

# **EXHIBIT 22**

**Certificate of Need Data Request – UM-BWMC and AAMC**

Quality Measures identified as below average on the  
Maryland Health Care Commission Quality Data Website

Metric	10/1/12-9/30/13 Baseline	Performance Improvement Action Plan
<b>Deaths or returns to the hospital:</b>		
How often patients die in the hospital after heart attack	8.1073	<ol style="list-style-type: none"> <li>1. Worked on improving door to balloon time by initiating physician/PA triage 16 hours a day.</li> <li>2. Registration immediately notifies triage of any patient with complaints of chest pain so that an immediate EKG can be obtained.</li> <li>3. Obtains EKG from paramedics via Life Net which gives a more accurate EKG.</li> <li>4. Interventionalist is contacted about any suspected STEMI. Does not wait for confirmation of MI.</li> <li>5. Follows Joint Commission guidelines for managing MI.</li> </ol>
How often patients die in the hospital after heart failure	4.6606	<ol style="list-style-type: none"> <li>1. Use of CHF core measures in the care of congestive heart failure patient.</li> <li>2. Initiated Cardiac Synchronization Therapy in appropriate CHF candidates.</li> </ol>
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	13.4748	<ol style="list-style-type: none"> <li>1. When an aneurysm is one of several suspected problems, first initiate CT scan without contrast to rule out abdominal aneurysm.</li> <li>2. 85% of abdominal aneurysms are now performed via endovascular procedures.</li> </ol>
How often patients die in the hospital while getting care for a condition that rarely results in death	1.0413	<ol style="list-style-type: none"> <li>1. Unexplained deaths are clinically reviewed by a multidisciplinary team. Based on review, alternative care processes can be identified.</li> </ol>
Returning to the hospital after getting care for pneumonia	20.7	<ol style="list-style-type: none"> <li>1. Antibiotic stewardship is reviewing for appropriate antibiotic administration at discharge by comparison to the culture results.</li> <li>2. Instituted community pharmacy discharge bedside delivery program. The goal is to ensure that the patient gets home with appropriate medications.</li> <li>3. Partnered with Skilled Nursing Facility (SNF): Developed monthly team meetings in which cases are reviewed. SNF working on best practice and appropriate treatments.</li> <li>4. Instituted handoff tools between BWMC and SNF or homecare in order to ensure appropriate coordination of care.</li> </ol>

Metric	10/1/12-9/30/13 Baseline	Performance Improvement Action Plan
How often patients who came in after having stroke subsequently died in the hospital.	10.6312	<ol style="list-style-type: none"> <li>1. Follow the guidelines recommended by Get With the Guidelines.</li> <li>2. Perform concurrent review of stroke patients. The stroke coordinator contacts the units and directs them to provide any care that has not yet been performed.</li> <li>3. Implementing telemedicine for stroke in order to decrease time in giving tPA.</li> </ol>
<b>Emergency Room (ER):</b>		
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	183	<ol style="list-style-type: none"> <li>1. Developed a patient flow coordinator position in order to expedite bed assignments.</li> <li>2. Designated hospital assigned physicians in order to expedite admission orders and transfer to floor.</li> <li>3. Assigned Care Management to ER in order to ensure appropriate bed placement.</li> </ol>
<b>Heart attack and chest pain:</b>		
How often patients die in the hospital after heart attack	8.1073	<ol style="list-style-type: none"> <li>1. Worked on improving door to balloon time by initiating physician/PA triage 16 hours a day.</li> <li>2. Registration immediately notifies triage of any patient with complaints of chest pain so that an immediate EKG can be obtained.</li> <li>3. Obtains EKG from paramedics via Life Net which provides a more accurate EKG.</li> <li>4. Interventionalist is contacted about any suspected STEMI. Do not wait for confirmation of MI.</li> <li>5. Follows Joint Commission guidelines for managing MI.</li> </ol>
<b>Heart failure:</b>		
How often patients die in the hospital after heart failure	4.6606	<ol style="list-style-type: none"> <li>1. Use of CHF core measures in the care of congestive heart failure patient.</li> <li>2. Initiated Cardiac Synchronization Therapy in appropriate CHF candidates.</li> </ol>
Returning to the hospital after getting care for heart failure	25.8	<ol style="list-style-type: none"> <li>1. Initiated cardiac synchronization therapy on appropriate patients.</li> <li>2. Instituted pharmacy discharge bedside delivery program. The goal is to ensure that the patient gets home with appropriate medications.</li> <li>3. Partnered with SNF: Developed monthly team meetings in which cases are reviewed. SNF working on best practice and appropriate treatments.</li> <li>4. Instituted handoff tools between BWMC and SNF or homecare in order to ensure appropriate coordination of care.</li> </ol>

Metric	10/1/12-9/30/13 Baseline	Performance Improvement Action Plan
<b>Maternity &amp; Newborn:</b>		
Percent of women having their first time C-section	24.4444	<ol style="list-style-type: none"> <li>1. Review elective inductions (after 39 weeks) to determine if there is a significant high rate of C-sections</li> <li>2. Perform VBACs in order to decrease chances of C-sections.</li> <li>3. Review primary C-section cases to identify trends or issues.</li> </ol>
<b>Other surgeries:</b>		
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	13.4748	<ol style="list-style-type: none"> <li>1. When an aneurysm is one of several suspected problems, first initiate CT scan without contrast to rule out abdominal aneurysm.</li> <li>2. 85% of abdominal aneurysms are now performed via endovascular procedures.</li> </ol>
<b>Patient Safety:</b>		
How often patients die in the hospital while getting care for a condition that rarely results in death	1.0413	<ol style="list-style-type: none"> <li>1. Unexplained deaths are clinically reviewed by a multidisciplinary team. Based on review, recommendations changes in care protocol are made.</li> </ol>
<b>Pneumonia:</b>		
Returning to the hospital after getting care for pneumonia	20.7	<ol style="list-style-type: none"> <li>1. Antibiotic stewardship is reviewing appropriate antibiotic administration at discharge by comparison to the culture results.</li> <li>2. Instituted pharmacy discharge bedside delivery program. The goal is to ensure that the patient gets home with appropriate medications</li> <li>3. Partnered with SNF: Developed monthly team meetings in which cases are reviewed. SNF working on best practice and appropriate treatments.</li> <li>4. Instituted handoff tools between BWMC and SNF or homecare in order to ensure appropriate coordination of care.</li> </ol>
<b>Preventive Care:</b>		
Patients in the hospital who got the flu vaccine if they were likely to get flu	89	<ol style="list-style-type: none"> <li>1. Initiated concurrent reviews for flu immunization. For October 1, 2013—March 31, 2014, our rate improved to 98.3%.</li> </ol>
<b>Stroke:</b>		
How often patients who came in after having stroke subsequently died in the hospital.	10.6312	<ol style="list-style-type: none"> <li>1. Follow the guidelines recommended by Get With the Guidelines.</li> <li>2. Perform concurrent review of stroke patients. The stroke coordinator contacts the units and directs them to provide any care that has not yet been performed.</li> <li>3. Implementing telemedicine for stroke in order to decrease time in giving tPA.</li> </ol>

Metric	10/1/12-9/30/13 Baseline	Performance Improvement Action Plan
<b>Summary Scores:</b>		
How often patients die in the hospital from one of six problems: heart attack, heart failure, stroke, internal bleeding, hip fracture, or pneumonia	1.1306	<ol style="list-style-type: none"> <li>1. Submit unexpected mortality cases to interdisciplinary team for review. Findings are submitted to the Medical Staff Quality Improvement Committee for review and further actions as appropriate.</li> <li>2. Appropriate Collaborative Practice Teams discuss cases and identify changes in practice as needed.</li> </ol>
<b>Surgical patient safety:</b>		
How often patients in the hospital had to use a breathing machine after surgery because they could not breathe on their own	13.0674	<ol style="list-style-type: none"> <li>1. Anesthesia department reviews cases in which it is difficult to extubate the patient. The department looks for trends and process to avoid future changes.</li> <li>2. When appropriate, the case may be reviewed by the surgical and/or medical department as well.</li> </ol>

#518843