

# *West Ascension Parish Hospital*

---

## *Service District*

---

Jessica Soileau Canning, Interim CEO  
Secretary and Treasurer

Board of Commissioners:  
William "Bill" Dawson, Chairman  
Glen Price, Vice-Chairman  
Charie Mitchell Levy, Board Member  
Tanya Scott Mitchell, Board Member  
Falcon Mire, Board Member

**Wednesday**

**April 24, 2024**

**6:00 pm**

**Prevost Memorial Hospital Dining Room  
301 Memorial Dr. Donaldsonville, La 70346**

### **BOARD OF COMMISSIONERS MEETING MINUTES**

- I. Call to Order**
- II. Roll Call**
- III. Public Comment**
- IV. Reading and Approval of Minutes of March 28, 2024.**
- V. Reports of Standing Committees**
  - A. Monthly Reports
    - 1. Financial Report – Mr. Montanio
      - a. Monthly Operating Summary
      - b. Cash Receipts & Disbursement
      - c. Balance Sheet
      - d. Operations Budget Report
      - e. Board Report Balance Sheet
      - f. Income Statement
      - g. Comparison Income Statement to Budget
    - 2. Sales Tax Report – Mr. Montanio
      - a. Sales Tax Checking Account
      - b. Salex Tax Collections
    - 3. Medical Executive Committee
    - 4. Utilization Review Committee

5. Operative and Invasive Procedures Committee
6. Emergency Room Committee
7. Safety Committee (3/01/2024 to 3/31/2024)
8. Cyber Security Committee
8. Leadership Team
9. Administrative Update
  - a. Audit Compliance. Internal Control Project
  - b. Dove Contractors Update (Fire Dampers/Domestic Water)
  - c. Business Office Transition
    - i. Impact
    - ii. Laporte
    - iii. Credit Balance Letter

- B. Quarterly Reports
  1. Medical Records Committee
  2. Pharmacy and Therapeutics Committee
  3. Blood Usage Committee
  4. Performance Improvement Committee
  5. Infection Control Committee
  6. Corporate Compliance

- C. Chairman Report.
  1. Search for CEO and Hospital Partnership Update.
  2. Board Treasurer Dr. Levy, Chairman Dawson and Rudy Gomez SSA.

## **VI. Old Business**

- A. Update on the status of the Chauvin Invoices and Contract. – Mr. Dupaty
- B. Update on cost of new vs. renovation by WHLC.
- C. Update on RFP Status for Community Needs Assessment and Hospital Needs Assessment.
- D. By Laws Review/Update – Bill Bourgeois, Atty.
- E. Hospital Van Purchase Update
- F. Creation of Policy Committee, Cyber Security Committee, Product Evaluation Committee.
- G. Organizational Chart

## **VII. New Business**

- A. Applications for Review and Approval for Temporary Privileges and Reappointments.
- B. Proposed Hospital Investment Policy.
- C. Administrator Travel Expenses
- D. Shentelle Daigle – Candid Conversations Discussion
- E. Proposed- Patient Privacy/ Rights & Responsibilities
- F. Proposed Patient Bill of Rights

- G. Grounds Keeping Contract Discussion
- H. Storage Building Addition (Chauvin) – Structural Issue – Review and Notify.
- I. Proposed Chargemaster

**VIII. Executive Session**

**A. LAWSUITS UPDATES**

- a. Board of Commissioners vs. Ascension Parish / No. 138830 23<sup>rd</sup> Judicial District Court. – Mr. Dupaty
- b. Update on Diggs & Causey vs. Prevost. – Mr. Miller
- c. Patient Lawsuit Junior
- d. Patient Lawsuit Mitchell
- e. Patricia Diggs letter to Board.
- f. Donna Phillips Claim – Mr. Miller

**B. STRATEGIC PLANNING**

- a. Strategic Plan
- b. Additional Property Purchase Agreement
- c. DLT Letter & DLT Proposed Budget (Grant)

**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:** April 24, 2024

**TIME:** 6:00 pm

**PLACE:**

**MEMBERS:**

Mr. William “Bill” Dawson, Chairman  
Mr. Glen Price, Vice Chairman  
Dr. Charie Mitchell Levy, Secretary/Treasurer  
Mrs. Tanya Scott Mitchell, Board Member  
Mr. Falcon Mire, Board Member  
Mrs. Jessica Canning, Interim Administrator

**OTHERS PRESENT:**

Mr. Shelton Anthony, VP of Operations  
Mrs. Jessica C. Landry, Administrator’s Assistant  
Mr. John Montanio, Interim CFO

**ABSENT:**

**HOSPITAL ATTORNEY:** Kenneth Dupaty (Absent)

**GUEST:** WHLC Architecture, Atty. Bill Bourgeois

**I. CALL TO ORDER**

A. The meeting was called to order by William (Bill) Dawson, Chairman at 6:05 pm.

**II. ROLL CALL**

A. Complete. No members absent.

**III. PUBLIC COMMENT**

A. Mrs. Tapestry Smith and Derrick Smith from Luxury Lawn Landscape announced a complaint against Mr. Anthony Sheldon arguing the RFP Contract was awarded to someone without the proper licensing and they were the most qualified bid. The board has agreed to have Mr. Kenneth Dupaty review the process.

**IV. READING AND APPROVAL OF MINUTES:**

- A. A motion by Mrs. Tanya Mitchell to dispense the reading on the minutes seconded by Mr. Glen Price.  
There was no objection to the minutes of the March 28, 2024, meeting as distributed. Motion by Mrs. Tanya Mitchell, seconded by Mr. Glen Price to approve the minutes as written.

**V. Reports of Standing Committees**

- A. Monthly Reports were presented by exception only.

**1. Financial Report**

- a. The monthly financial report was presented by Mr. John Montanio. On a motion by Mr. Falcon Mire and a second by Mr. Glen Price, the financial report was accepted as presented.

**2. Sales Tax Report**

- a. Mr. John Montanio gave this report to the Board. The total sales taxes collected for the month of January 2024 was \$155,489.28. This total showed an increase from January 2023.

**3. Medical/Executive Committee**

- a. Mrs. Jessica Soileau Canning read this report to the Board. The MEC met on 4/16/2024 and approved the doctors due for recredentialing.

**4. Utilization Review**

a.

<b>SOCIAL SERVICES</b>	<b>Mar 2024</b>
Patient Visits	2
Consultations	7
Observations	1
Referrals	4

b.

<b>MEDICAL REVIEW</b>	<b>Mar 2024</b>
Medicaid Admits	0

c.

<b>MONTHLY DENIALS</b>	<b>Mar 2024</b>
Denials	0

d.

<b>PHYSICIAN QUALITY PROBLEMS</b>	<b>March 2024</b>
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 March 2024.
- f. Notice of Admission Denial: None for March 2024.
- g.

<b>MEDICARE / LHCR REVIEW</b>	<b>March 2024</b>
Acute	0
Swing	0
Hospice	0
Inpatient Charts Requested for Review	0

h.

<b>QA/I REVIEW</b>	<b>March 2024</b>
<b>ADMISSIONS</b> (Observations not included)	
Acute Admissions	0
Observations	0
Swing Admissions	0
Hospice Admissions	0
<b>DISCHARGES</b>	
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
<b>DEATHS</b>	
Acute Deaths	0
Swing Deaths	0
Hospice Deaths	0

5. **Operative and Invasive Procedures Committee**

a. Wound Care Clinic

<b>WOUND CARE CLINIC</b>	<b>Mar 2024</b>
Patients seen	52
Specimen submitted	0

b. Emergency Department

<b>EMERGENCY DEPT.</b>	<b>Mar 2024</b>
Specimens received	0

c. Pathologist Review

<b>PATHOLOGIST REVIEW</b>	<b>Mar 2024</b>
Wound Care Specimens	0
OP/Emergency	0
Non-Gyn Cytologies	0

6. **Emergency Room Committee**

- a. The Board reviewed the minutes of the Emergency Room Committee meeting.  
There were no objections to the minutes as presented.

<b>ER STATS</b>	<b>Mar 2024</b>
Total Patients Registered	476
Total Patients Seen	469
Admissions	0
Observations	7
Transfers to another facility	33
Code	0
Positive Outcomes	0
Expired (DOA)	0
AMA	13
Left without being seen (includes triage)	11
Left prior to triage	7
Eloped (LDTX)	4
Returns to ED within 72 Hours	15
Returns w/same symptoms	9
Returns w/different symptoms	6
Patients received x-ray(ER)	113
# of x-rays (ER)	144
Outpatients received X-rays	99

# of x-rays (outpatient)	118
All Patients received X-ray	212
Total # of X-rays	262
Interpretations differed from radiologist.	0
Patients received CT Scans (ER)	66
# of CT scans (ER)	81
Outpatients Received CT Scans	28
# of CT scans	28
Interpretations differed from radiologist.	0
Cardiac Thrombolytic administrations	0
Stroke Thrombolytic administration	0
Mammograms	40

<b>Monthly ER Test Totals/Positive Results March 2024</b>			
<b>Test Name</b>	<b>Total orders</b>	<b>Positive Results</b>	<b>% Positive</b>
Flu A&B, Rapid	70	2	4.3%
Strep A, Rapid	63	7	11.1%
RSV ( $\leq 18$ yrs. & $\geq 60$ yrs)	9	0	0%
COVID-19 Swab, PCR/NAA	81	3	3.7%

The Lab also reported there were zero (0) patients without armbands.

**7. Safety Committee (3/1/2024 to 3/31/2024)**

- a. Committee Reports
  - 1. Environment of Care

	<b>Environment of Care Plans</b>	<b>Date Tested /Checked</b>
1.	Equipment Management Plan	
	❖ Kenwood P25 Radio Test	3/12/2024
	❖ Generator Test	3/12/2024
2.	Safety/Risk Management Plan	
	❖ No activity – will continue to monitor	On Going
3.	Utilities Management Plan	
	❖ Line Isolation Test	3/28/2024



	❖ Medical Gas Testing	3/28/2024
4.	Fire Prevention Plan/Life Safety Management Plan	
	❖ Fire Extinguisher Inspection	March 1,11,12,13,24 & 28
	❖ Oxygen Cut Off Valves	March 1 &13, 2024
	❖ Fire Marshall Annual Visit (ANNUALLY)	4/11/2024
	❖ Ground Fault Testing & Hospital Electrical Panels	3/28/2024
5.	Security Management Plan	
	❖ No activity – will continue to monitor	Ongoing
	❖ Egress Lights Testing	3/28/2024
6.	Hazardous Materials and Waste Management Plan	
	❖ Emergency Showers	On going
7.	Emergency Management Plan	
	❖ No activity – will continue to monitor	On going

2. Reports

a. Incident Reports

Mar 2024	
INCIDENTS	No. of Incidents
➤ Employee	0
➤ Physician	0
➤ Outpatient	0
➤ Visitor	0

b. Security Reports

1. Security was reminded to always lock double doors leading into the Emergency Room.
2. Keypad/badge is in use for employees along with a keypad.
3. Helipad lights are on 24 hours until the eye is fixed. Update from Maintenance.

4. Outside lighting will be updated by next month. / Looking to change to 24 hours a day security
- c. Recalls
1. There were no recalls in any other departments reported in March 2024. Pharmacy reports all recalls on a Quarterly basis. Mr. James Breaux asked that every department return recall papers after they receive them.
- d. General Safety
1. Safety Skills are being monitored for completion by the Safety Director.
  2. Planning for 2024 Internal and External drills, fire extinguisher training, quarterly fire drills, and monthly panic buttons, Generator test, and safe testing all will be reported as soon as completed.
  3. Cell phone usage policy and Smoke and Vape free campus will be issued to all employees soon.
  4. Disaster Call Schedule update for 2024 (electronic version) IT update.
  5. Name Badges
  6. Visitor Tag E.R./ Admissions -table
  7. Outside lights, security, hot water legionella testing.
  8. Heliport lights
  9. Employee name tags must always be worn.
  10. Visitor tags should be given out daily.
  11. New Products
- e. Old Business
1. Environmental Department's Director will monitor timely cleaning of the Emergency Room. House Keeping cleaning efforts. (mopping etc.) Mr. Kevin Rome has been very active in keeping the ER floors cleaned.

d. New Business

1. New Employees

- Mr. Da'quan Jarvis
- Mr. Rashaun Jarvis
- Mr. Kevin Rome
- Mr. Wayne Hoop, Jr
- Mrs. Ann Montanio (Contract)
- Mr. John Montanio (Interim CFO)

2. Security

3. Camera Blind Spots

4. Outside Lights

5. Hot Water- Boilers up to standards.

6. Legionella Water Testing

7. Internal/ external drills planning /HVA next meeting

8. Fire Department assistance with Fire extinguisher training.

9. Mats Kitchen

10. Blinds Kitchen/windows have been removed and tint has been placed

11. AED in waiting Room.

12. Dampers work started Monday 3-4-24.

13. Make sure employees are wearing name tags.

14. Make sure Environmental services are using wet floor signs.

**8. Cyber-Security Committee**

- a. New Cameras have been purchased for the Lab area and other areas of the hospital which were not visible previously.
- b. An outside camera was found in the ER. The network has been placed in lock down. Nothing was compromised. The plan of action was immediate to place the Network in a secured status.
- c. There are new cameras and card access for employees on the front of the hospital and added safety.

**9. Leadership Team**

- a. Mrs. Nobie Landry has resigned. Mr. John Montanio is the interim CFO. We are working with Impact and have added additional staff for back-end billing on contract. An HR position is posted, and marketing has been added to the HR position. The hospital has purchased a van to aid with patient transportation.

**10. Administrative**

- a. Audit Compliance. Internal Control Project Update.
- b. Dove Contractors Update (Fire Dampers/Domestic Water)
- c. Business Office Transition

- i. Impact

- Impact has been granted the contract to help improve cash flow from past due bills. Access to the past due accounts was recently granted and we should see the improvements soon.

- ii. Laporte

- Mrs. Andrea Toro and Mr. Ryan Kelly spoke to the Board to clarify any questions regarding auditing.

- iii. Credit Balance Letter

- During billing, discrepancies were discovered, PMH had received overpayments from Medicare, the balance of the overpayments has been returned to Medicare for \$34,647.64.

**B. Quarterly Reports**

**1. Medical Records Committee**

- a. There was 100% medical records review for the first quarter of 2024 on inpatients.

- b. Opened and Closed Record Review

<b>RECORD REVIEW</b>	<b>First Quarter 2024</b>
Open Medical Records	0
Closed Medical Records	10

Note: 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.

<b>MEDICAL RECORDS COMPLIANCE</b>	<b>Compliance %</b>	<b>Findings</b>
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	100%	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  
(First Quarter 2024)

<b>Inpatient Mortality Review</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
Acute Death	0	0	0
Swing Death	0	0	0
Hospice Death	0	0	0

d. Performance Improvement Monitor (First Quarter 2024)

<b>Charts not completed by Physician</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
Inpatient/Swing	0	0	0
Missing H&P's, Discharge Summaries and/or unsigned orders.			

<b>E.R. Patients</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
No. of Patients	461	423	469

2. **Pharmacy & Therapeutics Committee**

a. Follow Up Drug Usage Review (Oct/Nov/Dec 2023)

Actions: Medical Staff accepted Fourth Quarter Committee Report  
Actions or recommendations.

b. Antibiotic Usage (First Quarter 2024)

<b>MOST FREQUENTLY USED</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
<b>IV</b>	Rocephin	Rocephin	Rocephin
<b>ORAL</b>	Amoxil	Bactrim	Bactrim

c. Pharmacy Ongoing Monitors

Review of Outcome Summaries <b>ASPECT OF CARE</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
Emergency Room Floor Carts	90%	93%	94%
Nursing Floor Carts	N/A	N/A	N/A
Nursing Care Units & Medication Areas	N/A	N/A	N/A
Schedule II, III-IV Drug Control Review and Prescription Review Control	0	0	0

d. Medications

	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
Medication Errors	0	0	0
Adverse Drug Reactions	0	0	0
Formulary Additions/Non- Formulary Drug Requests	0	0	0
Drug Recalls	0	0	0
Outdated Drugs - Drug areas checked and outdated medications have been removed and/or replaced.			

3. Blood Usage Committee

a. Statistics

Second Quarter Statistics	# of Units	# of Patients
Packed Cells Transfused	10	4
➤ Inpatient/Observations	0	0
➤ Outpatient	0	0
➤ Emergency Room	10	4
Cross Matched	10	4
Blood not transfused	1	
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 5 processes. Appropriateness, Preparation, Monitoring, Discharge).

<b>1. PROCESS - ORDERING</b>
------------------------------

Discrepancies	0
Patients met criteria	4
Orders complete	4
<b>FINDINGS:</b> None	
<b>RECOMMENDATIONS/ACTIONS:</b> None needed	

<b>2. PROCESS – DISTRIBUTING, HANDLING, DISPENSING</b>
--

Discrepancies	0
Products signed out properly	10
Products hung within 30 minutes of signing out	10
<b>FINDINGS:</b> None	
<b>RECOMMENDATIONS/ACTIONS:</b> None needed	

<b>3. PROCESS – ADMINISTERING</b>
-----------------------------------

Discrepancies	0
Baseline patient information obtained (VS, allergies, orders, assessment)	4
Consent signed	
Vital sign protocol followed	4
Units administered within 4 hours	10
<b>FINDINGS:</b> None	
<b>RECOMMENDATIONS/ACTIONS:</b> None needed	

<b>4. PROCESS – MONITORING EFFECTS ON PATIENTS</b>
--

Discrepancies	0
Vital signs stable on discharge	4
Patient received appropriate discharge or was transferred to another facility	4
Adverse reactions reported, appropriate actions taken	0
<b>FINDINGS:</b> None	
<b>RECOMMENDATIONS/ACTIONS:</b> 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 First Quarter 2024
- e. Policy Changes
1. There were no changes to policies this quarter.
- f. Additional Information
1. None

**4. Performance Improvement Committee**

a.

<b>Inpatient Mortality Review</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
Acute	0	0	0
Swing Death	0	0	0
Hospice Death	0	0	0

**FINDINGS/CONCLUSIONS:** N/A

**RECOMMENDATIONS/ACTIONS/FOLLOW-UP:** N/A

b.

<b>Inpatient Morbidity Review</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
Adverse Patient Events	0	0	0

**FINDINGS/CONCLUSIONS:** N/A

**RECOMMENDATIONS/ACTIONS/FOLLOW-UP:** N/A

c.

<b>Inpatient Transfers to Another Facility</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
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

	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
Surgical Cases	0	0	0
Wound Care Inpatient	0	0	0
Wound Care Outpatient	59	52	52

<b>Tissue Review</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
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
--	---	---	---

e. Outpatient Surgery Review

a. N/A

f. Surgical Complications

a. N/A

g. 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

h. Invasive Procedures

	Jan	Feb	Mar
Procedures done outside of OR suite	0	0	0
Complications	0	0	0
Reviewed	0	0	0

i. Utilization Review Report

Admissions	Jan	Feb	Mar
Acute Inpatient	0	0	0
Swing	0	0	0
Hospice	0	0	0
Reviewed	0	0	0
Met appropriateness guidelines for admission	0	0	0
Continued stay reviews done	0	0	0
Reviewed at the 90 <sup>th</sup> 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

j. Credentials Review Functions

MONTH	ER / HOSPITALIST	VIRTUAL RADIOLOGY	TELE-STROKE	OTHER PHYSICIANS	TOTAL
Jan	1	2	1	9	13
Feb	0	0	0	0	0
Mar	0	0	0	0	0

k. Medical Staff Review (First Quarter 2024)

1. <b>PROCESS</b> - Ordering practices for imaging procedures (radioactive) & CT are appropriate	
CT procedures done	0
Records required further medical staff review	0

2. <b>PROCESS</b> - Diagnostic/Follow Up Radiology ordered appropriately	
Records reviewed this quarter	0
Records required further medical staff review	0

3. <b>PROCESS</b> – Management of patients with Pneumonia is appropriate	
Records reviewed this quarter	0
Records required further medical staff review	0

4. <b>PROCESS</b> – Management of patients with IDDM is appropriate	
Records reviewed this quarter	0
Records required further medical staff review	0

5. <b>PROCESS</b> - Monitoring patient response. Appropriate evaluation of inpatients receiving Digoxin, Theophylline, and Phenytoin	
Records reviewed this quarter	0
Records required further medical staff review	0

<b>6. PROCESS – Management of patients with pain is appropriate</b>	
Records reviewed this quarter	0
Records required further medical staff review	0

<b>7. PROCESS – Management of patients with pressure ulcers is appropriate</b>	
Records reviewed this quarter	0
Records required further medical staff review	0

1. Patient Satisfaction
  1. There were no dissatisfied patients in the first quarter 2024.
  
- m. Emergency Department
  1. Statistics

<b>First Quarter 2024</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
<b>1. STATISTICS</b>			
• Patients seen	461	428	469
• Admissions from ER	0	0	0
• Transfers to another facility	24	23	33
• Transfers required review	0	0	0
<b>2. MORTALITY REVIEW</b>			
	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
• Deaths DOA	2	1	0
• Patients coded in ER	0	0	2
• Positive Results	0	0	0
<b>3. DOCUMENTATION REVIEW</b>			
	98%	96%	100%
• Identified Trends	None	None	None
<b>4. RADIOLOGY Correlative Review</b>			
• No. of Patients received X-rays	138	175	212
• No. of X-rays	176	212	262
• X-ray interpretations differed	0	0	0
• No. of Patients received CT Scans	51	61	94
• No. of CT Scans	55	75	109
• CT Scan interpretations differed	0	0	0

<b>5. CASE REVIEW</b>			
• Left ER w/o being seen by MD	2	5	7
• Left ER w/o being assessed by Nurse	6	4	4
• Left ER AMA	9	9	13
• ELOPED LDTX (before discharge)	6	4	4
• Returns to ED within 72 Hours	10	6	15
• Returns w/same symptoms	6	5	9
• Returns w/different symptoms	4	1	6
<b>6. COMPLAINTS</b>			
• Patient	0	0	0
• Visitor	0	0	0
• Staff	0	0	0
<b>7. DIVERSION LOG</b>	0	0	0
<b>8. THROMBOLYTIC ADMINISTRATION</b>	0	0	0

- n. Pharmacy & Therapeutics Committee  
Refer to Section B. Quarterly Reports, Item 2 Pharmacy & Therapeutics Committee Report where the following items are reported in detail.
1. Follow Up Drug Usage Review
  2. Antibiotic Usage
  3. Pharmacy Ongoing Monitors
  4. Medications
- o. Infection Control Committee  
Refer to Section B. Quarterly Reports, Item 5 Infection Control Committee Report where the following items are reported in detail.
- 0 Nosocomial Infections
  - 0 Needle stick follow up
  - 0 Patients who had urinary catheter inserted after admission.
  - 12 Patients who had insertion of IV catheter.
  - 0 Rodac cultures exceeding number of colonies.
  - 6 Communicable disease cases reported to Health Department.
  - 0% Patients who developed IV-related phlebitis/infection.
  - 0% Patients who developed IV- related infections.  
(#infections/#patients with IV)

Total testing through first quarter 2024  
 SARS-COVID-19. Total tests: 332  
 Total positive: 31

p. Safety (First Quarter 2024)

1. Committee Reports

Environment of Care Plans		Tested /Checked		
		Jan	Feb	Mar
1.	Equipment Management Plan			
	❖ Hear Radio Test	✓	✓	✓
	❖ Generator Test	✓	✓	✓
2.	Safety/Risk Management Plan			
	❖ No activity – will continue to monitor	On going	On going	On going
3.	Utilities Management Plan			
	❖ Line Isolation Test	✓	✓	✓
	❖ Medical Gas Testing	✓	✓	✓
4.	Fire Prevention Plan/Life Safety Management Plan			
	❖ Fire Extinguisher Inspection	✓	✓	✓
	❖ Oxygen Cut Off Valves	✓	✓	✓
	❖ Fire Marshall Annual Visit		✓	
	❖ Ground Fault Testing & Hospital Electrical Panels	✓	✓	✓
5.	Security Management Plan			
	❖ No activity – will continue to monitor	On going	On going	On going
	❖ Egress Lights Testing	✓	✓	✓
6.	Hazardous Materials and Waste Management Plan			
	❖ Emergency Showers	✓	✓	✓
7.	Emergency Management Plan			
	❖ No activity – will continue to monitor	On going	On going	On going

b. Reports

1. Incident Reports

<b>First Qtr. 2024</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
Employee	0	2	2
Physician	0	0	0
Outpatient	0	1	1
Visitor	0	0	0

2. Security Reports/General Safety

<b>First Qtr. 2024</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
Security Reports	0	0	0
General Safety	0	0	0

3. Recalls

<b>First Qtr. 2024</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
Pharmacy	0	0	0
Other Recalls	0	0	0

2. Safety Committee Old Business

- a. The housekeeping department's director will monitor timely cleaning of the emergency room.
- b. The telephone calls to the dietary department causing congestion of the PBX lines is being addressed. More calls are being answered by staff members. A telephone specialist has been consulted to work with the dietary manager to resolve this issue. Our IT department has also been working with this issue. Any problems should be address to Lantech, IT, Mr. Will Landry. Congestion of the lines prevents calls to the emergency room. These calls include calls from Acadian Ambulance with incoming patients.
- c. Increased lighting in the visitor parking area was addressed. The maintenance department was notified.

3. Safety Committee New Business

- a. Work continues to resolve the problem with telephone line congestion with the dietary department. Contact information for the IT department for after-hours has been provided for any issues which may arise.

- b. Increased lighting in the visitor parking area has been completed, thus increasing safety for visitors and employees. The new lights on the helipad continues to be monitored.

q. Surgery

- 1. There were no surgeries to report during the first quarter of 2024.

r. Laboratory

<b>Performance Monitor</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
Reference Lab Discrepancies (Non-Technical Errors)	1	0	0
Emergency Room & Inpatients w/o ID armband for lab work	0	1	0
Laboratory Specimen Rejection Log/Monitor Rejected specimens were collected by outside Nursing Home/Home Health agencies.	3	0	0
Patient Satisfaction Survey	0	0	2
Blood & Components Transfusion Review of documentation	0	0	0

- 1. Number of Reference Lab Discrepancies: There were two (2) discrepancies for this quarter. These discrepancies were due to names misspelled on Chain of Custody drug screens. These types of errors happen if the patients first/last names are not clearly written on Chain of Custody forms, LabCorp accessioning will misspell the patient's name on the result/report. Both reports were corrected within one day and sent to all appropriate physicians/locations. Lab personnel involved in the errors were retrained on the importance of always writing patient's first/last names neatly and clearly on Chain of Custody forms.
- 2. Patient Satisfaction Surveys: There were 2 surveys submitted for this quarter. Both surveys gave positive feedback for Laboratory Services.
- 3. Blood Components Transfusion Review of Documentation: There were no discrepancy this quarter.

s. Social Services

<b>Social Services Report</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
New Patient Admits	0	0	0
Visits	2	2	2
Observation	2	02	1
Acute Med-Surg.			

Hospice	0	0	0
Hospice/Respite Care	0	0	0
Swing	0	0	0
Referrals	1	1	4
Consultations	1	0	7
<b>TOTAL HOURS</b>	9	10	16

t. Dietary

MEASURES/INDICATORS	Threshold	Jan	Feb	Mar
Food Temperature	96%	96%	97%	96%
Equipment Temperature	96%	97%	97%	96%

Food Temperature:

**FINDINGS:** Food temperature measures are at 96%. This exceeds standards.

**RECOMMENDATIONS:** Employees are checking food temperatures before each meal period.

**ACTIONS:** Continue to check food temperatures throughout the day to make sure food is safe. Throw out any food that is found to be unsafe. Train staff to be proactive in keeping food safe with proper procedures.

**FOLLOW-UP:** Follow up with staff on food safety measures.

Equipment Temperature:

**FINDINGS:** Equipment temperature measures are at 96%.

**RECOMMENDATIONS:** Employees are checking equipment temperatures twice a day, morning and evening.

**ACTIONS:** Continue to monitor equipment temperatures and report any abnormalities.

**FOLLOW-UP:** Work with staff to get equipment temperature measures to 100%.

Nutrition Screen Completed within 24 hours of Admission:

**FINDINGS:** Patients are being seen within 24 hours of admission.

Patients are screened for nutritional risk.

**RECOMMENDATIONS:** Patients should continue to be screened within the appropriate time and to be seen by the consultant dietitian when needed.

**ACTIONS:** Screen patients for nutrient deficiencies.

**FOLLOW-UP:** Continue to screen patients.

u. Respiratory Therapy

	Jan	Feb	Mar
<b>VOLUME INDICATORS:</b>			
Patients treated	20	7	21
Blood Gases	3	7	3
ENV 200/Trilogy Ventilator hours	2	7	0
BIPAP hours	0	0	0



<b>QUALITY INDICATORS:</b>			
Equipment downtime	0	0	0

v. Housekeeping

<b>MEASURE</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
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

- 0 Non-correlation of peer review diagnostic interpretation
- 0 improper processing of paper work
- 0 improper removal of clothing/accessories prior to x-rays
- 0 preliminary ER interpretations not done

x. Physical Therapy<sup>3</sup>

1. There were no patients requiring physical therapy during the first quarter 2024.

y. Nursing Department (First Quarter 2024)

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

Patient Rights/Organizational Ethics (RI)

Patient/Visitor/Physician Complaints Unit & ER	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
• Complaints received	0	0	0
Appropriate use of restraints			
• Patients with restraints	0	0	0

Management of Human Resources (HR)

External continuing education	0
Nurses in orientations	0
No. of meetings	2
% participation	61%

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.	4
Codes required further review	0
Assessment & management of pain compliance w/criteria	100%
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	0

Patient/Family Education (PF)

<b>Education of Patients with IDDM</b>	
Compliance w/criteria	100%
Compliance w/education on diabetic testing equipment	100%

Staffing Report

Patient care requirements did not exceed scheduled staffing during the first quarter 2024.
--

Quality Controls

<ul style="list-style-type: none"> <li>All data uploaded to computer monthly.</li> </ul>
<ul style="list-style-type: none"> <li>See ER Committee for statistics, specific findings, and actions related to nursing documentation.</li> </ul>

2. ER Nursing Report (First Quarter 2024)
  - 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. None to report.

aa. Nursing New Business

1. None to report.

bb. Teams

1. **PROCESS:** Management of patients with pain is appropriate.

**FINDINGS:** There were no deficiencies reported in the assessment and reassessment of pain by staff nurses. 100% efficiency was documented in charts audited.

**CONCLUSIONS:** There was improvement noted with staff nurses for this period.

**ACTIONS:** Will continue to monitor charts for deficiencies in documentation.

**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 was one patient with a complaint regarding a safety issue for this period. This report was forwarded to administration.

**ACTIONS:** Monitoring will continue.

**5. Infection Control Committee**

a. Nosocomial Infections

	Jan	Feb	Mar
Infections Reported	0	0	0

b. Community Infections

Month	UTI	SPUTUM	BLOOD	WOUND	TOTAL
Oct	0	0	0	0	0
Nov	0	0	0	0	0
Dec	0	0	0	0	0

c. Communicable Diseases Reported

Disease	Jan	Feb	Mar
Chlamydia	2	0	2
Gonorrhea	0	0	0
Syphilis	0	0	0
Hepatitis B	0	0	0
Hepatitis C	0	2	0

**NOTE:** COVID results reported by lab electronically.

- d. Isolations
  - 1. None
- e. Bacterial Isolates
  - 1. See section C above.
- f. Antibiotic Usage Trends  
(See Section B, Quarterly Reports, Item #2.)
- g. Employee Orientation/Health
  - 1. There were 2 new employee orientations completed this quarter.
  - 2. There was no (0) needle stick follow-up.
  - 3. Ongoing encouragement will continue to assist additional employees to receive COVID-19 vaccinations.
  - 4. Employees are required to report illnesses.
  - 5. Masks only required for potential infectious tasks and infected persons.
- h. In-service Education
  - 1. Hand washing audits are done quarterly to monitor employee compliance. There was a 90% compliance rate this quarter.
- i. Environmental Sampling
  - 1. Autoclave was within normal limits for this quarter.
- 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. There were no corporate compliance issues for the first quarter of 2024. 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. CHAIRMAN REPORT

1. Search for CEO and Hospital Partnership Update

2. Board Treasurer Dr. Levy, Chairman Dawson and Rudy Gomez SSA.

a. Mr. Dawson submitted a request to increase the \$15,000 limit to the SSA contract. On a motion by Dr. Charie Levy, seconded by Mrs. Tanya Mitchell, the limit of 15,000 was increased. No limit was mentioned in the amendment.

**VI. OLD BUSINESS**

A. Update on the status of the Chauvin Invoices and Contract.

There has not been an update from the company contracted to review this contract.

B. Update on cost of new vs. renovation by WHLC.

Mr. Matthew Callouiet addressed the Board, and the comparison was presented.

Due to the price of building new or renovating, Mr. Glen Price made a motion to build a new building. Mrs. Tanya Mitchell seconded the motion. The motion passed unanimously.

C. Update on RFP Status for Community Needs Assessment and Hospital Needs Assessment.

The RFP closes on May 1<sup>st</sup>, 2024. We have 4 companies interested so far.

D. By Laws Review/Update – Bill Bourgeois, Atty.

Mr. Falcon Mire informed the Board that there will be a draft available at the next regular meeting.

E. Hospital Van Purchase Update

The van wrapping should be less than \$2,000. It will be taken to the sign business soon for measurements. There has been a need to use the van 2 times since the April 5, 2024, purchase and a driver job has been posted online.

F. Creation of Policy Committee, Cyber Security Committee, Product Evaluation Committee.

Mr. Falcon Mire made a motion to accept the creation of the proposed committees. Mr. Glen Price seconded the motion and the motion passed.

G. Organizational Chart

Mr. Falcon Mire made a motion to accept the organizational chart as proposed, Mrs. Tanya Mitchell seconded the motion and the motion passed.

**VII. New Business**

A. Applications for Review and Approval for Temporary Privileges and Reappointments. The following doctors were reviewed by the board.

	Company	Specialty	Requested
Dr. Luis Arencibia	Wound Care	Surgery	Re-appointment
Dr. Martha Robinson	Tulane	Tele-Stroke	Re-appointment

Mr. Falcon Mire moved to recredential Dr. Arencibia and Dr. Robinson. Mr. Glen Price seconded this motion and the motion passed.

Dr. Andrew Martin	StatRad	Virtual Radiology	Temporary Priv
Dr. Mario Giudici	StatRad	Virtual Radiology	Temporary Priv
Dr. Shareef Riad	StatRad	Virtual Radiology	Temporary Priv
Dr. Abdullahi Jama	StatRad	Virtual Radiology	Temporary Priv
Dr. Oriana Sanchez	Tulane	Telestroke	Temporary Priv
Dr. Elzamyly	Tulane	Telestroke	Reappointment
Dr. Hextrum	Tulane	Telestroke	Reappointment
Dr. Hyder Tamton	Tulane	Telestroke	Temporary Priv

- B. Proposed Hospital Investment Policy.  
On a motion by Mrs. Tanya Mitchel, seconded by Glen Price, the proposed hospital invested policy has been postponed for the next regular meeting.
- C. Administrator Travel Expenses  
Mr. Falcon Mire moved to approve the Administrator travel expenses. Mrs. Tanya Mitchell seconded the motion and the motion passed.
- D. Shentelle Daigle – Candid Conversations Discussion  
Ms. Daigle addressed the board and requested to have her invoices for recording the February 28, and the March 28, 2024 meetings in the sum of \$300. Mr. Falcon Mire made a motion to backpay for Mrs. Shentelle Daigle’s services in the amount of \$300 dollars. Mrs. Tanya Mitchell seconded the motion and the motion passed.
- E. Proposed- Patient Privacy/ Rights & Responsibilities  
The Board was presented with a proposal for a new Patient Privacy/ Rights & Responsibilities and Proposed Patient Bill of Rights. On a Motion by Mr. Falcon Mire, seconded by Glen Price. The motion passed.
- F. Proposed Patient Bill of Rights  
The Board was presented with a proposal for a new Patient Privacy/ Rights & Responsibilities and Proposed Patient Bill of Rights. On a Motion by Mr. Falcon Mire, seconded by Glen Price. The motion passed.
- G. Grounds Keeping Contract Discussion  
Per complaint against Mr. Anthony made by Luxury Lawn, the board agreed on sending the information to Mr. Ken Dupaty, board lawyer, to ensure the contract was awarded fairly.

- H. Storage Building Addition (Chauvin) – Structural Issue – Review and Notify. Engineer Robert Utley was advised that there is a substantial crack on the old storage building, where the new building ties into the old one. An update will be given in the next regular meeting.
- I. Proposed Chargemaster  
Revise Codes, not correct. Codes are too general, causing billing denials. The chargemaster has not been upgraded in over 10 years.  
Pharmaceutical/Supplies/Charges. Mrs. Canning presented the board with an estimate from Ice 2 Consulting to update the chargemaster at the cost of \$18,500 and an estimated time frame of 12 weeks. On a motion by Mr. Glen Price and seconded by Mr. Falcon Mire, the motion passed.

### **VIII. Executive Session**

It was moved by Mr. Falcon Mire and seconded by Mrs. Tanya Mitchell to go into executive session at 8:16 pm.

#### **A. LAWSUIT UPDATES**

- a. **Board of Commissioners vs. Ascension Parish.**  
Formal Resolution to Approve Bill Bourgeois as Special Counsel to the Board in Reference to Lawsuit Prevost Board v. Ascension Parish No. 138830 23<sup>rd</sup> Judicial District Court.
- b. **Update on Diggs & Causey vs. Prevost.**  
Michael Causey and Patricia Skinner Diggs v. West Ascension Parish Hospital Service District d/b/a Prevost Hospital Memorial, and Vince Cataldo, Civil Action 3:22-cv-1018-BAJ-EWD in the United States District Court for the Middle District of Louisiana.
- c. **Patient Lawsuit Junior**
- d. **Patient Lawsuit Mitchell**

#### **B. STRATEGIC PLAN**

- a. **Strategic Plan**
- b. **Additional Property Purchase Agreement**
- c. **DLT Letter & DLT Proposed Budget (Grant)**

On a motion by Mr. Falcon Mire and seconded by Mrs. Tanya Mitchell, the Executive Session ended at 9.14 pm.

A motion was made by Mr. Falcon Mire, seconded by Mrs. Tanya Mitchell to adopt all decisions made during the executive session.

**IX. Adjournment**

- A. There being no further business to discuss, a motion for adjournment was made by Mr. Falcon Mire, seconded by Mrs. Tanya Mitchell and the motion carried.

---

William "Bill" Dawson, Chairman.

---

Mrs. Jessica Soileau Canning, Secretary