A RECOGNIZED LEADER

The University of Michigan Cardiovascular Center is committed to excellence—be it the successful implementation of life-saving cardiac care, or in forging meaningful relationships that serve colleagues and patients from across the region. The CVC offers nationally known programs in heart failure, transplant, stroke, children’s heart disease, valve surgery, implanted heart-assist devices, electrophysiology, preventive heart care, and vascular medicine and surgery.

The CVC is committed to research on the heart and blood vessels, and the diseases that affect them. Existing research strengths include arrhythmia, aortic conditions, congenital heart, end-stage heart disease, hypertrophic cardiomyopathy, renovascular disease, valvular heart disease, atherothrombosis, and venous disease. A culture of cooperation, along with access to research funding, allows the CVC to pursue life-saving and life-enhancing care with passion and perseverance.

The Joint Commission on Accreditation of Healthcare Organizations has recognized the CVC for the high quality and coordinated care provided within several Disease Management programs. This includes programs for patients with coronary artery disease and heart failure, the Stroke Program, and recently, the heart-device program for improving patient care with ventricular assist devices (VADs).

When it comes to cardiac care, U-M Health System has been rated highly by Hospital Compare. This national service is run by a coalition of government and non-profit groups, and rates hospitals’ performance on delivery of certain proven medications, as well as lifestyle counseling. U-M scored significantly higher than the national average on the measures of: Heart Attack Patients Given Percutaneous Coronary Interventions (PCI) Within 90 Minutes of Arrival, and Heart Failure Patients Given Discharge Instructions.

In the areas of coronary artery bypass surgery, percutaneous coronary intervention, and abdominal aortic aneurysm repair, the CVC has received high marks from The Leapfrog Group. A national nonprofit, Leapfrog sets standards for high-quality and safe health care. Leapfrog has also given U-M hospitals the highest rating possible in the measures of ICU staffing and Safe Practices. These ratings indicate a high number of medical staff and caregivers classified as ‘intensivists,’ as well as a proven commitment to reducing preventable medical mistakes.

The Michigan Health and Safety Coalition’s most recent consumer report shows U-M far exceeded the thresholds for the recommended number of all cardiovascular procedures measured. Referring colleagues can be confident their patients will be treated by a surgical or procedural team that possesses high levels of experience coupled with positive outcomes. The measured procedures included: open-heart surgery, percutaneous coronary intervention, abdominal aortic aneurysm repair and carotid endarterectomy surgery.

To reach these faculty or others at the CVC, call M-LINE at (800) 962-3555

YOUR CVC TEAM

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In 2001, Rick Halpert was a healthy Kalamazoo attorney in his mid-50s, when a routine physical revealed something unusual: a major blood vessel in his chest was enlarged. Halpert had the images sent to a physician he knew at Case Western Reserve. The doctor called him back; he needed surgery immediately. Looking back, Halpert remembers asking, “I assume you’ll have me come down to the Cleveland Clinic?” But the doctor said, “No, the best place is U-M.”

A short time later, Halpert and his wife, Mary, were in Ann Arbor, sitting opposite G. Michael Deeb, M.D. — the director of the Multidisciplinary Aortic Clinic and a specialist in aortic valve disease, aortic aneurysms and dissections, Marfan syndrome, and adult cardiac surgery, as well as a professor in the U-M Department of Surgery.

Deeb's diagnosis: an aortic aneurysm and a badly leaking heart valve. Recalls Halpert, “Dr. Deeb spent time explaining the surgery and exploring my options. He was also extremely kind. I felt like I was in really good hands.”

Halpert says that he was enormously impressed not only with the skill of his surgeons, but with the care he received from virtually everyone he met as part of the U-M medical team. The nurses and the young doctors-in-training showed extraordinary sensitivity and kindness. “You hear about hospitals being cold places,” he says, “but I couldn’t have been treated more warmly than if I was at a family dinner.”

Halpert healed beautifully from surgery and returned to his active life.

Unfortunately, the story doesn’t end here. Four years later, while flossing, Halpert cut his gums. Soon, he began to run a fever. His leg went numb, then his arm. He credits the physicians at the Bronson Hospital ER in Kalamazoo for identifying the cause: the tiny mouth wound had become a gateway for bacteria which caused infection that spread to the prosthetic valve and graft at the top of his heart. He recalls, “The doctors at Bronson said, ‘For what you have, you need to be at U-M.’”

Deeb and his U-M team came to Halpert’s aid again. The junction where the prosthetic aortic valve was sutured to the graft was infected and Halpert had a contained rupture. Deeb recalls the situation, “He was in serious difficulty; his prosthetic valve was damaged and leaking badly. On serial imaging studies, the contained rupture was shown to be enlarging and Halpert was at risk of bleeding to death.”

Halpert replays his conversation with Deeb in his hospital room, “I remember he said, ‘Rick, I think we’re going to have to go back in. I asked if I was going to die. He said, ‘No, you’re not going to die, Rick.’ And I never worried again. I had that level of faith.”

Deeb reports, “During the surgery, we removed the infected material as well as all the infection in his native tissue. Only then could we implant new material. It was a long surgery and he faced significant risk. It is important to note that when patients have an infected prosthesis, we can’t treat with medication alone. We must remove the infected foreign object.”

After the successful surgery and at the urging of Dr. Kim Eagle, a director of the University of Michigan Cardiovascular Center, and Halpert’s U-M cardiologist, Halpert began seeing Doug Wunderly, M.D. — a Kalamazoo cardiologist — for his ongoing care. Earlier this spring during a routine evaluation, Halpert was diagnosed with atrial fibrillation and was treated successfully by Wunderly. “My doctor and Dr. Eagle stayed in touch so that I could continue my care locally,” Halpert says. “It was wonderful — all of these professionals from different hospitals cooperating for my benefit.”

Today, Halpert is healthy. “I owe my life to the U-M — twice!” he says.