



# *Prevoist Memorial Hospital*

301 Memorial Drive  
Donaldsonville, LA 70346  
Ph# 225-473-7931

Board of Commissioners:  
Michel Hirsch, M.D., Chairman  
Glenn Schexnayder, M.D., Vice-Chairman  
A.J. Gomez, Treasurer  
Michael Medine, Recording Secretary  
John Marchand, Commissioner

Vince A. Cataldo  
Administrator  
Joint Commission Approved

**January 27, 2022**

## **BOARD OF COMMISSIONERS MEETING AGENDA**

- I. Call to Order
- II. Roll Call
- III. Public Comment
- IV. Reading and Approval of Minutes
- 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. 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. CT Scan Services
- D. Tele-Stroke
- E. La. Health Care Quality Forum—La. Health Information Exchange (LAHIE)
- F. Hospital Improvements & Renovations
- G. National Fitness Campaign
- H. Drainage Impact Study
- I. Update on Mammography
- J. Covid-19 Update
- K. Updated PMH Handbook
- L. Employee Matters (Ms. Stacey Nichols)
- M. West Ascension Parish
- N. MOB (214 Clinic Drive)
- O. Fuel Storage on Property for Disasters
- P. Applications for Review & Reappointment

VII. New Business

- A. Applications for Review and Approval of Provisional Privileges
- B. Applications for Review and Approval of Full Privileges
- C. Applications for Review and Reappointment
- D. Ladies Auxiliary Bylaws (Review and Approval)
- E. MEC Bylaws (Review and Approval)
- F. Board Bylaws (Review and Approval)
- G. Review and Approve All Contracts (Review and Approval)
- H. Louisiana Compliance Questionnaire
- I. Board Self-Assessment
- J. The Blood Center
- K. Emergency Room Roof Repair

VIII. Continuing Education

- A. Printed Material
  - 1. Ochsner starts work on facilities (The Advocate 1/2/22)
  - 2. Mary Bird Perkins ends partnership (The Advocate 1/2/22)
  - 3. Hospitals around U.S. letting infected staff stay on the job (The Advocate 1/11/22)
  - 4. Capital Area Human Services – Reset, Restore, Recover (Flyer 1/29/22)

IX. 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:** January 27, 2022

**TIME:** 12:00 Noon

**PLACE:** Prevost Memorial Hospital Conference Room

**MEMBERS:**

Dr. Michel Hirsch, Chairman  
Dr. Glenn Schexnayder, Vice Chairman  
Mr. John Marchand  
Mr. Michael Medine, Recording Secretary  
Mr. A.J. Gomez, Treasurer  
Mr. Vince Cataldo, Administrator

**ABSENT:**

Ms. Loretta Larvadain, DON

**OTHERS PRESENT:**

Ms. Nobie Landry, CFO

**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. Ms. Loretta Larvadain – absent.

**III. Public Comment**

A. None

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

A. There was no objection to the minutes of the December 21, 2021 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. A.J. Gomez and a second by Mr. John Marchand, 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 November 2021 was \$113,456.78. This total showed an increase from November 2020.

3. Medical Staff/MEC 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.

<b>SOCIAL SERVICES</b>	<b>December 2021</b>
Patient Visits	0
Consultations	0
Acute	0
Hospice	0
Swing	0

b.

<b>MEDICAID REVIEW</b>	<b>December 2021</b>
Admits	0

c.

<b>MONTHLY DENIALS</b>	<b>December 2021</b>
Denials	0

d.

<b>PHYSICIAN QUALITY PROBLEMS</b>	<b>December 2021</b>
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 December 2021.

- f. Notice of Admission Denial: None for December 2021.

g.

<b>MEDICARE / LHCR REVIEW</b>	<b>December 2021</b>
Acute	0
Swing	0
Hospice	0
Inpatient Charts Requested for Review	0

h.

<b>QA/I REVIEW</b>	<b>December 2021</b>
<b>ADMISSIONS:</b>	
Acute Admissions	0
Swing Admissions	0
Hospice Admissions	0
Observation Admissions	2
Acute Inpatient Admits (screened against PI criteria)	0
Transferred	0
Readmitted (within 31 days)	0
Exceeded approved length of stay	0
Variances to review from November 2021	0
<b>DISCHARGES:</b>	
<b>Acute Discharges</b>	<b>0</b>
• 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
<b>Acute Deaths</b>	<b>0</b>
<b>Swing Discharges</b>	<b>0</b>
<b>Swing Deaths</b>	<b>0</b>
<b>Hospice Discharges</b>	<b>0</b>
<b>Hospice Deaths</b>	<b>0</b>

The Board accepted this report as presented.

5. Operative and Invasive Procedures Committee
  - a. Wound Care Clinic

WOUND CARE CLINIC	December 2021
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Patients seen	61
Specimen submitted	0

b. Emergency Department

EMERGENCY DEPT.	December 2021
Specimens received	0

c. Pathologist Review

PATHOLOGIST REVIEW	December 2021
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 January 2022 Emergency Room Committee meeting covering statistics for the month of December 2021.

There were no objections to the minutes as presented. See attached

<b>December 2021 ER Stats</b>	
Total Patients	746
Admissions	0
Observations	2
Transfers to another facility	18
Mortality	2
DOA	2
Codes not DOA	0
Positive Results	0
AMA	7
Left without being seen (includes triage)	29
Left prior to triage	14
Eloped (LDTX)	7
Returns to ED within 72 Hours	21
Returns w/same symptoms	15
Returns w/different symptoms	6
Patients received x-rays	141
Interpretations differed from radiologist (ER Physician #8)	1
# of Patients received CT Scans	47
# of CT Scans	69
Interpretations differed from radiologist (Physician A.D.)	1
Cardiac Thrombolytic administrations	0
Stroke Thrombolytic administration	0

The Board accepted this report as presented.

7. Safety Committee (12/1/21 to 12/31/21)

a. Committee Reports

1. Environment of Care

a. Equipment Management Plan

1. The Hear radio test was completed successfully on December 6, 13, 20, 27, 2021.
2. The monthly generator test was performed on December 5, 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 December 5, 2021.

d. Fire Prevention Plan/Life Safety Management Plan

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

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

<b>INCIDENTS</b>	<b>No. of Incidents</b>
➤ Employee	0
➤ Physician	0
➤ Outpatient	0
➤ Visitor	0

- 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. Pharmacy reports recalls on a quarterly basis.
  - 2. There were no other recalls in any other department reported.
  
- d. General Safety
  - 1. There was no activity to report at this time. We will continue to monitor.

- b. Old Business for Safety Committee
  - 1. We are in a COVID-19 pandemic and are daily assessing the OEP and the President of the United States. We are following the visitor COVID-19 Policies. Each department in the hospital is also checking daily temperatures on employees. This should be followed and if any issues occur contact our Infection Control Nurse.

- c. New Business for Safety Committee
  - 1. None

The Board accepted this report as presented.

## 8. Administrative

### a. Complaints

- 1. There was one complaint received in December 2021.
  - a. Patient # 604470 had a complaint for 2 ER physicians in September but did not report the complaint until December 7, 2021. This complaint was forwarded to the ER Director and was resolved.  
Date of Complaint: 12/7/21  
Physician #9 & Physician #8



b. Pending Litigation

NAME	FILED	CLOSED
Kaiden LeBlanc	09/28/12	
James Mulvey	10/04/19	
Lynn Landry	08/19/20	
Stephen Brandly	09/28/20	

**B. QUARTERLY REPORTS**

1. Medical Records Committee

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

b. Opened and Closed Record Review

RECORD REVIEW	4 <sup>th</sup> Qtr
Open Medical Records	0
Closed Medical Records	5

Note: Used 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.

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	100%	None
Verbal orders are authenticated within defined time frame when required by law/regulations		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
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c. Performance Improvement Mortality Review (4<sup>th</sup> Qtr 2021)

<b>Inpatient Mortality Review</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>
Acute Death	0	0	0
Swing Death	0	0	0
Hospice Death	0	0	0

d. Performance Improvement Monitor (4<sup>th</sup> Quarter 2021)

<b>Charts not completed by Physician</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>
Inpatient/Swing	0	0	0
Missing H&P's, Discharge Summaries and/or unsigned orders.			

<b>E.R. Patients</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>
No. of Patients	468	466	720

The Board accepted this report as presented.

2. Pharmacy & Therapeutics Committee
  - a. Follow Up Drug Usage Review

The Board accepted the third quarter 2021 committee report without actions or recommendations.

b. Antibiotic Usage

<b>MOST FREQUENTLY USED</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>
IV	Rocephin	Rocephin	Rocephin
ORAL	Amoxil	Amoxil	Azithromycin

c. Pharmacy Ongoing Monitors

<b>Review of Outcome Summaries</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>
<b>ASPECT OF CARE</b>			
Emergency Room Floor Carts	90%	96%	94%
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

	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>
Medication Errors	0	0	0
Adverse Drug Reactions	0	0	0
Drug Recalls	0	0	0
Outdated Drugs	Drug areas checked and outdated medications have been removed and/or replaced. Medication labeling process implemented to identify items that will be going out of date.		

The Board accepted this report as presented.

3. Blood Usage Committee

a. Statistics

<b>4<sup>th</sup> Quarter Statistics</b>	<b># of Units</b>	<b># of Patients</b>
<b>Packed Cells Transfused</b>	<b>7</b>	<b>5</b>
➤ Inpatient/Observations		0
➤ Outpatient		2
➤ Emergency Room		3
<b>Cross Matched</b>	<b>9</b>	<b>5</b>
<b>Blood not transfused</b>	<b>2</b>	
<b>Incompatible</b>	<b>0</b>	
<b>Wasted</b>	<b>0</b>	
<b>Albumin Administered</b>	<b>0</b>	
<b>Incompatible with patient</b>	<b>0</b>	
<b>Platelets given</b>	<b>0</b>	
All charts were available for review.		

b. Performance Improvement Review

(Patients were evaluated per 4 processes. Appropriateness, Preparation, Monitoring, Discharge).

<b>1. PROCESS - ORDERING</b>
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Discrepancies	0
Patients met criteria	5
Orders complete	5
FINDINGS: None	
RECOMMENDATIONS/ACTIONS: None needed	

<b>2. PROCESS – DISTRIBUTING, HANDLING, DISPENSING</b>
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Discrepancies	0
Products signed out properly	7
Products hung within 30 minutes of signing out	7

FINDINGS: None

RECOMMENDATIONS/ACTIONS: None needed

<b>3. PROCESS – ADMINISTERING</b>
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Discrepancies	0
Baseline patient information obtained (VS, allergies, orders, assessment)	5
Consent signed	5
Vital sign protocol followed	5
Units administered within 4 hours	7
FINDINGS: None	
RECOMMENDATIONS/ACTIONS: None needed	

<b>4. PROCESS – MONITORING EFFECTS ON PATIENTS</b>
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Discrepancies	0
Vital signs stable on discharge	5
Patient received appropriate discharge or was transferred to another facility	5
Adverse reactions reported, appropriate actions taken	0
FINDINGS: None	
RECOMMENDATIONS/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 third quarter 2021.
- e. Policy Changes
  - 1. There were no changes to policies this quarter.
- f. Additional Information
  - 1. None.

The Board accepted this report as presented.

- 4. Performance Improvement Committee
  - a. Inpatient Mortality Review
  - b. Inpatient Morbidity Review
  - c. Inpatient Transfers
  - d. Operative & 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

1. PROCESS - Ordering practices for imaging procedures (radioactive) & CT are appropriate
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FINDINGS:	
CT procedures done	2
Records required further medical staff review	0
RECOMMENDATIONS/ACTIONS:	
Records sent to Medical Staff for further review	0
Will continue to monitor	

2. PROCESS - Diagnostic/Follow Up Radiology ordered appropriately
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FINDINGS:	
Records reviewed this quarter	3
Records required further medical staff review	0
RECOMMENDATIONS/ACTIONS:	
Records sent to Medical Staff for further review	0
Will continue to monitor	

3. PROCESS – Management of patients with Pneumonia is appropriate
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FINDINGS:	
Records reviewed this quarter	1
Records required further medical staff review	0
Records required review by another department	0
RECOMMENDATIONS/ACTIONS:	
Records sent to Medical Staff for further review	0
Will continue to monitor	

4. PROCESS – Management of patients with IDDM is appropriate
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FINDINGS:	
Records reviewed this quarter	1
Records required further medical staff review	0
Records required review by another department	0
RECOMMENDATIONS/ACTIONS:	
Records sent to Medical Staff for further review	0
Will continue to monitor	

5. PROCESS - Monitoring patient response. Appropriate evaluation of inpatients receiving Digoxin, Theophylline, and Phenytoin
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FINDINGS:	
Records reviewed this quarter	0
Records required further medical staff review	0
Records required review by another department	0
RECOMMENDATIONS/ACTIONS:	
Records sent to Medical Staff for further review	0
Will continue to monitor	

6. PROCESS – Management of patients with pain is appropriate

FINDINGS:

Records reviewed this quarter	0
Records required further medical staff review	0
Records required review by another department	0

RECOMMENDATIONS/ACTIONS:

Records sent to Medical Staff for further review	0
Will continue to monitor	

7. PROCESS – Management of patients with pressure ulcers is appropriate

FINDINGS:

Records reviewed this quarter	0
Records required further medical staff review	0
Records required review by another department	0

RECOMMENDATIONS/ACTIONS:

Records sent to Medical Staff for further review	0
Will continue to monitor	

8. PROCESS – Management of patients with restraints is appropriate

FINDINGS:

Patients with restraints	0
Records reviewed	0
Record required further review by Medical Staff	0
Records required review by another department	0

RECOMMENDATIONS/ACTIONS: None needed

Will continue to monitor

- l. Patient Satisfaction Survey
- m. Emergency Department
- n. Pharmacy and Therapeutics Committee
- o. Infection Control
- p. Safety – Fourth Quarter 2021 (October, November, December 2021)
- q. Surgery
- r. Laboratory
- s. Social Services
- t. Dietary

MEASURES/INDICATORS	Threshold	OCT	NOV	DEC
Food Temperature	95%	97%	96%	93%
Equipment Temperature	95%	96%	96%	99%

ACTIONS: Dietary Manager will continue to oversee temperatures and verbally remind cooks and aids to implement this as part of their daily routine.

FOLLOWUP: Temperatures are continuing to be logged for breakfast and lunch daily.

- u. Respiratory Therapy
- v. Housekeeping
- w. Radiology
- x. Physical Therapy

- y. Nursing Department
- z. Old Business
- aa. New Business
- bb. Teams

The Board accepted the Performance Improvement Committee report as presented.

5. Infection Control Committee

a. Nosocomial Infections

	OCT	NOV	DEC
Infections Reported	0	0	0

b. Community Infections

Month	UTI	SPUTUM	BLOOD	WOUND	TOTAL
OCT	1	0	0	0	1
NOV	0	0	0	0	0
DEC	0	0	0	0	0

c. Communicable Diseases Reported

Disease	OCT	NOV	DEC
Chlamydia	1	1	2
Gonorrhea	0	1	0
Hepatitis C	0	0	1

NOTE: COVID results reported by lab electronically.

d. Isolations

1. None

e. Bacterial Isolates

1. See attached sheets.

f. Antibiotic Usage Trends

MOST FREQUENTLY USED	OCT	NOV	DEC
IV	Rocephin	Rocephin	Rocephin
ORAL	Amoxil	Amoxil	Azithromycin

g. Employee Orientation/Health

1. There were 2 new employee orientations completed this quarter.
2. There were no needle stick follow-ups.
3. Ongoing encouragement will continue to assist additional employees to receive COVID-19 vaccinations.

4. 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 an 90% 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. The autoclave was within normal limits for the fourth quarter 2021.
- 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
6. Corporate Compliance
  - a. Mr. Vince Cataldo gave this report to the Board. There were no corporate compliance issues for the fourth quarter of 2021. 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. Electronic Medical Records--Athenahealth
    1. Athenahealth go live was August 6, 2019. Dr. Nagaratha Reddy and CareSouth requested an interface with our electronic medical record system. Dr. Reddy's interface has been completed for Lab, but we are still working on the x-ray portion (VASO). Testing is continuing and Ms. Michelle Clark is giving weekly updates. CareSouth's interface has been taken off of hold. This interface is in progress. Ms. Clark is giving weekly updates on this also. A follow up report will be given at the next regular meeting.
  - b. Ethics Training
    1. Mr. Vince Cataldo gave this report to the Ethics Committee. It is mandatory that all board members of public bodies and all hospital employees receive ethics training annually. We asked the Board members



and the hospital employees to retrain for year 2021 on numerous occasions. We will notify Board Members and employees that they need to complete the ethics training for year 2022. The deadline for this training is December 31, 2022.

The Board accepted this report as presented.

V. OLD BUSINESS

A. Recruitment and Retention

Mr. Vince Cataldo 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 and work shorthanded for most shifts. Ms. Larvadain reported that she is working shifts when no coverage is available. Advertising on Facebook, the hospital website, newspapers and Indeed. A follow up report 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 Board. 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 is still ongoing. CareSouth's interface details organized and plans are made. A contract to be sent in January. We will continue these weekly calls on Thursdays until the interfaces are completed. A follow up report will be given at the next regular meeting.

2. Promoting Interoperability Program

b. 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.

C. C T Scan Services

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

<b>December 2021</b>		
<b>Service</b>	<b>No. of Patients</b>	<b>No. of Exams</b>
X-rays ER	141	163
X-rays Out Patient	109	138
X-rays In Patient	0	0
CT Scan ER	47	53
CT Scan Out Patient	14	16
CT Scan In Patient	0	0
Bone Density	6	6
Cardiac Calcium Scoring	1	1
Lung Cancer Screening	0	0
Mammograms	64	64

- D. Tele-Stroke
  1. There was one (1) mock stroke patient and zero (0) stroke patients seen in the emergency room in December 2021. Thrombolytics were not administered. The robot was not utilized. The Robot should be utilized on all stroke patients.
  
- E. LA Health Care Quality Forum/La. Health Information Exchange (LAHIE)
  1. Mr. Vince Cataldo gave this report to the Board. LAHIE and Athena are emailing regularly regarding information needed, problems and work in progress. A follow up report will be given at the next regular meeting.
  
- F. Hospital Improvements
  1. Mr. Vince Cataldo gave this report to the Board. Mr. Henry Chauvin and Mr. Glenn Higgins have been meeting to get the drainage impact study approved. A follow up report will be given at the next regular meeting.
  
- G. National Fitness Campaign
  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.
  
- H. Drainage Impact Study
  1. Mr. Vince Cataldo gave this report to the Board. Mr. Henry Chauvin and Mr. Glenn Higgins have been meeting with McKim & Creed and Ascension’s Engineering Review Agency to resolve the issues with the drainage impact study. A follow up report will be given at the next regular meeting.
  
- I. Update on Mammography
  1. Mr. Vince Cataldo gave this report to the Board. There were 64 mammograms performed in December 2021. We are continuing to send reminder letters and follow ups. A follow up report will be given at the next regular meeting.
  
- J. COVID-19 Update
  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 January 26, 2022.

NAA (Nucleic Acid Amplification) Commercial & In-house Testing	
Commercial Testing	Began 3/16/2020
In-House Testing	Began 9/24/2020
Test performed	5,176

Positive Results	1,443
Negative Results	3,733
Pending	0
% Positive	28

Antibody Testing	
In-house antibody testing	Began 4/4/2020 Discontinued 1/28/2021
Total No of tests	691

Thus far the Lab has obtained 5,867 tests.

- K. Updated PMH Handbook (Ms. Stacey Nichols)
  - 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.
  
- L. Employee Matters
  - 1. Salary Survey
    - a. Mr. Vince Cataldo gave this report to the Board. Other adjustments to the payroll have been completed.
  
- M. 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. A follow up report will be given at the next regular meeting.
  
- N. MOB (214 Clinic Drive)
  - 1. Electrical Work (Exterior)
    - a. The main electrical box to the rear of the building is equipped with fuses and needs to be upgraded. Mr. Brandon Cortez (Electrical Engineer) with Castagnos, Goodwin & Utley did a site review and agrees that this needs an upgrade. This upgrade could include a quick connection for a portable generator. At the November meeting, the board approved having this upgrade designed. Mr. Brandon Cortez has been extremely busy with emergency work caused by Hurricane Ida. There is no new information to report at this time. A follow-up report will be given at the next regular meeting.
  - 2. Hurricane Damage
    - a. Mr. Vince Cataldo gave this report to the Board. We are waiting for the contractor to install the new canopy. A follow up report will be given at the next regular meeting.
  
- O. Fuel Storage on Property for Disasters
  - 1. Mr. Vince Cataldo gave this report to the Board. Vince is working with Mr. Frank Marcello on this project. A follow up report will be given at the next regular meeting.

P. Applications for Review and Reappointment

1. The following application for two-year reappointment was reviewed at the December 15, 2021 MEC meeting and at the December 21, 2021 Board of Commissioners meeting.

Name	Specialty
<b>Murray Hamilton, MD</b>	Virtual Radiology

The BOARD reviewed the medical staff member for reappointment. There were no objections to this applicant. Mr. John Marchand motioned to approve the applicant. Dr. Glenn Schexnayder seconded the motion and the motion carried.

VI. NEW BUSINESS

A. Applications for Review and Approval of Provisional Privileges

Name	Specialty	Provisional Status
<b>Dennis L. Buschman, MD</b>	Virtual Radiology	Approved
<b>Alix C. Hopp, MD</b>	Virtual Radiology	Approved
<b>Jill Wruble, DO</b>	Virtual Radiology	No action taken

Following a review of these applicants, Mr. A.J. Gomez motioned to approve two of the three applicants. Mr. Michael Medine seconded this motion and the motion carried. No action was taken on Jill Wruble, DO.

B. Applications for Review and Approval of Full Privileges

Name	Specialty
<b>Kerry Sullivan, MD</b>	Virtual Radiology

Following a review of this applicant Mr. A.J. Gomez motioned to approve the applicant. Mr. Michael Medine seconded this motion and the motion carried.

C. Applications for Review and Approval of Reappointment

Name	Specialty
<b>Carlos Encarnacion, MD</b>	Virtual Radiology
<b>Steven Sonnabend, MD</b>	Virtual Radiology

Following a review of these applicants, there were no objections to these applicants. These applications will be reviewed by the MEC on 2/15/22 and the Board on 2/24/22.

D. Ladies Auxiliary Bylaws

1. The Board reviewed the Ladies Auxiliary Bylaws and a discussion followed. Mr. John Marchand motioned to approve the bylaws for 2022. Dr. Glenn Schexnayder seconded the motion and the motion carried.

- E. MEC Bylaws (Review and Approval)
1. The Board members reviewed the bylaws and a discussion followed. Mr. John Marchand motioned to approve the bylaws for 2022. Mr. Mike Medine seconded this motion and the motion carried.
- F. Board Bylaws
1. The Board members reviewed the bylaws and a discussion followed. Mr. John Marchand motioned to approve the bylaws for 2022. Mr. Mike Medine seconded this motion and the motion carried.
- G. Medical Services and Other Contracts (Review and Approval)
1. Following a review of the medical services and other contracts, Dr. Glenn Schexnayder motioned to approve all medical service contracts as presented. Mr. A.J. Gomez seconded this motion and the motion carried.
- H. Louisiana Compliance Questionnaire
1. Each Board member was given a copy of the LA Compliance Questionnaire to review. Following this review, Mr. A.J. Gomez motioned to approve the questionnaire as presented. Dr. Glenn Schexnayder seconded this motion and the motion carried. The executed copy will be sent to Postlethwaithe & Netterville.
- I. The Blood Center
1. Vince Cataldo gave this report to the Board. Vitalant Blood Bank wanted to drop our inventory from 17 units to 7 units. They also wanted to charge us ½ price for every unit delivered to us and full price for every unit transferred or wasted. Following a discussion Mr. Mike Medine motioned to accept the contract with The Blood Center. Mr. A.J. Gomez seconded this motion and the motion carried.
- J. Emergency Room Roof Repair
1. Vince Cataldo gave each Board member a spreadsheet with two proposals to repair the ER roof. Mr. Henry Chauvin consulted with our roof consultant, Mr. Jack Kuhlman, concerning our roof repairs and our proposals. Mr. Kuhlman is a roof manufacturer's representative. He highly recommends Cribbs, Inc. because of their extensive experience with coal tar roofs; but also because they are certified and highly recommended by this roof manufacturer for making roof repairs while their roofs are still under warranty. Our roof is under warranty. The installation took place in 2010. Following a discussion, Dr. Michel Hirsch motioned to accept Cribbs, Inc. proposal to repair the ER Roof. Mr. Mike Medine seconded this motion and the motion carried. (See attached letter from Mr. Henry Chauvin and proposals)
- K. 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 prepared instructions for each Board member to receive this training utilizing a link. (See attached) A follow up report will be given at the next regular meeting.
- L. Trustee Self-Assessment

1. Board members are required to complete a self-assessment document annually. Mr. Vince Cataldo gave each Board member the document to complete and return.

VII. CONTINUING EDUCATION

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

1. Ochsner starts work on facilities (The Advocate 1/2/22)
2. Mary Bird Perkins ends partnership (The Advocate 1/2/22)
3. Hospitals around U.S. letting infected staff stay on the job (The Advocate 1/11/22)
4. Capital Area Human Services – Reset, Restore, Recover (Flyer 1/29/22)

VIII. ADJOURNMENT

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

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**Dr. Michel Hirsch, Board Chairman**

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