vascular diseases,” Dr. Woo says. “It’s a great feeling to be able to offer new options for patients that allow them to get back on their feet as quickly as possible.”

HEALING THE HEART: STEM CELLS AND 3-D PRINTER MODELS

Approaching cardiovascular disease on a more basic level is Stephen Epstein, MD, MHVI’s head of translational and vascular biology research, and an international authority on stem cell therapy. Currently, Dr. Epstein’s lab is studying whether a special type of stem cell can improve cardiac function after a heart attack or in patients suffering from chronic heart failure. The team is also trying to determine if these stem cells’ potential ability to heal damaged tissue stems from their anti-inflammatory properties. Results are promising. Findings from MVHI’s most recent stem cell study have opened the door for the next phase: a trial involving 600 patients with chronic heart failure.

“MHVI has always been at the forefront of introducing novel, innovative drugs, technologies and cardiac devices, including heart models from 3-D printers,” concludes Ron Waksman, MD, director of Cardiovascular Research. “With more than 100 ongoing basic, clinical and translational trials, we’re better positioned than ever to help change the course of cardiovascular care.”

(L to R) Dror Luger, PhD, Stephen Epstein, MD, and Michael Lipinski, MD, PhD
Enjoy a Healthy Lifestyle…for your heart!

By Allen J. Taylor, MD, Chief of Cardiology, MedStar Washington Hospital Center and MedStar Georgetown University Hospital

You’ve heard it many times before—follow a healthy lifestyle for a healthy heart. Sounds simple, right? But it’s not always so easy to pull off. A heart healthy lifestyle can reduce the risk for heart disease by as much as 80 percent! A heart healthy lifestyle is a commitment to many daily habits centered on our activity, diets, mindset and awareness. There is no one “magic” thing. When lifestyle isn’t enough, talk with your doctor to set realistic goals, such as losing weight, lowering your cholesterol or blood pressure levels. Commit to making the many small lifestyle changes that make a healthy heart a snap. Take it day by day, and work to sustain your gains.

Here are a few tips to get you started. Go to our blog at MedStarWashington.org/Blog/Healthy-Living for more.

1. **Make time for exercise.** Exercising 30 to 60 minutes on most days will cut your heart risk in half.

2. **Know your heart disease risk.** Calculate your risk by plugging your numbers into an online calculator here: http://cvdrisk.nhlbi.nih.gov/

3. **Never ignore your chest pain.** Pain can be felt anywhere in the chest area, arms, your back and neck. Call 911 if you suspect you are having a heart attack or stroke.

4. **Check your blood pressure.** Let the healthy blood pressure number be below 140/90. Both numbers matter!

5. **No smoking.** Don’t smoke, and ask your loved ones to quit.

For 24 more tips for a healthy heart, visit our blog at MedStarWashington.org/Blog/Healthy-Living.