

West Ascension Parish Hospital

Service District

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

March 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 (3 minutes)**
- III. Reading and Approval of Minutes from Thursday, February 27, 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 (02/01/2025 to (02/28/2025)- Mr. Anthony
 - 6. Cyber Security Committee- Mr. Anthony
 - 7. Leadership Team/ Administrative Update- Mr. Anthony
 - C. Chairman Report

V. Old Business

VI. New Business

- A. Applications for Review and Approval for Temporary and Full Privileges – Mr. Anthony
 - ▶ Dr. Joseph Cefalu - Baton Rouge Cardiology Center/ Cardiology (Permanent Full Privileges)
 - ▶ Dr. Kevin Kilpatrick - Baton Rouge Cardiology Center/ Cardiology (Permanent Full Privileges)
 - ▶ Dr. Jane Hur- StatRad/ Radiology (Permanent Full Privileges)
 - ▶ Dr. Jonathan Coll- StatRad/ Radiology (Permanent Full Privileges)
 - ▶ Dr. James Frencher- StatRad/ Radiology (Permanent Full Privileges)
 - ▶ Dr. Aimee Aysenne- Tulane/ Neurology/TeleStroke (Permanent Full Privileges)
 - ▶ Dr. Martha Robinson- Tulane/Neurology/TeleStroke (Permanent Full Privileges)

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

- C. 2024-2025 Audit Response Update- Mr. Anthony

- D. Infection Prevention Policies Review for Approval (15 Policies)- Mr. Anthony

- E. The Joint Commission Preparedness- Mr. Anthony

- F. Board Standing Education and Announcements- Mr. Anthony
 - February 2025 SODH Needs Assessment
 - Restorix Update
 - Education
 - 360 Life Safety
 - Relias Education
 - Hospital Van Update
 - Strategic Services Consideration Planning
 1. Primary Care Clinic Consideration
 2. Modular Building Consideration
 - Upcoming Events – Mr. Anthony
 - i. LOPA Ceremony
 - ii. Easter Egg Hunt Celebration
 - iii. Nurses Week 2025
 - iv. Hospital Week 2025
 - v. Community Health Fair

G. CMS Medicaid/ Medicare Cost Report Update–
Mr. Anthony

H. Consultant 6 Month Update– Mr. Anthony
1. SouthernEvals Update C.
Mitchell
2. Lormand Consulting
Update- J. Lormand

I. Investment RFP Update- Mr. Anthony

J. USDA Distance Learning and Telemedicine- Mr.
Anthony

K. Operational Budget and Capital Budget Planning
FY25-26- Mr. Anthony

VIII. Executive Session

1. H. Chauvin vs. West Ascension Parish Hospital Service District

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: March 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:

Mrs. Chabry, Rudy, Cynthia, Dr. Lewis, and Mr. James

ABSENT: Mr. Kevin Causey, CAO & Mrs. Anastasia Montgomery, CNO

HOSPITAL ATTORNEY: Kenneth Dupaty

GUEST:

I. CALL TO ORDER

Mr. Bill Dawson called the meeting of the West Ascension Parish Hospital Service District to order at 6 PM. By Roll Call of all Board Members, Mr. Wright asked for voice recognition of (Present), Mr. Bill Dawson, Mr. Glen Price, Dr. Charie- Mithcell Levy, Ms. Tanya Mitchelle, Mr. Falcon Mire. Pledge of Allegiance was led by Mr. Dawson. Prayer was led by Mr. Price.

II. PUBLIC COMMENT

Mr. Spencer Chauvin spoke on behalf of his father Mr. Henry Chauvin at the end of the board meeting to discuss the character of his father as well as the evolving payment.

Mr. Dawson noted that Public Comment period was open for any and all that which to speak on behalf of any agenda item with a time limit of 3 minutes per public member.

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

- A. A motion by Mr. Dawson to dispense the reading of the minutes and approve the minutes from the Thursday, February 27, 2025, meeting. The motion was seconded by Mr. Price and the motion passed, without further discussion.

IV. Reports of Standing Committees

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

A. Financial Report

1. The monthly financial report was presented by Mr. Shelton Anthony. On a motion by Mr. Dawson and a seconded by Mr. Price, the financial report was accepted as presented.
2. Sales Tax Report
The monthly Sales Tax Report was presented by Shelton Anthony and accepted by the Board. The amount received thus far for 2025 is \$748.067. For the Deposit Date of 2/4/2025- total of \$185,597 was deposited. Final Total for 2024 is **\$1,838,064**.

B. Monthly Standing Committee Reports

- 1. Mr. Shelton Anthony** read the MEC report to the Board. The MEC met on 3/18/2025 and approved the applications for review and approval temporary privileges and full reappointments due for credentialing.

1. Dr. Martha Robinson
2. Dr. Aimee Aysenne
3. Dr. Jonathan Coll
4. Dr. James Frencher
5. Dr. Jane Hur
6. Dr. Kevin Kilpatrick
7. Dr. Joseph Cefalu

2. Utilization Review

- **Mr. Shelton Anthony** 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.

SOCIAL SERVICES	February 2025
Total Patient Visits	11
Admits	2
Consultations	2
Observations	1
Referrals	2

- Child Abuse Reports- 0
- Elder Abuse Reports- 1
- Hospice/ Respite- 2
- PEC/ ER Evaluations- 3
- Community Outreach – Numeracy/ STEAM 75 Students

b.

MEDICAL REVIEW	February 2025
Medicaid Admits	0

c.

MONTHLY DENIALS	February 2025
Denials	0

d.

PHYSICIAN QUALITY PROBLEMS	February 2025
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 **February 2025**

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

g.

MEDICARE / LHCR REVIEW	February 2025
Acute	0
Swing	0
Hospice	0
Inpatient Charts Requested for Review	0

- Requested Review due to Physician documentation.

h.

QA/I REVIEW	February 2025
ADMISSIONS (Observations not included)	
Acute Admissions	2
Observations	11
Swing Admissions	0
Hospice Admissions	0
DISCHARGES	
Acute Discharges	
● Acute Discharged – Home	0
● Acute Discharged – Another Facility	1
● Acute Discharged – Nursing Home	0
● Acute Discharged – Swing	0
● Acute Discharged – Hospice	1
● Acute Discharged – Left AMA (against medical advice)	0
Swing Discharges	0
Hospice Discharges	0
DEATHS	
Acute Deaths	0
Swing Deaths	0
Hospice Deaths	0

3. Operative and Invasive Procedures Committee

a. Wound Care Clinic

WOUND CARE CLINIC	February 2025
Patients seen	42
Specimen submitted	2

b. Emergency Department

EMERGENCY DEPT.	February 2025
Specimens received	0

c. Pathologist Review

PATHOLOGIST REVIEW	February 2025
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. A motion to approve the minutes from the Emergency Room Committee as presented by Dr. Levy. This was second by Mr. Mire-. This motion carried. There were (0) objections to the minutes as presented.

ER STATS	February 2025
Total Patients Registered	379
Total Patients Seen	377
Admissions	2
Observations	11
Transfers to another facility	21
Code	0
Positive Outcomes	0
Expired (DOA)	0
AMA	7
Left without being seen (includes triage)	2
Left prior to triage	2
Eloped (LDTX)	2
Returns to ED within 72 Hours	7
Returns w/same symptoms	5
Returns w/different symptoms	2
Total # of X-rays	75
# of CT scans (ER)	73
Ultrasounds ER	0

Monthly ER Test Totals/Positive Results February 2025			
Test Name	Total orders	Positive Results	% Positive
Flu A&B, Rapid	93	14	0.15%
Strep A, Rapid	72	4	0.055%
RSV (≤18 yrs. & ≥60 yrs)	13	0	0%
COVID-19 Swab, PCR/NAA	91	2	0.021%

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

The Medical Staff/MEC approved this report as presented.

- Respiratory Therapy Stats

Respiratory	February 2025
Total ABG's	7
Pulmonary Functions	0
Oxygen Hours	600
Incentive Spirometry	0
Hand Held Neb Treatments	31
CPT	0
Sputum	0
Suction	0
Pulse Oximetry	8
Intubation	0
Extubation	0
Bipap Hours	0
Vent Hours	3
Total Respiratory Therapy Patients	36
EKG (Verified with book in E.R.)	86
Glide Scope	0

5. Safety Committee (2/01/2025 to 2/28/2025)

a. Committee Reports

1. Environment of Care

	Environment of Care Plans	Date Tested/Checked
1.	Equipment Management Plan	All Policies and plans will be reviewed by the consultant Mr. Jared
	Kenwood HRSA Radio Test	Every Third Thursday
	Generator Test: 40KW, 40KW, 300KW Hurricane Code Grey	Done in February 2025 2-17-25 2-24-25 Every Monday for 30 Minutes
2.	Safety/risk Management Plan	Awaiting Consultant for Review
	No Activity -Continued Monitoring	ongoing
3.	Utilities Management Plan	Up for review by consultant
	Line Isolation Test	Placed not in use
	Medical Gas Testing	2-24-25
4.	Fire Prevention Plan/ Life Safety Management Plan	On Going
	Fire Drill	Successfully done for February 21, 2024 Next due May 2025
	Fire Extinguisher Inspection	2-23-25, 2-24-25
	Louisiana Fire Extinguisher Tagged all Fire Extinguishers Next inspection unless a problem occurs	*All clear until 8-2025 annual checks and as needed by LA Fire
	Oxygen cut off valves	2-23-25
	Fire Marshall Visit	Due for annual Visit
	Ground Fault Testing and hospital Electrical Panels	2-10-25,2-17-2025
5.	Security Management Plan	Up for review will give to consultant
	In-services for Lofton Workers	a.m. guards in place
6.	Hazardous Materials and Waste Management Plan	Training for red bag/waste handling upcoming
	Emergency Showers	The shower in the hall near x-ray and lab placed out of use
	Red Bags cameras ongoing Need to get more employees training to sign for red bags	On going new cameras installed cell phone accessible
	Emergency Management	Will have consult to review
	Continuously Monitoring	All other aspects of Safety

	Fire Doors Inspection	2-1-25 James
	Exit signs inspection	2-1-25 James

Reports

a. Incident Reports

February 2025	
INCIDENTS	No. of Incidents
➤ Employee	0
➤ Physician	0
➤ Outpatient	0
➤ Visitor	0
➤ Occurrence	0
➤ Patient Complaint	0

6. **Security Reports-** Mr. Shelton Anthony presented to the Board of Commissioners that at this time; there are no new security reports.

7. **Cyber-Security Committee-** Mr. Shelton Anthony presented to the Board of Commissioners the summary of the Cyber-Security Committee.

Report Summary

- Quarterly Anti-Phishing Campaign Update. Out of 64 randomly selected users, 22 opened the test phishing email, but none clicked the link. Great job!
- In the past 30 days, 195 Exchange messages were quarantined and confirmed to contain malware or links to download.
- Workstation endpoint audit identified two machines that were one build behind on antivirus software, which has now been updated.
- SharePoint File storage is up 223% and general user activity with Microsoft 365 apps is up 2% in the last 30 days.

8. Leadership Team/ Administrative

- a. General Education for all staff with Relias Learning Platform- implemented and sending notifications to all staff
- b. Introduction to “Hardwiring Excellence” to all leaders
- c. Nourish & Soul Café- New Menu Options for inside orders, continue to improve our service and dining experience, we will begin renovations to the dining room and kitchen areas. Once completed, salads, wraps, sandwiches, fruit and dessert options will be available daily and conveniently selected from the Grab-and-Go cooler.

Chairman Report

On a motion made by Mr. Dawson, seconded by Dr. Levy, the standing committee reports were accepted as presented.

8. OLD BUSINESS

- Shelton Anthony read that no Old Business was addressed to the Board of Commissioners for discussion.

Mr. Anthony- state that all Standing Reports were completed.

Mr. Dawson- stated that with that being stated, to move into New Business.

VII. New Business

- **Mr. Anthony** read to the Board of Commissioners all items that are listed for New Business.

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

Dr. Joseph Cefalu	Baton Rouge Cardiology Center	Cardiology	Permanent Full Privileges
Dr. Kevin Kilpatrick	Baton Rouge Cardiology Center	Cardiology	Permanent Full Privileges
Dr. Jane Hur	Stat Rad	Radiology	Permanent Full Privileges
Dr. Jonathan Coll	Stat Rad	Radiology	Permanent Full Privileges
Dr. James Frencher	Stat Rad	Radiology	Permanent Full Privileges
Dr. Aimee Aysenne	Tulane	Neurology/TeleStroke	Permanent Full Privileges
Dr. Martha Robinson	Tulane	Neurology/TeleStroke	Permanent Full Privileges

- Shelton Anthony presented to the Board of Commissioners the listed physicians for Permanent Full Privileges.
- Consideration Period was entered to consider the recommendations for Permanent Full Privileges. Without further discussion.
- On a motion made by Mr. Dawson- the following physicians: Dr. Joseph Cefalu and Dr. Kevin Kilpatrick from Baton Rouge Cardiology Center –

Cardiology, Permanent Full Privileges. This motion was second by Mr. Price.

- On a motion made by Mr. Dawson- the following physicians: Dr. Jane Hur, Dr. Jonathan Coll, & Dr. James Frencher from StatRad, Radiology, Permanent Full Privileges. This motion was seconded by Mr. Price.
- On a motion made by Mr. Dawson- the following physicians: Dr. Aimee Aysenne, and Dr. Martha Robinson from Tulane, Neurology- TeleStroke Permanent Full Privileges
- On a motion made by Mr. Dawson to accept and approve the listed physicians for Permanent Full Privileges and seconded by Mr. Price this passed unanimously with all the Board of Commissioners present.

B. Update Analysis with Health System

- Mr. Shelton Anthony and Mrs. Chabry. Marks- presented to Board of Commissioners the updates that have been to date for analysis with Our Lady of the Lake Health and West Ascension Parish Hospital to collaboratively conduct an organizational assessment, fostering a shared understanding of current operations, strengths, and areas of opportunity. No motion was needed at this time from Board of Commissioners.

C. 2024-2025 Audit Response Update

- Mr. Shelton Anthony, presented to the Board of Commissioners updates from the annual audit that is being done at this time.
- **Audit Firm:** Lester, Miller, and Wells are conducting the **annual audit**
- **Progress:** The audit is moving efficiently with significant milestones achieved

Completed Submissions

- i. Financial Records & Statements:
 - Trial balance, general ledger, reconciliations (bank statements, A/R, inventory, prepaid reconciliations, fixed assets, A/P, disbursements)
- ii. Compliance & Documentation:
 - Contractual allowances, bad debt, payroll liabilities, vacation/holiday pay, prior year collections
- iii. Policies & Governance:

- Louisiana compliance questionnaire, board minutes (9/1/2023–present), key hospital policies (sexual harassment, ethics, credit card disbursement, travel/expense)

iv. External Review & Coordination:

- Signed balances for attorneys, past audits (LaPorte & Eisner Amper), ongoing collaboration with Jason LeBlanc & Matthew Guidry

Next Steps: Continued coordination to ensure timely audit completion (We have filed for our extension; awaiting monthly meeting for approval). No motion was needed at this time for the Board of Commissioners.

D. Infection Prevention Policies Review for Approval

- Mr. Shelton Anthony and Consultant Mrs. Crystal Mitchell presented to the Board of Commissioners the 15 Infection Prevention Policies that need to be approved by the Board of Commissioners. (These policies were approved at ER Committee and at MEC)

Key Policies for Approval:

- Infection Control Program Plan – Framework for hospital-wide infection prevention
- Quality Improvement Plan – Infection Prevention & Control – Continuous monitoring and improvement strategies
- CNO Responsibilities in Infection Control – Defines leadership role in oversight
- Infection Prevention & Control Resources – Outlines tools and personnel required
- Infection Control Integration Policy – Coordination across departments
- Annual Evaluation of the Infection Control Program – Assessment and updates to ensure effectiveness
Infection Control Reporting Policy – Process for tracking and reporting infections
- Communicable Disease Reporting Policy – Compliance with reporting guidelines for public health
- Employee Health Program Policy – Guidelines for staff health and safety
- Employee Absenteeism & Sick Call Policy – Protocols to reduce workplace transmission
- Employee Incident Reporting Policy – Ensures timely documentation of exposures or issues

- Employee Immunization Policy – Vaccination requirements for staff safety
- Hepatitis B Vaccination Policy – Guidelines for immunization and risk reduction
- Tuberculosis (TB) Infection Control Program – Screening, testing, and prevention strategies
- Overview Infection Control Policy - General overview of the requirements for Infection Control Practices

Next Steps:

- Board approval required to implement and enforce hospital-wide compliance.
 - On a motion made by Mr. , seconded by Mrs. Tanya, the 15 Infection Prevention Policies were approved for enforcement of hospital- wide compliance.

E. Joint Commission Preparedness

- Mr. Shelton Anthony presented to Board of Commissioners the Joint Commission preparedness that the hospital is undertaking at this time.

Commitment to Compliance:

- Actively preparing for Joint Commission survey as a Critical Access Hospital
- Reviewing all requirements and standards to ensure full compliance

Key Focus Areas & Actions

1. Leadership & Governance

- Ensuring policies align with CMS Conditions of Participation (CoPs) and HAP Standards
- Regular leadership and staff training on Joint Commission standards

2. Environment of Care & Life Safety

- Facility safety inspections & risk assessments
- Reviewing and implementing Interim Life Safety Measures (ILSMs)

3. Emergency Management

- Updating the Emergency Operations Plan (EOP)
- Ensuring compliance with emergency preparedness requirements

4. Patient Care & Quality

- Monitoring and improving infection prevention & control measures
- Strengthening medication management and patient safety protocols

5. Documentation & Compliance Audits

- Conducting mock Joint Commission surveys
- Reviewing policies and updating documentation as needed

Next Steps

- Ongoing staff education & training
 - Finalizing readiness assessments
 - Continuous quality improvement initiatives
-
- No motion needed by Board of Commissioners at this time.

F. Standing Education & Announcements

- Mr. Shelton Anthony presented to the Board of Commissioners our Board Standing Education and Announcements that are currently in progress at this time.
1. February 2025 SDOH Needs Assessment
 - 252 respondents -significant increase in participation
 - Improved patient data collection & engagement
 - Key insights: Housing stability, employment security, and education as critical health determinants
 2. Restorix Wound Care Update
 - Decrease in patient volumes – actively working on improvement strategies
 - Enhancing patient referrals from ER
 - Improved provider communication & referral process
 - Educating ER staff on wound care criteria
 - Community outreach & awareness campaigns
 3. Education & Training
 1. 360 Life Safety Training (BLS, ACLS, PALS) & Relias Platform
 - Ensures staff readiness for emergency situations
 - Improves patient outcomes & safety
 - Maintains compliance with national standards
 - Hospital Van Update
 - Tire replacement & Full engine service completed
 - Additional maintenance items pending for full operational efficiency
 - Strategic Services Consideration

- Primary Care Clinic Expansion Proposal
- 1 Mid-Level Nurse Practitioner & 3 Exam Rooms
- Improves access to primary care for rural communities
- Reduces ER visits by providing preventive care
- Strengthens hospital financial stability through primary care revenue
- Modular building option under consideration for cost-effectiveness

Upcoming Events

1. LOPA Ceremony – April 11 at 9 AM
2. Easter Egg Hunt – Wag Center
April 12 at (10 AM- 2 PM)
3. Nurse Week – Nurses Make the Difference
(May 6-12)
4. Hospital Week – America’s Hospitals: A Symphony of Compassionate Care (May 11-17)
5. Community Health Fair – June 14 (8 AM – 12 PM)
 - No motion was needed by the Board of Commissioners at this time.

G. CMS Medicaid/ Medicare Cost Report

- Mr. Shelton Anthony presented to the Board of Commissioners that the CMS Medicaid/ Medicare Cost Report was completed and submitted. Mr. Shelton Anthony explained the purpose of the Cost Report and the Importance that the Cost Report has on our health system.
- Completed for Fiscal Year Ending 08/31/2024

Purpose of the Cost Report

- Required by CMS for all Medicare- and Medicaid-certified hospitals
- Determines hospital reimbursement from Medicare & Medicaid
- Ensures accurate financial reporting & compliance with federal regulations

Importance for Critical Access Hospitals

- Reimburses cost-based payments instead of fixed rates

- Essential for financial stability and operational planning
- Supports rural healthcare by ensuring funding aligns with actual service costs

Operational Impact

- Data-Driven Financial Decisions – Guides budgeting and financial strategy
- Sustains Essential Services – Ensures funding for inpatient, outpatient, and emergency care
- Regulatory Compliance – Maintains eligibility for federal funding programs

- No motion was needed by the Board of Commissioners at this time, Mr. Shelton will continue to update the Board of Commissioners about the .

H. Consultant 6 Month Update

- Mr. Shelton Anthony along with J.Lormand and C. Mitchell presented to the Board of Commissioners the 6 month update for consulting services from Lormand Consultant and SouthernEvals. These updated highlights the importance of our continued support and engagement in providing optimal health care for the district.

- No motion was needed by the Board of Commissioners at this time.

I. RFP for Investments

- Mr. Shelton Anthony presented to the Board of Commissioners the update on the RFP for Investments with the below information.

Current Status: Finalized For Posting

- Purpose of the RFP
- Identify and secure investment partners to optimize the hospital's financial resources
- Ensure financial growth & sustainability while maintaining liquidity
- Support long-term strategic initiatives and capital improvements

Key Components of the RFP

1. Investment Objectives – Safety, liquidity, and return on investment
2. Eligible Investment Options – Low-risk, hospital-compliant instruments
3. Qualifications & Experience Requirements – Proven track record in healthcare investments
4. Reporting & Compliance – Adherence to hospital policies and financial regulations
5. Selection Criteria – Risk management, historical performance, and transparency

Next Steps

- RFP submission deadline set for April 30/2025
- Review and evaluation of proposals based on financial stability and alignment with hospital goals
- Selection and contract finalization with the most qualified investment partner

This process ensures **strong financial stewardship** and supports our hospital's **continued growth and operational success**.

- At this time, no further motions need to be made from the Board of Commissioners. Mr. Anthony will continue to work with Mr. Dupathy to ensure that all submissions are vetted properly for the Board of Commissioners review at the May meeting. Mr. Dawson requested that a list of Potential (Intent)

J. USDA Distance Learning and Telemedicine Grant

- Mr. Shelton Anthony, presented to the Board of Commissioners that the USDA Distance Learning and Telemedicine Grant purpose, benefits, and our next steps. At this time no further motion is needed for this grant, we are awaiting to see if this grant is awarded to our facility.
- Grant Submission Status: Completed & Submitted

Purpose of the Grant

- Expand access to post-acute care services for improved patient outcomes
- Enhance hospital-based rehabilitation services for rural residents
- Bridge healthcare gaps in Donaldsonville, LA through advanced telemedicine solutions
- Ensure financial sustainability by strengthening service delivery

How This Grant Benefits WAPH

- Improved Patient Outcomes – Enhanced access to rehabilitation and post-acute care
- Advanced Telemedicine Capabilities – Connects rural patients with specialists
- Increased Hospital Revenue – Sustainable service expansion strengthens financial stability
- Workforce Development – Supports provider training for telemedicine integration

Next Steps

- Await grant award notifications (End of Qtr 3)
- Develop an implementation plan for telemedicine and rehabilitation expansion
- Strengthen partnerships with post-acute care providers
- Ensure compliance with USDA grant requirements for effective execution

This funding will enhance healthcare accessibility, improve patient recovery rates, and support the long-term sustainability of our hospital.

K. Budget Planning Overview- FY 25-26

- **Mr. Shelton Anthony**, started the process of explaining to the Board of Commissioners the process is preparing for our Operational Budget and Capital Budget requests for the upcoming fiscal year. During this, Mr. Anthony is preparing the Board of Commissioners of what is expected for the budget outlining the following: key components of the budget, development process and next steps.
- Objective: Develop a comprehensive financial plan that ensures hospital sustainability, aligns with strategic priorities, and supports patient care.

Key Budget Components

- Operational Budget – Covers day-to-day expenses for hospital operations
- Revenue Projections: Patient services, insurance reimbursements, grants, and other income sources
- Expense Planning: Salaries, supplies, utilities, insurance, maintenance, and contract services
- Productivity & Efficiency Goals: Cost control, staffing optimization, and reimbursement strategies
- Capital Budget – Supports long-term investments and infrastructure improvements
- Equipment Upgrades: Imaging, lab, and patient care technology
- Facility Enhancements: Building improvements, renovations, and new service expansions
- Strategic Investments: IT infrastructure, telehealth expansion, and emergency preparedness

Budget Development Process

Step 1: Revenue Forecasting

- Analyze the historical revenue trends from last two fiscal years
- Assess Medicare/Medicaid reimbursement rates from cost reports of last two fiscal years
- Review anticipated volume growth- based on current and future trends

Step 2: Expense Projections

- Evaluate fixed vs. variable costs
- Identify cost-saving opportunities- leaders to complete deep dive of opportunities
- Ensure regulatory and compliance-related funding

Step 3: Capital Budget Planning

- Prioritize critical infrastructure needs
- Assess funding sources (grants, reserves, financing)

- Align with strategic service expansion goals

Step 4: Departmental Collaboration

- Engage department heads for input on needs
- Evaluate resource allocation for patient care improvements
- Ensure alignment with the hospital mission and financial sustainability

Step 5: Board Review & Approval

- Present detailed financial reports
- Seek input and final board approval
- Implement budget and monitor financial performance throughout the fiscal year

Outcome:

- A sustainable financial plan that ensures quality patient care, supports hospital growth, and maintains financial health.

On a motion made by Mr. Mire and seconded by Mr. Price, the Board of Commissioners approved the development for the Operational and Capital Budget for FY 25-26. By a vote by all present Board of Commissioners present. On this motion and vote, the motion carried.

L. Proposal Master Plan for West Ascension Parish Hospital Service District

- Mr. Dawson presented to the Board of Commissioners the need for a master plan to be developed for West Ascension Parish Hospital Service District.
- On a motion made by Mr. Dawson, but motion was tabled by the Board of Commissioners to discuss development for the Master Plan for West Ascension Parish Hospital at a later date.

Executive Session

- **On a motion made by Mr. Dawson, and seconded by Mr. Price, with a roll call vote of all present Board Members (Mr. Dawson, Mr. Price, Dr. Levy, Ms. Mitchell, Mr. Mire).**
 - **We moved into Executive Session at 7:50 PM and came out of Executive Session at 8:10 PM.**

On a motion made by Mr. Dawson and seconded by Mr. Mire, with a roll call vote of all present Board members- was moved out of Executive Session and back into Regular Session.

VII. Adjournment

- A. There being no further business to discuss, a motion for adjournment was made by Mr Dawson seconded by Mr. Price, and the motion carried at 8:13 (PM).

William “Bill” Dawson, Chairman.

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.