

ANNE ARUNDEL MEDICAL CENTER * MARYLAND
PROPOSAL TO CHANGE THE * HEALTH CARE COMMISSION
TYPE AND SCOPE OF *
HEALTH CARE SERVICES OFFERED * DOCKET NO.: 15-02-2360
TO INCLUDE CARDIAC SURGERY *

* * * * *

**AFFIDAVIT OF SALVATORE S. LAURIA, M.D. IN SUPPORT OF
ANNE ARUNDEL MEDICAL CENTER
RESPONSE TO INTERESTED PARTY COMMENTS**

I, Salvatore S. Lauria, M.D., being over 18 years of age and competent to testify as to the matters set forth herein, state as follows:

1. I am a board-certified physician specializing in general and invasive cardiology and I am licensed to practice medicine in the State of Maryland.

2. I am an Anne Arundel Medical Group physician who practices at Anne Arundel Medical Center (“AAMC”).

3. I was involved in the case of patient [REDACTED] (“Patient 3”). Patient 3 had presented to AAMC with chest pain and subsequently ruled in for an acute myocardial infarction. I performed a cardiac catheterization on Patient 3 on February 12, 2014. As a result of that procedure, I determined that Patient 3 would require either complex PCI procedure or cardiac surgery. I contacted Dr. Lowell Satler, M.D., a WHC interventional cardiologist, to request the transfer of Patient 3 to WHC for further therapy,

4. I requested transfer of Patient 3 to Washington Hospital Center (“WHC”) on February 12, 2014. WHC refused to accept transfer request of that patient that day. It was explained to me that WHC lacked an intensive care unit (ICU) bed for the patient, and that WHC

could not accept transfer of Patient 3 until an ICU bed became available. It was recommended to me that the patient continue to receive medical therapy at AAMC until a bed became available.

5. Patient 3 remained stable and he was treated appropriately and in the usual manner in the Heart and Vascular Unit at AAMC awaiting elective transfer to WHC.

6. On the morning of February 16, 2014, Patient 3's clinical condition suddenly and unexpectedly deteriorated. Patient 3 complained of chest discomfort and was found to be hypotensive. An electrocardiogram confirmed an extension of his myocardial infarction. Since Patient 3's clinical situation had changed from stable to unstable, emergency transfer to WHC for coronary revascularization was arranged.

7. The patient was transferred emergently to WHC on February 16, 2014.

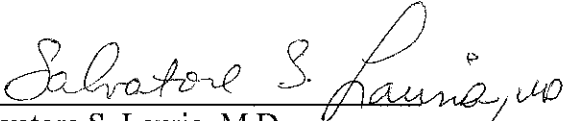
8. It is my understanding that Patient 3 died shortly thereafter at WHC.

9. To my knowledge, between the time of the initial transfer request and the emergency transfer, WHC never contacted an AAMC clinician or administrator to indicate that an ICU bed had become available or that the patient could be transferred.

10. It is my opinion that the lack of cardiac surgery services at AAMC is a significant barrier to timely access to cardiac surgery and high-risk PCI requiring cardiac surgical back-up.

I SOLEMNLY DECLARE UNDER THE PENALTIES OF PERJURY AND UPON PERSONAL KNOWLEDGE THAT THE FOREGOING AFFIDAVIT IS TRUE AND CORRECT.

Executed on August 21, 2015 in Anne Arundel County, Maryland.


Salvatore S. Lauria, M.D.