

# *West Ascension Parish Hospital*

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## *Service District*

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Shelton Anthony, CEO / Secretary

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

**THURSDAY**

**February 27, 2025**

**6:00 pm**

**West Ascension Parish Hospital Conference Room  
301 Memorial Dr. Donaldsonville, La 70346**

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

- I. Call to Order (Roll Call, Prayer, Pledge of Allegiance)**
- II. Public Comment**
- III. Reading and Approval of Minutes from Thursday, January 30, 2025**
- IV. Reports of Standing Committees**
  - A. Monthly Financial Reports: (Summary)
    - 1. Financial Report – Mr. Anthony
    - 2. Sales Tax Report- Mr. Anthony
  - B. Monthly Standing Committee Meetings: (Summary)
    - 1. Medical Executive Committee- Mr. Anthony
    - 2. Utilization Review Committee- Mr. Anthony
    - 3. Operative and Invasive Procedures Committee- Mr. Anthony
    - 4. Emergency Room Committee- Mr. Anthony
    - 5. Safety Committee (01/01/2025 to (01/31/2025)- Mr. Anthony
    - 6. Cyber Security Committee- Mr. Anthony
    - 7. Leadership Team/ Administrative Update- Mr. Anthony
  - C. Chairman Report

Public Comment Period

**VI. Old Business**

**VII. New Business**

A. Applications for Review and Approval for Temporary and Full Privileges – Mr. Anthony

- Dr. Philip Eisinger – StatRad/Radiology (Permanent Full Privileges)
- Dr. Evelyn Lorents- StatRad/Radiology (Permanent Full Privileges)

Public Comment Period

B. Update Analysis with Health System- Mr. Anthony and Mrs. Marks

Public Comment Period

C. Investment Advisor RFQ- Mr. Dawson and Mr. Dupaty

Public Comment Period

D. Performance Improvement Plans- Mr. Anthony

Public Comment Period

E. The Joint Commission Preparedness- Mr. Anthony

Public Comment Period

F. Board Standing Education and Announcements- Mr. Anthony

- January 2025 SODH Needs Assessment
- 2024 Workplace Safety Risk Assessment
- Upcoming Events
- Hospital Van Update
- Conference Room Update

Public Comment Period

G. Henry Chauvin Update- Mr. Dupaty

Public Comment Period

H. Policies to be Approved- Mr. Anthony

1. Interim Life Safety Measures (ILSM) Policy
2. Emergency Management Program Policy
3. Hazard Vulnerability Assessment Policy
4. Investment Policy 2025

Public Comment Period

I. Louisiana Compliance Questionnaire – Mr. Anthony

Public Comment Period

**VIII. Executive Session - (Not Required)**

**IX. Adjournment**

**WEST ASCENSION PARISH 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:** February 27, 2025

**TIME:** 6:00 pm

**PLACE:** West Ascension Parish Hospital

**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  
Mr. Shelton Anthony, Administrator

**OTHERS PRESENT:**

Quincy Richard Jr, Lisa Albarado, Alicia Falsetta

**ABSENT:** Falcon Mire, Kevin Causey

**HOSPITAL ATTORNEY:** Kenneth Dupaty

**GUEST:**

**I. CALL TO ORDER**

A. Mr. Bill called the meeting to order at 6PM. By Roll Call of all Board Members, Mr. Wright asked for present, Mr. Bill, Mr. Glenn, Dr. Levy, and Mrs. Tanya. Mr. Flacon was absent. Pledge of Allegiance was led by Mr. Bill. Prayer was led by Mr. Glenn.

**II. PUBLIC COMMENT**

A. ( 4 ) Four members of the community came to discuss how the process is going for Mr. Henry Chauvin.

**III. READING AND APPROVAL OF MINUTES: by Mr. Anthony**

- A. A motion by Mr. Bill to dispense the reading on the minutes and approve the minutes from the Thursday, January 30, 2025, meeting. The motion was seconded by Mr. Glenn and the motion passed.

#### IV. Reports of Standing Committees

- A. Monthly Reports were presented by exception only, reading of meetings by Mr. Anthony

**A. Financial Report**

1. The monthly financial report was presented by Mr. Anthony. On a motion by Mr. Bill and a second by Mr. Glenn, the financial report was accepted as presented.
2. Sales Tax Report
  - The monthly Sales Tax Report was presented by Mr. Shelton and accepted by the Board.

**B. Monthly Standing Committee Reports**

1. Mr. Shelton read the MEC report to the Board. The MEC met on 2/18/2025 and approved the applications for review and approval temporary privileges and full reappointments due for credentialing.

1. Dr. Philip Eisinger
2. Dr. Derrick Brooks

**2. Utilization Review**

- Mr. Shelton presented to the Board the Utilization Review Report with 6 total patient visits from Social Services. 0 Medical Admits, 0 Denials and 0 Physician Quality Problems.

**Utilization Review Committee**

a.

<b>SOCIAL SERVICES</b>	<b>January 2025</b>
Total Patient Visits	6
Admits	3
Consultations	2
Observations	1
Referrals	3

b.

<b>MEDICAL REVIEW</b>	<b>January 2025</b>
Medicaid Admits	0

c.

<b>MONTHLY DENIALS</b>	<b>January 2025</b>
Denials	0

d.

<b>PHYSICIAN QUALITY PROBLEMS</b>	<b>January 2025</b>
Acute / Observation Chart	0
Hospice Charts	3
Swing Charts	0
An incomplete chart would be missing one or more of the following: H & P, Discharge Summary, Unsigned Orders. 0 Chart noted	

e. Notice of Facility Quality Problems: None for **January 2025**

f. Notice of Admission Denial: None for **January 2025**

g.

<b>MEDICARE / LHCR REVIEW</b>	<b>January 2025</b>
Acute	0
Swing	0
Hospice	0
Inpatient Charts Requested for Review	0

- Requested Review due to Physician documentation.

h.

<b>QA/I REVIEW</b>	<b>January 2025</b>
<b>ADMISSIONS</b> (Observations not included)	
Acute Admissions	1
Observations	14
Swing Admissions	0
Hospice Admissions	0
<b>DISCHARGES</b>	
Acute Discharges	
• Acute Discharged – Home	1
• 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

**3. Operative and Invasive Procedures Committee**

a. Wound Care Clinic

<b>WOUND CARE CLINIC</b>	<b>January 2025</b>
Patients seen	22
Specimen submitted	0

b. Emergency Department

<b>EMERGENCY DEPT.</b>	<b>January 2025</b>
Specimens received	0

c. Pathologist Review

<b>PATHOLOGIST REVIEW</b>	<b>January 2025</b>
Wound Care Specimens	0
OP/Emergency	0
Non-Gyn Cytologies	0

**4. Emergency Room Committee**

- a. The Medical Executive Committee reviewed the minutes of the Emergency Room Committee meeting. Motion to approve the minutes as presented by Mr. Bill. Second by Mrs. Tanya. There were 0 objections to the minutes as presented.

<b>ER STATS</b>	<b>January 2025</b>
Total Patients Registered	406
Total Patients Seen	402
Admissions	1
Observations	12
Transfers to another facility	37
Code	3
Positive Outcomes	1
Expired (DOA)	2
AMA	12
Left without being seen (includes triage)	1
Left prior to triage	4
Eloped (LDTX)	8
Returns to ED within 72 Hours	7
Returns w/same symptoms	7
Returns w/different symptoms	0
# of x-rays (ER)	84
# of CT scans (ER)	59
Ultrasounds ER	0
Interpretations Differ from Radiologist	1

<b>Monthly ER Test Totals/Positive Results</b>			
<b>January 2025</b>			
<b>Test Name</b>	<b>Total orders</b>	<b>Positive Results</b>	<b>% Positive</b>
Flu A&B, Rapid	121	17	14.04%
Strep A, Rapid	98	2	2.04%
RSV ( $\leq 18$ yrs. & $\geq 60$ yrs)	14	1	7.1%
COVID-19 Swab, PCR/NAA	120	7	5.83%

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

- Respiratory Therapy Stats

<b>Respiratory</b>	<b>January 2025</b>
Total ABG's	9
Pulmonary Functions	0
Oxygen Hours	288
Incentive Spirometry	1
Hand Held Neb Treatments	0
CPT	0
Postural Drainage	0
Sputum	0
Suction	0
Pulse Oximetry	2
Intubation	2
Extubation	0
Bipap Hours	0
Vent Hours	0
Total Respiratory Therapy Patients	0
EKG (Verified with book in E.R.)	65
Tracheostomy Emergency Procedure	0
Micro CO2 Detection	1
Glide Scope	0

5. **Safety Committee (1/01/2024 to 1/31/2024)**

a. Committee Reports

1. Environment of Care

Kenwood Radio Call	Every Third Thursday
Generator Test	Done in January 2025, Every Monday for 30 Minutes
<b>Safety Risk Management Plan</b>	On Going
Updates in Progress	On Going
<b>Utilities Management Plan</b>	
Line Isolation	Placed not in use
Medical Gas	1-18-25
<b>Fire Prevention Life Safety</b>	On Going
Fire Extinguisher Inspection	1-18-25
Oxygen Cut Off Valves	1-18-25, 1-30-25
Fire Marshall	Due for an annual visit in 2025
Ground Fault / Electrical Panels	1-11-25 done by James
<b>Security Management Plan</b>	
Lofton Security Monitoring	Daily
Egress Lighting	1-18-25
<b>Hazardous Materials Waste Management Plan</b>	
Re- Certification for handling of red bag Waste 2025	2025
Emergency Showers	Done by James 1-11-25
<b>Emergency Management Plan</b>	
Review of Policies and Revision	On Going

Reports

a. Incident Reports

<b>January 2025</b>	
<b>INCIDENTS</b>	<b>No. of Incidents</b>
➤ Employee	0
➤ Physician	0
➤ Outpatient	0
➤ Visitor	0
➤ Occurrence	0
➤ Patient Complaint	0

- 7a) **Security Reports**
  - A. We now have 24 HR security

**6. Cyber-Security Committee**

- A. Updating our website to reflect 2025 change

**7. Leadership Team/ Administrative**

- a. Staff and Department Leaders working on departmental goals.
- b. Introduction to “Hardwiring Excellence” to all leaders

Complaints

- 1. There were 0 complaints received in January from Physicians, Patients, and Staff.

C- Chairman Report

Public Comment Period

**V. OLD BUSINESS**

- **Mr. Shelton** read items of Old Business to the Board without any discussion.

**VII. New Business**

- **Mr. Shelton Anthony** read to the Board items for New Business.

**A. Applications for Review and Approval for Temporary & Full Privileges**

Dr. Philip Eisinger	StatRad	Radiology	Permanent Full Privileges
Dr. Evelyn Lorents	StatRad	Radiology	Permanent Full Privileges

- Mr. Shelton Anthony **presented** to the Board of Commissioners the listed physicians for Permanent Full Privileges- those physicians are Dr. Phillip Eisinger and Dr. Evelyn Lorents.
- Public Comment Period was entered to discuss Permanent Full Privileges. Without further discussion.
- On a motion made by Mrs. Tanya to accept and approve the listed physicians for Permanent Full Privileges and seconded by Dr. Levy this passed unanimously with all Board of Commissioners present.

**B. Update Analysis with Health System**

- a. Mr. Shelton and Mrs. Marks discussed health system progress on the following items:
  - Governance and Organizational Documents
  - Contracts and Employment Agreements
  - Financial Data and Records
  - Marketing and Communications Materials
  - Tax Matters Related to the Hospital
  - Regulatory Compliance Issues
  - Real Property and Facilities Information
  - Intellectual Property
  - Information Technology Infrastructure
  - Environmental and Safety Considerations
  - Insurance Policies and Coverage
  - Licensure and Accreditation Details
  - Operations and Management
  - Human Resources
  - Medical Staff Considerations
  - Ethical and Compliance Standards
  - Prevost Contract Services

- Public Comment Period was entered to discuss the updates with Analysis of Health System with FMOL.

### C. Investment Advisory RFP

#### Summary of Investment Advisor RFP

The West Ascension Hospital Service District is issuing a Request for Proposals (RFP) to identify a qualified Investment Advisor to manage the District's funds in compliance with Louisiana laws and The District's Investment Policy. The selected advisor will be responsible for investing in government-issued securities, ensuring compliance with all applicable regulations, and providing regular financial updates to The District.

Key components of the RFP include:

- **Governance & Compliance:** All investments must adhere to Louisiana statutes and District policies.
- **Selection & Responsibilities:** The advisor must be authorized to purchase U.S. Treasury securities and provide transaction approvals.
- **Contract Terms:** The agreement will be for one year with an automatic renewal unless terminated with a 60-day notice.
- **Reporting:** Monthly and quarterly reports on investment performance and market conditions will be required.
- **Cash Management:** Proposals may include recommendations for optimizing uninvested cash returns while ensuring legal compliance.
- **Fee Structure:** All fees must be clearly outlined for consideration.

Proposals must be submitted by the designated deadline, with a final selection based on qualifications, compliance, and financial strategy. This initiative aims to maximize returns while maintaining financial stability and adherence to public investment laws.

- Mr. Shelton Anthony presented to the Board of Commissioners the Request for Proposals to identify a qualified Investment Advisor to manage the District's funds in compliance with Louisiana laws and the designated Investment Policy of the District.
- Public Comment Period was entered to discuss the Request for Proposals of the Investment Advisor.

- On a motion made by Mr. Glenn to accept and approve the Request for Proposals as written and to send out via all platforms for 30 days for submission and seconded by Dr. Levy this passed unanimously with all Board of Commissioners present.

## **D. Performance Improvement Goals**

West Ascension Parish Hospital Performance Improvement Projects- Validated with Joint Commission Standard, HAP CoPs; and CAH CoPs.

### **1. Emergency Department (Nurses)**

#### **Project 1: Reducing ED Throughput Time**

Goal: Decrease door-to-provider time to meet Joint Commission and CMS benchmarks.

Actions:

- Implement triage-based rapid assessment protocols.
- Improve nurse staffing ratios during peak hours.
- Implement standardized discharge planning for non-critical cases to reduce boarding time.

Compliance Reference:

- Joint Commission: LD.04.03.11 (Improving patient flow)
- HAP CoPs: §482.55 (Emergency Services)

#### **Project 2: Enhancing Pain Management Assessment and Effectiveness**

Goal: Improve pain assessment, intervention, and follow-up in the ED.

Actions:

- Implement a standardized pain assessment tool (e.g., Wong-Baker FACES, Numeric Pain Scale).
- Ensure pain reassessment occurs within 30-60 minutes post-intervention.
- Educate ED nurses and providers on multimodal pain management strategies, including non-opioid options.
- Improve documentation of pain management interventions in the EMR.

Compliance Reference:

- Joint Commission: PC.01.02.07 (Pain assessment and management)
- HAP CoPs: §482.23(c)(5) (Pain management policies)

#### **Project 3: Improving Patient Perception of Safety & Care in the ED**

Goal: Increase patient-reported safety and satisfaction scores.

Actions:

- Implement “rounding for safety” by nurses every 30-60 minutes.
- Improve patient communication on wait times and provide real-time updates.
- Introduce comfort measures (warm blankets, hydration, noise reduction strategies) in waiting areas.
- Collect and analyze patient experience surveys to identify areas for improvement.

Compliance Reference:

- Joint Commission: RI.01.01.01 (Patient rights and satisfaction)
- HAP CoPs: §482.13 (Patient Rights)

#### 1. **Radiology** (CT/X-ray)

**Project:** Enhancing Radiation Dose Monitoring & Compliance

**Goal:** Reduce unnecessary radiation exposure while maintaining image quality.

**Actions:**

- Implement dose tracking software for all CT and X-ray procedures.
- Standardize pediatric and adult CT protocols to ensure appropriate dosing.
- Train staff on ALARA (As Low As Reasonably Achievable) principles.
- Conduct regular equipment calibration and maintenance audits.

Compliance Reference:

- Joint Commission: PI.02.01.01 (Monitoring radiation dose)
- HAP CoPs: §482.26 (Radiologic Services)

#### 2. **Laboratory** (Blood Transfusion)

**Project:** Enhancing Blood Transfusion Safety & Compliance

**Goal:** Reduce transfusion-related errors and adverse reactions.

**Actions:**

- Implement two-person verification for blood product administration.
- Improve documentation compliance in the EMR.
- Conduct monthly transfusion reaction audits.
- Standardize massive transfusion protocols for emergency situations.

Compliance Reference:

- Joint Commission: PC.02.01.01 (Safe blood transfusion practices)
- HAP CoPs: §482.27 (Blood and Blood Products)

#### 4. **Respiratory Therapy** (Emergency Patient Focus)

**Project:** Optimizing Respiratory Support for Emergency Patients

**Goal:** Improve timely and effective respiratory interventions for emergency patients.

Actions:

- Implement a rapid-response respiratory team for critical patients in the ED.
- Improve early identification of respiratory distress through standardized triage screening.
- Ensure non-invasive ventilation (NIV) protocols are in place to prevent intubation when possible.
- Conduct monthly training drills on emergency airway management.

Compliance Reference:

- Joint Commission: PC.02.01.19 (Emergency respiratory care)
- HAP CoPs: §482.57 (Respiratory Care Services)

## 5. Maintenance

**Project:** Ensuring Life Safety Compliance

Goal: Ensure adherence to NFPA Life Safety Code for CAHs.

Actions:

- Conduct quarterly fire drills with all departments.
- Perform monthly generator and emergency power checks.
- Standardize preventive maintenance schedules for critical equipment.
- Document compliance with temperature, humidity, and air exchange requirements.

Compliance Reference:

- Joint Commission: EC.02.03.05 (Fire safety)
- HAP CoPs: §482.41 (Physical environment)

## 6. Housekeeping (Environmental Services)

**Project:** Reducing Healthcare-Associated Infections (HAIs)

Goal: Reduce C. difficile and MRSA rates in high-risk units.

Actions:

- Implement 7- Step Cleaning and disinfection for high-touch areas.
- Ensure compliance with terminal cleaning protocols for isolation rooms.
- Conduct ATP testing to validate cleanliness.
- Improve hand hygiene compliance audits.

Compliance Reference:

- Joint Commission: IC.02.02.01 (Infection prevention)
- HAP CoPs: §482.42 (Infection Control)

## 7. Dietary Services

**Project:** Improving Nutrition for High-Risk Patients

Goal: Reduce malnutrition and dietary deficiencies in at-risk populations.

Actions:

- Implement automatic RD consults for high-risk inpatients.

- Improve documentation of dietary intake in the EMR.
- Conduct monthly patient satisfaction surveys on meal quality.
- Standardize diabetic and cardiac diet protocols.

Compliance Reference:

- Joint Commission: PC.02.03.01 (Nutrition care)
- HAP CoPs: §482.28 (Food and Dietetic Services)

## 8. Social Services

**Project:** Enhancing Discharge Planning & Care Coordination

**Goal:** Reduce 30-day readmission rates for high-risk patients.

**Actions:**

- Implement standardized discharge risk assessment tools.
- Develop partnerships with local home health and SNFs for smoother transitions.
- Increase follow-up call compliance within 48 hours post-discharge.
- Improve patient education materials for chronic conditions.

Compliance Reference:

- Joint Commission: RC.02.01.01 (Discharge planning)
- HAP CoPs: §482.43 (Discharge Planning)

## 9. Pharmacy

**Project:** Reducing Adverse Drug Events (ADEs)

**Goal:** Improve medication safety and reduce adverse reactions.

**Actions:**

- Implement barcode scanning for medication administration.
- Conduct quarterly medication reconciliation audits.
- Improve antibiotic stewardship compliance.
- Enhance patient education on high-risk medications.

Compliance Reference:

- Joint Commission: MM.04.01.01 (Medication reconciliation)
- HAP CoPs: §482.25 (Pharmaceutical Services)

## 10. Medical Records (Health Information Management)

**Project:** Improving Timeliness of Documentation

**Goal:** Ensure all inpatient documentation is completed within 24 hours.

**Actions:**

- Implement real-time charting strategies for physicians and nurses.
- Conduct weekly documentation audits.
- Automate discharge summary reminders.
- Enhance coding accuracy through staff education.

Compliance Reference:

- Joint Commission: RC.01.02.01 (Complete medical records)
- HAP CoPs: §482.24 (Medical Record Services)

## 11. Business Office

**Project:** Enhancing Billing Accuracy & Reducing Denials

**Goal:** Reduce claims denials by 15% within six months.

**Actions:**

- Implement pre-claim verification checks.
- Train staff on common billing errors and ICD-10 updates.
- Conduct monthly denial management meetings.
- Improve coordination between clinical documentation and billing teams.

**Compliance Reference:**

- Joint Commission: LD.04.01.01 (Financial planning)
- HAP CoPs: §482.22 (Billing Compliance)

## 12. Administration

**Project:** Strengthening Employee Retention & Engagement

**Goal:** Reduce nursing and physician turnover by 10% in one year.

**Actions:**

- Improve onboarding and mentorship programs.
- Conduct quarterly employee engagement surveys.
- Implement retention bonuses for high-performing staff.
- Foster leadership development programs for emerging leaders.

**Compliance Reference:**

- Joint Commission: HR.01.05.03 (Staff Competency)
- HAP CoPs: §482.21 (Quality Assessment and Performance Improvement)

### **West Ascension Parish Hospital – Performance Improvement Projects Update**

West Ascension Parish Hospital is actively engaged in performance improvement initiatives validated against Joint Commission Standards, HAP Conditions of Participation (CoPs), and Critical Access Hospital (CAH) CoPs. These projects focus on enhancing patient care, operational efficiency, and regulatory compliance across multiple departments:

1. **Emergency Department:** Reducing ED throughput time, improving pain management, and enhancing patient safety and satisfaction.
2. **Radiology:** Implementing radiation dose monitoring to minimize unnecessary exposure.
3. **Laboratory:** Strengthening blood transfusion safety and compliance protocols.
4. **Respiratory Therapy:** Optimizing emergency respiratory support for critical patients.
5. **Maintenance:** Ensuring life safety compliance through fire drills, emergency power checks, and preventive maintenance.
6. **Housekeeping:** Reducing healthcare-associated infections (HAIs) with enhanced cleaning and disinfection protocols.

7. **Dietary Services:** Improving nutrition for high-risk patients through better meal planning and documentation.
8. **Social Services:** Enhancing discharge planning to reduce 30-day readmission rates.
9. **Pharmacy:** Reducing adverse drug events through barcode scanning and antibiotic stewardship.
10. **Medical Records:** Improving timeliness and accuracy of clinical documentation.
11. **Business Office:** Enhancing billing accuracy to reduce claim denials.
12. **Administration:** Strengthening employee retention and engagement to improve workforce stability.

- Each project aligns with regulatory requirements and aims to improve patient outcomes, staff performance, and hospital efficiency. These efforts demonstrate the hospital’s commitment to quality care and continuous improvement.
- Mr. Shelton Anthony presented to the Board of Commissioners the Performance Improvement Projects (that were approved by each department leader, presented at MEC and approved).
- Public Comment Period was entered for discussion on the Performance Improvement Plans.
- On a motion made by Mr. Bill and seconded by Mr. Glenn the Performance Improvement Plans were approved as presented.

## E. The Joint Commission Preparedness

### Joint Commission Survey Preparation – Critical Access Hospital

#### Objective:

Ensure full compliance with The Joint Commission (TJC) standards for Critical Access Hospitals (CAHs) to maintain accreditation and demonstrate commitment to patient safety, quality, and regulatory compliance.

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#### Key Focus Areas:

1. **Life Safety & Environment of Care**
  - Review and update **Interim Life Safety Measures (ILSM)** to align with TJC and CMS CoPs.
  - Ensure compliance with **fire detection, extinguishing, and alarm systems, emergency lighting, and waste disposal procedures.**
  - Validate proper **storage and availability of emergency supplies (food, water, pharmaceuticals, medical gases, etc.).**
2. **Emergency Preparedness**

- Finalize the **Emergency Operations Plan (EOP)** to cover patient population, evacuation, shelter-in-place, alternate energy sources, and staff subsistence needs.
  - Conduct **tabletop and live drills** to test response protocols and leadership succession.
  - Ensure collaboration with **Ascension Parish emergency authorities and state health agencies.**
3. **Quality & Performance Improvement (PI)**
- Review **current PI projects** and ensure alignment with TJC requirements.
  - Conduct **mock surveys** to identify gaps and implement corrective actions.
  - Address documentation and reporting for **infection prevention, medication management, and patient outcomes.**
4. **Patient Care & Clinical Standards**
- Reinforce compliance with **CMS Conditions of Participation (CoPs)** for CAHs, covering:
    - Patient rights and responsibilities
    - Staff credentialing and privileging
    - Medication safety and infection control
  - Ensure thorough documentation in **electronic medical records (EMR)** to support compliance.
5. **Staff Education & Readiness**
- Provide **TJC-focused training** for all departments.
  - Conduct leadership briefings and daily safety huddles.
  - Ensure policies and procedures reflect current best practices and standards.

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**Next Steps & Timeline:**

- **March-April:** Finalize EOP, Life Safety policies, and conduct staff training.
- **May-June:** Complete internal mock surveys and address identified gaps.
- **July:** Conduct final readiness assessment and leadership review.
- **Survey Window:** Anticipated in Q3/Q4 2025—Hospital will be fully prepared.

**Conclusion:**

We are committed to a successful Joint Commission survey by strengthening our emergency preparedness, patient safety, and compliance with regulatory standards. The team is focused on proactive measures to ensure continued accreditation and the highest level of care for our community.

- Mr. Anthony presented to the Board of Commissioners the strategic plans that the organization is taking for the upcoming TJC survey. Our window of survey for the hospital is September 2025 and the lab October 2025. (We have been informed that this will be a combined survey)
- Public Comment was entered to discuss the strategy that the organization is undertaking for the upcoming TJC survey.

**F. Board Standing Education and Announcements**

- a. January 2025 SODH Needs Assessment
- b. 2024 Workplace Safety Risk Assessment
- c. Upcoming Events
  - i. Health Fair
- d. Hospital Van Update
- e. Conference Room Update

Mr. Anthony presented to the Board of Commissioners the following: the January 2025 SODH Needs Assessment with documentation, the 2024 Workplace Safety Risk Assessment with documentation, Listed the main upcoming event will be the Health Fair- tentatively scheduled for June 14, 2025, gave brief update on the van progress, and toured the new conference room.

- Public Comment was entered to discuss the Board’s Standing Education and Announcements.

- On a motion entered by Mr. Bill seconded by Mrs. Tanya the Board Standing Education and Announcements were accepted as presented.

G. Henry Chauvin Architect, LLC versus West Ascension Parish Hospital Service District – Update

- Mr. Dupaty provided update to Board of Commissioners
- Public Comment was entered to discuss the matter of Henry Chauvin Architect, LLC versus West Ascension Parish Hospital Service District

H. Policies and Assessments to be Approved

1. Interim Life Safety Measures (ILSM) Policy
2. Emergency Management Program Policy
3. Hazard Vulnerability Assessment
4. Investment Policy 2025

- Mr. Anthony presented to the Board of Commissioners all Policies and Assessments which need to be approved- all have come before MEC and was recommended for Final Approval per Board of Commissioners.
- Public Comment was entered to discuss each Policy and Assessment presented to the Board of Commissioners.
- On a motion made by Mr. Glenn and seconded by Mrs. Tanya the Policies and Assessment which were presented were approved by Board of Commissioners.

I. Louisiana Compliance Questionnaire

The **Louisiana Compliance Questionnaire** is a mandatory document required by the **Louisiana Legislative Auditor (LLA)** as part of our hospital’s annual audit

process. This questionnaire ensures that West Ascension Parish Hospital is operating in compliance with **state laws, regulations, and best financial practices.**

As we are presenting for board approval, we are confirming that:

- The hospital follows **ethical and legal financial management** practices.
- We comply with **state-mandated policies** on budgeting, procurement, and internal controls.
- Leadership has conducted a **self-assessment** of our compliance status before the external audit.

Board approval of this questionnaire is a **required step** in the audit process, ensuring transparency, accountability, and continued trust in our hospital's governance.

- Mr. Shelton Anthony presented to the Board of Commissioners the complete Louisiana Compliance Questionnaire.
- Public Comment Period was entered to discuss the Louisiana Compliance Questionnaire as well as to accept any questions.
- On a motion entered by Mr. Glenn and seconded by Dr. Levy the Louisiana Compliance Questionnaire was approved by the Board of Commissioners.

#### **VI. Executive Session**

- **Discussion about G: Henry Chauvin Architect, LLC versus West Ascension Parish Hospital Service District**
- **On a motion entered by Mr. Bill and seconded by Mr. Glenn to set in Executive Session.**

#### **VII. Adjournment**

- A. There being no further business to discuss, a motion for adjournment was made by Mr. Glenn, seconded by Mrs. Tonya, and the motion carried at **8** (PM).

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William "Bill" Dawson, Chairman.

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Mr. Shelton Anthony, CEO

**In accordance with the Americans with Disabilities Act, if you need special assistance, please contact Shelton B. Anthony at 225-473-7931, describing the assistance that is necessary.**