

# Lovelace Cardiovascular Program 2024



Heart Hospital  
of New Mexico

@ LOVELACE MEDICAL CENTER



Heart Hospital of New Mexico at Lovelace Medical Center (HHNM) is leading the state of New Mexico and the world, in state-of-the art treatment for heart and vascular care. HHNM is powered by New Mexico Heart Institute/Lovelace Medical Group (NMHI) and its physicians are some of the world's most recognized experts in the advances of cardiac and vascular treatment options. Our highly-trained and experienced doctors, nurses, technicians and staff work hand-in-hand with the staff at HHNM, giving our community the highest quality heart care close to home.

## our mission

We are the best place to care and be cared for. We lead by compassion, respect, accountability and responsibility.



New Mexico Heart Institute/Lovelace Medical Group (NMHI) was founded in 1985 by a group of 16 cardiologists, with the merging of Albuquerque Cardiovascular Services and Cardiology Consultants. Their vision was to provide premier, comprehensive heart and vascular care to the southwest by focusing on innovative healthcare delivered by a privately run medical group.

Lovelace Health System (LHS) acquired NMHI in 2018, and NMHI is now part of Lovelace Medical Center. The acquisition has allowed the group to continue to grow and provide extended services throughout New Mexico and neighboring states. The group now has 35 physicians and 15 advanced practice providers (APPs) with offices in Albuquerque and Santa Fe, which provide care at five hospitals.

NMHI offers services in general cardiology, adult congenital cardiology, congestive heart failure, electrophysiology, interventional cardiology, structural heart disease, cardio-thoracic and vascular surgery, as well as a robust research department.

# Lovelace Cardiovascular Imaging

a department of Lovelace Medical Center

## General Cardiology

A message from Mel Peralta, Chief Medical Officer:  
*"Together with New Mexico Heart Institute, the cardiologists at Heart Hospital of New Mexico at Lovelace Medical Center specialize in diagnosis, treatment, research and education. We believe in exceptional care through collaboration with our associates, physicians, volunteers and community partners."*

General cardiologists are clinicians within the cardiovascular service line at NMHI. These physicians specialize in clinical and diagnostic cardiology. They provide initial and continual consultative care in patients with hypertensive heart disease, valvular heart disease, ischemic heart disease, arrhythmia disorders, heart failure and lipid disorders. They collaborate with our team of surgeons and specialists in both inpatient and outpatient stages of care. NMHI's nationally accredited echocardiogram, vascular and CT cardiac imaging programs allow these physicians to provide patients accurate diagnostics and prognostic information to guide discussions ranging from heart disease prevention to pre-operative planning. These physicians are central to the care of patients at NMHI, and the majority of patients seen by our team will establish a relationship with one of our board certified general cardiologists, as well as with their surgeon or super-specialist, which is central to NMHI's team based approach.

# Interventional Cardiology

A message from Raymond Yau, M.D., Chief of Interventional Cardiology:

*“The interventional cardiology team at the Heart Hospital of New Mexico is dedicated and committed to deliver the best cardiovascular care in the region. Our renowned physicians are able to provide a wide spectrum of services including therapies for structural heart disease and complex ischemic heart disease. We also have the best outcomes treating patient heart attacks and cardiogenic shock. I want to thank you for allowing us to participate in your or your loved ones care.”*



## **STEMI Program**

The management of ST elevation myocardial infarction (STEMI) patients is profoundly time dependent, as the quicker the occluded artery is opened, the more heart muscle can be saved. This depends on a patient recognizing heart attack symptoms early and quickly calling 911. This allows emergency medical services to activate the catheterization laboratory before the patient arrives at the hospital where he/she will be transferred for immediate opening of the artery. This system of care in New Mexico has been championed and led by NMHI and Lovelace Medical Center, who have been recognized nationally by the American Heart Association for their excellent outcomes.

## **Cardiogenic Shock Program**

### *What is cardiogenic shock?*

Cardiogenic shock is a complex syndrome where the heart is unable to provide the body and vital organs with adequate blood supply or oxygen. It commonly occurs in two clinical settings: the first is during a heart attack and the other is caused by congestive heart failure.

### *What is the prognosis?*

Patients presenting with cardiogenic shock are critically ill and have high rates of mortality if left untreated. Survival to discharge from the hospital ranges from 20-70% depending on the severity of the illness.

### *How is cardiogenic shock treated?*

Here at Heart Hospital of New Mexico at Lovelace Medical Center, we have a dedicated Cardiogenic Shock Program, comprised of a multi-disciplinary team of interventional cardiologists, critical care intensivists, cardiothoracic and vascular surgeons, as well as an advanced heart failure specialist. The team applies standardized protocols to help identify and treat patients in a rapid and coordinated manner.

In addition to medical therapy, our Cardiogenic Shock Program focuses on mechanical circulatory support to aid the heart in delivering blood and oxygen to the body. Mechanical support devices include extracorporeal membrane oxygenation (ECMO), percutaneous ventricular assist devices (pVAD) and intra-aortic balloon pump (IABP). The type of device used will depend on the severity of cardiogenic shock and what the multi-disciplinary team has determined to be the best approach for recovery.

## **STEMI Metrics**

% STEMI Cases with Radial Access	80%
Median time to immediate PCI (patients with STEMI)	43 min
PCI within 90 minutes (patients with STEMI)	100%
Median time to immediate PCI (transfer patients with STEMI)	85 min
Composite: Major adverse events (all PCI patients)	2.4%
Median post-procedure length of stay (patients with STEMI)	2 Days

## Hybrid Operating Rooms

Our interventional and surgical services are backed by state-of-the-art technology, surgical suites and a team of highly-trained physicians and surgeons. Our catheterization and electrophysiology labs and dedicated cardiovascular operating rooms assist our physicians in optimizing patient outcomes. The Hybrid Operating Rooms (OR) at HHNM at Lovelace Medical Center are equipped with advanced imaging services that allow our heart team to integrate minimally-invasive procedures with surgical capabilities.

As the largest and most advanced endovascular OR in the Southwest, the Hybrid OR strives to be an educational pillar. The goal for the space is to provide multiple educational opportunities for staff, local students and international physicians. Cases can be viewed in the OR with state-of-the-art sound and imaging systems, from the observation deck or broadcast via livestream with advanced production and filming capabilities. HHNM has worked to train and educate physicians from Canada, Central and South America, China, Mexico and the United States.

### Hybrid procedures may include:

- Abdominal Aortic Aneurysm repair (AAA)
- Cardiac lead extraction
- Limb salvage
- Transcatheter Aortic Valve Replacement (TAVR)
- Transcarotid Artery Revascularization (TCAR)
- Mitral Transcatheter Repair and Replacement



### Transcatheter Mitralvalve Procedures

Observed Mortality	0 %
% Stroke Complication (any ischemic, hemorrhagic, or undetermined stroke)	0 %
% Bleeding - disabling complication	0%
Median Posts Procedure Length of Stay	1 Day

### Structural Heart

Once a patient becomes symptomatic from aortic stenosis, there is a 50% two-year mortality rate, therefore treating the disease process efficiently becomes a priority. We use a thoughtful multidisciplinary approach to decide on the optimal strategy of open valve surgery versus transcatheter valve implantation.

The management of mitral regurgitation is complicated and entails assessment of the cause first. Mitral regurgitation can be caused by dilation of the support structure of the valve-functional mitral regurgitation or from primary problems with the valve leaflets. Once a patient becomes symptomatic or when he or she begins to develop heart failure, it is time to act on the valve problem. The primary management of mitral regurgitation from leaflet dysfunction is surgical repair when possible, or replacement. If the patient is a poor surgical candidate, we then perform transcatheter edge-to-edge mitral repair (TEER). When mitral regurgitation is caused by dilation of the support structures of the valve with heart failure, the primary management is use of guideline directed medical therapy and then with Mitra-clip. There is a mortality benefit to mitral TEER in these patients.



### Transcatheter Valve Replacement (TAVR)

TAVR Observed Mortality	0%
TAVR Significant Cardiac Event (conversion to open heart surgery or procedure related event including artery compression, annular rupture, aortic dissection or cardiac perforation)	1.3%
Any device complications related to TAVR	0%
Average TAVR Length of Stay	1 Day

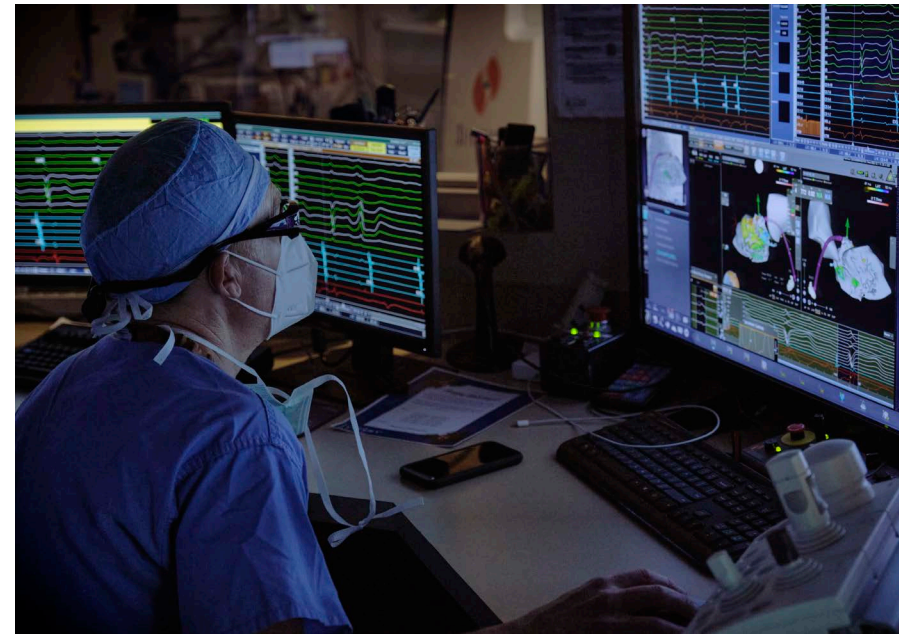
# Electrophysiology

A message from Yaw Adjei-Poku, M.D., Chief of Electrophysiology:  
*"We offer the most advanced cardiac rhythm management technology in New Mexico. The Heart Hospital of New Mexico at Lovelace Medical Center uses advanced electrophysiology techniques to pinpoint the cause of irregular heartbeats (arrhythmia)."*

## Training

The cardiac electrophysiologists at NMHI have routinely set themselves apart in quality of care, procedural outcomes and innovation in technology. We have been selected as a training site for various disciplines. We are an international training site for complex cardiac ablations, left atrial appendage occlusion, implantable device technology (physiologic, nonphysiologic pacing), cardiac resynchronization therapy, and safe and efficient work flows. We routinely have other physicians and administrators visit our hospital for advanced training and serve as an invaluable resource as they grow their clinical practice and electrophysiology lab.

Patients with atrial fibrillation are at increased risk for thromboembolic disease such as strokes. While anticoagulation effectively reduces the risk of stroke, many patients are not suitable for long-term anticoagulation for many reasons, including bleeding risk, fall risk, or patient preference. In these patients, left atrial appendage occlusion is a viable option for stroke reduction.





### **Atrial Fibrillation (AFib) and Left Atrial Appendage Closure**

Atrial fibrillation (AFib) is the most common abnormal heart rhythm in the United States and leads to a five-fold increased risk of stroke. Strokes related to AFib tend to be larger and more disabling than the average stroke. However, at the time of a stroke, a diagnosis of AFib is rarely made. If the diagnosis is made, the risk of recurrent stroke can be reduced by 65%. Atrial fibrillation can be treated successfully with an ablation, which is a minimally invasive procedure where the patient can be discharged the same day.

In 2015, NMHI and Lovelace Medical Center partnered to create a program of advanced rhythm monitoring in stroke patients with very small implantable loop recorders. NMHI providers have since implanted more than 750 of these recorders, increasing the rate of AFib detection by 12-fold. Lovelace's cardiologists and neurologists are using this technology to reduce stroke rates in New Mexicans.

The most common method to reduce the risk of stroke is with blood thinners. Left atrial appendage closure is an alternative for the many patients who are not suitable for long-term blood thinners. Most patients are off their blood thinners within a year of receiving left atrial appendage closure device procedure, with a 1% complication rate. Since 2017, we have provided this life-changing therapy to more than 700 patients.

#### **Left Atrial Appendage Closure**

Proportion of Left Atrial Appendage Closure procedures successful excluding those procedures cancelled	96%
Proportion of patients with major complication either intra or post procedure and prior to discharge	2.3%
Proportion of patients experiencing a stroke (ischemic or hemorrhagic), or systemic thromboembolism, or mortality intra or post procedure and prior to discharge	0.8%
Proportion of patients experiencing a disabling or life threatening bleeding event intra or post procedure and prior to discharge	0%

### **Premature Ventricular Contractions/Ventricular Tachycardia**

Patients sometimes present to our EP lab with irregular beats from premature ventricular contractions or ventricular tachycardia. Premature ventricular contractions (PVCs) are extra heartbeats that begin in one of the heart's two lower pumping chambers (ventricles). These extra beats disrupt the regular heart rhythm, sometimes causing a sensation of a fluttering or a skipped beat in the chest. Ventricular tachycardia is a heart rhythm problem (arrhythmia) caused by irregular electrical signals in the lower chambers of the heart (ventricles). In our lab, we utilize a robotic navigation system to address these arrhythmias. This technology allows us to improve procedural success, while significantly reducing complications. Recently we became the first lab in the country to utilize a new technology that allows us to integrate pre-procedural arrhythmia localization with the robotic ablation procedure to improve procedure efficiency and the precision of therapy.



### **Device**

Life-threatening slow or fast heart rhythms often require an implantable device procedure. Our cardiac implantable electronic device clinic at NMHI manages close to 5,000 devices throughout New Mexico. We are the largest clinic in New Mexico with eight staff members actively participating in the care of our device patients. We strive to give high quality and convenient care to these patients through both in office and remote monitoring and therefore have achieved one of the highest compliance rates in the country. This ensures that patients with implantable devices are closely monitored and clinical issues such as heart failure, arrhythmia, and other issues with device monitoring are addressed in a timely and efficient manner.

#### **Electrophysiology (EP)**

EP Case Volume for 2022	2,039
% EP Readmissions for 2022	4%

#### **Implantable Pacemakers**

Implantable pacemakers are one of the oldest technologies in electrophysiology. Recent advances in this technology are centered around physiologic pacing and reducing incidence of pacing induced cardiomyopathy. Our lab serves as a national training site for physiologic pacing for two of the major device manufacturers.

# Vascular Surgery

A message from Dr. TL Proffitt, M.D., Chief of Vascular Surgery:

*"Our group of Board Certified Vascular Surgeons have earned the reputation for providing, to our Tertiary Referral center, the most advanced and most compassionate care not only in New Mexico, but also in the Southwest Region."*

- Abdominal Aortic Aneurysm
- Carotid Artery Disease
- Chronic Mesenteric Ischemia
- Claudication
- Deep Vein Thrombosis (DVT)
- Dialysis Access
- Non Healing Wounds
- Peripheral Arterial Disease
- Pulmonary Embolus
- Varicose Veins



## **Abdominal Aortic Aneurysm**

Every year 200,000 patients are diagnosed with an abdominal aortic aneurysm (AAA). A ruptured AAA remains the 10th leading cause of death for men over 55 years of age.

Most aortic aneurysms are discovered incidentally during patient evaluation for other issues. AAA can present with symptoms of sudden, severe abdominal or back pain, which suggests contained or impending rupture.

The Vascular/Endovascular surgical specialists at NMHI aggressively monitor and treat AAA with the latest and most up-to-date surgical treatment options available. When repair is required, over 90% of our patients are treated by placement of a covered stent graft to exclude the diseased segment of aorta. This procedure is known as EVAR or endovascular aneurysm repair. The patients benefit from fewer risks and typically, a more rapid recovery.

For the few patients who require an open approach to AAA, replacement of diseased aortic segments with surgical grafts has excellent outcomes and offers durable life-saving corrections for AAA.

## Carotid Artery Occlusive Disease

Carotid artery stenosis is present in up to three percent of individuals over 65 years old. Carotid wall thickening, known as plaque, develops due to a patient's risk factors of tobacco smoking, high blood pressure, high cholesterol, diabetes or heart disease.

Symptomatic carotid disease requires treatment to lessen future stroke risks. Some asymptomatic carotid artery blockages are so severe that the patient has an increased future stroke risk if left untreated and repair is offered to these patients as well.

The Vascular/Endovascular surgical specialists at NMHI continue to offer the safest and more current treatment for carotid artery occlusive disease. After proper diagnosis of the degree and location of the stenosis, a surgical procedure will be offered to appropriate patients. The surgical options are either carotid endarterectomy (CEA) or TCAR (transcarotid artery revascularization). The first option involves surgical removal of the carotid plaque, followed by safe surgical closure of the carotid artery. The second option involves a smaller carotid artery exposure with delivery of a stent to stabilize the carotid plaque. Neuroprotection is provided by temporarily reversing the blood flow within the carotid artery to wash away any debris from the brain. This is a fundamental difference between TCAR and trans-femoral carotid stent placement with data clearly supporting TCAR as superior in outcomes when compared to stent delivery involving the femoral arteries and aortic arch. Both CEA and TCAR provide excellent outcomes to the patients with less than one percent associated stroke risk for the procedure and usually a single-night stay in the hospital.

## Cardiothoracic Surgery

A message from Fenton McCarthy, M.D., M.S., Chief of Cardiothoracic and Aortic Surgery:

*"The Heart Hospital of New Mexico (HHNM) at Lovelace Medical Center and the cardiothoracic surgeons of New Mexico Heart Institute (NMHI), a department of Lovelace Medical Center, together create the Center for Aortic Surgery at Heart Hospital of New Mexico. Our centers' high-level of expertise and innovative technology make HHNM a top surgical center in the southwest. The cardiothoracic surgeons of NMHI and a specialized cardiac anesthesia team are a center of excellence and leaders of aortic disease treatment."*

Cardiothoracic surgery at HHNM offers the most innovative surgical treatments to restore blood flow to the heart and correct problems with heart valves or the aorta. We are a center built around quality outcomes and are dedicated to tracking and evaluating our outcomes to determine the best course of treatment for our patients. While surgical volumes are up significantly over the last few years, our patients have experienced better outcomes and shorter hospital stays. We pride ourselves on outperforming national benchmarks for quality in cardiothoracic surgery.

The mission of the division of Cardiothoracic and Aortic Surgery at the Heart Hospital of New Mexico at Lovelace Medical Center (HHNM) is to provide state-of-the-art surgical therapies to the patients of New Mexico and the Southwest US. Our physicians have sub-specialty training in the most advanced areas of cardiothoracic surgery including aortic aneurysm surgery, aortic dissection repair, aortic and mitral valve repair, arrhythmia surgery, minimally invasive therapies, heart failure surgery, and coronary artery bypass grafting.

## **Center for Aortic Surgery**

The Center for Aortic Surgery at HHNM is the only center in the Southwest dedicated to the diagnosis and treatment of aortic disease. Our facilities have multiple state-of-the-art hybrid and open operating rooms within a dedicated cardiovascular hospital. Our multidisciplinary team includes sub-specialty physicians in thoracic aortic surgery, vascular surgery, cardiac anesthesia and cardiologists. Our aortic team works together to provide cutting edge therapies including:

- Aortic valve repair
- Bicuspid aortic valve repair
- Aortic aneurysm repair
- Ascending and aortic arch replacement
- Thoracic Endovascular Repair (TEVAR)

## **Mitral Valve Repair**

HHNM has a dedicated heart team that includes multiple types of heart doctors with different expertise that focus on the best therapies for mitral valve disease. In the setting of a mitral regurgitation or a mitral valve that leaks, the best option is to evaluate patients for a repair of the patient's own mitral valve. There are multiple open surgical, as well as catheter-based endovascular techniques to repair the mitral valve. Our team has extensive expertise in every aspect of mitral valve repair, including cardiothoracic surgeons who evaluate patients for open surgical mitral valve repair or combined procedures with the interventional cardiologists, such as transcatheter edge-to-edge repair (TEER).



### ***Left Ventricular Devise (LVAD) Program***

Heart failure is when the heart can no longer circulate a normal amount of blood throughout the body. This loss of the heart's pumping function is a common problem that is first treated with medicines. When medicines do not adequately improve the heart's function, these patients should be evaluated for surgical therapies to augment the heart's pumping abilities. A left ventricular assist device (LVAD) is a pump that is surgically placed in the heart in order to provide additional pumping of blood and adequately perfuse the body with the oxygen and nutrients it needs. HHNM is the only LVAD center in New Mexico. Some patients with heart failure may also need a heart transplant as part of their surgical therapies for heart failure. We also work closely with all the major transplant centers in the region so that patients get every surgical heart failure option provided to them.

2023 has been an incredible year of growth for the LVAD program at Heart Hospital of New Mexico. We celebrated our 25th LVAD implant in August 2023 and now care for a total of 32 patients across the state of New Mexico and West Texas. More importantly, our quality outcomes continue to shine. Our patients are not just surviving; they are thriving. With a 100% survival rate over the last 18 months, our new implants have also been free of stroke and other complications associated with LVAD implantation. Patients are back to their careers, traveling the world, and spending time with their loved ones. Finally, we measure our patients' quality of life by administering a survey pre-operatively and post-operatively, with 100% of our patients reporting significant improvement in their satisfaction with life after LVAD implantation. Other notable achievements in 2023 include a short length-of-stay for our patients post-operatively, with an average cumulative hospital stay of 15 days post-implantation; a hospital readmission rate of 0%; and 30% increase in distance walked without limiting symptoms from pre-LVAD to post-LVAD.

### ***Coronary Artery Bypass Grafting (CABG)***

Blockages in the arteries to the heart, also known as coronary artery disease (CAD), is a common problem that can be approached with a few different therapies. Patients with severe CAD should be considered for coronary artery bypass grafting (CABG), which is a surgery that repurposes veins and arteries from elsewhere in the body to bypass the blockages in the arteries to the heart. This is a relatively common surgery that is done at many cardiothoracic surgical programs across the United States. However, the place and the type of bypass performed have been shown to have important patients to benefits in the short and long terms. High-volume centers have been shown to have the best CABG results and we do over 200 CABG procedures at HHNM every year. We have also developed a regional referral center for multi-arterial revascularization, which is a specialized version of the surgery shown to have increase long-term benefits for the patients.

### ***Lung Cancer Screening and Advanced Therapies***

The Cancer Screening Program at Lovelace focuses on the earliest detection possible for lung cancer in our patients. The early detection of lung cancer leads to the best chance of treatment and provides patients with the least invasive therapeutic options. Our team consists of pulmonologists, thoracic surgeon, oncologists and radiation-oncologists. This tumor board reviews the diagnosis and care plan for each patient, with confirmed or suspected lung cancer. We are able to offer our patients a full range of therapeutic options, including targeted chemotherapy and radiation, and minimally invasive thoracic surgery. We use different medical specialties to jointly evaluate each patient with concerning findings that could be lung cancer in order to plan further workup and therapies. Every aspect of our program from low-dose CT scans to minimally invasive thoracic surgery is designed around the patient in a way that provides them the most up the most up to date therapies.

## Advanced Heart Failure

HHNM continues to grow while facing the challenges of healthcare in the 21st century.

- Dr. Eddie Brown, as Medical Director of Heart Failure and Dr. Julie Harrigan, as Palliative Medicine Consultant.
- CardioMems (thoracic impedance), a small implantable device in the pulmonary artery, identifies early signs of congestive heart failure, which can be treated aggressively, therefore decreasing congestive heart failure admission.
- Our Advanced Heart Failure program benefits our patients who are recently discharged from the hospital by providing timely follow-up care, allowing for our high-rate of compliance with the evidence based guidelines set forth by the American Heart Association, which decreases our heart failure and mortality re-admission rate.

### CHF

% HF Patients for whom a 7 day follow-up appointment was scheduled including location, date, and time for F/U visits or home health visit	93%
% HF patients with LVSD and with ACEI/ARB or ARNI at DC	94%
% HF patients who were prescribed evidence based specific beta blocker at DC	89%
% HF patients with chronic or recurrent Afib or Aflutter who are at high risk for thromboembolism and that were prescribed anticoagulation at DC	97%
% HF Readmission Rate	11%
% HF Mortality Rate	2%

## Progressive Care Unit (PCU)

When patients come to the Heart Hospital of New Mexico at Lovelace Medical Center, they come to a facility that will provide the utmost compassionate and knowledgeable care. Our nurses are one of kind and take pride in the care they provide. They will help prepare patients for an upcoming procedure/surgery and of course take care of them upon return. As an inpatient unit we have not had any hospital acquired CLABSI, MRSA, or CAUTI year to date. Some of the words our patients use to describe the care they receive include “excellent, helpful, outstanding, wonderful” as well as many others. In May 2021, our PCU received a Top HCAHPS Award.

Coming to the hospital is never what an individual wants so we make every effort to make your stay with us as pleasant as possible. The PCU provides care to patients that may have come in due to a heart attack, have congestive heart failure, have peripheral artery disease, and LVADs to name a few. We also take care of patients who have had lung and heart surgery. For cardiovascular care, there is no better place than the Heart Hospital of New Mexico.

## Cardiac Rehabilitation at New Heart Fitness and Health

Cardiac rehabilitation is an essential element in the success of the many programs offered. The recovery from surgery, following heart attack or heart failure is enhanced by the changes in lifestyle that will be learned during cardiac rehabilitation

The New Heart Fitness and Health program provides a multidisciplinary approach to cardiac rehabilitation including doctors, exercise physiologists, nutrition specialists and mental health workers.

The program has five major elements, which include: exercise, a healthy diet, reducing stress, medical therapy and smoking cessation. Each of these elements is designed to speed recovery, prevent future heart problems and enhance the quality of our patient's lives.

Exercise is a critical element in getting our patients on the road to recovery. Patients come for 36, one-hour sessions over a three-month period. The exercise specialists create an exercise prescription based upon an initial evaluation by our physicians. With close supervision and encouragement, our patients gradually improve their stamina and fitness, translating into more energy and enjoyment of their daily lives.

Nutrition is a critical element in the long-term success from the procedures patients receive at HHNM. Our nutrition specialists help patients, and their families, learn about the heart healthy Mediterranean diet and weight management.

Our medical team reviews our patients' medications to ensure they are taking them as directed and no side effects are occurring. New Heart's mental health workers visit with the patients to help keep them motivated and if a patient smokes cigarettes, we guide them to avenues for help with smoking cessation.


The New Mexico Heart Institute Foundation was formed in 1985 by Dr. Barry Ramo, through a generous gift from a family of one of NMHI's patients. The foundation is governed by a board of directors consisting of physicians and community leaders, who share a common vision for its work. They oversee many programs that benefit our community, including Project Heart Start and New Heart Fitness and Health, as well as events for providers throughout the state geared towards providing resources and education.





**1 Regular Exercise**


From supervised activities, to a daily walk in the park, the idea is to get moving.



Cardiac Rehabilitation Programs Typically Consist Of The Following **5** Components


**5 Stop Smoking**

Most cardiac rehab programs offer methods to help you kick this harmful habit.




**2 Adopt a Heart Healthy Diet**

This includes meals that are low in salt and rich in whole grains, fruits, vegetables, low-fat meats and fish.




**3 Reduce Stress**

Learn to control your daily stress through relaxation techniques, recreation, music and other various methods.



**4 Medical Therapy**

Follow your doctor's instructions carefully and take your medications as directed.





## OneCall

Lovelace Health System and Heart Hospital of New Mexico at Lovelace Medical Center's *OneCall* program was created to give our referring providers direct access to our triage team. It serves our community and surrounding areas to help patients that require high level cardiac care with the expertise and technology they need. Our triage team will coordinate referring hospitals, providers, bed availability, and provider-to-provider acceptance.

*OneCall* has a range of automatically accepted patient conditions to ensure an even faster patient acceptance. Accepted cardiology conditions include:

- CT Surgery
- Critical Care
- Electrophysiology
- Interventional Cardiology
- Vascular Surgery

For direct inpatient admissions, *OneCall* can be reached at: **888.727.7646** or **505.727.7646**.

## Lovelace CareLink

### *What is CareLink?*

CareLink is an Epic application designed for use by non-affiliated community providers to access their patients' records. This group includes referring physicians and members of their clinical, billing and coding staff; non-affiliated sub-acute and post-acute facilities, including their case managers; and health plans. In other words, CareLink is for more than just physicians!

When you refer a patient to Lovelace Health System, Lovelace CareLink provides you access to view patients' records, including:

- **Patient Chart Review:** Office visits, inpatient and ED encounters. Filters are available so you can locate information quickly and accurately.
- **Event Monitoring:** Receive notifications when medical events occur with your patients.
- **Patient Chart Notation:** Send notes to be added to your patients' charts.
- **Documents and Images:** Upload and have them added to your patients' charts.
- **Electronic Images and Labs:** Order MRIs, CTs, x-rays, mammograms, etc.
- **Electronic Referrals:** Monitor referral status within any department or specialty.
- **Upcoming Appointments:** Review your patients' upcoming appointments.
- **Customized Views:** Adjust settings to view the information you need most often.

### Get access to CareLink:

1. Visit [carelink.lovelace.com](http://carelink.lovelace.com) and click on [Request New Account](#).
2. Download the **User Access and Updates Request** form.
3. Print, complete and return according to instructions on the form. You will be notified via email when your account is ready, along with your new login information.

For additional assistance, call **855.525.8770**.



## The Patient Experience

New Mexico Heart Institute and the Heart Hospital of New Mexico at Lovelace Medical Center practice patient-centric care and programs. We strive to continuously improve the quality of care for New Mexicans and all patients who enter our doors. Hear from real patients about their experiences with our providers at our facilities.



# NMHI and HHNM Provider Directory

## GENERAL CARDIOLOGY:



Michael Adjei-Poku, M.D.



Mel Peralta, M.D.  
Chief Medical Officer



Munif Hussein Alkouz, M.D.



Mridula Rai, M.D.



Lucas Chacon-Lutrick, M.D.



Maithili Shenoy, M.D.



Charles Kim, M.D.



Karen Sopko, M.D.



William Mansfield, M.D.



Geri Bartels-Vigil, CNP



Carmen  
Moseley-Suazo, PA-C



Eddie Brown, D.O.



Lakshmi Parvathaneni,  
M.D.



Howard Diaz, PA-C



Luka Exelby, CNP



Laura McDermott, NP



Sharon Schaaf, DNP



Geoffrey Steffens, NP



Andrea Tyson, CNP

## INTERVENTIONAL CARDIOLOGY:



Mark Bieniarz, M.D.  
Medical Director

## INTERVENTIONAL CARDIOLOGY cont:



Stacey Clegg M.D.



Geoffrey Kunz, M.D.



Marc Levine, M.D.



Camila Maestas, M.D.



Adam Ronan, M.D.



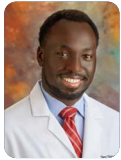
Timonhy Vellinga, M.D.



Raymond Yau, M.D.

# NMHI and HHNM Provider Directory

## ELECTROPHYSIOLOGY:



Yaw A. Adjei-Poku, M.D.



Michael Bestawros, M.D.



Michael Hoskins, M.D.



Sean Mazer, M.D.  
Executive Medical  
Director



Sandeep G. Nair, M.D.



Benjamin F. Remo, M.D.



Eliana Acosta, NP



Brad Gwyther, PA



Catherine Mahoney,  
ACNP

## CARDIOTHORACIC SURGERY:



Dana Booth, M.D.



Brian Castlemain, M.D.



Fenton McCarthy, M.D.

## CARDIOTHORACIC SURGERY cont:



Luis Cerda, M.D.



Kevin Richardson, M.D.



Cristina Allcorn, PA



James Dunlap, PA-C



Audrey Girroir, CNP



Iris Llewellyn, FNP



Ashley Long, CNP



Samantha Matteucci, ACNP



Katherine Oberg, PA

## VASCULAR SURGERY:



Trent Lee Proffitt, M.D.



Jessica Secor, M.D.



Richard Wilkerson, M.D.



Thu Nguyen, FNP

## Awards and Accreditations



**Leapfrog Hospital Safety Top Teaching Hospital**  
2020-2022



**Accredited PCI, Chest Pain MI Registry Performance Achievement Award, by CPC (Society of Cardiovascular Patient Care),**  
2021



**Accredited in Adult Echocardiography (ICAEL), by IAC (Intersocietal Accreditation Commission)**  
2021-2023



**Accredited in Vascular Imaging (ICVAL) by IAC (Intersocietal Accreditation Commission)**  
2021-2023



**American Heart Association GWTG Heart Failure Gold Plus and Target Honor Roll Award**  
2019 (Silver Plus, 2018 - 2023)



**American Heart Association's Mission: Lifeline® Heart Attack Receiving Center Accreditation**  
2019-2022



**American Heart Association ACCREDITATION**  
Meets standards for  
**Heart Attack Receiving Center**

**American Heart Association accredited STEMI (Heart Attack) Receiving Center**  
2015- 2019

- American College of Cardiology's Chest Pain Center v6 with Primary PCI Accreditation
- American College of Cardiology's NCDR ACTION Registry Platinum Performance Achievement Award, 2013-2019
- American Heart Association Get With The Guidelines Heart Failure Gold Plus with Target: Type 2 Diabetes Honor Roll, 2022
- American Heart Association Get With The Guidelines CHF with Honor Roll, Gold Plus, 2017-Present
- American Heart Association Get With The Guidelines Afib, Bronze, 2017
- American Heart Association Get With The Guidelines Heart Failure, Silver, 2016
- American Heart Association Get With The Guidelines for Mission Lifeline STEMI Receiving Center, Gold Plus, 2015-2016
- American Heart Association Get With The Guidelines for Mission Lifeline STEMI Receiving Center, Silver, 2014-2015
- Mission Lifeline STEMI Heart Attached Receiving Center Accreditation, 2015-2022
- Mission Lifeline STEMI Receiving Center Achievement Award, Gold Plus, 2016
- Money – The Leapfrog Group, The Best Hospital in America, Teaching (Small), 2022
- Society of Cardiovascular Patient Care Chest Pain with PCI Accreditation 2015-2018

## Certifications and Accolades

- American College of Cardiology's Platinum Performance Achievement Award for Action Registry GWTG NCDR, 2013 - 2019
- American College of Cardiology's Chest Pain Center v6 with Primary PCI Accreditation
- DNV-GL Certified Ventricular Assist Device
- American Heart Association's Mission: Lifeline® Heart Attack Receiving Center Accreditation
- U.S. News & World Report *High Performing* "Best Hospitals," in Heart Attack, Heart Bypass surgery, Heart Failure, 2022 -2023
- U.S. News & World Report "Best Hospitals," in Congestive Heart Failure, Heart Attack, 2021-2022

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