

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 JULIA BLACKBURN, RN. IN SUPPORT OF
 ANNE ARUNDEL MEDICAL CENTER
RESPONSE TO INTERESTED PARTY COMMENTS**

I, Julia Blackburn, RN, being over 18 years of age and competent to testify as to the matters set forth herein, state as follows:

1. I am a Maryland-licensed registered nurse with a Master of Science in Nursing degree.
2. I am an administrator at Anne Arundel Medical Center (“AAMC”). In particular, I am the nurse director of AAMC’s cardiac catheterization laboratory (the “Cath Lab”). In this role, I help oversee the coordination of care for patients of the Cath Lab, including but not limited to cases where the patient may be transferred to another hospital for cardiac surgery.
3. On March 24, 2014, I was involved in the case of patient [REDACTED] (“Patient 1”). Patient 1 had received emergent cardiac catheterization that day, performed by Dr. Scott Katzen. As a result of that procedure, Dr. Katzen recommended urgent transfer of Patient 1 to Washington Hospital Center (“WHC”). At 3:21PM, Dr. Katzen contacted Dr. Robert A. Gallino, an interventional cardiologist at WHC, who accepted the referral for transfer.

4. I became involved in the case when I was told that our personnel had received a phone call indicating that the transfer would be delayed or cancelled because Patient 1 was a self-pay patient.

5. I then spoke with WHC's admissions office. I referenced the transfer agreement between AAMC and WHC. She told me that WHC was not refusing the patient but that financial issues needed to be addressed prior to transfer, and that someone who could speak to the financial issues needed to be contacted.

6. Approximately 94 minutes after the initial call to Dr. Galino, the WHC physician accepting the patient, the MedStar Transport team arrived and transported the patient. We called the cardiac catheterization laboratory at WHC, to confirm that they were expecting the patient.

7. I never received a return phone call from the WHC admissions office.

8. As indicated in the email chain enclosed with this affidavit as Exhibit 23(f) :

a. I reported the above to Dr. Jonathan Altschuler, the medical director of the Cath Lab, via email.

b. Dr. Altschuler forwarded my report to Dr. Stuart F. Seides, who is the physician chief executive of MedStar Heart & Vascular Institute.

c. Dr. Seides' replied, via email, that he had re-alerted his staff that emergency transfers may not be refused from freestanding cardiac catheterization laboratories on the basis of the patient's ability to pay.

9. On December 8, 2014, AAMC patient [REDACTED] ("Patient 2"), received emergent cardiac catheterization performed by Dr. Stafford Warren. As a result of that procedure, Dr. Warren recommended urgent transfer of Patient 2 to WHC.

10. As indicated in the email enclosed with this affidavit as Exhibit 23(g) :

- a. At 11:25AM, Patient 2's catheterization procedure concluded.
 - b. Within minutes, Dr. Warren contacted Dr. Jennifer Ellis, a senior cardiac surgeon at WHC, to arrange for the transfer of Patient 2 to WHC. As a result of this communication, Patient 2 was accepted for transfer by Dr. Ellis. Information relevant to the patient and the patient's transfer was then faxed to WHC.
 - c. At 11:52AM, WHC called to revoke acceptance of the transfer, citing the patient's insurance status.
 - d. AAMC then immediately contacted Dr. James S. Gammie, a cardiac surgeon at the University of Maryland Medical Center, to arrange for transfer of Patient 2.
 - e. Patient 2 did not leave AAMC until after 1:28PM. A total of two hours elapsed between Dr. Ellis' acceptance of the patient on behalf of WHC, and the time transport left the Cath Lab to transfer the patient to UMMC.
11. As indicated in the email enclosed with this affidavit as Exhibit 23(g) :
- a. On December 9, 2014, I called Ms. Janice Wolf, who I understand to be the Administrative Manager, Department of Cardiac Surgery for MedStar Heart & Vascular Institute. I explained that WHC had an obligation to accept the transfer of AAMC Cardiac Surgical Patients regardless of the patient's insurance status. I specifically mentioned the transfer agreement between AAMC and WHC and applicable regulations. On the phone call, Ms. Wolf indicated that it is not common knowledge in her department that patients are to be accepted unconditionally for additional care including emergent or elective cardiac surgery. Ms. Wolf stated that she would escalate the issue to the administrative vice president, and work toward a resolution.

- b. Shortly following that phone call, I emailed Ms. Wolf reiterating the points I made on the call and attaching the transfer agreement between AAMC and WHC.
- c. Ms. Wolf replied the next day, thanking me for the information and reiterating her intention of escalating the issue and working toward a resolution.

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

Executed on August 24, 2015 in Anne Arundel County, Maryland.

Julia Blackburn MSN, RN, NE-BC
Julia Blackburn, RN