Welcome ................................................................................................. 1
Facilities and locations ........................................................................... 2
Facts and figures ..................................................................................... 4
Accreditations and accomplishments .................................................... 6

Clinical care and outcomes
  Cardiology .......................................................................................... 8
  Electrophysiology ................................................................................ 12
  Heart failure ....................................................................................... 16
  Cardiac surgery .................................................................................. 18
  Structural heart .................................................................................. 24
  Vascular .............................................................................................. 28
  Cardiac and pulmonary rehabilitation ............................................... 31

Living our mission .................................................................................. 32
Leadership .............................................................................................. 33
Cardiovascular services locations .......................................................... 34
A look ahead ............................................................................................ 36
About CHI Franciscan Health ................................................................. Back cover

Our Cardiovascular Report 2016 is also available to view online. Visit chifranciscan.org/cvquality.
Welcome to the first edition of the CHI Franciscan Health Cardiovascular Report. We strive to be the premier provider of cardiovascular services, with premier defined and measured in both volumes and outcomes.

Ours is a multidisciplinary cardiovascular service line that includes three subspecialties: cardiology, cardiothoracic surgery and vascular surgery. Our cardiologists, cardiothoracic surgeons and vascular surgeons are committed to bringing the latest in efficacious treatment to our communities.

We value our partnerships with our referring physicians, and thank you for your continued collaboration. Together, we promote and improve heart health. When needed, we are here to ensure your patients receive optimal care and the greatest chance for the best possible outcomes.

These are exciting times in medicine, especially cardiovascular. In the last year, we initiated the following advances in heart care:

- **Thoracic Endovascular Aortic Repair (TEVAR)** – a cardiac and vascular surgeon team approach for thoracic aortic aneurysm repair. This collaboration utilizes a new technique that places a vascular stent in the thoracic aorta to protect the vessel from an aneurysm rupture.

- **CardioMEMS** – a wireless sensor device implanted in a patient. This technology anticipates worsening heart failure and prescribes treatment before a patient requires hospitalization.

- **Mitral Valve Clip (MitraClip)** – a clip attached to the mitral valve leaflets for the treatment of significant symptomatic degenerative mitral regurgitation. This technique is approved for patients for whom traditional mitral valve repair surgery is prohibitive due to their risk factors.

- **Watchman™** – a left atrial appendage (LAA) closure device for atrial fibrillation patients. It provides an alternative to warfarin to help reduce their risk for stroke. The LAA is responsible for 90 percent of clot formation in patients with AFib.

We were also honored to be recognized within the top 10 percent of participating U.S. hospitals by earning the 3-Star (highest) score in The Society of Thoracic Surgeons’ composite quality ratings.

We hope you enjoy reviewing our progress-to-date in expanding access and improving outcomes to meet the cardiovascular needs of those we serve. We are excited to share our results over the past few years—and in years to come.

Please feel free to contact us at (253) 426-6840. We welcome your feedback.

Sincerely,

Greg Eberhart, MD, MMM, CPE
Medical Director, Cardiovascular Service Line
<table>
<thead>
<tr>
<th><strong>Facts and figures</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>100+</strong> Transcatheter valve procedures (2014-2015)</td>
</tr>
<tr>
<td><strong>7,000+</strong> Cardiac catheterizations (Diagnostic &amp; Interventions) (2014-2015)</td>
</tr>
<tr>
<td><strong>1,500+</strong> Vascular procedures (2014-2015)</td>
</tr>
<tr>
<td><strong>2,270+</strong> Cardiac surgeries (2013-2015)</td>
</tr>
<tr>
<td><strong>100%</strong> STEMI patients receiving Coronary Intervention within 90 minutes of arrival, 2015</td>
</tr>
<tr>
<td><strong>1,400+</strong> Cardiac ablation procedures (2014-2015)</td>
</tr>
<tr>
<td><strong>150+</strong> Coronary interventions for chronic total occlusion (2014-2015)</td>
</tr>
<tr>
<td><strong>300+</strong> Minimally invasive surgical valve procedures (2014-2015)</td>
</tr>
<tr>
<td><strong>28,000+</strong> Adult echocardiograms (2015)</td>
</tr>
<tr>
<td><strong>3,100+</strong> Percutaneous coronary interventions (2014-2015)</td>
</tr>
<tr>
<td><strong>550+</strong> Internal cardiac defibrillator procedures (2014-2015)</td>
</tr>
<tr>
<td><strong>14,000+</strong> Cardiac rehabilitation patient visits (2015)</td>
</tr>
</tbody>
</table>
100+ Transcatheter valve procedures (2014-2015) CHI Franciscan Health data.

7,000+ Cardiac catheterizations (Diagnostic & Interventions) (2014-2015) National Cardiovascular Data Registry (NCDR) data.


2,270+ Cardiac surgeries (2013-2015) CHI Franciscan data.

100% STEMI patients receiving Coronary Intervention within 90 minutes of arrival, 2015 St. Joseph Medical Center, Harrison Medical Center, St. Francis Hospital, St. Anthony Hospital and Highline Medical Center Clinical Outcomes Assessment Program (COAP) data, a program of the Foundation for Health Care Quality in Washington state.

1,400+ Cardiac ablation procedures (2014-2015) CHI Franciscan data.


28,000+ Adult echocardiograms (2015) CHI Franciscan data.


14,000+ Cardiac rehabilitation patient visits (2015) CHI Franciscan data.
Accreditations and accomplishments

The Society of Thoracic Surgeons 3-Star Composite Quality Ratings

Aortic Valve Replacement (AVR): July 2013-June 2016
St. Joseph Medical Center

AVR + Coronary Artery Bypass Graft (CABG): July 2013-June 2016
St. Joseph Medical Center

CABG: July 2013-June 2014
St. Joseph Medical Center

AVR: January 2012-December 2014
St. Joseph Medical Center

AVR + CABG: July 2013-June 2016
Harrison Medical Center

AVR: July 2012-June 2015
Harrison Medical Center

AVR + CABG: July 2012-June 2015
Harrison Medical Center

AVR: January 2012-December 2014
Harrison Medical Center

American Heart Association Mission: Lifeline® Quality Achievement Awards

STEMI Receiving Center – BRONZE PLUS
Harrison Medical Center

STEMI Receiving Center – BRONZE
St. Francis Hospital

Heart Failure System Accreditation BATTELLE Healthcare Colloquium
First Accredited Heart Failure System in the Northwest – 2014

2016
St. Joseph Medical Center, Harrison Medical Center,
St. Francis Hospital, St. Clare Hospital, St. Anthony Hospital,
St. Elizabeth Hospital, Highline Medical Center
HealthStream Excellence
Through Insight Award 2015
Overall Patient Experience
Inpatient CU-ICU, Unit-Specific Award
St. Joseph Medical Center

Action Registry – American Heart Association
Get With The Guidelines® (GWTG)

2016 Gold Performance Achievement Award
Harrison Medical Center

2015 Platinum Performance Achievement Award
St. Joseph Medical Center

2014 Silver Performance Achievement Award
St. Joseph Medical Center, St. Francis Hospital,
St. Anthony Hospital

These hospitals consistently followed the treatment guidelines in ACTION Registry®–GWTG™
and met a performance standard of 90% for specific performance measures to receive
these awards.

ACTION Registry–GWTG is a partnership between the American College of Cardiology
Foundation and the American Heart Association with partnering support from the
American College of Emergency Physicians and the Society of Cardiovascular Patient Care.
For more information about ACTION Registry-GWTG, visit ACC.org/ACTION.

HealthStream Excellence
Through Insight Award 2015

Beacon Award for Excellence
Harrison Medical Center ICU, silver-level award

This national, three-year designation from the American Association of Critical Care Nurses (AACN)
reflects the exceptional level of care and the healthy work environment in the ICU. Out of 6,000 ICUs in
the U.S., 197 have received Beacon designations. Only eight Beacon Awards have been bestowed to
units in Washington state.

Intersocietal Accreditation Commission

Echocardiography IAC
St. Joseph Medical Center, St. Francis Hospital,
St. Clare Hospital, Franciscan Heart & Vascular Associates
– Federal Way, St. Anthony Hospital, Harrison Medical Center
and Harrison HealthPartners Cardiovascular Consultants

Nuclear Cardiology IAC
St. Joseph Medical Center, St. Francis Hospital,
St. Clare Hospital, St. Elizabeth Hospital, St. Anthony
Hospital and Franciscan Heart & Vascular Associates – Auburn

Vascular Testing IAC
Franciscan Vascular Associates at St. Joseph,
St. Francis Hospital, St. Clare Hospital, St. Elizabeth Hospital,
St. Anthony Hospital, Harrison HealthPartners
Cardiovascular Consultants and Franciscan Vascular
Associates – Auburn

American Association of Cardiovascular
and Pulmonary Rehabilitation
Cardiovascular and Pulmonary,
Harrison Medical Center
Cardiovascular, St. Joseph Medical Center

Accreditation for
Cardiovascular Excellence (ACE)
Cardiac catheterization
Percutaneous coronary intervention
2015
St. Joseph Medical Center,
St. Francis Hospital,
St. Anthony Hospital

These hospitals consistently followed the treatment guidelines in ACTION Registry®–GWTG™
and met a performance standard of 90% for specific performance measures to receive
these awards.

ACTION Registry–GWTG is a partnership between the American College of Cardiology
Foundation and the American Heart Association with partnering support from the
American College of Emergency Physicians and the Society of Cardiovascular Patient Care.
For more information about ACTION Registry-GWTG, visit ACC.org/ACTION.

Beacon Award for Excellence
Harrison Medical Center ICU, silver-level award

This national, three-year designation from the American Association of Critical Care Nurses (AACN)
reflects the exceptional level of care and the healthy work environment in the ICU. Out of 6,000 ICUs in
the U.S., 197 have received Beacon designations. Only eight Beacon Awards have been bestowed to
units in Washington state.

Intersocietal Accreditation Commission

Echocardiography IAC
St. Joseph Medical Center, St. Francis Hospital,
St. Clare Hospital, Franciscan Heart & Vascular Associates
– Federal Way, St. Anthony Hospital, Harrison Medical Center
and Harrison HealthPartners Cardiovascular Consultants

Nuclear Cardiology IAC
St. Joseph Medical Center, St. Francis Hospital,
St. Clare Hospital, St. Elizabeth Hospital, St. Anthony
Hospital and Franciscan Heart & Vascular Associates – Auburn

Vascular Testing IAC
Franciscan Vascular Associates at St. Joseph,
St. Francis Hospital, St. Clare Hospital, St. Elizabeth Hospital,
St. Anthony Hospital, Harrison HealthPartners
Cardiovascular Consultants and Franciscan Vascular
Associates – Auburn

American Association of Cardiovascular
and Pulmonary Rehabilitation
Cardiovascular and Pulmonary,
Harrison Medical Center
Cardiovascular, St. Joseph Medical Center

HealthStream Excellence
Through Insight Award 2015
Overall Patient Experience
Inpatient CU-ICU, Unit-Specific Award
St. Joseph Medical Center
Serving thousands of patients annually and providing the full spectrum of diagnostic and nonsurgical procedures, the Section of Invasive and Interventional Cardiology has established itself as one of the premier referral services in Puget Sound. Among the many leading-edge procedures from the specialists who practice at CHI Franciscan:

**Transradial catheter insertion.** With the growing body of evidence that transradial catheter insertion is associated with lower complication rates compared to the traditional transfemoral technique, our cardiologists are leading the way in adoption. In 2015 our physicians performed nearly half of all catheterizations transradially, significantly higher than the national average at 35 percent.

A recent clinical trial* by Dr. Ando Capodanno demonstrated that radial access for coronary diagnostic and interventional procedures was associated with a lower rate of bleeding and mortality in patients with acute coronary syndrome, when compared to patients that had femoral access utilized for the same procedures.

<table>
<thead>
<tr>
<th>Radial Access Utilization (Median)</th>
<th>CHI Franciscan</th>
<th>NCDR</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>6.83%</td>
<td>23.08%</td>
</tr>
<tr>
<td>2014</td>
<td>24.47%</td>
<td>28.54%</td>
</tr>
<tr>
<td>2015</td>
<td>48.99%</td>
<td>34.70%</td>
</tr>
</tbody>
</table>

Radial access utilization


Source: National Cardiovascular Data Registry (NCDR) 2013-2015, CathPCI Executive Reports
A race against the clock
When 73-year-old Gig Harbor resident Billy Waldron experienced chest pain and shortness of breath, he was rushed to the St. Anthony Hospital Emergency department. “Within 30 to 45 minutes of calling the ambulance, doctors were opening the blocked artery in my heart,” said Billy.

In the cath lab, Theodore Lau, MD, interventional cardiologist with Franciscan Heart & Vascular Associates at St. Anthony, performed an angioplasty to open the artery. He then placed a drug-eluting stent to reduce the likelihood of the artery narrowing again and requiring a repeat procedure.

Today, Billy feels well and continues with regular checkups. “I can’t say enough good things about Dr. Lau and the staff at St. Anthony Hospital,” he said. “I feel really lucky that I was able to receive all the care I needed close to where I live.”

---

High-risk and complex interventions. Our specialists offer the latest techniques for treating chronic total occlusion of the arteries supplying the heart. By precisely guiding a catheter to the site of the blockage and employing a combination of balloon angioplasty and stent placement, specialists re-establish the blood supply to the heart muscle. The procedure restores quality of life for patients who might not be candidates for coronary bypass surgery.

Hemodynamic assessment. Interventional cardiologists are performing fractional flow reserve measurements using an ultrasound-guided pressure wire to evaluate the impact of stenosis in the coronary arteries. This is part of a broad array of hemodynamic assessments for conditions such as heart failure and pulmonary hypertension.

---

**Percutaneous coronary intervention (PCI) volumes**

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of PCIs performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>1345</td>
</tr>
<tr>
<td>2014</td>
<td>1533</td>
</tr>
<tr>
<td>2015</td>
<td>1598</td>
</tr>
</tbody>
</table>

CHI Franciscan Health facilities — combined totals

Source: National Cardiovascular Data Registry 2013-2015, CathPCI Executive Reports
**Right place at the right time**

George McCabe and wife Gina were in his cardiologist’s waiting room when he collapsed. George had experienced a cardiac tamponade, a life-threatening buildup of fluid around the heart. He was rushed by ambulance to Harrison Medical Center, where he was met by cardiologist Satyavardhan Pulukurthy, MD. The previous month, George was diagnosed with a serious atrial fibrillation condition. Unfortunately, a pacemaker implanted during a vacation in Oregon had led to complications. Blood had begun to leak into his pericardium.

Dr. Pulukurthy performed pericardiocentesis, draining 20 ounces of blood to relieve pressure on the heart. Electrophysiologist Nathan Segerson, MD, was consulted to assist with George’s care. George now feels great, and is back to enjoying time with his wife and family, and woodcarving.

### STEMI Accelerator Program

Time-to-treatment is a critical factor in outcomes for patients with ST-segment elevated myocardial infarction. Our STEMI teams have achieved response times well under national targets and significantly outperform regional and national averages. Providing urgent treatment for these most-serious and acute heart attacks on a 24/7 basis, our teams have seen demand for their services double over the last two years.

Treating conditions from simple chest pain to the most serious heart attacks, CHI Franciscan specialists apply measures from stent insertion and angioplasty, to use of embolic protection devices, intra-aortic balloon pumps and impella hemodynamic support for patients in shock. A multidisciplinary approach ensures our patients receive the optimum treatment option, as the teams work in close relationship with our primary care and cardiovascular surgical colleagues.

#### STEMI door-to-device activation time (in minutes)

<table>
<thead>
<tr>
<th>Minutes</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHI Franciscan Health average</td>
<td>53</td>
<td>52</td>
<td>54</td>
</tr>
<tr>
<td>Washington state average</td>
<td>52</td>
<td>52</td>
<td>54</td>
</tr>
<tr>
<td>National average</td>
<td>60</td>
<td>60</td>
<td>60</td>
</tr>
</tbody>
</table>

American Heart Association guidelines recommend coronary intervention within 90 minutes of arrival for patients presenting with a STEMI (ST-elevation myocardial infarction). This early treatment can lead to improved patient outcomes (Antman, et. al., ACC/AHA Guidelines for the Management of Patients with ST-Elevation Myocardial Infarction- Executive Summary, 2004, retrieved from: http://circ.ahajournals.org/content/110/5/588)

Strength of a system: Continuity of care

Barbara Silverfeather, a 57-year-old mother of seven, recently found herself in the Emergency department at St. Elizabeth Hospital in Enumclaw with severe chest pain. “I suddenly felt like I couldn’t get enough air,” she said. “I’d be folding laundry and I’d have to rest.”

Tests revealed several blockages that could have caused a heart attack. Barbara was transferred by ambulance to St. Joseph Medical Center in Tacoma. Cardiac surgeon Susan Hecker, MD, MPH, performed triple bypass surgery.

“From the moment I met Dr. Hecker, I got the feeling that she had a lot of experience under her belt,” said Barbara. “I felt like she knew everything I was going through and she took the time to thoroughly explain everything to me along the way.”

CHI Franciscan Health ST-elevation myocardial infarction volumes

2015 Cath lab procedures by indication volume and percentage

Cath lab procedures by indication NCDR line #1104

*STEMI patients NCDR line #1110

Source: National Cardiovascular Data Registry 2013-2015, CathPCI Executive Reports

Source: National Cardiovascular Data Registry 2015, CathPCI Executive Report
CHI Franciscan Electrophysiology reflects the decision by CHI Franciscan Heart and Vascular Center to establish a university-level electrophysiology program for the South and West Sound. Electrophysiologists with extensive research backgrounds—trained in the most current procedures and with practice experience in a university setting—handle the full scope of cases, from simple to extremely complex.

**Ablation for correcting arrhythmia.** With volumes among the highest in the region across the gamut of procedures, the program has the wealth of experience proven to correlate with exemplary outcomes. Multiple specialists treat every form of arrhythmia, performing both atrial and ventricular ablations, using the most appropriate modality, whether radiofrequency or cryotherapy. When treating a condition with ablation techniques, early diagnosis and timely treatment are key contributors.

**CHI Franciscan Health Electrophysiology (EP) procedures 2015 – by type**

![Pie chart showing the distribution of EP procedures in 2015](chart.png)

- Pacers: 18.7%
- ICD: 40.8%
- Ablation: 36.1%
- Other EP procedures: 5.4%

Source: CHI Franciscan Health data 2015
to a successful outcome; therefore having multiple electrophysiologists on staff is a great advantage to patients as well as the referring physician community. Most often, patients are able to schedule the first visit and subsequently receive treatment in a timeframe measured in weeks, rather than months.

**Left atrial appendage closure.** The program is the first in the South and West Sound to offer Watchman left-atrial appendage closure, which provides an alternative to blood-thinning medications.

---

**Electrophysiology (EP) procedures – total volume**

![Chart showing EP procedures from 2014 to 2015](chart.png)

- **2014**: 1651 procedures
- **2015**: 1650 procedures

**CHI Franciscan Health EP procedures**

Source: CHI Franciscan Health data 2014-2015

---

**Paddling without worry**

Ron Trapp, avid kayaker and paddling instructor, was concerned. “Things got worse. I started having the AFib at least every 10 days. I would be out in my kayak. And my grandkids and I love to camp. It was very difficult not to know if something was going to happen in front of my class, or when I was out kayaking.”

Ron chose to have an electrophysiology procedure at the EP lab at St. Joseph Medical Center in Tacoma. Eathar Razak, MD, electrophysiologist, conducted an electrophysiology study and performed an atrial fibrillation ablation.

“Since my EP procedure, my life has drastically changed,” Ron says. “I feel much more confident going out in my kayak by myself, and getting down on the floor with my three-year-old granddaughter, and not having to worry whether something is going to happen.”
**Electrophysiology**

**Harrison Electrophysiology (EP) volumes**

![Graph showing number of EP procedures for Harrison Electrophysiology (EP) volumes from 2014 to 2015. The graph includes four categories: Pacers, ICD, Ablation, and Loop recorders. The bars for each year show the number of procedures. The source is CHI Franciscan Health data 2014-2015.](image)

**St. Joseph Medical Center EP volumes**

![Graph showing number of EP procedures for St. Joseph Medical Center EP volumes from 2014 to 2015. The graph includes four categories: Pacers, ICD, Ablation, and Loop recorders. The bars for each year show the number of procedures. The source is CHI Franciscan Health data 2014-2015.](image)
Enjoying better rhythm

For six months or more, Claude Strebe knew something wasn’t right. “I was waking up at night, feeling a little nervousness, anxiousness—tension—in my chest,” he explained. “Then it progressed until I was getting more of a thump. It felt like my heart was just thumping really hard.”

Claude’s doctor referred him to Nathan Segerson, MD, a cardiac electrophysiologist with Harrison HealthPartners, part of CHI Franciscan Health. Dr. Segerson specializes in treating all types of heart arrhythmias, many of which can be life-threatening. He diagnosed Claude’s unusually complicated atrial fibrillation, or AFib. In the cath lab at Harrison Medical Center, he used cardiac catheterization to perform an ablation procedure for better management of Claude’s heart rhythm.

“Since then, life’s been good,” said Claude. “I feel a lot better.”

2015 CHI Franciscan Health patients receiving recommended medical therapy after ICD placement

![Chart showing 90.3% of patients meeting medical therapy goal, with 9.7% below this goal.

Source: National Cardiovascular Data Registry 2015, ICD Executive Report

Device implants. Program specialists implant pacemakers, defibrillators and heart-failure resynchronization devices, including MRI-compatible devices. The program is involved in post-market research with device companies, and recently has been selected by the manufacturer of a subcutaneous intra-cardiac defibrillator to serve as a teaching center for its staff. The complete offering here also includes a high-volume lead-management service for laser-guided removal of fractured or infected leads.

We offer electrophysiology services at St. Joseph Medical Center and Harrison Medical Center, our two tertiary sites. The St. Joseph lab was updated in 2015 with the most current generation of equipment and capabilities including mapping, fluoroscopy and intra-cardiac echocardiography. CHI Franciscan is committed to expanding its program to meet the needs of the region. Our goal is to improve outcomes for arrhythmia patients throughout our service area.
Demand for heart failure intervention is expected to grow substantially over the next decade. The CHI Franciscan Heart Failure program provides not just the latest treatments, but also helps patients live fulfilling lives while dealing with cardiac insufficiency. The three-pronged effort standardizes heart failure care throughout the system, keeps care in our communities, and educates patients in a consistent manner so they receive the same messages regardless of the episode of care.

**System-wide heart failure accreditation.**
The program is the first in the Pacific Northwest to achieve heart failure system accreditation from Battelle Healthcare Colloquium. The accreditation was awarded after a week-long, extensive on-site visit. All hospitals in the system have received heart failure center accreditation, and were recently reaccredited for 2016.

**The latest therapy and innovative surgeries.**
The program manages challenging cases throughout all stages of heart failure. Our specialists apply the latest in medical therapy and collaborate with electrophysiology, interventional cardiology and cardiovascular surgery to provide innovative surgical techniques to treat atrial fibrillation and other disorders. This includes minimally invasive procedures for high-risk patients that previously would not have been surgical candidates. Transcatheter aortic valve replacement and placement of mitral clips allow them to live their lives with markedly improved quality.

**CardioMEMS implantation.** This recently FDA-approved device, implanted via a catheterization procedure, measures real-time pulmonary-artery pressure and heart rate and transmits the data for physician review. Research has found that making this data available to physicians reduces the number of heart failure hospitalizations.

**“Medical home” heart failure clinics.** These robust clinics incorporate a multidisciplinary approach to better care for complex patients with clinically advanced symptoms. Patients identified as candidates for advanced heart failure therapies are referred to a regional cardiac care center.
Retaking control of life

Joan Johnson, a 77-year-old former operating room technician and licensed practical nurse, lived with heart failure for years. One day, she discovered she could not stand up and soon passed out.

“My daughter-in-law took me to the hospital, where I went to the cardiac unit—I was so scared,” said Joan. “They took care of me and showed me how to monitor my diet and take my medications properly. I owe everything to the doctors, nurses and technicians.”

“When chronic conditions such as high blood pressure, heart disease and diabetes go unchecked or untreated, the likelihood of heart failure increases,” said Rosemary Peterson, MD, FACC, board-certified heart failure and transplant specialist and cardiologist with CHI Franciscan Health.

For many people with heart failure, the best treatment relies on lifestyle modifications coupled with specific medications. However, because Joan’s condition had caused a serious problem with her heart, she needed more advanced care.

After Joan’s treatment, her cardiologist William Bilnoski, MD, FACC, gave her a clear medication schedule, astutely referred her to cardiac rehabilitation and the diabetes clinic, and instructed her to eat and exercise appropriately. She’s been following his expert guidance to the letter.

“Our goal is to help patients connect the dots and retake control of their lives,” Dr. Peterson said. “Knowledge truly is power—and can help prevent heart failure. I encourage patients with chronic health conditions related to heart failure to work with their primary care physicians to address these issues head on.”
With surgeons recognized among the top ten percent in the U.S. for quality and patient outcomes, CHI Franciscan Cardiac Surgery is leading the way in both open and minimally invasive surgeries.

**Mitral valve surgery.** Although mitral valve disease is common, the average cardiac surgeon in the U.S. performs only five mitral valve operations per year. This makes it extremely difficult to gain the expertise required to provide the highest-quality care. Therefore eight years ago, our surgeons decided it was important to foster and support specialists who focus on particular areas. One result of this specialization is the unique expertise to manage all patients with mitral valve disease.

For patients who require surgery, we are able to offer nearly all a minimally invasive approach at St. Joseph Medical Center. As opposed to dividing the sternum with the much longer incision required for traditional heart surgery, the procedure can be performed through a 2-3 inch incision on the right side of the chest. This less-invasive approach allows patients to return to full activity much sooner and without any upper body limitations. It also lowers the risk of necessary blood transfusion. From simple to complex mitral valve repairs as well as valve replacements, our team is able to perform all of these procedures using the minimally invasive approach with access between the ribs.

**The Society of Thoracic Surgeons rating.** The Society of Thoracic Surgeons (STS) has developed comprehensive rating systems for the quality of aortic valve replacement (AVR) and coronary artery bypass graft (CABG) surgeries among participating hospitals across the country. In the current analysis of national data covering the period from July 1, 2013 through June 30, 2016, St. Joseph Medical Center received the 3-Star rating, which denotes the highest category of quality, for both isolated AVR and for AVR + CABG. In this same analysis period of July 1, 2013 through June 30, 2016, Harrison Medical Center surgery performance for AVR + CABG was distinguished to be in this highest quality tier, receiving a 3-Star rating. Approximately 10 percent of participating hospitals achieve a 3-Star rating.
On the mountain again

An avid hiker, Jeff Bonnell had been living with a leaky heart valve for over a decade. But, when climbing stadium bleachers left him short of breath, he knew something wasn’t right. Craig Hampton, MD, cardiothoracic surgeon, confirmed Jeff needed mitral valve repair.

“I was ecstatic to find out I was a candidate for minimally invasive heart surgery,” said Jeff.

With just a three-inch incision between his right ribs, Jeff was out of bed within a day of surgery, and home from St. Joseph Medical Center in three. Several months of cardiac rehabilitation helped him strengthen his heart and rebuild stamina.

“Franciscan got me on the mountain again,” Jeff said, sharing a photo of his trek from Paradise Lodge at Mt. Rainier. “I have never felt better!”
Restrictive transfusion practices. Use of blood products during and after open-heart surgery is associated with increasing incidence of infections and other post-operative complications. While transfusions remain the treatment of choice for anemic patients, the surgical teams here are applying The Society for Thoracic Surgeons guidelines, balancing benefits and risks and achieving transfusion rates well below national averages.

Post-surgery extubation. Early weaning from the ventilator following cardiac surgery decreases incidence of infectious complications and facilitates early recovery. The majority of patients are breathing on their own within the six-hour standard established by The Society of Thoracic Surgeons—well above the national average. This exemplifies the close teamwork with the cardiac anesthesiologists who are a critical and integral part of the care team.

CHI Franciscan Cardiac Surgery is part of a broad-reaching, comprehensive and multidisciplinary approach to cardiac care that also encompasses vascular surgeons, cardiologists, electrophysiologists and highly specialized care teams. The result is the best of both worlds: leading-edge care close to home, and the most advanced and sophisticated surgeries for patients who require them.
Clockwise from top: The cardiac surgery team at St. Joseph Medical Center. Harrison Medical Center cardiac surgeons Christopher King, MD, FACS; and William Reed, MD. St. Joseph Medical Center cardiac surgeons Susan Hecker, MD, MPH; John Luber, MD, FACS; and Craig Hampton, MD, FACS. The cardiac surgery team at Harrison Medical Center.
### Isolated CABG intra-operative blood transfusion rates

<table>
<thead>
<tr>
<th>Year</th>
<th>St. Joseph Medical Center</th>
<th>Harrison Medical Center</th>
<th>Washington state average (COAP)</th>
<th>Expected national average</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>11.5%</td>
<td>13.1%</td>
<td>16.1%</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>5%</td>
<td>8.7%</td>
<td>14.8%</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>4.5%</td>
<td>6.6%</td>
<td>12.7%</td>
<td>11%</td>
</tr>
</tbody>
</table>


### Isolated CABG post-operative blood transfusion rates

<table>
<thead>
<tr>
<th>Year</th>
<th>St. Joseph Medical Center</th>
<th>Harrison Medical Center</th>
<th>Washington state average (COAP)</th>
<th>Expected national average</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>13.2%</td>
<td>29%</td>
<td>21%</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>4.5%</td>
<td>22.2%</td>
<td>18.3%</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>6.6%</td>
<td>20.4%</td>
<td>15.4%</td>
<td></td>
</tr>
</tbody>
</table>

Isolated CABG patients extubated within 6 hours post-op, by facility

- **St. Joseph Medical Center**
  - 2013: 68%
  - 2014: 74.6%
  - 2015: 76.1%

- **Harrison Medical Center**
  - 2013: 74.3%
  - 2014: 77.6%
  - 2015: 69.9%

---

Source: CHI Franciscan Health data 2013-2015

Expected national average
One of the fastest-growing programs in the Northwest applies a multidisciplinary approach to resolving structural problems within the heart. Only in its third year, it has already established a solid track record of innovation, bringing new procedures to the region using the latest minimally invasive techniques.

**Transcatheter aortic valve replacement (TAVR).** This minimally invasive procedure implants a new valve in the aorta, using a technique similar to placing a stent. Our doctors have performed more than 100 of these procedures, with exceptional results in terms of restored function and substantially improved quality of life. Length-of-stay has decreased over time, currently standing at one day less than the national average for the procedure. Most patients are discharged directly to home to complete their recovery.

**Transcatheter mitral valve repair (TMVR).** New minimally invasive approaches can be used to repair or replace compromised mitral valves. The program is bringing several of these to the region. One is placement of an artificial valve using a catheter-based transfemoral approach. The program is also proceeding toward FDA trials for mitral valve replacement using a small chest incision.

**Patients’ aortic regurgitation at 30 days post TAVR (by percentage)**  
*(St. Joseph Medical Center)*

![Pie chart showing aortic regurgitation percentages]

- None: 22.5%
- Trace: 32.7%
- Mild: 44.9%

Sources: CHI Franciscan Health data 2015, National Cardiovascular Data Registry 2015, TAVR Executive Report
Re-energized

At 91, George Hausauer loves to garden, but a heart problem left him breathless and out of energy. “I was feeling what I call ‘puny-fied’ — I was feeling pretty crummy. I would just sit around and not do very much.”

Diagnosed with severe aortic stenosis, George was referred to John Luber, MD, FACS, at St. Joseph Medical Center. Dr. Luber and interventional cardiologist Ron Reiter, MD, determined George would be a good candidate for a transcatheter aortic valve replacement (TAVR). This minimally invasive approach can make surgery possible when traditional open-heart surgery would not be an option due to age or health issues. Using a small incision in the groin, they were able to use a catheter to thread a new valve to the heart. George was released from the hospital in three days.

“If results mean anything, it was perfect,” George says. “Absolutely perfect.”

Left atrial appendage closure implant. Patients with atrial fibrillation are at higher risk for formation of blood clots and stroke. The Watchman implant acts as a barrier at the left atrial appendage, where blood clots often form, and prevents them from entering the bloodstream. Calling for a high degree of skill, precision and training, this catheterization technique presents an alternative to anticoagulant drugs.

With a dedicated clinic and cath lab, operating room and clinic facilities, the program unites all the resources of CHI Franciscan under one umbrella to focus on making the latest breakthroughs in minimally invasive treatments available to patients in our communities. Patients benefit from the comprehensive services of a multidisciplinary team encompassing cardiology, cardiac surgery, nursing and rehabilitation planning.

Below: Left atrial appendage with WATCHMAN implant

Sources: CHI Franciscan Health data 2015, National Cardiovascular Data Registry 2015, TAVR Executive Report

TAVR patients’ discharge location
(St. Joseph Medical Center)

<table>
<thead>
<tr>
<th>Home</th>
<th>Rehabilitation/extended care facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>79.2%</td>
<td>20.8%</td>
</tr>
</tbody>
</table>

25 patients’ aortic regurgitation at 30 days post TAVR (by percentage) (St. Joseph Medical Center)

<table>
<thead>
<tr>
<th>None</th>
<th>Trace</th>
<th>Mild</th>
<th>Moderate</th>
</tr>
</thead>
<tbody>
<tr>
<td>32.7%</td>
<td>44.9%</td>
<td>22.5%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

TAVR patients’ discharge location
(St. Joseph Medical Center)

<table>
<thead>
<tr>
<th>Home</th>
<th>Rehabilitation/extended care facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>79.2%</td>
<td>20.8%</td>
</tr>
</tbody>
</table>

Sources: CHI Franciscan Health data 2015, National Cardiovascular Data Registry 2015, TAVR Executive Report
**Kansas City Cardiomyopathy Quality of Life Questionnaire (KCCQ) outcomes at 30 days post TAVR**

*(St. Joseph Medical Center)*

![Pie chart showing outcomes](chart.png)

- No change: 63.8%
- Moderate improvement (KCCQ ≥ 10 points): 19.2%
- Large improvement (KCCQ ≥ 20 points): 17.2%

Sources: CHI Franciscan Health data 2015, National Cardiovascular Data Registry 2015, TAVR Executive Report

---

**TAVR patients' total Length of Stay (LOS) – median**

*(St. Joseph Medical Center)*

![Bar chart showing LOS](bar_chart.png)

- Q1 2015: 4 days
- Q2 2015: 3 days
- Q3 2015: 3.5 days
- Q4 2015: 3 days

Sources: CHI Franciscan Health data 2015, National Cardiovascular Data Registry 2015, TAVR Executive Report
Franciscan Heart Valve Clinic. The Heart Valve Clinic provides a unique, interdisciplinary patient-centered approach for treating valvular heart disease. At our clinic in Tacoma, patients meet with the region’s leading experts from Cardiology and Cardiovascular Surgery to develop an individualized treatment plan. Patients may be referred directly to the Clinic for expedited consultation with our team and benefit from the dedicated services of a Structural Heart Coordinator. Treatments include conventional valve repair or replacement as well as minimally invasive and catheter-based procedures to manage or improve heart valve health.
CHI Franciscan offers a dedicated and fully accredited vascular program. All affiliated specialists are board-certified, fellowship-trained, and members of the Society of Vascular Surgeons. Offering the full array of services, the program uniquely provides 24/7/365 coverage for the South and West Sound.

Only registered vascular technologists perform ultrasound imaging of the vascular structures, at facilities recognized by the Intersocietal Accreditation Commission for vascular testing.

**Dedicated quality-assurance program.** Physicians and vascular technologists meet quarterly to review all vascular studies, measure accuracy rates and investigate any anomalies, no matter how minor. The team reviews available images, including those produced by other imaging modalities such as CT, to understand the discrepancies and how accuracy may be improved. The program also participates actively in the Vascular Initiative for Surgical Outcomes and Procedures, a regional database of all results throughout Washington state.

**Emergency endovascular aneurysm repair.** CHI Franciscan Vascular Surgery has instituted a program for repairing abdominal aortic aneurysms on an emergency basis. By putting a standard protocol in place, the program fosters effective decision-making for patients

---

**CHI Franciscan Health vascular volumes**

<table>
<thead>
<tr>
<th>Year</th>
<th>Inpatient</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>833</td>
<td>781</td>
</tr>
<tr>
<td>2015</td>
<td>840</td>
<td>877</td>
</tr>
</tbody>
</table>

Source: CHI Franciscan Health data 2014-2015
in circumstances that are often stressful and confusing, and promotes early diagnosis and mobilization of specialists who provide the optimum treatment.

**Multidisciplinary aortic clinic.** Working in close partnership with CHI Franciscan cardiothoracic surgeons, the program offers joint consultations for patients with signs of aortic pathology. Patients receive a team consultation, with both a vascular and cardiothoracic surgeon present. This spares the patient from multiple visits and delivers a clear recommendation and treatment plan incorporating either an endograft or open surgery, depending on specifics of the patient’s presentation and individual risk factors.

**Trivex-powered mechanical phlebectomy.** For patients with large and bulky varicose veins, the program offers an advanced form of treatment not available in outpatient centers. Subcutaneous illumination and mechanically assisted extraction results in a faster procedure that requires fewer incisions than traditional methods.

**HeRO graft for hemodialysis access.** For patients who have central vein occlusions, our specialists are trained in placement of HeRO grafts. This provides an alternative when conventional grafts or fistulas have failed, and patients are either catheter-dependent or at risk of becoming catheter-dependent.

**Living life pain-free again**

“I couldn’t walk a block without my leg trying to buckle out from under me,” Terrie Altaffer recalled. “And the pain down my leg hurt so bad, I was living on ibuprofen.”

Terrie’s primary care physician referred her to Todd Kihara, MD, vascular surgeon. Dr. Kihara used painless ultrasound to diagnose peripheral vascular disease (PVD). Terrie had an occlusion in her left iliac artery. Left untreated, it would mean her walking would likely never be normal. Dr. Kihara used an endovascular catheter-ization to thread a stent through narrow tubes in both upper thighs, crossing over the occlusion to open the artery and restore blood flow to Terrie’s left leg. Success was evident in the arterial system within minutes.

“I feel great. I do anything I want, I go everywhere,” said Terrie. “There’s a world of difference between living in a lot of pain and living pain-free.”
Fenestrated stent grafts. For patients with abdominal aortic aneurysm who are not good candidates for open surgical repair, and whose aneurysms are proximate to the renal arteries (making traditional endografts unreliable), these recently approved grafts currently provide the best option for prevention of life-threatening aneurysm rupture. Each fenestrated graft, based on a series of complex, three-dimensional measurements, is individually designed for the specific patient. While there are still anatomic limitations, these grafts extend minimally invasive treatment to patients who previously had limited options. This treatment represents the cutting edge of minimally invasive aneurysm repair. Harrison Medical Center started a fenestrated grafts program in December 2015. Initial technical results have been good, with 100 percent aneurysm exclusion in our initial series. Most patients have gone home one to two days after surgery.

The program draws on the full armamentarium of vascular treatments. These also include atherectomies, use of drug-eluting balloons and open and self-closing stents, and an aggressive pharmaceutical thrombolysis program. Local outpatient clinics and vascular diagnostic laboratories provide more routine services, while open surgical and other advanced procedures are concentrated at St. Joseph Medical Center and Harrison Medical Center, our two tertiary centers. Through this model, the program is uniquely poised to offer services to patients where most convenient, while also delivering the total continuum of quality vascular care.
Cardiac Rehabilitation

Meeting essential requirements for care and standards of excellence, CHI Franciscan Cardiac Rehabilitation has been certified by the American Association of Cardiovascular & Pulmonary Rehabilitation. The team of clinical exercise physiologists and nurses stays on the leading edge of rehabilitation therapy and education, and also includes educators, dietitians, pharmacists and respiratory therapists.

The structured program has two primary components: exercise training and education. Patients receive three monitored exercise sessions a week for six to 12 weeks. The program begins with a one-on-one orientation session with specially trained cardiac rehabilitation staff along with a physical assessment, leading to development of a personalized treatment plan. During exercise sessions, patients are connected to a portable telemetry unit that monitors the heart while they learn to exercise safely, develop muscle strength, and improve their stamina.

The education component of the program is equally important. Under direction of the program medical director, topics and sessions include physiology, diet and nutrition, weight management, smoking cessation, stress and medication management. All elements of the program are informed by studies that show controlling risk factors by instilling good habits helps patients live healthier lives.

Pulmonary Rehabilitation

CHI Franciscan offers Pulmonary Rehabilitation programs at our St. Joseph Medical Center and Harrison Medical Center sites. The program is designed for those who experience lung problems such as chronic obstructive pulmonary disease (COPD), sarcoidosis, interstitial lung disease, pulmonary hypertension and cancer. The program’s multidisciplinary team spans nursing, exercise physiology, respiratory therapy, nutrition services, pharmacy, behavioral health and chaplaincy. The program at Harrison Medical Center is AACVPR certified for Pulmonary Rehabilitation. The program at St. Joseph Medical Center is one of 100 programs nationwide selected for sponsorship by the COPD Foundation.

Patients receive an hour of education and an hour of exercise twice weekly. This helps them participate in activities with less shortness of breath, while teaching lifestyle strategies for living better with their lung conditions. Education topics include: anatomy and physiology, lung tests and diagnosis, breathing techniques, medications, exercise, nutrition, honoring choices, stress management, mindfulness and exacerbations. Patients receive individualized exercise prescriptions monitored and directed by program staff. The program particularly emphasizes maintenance of healthy behaviors such as smoking cessation, exercise and good nutrition.
Vascular Screening

Franciscan Vascular Labs offer low-cost ultrasound screening for abdominal aortic aneurysm, carotid artery disease and peripheral artery disease. All labs are Intersocietal Accreditation Commission (IAC) vascular testing accredited facilities.

Go Red for Women

While often thought of as a man's disease, heart disease takes the lives of one in three women each year—more than all cancers combined. CHI Franciscan is a proud premier sponsor of Go Red For Women® because we believe in the research, education and awareness the association provides to support the communities in which we live, work and play. Learn more at GoRedForWomen.org.

PulsePoint a First for Western Washington

A new smart phone app, PulsePoint is integrated into Kitsap County’s 911 system. It alerts CPR-trained bystanders of a public cardiac emergency in the area, so they can get to the scene and start CPR in the critical minutes before emergency medical teams arrive. The app also alerts bystanders to any nearby public-access automated external defibrillators (AED).

“Bystanders can save lives by giving CPR and using an AED at the scene before EMS arrives,” said Satya Pulukurthy, MD, medical director, cardiovascular catheterization lab and STEMI program at Harrison Medical Center.

PulsePoint was made possible through a partnership with the Harrison Medical Center Foundation and a project called “Touching Hearts Saving Lives,” a million-dollar, donor-funded initiative to help improve cardiac arrest survival through key investments in the local community, Emergency Medical System (EMS), and Harrison Medical Center. Go to www.pulsepoint.org/download or simply search for PulsePoint in the Apple App Store or on Google Play.
Leadership

CHI Franciscan Health
Ketul J. Patel
Chief Executive Officer
Ian Worden
Chief Operating Officer

Cardiovascular leadership
Administrative
Gregory Eberhart, MD, MMM, CPE
Division Medical Director
Chris Thomson
Division Director
Janelle Bogart, RN, MSN
Regional Director, Cardiology Clinic & Echo Services
Carl Cohan
Regional Director, Cardiothoracic & Vascular Surgery Clinic Services
Vicki Seaman, RN, BSN
Regional Director, Cath/IR Labs
Keith Sprague, RN, MSN, CCRN-K
Director, Cardiovascular & Critical Care Services, Harrison Medical Center

Medical Directors
Craig Hampton, MD
Cardiac Surgery Program
Chai Kanithanon, MD
Cardiac Surgery / Cardiac Anesthesia
Todd Kihara, MD
Vascular Surgery Program & Vascular Labs
Chris King, MD
Cardiac Surgery, Harrison Medical Center
John Luber, MD
Cardiac Surgery Program Development
Raza Orakzai, MD
Cardiology Nuclear Medicine
Justin Penn, MD
Echocardiography/Heart Failure, Harrison Medical Center
Rosemary Peterson, MD, FACC
Heart Failure / Cardiac Rehabilitation
Satyavardhan Pulukurthy, MD
Cath Lab/Nuclear Cardiology / STEMI Program, Harrison Medical Center
William Reed, MD
Cardiovascular & Pulmonary Rehabilitation, Harrison Medical Center
Roberto A. Secaira, MD
Invasive Cardiology
Nathan Segerson, MD
Electrophysiology
Daniel Wuthrich, MD
Echocardiography

Education
CHI Franciscan empowers individuals to take charge of their heart health. Offerings are free unless otherwise noted.

Freedom From Tobacco
Multiple locations
(253) 223-7538
The most successful quit program in the state; no registration required and drop-ins are welcome

Living Successfully with Heart Failure
Tacoma 1 (888) 825-3227
Four-week course for patients and families includes understanding heart failure, nutrition, medication, exercise and activity

Living Successfully with Heart Failure
Bremerton (360) 744-5302
Gig Harbor (253) 426-4766
One-day course; no registration required

Mended Hearts of the Olympic Peninsula
Bremerton
Support for patients and families affected by heart disease; contact kitsapheartstrings@gmail.com

Heart Failure Support Group
Enumclaw
Drop in for a casual talk between nurses and friends who have heart failure or have relatives with heart failure; can discuss all aspects of issues related to this disease

Heart Healthy Eating
Tacoma 1 (888) 825-3227
This series led by a registered dietitian covers meal planning, shopping, label reading, dining out, goal setting, staying on track and more

For more information and offerings visit chifranciscan.org/support.
Cardiovascular services locations

**Pierce County clinics**

**Franciscan Heart & Vascular Associates**
(253) 627-1244
1802 South Yakima, Suite 302, 304, 307
Tacoma, WA 98405
1311 Bridgeport Way SW, Suite 202
Lakewood, WA 98499
11511 Canterwood Blvd NW, Suite 110
Gig Harbor, WA 98332

**Franciscan Vascular Associates**
(253) 382-8540
1802 South Yakima, Suite 204
Tacoma, WA 98405
1311 Bridgeport Way SW, Suite 203
Lakewood, WA 98499
11511 Canterwood Blvd NW, Suite 110
Gig Harbor, WA 98332

**Franciscan Cardiothoracic Surgery Associates**
(253) 272-7777
1802 South Yakima, Suite 102
Tacoma, WA 98405

**King County clinics**

**Franciscan Heart & Vascular Associates**
(253) 939-1230
34509 Ninth Ave South, Suite 304
Federal Way, WA 98003
205 10th Street NE
Auburn, WA 98002
(206) 835-7400
16233 Sylvester Rd SW, Suite 260
Burien, WA 98166
(253) 750-6000
9230 Sky Island Dr E, 2nd Floor
Bonney Lake, WA 98391
(360) 802-5760
1818 Cole St
Enumclaw, WA 98022

**Franciscan Vascular Associates**
(253) 382-8540
710 South 348th St, Suite A
Federal Way, WA 98003
205 10th St NE
Auburn, WA 98002

**Franciscan Cardiothoracic Surgery Associates**
(253) 272-7777
16233 Sylvester Rd SW, Suite 260
Burien, WA 98166

**Peninsula region clinics**

**Harrison Health Partners**
**Cardiovascular Consultants**
(360) 373-2547
22180 Olympic College Way,
Suite 104
Poulsbo, WA 98370
1274 7th St
Port Townsend, WA 98368
450 South Kitsap Blvd, Suite 200
Port Orchard, WA 98366
9481 Oak Bay Rd, Suite A
Port Ludlow, WA 98365
2709 Hemlock St
Bremerton, WA 98310
8804 Madison Ave N
Bainbridge Island, WA 98110
(360) 374-6998
390 Founders Way
Forks, WA 98331

**Harrison Health Partners**
**Cardiothoracic Surgery and Cardiac Anesthesiology**
(360) 377-1355
1225 Campbell Way, Suite 201
Bremerton, WA 98310
Harrison Health Partners
Thoracic / Vascular Surgery
(360) 479-4203
1225 Campbell Way, Suite 101
Bremerton, WA  98310
565 Eureka Way
Sequim, WA  98382

The Doctors Clinic – Cardiology
(360) 830-1600
2011 NW Myhre
Silverdale, WA  98383

The Doctors Clinic – Vascular Surgery
(360) 830-1100
2200 NW Myhre Rd
Silverdale, WA  98383

Cardiovascular outpatient services
Cardiovascular & Pulmonary Rehabilitation
Appointment Scheduling:
(253) 426-6888
St. Joseph Medical Center
Appointment Scheduling:
(360) 744-6780
Harrison Medical Center (Bremerton)

Cardiac Cath Labs
Appointment Scheduling:
(253) 426-6709
St. Joseph Medical Center
Appointment Scheduling:
(253) 573-7320
St. Francis Hospital
St. Anthony Hospital
Appointment Scheduling:
(206) 248-8900
Highline Medical Center
Appointment Scheduling:
(360) 744-6780
Harrison Medical Center (Bremerton)

Heart Valve Clinic
Appointment Scheduling:
(253) 426-6700
Franciscan Cardiothoracic Surgery Associates
(Tacoma)

Heart Failure Clinic
Appointment Scheduling:
(253) 627-1244
Franciscan Heart & Vascular Associates
(Tacoma, Federal Way, Burien)
Appointment Scheduling:
(360) 373-2547
Harrison Health Partners – Cardiovascular Consultants
(Bremerton)

Outpatient Echocardiography
Appointment Scheduling:
(253) 573-7320
St. Joseph Medical Center
St. Clare Hospital
St. Anthony Hospital
St. Francis Hospital
St. Elizabeth Hospital
Appointment Scheduling:
(206) 248-8900
Highline Medical Center
Appointment Scheduling:
(253) 939-1230
Franciscan Heart & Vascular Associates Clinic
(Auburn, Federal Way)
Appointment Scheduling:
(360) 744-6780
Harrison Medical Center (Bremerton)

Outpatient Nuclear Cardiology
Appointment Scheduling:
(253) 573-7320
St. Joseph Medical Center
St. Clare Hospital
St. Anthony Hospital
St. Francis Hospital
St. Elizabeth Hospital
Highline Medical Center
Appointment Scheduling:
(360) 744-6780
Harrison Medical Center (Bremerton)
Appointment Scheduling:
(360) 479-6555
Harrison Imaging Center (Bremerton)

Vascular Labs
Appointment Scheduling:
(253) 382-8540
Franciscan Vascular Associates
(Tacoma, Gig Harbor, Lakewood, Auburn, Federal Way, Enumclaw)
Appointment Scheduling:
(360) 373-2547
Harrison Health Partners – Cardiovascular Consultants
(Bremerton)
Appointment Scheduling:
(360) 479-4203
Harrison Health Partners – Vascular Surgery (Bremerton)
Program expansion

St. Francis Hospital Cardiac Catheterization Labs 2017
Two new labs will replace the current, single catheterization/interventional radiology lab by October 2017. A phased approach to construction will bring a new cardiac catheterization lab up and functioning by the end of June 2017. At final completion there will be a separate interventional radiology/vascular lab as well as a four-bed preparatory, recovery and discharge unit.

St. Joseph Medical Center Hybrid Surgical Theater 2018
An additional hybrid operating room will open in early 2018, equipped with intraoperative 3D imaging to support the most advanced minimally invasive surgical techniques. This expansion accommodates projected robust growth in cardiac valve and peripheral vascular procedures and improves patient experience, as patients and their physicians continue to seek minimally invasive surgical solutions with faster recovery and return to activities of daily living.

Research at CHI Franciscan Heart and Vascular Center
Since beginning the first organized research efforts in the arena of cardiovascular medicine and surgery in 1998, the divisions of Cardiac Surgery and Cardiology have been actively involved in Phase II and Phase III clinical research and publication.

Our physicians have served as Principal Investigators in over 25 FDA trials in that time, encompassing both device and pharmacological studies. They have been authors or co-authors on more than 20 publications, several of which have been presented at the Heart Failure Society of America, The Society of Critical Care Medicine and the American College of Cardiology.

Ongoing trials include the LEVO-CTS trial in patients undergoing heart surgery who have poor heart function, several trials investigating the use and efficacy of a new direct-acting blood thinner, Rivaroxaban (Xarelto), and an evaluation of a new tissue heart valve design as well as new heart artery stents.

Our physicians will be primary presenting authors at both the Society of Critical Care Medicine and the American College of Cardiology annual meetings in 2017, as well as author or co-author on the subsequent publications. Through these ongoing efforts, we provide our patients with the best care available not just in our region, but nationally.
Our active, aggressive and innovative research maintains the divisions of Cardiology and Cardiac Surgery on the forefront of clinical care. It allows us to offer our patients not only the best of today’s technology and care, but also the promise that future therapies hold.

We continue the commitment to lead our region into twenty-first century heart and vascular care through innovation and excellence. We perpetually redefine and deliver to our patients the best therapies and promote a culture of ongoing research and development, so that tomorrow offers more hope for healthier, happier lives.

Get with the Guidelines® initiatives
The CHI Franciscan Heart Failure program enrolled in the American Heart Association/American Stroke Association Get with the Guidelines® initiative in March 2016, with a goal of achieving award status for evidence-based care delivery among heart failure patients.

6 Weeks to a Healthier You®
The 6 Weeks program helps participants institute and sustain healthy lifestyle habits with measurable results. The program consists of six weekly sessions and a follow-up at six months, with biometric testing before and after the series, and again at six months. Topics include longevity, healthy eating, exercise, tools to manage daily stress, healthy cooking and more. The program is led by Joe Piscatella, president of the Institute for Fitness and Health, with CHI Franciscan guest experts. Joe is the author of 16 books and a national guest speaker on health and wellness. Visit chifranciscan.org for dates and locations, or to register.
CHI Franciscan Health

CHI Franciscan Health is a nonprofit health system based in Tacoma, Washington with $2.6 billion in net revenue and a team of nearly 12,000 doctors, nurses and staff that provide expert, compassionate medical care at eight acute care hospitals and approximately 200 primary and specialty care clinics in Pierce, King and Kitsap counties. This includes St. Anthony Hospital, Gig Harbor; St. Clare Hospital, Lakewood; St. Elizabeth Hospital, Enumclaw; St. Francis Hospital, Federal Way; St. Joseph Medical Center, Tacoma; Harrison Medical Center, Bremerton and Silverdale; Highline Medical Center, Burien; and Regional Hospital, Burien. Started in 1891 by the Sisters of St. Francis of Philadelphia, today CHI Franciscan Health is one of the largest health systems in Washington State. The system spans more than 1,100 acute care beds, a credentialed medical staff of more than 2,300 including more than 800 employed physicians providing specialties in cardiovascular care, cancer care, orthopedics and sports medicine, neurosciences and women’s care. CHI Franciscan’s mission focuses on creating healthier communities, including caring for the poor and underserved. In 2016, the organization provided $156 million in community benefit and charity care. More information: www.chifranciscan.org.