

EXHIBIT 25

Existing Quality Improvement Program and Initiatives at UM BWMC

1. Overview of Existing Quality Improvement Program.

The Quality Improvement (QI) Department at UM BWMC provides an organized structure for performance improvement. The Performance Improvement Program facilitates measureable improvement through data collection and analysis, evaluation of identified problems, and monitoring of solutions. The Performance Improvement model is “Plan, Do, Check, Act.” Consultative assistance is provided to clinical and administrative staff in evaluation of patient care and clinical performance.

The mission of the QI Department is to:

- Integrate organization-wide performance measurements in order to facilitate quality improvement (i.e., clinical pathways and quality improvement teams);
- Provide for the measurement of outcomes systems and processes;
- Utilize quality indicators and regional and national benchmarks; and
- Foster the improvement of the culture of safety and harm reduction for our patients and staff.

QI Coordinators collect, analyze, and present outcome data to interdisciplinary Collaborative Practice Teams for evaluation and expert review. The teams focus on cardiology, respiratory, stroke, and total joint replacement. Quality and process trends are analyzed and recommendations made for clinical and system changes. Business development initiatives are supported through data and program analysis.

The Quality Improvement Department provides support to the following Peer Review Committees: Surgical, Anesthesia, Medical, and Obstetrical Peer Review Committee. Other peer review committees include the Pediatric, ED, Radiology, and Psychiatric Committees. The purpose of the peer review committee is to review cases in which unexpected outcomes occurred.

The committees identify possible practice issues and make recommendations to the Medical Staff Quality Improvement Committee (MSQI). The MSQI committee consists of Department chairs as well as chairs of the committee

2. Existing Cardiac Quality Improvement and Performance Measurement

UM BWMC focuses on quality care for all services it provides. For cardiac patients, UM BWMC conducts multidisciplinary team meetings, case reviews, and monitors specific measures to guide changes or enhancements to the care of its patients.

a. Core Measures.

Each month, a cardiac collaborative practice team of physicians and staff meet to review performance of cardiac core measures and examine the process and protocols in place for cardiac patients. When areas of improvement are identified, the team makes a recommendation

and evaluates its success. The team reviews items such as early activations, door-to-balloon (DTB) times, and looks at outliers to determine what other action(s), if any, could have been taken. The multidisciplinary team consists of staff from quality improvement, critical care, the step down unit, cardiac rehabilitation, emergency department, hospital administration, telecommunications, EMS, and both interventionalists and cardiologists.

b. Clinical Case Reviews

On a weekly basis, a team meets to perform clinical case reviews. The staff review techniques used, equipment used, degree of stenosis, etc. as a teaching tool to help improve the quality of physicians and staff. Interventionalists, cardiologists, cardiac catheterization laboratory staff, cardiac rehabilitation staff, and EMS are invited.

The teams have been focused on improving door-to-balloon times and their efforts have seen success. UM BWMC has met or exceeded the standard set forth by the Maryland Health Care Commission Waiver for Primary PCI that 75% of STEMI patients receive PCI less than or equal to 90 minutes from arrival in every quarter beginning in June 2010 (Source: UM BWMC data of total STEMI patients and NCDR Registry).

c. Data Collection Registries and Analysis

All data are collected by the Research Nurse, NCDR coordinator and the Manager and the data collection tools are completed within 24 to 48 hours after discharge. Once the tools are complete, the data are entered into the National Cardiovascular Data Registry (NCDR) and the Data Quality Report (DQR) is reviewed. The cardiac catheterization laboratory manager and NCDR coordinator review the dashboard and the executive summary bring those reports to the cardiac collaborative practice team each month and also share these reports with the clinical case review attendees for review and discussion. Quality elements are identified through the NCDR tools available. The manager also participates in action registry teleconferences and attends the yearly meeting. The manager has participated in past NCDR and American College of Cardiology (ACC) conferences. We have attended NCDR yearly conferences and will continue to attend these conferences and share information. We also have attended the ACC conference.

UM BWMC's protocol compliance and improvement is based on mandates in the PCI COMAR 10.24.17. Data are continually collected and archived in an internal database as well as with NCDR, ACTION-GWTG and the catheterization PCI registry. Data are entered for each new PCI case and compared with previous data. Every STEMI delay in door-to-balloon time is reviewed and analyzed, and a decision is made to determine the requirement for a resultant action.

The NCDR Registry forms, both ACTION and CathPCI brings many elements together in an organized and complete clinical picture to allow us to track compliance. Once those data are entered into the NCDR Registries the dashboards allows for very specific reporting of compliancy. It allows the ability to drill down and produce very objective documentation. Individual chart review also assists the team in tracking compliance with protocols for each patient.

The objective documentation available helps to improve tracking of compliancy to standards of care and best practices for our patients.

d. UM BWMC Clinical and Process Reviews

UM BWMC has multiple committees for both clinical and process review in place. On the first Wednesday of every month, a collaborative practice team meeting is held. On odd months all cardiac core measures, MI, CHF and PCI information is discussed. On even months the team concentrates only on PCI. All practice patterns are reviewed and modified as needed to improve the program and educate the staff on new processes. EMS, telecommunications, emergency department, catheterization laboratory, critical care, telemetry, physicians, and members of the cardiac rehabilitation staff attend, as well as a member of the quality improvement department. New members are sometimes asked to join the team if a particular challenge arises and others are needed to help. Clinical case reviews are held weekly. This review is attended by the interventionalists, catheterization laboratory staff, cardiac rehabilitation staff, EMS, and the cardiologists. Each PCI, whether primary or elective, and any diagnostic referred for CABG are reviewed. The team shares their thoughts and offers education to improve outcomes and educate the staff. These meetings have proved helpful with several changes being made including:

- The Heparin dosing protocols for STEMI have changed from 70 units/kg, to a maximum of 10,000 units to a maximum of 4,000 units. This change occurred due to the excessive dosing reports generated by NCDR. After reviewing the excessive dosing report, and the guidelines for Heparin dosing, the CPT committee made the decision to reduce the maximum dosing to 4,000 units. This prevents patients who do not receive primary PCI from receiving the larger bolus of Heparin. Patients who require primary PCI will be further dosed with additional Heparin according to their ACT results. This change was made in February 2013. Since the change to the protocol, the excessive dosing has been reduced for all STEMI patients. Since 2013Q3 – 2014Q2 there have only been two STEMI patients who have received over the 4000 unit max. The primary excessive dosing comes from the nonSTEMI patients and the present protocol. We have a team actively addressing the revision of the protocol to amend this issue.
- Door to EKG time is a quality project which we identified through the NCDR that needed additional focus as patients were waiting longer than 10 minutes to receive an EKG. In the second quarter of 2012, 22.7% of cases who presented to the ED were receiving their first EKGs within 10 minutes of arrival. In the second quarter of 2013, 43.8% of the patients received EKGs within 10 minutes. UM BWMC continues to review this process. We continue to identify elements that affect the process and make changes to improve the process: 1. Confirm that the EKG and hospital computer are on the same time. 2. Instruct that patients that arrive, not just with chest pain, but symptoms of shortness of breath, nausea, pain in neck, jaw or upper back get their EKG's immediately. 3. There is a dedicated EKG machine in the triage areas of the ED so that an EKG can be obtained before the patient receives a bed assignment. Due to these changes, we have seen an improvement in this measure each month. UM BWMC activates the STEMI on EMS EKG (LifeNet) or verbal identification of the STEMI by EMS. We have also begun to use the I STAT in the ED to obtain Troponin I levels. This has proved helpful to positively identify a STEMI when the EKG is non-diagnostic or unclear.
- UM BWMC has continued to make changes and review the Door to EKG process. In August 2014 a new workflow for walk in patients was begun after staff education was completed. In quarter 3/July - September of 2014 after the new workflow was begun great improvement was seen, Goal 68.7% and UM BWMC achieved 67.5%.

All cardiac committees are staffed by the manager of the cardiac catheterization laboratory and a member of the quality improvement department at UM BWMC. They help guide the discussion and present data for review.

e. Communication of Quality Assurance

The CIC quality assurance medical review committee communicates with other hospital bodies in numerous ways. Worksheets are maintained on each patient and distributed within 24/48 hours after the case to all parties involved in the care of STEMI patients or have a vested interest in the program. See Exhibit 6 for worksheet example. The distribution list is as follows:

- Emergency Department (physicians included)
- Critical Care
- Telemetry
- Quality and Safety Department
- Interventional Cardiologists
- Chair, Department of Cardiology and Department of Medicine
- The Maryland Health Care Commission
- EMS — director and local representative; also posted in EMS room at UM BWMC and EMS headquarters

Internal quality dashboards which include core measure data and AMI PCI times are also distributed throughout the medical center. The information is presented at the medical center's Quality Committee of the Board of Directors and at the Board of Director's Executive Committee. It is also presented at the Medical Executive Committee, the Department of Medicine and the Quarterly Medical Staff meetings held with UM BWMC's medical staff. Each quarter, the core measure dashboard is distributed and reviewed with the medical center's leaders and is also posted on a communication board located in each hospital department.

The dissemination of the quality measures throughout the medical center keeps staff updated on the hospital's progress and areas that might need more focus. The information is communicated to the board of directors and the frontline staff so everyone has a good picture of the quality metrics and the goals set forth.

f. Maryland Cardiac Surgery Quality Initiative (MCSQI) Quality Committee

Founded in 2013, the Maryland Cardiac Surgery Quality Initiative (MCSQI) is a non-profit consortium of the state's cardiac surgery practices for sharing and standardizing best practices and improving patient care. The goal of MCSQI is to improve clinical quality in the state's cardiac surgery programs through outcomes analysis and process improvement. All Maryland hospitals with a cardiac surgery program currently participate in this initiative, and UM BWMC will be an active participant if the proposed project is approved. UM BWMC's partner, UMMC, is currently an active member in MCQSI. Both UM BWMC and UMMC are committed to increasing quality care, lowering costs and improving patient outcomes.

Participants' clinical data from the Society of Thoracic Surgeons (STS) Adult Cardiac Surgery database are analyzed, merged with hospital financial data and used to compare performance. Procedure volume, demographics, risk factors, complications, operative deaths, resources used, costs, and data quality checks are among the data points reviewed.

MCSQI serves as a valuable peer-to-peer value exchange and helps promote the adoption of evidence-based best practices. Additionally, MCSQI's focus on quality in cardiac surgical care will help contain health care costs - reducing the incidence of post-operative complications in itself can dramatically impact cost and resource use. The initiative also is aligned with the Maryland Health Care Commission's Clinical Advisory Group on cardiac surgery.

g. Recognition for Cardiac Care

UM BWMC has received numerous accolades for high quality care. In FY13, UM BWMC received the American College of Cardiology Foundation's NCDR ACTION Registry—GWTG Platinum Performance Achievement Award — one of only 164 hospitals nationwide to do so. The award recognizes UM BWMC's commitment and success in implementing a higher standard of care for heart attack patients and signifies that the medical center has reached an aggressive goal of treating these patients to standard levels of care as outlined by the American College of Cardiology/American Heart Association clinical guidelines and recommendations

3. Safety

a. Standardized Policies and Procedures and Electronic Medical Record

UM BWMC has policies and procedures in place to assure the safety of patients, visitors and staff. UM BWMC maintains a hospital wide safety plan designed to ensure safe care of the patient. This program incorporates an online event reporting system and a telephone hotline for safety issues. Patient care policies and procedures help standardize the provision of evidence-based, high-quality care throughout the medical center. Policies and Procedures are used to ensure effective communication between patients, prevent infections and promote patient safety.

The Patient Safety Survey is administered to BWMC staff in order to assess the staff perception of patient safety. An action plan is developed for any area requiring improvement.

b. Safety Huddle

UM BWMC has a daily safety huddle during which leaders from all departments meet every weekday morning to report patient, family or staff safety issues which have occurred in the past 24 hours and any expected issues in the next 24 hours. This provides an opportunity for real time problem solving and collaboration between departments. When a safety issue is identified, the appropriate leader meets with a team to develop and implement an action plan. This plan is distributed via email to the leadership team.

c. Colors of Care

UM BWMC has instituted standardized scrub colors so that patients and families can identify each caregiver. It is called "Colors of Care." During their stay at UM BWMC patients notice healthcare teams dressed in various colors. These colors represent the roles each group

plays on the road to recovery. It is one more way UM BWMC shows its commitment to patients so they know who is taking care of them at each and every moment. A list of the colors and corresponding roles are posted throughout the hospital and in patient rooms.

d. Great Catch Award

The Great Catch program awards physicians, employees, and volunteers for reporting events that could potentially harm patients, visitors, and staff, but which did not occur due to corrective action and/or other timely intervention following recognition (these events are often referred to as "near misses" or "close calls"). This program encourages improved safety, open communication, problem solving, high quality care, and employee recognition. It also provides an opportunity to develop action plans to address the common causes of potential errors and educate others. The goal of the program is to improve the culture of safety for our patients and staff.

4. Patient Experience

UM BWMC maintains Standards of Service Excellence with the goal of promoting a positive patient experience and positive work culture. The standards were developed to guide our behaviors in order to promote an atmosphere of care, compassion, respect and pride for our patients and for each other.

In addition to the Standards of Service Excellence, UM BWMC implements a number of initiatives to assure an exception patient experience. These programs are managed by the Director of Service Excellence.

a. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

UM BWMC utilizes the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. HCAHPS provides a standardized data collection method for measuring patients' perspectives on hospital care.

The nine key topics it focuses on are 1) communication with doctors, 2) communication with nurses, 3) responsiveness of hospital staff, 4) pain management, 5) communication about medicines, 6) communication about discharge information, 7) cleanliness of the hospital environment, 8) quietness of the hospital environment, and 9) transition of care. The data obtained from HCAHPS are used to identify areas for improvement and to inform the development, implementation and evaluation of initiatives to enhance the patient experience and patient satisfaction.

Cath lab patients are included in the HCAHPS outpatient survey. These patients go home either the same day or early the next morning if an elective PCI is performed. Cath lab HCAHPS scores are usually at or above set goals.

b. Patient and Family Advisory Council

UM BWMC chartered a Patient and Family Advisory Council in February 2014 to advise the medical center on how to enhance patient and family centered care environment to best meet the needs of patients and their family members in the hospital and in the community. The Council is comprised of patients, families, community members, and representatives who have

received services at UM BWMC or are passionate about the services we provide for the community.

UM BWMC initially utilized the Patient and Family Advisory Council to provide input into our Strategic Plan for 2015. In 2015, we expect this to be an active council within UM BWMC providing feedback to guide our commitment to improving the patient and family experience. The Council will make recommendations regarding quality initiatives, hiring of staff, general orientation, resolution of safety issues and other topics of concern.

c. Patient Advocacy Program

UM BWMC's Patient Advocacy Program addresses all patient and family complaints and grievances as regulated by CMS. We currently employ one full-time Patient Advocate who is available to assist with any and all concerns received from our patients, family members, or other support people. The Patient Advocate also works with managers to address consistent trends on a unit, and action plans are then developed and implemented to improve the patient experience.

Our Grievance Committee meets quarterly and as needed to work through any grievances which we are unable to resolve on initial attempt. This work is reported quarterly at Process Improvement Risk Management meetings.

d. Patient Experience Oversight Committee

The Patient Experience Oversight (PEO) committee consists of UM BWMC's Chief Operating Officer, Chief Medical Officer, Chief Nursing Officer, Vice President of Human Resources, Medical Staff President, Director of Marketing, and the Director of Service Excellence. This committee meets monthly and oversees the activities of the organization targeted at improving the patient experience. HCAHPS scores are reviewed monthly and requests for action plans are coordinated through the Director of Service Excellence to address scores.

e. Patient Feedback

UM BWMC proactively seeks feedback from patients regarding their experiences. On the internet site, MyBWMC.org UM BWMC provides an email, feedback@bwmc.umms.org, which goes directly to the Director of Service Excellence. This email is monitored 24 hours a day, and immediate action is taken when necessary. UM BWMC also created patient comment cards and drop boxes for patients and visitors to leave feedback. These boxes have been placed in the main lobby, discharge lobby, ED main entrance, radiology, and outpatient infusion and the feedback is collected and handled by the Service Excellence Department.

Additionally, the Emergency Department uses a service to call all patients discharged from the Emergency Department. This call evaluates the patients current status, evaluates the perception of care given by nurse and provider as well as evaluation of the overall experience. This feedback is used to enhance the care provided by UM BWMC's Emergency Department.

f. Service Recovery

Baltimore Washington Medical Center strives to provide premier care the first time and every time. Occasionally, a patient may have a concern or complaint despite our efforts to

make sure that each patient's experience is favorable. When this happens, every employee at BWMC is expected and empowered to facilitate Service Recovery. Service Recovery is an immediate acknowledgement of, and response to, a patient/customer's concern that is handled with sensitivity, respect and professionalism. Effective Service Recovery requires that our staff:

- Actively seek to discover service failures;
- Fully utilize listening and learning venues such as rounding and discharge phone calls;
- Look at the situation from the customers' point of view;
- Collect the Facts and Trend for Improvement

Department Managers review Service Recovery reports and identify and address trends to improve care and service.