



# 20 20 YEAR IN REVIEW

ARKANSAS HEART HOSPITAL®







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VOL. 4 | OFFICIAL ARKANSAS HEART HOSPITAL 2020 YEAR IN REVIEW

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# WELCOME TO OUR 2020 YEAR IN REVIEW.

People will look back in one hundred years at the year 2020 and marvel at the virus that caused the world to stand still. The year will be noted not for the advances in healthcare, not for the advances in science, and not for the advances in technology. Rather, 2020 will be remembered for when the airplanes stopped, nations closed their borders, businesses worked from home, churches closed and restaurants, bars and hotels went bankrupt. All because our understanding and treatment of a mutant virus was low.

But, at Arkansas Heart Hospital, we continued. You cannot close a hospital because of a global emergency, and we did not. We had the responsibility of taking care of the sick who were our chronic patients, and we had the responsibility of taking care of those patients with the coronavirus. We met that responsibility. To meet the challenges of the pandemic, we constructed a respiratory intensive care unit that became our COVID-19 unit for patients who were sick with the virus. We also trained and obtained special doctors to take care of these sick patients who were different from all of the other patients we took care of. We embarked on testing each other and our patients for the virus, as well as canceling many of our elective procedures out of concern it would leave sick people with needs unfulfilled. We met those needs head-on and created protective protocols for ourselves and for our patients. These protocols led to virtually none of our employees or patients suffering acquisition of the infection within our walls. Rosie the Riveter was adapted by one of our own to portray our resilience during this time, and we proudly displayed her along with the quote “We Can Do It” on banners on our hospital.

Yes, 2020 will be remembered for masks, goggles, frequent nasal swabs, protective equipment, gowns, gloves, and temp checks of everyone who entered the hospital. However, it should be remembered by those of us, at Arkansas Heart Hospital, as a successful year where we met the needs of our patients both with the virus and with our primary responsibility of cardiovascular disease.

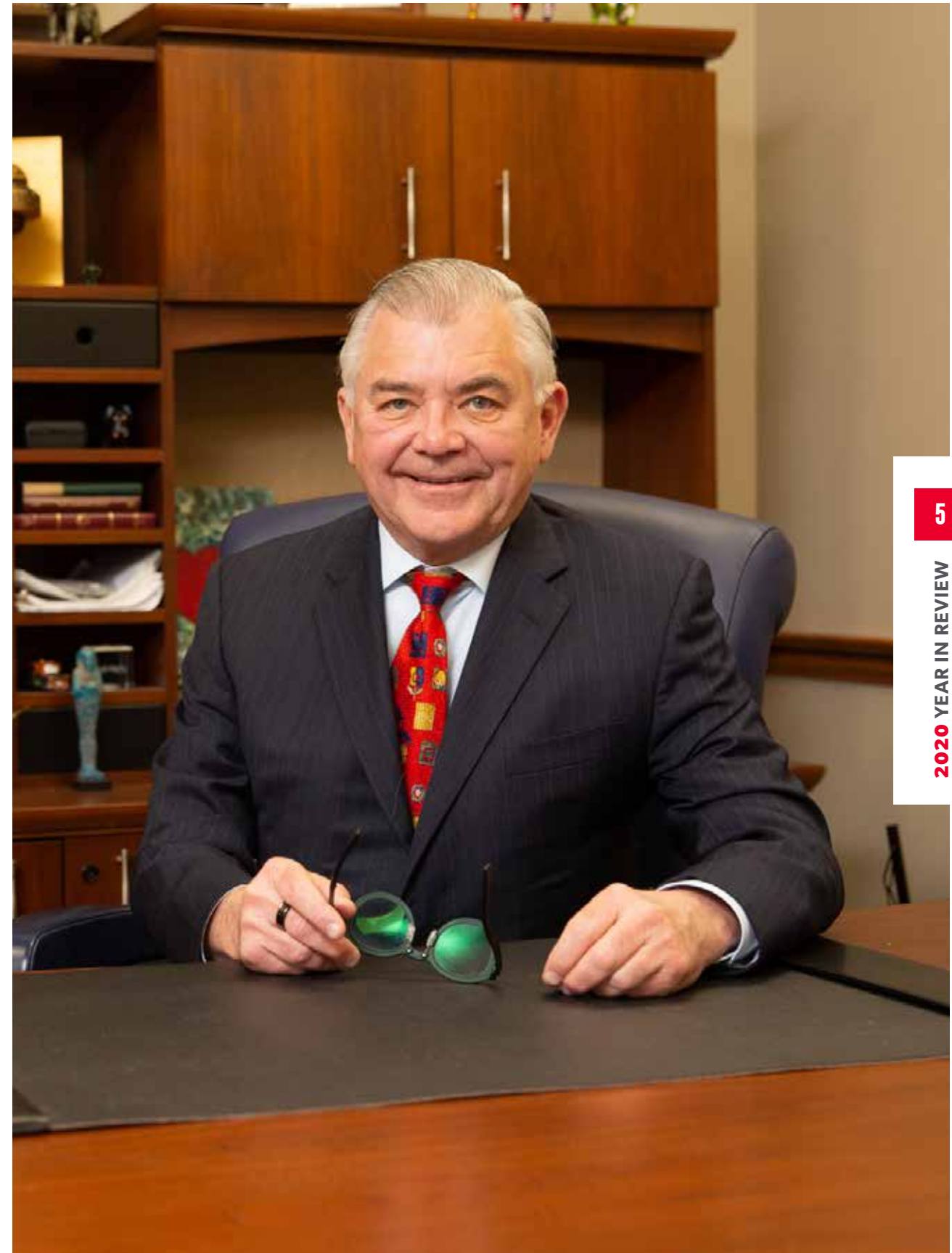
At the same time, the new Arkansas Heart Hospital Encore Medical Center in Bryant was being finished. In it, we invested thousands and thousands of hours preparing for its opening. It’s a beautiful, well-thought-out healthcare facility that we are very proud of and very proud of the fact that we were able to do all of this in the middle of a global plague.

I want to thank all of the healthcare workers – nurses, physician assistants, nurse practitioners, patient care partners, and medical assistants - who gave us so much of their time and effort for filling the needs of our cardiac patients. Thank you! Thank you! Thank you!

Sincerely,



Bruce Murphy, MD, PhD, FACC  
Chief Executive Officer





## AHH EXECUTIVE TEAM



**Dr. Bruce Murphy**  
Founder and  
Chief Executive Officer



**Sara Bradley**  
Chief Financial Officer



**Brian Cahalan**  
Chief Technology Officer



**Derek Cox**  
VP of Finance



**Ashley Hixon**  
Chief Clinical Officer



**Drew Jackson**  
President



**Marbie Mitchell**  
Clinic Administrator



**Andrea Nelson**  
Chief Operating Officer



**Kevin Nelson**  
VP of Implementation  
and Facilities



**Jacob Robinson**  
Chief Administrative  
Officer



**Richard Skeens**  
Senior VP of Revenue and  
Operations



**Deedra Walker**  
Director of Human  
Resources



**Rachelle Younce**  
Senior VP of Business  
Network Operations

## BOARD OF DIRECTORS

**FRONT ROW FROM LEFT** Chris Dent and Kim Leverett **BACK ROW FROM LEFT** Dr. Scott Beau, Bob J. Nash, Dr. James Kane, Dr. CD Williams, Jim Guy Tucker, Charlie Smith, and Dr. Bruce Murphy





## OUR PHYSICIANS



Scott L. Beau, MD, FACC



Samuel Bledsoe, MD, FACS, FASMBS



Jim Box, MD



Bruce Burton, MD



Peyton Card, MD



Ian M. Cawich, MD



Scott Darnell, MD



Jerry Dixon, MD



Patrick J. Flaherty III, DO, FACC



Joe Forney, MD, FACC



Kristofer Freeland, MD



JD Fuller, MD



D. Andrew Henry, MD, FACC



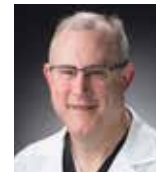
Michael David Huber, MD, FACC



James J. Kane Jr., MD, FACC



Wesley Lane, MD



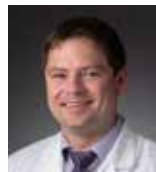
Carl Leding, MD, FACC



Irina Lendel, MD



Vasili Lendel, MD, FACC



Anton Lishmanov, MD, PhD, FSCAI, RPVI



Monica Lo, MD, FACC, FHRS



Greg Loyd, MD



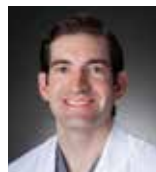
Gary McCallum, MD



Sarah McKenzie, MD



Mark Myers, MD



Gary Nash, MD



Michael T. Nolen, MD



Andre Paixao, MD



Dan Pritchett, MD



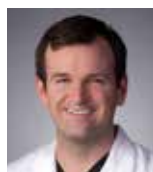
Vijay Raja, MD



Paulo A. Ribeiro, MD, Ph.D., FACC, FESC



William Rollefson, MD, FACC



Scott Ryan, MD



Daniel Sherbet, MD



Dylan Thaxton, MD



JJ Tucker, MD



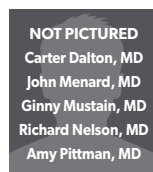
Justin White, MD



CD Williams, MD



Wilson Wong, MD, FACC

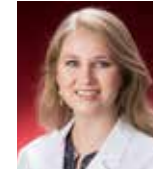


NOT PICTURED  
Carter Dalton, MD  
John Menard, MD  
Ginny Mustain, MD  
Richard Nelson, MD  
Amy Pittman, MD

## OUR APRNs & PAs



Rose Alfano, APRN



Lane Atwell, APRN



Eric Bain, APRN



Karli Bradley, PA-C



Lindsay Chalmers, APRN



Angie Cheves, APRN



Abby Connerly, APRN



Beth Crowder, APRN



Donna Davis, APRN



Nick Fazio, APRN



Jessica Fite, PA-C



Kelly Hall, APRN



Annabeth Hazlewood, APRN



Susan Hernandez, APRN



Lisa Ivy, APRN



Sarah Jones, APRN



Lauren McBride, APRN



Crystal Meziere-Brahmbhatt, APRN



Hannah Mitchell, APRN



Amber Moody, APRN



Amanda Mullins, APRN



Shea Oxford, APRN



Hetal Patel, APRN



Krysten Pilkington, APRN



Julia Ponder, APRN



Janine Rutherford, APRN



Angela Simmons, APRN



Patrick Stage, APRN



Sydney Thessing, APRN



Sara Thompson, APRN



Quynh Wang, APRN



Dee White, APRN



Becky Young, APRN



# HEART MATTERS: WE CAN DO IT

BY JESSICA ADKINS, PCP

Jessica is an AHH Patient Care Partner working in our COVID Unit. Earlier this year, she was moved to paint Rosie the Riveter – a WW2 icon of sacrifice and teamwork – as a front-line caregiver wearing PPE. Jessica's inspirational painting hangs in our COVID unit and is also proudly displayed on our hospital's facade. We caught up with Jessica for some additional perspective and encouragement during these trying times.

When we began this journey nine months ago, we worked hard to have policies and protocols in place for the proper safety and care of our patients and our staff. We felt organized and prepared (as best you can be in a sudden situation like this), but boy, were we wrong. It's hard to even imagine we have been doing this so long. Nine months of donning and doffing, PAPR suits, isolation gowns, N95s, surgical caps, and face-shields. Nine months of ventilated patients more sick than anything we have seen before. Nine months of researching, proning, and watching the daily pandemic briefing – constantly trying to learn more about this overwhelming virus. Nine months of keeping our personal lives on hold to dedicate all our time, energy, and health to fighting this invisible virus. I can honestly say that we have put our blood, sweat, and tears into this fight. In brighter news, since the creation of Rosie the COVID-Fighting Riveter, we have come so far in the fight; we have learned so much about this virus, after-effects, diverse symptoms, and the evolution of hospital/CDC practices and protocols throughout this journey. This isolation unit, and this pandemic in general, has brought so many of us in healthcare together; I have gained some amazing friends and connected with the most hard-working, dedicated, and determined coworkers. But, we are tired. We are worn down. This

fight has been long and hard and draining. Just like everyone else, we want to spend the holidays with our families. We want to travel and throw our masks away and resume normal life, but we aren't there yet. We continue to encourage everyone to stay home, social distance, quarantine and monitor symptoms. We are frustrated and exhausted, but we are powered by grit. Unfortunately, in healthcare we lose patients. It's known and somewhat expected in critical care. But with COVID-19, it's different. Each patient we fight so hard to save and end up losing hits a little harder because they are fighting alone, behind closed doors, surrounded by nothing but the beeping of monitors. I couldn't imagine what it's like to be on the receiving end of the phone call as a family member during this time. However, with each new admission we have received, we have learned so much about how this virus attacks the body and have a much stronger defense of treatments and medications. I think the largest difference/greatest change in the last few months has been the stress on the healthcare providers on the front lines. At the end of the day, we can always make new medicine, mass-produce vaccines, build more hospitals and buy more ventilators. But we cannot just create more healthcare providers to make it all happen. We know you. We see you. We are here for you and we thank you.





# AHH AT A GLANCE

NEWS & NOTES FROM AROUND THE HEART



## STRONG HEARTS BRINGS CARDIAC REHAB TO CONWAY

In 2020, we expanded our intensive cardiac rehab program to a third location in Conway. If you have experienced a cardiac event, you may qualify for cardiac rehab. A physician referral is required.

LEARN MORE AT [WWW.ARHEART.COM](http://WWW.ARHEART.COM)

## COMMUNITY COOPERATION

In March, AHH joined the Little Rock Coronavirus Task Force. The task force—implemented by Mayor Frank Scott, Jr. and comprised of physicians and representatives from Little Rock's major hospitals—is dedicated to COVID-19 preparedness and strategies.

**IN 2020, WE RAN OVER 4,000 TESTS FOR COVID-19**

In 2020, we embraced virtual meetings in many forms, including patient visits. Smooth adaptation of this technology resulted in a

**2,450% INCREASE IN TELEHEALTH VISITS.**

## BARIATRIC & METABOLIC INSTITUTE ADDS SURGEON

In August, our Bariatric & Metabolic Institute welcomed its third surgeon, Dr. J.J. Tucker. Dr. Tucker brings a wealth of experience to the program and adds another accomplished surgeon to our team of bariatric professionals.



**FROM LEFT:**  
DR. SAM BLEDSOE  
DR. JD FULLER  
DR. JJ TUCKER

## THANK YOU

Throughout this year, our local friends and neighbors have stepped up with smoothies, snacks and so much more for our front-line workers and staff. We sincerely appreciate these kind gifts that gave our team a boost and kept us going strong.



# AHH IMPACT

## 2020 AWARDS & ACHIEVEMENTS

At Arkansas Heart Hospital, we don't strive for awards. Our true reward is serving patients in a place that can be depended on for the right diagnosis, a superior outcome and an incredible experience along the way. Our commitment to each individual patient is what we celebrate most. Still, awards and recognition have been a continuous part of our history. In 2020, we added to this legacy, with exciting innovations and multiple national awards.

## FIRST IN THE STATE



First Bluetooth compatible device implant using Abbott's Gallant implantable cardioverter defibrillator

## FIRST IN THE U.S.



TIGEREYE(TM) Image-Guided CTO Crossing Catheter

## FIRST IN THE U.S.



First Virtual NavX Immersion Program. Utilizing Avail's mobile, interactive hardware/software technology to provide real-time training on innovative tools and procedures in the EP lab



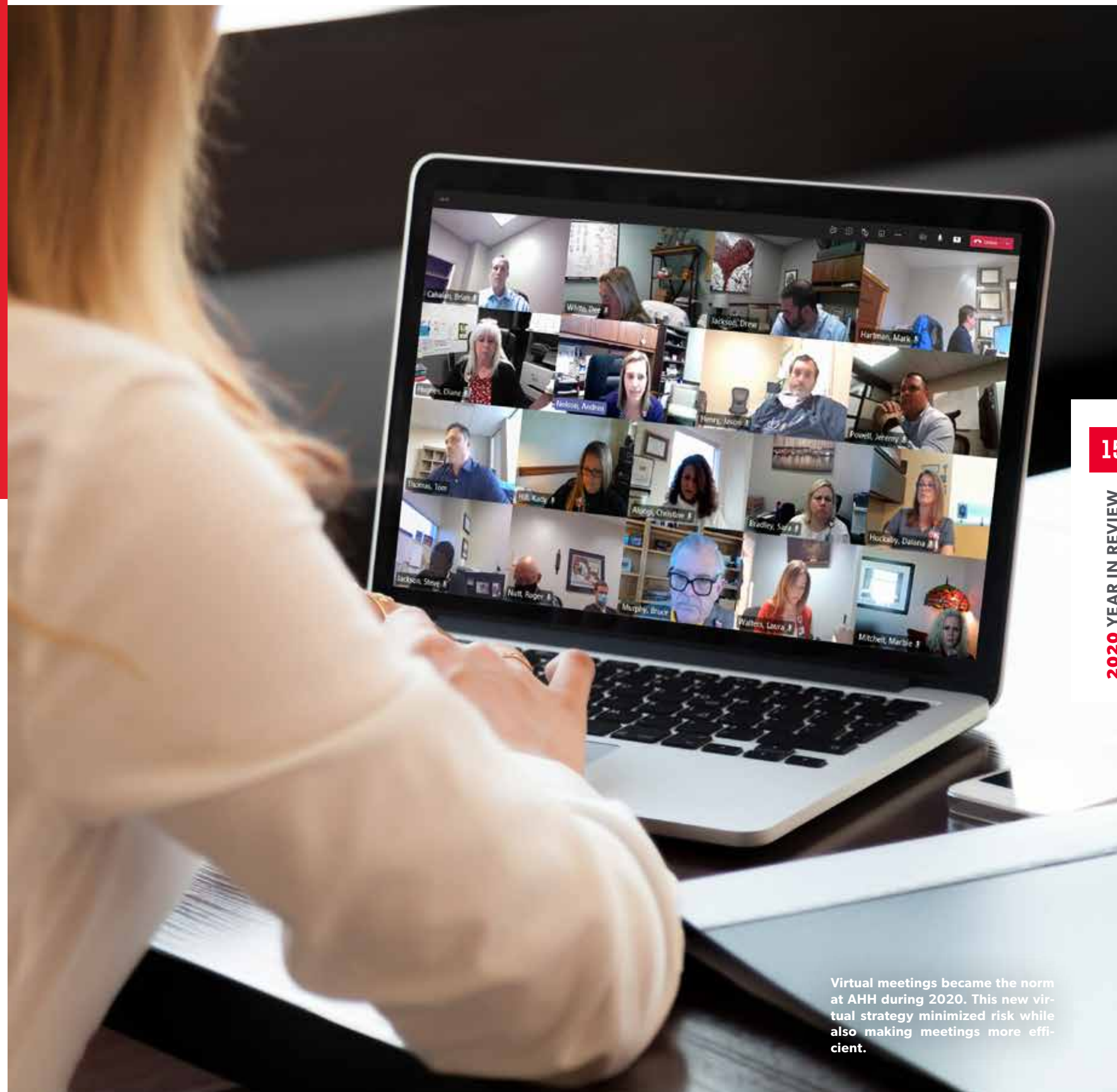


SPOTLIGHT + EFFICIENCY

# AHH GOES VIRTUAL

## AHH VIRTUAL COMMUNICATION STRATEGIES MAXIMIZE EFFICIENCY AND REINFORCE SAFETY PROTOCOLS.

AHH has experienced many changes and innovations this year. Two major areas where technology adoption has exploded due to COVID-19 are telehealth and virtual meetings. Prior to the pandemic, we only had a couple of physicians performing a few telehealth visits per week. However, we quickly trained over 60 providers on this new capability, built our own telehealth on wheels and experienced a massive increase in telehealth visits. We also adopted virtual meetings to maximize our efficiency while minimizing risk. Before the pandemic, we had around 20 people in our IT department utilizing the Microsoft TEAMS platform. That quickly changed. By late March, we had over 800 employees – including our CEO, executive team and clinical staff – using TEAMS for internal communication and strategic planning. Adopting these technologies has allowed us to better protect our staff and patients, while also keeping hospital operations running smoothly.



Virtual meetings became the norm at AHH during 2020. This new virtual strategy minimized risk while also making meetings more efficient.



# KEEPING PATIENTS SAFE

## AHH COVID-19 PRECAUTIONARY MEASURES CREATE SAFE ENVIRONMENT FOR PATIENTS AND STAFF.

Prior to the WHO's announcement of COVID-19 being a global pandemic, AHH had begun to prepare for the inevitable. In order to reduce the risk of spread of the virus and help maintain a safe environment for patients, it was necessary to incorporate a screening process that included temperature and symptom checks for every person entering our facility. In addition, access for visitors and vendors was limited, and signage was implemented around our facilities reminding everyone to mask up and distance. Drive-thru testing was made available for employees, a new UV disinfecting robot was implemented and policies were updated regularly to reflect new state and federal guidelines. Staying current with the latest guidelines instills confidence in staff, patients and their visitors and we remain deeply committed to providing a safer healthcare environment during this difficult time.



Temperature and symptom checks are mandatory for anyone entering one of our facilities, including AHH employees.



SPOTLIGHT + PREPARATION

# MAKING PPE A PRIORITY

**AHH FILLS PPE STOCKPILE AND HELPS  
DISTRIBUTE MUCH-NEEDED SUPPLIES TO  
OTHER HOSPITALS AND CLINICS.**

Arkansas Heart Hospital is always prepared and dedicated to protecting each other, and our patients. This is especially true during the COVID-19 pandemic. In early February, long before PPE shortages hit the country, we started placing large orders for pertinent PPE. We purchased a total of 36 PAPRs (Purified Air Particulate Respirators), thousands of Tyvek Suits, and hundreds of gloves, gowns and masks. We also accrued thousands of N95 masks and face shields. As PPE became much more difficult to acquire, we received support from our Governor. Governor Hutchison allocated a large sum of funding for the state to purchase bulk quantities. Supplies were received through the Federal Surplus and AHH became very instrumental in the distribution of supplies to Metro Area Hospitals and to multiple clinics throughout the state. Our PPE stock remains steady, and our staff and patients continue to have the necessary items required to protect them against COVID-19.



Our PPE stockpile remains steady, thanks to the foresight and preparation of our planning team.



SPOTLIGHT + CARDIAC CLASSIC

# THE FALL CLASSIC

**AFTER A SIX MONTH DELAY, THE CARDIAC CLASSIC RIDES ON WITH COVID-19 SAFETY MEASURES IN PLACE.**

This year, Arkansas Heart Hospital celebrated our 9th annual Cardiac Classic Bike Ride. The ride was created to spotlight the role that physical activity plays in our cardiovascular health, raising awareness for cardiovascular disease. After 8 years of hosting the ride from Burns Park and the course winding through the Arkansas Trail, Big Dam Bridge, up to Wye Mountain in Roland, we decided to change the scenery. This year's course started at Heifer Village and took our participants around the airport and through Wrightsville. Cardiac Classic was originally set for April 17th, but because of the pandemic, was postponed to October 24th. 120 riders completed the ride this year. Even though we usually expect around 450 riders, we were still able to host a safe and fun ride with our current gathering restrictions and raise awareness for our cause. We are excited for 2021 and to celebrate our 10th year of Cardiac Classic.



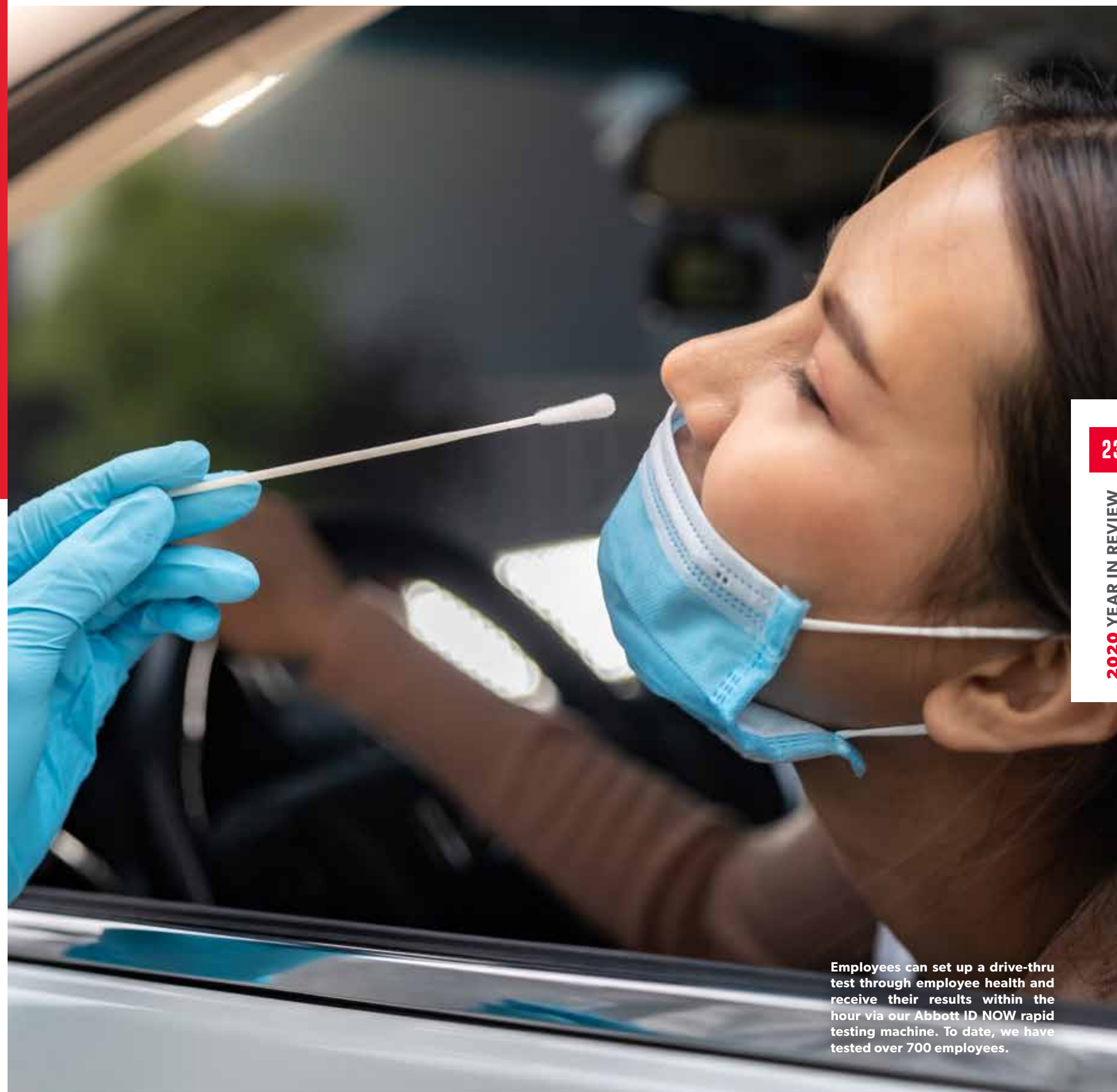
The 2020 Cardiac Classic had a new route, new fall date and enhanced safety measures to ensure all riders could safely participate.



# TOP-NOTCH TESTING

## AHH TESTING CAPABILITIES MAKE COVID-19 SCREENING SAFE AND EASY FOR PATIENTS AND STAFF.

At AHH, we take pride in our in-house testing capabilities. When testing for acute infections, we have three different testing possibilities for SARS-CoV-2 – the virus that causes COVID-19. These include Abbott ID Now, a point of care test that has a thirty minute turnaround, our GeneXpert which tests for Influenza/RSV/SARS-CoV-2 and our Respiratory panel which includes over 15-20 respiratory pathogens including SARS-CoV-2. Although not a diagnostic tool, we also offer antibody testing to employees and patients. This test determines whether a person had COVID-19 in the past and now have antibodies against the virus. We understand the complexity of having an emerging virus and have maintained an integrative approach to education and testing. We have averaged over 400 tests per month since the pandemic began, and continue to test at an even quicker pace.



Employees can set up a drive-thru test through employee health and receive their results within the hour via our Abbott ID NOW rapid testing machine. To date, we have tested over 700 employees.



SPOTLIGHT + HEART2-D2

# THE COVID KILLER

**OUR NEW ROBOT USES UV LIGHT TO  
DISINFECT AND DESTROY VIRUSES,  
INCLUDING COVID-19.**

Say hello to our newest team member, HEART2-D2. HEART2-D2 is a XENEX Lightstrike UV disinfection robot. This robot uses a pulsed Xenon bulb to create intense germicidal ultraviolet light. This light kills germs that potentially cause infections such as C. Diff, MRSA, VRE and other pathogens including COVID-19. In fact, this robot is the first UV technology that has been proven to deactivate the SARS-CoV-2 virus. It was validated against the live virus in a Biosafety level 4 containment lab which is used to study deadly pathogens for which there are no known treatments or vaccines. The robot is safe to utilize in an unoccupied space and its light is safe to view through doors and windows. This has allowed us to disinfect patient rooms and areas throughout our facility on a daily basis. We were the first hospital in the Little Rock metro area to acquire this robot, and it has been a tremendous asset – providing peace of mind to our patients and staff.



Using bursts of high-intensity broad spectrum UV light, our robot deactivates SARS-CoV-2 on surfaces in 2 minutes.

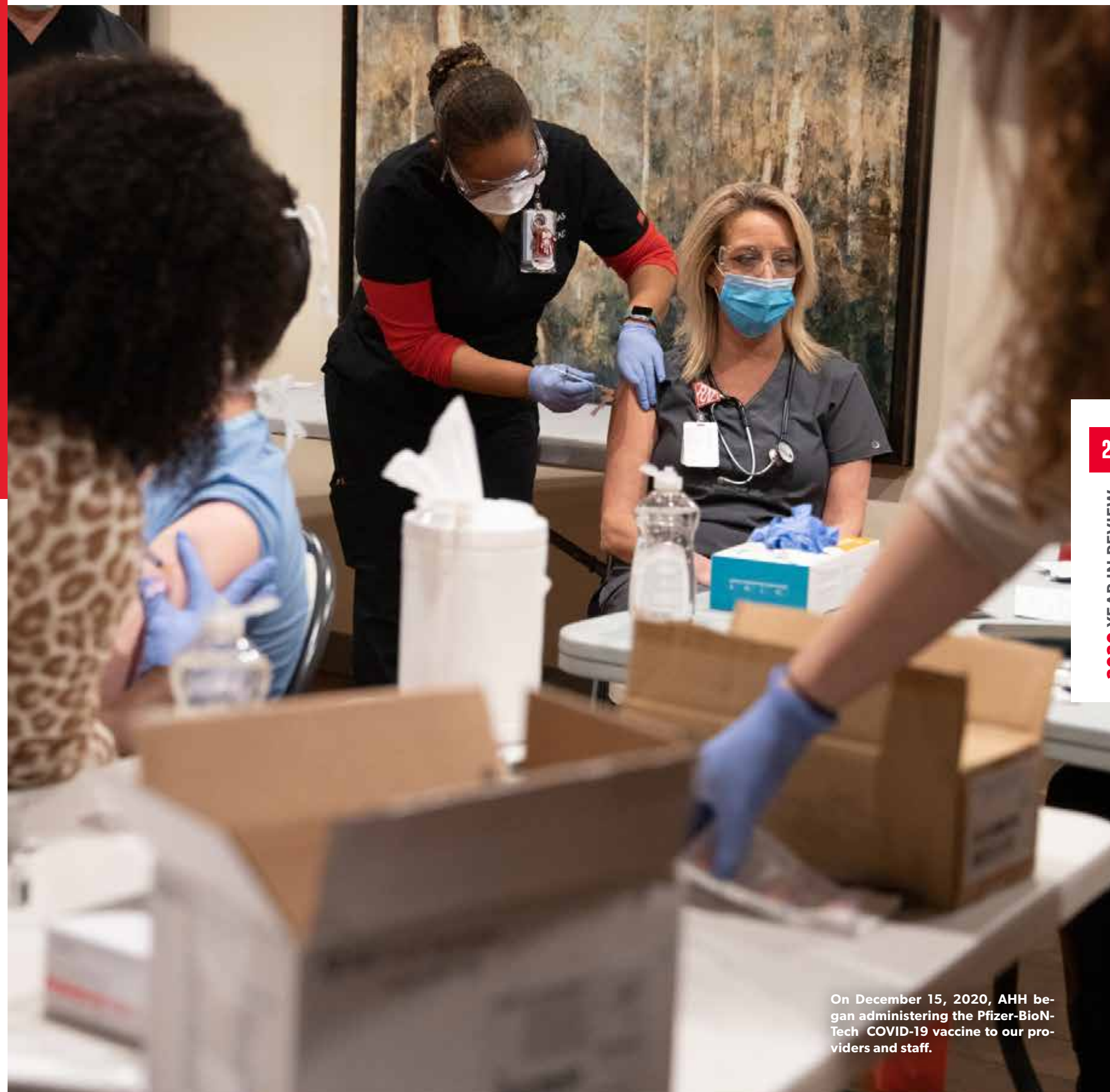


SPOTLIGHT + STAFF SAFETY

# HEALTHY AT THE HEART

**AHH COVID-19 RESPONSE USES  
MULTIDISCIPLINARY APPROACH TO  
ENSURE STAFF SAFETY & STABILITY.**

Now, more than ever, we must ensure our facilities are safe. This begins with protecting our providers and staff. Early in the pandemic, we took extra cautionary steps to keep our providers and support staff healthy and safe. In January, our planning team began securing PPE and converting 28 beds on our 3rd floor into a COVID unit. This unit serves COVID-19 positive patients and has a dedicated team of physicians and nurses. All our other providers were divided into designated hospital or clinic teams to minimize traffic and potential exposure. We also worked to increase internal COVID-19 testing and have the ability to perform our own PCR and antibody testing – both of these with multiple systems to meet demands. We also require mandatory reporting, quarantine and testing for any staff member who travels out of state. These policies, and many others, are regularly adjusted as more info becomes available. As a result, we fortunately have no physicians who have tested positive for COVID-19.



On December 15, 2020, AHH began administering the Pfizer-BioNTech COVID-19 vaccine to our providers and staff.





# HEART HEROES

RESILIENCE WITHOUT COMPROMISE:  
STORIES OF DEVOTION, HOPE AND  
HEALING INSIDE THE AHH COVID UNIT.



## HEART HEROES + PART 1 + THE PROVIDERS

# OUR HEROES ON THE FRONT LINES TACKLE COVID WITH TEAMWORK.

Looking back over the past year, we have met the challenges posed by this pandemic thanks to the great capacity for coordination and plasticity shown by our health care professionals, leadership and our executive team.

The highly contagious nature of COVID-19 posed extra challenges and risks for us, but we were prepared and rose to the challenge. This is very much part of our job – a sacrifice we are absolutely willing to take. This is why we chose to go into this field. Our purpose is to save as many lives as we can.

While the impact of COVID-19 has been felt worldwide, we remain unwavering in our resolve to overcome this pandemic, and the collaboration among different specialties and departments is inspiring.

Dr. Peyton Card and his team have been working on the front lines since March and perfectly embody one of our core AHH values – resilience without compromise. While there are many others contributing to the success of our hospital and our COVID Unit, here are a few first-hand accounts from these front line heroes, and a reunion with our first COVID patient. ♥





# PEYTON CARD MD

Dr. Card began 2020 as the Medical Director of our Strong Hearts Intensive Cardiac Rehab Center. As the pandemic worsened in the spring, he stepped up in a big way – shifting his focus to our dedicated COVID Unit. He has been our lead physician in the unit since day one, and has been instrumental in leading our COVID response.



2020 has undoubtedly been an interesting year for all of us here at Arkansas Heart Hospital. This Spring we created a dedicated negative pressure unit in our hospital to safely care for COVID-19 isolation patients.

This unit has been a valuable resource during the ongoing pandemic ensuring staff, patient and visitor safety. These patients frequently present to our emergency department not anticipating a diagnosis of COVID-19. Many times, they are shocked to find out their symptoms are in fact COVID-19 and equally as surprised when they find out that they need to be hospitalized on an isolation unit. Frequently, these patients can be elderly and likely have not been away from their longtime spouse or family for any extended length of time. The majority of COVID hospitalizations are extended stays requiring invasive procedures and either high flow oxygen or mechanical ventilation. It goes without saying this combination has provided a unique opportunity to build extended relationships with these critically ill patients during their stay. Many of the nursing and staff members that regularly work on our unit have volunteered to directly care for COVID-19 patients, and their devotion to this patient group and the risks involved in treating them is contagious to all of us. Although most days on our unit are a combination of strong ups and downs, this group never loses their passion to care for these patients and their families. This pandemic will not end on December 31, but as this year comes to a close it will definitely be one that all of us will always remember. Personally, I will not only remember the sick patients, but will also always remember the relationships we have created on this unit and the unwavering support from our hospital and staff.





## WHAT IS THE AHH COVID-19 UNIT?

**PAULA GILL:** It is a specialized area treating COVID to PUI patients with complicated comorbidities. We provide spiritual and compassionate care to patients and their families.

**KIMBERLY RICHARDS:** The COVID Unit became a unit of its own. You saw the same faces day in and day out. We voiced our concerns with one another, laughed at silliness and cried together during the tough times. We were our own little hospital community.

**KELLY FLOYD:** The staff give great care. The PCP assistance in patient rooms has helped tremendously.

**JESSICA ADKINS:** Patients are very sick & the ones that aren't are constantly assessed knowing they could quickly flip. It's hard and stressful. But I love my job and the people I work with.

**CRYSTAL TURNER:** The unit is teamwork at the highest level. We help each other without missing a beat. This unit has taught us so much. We laugh, cry, get mad and come back tomorrow. We are more of a family than ever before. We are silent warriors for each and every patient we touch. At this hospital, we truly are the heart leaders on all levels.

## ANY POWERFUL OR INSPIRATIONAL STORIES FROM WITHIN THE UNIT?

**CRYSTAL TURNER:** The patients love us and always let us know. We hold their hands. We make sure to be the link to their families. I have even said 'love you, keep fighting'. We try to be their biggest fan.

**KIMBERLY RICHARDS:** Witnessing the teamwork and cohesiveness that was displayed on each shift was amazing to watch. Each day at least one of us was struggling with being isolated from our peers and families during this time. We constantly rallied around each other, checking on one another just to make sure everything was okay within themselves.

**PAULA GILL:** If a patient is in the process of passing and is alone, a nurse or tech, or both will be at the bedside. A patient has never passed alone.

**JESSICA ADKINS:** The hardest part of this unit is watching patients decompensate in front of your eyes. But the most rewarding part is seeing the fight in all of their eyes & watching them go home after days/weeks in our care. That is our goal for every single one.

**KELLY FLOYD:** Jessica drawing the awesome portrait. I think it gave some of us a kind of push to be proud and carry on and be our best.

# Q & A FEEDBACK FROM THE FRONT LINES

The front lines of COVID-19 are only experienced first-hand by a group of dedicated doctors, nurses, technicians and their patients. For this story we reached out to some of our front line workers for their unique perspective. We asked them questions about safety, inspiration, patients, coworkers and more. The responses we received reveal an unwavering dedication to safety, their patients and each other. These pages, and the ones that follow, gather together just some of the most memorable and illuminating thoughts that were shared.

## WHAT EXTRA SAFETY MEASURES ARE TAKEN IN THE COVID UNIT?

**CRYSTAL TURNER:** We always have training.

**PAULA GILL:** Training. Isolating two 3rd floor wings of our hospital with walls and doors. Providing adequate PPE. Resource and float helping when needed.

**JESSICA ADKINS:** The required proper PPE and the luxury of scrubs. The non-use of BIPAP machines.

**KELLY FLOYD:** PPE and AV monitors to assist in monitoring patients.

**KIMBERLY RICHARDS:** The measures we used to ensure safety became routine. We held each other accountable for maintaining good isolation techniques and followed AHH guidelines. We also were all very careful about being around our families and friends.

**“ WE LAUGH, CRY, GET MAD AND COME BACK TOMORROW. WE ARE MORE OF A FAMILY THAN EVER BEFORE. ”**

## HOW HAVE YOU LEANED ON YOUR TEAMMATES DURING THIS TIME?

**PAULA GILL:** We use social media to keep up with one another and provide support.

**KIMBERLY RICHARDS:** This year has definitely brought us all closer together. It appeared all of us had the same goal in mind, do it right, do it good and our patients would benefit.

**JESSICA ADKINS:** I have become so close with so many people because of this unit. In a sad, tragic way, this unit brought us together in a way only we can understand. At the end of the day, all we have is each other. We comforted each patient who passed. We did it together.

**KELLY FLOYD:** We have discussions to become aware of what is going on with all patients in the unit. We notify coworkers of which room we're going into and for approximately how long so they can watch over our other patients.

**CRYSTAL TURNER:** Jessica's picture means so much. Just in general, everyone helps each other. We laugh and cry together.

**KERI MATTHEWS:** I have had the pleasure of working closely with Dr. Card. His care and kindness given to each of his patients has been a blessing to watch.



# KERI MATTHEWS **RRT, ACCS**

Keri is a respiratory therapist with 21 years of experience. She's been working with AHH since 2000. With COVID-19 being a respiratory disease, respiratory therapists obviously serve a crucial role during this time. Keri has worked almost every shift in the COVID Unit since it began – collaborating closely with other AHH nurses, techs and physicians in the unit.

**“ WORKING ON THE COVID UNIT IS A HIGHER STRESS LEVEL THAN USUAL. WHEN WE CLOCK OUT FOR THE DAY AND HEAD HOME TO CARE FOR OUR OWN FAMILIES, I THINK WE ALL CARRY A LITTLE BIT FROM OUR DAY HOME WITH US. IT'S BEEN A VERY, VERY TRYING YEAR WITH LOTS OF UNKNOWNNS. WE ALL DO THE BEST WE CAN AND WE ALL KNOW WE HAVE EACH OTHER TO LEAN ON. ONE DAY, WHEN COVID IS BEHIND US, THOSE OF US THAT WORKED SO CLOSELY TOGETHER WILL HAVE A SPECIAL BOND TO LOOK BACK ON.**





# CRYSTAL TURNER PCP

Crystal is a patient care provider who's been with AHH for almost 2 years. On top of their normal patient care duties, our PCPs in the COVID Unit cover many other tasks that keep the unit operating smoothly. These include obtaining supply inventory and PPE, cleaning, gathering medical records, taking messages and even ordering lunches. They also comfort our patients who are disconnected from their families.

“ SO MANY PATIENTS HAVE TOUCHED MY HEART. WE HAVE CHEERED FOR THEM AS WE WHEEL THEM OUT. THE MOST RECENT FOR ME WAS A PATIENT PASSING AWAY. HE HAD NO FAMILY TO COME IN. SO, I SAT WITH HIM AND SANG 'YOU ARE MY SUNSHINE' – HOLDING HIS HAND UNTIL HE TOOK HIS LAST BREATH. I TOLD HIM IT'S OKAY TO WALK INTO THE LIGHT NOW. I JUST DIDN'T WANT HIM TO BE ALONE. I WANTED HIM TO FEEL LOVED AND CARED FOR NO MATTER WHAT. TO LEAVE THIS WORLD IN PEACE.”

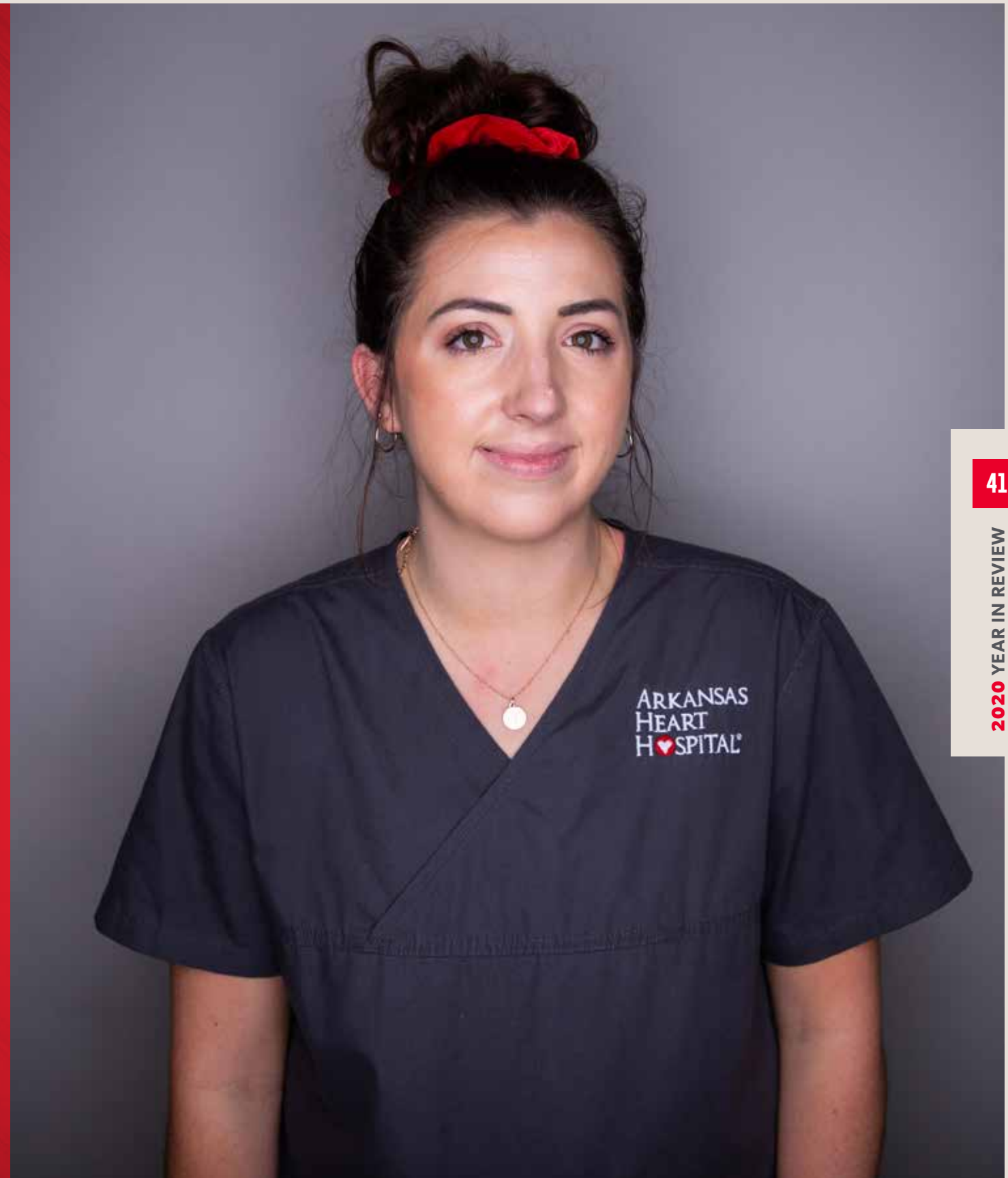




# JESSICA ADKINS **PCP**

Jessica is a PCP who helped open our COVID Unit and has been working with AHH for almost 3 years. In addition to being a dedicated PCP, Jessica also uses her artistic talents to inspire her teammates in the COVID Unit. Her modern update on the classic WW2 Rosie the Riveter design was adopted by our organization as a symbol of strength and is now hangs proudly on front of our hospital.

**“ I CREATED ROSIE THE COVID-FIGHTING RIVETER (HEART MATTERS: WE CAN DO IT, PAGE 12) IN THE LATE SPRING AS AN HONOR & A SYMBOL TO REPRESENT OUR HOSPITAL’S STRENGTH AND RESILIENCE DURING THIS SAD TIME. IT HAS BEEN A LONG, HARD FIGHT, BUT I BELIEVE SHE REMAINS ON THE FRONT OF THE HOSPITAL TO SHOW THAT THOUGH THE FIGHT IS FAR FROM OVER, WE ARE STRONG, WE WILL KEEP FIGHTING AND THERE IS HOPE FOR THE FUTURE.”**





## KIMBERLY RICHARDS RN

Since June of 2018, Kimberly has been a staff nurse in our PCCU. She joined the AHH COVID Unit when it opened, turning her focus to the care of patients who have tested positive for COVID-19 or have been exposed. Working primarily on our night shift, she makes sure all the needs of our patients are met – providing direct bedside care that includes bedside procedures, medication administration and much more.

“ IT WAS A SCARY TIME FOR ALL OF US AND OUR FAMILIES. I REMEMBER THE FIRST DAY I WALKED ON TO THE CLOSED UNIT WITH NO VISITORS, NO FAMILIES, WITH A MASK, SHIELD AND NEW CHANGE OF SCRUBS, AND THESE CRAZY SPACE TYPE SUITS I WILL BE WEARING. I KNEW PRETTY QUICK THAT PATIENT CARE WAS CHANGING FOR US AND THIS VIRUS WOULD BE HANGING AROUND FOR A WHILE. I JUST DIDN'T REALIZE HOW MUCH CHANGE THIS VIRUS WOULD HAVE ON ALL OF OUR LIVES. THIS WAS UNCHARTED TERRITORY FOR MOST NURSES AND WE WERE GOING TO LEARN TOGETHER.





# PAULA GILL RN

Paula is an RN who has been with AHH since 2018, and has been a dedicated COVID Unit team member since March of 2020. Her responsibilities include communicating with families and physicians, consults with physicians, medication administration, EMR charting and cleaning rooms and work areas. In this difficult time, she is dedicated to comforting patients and families with spiritual, compassionate care.

“INSPIRATION HAS COME FROM FAMILIES AND FUNERAL HOMES WHO HAVE THANKED ME AND SAY THEY ARE PRAYING FOR US, THE NURSING STAFF. INSPIRATION OF BEING PART OF SOMETHING BIGGER THAN ME AND BEING A PART OF HISTORY AND MAKING A DIFFERENCE. FROM HAVING A PATIENT CALL THEIR FAMILY & MAKE THEM TELL THEIR FAMILY THEY LOVE THEM BEFORE WE INTUBATE, KNOWING THEY LIKELY WILL NOT MAKE IT. WE WORK AS A TRUE TEAM BETWEEN THE TWO PODS. COMMUNICATION WITH THE PHYSICIANS IS EXCELLENT.





HEART HEROES + PART 2 + THE PATIENT

# 24 DAYS LATER

RICK GREEN SPENT 9 DAYS ON A VENTILATOR AND 24 DAYS IN OUR HOSPITAL FIGHTING COVID-19. THIS IS HIS STORY OF SURVIVAL.





# IN THE EARLY MORNING HOURS OF MARCH 21, RICK GREEN'S SHORTNESS OF BREATH BECAME UNBEARABLE.

He'd started to notice a difference in his breathing a couple weeks earlier, but assumed it was only a seasonal congestion. As his condition deteriorated, Rick and his wife, Janet, decided it was time to go to the hospital. They chose AHH because of his relationship with Dr. James Kane, his doctor of 31 years. Rick didn't have any idea what was wrong with him, but he trusted Dr. Kane more than anyone. Rick was given a COVID-19 test upon his admission. The pandemic had not infected many Arkansans at that time, with around 300 people in the state testing positive for the virus. However, Rick's test came back positive and he officially became our very first COVID-19 patient. He also became one of our greatest success stories.





Although Rick's COVID-19 diagnosis was affirming, it brought no relief. His condition was rapidly deteriorating. He began to lose his sense of reality and was moved to an isolation room, where his providers wore full PPE, and only one nurse was allowed in the room at a time. His already labored breathing was getting even worse. March 27 was a day of tremendous anxiety for Mr. Green. It would be his first day on a ventilator. After being unable to catch his breath, he was sedated and intubated. He would not wake up until April 5.

According to the American Medical

proactive steps to address his worsening heart disease, including having five stents placed in his heart. He's never suffered a heart attack and having this condition under control most likely contributed to his positive outcome.

Eventually, Rick stabilized and was taken off ventilation. He began regaining some of his physical strength, although his mental ability was slower to improve. While unconscious, Rick had experienced vivid hallucinations. After waking, he had great difficulty distinguishing between reality and his dreams. He was disoriented for days,

three weeks apart. He was also able to visit with two of his three grown children, who visited him individually to meet hospital safety guidelines. Finally, On April 14, he was discharged after 24 long days in the hospital. As he was wheeled out, he was surrounded by hospital staff who showered him with applause. The video of the standing ovation was posted on Facebook and quickly went viral. He happily waved back, even though his brain was still foggy.

After his release from the hospital, Mr. Green remained somewhat disoriented and

preside over virtual business meetings and work some from home. Around the middle of June, he began going into the office three days a week and working from home the other two days – a schedule which he still maintains today. Considering the magnitude of Rick's COVID sickness, these days he's doing quite well. "I know the Lord heard the thousands of prayers on Rick's behalf, and the Lord ultimately saved him, as only He can do, but I give much credit to Dr. Kane and the entire staff of physicians and nurses at the Heart Hospital," says Rick's wife, Janet. "I tell

**ALTHOUGH RICK HAD SOME ALARMING CHRONIC HEALTH CONDITIONS, HAVING THEM UNDER CONTROL LIKELY CONTRIBUTED TO HIS POSITIVE OUTCOME.**



**Rick battled an extreme case of COVID-19 that almost killed him. However, after almost a month in the hospital and over a week on a ventilator, Rick has experienced a steady recovery. A few months after being hospitalized, he was back at work, and enjoying hobbies and leisure activities.**

Association, the mortality rates for coronavirus patients 65 and older who receive mechanical ventilation is 97.2%. Rick is also a diabetic with heart problems – two conditions that often lead to COVID complications and made his situation even more difficult. Nurses were also concerned with his liver function test, which was dangerously high. Older patients with chronic health conditions are particularly vulnerable to COVID-19. The virus puts more pressure on ailing organs to function properly. Although Rick had preexisting conditions that were cause for concern, he had also taken

which concerned his family and his nurses. COVID-19 can cause brain swelling that can lead to long-term brain damage or even death. Also, some patients who are unconscious for an extended period of time experience "ICU delirium" and need extra time to get their bearings. His body was basically in a state of shock. Rick's lungs, liver and brain all needed some extra time to get back to normal. With the help of AHH medical professionals, these vital organs eventually recovered.

During his last few days in the hospital, Mr. Green could finally see his wife after

fatigued for a few weeks. On May 4th, he was admitted back into our ER and stayed for three additional days because of lingering issues with his breathing. Dr. Kane also discovered that his heart function was down 20% with fluid buildup. As a precaution, Rick wore a defibrillator vest for about a month. Thankfully, his heart function improved. By May 12, Rick was feeling well enough to

anyone who asks, and many times even if they don't, that they are best of the best. Even after he left the hospital, Dr Kane, and his precious nurse, Linda, were great to check on him and were an enormous help in navigating us through the aftermath. The state of Arkansas, and all surrounding states, are very fortunate to have this phenomenal hospital and staff to provide this exceptional care." ◉



A close-up photograph of a laboratory technician wearing a blue lab coat and blue nitrile gloves. The technician is using a blue pipette to transfer liquid into a small glass vial held in their other gloved hand. The background is a blurred laboratory setting with various pieces of equipment and test tubes.

# LABORATORY LEADERS

OUR CLINICAL LAB WORKS TIRELESSLY BEHIND THE SCENES – PROVIDING VALUABLE DATA THAT HELPS DIAGNOSE AND TREAT VARIOUS CONDITIONS, INCLUDING COVID-19.



# C

linical laboratory scientists, also known as medical technologists, are often referred to as our unsung heroes – working behind the scenes, and reporting up to 70% of the data that clinicians use to aid in the diagnosis and treatment plans for their patients.

However, the emergence of COVID-19 has brought our lab into the spotlight and reinforced their importance to our organization.

Before the pandemic, our lab was quietly processing over one million tests every year. With additional COVID-19 testing demands, that number has risen sharply. It also required new testing approaches and equipment. "When the COVID numbers started to appear in the U.S., Dr. Murphy challenged me to gather information for the best options for testing for not only our patients, but for our employees. He held nothing back to allow us to gain new instrumentation for molecular testing," says Clinical Lab Director, Susan Kerr.

Arkansas Heart Hospital is fortunate enough to have three different molecular platforms to aid in the diagnosis of SARS-CoV-2/COVID-19 and other respiratory pathogens. Abbott ID NOW is a rapid point of care instrument that tests for the qualitative detection of SARS-CoV-2/COVID-19 viral nucleic acid within 15 minutes. Cepheid Gene Expert instrumentation will test not only for SARS-CoV-2/COVID-19, but will test for Influenza A, Influenza B, and RSV using a single cartridge. These results can be reported to the provider within the hour. Lastly, the





# OUR LAB REPORTS UP TO 70% OF THE DATA WE USE TO AID IN THE DIAGNOSIS AND TREATMENT PLANS FOR OUR PATIENTS.

Biofire instrumentation will test for over 15 respiratory pathogens from the common cold, to Whooping Cough, to SARS-CoV-2/COVID-19.

Dr. Murphy was not content to stop at the diagnosis level. He wanted AHH to also have the ability to offer antibody testing for our patients and employees. Antibody testing looks for your immunity to the bacterium or virus that you have been infected with. Although not a diagnostic test, our laboratory has the ability to test for IgM and IgG portion of the SARS-CoV-2/COVID-19 antibody.

The importance of our clinical lab has never been clearer. During 2020, they not only performed their normal day to day testing, but also learned and extended to new testing platforms in a very short amount of time. The quick adoption of these testing platforms was instrumental in our fight against COVID-19, and made us a safer organization. For this, we commend the expertise and dedication of our laboratory leaders. 🍷





# BUILDING FOR THE FUTURE

INTRODUCING THE NEW  
ARKANSAS HEART HOSPITAL  
ENCORE MEDICAL CENTER.





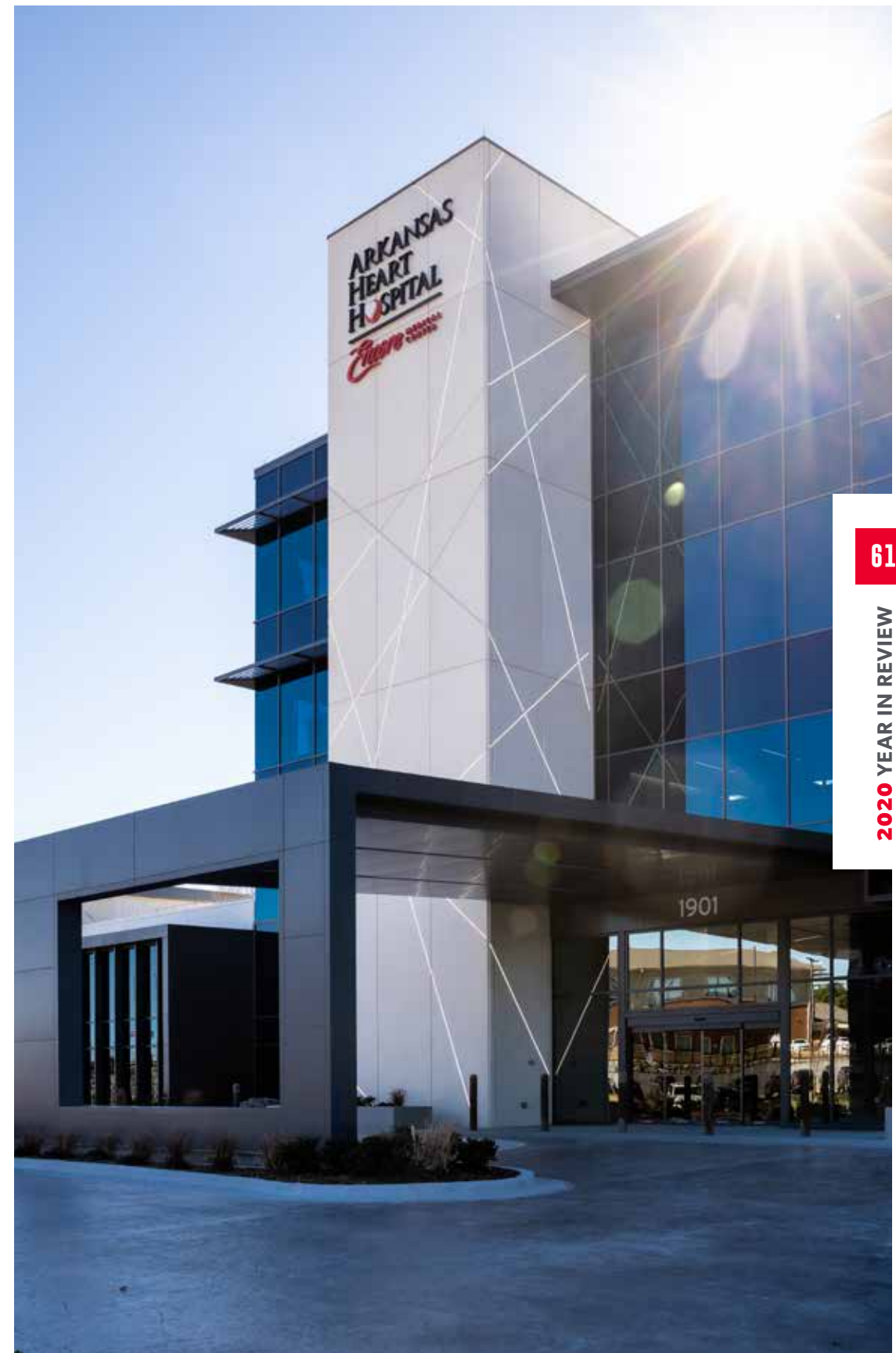
# ARKANSAS HEART HOSPITAL ENCORE MEDICAL CENTER HAS EXPERIENCED SIGNIFICANT PROGRESS DURING 2020.

The official ground work and site construction began for the almost 88,000 square foot facility back in November of 2018. The hospital will be an acute, innovative cardiac care hospital with a primary focus on adult obesity and peripheral vascular disease. Fast forward two years later and it would be easy to assume that because of the COVID-19 Global Pandemic construction progress was significantly delayed, however, through resilience and teamwork with our contractors, sub-contractors, and many more we were able to stay only a couple weeks behind the planned construction timeline. What was only a steel structure at the beginning of the year, has transformed into what will be a fully completed hospital facility by the end of 2020. Progress during the construction phase also led to progress for some of the major equipment installation including our state of the art imaging equipment including PET/CT, CT, MRI, and XRay, and hybrid catheterization labs, and operating rooms.

While construction has been underway, operational preparations have been ongoing to ensure the hospital meets federal and state requirements for opening a brand-new hospital, along with acquiring all the necessary resources to be successful. Countless hours of time and attention have been spent into preparing, creating, and updating policies and procedures, interviewing, recruiting, hiring, and developing a team of five star employees that want to experience the Arkansas Heart Hospital culture, collecting and procuring equipment and supplies necessary to take care of our patients with the highest expectation in quality, and recruiting and onboarding physicians that will help make Saline County a regional and national destination for bariatric and cardiology care. There is no doubt that Arkansas Heart Hospital Encore has not only changed the skyline of Saline County, but will also change the healthcare landscape. We are proud and excited to officially open Arkansas Heart Hospital Encore Medical Center on January 21, 2021. ●

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**OPPOSITE PAGE:** Arkansas Heart Hospital Encore Medical Center is a world-class facility located in Bryant, Arkansas – fourteen miles from the central AHH campus. Encore primarily focuses on adult obesity and peripheral vascular disease. Services offered include bariatric weight loss surgery, cardiology and catheterization procedures, general surgery, vascular surgery, state-of-the-art imaging, cardiac rehab and more.







First impressions matter. Patients and visitors arriving at Encore are greeted with a spacious, modern concierge area.



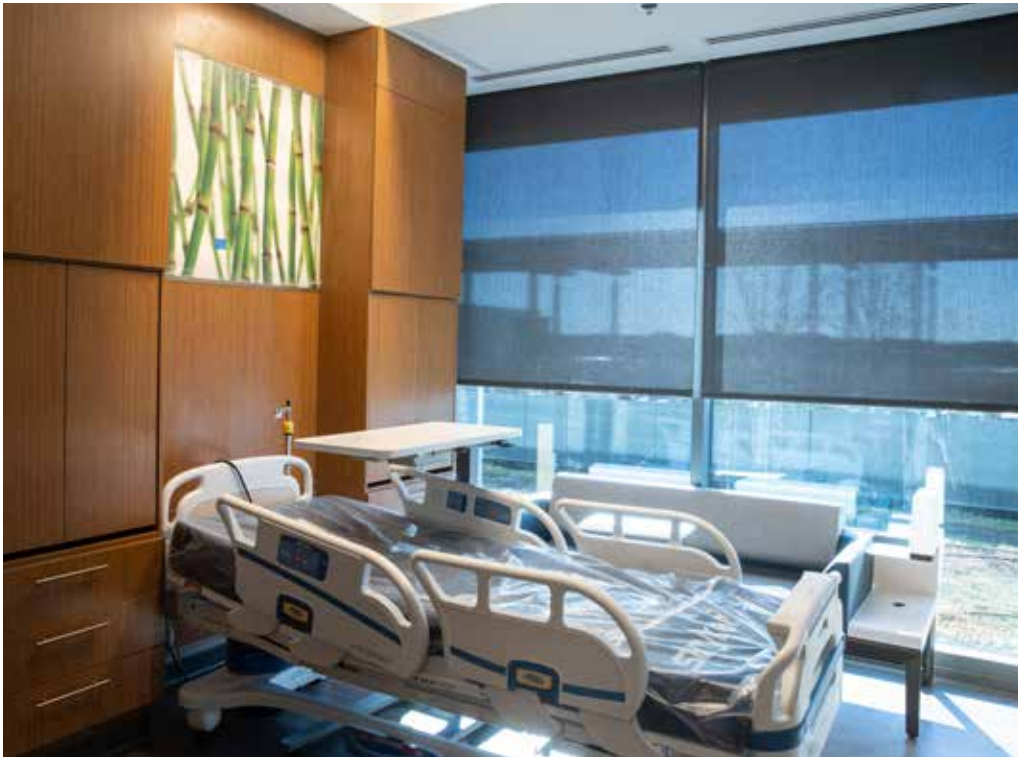


**THIS PAGE:** Custom artwork is prominently displayed in the Encore lobby and many other areas around the hospital. Cool colors, such as blue and green, tend to be more calming and were used throughout the hospital to put visitors at ease and create a sense of tranquility.

**OPPOSITE PAGE:** The lobby of the Encore Medical Center features a variety of comfortable, modern furnishings, with ample space for patients and visitors to congregate prior to their appointments.

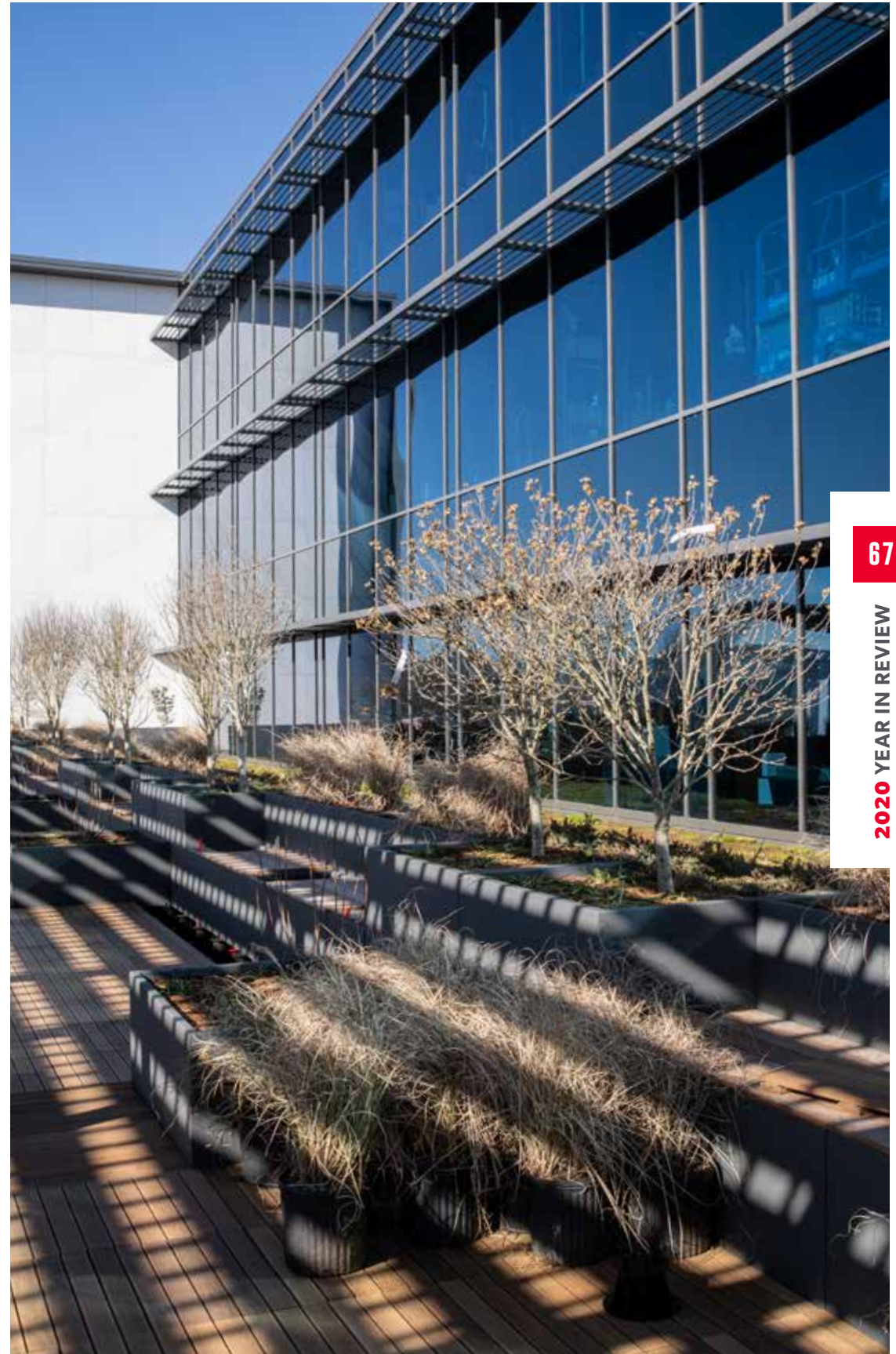






**THIS PAGE:** Patient rooms bring the outside in – with floor to ceiling windows and calming natural elements featured prominently throughout. Our state-of-the-art imaging services include PET/CT Scans, CT Scans, MRI, X-ray, nuclear scans, echocardiography and ultrasound.

**OPPOSITE PAGE:** Our Encore campus incorporates public outdoor spaces throughout - allowing visitors and staff the opportunity for a breath of fresh air.





# EMERGENCY

Our full-service emergency department features 16 total beds – with specialized rooms dedicated to trauma, triage and more.



# DIRECTORY

## FULL-TIME CLINICS

- CONWAY** (501) 504-6270 **FAX** (855) 827-1133
- EL DORADO** (870) 862-8700 **FAX** (870) 862-8703
- ENCORE (BRYANT)** (501) 326-6868 **FAX** (501) 776-9673
- HOT SPRINGS** (501) 767-2399 **FAX** (501) 767-2553
- LITTLE ROCK** (501) 664-5860 **FAX** (501) 614-3603
- NORTH LITTLE ROCK** (501) 992-2002 **FAX** (501) 992-2901
- RUSSELLVILLE** (479) 967-0690 **FAX** (479) 967-0691
- SEARCY** (501) 268-9869 **FAX** (501) 279-9128

## SERVICE LINES

- BARIATRIC & METABOLIC INSTITUTE**  
**PHONE** (501) 219-7770 **FAX** (501) 687-8460
- CARDIOVASCULAR & THORACIC SURGERY**  
**PHONE** (501) 748-8400 **FAX** (501) 687-8462
- CHF CLINIC**  
**PHONE** (501) 978-8633 **FAX** (501) 663-5889
- DIABETES & ENDOCRINOLOGY**  
**PHONE** (501) 748-8440 **FAX** (501) 664-0905
- GENERAL & LAPAROSCOPIC SURGERY**  
**PHONE** (501) 778-3361 **FAX** (501) 778-3135
- KEEP THE BEAT**  
**PHONE** (501) 219-7283 **FAX** (501) 978-3765
- STRONG HEARTS REHABILITATION CENTER**  
**LITTLE ROCK**  
**PHONE** (501) 978-3780 **FAX** (501) 687-6880
- RUSSELLVILLE**  
**PHONE** (479) 317-7010 **FAX** (501) 687-6880
- CONWAY**  
**PHONE** (501) 504-6276 **FAX** (501) 687-6880
- BRYANT/ENCORE**  
**PHONE** (501) 213-4449 **FAX** (501) 687-6880
- STRUCTURAL HEART PROGRAM**  
**PHONE** (501) 219-7376 **FAX** (501) 219-7342
- THE VEIN & VASCULAR INSTITUTE**  
**PHONE** (501) 978-3746 **FAX** (501) 748-8403
- THE WOUND CARE & HYPERBARIC CENTER**  
**LITTLE ROCK**  
**PHONE** (501) 219-7900 **FAX** (501) 219-7909
- CONWAY**  
**PHONE** (501) 205-7910 **FAX** (501) 358-6687

## SATELLITE CLINICS

- |                  |               |
|------------------|---------------|
| Camden           | Malvern       |
| Crossett         | McGehee       |
| Danville         | Mena          |
| De Queen         | Mountain Home |
| Dewitt           | Mountain View |
| Helena-W. Helena | Nashville     |
| Hope             | Pine Bluff    |
| Magnolia         | Warren        |
- ALL LOCATIONS** (800) 264-5722  
**FAX** (501) 614-3603



**ARKANSAS HEART HOSPITAL**

1701 South Shackleford Rd.  
Little Rock, AR 72211 | (501) 219-7000

**ARKANSAS HEART HOSPITAL**

**Encore MEDICAL CENTER**

1901 Encore Way | Bryant, AR 72019  
(501) 213-4500







   | [ARHeart.com](https://www.ARHeart.com)