



Prevoist Memorial Hospital

301 Memorial Drive
Donaldsonville, LA 70346
Ph# 225-473-7931

Board of Commissioners:
Michel Hirsch, M.D., Chairman
Glenn Schexnayder, M.D., Vice-Chairman
A.J. Gomez, Treasurer
Michael Medine, Recording Secretary
John Marchand, Commissioner

Vince A. Cataldo
Administrator
Joint Commission Approved

July 28, 2022

BOARD OF COMMISSIONERS MEETING AGENDA

- I. Call to Order
- II. Roll Call
- III. Public Comment
- IV. Reading and Approval of Minutes
- V. Reports of Standing Committees
 - A. Monthly Reports
 - 1. Financial Report
 - 2. Sales Tax Report
 - 3. Medical/Executive Committee
 - 4. Utilization Review Committee
 - 5. Operative and Invasive Committee
 - 6. Emergency Room Committee
 - 7. Safety Committee
 - 8. Administrative
 - B. Quarterly Reports
 - 1. Medical Records Committee
 - 2. Pharmacy & Therapeutics Committee
 - 3. Blood Usage Committee
 - 4. Performance Improvement Committee
 - 5. Infection Control Committee
 - 6. Corporate Compliance
 - C. Bi-Annual Reports
 - 1. Ethics Committee

VI. Old Business

- A. Recruitment and Retention
- B. Electronic Medical Records/Promoting Interoperability Program
- C. Radiology Services
- D. Tele-Stroke
- E. La. Health Care Quality Forum—La. Health Information Exchange (LAHIE)
- F. Hospital Improvements & Renovations
- G. Drainage Impact Study
- H. West Ascension Parish
- I. MOB (214 Clinic Drive)
- J. Fuel Storage on Property for Disasters
- K. Emergency Room Roof Repair
- L. Ethics & Sexual Harassment Training
- M. Trustee Self-Assessment
- N. Virtual Radiology (Teleradiology)
- O. ER/Hospitalists (Physician coverage – Blue Angels Health)
- P. Laboratory (wall & door)
- Q. Annual Health Fair
- R. Applications for Review & Reappointment
- S. EMTALA
- T. Medicaid Recall
- U. Investments

VII. New Business

- A. Applications for Review and Approval of Provisional Privileges
- B. Applications for Review and Approval of Full Privileges
- C. Applications for Review and Reappointment
- D. Annual Budget Review & Approval (2022 – 2023)
- E. Mission & Vision Statements
- F. Hospital Strategic Plan
- G. Hospital Philosophy

VIII. Continuing Education

- A. Printed Material
 - 1. Medical debt being wiped from U.S. credit reports (The Advocate, 07/03/22)
 - 2. What to know about how medical debt affects your credit rating (The Advocate, 07/06/22)
 - 3. Pharmacists allowed to prescribe COVID-19 pill (The Advocate, 07/07/22)
 - 4. LA sees uptick in COVID numbers (The Advocate, 07/12/22)

IX. Adjournment

**PREVOST MEMORIAL HOSPITAL
BOARD OF COMMISSIONERS MEETING**

This is a confidential report as it is a report of this Board of Commissioners and the exercise of its functions.

DATE: July 28, 2022

TIME: 12:00 Noon

PLACE: Prevost Memorial Hospital Conference Room

MEMBERS:

Dr. Michel Hirsch, Chairman
Dr. Glenn Schexnayder, Vice Chairman
Mr. John Marchand
Mr. Michael Medine, Recording Secretary
Mr. A.J. Gomez, Treasurer
Mr. Vince Cataldo, Administrator

OTHERS PRESENT:

Ms. Nobie Landry, CFO

ABSENT:

Ms. Loretta Larvadain
Dr. Glenn Schexnayder, Vice Chairman
Mr. A.J. Gomez, Treasurer

HOSPITAL ATTORNEY

Mr. Larry Buquoi

GUEST:

I. CALL TO ORDER

A. The meeting was called to order by Dr. Michel Hirsch, Chairman at 12:00 Noon.

II. Roll Call

A. Ms. Loretta Larvadain, Dr. Glenn Schexnayder and Mr. A.J. Gomez were absent.

III. Public Comment

A. None

IV. READING AND APPROVAL OF MINUTES:

A. There was no objection to the minutes of the June 30, 2022 meeting as distributed. The minutes were accepted as individually read.

V. REPORTS OF STANDING COMMITTEES

A. MONTHLY REPORTS

1. Financial Report

a. The monthly financial report was presented by Ms. Nobie Landry. On a motion by Mr. Mike Medine and a second by Mr. John Marchand, the financial report was accepted as presented.

2. Sales Tax Report

a. Ms. Nobie Landry gave this report to the Board. The total sales tax collected for the month of May was \$125,596.07. This total showed a decrease from May 2021.

3. Medical Staff/MEC Meeting

a. Mr. Vince Cataldo read this report to the Board. On a motion by Mr. Mike Medine, this report was accepted as read.

4. Utilization Review Committee

a.

SOCIAL SERVICES	June 2022
Patient Visits	2
Consultations	4
Observations	1
Referrals	2

b.

MEDICAID REVIEW	June 2022
Admits	0

c.

MONTHLY DENIALS	June 2022
Denials	0

d.

PHYSICIAN QUALITY PROBLEMS	June 2022
Acute / Observation Chart	0
Hospice Charts	0
Swing Charts	0
An incomplete chart would be missing one or more of the following: H & P, Discharge Summary, Unsigned Orders.	

e. Notice of Facility Quality Problems: None for June 2022.

f. Notice of Admission Denial: None for June 2022.

g.

MEDICARE / LHCR REVIEW	June 2022
Acute	0
Swing	0
Hospice	0
Inpatient Charts Requested for Review	0

h.

QA/I REVIEW	June 2022
ADMISSIONS (observations not included)	
Acute Admissions	0
Swing Admissions	0
Hospice Admissions	0
DISCHARGES	
Acute Discharges	
• Acute Discharged - Home	0
• Acute Discharged – Another Facility	0
• Acute Discharged – Nursing Home	0
• Acute Discharged – Swing	0
• Acute Discharged – Hospice	0
• Acute Discharged – Left AMA (against medical advice)	0
Swing Discharges	0
Hospice Discharges	0
DEATHS	
Acute Deaths	1
Swing Deaths	0
Hospice Deaths	0

The Board accepted this report as presented.

5. Operative and Invasive Procedures Committee

a. Wound Care Clinic

WOUND CARE CLINIC	June 2022
Patients seen	60
Specimen submitted	0

b. Emergency Department

EMERGENCY DEPT.	June 2022
Specimens received	0

c. Pathologist Review

PATHOLOGIST REVIEW	June 2022
Wound Care Specimens	0
OP/Emergency	0
Non-Gyn Cytologies	0

The Board accepted this report as presented.

6. Emergency Room Committee
 - a. The Board reviewed the minutes of the Emergency Room Committee meeting covering statistics for the month of June 2022.

There were no objections to the minutes as presented. See attached

June 2022 ER Stats	
Total Patients	511
Admissions	0
Observations	8
Transfers to another facility	29
Codes	0
Positive Outcomes	0
Expired	0
AMA	3
Left without being seen (includes triage)	5
Left prior to triage	2
Eloped (LDTX)	4
Returns to ED within 72 Hours	12
Returns w/same symptoms	6
Returns w/different symptoms	6
Patients received x-rays	113
# of x-rays	139
Interpretations differed from radiologist (ER Physician #8)	1
# of Patients received CT Scans	53
# of CT Scans	67
Interpretations differed from radiologist	0
Cardiac Thrombolytic administrations	0
Stroke Thrombolytic administration	0

The Board accepted this report as presented.

7. Safety Committee (06/01/22 to 06/30/22)
 - a. Committee Reports
 1. Environment of Care
 - a. Equipment Management Plan
 1. The Hear radio test was completed successfully on June 24, 2022.
 2. The monthly generator test was performed on June 24, 2022.
 - b. Safety/Risk Management Plan
 1. There was no activity to report at this time. We will continue to monitor.
 - c. Utilities Management Plan
 1. The line isolation test was completed successfully on June 24, 2022.

- d. Fire Prevention Plan/Life Safety Management Plan
 - 1. There was no activity to report at this time. We will continue to monitor.
- e. Security Management Plan
 - 1. There was no activity to report at this time. We will continue to monitor.
- f. Hazardous Materials and Waste Management Plan
 - 1. There was no activity to report at this time. We will continue to monitor.
- g. Emergency Management Plan
 - 1. There was no activity to report at this time. We will continue to monitor.

2. Reports

a. Incident Reports

INCIDENTS	No. of Incidents
➤ Employee	0
➤ Physician	0
➤ Outpatient	0
➤ Visitor	0

b. Security Report

- 1. Security was reminded to always lock double doors leading into the Emergency Room.

c. Recalls

- 1. There were no drug recalls reported by Pharmacy. Pharmacy reports recalls on a quarterly basis.
- 2. There were no other recalls in any other department reported.

d. General Safety

- 1. The annual Safety Skills electronic version are being monitored for completion by employees. This includes the Sexual Harassment and Ethics.

b. Old Business for Safety Committee

- 1. We are in a COVID 19 pandemic and are daily assessing the OEP and the President of the United States. We are following the visitor COVID-19 Policies. If any issues occur, contact our Infection Control Nurse.

c. New Business for Safety Committee

- 1. None

The Board accepted this report as presented.

8. Administrative
 - a. Complaints
 1. There were two (2) patient complaints received in June 2022.

Patient #624652
 Date of Complaint: 6/16/2022
 Date Resolved: Not resolved

Patient #611789
 Date of Complaint: 6/24/2022
 Date Resolved: 6/29/2022

- b. Pending Litigation

NAME	FILED	CLOSED
Kaiden LeBlanc	09/28/12	
James Mulvey	10/04/19	
Lynn Landry	08/19/20	
Stephen Brandly	09/28/20	
Reavon Gasper	02/21/22	

B. QUARTERLY REPORTS

1. Medical Records Committee
 - a. There was 96% medical records review for the second quarter 2022 on inpatients.
 - b. Opened and Closed Record Review

RECORD REVIEW	2nd Qtr
Open Medical Records	0
Closed Medical Records	10

Note: Used the Joint Commission medical record review form.
 ER records were reviewed as part of the ER Committee.
 Operative and Invasive records are reviewed as part of that committee utilizing Joint Commission criteria.

MEDICAL RECORDS COMPLIANCE	Compliance %	Findings
General Items for all patient care settings	100%	None
Assessment of Patients with criteria	100%	None
Assessment of Patients with pain assessment	100%	None
Documentation of Care	78%	None
Verbal orders are authenticated within defined time frame when required by law/regulations	100%	None
Education compliance with criteria	100%	None

Education with patient about safe & effective use of medication (based on assessed needs)	100%	None
Education with patient about nutritional interventions, modified diets, and oral health when appropriate	100%	None
Education about pain and effective pain management, when appropriate	100%	None
Discharge Information with criteria	100%	None
Restraint for acute and surgical care	N/A	N/A

c. Performance Improvement Mortality Review (2nd Qtr 2022)

Inpatient Mortality Review	APR	MAY	JUN
Acute Death	0	0	0
Swing Death	0	0	0
Hospice Death	0	0	0

d. Performance Improvement Monitor (2nd Quarter 2022)

Charts not completed by Physician	APR	MAY	JUN
Inpatient/Swing	0	0	0
Missing H&P's, Discharge Summaries and/or unsigned orders.			

E.R. Patients	APR	MAY	JUN
No. of Patients	470	456	506

The Board accepted this report as presented.

2. Pharmacy & Therapeutics Committee
 - a. Follow Up Drug Usage Review

The Medical Staff accepted the second quarter 2022 committee report without actions or recommendations.

b. Antibiotic Usage

MOST FREQUENTLY USED	APR	MAY	JUN
IV	Rocephin	Rocephin	Rocephin
ORAL	Amoxicillin / Ampicillin	Amoxicillin	Amoxicillin

c. Pharmacy Ongoing Monitors

Review of Outcome Summaries ASPECT OF CARE	APR	MAY	JUN
Emergency Room Floor Carts	92%	95%	93%
Nursing Floor Carts	100%	100%	100%
Nursing Care Units & Medication Areas	100%	100%	100%
Schedule II, III-IV Drug Control Review and Prescription Review Control	0	0	0

d. Medications

	APR	MAY	JUN
Medication Errors	0	0	0
Adverse Drug Reactions	0	0	0
Drug Recalls	0	0	0
Outdated Drugs	Drug areas checked and outdated medications have been removed and/or replaced. Medication labeling process implemented to identify items that will be going out of date.		

The Board accepted this report as presented.

3. Blood Usage Committee

a. Statistics

2nd Quarter Statistics	# of Units	# of Patients
Packed Cells Transfused	18	9
➤ Inpatient/Observations		0
➤ Outpatient		3
➤ Emergency Room		6
Cross Matched	18	9
Blood not transfused	0	
Incompatible	0	
Wasted	0	
Albumin Administered	0	
Incompatible with patient	0	
Platelets given	0	
All charts were available for review.		

- b. Performance Improvement Review
(Patients were evaluated per 4 processes. Appropriateness, Preparation, Monitoring, Discharge).

1. PROCESS - ORDERING

Discrepancies	0
Patients met criteria	9
Orders complete	9
FINDINGS: None	
RECOMMENDATIONS/ACTIONS: None needed	

2. PROCESS – DISTRIBUTING, HANDLING, DISPENSING

Discrepancies	0
Products signed out properly	18
Products hung within 30 minutes of signing out	18
FINDINGS: None	
RECOMMENDATIONS/ACTIONS: None needed	

3. PROCESS – ADMINISTERING

Discrepancies	0
Baseline patient information obtained (VS, allergies, orders, assessment)	9
Consent signed	9
Vital sign protocol followed	9
Units administered within 4 hours	18
FINDINGS: None	
RECOMMENDATIONS/ACTIONS: None needed	

4. PROCESS – MONITORING EFFECTS ON PATIENTS

Discrepancies	0
Vital signs stable on discharge	9
Patient received appropriate discharge or was transferred to another facility	9
Adverse reactions reported, appropriate actions taken	0
FINDINGS: None	
RECOMMENDATIONS/ACTIONS: None needed	

- c. Adverse Reactions
1. No adverse reactions noted.
- d. Physician Ordering Practices
1. There were no problems with physician’s ordering practices noted for the second quarter 2022.
- e. Policy Changes
1. There were no changes to policies this quarter.
- f. Additional Information
1. None.

The Board accepted this report as presented.

4. Performance Improvement Committee
 a. Inpatient Mortality Review

Inpatient Mortality Review	APR	MAY	JUN
Acute	0	0	0
Swing Death	0	0	0
Hospice Death	0	0	0

FINDINGS/CONCLUSIONS: None
 RECOMMENDATIONS/ACTIONS/FOLLOW UP: N/A

- b. Inpatient Morbidity Review

Inpatient Morbidity Review	APR	MAY	JUN
Adverse Patient Events	0	0	0

FINDINGS/CONCLUSIONS: None
 RECOMMENDATIONS/ACTIONS/FOLLOW UP: N/A

- c. Inpatient Transfers

Inpatient Transfers to Another Facility	APR	MAY	JUN
Acute	0	0	0
Swing Death	0	0	0
Hospice Death	0	0	0

FINDINGS/CONCLUSIONS: None
 RECOMMENDATIONS/ACTIONS/FOLLOW UP: None needed

- d. Operative & Invasive Procedures

1.

	APR	MAY	JUN
Surgical Cases	0	0	0
Wound Care Inpatient	0	0	0
Wound Care Outpatient	59	52	60

2.

Tissue Review	APR	MAY	JUN
Met guidelines for tissue review	0	0	0
Did not meet guidelines for review	0	0	0
Cases with no tissues	0	0	0
Cases reviewed	0	0	0
Wound care patients received tissue biopsy	0	0	0

FINDINGS/CONCLUSIONS: None
 RECOMMENDATIONS/ACTIONS/FOLLOW UP: None needed

3. Outpatient Surgery Review

a. N/A

4. Surgical Complications

a. N/A

5. Anesthesia Review

	JAN	FEB	MAR
No. of surgical cases	0	0	0
Given local anesthesia	0	0	0
Given IV sedation	0	0	0
Anesthesia complications	0	0	0

RECOMMENDATIONS/ACTIONS/FOLLOW UP: None needed

6. Invasive Procedures

	APR	MAY	JUN
Procedures done outside of OR suite	0	0	0
Complications	0	0	0
Reviewed	0	0	0

RECOMMENDATIONS/ACTIONS/FOLLOW UP: None needed

e. Blood Usage (See Section B Quarterly Reports, Item 3)

f. Medical Records Review

0 delinquent pre and post op notes

0 operative reports dictated after 24 hours

0 adverse reactions

RECOMMENDATIONS/ACTIONS: None needed.

Incomplete Admission Summary Sheets

Admission data bases sometimes were incomplete. Therefore, it is not possible to effectively complete this report. We will monitor for recommendations and follow-up from nursing service.

There were 1432 authorizations for ER treatment.

RECOMMENDATIONS/ACTIONS:

We will continue to monitor on departmental level.

There was 100% medical record review for the second quarter 2022.

There was 0 open and 10 closed inpatient admission charts reviewed using the Joint Commission medical record review form. ER records were reviewed as part of the ER Committee. Operative/Invasive records are reviewed as part of that committee utilizing Joint Commission criteria.

MEDICAL RECORDS COMPLIANCE	Compliance %
General Items for all patient care settings	100%

Assessment of Patients with criteria	100%
Assessment of Patients with pain assessment	100%
Documentation of Care of patients with criteria	95%
Verbal orders are authenticated within defined time frame when required by law/regulations	100%
Education compliance with criteria	100%
Education with patient about safe & effective use of medication (based on assessed needs)	100%
Education with patient about nutritional interventions, modified diets, and oral health when appropriate	100%
Education about pain and effective pain management, when appropriate	100%
Discharge Information with criteria	100%
Restraint for acute and surgical care 0 restraints in this Qtr	N/A

g. Chart Review for Clinical Pertinence – Outpatient Surgery

0 charts were reviewed for clinical pertinence

0 charts met criteria for adequacy

h. Informed Consent

On charts for required consents, it was noted all charts had the required signed and witnessed consent form.

i. Utilization Review Report

Admissions	APR	MAY	JUN
Acute Inpatient	0	1	0
Swing	0	0	0
Hospice	0	0	0
Reviewed	0	0	0
Met appropriateness guidelines for admission	0	1	0
Continued stay reviews done	0	0	0
Reviewed at the 90 th percentile or greater	0	0	0
Readmissions	0	0	0
Transfers	0	0	0
LOS exceeded approved LOS	0	0	0
Facility quality problems	0	0	0
Notices of physician quality determinations	0	0	0

FINDINGS: None

RECOMMENDATIONS/ACTIONS: None needed.

The following referrals were made in the second quarter of 2022:

1 ST Qtr 2022	APR			MAY			JUN		
Referrals	Acute	Swing	Hospice	Acute	Swing	Hospice	Acute	Swing	Hospice
Swing	0	0	0	0	0	0	0	0	0
Deaths	0	0	0	0	0	0	0	0	0
Home	0	0	0	1	0	0	0	0	0
Rehab or Hospice	0	0	0	0	0	0	0	0	0
Other Acute Facility	0	0	0	0	0	0	0	0	0
Nursing Home	0	0	0	0	0	0	0	0	0
AMA	0	0	0	0	0	0	0	0	0

j. Credentials Review Functions

2nd Qtr Credentials Review	No. of Physicians		
	APR	MAY	JUN
Presented for Appointment	7	1	0
Presented for Reappointment	0	3	1
Approved	7	3	1

k. Medical Staff Review

1. PROCESS - Ordering practices for imaging procedures (radioactive) & CT are appropriate

FINDINGS:

CT procedures done 4
Records required further medical staff review 0

RECOMMENDATIONS/ACTIONS:

Records sent to Medical Staff for further review 0
Will continue to monitor

2. PROCESS - Diagnostic/Follow Up Radiology ordered appropriately

FINDINGS:

Records reviewed this quarter 5
Records required further medical staff review 0

RECOMMENDATIONS/ACTIONS:

Records sent to Medical Staff for further review 0
Will continue to monitor

3. PROCESS – Management of patients with Pneumonia is appropriate

FINDINGS:

Records reviewed this quarter 0
Records required further medical staff review 0
Records required review by another department 0

RECOMMENDATIONS/ACTIONS:
 Records sent to Medical Staff for further review 0
 Will continue to monitor

4. PROCESS – Management of patients with IDDM is appropriate

FINDINGS:
 Records reviewed this quarter 0
 Records required further medical staff review 0
 Records required review by another department 0
 RECOMMENDATIONS/ACTIONS:
 Records sent to Medical Staff for further review 0
 Will continue to monitor

5. PROCESS - Monitoring patient response. Appropriate evaluation of inpatients receiving Digoxin, Theophylline, and Phenytoin

FINDINGS:
 Records reviewed this quarter 0
 Records required further medical staff review 0
 Records required review by another department 0
 RECOMMENDATIONS/ACTIONS:
 Records sent to Medical Staff for further review 0
 Will continue to monitor

6. PROCESS – Management of patients with pain is appropriate

FINDINGS:
 Records reviewed this quarter 0
 Records required further medical staff review 0
 Records required review by another department 0
 RECOMMENDATIONS/ACTIONS:
 Records sent to Medical Staff for further review 0
 Will continue to monitor

7. PROCESS – Management of patients with pressure ulcers is appropriate

FINDINGS:
 Records reviewed this quarter 0
 Records required further medical staff review 0
 Records required review by another department 0
 RECOMMENDATIONS/ACTIONS:
 Records sent to Medical Staff for further review 0
 Will continue to monitor

8. PROCESS – Management of patients with restraints is appropriate

FINDINGS:
 Patients with restraints 0
 Records reviewed 0
 Record required further review by Medical Staff 0
 Records required review by another department 0

RECOMMENDATIONS/ACTIONS: None needed
 Will continue to monitor

1. Patient Satisfaction

2nd Quarter 2022	APR	MAY	JUN
Patient Complaints	1	0	2

m. Emergency Department

1. Statistics

2nd Quarter 2022	APR	MAY	JUN
1. STATISTICS			
• Patients seen	470	456	506
• Admissions from ER	0	1	0
• Transfers to another facility	31	17	29
• Transfers required review	0	0	0
2. MORTALITY REVIEW			
• Codes	0	1	0
• Positive Outcomes	0	0	0
• Expired	0	1	0
3. DOCUMENTATION REVIEW			
• Identified Trends	None	None	None
4. RADIOLOGY Correlative Review			
• No. of Patients received X-rays	115	91	95
• No. of X-rays	126	105	110
• X-ray interpretations differed	3	1	1
• No. of Patients received CT Scans	39	40	44
• No. of CT Scans	48	46	53
• CT Scan interpretations differed	0	0	0
5. Case Review			
• Left ER w/o being seen by MD	3	7	5
• Left ER w/o being assessed by Nurse	2	3	2
• Left ER AMA	6	0	3
• ELOPED LDTX (before discharge)	8	9	4
• Returns to ED within 72 Hours	10	19	12
• Returns w/same symptoms	9	13	6
• Returns w/different symptoms	1	6	6
6. COMPLAINTS			
• Patient	0	0	0
• Visitor	0	0	0
• Staff	0	0	0
7. DIVERSION LOG			
	0	0	0
8. THROMBOLYTIC ADMINISTRATION			
	0	1	0

n. Pharmacy and Therapeutics Committee
 (See Section B Quarterly Reports, Item #2)

o. Infection Control

1. Nosocomial Infections

	APR	MAY	JUN
Infections Reported	0	0	0

2. Community Infections

Month	UTI	SPUTUM	BLOOD	WOUND	TOTAL
APR	0	0	0	0	0
MAY	0	0	0	0	0
JUN	0	0	0	0	0

3. Communicable Diseases Reported

Disease	APR	MAY	JUN
Chlamydia	1	0	2
Gonorrhea	0	0	1
Hepatitis C	0	0	0
HIV	0	0	0

NOTE: COVID results reported by lab electronically.

4. Isolations

- a. None

5. Bacterial Isolates

- a. See attached sheets.

6. Antibiotic Usage/Trends (See Section B, Quarterly Reports, Item #2.

7. Employee Orientation/Health

- a. There were 0 new employee orientations completed this quarter.
- b. There were no needle stick follow-ups.
- c. Ongoing encouragement will continue to assist additional employees to receive COVID-19 vaccinations.
- d. Employees are required to report illnesses and wear masks.

8. In-service Education

- a. Hand washing audits are done quarterly to monitor employee compliance. There was a 90% compliance rate this quarter.
- b. Ongoing education verbal, written and posted information about isolation procedures, PPE and policy and procedures about the COVID-19 pandemic conducted.

9. Environmental Sampling

- a. The autoclave was within normal limits for the second quarter 2022.

10. Product/Procedure Consult

- a. COVID-19 policies monitored and revised as needed.

11. Related Committee Reports/Studies

- a. None

12. Policy Manual Review

- a. An ongoing policy/procedure manual review/revision is in progress.

- p. Safety – Second Quarter 2022
 Period Covered: April, May, June 2022
 - 1. Committee Reports
 - a. Environment of Care
 - 1. Equipment Management Plan
 - a. The Hear radio tests were completed successfully in the second quarter 2022.
 - b. The monthly generator tests were completed successfully in the second quarter.
 - c. The emergency power generator tests were performed during the second quarter 2022.
 - d. The fire alarm was tested in the second quarter of 2022.
 - 2. Safety/Risk Management Plan
 - a. There was no activity to report for the second quarter. We will continue to monitor.
 - 3. Utilities Management Plan
 - a. The line isolation tests were completed successfully during the second quarter 2022.
 - 4. Fire Prevention Plan/Life Safety Management Plan
 - a. There was no activity to report during the second quarter 2022. We will continue to monitor.
 - 5. Security Management Plan
 - a. There was no activity to report during the second quarter 2022. We will continue to monitor.
 - 6. Hazardous Materials and Waste Management Plan
 - a. There was no activity to report during the second quarter 2022. We will continue to monitor.
 - 7. Emergency Management Plan
 - a. There was no activity to report during the second quarter 2022. We will continue to monitor.
 - b. Reports
 - 1. Incident Reports

2nd Qtr 2022	APR	MAY	JUN
Employee	1	0	0
Physician	0	0	0
Outpatient	0	0	0
Visitor	0	0	0

2. Security Reports/General Safety

2nd Qtr 2022	APR	MAY	JUN
Security Reports	0	0	0
General	0	0	0

Safety			
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3. Recalls

2nd Qtr 2022	APR	MAY	JUN
Pharmacy	0	0	0
Other Recalls	0	0	0

2. Safety Committee Old Business

- a. We are still in a COVID-19 pandemic. We are daily assessing the OEP Portal and following the guidelines from the Governor of Louisiana and the President of the United States. The pandemic will be counted for both internal and external drills.

3. Safety Committee New Business

- A. none

q. Surgery

1. There were no surgeries to report during the second quarter 2022.

r. Laboratory

Performance Monitor	APR	MAY	JUN
Reference Lab Discrepancies (Non-Technical Errors) 2 Inaccurate donor name spellings 1 incorrect collection date 1 missing test code	0	0	0
Emergency Room & Inpatients w/o ID armband for lab work	7	6	9
Laboratory Specimen Rejection Log/Monitor All 4 rejected specimens were collected by outside Nursing Home/Home Health agencies.	5	1	0
Patient Satisfaction Survey	1	0	1
Blood & Components Transfusion Review of documentation	0	0	0

s. Social Services

- 1.

Social Work Report	APR	MAY	JUN
New Patient Admits			1
Total Visits			2
Observations			1
Acute Med-Surg			0
Hospice			0
Swing			0
Referrals			2
Consultations			4
Time Study			4 hrs

t. **Dietary**

MEASURES/INDICATORS	Threshold	APR	MAY	JUN
Food Temperature	95%	97%	96%	93%
Equipment Temperature	95%	96%	96%	99%

ACTIONS: Dietary Manager will continue to oversee temperatures and verbally remind cooks and aids to implement this as part of their daily routine.

FOLLOWUP: Temperatures are continuing to be logged for breakfast and lunch daily.

u. **Respiratory Therapy**

	APR	MAY	JUN
VOLUME INDICATORS:			
Patients treated	15	8	12
Blood Gases	4	2	0
Ventilator hours	3	0	0
BIPAP hours	0	0	0
QUALITY INDICATORS:			
Equipment downtime	0	0	0

v. **Housekeeping**

MEASURE	APR	MAY	JUN
Patient/family complaints regarding housekeeping	0	0	0
Number of patients with isolation precautions	0	0	0
Linen/waste handled properly for isolation patients	100%	100%	100%
ER curtains inspected daily, cleaned as needed but at least monthly	100%	100%	100%
Linen areas check/restocked twice daily with no complaints of shortage	100%	100%	100%
Needle disposal boxes checked daily and not overfilled	100%	100%	100%

w. **Radiology**

Performance Measures	APR	MAY	JUN
Non-correlation of peer review diagnostic interpretation	0	0	0
Improper processing of paper work	0	0	0
Improper removal of clothing/accessories prior to x-rays	0	0	0
Preliminary ER interpretations not done	0	0	0

x. **Physical Therapy**

1. There were no patients requiring physical therapy during the second quarter 2022.

y. **Nursing Department (Second Quarter 2022)**

1. **FUNCTIONS/PROCESSES/PERFORMANCE MEASURES**

Patient Rights/Organizational Ethics (RI)

Patient/Visitor/Physician Complaints Unit & ER	APR	MAY	JUN
<ul style="list-style-type: none"> Complaints received 	0	0	1
Appropriate use of restraints			
<ul style="list-style-type: none"> Patients with restraints 	0	0	0

Management of Human Resources (HR)

External continuing education	0
Nurses in orientations	0
No. of meetings	3
% participation	51%

Care/Assessment of Patients (PE) (TX)

Review of Resuscitation Efforts	
Codes reviewed for nursing care, assessment and documentation in ER and nursing unit See ED nursing report for findings/actions.	1
Codes required further review	0
Assessment & management of pain compliance w/criteria	N/A
Patients with pressure ulcers	0
Stage II or greater ulcers developed post admission	N/A
Medication/Treatment Errors (Unit & ER) See P&T report for categories / root causes	N/A

Management of the Environment of Care (EC)

Patient Incidents	0
Equipment problems (ER Scale & EKG Machine)	5

Patient/Family Education (PF)

Education of Patients with IDDM	N/A
Compliance w/criteria	N/A
Compliance w/education on diabetic testing equipment	N/A

Staffing Report

Patient care requirements did exceed scheduled staffing during the second quarter 2022.

Quality Controls

<ul style="list-style-type: none"> • All data uploaded to computer monthly. • Abnormal control data resulted from running wrong solution when prompted and new strip lots not being entered into computer database. Abnormal findings checked with no actions needed.

2. ER Nursing Report (2nd Quarter 2022)

- a. Monthly ED reports review of nursing assessment and documentation in the monthly report and on the record review form.
- b. See ER committee for statistics, specific findings and actions related to nursing assessment and documentation.

NOTE: Specific findings, recommendations, and actions are documented in the monthly report and on the record review form. Staff counseling is documented on the record review form to be utilized in the annual performance appraisal.

z. Nursing Old Business

1. Nothing to report.

aa. Nursing New Business

1. Nothing to report.
- bb. Teams
1. PROCESS: Management of patients with pain is appropriate
 FINDINGS:
 98% accuracy noted
 CONCLUSIONS:
 Continue to educate new staff and monitor for documentation deficiencies.
 ACTIONS:
 Continue to monitor all staff documentation and follow up accordingly
 FOLLOW-UP/EVALUATION
 Continue to monitor 100% of inpatient records and a sample of emergency room records.
 2. PROCESS: Safe Medication Administration
 FINDINGS:
 There were no reported medication safety issues for this quarter.
 ACTIONS:
 None needed.
 We will continue to monitor.
 3. PROCESS: Patient Safety
 FINDINGS:
 There were no reported patient falls or safety issues for this period.
 ACTIONS:
 Monitoring will continue.

The Board accepted this report as presented.

5. Infection Control Committee

a. Nosocomial Infections

	APR	MAY	JUN
Infections Reported	0	0	0

b. Community Infections

Month	UTI	SPUTUM	BLOOD	WOUND	TOTAL
APR	0	0	0	0	0
MAY	0	0	0	0	0
JUN	0	0	0	0	0

c. Communicable Diseases Reported

Disease	APR	MAY	JUN
Chlamydia	1	0	2
Gonorrhea	0	0	1
Hepatitis C	0	0	0

NOTE: COVID results reported by lab electronically.

- d. Isolations
 1. None
- e. Bacterial Isolates
 1. See attached sheets.
- f. Antibiotic Usage Trends (See Section B, Quarterly Reports, Item #2)

- g. Employee Orientation/Health
 - 1. There were 3 new employee orientations completed this quarter.
 - 2. There were no needle stick follow-ups.
 - 3. Ongoing encouragement will continue to assist additional employees to receive COVID-19 vaccinations.
 - 4. Employees are required to do daily temperature checks, report illnesses and wear masks.

- h. In-service Education
 - 1. Hand washing audits are done quarterly to monitor employee compliance. There was an 90% compliance rate this quarter.
 - 2. Ongoing education verbal, written and posted information about isolation procedures, PPE and policy and procedures about the COVID-19 pandemic conducted.

- i. Environmental Sampling
 - 1. The autoclave was within normal limits for the second quarter 2022.

- j. Product/Procedure Consult
 - 1. COVID-19 policies monitored and revised as needed.

- k. Related Committee Reports/Studies
 - 1. None

- l. Policy Manual Review
 - 1. An ongoing policy/procedure manual review/revision is in progress.

- m. Infection Control New Business
 - 1. None

- 6. Corporate Compliance
 - a. Mr. Vince Cataldo gave this report to the Board. There were no corporate compliance issues for the second quarter of 2022. All employees are being asked to read and sign the corporate compliance plan. A follow up report will be given at the next regular meeting.

 - C. Bi-Annual Reports
 - 1. Ethics Committee Old Business
 - a. *Electronic Medical Records--Athenahealth*
Mr. Vince Cataldo gave this report to the Ethics Committee. Athenahealth go live was August 6, 2019. Dr. Nagaratna Reddy and CareSouth requested an interface with our electronic medical record system. Dr. Reddy's interface is still ongoing. There is no new information to report. We will continue these weekly calls on Thursdays until the interfaces are completed. A follow up report will be given at the next regular meeting.

- b. Ethic Training
Mr. Vince Cataldo gave this report to the Ethics Committee. It is mandatory that all board members of public bodies and all hospital employees receive ethics training annually. We asked the Board members and the hospital employees to retrain for year 2022 on numerous occasions. We will notify Board Members and employees that need to complete the ethics training. The deadline for this training is December 31, 2022.
 - c. The Joint Commission
The hospital was due for The Joint Commission inspection in November 2021. The lab survey was done on November 22 through 24, 2021. The survey went well.
 - d. COVID-19
Mr. Vince Cataldo gave this report to the Ethics Committee. All employees are wearing face masks. Face masks are also being provided to everyone. We will continue to monitor the COVID-19 situation and remain within all required regulations. Prevoist Hospital's Lab is still performing a Nucleic Acid Amplification (NAA) test. NAA testing began on September 24, 2020. As of 6/30/22, the Lab has collected a total of 6,378.
2. Ethics Committee New Business
- a. Employee Evaluations
Annual employee evaluations are due for 2021. The results of the 2021 evaluations will be presented to the Board when completed.
 - b. EMTALA
On April 25, 2022, a Department of Health and Hospital representative visited Prevoist for an inspection regarding EMTALA complaint # LA00060932. On May 25, 2022 we submitted a corrective action plan for the deficiencies cited by DHH. EMTALA education was given to all Prevoist employees and will also be given upon hire for new employees. This EMTALA training will also be mandatory on an annual basis. The corrective action plan was returned to us twice for further action to be taken. One June 28th the surveyors returned for a follow up survey. A new finding was discussed. We are currently waiting for a written report from CMS/DHH. A follow up report will be given at the next regular meeting.
 - c. Next Ethics Committee Meetings
Following a discussion, the next Ethics Committee Meeting was scheduled for January 3, 2023.

The Board accepted this report as presented.

V. OLD BUSINESS

A. Recruitment and Retention

Mr. Vince Cataldo gave this report to the Board. The nursing department has been having ongoing problems with staff shortages since December 2020. We are still struggling to fill shifts and work shorthanded for most shifts. Advertising on Facebook, the hospital website, newspapers and Indeed. Two contracts were signed with Advantage Medical Professionals for travel nurses. One contract is for 6 weeks and the other for 12 weeks. Both are for 3 shifts per week. A follow up report will be given at the next regular meeting.

B. Electronic Medical Records/Promoting Interoperability Program (Dr. Nagaratna Reddy) (CareSouth)

1. Electronic Medical Record

a. Mr. Vince Cataldo gave this report to the Board. Athenahealth go live was August 6, 2019. Dr. Nagaratna Reddy and CareSouth requested an interface with our electronic medical record system. Dr. Reddy's interface was turned on and it worked great. Dr. Reddy then wanted something more and the interface is off now. The teams are working on new request. CareSouth has done a limited volume of work with us in the past six months. Med Q is requesting \$5,000 for this interface. It was decided that CareSouth volume does not warrant this expenditure. The teams are working to bypass Med Q. A follow up report will be given at the next regular meeting.

2. Promoting Interoperability Program

a. Mr. Vince Cataldo gave this report to the Board. There is no new information to report at this time. A follow up report will be given at the next regular meeting.

C. Radiology Services

1. Mr. Vince Cataldo gave this report to the Board.

June 2022		
Service	No. of Patients	No. of Exams
X-rays ER	113	139
X-rays Out Patient	116	140
X-rays In Patient	0	0
CT Scan ER	53	67
CT Scan Out Patient	22	23
CT Scan In Patient	0	0
Bone Density	15	15
Cardiac Calcium Scoring	0	0
Lung Cancer Screening	0	0
Mammograms	50	50

D. Tele-Stroke

1. There was one (1) mock stroke patient and zero (0) stroke patients seen in the emergency

room in June 2022. Thrombolytics were not administered. The robot was not utilized. The Robot should be utilized on all stroke patients.

- E. LA Health Care Quality Forum/La. Health Information Exchange (LAHIE)
 - 1. Mr. Vince Cataldo gave this report to the Board. LAHIE and Athena are continuing to work on interface. There is no new information to report. A follow up report will be given at the next regular meeting.

- F. Hospital Improvements
 - 1. Mr. Vince Cataldo gave this report to the Board. Mr. Henry Chauvin and Mr. Glenn Higgins worked with McKim & Creed to get the drainage impact study approved by CSRS. The architects are working on the specs so this construction can go out for bids. A follow up report will be given at the next regular meeting.

- G. Drainage Impact Study
 - 1. Mr. Vince Cataldo gave this report to the Board. The drainage impact study has been completed and approved by CSRS.

- H. West Ascension Parish
 - 1. Mr. Vince Cataldo gave this report to the MEC. Ascension Parish and Donaldsonville Leaders are looking for advice on how to revitalize Donaldsonville and the West Bank of Ascension Parish. There is no new information to report. The temporary early childhood intervention center will be located on the ground floor of the B.F. Lemann Building (see attached). A follow up report will be given at the next regular meeting.

- I. MOB (214 Clinic Drive)
 - 1. Electrical Work (Exterior)
 - a. The main electrical box to the rear of the building is equipped with fuses and needs to be upgraded. Mr. Brandon Cortez (Electrical Engineer) with Castagnos, Goodwin & Utley did a site review and agrees that this needs an upgrade. This upgrade will include a quick connection for a portable generator. At the November meeting, the board approved having this upgrade designed. Mr. Brandon Cortez has been extremely busy with emergency work caused by Hurricane Ida. On 7/25/22 a pre-bid meeting was held at the site. Bids will be opened on August 2, 2022 at 2pm. A follow-up report will be given at the next regular meeting.
 - 2. Hurricane Damage
 - a. Mr. Vince Cataldo gave this report to the Board. Garcia Roofing has not returned to repair the roof. Vince has called several times for updates. A follow up report will be given at the next regular meeting.

- J. Fuel Storage on Property for Disasters
 - 1. Mr. Vince Cataldo gave this report to the Board. Vince is working with Mr. Frank Marcello and Mr. Taylor Marcello on this project. A tank has been located and it just needs to be painted. This should have been done by July 8, 2022. The Marcello's will advise me on the type of trailer that will be needed. There is no new information at this time. A follow up report will be given at the next regular meeting.

- K. Emergency Room Roof Repair
1. Mr. Vince Cataldo gave this report to the Board. Cribbs Inc. was notified following the March Board meeting. The Cribbs representative said it would be repaired in 6 to 8 weeks. Mr. Vince Cataldo called the Cribbs Representative on 7/28/22 to check on the status of the repairs. The representative said the pitch (tar) will be delivered next week. A follow up report will be given at the next regular meeting.
- L. Ethics & Sexual Harassment Training
1. Mr. Vince Cataldo gave this report to the Board. It is mandatory that all board members of public bodies and all hospital employees receive ethics and sexual harassment training annually. Mr. James Breaux prepared instructions for each Board member to receive this training utilizing a link. A follow up report will be given at the next regular meeting.
- M. Trustee Self-Assessment
1. Board members are required to complete a self-assessment document annually. Mr. Vince Cataldo gave each Board member the document to complete and return.
- N. Virtual Radiology (Teleradiology)
1. The problem with preliminary reports must have been resolved. I have not received any other complaints.
- O. ER/Hospitalists Blue Angels Health (Physician Coverage)
1. Dr. Gruezke and Dr. Punukollu gave this report to the MEC on July 19, 2022. The June volume increased by 50 patients and there were 8 observation admits. A follow up report will be given at the next regular meeting.
- P. Laboratory (wall & door)
1. Mr. Vince Cataldo gave this report to the Board. The project started on July 8, 2022 and is near completion. A follow up report will be given at the next regular meeting.
- Q. Annual Health Fair
1. Vince Cataldo gave this report. There has been some discussion concerning moving the Health Fair to October for cooler weather. The COVID-19 numbers are deceiving. The home and self-testing are not being reported to the state. Following a discussion, the Medical Staff agreed to postpone the Health Fair until the COVID numbers are down.
- R. Applications for Review and Reappointment
1. None.
- S. EMTALA
- On April 25, 2022, a Department of Health and Hospital representative visited Prevost for an inspection regarding EMTALA complaint # LA00060932. On May 25, 2022 we submitted a corrective action plan for the deficiencies cited by DHH. EMTALA education was given to all Prevost employees and will also be given upon hire for new employees. This EMTALA training will also be mandatory on an annual basis. The corrective action plan was returned to us twice for further action to be taken. One June 28th the surveyors returned for a follow up survey. A new finding was discussed. We are currently waiting for a written report from CMS/DHH. A follow up report will be given at the next regular meeting.

T. Medicaid Recall

1. At the June 30, 2022 meeting, Mr. Larry Buquoi offered to correspond with the parties involved to see if he could obtain a copy of the existing contract with amendments. On the July 25, 2022 at our regular quarterly meeting a proposal was presented to reduce our cost by \$34, 450/year (see attached Proforma). We did receive a copy of the contract and we were told that there was an unexecuted amendment. A follow up report will be given at the next regular meeting.

U. Investments

1. Ms. Nobie Landry gave this report to the Board. Mr. Ben Gluck recommended transferring monies for the checking account to investments earning approximately 3%. This transfer has been completed as approved by the Board. At this time the Board discussed investing more of the funds from the sales tax checking account. Ms. Nobie Landry will call Mr. Ben Gluck. A follow up report will be given at the next regular meeting.

VI. NEW BUSINESS

A. Applications for Review and Approval of Provisional Privileges

1. None

B. Applications for Review and Approval of Full Privilege

	Name	Specialty
1	Al-Balas, Hassan	Consulting, Virtual Radiology
2	Amundson, Janet	Consulting, Virtual Radiology
3	Anand, Neil	Consulting, Virtual Radiology
4	Bownds, Shannon	Consulting, Virtual Radiology
5	Coll, Jonathan *1	Consulting, Virtual Radiology
6	Farrell, Robert	Consulting, Virtual Radiology
7	Frederiksen, Ryan	Consulting, Virtual Radiology
8	Frencher, James	Consulting, Virtual Radiology
9	Furubayashi, Jill	Consulting, Virtual Radiology
10	Garcia-Rojas, Xavier	Consulting, Virtual Radiology
11	Heller, Howard	Consulting, Virtual Radiology
12	Hermann, Matthew	Consulting, Virtual Radiology
13	Hollis, Richard	Consulting, Virtual Radiology
14	Karachalios, Michael	Consulting, Virtual Radiology
15	Karlin, David	Consulting, Virtual Radiology
16	Kato, Kambrie *1	Consulting, Virtual Radiology
17	Lucchesi, Archana	Consulting, Virtual Radiology
18	Morneau, Leonard	Consulting, Virtual Radiology
19	Obembe, Olufolajimi	Consulting, Virtual Radiology
20	Roeder, Zachard	Consulting, Virtual Radiology
21	Shou, Jason	Consulting, Virtual Radiology
22	Simpson, Dustin	Consulting, Virtual Radiology
23	Singh, Ajay	Consulting, Virtual Radiology
24	Sohal, Ravinder	Consulting, Virtual Radiology
25	Strauchler, Daniel	Consulting, Virtual Radiology
26	Thalken, Gregory	Consulting, Virtual Radiology
27	Yamamoto, Shota	Consulting, Virtual Radiology
28	Yuk, Theresa	Consulting, Virtual Radiology

The BOARD reviewed the medical staff members for full privileges. There were no objections to these applicants. Mr. Mike Medine motioned to approve the applicants. Mr. John Marchand seconded the motion and the motion carried.

C. Applications for Review and Approval of Reappointment

1. None

D. Annual Budget Review & Approval (2022 – 2023)

1. Ms. Nobie Landry gave this report to the Board. Each Board member was given a copy of the proposed budget for 2022 – 2023. Following a discussion, Mr. Mike Medine motioned to approve the 2022 – 2023 budget as presented. Mr. John Marchand seconded this motion and the motion carried.

E. Mission & Vision Statements

1. Following a review of this document, Mr. Mike Medine motioned to accept as presented. Mr. John Marchand seconded this motion and the motion carried.

F. Hospital Strategic Plan

1. Following a review of this document, Mr. Mike Medine motioned to accept as presented. Mr. John Marchand seconded this motion and the motion carried.

G. Hospital Philosophy

1. Following a review of this document, Mr. Mike Medine motioned to accept as presented. Mr. John Marchand seconded this motion and the motion carried.

VII. CONTINUING EDUCATION

A. A copy of the following articles was given to each Board Members:

1. Medical debt being wiped from U.S. credit reports (The Advocate, 07/03/22)
2. What to know about how medical debt affects your credit rating (The Advocate, 07/06/22)
3. Pharmacists allowed to prescribe COVID-19 pill (The Advocate, 07/07/22)
4. LA sees uptick in COVID numbers (The Advocate, 07/12/22)

VIII. ADJOURNMENT

A. There being no further business to discuss, a motion for adjournment was made by Dr. Michel Hirsch.

Dr. Michel Hirsch, Board Chairman

Mr. Vince Cataldo, Administrator/Secretary