

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

IN RE:

PIPELINE HEALTH SYSTEMS, LLC, et al.,¹

DEBTORS.

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CASE NO. 22-90291(MI)
(Chapter 11)
(Jointly Administered)

**PATIENT CARE OMBUDSMAN'S FIRST INTERIM REPORT
East LA Doctors Hospital Location**

Pursuant to 11 U.S.C. §333 of the United States Bankruptcy Code (the “**Code**”) and the October 12, 2022, *Notice of Appointment of Patient Care Ombudsman Under 11 U.S.C. § 333* (the “**Appointment Notice**”) [Docket No. 156], Susan N. Goodman, the Patient Care Ombudsman (“**PCO**”) in the above-referenced series of jointly administered cases was directed to monitor and regularly report to the court regarding the quality of patient care provided to Debtors’ patients. PCO was asked to report at least every sixty days on these efforts, and more frequently if PCO determines Debtors’ care quality is declining or otherwise materially compromised as stated in §333(b)(3) of the Code.

PCO is a Registered Nurse and an attorney with work experience in clinical/operational health care and health care regulatory compliance. In compliance with the federal privacy requirements, the PCO cannot disclose any individually identifiable health information that could distinguish a patient directly or could provide a reasonable basis to do so. See 45 CFR §160.103. Accordingly, specific site visit dates are not provided although PCO’s observations, audits, and interviews occurred between the date of appointment and the filing of this report.

¹ A complete list of each of the Debtors in these chapter 11 cases and the last four digits of their federal tax identification numbers may be obtained on the website of the Debtors’ claims and noticing agent at <http://dm.epiq11.com/Pipeline Health>. The Debtors’ service address is 898 N. Pacific Coast Highway, Suite 700, El Segundo, CA 90245.

Further, although PCO may review Debtors' care processes relative to federal and state licensing and quality regulations, PCO does not assume liability for Debtors' compliance obligations. Moreover, while PCO may use the auditing tools and guidelines employed by certification agencies and auditors; PCO does not certify Debtor's compliance with any regulatory standards. PCO comes now and files this First Report detailing her initial engagement, site visit, and remote follow-up between appointment and the report filing date for the East LA Doctors Hospital campus ("**East LA**," "**Doctors**," or "**Hospital**").

SUMMARY

East LA is licensed as a 127-bed facility—102 acute-care beds and 25 sub-acute beds. The acute care beds are predominately split across two halls – a smaller medical/surgical ("**Med/Surg**") hall and the larger, Telemetry ("**Tele**") hall. The facility licensure allows the Hospital to care for pediatric patients with some of the Med/Surg rooms set up for this purpose. The Hospital also offers Labor & Delivery ("**L&D**") and obstetrical services ("**OB**") with six (6) L&D rooms and fourteen (14) OB/post-partum rooms. Finally, the facility had a 10-bed intensive care unit ("**ICU**") and a small, eight-bed emergency department ("**ED**"), essentially comprised of two care areas with four-beds in each area.

At the time of PCO's site visit, the Hospital did not have any OB or pediatric patients. The sub-acute unit had a census of twenty (20) and Tele was caring for both Med/Surg and Tele patients (to maximize staffing) and had a census of 23. ICU had a census of eight (8). The emergency department, given its size, was nearly full.

Like all the Los Angeles Pipeline locations, the East LA hospital is an older hospital format that includes rooms with more than two patient beds per room. Often, multi-bed patient rooms were noted to share one-TV, or, in some cases, the rooms did not offer a television (such as ICU).

PCO noted that nurse-to-patient ratios ("**Ratios**") in the sub-acute unit were consistent with the state-required staffing ratios. Further, Tele, ICU, and Med/Surg staffing Ratios were below or at the maximum numbers PCO routinely encounters for the various care levels (ICU, Step-Down, Tele, and Med/Surg). To the extent staff were functioning at maximum assignment levels, patient

discharges needed to occur for a bed to become available to move a patient awaiting on inpatient bed from the ED to the inpatient unit.

The East LA location experienced staff and supply challenges in the immediate post-petition period. Pre-bankruptcy, the hospital was about 90% dependent on third-party vendor contracts for its nursing staffing. The largest vendor supplying this staff, initially stopped providing staff after the petition filing. At the time, this stoppage created an immediate demand to fill the staffing schedule for two weeks. The new Director of Nursing (“**DON**”), who assumed her role the day before the bankruptcy, reported working straight through two weekends - spending nearly every waking hour working on staffing coverage. Ultimately, the relationship with the staffing vendor was salvaged with additional clinical staffing resources also secured. Patient impacts were denied.

The hospital also experienced immediate supply challenges post-petition, requiring cancellation of elective, operating room (“**OR**”) gastrointestinal (“**GI**”) and eye procedures. The GI cancellations were driven by the lack of the GI scope detergent—a captive product only available through the cleaning system manufacturer. Similarly, elective eye procedure cancellations were driven by a lack of consumable supplies that were necessary to run the phacoemulsification machine. Again, this supply item was a product captive to the machine manufacturer and difficult to obtain through alternate supply sourcing. By the time of PCO’s site visit, these challenges had resulted in delays of fifty (50) GI cases and ten (10) eye cases. At the time of report filing, hospital leadership reported resumption of availability of these items.

Service line leadership reported some ongoing challenges, with items such as instrument repair and sharpening. PCO has been fortunate that the Debtor counsel team member she has been asked to work with has been responsive to texts and requests for calls to pass on specific vendor challenges for continued assistance in resolving post-petition vendor challenges.

Plant operations experienced scheduled maintenance impacts in the immediate post-petition period. The scheduled annual generator load test and quarterly kitchen fire suppression system maintenance were both delayed as vendors cancelled scheduled appointments pending arrangement

of pre-payment for services. At report filing, these vendors had been prepaid with the kitchen fire suppression testing completed and the load testing awaiting rescheduling.

Pharmacy and clinical laboratory (“**Lab**”) challenges have been discussed in some of the other hospital reports. Certainly, the East LA location was also not immune to these challenges. Consistent with other locations, the initial impact of the bankruptcy petition filing resulted in non-receipt of normal pharmaceutical orders for a period of one to two weeks while new, post-petition accounts were established. One other notable post-petition challenge relates to rebuilding the post-petition back-order list. The backordered items are subject to the same pre-payment although medication may not become available for months, due to national shortages. This dynamic creates a tension between the need to “stay in line” for items with national supply challenges yet trying to remain within budget allocations that may not include this dynamic.

The interplay of pharmacy with the Lab supply challenges was also noted. For example, the pharmacy reported that the Hospital was sending out antibiotic therapeutic drug monitoring lab tests due to Lab supply outages post-petition. Sending the lab study out for processing adds additional time, thus lengthening the time interval for the pharmacist to receive the desired information for monitoring/adjusting antibiotic dosing. Various other reports of episodic Lab supply shortages were reported.

To the credit of the East LA executive team, they were successfully juggling the immediate post-petition staffing challenges along with active recruitment to fill various clinical department leadership and staff openings. A new clinical director for the Sub-Acute unit was reported as hired although not yet started in the role at the time of PCO’s site visit. A former charge nurse was promoted to OR Director. The CNO was serving as the interim director for the ICU, ED, and nursing supervisor teams. The Tele and Med/Surg Director had resigned (believed to be unrelated to the bankruptcy filing) with active recruitment efforts continuing to back-fill that opening.

In addition to active recruitment efforts, some department leadership roles were reported as covered by corporate office team members or shared between Los Angeles Pipeline facilities. Infection Prevention/Employee Health, Pharmacy, Purchasing, Imaging, Therapies, and a few other

support departments (e.g., Human Resources, Medical Records, Revenue Cycle). Pharmacy services and Biomedical Engineering support were noted to be contracted services with services remaining uninterrupted in the post-petition period.

ANALYSIS AND NEXT STEPS

Consistent with other Pipeline locations visited, PCO would characterize the East LA team as experiencing bankruptcy-associated supply and agency staffing impacts in the immediate post-petition period. Leadership denied patient harm from these impacts. Further, continued recovery and improvement was being reported by the time of PCO's initial visit and continued in advance of report filing. PCO's site visit did not reveal substantial decline or material compromise in patient care as contemplated under 11 U.S.C. § 333. Members of the leadership team had worked together previously and presented as a cohesive team addressing both operational and bankruptcy-associated challenges. PCO will remain engaged remotely monitoring the continued Hospital progress, reserving the right to supplement this report and revisit sooner if needed. Otherwise, PCO would expect to visit again in sixty days in advance of the second report filing.

DATED: December 12, 2022.

By: /s/ Susan N. Goodman, RN JD

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CERTIFICATE OF SERVICE

I, Susan N. Goodman, hereby certify that a copy of this document has been electronically filed with the Clerk of Court using the Court's electronic case filing system and a true and correct copy of this pleading has been sent to the following parties or counsel of record who have registered to receive electronic service.

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