

**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.

<b>DATE:</b> April 29, 2021
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**TIME:** 12:00 Noon

**PLACE:** Prevost Memorial Hospital Conference Room

**MEMBERS:**

Dr. Michel Hirsch, Chairman

Dr. Glenn Schexnayder, Vice Chairman

Mr. Glenn Robert, Treasurer

Mr. Michael Medine, Recording Secretary\*

Mr. A.J. Gomez, Commissioner

Mr. Vince Cataldo, Administrator

Ms. Loretta Larvadain, DON

**ABSENT:**

**OFFICE MANAGER**

Ms. Nobie Landry

**HOSPITAL ATTORNEY:**

Mr. Larry Buquoi

**GUEST:**

Ms. Stacey Nichols

**I. CALL TO ORDER**

A. The meeting was called to order by Dr. Michel Hirsch, Chairman at

12:00 Noon.

**II. Roll Call**

A. All Board members are present.

**III. Public Comment**

A. None

**IV. READING AND APPROVAL OF MINUTES:**

A. There was no objection to the minutes of the March 25, 2021 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. A.J. Gomez and a second by Mr. Glenn Robert, the financial report was accepted as presented.

2. Sales Tax Report

a. Ms. Nobie Landry gave this report to the Board. The total sales tax collected for the month of February 2021 was \$100,826.55. This total showed an increase from February 2020.

3. Medical Staff/MEC Committee

a. Mr. Vince Cataldo read this report to the Board. Mr. Glenn Robert motioned to accept this report as presented. Dr. Glenn Schexnayder seconded the motion and the motion carried.

4. Utilization Review Committee:

a. Social Services: Ms. Jamekco Lewis reported 0 patient visits (0-Covid Patients) and 0 consultations in March 2021 on 0 Acute, 0 Hospice, and 0 Swing admissions.

b. Medicaid Review: There were 0 Medicaid admits in March 2021.

c. Monthly Report of Denials: None for March 2021.

d. Notice of Physician Quality Problems: There were 0 Acute/Observation Charts, 0-Hospice charts and 0-Swing charts that were incomplete for the month of March 2021.

e. Notice of Facility Quality Problems: None for March 2021.

f. Notice of Admission Denial: None for March 2021.

g. Medicare/LHCR Review: There were 0 Acute, 0 Swing and 0 Hospice hospital discharges in March 2021.

LHCR did not request any inpatient charts for review

this month.

h. QA/I Review: There were 0 Acute, 0 Swing and 0 Hospice hospital admissions in March 2021. There were 2 observation admissions in March 2021. The acute inpatient admits were screened against the PI criteria and 0 variances were found, 0 Patients were transferred, 0 Patients were readmitted within 31 days of prior admit and 0 Patients exceeded the approved length of stay before being transferred to the Swing unit or discharged. There were 0 variances from February 2021 to review.

NOTE: These stats may reflect reclassifications.

i. Discharges for the Month of March 2021: There were 0 Acute, 0 Swing and 0 Hospice discharges in March 2021.

There were 0 Acute discharges this month.

There were 0 Acute deaths this month.

There were 0 Hospice discharges this month.

There were 0 Hospice deaths this month.

There were 0 Swing discharges this month.

There were 0 Swing deaths this month.

The Board accepted this report as presented.

3. Operative and Invasive Procedures Committee

a. Wound Care Clinic

1. There were 81 patients seen in the wound care clinic in March 2021.

2. There was 1 specimen from the wound care clinic submitted in March 2021.

Patient AH 624547 – Submitted LT. lower leg-DX: LT. lower leg: fragments of benign bone, cartilage and fibrous soft tissue. Interpretation is limited due to lack of marrow elements.

b. Emergency Department

1. There were 0 specimens received from the emergency department in March 2021.

c. Pathologist Review

1. There was 1 specimen received from the wound care clinic in March 2021.

There were 0 specimens from the OP/Emergency department.

There were no non-gyn cytologies performed this month.

The Board accepted this report as presented.

6. Emergency Room Committee:

a. The Board reviewed the minutes of the April 2021 Emergency Room Committee meeting covering statistics for the month of March 2021. There were no objections to the minutes as presented.

**See attached.**

a. Statistics (March Statistics)

480 Total Patients

0 Admissions/ 2 Observations

32 Transfers to another facility

1 Mortality

1 Code

0 Positive results

4 AMA

3 Left without being seen—includes triage

1 Left prior to triage

1 Eloped (LDTX)

13 Returns to ED within 72 Hours

(9 with same symptoms, 4 different symptoms)

90 Patients received 99 x-rays

0 Interpretation differed from radiologist

45 Patients received 53 CT Scans

0 Interpretations differed from radiologist

0 Cardiac Thrombolytic administrations

0 Stroke Thrombolytic administration

The Board accepted this report as presented.

## 7. Safety Committee

Period Covered—March 1 - 31, 2021

### a. Committee Reports

#### 1. Environment of Care

##### a. Equipment Management Plan

1. The Hear radio test was completed successfully in March 2021.
2. The monthly generator test was performed on March 3, 2021.
3. The emergency power generator test was performed by Mr. Sidney Goetz.

##### b. Safety/Risk Management Plan

1. There was no activity to report at this time. We will continue to monitor.

### c. Utilities Management Plan

1. The line isolation test was completed successfully on March 3, 2021.

### d. Fire Prevention Plan/Life Safety Management Plan

1. The Fire Marshal came on March 10, 2021 for the hospital's annual inspection. The hospital passed inspection.

### e. Security Management Plan

1. There was no activity to report at this time. We will continue to monitor.

### f. Hazardous Materials and Waste Management Plan

1. There was no activity to report at this time. We will continue to monitor.

### g. Emergency Management Plan

1. There was no activity to report at this time. We will continue to monitor.

2. Reports

a. Incident Reports

1. There were no employee incidents during this time period.
2. There were no physician incidents during this time period.
3. There were no outpatient incidents during this time period.
4. There were no visitor incidents during this time period.

b. Security Report

1. There was no new information to report at this time. We will continue to monitor.

c. Recalls

1. There were no drug recalls reported by Pharmacy in March 2021. Pharmacy reports recalls on a quarterly basis.

There were no other recalls in any other department reported in March 2021.

d. General Safety

1. There was no activity to report at this time. We will continue to monitor.

b. Old Business

A. We are in a COVID 19 pandemic and are daily assessing the OEP Portal and following the guidelines from the Governor of Louisiana and the President of the United



States. We have moved to Phase III and are still following the Visitor COVID-19 Policies. The pandemic will be counted for both internal and external drills. Each department in the hospital is also checking daily temperatures on employees.

Ms. Loretta Larvadain, Mr. James Breau and Administration sponsored a vaccine day. The OEP and National Guard along with LDH and the Office of Public Health administered 230 vaccines on March 16, 2021. Second dose vaccines were administered on April 13, 2021. Due to inclement weather vaccine administration was cancelled early. Remaining vaccines were administered the following week on April 20,2021.

c. New Business

1. None

The Board accepted this report as presented.

8. Administrative

a. Complaints

1. There were no complaints for the month of March 2021.

b. Pending Litigation

**FILED      CLOSED**

- |  |                        |
|--|------------------------|
| 1. Kaiden LeBlanc                                | 09/28/12               |
| 2. Kaci Miles<br>involved will make an<br>offer. | 06/21/18 – All parties |
| 3. James Mulvey                                  | 10/04/19               |
| 4. Lynn Landry                                   | 08/19/20               |
| 5. Stephen Brandly                               | 09/28/20               |

c. Other Problems at Prevost

1. Brick wall – PMH sign damage. The damage to the wall has been repaired and insurance has paid for the repairs.

2. ER Mental Patient:

a. An emergency room patient destroyed an expensive (IP) telephone causing approximately \$500.00 in damage.

b. The same patient destroyed the guard's tablet. The police report has been amended to include the \$500.00 telephone. The flash drive of the incident was given to Officer Richard.

3. An emergency room patient took a picture of the ER physician and posted a gorilla glue challenge on Facebook and Fox news. There is no new information to report on this incident at this time.

**B. QUARTERLY REPORTS**

1. Medical Records Committee

a. There was 100% medical records review for the first quarter 2021 on inpatients.

b. Opened and Closed Record Review

1. There were 10 medical records (0 Open and 10 Closed) reviewed for the first quarter 2021 using the Joint Commission medical record review form. 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.

General Items for all patient care settings

100% compliance with criteria

**FINDINGS:**

None

Assessment of Patients

100% compliance with criteria

100% compliance with pain assessment

**FINDINGS:**

None

Documentation of Care of Patients

90% compliance with criteria

100% compliance verbal orders are authenticated within defined time frame when required by law/regulations

**FINDINGS:**

None

Education

100% compliance with criteria

100% compliance with patient education about safe and effective use of medication (based on assessed needs)

100% compliance with patient education about nutritional interventions, modified diets, and oral health when appropriate

100%—compliance with education about pain and effective pain management, when appropriate

**FINDINGS:**

None

Discharge Information

100% compliance with criteria

**FINDINGS:**

None

Restraint for acute and surgical care

N/A—compliance with criteria—N/A patients with restraints this quarter

**c. Performance Improvement Mortality Review**

1. There were 0 acute inpatient deaths, 0 Swing deaths, and 0 Hospice deaths for the first quarter 2021. No action is needed.

**d. Performance Improvement Monitor for the first quarter**

2021.

1. Number of charts not completed by physicians. Missing H&P's, Discharge Summaries and/or unsigned orders.

**JANUARY**-----0

**FEBRUARY**-----0

**MARCH**-----0

2. Total Emergency Room patients

<b>JANUARY</b>	<b>FEBRUARY</b>	<b>MARCH</b>
589	446	477

The Board accepted this report as presented.

2. Pharmacy & Therapeutics Committee

a. Follow Up Drug Usage Review

October – November – December - 2020

1. **TOPIC:** Pharmacy and Therapeutics Committee

**ACTIONS:** The Medical Staff accepted the fourth quarter 2020 committee report without actions or recommendations.

b. Antibiotic Usage

1. Most Frequently Used Antibiotics

	<b>IV</b>	<b>ORAL</b>
<b>JANUARY</b>	Rocephin	Amoxil
<b>FEBRUARY</b>	Rocephin	Amoxil/Penicillin VK
<b>MARCH</b>	Rocephin	Amoxil

c. Pharmacy Ongoing Monitors

1. Review of Outcome Summaries

**ASPECT OF CARE:** Emergency Room and Nursing Floor Carts

**FINDINGS:**

<b>JANUARY</b>	Emergency Room	94%
	Nursing Floor	100%
<b>FEBRUARY</b>	Emergency Room	93%
	Nursing Floor	100%
<b>MARCH</b>	Emergency Room	96%
	Nursing Floor	100%

**ASPECT OF CARE:**

Nursing Care Units and Medication Areas

**FINDINGS:**

**JANUARY**-----100%

**FEBRUARY**-----100%

**MARCH**-----100%

**ASPECT OF CARE:**

Schedule II, III-IV Drug Control Review and Prescription Review Control

**JANUARY**-----There were no incidents this month.

**FEBRUARY**-----There were no incidents this month.

**MARCH**-----There were no incidents this month.

d. Medication Errors

1. **JANUARY**-----There were no medication errors this month.

2. **FEBRUARY**-----There were no medication errors this month.

3. **MARCH**-----There were no medication errors this month.

e. Adverse Drug Reactions

1. **JANUARY**-----There were no adverse drug reactions this month.
2. **FEBRUARY**-----There were no adverse drug reactions this month.
3. **MARCH**-----There were no adverse drug reactions this month.

f. Formulary Additions/Requests for Non-Formulary Drugs

1. **JANUARY**-----There were no requests this month.
2. **FEBRUARY**-----There were no requests this month.
3. **MARCH**-----There were no requests this month.

g. Drug Recalls

1. No recalled medications affected Prevostrin at Memorial Hospital during the first quarter 2021.

There were no recalls from any other departments within the facility for the first quarter 2021.

h. Outdated Drugs

1. Drug areas were checked and outdated medications have been removed and/or replaced.

The Board accepted this report as presented.

### 3. Blood Usage Committee

#### a. Statistics

1. There were 14 units of packed cells transfused to 6 patients in the first quarter 2021.
  - 1 inpatient/observation, 1 outpatient and 4 emergency room patient transfusions were given.
  - There were 14 units cross-matched this quarter on 6 patients.
  - 0 units of blood were not transfused
  - There were 0 incompatible units this quarter. There were 0 wasted units of packed cells this quarter. There were 0 units of Albumin administered this quarter to 0 patients.
  - There were 0 units not used and 0 units were incompatible with patient. 0 units of platelets were given. All charts were available for review.

#### b. Performance Improvement Review

Patients were evaluated per 4 processes—Appropriateness, Preparation, Monitoring, Discharge

**ORDERING:** There were 0 discrepancies.

6—Patient met criteria for  
administration

6—Orders complete

**FINDINGS:**

None

**ACTIONS:**

None needed

**DISTRIBUTING, HANDLING, DISPENSING:** There were 0 discrepancies.



14—Products signed out properly

14—Products hung within 30 minutes

of signing out

0—Units wasted

**FINDINGS:**

None

**ACTIONS:**

None needed

**ADMINISTERING:** There were 0 discrepancies.

6—Baseline patient information

obtained: VS, allergies, orders,

assessment

6—Consent signed

6—Vital sign protocol followed

14—Units administered within 4

hours.

**FINDINGS:**

None

**ACTIONS:**

None needed

**MONITORING EFFECTS ON PATIENTS:**

There were 0 discrepancies.

6—Vital signs stable on discharge

6—Patient received appropriate

discharge instruction or was  
transferred to another facility.

0—Adverse reactions reported,  
appropriate actions taken

**FINDINGS:**

None

**ACTIONS:**

None needed

c. Adverse Reactions

1. No adverse reactions noted.

d. Physician Ordering Practices

1. There were no problems with physician's ordering practices noted for the first quarter 2021.

e. Policy Changes

1. There were no changes to policies this quarter.

f. Additional Information

1. Note from Michael Cataldo, Laboratory Director: Due to the recent changes in the blood transfusion technology the Blood Transfusion Requisition Form was changed to say: Cross-match compatible by Gel Technology IgG Coombs.

The Board accepted this 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

**PROCESS:**

Ordering practices for imaging procedures (radioactive), CT are appropriate.

**FINDINGS/CONCLUSIONS:**

There was 1 CT procedure done in the first quarter 2021.

0 records required further medical staff review.

0 records required further review by another department

**RECOMMENDATIONS/ACTIONS:**

No actions needed. We will continue to monitor.

**PROCESS:**

Diagnostic/Follow Up Radiology ordered appropriately.

**FINDINGS/CONCLUSIONS:**

100% medical records were reviewed for the first quarter 2021.

There were 4 medical records for review for the first quarter 2021.

0 records required further Medical Staff review.

0 records required further review by another department

**RECOMMENDATIONS/ACTIONS:**

No actions needed. We will continue to monitor.

**PROCESS:**

Management of patients with pneumonia is appropriate.

**FINDINGS:**

1 medical record was reviewed for the first quarter 2021.

0 records required further Medical Staff review.

0 records required further review by another department

**RECOMMENDATIONS/ACTIONS:**

No actions needed. We will continue to monitor.

**PROCESS:**

Management of patients with IDDM is appropriate.

**FINDINGS:**

100% medical records were reviewed for the first quarter 2021.

There was 1 medical record for review for the first quarter 2021.

0 records required further Medical Staff review

0 records required review by another department

**RECOMMENDATIONS/ACTIONS:**

No actions needed. We will continue to monitor.

**PROCESS:**

Monitoring patient response. Appropriate evaluation of in-patients receiving Digoxin, Theophylline, and Phenytoin.

**FINDINGS:**

There were 0 medical records for review for patients who received Digoxin, Phenytoin and/or Theophylline for the first quarter 2021.

0 records required further Medical Staff review.

0 records required review by another department.

**RECOMMENDATIONS/ACTIONS:**

None needed. Continue ongoing monitoring.

**PROCESS:**

Management of patients with pain is appropriate.

**FINDINGS:**

0 medical records were reviewed for the first quarter 2021.

0 medical records for review

0 records required further Medical Staff review

0 records required review by another department

**RECOMMENDATIONS/ACTIONS:**

None needed. Continue ongoing monitoring.

**PROCESS:**

Management of patients with pressure ulcers is appropriate

**FINDINGS:**

There were 0 medical records for review for the first quarter 2021.

0 records required further Medical Staff review

0 records required further review by another department

**RECOMMENDATIONS/ACTIONS:**

None needed. Continue ongoing monitoring.

**PROCESS:**

Management of patients with restraints is

appropriate

**FINDINGS:**

0 patients with restraints for the first quarter 2021

0 records were reviewed.

0 records required further review by Medical Staff.

0 records required further review by another  
department.

**RECOMMENDATIONS/ACTIONS:**

None needed. Continue ongoing monitoring.

- l. Patient Satisfaction Survey
- m. Emergency Department
- n. Pharmacy and Therapeutics Committee
- o. Infection Control
- p. Safety—First Quarter

Period Covered: January, February, & March 2021

- q. Surgery
- r. Laboratory
- s. Social Services
  - t. Dietary

#### **1. PROCESS:**

Provision of food in a safe and timely manner

##### **MEASURE:**

Maintenance of equipment temperature to prevent  
food spoilage

##### **FINDINGS:**

Maintenance of equipment temperatures showed a 97% compliance rate in the first quarter of 2021.

##### **CONCLUSIONS/RECOMMENDATIONS:**

These findings are 1% lower than the fourth quarter of 2020, and 2% above the threshold of 95%.

##### **ACTIONS:**

Dietary manager will continue to check temperatures during the morning and afternoon. She will also continue reminding cooks and aides to take and retake temperatures as needed.

##### **EVALUATION/FOLLOW-UP:**

Equipment temperatures will continue to be logged and any missing information will be addressed as a whole.

## **2. PROCESS:**

Patient's nutritional needs are assessed and evaluated.

### **MEASURE:**

A nutritional follow-up is completed within 1-3 days of initial assessment and weekly thereafter.

### **FINDINGS:**

No patients for the first quarter 2021.

### **CONCLUSIONS/RECOMMENDATIONS:**

Recommended continuing current follow up process.

### **ACTIONS:**

No corrective actions need to be taken. Will continue to work with the dietary manager, kitchen staff and nursing staff to ensure that evaluation parameters continue to be met.

### **EVALUATION/FOLLOW-UP:**

Will follow up and re-evaluate in 3 months to ensure follow up assessments are completed within protocol.

## **3. PROCESS:**

Patient's nutritional needs are assessed and evaluated.

### **MEASURE:**

The nutritional screen is completed within 24 hours of admission.

### **FINDINGS:**

No patients for the first quarter 2021.

### **CONCLUSIONS/RECOMMENDATIONS:**



Recommend improvement in communication to the Registered Dietician via the kitchen staff and the dietary manager.

**ACTIONS:**

Continue current screening/communication process.  
Improve effective communication between dietary manager and kitchen staff to ensure appropriate timing of nutrition screening.

**EVALUATION/FOLLOW-UP**

The Registered Dietician will follow up re-evaluate in 3 months to ensure nutrition screens are completed within protocol.

**4. PROCESS:**

Patient's nutritional needs are assessed and evaluated.

**MEASURE:**

Patient's meeting nutrition criteria for intervention, Level II, are identified upon screen. Results are faxed to the Registered Dietitian and a nutritional assessment is completed within 48 hours of initial screen.

**FINDINGS:**

No patients for the first quarter 2021.

**CONCLUSIONS/RECOMMENDATIONS:**

Recommend continued communication plan with dietary manager.

**ACTIONS:**

Will continue to work with dietary manager, kitchen staff and nursing staff to ensure evaluation parameters are improved upon next quarter.

**EVALUATION/FOLLOW-UP:**

We will follow up in 3 months to ensure nutrition assessments are completed within protocol.

**5. PROCESS:**

Provision of food in a safe and timely manner

**MEASURE:**

Maintenance of food temperature to prevent food spoilage

**FINDINGS:**

Maintenance of food temperatures showed a 91% compliance in the first quarter of 2021.

**CONCLUSIONS/RECOMMENDATIONS:**

These findings are 2% lower than the fourth quarter of 2020, but 4% under the threshold of 95%.

**ACTIONS:**

Dietary manager will be sure to double check and verbally remind cooks and aides to take temperatures as part of their daily routine.

**EVALUATION/FOLLOW-UP:**

Food temperatures will continue to be logged for breakfast and lunch daily. Missing information will be addressed as a whole.

**6. PROCESS:**

The patient's nutritional needs are assessed and evaluated.

**MEASURE:**

Patients were weighed every day during their inpatient stay.

**FINDINGS:**

No patients for the first quarter 2021.

**CONCLUSIONS/RECOMMENDATIONS:**

Recommend improvement from nursing staff and dietary manager to ensure daily weights are documented.

**ACTIONS:**

Will work with dietary manager, kitchen staff and nursing staff to ensure evaluation parameters are improved upon.

**FOLLOW-UP:**

Will follow up and re-evaluate in 3 months to ensure daily weights are completed within protocol.

**7. PROCESS:**

The patient's nutritional needs are assessed and evaluated.

**MEASURE**

The patients are weighed on admission.

**FINDINGS:**

No patients for the first quarter 2021.

**CONCLUSIONS/RECOMMENDATIONS:**

Recommend continued communication with nursing staff to ensure patients are weighed upon every admission.

**EVALUATION/FOLLOW UP:**

Will follow up and re-evaluate in 3 months to ensure admit weights are completed within protocol.

- u. Respiratory Therapy
  - v. Housekeeping
- w. Radiology
- x. Physical Therapy
- y. Nursing Department
- z. Old Business
- 1. None to report.
- aa. New Business
  - 1. None to report.

bb. Teams

5. Infection Control Committee

a. Nosocomial Infections

- 1. **JANUARY**                None reported.
- 2. **FEBRUARY**            None reported.
- 3. **MARCH**                None reported.

b. Community Infections

<b>MONTH</b>	<b>UTI</b>	<b>SPUTUM</b>	<b>BLOOD</b>	<b>WOUND</b>	<b>TOTAL</b>
<b>JANUARY</b>	0	0	0	0	0
<b>FEBRUARY</b>	0	0	0	0	0
<b>MARCH</b>	0	0	0	0	0

c. Communicable Diseases Reported

- 1. **JANUARY**    4 Chlamydia  
                  1 Gonorrhea  
                  1 Hepatitis C  
                  1 Hepatitis B

4 COVID IgG, Igm

372 Sars COVID

- 2. **FEBRUARY**   3 Chlamydia  
                  2 Gonorrhea

2 Hepatitis C

2 COVID IgG, Igm

152 Sars COVID

3. **MARCH** 2 Chlamydia

2 COVID IgG, Igm

129 Sars COVID

d. Isolations

1. None

e. Bacterial Isolates

1. See attached sheets.

f. Antibiotic Usage Trends

	<b>IV Drug</b>	<b>Oral Drug</b>
<b>JANUARY</b>	Rocephin	Amoxil
<b>FEBRUARY</b>	Rocephin	Amoxil/Penicillin VK
<b>MARCH</b>	Rocephin	Amoxil

g. Employee Orientation/Health

1. There were 2 new employee orientations completed this quarter.

There was 1 needle stick follow-up.

The Infection Control Nurse began employee COVID-19 vaccinations in December 2020. The second dose of the Pfizer vaccine was completed on 25 employees in January 2021. During this quarter the Pfizer vaccine was administered to 22 more employees.

Ongoing encouragement will continue to assist additional employees to receive COVID-19 vaccinations. Employees are required to do daily temperature checks, report illnesses and wear masks.

h. In-service Education

1. Hand washing audits are done quarterly to monitor employee compliance. There was a 90% compliance rate this quarter.

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. The autoclave was within normal limits for the first quarter 2021.

j. Product/Procedure Consult

1. COVID-19 policies are 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. New Business

1. None

6. Corporate Compliance

a. Mr. Vince Cataldo gave this report to the Board. There were no corporate compliance issues for the first quarter of 2021.

The Board accepted this report as presented.

## **VI. OLD BUSINESS**

### **A. Recruitment and Retention (Ms. Loretta Larvadain)**

1. Ms. Loretta Larvadain gave this report to the Board. The nursing department has been having ongoing problems with staff shortages since December 2020. We are still struggling to fill shifts. Advertising on Facebook, the hospital website and newspaper have not provided any candidates. One staffing agency has provided two nurses for a limited number of shifts per week.

### **B. Electronic Medical Records/Promoting Interoperability Program**

(Dr. Nagaratha Reddy) (Care South)

#### **1. Electronic Medical Record**

a. Mr. Vince Cataldo gave this report to the Board. Athenahealth go live was August 6, 2019. Dr. Nagaratha Reddy and Care South requested an interface with our electronic medical record system. Dr. Reddy's interface has been completed for x-rays, but we are still working on the lab portion. Care South's interface is on hold. 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 Board. We filed for exception for the 2020 Promoting Interoperability Program because we did not meet the requirements. A follow up report will be given at the next regular meeting.

### **C. C T Scan Services**

1. Mr. Vince Cataldo gave this report to the Board. There were 76 CT Scans performed on 67 patients in March 2021. There were 45 emergency patients, 22 outpatients and 0 inpatient scans. Of the 76 scans performed 53 emergency scans, 23 outpatient scans and 0 inpatient scans were performed. There were 2 patients scanned for cardiac calcium scoring. There were 7 bone density studies done in March 2021. There were 0 low dose CT lung cancer screenings.

#### D. Tele-Stroke

1. There was one (1) mock stroke patient and two (2) stroke patients seen in the emergency room in March 2021. Thrombolytics were not administered. The robot was not utilized.

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

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.

#### F. Hospital Improvements and Renovations (Mr. Henry Chauvin & Mr. Glenn Higgins)

1. Mr. Vince Cataldo gave this report to the Board. Mr. Henry Chauvin, Mr. Glenn Higgins and Ms. Traci LaMoyne met with Mr. Vince Cataldo to discuss moving this project forward. Mr. Chauvin is also contacting the engineers working on this project. A follow up report will be given at the next regular meeting.

#### G. Adjacent Property

1. Mr. Vince Cataldo gave this report to the Board. An affidavit was signed on July 9, 2020 to expropriate the remaining one third of this property. Mr. Steve Irving filed the motion for summary judgement on August 31, 2020. The order for the judge to set it for hearing was filed in the last week of September. A hearing was held on January 11, 2021.



The judge ruled in our favor. The hospital deposited Mr. Claude Legendre's payment for the property with the courts on February 22, 2021. Mr. Legendre has filed an appeal and will need to pay \$2,054.50 by the close of day on April 19, 2021. Mr. Legendre did not meet the deadline on April 22, 2021. Mr. Irving filed a motion to dismiss the appeal. Mr. Legendre can pay up to the dismissal hearing. The dismissal hearing is scheduled for June 14, 2021 at 9:00am. A follow up report will be given at the next regular meeting.

#### H. Detox Services (Inpatient Withdrawal Management)

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.

#### I. National Fitness Campaign

1. Mr. Vince Cataldo gave this report to the Board. Mr. Vince Cataldo spoke with Mr. Lee Melancon on Friday, March 12, 2021. Mr. Melancon mentioned having an opening of the fitness park prior to a Board meeting for the hospital and the city officials. On the day of the next health fair, we could have the fitness park as one of the health fair stations. This could be the opening of the park for the public. Ms. Danielle Bernard is working with Mr. Lee Melancon to get this park opened. A follow up report will be given at the next regular meeting.

#### J. Drainage Impact Study (GSA Proposal)

1. Mr. Vince Cataldo gave this report to the Board. Mr. Robert Utley (mechanical engineer) is planning to replace the entire sewer line on PMH property with PVC. Mr. Vince Cataldo called Mr. Utley in early October and asked him to get this project started. Mr. Henry Chauvin is working with Mr. Utley and GSA representatives to get this work completed. We will need the Legendre property to store dirt from the retention ponds. A follow up report will be given at the next regular meeting.

#### K. Mammography

1. Mr. Vince Cataldo gave this report to the Board. The March 2021 numbers have doubled from March of 2020. We are still expecting a slow month in April as we did not perform any mammograms due to COVID-19 in the month of April in 2020. We are continuing to send reminder letters and follow ups with those that didn't show up for their yearly exams. A follow up report will be given at the next regular meeting.

#### L. COVID-19

1. Mr. Vince Cataldo gave this report to the Board. Currently all employees and patients are having a temperature screening at the 2 admit locations in the building. Face masks are also being provided to everyone. We will continue to monitor the COVID-19 situation and remain within all required regulations.

2. Mr. Vince Cataldo gave this report to the Board. Prevost Hospital's lab is performing a Nucleic Acid Amplification test for COVID-19 in-house. Records reveal the following test results as of April 28, 2021.

#### NAA (Nucleic Acid Amplification) Commercial & In-house Testing

2491 Tests performed

572 Positive results

1919 Negative results

0 Pending

(23% positive findings)

#### In-House Testing (Antibody)

This in-house antibody testing was discontinued on

January 28, 2021. Total = 691

The lab has thus far obtained 3182 tests. In-house Antibody testing began on April 4, 2020, commercial testing began on March 16, 2020 and in-house NAA testing began on September 24, 2020. The in-house antibody test is no longer available at Prevost.

#### M. Update PMH Hand Book (Ms. Stacey Nichols)

1. Ms. Stacey Nichols gave this report to the Board. Ms. Stacey Nichols is working on the timekeeping section of the handbook. Ms. Nichols would like to meet with all employees to have them sign a notice of overtime calculation using the forty-hour work week system. **SEE ATTACHED.** Mr. Mike Medine motioned to accept this over-time system to satisfy the Fair Labor Standards Act (FLSA). Mr. Glenn Robert seconded the motion and the motion carried. The effective date of this over-time system will be May 30, 2021. A follow up report will be given at the next regular meeting.

#### N. Get Updated Equipment

##### 1. Ventilators

a. Mr. Vince Cataldo gave this report to the Board. Mr. James Breaux has decided to request a new pulmonary function machine for his department. A request for proposals is in progress. A follow up will be given at the next regular meeting.

#### O. Employee Matters (Ms. Stacey Nichols)

##### 1. Salary Survey

a. Ms. Stacey Nichols agreed to do a salary survey for this region. Ms. Nichols completed the salary survey for this region and submitted the final work on September 23, 2020. She submitted four different proposals to be reviewed. A meeting was held on April 26, 2021 to discuss salaries before the April Board meeting. The recommendation presented to the Board was to give a one dollar across the board pay increase for all employees. Mr. Mike Medine motioned to approve this recommendation. Mr. Glenn Robert seconded the motion and the motion carried. Ms. Nichols will inform each employee as she meets with them concerning the standard over-time system.

Other adjustments to the payroll will be made as soon as time permits. A follow up will be given at the next regular meeting.

P. Surplus Property (Mobile Home)

1. Mr. Vince Cataldo gave this report to the Board. The mobile home has been demolished and will be moved to the adjacent property and burned a little at the time. We are waiting for the property to be cleared through the courts. There is no new information to report at this time. A follow up report will be given at the next regular meeting.

Q. Envision (Emcare) Contract

1. Mr. Vince Cataldo gave this report to the Board. The amended agreement has been signed with Envision (See Attached). Mr. Cataldo is encouraging the company to increase the inpatient census. A meeting is scheduled with Envision Representatives on May 17, 2021. A follow up report will be given at the next regular meeting.

R. Board Self-Assessment

1. Each Board member was given a self-assessment packet to complete for the year 2020. A follow up report will be given at the next regular meeting.

S. Louisiana Compliance Questionnaire

1. Each Board member was given a questionnaire to complete for Postlethwaite & Netterville. All questionnaires were completed and returned to Postlethwaite & Netterville.

T. Telemetry System for Emergency Department

1. Mr. Vince Cataldo gave this report to the Board. The new GE Telemetry System ordered on January 28, 2021 was installed on April 5, 2021. Ms. Loretta Larvadain said the system is definitely an upgrade from the Mindray system.

U. EKG Machines

1. Mr. Vince Cataldo gave this report to the Board. The two new MAC 5500 HD (EKG Machines) with WiFi capabilities were ordered on March 2, 2021. This equipment

arrived on April 13, 2021 and we have been given the runaround from Southern Medical. On April 27, 2021 we spoke with the president of the company and the meeting was productive. We are still having to transmit by telephone line. A follow up report will be given at the next regular meeting.

## **VII. NEW BUSINESS**

### **A. Applications for Review and Approval of Provisional Privileges**

1. The following applicants were presented to the Board for review and approval of provisional privileges.

- a. Latonya L. Isaac, N.P.; Wound Care
- b. Naoki Murai, M.D.; Virtual Radiology
- c. Sharif Kershah, M.D.; Virtual Radiology

Following a review of the applicants, Mr. A.J. Gomez motioned to approve the applicants for provisional privileges. Mr. Glenn Robert seconded the motion and the motion carried.

### **B. Applications for Review and Approval of Full Privileges**

1. There were no applicants presented to the Board for review and approval of full privileges.

### **C. 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. Ascension Parish Government should be receiving COVID-19 stimulus money for the entire parish. This funding is based on the Federal Anti-Poverty Funding Formulas. A meeting was held on April 21, 2021 (evening) to discuss this matter.

Mr. A. J. Gomez and Mr. Cataldo visited the Thibodaux Fitness Center on April 22, 2021. Mr. Gomez reported that he was impressed with the facility and the services offered to its members. A follow up report will be given at the next regular meeting.

#### D. Health Fair

1. At the MEC meeting on April 20, 2021 Mr. Vince Cataldo asked the MEC members for their thoughts on having a health fair this year in June. The MEC members suggested spreading out the Health Fair to include the covered walk way in the front of the hospital. The members stressed social distancing and to utilize the inside of the building for Dermatology, Ophthalmology, Audiology, SMAC Collection, New Equipment Review and Snacks. Following a discussion, the Board had no objection to having a health fair.

#### E. LifePak Defibrillators

1. Mr. Vince Cataldo gave this report to the Board. Our defibrillators were purchased in 2010 and 2014. One of them is needing major repairs. Following a discussion Dr. Glenn Schexnayder motioned to approve two new LifePak 20e defibrillators/monitors with pacing packages. Mr. Michael Medine seconded this motion and the motion carried.

### **VIII. EXECUTIVE SESSION**

A. No executive session was called.

### **IX. CONTINUING EDUCATION**

A. A copy of the following articles was given to each Board member.

1. Printed Material

a. Financial Impacts to Hospitals

(Impact Weekly 3/29/21)

b. MOB (Clinic Drive)

(Exhibit D)

c. State logs 125 virus cases among fully vaccinated people

(The Advocate 4/3/21)

d. New Virus aid law has winners and bigger winners

(The Advocate 4/5/21)

e. 1870s building to be reborn

(The Advocate 4/12/21)

f. Thibodaux Region Health building wellness center

(The Advocate 4/15/21)

g. Pfizer CEO: Third booster shot 'likely' needed

(The Advocate 4/16/21)

## **X. ADJOURNMENT**

A. There being no further business to discuss, a motion for adjournment was made by Mr. Glenn Robert. The motion was seconded by Dr. Glenn Schexnayder.

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**Dr. Michel Hirsch, Board Chairman**

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**Mr. Vince Cataldo, Administrator/Secretary**