

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF LOUISIANA
LAFAYETTE DIVISION**

IN RE:

ACADIANA MANAGEMENT GROUP, L.L.C., ET AL.¹

CASE NO. 17-50799

DEBTORS

CHAPTER 11

PATIENT CARE OMBUDSMAN’S FIRST INTERIM REPORT - LAFAYETTE

Pursuant to 11 U.S.C. §333 of the Bankruptcy Code and the Court’s Order Directing United States Trustee to Appoint a Patient Care Ombudsman [Docket No. 118], the United States Trustee provided notice of appointment of Susan N. Goodman, RN JD as the Patient Care Ombudsman (“**PCO**”) [Docket No. 131]. PCO was directed to submit her report of her evaluation regarding the quality of patient care provided at AMG Specialty Hospital – Lafayette at Park Place (the “**Facility**” or “**Debtor**”).

PCO is a Registered Nurse and an attorney with work experience in clinical/operational health care and health regulatory compliance law. In compliance with the federal privacy requirements, the PCO cannot disclose any individually identifiable health information that could distinguish a patient directly or could provide a reasonable basis to do so. *See* 45 CFR §160.103. Accordingly, specific site visit and patient interview dates are not provided although PCO’s observations, audits, and interviews occurred between the date of appointment and the filing of this report.

Further, although PCO reviews Debtor’s care processes relative to federal and state licensing and quality regulations, PCO does not assume liability for Debtor’s compliance

¹ AMG Hospital Company, L.L.C., Case No. 17-50800; AMG Hospital Company II, L.L.C., Case No. 17-50801; Albuquerque – AMG Specialty Hospital, L.L.C., Case No. 17-50802; Central Indiana – AMG Specialty Hospital, L.L.C., Case No. 17-50803; Tulsa – AMG Specialty Hospital, L.L.C., Case No. 17-50804; LTAC Hospital of Louisiana – Denham Springs, L.L.C., Case No. 17-50805; Las Vegas – AMG Specialty Hospital, L.L.C., Case No. 17-50806; LTAC Hospital of Greenwood, L.L.C., Case No. 17-50807; LTAC of Louisiana, L.L.C., Case No. 17-50808; Houma – AMG Specialty Hospital, L.L.C., Case No. 17-50809; LTAC Hospital of Edmond, L.L.C., Case No. 17-50810; LTAC Hospital of Wichita, L.L.C., Case No. 17-50811; AMG Realty I, L.L.C., Case No. 17-50812; CHFG Albuquerque, L.L.C., Case No. 17-50813; and, AMG Realty Youngsville, L.L.C., Case No. 17-50814.

obligations under state and federal law and any and all proposed or implementing regulations. Moreover, while PCO may use the auditing tools and guidelines employed by certification agencies and auditors; PCO does not certify the Debtor's compliance with any regulatory standards.

PCO comes now and submits this *Patient Care Ombudsman's First Interim Report – Lafayette* (“**First Report**”) detailing site visit review, observations, and analyses of the Debtor's facility operations.

SITE VISIT SUMMARY

The Lafayette facility is located on the campus of Our Lady of Lourdes Hospital, in a four-story medical building that includes a surgical hospital. The name of the medical building is “Park Place,” and the Lafayette facility space lived up to the Monopoly-game expectation associated with its Park Place name. PCO did not observe any patient care decline as contemplated by 11 U.S.C. § 333(b).

The eighteen-bed (18) unit is laid out with the patient rooms on the exterior of the floor and the nurses' station, offices, and operational space located in the center of the floor. Several “high observation” rooms were immediately adjacent to the nurses' station; and, for those who have frequented hospitals, these rooms look very much like intensive care unit (“**ICU**”) rooms. Census on the date of PCO's visit was thirteen (13) with typical average census reported as fifteen to seventeen (15-17) patients. Staffing for patient care was well within the staffing matrix guidelines. Clinical staff denied supply, staffing, or operational concerns. Further, the clinical team spoke highly of both their clinical and executive leadership and their clinician partners. Nursing turnover was denied with leadership reporting only certified nursing assistant (“**CNA**”), night-shift turnover—an operational challenge unchanged post-petition.

PCO observed bedside care, including but not limited to therapy, respiratory, wound, and clinical care services. Patient-centric care coordination between these various team members was observed. The synergy of this cross-functional care team was at a level that is often aspired to, but less commonly practiced. No concerns noted.

Some Facility staff was not located at the Park Place location, including human resources (“**HR**”), admissions, and liaison team members. PCO reviewed randomly-selected employee files for appropriate certification/licensure remotely.

Other operational services were third-party contracted, including some plant operations functions, pharmacy, dialysis, PICC² line placement, laboratory, and food services. Accordingly, PCO had limited ability to review processes associated with these functions. PCO confirmed that the contracted pharmacy is responsible for medication destruction. PCO reviewed facility safety and maintenance logs kept by the Facility’s plant operations team member. Of note, this individual devised a stand-alone fire alarm tool that allows him to perform additional fire drills for his Facility only to ensure that all patient teams and shifts are consistently exposed to the drill process. No concerns noted.

PCO interviewed the mid-level advanced practice nurse (“**APRN**”) dedicated to the Facility and two physicians who function similarly to hospitalists in the acute care setting. All denied having concerns post-bankruptcy, both in terms of supplies and staff necessary to support patient care. The APRN was described as a keystone to the success of Facility’s care delivery model, both by clinical staff and by patients who were interviewed.

PCO reviewed quality and risk dashboard (summary) information as well as patient satisfaction data. No changes were noted in pre- and post-petition data. PCO reviewed action plans for data metrics falling outside of goal and case management processes. No concerns noted. PCO will engage remotely to continue monitoring these metrics along with other staffing data.

The health information management (“**HIM**” or “**Medical Records**”) team member reported storage capacity for approximately three (3) months of records on site. An additional approximate ten (10) years of records were stored off site through a third-party vendor with scheduled record destruction after record hold times were met. HIM reported typical challenges

² PICC line stands for peripherally inserted central catheter, often used for patients requiring certain intravenous antibiotics.

surrounding clinician chart delinquency follow-up, with post-petition percentages consistent with that experienced pre-petition.

SUMMARY AND NEXT STEPS

PCO will conduct a second, unscheduled site visit in sixty (60) days to confirm consistency with observations made on this scheduled visit. If significant leadership or staffing changes occur, PCO will consider visiting sooner.

DATED: August 25, 2017.

MESCH CLARK ROTHSCHILD

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CERTIFICATE OF SERVICE

I hereby certify that the above and foregoing *Patient Care Ombudsman's First Interim Report – Lafayette* has been electronically filed with the Clerk of Court using the CM/ECF filing system and a true and correct copy of this pleading has been sent to the following parties or counsel of record who have registered to receive electronic service.

DATED: August 25, 2017.

MESCH CLARK ROTHSCHILD

By: /s/ Susan N. Goodman, AZ Bar #019483
Susan N. Goodman

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