

EXHIBIT 43

30 July, 2014

To All Partners, Associates, and Colleagues,

Prince Georges Hospital Center, The University of Maryland School of Medicine and Medical Center, and I are pleased to announce the start up of the Cardiac Surgery Program at Prince Georges Hospital Center (PGHC). The program has been rebuilt and rejuvenated from the ground up and prioritizes quality, safety, and patient experience. The tireless work and investment in this collaborative effort has been immense. Prince Georges Hospital Center has invested heavily in both human resources and equipment. We have a new, highly skilled and extremely experienced cardiac surgery team ready to serve your patients.

Access- 24/7

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I am proud to state that the quality of cardiac anesthesia, perfusion, nursing, and the NP/PA providers is unprecedented. The nurses dedicated to the service have been trained or retrained at the University of Maryland Medical Center in the Cardiac Intensive Care Unit. The anesthesiologists, perfusionists, and I have worked together for years and will provide the best intraoperative care possible. Furthermore, the NP/PA team has a minimum of 6 years and up to 24 years of cardiac surgery specific experience at successful cardiac surgery programs. This group of providers are as high quality as can be found in the operating room or by the bedside. I am now confident we have put together the best team and equipment possible for Prince Georges Hospital Cardiac Surgery. Below is a partial list and summary of what has been accomplished to rebuild Prince Georges Cardiac Surgery :



1. Initial Assessment and Training

Prince Georges Hospital Center and University of Maryland Medical Center clinical leaders and I conducted detailed assessments of the entire process of care for a cardiac surgery patients including for example:

- Outpatient process and patient experience: now renovated-outpatient consults can be seen in the Pavilion or at the Bowie office.
- Perfusion services
- Operating Room environment and equipment needs
- Operating Room Team
- Intensive Care Unit nursing
- Pre and Post operative care- all phases
- Provider NP/PA experience and expertise
- Patient care protocols, pathways and order sets

2. New Patient Care Model

The new patient care model includes:

- “Universal Bed” concept created in ICU i.e., patient admitted and discharged from same bed.
- Experienced (minimum 6 years) Cardiac Surgery Advanced Practice - Providers (PAs/NPs): - 24/7; 365 days-All united under patient care protocols and order sets adopted directly from the University of Maryland Medical Center (UMMC)
- Intermediate Care Unit on PCRU being created for ICU overflow
- 2 Intensivists recruited for CCU to decompress ICU (this will not affect how cardiology cares for their patients)
- Cardiac nursing staff training and recruitment.
- New patient and family chairs and Televisions
- Wireless telemetry monitoring for ICU
- IMC hard-wire monitoring equipment
- New intra-aorta balloon pumps
- Transport monitors replacements

3. Operating Room Environment:

- The Cardiac Surgeon, Anesthesia, and Perfusion services have years of experience working together
- Highly experienced Cardiac surgical first assistants hired
- Nursing and Scrub techs: trained and orientated at UMMC in the Cardiac OR
- New Heart Lung Machine
- New Cerebral oxymetry monitoring equipment
- New Cardiac OR instruments

- New Cardiac OR supplies
- New Rotem Lab testing equipment for platelet count and function
- New Micro-Cardio Plegia Delivery System
- New Extracorporeal Membrane Oxygenator (ECMO) machine
- New Transesophageal Echocardiography (TEE) machine and probes

All of the above has been a major investment in equipment, skill, and human resources. Moreover, putting all these machines and people together into an integrated system of patient care delivery has also been a major effort.

The Cardiac surgery program at Prince Georges will be supported through its startup and growth by all the resources and expertise at the University of Maryland School of Medicine and Medical Center. To be very clear, Prince George's Hospital Center's Cardiac Surgery program will function independently. However, especially as we start up, the Cardiac Surgical program will need the support of University of Maryland Medical Center. For example UMMC can provide oversight for the first 30 cases and backup for high risk cases and situations which require cardiac care beyond a tertiary care level such as transplant evaluation, assist devices insertion, transcatheter valves etc.

The Cardiac surgery program at Prince Georges will restructure its quality program completely. We will participate in the Society of Thoracic Surgeons (STS) database and will track quality and service specific metrics using a multidisciplinary quality team. Indeed, this entire project is about quality more than anything else. We will have a great team connected by appropriate protocols and patient care models to provide the best possible care for Prince George's patients. We will measure quality and outcomes from all points of view and on all fronts and remain dedicated to creating excellence on a daily basis in Cardiac surgery at PGHC .

Finally, we need your help and partnership. There is still much to be done. Please become an active participant and become part of the solution whenever possible. Feedback on your experience and that of your patients is vital. It was because of your presence, loyalty, and comments conveying the history of the cardiac surgery program over the last 5, 10, or 20 years that all of us realized a complete program makeover was needed. It has been and will be that, because of your loyalty to that program, it can survive and now thrive. Make no mistake we are all on one team. For example, Cardiac surgery can only survive in collaboration with Cardiology, and the entire care team, all carried out in the best interest of the patient, one patient at a time. Please join us on this journey. We will take pride in this entire project as one team.

Thank you again for your support of Prince George's Hospital Center.

Handwritten signature: Jamie R. Brown

Jamie Brown, MD