



Desk of Shelton Anthony:

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Shelton.anthony@westaph.org



Shelton Anthony, CEO and 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
June 29, 2025 @ 6:00 pm
West Ascension Parish Hospital Conference Room
301 Memorial Dr. Donaldsonville, La 70346**

**BOARD OF COMMISSIONERS MEETING
Guide To Minutes**

- I. Call to Order**
- II. Roll Call**
- III. Invocation and Pledge of Allegiance**
- IV. Reading and Approval of Minutes from Thursday, May 29th**
- V. Public Comment Period (3 minutes per speaker- limited to agenda items only)**

- VI. Reports of Standing Committees**



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- 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. Environment of Care Committee- Mr. Anthony
 - 6. Cyber Security Committee- Mr. Anthony
 - 7. CEO Report- Mr. Anthony

- C. Chairman Report

Old Business

(None to bring before the Board of Commissioners)

VII. New Business



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1. Applications for Review and Approval
 - Temporary Privileges, Full Privileges, and Reappointments for Medical Staff
2. Legislative Update
3. Approval of Nurses Services Policies and Procedures (Items - Policies 1–10)
 - 01 NURSING SERVICES DEPARTMENT
 - 02 (SBAR) STANDARDIZED HANDOFF COMMUNICATION POLICY
 - 03 CRITICAL RESULT REPORTING POLICY
 - 04 VERBAL AND TELEPHONE ORDER READ-BACK POLICY
 - 05 MEDICATION RECONCILIATION POLICY
 - 06 FALL PREVENTION POLICY
 - 07 RESTRAINTS AND SECLUSION POLICY
 - 08 SKIN INTEGRITY AND PRESSURE ULCER PREVENTION POLICY
 - 09 ALARM MANAGEMENT POLICY
 - 10 CODE BLUE ACTIVATION AND RESPONSE POLICY
 - 10a CODE BLUE DEBRIEFING FORM
 - 10b AHA GWTG-R ADULT AND PEDIATRIC CODE BLUE DOCUMENTATION FORM
4. Approval of Dietary Services Policies and Procedures (Items- Policies 1-53)
 - Safety Training Policy
 - Fire Safety Policy
 - External Disaster Plan
 - Dietary 30 Day Training Checklist
 - Nutritional Care and Assessment
 - Meal Service Personnel
 - Meal Service Patient
 - Introduction Policy
 - Personnel Policies
 - Special Training
 - Orientation Of Food Service Employees



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- Food Preparation
- Issuing and Storage
- Safety and Sanitation
- Care and Handling Of Equipment
- Diet Orders
- Food and Drug Interaction
- Planning Cycle Menus
- Food Protocols
- Standardized Recipes, Portion Control and Menu Substitutions Policy
- Leftovers Handling and Disposal Policy
- Sanitation Rules Policy
- Tray Temperature Study Policy
- Infection Control Policy
- Safety and Rules Policy
- Food Nutrition- Policy Table Of Contents
- Responsibility for Safety
- Accident Investigation Policy
- Equipment Procedure & Operational Safety Policy
- Preventative Maintenance Policy
- Equipment Care And Handling Policy
- Three-Compartment Sink Cleaning and Sanitizing Policy
- Two-Compartment Sink Cleaning and Sanitizing Policy
- Dishroom Cleaning and Sanitizing Policy
- Electric Range Use and Safety Policy
- Compartment Steamer Use and Safety Policy
- Coffee Maker Use and Safety Policy
- Convection Oven and Safety Policy
- Dishwasher Policy
- Freezer Policy
- Top Electric Range Policy
- Refrigerator Policy
- Ice Maker Policy



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- Mixer Policy
- Fryer Policy
- Pitco Deep Fryer Manual
- Centerline Mixer Manual
- Scotsman Ice Maker Manual
- ROB Blixer
- Food Processor Policy
- CDM CFPP Code Of Ethics
- 2022 FDA Food Code- Public Health Reasons- Administrative Guidelines

5. Approval of Lab Services Policies and Procedures (Items- Policies 1-119)

- Hematology Lab Manual Coversheet
- Vitros Linearity Statement 2023
- Chemistry Interfering Substances
- Hematology Interference Troubleshooting
- Chemistry Vitros Calculation Statement (1)
- Chemistry Vitros Calculation Statement
- Correlation Auto Diff To Manual Diff Policy
- Vitros Dilution Policy
- Chemistry Criteria For Path Review
- Chemistry Department Assay Quality Control
- Sysmex XN-L 550 Start-Up, Quality Control Regime
- ESR Stat 6 Start Up and Q.C
- Vitros Q.C Storage And Stability
- Wright Stain Quality Assessment Procedure
- Sysmex XN-550 Calibration Policy
- Parallel Testing Of New Lot Quality Controls And Reagents
- Chemistry P&P TOC 08
- Hematology P&P TOC 08
- Corrective Action When Assay QC



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- Corrective Action, QC Out Of Range
- Chemistry Calibration Procedure
- Hematology Dept Equipment Inventory
- Inventory Of Equipment, Chemistry Department
- Equipment- Timers and RPM Checks
- Vitros 5600 Instrumentation Info P&P (1)
- Vitros 5600 Instrumentation info P&P
- Sysmex XN-550 Maintenance Procedure
- Microscope Maintenance
- Chemistry Test Menu, Specimens, TAT
- Hematology Test Menu, TAT, Specimens Requirements
- Criteria For Rejection Of Hematology
- Vitros Chemistry Specimen Collection List
- Hematology Processing Spec Records and Reports
- Hematology Analyzer Data Printout Retention
- Patient Preparation Fasting Required
- Chem Specimen Rejection Criteria
- Hematology Refence Ranges Patient Norms
- Chemistry Processing Of Specimens And Reports
- Hematology Review Criteria
- Critical Values Notification Policy
- Vitros 5600 Assay Ranges
- Triage Meter Assay Ranges
- Corrective Action
- Blood Bank Referred Services
- Lactoferrin Comp and Validation
- Leuko EZ VUE Procedure
- Coagulation P&P TOC, Index, Annual Review
- Lab Manual Coversheet, P&P, ETC
- Micro Lab Manual Coversheet, P&P
- Parasitology In-House And Tat
- Serology Lab Manual Coversheet, P&P, ETC



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- Hemacron Daily Operation Procedures
- Urinalysis Linearity And Dilutions
- Coagulation Quality Control And Frequency
- Urine Culture Reflex
- Corrective Action When Assay
- Calibrations For Hemochron
- Urinalysis Q.C. Schedule
- Coagulation Equipment Inventory
- Urinalysis QC Corrective Action
- Syphilis Health Check Control Set
- TB Skin Test Procedure, Tuberculin
- Urinalysis Instrument Inventory
- Hemochron PTINR Procedure
- RSV, ID NOW Procedure
- Urinalysis Preventive Maintenance
- Hemochron PTINR IFU
- Chembio HIV Assay Procedure
- Microscope Maintenance
- aPTT Hemochron
- Influenza A&B ID NOW
- Urinalysis Centrifuge PM
- Hemochron PTT ifu
- Strep A, Rapid ID NOW P&P
- UA Workflow General Summary
- Clinitek Advantus Operating Procedure
- Table, Urine Color And Health Indication
- Parasitology Processing And Handling Of specimens
- Urinalysis P&P TOC
- Microscopic Examination Of Urine Sediment
- Pregnancy Test Procedure
- CLIA Waived Clinical UDS Procedure
- Coag, Specimen Requirements



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- Microbiology Dept In-House Services
- Parasitology Inventory
- Serology In-House Test Menu, Specimen Requirements, TAT
- Fecal O.B Procedure
- Micro Comments For Cultures With No Isolates
- Serology Patient Prep, Skin Tests
- Urinalysis Processing Specimens, Reports, and Records
- Coagulation Criteria For Repeat Testing
- Serology Specimen Processing And Reorts
- Urinalysis Normal Values
- Coagulation Interferences, Hemochron
- Bacti Media And Reagents List
- Parasit Corrective Action Log
- Urinalysis Panic
- Urinalysis In-House Services
- Mirco Collection Of Specimens-Outline
- Urinalysis TAT
- Coagulation Report And Record Processing
- Mirco Handling And Processing Specimens
- Parasit QC And PT
- Serology Criteria For Rejection Or Test To Be Performed
- Urinalysis Specimen Requirements and Collections
- Coagulation Ranges
- Fecal O.B Procedure
- Urinalysis Normal Values
- Coagulation Interferences, Hemochron
- Bacti Media And Reagents List
- Parasit Corrective Action Log
- Urinalysis Panic
- Media Reception And Processing P&P
- Coagulation Computation
- Coagulation Criteria For Pathologist Review



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- Micro Panic Values (1)
 - Micro Panic Values
 - Calculation Verification 2025 V2

VIII. Executive Session

IX. Adjournment

WEST ASCENSION PARISH HOSPITAL BOARD OF COMMISSIONERS MEETING





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This is a confidential report, as it is a report of this Board of Commissioners and the exercise of its functions.

DATE: June 26, 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:

Stephen Brioulette, Kevin Causey, Quincy Richard, Anastasia Montgomery, Dr. Cynthia Buggae

ABSENT: (Mr. William Dawson, and Dr. Charie Mitchell- Levy) *With 3 Board of Commissioners present quorum was met to proceed with Board Meeting.**

HOSPITAL ATTORNEY: Kenneth Dupaty

GUEST:

I. CALL TO ORDER

Mr. Price called the meeting of the West Ascension Parish Hospital Service District to order at **6:00pm.**

II. ROLL CALL

By Roll Call of all Board Members, Mr. Wright asked for present, from Board Members:

Mr. G. Price, Ms. T. Mitchell, Mr. F. Mire



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III. INVOCATION and PLEDGE of ALLEGIANCE

Pledge of Allegiance was led by **Mr. Price**. Prayer was led by **Mr. Price and Ms. Mitchell**.

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

A. A motion by **Mr. Price** to dispense the reading of the minutes and approve the minutes of Thursday, May 29, 2025. The motion was seconded by **Ms. Mitchell** and the motion **passed**. The motion **carried without** any objections.

V. Public Comment Period

Opened the floor to any public comments at this time, who noted that the Public Comment period was open for anyone who wishes to speak on behalf of any agenda topic, with a limit of 3 minutes per public member. Mr. Austin Wright asked Mr. Anthony to read the names of the listed speakers for Public Comment on the record and each topic: No one wrote to speak on any items listed under the agenda for public comment.

VI. Reports of Standing Committees

A. Monthly Reports were presented with the 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. Price** and a second by **Mr. Mire**, 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.



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(Sales Tax- available in attachments)

B. Monthly Standing Committee Reports

1. Mr. Anthony read the MEC report to the Board. The MEC met on 06/19/2025 and **approved** the MEC Report to send to the Board of Commissioners for final approval. On a motion by **Mr. Price** and seconded by **Mr. Mire** the Board of Commissioners accepted the MEC report. Motion **passed unanimously** without objection.

2. Utilization Review

- **Mr. Anthony** presented to the Board the Utilization Review Report with 17 total patient visits from Social Services. 0 Medical Admits, 0 Denials and 0 Physician Quality Problems, 4 Consultations, 1 Observation, and 2 Referrals

VI. REPORTS OF STANDING COMMITTEES

1. Utilization Review Committee

SOCIAL SERVICES	May 2025
Total Patient Visits	8
Admits	0
Consultations	4



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Observations	1
Referrals	2

MEDICAL REVIEW	May 2025
Medicaid Admits	0

MONTHLY DENIALS	May 2025
Denials	0

PHYSICIAN QUALITY PROBLEMS	May 2025
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. 0 Chart noted	

Notice of Facility Quality Problems: None for **May 2025**

Notice of Admission Denial: None for **May 2025**

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

QA/I REVIEW	May 2025
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ADMISSIONS (Observations not included)	
Acute Admissions	3
Observations	18
Swing Admissions	0
Hospice Admissions	0
DISCHARGES	
Acute Discharges	3
• Acute Discharged – Home	0
• Acute Discharged – Another Facility	0
• Acute Discharged – Nursing Home	0
• Acute Discharged – Swing	0
• Acute Discharged – Hospice	0
• Acute Discharged – Left AMA (against medical advice)	0
Swing Discharges	0
Hospice Discharges	0
DEATHS	
Acute Deaths	0
Swing Deaths	0
Hospice Deaths	0

MEC approved this Report

3. Operative and Invasive Procedures Committee

Wound Care Clinic

WOUND CARE CLINIC	May 2025
Patients seen	17
Specimen submitted	0
Admits	7



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Discharges	6
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Mr. Anthony explained to the Board of Commissioners the initiatives that are taking place to increase the Wound Care Clinic. (Working with our Emergency Department to ensure that all patients with wounds

Emergency Department

EMERGENCY DEPT.	May 2025
Specimens received	0

Pathologist Review

PATHOLOGIST REVIEW	May 2025
Wound Care Specimens	0
OP/Emergency	0
Non-Gyn Cytologies	0

3. Quality Committee

a. The Medical Executive Committee reviewed the minutes of the Emergency Room Committee meeting. Motion to approve the minutes as presented by Dr. Gruezke, Second by Dr. Punukollu. There were 0 objections to the minutes as presented.

- Mr. Anthony called for approval of the MEC Report. On a motion made by Mr. Price, seconded by Ms. Mitchell, the MEC Report was **approved**.



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ER STATS	May 2025
Total Patients Registered	468
Total Patients Seen	462
Admissions	2
Observations	19
Transfers to another facility	37
Code	1
Positive Outcomes	0
Expired (DOA)	1
AMA	9
Left without being seen (includes triage)	6
Left prior to triage	3
Eloped (LDTX)	19
Returns to ED within 72 Hours	10
Returns w/same symptoms	6
Returns w/different symptoms	4
Total # of X-rays	120
# of CT scans (ER)	90
Ultrasounds ER	0

Monthly ER Test Totals/Positive Results May 2025			
Test Name	Total orders	Positive Results	% Positive
Flu A&B, Rapid	20	0	0 %
Strep A, Rapid	20	1	0.5%
RSV (≤ 18 yrs. & ≥ 60 yrs)	6	0	0%
COVID-19 Swab, PCR/NAA	34	4	17%



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

The Medical Staff/MEC **accepted** this report as presented. The Board of Commissioners **accepted** this report as presented. (Mr. Price called for Mr. Anthony to review)

Respiratory Therapy Stats

Respiratory	May 2025
Total ABG's	8
Pulmonary Functions	1
Oxygen Hours	552
Incentive Spirometry	2
Hand Held Neb Treatments	32
CPT	0
Sputum	1
Suction	1
Pulse Oximetry	10
Intubation	0
Extubation	0
Bipap Hours	2
Vent Hours	4
Total Respiratory Therapy Patients	6
EKG (Verified with book in E.R.)	101
Glide Scope	1

Blood Usage Report May 2025

	Medical	Surgical	Pediatric	OB-GYN	OTHER	Total
Patient Crossmatch	1	0	0	0	0	1
Recipients Of Transfusion	2	0	0	0	0	2
Units Crossmatched	2	0	0	0	0	2
Units Transfused	3	0	0	0	0	3



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West Ascension Parish Hospital
Blood Transfusion Committee
Year 2025

Month	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Blood Units												
Procured	34	17	20	17	17							
Transfused:	3	3	2	2	3							
<i>Whole Blood</i>	0	0	0	0	0							
<i>L.R. Packed Red cells</i>	3	3	2	2	3							
<i>Platelet Concentrate</i>	0	0	0	0	0							
Emergency release	0	0	0	0	3							
Usage												
% Whole Blood	0	0	0	0	0							
% L.R. Packed Red cells	100	100	100	100	100							
Ratio Packed/Whole	0	0	0	0	0							
Units x-match : TF (ratio)	4:3	1:1	1:1	3:2	2:3							
Disposition												
Discarded before outdated	0	0	0	0	0							
Outdated	0	0	0	0	0							
Returned	36	13	18	15	14							
Requests												
# of MD requesting	2	2	1	2	2							
# of Crossmatches	4	3	2	3	2							
# of Recipients:	2	2	1	1	3							
<i>Whole Blood</i>	0	0	0	0	0							
<i>L.R. Packed Red cells</i>	2	2	1	1	3							
<i>Platelet Concentrate</i>	0	0	0	0	0							
Reactions												
Transfusion Reactions #	0	0	0	0	0							
<i>Death Assoc.</i>	0	0	0	0	0							
<i>Hemolytic</i>	0	0	0	0	0							
<i>Minor</i>	0	0	0	0	0							
Recipient Irregular Antibody Detected												
Medical	0	0	0	0	0							
Surgical	0	0	0	0	0							
Pediatric	0	0	0	0	0							
OB-GYN	0	0	0	0	0							
Other	0	0	0	0	0							



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West Asencion Parish Hospital

Blood Transfusion Committee

Year 2025

Month	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Patients Crossmatched												
Medical	2	2	1	2	1							
Surgical	0	0	0	0	0							
Pediatric	0	0	0	0	0							
OB-GYN	0	0	0	0	0							
Other	0	0	0	0	0							
TOTAL=	2	2	1	2	1							
Recipients of Transfusion												
Medical	2	2	1	2	1							
Surgical	0	0	0	0	0							
Pediatric	0	0	0	0	0							
OB-GYN	0	0	0	0	0							
Other	0	0	0	0	0							
TOTAL=	2	2	1	2	1							
Units Crossmatched												
Medical	4	3	2	3	2							
Surgical	0	0	0	0	0							
Pediatric	0	0	0	0	0							
OB-GYN	0	0	0	0	0							
Other	0	0	0	0	0							
TOTAL=	4	3	2	3	2							
Units Transfused												
Medical	3	3	2	2	3							
Surgical	0	0	0	0	0							
Pediatric	0	0	0	0	0							
OB-GYN	0	0	0	0	0							
Other	0	0	0	0	0							
TOTAL=	3	3	2	2	3							
RHO - GAM												
Rh (-) Deliveries	0	0	0	0	0							
Rh (-) Abortions	0	0	0	0	0							
Rh (-) Cases Total	0	0	0	0	0							
RHO-GAM doses given	0	0	0	0	0							
% Rh cases Recv.												
RHO-GAM	0	0	0	0	0							



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4. Safety Committee (5/01/2025 to 5/31/2025)

a. Committee Reports

1. Environment of Care

	Environment of Care Plans	Date Tested/Checked
1.	Equipment Management Plan	On Going
	Kenwood HRSA Radio Test	Every Third Thursday
	Generator Test: 40KW, 40KW, 300KW	Done on Every Monday for 30 Minutes 5-30-25 –Full Load
2.	Safety/risk Management Plan	On Going
	No Activity -Continued Monitoring	ongoing
3.	Utilities Management Plan	On Going
	Line Isolation Test	Placed not in use
	Medical Gas Testing	5-29-25
4.	Fire Prevention Plan/ Life Safety Management Plan	On Going
		Drill 5-24-25
	Fire Extinguisher Inspection	5-28-25
	Louisiana Fire Extinguisher Tagged all Fire Extinguishers Next inspection unless a problem occurs	Scheduled for quarterly sprinkler
	Oxygen cut off valves	5-29-25
	Fire Marshall Visit	Due for annual Visit
	Ground Fault Testing and hospital Electrical Panels	5-26-25
5.	Security Management Plan	On Going Security
	In-services for Lofton Workers	24 Hours a day
6.	Hazardous Materials and Waste Management Plan	On going Scheduled
	Emergency Showers	5-29-25
	Red Bags camaras ongoing Need to get more employees training to sigh for red bags	Training scheduled
	Emergency Management	On going
	Continuously Monitoring	All other aspects of Safety
	Exit Signs 5-28-25	Door Inspections 5-28-25

Reports

a. Incident Reports



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

b. Security Reports

1. (New Crisis Reporting Document)
2. 24 Hour Security coverage with multiple shift rounds
3. Product Recall- No items listed

d. General Safety

5. Cyber-Security Committee

- a. No major changes to report

6. CEO Report:

1. EMR Agreement is being reviewed being reviewed for Fund Signature
2. Advisory Agreement also being reviewed for Fund Signature
3. Welcome Dr. Tracy Ranch, Pathologist, who was named on our MEC council
4. Ascension Parish Sheriff office has been making frequent rounds around the facility.
5. Mr. Anthony named as a board member at Chambers of Commerce
6. The Summer Health Discovery Program has started going well. Mr. Causey and Dr. Lewis provide updates.
7. State of Van
8. Completed our Annual Tabletop Drill for Emergency Preparedness
9. Continued focus on Joint Commission

6a. Leadership Team

- a. No issues are updated to report currently.





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7. Complaints

1. There was one PT complaint in May.

A. Chairman Report- No new reports to present currently.

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

7. OLD BUSINESS



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

VII. New Business

1. Applications for Review and Approval of Privileges (Full & Temporary)

Mr. Anthony presented the following to the Board of Commissioners for application review and approval.

Mr. Anthony asked for a motion to be made for: Dr. Huey Seyfarth, Dr. Ndubueze Okonkwo, ER/Hospitalist, Blue Angels (Full Privilege)

- On a motion made by **Mr. Price**, seconded by **Mr. Mire**, without further discussion, approved of Full Privilege (2-year Approval Review)
- Mr. Anthony presents to the Board of Commissioners for application Review and Approval of Dr. Rodney Evans, Dr. Darrin Breau, Dr. Venkat Surakanti, and Dr. Boyd Helm (Full Privilege), Cardiology, Baton Rouge Cardiology.
- On a motion made by **Mr. Mire**, seconded by **Ms. Mitchell**, without further discussion, approved for Full Privilege.
- Mr. Anthony presented to the Board of Commissioners NP Laina Leboeuf, Wound Care from Restorix Health, (Full Privilege)
- On a motion made by **Mr. Price**, seconded by **Mr. Mire**, without further discussion, approved for Full Privileges.



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Doctor	Currently with	Specialty	Privileges
Dr. Huey Seyfarth	ER/Hospitalist	Blue Angels	Permanent Full Privileges
Dr. Ndubueze Okonkwo	ER/ Hospitalist	Blue Angels	Permanent Full Privileges
Dr. Evans Rodney	Cardiology	Baton Rouge Cardiology	Permanent Full Privileges
Dr. Darrin Breaux	Cardiology	Baton Rouge Cardiology	Permanent Full Privileges
Dr. Venkat Surakanti	Cardiology	Baton Rouge Cardiology	Permanent Full Privileges
Dr. Boyd Helm	Cardiology	Baton Rouge Cardiology	Permanent Full Privileges
Dr. Lainna Leboeuf	Wound Care	RestorixHealth	Permanent Full Privileges

Consideration and review of applications provided from MEC by Mr. Austin Wright and Mr. Shelton Anthony and presented to Full Board of Commissioners.

On a motion by Mr. Price seconded by Mr. Mire to affirm physicians for Full Privileges.



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2. Current Legislative Updates from the Legislative Session

- Dr. Buggae explained the importance of Medicare/ Medicaid on the state and federal level and what we will continue to do to ensure funding sources for the organization.
- Discussion was entered into Pro's and Con's for Medicaid. No vote is needed.

3. Nursing Services Policies and Procedures Approval

Mrs. Anastasia Montgomery, CNO along with Mrs. Crystal Mitchell, Consultant, presented to the full Board of Commissioners Nursing Services Policies and Procedures (1-10) for annual review. These policies include the following:

- 01 NURSING SERVICES DEPARTMENT
- 02 (SBAR) STANDARDIZED HANDOFF COMMUNICATION POLICY
- 03 CRITICAL RESULT REPORTING POLICY
- 04 VERBAL AND TELEPHONE ORDER READ-BACK POLICY
- 05 MEDICATION RECONCILIATION POLICY
- 06 FALL PREVENTION POLICY
- 07 RESTRAINTS AND SECLUSION POLICY
- 08 SKIN INTEGRITY AND PRESSURE ULCER PREVENTION POLICY
- 09 ALARM MANAGEMENT POLICY
- 10 CODE BLUE ACTIVATION AND RESPONSE POLICY
- 10a CODE BLUE DEBRIEFING FORM
- 10b AHA GWTG-R ADULT AND PEDIATRIC CODE BLUE DOCUMENTATION FORM

Discussion was made by Mr. Anthony on the 10 Nursing Services Policies and Procedures for annual review, approved. (Mr. Anthony, informed the Board of Commissioners that these nursing policies and procedures had been reviewed by CNO Anastasia Montgomery and Clinical Consultant C. Mithcell.

On a recommendation made by Quality (MEC) for all 10 Nursing Services Policies and Procedures to be approved by the Board of Commissioners. Now, on a motion made by **Mr. Price**, and seconded by **Ms. Mithcell**, the Board of Commissioners **approved** the 10 Nursing Services Policies and Procedures. Motion **passed/carried** unanimously without objection.



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4. Dietary Services and Procedures Approval

Mr. Causey, our CAO, along with Mr. Jared Lormand, Consultant, reviewed Dietary Services Policies- with the recommendation from E. August Dietary Manager for Mr. Shelton Anthony to present to the full Board of Commissioners Dietary Policies and Procedures (1-53) for annual review. (Reviewed from MEC and Quality) These policies include the following:

- Safety Training Policy
- Fire Safety Policy
- External Disaster Plan
- Dietary 30 Day Training Checklist
- Nutritional Care and Assessment
- Meal Service Personnel
- Meal Service Patient
- Introduction Policy
- Personnel Policies
- Special Training
- Orientation Of Food Service Employees
- Food Preparation
- Issuing and Storage
- Safety and Sanitation
- Care and Handling Of Equipment
- Diet Orders
- Food and Drug Interaction
- Planning Cycle Menus
- Food Protocols
- Standardized Recipes, Portion Control and Menu Substitutions Policy
- Leftovers Handling and Disposal Policy
- Sanitation Rules Policy
- Tray Temperature Study Policy
- Infection Control Policy



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-
- Safety and Rules Policy
 - Food Nutrition- Policy Table Of Contents
 - Responsibility for Safety
 - Accident Investigation Policy
 - Equipment Procedure & Operational Safety Policy
 - Preventative Maintenance Policy
 - Equipment Care And Handling Policy
 - Three-Compartment Sink Cleaning and Sanitizing Policy
 - Two-Compartment Sink Cleaning and Sanitizing Policy
 - Dish room Cleaning and Sanitizing Policy
 - Electric Range Use and Safety Policy
 - Compartment Steamer Use and Safety Policy
 - Coffee Maker Use and Safety Policy
 - Convection Oven and Safety Policy
 - Dishwasher Policy
 - Freezer Policy
 - Top Electric Range Policy
 - Refrigerator Policy
 - Ice Maker Policy
 - Mixer Policy
 - Fryer Policy
 - Pitco Deep Fryer Manual
 - Centerline Mixer Manual
 - Scotsman Ice Maker Manual
 - ROB Blixer
 - Food Processor Policy
 - CDM CFPP Code Of Ethics
 - 2022 FDA Food Code- Public Health Reasons- Administrative Guidelines
-
- Discussion was asked by Mr. Shelton on the 53 Dietary Policies and Procedures.

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On a recommendation made by Quality (MEC) for all 53 Dietary Policies and Procedures to be approved by the Board of Commissioners. Now, on a motion made by **Mr. Price**, and seconded by **Ms. Mitchell**, the Board of Commissioners **approved** the 53 Dietary Policies and Procedures. Motion **passed and carried** unanimously without objection.

5. Lab Services Policies and Procedures Approval

Mr. Shelton, our CEO, along with Mr. Jared Lormand, Consultant, presented to the full Board of Commissioners Dietary Policies and Procedures (1-119) for annual review. These policies were reviewed by C. Walker, Lab Manager and Dr. Tracey Rauch, Pathology to move these policies forward including the following:

- Hematology Lab Manual Coversheet
- Vitros Linearity Statement 2023
- Chemistry Interfering Substances
- Hematology Interference Troubleshooting
- Chemistry Vitros Calculation Statement (1)
- Chemistry Vitros Calculation Statement
- Correlation Auto Diff To Manual Diff Policy
- Vitros Dilution Policy
- Chemistry Criteria For Path Review
- Chemistry Department Assay Quality Control
- Sysmex XN-L 550 Start-Up, Quality Control Regime
- ESR Stat 6 Start Up and Q.C
- Vitros Q.C Storage And Stability
- Wright Stain Quality Assessment Procedure
- Sysmex XN-550 Calibration Policy
- Parallel Testing Of New Lot Quality Controls And Reagents
- Chemistry P&P TOC 08
- Hematology P&P TOC 08
- Corrective Action When Assay QC
- Corrective Action, QC Out Of Range
- Chemistry Calibration Procedure



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- Hematology Dept Equipment Inventory
- Inventory Of Equipment, Chemistry Department
- Equipment- Timers and RPM Checks
- Vitros 5600 Instrumentation Info P&P (1)
- Vitros 5600 Instrumentation info P&P
- Sysmex XN-550 Maintenance Procedure
- Microscope Maintenance
- Chemistry Test Menu, Specimens, TAT
- Hematology Test Menu, TAT, Specimens Requirements
- Criteria For Rejection Of Hematology
- Vitros Chemistry Specimen Collection List
- Hematology Processing Spec Records and Reports
- Hematology Analyzer Data Printout Retention
- Patient Preparation Fasting Required
- Chem Specimen Rejection Criteria
- Hematology Refence Ranges Patient Norms
- Chemistry Processing Of Specimens And Reports
- Hematology Review Criteria
- Critical Values Notification Policy
- Vitros 5600 Assay Ranges
- Triage Meter Assay Ranges
- Corrective Action
- Blood Bank Referred Services
- Lactoferrin Comp and Validation
- Leuko EZ VUE Procedure
- Coagulation P&P TOC, Index, Annual Review
- Lab Manual Coversheet, P&P, ETC
- Micro Lab Manual Coversheet, P&P
- Parasitology In-House And Tat
- Serology Lab Manual Coversheet, P&P, ETC
- Hemacron Daily Operation Procedures
- Urinalysis Linearity And Dilutions



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- Coagulation Quality Control And Frequency
- Urine Culture Reflex
- Corrective Action When Assay
- Calibrations For Hemochron
- Urinalysis Q.C. Schedule
- Coagulation Equipment Inventory
- Urinalysis QC Corrective Action
- Syphilis Health Check Control Set
- TB Skin Test Procedure, Tuberculin
- Urinalysis Instrument Inventory
- Hemochron PTINR Procedure
- RSV, ID NOW Procedure
- Urinalysis Preventive Maintenance
- Hemochron PTINR IFU
- Chembio HIV Assay Procedure
- Microscope Maintenance
- aPTT Hemochron
- Influenza A&B ID NOW
- Urinalysis Centrifuge PM
- Hemochron PTT ifu
- Strep A, Rapid ID NOW P&P
- UA Workflow General Summary
- Clinitek Advantus Operating Procedure
- Table, Urine Color And Health Indication
- Parasitology Processing And Handling Of specimens
- Urinalysis P&P TOC
- Microscopic Examination Of Urine Sediment
- Pregnancy Test Procedure
- CLIA Waived Clinical UDS Procedure
- Coag, Specimen Requirements
- Microbiology Dept In-House Services
- Parasitology Inventory



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- Serology In-House Test Menu, Specimen Requirements, TAT
- Fecal O.B Procedure
- Micro Comments For Cultures With No Isolates
- Serology Patient Prep, Skin Tests
- Urinalysis Processing Specimens, Reports, and Records
- Coagulation Criteria For Repeat Testing
- Serology Specimen Processing And Reorts
- Urinalysis Normal Values
- Coagulation Interferences, Hemochron
- Bacti Media And Reagents List
- Parasit Corrective Action Log
- Urinalysis Panic
- Urinalysis In-House Services
- Mirco Collection Of Specimens-Outline
- Urinalysis TAT
- Coagulation Report And Record Processing
- Mirco Handling And Processing Specimens
- Parasit QC And PT
- Serology Criteria For Rejection Or Test To Be Performed
- Urinalysis Specimen Requirements and Collections
- Coagulation Ranges
- Fecal O.B Procedure
- Urinalysis Normal Values
- Coagulation Interferences, Hemochron
- Bacti Media And Reagents List
- Parasit Corrective Action Log
- Urinalysis Panic
- Media Reception And Processing P&P
- Coagulation Computation
- Coagulation Criteria For Pathologist Review
- Micro Panic Values (1)
- Micro Panic Values



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- Calculation Verification 2025 V2
- On a recommendation made by Quality (MEC) for all 119 Lab Policies and Procedures to be approved by the Board of Commissioners. Now, on a motion made by **Mr. Price**, and seconded by **Ms. Mitchell**, the Board of Commissioners **approved** the 119 Lab Policies and Procedures. Motion **passed and carried** unanimously without objection.

Mr. Price asked did any members of the audience would like to speak on any topic from Agenda. (This was the 2nd attempt at any Public Comments)- Mr. Anthony informed Board of Commissioners that no one at this time has requested for Public Comments. Having not said, **Mr. Price entered the motion.**

Motion was made by **Mr. Price**, and seconded by **Ms. Mitchell** for the regular session to end at 6:39(PM)

The motion was made by **Mr. Price**, and seconded by **Mr. Mire** for the Board of Commissioners to enter the Executive session at 6:40(PM)

By Roll Call Vote: Mr. Wright called for **Mr. Price, Mr. Mire, and Ms. Mitchell**, moved to enter Executive session.

Executive Session

The Board of Commissioners entered Executive Session pursuant to La. R.S. 42:17(A)(2) for the following matters:

1. Consideration of FMOLHS Hospital Affiliate Agreement- EPIC Community Connect Services
2. Consideration of Advisory Services Agreement
3. Consideration of Resolution- Henry Chauvin Vs. West Ascension Parish Hospital Service District



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The Board of Commissioners came out of the Executive Session at 7:00pm.

By Roll Call Vote: **Mr. Price, Mr. Mire, and Ms. Mitchell**, the Board of Commissioners, came back into open session.

On a motion made by **Mr. Mire**, seconded by **Ms. Mithcell**, with all present, Voting **Yay**, the Board of Commissioners agreed to move forward with FMOLHS Hospital Affiliate Agreement-EPIC Community Connect Services. The board agreed to give authority to Mr. Shelton Anthony, to carry out the agreement on behalf of West Ascension Parish Hospital Service District and with FMOLHS for EPIC Community Connect Services. Motion **carried** without objection.

On a motion made by **Ms. Mitchell**, seconded by **Mr. Mire**, with all present voting **Yay**, the Board of Commissioners agreed to move forward with the Advisory Services Agreement. The board agreed to give authority to Mr. Shelton Anthony to make an agreement on behalf of West Ascension Parish Hospital Service District and with Advisory Service of FMOLHS for the Advisory Service Agreement. Motion **carried** without objection.

On a motion made by **Mr. Mire**, seconded by **Ms. Mitchell**, with all present voting **Yay**, the Board of Commissioners agreed on a Resolution for Henry Chauvin Matter. The resolution which is not authorizing an increase in the available funds for Construction for project 1705. Motion **carried** without objection.

VII. Adjournment

A. There being no further business to discuss, a motion for adjournment was made by **Mr. Mire**, seconded by **Ms. Mithcell**, and the motion **carried** at 7:03pm.





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William “Bill” Dawson, Chairman.

Mr. Shelton Anthony, CEO

