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*Patient Care Ombudsman*

**UNITED STATES BANKRUPTCY COURT  
 EASTERN DISTRICT OF WASHINGTON**

In re:

ASTRIA HEALTH, et.al. <sup>1</sup>

Debtors in Possession,

Chapter 11

Case No. 19-01189 FLK

Jointly Administered

**PATIENT CARE OMBUDSMAN'S SECOND INTERIM REPORT  
 FOR ASTRIA TOPPENISH HOSPITAL 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, on August 9, 2019 PCO filed *Patient Care Ombudsman’s First Interim Report for Astria Toppenish Hospital and Geographically Associated Clinics and/ or Departments* (“**Toppenish First Report**”)

<sup>1</sup> 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).



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1 [Docket No. 464] detailing PCO's initial efforts after engagement in the role and observations after  
2 completing the first site visit. In the interim period, PCO engaged remotely with clinical leadership and  
3 quality personnel, reviewing the quality data that was available in the normal business course.

4 PCO comes now and submits this *Patient Care Ombudsman's Second Interim Report for Astria*  
5 *Toppenish Hospital and Geographically Associated Clinics and/or Departments* ("**Second Report**") detailing  
6 interim monitoring and a second visit, including observations and analyses of Debtor's inpatient and  
7 outpatient health care services geographically associated with Astria Toppenish Hospital  
8 ("**Toppenish**").

#### 9 **SITE VISIT SUMMARY**

10 On the date of PCO's second site visit, the census at Toppenish was 30. In the interim  
11 reporting period, the long-term inpatient behavioral health inpatient unit ("BH Unit") increased its total  
12 capacity to 14 beds. The BH Unit and the 6-bed voluntary medical withdrawal management ("MWM")  
13 unit were both at capacity. PCO also noted patients in the intensive care unit ("ICU"), the medical  
14 surgical overflow unit ("med/surg"), and on the family maternity center ("FMC").

15 In the interim reporting cycle, two nurses resigned: (1) the FMC Director; and, (2) an ICU  
16 nurse. While bankruptcy concern was cited in one of these resignations, that was reported as secondary  
17 to pay and/or benefit concerns. The FMC Director departure was also significant from a staffing  
18 perspective since this individual was able to step in to various FMC direct care roles when needed.

19 The Emergency Department ("ED") Director role was filled in the interim reporting period.  
20 This team member transferred from an ANS role at Astria Sunnyside. The ED was busy and reported  
21 seeing as many as 69 patients in a twenty-four-hour period around the time of PCO's site visit. PCO  
22 interviewed the ED physician who denied supply/staff concerns.

23 PCO did not directly interact with the Dietary Supervisor during the second site visit. Staffing  
24 and equipment was reported as consistent with that documented in the First Toppenish Report. With  
25 the census in the 30's staffing for this department remains modest.

1 Employees reported a concern with employee pre-paid meal cards. Employees would “load”  
2 money on to these cards to pay for cafeteria meals. Employees are now told the card reader is not  
3 functional, and monies are being pulled through a manual payroll deduction. Employees expressed  
4 concern that the previous prepaid amounts were not being considered such that staff were “paying  
5 twice.” PCO will remain engaged to follow up on this issue since the card reader functionality gap  
6 could be attributable to the bankruptcy dynamic.

7 PCO interviewed patients, staff, and clinicians on the FMC, MWM, med/surg, and intensive  
8 care units.<sup>2</sup> Available management level team members were also interviewed. One patient reported  
9 that the ED did not have any pillows available to him when he came to the hospital. No other direct  
10 supply or care issues were reported. FMC staff reported some challenges associated with facility  
11 maintenance items. Prior to the filing of this report, however, the maintenance/facilities teams  
12 reestablished access to a credit card that was felt to facilitate improved response time to smaller  
13 maintenance items such as locks, bulbs, filters, and other hardware supplies.

14 PCO was able to meet both maintenance technicians this site visit and interact with the facilities  
15 supervisor during the Astria Sunnyside site visit. As reported previously in PCO’s First Reports, the  
16 maintenance/facility/biomedical engineering team experienced a great deal of vendor strain and  
17 fractured relationships prior to the bankruptcy. This dynamic impacted parts/service flow to the boiler  
18 system associated with the OR equipment sterilizers. At the time of the second site visit, the redundant  
19 boiler was non-operational, and the remaining boiler was not fully operational, leaving no buffer if the  
20 boiler equipment fully failed. As of the writing of this report, however, the team reported having a  
21 service visit scheduled. PCO will remain engaged on this specific example and other similar equipment  
22 needs in the next reporting cycle to monitor continued progress in this important area.

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2 Importanty, PCO offers correction to the clinician description utilized in the First Toppenish Report as it related to the  
26 dedicated advanced practice nurse who covers both the BH Unit and the MWM Unit. PCO’s Report inadvertently  
referenced the older “mid-level provider” term which has been criticized as outdated and inconsistent with the current  
autonomy and responsibility of the advanced practice nurse role.

1 PCO met the supply technician who splits time between Toppenish and Regional. She reported  
2 splitting time between supply management at Toppenish and supporting the small Yakima-based  
3 materials team with following up on back-ordered line items to timely secure substitute supplies. The  
4 team member denied receiving any current supply complaints from department staff.

5 The clinical laboratory was staffed with a medical technologist and a phlebotomist at the time of  
6 PCO's visit. The hospital laboratory supports both inpatient processing as well as that for three clinics.  
7 The laboratory director was described as often supporting "bench work" due to lean staffing patterns.  
8 The respiratory therapy supervisor was also working in direct patient care the date of PCO's visit.  
9 Supply concerns were denied. Pharmacy was staffed with a PRN pharmacist the date of PCO's site  
10 visit. PCO's caution surrounding potential elimination of remote order entry review ("ROER") and the  
11 importance of monitoring any impact on the timing of medication administration, system overrides,  
12 and error trends applies to all hospital locations.

13 PCO spoke to clinic leadership over the three rural health clinics associated with Toppenish  
14 Hospital. Concerns were denied. PCO physically visited one of the three clinics with no concerns  
15 noted.

### 16 SUMMARY AND NEXT STEPS

17 PCO did not observe care decline as contemplated by 11 U.S.C. §333(b). While the census  
18 growth adds some amount of additional staffing strain, the tight-knit employee team continues to  
19 appreciate its important benefit to the hospital. PCO will remain engaged on equipment maintenance  
20 and repair and staffing replacements for newly vacated positions. As reported in the Regional Second  
21 Report, Toppenish employees share similar frustrations associated with reaching PTO accrual caps  
22 along with additional benefit concerns from recently billed personal medical claims. To the extent  
23 these various concerns could lead to further staff departures, PCO will monitor any patient care impact.  
24 Because of the detail and completeness of the quality monitoring data received from Toppenish and the  
25 regular, transparent communication with the leadership team, PCO is comfortable, at this juncture, with  
26 a continued 60-day site visit interval.

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Dated: October 11, 2019

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## 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.

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