UNITED STATES BANKRUPTCY COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE
NASHVILLE DIVISION

In re:	:	Chapter 11
	:	
	:	Case No. 18-05665
Curae Health, Inc., et al.[1]	:	(Jointly Administered)
	:	
Debtors.	:	Judge Walker
	:	
	:	

PATIENT CARE OMBUDSMAN'S FIRST REPORT

In accordance with Section 333(b)(2) of chapter 11 of title 11 of the United States Code (the "**Bankruptcy Code**"), Suzanne Koenig (the "**Ombudsman**"), in her capacity as the patient care ombudsman appointed by this Court in the above-captioned Chapter 11 cases commenced by Curae Health, Inc. ("**Curae**"), a Tennessee nonprofit corporation and sole member and sponsoring organization of the other debtors and debtors-in-possession, Amory Regional Medical Center, Inc. ("**Amory**"), Batesville Regional Medical Center, Inc. ("**Batesville**"), Clarksdale Regional Medical Center, Inc. ("**Clarksdale**"), Amory Regional Physicians, LLC ("**Amory Regional**"), Batesville Regional Physicians, LLC (**Batesville Regional**") and Clarksdale Regional Physicians, LLC ("**Clarksdale Regional**", collectively, with Curae, Amory, Batesville, Clarksdale, Amory Regional and Batesville Regional the "**Debtors**"), respectfully submits this first report (the "**First Report**") for the time period from October 3, 2018 to the date of this First Report (the "**Report Period**"). This First Report is an interim report.

[1] The "**Debtors**" in these chapter 11 cases, along with the last four digits of each Debtor's federal tax identification number, are Curae Health, Inc. (5638); Amory Regional Medical Center, Inc. (2640); Batesville Regional Medical Center, Inc. (7929); Clarksdale Regional Medical Center, Inc. (4755); Amory Regional Physicians, LLC (5044); Batesville Regional Physicians, LLC (4952); and Clarksdale Regional Physicians, LLC (5311).

I. GENERAL BACKGROUND

A. Overview of the Debtor

On August 24, 2018, 2018 (the "**Petition Date**"), each of the Debtors filed a voluntary petition for relief under chapter 11 of the Bankruptcy Code in the United States Bankruptcy Court for the Middle District of Tennessee (the "**Court**"). Curae is a 501(c)(3) not-for-profit healthcare system formed in 2014. Its focus was to acquire and operate rural hospitals in the Southeastern part of the United States, in order to address the needs of healthcare in rural areas.

B. The Appointment of the Ombudsman

On September 6, 2018, this Court entered an order directing the appointment of a patient care ombudsman under Section 333 of the Bankruptcy Code (the "**Appointment Order**") [Docket No. 111]. On September 18, 2018, the Office of the United States Trustee for the Middle District of Tennessee (the "**United States Trustee**") appointed Suzanne Koenig of SAK Management Services, LLC to serve as patient care ombudsman in these cases (the "**Appointment Notice**") [Docket No. 191]. The Ombudsman filed applications to retain the law firm of Greenberg Traurig, LLP as her counsel and SAK Management Services, LLC ("**SAK**") as her medical operations advisor. These applications were approved by the Bankruptcy Court [Docket Nos. 387 and 388].

C. Overview of the Ombudsman's Visit

The Ombudsman, along with her representative, made one visit to Amory on October 3, 2018, one visit to Batesville on October 4, 2018 and two visits to Clarksdale on October 4, 2018 and November 6, 2018. At each of the hospitals, the Ombudsman and/or her representative met with various members of the administration, including the chief executive officer (the "**CEO**")

II. SUMMARY OF OMBUDSMAN'S MONITORING AND OBSERVATIONS

The following summarizes the Ombudsman's observations during this Report Period:

A. Amory Reginal Medical Center (d/b/a Gilmore Memorial Hospital)

The Ombudsman and representative made their first visit to Amory in the early afternoon on October 3, 2018. This hospital is located at 1105 Earl Frye Boulevard, Amory, Mississippi. The Ombudsman entered the hospital through the administrative entrance and initially met with the chief nursing officer (the "**CNO**") and the CEO. The hospital is licensed for 95 beds and the census at the time of the Ombudsman's visit was 25 patients. According to the CNO, the census is "usually higher" and no explanation for the low census was offered. The CEO reported that the hospital was not experiencing any negative effects due to the bankruptcy, and did not attribute the low census to the bankruptcy filing. The CEO stated that he met with the staff and physicians frequently to keep them up to date with any new information about the bankruptcy. The hospital's key services include emergency care, intensive care, wound care, diagnostics and surgery. The hospital also houses several specialized clinics, including a wound care center and an inpatient drug and alcohol medical stabilization program.

Amory is in the process of being sold. The Ombudsman will work with the Debtors and the buyer to ensure that all patients remain at the hospital after the sale closing, that all patients are transferred to the buyer, and that all patient records are transferred to the buyer. To the extent that the sale negatively impacts the patients at this hospital, the Ombudsman will bring those issues to the Court's attention if they cannot otherwise be addressed.

1. Emergency Room

The emergency room (the "**ER**") has a 15-bed capacity and there were two patients present at the time of the Ombudsman's visit. The ER was staffed with four registered nurses ("**RNs**"), one medical doctor and a nurse practitioner. All members of the ER staff hold

certifications in both advanced cardiac life support and pediatric life support. The ER averages approximately 60 visits per day and over 21,000 visits per year. The clinical director reported that the average length of an ER visit was less than two hours and that the department goal was to see patients within ten minutes of their arrival. The ER is rated as a Level IV Trauma Center[2] and is staffed 24 hours a day, 7 days a week, by a contracted physician service. The CEO reported that the physician group has been with the hospital for several years and that the bankruptcy has not impacted their services.

2. Nursing Services and Ancillary Staff

The CNO reported that the bankruptcy has not impacted staffing at the hospital. Nursing units are staffed with RNs and certified nursing assistants. Unit clerks provide administrative support for the nursing staff. The nurse-to-patient ratio is approximately one nurse to five patients in the medical surgical unit, and the staffing levels on the day of the Ombudsman's visit were appropriate for the census. Most of the nursing staff have worked at the facility for many years and the only recent resignations have been those due to planned relocations and retirements. The CEO meets with the nursing staff frequently and provides updates on the progress of the bankruptcy and attributes positive employee morale and staff stability to this transparency.

3. Medical Services

The hospital utilizes hospitalists[3] to provide 24 hours a day, seven days a week medical care to patients and to support the nurses during emergency situations. The CEO reported that the hospitalists care and services were satisfactory and they were well received by the local medical community.

[2] Amtrauma.org defines a Level IV Trauma Center as an ability to provide advanced trauma life support (ATLS) prior to transfer of patients to a higher level trauma center. It provides evaluation, stabilization, and diagnostic capabilities for injured patients.
[3] Miriam Webster defines hospitalists as physicians whose primary professional focus is the general medical care of Hospitalized patients.

4. Special Services

New Vision is a contracted voluntary inpatient drug and alcohol medical stabilization program for adults and is located on the hospital grounds. This program provides services to adults who are experiencing active or impending drug withdrawal symptoms. It is a medically supervised hospital stay and usually lasts for three days. Patients with mental disorders or those having behavioral issues are not eligible for this program. A multidisciplinary medical treatment team (consisting of an on-site intake coordinator, a physician and a nursing personnel) designs an individualized program for each program participant. The first phase of the program is the pre-screening phase to determine if the potential patient is an appropriate candidate for the program. During this phase, an assessment of the potential patient, along with medical history is completed. Once the patient is admitted, a complete medical and nursing assessment is completed, including lab tests. The patients who are considered medically unstable are closely monitored. Once stabilization of the patient is underway, the discharge plan becomes a key focus. Two patients were receiving services at the time of the Ombudsman's visit. All stakeholders interviewed agreed that it was a beneficial program for the community and was a positive asset to the hospital's reimbursement.

5. The Women's Healthcare Center

The woman's healthcare center has a dedicated entrance. The reception area was inviting and well decorated. The center includes six labor and delivery rooms, a surgical suite for caesarean sections, a neonatal intensive care unit ("**NICU**") with seven incubators and several pediatric beds. There was one infant in the NICU and two mothers with their infants receiving services on the day of the Ombudsman's visit. The hospital provides a lactation specialist to

assist new mothers with breastfeeding. The CEO describes the women's health service as a vital service provided by the hospital.

6. Patient Interview and Medical Record Review

a. Patient Interview

The Ombudsman met with a 42-year patient who gave consent for the interview. The patient reported being treated well by the nursing staff. The patient indicated that the physicians kept the patient informed of any medical issues. The patient voiced no concerns about care or services.

b. Patient Medical Record Review

The patient presented to the ER at 11:00 a.m. on October 1, 2018 with complaints of severe abdominal pain and nausea. The patient was treated for pain and Dilaudid (hydromorphone)[4], a narcotic drug, was administered. The physician ordered lab tests The patient was admitted to the hospital with a diagnosis of acute cholecystitis[5]. The nurse overseeing the patient's care informed the Ombudsman that the pain was subsiding and the patient would be discharged to home within one to three days. The Ombudsman had no concerns about his care and treatment.

7. Summary

The Ombudsman's visit was a brief introductory meeting with some of the key administrative staff and no care or safety issues were identified during the visit. The CEO and the CNO were instructed to contact the Ombudsman with any concerns for the care and safety of the patients. The Ombudsman will follow up on the progress of the electronic medical record implementation and infection control prevention. The Ombudsman will conduct a follow-up

[4] WebMD defines hydromorphone as belonging to a class of drugs known as opioid (narcotic) analgesics. This medication is used to help relieve moderate to severe pain. It works in the brain to change how the body feels and responds to pain.
[5] Medicinenet.com defines cholecystitis as an inflammation of the gallbladder. The most common symptom is pain in the upper abdomen, although some patients have no symptoms.

regarding the resolution of the six complaints and two grievances documented in the minutes of the hospital's September Patient Safety/Quality Improvement Committee meeting.

B. Batesville Regional Medical Center, Inc. (d/b/a Panola Medical Center)

The Ombudsman and her representative made their first visit to Batesville on October 4, 2018. The hospital is located at 303 Medical Center Drive, Batesville Mississippi. The Ombudsman entered the hospital through the main entrance and met with the CEO and other administrative staff members.

The hospital is a general acute care hospital licensed for 112 medical beds, and the current census on the day of the Ombudsman's visit was nine patients. According to the CEO, the hospital has not had a high census for some time, and the low census was not attributable to the bankruptcy filing. The CEO reported meeting frequently with the staff and medical community to keep them informed of the bankruptcy's progress. The key services provided by the hospital include emergency care with a Level IV trauma center, surgical services, and labor and delivery. The hospital also has specialty clinics that provide services for pediatrics, adult medicine and women's health.

The Debtors have filed a motion to sell this hospital with a hearing set for November 27, 2018. The Ombudsman will monitor this sale process and address any issues that impact patients or patient records.

1. Environmental Assessment

The hospital is spacious and the Ombudsman toured the key areas of the hospital including the pharmacy and medical supply storage area. Housekeeping and dietary services are provided by a contracted service. While the hospital could benefit from some decorative improvements, no major areas of concern were observed regarding cleanliness or routine maintenance issues. The CEO reported no knowledge of any major maintenance issues that could

affect daily operations. The hallways were uncluttered and no safety concerns were identified.

The hospital staff was friendly and responsive to the Ombudsman's questions. All staff members had name tags. The Ombudsman observed interactions among the staff and among staff and patients, all of which were appropriate. No infection control issues or HIPAA concerns were identified.

2. Quality Improvement Council

The hospital provided the minutes of the August 8, 2018 meeting of the Quality Improvement Council and seven staff members were noted in attendance. A small number of issues and complaints were noted in the report and all had been investigated. The report documented one possible surgical site infection and the remedies that were put into place for further staff education on infection control prevention. No infection control infractions were observed during the Ombudsman's tour of the hospital. The Ombudsman will follow up on this issue during the next visit.

The hospital has recently implemented a new computer system and the progress of this implementation was discussed during the meeting. A few concerns were identified and interventions were developed to address the problems discussed. The CNO described the implementation as an ongoing process and an overall positive development for the hospital.

The hospital has recently updated its venous thromboembolism prevention program[6] with the goal of decreasing the frequency of episodes. Interventions consist of nursing education and improvements in the communication and coordination between nurses and physicians. The physicians discussed the program at their board meeting and identified steps for the nurses to improve communication. Re-education is being provided to the nursing staff. Prophylactic

[6] Online.epocrats.com defines venous thromboembolism as prophylaxis consists of pharmacologic and non-pharmacologic measures to diminish the risk of deep vein thrombosis and pulmonary embolism.

treatment is being incorporated into all aspects of care, and patient education on prophylaxis is being incorporated into discharge planning.

Overall, the hospital appears to properly identify areas of concern and departmental areas work together to improve the quality of care delivered to patients. There have been no sentinel events[7] since the filing of the bankruptcy, and the CNO and the CEO were instructed to immediately inform the Ombudsman should a sentinel event occur.

3. Departmental Review

a. Surgery

The hospital has two operating rooms and the bulk of the surgical services are provided to outpatients. The Ombudsman did not tour the surgical areas during her visit. The CEO reported that the hospital has not experienced a decrease in the number of surgical procedures and that no surgeons have left because of the bankruptcy filing. The hospital is not experiencing any problems with obtaining surgical supplies and medications. The CNO reported that the nursing staff in the surgical area and the post-anesthesia care unit has remained stable.

b. Emergency Room

The Panola Medical Center Emergency department is a Level IV Trauma Center[8] and has 10 beds. Access to air and ground ambulance service is available and the hospital can transport patients with life-threatening conditions to a Level II Trauma Center.[9] There were two patients receiving care in the ER at the time of the Ombudsman's visit and three additional patients were expected from a motor vehicle accident. The ER was staffed with four RNs, one technician and a physician. All the ER staff carry certifications in advanced cardiac life support,

---

[7] Google defines a sentinel event as an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof.

[8] See footnote 2.

[9] Google defines a Level II Trauma Center as the ability to initiate definitive care for all injured patients. Elements of Level II Trauma Centers include 24-hour immediate coverage by general surgeons, as well as coverage by the specialties of orthopedic surgery, neurosurgery, anesthesiology, emergency medicine, radiology and critical care.

pediatric advanced life support and trauma nursing. According to the director of the ER, the bankruptcy has had no negative effect on ER visits, the nursing staff, or availability of medical supplies. Historically, the ER has about 21,000 visits per year and 55 to 60 patients are usually seen each day. The ER has a fast track area that is staffed by a nurse practitioner for non-complex clinical issues. This service is provided during the busy afternoons and early evenings and allows for more patients to be seen without a long waiting time.

4. Nursing Services

The CNO reported that the bankruptcy had not affected the nursing department, and any nurse resignations were due to retirements, life change issues or relocations. She attributed this stability to the longevity of the nursing staff and to the open communication regarding the bankruptcy. The hospital is fully staffed without the use of agency assistance. The hospital staffs the nursing units with RNs and certified nursing assistants ("**CNAs**") are utilized to provide support. All nursing units were appropriately staffed during the Ombudsman's visit.

5. Physician Services

The CEO reported that physicians have remained loyal to the hospital and that the bankruptcy filing had not impacted the physician service. The CEO meets with physicians frequently to keep them updated on the progress of the bankruptcy. Per the CEO's report, most of the physicians live close to the hospital and have a vested interest in its success.

The chief medical officer ("**CMO**") met with the Ombudsman and gave a brief history of the hospital. The CMO is a former owner of the hospital and indicated having a "great relationship" with local physicians, who remain loyal to the hospital. The CMO oversees the hospitalists, all of whom are hospital employees. The hospitalists are onsite 24 hours a day, seven days a week, providing services to the community physicians and supporting the hospital nursing staff during emergency situations.

6. Women's Health

The hospital has a large women's health service and hosts around 30 births per month. There is a Level 1 baby nursery which provides care to full-term neonates. Babies needing more advanced care are stabilized and transferred to a hospital with a NICU. One baby and mother were present at the time of the Ombudsman's visit. One patient was in the labor room.

7. Patient Record Review

The Ombudsman reviewed the record of a 58-year-old who arrived at the ER on October 2, 2018. The patient was seen by a nurse within 25 minutes of arrival. The patient's vital signs were taken and blood was drawn for lab tests. The patient was assessed as stable and x-rays and medications were provided per physician orders. The physician recommended the patient be admitted and a report was called to the nursing unit, at which time the patient was transported to their hospital room. The Ombudsman had no concerns about the care and services provided to the patient.

8. Summary

The Ombudsman's visit was a brief introductory meeting with some of the key administrative staff and no care and safety issues were identified. The CEO and the CNO were informed to contact the Ombudsman for any concerns for the care and safety of the patients. The Ombudsman will follow up on the progress of the electronic medical record implementation and infection control prevention in subsequent visits.

C. Clarksdale Regional Medical center (d/b/a Northwest Mississippi Regional Medical Center)

Clarksdale is located at 1970 Hospital Drive, Clarksdale, Mississippi. This hospital is Joint Commission accredited and is licensed for 181 beds. The Ombudsman and her representative made two visits to Clarksdale during the Report Period. The first visit occurred in

the late afternoon on October 4, 2018, and the second visit occurred mid-morning on November 6, 2018. The Ombudsman entered the hospital by the main front entrance on both visits, and met with the CEO and the CNO on both visits.

At the time of the Ombudsman's first visit, the census was 49, which has been typical for some time. The census during the second visit was 35, and the CNO reported that several patients had been discharged over the weekend. The CEO informed the Ombudsman that the hospital physicians remain supportive of the hospital and the bankruptcy had not affected hospital operations. The hospital provides emergency care services, intensive care, medical care, surgical care, and a cardiac monitoring telemetry unit, as well as obstetrical services through its Women's Health Center.

The Ombudsman's goal for the second visit to the hospital was to assess the facility's then-current status considering new developments that suggested a potential closure. The Ombudsman sought to establish that the hospital had a plan in place to protect the patients should the hospital have to close. The Ombudsman requested, received and reviewed the hospital's evacuation procedure, association agreement and communication policies. All policies and procedures were up to date and adequately provided for patient care in the event of a closure or unexpected emergency. These policies and procedures are described below.

The Ombudsman also asked the CEO and CNO about their plans for transitioning patients in the event of closure. The CNO stated the average length of stay at the hospital is less than five days for almost all patients, with only one patient remaining at the hospital since early June. That single patient's financial status was an obstacle impeding transfer to a long-term care facility. The CEO and CNO agreed that the hospital could transfer patients to other local hospitals without difficulty should future closure of the hospital become necessary.

While the Ombudsman reviewed the hospital's readiness for closure, the CEO had just returned from a meeting with the Coahoma County Board of Supervisors ("**Coahoma County Board**") and reported that a joint statement[10] from the Coahoma County Board and Community Health Systems ("**CHS**") was immediately issued, declaring the intent of the Coahoma County Board and CHS to continue operations at the hospital until a new buyer could be found, with CHS to assume management of the hospital on December 10, 2018. The CEO indicated that CHS, who owned the hospital prior to its sale to Curae, would provide financial support to keep the hospital operational. The CEO reported that he planned to meet with the hospital staff and the greater medical community to reinforce the joint statement.

1. Environmental Assessment

The hospital has ample parking near the front entrance, and patients can access the front entrance via a short stairway or a ramp. Housekeeping services are contracted, and the hospital was observed to be clean during both of the Ombudsman's visits, with no unpleasant odors noted. The hospital temperature was appropriate, and the CEO and CNO confirmed that the HVAC system was operational. No infection control or HIPAA breaches were observed during the Ombudsman's tour.

The Ombudsman met with several members of the hospital staff during the tour; all wore their identification badges and were friendly and communicative. One physician informed the Ombudsman that there were concerns about the cleanliness of some patient rooms. The physician had personally met with leadership of the contracted housekeeping service and the

[10] The joint statement indicated that "[a]Affiliates of Community Health Systems are working with the Coahoma County Board of Supervisors on plans to continue operations at Northwest Mississippi Regional Medical Center with the ultimate goal of identifying a new buyer for the hospital. Today, the parties reached a tentative agreement for a Community Health Systems affiliate to take over operations of the hospital on December 10, 2018 with a focus on improving the financial position of the hospital. The parties will provide additional updates as details are finalized." A copy of the joint statement is attached as Exhibit 1.

physician's concerns were addressed. The CNO was informed of the concerns and indicated that the staff had a system in place to check the cleanliness of patient rooms. The Ombudsman observed several patient rooms during her visits and found the bathrooms and the rooms clean**.**

2. Nursing Staff

The CNO reported that the bankruptcy had impacted staffing at the hospital and that few nurses had left. Most of the staff utilized are RNs working twelve-hour shifts. The hospital is staffed with a nursing supervisor during the evening, night and weekend shifts to offer support to the nursing staff and patients when necessary. The hospital has a rapid-response team that can be activated immediately to support the nursing staff in emergency situations. The nursing units observed during the Ombudsman's visit were staffed appropriately. An educational specialist works with the nursing department to confirm that the nurses' skills meet professional standards. The hospital provides the HealthStream[11] online education program for the nursing staff to complete their annual educational requirements. Nurses must complete these programs by the end of November 2018.

3. Surgical Unit

The hospital provides inpatient and outpatient surgery. The ambulatory area consists of 20 beds, and eight patients were undergoing procedures during the Ombudsman's first visit. The Ombudsman did not tour the surgical area during the second visit. There are seven operating suites and a 12-bed recovery room. The majority of the procedures provided are gastrointestinal. The surgeons and anesthesiologists have remained supportive of the hospital, and the surgical areas report no problems obtaining supplies. The surgical nursing staff is stable.

[11] HealthStream.com promotes lifelong learning, by promoting team learning, and preparing nurses to become change-agents in the advancement of healthcare.

4. Physician Services

The Ombudsman met with the recently appointed chief medical officer (the "**CMO**"). The CMO expressed support for the hospital and a willingness to work with the CEO to make any necessary changes. The CMO reported that most of the physicians live locally, have been supportive during the bankruptcy process and want to see the hospital succeed. Several of the physicians are employed directly by the hospital, including two general surgeons, an orthopedic surgeon and specialists in neurology, internal medicine, cardiology and nephrology. The hospital does not make use of hospitalists. Three internists oversee patients' medical needs. Community physicians with hospital privileges are available to cover specialty services including cardiology, pulmonology, nephrology, neurology and pediatrics. A contracted radiologist is onsite daily.

5. Emergency Services

The ER is classified as a Level II Trauma Center and has 10 beds, along with a five-bed fast track which allows for patients to be seen without a long wait. The physicians staffing the ER are provided by a contracted service and are onsite 24 hours a day, seven days a week. The ER is staffed with physicians, physician assistants, nurse practitioners and RNs. The nursing staff are all certified in adult and pediatric advanced life support. Most patients admitted to the hospital start their care in the ER.

6. Women's Health Pavilion

The hospital has a pavilion dedicated for women and children which can be accessed internally or via a separate entrance. The pavilion has several labor and delivery rooms, a surgical suite for cesarean sections, and a 23-bassinet newborn nursery unit. The mother/baby area is secured and only those with the proper credentials can enter and exit the area. Two pregnant patients were present at the time of the Ombudsman's visit. Both had been admitted through the ER and had been sent to the pavilion for fetal assessment. Upon an assessment of no

concern with the status of the pregnancy, the women were to be returned to the ER. There were no patients in the labor rooms or the delivery rooms, but several mothers and babies had been discharged earlier in the day. The average length of stay for mothers and babies at the hospital is two days. There was one infant in the nursery at the time of the Ombudsman's visit; the patient had recently been discharged but the baby remained in the hospital due to low birth weight. The pavilion was staffed with three RNs. The manager reported that nurses are cross-trained and will provide task assistance in other areas of the hospital until their services are required in the pavilion.

7. Quality Improvement

The hospital has recently redesigned its quality department. It will now be headed by a chief quality officer who, with two other staff members, will oversee the program. Tasks will be divided into education for the nursing staff, regulatory compliance and quality improvement to meet Joint Commission standards.

The Ombudsman reviewed the Quality Council's October meeting minutes. The meeting was attended by 19 key administrative staff and several areas of hospital operations were noted in the minutes:

- The electronic medical record system was recently implemented and staff continue to address concerns as they are identified.
- Some infection control concerns were discussed and deficiencies were reported to the director and department managers. Interventions have been put into place to address the deficiencies. This will be an area that the Ombudsman will follow up on during her next visit.
- There were no complaints noted in the report, but two grievances were discussed and appropriate interventions put into place.
- Survey readiness was discussed. The next Joint Commission recertification will be conducted in 2020, and the new sentinel event[12] #59 and the associated

[12] Per the jointcommittion.org site, a sentinel event is a patient safety event that is not primarily related to the natural course of the patient's illness or underlying condition, affects a patient and results in any of the following: Death, permanent harm, severe temporary harm.

elements of performance were distributed to those in attendance.

8. Closure Policy Review

The Ombudsman reviewed the hospital media plan, the hospital transfer agreement, Emergency Medical Treatment & Labor Act transfers, non-emergent transfer, and the emergency evacuation plan. The Ombudsman requested copies of hospital policies regarding the transfer of patients in case of possible closure. At present, there is no plan to close the hospital, but appropriate policies are in place. The average patient's length of stay is less than five days. The CNO reported that only one patient had been at the hospital for longer than 30 days due to a financial situation. Should a future determination be made to close the hospital, the hospital would be able to transfer this patient to another nearby hospital.

a. Hospital Media Plan

The Ombudsman reviewed the hospital's media plan to keep the community informed of the hospital's future changes during the bankruptcy process. The media plan includes printed memos to be distributed via postings, social media, email, television and Facebook, including the following:

- **Television**: Delta News TV reaches all counties in the Mississippi Delta, Southeast Louisiana and Southeast Arkansas.
- **Newspaper**: The local newspaper, The Clarksdale Press Register, has covered developments regarding the hospital since August 2018.
- **Contact with business and community leaders**. The hospital has contacted the Delta Business Journal. This Journal is mailed out to over 8,000 businesses, industry leaders and farmers in several Mississippi counties. In addition, the hospital will reach out to business associations, churches, health fairs, school districts and other events that attract large populations. The CEO confirmed that the appropriate staff could adequately inform the public if important news had to be relayed.

b. Transfer Agreements

The Ombudsman reviewed the hospital's transfer agreements and found them consistent with the proper regulatory guidelines.

c. Emergency Medical Treatment & Labor Act

In 1986, Congress enacted the Emergency Medical Treatment & Labor Act[13] ("**EMTALA**") to ensure public access to emergency services regardless of ability to pay. Hospitals that participate in Medicare must comply with EMTALA requirements, and hospital staff must be familiar with these requirements. EMTALA policy defines the requirements for an appropriate transfer to another hospital in accordance with state and federal laws. Any transfer of an individual with an emergency medical condition must be initiated by one of the following: the written request of the patient; the written request of the legally responsible person acting on the patient's behalf for such transfer; or by order of a physician with the appropriate physician certification. The CNO confirmed that staff had been educated on the policy and could assist in transferring patients to another hospital if necessary, consistent with EMTALA.

d. Non-Emergent Transfers

The purpose of this policy is to outline the process for the appropriate transfer of non-emergent patients. Occasionally, hospitals accept patients from other hospitals on a non-emergent basis for higher levels of care or to provide patients with resources or treatment unavailable at the transferring facility. The CNO confirmed that all staff had been educated on non-emergent transfers and would be able to carry out such transfers if necessary.

[13] Emergency Medical Treatment & Labor Act *(*EMTALA*)* as defined by cms.gov is the physician certification form that must contain a complete picture of the benefits to be expected from appropriate care at the receiving hospital and risks associated with the transfer, including the time away from an acute care setting necessary to effect the transfer. The transfer of a patient shall not be predicated upon arbitrary or capricious reasons or upon discrimination based upon race, religion, national origin, age, sex, physical condition or economic status.

e. Evacuation Plan Policy

Patient relocation and evacuation is inherently dangerous to patients and staff, and is to be undertaken only when conditions of the hospital environment cannot support care, treatment and services. The CNO confirmed that all staff had been educated on the evacuation plan and would be able to carry it out if necessary.

9. Patient Record Review

The Ombudsman reviewed a selection of patient records from the time of entrance to the ER through admission, stay at the hospital, and discharge to home:

a. Case 1

A 57-year-old patient entered the hospital ER on September 2, 2018 with complaints of dizziness and severe cramping pain in the lower abdomen for several days that had become progressively worse. The patient experienced diarrhea and nausea with eating, but no vomiting. The physician ordered lab tests, chest x-ray and a CT scan of the patient's abdomen. The patient received intravenous fluids, antibiotics, Tylenol and medication for pain. A diagnosis was made of septicemia[14] due to colitis[15] and ileitis.[16]

The patient was admitted to the hospital and transported to a room within a few hours of entering the ER. The course of the patient's ER assessment, diagnosis and treatment appeared appropriate for the diagnoses.

Upon arrival to the medical unit, the patient received a complete system nursing assessment. The patient's body temperature remained elevated. The patient was assessed by a surgeon who recommended medical treatment instead of surgical intervention and antibiotic therapy continued. The patient's medical history was addressed, and the patient remained stable

[14] Septicemia, colloquially known as blood poisoning, is a serious bloodstream infection. It occurs when a bacterial infection elsewhere in the body, such as in the lungs or skin, enters the bloodstream.
[15] Colitis is an inflammatory bowel disease that causes long-lasting inflammation and ulcers in the digestive tract.
[16] Ileitis is an inflammation of the lower, or terminal, portion of the small intestine, known as the ileum.

during the admission. Food was withheld for a period of days to allow the bowel to rest. The patient was gradually started on ice chips and progressed to a full diet within a few days. Vital signs were recorded frequently and the elevated temperature subsided. It was unclear if a pain assessment was completed by the nursing staff. It was also unclear if the patient was educated on interventions to treat and control pain and a review of the record did not find supporting documentation. Educating patients about pain control is an expectation for the nursing staff.

The patient was discharged on September 6, 2018 with directions to see the attending physician within a few days. The patient is to have a colostomy, and was given instructions for medications to be taken at home. The Ombudsman had no concerns about the care and treatment provided to the patient except for the possible lack of education about ways to control pain. This was discussed with the CNO who will review educational needs regarding pain assessment.

b. Case 2

This patient arrived at the ER complaining of a sore throat and tingling pain in the left leg. The patient had a boil on the left thigh and did not appear to be in distress. The patient's vitals were taken. The patient complained of pain.

The patient has a history of hypertensive disorder, gout and diabetes mellitus. A nursing assessment was completed and documentation included an abscess on the left inner thigh and purulent drainage on the left upper thigh. The patient reported numbness in the left foot and pain in the left leg and foot. The nursing diagnosis indicated alteration in comfort. Vital signs were retaken at 2:35 p.m. and 6:30 p.m., but there was no indication that a further pain assessment per the pain scale was completed at these times. The record does not indicate that the patient received pain medication. This information was discussed with the CNO and pain

assessment and interventions to relieve pain will be reviewed to determine if additional nursing education is required.

c. Case 3

A 50-year-old patient arrived at the ER on foot on June 6, 2018. The patient's chief complaint was difficulty breathing, which had been ongoing for the week prior. The patient was observed to be alert, oriented and able to answer questions. The patient voiced no complaints of pain. The patient's vital signs were taken. The patient's blood pressure was retaken and the patient was medicated for elevated blood pressure. The patient was admitted to the hospital on observation status and arrived on the nursing with diagnoses of pulmonary edema,[17] congestive heart failure,[18] and hypertension.[19] This diagnosis subsequently was changed to inpatient status with a diagnosis of acute stroke.[20]

After the stroke, the patient remained alert and oriented but was unable to take care of personal needs. The patient is now dependent on others for all activities of daily living except eating. The patient has minimal family support, with an 80-year-old parent unable to provide for the patient's care. The hospital's social service department made a referral to adult protective services. According to the CNO, the application for Medicaid assistance has been filed. Once a reimbursement source is confirmed, the patient will be transferred to a nursing facility.

This patient's record was selected for review because the stay in question is significantly longer than that of other admitted patients. At the time of the Ombudsman's visit, the patient had been at the hospital for 151 days. The patient was unstable at the time of entrance to the ER and was admitted for stabilization. The patient has no current payor source and is in

[17] Pulmonary edema is characterized by fluid accumulation in the tissue and air spaces of the lungs. It leads to impaired gas exchange and may cause respiratory failure.
[18] Congestive heart failure occurs when the heart muscle doesn't pump blood as well as it should.
[19] Hypertension is abnormally high blood pressure resulting in a state of great physiological stress.
[20] Acute stroke is characterized by the sudden loss of blood circulation to an area of the brain, resulting in a corresponding loss of neurologic function.

the process of seeking approval for the state Medicaid reimbursement program. The CNO stated that, in the event of hospital closure, transferring this patient to another hospital would not present a problem. The Ombudsman requested that the CNO inform her if and when the patient was transferred to another hospital. The Ombudsman had no concerns for the care and safety of the patient.

10. Summary

The Ombudsman did not identify any patient care and safety concerns. The CEO and the CNO were instructed to contact the Ombudsman should the current plan for assistance from the County and CHS change.

III. CONCLUSION

The Ombudsman did not observe any significant concerns. The Ombudsman will submit her next report within the next sixty (60) days and will inform the Court if there are any critical concerns discovered prior to that time, as necessary.

Dated: November 16, 2018

PATIENT CARE OMBUDSMAN

By: _____
Suzanne Koenig, solely in her Capacity as Patient Care Ombudsman in the Above-Captioned Cases

EXHIBIT 1

COAHOMA COUNTY
Board of Supervisors
P.O. Box 579
Clarksdale, MS 38614
Ph (662) 624-3028
Fax (662) 624-3029

Paul Pearson, District 1
President
Johnny Newson, District 4
Vice President
Pat Davis, District 2
Derrell Washington, District 3
Will Young, District 5

Morgan Wood
County Administrator
Tom T Ross, Jr.
Board Attorney

November 6, 2018

A Joint Statement from the Coahoma County Board of Supervisors and Community Health Systems

Affiliates of Community Health Systems are working with the Coahoma County Board of Supervisors on plans to continue operations at Northwest Mississippi Regional Medical Center with the ultimate goal of identifying a new buyer for the hospital. Today, the parties reached a tentative agreement for a Community Health Systems affiliate to take over operations of the hospital on December 10, 2018 with a focus on improving the financial position of the hospital. The parties will provide additional updates as details are finalized.

The Coahoma County Board of Supervisors appreciates CHS and its cooperation in helping to ensure that the residents of Coahoma County and surrounding areas continue to have access to quality healthcare through our hospital. The Board looks forward to working with CHS to improve the hospital's clinical and financial operations.