For more than six decades, Florida Hospital has earned our patients’ trust by promoting health, treating illness, giving compassionate care and providing state-of-the-art technology. Originally known as Walker Memorial Sanitarium and Hospital, today’s Florida Hospital traces its roots to an abandoned facility, which at various times housed a resort, health center, hotel, casino and military training center.

In 1925 a large hotel was built on the shores of Lake Lillian, which attracted many vacationers seeking Florida’s warm winter weather. Business was so good that the owners added a casino and an 18-hole golf course. After the stock market crash of 1929, the place went bankrupt.

Claiming to be a doctor, Helen Randle purchased it in 1936 and convinced residents to invest in what she promised would be an innovative health-and-fitness center. After raising money for the project she left town presumably to recruit a staff, but authorities in Massachusetts arrested her for fraud.

During World War II, the U.S. Air Force used the facility as a training center for aviation cadets. The property was abandoned and turned over to the War Assets Administration following the war, which meant a not-for-profit organization could buy it for a highly discounted price.

Around 1947, an Adventist minister from Wauchula visited Avon Park attorney Pardee to solicit a contribution to the church’s annual Ingathering and discuss the need for a local hospital. Working together, they reached out to A. C. Larson, administrator of the Florida Sanitarium in Orlando. Larson sent Marvyn and Marie Baldwin to Avon Park to start the project.

The Adventists “purchased” the property – hotel, casino and aircraft hangers – from the government at a 100 percent discount. It would take $400,000 to convert the facility into a hospital. Local businessman Charlie Walker led a campaign to raise $150,000, with the Adventist church promising the balance.

Larson put Baldwin in charge of getting the hospital ready. Government officials offered a warehouse full of World War II hospital ship equipment – beds, operating tables, sterilizers, chairs and more. “It’s all yours, but you’ve got two days to get it out of here,” the government official said to Baldwin. They quickly emptied the warehouse and opened the 63-bed hospital a few weeks later.

Walker died of a heart attack before the fundraising goal was completed. To honor him, it was named the Walker Memorial Sanitarium and Hospital. The “Sanitarium” part of the name was later dropped, but the name “Walker” remained for almost 50 years.

Walker Memorial Hospital grew over the years, adding other facilities in nearby communities. A Lake Placid campus opened in 1982 and Wauchula hospital joined in 1992. By 1997, the aging Avon Park facility was replaced with a new 101-bed facility called Florida Hospital Heartland Medical Center in nearby Sebring. Today, the 147-bed hospital treats more than 61,000 hospital patients and hosts more than 8,000 surgeries. Florida Hospital continues to set the pace for health and wellness in the Heartland.
Dear Community Members & Colleagues,

We are pleased to present the inaugural Annual Report of Florida Hospital Heartland Medical Center’s Heart & Vascular Center in Sebring, Florida.

Since its inception in 2009, the Heart & Vascular Center team of cardiovascular physicians, allied health care providers and administrative leaders have been committed to providing clinical excellence through contemporary, comprehensive, cardiovascular care to our community.

This report summarizes each of our destination programs, including interventional cardiology, electrophysiology, endovascular therapy and vascular surgery. It demonstrates not only our growth trends, but compares our clinical outcomes to nationally recognized standards of performance.

We are committed to continuing to advance our program in the future and provide state-of-the-art care to our patients and community.
VISON STATEMENT

The vision of the FHHMC Heart & Vascular Center is to provide comprehensive, “best-practice” cardiovascular care, including appropriate diagnostic testing and formulation and execution of a comprehensive care plan. The delivery of this treatment plan requires the clinical integration and expertise of specialty-trained physicians and nursing team, guided by evidence-based practice, clinical innovation and research.

2015 Attributes At-A-Glance

- Performed more than 3,000 catheterization procedures
- Code STEMI team consistently met the ACC guideline of door-to-balloon time in less than 90 minutes
- Seventy six percent of abdominal aortic aneurysms were repaired using less-invasive endovascular techniques
- More than 260 patients utilized our outpatient cardiopulmonary rehabilitation services at FHHMC

The Leapfrog Group rated Florida Hospital Heartland Medical Center, with locations in Sebring and Lake Placid, and Florida Hospital Wauchula an “A” in this elite national ratings program, recognizing a strong commitment to patient safety. The Hospital Safety Score is the gold standard rating for patient safety, compiled under the guidance of the nation’s leading patient safety experts and administered by The Leapfrog Group, a national, independent nonprofit. More than 2,500 U.S. general hospitals were assigned scores in October 2015, with only 773 hospitals receiving an “A” grade. To see the Highlands and Hardee County full hospital scores, visit hospitalsafety-score.org.
**Interventional Cardiology**

The FHHMC Heart & Vascular Center includes three state-of-the-art cardiovascular laboratories. Each room has full imaging capabilities that allow our physicians to perform complex heart and vascular procedures, including:

- Coronary intervention (angioplasty, stenting, rotablator, fractional flow reserve, intravascular ultrasound and left ventricular assist device)
- Endovascular therapy (angioplasty, stenting, atherectomy, intravascular ultrasound and stent graft therapy for aneurysmal disease)
- Electrophysiology (temporary and permanent pacemaker therapy, ablation and implantation of automatic implantable defibrillator)

Our highly skilled interventional cardiologists perform complex coronary interventional procedures in patients who are deemed high risk for coronary bypass surgery using advanced therapies. This includes use of the IMPELLA device (a percutaneous heart-assist device) that improves procedural safety and outcomes. In addition, the ability to use “on-line” assessment of disease severity using Fractional Flow Reserve or more advanced imaging with IntraVascular UltraSound (IVUS) guides physicians on appropriate care decisions and improves patient outcomes.

*Data Source: FHHMC Heart and Vascular Center Database*

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**Phillip Jones, MD**  
**Interventional Cardiologist**

**Thomas Shimshak, MD**  
**FACC, FSCAI**  
**Interventional Coronary & Vascular Specialist**

**Roger L. Wittum, MD**  
**MS, FACC, FSCAI**  
**Interventional Cardiologist**
**Risk Factors During PCI**

Historically, patients with certain clinical factors have been identified as “high-risk” during PCI, including (but not limited to):

- Female gender
- Age greater than 70
- Diabetes
- Previous coronary bypass surgery
- Obesity
- Kidney failure
- Prior MI (prior heart attack)
- Hypertension (high blood pressure)
- Hyperlipidemia (high cholesterol)

National databases have historically demonstrated that procedural success has been lower and complication rates higher when these risk factors are present. Our PCI patient population has consistently included a large number of patients with these complicating risk factors. However, despite treating traditional high-risk groups, our procedural success rate has remained very high, with low complication rates. This is a testimonial to the clinical and technical skill of our interventionist and the care delivered by sub-specialty physicians and nursing care team post-procedure.

![45 year old man with a heart attack (STEMI)]

*Photos from left: Right Coronary Artery closed (thrombosed), Right Coronary Artery after crossing with a guidewire and baloon inflate and Normal Right Coronary Artery after stenting*
One of the foundational components of the Heart & Vascular Center is the STEMI Program. The clinical outcome and ultimate survival of a patient presenting with a heart attack (ST Elevation Myocardial Infarction) is dependent on the speed and ability to re-establish blood flow to a blocked heart artery. Prompt response times and appropriate therapy “saves heart muscle and lives”. The success of this program requires patients’ awareness of the signs and symptoms of a heart attack, rapid response, transport to a dedicated STEMI center and initiation of protocol-based therapies by a dedicated team of interventional cardiologists and support staff.

The national standard (Door-to-Balloon Time) for patients arriving in an Emergency Room with an MI (Door time) to time to open a completely closed heart attack artery (Balloon time) should be less than 90 minutes.

<table>
<thead>
<tr>
<th>Percentage of STEMI Patients Who Receive Immediate PCI within 90 Minutes</th>
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<tbody>
<tr>
<td>FHHMC 2015</td>
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<tr>
<td>FHHMC 2014</td>
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<tr>
<td>ACC-NCDR Average</td>
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A key focus of the FHHMC Heart & Vascular Center is our Code STEMI Program. Utilization of standard protocols, rapid triage and timely treatment delivery ensures excellent patient outcomes.

**Key Attributes of Our STEMI Program**

- Dedicated interventional cardiologist on call 24-hours a day, seven days a week, for STEMI patients
- Dedicated catheterization lab staff on call 24-hours a day, seven days a week
- Coordination with emergency medical services (EMS) agencies to perform 12-lead ECGs in the field for early recognition of STEMI patients prior to their arrival at the hospital
- Identifies both STEMI and N-STEMI patients
- Dedicated Code STEMI pagers to notify staff when a STEMI patient is en-route via EMS, or when a STEMI patient arrives in the Emergency Department

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<thead>
<tr>
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<th>Transfer Patients Average Door-to-balloon Time</th>
<th>Non-transfer Patients Average Door-to-balloon Time</th>
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<tr>
<td></td>
<td>FHHMC 2015</td>
<td>68 minutes</td>
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<td>FHHMC 2014</td>
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<td>ACC-NCDR Average</td>
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Electrophysiology Program

The FHMMC Heart & Vascular Center Electrophysiology Program provides highly specialized diagnostic studies and therapies for patients with complex rhythm disorders. This program requires the expertise of a highly trained sub-specialty cardiologist (electrophysiologist) and a dedicated team of nurses and technologists to perform catheter-based procedures, including mapping and ablation, and implantation of Cardiac Resynchronization Therapy (CRT) and Automatic Implantable Cardiac Defibrillators (AICDs).

Daniel Friedman, MD
FACC
Cardiologist
Electrophysiologist

Annual Electrophysiology Procedure Volume Trends
2014 and 2015

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>2014</th>
<th>2015</th>
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<tr>
<td>EP Study</td>
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<tr>
<td>AV Nodal Ablation</td>
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<tr>
<td>Atrial Flutter Ablations</td>
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<tr>
<td>SVT Ablation</td>
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<tr>
<td>ICD/CRTD Pacemakers</td>
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</tbody>
</table>

Number of Procedures

- Total Procedures
- EP Study
- AV Nodal Ablation
- Atrial Flutter Ablations
- SVT Ablation
- ICD/CRTD
- Pacemakers
The FHHMC Heart & Vascular Center provides comprehensive, contemporary diagnostic studies and therapies for patients with complex vascular disease. This requires a multidisciplinary, integrated care plan by a dedicated team of physicians, including vascular surgeons, interventional cardiologists and radiologists, internists, nephrologists, neurologists, endocrinologists and podiatrists.

We provide percutaneous catheter-based as well as open surgical therapies for patients with complex peripheral arterial disease, including carotid artery disease, abdominal aortic aneurysms and peripheral arterial disease of the lower extremities. Our center is a CMS – approved hospital for carotid stenting, and is testimonial of the expertise of our physicians and standards of our program for the treatment of carotid artery disease.

Patients with critical limb ischemia, the most advanced form of Peripheral Arterial Disease (PAD) are effectively treated with minimally invasive advanced therapies to improve wound healing, avoid amputation and improve survival. The integration of the Wound Care Center and the dedicated team of physicians and allied health care providers leads to improved results following revascularization procedures.

**Endovascular Devices**
- Balloon angioplasty
- Stenting
- Atherectomy
- Intravascular ultrasound

**Endovascular Procedures**
- Carotid stenting
- Renal artery stenting
- Mesenteric stenting
- Venous disease
- Dialysis AV fistula intervention
- Lower extremity angioplasty, atherectomy, stenting
- Abdominal aortic aneurysm repair

Alan Bennie, MD  
Interventional & Diagnostic Radiologist

Thomas Shimshak, MD  
FACC, FSCAI  
Interventional Coronary & Vascular Specialist

S. Allen Skipper, MD  
FACS  
General & Vascular Surgeon

Myron R.L. St. Louis, MD  
Vascular Surgeon
Education and Clinical Research

The FHHMC and its Heart & Vascular Center physicians are committed to providing innovative advances in cardiovascular care and the highest standards of performance. We continuously evaluate our clinical outcomes by participating in national performance registries, including the ACC-sponsored NCDR Database and the CMS-sponsored Carotid Stent Registry. This allows us to directly compare our risk-adjusted procedural results with national standards. This quality initiative allows for continued process improvement initiatives and optimizes patient care. This review process has led to more formal analysis of specific high risk subsets that we have treated, including “Left Main Stenting – Procedural Results and One Year Follow-Up.”

Our physicians participate in national and international educational symposia throughout the year. These continuing educational programs allow our physicians to stay abreast of the latest advances in cardiovascular care and integrate “best practice” into our interventional programs.

Many times, our physicians serve as guest faculty and course directors of national and international educational symposia. In 2015, the Heart & Vascular Center was selected as 1 of 15 centers worldwide to participate in the C3 Advanced Cardiovascular Summit which was held in Orlando as a live broadcast site. This allowed us to share our expertise with more than 1,400 physicians in attendance by transmitting two live vascular procedures to the audience.

The FHHMC and the Heart & Vascular Center physicians are also committed to prospective clinical research. This allows us to introduce the most “cutting-edge” device therapy through FDA-sponsored, and Institutional Review Board-approved ethical, scientific patient-centered clinical research. We have recently been selected as a study site to participate in the SYNERGY Trial which will evaluate the safety and efficacy of early interruption of dual anti-platelet therapy following deployment of a SYNERGY drug eluting coronary stent.

Thomas Shimshak, MD
FACC, FSCAI
Interventional Coronary & Vascular Specialist
National and International Educational Symposia°
C3 Cardiovascular Symposium Orlando, FL
CIT Beijing, China
NCVH New Orleans LA
NCVH Orlando, LA
NCVH Miami, FL
CVC Chicago, IL
AMP Chicago, IL
LINC Leipzig, Germany

Ongoing Clinical Research
ACC – NCDR Database
CMS Carotid Stent Registry
EVOLVE Trial – SYNERGY Short DAP
Left Main PCI – Early and Long-Term Results

Training Programs for Visiting Physicians
Stent Graft Therapy for abdominal aortic aneurysms
Contemporary Endovascular Techniques for PAD

° Programs FHHMC physicians have participated in as invited guest faculty and/or broadcast site live case transmission

Live broadcast from Florida Hospital Heartland Medical Center to Interventional C3 meeting in Orlando, June 2015
Florida Hospital Heartland Medical Center
Heart & Vascular Center Cardiovascular Laboratory Team

- 13 Registered Nurses
- 8 Cardiovascular Technicians
- 5 Support Staff
The staff at the Florida Hospital Heartland Medical Center Heart & Vascular Center is committed to the prevention, diagnosis and rapid treatment of heart disease.
PENNY WAS SCARED TO DO PRACTICALLY ANYTHING
NOW SHE CAN DO PRACTICALLY EVERYTHING
Thanks to the Heart & Vascular Center

“Since the surgery, I exercise, I lost weight and I’m not afraid to do anything!”
– Penny

Small vessels and bad circulation bothered Penny for years, leaving her with cold legs and feet, difficulty walking and always short of breath. Then Dr. Shimshak put stents in to restore circulation. The very next day her feet were warm, her pulses was strong and her symptoms were gone. Now Penny’s a new woman, getting around without a wheelchair, traveling and looking forward to a much anticipated cruise.

JIM’S PRAYERS WERE ANSWERED

“The 100% blockage in my heart could have been deadly. But they fixed me up, and kept me going.”
– Jim

A celebration of 20 years at his church turned into an emergency situation for Jim when he began to feel the effects of a heart attack. Fortunately for him, the cath lab at Florida Hospital was ready. Within 20 minutes, a PCI procedure and a few stents cleared his arteries and left him without heart damage. Now he's back with his family and congregation, singing the praises of comprehensive cardiac care close to home.
Thanks to the Heart & Vascular Center

JANET AND DAVID ARE BACK IN THE BALLROOM
Thanks to the Heart & Vascular Center

“Dr. Friedman gave me my life back.”
— Janet

“He's an excellent surgeon and a great guy.”
— David

More than just dance partners for the past eighteen years, Janet and David both had heart issues too. For Janet, it was awfully hard to be light on her feet when she was light-headed and out of breath. So they both went to Dr. Friedman, who corrected their heart problems.

Two weeks later they were back on the floor dancing and romancing.
A PROVEN LEADER IN Healthcare & Community Support

THE ONLY HOSPITAL WITHIN 50 MILES TO RECEIVE AN “A” RATING FROM HOSPITAL SAFETY SCORE

$14.1 MILLION
Benefits to the Underprivileged
Cost of providing care and supplementing the shortfall between what we receive in Medicaid reimbursement and cost of providing such care.

$14.9 MILLION
Benefits to the Elderly
Cost of providing care and subsidizing the cost associated with Medicare reimbursement.

$180 THOUSAND
Benefit to Community’s Wellness
Cost of primary care services, health education, screenings, and in-kind donations.

$670 THOUSAND
Benefit to Community’s Spiritual Needs
The cost of fulfilling our mission of extending the Healing Ministry of Christ.

$11 MILLION
Benefit to the Community in Service Improvements
The cost of facility and technology advancements to provide the best possible care to our community.

$48 MILLION
Benefit to the Community in Service Improvements over the last 5 Years

$110 MILLION
Wages and Benefits to 1,600 employees

FLORIDA HOSPITAL HEARTLAND MEDICAL CENTER
FHHeartland.org
Christ’s healing ministry of love impacted each life He touched.

His challenge to us is to “go and do likewise.”