

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: October 28, 2021

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, Commissioner
Mr. Vince Cataldo, Administrator

ABSENT:

Dr. Michel Hirsch

OTHERS PRESENT:

Ms. Nobie Landry, CFO
Ms. Loretta Larvadain, DON

HOSPITAL ATTORNEY

Mr. Larry Buquoi

GUEST:

Mr. Glenn Robert
Mr. Randal Robert
Mr. Roy Robert

I. CALL TO ORDER

- A. The meeting was called to order by Dr. Glenn Schexnayder, Vice-Chairman at 12:00 Noon.

II. Roll Call

- A. Dr. Michel Hirsch was not present at this meeting.

III. Public Comment

- A. None

IV. READING AND APPROVAL OF MINUTES:

- A. There was no objection to the minutes of the September 30, 2021 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. A.J. Gomez and a second by Mr. Mike Medine, 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 August 2021 was \$123,985.40. This total showed an increase from August 2020.

3. Medical Staff/MEC

- a. Mr. Vince Cataldo read this report to the Board. Mr. John Marchand motioned to accept this report as presented.

Mr. A. J. Gomez seconded the motion and the motion carried.

4. Utilization Review Committee:

- a. Social Services: Ms. Jamekco Lewis reported 0 patient visits (0-Covid Patients) and 0 consultations in September 2021 on 0 Acute, 0 Hospice, and 0 Swing admissions.

- b. Medicaid Review: There were 0 Medicaid admits in September 2021.
- c. Monthly Report of Denials: None for September 2021.
- d. Notice of Physician Quality Problems: There were 0 Acute/Observation Chart, 0-Hospice charts and 0-Swing charts that were incomplete for the month of September 2021. 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 September 2021.
- f. Notice of Admission Denial: None for September 2021.
- g. Medicare/LHCR Review: There were 2 Acute, 0 Swing and 0 Hospice hospital discharges in September 2021. LHCR did not request any inpatient charts for review this month.
- h. QA/I Review: There was a total of 1 Acute, 0 Swing and 0 Hospice hospital admissions in September 2021. There were 3 observation admissions in September 2021. The

acute inpatient admits were screened against the PI criteria and 0 variances were found. 0 patients were transferred, 0 Patients were readmitted within 31 days of prior admit and 0 Patients exceeded the approved length of stay before being transferred to the Swing unit or discharged. There were 0 variances from August 2021 to review.

NOTE: These stats may reflect reclassifications.

i. Discharges for the Month of September 2021: There were 2 Acute, 0 Swing and 0 Hospice discharges in September 2021. Of the 2 Acute discharges, 1 was discharged home, 0 was transferred to another facility, 1 was discharged to the nursing home, 0 was transferred to Swing, 0 was transferred to Hospice, 0 left AMA (Against Medical Advice) and there were no deaths.

There were 2 Acute discharges this month.

There were 0 Acute deaths this month.

There were 0 Hospice discharges this month.

There were 0 Hospice deaths this month.

There were 0 Swing discharges this month.

There were 0 Swing deaths this month.

The Board accepted this report as presented.

5. Operative and Invasive Procedures Committee

a. Wound Care Clinic

1. There were 58 patients seen in the wound care clinic in September 2021.

2. There was 1 specimen from the wound care clinic submitted in September 2021.
 - a. Patient J. D.—Right Foot Wound, Bone biopsy revealed fragments of non-viable bone and inflammatory debris.

b. Emergency Department

1. There were 0 specimens received from the emergency department in September 2021.

c. Pathologist Review

1. There was 1 specimen received from the wound care clinic in September 2021.

There were 0 specimens from the OP/Emergency department.

There were no non-gyn cytologies performed this month.

The Board accepted this report as presented.

6. Emergency Room Committee:

- a. The Medical Executive Committee reviewed the minutes of the October 2021 Emergency Room Committee meeting covering statistics for the month of September 2021.

There were no objections to the minutes as presented.

See attached.

a. Statistics (September 2021 Statistics)

511 Total Patients

3 Admission/3 Observations

19 Transfers to another facility

1 Mortality

0 Codes

0 Positive results

8 AMA

4 Left without being seen—includes triage

2 Left prior to triage

7 Eloped (LDTX)

31 Returns to ED within 72 Hours

(21 with same symptoms, 10 different symptoms)

108 Patients received 120 x-rays

1 Interpretations differed from radiologist

Physician #9 -1 discrepancy

51 Patients received 63 CT Scans

0 Interpretations differed from radiologist

0 Cardiac Thrombolytic administrations

0 Stroke Thrombolytic administration

The Board accepted this report as presented.

7. Safety Committee

Period Covered—September 1- 30, 2021

a. Committee Reports

1. Environment of Care

a. Equipment Management Plan

1. The Hear radio test was completed successfully on September 5, 2021.
2. The monthly generator test was performed on September 5, 2021.
3. The emergency power generator test was performed by Mr. Sidney Goetz.

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 September 5, 2021.

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

1. There were no employee incidents during this time period.
2. There were no physician incidents during this time period.
3. There were no outpatient incidents during this time period.
4. There were no visitor incidents during this time period.

b. Security Report

1. There was no new information to report at this time. We will continue to monitor.

c. Recalls

1. There were no drug recalls reported by Pharmacy in September 2021. Pharmacy reports recalls on a quarterly basis.

There were no other recalls in any other department reported in September 2021.

d. General Safety

1. There was no activity to report at this time. We will continue to monitor.

b. Old Business

1. We are in a COVID-19 pandemic and are daily assessing the OEP portal. We are following the guidelines from the Governor of Louisiana and the President of the United States. We are still following the visitor COVID-19 Policies. Each department in the

hospital is also checking daily temperatures on employees. This should be followed and if any issues occur contact our Infection Control Nurse.

c. New Business

1. None

The Board accepted this report as presented.

8. Administrative

a. Complaints

1. There were no complaints received in September 2021.

b. Pending Litigation	FILED	CLOSED
1. Kaiden LeBlanc	09/28/12	
2. James Mulvey	10/04/19	
3. Lynn Landry	08/19/20	
4. Stephen Brandly	09/28/20	

B. QUARTERLY REPORTS

1. Medical Records Committee

- a. There was 100% medical records review for the third quarter 2021 on inpatients.

b. Opened and Closed Record Review

1. There were 10 medical records (0 Open and 10 Closed) reviewed for the third quarter 2021 using 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.

General Items for all patient care settings

100% compliance with criteria

FINDINGS:

None

Assessment of Patients

92% compliance with criteria

100% compliance with pain assessment

FINDINGS:

None

Documentation of Care of Patients

93% compliance with criteria

100% compliance verbal orders are authenticated within defined time frame when required by law/regulations

FINDINGS:

None

Education

100% compliance with criteria

100% compliance with patient education about safe and effective use of medication (based on assessed needs)

100% compliance with patient education about nutritional interventions, modified diets, and oral health when appropriate

100%—compliance with education about pain and effective pain management, when appropriate

FINDINGS:

None

Discharge Information

100% compliance with criteria

FINDINGS:

None

Restraint for acute and surgical care

N/A—compliance with criteria—N/A patients with restraints this quarter

c. Performance Improvement Mortality Review

1. There was 1 acute inpatient death, 0 Swing deaths, and 0 Hospice deaths for the third quarter 2021. No action is needed.

d. Performance Improvement Monitor for the third quarter

2021.

1. Number of charts not completed by physicians. Missing H&P's, Discharge Summaries and/or unsigned orders.

JULY-----0

AUGUST-----0

SEPTEMBER-----0

2. Total Emergency Room patients

JULY	AUUST	SEPTEMBER
666	658	505

The Medical Staff/MEC accepted this report as presented.

2. Pharmacy & Therapeutics Committee

a. Follow Up Drug Usage Review

APRIL, MAY, JUNE - 2021

1. **TOPIC:** Pharmacy and Therapeutics Committee

ACTIONS: The Medical Staff accepted the second quarter 2021 committee report without actions or recommendations.

b. Antibiotic Usage

1. Most Frequently Used Antibiotics

	IV	ORAL
JULY	Rocephin	Zithromax
AUGUST	Rocephin	Zithromax
SEPTEMBER	Rocephin	Penicillin VK

c. Pharmacy Ongoing Monitors

1. Review of Outcome Summaries

ASPECT OF CARE: Emergency Room and Nursing Floor Carts

FINDINGS:

JULY	Emergency Room	89%
	Nursing Floor	100%
AUGUST	Emergency Room	93%
	Nursing Floor	100%
SEPTEMBER	Emergency Room	95%
	Nursing Floor	100%

ASPECT OF CARE:

Nursing Care Units and Medication Areas

FINDINGS:

JULY-----100%

AUGUST-----100%

SEPTEMBER-----100%

ASPECT OF CARE:

Schedule II, III-IV Drug Control Review and Prescription Review Control

JULY-----There were no incidents this month.

AUGUST-----There were no incidents this month.

SEPTMEBER---There were no incidents this month.

d. Medication Errors

1. **JULY**-----There were no medication errors this month.

2. **AUGUST**-----There were no medication errors this month.

3. **SEPTEMBER**-----There were no medication errors this month.

e. Adverse Drug Reactions

1. **JULY**-----There were no adverse drug reactions this month.
2. **AUGUST**-----There were no adverse drug reactions this month.
3. **SEPTEMBER**-----There were no adverse drug reactions this month.

f. Formulary Additions/Requests for Non-Formulary Drugs

1. **JULY**-----There were no requests this month.
2. **AUGUST**-----There were no requests this month.
3. **SEPTEMBER**-----There were no requests this month.

g. Drug Recalls

1. No recalled medications affected Prevost

Memorial Hospital during the third quarter 2021.

There were no recalls from any other departments
within the facility for the third quarter 2021.

h. Outdated Drugs

1. Drug areas were checked and outdated medications have been removed and/or replaced.

The Board accepted this report as presented.

3. Blood Usage Committee

a. Statistics

1. There were 9 units of packed cells transfused to 4 patients in the third quarter 2021.
 - 1 inpatient/observations, 1 outpatient and 2 emergency room patient transfusions were given.
 - There were 9 units cross-matched this quarter on 4 patients.
 - 0 units of blood were not transfused
 - There were 0 incompatible units this quarter. There were 0 wasted units of packed cells this quarter. There were 0 units of Albumin administered this quarter to 0 patients.
 - There were 0 units not used and 0 units were incompatible with patient. 0 units of platelets were given. All charts were available for review.

b. Performance Improvement Review

Patients were evaluated per 4 processes—Appropriateness, Preparation, Monitoring, Discharge

ORDERING: There were 0 discrepancies.

4—Patient met criteria for
administration

4—Orders complete

FINDINGS:

None

ACTIONS:

None needed

DISTRIBUTING, HANDLING, DISPENSING: There were 0 discrepancies.

- 9—Products signed out properly
- 9—Products hung within 30 minutes
of signing out
- 0—Units wasted

FINDINGS:

None

ACTIONS:

None needed

ADMINISTERING: There were 0 discrepancies.

- 4 —Baseline patient information
obtained: VS, allergies, orders,
assessment
- 4—Consent signed
- 4—Vital sign protocol followed
- 9—Units administered within 4
hours.

FINDINGS:

None

ACTIONS:

None needed

MONITORING EFFECTS ON PATIENTS:

There were 0 discrepancies.

- 4 —Vital signs stable on discharge
- 4—Patient received appropriate

discharge instruction or was
transferred to another facility.

0—Adverse reactions reported,
appropriate actions taken

FINDINGS:

None

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 third quarter 2021.

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

b. Inpatient Morbidity Review

c. Inpatient Transfers

d. Operative and Invasive Procedures

e. Blood Usage

f. Medical Records Review

g. Chart Review for Clinical Pertinence---Outpatient Surgery

h. Informed Consent

i. Utilization Review Report

j. Credentials Review Functions

k. Medical Staff Review

PROCESS:

Ordering practices for imaging procedures (radioactive), CT are appropriate.

FINDINGS/CONCLUSIONS:

There were 3 CT procedures done in the third quarter 2021.

0 records required further medical staff review.

0 records required further review by another department

RECOMMENDATIONS/ACTIONS:

No actions needed. We will continue to monitor.

PROCESS:

Diagnostic/Follow Up Radiology ordered appropriately.

FINDINGS/CONCLUSIONS:

100% medical records were reviewed for the third quarter 2021.

There were 12 medical records for review for the third quarter 2021.

0 records required further Medical Staff review.

0 records required further review by another department

RECOMMENDATIONS/ACTIONS:

No actions needed. We will continue to monitor.

PROCESS:

Management of patients with pneumonia is appropriate.

FINDINGS:

0 medical records were reviewed for the third quarter 2021.

0 records required further Medical Staff review.

0 records required further review by another department

RECOMMENDATIONS/ACTIONS:

No actions needed. We will continue to monitor.

PROCESS:

Management of patients with IDDM is appropriate.

FINDINGS:

100% medical records were reviewed for the third quarter 2021.

There were 3 medical records for review for the third quarter 2021.

0 records required further Medical Staff review

0 records required review by another department

RECOMMENDATIONS/ACTIONS:

No actions needed. We will continue to monitor.

PROCESS:

Monitoring patient response. Appropriate evaluation of in-patients receiving Digoxin, Theophylline, and Phenytoin.

FINDINGS:

There were 0 medical records for review for patients who received Digoxin, Phenytoin and/or Theophylline for the third quarter 2021.

0 records required further Medical Staff review.

0 records required review by another department.

RECOMMENDATIONS/ACTIONS:

None needed. Continue ongoing monitoring.

PROCESS:

Management of patients with pain is appropriate.

FINDINGS:

0 medical records were reviewed for the third quarter 2021.

0 medical records for review

0 records required further Medical Staff review

0 records required review by another department

RECOMMENDATIONS/ACTIONS:

None needed. Continue ongoing monitoring.

PROCESS:

Management of patients with pressure ulcers is appropriate

FINDINGS:

There were 0 medical records for review for the third quarter 2021.

0 records required further Medical Staff review

0 records required further review by another department

RECOMMENDATIONS/ACTIONS:

None needed. Continue ongoing monitoring.

PROCESS:

Management of patients with restraints is

appropriate

FINDINGS:

0 patients with restraints for the third quarter 2021

0 records were reviewed.

0 records required further review by Medical Staff.

0 records required further review by another
department.

RECOMMENDATIONS/ACTIONS:

None needed. Continue ongoing monitoring.

1. Patient Satisfaction Survey

- m. Emergency Department
- n. Pharmacy and Therapeutics Committee
- o. Infection Control
- p. Safety—Third Quarter 2021
Period covered July, August, September

- q. Surgery
- r. Laboratory
- s. Social Services
- t. Dietary

1. PROCESS:

Provision of food in a safe and timely manner

MEASURE:

Maintenance of equipment temperature to prevent
food spoilage

FINDINGS:

Maintenance of equipment temperatures showed a 97% compliance rate in the third quarter of 2021.

CONCLUSIONS/RECOMMENDATIONS:

These findings are 1% below the second quarter of 2021, and are 2% above the threshold of 95%.

ACTIONS:

Dietary manager will continue to check temperatures as needed along with verbally reminding cooks and aides to check and recheck temperatures as needed.

EVALUATION/FOLLOW-UP:

Equipment temperatures will continue to be logged and any missing information will be addressed as a whole.

2. PROCESS:

Patient's nutritional needs are assessed and evaluated.

MEASURE:

A nutritional follow-up is completed within 1-3 days of initial assessment and weekly thereafter.

FINDINGS:

My findings are that this parameter is non-applicable as there were no follow ups to be completed during this time period.

CONCLUSIONS/RECOMMENDATIONS:

Recommended continuing current evaluation regimen.

ACTIONS:

No new actions needed. Continue with current process working with the dietary manager, kitchen staff, and nursing staff to create an effective nutritional evaluation process.

EVALUATION/FOLLOW-UP:

Will follow up and re-evaluate in 3 months to ensure follow up assessments are completed within protocol.

3. PROCESS:

Patient's nutritional needs are assessed and evaluated.

MEASURE:

The nutritional screen is completed within 24 hours of admission.

FINDINGS:

My findings are that in the third quarter 100% of nutritional screens were completed within 24 hours of admission by the dietary manager.

CONCLUSIONS/RECOMMENDATIONS:

Recommend continuing current evaluation regimen.

ACTIONS:

No new actions are needed. Continue with current process working with the dietary manager, kitchen staff and nursing staff to create an effective nutritional evaluation process.

EVALUATION/FOLLOW-UP

Will follow up and re-evaluate in three months to ensure nutrition screens are completed within protocol.

4. PROCESS:

Patient's nutritional needs are assessed and evaluated.

MEASURE:

Patient's meeting nutrition criteria for intervention, Level II, are identified upon screen. Results are faxed to the Registered Dietitian and a nutritional assessment is completed within 48 hours of initial screen.

FINDINGS:

My findings are that in the third quarter, 0% of the Level 2 patients had a nutritional assessment completed within 48 hours of initial screening. This was in part due to Hurricane Ida and the impacts of the storm. The registered dietitian was unable to access records remotely without internet service.

CONCLUSIONS/RECOMMENDATIONS:

Moving forward the registered dietitian will return to policy and complete assessments within 48 hours.

ACTIONS:

Will continue to work with dietary manager, kitchen staff and nursing staff to ensure evaluation parameters are improved upon next quarter.

EVALUATION/FOLLOW-UP:

We will follow up in 3 months to ensure nutrition assessments are completed within protocol.

5. PROCESS:

Provision of food in a safe and timely manner

MEASURE:

Maintenance of food temperature to prevent food spoilage

FINDINGS:

Maintenance of food temperatures showed a 95% compliance in the third quarter of 2021.

CONCLUSIONS/RECOMMENDATIONS:

These findings are 2% below the second quarter of 2021 and are even with the threshold of 95%.

ACTIONS:

Dietary manager will continue to manage temperatures and verbally remind cooks and aides to implement this as part of their daily routine.

EVALUATION/FOLLOW-UP:

Food temperatures will continue to be logged for breakfast and lunch daily. Credit will be given when due and missing information will be addressed as a whole.

6. PROCESS:

The patient's nutritional needs are assessed and evaluated.

MEASURE:

Patients were weighed every day during their inpatient stay.

FINDINGS:

My findings are that in the third quarter patients were weighed daily 0% of the time which is under the threshold. Both inpatients did not have daily weights recorded in the EMR.

CONCLUSIONS/RECOMMENDATIONS:

Recommend that the dietary manager and nursing service to work together ensuring that a daily weight is obtained while the patient is admitted. Recommend that the registered dietitian work directly with nursing staff during weekend inpatient stays by calling the nurses' station.

ACTIONS:

Will ensure communication between dietary and nursing service by speaking with the dietary manager and the director of nurses emphasizing the importance of obtaining a daily weight on each patient. Will ensure that the registered dietitian will call the nursing desk when the hospital has patients over the weekend.

FOLLOW-UP:

Will follow up and re-evaluate in 3 months to ensure daily weights are completed within protocol.

7. PROCESS:

The patient's nutritional needs are assessed and evaluated.

MEASURE

The patients are weighed on admission.

FINDINGS:

My findings are that 50% of patients in the third quarter were weighed on admission.

CONCLUSIONS/RECOMMENDATIONS:

Recommend that the dietary manager continue to work closely with the nursing staff with obtaining weight upon admission. If no recorded weight is in the patient's chart, the dietary manager is to ensure that the weight is taken.

ACTIONS:

Will continue to work with the dietary manager and nursing staff to ensure evaluation parameters continue to be met

EVALUATION/FOLLOW UP:

Will follow up and re-evaluate in 3 months to ensure admit weights are completed within protocol.

- u. Respiratory Therapy
- v. Housekeeping
- w. Radiology
- x. Physical Therapy
- y. Nursing Department
- z. Old Business
- 1. None to report.

aa. New Business

1. None to report.

bb. Teams

The Board accepted this report as presented.

5. Infection Control Committee

a. Nosocomial Infections

- 1. **JULY** None reported.
- 2. **AUGUST** None reported.
- 3. **SEPTEMBER** None reported.

b. Community Infections

MONTH	UTI	SPUTUM	BLOOD	WOUND	TOTAL
JULY	0	0	0	0	0
AUGUST	0	0	0	0	0
SEPTEMBER	0	0	0	0	0

c. Communicable Diseases Reported

- 1. **JULY** 1 Chlamydia

- 2. **AUGUST** 3 Chlamydia
 1 Gonorrhea
 3 Hepatitis C

- 3. **SEPTEMBER** 4 Chlamydia
 - 2 Gonorrhea
 - 1 Hepatitis C

NOTE: COVID results reported by lab electronically.

d. Isolations

- 1. None

e. Bacterial Isolates

- 1. See attached sheets.

f. Antibiotic Usage Trends

	IV Drug	Oral Drug
JULY	Rocephin	Zithromax
AUGUST	Rocephin	Zithromax
SEPTEMBER	Rocephin	Penicillin VK

g. Employee Orientation/Health

- 1. There were 4 new employee orientations completed this quarter.

There was no needle stick follow-up.

Ongoing encouragement will continue to assist additional employees to receive COVID-19 vaccinations.

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.

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 third quarter 2021.

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. New Business

1. None

The Board accepted this report as presented.

6. Corporate Compliance

- a. Mr. Vince Cataldo gave this report to the Board. There were no corporate compliance issues for the third quarter of 2021.

The Board accepted this report as presented

VI. OLD BUSINESS

A. Recruitment and Retention (Ms. Loretta Larvadain)

1. Ms. Loretta Larvadain 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. Ms. Larvadain reported that she is working shifts when no coverage is available. Advertising on Facebook, the hospital website and newspapers has only provided a few candidates. A follow up report will be given at the next regular meeting.

B. Electronic Medical Records/Promoting Interoperability Program

(Dr. Nagaratna Reddy) (Care South) (OLOL Ascension Physicians)

1. Electronic Medical Records

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 has been completed for Lab, but we are still working on the x-ray portion (VASO is showing errors with pending and finalized results). CareSouth's interface has been taken off hold. We are also checking with Athenahealth to see if an interface with Epic is possible. This is a request from OLOL Ascension Physicians. 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. We filed for exception for the 2020 Promoting Interoperability Program because we did not meet the requirements. We did receive an exception for 2020. We met the requirements for Promoting Interoperability in May, June and July. This was immediately locked in for 2021. A follow up report will be given at the next regular meeting.

C. C T Scan Services

1. Mr. Vince Cataldo gave this report to the Board. There were 68 CT Scans performed on 56 patients in September 2021. There were 51 emergency patients, 5 outpatients and 0 inpatients scanned. Of the 68 scans performed 63 emergency scans, 5 outpatient scans and 0 inpatient scans were performed. There was 1 patient scanned for cardiac calcium scoring. There were 2 bone density studies done in September 2021. There were no low dose CT lung cancer screenings.

D. Tele-Stroke

1. There was one (1) mock stroke patient and no stroke patients seen in the emergency room in September 2021. Thrombolytics were not administered. The robot was not utilized.

E. La. Health Care Quality Forum/La. Health Information Exchange (LAHIE)

1. Mr. Vince Cataldo gave this report to the Board. They are still working on the interface. This interface also involves Orchard (Lab System). An update was made to the Athena/Orchard interface. We are waiting on LAHIE to complete their part. There is no new information to report at this time. Ms. Liz Simoneaux called Ms. Cindy Munn and she is waiting for a response. A follow up report will be given at the next regular meeting.

F. Hospital Improvements and Renovations (Mr. Henry Chauvin &

Mr. Glenn Higgins)

1. 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.

G. Adjacent Property

1. Mr. Larry Buquoi gave this report to the Board. Judge Cody Martin dismissed Mr. Claude Legendre's appeal on August 26, 2021. Mr. Steve Irving sent the necessary paper work to Mr. Richard Derbes informed Mr. Vince Cataldo on October 19, 2021 that the Legendre property was cleared for use by Prevost Hospital on August 26, 2021. All that was needed for proof of ownership was the judge's order to dismiss the case.

The property was bush hogged on October 23-24, 2021. The cut weeds have been burned and the property looks good.

H. Detox Services (Inpatient Withdrawal Management)

1. 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

I. National Fitness Campaign

1. Mr. Vince Cataldo gave this report to the Board. All of the new signage was installed on September 24, 2021 and it looks great. A follow up report will be given at the next regular meeting.

J. Drainage Impact Study (GSA Proposal)

1. Mr. Vince Cataldo gave this report to the Board. Ms. Kimberly Koehl (GSA) (Mckim & Creed) sent a supplemental agreement for Drainage Impact Study Revisions. Once this agreement was approved work resumed on this study. The study should be completed in two weeks. A follow up report will be given at the next regular meeting.

K. Mammography

1. Mr. Vince Cataldo gave this report to the Board. There were 34 mammograms performed in September 2021. We are continuing to send reminder letters and follow ups. A follow up report will be given at the next regular meeting.

L. COVID-19

1. Mr. Vince Cataldo gave this report to the Board. Currently all employees and patients are having a temperature screening at the 2 admit locations in the building. Face masks are also being provided to everyone. We will continue to monitor the COVID-19 situation and remain within all required regulations.

2. Mr. Vince Cataldo gave this report to the Board. Prevost Hospital's lab is performing a Nucleic Acid Amplification test for COVID-19 in-house. Records reveal the following test results as of October 27, 2021.

NAA (Nucleic Acid Amplification) Commercial & In-house Testing

3983 Tests performed

917 Positive results

3066 Negative results

0 Pending

(23% positive findings)

In-House Testing (Antibody)

This in-house antibody testing was discontinued on

January 28, 2021. Total = 691

The lab has thus far obtained 4,674 tests. In-house Antibody testing began on April 4, 2020, commercial testing began on March 16, 2020 and in-house NAA testing began on September 24, 2020. The in-house antibody test is no longer available at Prevost.

M. Update PMH Hand Book (Ms. Stacey Nichols)

1. 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.

N. Employee Matters (Ms. Stacey Nichols)

1. Salary Survey

a. Mr. Vince Cataldo gave this report to the Board. Other adjustments to the payroll will be made as soon as time permits. There is no new information to report at this time. A follow up report will be given at the next regular meeting.

b. Other Employees

1. Brian Tripode's services to the hospital was discussed. The board advised Mr. Cataldo concerning the pharmacist's position.

2. Prejean Computer Consultants agreement with the hospital was discussed. Following this discussion, the board advised Mr. Cataldo concerning this agreement.

O. Surplus Property (Mobile Home)

1. Mr. Vince Cataldo gave this report to the Board. The mobile home has been demolished and was moved to the adjacent property and burned. The property was cleared through the courts on August 26, 2021. A follow up report will be given at the next regular meeting.

P. West Ascension Parish

1. Mr. Vince Cataldo gave this report to the Board. The wellness center feasibility study is in progress. Mr. A.J. Gomez and Mr. Vince Cataldo were part of this process. Mr. Cataldo attended a meeting on October 25, 2021 with Ascension Parish officials and Mayor LeRoy Sullivan. This meeting was called to discuss improving health care on the west bank of Ascension Parish and how much surplus money Prevoist Hospital could utilize for this project. A follow up report will be given at the next regular meeting.

Q. Board Members' Terms

1. Mr. Glenn Robert

2. Mr. John Marchand

3. Dr. Michel Hirsch

1. Two Board members' terms expired in June 2021. The Personnel Committee (APG) did virtual interviews on September 20, 2021 to appoint or reappoint to fill these vacancies. Board members' terms do not expire until replacements are chosen to replace the active members. The candidates must be approved by the full council.

On October 7, 2021, Dr. Michel Hirsch was renewed for a six (6) year term until June 2027. Mr. John Marchand was appointed to the board for a six (6) year term until June 2027.

Mr. Marchand will replace Mr. Glenn Robert who did not seek re-appointment to the board after 58 years of service to Prevost Hospital. Dr. Glenn Schexnayder read a statement outlining Mr. Robert's years of dedicated service to Prevost Hospital and this community.

(See Attached)

R. Applications for Review and Reappointment

1. The following medical staff members were reviewed by the MEC at the September 21, 2021 and the October 19, 2021 meeting and at the September 30, 2021 Board meeting for review and reappointment.

a. Glenn Barras, M.D., Family Medicine

b. William Mazlewski, D.O., Emergency Medicine/Hospitalist

The board reviewed the medical staff members for a second time for a two (2) year reappointment. Mr. A. J. Gomez motioned to approve the applicants for reappointment. Mr. Mike Medine seconded the motion and the motion carried.

S. MOB (214 Clinic Drive)

1. Beau Box Proposal

a. The following proposal from Beau Box for renovations to the medical office building has been completed.

- Close off door from server/data room to the restroom
- Install badge access on the server/data room door
which will remain locked after completion
- Add a restroom door from the opposite hallway

The work was satisfactory and the building looks good.

2. 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 could include a quick connection for a portable generator. At the September meeting, the board approved having this upgrade designed. Mr. Brandon Cortez has been extremely busy with emergency work caused by Hurricane Ida. A follow-up report will be given at the next regular meeting.

3. Hurricane Damage

a. Mr. Vince Cataldo gave this report to the Board. The hurricane hit and caused damage to the canopy, the trees and the roof. One of the dormers has a shingle missing and this was repaired temporarily by Vaughn Roofing. Part of the canopy was attached to the building. When this section of the canopy pulled off the building it caused damage to the fascia board. This section of the canopy is resting on the top of the canopy.

Proposals to replace and repair are in progress. The remaining portion of the canopy is in good condition with just one post that needs to be replaced to include a down spout. A follow up report will be given at the next regular meeting.

T. Fuel Storage on Property for Disasters

1. Mr. Michael Medine suggested having diesel fuel stored on hospital property to support our generators. Mr. Vince Cataldo spoke with our regular supplier on October 27, 2021. Two proposals are in progress.

a. Obtain a contract with the supplier to fill the generator as needed. This is what Chateau D'ville currently has for their facility.

b. Have an empty tank on a trailer on the property in storage. During hurricane season, move the tank to the generator location and fill with fuel. When the generator needs to be filled, use the generator battery to run the pump.

Following the hurricane season, the tank can be emptied by the supplier. This will keep us from having to treat the fuel.

A follow up report will be given at the next regular meeting.

VII. NEW BUSINESS

A. Applications for Review and Approval of Provisional Privileges

1. There were no applications for review and approval of provisional privileges.

B. Applications for Review and Approval of Full Privileges

1. There were no applications for review and approval of full privileges

C. Application for Review for Reappointment

1. The following medical staff members completed a reappointment packet to begin the mandatory process for a two-year reappointment. The medical staff member's reappointment packets were given to each Board member for review.

a. Glenn Barras, M.D., Family Medicine

b. William Mazlewski, D.O., Emergency Medicine/Hospitalist

This will be voted on the next month following MEC approval

D. Vaccine Clinic

1. Mr. Vince Cataldo gave this report to the MEC. The National Guard was at Prevoist Hospital on Wednesday, October 20, 2021 from 9:00 AM until 2:00 PM to administer first dose, second dose and booster vaccine injections. A \$100.00 gift card was given to anyone receiving their first dose of the vaccine or second dose of the vaccine for students only.

There were 109 vaccine injections administered at the clinic.

E. Related Party Questionnaire

1. Each board member was given a copy of the West Ascension Parish Hospital Service District Related Party Questionnaire. This questionnaire is to be completed and returned to Postlethwaite and Netterville.

A follow-up report will be given at the next regular meeting.

VIII. EXECUTIVE SESSION

A. No executive session was called.

IX. CONTINUING EDUCATION

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

1. Ochsner pushing spouses to get COVID-19 vaccine
The Advocate—10/01/21
2. Ochsner settles vaccine suit with nursing student
The Advocate—10/02/21
3. Hospital foundation leader resigns—The Advocate 10/07/21
4. Lake, Mary Bird Perkins tensions raise concerns
The Advocate—10/08/21

X. ADJOURNMENT

A. There being no further business to discuss, a motion for adjournment was made by Mr. Glenn Robert. The motion was seconded by Mr. A.J. Gomez.

Dr. Michel Hirsch, Board Chairman

Mr. Vince Cataldo, Administrator/Secretary