

# *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**

**April 24, 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, March 27, 2025 & April 3, 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 (03/01/2025 to (03/31/2025)- 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. Quarterly Committee and Departmental Reports – Mr. Anthony
- B. Consideration for West Ascension Parish Hospital Master Plan- Mr. Anthony
- C. Board Resolution for Commissioners’ Appointment- Mr. Dawson
- D. Quality & Performance Improvement Program Review for Approval - Mr. Anthony
- E. Board Standing Education and Announcements- Mr. Anthony
  - March 2025 SODH Needs Assessment
  - Education
    - Medicare/ Medicaid Updates
    - Relias Education
  - Hospital Van Update
  - Strategic Services Consideration
    - Primary Care Clinic Consideration
    - Modular Building Consideration
  - Upcoming Events
    - Nurses Week 2025
    - Hospital Week 2025
    - Legacy of Champions Ceremony
    - Community Health Fair
- F. Summer Youth Job Program- Mr. Anthony
- G. Lowery Middle School Teacher/ Staff Appreciation Week- Mr. Anthony

**VIII. Executive Session**

**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:** April 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  
Ms. Tanya Scott Mitchell, Board Member  
Mr. Falcon Mire, Board Member  
Mr. Shelton Anthony, Administrator

**OTHERS PRESENT:**

James Breaux, COO/ Gene Polk, Respiratory Manager/ Crystal Mitchell, Consultant/ Lisa Albardo, Business Office Manager/ Elisa Foret, Medical Records/ Janice Rome, Admissions/ Anastasia Montgomery, CNO/ Quincy Richard, Compliance Officer/ Dr. JMecko Lewis, Social Services

**ABSENT:** Mr. Falcon Mire, Board Member

**HOSPITAL ATTORNEY:** Kenneth Dupaty

**GUEST:**

**I. CALL TO ORDER**

Mr. William Dawson called the meeting of the West Ascension Parish Hospital Service District to order at 6:00pm. By Roll Call of all Board Members, Mr. Wright asked for present, from Board Members: William Dawson- present, Glen Price- present, Dr. Charie Mitchell-Levy – present, Ms. Tanya Mitchell- present, Mr. Falcon Mire- absent. Pledge of Allegiance was led by Ms. Tanya Mitchell. Prayer was led by Mr. Glen Price.

**II. PUBLIC COMMENT**

No Public Comment was entered.

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

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

- A. A motion by Mr. William Dawson to dispense the reading of the minutes and approve the minutes from the Thursday, March 27, 2025, meeting and the April 3, 2025. The motion was seconded by Ms. Tanya Mitchell and the motion passed.

### 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. William Dawson and a second by Mr. Glen Price, the financial report was accepted as presented. (*Income Statement/ Balance Sheet/ Capital Analysis- available in attachments*)
2. Sales Tax Report  
The monthly Sales Tax Report was presented by Mr. Shelton Anthony and accepted by the Board. The amount received thus far for 2025 is \$1,039,621. Total for 2024 is \$1,838,064. (*Sales Tax- available in attachments*)

#### B. Monthly Standing Committee Reports

1. Mr. Shelton Anthony read the MEC report to the Board. The MEC met on 3/18/2025 and didn't have any doctors to approve.

## 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.

<b>SOCIAL SERVICES</b>	<b>March 2025</b>
Total Patient Visits	20
Admits	2
Consultations	2
Observations	1
Referrals	7

- Child Abuse Reports- 2
- Elder Abuse Reports-1
- Hospice/ Respite- 1
- Community Outreach- Disability Awareness Resource Fair 200 participants

b.

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

c.

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

d.

<b>PHYSICIAN QUALITY PROBLEMS</b>	<b>March 2025</b>
Acute / Observation Chart	1
Hospice Charts	0
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 **March 2025**

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

g.

<b>MEDICARE / LHCR REVIEW</b>	<b>March 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>March 2025</b>
<b>ADMISSIONS</b> (Observations not included)	
Acute Admissions	1
Observations	7
Swing Admissions	0
Hospice Admissions	2
<b>DISCHARGES</b>	
Acute Discharges	
• Acute Discharged – Home	0
• Acute Discharged – Another Facility	1
• Acute Discharged – Nursing Home	0
• Acute Discharged – Swing	0
• Acute Discharged – Hospice	10
• Acute Discharged – Left AMA (against medical advice)	3
Swing Discharges	0
Hospice Discharges	2
<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>March 2025</b>
Patients seen	30
Specimen submitted	0

b. Emergency Department

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

c. Pathologist Review

<b>PATHOLOGIST REVIEW</b>	<b>March 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 \_\_\_\_\_. Second by \_\_\_\_\_. There were (0) objections to the minutes as presented.

<b>ER STATS</b>	<b>March 2025</b>
Total Patients Registered	441
Total Patients Seen	433
Admissions	4
Observations	7
Transfers to another facility	43
Code	0
Positive Outcomes	0
Expired (DOA)	0
AMA	8
Left without being seen (includes triage)	8
Left prior to triage	3
Eloped (LDTX)	1
Returns to ED within 72 Hours	8
Returns w/same symptoms	9
Returns w/different symptoms	2
Total # of X-rays	84
# of CT scans (ER)	22
Ultrasounds ER	0



<b>Monthly ER Test Totals/Positive Results</b>			
<b>March 2025</b>			
<b>Test Name</b>	<b>Total orders</b>	<b>Positive Results</b>	<b>% Positive</b>
Flu A&B, Rapid	93	14	0.15%
Strep A, Rapid	69	3	0.055%
RSV (≤18 yrs. & ≥60 yrs)	12	1	0%
COVID-19 Swab, PCR/NAA	99	4	0.021%

The lab also reported there were zero (1) patients without armbands.

The Medical Staff/MEC accepted this report as presented. The Board of Commissioners accepted this report as presented.

- Respiratory Therapy Stats

<b>Respiratory</b>	<b>March 2025</b>
Total ABG's	11
Pulmonary Functions	1
Oxygen Hours	936
Incentive Spirometry	0
Hand Held Neb Treatments	11
CPT	0
Sputum	0
Suction	3
Pulse Oximetry	12
Intubation	0
Extubation	0
Bipap Hours	3
Vent Hours	0
Total Respiratory Therapy Patients	0
EKG (Verified with book in E.R.)	72
Glide Scope	0

**5. Safety Committee (3/01/2025 to 3/31/2025)**

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 January 2025 3-17-25 3-24-25 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	3-24-25
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	3-23-25, 3-24-25
	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	3-23-25
	Fire Marshall Visit	Due for annual Visit
	Ground Fault Testing and hospital Electrical Panels	3-10-25,3-17-2025
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	3-1-25 James
	Exit signs inspection	3-1-25 James

## Reports

### a. Incident Reports

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

## 6. Security Reports

No new security reports at this time.

## 7. 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- No new reports to present at this time.

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

**8. OLD BUSINESS**

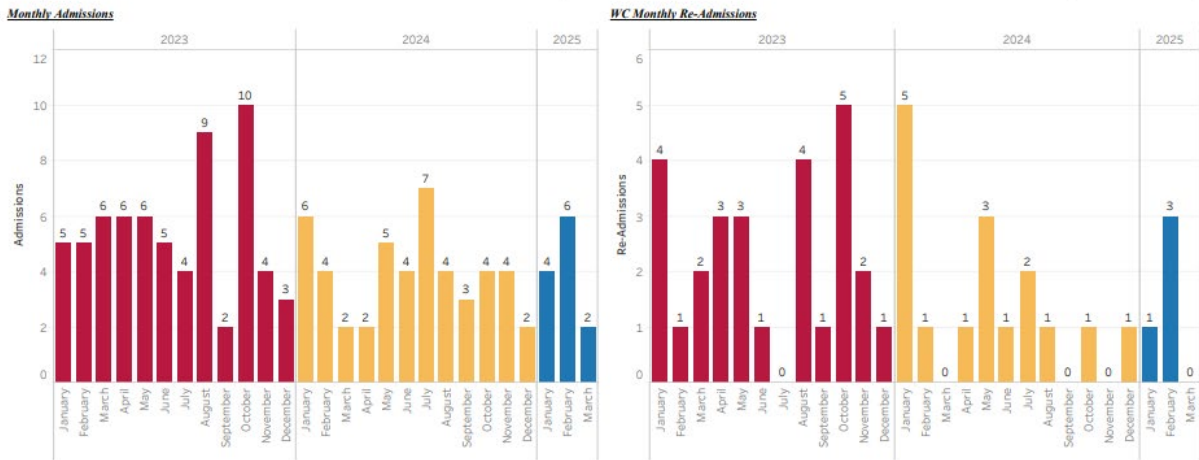
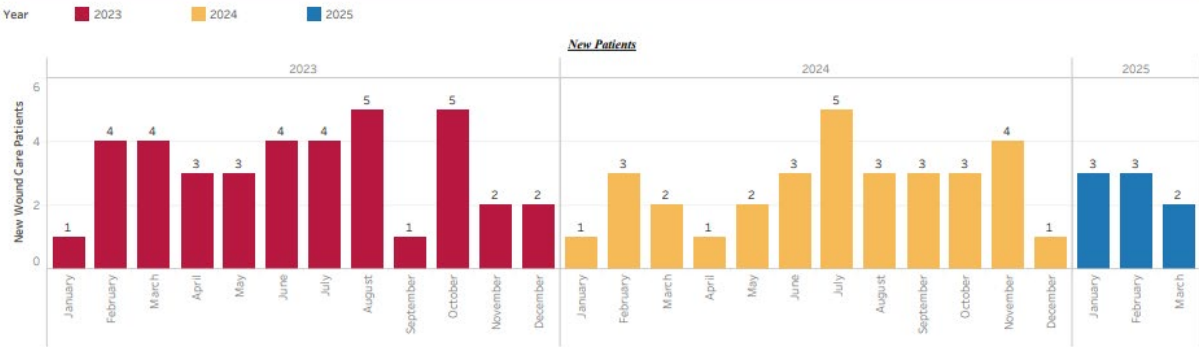
- **Mr. Shelton Anthony** read that there was no items of Old Business to the Board without any discussion.

## VII. New Business

### A. Quarterly Committee and Department Reports

- Wound Care

#### West Ascension Parish Hospital New Patients Confidential



#### West Ascension Parish Hospital Ancillary Procedures Confidential

	2023				Total	2024				Total	2025	
	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Total
Ancillary Services								1		1		
Cardiovascular	1	7	3	10	21		2	2		4	1	1
Hospital Services	1			1	2							
Laboratory	22	45	32	33	132	18	15	12	17	62	11	11
Physician Consults	1	1	3	3	7				1	1		
Radiology	1	7	9	6	23		2	2	2	6		
Unkown				1	1							
<b>Grand Total</b>	<b>25</b>	<b>60</b>	<b>47</b>	<b>54</b>	<b>186</b>	<b>18</b>	<b>19</b>	<b>17</b>	<b>20</b>	<b>74</b>	<b>12</b>	<b>12</b>

- Lab Quarterly Report

**West Ascension Parish Hospital Laboratory**

**YEAR: 2025 Performance Improvement Trending Calendar - Quarterly report**

PERFORMANCE MONITOR	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	Year Total
1. Number of Reference Lab Discrepancies (NonTechnical)	1	0	0										
2. Emergency Room & Inpatients without ID armband for Lab work.	1	0	1										
3. Laboratory Specimen Rejection Log/Monitor	2	4	1										
4. Patient Satisfaction Surveys	0	1	1										
5. Blood & Components Transfusion Review of documentation	0	0	0										
6. TropI % of TAT ≤ 1 hour	100%	94%	99%										

**1. Number of Reference Lab Discrepancies:** There was **1** discrepancy reported for this quarter. This discrepancy was a result of Chain of Custody drug screen where the printed last name was written illegibly causing LabCorp to transcribe the donor's name inaccurately. Request was forwarded to LabCorp customer care on the date the report was received. Due to communication issues, it took about ten business days to receive a corrected report from LabCorp. Issue was immediately communicated to the requesting employer and preliminary results forwarded. In-house lab personnel were retrained on Chain of Custody collection procedures and stressed the importance of legibly printing on the Chain of Custody forms to avoid these types of delays in test results.

**2. ER & Inpatients without ID armband for Lab work:** Laboratory staff recorded **2** occurrences for this quarter. Both incidences occurred in the ER department. The first occurrence the patient was registered during normal work hours for PBX/registration, this was recorded during a specimen recollection draw and it is unknown if the patient had an armband attached during their first specimen collection. The second occurrence was for a patient that was in the ER during weekend-afterhours for PBX registration personnel, this patient was likely registered by nursing service. With increase in newly hired staff (PBX and Nursing service), it is imperative that all registration staff are properly trained to ensure proper patient identification. Patient identification is a regulatory agency standard and must be maintained during the patient's entire hospital visit.

**3. Laboratory Specimen Rejection Log/Monitor:** This monitor had **7** entries recorded for this quarter. **Six** specimens collected/delivered from outside agencies and **One** specimen collection/delivery from the ER department. Outside agency rejections were due to multiple reasons; insufficient volume, clotting, hemolysis. The one ER department specimen rejection was due to an unlabeled specimen. All agencies and departments were immediately notified of specimen rejection upon receipt in the Laboratory and given the reason for recollection.

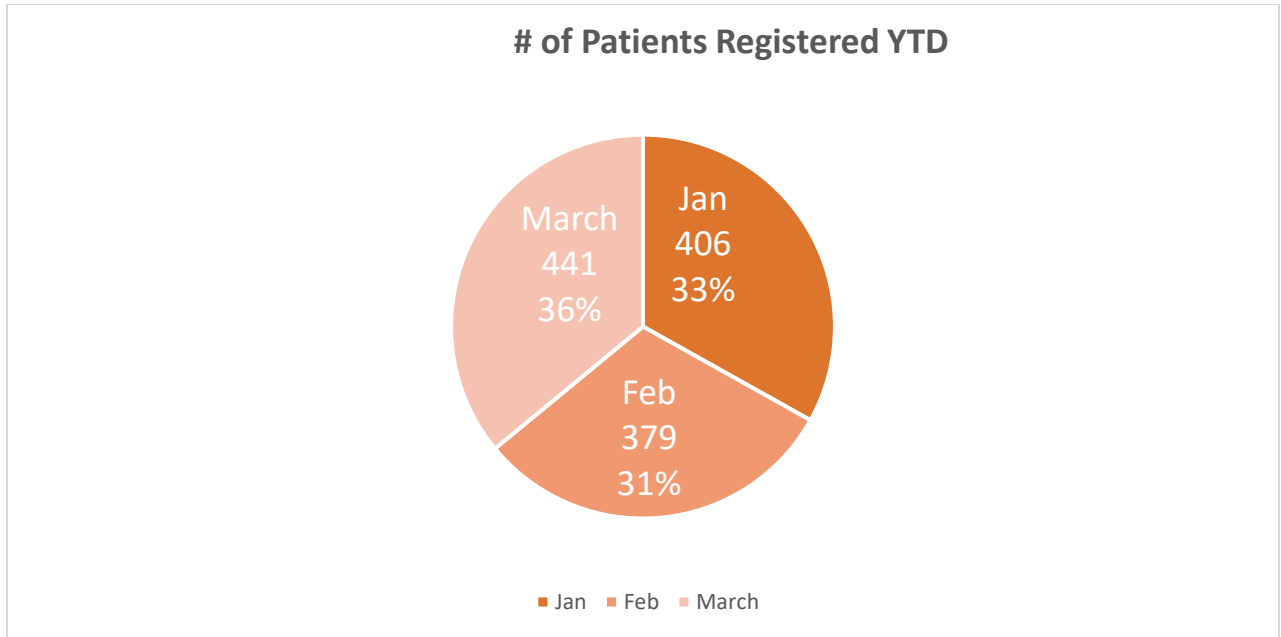
**4. Patient Satisfaction Surveys:** There were **2** surveys submitted for this quarter. Both surveys provided positive patient satisfaction. Patients are pleased with the hospital updates and workflow from admission to the Laboratory department.

**5. Blood Components Transfusion Review of Documentation:** There were **0** discrepancies for this quarter.

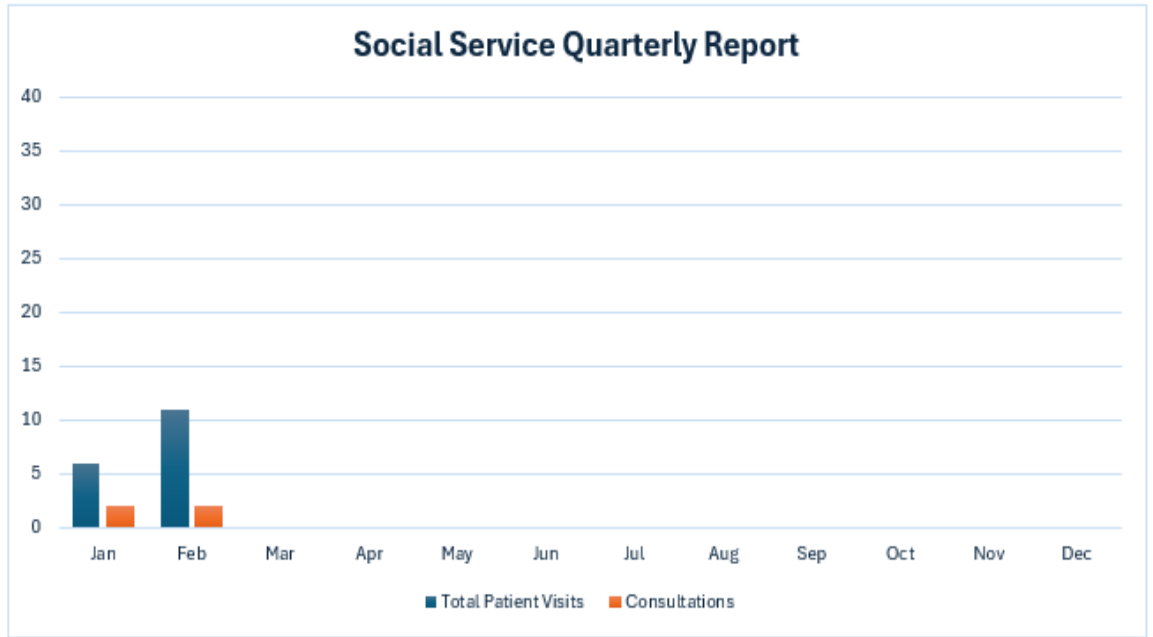
**6. TropI % - TAT ≤ 1 hour:** Mean percent for this quarter is **97.6%**. We are still in progress of establishing the acceptable average percent/per month for this new PI monitor.

Document date: 04/16/2025 by: Heather E. Boudreaux, MEd (AGCP)

- **ER Quarterly Report**



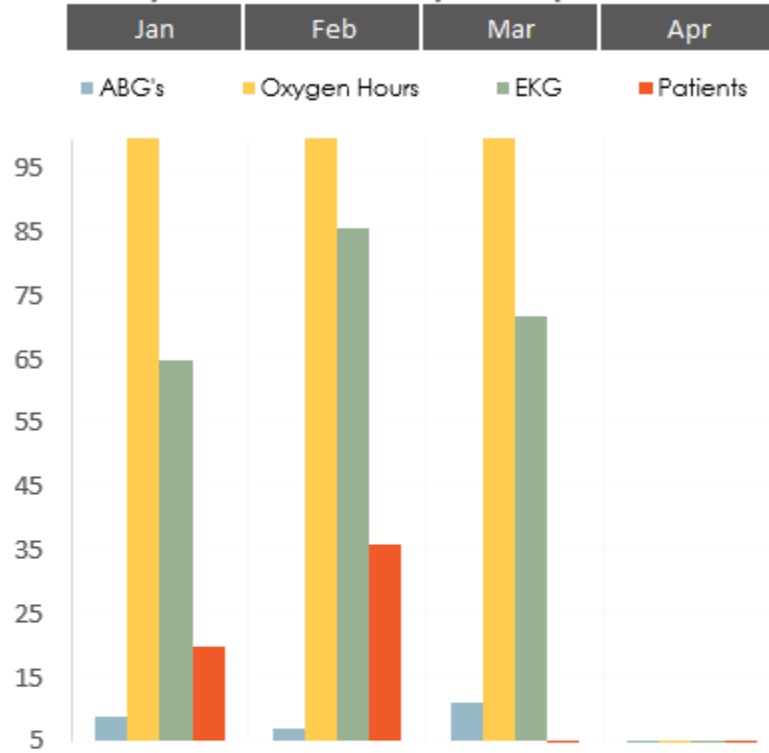
- **Social Services Quarterly Report**





- **Respiratory Quarterly Report**

## Respiratory Quarterly Report



Description	Jan	Feb	Mar	Apr
ABG's	9.00	7.00	11.00	0.00
Oxygen Hours	288.00	600.00	936.00	0.00
EKG	65.00	86.00	72.00	0.00
Patients	20.00	36.00	3.00	0.00

**Mr. Shelton Anthony** presented to the Board of Commissioners the quarterly reports. Without further discussion- Board **accepted** this report.

- B.** Consideration for West Ascension Parish Hospital Master Plan- Mr. Anthony **Mr. Shelton Anthony and Mr. William Dawson** reviewed to the Board of Commissioners the consideration that was approved at the Special Board Meeting on 4/3/2025 for GHC Architects to start construction of market scope and cost opinions for new critical access hospital and outpatient facilities. The purpose of the study is to: evaluate current facility conditions and future viability, assess potential for new hospital construction on adjacent land, and support long-term strategic planning. This proposal also looks at the reusable spaces for outpatient care and feasibility of the new hospital. Without any further discussion needed at this time.
- C.** Board Resolution for Commissioners’ Appointment- Mr. Dawson **Mr. William Dawson** read to the Board of Commissioners the Full Resolution of Commitment for Commissioners Mire and Mitchell. The Board of Commissioners supports the reappointment of Ms. Tanya Mitchell and Mr. Falcon Mire to six-year terms, recognizing their strong leadership and dedication. Their reappointment ensures stability, strategic continuity, and mission-driven leadership during a critical time for rural healthcare. Without further discussion the resolution was adopted.
- D.** Quality & Performance Improvement Program Review for Approval - Mr. Anthony **Mr. Shelton Anthony and Mrs. Crystal Mitchell** presented to the Board of Commissioners the Quality and Performance Improvement Program, (have been fully approved from ER Committee, MEC). With discussion, the Board asked questions in regards to the program. On a motion made by Mr. Glen Price and seconded by **Ms. Tanya Mitchell** the board *approved* the Quality and Performance Improvement Program for the organization. 14 policies from Infection Control and 10 policies from Quality were approved with this motion.
- E.** Board Standing Education and Announcements – Mr. Anthony
- March 2025 SODH Needs Assessment
  - Education
    - Medicare/ Medicaid Updates
    - Relias Education
  - Hospital Van Update
  - Strategic Services Consideration
    - Primary Care Clinic Consideration
    - Modular Building Consideration
  - Upcoming Events
    - Nurses Week 2025
    - Hospital Week 2025
    - Legacy of Champions Ceremony

- Community Health Fair

**Mr. Shelton Anthony** presented to the Board of Commissioners that the March 2025 SODH Needs Assessment was not completed at this time but would have March and April to present at the Board meeting in May. (Still collecting the data that is required to ensure the accurate number for March). Mr. Anthony further discussed that there have been some updates to Medicare/Medicaid within the last several weeks and that the proposed Medicare payment increase offers a potential revenue boost of 2.4%. The elimination of certain quality measures may require adjustments in compliance and reporting strategies to maintain payment levels, also with reduction in Medicaid funding that can impact hospital programs in Louisiana. West APH will start to review current Programs and initiatives will be needed to ensure sustainability and effectiveness. The organization further will ensure compliance with both Medicare and Medicaid changes as crucial for continued funding and program success.

**Mr. Glen Price** presented to the Board of Commissioners the wrap of the van. Van will be brought to vendor first week of May to begin the wrapping process, once completed West APH will move forward with service line.

**Mr. Shelton Anthony and Mrs. Crystal Mitchell** presented to the Board of Commissioners consideration for primary care clinic discussion. Board of Commissioners asked what would be the strategic benefit, community impact, and financial snapshot for having own clinic. The Board of Commissioners on a roll vote with motion made by Mr. Price and seconded by Dr. Levy approved for Mr. Shelton Anthony and Mr. Crystal Mitchell to develop the following: (Feasibility, Proforma, and Business Plan along with Clinic Development plus Rural Health Clinic Conversion) proposal should be presented back to Board of Commissioners for further consideration.

**F. Summer Youth Job Program- Mr. Anthony**

**Mr. Shelton Anthony** presented to the Board of Commissioners the consideration for developing a summer job program for the community. The program will run for 6 weeks, and selected per Board of Commissioners within the district, total for the program will be \$24,000. Discussion of consideration for the program was entered. On a motion made by Mr. Glen Price and seconded by Ms. Tanya Mitchell the board approved the development of the summer job program.

**G. Lowery Middle School and Teacher Appreciation- Mr. Price**

Mr. Glen Price presented to the Board of Commissioners that our teachers attribute to the success of the students for the district and that it would be beneficial if the organization could help to sponsor each school for Teachers Appreciation week. Discussion was entered, with Mr. Anthony presenting that breakfast can be provided to the teachers at the schools. Mr. James Breaux and Dr. Lewis will work to ensure an accurate count is accounted for. No further discussion was given at this time, nor motion for approval.

\*\*Regular Board Session was called to end by Mr. William Dawson at 7:41pm.

## **Executive Session**

- **On a motion made by Mr. Glen Price, and seconded by Ms. Tanya Mithcell, with a roll call vote of all present Board Members (William Dawson- yes, Tanya Mithcell- yes, Dr. Charie Levy- yes, Glen Price- yes, Falcon Mire- absent). Board of Commissioners moved into Executive Session at 7:42pm.**
- **Board of Commissioners came out of the Executive Session at 7:57pm.**
- **On a motion made by Mr. Glen Price, and seconded by Ms. Tanya Mitchell, with a roll call vote of all present Board members, Board meeting was moved out of Executive Session and back into the Regular Session.**  
**On a motion made by Mr. Glen Price, and seconded by Ms. Tanya Mitchell, for legal counsel to enter settlement negotiations in the Henry Chauvin Architects vs. West Ascension Parish Hospital Service District 23<sup>rd</sup> JDC Case No: 139649 Div D. Roll call vote was entered- (Mr. Dawson- yes, Mr. Price- yes, Ms. Mitchell- yes, and Dr. Levy- yes) The motion carried.**

## **VII. Adjournment**

- A. There being no further business to discuss, a motion for adjournment was made by Mr. Glen Price, seconded by Ms. Tanya Mithcell, and the motion carried at 7:59(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.**