

# **EXHIBIT 12**

## Hospital Quality Measures UMSMC-E

Source: MHCC Hospital Quality Measures Website, <https://healthcarequality.mhcc.maryland.gov/MarylandHospitalCompare/index.html#/quality-ratings/profile/6358> Accessed 5/24/16

	Category	Rating	Risk-Adjusted Rates	Steps UMSMC-E Is Taking to Improve Quality In Areas Where the Hospital is Ranked as "Below Average"
	<b><u>COPD (Chronic Obstructive Pulmonary Disease)</u></b>			
	<b><i>Results of care</i></b>			
1	Dying within 30-days after getting care in the hospital for chronic obstructive pulmonary disease (COPD)	At average	7.9 (6.3 - 9.9)	
2	Returning to the hospital after getting care for chronic obstructive pulmonary disease (COPD)	At average	19.6 (17.4 - 21.9)	
	<b><u>Consumer Ratings</u></b>			
	<b><i>Communication</i></b>			
3	How often did nurses always communicate well with patients?	Better than average	79	
4	How often did doctors always communicate well with patients?	Better than average	81	
5	How often did staff always explain about medicines before giving them to patients?	Better than average	62	
6	Were patients always given information about what to do during their recovery at home?	Better than average	88	
7	How well do patients understand their care when they leave the hospital?	Better than average	52	
	<b><i>Environment</i></b>			
8	How often were the patients' rooms and bathrooms always kept clean?	Better than average	69	

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9	How often did patients always receive help quickly from hospital staff?	Better than average	65	
10	How often was patients' pain always well-controlled?	Better than average	70	
11	How often was the area around patients' rooms always kept quiet at night?	Below average	52	A Patient Experience Committee has been organized and is addressing noise generation including decibel measurement for staff feedback, reducing noise generation from equipment, consideration of establishing 'Quiet Times' and staff education and feedback about the need for noise reduction.
	<b>Satisfaction overall</b>			
12	How do patients rate the hospital overall?	Better than average	66	
13	Would patients recommend the hospital to friends and family?	At average	66	
	<b><u>Deaths or returns to the hospital</u></b>			
	<b><u>All Causes</u></b>			
14	Returning to the hospital for any unplanned reason within 30 days after being discharged	Better than average	14.5 (13.8 - 15.3)	
	<b><u>Heart attack and chest pain</u></b>			
15	How often patients die in the hospital after heart attack	At average	3.1761 (0.0000, 8.7247)	
16	Dying within 30-days after getting care in the hospital for a heart attack	At average	14.9 (12.0 - 18.2)	
17	Returning to the hospital after getting care for a heart attack	At average	17.5 (14.5 - 21.0)	
	<b><u>Heart failure</u></b>			
18	How often patients die in the hospital after heart failure	At average	3.3636 (1.4480, 5.2792)	
19	Dying within 30-days after getting care in the hospital for heart failure	At average	10.1 (8.3 - 12.1)	
20	Returning to the hospital after getting care for heart failure	At average	21.3 (19.1 - 23.7)	
	<b><u>Other surgeries</u></b>			

	Category	Rating	Risk-Adjusted Rates	Steps UMSMC-E Is Taking to Improve Quality In Areas Where the Hospital is Ranked as "Below Average"
21	How often patients die in the hospital during or after surgery on the esophagus	Not enough data to report	-	
22	How often patients die in the hospital during or after pancreas surgery	Not enough data to report	-	
23	How often patients die in the hospital during or after a surgery to fix the artery that carries blood to the lower body when it gets too large	Not enough data to report	-	
	<b>Patient safety</b>			
24	How often patients die in the hospital after bleeding from stomach or intestines	At average	1.3736 (0.0000, 3.7735)	
25	How often patients die in the hospital after fractured hip	At average	2.5229 (0.0000, 5.2932)	
26	How often patients die in the hospital while getting care for a condition that rarely results in death	At average	0.0000 (0.0000, 0.8581)	
	<b>Pneumonia</b>			
27	How often patients die in the hospital while getting care for pneumonia	At average	5.4022 (3.0753, 7.7290)	
28	Dying within 30-days after getting care in the hospital for pneumonia	At average	10.0 (8.1 - 12.5)	
29	Returning to the hospital after getting care for pneumonia	At average	18.1 (15.7 - 21.0)	
	<b>Stroke</b>			
30	How often patients who came in after having stroke subsequently died in the hospital.	At average	7.1496 (3.6067, 10.6925)	
31	Death rate for stroke patients	At average	16.4 (13.6, 19.7)	
32	Rate of unplanned readmission for stroke patients	At average	11.9 (9.7, 14.5)	
	<b>Surgical patient safety</b>			

	Category	Rating	Risk-Adjusted Rates	Steps UMSMC-E Is Taking to Improve Quality In Areas Where the Hospital is Ranked as "Below Average"
33	How often patients die in the hospital because a serious condition was not identified and treated	At average	157.2296 (10.9910, 303.4683)	
34	Death rate for CABG	Not enough data to report		
35	Rate of unplanned readmission for CABG	Not enough data to report		
	<b>Emergency Room (ER)</b>			
	<b>Throughput</b>			
36	How long patients spent in the emergency department before leaving for their hospital room	Below average	387	Instituted operation performance improvements such as use of bridge orders, to facilitate earlier transfers, established a throughput committee to remove barriers to expedited ED to floor transfers, and hospitalists are now held accountable through measurement of patient movement/interval times.
37	How long patients spent in the emergency department after the doctor decided the patient would stay in the hospital before leaving for their hospital room	Better than average	130	
38	How long patients spent in the emergency department before being sent home	Better than average	117	
39	How long patients spent in the emergency department before they were seen by a healthcare professional	Better than average	32	
40	How long patients who came to the emergency department with broken bones had to wait before receiving pain medication	Better than average	51	
41	Patients who left the emergency department without being seen	Better than average	2	
	<b>Heart attack and chest pain</b>			
	<b>Recommended care - Inpatient</b>			

	Category	Rating	Risk-Adjusted Rates	Steps UMSMC-E Is Taking to Improve Quality In Areas Where the Hospital is Ranked as "Below Average"
42	Heart attack patients given procedure to open blood vessels within 90 minutes of getting to the hospital	Not enough data to report	-	
	<b>Recommended care - Outpatient</b>			
43	How long patients with chest pain or possible heart attack waited to be transferred to another hospital for a procedure	At average	65	
44	Patients with a heart attack who received aspirin on arrival to the hospital	Below average	94	Re-educated staff and EMS team about the importance of both administration and documentation of this established care protocol. Stressed the need to document why exceptions are made to this care pathway.
45	How long patients who come to the hospital with chest pain or possible heart attack waited to get a test that detects heart damage after a heart attack	At average	6	
	<b>Results of care</b>			
46	How often patients die in the hospital after heart attack	At average	3.1761 (0.0000, 8.7247)	
47	Dying within 30-days after getting care in the hospital for a heart attack	At average	14.9 (12.0 - 18.2)	
48	Returning to the hospital after getting care for a heart attack	At average	17.5 (14.5 - 21.0)	
	<b>Heart failure</b>			
	<b>Recommended care</b>			
49	Test of how well the heart is able to pump blood	Better than average	100	
	<b>Results of care</b>			
50	How often patients die in the hospital after heart failure	At average	3.3636 (1.4480, 5.2792)	
51	Dying within 30-days after getting care in the hospital for heart failure	At average	10.1 (8.3 - 12.1)	

	Category	Rating	Risk-Adjusted Rates	Steps UMSMC-E Is Taking to Improve Quality In Areas Where the Hospital is Ranked as "Below Average"
52	Returning to the hospital after getting care for heart failure	At average	21.3 (19.1 - 23.7)	
	<b><u>Heart surgeries and procedures</u></b>			
	<b><i>Recommended care</i></b>			
53	How often the hospital uses a procedure to find blocked blood vessels in the heart on both sides of the heart instead of on only one side. Doing this procedure on both sides of the heart often leads to more complications.	At average	6.4516 (0.3364, 12.5668)	
	<b><i>Results of care</i></b>			
54	Death rate for CABG	Not enough data to report		
55	Rate of unplanned readmission for CABG	Not enough data to report		
	<b><u>Hip or knee replacement surgery</u></b>			
	<b><i>Results of care</i></b>			
56	Returning to the hospital after getting hip or knee replacement surgery	At average	4.6 (3.4 - 6.1)	
57	Complications after hip or knee replacement surgery	At average	2.9 (2.0 - 4.3)	
	<b><u>Imaging</u></b>			
	<b><i>Practice patterns</i></b>			
58	Contrast material (dye) used during abdominal CT scan	Below average	6.1	Continued discussions held between discipline about minimizing contrast use. Purchased new state of the art CT scanners that enable limiting contrast use. (Studies minimizing contrast use were utilizing CT scanners that formerly were not available at SRH.)
59	Contrast material (dye) used during thorax CT scan	At average	1	
60	Patients who had a low-risk surgery and received a heart-related test, such as an MRI, at least 30 days prior to their surgery though they do not have a heart condition	Below average	6.2	Developing a plan to disseminate evidence based best practice for preoperative evaluation to private, independent practitioners.

	Category	Rating	Risk-Adjusted Rates	Steps UMSMC-E Is Taking to Improve Quality In Areas Where the Hospital is Ranked as "Below Average"
61	Patients who came to the hospital for a scan of their brain and also got a scan of their sinuses.	At average	4.2	
	<b><u>Maternity &amp; Newborn</u></b>			
	<b><i>Practice patterns</i></b>			
62	Percentage of births (deliveries) that are C-sections	Better than average	26.0773 (23.2168, 28.9379)	
63	How often babies in the hospital are delivered vaginally when the mother previously delivered by cesarean section (no complications)	Below average	1.7391 (0.0000, 4.1284)	Vaginal birth after cesarean section is not programmatically allowed at UM SRH due to a lack of ability to meet American College of Obstetricians and Gynecologists' guidelines for this type of program. A VBAC program at SRH is under consideration.
64	How often babies in the hospital are delivered using cesarean section when this is the mother's first birth.	Better than average	15.5696 (13.0413, 18.0979)	
65	How often babies are born vaginally when the mother has had a C-section in the past (includes complications)	Below average	2.3810 (0.0000, 5.0430)	Vaginal birth after cesarean section is not programmatically allowed at UMSRH due to a lack of ability to meet American College of Obstetricians and Gynecologists' guidelines for this type of program. A VBAC program at SRH is under consideration.
66	Newborn deliveries scheduled 1-3 weeks earlier than medically necessary	Below average	4	Process developed to provide live real time feedback to obstetricians when scheduling elective cesarean sections. Further defined methodologies to correctly document gestational age.
	<b><u>Nursing care</u></b>			
	<b><i>Results of care - Complications</i></b>			
67	How often patients in the hospital get a blood clot in the lung or leg vein after surgery	At average	5.5409 (2.1535, 8.9282)	
	<b><i>Results of care - Deaths</i></b>			
68	How often patients die in the hospital while getting care for a condition that rarely results in death	At average	0.0000 (0.0000, 0.8581)	



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69	How often patients die in the hospital because a serious condition was not identified and treated	At average	57.2296 (10.9910, 303.4683)	
	<b><u>Other surgeries</u></b>			
	<b><i>Results of care</i></b>			
70	Number of surgeries to remove part of the esophagus	Not enough data to report	-	
71	Number of surgeries to remove part of the pancreas	Not enough data to report	-	
72	Number of surgeries to fix the artery that carries blood to the lower body when it gets too large	Not enough data to report	-	
73	How often patients die in the hospital during or after surgery on the esophagus	Not enough data to report	-	
74	How often patients die in the hospital during or after pancreas surgery	Not enough data to report	-	
75	How often patients die in the hospital during or after a surgery to fix the artery that carries blood to the lower body when it gets too large	Not enough data to report	-	
	<b><u>Patient safety</u></b>			
	<b><i>Results of care -- Complications</i></b>			
76	Number of times a surgical tool was accidentally left in a patient's body during surgery	Not enough data to report	-	
77	How often the hospital accidentally makes a hole in a patient's lung	At average	0.2768 (0.0000, 0.9592)	
78	How often patients accidentally get cut or have a hole poked in an organ that was not part of the surgery	At average	1.3970 (0.0000, 2.9947)	
79	Number of patients who get a blood transfusion and have a problem or reaction to the blood they get	Not enough data to report	-	
	<b><i>Results of care -- Deaths</i></b>			

	Category	Rating	Risk-Adjusted Rates	Steps UMSMC-E Is Taking to Improve Quality In Areas Where the Hospital is Ranked as "Below Average"
80	How often patients die in the hospital after bleeding from stomach or intestines	At average	1.3736 (0.0000, 3.7735)	
81	How often patients die in the hospital after fractured hip	At average	2.5229 (0.0000, 5.2932)	
82	How often patients die in the hospital while getting care for a condition that rarely results in death	At average	0.0000 (0.0000, 0.8581)	
	<b><u>Pneumonia</u></b>			
	<b><i>Recommended care</i></b>			
83	Patients given the right antibiotics to treat pneumonia	At average	97	
	<b><i>Results of care</i></b>			
84	How often patients die in the hospital while getting care for pneumonia	At average	5.4022 (3.0753, 7.7290)	
85	Dying within 30-days after getting care in the hospital for pneumonia	At average	10.0 (8.1 - 12.5)	
86	Returning to the hospital after getting care for pneumonia	At average	18.1 (15.7 - 21.0)	
	<b><u>Prevention and Treatment</u></b>			
	<b><i>Blood Clot</i></b>			
87	Patients who developed a blood clot while in the hospital and did not get treatment that could have prevented it	Below average	23	Process developed to assure full compliance with evidence based best practice for DVT presentation. Each case of occurrence of the development of DVT undergoes full physician, nurse, and patient safety review. Results of identified opportunities for improvement are shared with healthcare team members.
	<b><u>Preventive Care</u></b>			
	<b><i>Healthcare-associated</i></b>			
88	Patients in the hospital who got the flu vaccine if they were likely to get flu	At average	99	
	<b><u>Stroke</u></b>			
	<b><i>Results of care</i></b>			
89	How often patients who came in after having stroke subsequently died in the hospital.	At average	7.1496 (3.6067, 10.6925)	

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90	Death rate for stroke patients	At average	16.4 (13.6, 19.7)	
91	Rate of unplanned readmission for stroke patients	At average	11.9 (9.7, 14.5)	
	<b><u>Summary Scores</u></b>			
	<b><i>Deaths</i></b>			
92	Patients who died in the hospital after having one of six common conditions or procedures.	At average	1.0017 (0.8008, 1.2026)	
	<b><i>Patient safety</i></b>			
93	How well this hospital keeps patients safe based on eleven patient safety problems	At average	0.8646 (0.5349, 1.1944)	
	<b><u>Surgical patient safety</u></b>			
	<b><i>Recommended care after surgery</i></b>			
94	Antibiotics stopped within 24 hours after surgery	At average	99	
95	Urinary catheters removed on the first or second day after surgery	At average	99	
	<b><i>Recommended care before surgery</i></b>			
96	Medicine to lower blood pressure given to surgery patients when needed	Below average	97	Process developed to assure full compliance with evidence based best practice for preoperative antihypertensive drug administration. Each case of occurrence undergoes full physician, nursing and patient safety review. Results of identified opportunities for improvement (including documentation improvement) are shared with healthcare team members.
97	Antibiotics given one hour before surgery	Below average	98	Process developed to assure full compliance with evidence based best practice for preoperative antibiotic administration. Each case of occurrence of this undergoes full physician, nurse and patient safety review. Results of identified opportunities for improvement (including documentation improvement) are shared with healthcare team members.
98	Right antibiotics given to surgery patients	At average	98	

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99	Surgery patients prescribed treatment to prevent blood clots at the right time	Better than average	100	
	<b>Results of care</b>			
100	How often patients die in the hospital because a serious condition was not identified and treated	At average	157.2296 (10.9910, 303.4683)	
101	How often patients in the hospital had to use a breathing machine after surgery because they could not breathe on their own	At average	0.0000 (0.0000, 7.5667)	
102	How often patients in the hospital get a blood clot in the lung or leg vein after surgery	At average	5.5409 (2.1535, 8.9282)	
	<b>Healthcare Associated Infections (HAI)</b>			
103	Surgical Site Infections - Hip Replacement	At average		
104	Central Line-Associated Bloodstream Infections (CLABSIs)	Not enough data to report		
105	Health Care Worker Seasonal Influenza Vaccinations - 2014 - 2015 Flu Season	Below average	94% vs. 97% Avg	Improved compliance with vaccination policy, which permits employee termination and/or physician privilege suspension for non-compliance. Improved documentation of valid exceptions to policy. Non-vaccinated personnel are now required to wear masks while on SRH property during flu season. Process established to readily identify non vaccinated healthcare team members to ensure compliance with other flu transmission reduction activities.
106	Clostridium Difficile Infection (CDI) - All Inpatient Locations, Hospital-Onset CY15	At average		

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107	Methicillin-Resistant Staphylococcus Aureus Infections (MRSA) - All Inpatient Locations, Hospital-Onset	At average		
108	Catheter-Associated Urinary Tract Infections (CAUTI) - ICUs Only	At average		