West Ascension Parish Hospital
301 Memorial Drive
Donaldsonville, LA 70346
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OFFICIAL MINUTES OF THE REGULAR MEETING

BOARD OF COMMISSIONERS OF WEST ASCENSION PARISH HOSPITAL

(Hospital Service District No. 2 of Ascension Parish)

DATE: Thursday, September 24, 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 5 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: Dr. Levy

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. Dawson

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II. MEDICAL EXECUTIVE COMMITTEE (MEC) & QUALITY REPORT (August 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 August. Key highlights include:

During the Medical Executive Committee (MEC) report, Mr. James provided a summary of hospital activity, which included the following highlights:

- **Emergency Room statistics:** There were **79 patient encounters**, resulting in seven observations, 48 transfers, seven patients who left against medical advice (AMA), and two who left without being seen. There were also ten total symptoms reported.
- **Imaging services:** The facility performed **209 x-rays**, **144 ECGs**, and **36 ultrasounds**.
- **Social Services:** The department logged nine visits, eight admissions, six consultations, three observations, and four referrals.
- **Quality and Charts:** Mr. James noted that there were **zero quality problems**, no acute observation issues, no incomplete charts, and zero instances involving wound care or specimen issues.

III. FINANCIAL REPORT

FINANCIAL REPORT (August 2026) - Presented by Matt Nalls, PRN CFO

- **Revenue Performance:** Total patient revenues for the year reached **$13 million**, with net patient revenues after contractual adjustments totaling over **$10 million**.
- **Net Income:** After accounting for **$3 million** in other general revenue (such as Medicare and Medicaid disproportionate share) and **$12 million** in total operating expenses, the hospital finished the fiscal year with a net income of **$1.129 million.**
- **Cash Position:** The hospital reported **$21.5 million** in cash and cash equivalents, which includes an investment portfolio of approximately **$20 million**.
- **Budgeting:** Year-to-date operating expenses were reported at **$300,000 below budget**, which the presenter highlighted as a positive indicator given the increase in services provided

• No motion needed

IV. APPROVAL OF MINUTES

- Review: Minutes of the Regular Board Meeting held on August 27, 2026.
- Corrections / Edits Noted: Changed the wording from Special Board Meeting Minutes to Regular Board Meeting Minutes
- Motion to change the agenda to Regular Board Meeting on Approval of Minutes: Made by Mr. Mire, Seconded by Mrs. Mitchell.

- Motion to Approve Regular Board Meeting: Made by Ms. Mitchell | Seconded by Mr. Mire

- Vote Result: (Yeas: 4 | Nays:)

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V. PUBLIC COMMENT PERIOD

• Chairman opened public comment session pursuant to La. R.S. 42:14.

• Public Comments Received: Mr. Glen Price

- **Financial concerns:** Mr. Price expressed concern regarding the hospital's investment funds, suggesting the money should be withdrawn and made available for potential construction and financing of a new hospital.
- **Board compensation:** Mr. Price proposed that board members should receive some form of reimbursement or compensation for their time and effort, especially given the upcoming demands of building a new hospital.
- **Community needs:** Mr. Price also advocated moving forward with the hospital design to make it a reality and noted the community's need for enhanced services like diabetes, hypertension, and heart disease care.

VI. CHIEF NURSING OFFICER (CNO) REPORT

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:

- The Chief Nursing Officer (CNO) reported that the hospital's nursing staff currently consists of **13 full-time employees**, **eight PRN staff**, and **five temporary nurses**. These temporary nurses account for approximately 12 shifts per month.
- Additionally, the report highlighted the successful integration of the **Epic electronic health record system**, which has significantly improved the patient transfer process by allowing staff at other facilities to directly access patient information.

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VII. CHIEF EXECUTIVE OFFICER (CEO) REPORT

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

• Key Administrative Updates & Status Notes:

- **Grant Funding:** The hospital has submitted seven applications for the **Rural Health Transformation Program**, potentially totaling **$3.4 million**. A grant of **$355,000** has already been awarded for a clinician bank.
- **Community Outreach:** Plans are in place for **Breast Cancer Awareness** outreach in October, a **leadership training event** (Lead the Harvest) on October 28th, a **health fair** at Lamar Dixon on October 29th, and a **community event** on Halloween.
- **Audit Progress:** The hospital is transitioning to a new audit schedule, with engagements starting November 1st and a report submission goal of January 15th. The CEO noted that eight of 11 previous audit findings have been resolved.
- **Quality Initiatives:** The hospital is prioritizing quality metrics, including **stroke care** and **hand hygiene** protocols, with a full report expected at the October meeting.
- **Mental Health Awareness:** A suicide prevention luncheon was scheduled for September 29th to foster community awareness.

V. NEW BUSINESS

1. Approval and Recommendation for Full Privileges of Providers:

Provider Privilege Recommendations

Provider	Group	Specialty	Privilege Status
Dr. Mark Clawson	Blue Angels	ER Medicine	Provisional Privileges
Dr. Gertrude Chimeka-Anyanwoke	Blue Angels	ER Medicine	Provisional Privileges
Dr. Joshua Bacon	Blue Angels	ER Medicine	Provisional Privileges
Dr. Paul Neal	Blue Angels	ER Medicine	Provisional Privileges
Dr. Benedict Idowu	Blue Angels	ER Medicine	Provisional Privileges
Dr. Bernard Boka	Blue Angels	ER Medicine	Provisional Privileges

- Dr. Laura Mutter: Approved for an initial 90-day provisional appointment with privileges and the initiation of the Focused Professional Practice Evaluation (FPPE) process.

- Dr. Bernard Boke: Granted a 90-day extension of his provisional appointment due to an insufficient number of patient encounters to complete his FPPE process.

- Reappointments: The board approved two-year reappointments with full courtesy privileges for Dr. Benedict Eidoo, Dr. Mark Clawson, Dr. Joshua Bacon, Dr. Girtu (noted as "Dr. Gertie"), and Dr. Paul Neil, all of whom successfully completed their Ongoing Professional Practice Evaluation (OPPE) requirements.

•Motion to Approve: Made by Mr. Mire | Seconded by Ms. Mitchel

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2. Blood Transfusion Policies

(LifeFlow Rapid Infusion Device Policy and NURS-015 Blood Administration)

- **Blood Administration and Transfusion Reaction Monitoring Policy (NURS-015):** This policy establishes procedures for patient identification, specimen collection, administration, and monitoring for transfusion reactions. It was reviewed by the hospital's quality department, the Medical Executive Committee (MEC), and a pathologist before being presented to the board.

- **LifeFlow Rapid Infusion Device Policy:** This policy focuses on enhancing emergency preparedness and rapid response capabilities by standardizing training and competence for the rapid administration of blood and fluids during critical events. Like the previous policy, it was vetted by the quality department and MEC, and signed off by Dr. Ra.

- Motion to Approve: Made by Mr. Mire | Seconded by Ms. Mitchell

3. Practitioner Health Policy

- **Purpose:** The policy establishes formal procedures for the **referral, evaluation, and monitoring** of practitioners who may have health-related impairments.
- **Alignment:** It is designed to be consistent with the hospital's Medical Staff Bylaws and existing peer review processes.
- **Support and Confidentiality:** The policy provides specific mechanisms to ensure **confidentiality** and reporting, while offering support for the practitioner.
- **Expertise:** It permits the use of **ad hoc committees** and external consultants when specialized expertise is required

- Motion to Approve: Made by Mr. Mire | Seconded by Mrs. Williams

4. Behavioral Health Policies

(MHC-030 through MHC-037, MHC-017, MHC-015 CONSENTS-001 through CONSENTS-004)

- The board approved a series of **behavioral health policies** (MHC 030 through MHC 037 and Consent forms 001-004) to standardize mental health services. These policies cover key areas including the **medication-assisted treatment program** for opioid and alcohol disorders, patient selection criteria, clinical monitoring protocols, medication administration, and **diversion prevention** measures. These updates were reviewed and recommended for approval by both the Quality Committee and the Medical Executive Committee

- Motion to Approve: Made by Ms. Mitchell | Seconded by Mrs. Williams

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5. Public Records Request Policy and Fee Schedule Resolution

- Mr. Shelton suggested that they table this for next board meeting so Mr. Dupaty can review.

- Motion to Approve to table for next board meeting: Made by Mr. Mire, Seconded by Ms. Mitchell

6. CEO Financial and Contractual Authority Resolution

- The board discussed a resolution regarding the **financial and contractual authority of the Chief Executive Officer**. It was requested that this item be **tabled until the next board meeting** to allow Mr. Dupaty time to ensure the provisions are appropriately aligned with the relevant parties.

- Motion to Approve to table for next board meeting: Made by Mr. Mire | Mrs. Williams

7. Cooperative Endeavor Agreement with Strength in Pink Breast Cancer Foundation and West Ascension Parish Hospital

Key details regarding this agreement include:

- **Purpose:** The collaboration is focused on **education** related to breast cancer awareness and support.
- **Financials:** There is **no financial exchange** associated with this agreement.
- **Status:** The agreement was previously brought before the board, and a correction was made to the organization's name to accurately reflect Strength in Pink Breast Cancer Foundation.

- Motion to Approve: Made by Mr. Mire | Seconded by Ms. Mitchell

8. Board Bylaws Review (Introduction)

- The board discussed a **review of the board bylaws** during the meeting. It was decided to treat this item as an **introduction** rather than taking immediate action, allowing board members adequate time to review the documents.

- Motion to Approve to table for next board meeting: Made by Mr. Mire, Seconded by Ms. Mitchell

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9. Cooperative Endeavor Agreement for Senior Citizen Community Health Education and West Ascension Parish Hospital

During the board meeting, it was established that West Ascension Parish Hospital works extensively with the Wag Center to provide community health education and protocols.
To formalize this relationship, the board discussed a Cooperative Endeavor Agreement (CEA):

- Purpose: The agreement supports educational initiatives and health protocols delivered by hospital staff to the Wag Center.
- Financial Terms: There are no financial costs associated with this agreement; it primarily involves the commitment of staff time to conduct educational outreach.

10. AI Acceptable Use Policy

- The board decided to **postpone** the review of this policy to allow time for it to be reviewed by legal counsel.

- Motion to approve to table for next board meeting: Made by Mr. Mire, Seconded by Ms. Mitchell

11. Community Health Needs Assessment Presentation – Rudy Gomez and Tyra Banks

Rudy Gomez and Tyra Lewis from **SSA Consultants** presented the findings of the **Community Health Needs Assessment**. The assessment utilized data from the hospital, the Louisiana Department of Health, and community feedback gathered through 47 interviews and an ongoing online survey.

Key insights from the presentation include:

- **Community Disparities:** Data revealed significant health challenges in the Donaldsonville area, where residents face higher rates of **obesity, diabetes, high blood pressure, and chronic diseases** compared to the 12-city regional average.
- **Social Risk Factors:** The assessment highlighted local disparities in economic indicators, including **food insecurity and housing instability**.
- **Public Perception:** Early survey results indicate that **76% of respondents** have noticed positive changes under the current leadership, noting improvements in facility appearance and equipment.
- **Strategic Recommendations:** The consultants proposed five major recommendations, including deepening community trust, pursuing **Rural Health Clinic** and **340B pharmacy** designations, and developing a comprehensive community medical hub.

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VI. EXECUTIVE SESSION

- None Held

VII. BOARD ANNOUNCEMENTS & ADJOURNMENT

- Motion to Adjourn: Made by Mr. Mire | Seconded by Mrs. Williams
- Meeting Adjourned At: 6:56 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: _____