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7 By: Susan N. Goodman, #019483  
8 42062-0001/do

9 Patient Care Ombudsman

10 **UNITED STATES BANKRUPTCY COURT**  
11 **DISTRICT OF ARIZONA**

12 In re:

Chapter 11

13  GV HOSPITAL MANAGEMENT, LLC,  
14 (EIN: 46-5098773)

No.: 4:17-bk-03351-SHG

No.: 4:17-bk-03353-SHG

No.: 4:17-bk-03354-SHG

15  GREEN VALLEY HOSPITAL, LLC  
16 (EIN: 45-4006710)

(Jointly Administered)

17  GV II HOLDINGS, LLC,  
18 (EIN: 46-1495917)

Debtors.

19 Address: 4455 S. I-19 Frontage Rd.,  
20 Green Valley, AZ 85622

21 This Filing Applies to:

22  All Debtors

23  Specified Debtor(s)

24 **PATIENT CARE OMBUDSMAN'S THIRD INTERIM REPORT**

25 Pursuant to 11 U.S.C. §333 of the Bankruptcy Code and the April 14, 2017  
26 *Stipulated and Agreed Order Directing United States Trustee to Select a Patient Care  
Ombudsman for Appointment* [DE #82], the United States Trustee provided notice of  
appointment of Susan N. Goodman, RN JD as the Patient Care Ombudsman (“PCO”)

1 [DE #83] and directed her to submit her reports of her evaluation regarding the patient care  
2 provided at Green Valley Hospital (“**Debtor**”). Accordingly, PCO submitted *Patient Care*  
3 *Ombudsman’s First Interim Report* to this Court May 23, 2017 (“**First Report**”) [DE No.  
4 154] and *Patient Care Ombudsman’s Second Interim Report* on July 24, 2017 (“**Second**  
5 **Report**”) [DE #276]. PCO comes now and submits this third report detailing remote  
6 monitoring, follow-up, and a third site visit to observe patient care delivery and interact with  
7 patients, staff, and clinicians.

### 8 EXECUTIVE SUMMARY

9 While clinical staff is reporting some measure of bankruptcy fatigue and closure  
10 fears, they continue with positive reports of feeling informed about the bankruptcy process  
11 from leadership. The quality of patient care continues without material compromise or  
12 material decline as contemplated by 11 U.S.C. § 333(b).

### 13 SITE VISIT SUMMARY

14 The daily inpatient census for intensive care (“**ICU**”) and medical/surgical (“**M/S**”)  
15 floors combined was 14 on the date of PCO’s visit. Outpatient procedure volumes for  
16 operating room (“**OR**”), outpatient infusion, and cardiac catheterization lab (“**Cath Lab**”)  
17 were all reported as increased compared to prior PCO visits.

18 PCO observed an operative procedure, confirming that staff, supplies, and quality  
19 processes were all in place. The surgeon, anesthesia, and OR staff denied staffing concerns.  
20 Limited supply concerns were reported by OR staff, sterile processing, and anesthesia.  
21 Senior clinical and materials management leadership attributed the supply challenges to  
22 operational issues. Products needed on the day of PCO’s visit were borrowed from another  
23 hospital. Materials leadership and the OR team reported that OR staff was engaged in  
24 supplemental supply acquisition efforts through third party sourcing companies for some  
25  
26

1 supplies that have been difficult to obtain post bankruptcy. PCO will remain engaged in  
2 monitoring OR supply challenges.

3 PCO observed a Cath Lab and met with the new cardiologist who denied staff or  
4 supply concerns. Staffing coverage is maintained with one contracted and two core staff,  
5 supplemented with PRN staff. Because this team provides pre, procedure, and post care,  
6 volume surges were reported as covered through overtime. Patient and family interviews  
7 for this service area were positive.

8 PCO met with the night and day emergency department (“**ED**”) staff. New team  
9 members were noted, with new employees stating they were made aware of the bankruptcy  
10 during the hiring process. Staff, physicians (x2), and mid-level provider (x1) all denied staff  
11 or supply concerns.

12 PCO checked in with pharmacy, lab, medical records, facilities, respiratory therapy,  
13 physical therapy, speech therapy, food service, dietician, security, sterile processing  
14 (“**SPD**”), environmental services (“**EVS**”), and case management team members. All  
15 denied staffing or supply concerns. The lab reported an October “go-live” date for moving  
16 some microbiology testing in house. Food services opened the coffee shop area for a  
17 limited breakfast menu from 7:00 a.m. through 11:00 a.m., with the full cafeteria now open  
18 from 11:00 – 2:30 p.m. The change was described as accommodating a 2+ FTE staff  
19 reduction, through attrition. The SPD team consists of two part-time and one full-time staff.  
20 The full-time staff member is also pulled to materials to assist with buyer duties. With  
21 increased surgical procedural volume, some strain was noted with this limited team. PCO  
22 will continue to monitor this area through future site visits. The EVS team moved from  
23 twelve-hour to ten-hour shifts, supplemented by eight-hour-shift floater staff, including the  
24 housekeeping manager working as a floater team member weekly. Staff reported positively  
25 on the change as compared to the twelve-hour-shift staffing model. Facilities reported  
26

1 recent quarterly maintenance visits from new medical gas and emergency generator vendors,  
2 limiting the gap in quarterly maintenance support to one missed quarter.

3 PCO observed patient care interactions in the ED, ICU, and on M/S. Staffing ratios  
4 were noted to be within staffing matrix numbers. Clinical leadership reported continued  
5 hiring with staff departures described as attrition or performance related as opposed to  
6 related to the bankruptcy process. Patient interviews were positive with no concerns  
7 elicited. Clinical leadership indicated that CMS swing bed approval remains pending. This  
8 type of certification would potentially allow for increased patient census by offering post-  
9 acute patient care for those patients needing continued rehabilitative services.

10 In the interim between site visits, PCO regularly engaged with the chief nursing  
11 officer and reviewed the monthly quality and risk management data along with the ISO-  
12 9001 Audit Report. PCO will continue to monitor these metrics remotely. No concerns  
13 noted.

14 PCO interviewed seven physicians and two mid-level providers while on site. All  
15 denied staffing and supply concerns. PCO did not interview the main hospitalist, and noted  
16 that hospitalist coverage continues to be primarily provided by this individual, supplemented  
17 by five other physicians who pick up shifts throughout the month. Night shift mid-level  
18 provider coverage on Thursday, Friday, and Saturday was reported as resuming with the  
19 provider for these shifts returning from leave. Full-time night coverage strategies are being  
20 explored, with the hope that additional advanced practice registered nurse mid-level  
21 providers can be recruited.

## 22 **SUMMARY AND NEXT STEPS**

23 PCO will continue to monitor quality and risk data remotely during the interim  
24 period between reports. To avoid further staff worry, PCO set the expectation that one final  
25  
26

1 site visit *may* be necessary before plan confirmation, depending on the timing of the Court  
2 hearings.

3 DATED: September 25, 2017.

MESCH CLARK ROTHSCHILD

4 By: /s/ Susan N. Goodman, #019483

5 Susan N. Goodman, RN JD  
6 *Patient Care Ombudsman*

7  
8 **CERTIFICATE OF SERVICE**

9 I, Susan N. Goodman, hereby certify that a copy of this document was emailed to  
10 those parties requesting notice in Exhibit A. Notice to patients, provided through a posting  
11 in the main and emergency department lobby areas was confirmed at Debtor's Hospital  
12 location.

13 **Exhibit A**

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DATED: September 25, 2017.

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