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9  
10 **UNITED STATES BANKRUPTCY COURT**  
11 **CENTRAL DISTRICT OF CALIFORNIA**  
12 **LOS ANGELES DIVISION**

13 In re: ) Lead Case No.: 2:18-bk-20151-ER

14 **VERITY HEALTH SYSTEM OF CALIFORNIA, INC. et al.,**

15 Debtor(s).

- 16  Affects All Debtors )
- 17  Affects Verity Health System of )
- 18 California, Inc. )
- 19  Affects O'Connor Hospital )
- 20  Affects Saint Louise Regional Hospital )
- 21  Affects St. Francis Medical Center )
- 22  Affects St. Vincent Medical Center )
- 23  Affects Seton Medical Center )
- 24  Affects O'Connor Hospital Foundation )
- 25  Affects Saint Louise Regional Hospital )
- 26 Foundation )
- 27  Affects St. Francis Medical Center of )
- 28 Lynwood Foundation )
- Affects St. Vincent Foundation )
- Affects St. Vincent Dialysis Center, Inc. )
- Affects Seton Medical Center )
- Foundation )
- Affects Verity Business Services )
- Affects Verity Medical Foundation )
- Affects Verity Holdings, LLC )
- Affects De Paul Ventures, LLC )
- Affects De Paul Ventures – San Jose )
- Dialysis, LLC )

- Case No.: 2:18-bk-20162-ER;
- Case No.: 2:18-bk-20163-ER;
- Case No.: 2:18-bk-20164-ER;
- Case No.: 2:18-bk-20165-ER;
- Case No.: 2:18-bk-20167-ER;
- Case No.: 2:18-bk-20168-ER;
- Case No.: 2:18-bk-20169-ER;
- Case No.: 2:18-bk-20171-ER;
- Case No.: 2:18-bk-20172-ER;
- Case No.: 2:18-bk-20173-ER;
- Case No.: 2:18-bk-20175-ER;
- Case No.: 2:18-bk-20176-ER;
- Case No.: 2:18-bk-20178-ER;
- Case No.: 2:18-bk-20179-ER;
- Case No.: 2:18-bk-20180-ER;
- Case No.: 2:18-bk-20181-ER

Chapter 11 Cases

**SUBMISSION OF SECOND REPORT BY PATIENT CARE OMBUDSMAN, JACOB NATHAN RUBIN, MD, FACC, PURSUANT TO 11 U.S.C. § 333(b)(2)**

[NO HEARING REQUIRED]

Debtors and Debtors In Possession



**TABLE OF CONTENTS**

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

**IN RE VERITY HEALTH SYSTEMS, INC.  
SECOND REPORT OF PATIENT CARE OMBUDSMAN PURSUANT TO 11 U.S.C. § 333**

**I. PCO’s APPOINTMENT AND SCOPE OF REVIEW ..... 3**

**II. VERITY SITES REVIEWED BY THE PCO ..... 4**

**III. METHODOLOGY AND MEDICAL STANDARD APPLIED BY THE PCO ..... 6**

**A. Second Report Review Strategy ..... 6**

**B. Review for Urgent Care Facilities and Clinics ..... 6**

**C. Documents Reviewed in Data Room (One Drive) and at Debtors’ Locations. 7**

**IV. REVIEW OF DEBTORS BY INDIVIDUAL LOCATION ..... 8**

**A. HOSPITALS ..... 8**

**1. St. Vincent’s Medical Center ..... 8**

**a. Review: California Department of Public Health Reports ..... 8**

**b. Critical Vendor Evaluation ..... 9**

**c. Pharmacy Shortages ..... 9**

**d. Joint Commission Accreditation Report Findings ..... 9**

**e. Leapfrog Data ..... 9**

**2. St. Francis Medical Center ..... 10**

**a. On Campus Document Review and One Drive Review ..... 10**

**b. California Department of Public Health ..... 11**

**c. Joint Commission Report: Trauma Certification ..... 11**

**d. Leapfrog Data and Ratings ..... 12**

**3. O’Connor Medical Center ..... 12**

**a. Administrative Interview ..... 12**

**b. California Department of Public Health (CDPH) ..... 13**

**c. Professional Liability ..... 14**

**d. Leapfrog Data ..... 14**

**4. St. Louise Regional Hospital ..... 14**

**a. Administrative Discussion ..... 14**

**b. Joint Commission Accreditation Report (9/8/2018) ..... 15**

**c. Lawsuits ..... 15**

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

d. California Department of Public Health .....	15
e. Root Cause Analysis .....	16
f. Leapfrog Data .....	16
5. Seton Coastside .....	17
a. Administration Discussions.....	17
b. CDPH .....	17
c. Lawsuits .....	17
6. Seton Medical Center .....	17
a. Administration Discussion .....	17
b. CMS Findings .....	19
c. California Department of Public Health.....	20
d. Leapfrog Data .....	20
<b>B. URGENT CARE CENTERS, DIALYSIS CENTER AND CLINICS .....</b>	<b>20</b>
a. URGENT CARE CENTERS .....	21
1. Willow Glen Urgent Care Center.....	21
2. Santa Clara Urgent Care .....	21
3. DePaul Urgent Care Center.....	21
b. DIALYSIS CENTER.....	21
1. St. Vincent Dialysis Center .....	21
c. VERITY MEDICAL FOUNDATION CLINICS.....	21
1. ACMG All Care Clinic. ....	21
2. Centers for Life, Children’s Medical Associates (CFL).....	21
3. SJMG San Jose Medical Group.....	21
4. Good Samaritan Clinic. ....	21
5. McKee Clinic.....	21
6. Morgan Hill Medical Associates. ....	21
7. Morgan Hill Pediatrics. ....	21
8. O’Connor General Surgery. ....	21
9. Willow Glen Clinic. ....	21
10. SOAR Redwood Main campus. ....	21
11. SOAR San Francisco. ....	21
12. SOAR San Jose. ....	21
13. 1800 Sullivan Primary Care. ....	21
14. Gilroy Primary Care. ....	21
15. O’Connor Primary Care Clinic. ....	22
16. Samaritan ENT.....	22
17. Santa Clara Family Medicine. ....	22

1                                   **18. Seton Multispecialty Clinic. .... 22**  
2                                   **19. Seton Oncology Daly City. .... 22**  
3                                   **20. Seton Oncology San Francisco. .... 22**  
4                                   **21. Seton Primary Care. .... 22**  
5                                   **22. Breastlink Laguna Hills Clinic. .... 22**  
6                                   **23. Breastlink Newport Beach Clinic .... 22**  
7                                   **24. Breastlink Orange Clinic. .... 22**  
8                                   **25. Breastlink Temecula Valley Clinic. .... 22**  
9                                   **26. Comprehensive Surgical Associates. .... 22**  
10                                   **27. Southgate OB GYN. .... 22**  
11                                   **28. St. Vincent’s Multispecialty. .... 22**  
12                                   **29. St. Vincent’s Transplant SVTP. .... 22**

13                                   **C. VERITY MEDICAL FOUNDATION CLINICS DISCUSSION ON**  
14                                   **PERTINENT SITES OF CONCERN..... 22**

15                                   **V. CONCLUSION..... 23**

16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
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1 Jacob Nathan Rubin, MD, FAAC, the Patient Care Ombudsman (“PCO”) appointed under  
2 11 U.S.C. § 333 in the above-referenced chapter 11 bankruptcy cases of the affected debtors and  
3 debtors in possession (collectively, “Debtors”), hereby submits his second report (“Second Report”)  
4 to the Court pursuant to 11 U.S.C. § 333(b) regarding the quality of patient care provided to  
5 patients of the affected Debtors. The Second Report is hereby attached as Exhibit A.

6 Submitted by:

7 LEVENE, NEALE, BENDER, YOO & BRILL L.L.P.  
8

9 By: /s/ Ron Bender

10 RON BENDER

11 MONICA Y. KIM

12 Attorneys for Patient Care Ombudsman  
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**EXHIBIT A**

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**IN RE VERITY HEALTH SYSTEMS, INC.  
SECOND REPORT OF PATIENT CARE OMBUDSMAN**

**PURSUANT TO 11 U.S.C. § 333**

**I. PCO's APPOINTMENT AND SCOPE OF REVIEW**

The Debtors are health care businesses as defined under § 101(27)(A). The Court ordered the appointment of a PCO pursuant to 11 U.S.C. § 333 (a)(1) to monitor, and report to the Court, the quality of patient care provided by the Debtors. The PCO, whose appointment by the U.S. Trustee was approved by the Court, performed the duties described in 11 U.S.C. §§ 333(b) and (c). The PCO performed these duties with the assistance of a Court approved, qualified employed expert, Dr. Timothy Stacy. Additionally, the Court approved counsel, Levene, Neale, Bender, Yoo & Brill L.L.P., to provide legal guidance to the PCO regarding the performance of his duties under the Bankruptcy Code.

Subsequent to the PCO's initial evaluation, the PCO continued to perform contemporaneous monitoring of any issues identified pertaining to a specific Debtor entity and the global issues identified requiring Debtors' immediate attention as identified in the PCO's First Report, and as required by 11 U.S.C. §§ 333(b) and (c).

The observation period for this Second Report was from December 8<sup>th</sup>, 2018, through February 8<sup>th</sup>, 2019. During this period the PCO reviewed all new E-data room entries such as Joint Commission Reports, Survey Verification, and CDPH filings. The PCO was in continuous contact with Verity's Dr. Del Junco. During this period the PCO visited St. Francis and St. Vincent campuses and met with administration of these facilities. In addition, the PCO met with the administration of St. Louise, O'Connor, and Seton Medical Centers via video conference to review progress, new reporting data and the status of patient care.

1 **II. VERITY SITES REVIEWED BY THE PCO**

2 Debtors continue to operate six acute care hospital centers, three urgent care centers, one  
3 hemodialysis center, and 29 healthcare clinics with numerous service lines that serve multiple  
4 communities, and are located in multiple geographic areas in Northern, Central and Southern  
5 California, including:

6 A. HOSPITALS (6)

7 St. Vincent's Medical Center

8 St. Francis Medical Center

9 O'Connor Hospital

10 St. Louise Regional Hospital

11 Seton Coastside

12 Seton Medical Center

13 B. URGENT CARE CENTERS (3)

14 Willow Glen urgent care

15 Santa Clara urgent care

16 De Paul urgent care

17 C. DIALYSIS CENTER (1)

18 St. Vincent's Dialysis Center

19 D. VERITY MEDICAL FOUNDATION CLINICS (29)

20 ACMG All Care Clinic

21 Center for Life, Children's Medical Associates

22 SJMG (San Jose Medical Group)

23 Good Samaritan Clinic

24 McKee Clinic

1 Morgan Hill Medical Associates  
2 Morgan Hill Pediatrics  
3 O'Connor General Surgery  
4 Willow Glen Clinic  
5 SOAR  
6 -Redwood Main campus  
7 -San Francisco  
8 -San Jose  
9  
10 1800 Sullivan Primary Care  
11 Gilroy Primary Care  
12 O'Connor Primary Care Clinic  
13 Samaritan ENT  
14 Santa Clara Family Medicine  
15 Seton Multispecialty Clinic  
16 Seton Oncology Daly City  
17 Seton Oncology San Francisco  
18 Seton Primary Care  
19 Breastlink  
20 -Laguna Hills  
21 -Newport Beach  
22 -Orange  
23 -Temecula Valley  
24  
25 Comprehensive Surgical Associates  
26 South Gate OB GYN  
27  
28

1 St. Vincent's Multispecialty

2 St. Vincent's Transplant SVT

3 **III. METHODOLOGY AND MEDICAL STANDARD APPLIED BY THE PCO**

4 The PCO continues to monitor patient care provided by the Debtors by applying the  
5 principals and structure of evidence-based review outlined in the PCO's First Report.

6 **A. Second Report Review Strategy**

7 Specific review and follow-up on previously identified areas of concern was performed.  
8  
9 Frequent discussions with Dr. Del Junco were helpful in determining the progress of corrective  
10 action plans. Regular communication with local CMO, CEO, CNO, Quality Directors and Medical  
11 staff leaders promoted constructive dialogue regarding matters of concern. Through dialogue with  
12 organizational leaders, the PCO was well-informed on the status of all events (positive or negative),  
13 corrective action plan progress, results of CDPH investigations, State Board of Pharmacy and Joint  
14 Commission surveys.

15  
16 The diligence of the organization to manage the E-Data room punctually assisted the PCO  
17 in performing his duties. In addition to transparent document communication through the data  
18 room, administrative and medical staff professional relationships have been established with the  
19 PCO that encourage contemporaneous exchange of information, allowing the PCO to address  
20 problems and collaboratively develop solutions with organizational leaders.

21 **B. Review for Urgent Care Facilities and Clinics.**

22 The urgent care facilities and the numerous clinics were reviewed with administrative staff  
23 and Dr. Stephen Campbell to determine the quality of current care, along with current and future  
24 patient safety. The progress of the clinics and Urgent Cares remain dynamic. According to Dr. Del  
25 Junco and Dr. Campbell, there is no new information as to the disposition of clinics or Urgent Care  
26 Centers.  
27  
28

1           **C. Documents Reviewed in Data Room (One Drive) and at Debtors' Locations.**

2           The data room documents were requested from Debtors and could only be reviewed in read  
3 only format. Should any party or the court wish to review the documents listed, this request must be  
4 made of the Debtors other than as discussed. The following items continued to be included in our  
5 evaluation process:

6                     BOARD of DIRECTORS MEETING

7                     CALL PANEL

8                     CDPH-California Department of Public Health reports

9                     CMS-deemed status report

10                    JOINT COMMISSION SURVEY

11                    MEDICAL EXECUTIVE COMMITTEE (MEC)

12                    MEDICAL STAFF BYLAWS

13                    PHARMACY SHORTAGE

14                    PROFESSIONAL LIABILITY (settled and pending)

15                    QUALITY ASSURANCE PERFORMANCE IMPROVEMENT COMMITTEE

16                    MINUTES

17                    RISK MANAGEMENT DATA

18                    VENDORS

19                    LEAPFROG DATA

20                    CALIFORNIA STATE BOARD OF PHARMACY SURVEY

21                    CALIFORNIA STATE WATER BOARD

1 **IV. REVIEW OF DEBTORS BY INDIVIDUAL LOCATION**

2 **A. HOSPITALS**

3 **1. St. Vincent's Medical Center**

4 The PCO visited St. Vincent Medical Center and met with administrative staff, quality  
5 director, and managers to follow-up on any new events that occurred since the last visit and  
6 FirstReport. During the meeting we discussed progress on leapfrog data, any new CDPH  
7 complaints, lawsuits, and corrective action reports.  
8

9 Administration investigated a CDPH complaint related to adequate licensed personnel  
10 "break relief" complaints that apparently were initiated by staff. Upon an internal investigation  
11 administration verified that staffing ratios during break relief is adequate. In fact, the results of the  
12 investigation yielded over staffing of 7 hours during the period in question.

13 Administration recently noticed that the Environmental Services Department has seen a  
14 higher than usual resignation rate that started approximately two months ago. The hospital is  
15 actively replacing the environmental services personnel and do not anticipate a critical issue.  
16

17 In review of any new data, both on the data room and on-site document review, there were  
18 no significant issues to report.

19 **a. Review: California Department of Public Health Reports**

20 The PCO had the opportunity to discuss one new California Department of Public Health  
21 report regarding an issue with an unsafe discharge. Corrective action was implemented immediately  
22 by the debtor upon the discovery of the alleged unsafe discharge. After discussion and investigation  
23 of the staffing complaint, the PCO did not determine this was related to the debtor financing or  
24 bankruptcy proceedings.  
25  
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28



1 St. Vincent's continues to improve its metrics data and is dedicated to improving its grade.  
2 Updates to Leapfrog data will not be available until mid-year. The PCO will continue to monitor  
3 the modules that dictate the grading system. Any significant issues that arise will be reported in  
4 future reports.

5 **2. St. Francis Medical Center**

6 **a. On Campus Document Review and One-Drive Review**

7 The PCO met with the administration team to discuss any new events since our last visit and  
8 First Report.

9 The First Report referenced citations from CDPH regarding the policies and procedures in  
10 the administration of hemodialysis. The PCO inquired about the progress of the hemodialysis  
11 program. The program is running smoothly with no new issues or events. Administration is still  
12 doing hemodialysis rounding with intermittent safety huddles in order to monitor the corrective  
13 action plans that were instituted.

14 The PCO was notified of a "Possible Third-Party Access to Health Information." The  
15 notification letter read as follows:

16 "On November 27, 2018, the web email account of an employee of one of our affiliated  
17 entities and business associates, Verity Health System ("VHS"), was compromised for  
18 approximately 1.5 hours. During this time, a third party obtained access to the employee's  
19 email account without authorization and from this account, sent emails to various internal  
20 and external email accounts containing a malicious link. It appears that this was an attempt  
21 to obtain user names and passwords from the recipients of these emails. During the window  
22 when the VHS employee's email account was accessed by the unauthorized third party, the  
23 intruder had the ability to access any emails or attachments present in any of the employee's  
24 email folders at that time. Upon review of the VHS employee's email folders, it has been  
25  
26  
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28

1 determined that a number of emails and attachments included health information for  
2 Hospital patients.”

3 The PCO discussed the event with Dr. Del Junco at length. The investigation remains open  
4 and to date it appears that the third-party did not access files and folders that contained health  
5 information and identity. Frequent updates on the investigation progress are placed in the One-  
6 Drive data room for the PCO to review.

7  
8 The breach had nothing to do with the finances of the Debtors to operate secure servers and  
9 protect health information of patients.

10 The PCO will continue to monitor this issue.

11 During our last observation of the hospital we noted that there was a high volume of  
12 “behavior health patient boarding” that impacted the diversion hours of the emergency department.  
13 The emergency department and administration have created behavior health unit observation beds  
14 to offload the emergency department that resulted in decreased diversion hours and better  
15 compliance with nurse to patient ratios.  
16

17 The PCO will continue to monitor this issue.

18 **b. California Department of Public Health**

19 There were five CDPH reported incidents that were discussed in detail with the quality  
20 director and administration. The PCO did not find any untoward patient care trends. Specifically,  
21 the events that occurred were not associated with any financial burden from the bankruptcy.  
22

23 The PCO will continue to monitor the progress in subsequent visits along with all new  
24 CDPH reports as filed.

25 **c. Joint Commission Report: Trauma Certification**

26 On December 30, 2018, the final accreditation report from the joint commission noted that  
27 there are no requirements for improvement and a congratulatory letter of sixty-day evidence of  
28

1 standards compliance was completed on January 14, 2019. The unannounced full re-survey was  
2 conducted for the purposes of assessing compliance with the Medicare conditions for hospitals to  
3 the Joint Commission's deemed status survey process. The initial unannounced full resurvey was  
4 conducted on October 24, 2018, through October 26, 2018.

5 On November 20, 2018, St. Francis Medical Center received Verification Review  
6 Consultation for excellence and trauma centers recertification site visit performed by the American  
7 College of Surgeons. The survey was reviewed in detail by the PCO in its entirety. The PCO  
8 recognizes the trauma survey as an unusually robust and detailed report that referenced numerous  
9 strengths and weaknesses with detailed recommendations for improvement. Any corrective action  
10 recommendations were performed contemporaneously during, or immediately after the survey to  
11 the satisfaction of the American College of Surgeons.  
12

13 A certificate of verification was presented to the PCO as well as the complete report.  
14

15 **d. Leapfrog Data and Ratings**

16 The hospital continues to improve in metrics that drive leapfrog data and rating. Specifically,  
17 there has been a decrease in Central Line Infections as well as catheter associated urinary tract  
18 infections. The hospital has noticed a small increase in readmission rates over expected. The  
19 performance improvement team is creating a program to address readmission rates. In addition, the  
20 hospital has instituted a safe medication administration barcode system that will improve reporting  
21 metrics to leapfrog.  
22

23 **3. O'Connor Medical Center**

24 **a. Administrative Interview**

25 The PCO performed a video conference with administration to discuss any issues and new  
26 events that may have occurred after our last visit. Prior to the video conference, several documents  
27 from the E-data room were reviewed and questions prepared. Present, at the video conference, was  
28

1 Dr. Douville, the CMO, as well as several administrators. We discussed CDPH reported events,  
2 staffing, vendors, critical physician call panel, State Water Board Department survey, and the status  
3 of the surrounding and attached clinics.

4 The State Water Board Department came to test a non-used on-site water well that was  
5 tested for contaminants and pathogens. The survey did not find any pathogens or deficiencies in the  
6 water well. However, quality assurance measures and documentation were missing. Therefore, a  
7 required policy and procedure on on-site while water testing was implemented immediately and this  
8 was satisfactory to the State Water Board Department.  
9

10 Dr. Douville commented on the status of the surrounding clinics and patients associated  
11 with those clinics. According to Dr. Douville, the medical groups as well as the patients associated  
12 with those medical groups remain in negotiations and have yet to finalize the disposition of the  
13 physicians and patients. See clinic section below for full details.

14 **b. California Department of Public Health (CDPH)**

15 The California Department of Public Health (“CDPH”), reports were reviewed. CDPH  
16 investigates all patient complaints as well as all mandated hospital self-reported complaints. All  
17 allegations and events were discussed with the hospital administration. The specifics of each case  
18 are a matter of public record and can be found on the CDPH web sites.  
19

20 During the video conferencing Dr. Douville listed and discussed four new CDPH events.

21 First event: A scabies outbreak event was reported to CDPH. Staff and patients were treated  
22 appropriately as directed by an Infectious Disease Physician. After treatment all patients and staff  
23 were cleared with no further scabies observation.  
24

25 Second event: On sub-acute unit a patient alerted family and staff to an alleged abuse. The  
26 circumstances surrounding the complaint remains under investigation.  
27  
28

1 Third event: A surgical orthopedic screwdriver missed Surgical Processing Department  
2 cleaning. The device (the vector) and patient were cultured with no cross contamination and  
3 negative culture results.

4 Fourth event: A patient expired while in radiology waiting for a procedure. Dr. Douville and  
5 his team did an extensive investigation to find any opportunity for improvement. According to the  
6 investigation the patient was seen in the Emergency Department for chest pain. A determination  
7 was made by the ER to admit the patient to a telemetry floor for further evaluation. Apparently, the  
8 patient was sent to radiology without a monitoring telemetry device as ordered by the ER physician.  
9 The patient was left alone in the hallway for 30-60 seconds at which time she was noticed to have  
10 cardiopulmonary arrest. Modifications to the policy and procedures pertaining to the transfer of  
11 telemetry patients was completed and approved.  
12

13 There was no evidence of poor patient care. It was confirmed that corrective action has  
14 been taken or is in progress.

15 The PCO will continue to monitor the progress in subsequent visits along with all new  
16 CDPH reports as filed.  
17

18 **c. Professional Liability**

19 No new professional liability filings were found.

20 **d. Leapfrog Data**

21 The hospital continues to implement and monitor metrics for Leapfrog reporting.  
22

23 **4. St. Louise Regional Hospital**

24 **a. Administrative Discussion**

25 We were able to speak with John Hennelly, CEO, via video conferencing. Mr. Hennelly  
26 submitted an executive summary highlighting the PCO inquiries.  
27  
28

1 Recently the CT scanner went down requiring the Emergency Department to go on  
2 diversion. The CT scanner has since been fixed and operations continue normally.

3 As reported on the initial report, the hospitals PCA pumps created difficulties with  
4 administration of correct and accurate medications. After further investigation, the hospital  
5 replaced the PCA pumps hospital wide solving the issue.

6 The State Board of Pharmacy survey was performed with no significant issues found. The  
7 minor issues that were found by the surveyors were corrected and satisfactory to the surveyors.  
8

9 **b. Joint Commission Accreditation Report**

10 Action plans from the July 2018 Survey were completed except for required monitoring and  
11 construction which is in process. Surveyors found two deficiencies with corrective actions that were  
12 submitted to CMS and CDPH and approved.

13 An alarm fatigue related to Telemetry Monitoring was identified. A flowsheet was created  
14 for reporting purposes to Patient Safety Committee starting in February 2019.  
15

16 Construction of a required sink in the Sterile Processing Department found during the  
17 survey was completed.

18 Repairs were performed to a storage space in the Perioperative area. Final repairs are  
19 waiting OSHPD for approval.

20 **c. Lawsuits**

21 A case involving nitroglycerin paste that was not removed prior to discharge is still in  
22 mediation.  
23

24 A patient with a foot injury with significant debilitation is still in legal stay with no new  
25 details to report.

26 **d. California Department of Public Health**

27 No new CDPH reports or filings.  
28



1 6. Prevention of communication errors. A Culture of Safety survey was completed and  
2 identified areas for improvement.

3 7. Enough qualified Nurses. Staffing is being assessed and staff is being added as warranted.

4 8. ICU coverage. A telemetry and ICU program was added in June 2018, to provide  
5 comprehensive coverage around the clock.

6 **4. Seton Coastside**

7 **a. Administration discussions**

8 Per administration there are no significant changes at Seton Coastside but for several CDPH  
9 filings that will be listed below.

10 **b. CDPH**

11 On December 28, 2019, the facility received a deficiency report regarding unsafe practices  
12 in providing a safe environment for a patient that had multiple falls. In discussion with  
13 administration the PCO did not find any significant patient care issues that contributed to the event.

14 A second CDPH investigation was performed alleging an employee treated a resident poorly  
15 therefore causing emotional harm. Corrective action was completed, and the matter was resolved  
16 satisfactory.

17 **c. Lawsuits**

18 The PCO did not find any new lawsuits or professional liability reports filed.

19 **5. Seton Medical Center**

20 **a. Administration Discussion**

21 During the initial 60-day reporting period there were several significant issues with Seton  
22 Medical Center which required continuous monitoring The PCO was updated on several ongoing  
23 items by Dr. Mark Fratzke DNP, CEO, via video conferencing.  
24  
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1 The most significant finding was the immediate jeopardy determination by CMS related to  
2 the sterile processing department. CDPH was asked by CMS to investigate and monitor. Immediate  
3 Jeopardy determination status was released and CDPH is closely monitoring the corrective action  
4 plans.

5 Administration continues to work diligently to correct the findings and deficiencies  
6 discovered by the surveyors that led to immediate jeopardy from CMS.

7 Administration updated the PCO with corrective action plans that were accepted by CMS  
8 with the caveat that Seton Medical Center had to issue line item evidence of each corrective action  
9 listed in the initial report. The PCO reviewed the requested documents from CMS including the line  
10 item evidence packet. CMS has accepted and verified the corrective action.

11 During the initial evaluation the PCO had the opportunity to meet with several medical staff  
12 physicians who notified the PCO that the current CT scan machine was unreliable and its  
13 functionality delayed patient care on several occasions. The PCO frequently speaks with Dr.  
14 Robert Perez and administration as part of the follow-up on the matter of the CT scanner. The PCO  
15 was able to verify that a mobile CT machine was delivered and is currently in use and satisfactory  
16 to the medical staff.

17 In addition, the medical staff was concerned about delays with installation of an on-site 64  
18 channel CT scanner that is currently on premises yet not installed. The PCO was able to meet with  
19 administration and medical staff and verified that construction plans for the CT scanner installation  
20 were submitted to OSHPD for approval. It appears that administration and medical staff are  
21 satisfied with the agreement and the implementation plan.

22 The State Board of Pharmacy performed a survey and found several deficiencies in sterile  
23 compounding resulting in need for immediate corrective action. The pharmacy was able to make  
24 immediate corrective action that satisfied the surveyors.

1 The PCO will continue to monitor progress with the corrective action plan from the CMS  
2 findings closely as well obtain updates on any new administration or medical staff concerns.

3 **b. CMS Findings**

4 New findings from The Joint Commission were submitted to the E-Data room for review by  
5 the PCO. The report heading reads “Accreditation Activity-60-day Evidence of Standards  
6 Compliance Form.” The report findings are as follows:

7 “Leadership failed to implement processes to ensure a culture of safety as evidenced by  
8 staffs’ complaints to surveyor of coercion and threatening behavior from leaders. Employee  
9 Culture of Safety Survey 2017 results demonstrated that 22% of the organizations 491 staff  
10 members who responded to the survey were “engaged”, 37% “not engaged” and 31% were  
11 “actively disengaged.”  
12

13 Administration has implemented corrective action at all levels of leadership. Administration  
14 is scheduled to evaluate their implementation strategies by performing a Culture of Safety Survey  
15 in Spring of 2019.  
16

17 In order to ensure sustainability, leadership will present their action plan to leadership  
18 Council, Medical Executive Committee, and the Board of Directors.

19 The second finding highlights deficiencies in staffing and delivery of care:

20 “The nursing service must have adequate numbers of license registered nurses, licensed  
21 practical nurses, and other personnel to provide nursing care to all patients as needed. There  
22 must be supervisory and staff personnel for each department or nursing unit to ensure, when  
23 needed, the immediate availability of a registered nurse for bedside care of any patient.”  
24

25 Administrative staff implemented detailed and comprehensive corrective actions that are  
26 multi-tiered to include the CEO, CFO, CNO and unit directors. Monitoring compliance is  
27 performed in real time with administration to adjust for dynamic changes in patient census.  
28

1 The PCO took specific interest in the deficiencies of staffing ratios to assure that the  
2 finances of the debtor were not the root cause for compliance. In fact, the hospital has spent  
3 significant money to hire higher cost traveling nurses in order to fill vacancies and provide adequate  
4 staffing.

5 The final deficiency relates to the handling of family and patient complaints presented to the  
6 hospital. According to the Joint Commission, complaints or concerns from patients and family  
7 require comprehensive investigation and follow-up with a detailed response to the complainant. In  
8 addition, tracking and trending of the complaints require specific attention in order to prospectively  
9 address patient care trends. The PCO will continue to monitor this issue.  
10

11 **c. California Department of Public Health**

12 California Department of Public Health findings were reviewed in total in the E-data room.  
13 These findings were reviewed with administration who took significant corrective action and  
14 instituted an education plan to prevent future poor outcomes.  
15

16 **d. Leap Frog Data**

17 Seton Medical Center continues to address and implement strategies to improve leapfrog metrics as  
18 improvement continues to be a priority for the leadership.

19 **B. URGENT CARE CENTERS, DIALYSIS CENTER AND CLINICS**

20 The disposition of the medical clinics and urgent care centers remain in negotiations. The  
21 scheduled disposition of the clinics and the associated patient population were highlighted in the  
22 initial report as an addendum. In the absence of any further information from the Debtors, the PCO  
23 and consultant will continue to monitor the clinics and urgent care centers. Tspecific focus will  
24 remain the ability of the institutions to continue to provide quality care.he PCO will continue the  
25 evaluation of the clinics either by direct telephonic, video communication with the clinics, by  
26 executive review with Dr. Del Junco or regional clinic directors.  
27  
28

1 The list of Urgent Care Centers, Medical Clinics and the Dialysis Center monitored by the  
2 PCO are below.

3 **a. URGENT CARE CENTERS**

- 4 **1. Willow Glen Urgent Care Center.**  
5 **2. Santa Clara Urgent Care.**  
6 **3. DePaul Urgent Care Center.**

7 **b. DIALYSIS CENTER**

- 8 **1. St. Vincent Dialysis Center.**

9 **c. VERITY MEDICAL FOUNDATION CLINICS**

- 10 **1. ACMG All Care Clinic.**  
11 **2. Centers for Life, Children's Medical Associates (CFL).**  
12 **3. SJMG San Jose Medical Group.**  
13 **4. Good Samaritan Clinic.**  
14 **5. McKee Clinic.**  
15 **6. Morgan Hill Medical Associates.**  
16 **7. Morgan Hill Pediatrics.**  
17 **8. O'Connor General Surgery.**  
18 **9. Willow Glen Clinic.**  
19 **10. SOAR Redwood Main campus.**  
20 **11. SOAR San Francisco.**  
21 **12. SOAR San Jose.**  
22 **13. 1800 Sullivan Primary Care.**  
23 **14. Gilroy Primary Care.**  
24 **15. O'Connor Primary Care Clinic.**

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- 16. Samaritan ENT.
- 17. Santa Clara Family Medicine.
- 18. Seton Multispecialty Clinic.
- 19. Seton Oncology Daly City.
- 20. Seton Oncology San Francisco.
- 21. Seton Primary Care.
- 22. Breastlink Laguna Hills Clinic.
- 23. Breastlink Newport Beach Clinic.
- 24. Breastlink Orange Clinic.
- 25. Breastlink Temecula Valley Clinic.
- 26. Comprehensive Surgical Associates.
- 27. Southgate OB GYN.
- 28. St. Vincent's Multispecialty.
- 29. St. Vincent's Transplant (SVTP).

**C. VERITY MEDICAL FOUNDATION CLINICS DISCUSSION ON  
PERTINENT SITES OF CONCERN**

The findings of the First Report were verified: 26 of the 29 clinics, while not sold or transferred, appear to have no current financial or staffing issues or issues of continuity of care. Seton Primary Care, Seton Oncology, and ACMG still have no disposition plans other than planned closures.

**Seton Primary Care**

It is not clear how many active patients are being seen. Dr. Kiely reports that her clinic has up to 20,000 patients. Verity reports that the number is 1,500. Dr. Kiely is entertaining offers from medical groups who reportedly require more time for due diligence. She does not want to take the charts and establish her own practice and associated infrastructure. Dr. Kiely needs more time via a contract extension. She would like to see if the new owner will continue to maintain the practice.

1           **Seton Oncology**

2           It is not clear how many active patients are in the practice. Verity believes that there are 15  
3 patients receiving chemotherapy treatment and believes that these patients can safely be  
4 transitioned to other local cancer centers. These negotiations are underway. Dr. Moretti would like  
5 to remain in practice at his current location and would like the new owner to take over the  
6 administrative side of the practice.

7           **ACMG**

8           The plan is to close this clinic. Verity believes that these patients will be absorbed by the  
9 community.

10          **V. CONCLUSIONS**

11           With respect to the scope of the PCO's review, all of Verity Health Systems healthcare  
12 businesses remain well run by dedicated professionals and staff. The patients are well cared for and  
13 the facilities are being maintained. All facilities are passing inspections with congratulatory letters  
14 from the reviewing bodies. Proactive plans are in place and being acted upon. All corrective actions  
15 were rapid and successful; or in progress and being monitored.

16           The only issue of future concern is the continuity of care for patients of the three clinics  
17 noted above.

18           Prior to the First Report, Verity presented a plan of action for the clinics, and extended  
19 physician contracts for 90 days through March 7, 2019. As of this writing, the patients of the three  
20 clinics do not appear to have been reassigned.

21           The narrow question being asked of the PCO under the scope of his review, simply put, is:  
22 'Are the debtor's finances adversely impacting patient care?' The PCO believes, and the literature  
23 confirms, that interrupting continuity of care is detrimental to patients' health.

24           *"Effective management of patients with chronic diseases requires a well-developed care*  
25 *continuum that emphasizes patient safety. Fragmentation and discoordination of health*  
26 *care is a significant cause of inappropriate care and increased health-care costs."*

27           (Brown, 2018).

1           Thus, the issue of continuity of patient care or lack thereof now constitutes a significant  
2 patient safety issue. Inevitably, there are numerous patients with chronic illness, especially the  
3 elderly, that are dependent on continuity of care of established care providers (Chen H-M., 2017).  
4 These planned closures, more than 30 days from this writing, are clearly due to the clinics'  
5 economics and the Debtors' finances.

6           The physicians would like contract extensions and continued funding by Verity to ensure  
7 continuity of care and patient safety.

8           However, Verity points out that they have no statutory obligation other than informing the  
9 patients, in writing, 30 days before a planned closure.

10           The Medical Board of California's recommendations are as follows:

11           "Although a physician is allowed to sever or terminate the patient/physician relationship, in  
12 order to avoid allegations of patient abandonment (unprofessional conduct), a physician  
13 should notify patients of the following in writing when the physician wishes to discontinue  
14 care:

- 15
- 16           1. The last day the physician will be available to render medical care, assuring the patient  
17           has been provided at least 15 days of emergency treatment and prescriptions before  
18           discontinuing the physician's availability.
- 19           2. Alternative sources of medical care, *i.e.*, refer patient to other physicians, by name, or  
20           to the local medical society's referral service.
- 21

22           ///

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24           ///

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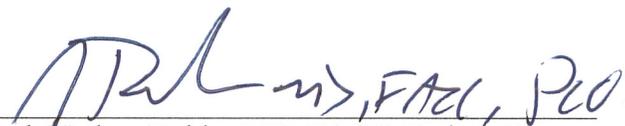
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3. The information necessary to obtain the medical records compiled during the patient's care (whom to contact, how and where).

The PCO is reporting his concerns as to the continuity of care in accordance with his statutory duty to monitor and report on the quality and safety of patient care, which will be negatively impacted by the closure of these clinics. Ultimately, the disposition of the patients and the clinics is a decision of the Debtors, parties in interest and the Court.

Dated this 5<sup>th</sup> day of February, 2019

  
\_\_\_\_\_  
Jacob Nathan Rubin, MD, FACC, Patient Care

Ombudsman

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## PROOF OF SERVICE OF DOCUMENT

I am over the age of 18 and not a party to this bankruptcy case or adversary proceeding. My business address is:

10250 Constellation Blvd., Suite 1700, Los Angeles, CA 90067

A true and correct copy of the foregoing document entitled (*specify*): **SUBMISSION OF SECOND REPORT BY PATIENT CARE OMBUDSMAN, JACOB NATHAN RUBIN, MD, FACC, PURSUANT TO 11 U.S.C. § 333(b)(2)** will be served or was served (**a**) on the judge in chambers in the form and manner required by LBR 5005-2(d); and (**b**) in the manner stated below:

**1. TO BE SERVED BY THE COURT VIA NOTICE OF ELECTRONIC FILING (NEF):** Pursuant to controlling General Orders and LBR, the foregoing document will be served by the court via NEF and hyperlink to the document. On (*date*) February 5, 2019, I checked the CM/ECF docket for this bankruptcy case or adversary proceeding and determined that the following persons are on the Electronic Mail Notice List to receive NEF transmission at the email addresses stated below:

Service information continued on attached page

**2. SERVED BY UNITED STATES MAIL:**

On February 5, 2019, I served the following persons and/or entities at the last known addresses in this bankruptcy case or adversary proceeding by placing a true and correct copy thereof in a sealed envelope in the United States mail, first class, postage prepaid, and addressed as follows. Listing the judge here constitutes a declaration that mailing to the judge will be completed no later than 24 hours after the document is filed.

Service information continued on attached page

**3. SERVED BY PERSONAL DELIVERY, OVERNIGHT MAIL, FACSIMILE TRANSMISSION OR EMAIL** (*state method for each person or entity served*): Pursuant to F.R.Civ.P. 5 and/or controlling LBR, on February 5, 2019, I served the following persons and/or entities by personal delivery, overnight mail service, or (for those who consented in writing to such service method), by facsimile transmission and/or email as follows. Listing the judge here constitutes a declaration that personal delivery on, or overnight mail to, the judge will be completed no later than 24 hours after the document is filed.

Via Attorney Service  
The Honorable Ernest M. Robles  
United States Bankruptcy Court, #1560  
255 E. Temple Street  
Los Angeles, CA 90012

Service information continued on attached page

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

February 5, 2019

Jason Klassi

/s/ Jason Klassi

Date

Printed Name

Signature

**2:18-bk-20151-ER Notice will be electronically mailed to:**

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