West Ascension Parish Hospital
301 Memorial Drive
Donaldsonville, LA 70346
PH: 225-473-7931
Fax: 225-474-2138
Email: info@westaph.org

OFFICIAL MINUTES OF THE REGULAR MEETING
BOARD OF COMMISSIONERS OF WEST ASCENSION PARISH HOSPITAL

(Hospital Service District No. 2 of Ascension Parish)

DATE: Thursday, August 27, 2026
TIME: 5:00 PM
LOCATION: Main Board Room, West Ascension Parish Hospital

I. CALL TO ORDER & OPENING REMARKS

- Call to Order: Meeting called to order at 4:58 PM by Mr. Dawson
- Roll Call & Quorum Verification:

Commissioner Name	Present	Absent
1. William "Bill" Dawson	[✓]	[ ]
2. Falcon Mire	[✓]	[ ]
3. Dr. Charie Mitchell Levy	[✓]	[ ]
4. Tanya Mitchell	[✓]	[ ]
5. LaDarby Williams	[✓]	[ ]

COMMISSIONERS ABSENT: N/A

OTHERS PRESENT:

- **Shelton B. Anthony, Chief Executive Officer**
- **Loretta Larvardin, Chief Nursing Officer**
- **Dr. Michael Blanchard, Chief Medical Officer**
- **James Breaux**
- **Alicia Falsetta**
- **Quincy Richard**
- **Legal Counsel: _____**
- **Others: _____**

A quorum of the Board was verified: [ ] Yes [ ] No

- Invocation: Led by Mr. Anthony
- Pledge of Allegiance: Led by Mr. Anthony

II. PUBLIC COMMENT PERIOD

- Chairman opened public comment session pursuant to La. R.S. 42:14.
- Public Comments Received:
  - ☐ Speaker Name / Topic: Mr. Olivier Joseph/ Management

  Mr. Joseph expressed his support for the hospital board and management team. Mr. Joseph urged the public to shift from a negative perspective to one of gratitude, highlighting the importance of the hospital staff's dedication to the community on the West Bank.

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Public Comments Received:

- Speaker Name / Topic: Mr. Glen Price/ Audit Report
- Mr. Price expressed appreciation for the hospital administration, specifically mentioning *Mr. Anthony* and other staff, for providing all requested information regarding the audit. After reviewing the documentation, he concluded that there was **no deliberate wrongdoing or misappropriation of funds**. He noted that the findings were primarily related to procedural and statutory compliance issues. He apologized if his tone had previously been too strong or aggressive while addressing these concerns. He stated that his organization is ready to move forward and collaborate with the board to support the goal of a **new hospital campus** for *Donaldsonville* and the *West Bank.*

III. APPROVAL OF MINUTES

- Review: Minutes of the Special Board Meeting held on August 6, 2026.
- Corrections / Edits Noted: Item D, no table. Proceeded by Mr. Dupaty
- Motion to Approve: Made by Dr. Levy | Seconded by Ms. Mitchell
  - Motion to Approve The Minutes As Revised: Made by Mrs. Williams | Seconded by Dr. Levy

- Vote Result: ☐ Unanimous ☐ Passed with opposition (Yeas: 5 | Nays:)

IV. STANDING REPORTS

1. FINANCIAL REPORT (JULY 2026) - Presented by Matt Nalls, PRN CFO

- Key Financial Notes / Variances Reported: Loss of 555k because of Epic Implentations, The hospital maintains **$22.2 million in cash and investments**, which is considered well-capitalized. The hospital reported an **8% year-over-year increase** in gross patient revenues for the year-to-date period, Management noted that the transition to **Epic software** on September 1st is expected to significantly improve the efficiency of collections and convert patient revenue into cash more effectively.
- Motion to Accept: Made by Mr. Mire | Seconded by Mrs. Williams
- Vote Result: ☐ Passed (Yeas: 5 | Nays:)

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2. MEDICAL EXECUTIVE COMMITTEE (MEC) & QUALITY REPORT (JULY 2026) - Presented by James Breaux, VP Operations

• Key Quality / Medical Staff Notes:

Mr. Breaux provided a detailed overview of the hospital's performance and clinical outcomes for the month of July. Key highlights include:

- **Emergency Room (ER) Outcomes:** The hospital managed **412 total patients**, resulting in **55 transfers**, **10 72-hour returns**, **8 observations**, and **3 admissions**
- **Mortality Data:** The team reported two mortalities, both of which were classified as **Dead on Arrival (DOA)**, meaning the patients had no signs of life prior to arriving at the facility
- **Transfer Rationale:** It was explained that the high number of transfers is primarily due to the need for **specialized care**—specifically surgery, cardiac, or obstetric services—which are not currently offered at the hospital.
- **Performance Improvement:** The medical staff is working on a **detailed plan of action** to ensure the facility meets national and critical access benchmarks for patient care timelines, which will be presented at the next board meeting.
- **Compliance and Hygiene:** The hospital reported high **hand hygiene** compliance, with scores of **100%** in dietary, medical surgery, radiology, and respiratory departments. Additionally, the facility successfully passed a recent **Joint Commission inspection**, with inspectors noting significant progress in safety and operational standards

• Motion to Accept: Made by Mr. Mire | Seconded by Mrs. Williams
• Vote Result: ☐ Passed (Yeas: 5 | Nays:)

3. CHIEF NURSING OFFICER (CNO) REPORT - Presented by Loretta Larvardin, CNO

• Key Operational & Clinical Notes:

Ms. Loretta highlighted several key areas regarding nursing and hospital operations:

- Staffing Improvements: The hospital has seen significant success in recruitment and retention efforts. Currently, the nursing team consists of 13 full-time registered nurses, five part-time, and five agency nurses. This is a major improvement from previous levels where the number of full-time staff was much lower.
- Staff Transition: Ms. Loretta noted that several agency nurses have successfully transitioned into full-time staff positions.
- Epic Training: All nursing staff have completed their training for the new Epic electronic health record system and were fully prepared for the go-live date of September 1st.
- Joint Commission Compliance: The hospital recently underwent a *Joint Commission* inspection. Ms. Loretta reported that the outcomes were excellent, noting that inspectors were pleased with the significant progress the facility has made in addressing compliance standards.

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4. CHIEF EXECUTIVE OFFICER (CEO) REPORT - Presented by Shelton B. Anthony, CEO

• Key Administrative Updates & Status Notes:

Mr. Anthony spoke about the successful implementation of the *Epic* electronic health record system and an update on audit findings.

- **Epic System Launch:** The hospital has been on an 11-month journey to implement *Epic*. The project is **on track** and in the "green" status, with a go-live date of **September 1st**. The hospital has planned a "war room" to facilitate communication and troubleshoot issues between *FM Epic* staff and hospital employees during the transition.
- **Audit Findings Update:** The CEO provided a status update on several audit findings, noting:
  - Findings related to bid laws and compensation/bonuses are expected to be closed.
  - Cooperative endeavor agreements are being processed via two resolutions introduced at the meeting.
  - Policies have been updated to address findings regarding management, and the hospital is working on resolving public records requests efficiently.
- **Land Acquisition:** The CEO confirmed that the hospital has successfully acquired the necessary property and does not need to purchase additional land at this time

Events:

• Behavioral Health Clinic Launch (Sept 1, 2026):
• Swing Bed Service Program (Target Oct 5, 2026):
• Ascension Parish Council Presentation (Sept 17, 2026 @ 6 PM):

V. NEW BUSINESS

ITEM 1: COMMUNITY NEEDS ASSESSMENT UPDATE REPORT

• Presentation Summary & Discussion Notes:

Mr. Rudy Gomez provided a preliminary report on the assessment, which is approximately 95% complete. Key findings and methodology included:

- Methodology: The assessment utilized both primary data (47 confidential stakeholder interviews and an ongoing online survey) and secondary data (hospital service/financial trends, Census Bureau demographics, and health condition prevalence from the Louisiana Department of Health)
- Long-term Reputation: Interviewees noted historical challenges such as a lack of trust, fear of outcomes, and feelings of exclusion within the community. However, there was a dramatic, positive acknowledgment of recent changes under current leadership.
- Vision for New Facility: Stakeholders strongly recommended that the new hospital campus serve as a community hub, incorporating specialty clinics, mental/behavioral health, nutrition services, wellness programs, and educational partnerships.
- Recommendations for Leadership: The community emphasized the need to continue building trust, addressing practitioner recruitment and staffing, and maintaining transparency regarding partnerships, such as the relationship with Our Lady of the Lake.

The final report, including specific recommendations and data visualizations, is expected to be presented at the next board meeting.

• Action Required: Information / Discussion only (No vote)

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ITEM 2: CEA - BREAST CANCER INITIATIVE FOR THE CITY OF DONALDSONVILLE (RESOLUTION NO. 2026-08-01)

• Discussion Notes:

Executive Director Sandra Williams of the Strengthen Pink Breast Cancer Foundation presented a proposed partnership with the hospital to support local breast cancer patients.

Key aspects of this initiative include:

- Referral Process: The hospital staff will identify patients facing financial hardship and refer them to the foundation, which will then review their eligibility for assistance.
- Support Services: The foundation aims to assist with transportation, utility bills, nutritional needs, and counseling for those undergoing cancer treatment.
- Financials: The partnership involves no cost to the hospital and is structured as a cooperative endeavor agreement.
- Community Event: A walkathon fundraiser is scheduled for October 10th to support the foundation's mission.

The board officially approved the cooperative endeavor agreement (CEA) to formalize this partnership

• Motion to Approve Resolution: Made by Mr. Mire | Seconded by Ms. Mitchell
• Vote Roll Call: Yeas: 5 | Nays: ____ | Abstain: ____ | Absent: ____

ITEM 3: CEA - RURAL CLINICIAN CREDIT BANK AWARD - INTENT TO PROCEED (RESOLUTION NO. 2026-08-02)

• Discussion Notes: Approval for Resolution of Intent. Awaiting CEA to be provided to Board

Motion to approve the letter of Intent: Made by Mrs. Williams, Seconded by Dr. Levy.

ITEM 4: LOVE IMPACT CLINIC REPORT (2025 OUTCOMES & SEPT 19, 2026 FRAMEWORK)- Dr. Nicole Thomas abd Ms. Donna Collins-Lewis

• Discussion Notes / Operational Support Updates:

Dr. Nicole Thomas of the **Love Impact Coalition** presented a report on their free healthcare clinic initiative, which provides **100% free medical, dental, and vision services** to patients in need.

Key highlights from the presentation include:

- **Past Success:** In 2025, the coalition served 497 patients. Dr. Thomas shared a poignant story about identifying a patient with a life-threatening cardiac condition who was then stabilized at the West Ascension Parish Hospital.
- **Operational Framework:** The next clinic is scheduled for **September 16th, 2026**. With support from the hospital and the Parish of Ascension, the coalition aims to double their provider capacity, particularly for **dental services**, to ensure more people can be served without hitting capacity limits.
- **Collaborative Partnership:** The presentation emphasized that every roadblock encountered during their previous clinic was cleared by hospital leadership. The hospital board clarified that while they provided a financial contribution last year, the current structure has transitioned to a **cooperative endeavor agreement (CEA)** to maintain transparency and compliance with legal standards.
- **Special Board Meeting will be provided to look over CEA Agreement.** Motion made by Mr. Mire, Seconded by Mrs. Williams.

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5. Board Resolution: Audit Findings Correction for Ascension Parish Council (Resolution No. 2026-08-04)- Mr. Shelton B. Anthony, CEO

· **Discussion Notes:** Mr. Dupaty is drafting a formal letter

· Motion to postpone Board Resolution and Audit Findings at the Special Board Meeting, Made by Ms. Mitchell, Seconded by Mrs. Williams.

6. Medical Staff Governance & Clinical Policy Approvals

A. Medical Staff Provider Reappointments: -Mr. Shelton B. Anthony, CEO
o Provider Names / Specialties Reviewed:
25 Providers * Add names or attach a screenshot of providers

o Motion to Approve Reappointments: Made by Mr. Mire **| Seconded by** Ms. Mitchell
o Vote Result: [ ] Passed (Yeas: 5 | Nays:)

· B. Medical Staff Bylaws (2026):- Mr. Shelton B. Anthony, CEO
o Key Revisions Noted: N/A
o Motion to Approve: Made by Mr. Mire **| Seconded by** Mrs. Williams
o Vote Result: [ ] Passed (Yeas: 5 | Nays:)

· C. Focused Professional Practice Evaluation (FPPE) Policy (2026):- Mr. Shelton B. Anthony, CEO
o Motion to Approve: Made by Mr. Mire **| Seconded by** Mrs. Williams
o Vote Result: [ ] Passed (Yeas: 5 | Nays:)

· D. Ongoing Professional Practice Evaluation (OPPE) Policy (2026):- Mr. Shelton B. Anthony, CEO
o Motion to Approve: Made by Mr. Mire **| Seconded by** Ms. Mitchell
o Vote Result: [ ] Passed (Yeas: 5 | Nays:)

7. Clinical & Operational Policy Approvals

· A. Emergency Release of Uncrossmatched Units for Transfusion Policy:- Mr. Shelton B. Anthony, CEO
o Motion to Approve: Made by Ms. Mitchell **| Seconded by** Mrs. Williams
o Vote Result: [ ] Passed (Yeas: 5 | Nays:)

· B. Standing Order for Peak Flow Policy:- Mr. Shelton B. Anthony, CEO
o Motion to Approve: Made by Mr. Mire **| Seconded by** Ms. Mitchell
o Vote Result: [ ] Passed (Yeas: 5 | Nays:)

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· C. Use of Patient-Owned Non-Invasive Ventilation Policy:- Mr. Shelton B. Anthony, CEO
o Motion to Approve: Made by Ms. Mitchell **| Seconded by** Mrs. Williams
o Vote Result: [ ] Passed (Yeas: 5 | Nays:)

VI. EXECUTIVE SESSION

- ☐ None Held

VII. BOARD ANNOUNCEMENTS & ADJOURNMENT

- Upcoming Key Dates Announced:
  - Ascension Parish Council Meeting: Thursday, September 17, 2026 @ 6:00 PM
  - Love Impact Health Clinic: Saturday, September 19, 2026
  - Next Regular Board Meeting: Thursday, September 24, 2026 @ 5:00 PM
- Motion to Adjourn: Made by Mr. Mire | Seconded by Dr. Levy
- Meeting Adjourned At: 6:57 PM

CERTIFICATION & APPROVAL

MINUTES PREPARED BY:

_____
Board Secretary / Administrative Recording Officer
West Ascension Parish Hospital
Date: _____

MINUTES APPROVED BY BOARD:

_____
Mr. William "Bill" Dawson, Chairman
Board of Commissioners, West Ascension Parish Hospital
Date Approved: _____