

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 JENNIFER BRADY, M.D. IN SUPPORT OF
 ANNE ARUNDEL MEDICAL CENTER
RESPONSE TO INTERESTED PARTY COMMENTS**

I, Jennifer Brady, 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 cardiology and electrophysiology. 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”). I often treat AAMC inpatients who have been admitted for cardiac-related illness.

3. I was involved in the case of patient [REDACTED] (“Patient 3”) as the referring and consulting physician. Patient 3 presented with chest pain and subsequently ruled in for an acute myocardial infarction. On February 12, 2014, my colleague, Dr. Salvatore S. Lauria, performed a cardiac catheterization on Patient 3. As a result of that procedure, Dr. Lauria requested transfer of Patient 3 to Washington Hospital Center (“WHC”) for further therapy.

4. It is my understanding that WHC refused to accept transfer of that patient that day. WHC explained that it lacked an intensive care unit (ICU) bed for the patient, and that it would not accept Patient 3 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, it is my understanding that Patient 3's clinical condition suddenly and unexpectedly deteriorated. Patient 3 complaint of chest pain and an electrocardiogram confirmed an extension of his myocardial infarction. Patient 3's clinical situation had changed from stable to unstable, and an emergency transfer to WHC for coronary revascularization was arranged.

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

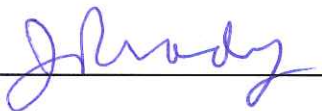
8. It is my understanding that Patient 3 died shortly thereafter at WHC.

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 was available and 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.



Jennifer Brady, MD