
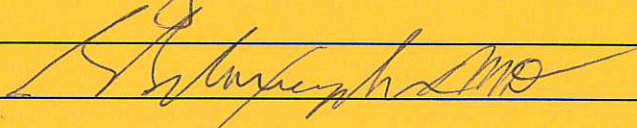


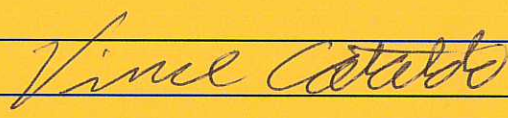
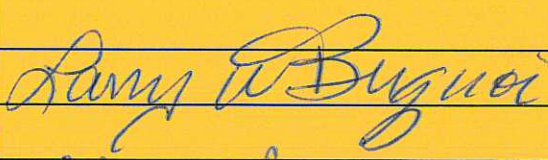
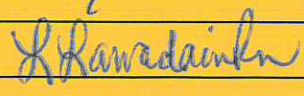
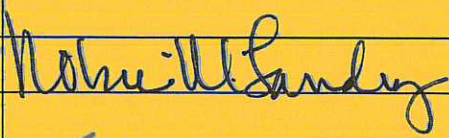
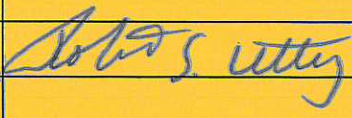


ROSTER OF STAFF AND ROLL CALL

BOARD OF COMMISSIONERS MEETING

Date of Meeting: July 27, 2023

MEMBERS	SIGNATURE
DR. MICHEL HIRSCH, Chairman	
DR. GLENN SCHEXNAYDER, Vice Chairman	
A. J. GOMEZ, Treasurer	
JOHN MARCHAND, Recording Secretary	
CHARLES "Chuck" MONTERO, Commissioner	
VINCE CATALDO, Administrator/Secretary	
GUESTS:	
LARRY BUQUOI, Attorney	
LORETTA LARVADAIN, DON	
NOBIE LANDRY, CFO	
Robert S. Utley	

Prevost Memorial Hospital

Vince A. Cataldo, Administrator
Board of Commissioners:
Michel Hirsch, M.D., Chairman
Glenn Schexnayder, M.D., Vice-Chairman
A.J. Gomez, Treasurer
John Marchand, Recording Secretary

July 27, 2023

BOARD OF COMMISSIONERS MEETING AGENDA

- I. Call to Order
- II. Roll Call
- III. Public Comment
- IV. Reading and Approval of Minutes
 - A. Call for a motion to change the order of business.
- V. Reports of Standing Committees
 - A. Monthly Reports
 - 1. Financial Report
 - 2. Sales Tax Report
 - 3. Medical/Executive Committee
 - 4. Utilization Review Committee
 - 5. Operative and Invasive Committee
 - 6. Emergency Room Committee
 - 7. Safety Committee
 - 8. Leadership Team
 - 9. Administrative
 - B. Quarterly Reports
 - 1. Medical Records Committee
 - 2. Pharmacy & Therapeutics Committee
 - 3. Blood Usage Committee
 - 4. Performance Improvement Committee
 - 5. Infection Control Committee

- 6. Corporate Compliance
 - C. Bi-Annual Reports
 - 1. Ethics Committee
- VI. Old Business
- A. Recruitment and Retention
 - B. Electronic Medical Records/Promoting Interoperability Program
 - C. Radiology Services
 - D. Tele-Stroke
 - E. La. Health Care Quality Forum—La. Health Information Exchange (LAHIE)
 - F. Hospital Improvements & Renovations (Mr. Henry Chauvin)
 - G. West Ascension Parish
 - H. MOB (214 Clinic Drive)
 - I. Ethics & Sexual Harassment Training
 - J. ER/Hospitalists (Physician coverage – Blue Angels Health)
 - K. IT Room AC Addition
 - L. The Joint Commission Survey
 - M. Cooperative Endeavor Agreement (CEA) between Ascension Parish Government and Our Lady of the Lake (LOL)
 - N. New Ultrasound Machine Equipment
 - O. Baton Rouge General Hospital / Louisiana Independent Hospital Network Coalition, LLC (LIHNC)
 - P. Domestic Hot Water Renovations (Mr. Robert Utley)
- VII. New Business
- A. Applications for Full Privileges
 - B. Review and Approval of Hospital Mission Statement
 - C. Review and Approval of Hospital Vision Statement
 - D. Review and Approval of Philosophy of Prevoist Memorial Hospital
 - E. Review and Approval Hospital Strategic Plan
 - F. Annual Budget Review
- VIII. Executive Session - None
- IX. Continuing Education
- A. Printed Material
 - 1. More than 1 million dropped from Medicaid as states purges rolls. (The Advocate 6/20/23)
 - 2. Oschner- Anderson deal alters BR cancer care (The Advocate 6/23/23)
 - 3. China says 239 died from COVID-19 in June (The Advocate 7/7/23)
 - 4. LCMC/Tulane partnership a good deal for the region (The Advocate 7/12/23)
 - 5. Walgreens Pharmacies moving into Super 1 Foods. (The Advocate 7/12/23)
 - 6. HCA Healthcare data breach may affect 11 M. (The Advocate 7/12/23)
 - 7. Ochsner Health to open more elder care clinics. (The Advocate 07/14/23)
 - 8. FDA approves over-the-counter birth control pill. (The Advocate 07/14/23)

9. Ascension CAO resigns to seek opportunities in the private sector. (Pelican
Post 07/20/23)

X. Adjournment

**PREVOST MEMORIAL 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: July 27th, 2023

TIME: 12:00 Noon

PLACE: Prevost Memorial Hospital Conference Room

MEMBERS:

Dr. Michel Hirsch, Chairman
Dr. Glenn Schexnayder, Vice Chairman
Mr. John Marchand, Recording Secretary
Mr. A.J. Gomez, Treasurer
Mr. Charles "Chuck" Montero, Commissioner
Mr. Vince Cataldo, Administrator

OTHERS PRESENT:

Ms. Nobie Landry, CFO
Ms. Loretta Larvadain, DON

ABSENT:

Mr. Chuck Montero

HOSPITAL ATTORNEY

Mr. Larry Buquoi

GUEST:

I. CALL TO ORDER

A. The meeting was called to order by Dr. Michel Hirsch, Chairman at 12:00 Noon.

II. ROLL CALL

A. Mr. Chuck Montero was absent.

III. PUBLIC COMMENT

A. No Comments.

IV. READING AND APPROVAL OF MINUTES:

- A. There was no objection to the minutes of the June 29, 2023 meeting as distributed. The minutes were accepted as individually read.

V. REPORTS OF STANDING COMMITTEES

A. MONTHLY REPORTS

1. Financial Report
 - a. The monthly financial report was presented by Ms. Nobie Landry. On a motion by Mr. John Marchand and a second by Mr. A.J. Gomez, the financial report was accepted as presented.
2. Sales Tax Report
 - a. Mrs. Nobie Landry gave this report to the Board. The total sales taxes collected for the month of May was \$147,389.36. This total showed a decrease from May 2022.
3. Medical Staff/Medical Executive Committee Meeting
 - a. Mr. Vince Cataldo read this report to the Board. On a motion by Dr. Glenn Schexnayder, this report was accepted as read.

4. Utilization Review Committee

a.

SOCIAL SERVICES	June 2023
Patient Visits	0
Consultations	0
Observations	7
Referrals	0

b.

MEDICAL REVIEW	June 2023
Medicaid Admits	0

c.

MONTHLY DENIALS	June 2023
Denials	0

d.

PHYSICIAN QUALITY PROBLEMS	June 2023
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.	

- e. Notice of Facility Quality Problems: None for June 2023.

f. Notice of Admission Denial: None for June 2023.

g.

MEDICARE / LHCR REVIEW	June 2023
Acute	0
Swing	0
Hospice	0
Inpatient Charts Requested for Review	0

h.

QA/I REVIEW	June 2023
ADMISSIONS (observations not included)	
Acute Admissions	0
Swing Admissions	0
Hospice Admissions	0
DISCHARGES	
Acute Discharges	0
• 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

The Board accepted this report as presented.

5. **Operative and Invasive Procedures Committee**

a. Wound Care Clinic

WOUND CARE CLINIC	June 2023
Patients seen	67
Specimen submitted	0

b. Emergency Department

EMERGENCY DEPT.	June 2023
Specimens received	0

c. Pathologist Review

PATHOLOGIST REVIEW	June 2023
Wound Care Specimens	0
OP/Emergency	0
Non-Gyn Cytologies	0

The Board accepted this report as presented.

6. **Emergency Room Committee**

- a. The Board reviewed the minutes of the Emergency Room Committee meeting.

There were no objections to the minutes as presented.

June 2023 ER Stats	
Total Patients Registered	415
Total Patients Seen	409
Admissions	0
Observations	7
Transfers to another facility	32
Code	2
Positive Outcomes	0
Expired	2
AMA	7
Left without being seen (includes triage)	6
Left prior to triage	1
Eloped (LDTX)	4
Returns to ED within 72 Hours	15
Returns w/same symptoms	7
Returns w/different symptoms	8
Patients received x-rays	84
# of x-rays	89
Interpretations differed from radiologist	0
# of Patients received CT Scans	47
# of CT Scans	56
Interpretations differed from radiologist (Physician—N. A.)	1
Cardiac Thrombolytic administrations	0
Stroke Thrombolytic administration	0

Monthly ER Test Totals/Positive Results June 2023			
Test Name	Total orders	Positive Results	% Positive
Flu A&B, Rapid	20	0	0%
Strep A, Rapid	32	7	22%
RSV (≤18 yrs. & ≥60 yrs)	40	0	0%
COVID-19 Swab, PCR/NAA	57	4	7%

The Board accepted this report as presented.

7. **Safety Committee (06/01/23 to 06/30/23)**

- a. Committee Reports
 - 1. Environment of Care

	Environment of Care Plans	Date Tested /Checked
1.	Equipment Management Plan	
	❖ Hear Radio Test	6/13/23
	❖ Generator Test	6/13/23
2.	Safety/Risk Management Plan	
	❖ No activity – will continue to monitor	On going
3.	Utilities Management Plan	
	❖ Line Isolation Test	6/13/23
	❖ Medical Gas Testing	6/13/23
4.	Fire Prevention Plan/Life Safety Management Plan	
	❖ Fire Extinguisher Inspection	6/13/23
	❖ Oxygen Cut Off Valves	6/13/23
	❖ Fire Marshall Annual Visit (ANNUALLY)	09/13/22
	❖ Ground Fault Testing & Hospital Electrical Panels	6/13/23
5.	Security Management Plan	
	❖ No activity – will continue to monitor	Ongoing
	❖ Egress Lights Testing	6/13/23
6.	Hazardous Materials and Waste Management Plan	

	❖ Emergency Showers	6/13/23
7.	Emergency Management Plan	
	❖ No activity – will continue to monitor	On going

2. Reports

a. Incident Reports

June 2023	
INCIDENTS	No. of Incidents
➤ Employee	0
➤ Physician	0
➤ Outpatient	0
➤ Visitor	0

b. Security Report

1. Security was reminded to always lock the double doors leading into the emergency room. A key pad/badge has been installed on the back door for entry.

c. Recalls

1. There were no recalls in any other departments reported. Pharmacy reports recalls on a quarterly basis. Mr. James Breaux asked that every department return recall papers after they are informed.

d. General Safety

1. The annual Safety Skills electronic version is being monitored for completion by employees. This includes Sexual Harassment and Ethics. We are about 98% complete.
2. Ms. Sandra Rose in purchasing is in the process of purchasing the water treatment kit to meet The Joint Commission standards.

b. Old Business

1. Housekeeping Department

- a. The housekeeping department's director will monitor timely cleaning of the emergency room. Mr. Jim Hurry in housekeeping will now only do mopping of the entire facility.

2. Parking Lot Lighting

a. The lighting in the visitor parking lot is now in use. The area is well lit and increases safety for our visitor and employees.

3. Helipad Lights

a. The lights on the helipad are continuing to be monitored.

c. New Business

1. IT After Hours Contact

a. If anyone needs assistance with IT after working hours, calls need to be placed to the answering service of Lantech IT, Mr. Will Landry (225-443-9444). Due to an increase in phone calls in the dietary department between the hours of 8:00 AM through 11:00 AM, the phone lines are sometimes jammed up. The phone specialists have been consulted to work with the dietary manager, yet this is still an issue. It is important to keep all communication with incoming calls to the hospital. During the time of the phone congestion, calls are not being received to the emergency room. These calls include Acadian Ambulance with incoming patients.

b. Extending IT working hours is being considered.

The Board accepted this report as presented.

8. Leadership Team

a. The Joint Commission Survey

1. Mr. James Breaux received a report from TJC on 2/21/23. TJC granted Prevost Memorial Hospital and accreditation decision of accredited for all services surveyed. Work is continuing with the architects, engineers and others to find a solution to complete the unfinished corrective action. This work is partially fulfilled. Mr. Robert Utley will work with the hospital staff and an engineer with TJC to see if TJC will accept an equivalency from the State Fire Marshall.

A recently appointed Board of Commissioners member was a former Fire Chief for Donaldsonville. His assistance with some of the findings will be valuable. A follow up report will be given at the next regular meeting.

There being no further business to discuss, the meeting was adjourned.

A follow-up report will be given at the next regular meeting.

9. Administrative

a. Complaints

1. There was one complaint received in June 2023. This complaint was forwarded to the emergency room director. This complaint has been resolved.

b. Pending Litigation

NAME	FILED	CLOSED
James Mulvey	10/04/19	
Lynn Landry	08/19/20	
Reavon Gasper	02/21/22	Favorable Panel Review

B. Quarterly Reports

1. Medical Records Committee

- a. There was 100% medical records review for the second quarter 2023 on inpatients.

b. Opened and Closed Record Review

RECORD REVIEW	Second Quarter 2023
Open Medical Records	0
Closed Medical Records	10

Note: ER records were reviewed as part of the ER Committee. Operative and Invasive records are reviewed as part of that committee utilizing Joint Commission criteria.

MEDICAL RECORDS COMPLIANCE	Compliance %	Findings
General Items for all patient care settings	100%	None
Assessment of Patients with criteria	100%	None
Assessment of Patients with pain assessment	100%	None
Documentation of Care	98%	None
Verbal orders are authenticated within defined time frame when required by law/regulations	100%	None
Education compliance with criteria	100%	None

Education with patient about safe & effective use of medication (based on assessed needs)	100%	None
Education with patient about nutritional interventions, modified diets, and oral health when appropriate	100%	None
Education about pain and effective pain management, when appropriate	100%	None
Discharge Information with criteria	100%	None
Restraint for acute and surgical care	N/A	N/A

c. Performance Improvement Mortality Review
(Second Quarter 2023)

Inpatient Mortality Review	APR	MAY	JUNE
d. Acute Death	0	0	0
Swing Death	0	0	0
Hospice Death	0	0	0

Performance Improvement Monitor (Second Quarter 2023)

Charts not completed by Physician	APR	MAY	JUNE
Inpatient/Swing	0	0	0
Missing H&P's, Discharge Summaries and/or unsigned orders.			

E.R. Patients	APR	MAY	JUNE
No. of Patients	459	493	399

The Board accepted this report as presented.

2. Pharmacy & Therapeutics Committee

a. Follow Up Drug Usage Review (January, February, March 2023)
Actions: Medical Staff accepted First Quarter Committee Report
Actions or recommendations.

b. Antibiotic Usage (Second Quarter 2023)

MOST FREQUENTLY USED	APR	MAY	JUNE
IV	Rocephin	Rocephin	Rocephin
ORAL	Amoxicillin	Amoxicillin	Amoxicillin

c. Pharmacy Ongoing Monitors

Review of Outcome Summaries ASPECT OF CARE	APR	MAY	JUNE
Emergency Room Floor Carts	97%	94%	97%
Nursing Floor Carts	100%	100%	100%
Nursing Care Units & Medication Areas	100%	100%	100%
Schedule II, III-IV Drug Control Review and Prescription Review Control	0	0	0

d. Medications

	APR	MAY	JUNE
Medication Errors	0	0	0
Adverse Drug Reactions	0	0	0
Formulary Additions/Non- Formulary Drug Requests	0	0	0
Drug Recalls	0	0	0
Outdated Drugs - Drug areas checked and outdated medications have been removed and/or replaced.			

The Board accepted this quarterly report as presented.

3. Blood Usage Committee

a. Statistics

Second Quarter Statistics	# of Units	# of Patients
Packed Cells Transfused	5	2
➤ Inpatient/Observations	0	0
➤ Outpatient	0	0
➤ Emergency Room	5	2
Cross Matched	5	2
Blood not transfused	0	
Incompatible	0	
Wasted	0	
Albumin Administered	0	
Incompatible with patient	0	
Platelets given	0	
All charts were available for review.		

- b. Performance Improvement Review
(Patients were evaluated per 4 processes. Appropriateness, Preparation, Monitoring, Discharge).

1. PROCESS - ORDERING		
Discrepancies		0
Patients met criteria	2	
Orders complete	2	
FINDINGS: None		
RECOMMENDATIONS/ACTIONS: None needed		
2. PROCESS – DISTRIBUTING, HANDLING, DISPENSING		
Discrepancies		0
Products signed out properly	5	
Products hung within 30 minutes of signing out	5	
FINDINGS: None		
RECOMMENDATIONS/ACTIONS: None needed		
3. PROCESS – ADMINISTERING		
Discrepancies		0
Baseline patient information obtained (VS, allergies, orders, assessment)	2	
Consent signed		
Vital sign protocol followed	2	
Units administered within 4 hours	5	
FINDINGS: None		
RECOMMENDATIONS/ACTIONS: None needed		
4. PROCESS – MONITORING EFFECTS ON PATIENTS		
Discrepancies		0
Vital signs stable on discharge	2	
Patient received appropriate discharge or was transferred to another facility	2	
Adverse reactions reported, appropriate actions taken		0
FINDINGS: None		
RECOMMENDATIONS/ACTIONS: None needed		

- b. Adverse Reactions
 - 1. No adverse reactions noted.
- c. Physician Ordering Practices
 - 1. There were no problems with physician's ordering practices noted for the second quarter 2023.
- d. Policy Changes
 - 1. There were no changes to policies this quarter.
- e. Additional Information
 - 2. None.

The Board accepted this quarterly report as presented.

- 4. Performance Improvement Committee
 - a. Inpatient Mortality Review
 - b. Inpatient Morbidity Review
 - c. Inpatient Transfers
 - d. Operative and invasive procedures
 - e. Blood usage
 - f. Medical Records Review
 - g. Chart Review for Clinical Pertinence- Outpatient Surgery
 - h. Informed Consent
 - i. Utilization Review Report
 - j. Credentials Review Functions
 - k. Medical Staff Review (Second Quarter 2023)

1. PROCESS - Ordering practices for imaging procedures (radioactive) & CT are appropriate	
CT procedures done	5
Records required further medical staff review	0

2. PROCESS - Diagnostic/Follow Up Radiology ordered appropriately	
Records reviewed this quarter	5
Records required further medical staff review	0

3. PROCESS – Management of patients with Pneumonia is appropriate	
Records reviewed this quarter	2
Records required further medical staff review	0

4. PROCESS – Management of patients with IDDM is appropriate	
Records reviewed this quarter	2
Records required further medical staff review	0

5. PROCESS - Monitoring patient response. Appropriate evaluation of inpatients receiving Digoxin, Theophylline, and Phenytoin	
Records reviewed this quarter	0
Records required further medical staff review	0

6. PROCESS – Management of patients with pain is appropriate	
Records reviewed this quarter	0
Records required further medical staff review	0

7. PROCESS – Management of patients with pressure ulcers is appropriate	
Records reviewed this quarter	0
Records required further medical staff review	0

- l. Patient Satisfaction
- m. Emergency Department
- n. Pharmacy & Therapeutics Committee
- o. Infection Control Committee
- p. Safety (Second Quarter 2023)
- q. Surgery
- r. Laboratory
- s. Social Services
- t. Dietary

MEASURES/INDICATORS	Threshold	APR	MAY	JUNE
Food Temperature	%	98%	99%	99%
Equipment Temperature	%	98%	98%	98%

Food Temperature:

FINDINGS: Food temperature measures are at 99%. This exceeds standards.

RECOMMENDATIONS: Employees are checking food temperatures before each meal period.

ACTIONS: Continue to check food temperatures throughout the day to make sure food is safe. Throw out any food that is found to be unsafe. Train staff to be proactive in keeping food safe with proper procedures.

FOLLOW-UP: Follow up with staff on food safety measures.

Equipment Temperature:

FINDINGS: Equipment temperature measures are at 98%.

RECOMMENDATIONS: Employees are checking equipment temperatures twice a day, morning and evening.

ACTIONS: Continue to monitor equipment temperatures and report any abnormalities.

FOLLOW-UP: Work with staff to get equipment temperature measures to 100%.

Nutrition Screen Completed within 24 hours of Admission:

FINDINGS: Patients are being seen within 24 hours of admission.

Patients are screened for nutritional risk.

RECOMMENDATIONS: Patients should continue to be screened within the appropriate time and to be seen by the consultant dietitian when needed.

ACTIONS: Screen patients for nutrient deficiencies.

FOLLOW-UP: Continue to screen patients.

- u. Respiratory Therapy
- v. Housekeeping
- w. Radiology
- x. Physical Therapy
- y. Nursing Department (Second Quarter 2023)
- z. Old Business

- aa. New Business
- bb. Teams

The Board accepted this report as presented.

5. Infection Control Committee

a. Nosocomial Infections

	APR	MAY	JUNE
Infections Reported	0	0	0

b. Community Infections

Month	UTI	SPUTUM	BLOOD	WOUND	TOTAL
APR	0	0	0	0	0
MAY	0	0	0	0	0
JUNE	2	0	0	0	2

c. Communicable Diseases Reported

Disease	APR	MAY	JUNE
Chlamydia	0	0	0
Gonorrhea	1	2	1
Syphilis	1	0	0
Hepatitis B	1	0	0

NOTE: COVID results reported by lab electronically.

d. Isolations

1. None

e. Bacterial Isolates

1. See attached sheets.

f. Antibiotic Usage Trends

(See Section B, Quarterly Reports, Item #2.)

g. Employee Orientation/Health

1. There were no new employee orientations completed this quarter.
2. There was one (1) needle stick follow-up.
3. Ongoing encouragement will continue to assist additional employees to receive COVID-19 vaccinations.
4. Employees are required to report illnesses.
5. Mask mandate lifted November 2022 due to declining COVID numbers.
6. Masks only required for potential infectious tasks and infected persons.

h. In-service Education

1. Hand washing audits are done quarterly to monitor employee compliance. There was an 80% compliance rate this quarter.
2. Ongoing education verbal, written and posted information about isolation procedures, PPE and policy and procedures about the COVID-19 pandemic conducted.

i. Environmental Sampling

1. Autoclave was within normal limits for this quarter.

- j. Product/Procedure Consult
 - 1. COVID-19 policies monitored and revised as needed.
- k. Related Committee Reports/Studies
 - 1. None
- l. Policy Manual Review
 - 1. An ongoing policy/procedure manual review/revision is in progress.
- m. Infection Control New Business
 - 1. None

The Board accepted this quarterly report as presented.

- 6. Corporate Compliance
 - a. Mr. Vince Cataldo gave this report to the MEC. There were no corporate compliance issues for the second quarter of 2023. All employees are being asked to read and sign the corporate compliance plan. A follow up report will be given at the next regular meeting.

C. Bi-Annual Reports

- 1. Ethics Committee
 - a. Call to Order
 - 1. The second meeting of 2023 was held on July 3, 2023. The meeting was called to order by Dr. Michel Hirsch, Chairman.
 - b. Reading and Approval of Minutes
 - 1. Mr. Vince Cataldo, Administrator, read the minutes of the January 3, 2023 meeting. There being no objection to the minutes, the minutes were accepted as read.
 - c. Reports
 - 1. There were no reports to give at this time.
 - d. Old Business
 - 1. Electronic Medical Records—Athenahealth
 - a. Mr. Vince Cataldo gave this report.
Athenahealth go live was August 6, 2019. Dr. Nagaratna Reddy and CareSouth requested an Interface with our medical record system. Dr. Reddy's interface has been completed. It successfully processes messages.

Dr. Reddy requested that faxes continue for the time being. An alternate solution for CareSouth has been completed. There is a workaround that sends results to patient's chart. The meetings with Athenahealth are now scheduled every two weeks. A follow up report will be given at the next regular meeting.

2. Ethics Training

- a. Mr. Vince Cataldo gave this report. It is mandatory that all board members of public bodies and all hospital employees receive ethics training and sexual harassment training annually. Employees and Board members are notified to complete these trainings if outstanding. The deadline for employees was June 30, 2023.

3. The Joint Commission

- a. Mr. Vince Cataldo gave this report. Safety Director, Mr. James Breaux, received a report from TJC on February 21, 2023. TJC granted Prevoist Memorial Hospital an accreditation decision of accredited for all services surveyed. Work with architects, engineers and others continues to complete the unfinished corrective actions. Mr. Cataldo will ask our newly appointed board member, Mr. Chuck Montero to assist this group with this project. A follow up report will be given at the next regular meeting.

e. New Business

1. Leadership Team

- a. This Leadership Team was formed in response to TJC findings on the September 13, 2022 to September 15, 2022 survey. All Department Heads will be members to insure that the Board of Directors and the MEC are informed of any condition of participation (CoP) that is not being met. This committee will meet on the 2nd Wednesday of each month and a report will be sent to the MEC and the Board of Commissioners.

Administration and safety are working with the architects, engineers and others to find a solution to complete the unfinished corrective actions.

2. Employee Evaluations
 - a. The results of the 2022 evaluations are not available at this time.
3. Next Ethics Committee Meetings
 - a. Following a discussion, the next Ethics Committee Meeting was scheduled for January 3, 2024.
4. Continuing Education
 - a. None

The Board accepted this report as presented.

V. OLD BUSINESS

- A. Recruitment and Retention
 1. Mrs. Loretta Larvadain gave this report to the Board. No changes since the last meeting. A follow up will be given at the next regular meeting.
- B. Electronic Medical Records/Promoting Interoperability Program (Dr. Nagaratna Reddy) (CareSouth)
 1. Electronic Medical Record
 - a. Mr. Vince Cataldo gave this report to the MEC. Athenahealth go live was August 6, 2019. Dr. Nagaratna Reddy and CareSouth requested an interface with our electronic medical record system. Dr. Reddy's interface has been completed. It successfully processes messages. Dr. Reddy has requested that faxing be continued for the time being. An alternate solution for CareSouth has been completed. There is a workaround that sends results to patient's chart. The meetings with Athenahealth are now scheduled every two weeks. A follow up report will be given at the next regular meeting.
 2. Promoting Interoperability Program
 - a. Mr. Vince Cataldo gave this report to the MEC. Athena and LAHIE are still working on new CMS requirements. WE are not meeting CMS requirements. We filed for an exception in June. The CAH Medicare Promoting Interoperability Hardship Application was approved. Therefore, Prevost Hospital is not

subject to a negative payment adjustment for 2022 payment adjustments. See attached.
 A follow up report will be given at the next regular meeting.

C. Radiology Services

1. Mr. Vince Cataldo gave this report to the Board.

JUNE 2023		
Service	No. of Patients	No. of Exams
X-rays ER	84	89
X-rays Out Patient	117	144
X-rays In Patient	0	0
CT Scan ER	47	56
CT Scan Out Patient	12	12
CT Scan In Patient	0	0
Bone Density	3	N/A
Cardiac Calcium Scoring	1	N/A
Lung Cancer Screening	3	N/A
Mammograms	55	N/A

D. Tele-Stroke

1. There was one (1) mock stroke patient and zero (0) stroke patients seen in the emergency room in June 2023. Thrombolytics was not administered.

E. LA Health Care Quality Forum/La. Health Information Exchange (LAHIE)

1. Mr. Vince Cataldo gave this report to the Board. LAHIE is receiving and reporting to the state on syndromic surveillance, electronic reportable lab and immunizations. There is nothing new to report. A follow up report will be given at the next regular meeting.

F. Hospital Improvements and Renovations (Mr. Henry Chauvin)

1. Mr. Vince Cataldo gave this report to the Board. Mr. Chauvin is writing the specs for the first phase of the hospital improvements and renovations. He said the specs should be completed soon for the bidding process to begin. A follow up report will be given at the next regular meeting.

G. West Ascension Parish

1. Mr. Vince Cataldo gave this report to the Board. Ascension Parish and Donaldsonville Leaders are looking for advice on how to revitalize Donaldsonville and the West Bank of Ascension Parish. There is no new information to report at this time. A follow up report will be given at the next regular meeting.

H. MOB (214 Clinic Dr.)

1. Electrical Work (Main Electrical Distribution Panel Replacement)
 - a. The main electrical box to the rear of the building was equipped with fuses and needed to be upgraded. CJ Electric did most of this work on June 2, 2023. Entergy made the switch to the new service on the same day. The clinic was closed on June 2, 2023 for this work to be done. C. J. Electric returned on Saturday, June 10, 2023 to complete more work. This job has not been completed. A follow up report will be given at the next regular meeting.

I. Ethics & Sexual Harassment Training

1. Mr. Vince Cataldo gave this report to the Board. It is mandatory that all board members of public bodies and all hospital employees receive ethics and sexual harassment training annually. Mr. James Breaux has prepared instructions for each Board member to receive this training utilizing a link. A follow up report will be given at the next regular meeting.

J. ER/Hospitalists Blue Angels Health (Physician Coverage)

1. Mr. Vince Cataldo gave this report to the Board.

JUNE 2023	
ER Volume 409	Decreased by 92
Admits	0
Observations	7

A follow up report will be given at the next regular meeting.

K. IT Room AC Addition

1. The current system cannot get the temperature below 82° with all of the equipment in the IT Room. The engineers recommended a mini-split to resolve this problem. The engineers did not recommend accepting the first bid. Trent's Air Conditioning and Heating, Inc. submitted a bid for \$20,815.00. The board accepted the bid on June 29, 2023. We are waiting on the installation. A follow up report will be given at the next regular meeting.

L. The Joint Commission Survey

1. Mr. Vince Cataldo gave this report. Mr. James Breaux received a report from TJC on 2/21/23. TJC granted Prevost Memorial Hospital an accreditation decision of accredited for all services surveyed. We are working with the architects, engineers and others to find a solution to complete the unfinished corrective action. Mr. Cataldo will ask our newly

appointed board member, Mr. Chuck Montero to assist this group with this project. A follow up report will be given at the next regular meeting.

M. Cooperative Endeavor Agreement (CEA) between Ascension Parish Government and Our Lady of the Lake (LOL)

1. Ascension Parish Government approved a Cooperative Endeavor Agreement (CEA) with Our Lady of the Lake Hospital, Inc. individually and on behalf of its wholly owned subsidiaries Our Lady of the Lake Physician Group, LLC and Health Care Centers in Schools, Inc. The approval of this agreement will have negative effects on the West Bank Healthcare providers. The clinics are scheduled to reopen soon. A follow up report will be given at the next regular meeting.

N. New Ultrasound Machine Equipment

1. Mr. Vince Cataldo gave this report to the Board. There is no new information to report at this time. A follow up report will be given at the next regular meeting.

O. Baton Rouge General Hospital/Louisiana Independent Hospital Network Coalition LLC. (LIHNC)

1. Mr. Vince Cataldo gave this report to the Board. On June 14, 2023, all paper work was completed to join the Louisiana Independent Hospital Network Coalition, LLC (LIHNC). Prevost Hospital was approved by the LIHNC board on June 22, 2023. Mr. Cataldo will meet with a representative from (LIHNC) to onboard as soon as possible.

P. Domestic Hot Water and Fire Damper Renovations (Mr. Robert Utley)

1. Mr. Robert Utley gave this report to the board. Mr. Utley discussed plans to resolve issues with the domestic hot water system and the fire dampers at the hospital. Dr. Glenn Schexnayder motioned to go to bid on these projects. Mr. John Marchand seconded this motion and the motion carried. This work should resolve an issue with The Joint Commission.

VI. NEW BUSINESS

A. Applications for Review and Approval of Full Privileges

1. The following applications were presented to the Board for review and approval of full privileges.

Dr. Everett Brown	Blue Angels Health	ER/Hospitalist
Dr. Stephen Fischer	Blue Angels Health	ER/Hospitalist

Mr. John Marchand motioned to approve the applicants for full privileges for two years. Dr. Glenn Schexnayder seconded the motion and the motion carried.

- B. Review and Approval of Hospital Mission Statement
 - 1. The Hospital Mission Statement was presented to the Board. Following a review of this document, Mr. A.J. Gomez motioned to approve the document as presented. Mr. John Marchand seconded the motion and the motion carried.

- C. Review and Approval of Hospital Vision Statement
 - 1. The Hospital Vision Statement was presented to the Board. Following a review of this document, Dr. Glenn Schexnayder motioned to approve the document as presented. Mr. A.J. Gomez seconded the motion and the motion carried.

- D. Review and Approval of Philosophy of Prevost Memorial Hospital
 - 1. The Philosophy of Prevost Memorial Hospital was presented to the Board. Following a review of this document, Mr. John Marchand motioned to approve the document as presented. Dr. Glenn Schexnayder seconded the motion and the motion carried.

- E. Review and Approval of Hospital Strategic Plan
 - 1. The Hospital Strategic Plan was presented to the Board. Following a review of this document, Mr. A.J. Gomez motioned to approve the document as presented. Dr. Glenn Schexnayder seconded the motion and the motion carried.

- F. Annual Budget Review
 - 1. Mrs. Nobie Landry gave this report to the Board. Each member was given a copy of the proposed budget for September 1, 2023 to August 31, 2024. Following a discussion, Mr. John Marchand motioned to approve this budget as presented. Mr. A.J. Gomez seconded this motion and the motion carried.

VII. CONTINUING EDUCATION

- A. A copy of the following articles was given to each MEC member.
 - 1. Printed material
 - a. More than 1 million dropped from Medicaid as states purges rolls. (The Advocate 6/20/23)
 - b. Oschner- Anderson deal alters BR cancer care (The Advocate 6/23/23)
 - c. China says 239 died from COVID-19 in June (The Advocate 7/7/23)
 - d. LCML/Tulane partnership a good deal for the region (The Advocate 7/12/23)
 - e. Walgreens Pharmacies moving into Super 1 Foods. (The Advocate 7/12/23)
 - f. HCA Healthcare data breach may affect 11 M. (The Advocate 7/12/23)
 - g. Ochsner Health to open more elder care clinics. (The Advocate 07/14/23)

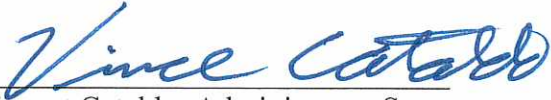
h. Ascension CAO resigns to seek opportunities in the private sector. (The Pelican Post 07/20/23)

VIII. ADJOURNMENT

- A. There being no further business to discuss, a motion for adjournment was made by Mr. A.J. Gomez.



Dr. Michel Y. Hirsch, Board Chairman.



Vincent Cataldo, Administrator Secretary.

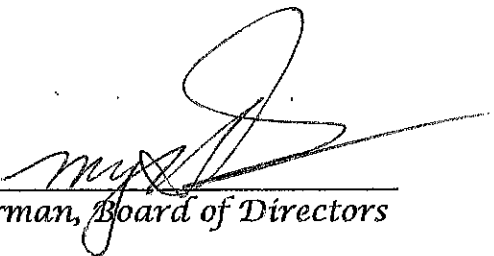
MISSION STATEMENT

PREVOST MEMORIAL HOSPITAL, as a health care facility, is committed to meeting the health needs of the people with compassion, understanding, respect, and dignity. PREVOST MEMORIAL HOSPITAL is further dedicated to providing the highest quality care in a prudent and efficient manner, according to our philosophy.

VISION STATEMENT

PREVOST MEMORIAL HOSPITAL will be recognized as an asset to the health care of the community and Ascension Parish.


Adopted:



Chairman, Board of Directors

JUL 27 2023

Date



Administrator

JUL 27 2023

Date

PREVOST MEMORIAL HOSPITAL STRATEGIC PLAN

The Strategic Plan of PREVOST MEMORIAL HOSPITAL is to continue to meet the health care needs of our community to the best of the abilities of the available human resources, the general facility, and the equipment. In order to achieve this, we must remain in a financially stable condition; we must strive to obtain additional physicians for our area; we must maintain qualified hospital staff; and we must secure alternatives to obtain non-patient generated revenues for our facility.

PREVOST MEMORIAL HOSPITAL is aggressively recruiting physicians and other healthcare professionals for our staff through personal interviews by the Medical Staff and hospital administration.

The hospital continues to offer twenty-four-hour emergency room coverage and out-patient services through the hospital staff and contractual services, with views to expand or add to these services as deemed desirable for the betterment of the community and the hospital.

Through revenues generated from a service district sales-and-use tax, wise investments, and reimbursement for services rendered, the hospital should remain financially sound. We will study and initiate programs and services that are needed by the residents of our community and which are appropriate for our facility, our medical staff, and our hospital staff. Areas under consideration are:


- Renovation of entire hospital
- Construct a new Medical Office Building
- Market hospital and improve public relations
- Expand inpatient census
- Expand ultrasound services (organ and vascular)
- Secure grants available to rural and/or Critical Access Hospitals
- Expand CT scan utilization (bone density, cardiac calcium scoring & lung cancer screening)
- Interface electronic medical records system with other facilities
- Expand 3D mammography and Abus ultrasound

The Strategic Plan will be reviewed annually and will be revised as needed.

Adopted:



Chairman, Board of Directors



Administrator

JUL 27 2023

Date

JUL 27 2023

Date

PHILOSOPHY OF PREVOST MEMORIAL HOSPITAL

PREVOST MEMORIAL HOSPITAL is organized for the primary purpose of providing the best possible patient care. The Governing Body, the Medical Staff, and Administration in a joint endeavor will insure that optimum patient care is given.

The Governing Body, Medical Staff, and Administration will insure a high level of professional performance of all practitioners and para-medical personnel authorized to practice in the hospital through the delineation of clinical privileges and through on-going reviews and evaluations of performance in the hospital.

An appropriate educational setting will be provided that will maintain scientific standards and will lead to continuous advancement in professional knowledge and skills.

The Medical Staff will endeavor to advance the sciences of medicine. An ethical and competent practice will promote the interests of PREVOST MEMORIAL HOSPITAL, insofar as they relate to its medical administration.

The hospital will employ qualified physicians and qualified para-medical personnel who can work in cooperation to provide quality patient care.

The medical and para-medical personnel will endeavor to make health care as pleasant as possible, to help the patient adjust to his/her condition, to accelerate his/her return to good health, to plan and facilitate his/her discharge or transfer, or to lessen the pain and discomfort, both mental and physical, associated with death.

The Governing Body, the Medical Staff, and Administration will insure that health care is delivered to all patients with consideration and kindness by all hospital personnel. All hospital personnel will be expected to do unto others as they would have others do unto them.

Adopted:



Chairman, Board of Directors



Administrator

JUL 27 2023

Date

JUL 27 2023

Date