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West Ascension Parish Hospital Service District Board of Commissioners Meeting Agenda

Date: February 26, 2026

Time: 5:00pm

Location: West Ascension Parish Hospital – Board Room

301 Memorial Drive, Donaldsonville, LA

1. Call to Order

2. Roll Call

3. Invocation and Pledge of Allegiance

4. Approval of Minutes

- Board Meeting held on February 5, 2026

5. Public Comment

Limited to agenda items; 3-minute time limit per speaker.

6. Reports of Standing Committees

Financial Report

- Income Statement
- Balance Sheet
- Sales Tax Report

Medical Executive Committee Report

Administration Report

A. Chairman Report

Old Business

(None to bring before the Board of Commissioners)





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VII. New Business

1. Resolution To Apply for Annexation Into City of Donaldsonville
2. Consideration to Establish the West Ascension Parish Hospital Nonprofit Foundation
3. Report of Primary Health Care Clinic and Rural Health Clinic Conversion
4. EPIC Electronic Health Record Implementation Update
5. Report of Status on 2023-2024 Audit Recommendations
6. Report of Request For Qualifications on Architectural & Engineering Services
7. Environment of Care Annual Policy Review and Approval (Policies 1-40)
8. Infection Control, Quality, and Performance Improvement Annual Policy Review and Approval (Policies 1-42)
9. Cybersecurity and Compliance Program Annual Policy Review and Approval (Policies 1-12)

VIII. Executive Session

IX. Adjournment





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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 26, 2026

TIME: 5:00 pm

PLACE: West Ascension Parish Hospital

MEMBERS:

Mr. William “Bill” Dawson, Chairman
Mr. Falcon Mire, Vice-Chairman
Dr. Charie Mitchell Levy, Secretary/Treasurer
Ms. Tanya Scott Mitchell, Board Member
Mrs. LaDarby Williams, Board Member
Mr. Shelton Anthony, Administrator

OTHERS PRESENT:

Dr. Buggage, Dr. Gruezke, Mrs. Anastasia, Dr. Blanchard, Mr. Wayne, Ms. Erica, Mr. James, Mr. Brock, Ms. Delaney, Mrs. Sanders, Dr. Sanders

ABSENT: None

HOSPITAL ATTORNEY: Kenneth Dupaty

GUEST: Mr. Gasper, Mrs. Crystal

I. CALL TO ORDER

Mr. Dawson called the meeting of the West Ascension Parish Hospital Service District to order at 5:00 PM.





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II. ROLL CALL

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

Mr. Dawson (Present) , (Absent)

Dr. Levy (Present) , (Absent)

Mrs. Williams (Present) , (Absent)

Ms. Mitchell (Present) , (Absent)

Mr. Mire (Present) , (Absent)

Mr. Anthony (Present) , (Absent)

III. INVOCATION and PLEDGE of ALLEGIANCE

The Pledge of Allegiance was led by Mr. Dawson. Prayer was led by Mr. Anthony

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

A. A motion by Mr. Dawson to dispense with the reading of the minutes and approve the minutes of Thursday, February 5, 2026. The motion was seconded by Mr. Mire, and the motion **passed**. The motion ***passed without*** any objections.

V. Public Comment Period

Mr. Dawson 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: Mr. Anthony reported that 1 visitor was present.

VI. Reports of Standing Committees

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



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A. Financial Report

- The monthly financial report was presented by Mr. Shelton. On a motion by Mr. Dawson and a second by Dr. Levy, the financial report was accepted as presented. (***Income Statement/ Balance Sheet/ Capital Analysis- available in attachments***)

Income Statement

West Ascension Parish Hospital Income Statement - Fiscal Year Summary As of January 31, 2026

Reporting Book:
As of Date:

ACCRUAL
01/31/2026

	Month To Date	09/01/2025 Through
	01/31/2026	01/31/2026
	Actual	Actual
Net Patient Revenue		
Revenue	1,681,930	5,991,838
Reductions to revenue	643,106	1,945,473
Total Net Patient Revenue	1,038,825	4,046,364
Other Operating Revenue		
Other General Revenue	224,303	1,202,853
Total Other Operating Revenue	224,303	1,202,853
Total Net Operating Revenue	1,263,128	5,249,217
Net Operating Expenses		
Employee Related Expenses		
Contract Labor	48,158	386,993
Salaries & Wages		
600000 - Salaries & Wages	403,905	1,998,935
Total Salaries & Wages	403,905	1,998,935
Total Employee Related Expenses	452,063	2,385,928
Purchased Services	124,976	1,147,052
Other Expenses	47,042	298,281
Supplies Detailed	38,825	375,696
Total Net Operating Expenses	662,906	4,206,957
Total Net Operating Performance	600,222	1,042,260
Capital Related Revenue and Expenses	455	2,166
Total Net Income	600,677	1,044,426

- Mr. Anthony** explained that the Year-To-Date \$146,924 Net Income.



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Balance Sheet:

**West Ascension Parish Hospital
Balance Sheet - Detail
As of January 31, 2026**

Reporting Book:
As of Date:

ACCRUAL
01/31/2026

	Month Ending 01/31/2026 Actual	Month Ending 12/31/2025 Actual	Month Ending 01/31/2025 Actual
Assets			
Current Assets			
Cash and Cash Equivalents	24,803,248	24,812,565	25,693,078
Net Patient AR			
Accounts Receivable	9,069,192	6,663,226	4,288,930
Patient AR - Suspense	(2,244,509)	(196,102)	(19,864)
Total Net Patient AR	6,824,683	6,467,123	4,269,065
Other Receivables	299,776	299,776	299,776
AR Other - Suspense	(76,855)	(67,175)	342
Inventory	486,113	482,521	244,199
Prepaid Expenses	(72,575)	(71,841)	(54,751)
Total Current Assets	32,264,391	31,922,970	30,451,710
Long Term Assets			
Fixed Assets, Net of Depreciation	7,400,524	7,422,215	6,679,989
Total Long Term Assets	7,400,524	7,422,215	6,679,989
Total Assets	39,664,915	39,345,186	37,131,698
Liabilities and Unrestricted Earnings			
Liabilities			
Current Liabilities			
Accounts Payable	580,071	876,559	246,183
Unearned revenue	421,891	421,891	421,891
Accrued Payroll Expenses	16,005	465	(21,275)
Total Current Liabilities	1,018,026	1,298,974	647,353
Total Liabilities	1,018,026	1,298,974	647,353
Unrestricted Fund Balance			
Fund Balance	38,046,211	37,627,477	36,639,998
Contribution Current Period	600,677	418,735	(155,652)
Total Unrestricted Fund Balance	38,646,888	38,046,211	36,484,346
Total Liabilities and Unrestricted Earnings	39,664,915	39,345,186	37,131,698

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2. Sales Tax Report

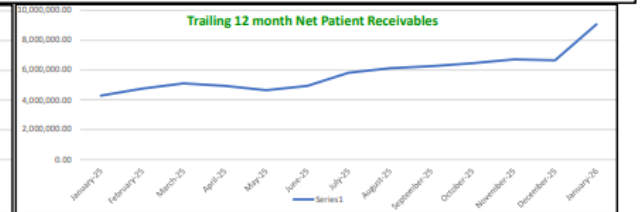
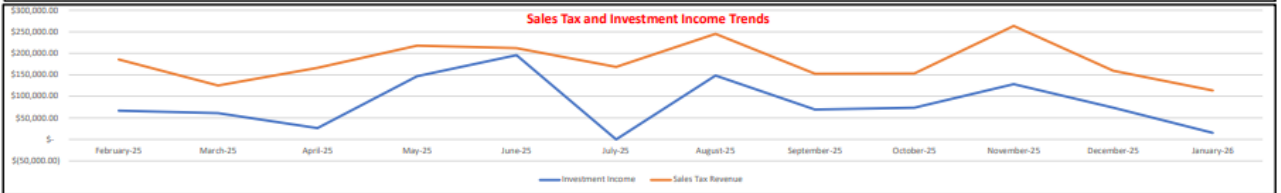
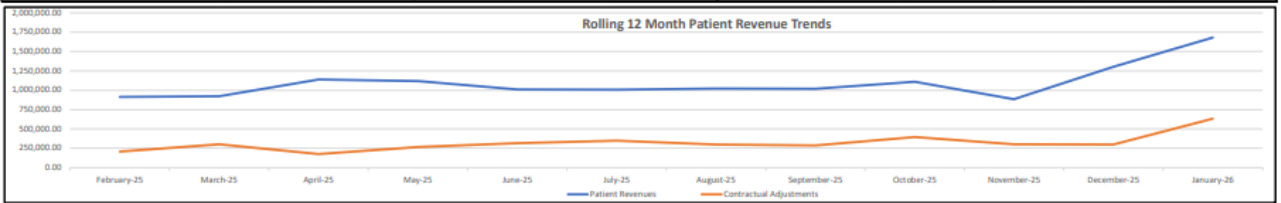
The monthly Sales Tax Report was presented by Mr. Anthony and accepted by the Board.
(Sales Tax- available in attachments)



January 31, 2026

Executive Dashboard

	This Year vs. Last Year						Actual vs. Budget					
	Month			Fiscal Year to Date			Month			Year to Date		
	This Year	Last Year	Var	This Year	Last Year	Var	Actual	Budget	Var	Actual	Budget	Var
Patient Revenue	1,681,930	892,855	789,076	5,991,838	5,023,780	968,057	1,681,930	1,350,327	331,603	5,991,838	6,672,278	(680,440)
Reductions to Revenue	643,106	312,379	330,727	1,945,473	2,135,173	(189,699)	643,106	535,431	107,675	1,945,473	2,802,706	(857,233)
Net Patient Revenue	1,038,825	580,476	458,349	4,046,364	2,888,607	1,157,757	1,038,825	814,896	223,929	4,046,364	3,869,572	176,792
GM %	62%	65%		68%	57%		62%	60%		68%	58%	
Sales Tax Income	113,713	163,045	(49,332)	842,050	562,470	279,580	113,713	169,195	(55,482)	842,050	834,541	7,509
Interest Income	26,783	36,783	(10,000)	305,060	364,065	(59,006)	26,783	58,130	(31,348)	305,060	325,913	(20,853)
Change in Market Value	11,539	-	11,539	55,231	-	55,231	11,539	-	11,539	55,231	-	55,231
Other Operating Income	224,303	245,614	(21,311)	1,202,853	850,397	352,456	224,303	250,112	(25,809)	1,202,853	1,251,257	(48,404)
Total Net Operating Rev	1,415,162	1,025,918	389,244	6,451,558	4,665,640	1,786,019	1,415,162	1,292,333	122,829	6,451,558	6,281,283	170,275
Operating Expenses	814,940	1,182,142	(367,202)	5,409,298	4,683,999	725,299	814,940	1,198,432	(383,492)	5,409,298	5,819,745	(410,447)
Operating Profit	600,222	(156,224)	756,446	1,042,260	(16,459)	1,060,719	600,222	93,901	506,321	1,042,260	461,538	580,722
OM %	36%	-17%		17%	0%		36%	7%		17%	7%	
Interest Income	455	571	(117)	2,168	2,401	(235)	455	-	455	2,168	-	2,168
Net Profit	600,677	(165,652)	756,329	1,044,426	(16,059)	1,060,485	600,677	93,901	506,776	1,040,094	461,538	578,556
MM %	35%	-17%		17%	0%		35%	7%		17%	7%	





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S&UTA Report Period	Return Month	09/2024 - 08/2025	Deposit Date	09/2025 - 08/2026	Deposit Date
October	September	148,756	10/07/2024	152,754	10/07/2025
November	October	174,452	11/07/2024	264,880	11/06/2025
December	November	224,973	12/09/2024	159,515	12/07/2025
January	December	163,045	01/08/2025	113,713	01/07/2026
February	January	185,597	02/07/2025	146,924	02/07/2026
March	February	125,123	03/07/2025		
April	March	166,432	04/07/2025		
May	April	217,568	05/07/2025		
June	May	212,270	06/07/2025		
July	June	168,456	07/07/2025		
August	July	244,713	08/07/2025		
September	August	152,480	09/07/2025		
	Total	2,183,865		837,786	



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B. Monthly Standing Committee Reports

1. **Mr. Anthony** read the MEC report to the Board. The MEC met on February 23, 2026 and a Report was sent to **Mr. Wright**. The MEC Report was sent to the Board of Commissioners for final approval. On a motion by **Mr. Dawson** and seconded by **Mr. Mire**, the Board of Commissioners accepted the MEC report. Motion **passed** without objection.

2. Utilization Review

- **Mr. Anthony** presented to the Board the Utilization Review Report with 5 total patient visits from Social Services. 5 Medical Admits, 0 Denials and 0 Physician Quality Problems, 2 Consultations, 1 Observation, and 5 Referrals

REPORTS OF STANDING COMMITTEES

1. Utilization Review Committee

SOCIAL SERVICES	January 2026
Total Patient Visits	5
Admits	5
Consultations	1
Observations	1
Referrals	5



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MEDICAL REVIEW	January 2026
Medicaid Admits	0

MONTHLY DENIALS	January 2026
Denials	0

PHYSICIAN QUALITY PROBLEMS	January 2026
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 **January 2026**

Notice of Admission Denial: None for **January 2026**

MEDICARE / LHCR REVIEW	January 2026
Acute	0
Swing	0
Hospice	0
Inpatient Charts Requested for Review	0



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QA/I REVIEW	January 2026
ADMISSIONS (Observations not included)	
Acute Admissions	1
Observations	6
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	0
● Acute Discharged – Left AMA (against medical advice)	0
Swing Discharges	0
Hospice Discharges	0
DEATHS	
Acute Deaths	0
Swing Deaths	0
Hospice Deaths	0

The Medical Staff/MEC Mr. Shelton this report as presented

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2. Operative and Invasive Procedures Committee

Wound Care Clinic

WOUND CARE CLINIC	January 2026
Patients seen	21
Specimen submitted	0
Admits	0
Discharges	0

Emergency Department

EMERGENCY DEPT.	January 2026
Specimens received	0

Pathologist Review

PATHOLOGIST REVIEW	January 2026
Wound Care Specimens	0
OP/Emergency	0
Non-Gyn Cytologies	0

The Medical Staff/MEC Mr. Shelton this report as presented.

3. Quality Committee

- a. The Medical Executive Committee reviewed the minutes of the Quality Committee meeting. Motion to approve the minutes as presented by Mr. Anthony Second by Mr. Dawson. There were 0 objections to the minutes as presented.

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

ER STATS	January 2026
Total Patients Registered	475
Total Patients Seen	475
Admissions	0
Observations	5
Transfers to another facility	37
Code	0
Positive Outcomes	0
Expired (DOA)	1
AMA	7
Left without being seen (includes triage)	2
Left prior to triage	0
Eloped (LDTX)	0
Returns to ED within 72 Hours	21
Returns w/same symptoms	18
Returns w/different symptoms	3
Total # of X-rays	94
# of CT scans (ER)	117
Ultrasounds ER	0

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Monthly ER Test Totals/Positive Results January 2026

Test Name	Total orders	Positive Results	% Positive
Flu A&B, Rapid	135	31	22.9%
Strep A, Rapid	97	4	4.1%
RSV (≤ 18 yrs. & ≥ 60 yrs)	29	3	10.3%
COVID-19 Swab, PCR/NAA	127	2	1.5%

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

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

Respiratory Therapy Stats

Respiratory	January 2026
Total ABG's	6
Pulmonary Functions	1
Oxygen Hours	648
Incentive Spirometry	0
Hand Held Neb Treatments	35
CPT	0
Sputum	0
Suction	0
Pulse Oximetry	0
Intubation	0
Extubation	0
Bipap Hours	2
Vent Hours	0
Total Respiratory Therapy Patients	55
EKG (Verified with book in E.R.)	87
Glide Scope	1



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o **Safety Committee (1/01/2025 to 1/31/2025)**

a. Committee Report

January 2026 EOC

	Environment of Care Plans	Date Tested/Checked
1.	Equipment Management Plan	No changes currently/ On going
	Kenwood HRSA Radio Test	Every Third Thursday Next One 2-19-2026
	Generator Test: 40KW, 40KW, 300KW	Done on Every Monday for 30 Minutes Auto Matic Run January 28, 2026
2.	Safety/risk Management Plan	No Changes / On Going
	No Activity -Continued Monitoring	No Changes/ On Going
3.	Utilities Management Plan	No Changes/ On Going
	Line Isolation Test	Placed not in use 2025
	Medical Gas Testing	Checked 1-29--2026
4.	Fire Prevention Plan/ Life Safety Management Plan	No Changes/ On Going
	Fire Extinguisher Inspection	1-27-2026
	Louisiana Fire Extinguisher Tagged all Fire Extinguishers Next inspection unless a problem occurs	No Issues /On Going
	Oxygen cut off valves	1-26-2026
	Fire Marshall Visit	
	Ground Fault Testing and hospital Electrical Panels 9-1-2025	1-26-2026
5.	Security Management Plan	On Going
	In-services for Lofton Workers	24 Hours a day 2026/ On going
6.	Hazardous Materials and Waste Management Plan	No Problems / On Going
	Emergency Showers	1-26-2026
	Red Bags	Training up dated 2025 all good 1-2026
	Emergency Management	No Problems /On going
	Continuously Monitoring	All other aspects of Safety
	Exit Signs	1-26-2026
	Electrical Panels	1-29-2026



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Reports

a. Incident Reports

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

b. Security Reports (None to report)



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5. Cyber-Security Committee (None to report to Board of Commissioners)

1. CEO Report:

6a. Leadership Team

- a. No issues are updated to report currently.

A. Chairman Report- Nothing to report at this time.

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

- **OLD BUSINESS**
(No old business to bring to the Board of Commissioners)





VII. New Business

1. Resolution To Apply for Annexation Into City of Donaldsonville

- The West Ascension Parish Hospital Board of Commissioners adopted a resolution to annex the hospital property located at 301 Memorial Drive into the corporate limits of the City of Donaldsonville, Louisiana. The annexation was requested through a voluntary petition by the hospital and is intended to support the orderly growth and development of the city while improving municipal services to the property. The Board determined that incorporating the property into the city limits is also important for maintaining the hospital's Critical Access Hospital (CAH) designation, which ensures continued access to cost-based reimbursement and essential healthcare services for rural and underserved communities. Upon annexation, the property will be subject to the city's zoning ordinances, and the resolution became effective immediately upon its passage on February 26, 2026.
- The board recommends that they table the resolution, make edits to the resolution, and change it to declare. On a motion made by Mr. Mire, seconded by Mr. Dawson





**WEST ASCENSION
PARISH HOSPITAL**
Treating You Like Family

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2. Consideration to Establish the West Ascension Parish Hospital Nonprofit Foundation

- **Public Comment:** The Chair opened the floor for Public Comment.
 - Mr. Glen Price addressed the Board regarding concerns about the nonprofit foundation at the hospital. No action was taken.
- Dr. Buggage and Mr. Anthony shared with the Board Members what the nonprofit foundation is about. The West Ascension Hospital Foundation, Incorporated, Bylaws establish the governance and operational structure of the nonprofit organization. The foundation operates as a 501(c)(3) charitable organization dedicated to improving healthcare services in West Ascension Parish and surrounding rural communities by raising funds, supporting innovation, and engaging with the community. The bylaws outline the organization's purpose, powers, and nonprofit limitations, ensuring that no earnings benefit private individuals and that assets will be distributed to other charitable organizations if the foundation dissolves.
- Governance is managed by a Board of Directors consisting of 5–7 members, who serve one-year terms, oversee the foundation's activities, and hold at least six meetings per year. The board elect's officers, including a President, Vice President, Secretary, and Treasurer, to lead operations and financial oversight. The bylaws also define committee authority, financial management, contracts, and indemnification policies. Additional sections establish policies for recordkeeping, document retention, conflict of interest, nondiscrimination, transparency, ethics, whistleblower protections, and financial disclosure to the public. These provisions ensure the foundation operates with accountability, compliance with federal and state nonprofit laws, and transparency in its charitable activities.
- The Board would like a better plan from Dr. Buggage and will come back to discuss next Board Meeting. On a motion made by Mr. Dawson, seconded by Dr. Levy.





3. Report of Primary Health Care Clinic and Rural Health Clinic Conversion

- **Access to Care:**

West Ascension Parish Hospital currently does not operate a primary care clinic, which means many residents rely on urgent care or the emergency department instead of having consistent preventive and chronic care.

- **Front Door to the Hospital:**

The proposed primary care clinic will serve as the **entry point for coordinated care**, helping patients access routine services earlier while connecting them to hospital services when needed.

- **Better Care Coordination:**

The clinic will support prevention, chronic disease management, and follow-up care, reducing unnecessary emergency visits and improving health outcomes for our community.

- **Integrated Services:**

Over time, the clinic will integrate with **behavioral health, swing bed, inpatient services, school partnerships, and occupational health**, creating a stronger continuum of care.

- **Rural Health Clinic Transition:**

After launch, the clinic will transition to **Rural Health Clinic (RHC) designation**, allowing for cost-based Medicare reimbursement and improved financial sustainability for rural healthcare delivery.

- **Financial Responsibility:**

The plan uses a **phased approach and available grant opportunities** to support start-up costs while ensuring long-term operations remain financially stable.

- **Long-Term Vision:**

This initiative strengthens WAPH's mission as a **Critical Access Hospital**, ensuring healthcare remains local, coordinated, and accessible for the residents of West Ascension Parish.

- The Board of Commissioners was thankful for the report.





4. EPIC Electronic Health Record Implementation Update

- Mr. Anthony provided a high-level summary update to the Board Members regarding the Epic Electronic Health Record (EHR) implementation, including an overview of the project timeline, current progress, and coordination efforts supporting the system transition.

5. Report of Status on 2023-2024 Audit Recommendations

- **Public Comment:** The Chair opened the floor for Public Comment.
 - Mr. Glen Price addressed the Board regarding concerns about the status of the 2023-2024 Audit at the hospital. No action was taken.
- Mr. Anthony provided a high-level summary of the status 2023-2024 Audit recommendations. The summary was that the 2023-2024 Audit is resolved.
- The Board of Commissioners agreed to the report.



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6. Report of Request For Qualifications on Architectural & Engineering Services

- **Public Comment:** The Chair opened the floor for Public Comment.
 - Mr. Glen Price addressed the Board regarding concerns about the Architectural and Engineering Services at the hospital. No action was taken.
- Mr. Gasper gave a detailed update on what our next step is going to be during the Architectural and Engineering process.
- The board is moving forward with hiring engineers and a project manager for our **new hospital facility**, with Statements of Qualifications due on March 4th.





7. Environment of Care Annual Policy Review and Approval

- Mr. Anthony provided the Board of Commissioners with the Environment of Care Policies (1-40) for review and approval.

1. Fire Suppression System Inspection
2. Four-Hour Load Test 40kw and 300 kw generators
3. Electrical Safety Policy
4. Hazardous Exhaust Fan Labeling
5. Annual Emergency Generator Fuel Quality Testing
6. Oxygen Cylinder Storage Policy
7. Emergency Generator Load Testing
8. Exit Signs Policy
9. Hazard VhenAnalysis Policy
10. Louisiana Fire Policy
11. Security Management
12. Fire Drill
13. Internal External Drills
14. Water Management
15. Hospital Surge Plan
16. Bomb Threat Policy
17. Sexual Harassment in the Workplace
18. Disaster Recovery Plan
19. Hurricane Response and Mas casualties
20. Footwear Policy
21. /Smoke and Vap Free
22. Race /How to Use a Fire Extinguisher
23. Evacuation Plan/ Hospital Codes
24. Fire Watch Safety Management /Fire Drill
25. Learn
26. Evacuation
27. Shelter in Place
28. Food and Water
29. Decontamination
30. Incident Command
31. Emergency Response Checklist
32. Emergency Operation Plan
33. Disaster Plan/Disaster Management
34. Operations Plan
35. EOC Meetings
36. Generator Plan





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37. Activation the Incident Command System
 38. Fire Extinguisher / Exit Signs
 39. Fire Drill
 40. Panic Buttons
- On a motion made by Mr. Dawson, seconded by Mrs. Williams, the Environment of Care Annual Policy (1-40) Review and Approval was approved.





8. Infection Control, Quality, and Performance Improvement Annual Policy Review and Approval

- Mr. Anthony provided the Board of Commissioners with the Infection Control, Quality, and Performance Improvement Policies (1-42) for review and approval.

1. Clinical Authority Statement
2. Program Plan
3. Quality Improvement Plan
4. Infection Control Responsibilities
5. Infection Control Resources
6. Annual Evaluation of the Infection Control Program
7. Infection Control Reporting Policy
8. Communicable Disease Reporting Policy
9. Employee Health Program Policy
10. Employee Absenteeism and Sick Call Policy
11. Employee Incident Reporting Policy
12. Employee Immunization Policy
13. Employee Hepatitis B Vaccination Policy
14. Tuberculosis (TB) Infection Control Program
15. Annual Employee Tuberculosis (TB) Screening and Testing Policy
16. Influenza Vaccination Policy for Inpatients Aged 65+
17. Employee Health Influenza Vaccination Program
18. Respirator Fit Testing
19. Respiratory Protection Program
20. Blood Borne Pathogen Exposure Control Plan
21. Sharps Injury Prevention Plan
22. Sharps Disposal Policy
23. Biohazardous Waste Handling and Disposal
24. Blood and Body Fluid Decontamination
25. Hand Hygiene
26. Equipment Disinfection
27. Standard Precautions and Personal Protective Equipment
28. Transmission-Based Precautions and Personal Protective Equipment
29. Safe Injection Practices
30. High-Level Disinfection (HLD) Policy
31. HLD-Sterilization Room Cleaning
32. HLD – Sterilization Room Cleaning Audit Log





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33. HLD Procedure
 34. HLD Test Strip Log
 35. CLIA Waived Testing
 36. CLIA Waived Testing – Blood Glucose Monitoring
 37. CLIA Waived Testing-POCT Blood Glucose Monitoring
 38. POCT Blood Glucose Quality Control Log
 39. CLIA Waived Testing –POCT Fecal Occult Blood Testing
 40. FOBT Fecal Occult Blood Test Quality Control Log
 41. GLUTE-OUT Neutralizer Procedure
 42. OPA28 Test Strip Testing Procedure
- On a motion made by Ms. Mitchell, seconded by Mr. Dawson, the Infection Control, Quality, and Performance Improvement Policies (1-42) were approved.





9. Cybersecurity and Compliance Program Annual Policy (1-12) Review and Approval

- Mr. Anthony provided the Board of Commissioners with the Cybersecurity and Compliance Program Annual Policy (1-12) for review and approval.
 1. Acceptable use
 2. Access Control and Identity Management
 3. Password Policy
 4. Email and Communication Security
 5. Network Security
 6. Endpoint and Device Security
 7. Physical Security
 8. Data Classification and Handling
 9. Incident Response
 10. HIPPA Compliance and PHI Safeguards
 11. Third Party and Vendor Management
 12. Policy Acceptance and Enforcement

- On a motion made by Mr. Mire, seconded by Ms. Mitchell, Cybersecurity and Compliance Program Annual Policy (1-12) was approved.





Executive Session

Strategic Planning

- **Public Comment:** The Chair opened the floor for Public Comment.
 - Mr. Glen Price addressed the Board regarding concerns about Strategic Planning at the hospital. No action was taken.

- **Motion to Enter Executive Session**

On a motion made by Mr. Dawson, seconded by Mr. Mire, the Board moved that it enter Executive Session to discuss the Strategic Planning, as permitted by applicable open meetings laws at 6:15 PM

- Mr. Dawson moved to the Board exit Executive Session and return to Open Session

- **ROLL CALL**

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

Mr. Dawson (Present) ✓ , (Absent) _____

Dr. Levy (Present) ✓ , (Absent) _____

Mrs. Williams (Present) ✓ , (Absent) _____

Ms. Mitchell (Present) ✓ , (Absent) _____

Mr. Mire (Present) ✓ , (Absent) _____

Mr. Anthony (Present) ✓ , (Absent) _____

VII. Adjournment

- A. There being no further business to discuss, a motion for adjournment was made by Mr. Dawson, seconded by Dr. Levy and the motion ***passed*** at 6:30 PM

William “Bill” Dawson, Chairman.

Mr. Shelton Anthony, CEO

