

Prevoist Memorial Hospital

Vince A. Cataldo, Administrator
Board of Commissioners:
Michel Hirsch, M.D., Chairman
Glenn Schexnayder, M.D., Vice-Chairman
A.J. Gomez, Treasurer
John Marchand, Recording Secretary

October 26, 2023

BOARD OF COMMISSIONERS MEETING AGENDA

- I. Call to Order
- II. Roll Call
- III. Public Comment
- IV. Reading and Approval of Minutes
 - A. Call for a motion to change the order of business.
- 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. Leadership Team
 - 9. Administrative
 - 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 Committee

- C. Bi-Annual Reports
 - 1. None Due

- 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 (Mr. Henry Chauvin)
 - G. West Ascension Parish
 - H. MOB (214 Clinic Drive)
 - I. Ethics & Sexual Harassment Training
 - J. ER/Hospitalists (Physician coverage – Blue Angels Health)
 - K. IT Room AC Addition
 - L. The Joint Commission Survey (Hospital)
 - M. Cooperative Endeavor Agreement (CEA) between Ascension Parish Government and Our Lady of the Lake (OLOL)
 - N. Baton Rouge General Hospital / Louisiana Independent Hospital Network Coalition, LLC (LIHNC)
 - O. Domestic Hot Water Renovations
 - P. Mr. Steven Nosacka (Trinity Capital Resources)
 - Q. October 19, 2023, Council meetings as the meeting pertain to Prevost
 - R. Mr. Rudy Gomez (SSA)

- VII. New Business
 - A. Applications for Review and Approval for Full Privileges
 - B. Applications for Review and Reappointment
 - C. Ethics Designee
 - D. Investing from sales tax checking account

- VIII. Executive Session
 - A. Discussion of Issues with Ascension Parish Council.

- IX. Continuing Education
 - A. Printed Material
 - 1. Social Security recipients to get boost. The Advocate (10/12/2023)
 - 2. Social Security benefits will increase by 3.2% in 2024. The Advocate (10/13/2023)
 - 3. New Orleans nurses group seeks to unionize. The Advocate (10/14/2023)
 - 4. Elevance CEO looks to close deal. The Advocate (10/19/2023)
 - 5. Bourg Insurance acquired by Texas firm. The Advocate (10/21/2023)
 - 6. La. drops over 160K from Medicaid rolls. The Advocate (10/23/2023)

- X. 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: October 26, 2023

TIME: 12:00 Noon

PLACE: Prevost Memorial Hospital Conference Room

MEMBERS:

Dr. Michel Hirsch, Chairman
Dr. Glenn Schexnayder, Vice Chairman
Mr. John Marchand, Recording Secretary
Mr. A.J. Gomez, Treasurer
Mr. Charles “Chuck” Montero, Commissioner
Mr. Vince Cataldo, Administrator

OTHERS PRESENT:

Ms. Nobie Landry, CFO
Ms. Loretta Larvadain, DON
Mrs. Alesia Ardoin

ABSENT:

Mr. Chuck Montero

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. Mr. Chuck Montero was absent.

III. PUBLIC COMMENT

A. None

IV. READING AND APPROVAL OF MINUTES:

- A. There was no objection to the minutes of the September 28, 2023 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 Dr. Glenn Schexnayder and a second by Mr. John Marchand , the financial report was accepted as presented.
- 2. Sales Tax Report
 - a. Mrs. Nobie Landry gave this report to the Board. The total sales taxes collected for the month of August was \$187,776.47 This total showed an increase from August 2022.
- 3. Medical Staff/Medical Executive Committee Meeting
 - a. Mr. Vince Cataldo read this report to the Board. On a motion by Dr. Glenn Schexnayder, this report was accepted as read.

4. Utilization Review Committee

a.

SOCIAL SERVICES	Sept 2023
Patient Visits	9
Consultations	0
Observations	4
Referrals	0

b.

MEDICAL REVIEW	Sept 2023
Medicaid Admits	2

c.

MONTHLY DENIALS	Sept 2023
Denials	0

d.

PHYSICIAN QUALITY PROBLEMS	Sept 2023
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 September 2023.

f. Notice of Admission Denial: None for September 2023.

g.

MEDICARE / LHCR REVIEW	Sept 2023
Acute	0
Swing	0
Hospice	0
Inpatient Charts Requested for Review	0

h.

QA/I REVIEW	Sept 2023
ADMISSIONS (observations not included)	
Acute Admissions	1
Observations	6
Swing Admissions	0
Hospice Admissions	0
DISCHARGES	
Acute Discharges	0
● Acute Discharged - Home	0
● Acute Discharged – Another Facility	0
● Acute Discharged – Nursing Home	1
● 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	0
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	Sept 2023
Patients seen	53
Specimen submitted	0

b. Emergency Department

EMERGENCY DEPT.	Sept 2023
Specimens received	0

c. Pathologist Review

PATHOLOGIST REVIEW	Sept 2023
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.

There were no objections to the minutes as presented.

Sept 2023 ER Stats	
Total Patients Registered	558
Total Patients Seen	549
Admissions	1
Observations	6
Transfers to another facility	44
Code	0
Positive Outcomes	N/A
Expired	N/A
AMA	14
Left without being seen (includes triage)	9
Left prior to triage	4
Eloped (LDTX)	8
Returns to ED within 72 Hours	20
Returns w/same symptoms	13
Returns w/different symptoms	7
Patients received x-rays	156
# of x-rays	194
Interpretations differed from radiologist	0
# of Patients received CT Scans	65
# of CT Scans	92
Interpretations differed from radiologist (Physician— (N/A)	0
Cardiac Thrombolytic administrations	0
Stroke Thrombolytic administration	0

Monthly ER Test Totals/Positive Results Sept 2023			
Test Name	Total orders	Positive Results	% Positive
Flu A&B, Rapid	24	0	0%
Strep A, Rapid	61	5	8.2%
RSV (≤18 yrs. & ≥60 yrs)	11	4	36.4%
COVID-19 Swab, PCR/NAA	137	35	25.5%

The Board accepted this report as presented.

7. **Safety Committee (09/01/23 to 09/30/23)**

a. Committee Reports

1. Environment of Care

	Environment of Care Plans	Date Tested /Checked
1.	Equipment Management Plan	
	❖ Kenwood P25 Radio Test	Need Instructions
	❖ Generator Test	9/30/23
2.	Safety/Risk Management Plan	
	❖ No activity – will continue to monitor	On going
3.	Utilities Management Plan	
	❖ Line Isolation Test	9/30/23
	❖ Medical Gas Testing	9/29/23
4.	Fire Prevention Plan/Life Safety Management Plan	
	❖ Fire Extinguisher Inspection	9/29/23
	❖ Oxygen Cut Off Valves	9/29/23
	❖ Fire Marshall Annual Visit (ANNUALLY)	09/13/22
	❖ Ground Fault Testing & Hospital Electrical Panels	9/29/23
5.	Security Management Plan	
	❖ No activity – will continue to monitor	Ongoing
	❖ Egress Lights Testing	9/29/23

6.	Hazardous Materials and Waste Management Plan	
	❖ Emergency Showers	9/29/23
7.	Emergency Management Plan	
	❖ No activity – will continue to monitor	On going

2. Reports

a. Incident Reports

Sept 2023	
INCIDENTS	No. of Incidents
➤ Employee	1
➤ Physician	0
➤ Outpatient	1
➤ Visitor	0

b. Security Report

1. Security was reminded to always lock the double doors leading into the emergency room. A key pad/badge has been installed on the back door for entry.

c. Recalls

1. There were no recalls in any other departments reported. Pharmacy reports recalls on a quarterly basis. Mr. James Breaux asked that every department return recall papers after they are informed.

d. General Safety

1. Ms. Sandra Rose in purchasing is in the process of purchasing the water treatment kit to meet The Joint Commission standards.

b. Old Business

1. Housekeeping Department

- a. The housekeeping department's director will monitor timely cleaning of the emergency room. Mr. Jim Hurry in housekeeping will now only do mopping of the entire facility; however, it is not being done.

2. Helipad Lights

- a. The lights on the helipad are continuing to be monitored.

c. New Business

1. IT After Hours Contact

- a. If anyone needs assistance with IT after working hours, calls need to be placed to the answering service of Lantech IT, Mr. Will Landry (225-443-9444). Due to an increase in phone calls in the dietary department between the hours of 8:00 AM through 11:00 AM, the phone lines are sometimes jammed up. The phone specialists have been consulted to work with the dietary manager, yet this is still an issue. It is important to keep all communication with incoming calls to the hospital. During the time of the phone congestion, calls are not being received to the emergency room. These calls include Acadian Ambulance with incoming patients.

The Board accepted this report as presented.

8. Leadership Team

- a. Mr. Cataldo indicated that there must be a public bidding process to correct the issues with the domestic hot water system and fire dampers at the hospital. The process of online bidding will take place on October 19, 2023. This work should resolve an issue with The Joint Commission and an issue with the State Department of Health. We are doing this work to satisfy the condition of participation for CMS (Medicare and Medicaid).
- b. The water at the hospital has been tested for any contaminants, and none have been found.

9. Administrative

- a. Complaints
 - 1. There were no complaints received in September 2023.
- b. Pending Litigation

NAME	FILED	CLOSED
Reavon Gasper	02/21/22	Favorable Panel Review
Henry Mitchell	07/17/23	

B. QUARTERLY REPORTS

1. Medical Record Committee

- a. There was a 10% medical records review for the third quarter 2023 on inpatients.

b. Opened and Closed Record Review

RECORD REVIEW	3rd Qtr
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.

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	93%	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 (3rd Qtr 2023)

Inpatient Mortality Review	Jul	Aug	Sep
Acute Death	0	0	0
Swing Death	0	0	0
Hospice Death	0	0	0

d. Performance Improvement Monitor (3rd Quarter 2023)

Charts not completed by Physician	Jul	Aug	Sep
Inpatient/Swing	0	0	0
Missing H&P's, Discharge Summaries and/or unsigned orders.			

E.R. Patients	Jul	Aug	Sep
No. of Patients	423	521	541

The Board accepted this report as presented.

2. Pharmacy & Therapeutics Committee

- a. Follow Up Drug Usage Review (2nd Qtr April to Jun 2023)
 Actions: Medical Staff accepted 2nd Quarter Committee Report
 Actions or recommendations.

- b. Antibiotic Usage

MOST FREQUENTLY USED	July	August	September
IV	Rocephin	Rocephin	Rocephin
ORAL	Amoxil	Amoxil	Amoxil

- c. Pharmacy Ongoing Monitors

Review of Outcome Summaries ASPECT OF CARE	Jul	Aug	Sep
Emergency Room Floor Carts	93.5%	93%	90%
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

	Jul	Aug	Sep
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.			

The Board accepted this quarterly report as presented.

3. Blood Usage Committee

- a. Statistics

3rd Quarter Statistics	# of Units	# of Patients
Packed Cells Transfused	3	2
➤ Inpatient/Observations		0
➤ Outpatient		0

➤ Emergency Room		2
Cross Matched	3	2
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 5 processes. Appropriateness, Preparation, Monitoring, Discharge).

1. PROCESS - ORDERING

Discrepancies	0
Patients met criteria	2
Orders complete	2
FINDINGS: None	
RECOMMENDATIONS/ACTIONS: None needed	

2. PROCESS – DISTRIBUTING, HANDLING, DISPENSING
--

Discrepancies	0
Products signed out properly	3
Products hung within 30 minutes of signing out	3
FINDINGS: None	
RECOMMENDATIONS/ACTIONS: None needed	

3. PROCESS – ADMINISTERING

Discrepancies	0
Baseline patient information obtained (VS, allergies, orders, assessment)	2
Consent signed	2
Vital sign protocol followed	2
Units administered within 4 hours	3
FINDINGS: None	
RECOMMENDATIONS/ACTIONS: None needed	

4. PROCESS – MONITORING EFFECTS ON PATIENTS
--

Discrepancies	0
Vital signs stable on discharge	2
Patient received appropriate discharge or was transferred to another facility	2
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 third quarter 2023.
- e. Policy Changes
 - 1. There were no changes to policies this quarter.
- f. Additional Information
 - 1. None

The Board accepted this quarterly report as presented.

4. Performance Improvement Committee

a.

Inpatient Mortality Review	Jul	Aug	Sep
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.

Inpatient Morbidity Review	Jul	Aug	Sep
Adverse Patient Events	0	0	0

FINDINGS/CONCLUSIONS: N/A

RECOMMENDATIONS/ACTIONS/FOLLOW-UP: N/A

c.

Inpatient Transfers to Another Facility	Jul	Aug	Sep
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.

	Jul	Aug	Sep
Surgical Cases	0	0	0
Wound Care Inpatient	0	0	0
Wound Care Outpatient	60	76	53

2.

Tissue Review	Jul	Aug	Sep
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

3. Outpatient Surgery Review

a. N/A

4. Surgical Complications

a. N/A

5. Anesthesia Review

	Jul	Aug	Sep
No. of surgical cases	0	0	0
Given local anesthesia	0	0	0
Given IV sedation	0	0	0
Anesthesia complications	0	0	0

6. Invasive Procedures

	Jul	Aug	Sep
Procedures done outside of OR suite	0	0	0
Complications	0	0	0
Reviewed	0	0	0

e. Utilization Review Report

Admissions	Jul	Aug	Sep
Acute Inpatient	0	0	1
Swing	0	0	0
Hospice	0	0	0
Reviewed	0	0	1
Met appropriateness guidelines for admission	0	0	1
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
---	---	---	---

f. Credentials Review Functions

MONTH	ER / HOSPITALIST	VIRTUAL RADIOLOGY	TELE-STROKE	TOTAL
July	3	3	1	7
August	2	2	2	6
September	2	0	1	3

g. Medical Staff Review (3rd Quarter 2023)

1. PROCESS - Ordering practices for imaging procedures (radioactive) & CT are appropriate	
CT procedures done	2
Records required further medical staff review	0

2. PROCESS - Diagnostic/Follow Up Radiology ordered appropriately	
Records reviewed this quarter	4
Records required further medical staff review	0

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

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

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

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

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

h. Patient Satisfaction

1. There were no dissatisfied patients in the third quarter of 2023.

i. Emergency Department

1. Statistics

3rd Quarter	Jul	Aug	Sep
1. STATISTICS			
• Patients seen	433	529	549
• Admissions from ER	0	0	1
• Transfers to another facility	43	39	44
• Transfers required review	0	0	0
2. MORTALITY REVIEW			
• Deaths DOA	0	0	0
• Patients coded in ER	1	0	0
• Positive Results	0	0	0
3. DOCUMENTATION REVIEW			
• Identified Trends	None	None	None
4. RADIOLOGY Correlative Review			
• No. of Patients received X-rays	98	106	156
• No. of X-rays	119	124	194
• X-ray interpretations differed	0	0	1
• No. of Patients received CT Scans	53	48	65
• No. of CT Scans	61	58	92
• CT Scan interpretations differed	1	0	0
5. Case Review			
• Left ER w/o being seen by MD	8	8	9
• Left ER w/o being assessed by Nurse	1	3	4
• Left ER AMA	8	7	14
• ELOPED LDTX (before discharge)	13	6	8
• Returns to ED within 72 Hours	15	14	20
• Returns w/same symptoms	11	11	13
• Returns w/different symptoms	4	3	7
6. COMPLAINTS			
• Patient	0	0	0
• Visitor	0	0	0
• Staff	0	0	0
7. DIVERSION LOG			
8. THROMBOLYTIC ADMINISTRATION			
	0	1	0

- j. **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
- k. **Infection Control Committee**
Refer to Section B. Quarterly Reports, Item 5 Infection Control Committee Report where the following items are reported in detail.
1. Nosocomial Infections
 2. Community Infections
 3. Communicable Diseases Reported
 4. Isolations
 5. Bacterial Isolates
 6. Antibiotic Usage Trends
 7. Employee Orientation/Health
 8. In-service Education
 9. Environmental Sampling
 10. Product/Procedure Consult
 11. Related Committee Reports/Studies
 12. Policy Manual Review
- l. **Safety (Third Quarter 2023)**
1. Committee Reports

Environment of Care Plans		Tested /Checked		
		Jul	Aug	Sep
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

2. Reports

a. Incident Reports

3rd Qtr 2023	Jul	Aug	Sep
Employee	0	0	1
Physician	0	0	0
Outpatient	0	0	1
Visitor	0	0	0

b. Security Reports/General Safety

3rd Qtr 2023	Jul	Aug	Sep
Security Reports	0	0	0
General Safety	0	0	0

c. Recalls

3rd Qtr 2023	Jul	Aug	Sep
Pharmacy	0	0	0
Other Recalls	0	0	0

3. Safety Committee Old Business

- a. Certain Department Heads are still reporting COVID Patients, supplies and available beds for COVID-19.

4. Safety Committee New Business

- a. Nothing new to report.

m. Surgery

1. There were no surgeries to report during the third quarter 2023.

n. Laboratory

Performance Monitor	Jul	Aug	Sep
Reference Lab Discrepancies (Non-Technical Errors)	0	0	2
Emergency Room & Inpatients w/o ID armband for lab work	3	3	8
Laboratory Specimen Rejection Log/Monitor Rejected specimens were collected by outside Nursing Home/Home Health agencies.	1	0	0
Patient Satisfaction Survey	0	0	1
Blood & Components Transfusion Review of documentation	0	0	0

o. Social Services

Social Services Report	Jul	Aug	Sep
New Patient Admits	2	10	6
Visits	2	12	9
Observation	2	8	4
Acute Med-Surg	0	2	2
Hospice	0	0	0
Hospice/Respite Care	0	0	0
Swing	0	0	0
PEC Evaluations	2	4	5
Referrals	0	0	0
Consultations	0	0	0
TOTAL HOURS	5	17	12

p. Dietary

MEASURES/INDICATORS	Threshold	Jul	Aug	Sep
Food Temperature	97%	99%	98%	99%
Equipment Temperature	99%	98%	98%	99%

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

FOLLOW-UP: Temperatures are continuing to be logged daily.

q. Respiratory Therapy

	Jul	Aug	Sep
VOLUME INDICATORS:			
Patients treated	19	10	21
Blood Gases	2	4	6
ENV 200/Trilogy Ventilator hours	0	0	0
BIPAP hours	0	0	0
QUALITY INDICATORS:			
Equipment downtime	0	0	0

r. Housekeeping

MEASURE	Jul	Aug	Sep
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	100%	100%	100%

least monthly			
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%

s. Radiology

- 0 non-correlation of peer review diagnostic interpretation
- 0 improper processing of paperwork
- 0 improper removal of clothing/accessories prior to x-rays
- 0 preliminary ER interpretations not done.

t. Physical Therapy

1. There were no patients requiring physical therapy during the third quarter 2023.

u. Nursing Department (Third Quarter 2023)

1. FUNCTIONS/PROCESSES/PERFORMANCE MEASURES

Patient Rights/Organizational Ethics (RI)

Patient/Visitor/Physician Complaints Unit & ER	Jul	Aug	Sep
• 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	3
No. of meetings	5
% participation	50%

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.	2
Codes required further review	0
Assessment & management of pain compliance w/criteria	83%
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)

Education of Patients with IDDM	%
Compliance w/criteria	100%

Compliance w/education on diabetic testing equipment	100%
--	------

Staffing Report

Patient care requirements did not exceed scheduled staffing during the third quarter 2023.
--

Quality Controls

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

2. ER Nursing Report (3rd Quarter 2023)

- 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.

v. Nursing Old Business

1. None to report.

w. Nursing New Business

1. None to report.

x. Teams

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

FINDINGS: 83% accuracy noted

CONCLUSIONS: Continue to educate new staff and monitor for documentation deficiencies.

ACTIONS: Notify DON for awareness, follow up on a regular basis with 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 were no reported patient safety issues for this period. There were 2 reported employee falls for this period.

ACTIONS: Monitoring will continue.

y. Infection Control Committee

1. Nosocomial Infections

	Jul	Aug	Sep
Infections Reported	0	0	0

2. Community Infections

Month	UTI	SPUTUM	BLOOD	WOUND	TOTAL
JUL	0	0	0	0	0
AUG	4	0	0	0	4
SEP	3	0	0	0	3

3. Communicable Diseases Reported

Disease	Jul	Aug	Sep
Chlamydia	2	1	1
Gonorrhea	1	0	0
Syphilis	0	0	0
Hepatitis C	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 6 new employee orientations completed this quarter.

b. There was zero (0) needle stick follow-up.

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

d. Employees are required to report illnesses.

e. Masks only required for potential infectious tasks and infected persons.

8. In-service Education

a. Hand washing audits are done quarterly to monitor employee compliance. There was a 90% compliance rate this quarter.

9. Environmental Sampling

a. Autoclave is within normal limits for this quarter.

10. Product/Procedure Consult
 - a. None

11. Related Committee Reports/Studies
 - a. None

The Board accepted this report as presented.

5. Infection Control Committee

(The following information was reported in IV. Quarterly Reports, Section B)

- a. Statistics
- b. Performance Improvement Review
- c. Adverse Reactions
- d. Physician Ordering Practices
- e. Policy Changes
- f. Additional Information

The Board accepted this report as presented.

6. Corporate Compliance

Mr. Vince Cataldo gave this report to the Board. There were no corporate compliance issues for the third quarter of 2023. 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.

The Board accepted this report as presented.

C. Bi-annual Reports

1. Non-Due

VI. OLD BUSINESS

A. Recruitment and Retention

1. Mrs. Loretta Larvadain gave this report to the Board. Struggling with staff 2 nursing staff members are out sick. No changes since the last meeting. Some calls received but they are looking for higher wages.

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. The meetings with Athenahealth are now scheduled every two weeks. There is no new information to share. 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. Athena and LAHIE are still working on new CMS requirements. 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.

Sept 2023		
Service	No. of Patients	No. of Exams
X-rays ER	156	194
X-rays Out Patient	97	117
X-rays In Patient	0	0
CT Scan ER	65	92
CT Scan Out Patient	7	7
CT Scan In Patient	0	0
Bone Density	5	N/A
Cardiac Calcium Scoring	0	N/A
Lung Cancer Screening	0	N/A
Mammograms	42	N/A

D. Tele-Stroke

1. There was one (1) mock stroke patient and one (1) stroke patient seen in the emergency room in September 2023. Thrombolytics were not administered.

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

1. Mr. Vince Cataldo gave this report to the Board. LAHIE is receiving and reporting to the state on syndromic surveillance, electronic reportable lab and immunizations. There is nothing new to report. A follow up report will be given at the next regular meeting.

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

1. Mr. Vince Cataldo gave this report to the Board. Mr. Chauvin is writing the specs for the first phase of the hospital improvements and renovations. He said the specs should be completed soon for the bidding process to begin. The turmoil going on with Ascension Parish Government is not helping these projects. A follow up report will be given at the next regular meeting.

G. West Ascension Parish

1. Mr. Vince Cataldo gave this report to the Board. Ascension Parish and Donaldsonville Leaders are looking for advice on how to revitalize Donaldsonville and the West Bank of Ascension Parish. There is a small group of residents that want a new hospital in the Donaldsonville area. This is being fueled by some parish officials and the election. A follow up report will be given at the next regular meeting.

- H. MOB (214 Clinic Dr.)
 - 1. Electrical Work (Main Electrical Distribution Panel Replacement) The main electrical box to the rear of the building was equipped with fuses and needed to be upgraded. C.J. Electric has completed this job. We are awaiting the final billing.

- I. 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. The annual Safety Skills electronic version is being monitored for completion by employees. This includes Sexual Harassment and Ethics. We are about 98% complete. We will review what we have on record for each board member. A follow up report will be given at the next regular meeting.

- J. ER/Hospitalists Blue Angels Health (Physician Coverage)
 - 1. Mr. Vince Cataldo gave this report to the Board.

SEPT 2023		
ER Volume	558	Increased by (+21)
Admits	1	(+1)
Observations	6	(-1)

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

- K. IT Room AC Addition
 - 1. The current system cannot get the temperature below 82° with all of the equipment in the IT Room. The engineers recommended a mini-split to resolve this problem. The engineers did not recommend accepting the first bid. Trent’s Air Conditioning and Heating, Inc. submitted a bid for \$20,815.00. The board accepted the bid on June 29, 2023. This work was completed on 9/27/2023. The contractor did a good job, and this unit keeps the area very cool. The final payment has been made.

- L. The Joint Commission Survey (Hospital)
 - 1. Mr. Cataldo gave an update on The Joint Commission requirements to be completed. Work is continuing with the architects, engineers and others to find a solution to complete the unfinished corrective action. This work is partially completed. Mr. Robert Utley gave this report to the Board on 7/27/2023. Mr. Utley Discussed plans to resolve issues with the domestic hot water system and fire dampers at the hospital. Dr. Glen Schexnayder motioned to go for bid on these projects. Mr. John Marchand seconded this motion and the motion carried. This work should resolve any issues with The Joint Commission. Bids were opened on October 19, 2023. (See New Business)

- M. Cooperative Endeavor Agreement (CEA) between Ascension Parish Government and Our Lady of the Lake (LOL)
1. Ascension Parish Government approved a Cooperative Endeavor Agreement (CEA) with Our Lady of the Lake Hospital, Inc. individually and on behalf of its wholly owned subsidiaries Our Lady of the Lake Physician Group, LLC and Health Care Centers in Schools, Inc. The approval of this agreement will have negative effects on the West Bank Healthcare providers. The Ascension Parish Health Unit does not offer services on the West Bank as of 10/26/2023. The Ascension Parish Mental Health Clinic on the West Bank offers outpatient services on Tuesdays and Wednesdays. These services are provided by Capital Area Human Services and not through the CEA. A follow up report will be given at the next regular meeting.
- N. Baton Rouge General Hospital/Louisiana Independent Hospital Network Coalition LLC. (LIHNC)
1. Mr. Vince Cataldo gave this report to the Board. On June 14, 2023, all paperwork was completed to join the Louisiana Independent Hospital Network Coalition, LLC (LIHNC). Prevost Hospital was approved by the LIHNC board on June 22, 2023. Mr. Cataldo met with Ms. Jessica Canning to onboard with LIHNC. Ms. Canning will assist us in any way that can help us through these challenging times. Mrs. Canning and the CEO of the Baton Rouge General, Mr. Edgardo Tenreiro, have been appointed to the West Ascension Healthcare Task Force.
- O. Domestic Hot Water and Fire Damper Renovations (Mr. Robert Utley)
1. Mr. Robert Utley gave this report to the board. Mr. Utley discussed plans to resolve issues with the domestic hot water system and the fire dampers at the hospital. Dr. Glenn Schexnayder motioned to go to bid on these projects. Mr. John Marchand seconded this motion and the motion carried. Bids were opened on October 19, 2023 at 2:30 pm. This work should resolve an issue with The Joint Commission and an issue with the State Department of Health. Each Board member was given a packet from Mr. Robert Utley. The packet contained bid tabulation and a recommendation to award the contract to Dove Group, L.L.C. to make these renovations. A motion was made by Dr. Glenn Schexanyder and seconded by Mr. A.J. Gomez to award the contract to Dove Group L.L.C. This motion carried unanimously.
- P. Mr. Steven Nosacka (Trinity Capital Resources)
1. Mr. Nosacka has been working with us to prepare the budget with the Capital Expenditures for 2022-2023 and 2023-2024 to be presented to the Ascension Parish Council. Mr. Nosacka submitted a contract for Board consideration. A follow up report will be given at the next regular meeting.

- Q. October 19, 2023, Council meeting as it pertains to Prevost.
1. These meetings were discussed at the August 31st Board meeting. The Board authorized Mr. Vince Cataldo to engage with an attorney at a reasonable hourly rate to represent Prevost. A motion to engage with the Law Offices of R. Gray Sexton was made by Mr. John Marchand, seconded by Dr. Glenn Schexnayder. This motion carried unanimously.
- R. Mr. Rudy Gomez (SSA)
1. Mr. Rudy Gomez reviewed the findings and recommendations from the 2018 Needs Assessment Report. Mr. Gomez mentioned that the Board should concentrate on having signed agreements in place before building or renovating anything. Renovating this facility or a new hospital is not a high priority at this time. A written amended report will follow. Mr. Gomez gave a PowerPoint presentation to the Ascension Parish Council on 10/19/2023. A follow up report will be given at the next regular meeting.

VII. NEW BUSINESS

- A. Applications for Review and Approval for Full Privileges
1. The following applications were presented to the Board for review and approval of full privileges.

Dr. Jodi McGee	ER/Hospitalist
Dr. Sanjay Narotam	Virtual Radiology

Mr. John Marchand motioned to approve the applicants for full privileges for 2 years. Dr. Glenn Schexnayder seconded the motion and the motion carried.

- B. Applications for Review and reappointment
1. The following applications were presented to the Board for review and approval for reappointment.

Dr. Joseph M. Cefalu	Baton Rouge Cardiology
Dr. Harold Clausen	Baton Rouge Cardiology
Dr. Daniel Fontenot	Baton Rouge Cardiology
Dr. John Freiberg	Tulane Tele-Stroke
Dr. Michel Hirsch	OLOL/ Active Staff
Dr. Kevin Kilpatrick	Baton Rouge Cardiology
Dr. Stephen Manale	Restorix Wound Care/Surgery
Dr. Jodi McGee	ER/Hospitalist/Blue Angels Health
Dr. Henry Patrick	Baton Rouge Cardiology
Dr. Fred Petty	Baton Rouge Cardiology
Dr. Glenn Schexnayder	OLOL/ Active Staff
Dr. John Sparks	Baton Rouge Radiology
Dr. Terry Zellmer	Baton Rouge Radiology

The Board reviewed these applicants and had no objections. The Board will review

these applicants again in November and call for a vote.

- C. Ethics Designee
 - 1. The legislative auditors are requiring all public bodies to appoint an Ethics Designee. Following a discussion, the Board had no objection to Mr. Cataldo assuming this position.
- D. Investing from Sales Tax Checking Account.
 - 1. Following a discussion concerning the Sales Tax Checking Account, Dr. Glenn Schexnayder motion to invest \$2 Million Dollars with Edward Jones. Mr. John Marchand seconded this motion and the motion carried.

VIII. EXECUTIVE SESSION

- A. Discussion of Issues with Ascension Parish Council
 - 1. At 12:25 pm, Dr. Glenn Schexnayder motioned for the Board to go into Executive Session. Mr. John Marchand seconded this motion and the motion carried. At 1:25 pm, Mr. A.J. Gomez motioned to close the executive session. Dr. Glenn Schexnayder seconded this motion and the motion carried.
- B. Ms. Alesia Ardoin (Law Offices of R. Gray Sexton) discussed the existing situation with the West Ascension Parish Hospital Service District and the Ascension Parish Council. No Action was taken.

IX. CONTINUING EDUCATION

- A. A copy of the following articles was given to each Board member.
 - 1. Printed material
 - a. Social Security recipients to get boost. The Advocate (10/12/2023)
 - b. Social Security benefits will increase by 3.2% in 2024. The Advocate (10/13/2023)
 - c. New Orleans nurses group seeks to unionize. The Advocate (10/14/2023)
 - d. Elevance CEO looks to close deal. The Advocate (10/19/2023)
 - e. Bourg Insurance acquired by Texas firm. The Advocate (10/21/2023)
 - f. La. drops over 160K from Medicaid rolls. The Advocate (10/23/2023)

VIII. ADJOURNMENT

- A. There being no further business to discuss, a motion for adjournment was made by Mr. John Marchand.

Dr. Michel Y. Hirsch, Board Chairman.

Mr. Vincent Cataldo, Administrator Secretary.