Susan N. Goodman, RN JD
Pivot Health Law, LLC
P.O. Box 69734
Oro Valley, AZ 85737
Ph: (520) 744-7061
Email: sgoodman@pivothealthaz.com
Patient Care Ombudsman

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF WASHINGTON

In re:	
ASTRIA HEALTH, et.al. [1]	**Chapter 11**
	Case No. 19-01189 FLK
	Jointly Administered
Debtors in Possession,	

PATIENT CARE OMBUDSMAN'S SECOND INTERIM REPORT FOR ASTRIA REGIONAL MEDICAL CENTER AND GEOGRAPHICALLY ASSOCIATED CLINICS AND/OR DEPARTMENTS

Pursuant to 11 U.S.C. §333 of the Bankruptcy Code (the "**Code**") and this Court's June 11, 2019 *Amended Order Directing United States Trustee to Appoint Patient Care Ombudsman* [Docket No. 241], the United States Trustee filed its' *Appointment of Patient Care Ombudsman* on June 17, 2019 at Docket No. 278. The Code requires that the Patient Care Ombudsman ("**PCO**") monitor the quality of patient care and report PCO's findings to the Court no less than every sixty (60) days. Accordingly, PCO engaged in an initial site visit and filed the *Patient Care Ombudsman's First Interim Report for Astria Regional Medical Center and Geographically Associated Clinics and Departments* on August 9, 2019 at Docket No. 465 ("**First**

[1] The Debtors, along with their case numbers, are as follows: Astria Health (19-01189), Glacier Canyon, LLC (19-01193), Kitchen and Bath Furnishings, LLC (19-01149), Oxbow Summit, LLC (19-01195), SHC Holdco, LLC (19-01196), SHC Medical Center-Toppenish (19-01190), SHC Medical Center-Yakima (19-01192), Sunnyside Community Hospital Association (19-01191), Sunnyside Community Hospital Home Medical Supply, LLC (19-01197), Sunnyside Home Health (19-001198), Sunnyside Professional Services, LLC (19-01199), Yakima Home Care Holdings, LLC (19-01201), and Yakima HMA Home Health, LLC (19-01200).

Regional Report"). PCO now comes and files this *Patient Care Ombudsman's Second Interim Report for Astria Regional Medical Center and Geographically Associated Clinics and Departments* ("**Second Regional Report**") detailing PCO's interim monitoring and second site visit efforts.

SITE VISIT SUMMARY

PCO chose to focus her second site visit efforts on Astria Regional Medical Center ("**Regional**") and limited the number of clinics visited to allow for this focus. PCO visited Astria Hearing and Speech Center, Terrace Heights Clinic, Summitview Clinic, Astria Home Health & Hospice, Breast Health Center (mammography center located in main Hospital Outpatient Complex or "HOC" geographically situated near Regional), HOC Outpatient Therapy, and the newly opened HOC chemotherapy clinic. PCO did not visit the Selah Clinic, the Nova Clinic, the ambulatory surgery center ("ASC") and several HOC physician clinics, or the plastic surgery center/office located on Creekside Loop. However, PCO did speak with clinic leadership for both Selah and Nova Clinics. PCO visited Regional on weekdays and weekends; and on the day, evening, and night shifts.

At Regional, PCO visited with environmental services ("EVS"), clinical laboratory, facilities, biomedical engineering, sterile processing, IT, dietary, cardiac rehab, radiology, quality, patient access, nursing, respiratory therapy, cath lab, surgery/PACU, acute care unit ("ACU"), 4 center ("med/surg"), intensive care unit ("ICU"), day surgery, spiritual care, medical records ("HIM"), materials, emergency department ("ED"), and warehouse staff. Additionally, PCO interviewed clinicians (physicians, physician assistants, and advanced practice nurses) and patients. PCO also interacted with medical device vendors who were noted on site during the site visit.

The Assistant Chief Nursing Officer, a team member who was functioning as the Director for the ED, IV Therapy, Administrative Nursing Supervisors ("ANS")/Staffing/Float Pool, departed this reporting cycle. She was well thought of in the clinical ranks and her departure was reported by clinical staff as affecting staffing morale. A new ED Director was hired and will start sometime during the next reporting cycle.

Additionally, the Employee Health Nurse resigned. In following up with this team member, the departure was reported as directly related to bankruptcy uncertainty. Two other notable nursing departures included the newly hired health system nurse educator and the anticipated nursing director and admissions coordinator for the inpatient rehabilitation unit. The bankruptcy nexus with these latter two departures was not queried.

The number of core clinical staff openings remains PCO's top concern. While nursing openings were detailed most heavily in the First Regional Report, other departments have also faced departures with gaps in the replacement of core team members for various reasons. During PCO's site visit, the ED consistently had four or more inpatient holds due to maximum staffing assignments reached on the clinical units. An elective surgery was rescheduled due to staffing challenges associated with the staffing impact of emergent post-surgical patient care demands. PCO consistently observed departmental examples of staffing accomplished through staff pulling extra shifts, forgoing PTO, and/or taking extra call to provide coverage. This cycle has caused many staff to "max out" on their PTO, meaning they are no longer accruing PTO. While patient care has not been affected to date and patient interviews did not elicit any immediate direct care concerns, PCO would be remiss to not convey the staff and clinician concern regarding the ongoing strain associated with staffing. From a monitoring perspective, PCO's role seems further complicated by staff and clinicians generally reporting unease in chatting with the PCO fearing reprisal, particularly if additional reduction in force determinations will be made.

Certainly, departmental and senior operational/clinical leadership remain diligent and engaged in efforts to recruit to fill positions. New agency contracts were reported that include staffing resources for ancillary departments such as outpatient cardiac testing and respiratory therapy. PCO was made aware of agency nurse support in the ED and PACU. Several long-term OR agency contracts will end this next report cycle, creating an influx of new agency support, including that of the OR charge nurse role. PCO will remain engaged to track staff departures, agency coverage, and recruitment successes.

Med/Surg/Tele patient consolidation continues to the ACU unit, as was reported in the First Regional Report. However, the 4C unit was open briefly to care for patient overflow during PCO's second site visit. During the interim reporting period, ICU patient care was moved from the CVTU unit on the 5th floor of the tower building to the older ICU located on the second floor of the central building ("2C ICU"). The layout of the 2C ICU is a more traditional ICU with a large central nursing station with glass-doored rooms situated in a circular pattern around the nurses' station. In contrast, the CVTU was designed as a single-stay unit, primarily to support cardiothoracic surgical patients who had surgeries in the OR suite situated at one end of the CVTU. Understandably, both med/surg/tele and ICU staff and clinicians have preferences associated with whatever unit was historically their "home unit" when 4C, ACU, ICU and CVTU were all operating.

The First Regional Report discussed anesthesia staff departures with the caveat that PCO would clarify physician coverage levels. At the time of PCO's second site visit, the regular OR was staffed with one anesthesiologist and 4.5 certified registered nurse anesthetists ("CRNAs"). However, only 3 CRNAs take call to cover a total sixty call shifts per month. Additionally, Regional has one cardiothoracic ("CT") anesthesiologist who is working through a process to leave Debtors' organization. The medical staff bylaws were reported as recently changing to allow independent surgical case coverage by CRNAs. In response to this change, a community-based specialty group provided notice of voluntary privilege relinquishment citing safety concerns associated with the anesthesia coverage changes. PCO followed up with the clinician group to understand the potential patient care impact from this change and the bankruptcy nexus, if any, associated with the groups' departure. Importantly, while the specialty group will no longer perform procedures or follow patients at Regional, services will remain available in the community for patients. Further, the group described its departure decision as culminating from a series of disagreements with Debtors' operational decisions over a period of years. While the bankruptcy component was felt to have some role in the departure decision, any such role was described as minor. PCO will remain engaged on the leadership efforts to augment the current anesthesia clinician base.

The pharmacy staff is now supporting hematology oncology/infusion services at the HOC oncology clinic located next to the Regional facility. PCO briefly observed care delivery during outpatient chemotherapy infusions. One registered nurse was assisted by a medical assistant and a reception team member. The hematologist was out of town, and PCO did not meet the locum tenens physician covering from the Sunnyside location. The pharmacy technician opening discussed in the First Regional Report was filled. Contracted remote order entry review/coverage ("ROER") may be ending as a cost-saving measure. PCO has concern regarding the potential patient safety implications associated with elimination of ROER service and will remain engaged to monitor potential patient safety impacts should this change occur.

PCO met with biomedical and facilities staff. In the interim reporting period, the annual fire inspection was completed, and the pressure vessel licenses were received. The five-year internal sprinkler inspection was completed. One boiler went down and was repaired in the interim reporting cycle. Additionally, the small maintenance team did receive a staff resignation, a departure that was reported as attributable to the uncertainty associated with the bankruptcy process.

As mentioned previously, biomedical engineering PM inspections that are done internally were up-to-date. However, those requiring payment to a third-party vendor for completion were behind prior to the bankruptcy filing. The intraoperative failure of a monitoring system was already reported separately to this Court in this interim reporting cycle. Clinical nursing leadership promptly informed the PCO of this equipment concern at the time of the failure, and elective procedures were stopped until functioning equipment was put in place. Patient harm was denied. PCO met with the affected clinician during the second site visit to discuss equipment and other concerns. Again, because those concerns have been detailed separately to this Court, they will not be repeated here. During the site visit, PCO reviewed the progress on equipment PMs and confirmed that anesthesia machine PMs were current, including the anesthesia machine used in the cath lab. PCO will remain engaged with the biomedical engineering and facilities team regarding progress with equipment PMs and maintenance.

During the interim reporting period, Regional had a CT scanner go down for repairs. In this several-day interim period, a back-up CT scanner was functional, but HVAC compressor issues associated with the back-up CT location, left the procedure room too warm, requiring additional free-standing fans to keep the room operational. No patient or radiologist complaints were received despite these challenges. The primary CT scanner was functional by PCO's second site visit and the compressor repair was completed by the end of the second site visit. A radiologist expressed concern that the number of cassettes was insufficient relative departmental demand. Cassettes are needed to convert a computed radiography ("CR") images to digital images. Additional cassettes were ordered and received. This department was included in the pre-bankruptcy expiration of preventative maintenance ("PM") agreements. PCO remains engaged with biomedical engineering and department leadership to track the progress in getting PMs caught up as well as getting the fluoroscopy equipment working.

PCO engaged with the two mammography technicians that staff the breast health center located in the HOC next to Regional. This outpatient department has increased its hours of operation by 2.5 hours per day, with continued coverage by two technicians from 7:00 am to 6:00 pm. Because of limited staff, coverage for sick and vacation time is challenging. Further, like the other Regional radiology equipment, the mammography machine PM is behind. No other concerns noted.

PCO was able to meet the team at the Hearing & Speech Center located in Yakima. PCO inadvertently went to the wrong building during the initial site visit, which explained why that building was vacant. PCO met a total of four team members (three audiologists and one office staff). Department leadership is in Sunnyside. This department experienced recent resignations in its office staff and a newly hired speech-language pathologist ("SLP"). The other SLP was out on a leave-of-absence at the time of PCO's visit. Outpatient SLP scheduling was being held awaiting the SLP's return from leave. Inpatient SLP support for Sunnyside and Toppenish was supported by the limited Yakima SLP staff in the outpatient therapy department located in the HOC. Post-petition vendor changes have affected non-warranty volumes since patients must be served by the vendor associated

with their assistive hearing device. Implant work, because vendors were paid directly by insurance, has been unaffected by the bankruptcy filing. The hearing vaults were reported as up-to-date on annual calibrations. The team experienced a post-petition mold vendor supply interruption that was ultimately determined to relate to internal invoice processing rather than the bankruptcy process. The community benefit provided by this department includes services for several hundred pediatric Medicaid clients who would otherwise have to seek services in Spokane or Seattle.

PCO visited the Terrace Heights clinic and engaged in operational follow-up discussions with medical assistants ("MAs") who assisted with laboratory, supply, and vaccine documentation and processes. PCO interviewed a physician and advanced practice nurse at the clinic. Supply and staff concerns were denied. Further, PCO chatted over the phone with clinic leadership for this clinic and the Selah Clinic. PCO confirmed that Selah patients associated with the departing clinician's panel were able to be absorbed by other clinicians.

PCO briefly visited the Summitview clinic and chatted with one clinician, several MAs, and the clinic leadership. PCO also noted in the interim reporting period that several clinic physicians submitted claims for pre-petition unpaid expense reimbursement. PCO called the Nova clinic manager, who reported increased physical therapy support at the clinic through traveler agency coverage.

The EVS team denied supply concerns. Staffing remained consistent with that discussed in the First Regional Report. The linen vendor changed in the interim reporting period. The previous vendor exited this service line, so the change was not bankruptcy related. No concerns noted.

At the time of PCO's visit, the head chef was out of the office. The cook PCO met with reported the produce refrigerator was out of service. Repair was anticipated. No other concerns noted.

PCO interviewed more than ten clinicians at Regional during the site visit, predominately physicians but also advanced practice nurses and physician assistants. Among them, PCO met with the Chief of Staff ("COS") who is contracted through the third-party hospitalist group, Apogee. PCO had reached out to the COS via email when the intraoperative monitoring equipment was non-functional yet did not ultimately connect. The COS informed PCO about the specialty group departure along

with hiring efforts in the hospitalist and intensivist roles. ED physicians confirmed that patients needing specialist care not available at Regional are transferred out. Generally, supply issues were denied, with clinician concerns more centered on staffing, equipment, physician retention, and a definitive plan to emerge from bankruptcy.

PCO called the 800-number associated with the "anonymous" compliance hotline to confirm its continued operation. PCO selected the menu-option prompt that described the services offered by the third-party service. Essentially, a third-party vendor collects compliance concern information and sends a written report of the concern to the Astria compliance officer (in this case, the Yakima CFO). If the reporting individual desires to remain anonymous, the individual's name is left off the report. However, because of the number of departments with limited staffing, employees expressed the concern that simply the removal of the employee name does not ensure anonymity. The concern appeared legitimate, suggesting that the hotline will not likely be utilized or serve as a tool for PCO to monitor patient safety concerns.

PCO reviewed available quality dashboard and quality assurance and performance improvement ("QAPI") departmental data in the interim reporting period. PCO also met with the Quality Director during the second site visit and engaged with the infection preventionist over the phone after the site visit. PCO will continue to track available data with the quality team. PCO will also work with the quality team to explore possible additional data sources for review from the rolling presentations associated with the quality committee meeting to help with areas were the QAPI and quality dashboard data is incomplete. To the extent additional data sources are limited and staff/clinicians continue to express reservations surrounding implications associated with PCO interaction, PCO will increase the frequency of site visits to the Regional location given all the various dynamics described herein.

DATED: October 9, 2019

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

Pivot Health Law, LLC
P.O. Box 69734
Oro Valley, Arizona 85737
Ph: 520.744.7061
sgoodman@pivothealthaz.com

CERTIFICATE OF SERVICE

I hereby certify that the above and foregoing report has been electronically filed with the Clerk of the 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 notice.

Dentons US LLP Sam Alberts Geoffrey Miller Samuel Maizel Sarah M. Schrag 1900 K Street, NW Washington, DC 20006 sam.alberts@dentons.com geoffrey.miller@dentons.com samuel.maizel@dentons.com sarah.schrag@dentons.com *Attorneys for Debtors*	**Bush Kornfeld LLP** Thomas A. Buford James L. Day 601 Union Street, Suite 5000 Seattle, WA 98101 tbuford@bskd.com jday@bskd.com *Attorneys for Debtors*
U S Trustee's Office Gary W. Dyer 920 W Riverside Ave, Suite 593 Spokane, WA 99201 gary.w.dyer@usdoj.gov *Attorneys for United States Trustee*	**Sillis Cummis & Gross PC** Boris I Mankovetskiy Andrew Sherman One Riverfront Plaza Newark, NJ 07102 bmankovetskiy@sillscummis.com asherman@sillscummis.com *Attorneys for Unsecured Creditors Committee*
Polsinelli PC Jane Pearson 1000 2nd Avenue, Suite 3500 Seattle, WA 98104 jane.pearson@polsinelli.com *Attorneys for Unsecured Creditors Committee*	**Southwell & O'Rourke, P.S.** Kevin O'Rourke 421 W. Riverside Ave., Ste 960 Spokane, WA 99201 kevin@southwellorourke.com *Attorneys for JMB Capital Partners Lending, LLC*
Mintz, Levin, Cohn, Ferris, Glovsky and Popeo PC William W. Kannel Ian A. Hammel Timothy J. McKeon Matthew D. Levitt One Financial Center Boston, Massachusetts 02111 wkannel@mintz.com iahammel@mintz.com tjmckeon@mintz.com mdlevitt@mintz.com *Attorneys for UMB Bank, NA; Lapis Advisors, LP*	**Miller Nash Graham & Dunn LLP** Mark D. Northrup Teresa H. Pearson (Portland Office) 2801 Alaskan Way, Suite 300 Seattle, Washington 98121-1128 mark.northrup@millernash.com teresa.pearson@millernash.com *Local Counsel for UMB Bank, NA; Lapis Advisors, LP*

Hummer Boyd PLLC Donald A. Boyd 6 South 2nd Street, Suite 1016 Yakima, WA 98901 dboyd@hummerboyd.com *Attorneys for Community Health of Central Washington*	**Fox Rothschild, LLP** Joseph E. Shickich, Jr., Esq. 1001 - 4th Avenue, Suite 4500 Seattle, WA 98154 jshickich@foxrothschild.com *Attorneys for Washington Hospital Services, Inc.; Washington State Hospital Association; First Choice Health Network, Inc.*
Stoel Rives Vanessa Soriano Power Ellen E. Ostrow (SLC Office) 600 University Street, Suite 3600 Seattle, WA 98101 vanessa.power@stoel.com ellen.ostrow@stoel.com *Attorneys for PacifiCorp and Biotronik, Inc.*	**Borde Law, PLLC** Manish Borde 600 Stewart Street, Suite 400 Seattle, WA 98101 mborde@bordelaw.com *Attorneys for Medefis, Inc.*
State of Washington, Office Attorney General Dina L. Yunker Frank Audrey L. Udashen 800 Fifth Avenue, Suite 2000 Seattle, WA 98104 BCUYunker@atg.wa.gov dinay@ATG.WA.GOV audrey.udashen@atg.wa.gov *Attorneys for State of Washington*	**Stokes Lawrence** Claire Taylor 1420 Fifth Avenue, Suite 3000 Seattle, WA 98101-2393 claire.taylor@stokeslaw.com *Attorneys for Lower Valley Credit Union*
Ryan Swanson Susan Rae Fox 1201 3rd Ave., Suite 3400 Seattle, WA 98101 fox@ryanlaw.com *Attorneys for RIAA Commercial Finance, Inc.*	**Lukins & Annis** Trevor R. Pincock 717 W. Sprague Ave., Suite 1600 Washington Trust Financial Center Spokane, WA 99201 tpincock@lukins.com *Attorneys for Healthcare Resource Group, Inc.*
Ray Quinney & Nebeker David H. Leigh 36 South State Street, Suite 1400 Salt Lake City, UT 84145-0385 dleigh@rqn.com *Attorneys for Med One Capital Funding, LLC*	**Nold Muchinsky** Brian Muchinsky 10500 NE 8th Street, Suite 930 Bellevue, WA 98004 bmuchinsky@noldmuchinsky.com *Attorneys for Copiers Northwest, Inc.*
Lee & Hayes, P.C. Bryce J. Wilcox Caleb Hatch Shaun M. Cross 601 W. Riverside Avenue, Suite 1400 Spokane, WA 99201 bryce@leehayes.com caleb.hatch@leehayes.com shaun@leehayes.com *Attorneys for OXARC, Inc.; Inland Northwest Health Services d/b/a/ Engage*	**Barnard Iglitzin & Lavitt LLP** Laura Ewan Darin M. Dalmat 18 West Mercer Street, Suite 400 Seattle, WA 98119 ewan@workerlaw.com, woodward@workerlaw.com dalmat@workerlaw.com *Attorneys for Washington State Nurses Assoc.*

Larson Berg & Perkins PLLC Michelle Renee Riel P.O. Box 550 Yakima, WA 98907 michelle@lbplaw.com *Attorneys for Theorem Architecture PLLC*	**Waller Lansden Dortch & Davis LLP** David E. Lemke Melissa W. Jones Shelley N. Ripley 511 Union Street, Suite 2700 Nashville, TN 37219 david.lemke@wallerlaw.com melissa.jones@wallerlaw.com snr@witherspoonkelley.com (local counsel) *Attorneys for MidCap Funding IV Trust*
Sackmann Law Office Steven H. Sackmann 455 East Hemlock Street Othello, WA 99344-0409 steve@sackmannlaw.com, sackmannlaw@hotmail.com *Attorneys for Jim McCommon, McCommon Leasing Co.*	**City of Yakima** Sara L. Watkins 129 N. 2nd Street Yakima, WA 98901 sara.watkins@yakimawa.gov *Attorneys on behalf of City of Yakima*
Bailey & Busey PLLC Roger William Bailey 411 N. 2nd Street Yakima, WA 98901 roger.bailey.attorney@gmail.com *Attorneys for Milroy Emergency Group, PLLC; Olney Emergency Group, PLLC; and, Sunnyside Emergency Group, LLC (local counsel)*	**Nelson Mullins, LLP** Lee B. Hart Atlantic Station 201 17th Street, NW, Suite 1700 Atlanta, GA 30363 lee.hart@nelsonmullins.com *Attorneys for Milroy Emergency Group, PLLC; Olney Emergency Group, PLLC; and, Sunnyside Emergency Group, LLC*
SEIU Healthcare 1199NW Carson R. Flora Suzanne Hepner (NY Levy Ratner, PC) 15 S. Grady Way, Suite 200 Renton, WA 98057 carsonf@seiu1199nw.org shepner@levyratner.com *Attorneys for SEIU Healthcare 1199NW*	**Ogden Murphy Wallace, PLLC** William F. Malaier, Jr. 901 Fifth Ave., Suite 3500 Seattle, WA 98164-2008 wmalaier@omwlaw.com *Attorneys for Yakima Valley Memorial Hospital*
Yakima Valley Memorial Hospital c/o Lynne Chafetz Virginia Mason Medical Center PO Box 900/MS: GB-ADM Yakima, WA 98902 *Returned as undeliverable*	**Koenig Dunne, PC, LLO** Patrick M. Patino 1266 S. 13th Street Omaha, Nebraska 68108 patrickp@koenigdunne.com russell.garrett@jordanramis.com (local counsel) *Attorneys for LRS Healthcare, Inc.*
Halverson Northwest Law Group, PC Michael F. Shinn 405 East Lincoln Ave, PO Box 22550 Yakima, WA 98907 mshinn@hnw.law *Attorneys for V.K. Powell Construction, LLC*	**Hames, Anderson, Whitlow & O'Leary, P.S.** William L. Hames 601 W. Kennewick Ave. Kennewick, WA 99336-0498 billh@hawlaw.com *Attorneys for Advanced Transfusion Services*
Blakeley LLP Scott Blakeley 18500 Von Karman Ave Irvine, CA 92612 seb@blakeleyllp.com *Attorneys for Baxter Healthcare Corp.*	**Bernstein-Burkley, P.C.** Kirk B. Burkley; Lara S. Martin Suite 2200 Gulf Tower Pittsburgh, PA 15219 kburkley@bernsteinlaw.com lmartin@bernsteinlaw.com *Attorneys for Beckman Coulter, Inc.*

Leavy Schultz Davis, P.S. Justine Theresa Koehle 2415 W. Falls Ave. Kennewick, WA 99336 jkoehle@tricitylaw.com *Attorneys for Connell Oil, Inc. d/b/a Co-Energy*	**Snell & Wilmer** Eric S. Pezold 600 Anton Blvd, #1400 Costa Mesa, CA 92626 **epezold@swlaw.com** *Attorneys for Banner Bank*
U.S. Dept HHS, Region X Pamela K. Parker 701 Fifth Ave, Suite 1600 Seattle, WA 98104 pamela.parker@hhs.gov *Chief Counsel for Dept HHS Office General Counsel*	**Hurley & Lara** James P. Hurley 411 N. 2nd Street Yakima, WA 98901 jamesphurley@hotmail.com *Attorneys for Bramstedt Instrument, Inc.*
Stoel Rives Oren Buchanan Haker (Portland Office) 760 SW Ninth Avenue, Suite 3000 Portland, OR 97205 oren.haker@stoel.com *Attorneys for PacifiCorp and Biotronik, Inc.*	**Stoel Rives** Ellen E. Ostrow 201 Main Street, Suite 1100 Salt Lake City, UT 84111 ellen.ostrow@stoel.com *Attorneys for PacifiCorp and Biotronik, Inc.*
Kutack Rock LLP Dan R. Nelson 300 S. John Q. Hammons Parkway Suite 800 Springfield, MO 65806 dan.nelson@kutakrock.com	**Corporation Service Company** uccsprep@cscinfo.com *Secured Creditor*
Ryan, Swanson & Cleveland, PLLC Richard J. Hyatt 1201 Third Ave., Ste 3400 Seattle, WA 98101-3034 hyatt@ryanlaw.com *Attorneys for TIAA Commercial Finance, Inc.*	**Arent Fox** Robert Hirsh, Jordana Renert 1301 Ave of the Americas, 42nd Floor New York, NY 10019 robert.hirsh@arentfox.com jordana.renert@arentfox.com *Attorneys for JMB Capital Partners, Debtor in Possession Lender*

DATED: October 9, 2019

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

Pivot Health Law, LLC
P.O. Box 69734
Oro Valley, Arizona 85737
Ph: 520.744.7061
sgoodman@pivothealthaz.com