On June 11, 2007, a new era in Michigan’s heart and vascular care began, as the first patients entered the new Cardiovascular Center clinical building for the first time.

The new facility provides a single, convenient, state-of-the-art location for most of the services provided by the Division’s cardiologists and staff, though satellite locations at Domino’s Farms and U-M health centers continue to provide ambulatory care and cardiac rehabilitation. It also provides 48 new inpatient beds, supplementing others in University Hospital devoted to cardiovascular patients.

But even better, the building allows the Cardiovascular Medicine team to partner closely with colleagues in cardiac surgery, vascular surgery, interventional and diagnostic radiology, cardiac anesthesiology, and stroke neurology—to provide a truly multidisciplinary environment that fosters the best care for patients and the most potential for excellence in research and education.

The building’s opening couldn’t come at a better time, as the number of patient visits for U-M cardiovascular care has nearly doubled in the last decade. The state’s high rates of obesity, smoking, heart disease, blood vessel disorders, and strokes will lead to even greater demand in the future.

That’s why the Center is so important. Within the building and beyond, the Center emphasizes teamwork and collaboration, rather than competition among specialties. This extends to its unique shared leadership model, of four physician directors and a chief administrator. Two of those physicians—Kim Eagle, MD, and David Pinsky, MD—are members of the Division, partnering closely with cardiac surgeon Richard Prager, MD, vascular surgeon James Stanley, MD, and chief administrative officer Linda Larin, FACHE, MBA.

From outpatient appointments to diagnostic tests, interventional procedures to open-heart operations, overnight stays to follow-up care, the new building offers it all. With five stories open this year and another set to open in late 2008, the 350,000-square-foot facility stands on the former site of U-M’s historic Old Main Hospital, at the corner of Ann and Observatory Streets. Skybridges and tunnels connect it to University Hospital and C.S. Mott Children’s Hospital, placing it at the heart of the U-M medical campus.
An extraordinary gift

Just a few weeks after the new building opened its doors to patients, the Health System announced an extraordinary gift of $50 million to recognize—and encourage—the Cardiovascular Center’s innovative model of caring for people with cardiovascular disease.

That model, never before attempted by a healthcare institution, emphasizes and rewards cooperation, excellence, and results in all areas of the Center’s operations. The anonymous donor believes that the Center’s model can succeed and provide a pattern not only for other heart centers, but for all types of healthcare facilities.

As part of the gift, the donor and the CVC have established benchmarks for success related to satisfaction among its patients, referring physicians, faculty, and staff; collaboration among scientists and physicians; clinical outcomes and quality-of-care performance measures; research contributions; and excellence in education. The first $25 million will be given over 10 years, but the Center will only receive the remaining $25 million when it meets those benchmarks.

Other measures include the number of faculty who have academic appointments in more than one division; the amount of research grants won and the number of research publications and patents; and the quality of both the young physicians being trained in cardiovascular specialties at U-M and the educators who teach them. The Center must also continue to be led by a team of physicians who work together to steer its operations.
One of the building’s most striking features is a five-level, light-filled atrium on the building’s all-glass western side. With a winter garden and café at its base, it provides access to outdoor gardens, the 100-seat Danto Auditorium, and a patient wellness center and library. Balconies on several floors of the building overlook the atrium, allowing natural light to become both a healing element and an energy-saving feature. A diverse and engaging art collection graces the walls, and the building’s design incorporates many curved surfaces and warm wood paneling.

To make the building more “approachable,” only its upper three stories are visible from the street, rising above a circular driveway and valet parking. The other two clinical floors, a support-functions floor and a 465-space parking garage, were built below street level, against a hillside.

In all, $44 million worth of major medical equipment was purchased for the new building. For the Division’s interventional cardiologists and electrophysiologists, the building offers 11 procedure rooms equipped with the latest technology, and private patient preparation and recovery rooms.

Equipment and space aside, one of the most important aspects of the move to the new building was the opportunity to rethink the processes involved in caring for U-M cardiovascular disease patients, no matter where they receive their care. In the year leading up to the move, hundreds of physicians, nurses, and other staff used the principles of “Lean Thinking” — adapted from Toyota manufacturing practices — to re-imagine the way they work together. This process helped them map out every step in patients’ care, to look for opportunities to reduce wasted effort, and to cut waiting times and redundancy.

Indeed, within months of the move, faculty and staff were impressed by the way the new building, the new way of doing things, and the new integration of services, was enhancing patient care, collegiality and education.