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

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

13)
14) Jointly Administered With:
15 **VERITY HEALTH SYSTEM OF**) Case No.: 2:18-bk-20162-ER;
16 **CALIFORNIA, INC. et al.,**) Case No.: 2:18-bk-20163-ER;
17) Case No.: 2:18-bk-20164-ER;
18 Debtor(s).) Case No.: 2:18-bk-20165-ER;
19) Case No.: 2:18-bk-20167-ER;
20) Case No.: 2:18-bk-20168-ER;

- 21 Affects All Debtors) Case No.: 2:18-bk-20169-ER;
22 Affects Verity Health System of) Case No.: 2:18-bk-20171-ER;
23 California, Inc.) Case No.: 2:18-bk-20172-ER;
24 Affects O'Connor Hospital) Case No.: 2:18-bk-20173-ER;
25 Affects Saint Louise Regional Hospital) Case No.: 2:18-bk-20175-ER;
26 Affects St. Francis Medical Center) Case No.: 2:18-bk-20176-ER;
27 Affects St. Vincent Medical Center) Case No.: 2:18-bk-20178-ER;
28 Affects Seton Medical Center) Case No.: 2:18-bk-20179-ER;
 Affects O'Connor Hospital Foundation) Case No.: 2:18-bk-20180-ER;
 Affects Saint Louise Regional Hospital) Case No.: 2:18-bk-20181-ER
Foundation)

29 Affects St. Francis Medical Center of) Chapter 11 Cases
30 Lynwood Foundation)

31 Affects St. Vincent Foundation)
32 Affects St. Vincent Dialysis Center, Inc.) **SUBMISSION OF ELEVENTH REPORT**
33 Affects Seton Medical Center) **BY PATIENT CARE OMBUDSMAN,**
34 Foundation) **JACOB NATHAN RUBIN, MD, FACC,**
35) **PURSUANT TO 11 U.S.C. § 333(b)(2)**

36 Affects Verity Business Services)
37 Affects Verity Medical Foundation) **NO HEARING REQUIRED**
38 Affects Verity Holdings, LLC)
39 Affects De Paul Ventures, LLC)

40 Affects De Paul Ventures – San Jose)
41 Dialysis, LLC)

42 Debtors and Debtors In Possession)
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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 eleventh report (“Report”) to the
4 Court pursuant to 11 U.S.C. § 333(b) regarding the quality of patient care provided to patients of
5 the affected Debtors. The 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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1 organizational preparedness on COVID-19. Site visits were restricted due to the COVID-19
2 pandemic.

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

4 Debtors continue to operate two acute care hospital centers and a skilled nursing facility
5 operated by Seton Medical Center. Debtors maintain facilities in Northern and Southern California.

6 These include the following:

- 7 a. St. Francis Medical Center (SFMC)
 - 8 b. Seton Coastside (SMCC)
 - 9 c. Seton Medical Center (SMC)
- 10

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

12 The PCO continues to monitor patient care provided by the Debtors by applying the
13 principles and structure of evidence-based review outlined in the PCO's first Report. Specific to
14 this report the PCO will refine his strategy based on the most current and available evidence.

15 **A. Eleventh Report Review Strategy**

16 This report continues to concentrate on readiness and hospital system preparedness as it
17 relates to all aspects of the COVID-19 pandemic disaster. This includes hospital systems state of
18 preparedness, supplies, supply chain, new COVID-19 cases, mortality rate, staffing, workforce, and
19 patient safety.

20 The PCO is in frequent contact with hospital administrators and the CMO via video, email
21 and telephonically. The meetings communicate critical information to the PCO regarding the level
22 of COVID-19 hospital preparedness for SMC, SMCC and SFMC.

23 As the hospitals prepare for the completion of the sale and new owners, the transition
24 process has provoked workforce issues that have the potential to impact patient care. Therefore, the
25 PCO has initiated frequent conversations with Verity administration, and the Attorney General, to
26

27
28

1 ensure that the dynamic forces of the workforce do not interfere with the organizations' ability to
2 provide quality patient care during the COVID-19 pandemic.

3 The PCO continues to apply the most current data available to assess the health system's
4 ability to comply with national and community standards during this crisis. The assessment is
5 robust and contains multiple layers that are specific to national and regional hospital preparedness
6 strategies.

7 The PCO is in frequent contact with hospital administrators and the CMO via video, email
8 and telephonically. The meetings communicate critical information to the PCO regarding the level
9 of COVID-19 hospital preparedness for SMC, SMCC and SFMC.
10

11 The PCO continues to address and review previous ongoing items of concern.

12 Through dialogue with the Debtors' management leaders, the PCO was well-informed on
13 the status of all events (positive or negative), corrective action plan progress, results of CDPH
14 investigations and detailed reports on the status of the hospital's response to COVID-19 pandemic.
15

16 The PCO and the Debtors' administrative team continue to work closely on the COVID-19
17 crisis.

18 The diligence of the Debtors to manage the E-Data room and provide COVID-19 Command
19 Center punctually assisted the PCO in performing his duties. In addition, professional relationships
20 with administrative and medical staff have developed with the PCO that encourage
21 contemporaneous exchange of information allowing the PCO to address problems and
22 collaboratively develop solutions with the Debtors' management leaders in real time.
23

24 **B. COVID-19: Impact to Hospitals and Health System's Preparedness**

25 The PCO continues to perform frequent and in-depth literature review of the dynamic
26 science and medical developments surrounding COVID-19/ SARS-CoV-2 hospital preparedness
27 and evidence-based research from multiple sources to ensure compliance.
28

1 Understanding of the SARS CoV-2 virus is changing at a rapid pace that is producing new
2 approaches to treatment and therapeutics strategies. The research on therapeutics for the treatment
3 of COVID-19 are published nearly daily. Often, the research changes the standard of treatment for
4 COVID-19 patients requiring hospitals to obtain these treatments and changing policy. These
5 changes often require hospitals to spend considerable capital to obtain treatment modalities.

6 The COVID-19 crisis continues to stress hospital staff, providers, and hospital institutions
7 unlike any other time in modern medicine. These professionals provide care for their patients while
8 concerned with their personal health and the health of their families. The result is high rates of
9 absenteeism and provider shortages that have the potential to negatively impact patient care.
10

11 The PCO and the administrative staff have discussed the vulnerability of patient care during
12 an increasing environment of nursing and ancillary staff shortages.

13 The organizations are utilizing a higher than normal amount of traveling nurses to fill the
14 high rate of staff shortages requiring further capital expenditure.
15

16 The organization continues to perform exemplary by keeping supply chains open and
17 staffing the facilities with costly traveling nurses. The PCO is confident that by continuing the
18 current level of effort, the hospitals will be prepared in the event of a surge. However, the potential
19 for a critical staffing shortage remains a threat to the ability of the hospitals to provide patient care.

20 The COVID-19 pandemic is constantly changing and requires daily assessment of supplies,
21 personnel, bioethics strategies, and hospital preparedness policies to protect patients and staff.
22

23 The PCO developed a standard review of COVID-19 hospital preparedness derived from
24 multiple organizations, institutions, frontline medical providers, and governmental authorities (See
25 below Strategy Scope and Review). The PCO will monitor multiple facets of the hospitals'
26 preparedness, guided by the most recent research and recommendations from the medical
27 community and governmental agencies.
28

1 The PCO continues to research and review new literature that addresses patient safety and
2 hospital preparedness to apply to monitoring and review.

3 **C. Strategy and Scope of Review**

4 1. General

- 5 a. Federal and State Executive Orders
- 6 b. Staffing
- 7 c. Equipment availability
- 8 d. Current census
- 9 e. Available beds
- 10 f. Available surge beds
- 11 g. Available specialty units such as ICU

12 2. Disaster Preparedness

- 13 a. Triage Tents
- 14 b. Visitor policies
- 15 c. Entrance closures
- 16 d. Governmental agencies use of beds for surge patients

17 3. Supplies

- 18 a. N95 masks
- 19 b. Surgical Masks
- 20 c. Gowns
- 21 d. Positive Pressure Helmets
- 22 e. Face Shields
- 23 f. Ventilators in use and available

24 4. Clinical Lab Testing Availability and Turn Around Time

25
26
27
28

1 5. Supply Chain availability

2 6. Employee Health

3 a. Number of Employees Positive

4 b. Number of Employees Calling Off

5 7. Emergency Department Readiness

6 a. Prepared for surge

7 b. Supplies

8 8. Pharmacy

9 a. Medications

10 b. Vasopressors

11 c. Sedatives

12 9. Morgue Capacity

13 10. Environmental Services

14 a. Staffing

15 b. Terminal Cleaning

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

17 The data room documents were requested from Debtors and could only be reviewed in read
18 only format. The following items will continue to be included in our evaluation process:

19 Disaster Plan specific to COVID-19

20 Bioethics Plan

21 Command Center Dashboard (Prepared Daily and reviewed bi-weekly)

- 22 • Status of personnel
- 23 • Personal protective equipment (PPE)
- 24 • Disaster plan specific to COVID-19 Pandemic

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- Bioethics plan
- Triage algorithm plan
- Census of persons under investigation (PUI) for COVID-19
- Total tested for COVID-19
- Total positive for COVID-19
- Bed availability
- Potential surge bed availability
- Ventilators available
- Ventilators in use
- Staffing Matrix
- Critical Medication Stock Available and Shortages

CALL PANEL

CDPH-California Department of Public Health reports

MEDICAL EXECUTIVE COMMITTEE (MEC)

PHARMACY SHORTAGE

QUALITY ASSURANCE PERFORMANCE IMPROVEMENT COMMITTEE

MINUTES

RISK MANAGEMENT DATA

VENDORS

LEAPFROG DATA

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

2 **1. HOSPITALS**

3 **1. St. Francis Medical Center (SFMC)**

4 SFMC administration and the PCO discussed the current operational status and CDPH
5 events. Administration verified that the current finances are not impacting patient care.

6 SFMC SARS CoV-2 testing methodology has changed. In the past, Cepheid, supplied a
7 testing methodology that allowed for turn-around-times of 45 minutes to an hour which allowed
8 SFMC to virtually eliminate persons under investigation. The manufacturer has gradually
9 decreased the amount of testing kits to SFMC (and SMC/SMCC) forcing them to utilize other
10 outsourced labs to obtain results, therefore delaying turn-around-times from an hour, to up to 5-7
11 days. This has caused increased need and utilization of PPE's.

12 **a. California Department of Public Health**

13 The PCO identified three new CDPH self-reported items that were discussed with
14 administration. The action plans and corrective actions are in place and were sent to CDPH for
15 review.
16

17 The PCO determined that the incidents were unrelated to staffing deficiencies or finances of
18 the debtor.
19

20 **b. Trauma Certification**

21 SFMC is an integral part of the Los Angeles Trauma System that is monitored and certified
22 by Los Angeles Emergency Services and the American College of Surgeons (ACS). In November
23 2019, the hospital was recertified as a trauma center.
24

25 SFMC continues to provide trauma services and is certified by Los Angeles City Emergency
26 Medical Services and serves as a designated trauma center.
27
28

1 **c. Leapfrog Data and Ratings**

2 SFMC Compass Data has not been updated during this PCO reporting cycle. However, as
3 indicated in the PCO's sixth report, SFMC Leapfrog status increased from an F grade to a C grade.
4 SFMC will continue to put forth initiatives that are expected to further improve the institutions
5 Leapfrog grade.

6 Unfortunately, considerable amount of capital is needed to obtain high Leapfrog grades and
7 to maintain the grades over time. For example, Computerized Physician Order Entry (CPOE), Bar
8 Code medication administration, Surgical Volume, and ICU Physician staffing require financial
9 support to increase the Leapfrog scores.
10

11 SFMC administration believes that after the institution of an electronic medical records
12 system, Leapfrog statistics will continue to rise. The PCO concurs.

13 Prime is currently installing EPIC EMR and is training users.

14 **2. Seton Medical Center and Seton Coastside**

15 **a. Administration Discussions**

16 The PCO has met via videoconferencing on several occasions with administrative staff and
17 personnel responsible for COVID-19 hospital preparedness. The PCO was updated on the critical
18 elements of the COVID-19 disaster plan and the format of the command center worksheet.
19

20 The PCO was notified that all patients and staff were tested at Seton Coastside for SARS
21 CoV-2 by CDPH and are negative. Under State recommendations, Skilled Nursing Facilities
22 employees and staff are tested for incidence and prevalence data collection. The facilities patients
23 remain clear of the SARS-CoV-2 virus.
24

25 The PCO and administration discussed several the CDPH reports, an update on the skilled
26 nursing facility standard survey and any staffing related issues. The CDPH has received action
27 plans that are acceptable.
28

1 The mobile trailer CT scanner housed outside the emergency department and the CT
2 scanner scheduled for replacement, remain operational and provide adequate care to the patients.

3 SMC continue to perform well on several quality metric indicators including computerized
4 order entry and geometric length of stay.

5 The Hospitalist contracts were terminated on September 30st, 2019. According to
6 administration, the Hospital Medicine service did not encounter any interruptions in patient care.
7 Most of the Hospitalists continue to provide services and remain on the medical staff. No other
8 physician staffing changes were noted during this reporting cycle.
9

10 **b. CDPH**

11 The PCO reviewed all CDPH reports along with plan of correction details. One CDPH
12 report was filed that is under investigation. It does not appear that the incidents were related to the
13 finances associated with the bankruptcy.

14 **c. CMS Findings**

15 No CMS findings were initiated in this cycle.

16 **d. Leapfrog Data**

17 SMC leapfrog grade increased most recently to an A rating. Contributing to the increase in
18 the Leapfrog grade is the close relationship with the Hospitalist team and their willingness to adhere
19 to the CMO demands for CPOE compliance, among other factors.
20

21 SMC has the highest leapfrog rating in the healthcare system. Administration continues to
22 accent and reinforce positive performance that led to an A rating. An A rating places them in the
23 top 5% of Hospitals in the nation.
24

25 **e. Board of Pharmacy Survey**

26 The Board of Pharmacy performed a survey on October 15, 2019. The survey found
27 numerous deficiencies in sterile medication compounding.
28

1 The board of pharmacy accepted the corrective action plan and is currently performing well
2 without any further issues.

3 **4. COVID-19 Preparedness Assessment SFMC and SMC**

4 The PCO is in close communication with the Debtors' management team and COVID-19
5 command center leaders. The PCO is receiving, via the E-room, bi-weekly "COVID-19" Command
6 Center worksheets from both hospitals. The PCO will continue to review the bi-weekly Command
7 Center Worksheets from the SFMC and SMC and discuss with the debtor's management team. The
8 PCO continues speaks with administration often to review and discuss the current progress and
9 Command Center Worksheets.
10

11 SFMC and SMC are abiding by all federal and state mandated executive orders and
12 recommendations. The State of California has relaxed nursing staff ratio regulations to meet the
13 needs of the community during the COVID -19 crisis.

14 SMC remains as a designated COVID-19 surge center for the State of California. The bed
15 capacity remains at 176 beds for state use. The hospital continues to operate and manage the surge
16 unit.
17

18 Supply chains for critical PPE, protective positive pressure helmets, and medications,
19 continue to be in national demand. The organization is creating alternative supply chains to ensure
20 that critical equipment, therapeutics, and staff are available to provide patient care.

21 The PCO continues to meet with administrative staff from SMC and SFMC to discuss
22 Command Center details.
23

24 Ventilator supply chains continue to be available in case of a large surge. If ventilator
25 supply chains are unable to meet the needs of the facilities, the organizations will be forced to
26 implement their Bioethics algorithm.
27
28

1 The command center worksheets also track employee health and staffing. The organization
2 is monitoring the number of employees that are positive for COVID-19 employees and all those
3 that have been tested.

4 Emergency Department readiness strategies are conducted at both facilities. The emergency
5 departments are prepared for COVID-19 surge patients with clear policies in place to address the
6 crisis. Administration assured the PCO that appropriate PPE and supplies are currently adequate.

7
8 One of the critical concerns nationally is the availability of appropriate medications to care
9 for COVID-19 patients. The organization tracks and maintains daily records of critical medications
10 needed to manage these patients. The list is updated daily with triggers that identify low stocks of
11 medications.

12 The PCO reviewed and discussed the pharmacy medication availability with administrative
13 staff of both hospitals and is confident that stockpiles of medications are adequate to support the
14 hospitals for at least one week.

15
16 Environmental services are considered a critical service in defending against COVID-19
17 virus spread. We have learned that the COVID-19 virus can survive for up to 36 hours on
18 cardboard, plastics, and stainless steel, the stuff of which hospitals are made.

19 Terminal cleaning policies, cleaning solutions, cleaning supplies and training are critical in
20 containing the spread of the virus. The PCO was notified by administration that the appropriate
21 steps were taken to train environmental services personnel and that the supplies are available for
22 use.

23
24 **V. SALE OF THE HOSPITALS AND THE ATTORNEY GENERAL'S CONDITIONS**

25 The PCO attended and testified at the Attorney General's (AG) hearings.

26 None of those testifying raised concerns related to the delivery of health care by either
27 purchaser. However, the overwhelming concern of those not directly related to either purchaser,
28

1 was over the hospitals personnel's pre -petition loss of previously earned, but unused, time off in
2 case of their own or family illness.

3 The PCO testified that both organizations were capable based on their histories of delivering
4 quality care.

5 The AG's conditions were reviewed and the PCO believes that both communities will
6 benefit from adherence to the AG's condition. Continuity of services into the future, the
7 maintenance of various clinics, and the provision of charity care, will be of great ongoing benefit to
8 the respective communities.
9

10 The PCO supports the sale of SFMC to Prime, and the sale of SMC and Seton Coastside to
11 AHMC, but with one exception to the AG's conditions. The PCO's concern was relayed to Deputy
12 AG Scott Chan via telephone call and in writing below:

13 *"Dear Mr Chan,*
14 *Thank you for speaking with me re: the Ag's Conditions of the Sale.*
15 *As the PCO, I certainly agree that patient care is served by all of the conditions as*
16 *enumerated.*
17 *However, I do have one concern.*
18 *Section XIII: states that "...Prime Healthcare Services, Inc. shall maintain its*
19 *contracts and amendments..."*
20 *Subsection f. "Affiliation Agreement for physicians in post graduate training".*
21 *I believe that Prime and St Francis Medical Center, should not only "maintain" post*
22 *graduate training, but be allowed to vastly expand their programs as a teaching*
23 *hospital by starting a new vastly expanded residency program. This expansion of*
24 *post graduate medical education will benefit the patients and the community at large*
25 *for the following reasons:*

- 26 *1. Teaching hospitals provide the highest quality of care. One only need look at US*
- 27 *News and World Report Best Hospitals to see that all the highly rated hospitals are*
- 28 *teaching hospitals. These hospitals are on the forefront of medical care.*
- 2. Teaching hospitals are highly regulated for quality of care by their certifying*
- boards.*
- 3. It is well known that doctors in post graduate training typically stay in the*
- communities where they train. The Lynwood community in undeserved and needs*
- these doctors to stay.*
- 4. The current number of post graduate trainees at St. Francis is small and on an*
- infrequent basis. A robust, full time, program will enhance health care delivery*
- 5. As we saw in the last few days, Governor Newsom, has called on the military to*
- provide California hospitals with military physicians and nurses to aid in the*

1 *staffing shortage. Post graduate MD's will greatly augment healthcare delivery at St*
2 *Francis.*

3 *Please consider allowing the expansion of post graduate training at St Francis.*
4 *This, by CMS rules, can only be done by abandoning the current, very limited*
5 *program, ie, eliminating subsection f.; and*
6 *as a separate condition, require Prime to establish a new, vastly expanded full time,*
7 *residency program.*

8 *Thank you,*
9 *Sincerely,*

10 *J. Nathan Rubin, MD, FACC, PCO”*

11 SMC and SMCC do not have residency programs now, but AHMC can create them if they choose.

12 The Nursing Education program will be continued per the AG's conditions.

13 **VI. ELEVENTH REPORT CONCLUSIONS**

14 As stated in the tenth Report, the PCO continues to monitor SFMC, Seton and Seton
15 Coastside hospitals and the consequences of SVMC closure.

16 The PCO reviewed the most recent pertinent published data from multiple peer reviewed
17 sources. He then applied the principals learned to the assessment of the organization's hospital
18 operations as to their ability to provide the most recent evidence based practice to patient care
19 during the COVID-19 pandemic.

20 SFMC COVID-19 new cases numbers had dropped in the past 30 days, put show a
21 significant spike in the last week.

22 With the Covid-19 surge requiring less beds than anticipated, the hospitals are now moving
23 to reestablish elective procedures such as outpatient endoscopic procedures and elective cardiac
24 catheterizations. Other elective procedures are being ramped up with patient screening and
25 quarantining measures being carefully followed. For example, orthopedic procedures require 3-day
26 advanced screening for Covid-19 to allow adequate time to assemble necessary personnel and
27 equipment.
28

1 All CDPH visits continue to be reviewed in detail. The hospitals rapidly form action plans,
2 and implement change as required. The hospitals continue to be compliant with their agreements.
3 The hospitals continue to be self-regulating and report issues as required.

4 SFMC, SMC and SMC Coastside have shown considerable operational preparation and
5 preparedness gearing up for the COVID-19 crisis. The relationship with vendors, suppliers, and
6 donors remain strong.

7 **COVID-19**

8 The PCO continues to follow hospital census and supply availability twice weekly.
9
10 The organization has risen to the medical challenges of the pandemic. The decline in routine
11 emergency room visits and elective procedures have taken an economic toll but have not negatively
12 impacted quality of care. The organization is preparing for a possible surge based on loosened
13 restrictions around the Memorial Day Fourth of July holidays along with also the close contact and
14 lack of social distancing among those participating in the current protest marches (although most
15 participants are appropriately masked).
16

17 **TESTING**

18 The major current concern stems from the test swab supplier's inability to adequately
19 deliver swabs for the Cepheid rapid testing equipment. SFMC is now getting only 5% of their
20 weekly order fulfilled. The turnaround time for the Cepheid test is ninety minutes. The current
21 Quest test takes 2 to 5 days.

22
23 At the time of the last report, all patients were tested in the Emergency Department and
24 then, depending on the outcome, were sent off to Covid negative or positive areas of the hospital.
25 Those patients that are negative require much less PPE compared to those that are positive. Now,
26 with the delay in testing, patients that are Persons Under Investigation (PUI), must be treated as if
27 they were positive until their test results come back. Further, these patients are at some greater risk
28

1 since they will undoubtedly be on wards with patients that are or identified as infected (positive).
2 This delay in testing, not due to any actions of, or finances of the debtor, results in more patients
3 being put at risk, prolonged hospital stays, the use of much more PPE (already expensive and in
4 short supply nationally).

5 **BIOETHICS**

6 The Debtors have acceptable guidelines in place. Fortunately, no difficult choices regarding
7 allocation of resources have been required. The PCO will continue to follow guidelines.
8

9 **DEBTOR'S FINANCES AND PATIENT CARE**

10 Despite the movement of some key personnel to previous bidders, the Debtors have filled in
11 these gaps, and continues to maintain the standard of care at both hospitals. The leadership is
12 performing admirably in these medically and economically challenging times.

13 **SALE OF SFMC TO PRIME**

14 The PCO supports the sale of SFMC to Prime with the AG's conditions as enumerated.
15 The PCO believes for the reasons stated above, that a more robust post graduate medical education
16 program should be mandated at SFMC for the long-term benefit of the hospital and the community.
17

18 **SALE OF SMC AND SMCC TO AHMC**

19 The PCO supports the sale of SMC and SMCC to AHMC with the AG's conditions as
20 enumerated.

21 **HOSPITAL ADMINISTRATION CONCERNS**

22 At the AG's hearings, it was clear that the nurses and other hospital personnel were fearful
23 and dissatisfied with their loss of previously earned benefits. They remain concerned that after
24 years of dedicated, excellent service to the patients and the hospital, should they or their families
25 fall ill, they have no safety net. This is not a pension issue, but an immediate issue.
26
27
28

1 The PCO spoke with administration at both hospitals as part of the PCO's routine meetings.
2 Administration was queried, as usual, as to nurse staffing at the hospitals, calling off and sick leave.
3 Nurses calling off and reporting ill, but without testing, was up dramatically.

4 While no conclusions were made by administration, the inference is clear: there is concern
5 that the nurses are calling off as part of an organized maneuver to get their due. Any mass loss of
6 nursing staff, even on a temporary basis, will be disastrous for the hospitals. The patients will
7 suffer.
8

9 It has been well shown that visiting nurses provide equal quality of care as compared to
10 hospitals' usual nurses. However, there is now a shortage of visiting nurses during this pandemic.
11 As we have seen, Governor Newsom has called in military doctors and nurses to help staff
12 California hospitals. California does not have a bed shortage now, but there is a nursing shortage.

13 Any action that results in fewer nurses at the bedside will result in the death of patients who
14 could otherwise have been saved.

15 Dated this 29th day of July, 2020



Jacob Nathan Rubin, MD, FACC, Patient Care
Ombudsman

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 ELEVENTH REPORT BY PATIENT CARE OMBUDSMAN, JACOB NATHAN RUBIN, MD, FACC, PURSUANT TO 11 U.S.C. § 333(b)(2)** 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*) July 29, 2020, 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 July 29, 2020, 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.

The Honorable Ernest M. Robles
United States Bankruptcy Court,
255 E. Temple Street, Suite 1560 /
Courtroom 1568
Los Angeles, CA 90012

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 July 29, 2020, 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.

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.

July 29, 2020,
Date

Jason Klassi
Printed Name

/s/ Jason Klassi
Signature

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

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