



# MHI QUARTERLY

A quarterly report from the Minneapolis Heart Institute®

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## STEM CELL STUDY SEEKS TO PREVENT CONGESTIVE HEART FAILURE

*Researchers at the Minneapolis Heart Institute Foundation have launched a study to examine whether administration of stem cells to first time heart attack patients can prevent the development of congestive heart failure (CHF).*

*CHF diagnosis is the leading cause of hospitalization in the United States and is responsible for more than 50,000 deaths a year. Currently, heart transplantation is the only available cure.*

Each year more than one million Americans have their first heart attack, putting them at risk of developing CHF as a result of cardiac cell death and scar formation. This often results in diminished pumping ability of the heart and leads to exercise intolerance and fluid retention. Researchers, however, believe that patients’ own bone marrow-derived stem cells, which are capable of secreting a variety of growth and survival factors, can improve cardiac function after a heart attack and fend off the development of CHF.

To date, several clinical trials in Europe have demonstrated the safety and feasibility of using adult stem cells for cardiac repair following acute myocardial infarction, but in most of the studies the heart attacks were small and unlikely to lead to the development of CHF. The Minneapolis Heart Institute Foundation study is being done in conjunction with the University of Minnesota and is intended to look exclusively at patients with moderate to large heart attacks, putting them at risk for the development of CHF.

“The Minneapolis Heart Institute Foundation is dedicated to exploring new treatments for heart disease, and stem cells may be the next frontier in therapy,” said Jay Traverse, MD, a cardiologist with the Minneapolis Heart Institute and principal investigator for the study. “If we can prove that using adult stem cells can reduce the development of CHF, many people could potentially benefit from this study.”

This first-of-its-kind study in the United States is randomized and placebo-controlled, involving 60 patients with moderate to large anterior infarctions who will receive an intra-coronary infusion of their own stem cells or placebo. All patients will receive standard treatment including aspirin, beta-blockers, ACE inhibitors and statins.

Patients with acute myocardial infarctions will be admitted to the University of Minnesota Hospitals & Clinics or to Abbott Northwestern Hospital through its nationally recognized Level One Heart Attack Program, which allows patients to undergo immediate angioplasty and stenting.

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## Abbott Northwestern Hospital Named in *U.S. News & World Report's* America's Best Hospitals 2006

Abbott Northwestern Hospital is again cited as one of the nation's best hospitals in the 17th annual edition of *U.S. News & World Report's* "America's Best Hospitals."

Each year, the publication identifies hospitals that take on and excel at tough procedures and conditions. This year, 176 top medical centers are ranked—from a total of 5,189—in 16 clinical specialties.

Abbott Northwestern was ranked in the following:

- #24 in neurology and neurosurgery
- #40 in heart and heart surgery
- #40 in orthopedics

To be considered, a hospital first must satisfy one of three requirements: be a member of the Council of Teaching Hospitals, be affiliated with a medical school, or have at least nine of 18 specified items of medical technology. In each specialty, a hospital must perform a given number of procedures or had to be cited by at least one physician in the past three years of *U.S. News* surveys. These hospitals received a score that equally weighs reputation, mortality and a group of care-related factors such as nursing.

The score is based on:

**Reputation**—as rated by board-certified physicians who were

randomly selected and asked to list the five hospitals they feel are best in their specialty for difficult cases, without consideration of cost or location.

**Mortality**—comparing the number of deaths of Medicare patients with specified conditions in 2002, 2003 and 2004 with the number expected.

**Other care-related factors**—which depends on such quality-of-care measures as nurse-to-patient ratio and the number of key technologies available.

More information about the rankings is available by visiting [www.usnews.com](http://www.usnews.com).

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## MINNEAPOLIS HEART INSTITUTE CARDIOLOGISTS CITED BY THE MINNESOTA CHAPTER OF THE AMERICAN COLLEGE OF CARDIOLOGY

Two cardiologists with the Minneapolis Heart Institute at Abbott Northwestern Hospital were recently cited for their outstanding contributions to the diagnosis and treatment of heart disease by the American College of Cardiology (ACC), Minnesota Chapter.



**Timothy Henry, MD**, received the Innovator Award for his work on Abbott Northwestern's Level One Heart Attack Program, a first-of-its-kind national model for making angioplasty available to patients from across Minnesota.



**Robert Hauser, MD**, received a Champions of Minnesota Cardiology Award for his leadership in the area of medical devices.

The awards were presented to the physicians at the annual conference of the Minnesota Chapter of the ACC, which was held July 27 in Minneapolis. The

Minnesota Chapter of the ACC promotes optimal cardiovascular care and disease prevention through public and professional education, promotion of research, leadership in the development of standards and guidelines and the formulation of health care policy.

## MINNEAPOLIS HEART INSTITUTE FOUNDATION CONDUCTS TRIAL ON VALVULOPLASTY AND RADIATION TO TREAT AORTIC STENOSIS

**M**inneapolis Heart Institute cardiologists Wes Pedersen, MD, and Robert Schwartz, MD, with co-investigator, Dave Moneyak, MD, of Abbott Northwestern Hospital's Department of Radiation Oncology, recently conducted the first trial of its kind to evaluate the efficacy of combining balloon valvuloplasty with radiation therapy to treat aortic stenosis, or narrowing of the aortic valve. This study is known as the RADAR Pilot Trial (RADiation following percutaneous balloon Aortic valvuloplasty to prevent Restenosis).

When surgery is not an option for severe aortic stenosis, such as in the elderly who may be too frail, balloon aortic valvuloplasty (BAV) presents another treatment method. This catheter-based procedure will break up deposits that prevent the valve from functioning properly.

Calcific aortic stenosis is the most prevalent expression of valvular heart disease in the western world, with increasing prevalence expected as the population ages. Severe calcific aortic stenosis currently affects more than five percent of all persons 85 and older. Although the standard of care for patients of all ages is currently surgical valve replacement, the operative mortality and morbidity in octogenarians and nonagenarians is increased, especially in the presence of more frequent comorbidities. Previously, the only alternative has been strictly medical therapy, relegating these patients to persistent heart failure and a 50 percent mortality rate over the subsequent one to two years. A lower risk therapeutic intervention such as BAV would be highly desirable if means to effectively limit restenosis were available. This study suggests that BAV with external beam radiation therapy (EBRT) may reduce the one year restenosis rate from more than 80 percent to approximately 20 percent.

In this study, 20 elderly patients with calcific aortic stenosis were given EBRT to prevent re-narrowing after BAV. They were given total doses ranging from 12-18 Gy, delivered in fractions to the aortic valve over a three to five day post-operative period. In addition, echocardiography was performed on the patients before surgery and two days after, as well as one month, six months and 12 months following the BAV.

To be included in the study, patients had to be over 80 years of age and have an increased surgical risk for aortic valve replacement or refuse aortic valve replacement. Patients with a high probability of imminent death were excluded, as were those who had unsuccessful BAV in the catheterization lab.

Of the patients who participated in the study, the average age was 89. Fifteen of those patients were women and four had diabetes mellitus. Nine of those patients demonstrated significant coronary artery stenosis (one or more lesions with diameter stenosis of more than 70 percent), and four of those nine underwent simultaneous coronary stenting with their BAV.

Results were determined one year later, and no complications were found related to EBRT. It was concluded that EBRT following BAV in elderly patients with aortic stenosis is feasible, free of early complications, and appears to reduce one-year re-narrowing in a dose-dependent fashion.

It should be remembered that balloon mitral valvuloplasty is currently the preferred treatment for most patients with mitral stenosis and is not limited by the early incidence of restenosis.

"This less invasive approach to treating valvular heart disease is one of the next great frontiers in cardiology," said Pedersen, a cardiologist with Minneapolis Heart Institute. "These are novel technologies which Minneapolis Heart Institute Foundation and Abbott Northwestern Hospital are jointly investing time and resources in. We are very excited for the emergence of these devices and procedures that will be unique to our institution and only a handful of other centers over the next few years."

Minneapolis Heart Institute Foundation is currently working on the preclinical development of a percutaneous mitral valve repair system for mitral insufficiency. In addition, percutaneous (rather than surgical) implantation of aortic valves is being actively developed and Minneapolis Heart Institute Foundation plans to be at the forefront of this technology as well.

The Minneapolis Heart Institute Foundation is a non-profit organization dedicated to improving heart health through meaningful advancements in research and education. For additional information about the Minneapolis Heart Institute Foundation, please visit our website at [www.mplsheartfoundation.org](http://www.mplsheartfoundation.org).



# MANKATO CLINIC AND MINNEAPOLIS HEART INSTITUTE® PARTNER TO BRING STATE-OF-THE-ART CARDIOLOGY CARE TO GREATER MANKATO

The Mankato Clinic and the Minneapolis Heart Institute at Abbott Northwestern Hospital have signed a long-term agreement to bring state-of-the-art, specialized cardiology care to Greater Mankato residents.

The agreement, which has been developing over the last two years, strengthens a partnership that began in 1989 between the two health care providers. The agreement focuses on world-class care accessed through Minneapolis Heart Institute, cutting-edge research conducted by its physicians, innovative services provided at Abbott Northwestern's Heart Hospital, and a unique "team approach" to health care between Minneapolis Heart Institute and the Mankato Clinic. While the agreement was under development, Minneapolis Heart Institute cardiologists started seeing patients at the Mankato Clinic on an interim basis in early 2005.

Under the formal partnership – *Minneapolis Heart Institute @ Mankato Clinic* – cardiologists from the Minneapolis Heart Institute will provide on-site care at the Mankato Clinic, working closely with Mankato Clinic primary care physicians to ensure a seamless transition across the continuum of cardiac care, from prevention to diagnosis and treatment to rehabilitation. The agreement will provide convenient access to cardiologists who have broad expertise in interventional cardiology, vascular medicine, medical imaging, congestive heart failure, pacing and electrophysiology. Patients will also have direct and

seamless access to other programs at Abbott Northwestern's Heart Hospital in Minneapolis, including emergency cardiac care, preventive care, and cutting-edge research and technologies.

The long-term agreement between the two organizations is designed to ensure that both organizations train, develop and grow together, with the primary goal of meeting a demand for stable and experienced cardiology and sub-specialty cardiology care in Mankato.

In January 2007, the Mankato Clinic will add a cardiologist, Manpreet Kanwar, MD, who will be on location full time, working alongside the Minneapolis Heart Institute team.

Cardiologists providing care at *Minneapolis Heart Institute @ Mankato Clinic* include:

- Adrian Almquist, MD, who has been with Minneapolis Heart Institute since 1988 and specializes in cardiac electrophysiology and pacing, arrhythmias, hypertrophic cardiomyopathy, syncope/fainting, autonomic dysfunction and heart rhythm management



- Durand Burns, MD, who has been with Minneapolis Heart Institute since 1998 and specializes in congestive heart failure and cardiac transplantation



- Robert Hauser, MD, who has been with Minneapolis Heart Institute since 1986 and specializes in cardiac arrhythmias, non-invasive and preventive cardiology and women's cardiovascular health



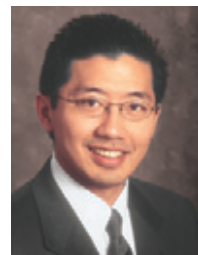
- Anil Poulose, MD, who has been with Minneapolis Heart Institute since 1999 and specializes in interventional cardiology and general cardiology



- Robert Schwartz, MD, who has been with Minneapolis Heart Institute since 2001 and specializes in medical imaging, vascular biology, interventional cardiology and biomedical engineering



- Yale Wang, MD, who has been with Minneapolis Heart Institute since 2001 and specializes in general cardiology, interventional cardiology, vascular medicine, and peripheral endovascular techniques.



# ABBOTT NORTHWESTERN PARTNERS WITH REGIONAL HOSPITALS TO IMPROVE RECOGNITION AND TREATMENT OF AORTIC DISSECTIONS

Abbott Northwestern Hospital and several regional hospitals are working together in an effort to improve treatment for people with acute aortic dissections, a deadly and difficult-to-diagnose heart condition. Through the partnership, cardiologists with the Minneapolis Heart Institute at Abbott Northwestern are available 24-hours a day to consult with physicians from regional hospitals and arrange emergency transfer to Abbott Northwestern's Heart Hospital for patients with aortic dissections.

Acute aortic dissections occur when the wall of the aorta tears. The aorta is the large blood vessel that leaves the heart and distributes blood to the rest of the body. If left untreated, the condition can cause the aorta to rupture. Once a rupture occurs, emergency open-heart surgery is needed to keep the heart pumping.

Unfortunately, many patients never make it to the operating room table. Because some aortic dissection symptoms are similar to those of a heart attack and include pain in the chest that spreads to the back or neck, sweating, confusion and nausea, the condition is often misdiagnosed. Delays in diagnosing a dissection can be catastrophic for patients; the mortality rate for people with torn aortas is one to two percent for each hour they go without surgery. Each year, 25,000 Americans die from the condition.

The most reliable way to confirm an acute aortic dissection is to have a radiologist or cardiologist who is familiar with the condition examine a CT scan of the patient's chest.

Cardiologists at the Minneapolis Heart Institute at Abbott Northwestern treat many patients with aortic dissections each year and are highly skilled at recognizing the condition. Under the new partnership, physicians at regional hospitals are able to leverage their colleagues' knowledge by taking a CT scan of patients they believe have a dissection and sending digital images of the scan to Abbott Northwestern, where radiologists or cardiologists read the scan and determine if it is a dissection.

## “THE PROTOCOLS FOR TREATING AORTIC DISSECTIONS BUILD UPON THE SUCCESS OF THE LEVEL ONE HEART ATTACK PROGRAM”

If it is an aortic dissection, patients are transferred by ambulance or helicopter to Abbott Northwestern's Heart Hospital. At the same time, a surgical team, including a cardiothoracic surgeon, is summoned to the hospital. When the patient arrives, he or she is taken directly to the operating suite, where emergency open-heart surgery is performed.

Putting in place systematic protocols to quickly diagnose the dissection and transfer the patient to the operating room has the potential to improve survival rates, according to Kevin Harris, MD, the medical director of the Minneapolis Heart Institute's Ascending Aortic Dissection Program. The Minneapolis Heart Institute is part of the International Registry of Aortic Dissection, a group of centers around

the world that evaluate better ways to diagnose and treat aortic dissections.

“Getting to the operating room as soon as possible is extremely important when a patient is having an acute aortic dissection,” said Harris. “By putting in place a standardized approach to care, we can improve recognition of the condition, transfer times and save more lives throughout the state.”

The protocols for treating aortic dissections build upon the success of the Level One Heart Attack Program, a first-of-its-kind patient transfer program for heart attack patients developed through the Minneapolis Heart Institute at Abbott Northwestern Hospital. Like the Level One Heart Attack Program, the protocols for treating aortic dissections rely on the cooperation of health care professionals from a range of disciplines, including regional hospital emergency department personnel, medical transportation professionals, emergency department personnel at Abbott Northwestern Hospital, cardiologists, radiologists with Consulting Radiologists, Ltd., cardiothoracic surgeons with Minneapolis Cardiothoracic Surgery Consultants at the Minneapolis Heart Institute, anesthesiologists, nurses and others.

Regional hospitals involved in the program include Cambridge Medical Center, Douglas County Hospital in Alexandria, Hutchinson Community Hospital, Northfield Hospital, Ridgeview Medical Center in Waconia and St. Francis Regional Medical Center in Shakopee.

# PERIPHERAL ARTERIAL DISEASE: THE SILENT EPIDEMIC

## MINNEAPOLIS HEART INSTITUTE SUPPORTS THE “P.A.D. COALITION” TO SAVE LIMBS AND LIVES

More than 12 million Americans suffer from peripheral arterial disease (P.A.D.), a debilitating condition associated with heart attack, stroke and death. Patients with P.A.D. have a diminished quality of life, functional disability, two-to-sixfold increase in cardiovascular mortality, and a significantly increased risk of amputation. Yet, most Americans with P.A.D. are not aware of their diagnosis or the significance of P.A.D.

To address this serious and growing health problem, Abbott Northwestern Hospital's Vascular Center supports the efforts of the P.A.D.

Coalition, an alliance of leading health organizations, professional medical societies and government agencies that have united to raise public and health professional awareness

about lower extremity P.A.D.

Alan T. Hirsch, MD, Vascular Medicine Specialist at the Minneapolis Heart Institute, medical director of Abbott Northwestern Hospital's Vascular Center and professor of Epidemiology and Community Health at the University of Minnesota School of Public Health, now serves as national chair of this coalition.

Committed to improving health outcomes for patients with P.A.D., the coalition is coordinating awareness and education efforts designed to promote early detection and treatment of P.A.D. The coalition is coordinated by the Vascular Disease Foundation, a Section 501(c)(3) organization.

The coalition has formed a strategic partnership with the National Heart, Lung and Blood Institute (NHLBI) of the National Institutes of Health to plan

and implement a major national P.A.D. awareness and education campaign. NHLBI is developing a mass media campaign that will include radio and print public service advertising, and development of resource materials and patient education tools. Launched in September, in Washington, DC, the NHLBI campaign messages and materials are in the public domain and available for use by hospitals and health systems, including the patients of Abbott Northwestern Hospital and professional partners of the Minneapolis Heart Institute.

“ MOST AMERICANS WITH P.A.D. ARE NOT AWARE OF THEIR DIAGNOSIS OR THE SIGNIFICANCE OF P.A.D. ”

To complement the NHLBI's public awareness campaign, the P.A.D. coalition will develop educational programs and clinical practice tools for health professionals and health systems about P.A.D. prevention, diagnosis and treatment. Priority activities for 2006 include collaboration in disseminating and promoting the December 2005 intersocietal American College of Cardiology/American Heart Association “Guidelines for the Management of Patients with Peripheral Arterial Disease” through coalition member organizations. To provide health professionals with ready access to clinical practice tools, the coalition will expand its web site to serve as a clearinghouse for the best P.A.D. educational resources.

In addition to these key communication activities, the coalition has completed a major national survey to accurately measure current public understanding of the risk and impact of P.A.D. The findings will be used to guide planning of the national education campaign.

“The public will be well-served by a unified, science-based, and easy-to-understand national education effort designed to raise awareness of the prevalence and risk of P.A.D.,” said Hirsch. “This effort is long overdue. The deleterious effects of P.A.D. on patients and families are unquestionable, mandating that we work collaboratively to ensure that public and health care provider recognition and understanding of *peripheral arterial disease* is equal to that of *coronary arterial disease*.”

“The leadership provided by Abbott Northwestern Hospital and its professional staff in support of the P.A.D. Coalition is gratefully accepted and will help us assure that P.A.D. is prevented, promptly diagnosed, and treated,” said P.A.D. Coalition vice-chair, Marge Lovell, clinical trials nurse at the London Health Sciences Centre in London, ON. “We share a responsibility to place this major atherosclerotic cardiovascular disease at the top of the public health agenda.”

Patients and professional partners of Minneapolis Heart Institute Foundation are strongly encouraged to visit the P.A.D. Coalition web site at [www.padcoalition.org](http://www.padcoalition.org) for more information. Clinics and health systems are encouraged to provide both educational material and P.A.D. screening events to patients with, or at risk for, peripheral arterial disease.

# MANAGEMENT OF ATRIAL FIBRILLATION

Atrial Fibrillation, more commonly referred to as A Fib or AF, is the most common abnormal heart rhythm, particularly in those over the age of 60. It is a very fast, uncontrolled heart rhythm that occurs when the upper chambers of the heart try to beat so fast that they can only quiver. In others, the upper chambers may beat as many as 300 times per minute compared to a healthy heart rhythm of 60 to 100 beats per minute. In addition, blood can pool in the heart and sometimes clot because the heart cannot pump efficiently. These clots often result in stroke.

Atrial fibrillation accounts for one-third of all patient discharges with arrhythmia as a principal diagnosis.

The causes of atrial fibrillation include any of the following: hypertensive heart disease, sick sinus syndrome, cardiomyopathy, post-coronary bypass surgery, ischemic heart disease, valvular heart disease, pericarditis or cardiac tumors. There are non-cardiac causes of atrial fibrillation, as well: pulmonary, metabolic or toxic (alcohol).

The Minneapolis Heart Institute is making great strides in the management of atrial fibrillation. One of the more increasingly common ways to manage atrial fibrillation worldwide is through ablation.

Ablation works like this: Catheters are passed from the femoral vein to the right atrium. The catheters are then advanced into the left atrium through a puncture in the atrial septum in order to electrically isolate the pulmonary veins. It has been determined that catheter ablation improves quality of life for patients with paroxysmal atrial fibrillation. In true paroxysmal atrial fibrillation, the success rate can be between 80-90 percent after one procedure.

Minneapolis Heart Institute performs ablation on A Fib patients, but its unique steps to the procedure put it at the forefront of this new technology. First, a 3D construction of the heart is created through a pre-operative cardiac MRI. This allows avoidance of damage to the pulmonary veins during ablation. Intra-cardiac echo is also performed

along with continuous esophageal temperature monitoring to improve the patient's safety and prevent serious complications. In addition, stereotaxis is available at Minneapolis Heart Institute. Stereotaxis involves using a high-powered magnetic field to create a detailed map of the patient's heart. The electrophysiologist uses a remote control system to steer catheters through blood vessels into the patient's heart. This mapping process is a safer and more accurate way to operate on a patient's heart and is so advanced that only a few hospitals in the nation have stereotaxis available to treat cardiac arrhythmias.

Atrial fibrillation ablation is not without its risks. Serious and potentially life threatening complications occur in one percent of patients and may include stroke, cardiac perforation, or injury to the esophagus or pulmonary veins. In the right patient, however, this new procedure can provide substantial improvement in quality of life and may avoid future complications.

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## STEM CELL STUDY SEEKS TO PREVENT CONGESTIVE HEART FAILURE

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Patients will then undergo bone marrow aspiration and harvesting of their stem cells three to seven days later, which will be followed by an intra-coronary infusion of the isolated stem cells on the same day. Of the 60 patients in the study, 45 patients will have their stem cells infused through a catheter in the region of their heart attack and 15 will receive a placebo (in an effort to examine whether late administration of stem cells is effective for repairing damaged heart muscle, patients in the placebo group will receive cell therapy six months following their heart attack).

This study, which is funded by the Minneapolis Heart Institute Foundation, the Abbott Northwestern Hospital

Foundation and the National Institutes of Health, is being conducted following approval from the U.S. Food and Drug Administration in September 2005. Traverse and his colleagues at the Minneapolis Heart Institute and the University of Minnesota will monitor patients for two years following stem cell treatment to determine whether stem cell therapy reduces scarring and improves cardiac function as determined by cardiac MRI.

The Minneapolis Heart Institute Foundation is a non-profit organization dedicated to improving heart health through meaningful advancements in research and education.

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Michelle Croteau

## CME events

Upcoming  
2006

### VASCULAR MASTERS SERIES

Monday, Oct. 23, 2006

Guest Speaker: Tim Murphy, MD, F.S.C.V.I.R.  
Boston University School of Medicine  
More details at [www.mplsheart.com](http://www.mplsheart.com)

### EVENING OF CARDIOLOGY

Thursday, Oct. 26, 2006, 6:30 to 8:30 p.m.  
Ruttger's Conference Center  
Crosby, MN

### EVENING OF CARDIOLOGY

Tuesday, Oct. 24, 2006, 6 to 8:30 p.m.  
Silver Springs Golf Club and Restaurant  
Monticello, MN

### EVENING OF CARDIOLOGY

Thursday, Nov. 9, 2006, 6 to 8:30 p.m.  
Grand Event Center  
Northfield, MN

LOOK FOR MORE INFORMATION ABOUT THESE AND OTHER EVENTS BY LOGGING ONTO [WWW.MPLSHEART.COM](http://WWW.MPLSHEART.COM) OR CALL 612-863-3900.



To view the latest issue of the Minneapolis Heart Institute's *JournalScan*, which provides expert, practical commentary on breaking cardiovascular research for primary care physicians, visit [www.mplsheart.com/journalscan](http://www.mplsheart.com/journalscan).



To review the latest results of the Minneapolis Heart Institute's and Abbott Northwestern's Level One Heart Attack program, please visit [www.mplsheart.com](http://www.mplsheart.com).