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 SECOND INTERIM REPORT - TULSA

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 – Tulsa (the "**Facility**" or "**Debtor**").

Accordingly, PCO submitted *Patient Care Ombudsman's First Interim Report – Tulsa* to this Court on September 1, 2017 ("**First Report**") [Docket No. 277] and *Patient Care Ombudsman's First Supplemental Interim Report – Tulsa* on October 18, 2017 ("**First Supplemental Report**") [Docket No. 399]. PCO comes now and submits this *Patient Care Ombudsman's Second Interim Report – Tulsa* ("**Second Report**") detailing remote monitoring, site visit observations, and analyses of the Tulsa operation.

EXECUTIVE SUMMARY

Tulsa's Plan of Removal for the three immediate jeopardy ("**IJ**") tags issued on or about October 5, 2017 in response to a Medicare patient complaint was accepted on October 24, 2017. PCO remained in contact with leadership during the corrective action process.

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[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.

Although not reported pro-actively, PCO was made aware of the resignation of Tulsa's Chief Clinical Officer ("**CCO**") before the second site visit. The CCO departure is assumed to be correlated to the IJ process rather than to the bankruptcy process. CCO coverage on an interim basis is being provided by a night charge nurse. Site leadership reported that active recruiting efforts to replace the CCO are underway. Because the Edmond closure was announced when PCO was at the Tulsa location, general discussions were had regarding the possibility of interim nursing shift coverage provided by affected Edmond/Mercy staff in lieu of hiring nurses through an agency service. Such an approach could soften the economic strain for affected staff through the holiday season and provide skilled coverage during the same challenging time period. PCO will attempt to stay informed on whether or not such a plan is actualized.

Although PCO did not observe care decline as contemplated by 11 U.S.C. §333(b), a third site visit may be necessary sooner than a sixty day cycle given the protracted length of time between the placement of the IJ tags and the acceptance of the removal plan, the departure of the CCO after only six months, turnover in the wound nurse and pharmacy roles, and the possible impact of the Edmond closure on staffing stability.

SITE VISIT SUMMARY

Patient census was thirteen (13) on the date of PCO's visit. Staff reported that staffing levels remained within matrix, with 1 nurse to 5-6 patients being the norm on the day shift, going as high as 7-8 patients depending on patient acuity levels. Clinical staff admitted that the higher nurse/patient ratios were "difficult" particularly when maintained over a period of several days, as was the case just previous to PCO's visit.

PCO reviewed the binder provided by the Infection Preventionist/Quality team member that was created as part of the IJ removal plan. Included in these documents was the audit and recommendations provided by the wound-nurse consultant hired by Debtor. Additionally, PCO reviewed audit sheets relative to ongoing hand hygiene practices. No concerns noted. Broader quality data was unavailable for review due to delays in the documentation abstraction process

caused by the singular focus of responding to the IJ tags. PCO will engage remotely with this staff member to obtain and review quality data for September and October.

Day-to-day wound nurse coverage is being provided on an interim basis by a team member normally focused on clinical documentation improvement ("**CDI**") who previously had an extensive wound care background. A full-time replacement wound nurse was reported as identified. PCO discussed the general concern of consistent competency requirements and documentation for wound nurses serving at the various AMG locations; and, in particular, for staff providing sick/vacation coverage for a certified wound nurse. Similar feedback was provided to corporate operations leadership.

Respiratory leadership reported recent completion of a CLIA lab audit with only a minor deficiency noted. The Respiratory team has been an integral part of the hand hygiene corrective action process, with all team members getting trained as competent observers to assist in regular auditing documentation.

Pharmacist coverage has been provided by the regional Pharmacy Director since the departure of the former interim pharmacist for reasons unrelated to the bankruptcy. The Pharmacist reported that she discovered that the automated dispending cabinet had not been set up to run automated quality reports, with that correction now in place. The Pharmacist denied issues related to quality data on medication administration and adverse drug events.

Therapy staff is unchanged from the previous site visit. Patient therapy engagement in the large, 28th floor common area was noted throughout the morning. In one case, both the patient and therapy team member were donned in an isolation gown while in this area. Therapy staff reported receiving some conflicting data surrounding therapy work done in the common area relative to when and how to wear protective gloves (e.g. no gloves versus one glove for the "dirty hand").

PCO interacted with human resource ("**HR**"), case management, registered dietician ("**RD**"), health information management/medical record ("**HIM**"), and environmental services ("**EVS**") staff. All generally reported feeling relatively status quo despite the pressures associated with responding to the IJ tags. The nurse case manager reported having sufficient

coverage to take some vacation time over a long weekend. The RD reported consistent quality data with that reported to PCO on the previous site visit. In response to the CMS audit, those patients on isolation precautions are now provided all disposable meal trays. EVS staff spoke positively regarding the learning and changes that ensued from the IJ tags related to cleaning isolation rooms. PCO also noted posted instructions, in English and Spanish, in the EVS area surrounding cleaning agent utilization in response to a discussion had on the first site visit. EVS reported the renewed emphasis on consistent hand hygiene was evident through the increased order rate for hand hygiene foam.

PCO met with the facilities/IT/chaplaincy team member who continues to serve in all these roles. Fire drill documentation was reviewed. Of note, three additional drills will need to be done in the next two months to meet requirements. The phone upgrade process was reported as continuing. No concerns noted.

Patient interviews were mixed. One patient and family reported strong feelings that the nurse-to-patient-ratios were excessive, causing specific issues for patients needing assistance with activities of daily living ("**ADLs**") such as toileting. This feedback was consistent with that received at another AMG facility, with the same frustration—bowel/bladder accidents in bed while waiting for a staff member to provide assistance to the lavatory. Limited availability of nurses with certain specific competencies was also voiced as a concern. Other feedback included mixed staff reviews, with an example of an agency nurse who was ineffective contrasted with a nurse/aide team who was described as "the best." Perhaps notably, those patients who provided the most positive feedback about the clinical staff required less ADL assistance.

PCO engaged with the internist and infectious disease physicians who were present at the facility. Both denied staffing or supply concerns. The ID physician will stop providing services by mid-November, expressing a desire to slow down in her medical practice generally. ID specialists are relatively scarce so replacing this clinician, who is held in high esteem by both patients, and staff, may be difficult.

SUMMARY AND NEXT STEPS

Remote monitoring follow-up will be important at Tulsa. Staff stability post Edmond-closure and CCO departure will be monitored. Quality data, once available, will be reviewed to evaluate whether metrics other than those infection control items associated with the IJ response, are remaining stable. Whether affected Edmond staff are willing and/or able to provide coverage at Tulsa, as compared to agency staff, will also be an important metric as PCO assesses whether this facility requires a third site visit in less than 60 days.

DATED: November 10, 2017. MESCH CLARK ROTHSCHILD

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

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CERTIFICATE OF SERVICE

I hereby certify that the above and foregoing *Patient Care Ombudsman's Second Interim Report – Tulsa* 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: November 10, 2017. MESCH CLARK ROTHSCHILD

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

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