

West Ascension Parish Hospital

Service District

Jessica Soileau Canning, Interim CEO
Secretary and Treasurer

Board of Commissioners:
William "Bill" Dawson, Chairman
Glen Price, Vice-Chairman
Charie Mitchell Levy, Board Member
Tanya Scott Mitchell, Board Member
Falcon Mire, Board Member

JANUARY 25, 2024

PREVOST MEMORIAL HOSPITAL BOARD OF COMMISSIONERS MEETING

AGENDA

- I. Call to Order**
- II. Roll Call**
- III. Public Comment**
- IV. Reading and Approval of Minutes of December 28, 2023, and January 11, 2024.**
- V. Reports of Standing Committees**
 - A. Monthly Reports
 - 1. Financial Report
 - 2. Sales Tax Report
 - 3. Medical/Executive Committee
 - 4. Utilization Review
 - 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 and Therapeutics Committee
 - 3. Blood Usage Committee

4. Performance Improvement Committee
5. Infection Control Committee
6. Corporate Compliance Committee

- C. Bi-Annual Reports
1. Ethics Committee

- D. Chairman Report.
1. Search for Hospital Director

VI. Old Business

- A. Review of the Chauvin Invoices and Contract.
- B. Update on Inspection by Baton Rouge General Hospital/Louisiana Independent Hospital Network Coalition LLC. (LIHNC)
- C. Update on RFP Status for Community Needs Assessment and Hospital Needs Assessment.
- D. Capital Budget
- E. By Laws Update

VII. New Business

- A. Review of Joint Commission Violations from Last Survey.
- B. Review of Violations from Last Audit.
- C. Action Plan Outlining the Work to be Performed at PMH.
- D. Board Credentialing
- E. Applications for Review and Approval for Temporary Privileges.
- F. Blue Angels Amendment/Review
- G. Administrator Travel Expenses

VIII. Executive Session

LAWSUITS UPDATES

- A. Lynn Landry vs. Prevost
- B. Board of Commissioners vs. Ascension Parish.
Formal Resolution to Approve Bill Bourgeois as Special Counsel to the Board in Reference to Lawsuit Prevost Board v. Ascension Parish No. 138830 23rd Judicial District Court.
- C. Update on Diggs & Causey vs. Prevost.

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 25, 2024

TIME: 6:00 pm

PLACE: Prevost Memorial Hospital Dining Room

MEMBERS:

Mr. William “Bill” Dawson, Chairman
Mr. Glen Price, Vice Chairman
Mrs. Charie Mitchell Levy, Secretary/Treasurer
Mrs. Tanya Scott Mitchell, Board Member
Mr. Falcon Mire, Board Member
Mrs. Jessica Canning, Interim Administrator

OTHERS PRESENT:

Jessica C. Landry, Administrator’s Assistant

ABSENT:

HOSPITAL ATTORNEY: Kenneth Dupaty.

GUEST:

I. CALL TO ORDER

A. The meeting was called to order by William (Bill) Dawson, Chairman at 6:00 pm.

II. ROLL CALL

A. All Present

III. PUBLIC COMMENT

A.

IV. READING AND APPROVAL OF MINUTES:

- A. There was no objection to the minutes of the December 28, 2023, and January 11, 2024 meetings as distributed. Motion by Mrs. Tanya Scott Mitchell, seconded by Mr. Falcon Mire, to approve the minutes as written.

V. Reports of Standing Committees

A. Monthly Reports

1. Financial Report (See Attachment 1)

- a. The monthly financial report was presented by Mrs. Jessica Soileau Canning. On a motion by Mr. Falcon Mire and a second by Mr. Falcon Mire, the financial report was accepted as presented.
- b. Complaints
There were no complaints received in December 2023.
- c. Pending Litigation

NAME	FILED	CLOSED
Henry Mitchell	07/17/23	
Jonathan Junior	11/07/2023	

The Board accepted this report as given.

2. Sales Tax Report (See Attachment 2)

- a. Mrs. Jessica Soileau Canning gave this report to the Board. The total sales taxes collected for the month of November 2023 was \$153,195.25 This total showed an increase from November 2022. The Board accepted this report as given.

3. Medical/Executive Committee (Attachment 3)

- a. Mrs. Jessica Soileau Canning read this report to the Board. The MEC met on 1/23/2024 and approved the doctors due for recredentialing.

4. Utilization Review (See Attachment 4)

a.

SOCIAL SERVICES	DEC 2023
Patient Visits	3
Consultations	1
Observations	0
Referrals	2

b.

MEDICAL REVIEW	Dec 2023
Medicaid Admits	0

c.

MONTHLY DENIALS	Dec 2023
Denials	0

d.

PHYSICIAN QUALITY PROBLEMS	Dec 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 December 2023.

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

g.

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

h.

QA/I REVIEW	Dec 2023
ADMISSIONS (Observations not included)	
Acute Admissions	0
Observations	0
Swing Admissions	0
Hospice Admissions	0
DISCHARGES	
Acute Discharges	
● 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	0

(against medical advice)	
Swing Discharges	0
Hospice Discharges	0
DEATHS	
Acute Deaths	0
Swing Deaths	0
Hospice Deaths	0

The Board accepted this report as given.

5. Operative and Invasive Committee (See Attachment 5)

a. Wound Care Clinic

WOUND CARE CLINIC	Dec 2023
Patients seen	47
Specimen submitted	0

b. Emergency Department

EMERGENCY DEPT.	Dec 2023
Specimens received	0

c. Pathologist Review

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

The Board accepted this report as given.

6. Emergency Room Committee (See Attachment 6)

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

There were no objections to the minutes as presented.

ER STATS	Dec 2023
Total Patients Registered	568
Total Patients Seen	567
Admissions	1
Observations	2
Transfers to another facility	34
Code	1
Positive Outcomes	0
Expired	1
AMA	16

Left without being seen (includes triage)	1
Left prior to triage	1
ER STATS	Dec 2023
Eloped (LDTX)	8
Returns to ED within 72 Hours	14
Returns w/same symptoms	8
Returns w/different symptoms	6
Patients received x-rays	130
# of x-rays	151
Interpretations differed from radiologist.	0
# of patients received CT Scans	54
# of CT scans	69
Interpretations differed from radiologist.	0
Cardiac Thrombolytic administrations	0
Stroke Thrombolytic administration	0

Monthly ER Test Totals/Positive Results December 2023			
Test Name	Total orders	Positive Results	% Positive
Flu A&B, Rapid	208	67	32.2%
Strep A, Rapid	135	19	14.1%
RSV (≤ 18 yrs. & ≥ 60 yrs)	32	3	9.4%
COVID-19 Swab, PCR/NAA	209	19	9.1%

The Board accepted this report as given.

7. Safety Committee (See Attachment 7)

- a. Committee Reports
 - 1. Environment of Care

	Environment of Care Plans	Date Tested /Checked
1.	Equipment Management Plan	
	❖ Kenwood P25 Radio Test	N/A
	❖ Generator Test	12/9/23

2.	Safety/Risk Management Plan	
	❖ No activity – will continue to monitor	On Going
3.	Utilities Management Plan	
	❖ Line Isolation Test	12/9/23
	❖ Medical Gas Testing	12/9/23
4.	Fire Prevention Plan/Life Safety Management Plan	
	❖ Fire Extinguisher Inspection	11/9/23
	❖ Oxygen Cut Off Valves	12/9/23
	❖ Fire Marshall Annual Visit (ANNUALLY)	12/13/23
	❖ Ground Fault Testing & Hospital Electrical Panels	12/9/23
5.	Security Management Plan	
	❖ No activity – will continue to monitor	Ongoing
	❖ Egress Lights Testing	12/9/23
6.	Hazardous Materials and Waste Management Plan	
	❖ Emergency Showers	12/9/23
7.	Emergency Management Plan	
	❖ No activity – will continue to monitor	On going

2. Reports

a. Incident Reports

Dec 2023	
INCIDENTS	No. of Incidents
➤ Employee	2
➤ Physician	0
➤ Outpatient	1
➤ Visitor	0

b. General Safety

1. The annual Safety Skills electronic version is being monitored for completion by employees. This includes Sexual Harassment and Ethics. The email has been sent, please complete these courses as soon as possible.
2. The lights in both parking lots will be fixed within the next few weeks.

The Board accepted this report as given.

8. Leadership Team (See Attachment 8)

- a. An inspection on behalf of the insurance company was completed on 12/15/2023. We received a violation for a boiler being down for maintenance. This issue has been fixed.

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

The Board accepted this report as given.

9. Administrative (See Attachment 9)

- a. Complaints
 - 1. There were no complaints received in December 2023.
- b. Pending Litigation

NAME	FILED	CLOSED
Reavon Gasper	02/21/22	11/02/2023
Henry Mitchell	07/17/23	
Jonathan Junior	11/07/2023	

The Board accepted this report as given.

B. Quarterly Reports

1. Medical Records Committee (See Attachment 10)

- a. There was 100% medical records review for the fourth quarter 2023 on inpatients.
- b. Opened and Closed Record Review

RECORD REVIEW	Fourth Quarter 2023
Open Medical Records	5
Closed Medical Records	5

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	91%	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 (Fourth Quarter 2023)

Inpatient Mortality Review	Oct	Nov	Dec
Acute Death	0	0	0
Swing Death	0	0	0
Hospice Death	0	0	0

d. Performance Improvement Monitor (Fourth Quarter 2023)

Charts not completed by Physician	Oct	Nov	Dec
Inpatient/Swing	0	0	0
Missing H&P's, Discharge Summaries and/or unsigned orders.			

E.R. Patients	Oct	Nov	Dec
No. of Patients	472	438	562

The Board accepted this report as given.

2. Pharmacy and Therapeutics Committee (See Attachment 11)

a. Follow Up Drug Usage Review (October, November & December 2023)

Actions: Medical Staff accepted First Quarter Committee Report Actions or recommendations.

b. Antibiotic Usage (Fourth Quarter 2023)

MOST FREQUENTLY	Oct	Nov	Dec

USED			
IV	Rocephin	Rocephin	Rocephin
ORAL	Augmentin	Amoxicillin	Zithromycin

c. Pharmacy Ongoing Monitors

Review of Outcome Summaries ASPECT OF CARE	Oct	Nov	Dec
Emergency Room Floor Carts	90%	97%	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

	Oct	Nov	Dec
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 report as given.

3. Blood Usage Committee (See Attachment 12)

a. Statistics

Second Quarter Statistics	# of Units	# of Patients
Packed Cells Transfused	14	7
➤ Inpatient/Observations	0	0
➤ Outpatient	0	0
➤ Emergency Room	14	7
Cross Matched	15	7
Blood not transfused	1	
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	7
Orders complete	7
FINDINGS: None	
RECOMMENDATIONS/ACTIONS: None needed	

2. PROCESS – DISTRIBUTING, HANDLING, DISPENSING
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Discrepancies	0
Products signed out properly	14
Products hung within 30 minutes of signing out	14
FINDINGS: None	
RECOMMENDATIONS/ACTIONS: None needed	

3. PROCESS – ADMINISTERING

Discrepancies	0
Baseline patient information obtained (VS, allergies, orders, assessment)	7
Consent signed	
Vital sign protocol followed	7
Units administered within 4 hours	14
FINDINGS: None	
RECOMMENDATIONS/ACTIONS: None needed	

4. PROCESS – MONITORING EFFECTS ON PATIENTS
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Discrepancies	0
Vital signs stable on discharge	7
Patient received appropriate discharge or was transferred to another facility	7
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 fourth quarter 2023.
- e. Policy Changes
 - 1. There were no changes to policies this quarter.
- f. Additional Information
 - 1. None.

The Board accepted this report as given.

4. Performance Improvement Committee (See Attachment 13)

a.

Inpatient Mortality Review	Oct	Nov	Dec
Acute	0	0	0
Swing Death	0	0	0
Hospice Death	0	0	0

FINDINGS/CONCLUSIONS: N/A

RECOMMENDATIONS/ACTIONS/FOLLOW-UP: N/A

b.

Inpatient Morbidity Review	Oct	Nov	Dec
Adverse Patient Events	0	0	0

FINDINGS/CONCLUSIONS: N/A

RECOMMENDATIONS/ACTIONS/FOLLOW-UP: N/A

c.

Inpatient Transfers to Another Facility	Oct	Nov	Dec
Acute	0	0	0
Swing Death	0	0	0
Hospice Death	0	0	0

FINDINGS/CONCLUSIONS: None

RECOMMENDATIONS/ACTIONS/FOLLOW-UP: None needed

d. Operative & Invasive Procedures

	Oct	Nov	Dec
Surgical Cases	0	0	0
Wound Care Inpatient	0	0	0
Wound Care Outpatient	91	58	47

Tissue Review	Oct	Nov	Dec
Met guidelines for tissue review	0	0	0
Did not meet guidelines for review	0	0	0
Cases with no tissues	0	0	0
Cases reviewed	0	0	0
Wound care patients received tissue biopsy	0	0	0

e.

Outpatient Surgery Review

a. N/A

f. Surgical Complications

a. N/A

g. Anesthesia Review

	Oct	Nov	Dec
h. No. of surgical cases	0	0	0
Given local anesthesia	0	0	0
Given IV sedation	0	0	0
Anesthesia complications	0	0	0

Invasive Procedures

	Oct	Nov	Dec
Procedures done outside of OR suite	0	0	0
Complications	0	0	0
Reviewed	0	0	0

i. Utilization Review Report

Admissions	Oct	Nov	Dec
Acute Inpatient	0	0	0
Swing	0	0	0
Hospice	0	0	0
Reviewed	0	0	0
Met appropriateness guidelines for admission	0	0	0
Continued stay reviews done	0	0	0
Reviewed at the 90 th percentile or greater	0	0	0
Readmissions	0	0	0
Transfers	0	0	0
LOS exceeded approved LOS	0	0	0

Facility quality problems	0	0	0
Notices of physician quality determinations	0	0	0

The Board accepted this report as given.

j. Credentials Review Functions

MONTH	ER/ HOSPITALIST	VIRTUAL RADIOLOGY	TELE- STROKE	OTHER PHYSICIANS	TOTAL
Oct	1	2	1	9	13
Nov	0	0	0	0	0
Dec	0	0	0	0	0

k. Medical Staff Review (Fourth Quarter 2023)

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

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

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

4. PROCESS – Management of patients with IDDM is appropriate	
Records reviewed this quarter	0
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

1. There were no dissatisfied patients in the fourth quarter of 2023.

m. Emergency Department

1. Statistics

Fourth Quarter 2023	Oct	Nov	Dec
1. STATISTICS			
• Patients seen	481	445	567
• Admissions from ER	0	0	0
• Transfers to another facility	32	29	34
• Transfers required review	0	0	0

	Oct	Nov	Dec
2. MORTALITY REVIEW			
• Deaths DOA	0	0	2
• Patients coded in ER	0	0	2
• Positive Results	0	0	0
3. DOCUMENTATION REVIEW	98%	96%	100%
• Identified Trends	None	None	None
4. RADIOLOGY Correlative Review			
• No. of Patients received X-rays	147	122	130
• No. of X-rays	180	145	151
• X-ray interpretations differed	4	1	0
• No. of Patients received CT Scans	49	46	54
• No. of CT Scans	66	58	59
• CT Scan interpretations differed	1	0	0
5. CASE REVIEW			
• Left ER w/o being seen by MD	8	2	1
• Left ER w/o being assessed by Nurse	4	0	1
• Left ER AMA	12	9	16
• ELOPED LDTX (before discharge)	3	0	8
• Returns to ED within 72 Hours	13	11	14
• Returns w/same symptoms	11	8	8
• Returns w/different symptoms	2	3	6
6. COMPLAINTS			
• Patient	0	0	0
• Visitor	0	0	0
• Staff	0	0	0
7. DIVERSION LOG	2	2	2
8. THROMBOLYTIC ADMINISTRATION	0	0	0

- n. Pharmacy & Therapeutics Committee
Refer to Section B. Quarterly Reports, Item 2 Pharmacy & Therapeutics Committee Report where the following items are reported in detail.
1. Follow Up Drug Usage Review

2. Antibiotic Usage
3. Pharmacy Ongoing Monitors
4. Medications

o. Infection Control Committee

Refer to Section B. Quarterly Reports, Item 5 Infection Control Committee Report where the following items are reported in detail.

- 0 Nosocomial Infections
- 0 Needle stick follow up
- 0 Patients who had urinary catheter inserted after admission.
- 5 Patients who had insertion of IV catheter.
- 0 Rodac cultures exceeding number of colonies.
- 5 Communicable disease cases reported to Health Department.
- 0% Patients who developed IV-related phlebitis/infection.
- 0% Patients who developed IV- related infections.
(#infections/#patients with IV)

Total testing through fourth quarter 2023

SARS-COVID-19. Total tests: 400

Total positive: 26

p. Safety (Fourth Quarter 2023)

1. Committee Reports

Environment of Care Plans		Tested /Checked		
		Oct	Nov	Dec
1.	Equipment Management Plan			
	❖ Hear Radio Test	N/A	N/A	N/A
	❖ Generator Test	✓	✓	✓
2.	Safety/Risk Management Plan			
	❖ No activity – will continue to monitor	On going	On going	On going
3.	Utilities Management Plan			
	❖ Line Isolation Test	✓	✓	✓
	❖ Medical Gas Testing	✓	✓	✓
4.	Fire Prevention Plan/Life Safety Management Plan			
	❖ Fire Extinguisher Inspection	✓	✓	✓
	❖ Oxygen Cut Off Valves	✓	✓	✓
	❖ Fire Marshall Annual Visit	✓		

	❖ Ground Fault Testing & Hospital Electrical Panels	✓	✓	✓
5.	Security Management Plan			
	❖ No activity – will continue to monitor	On going	On going	On going
	❖ Egress Lights Testing	✓	✓	✓
6.	Hazardous Materials and Waste Management Plan			
	❖ Emergency Showers	✓	✓	✓
7.	Emergency Management Plan			
	❖ No activity – will continue to monitor	On going	On going	On going

b. Reports

1. Incident Reports

Fourth Qtr. 2023	Oct	Nov	Dec
Employee	0	2	2
Physician	0	0	0
Outpatient	0	1	1
Visitor	0	0	0

2. Security Reports/General Safety

Fourth Qtr. 2023	Oct	Nov	Dec
Security Reports	0	0	0
General Safety	0	0	0

3. Recalls

Second Qtr. 2023	Oct	Nov	Dec
Pharmacy	0	0	0
Other Recalls	0	0	0

2. Safety Committee Old Business

- a. The housekeeping department's director will monitor timely cleaning of the emergency room.
- b. The telephone calls to the dietary department causing congestion of the PBX lines is being addressed. More calls are being answered by staff members. A telephone specialist has been consulted to work with the dietary manager to resolve this issue. Our IT department has also been working with this issue. Any problems should be address to Lantech, IT, Mr.

Will Landry. Congestion of the lines prevents calls to the emergency room. These calls include calls from Acadian Ambulance with incoming patients.

- c. Increased lighting in the visitor parking area was addressed. The maintenance department was notified.

3. Safety Committee New Business

- a. Work continues to resolve the problem with telephone line congestion with the dietary department. Contact information for the IT department for after-hours has been provided for any issues which may arise.
- b. Increased lighting in the visitor parking area has been completed, thus increasing safety for visitors and employees. The new lights on the helipad continues to be monitored.

q. Surgery

- 1. There were no surgeries to report during the fourth quarter of 2023.

r. Laboratory

Performance Monitor	Oct	Nov	Dec
Reference Lab Discrepancies (Non-Technical Errors)	1	0	0
Emergency Room & Inpatients w/o ID armband for lab work	15	10	7
Laboratory Specimen Rejection Log/Monitor Rejected specimens were collected by outside Nursing Home/Home Health agencies.	1	1	0
Patient Satisfaction Survey	0	0	0
Blood & Components Transfusion Review of documentation	1	0	0

1. Number of Reference Lab Discrepancies: There was one (1) discrepancy for this quarter. This error was due to a specimen rejection by LabCorp of an overfilled urine transport tube. This was an ER patient; the Laboratory notified the ER nursing service. The patient returned for specimen recollection on the same day and the specimen was sent to LabCorp for Testing.

2. ER and Inpatients Without ID Armband for Lab Work: Laboratory staff

recorded thirty-two (32) occurrences for this quarter. The total for this monitor has increased by half since the last quarter. Upon review, fifteen (15) during late-night shifts (11 PM to 7 AM), Most of the occurrences took place when PBX is not staffed and due to newly hired nurses, we assume they are not yet properly trained. Patient identification is a regulated agency standard and must be maintained during the patient’s entire hospital visit.

3. Laboratory Specimen Rejection Log/Monitor: This monitor had two (2) entries recorded for this quarter. Both (2) of the rejected specimens were delivered from outside agencies (nursing home, home health, jail, etc.) One (1) rejected specimen. One specimen from the jail was rejected for QNS and one specimen from the nursing home was rejected due to an incorrect tube for the test ordered. Both agencies were notified immediately, explained the reason for the rejection, and instructed to recollect/submit a new specimen.

4. Patient Satisfaction Surveys: There were no surveys submitted for this quarter.

5. Blood Components Transfusion Review of Documentation: There were one discrepancy this quarter. The RN failed to sign the “administered by” line and complete the date. This was corrected according to SOP.

s. Social Services

Social Services Report	Oct	Nov	Dec
New Patient Admits	0	0	0
Visits	1	1	3
Observation	1	0	0
Acute Med-Surg.			
Hospice	0	0	0
Hospice/Respite Care	0	0	0
Swing	0	0	0
Referrals	7	3	2
Consultations	7	5	1
TOTAL HOURS	12	7	7

t. Dietary

MEASURES/INDICATORS	Threshold	Oct	Nov	Dec
Food Temperature	96%	96%	97%	96%
Equipment Temperature	96%	97%	97%	96%

Food Temperature:

FINDINGS: Food temperature measures are at 96%. 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 96%.

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

	Oct	Nov	Dec
VOLUME INDICATORS:			
Patients treated	30	21	27
Blood Gases	9	5	15
ENV 200/Trilogy Ventilator hours	3	3	2
BIPAP hours	0	0	16.5
QUALITY INDICATORS:			
Equipment downtime	0	0	0

v. Housekeeping

MEASURE	Oct	Nov	Dec
Patient/family complaints regarding housekeeping	0	0	0
Number of patients with isolation precautions	0	0	0
Linen/waste handled properly for isolation patients	100%	100%	100%
ER curtains inspected daily, cleaned as needed but at least monthly	100%	100%	100%
Linen areas check/restocked twice daily with no complaints of shortage	100%	100%	100%
Needle disposal boxes checked daily and not overfilled	100%	100%	100%

w. Radiology

0 Non-correlation of peer review diagnostic interpretation

0 improper processing of paper work

- 0 improper removal of clothing/accessories prior to x-rays
- 0 preliminary ER interpretations not done

x. Physical Therapy

1. There were no patients requiring physical therapy during the fourth quarter 2023.

y. Nursing Department (Fourth Quarter 2023)

1. **FUNCTIONS/PROCESSES/PERFORMANCE MEASURES**

Patient Rights/Organizational Ethics (RI)

Patient/Visitor/Physician Complaints Unit & ER	Oct	Nov	Dec
• Complaints received	0	0	0
Appropriate use of restraints			
• Patients with restraints	0	0	0

Management of Human Resources (HR)

External continuing education	0
Nurses in orientations	3
No. of meetings	3
% participation	47%

Care/Assessment of Patients (PE) (TX)

Review of Resuscitation Efforts	
Codes reviewed for nursing care, assessment and documentation in ER and nursing unit See ED nursing report for findings/actions.	4
Codes required further review	0
Assessment & management of pain compliance w/criteria	100%
Patients with pressure ulcers	0
Stage II or greater ulcers developed post admission	N/A
Medication/Treatment Errors (Unit & ER) See P&T report for categories / root causes	N/A

Management of the Environment of Care (EC)

Patient Incidents	0
Equipment problems	0

Patient/Family Education (PF)

Education of Patients with IDDM	
Compliance w/criteria	100%
Compliance w/education on diabetic testing equipment	100%

Staffing Report

Patient care requirements did not exceed scheduled staffing during the fourth quarter 2023.

Quality Controls

- | |
|---|
| <ul style="list-style-type: none">• All data uploaded to computer monthly. |
| <ul style="list-style-type: none">• See ER Committee for statistics, specific findings, and actions related to nursing documentation. |

2. ER Nursing Report (Fourth Quarter 2023)
 - a. Monthly ED reports review of nursing assessment and documentation in the monthly report and on the record review form.
 - b. See ER committee for statistics, specific findings and actions related to nursing assessment and documentation.

NOTE: Specific findings, recommendations, and actions are documented in the monthly report and on the record review form. Staff counseling is documented on the record review form to be utilized in the annual performance appraisal.

- z. Nursing Old Business
 1. None to report.

- aa. Nursing New Business
 1. None to report.

- bb. Teams
 1. **PROCESS:** Management of patients with pain is appropriate.
FINDINGS: There were no deficiencies reported in the assessment and reassessment of pain by staff nurses. 100% efficiency was documented in charts audited.
CONCLUSIONS: There was improvement noted with staff nurses for this period.
ACTIONS: Will continue to monitor charts for deficiencies in documentation.
FOLLOW-UP/EVALUATION
Continue to monitor 100% of inpatient records and a sample of emergency room records.
 2. **PROCESS:** Safe Medication Administration
FINDINGS: There were no reported medication safety issues for this quarter.
ACTIONS: None needed. We will continue to monitor.

3. **PROCESS:** Patient Safety

FINDINGS: There was one patient with a complaint regarding a safety issue for this period. This report was forwarded to administration.

ACTIONS: Monitoring will continue.

The Board accepted this report as given.

5. Infection Control Committee (See Attachment 14)

a. Nosocomial Infections

	Oct	Nov	Dec
Infections Reported	0	0	0

b. Community Infections

Month	UTI	SPUTUM	BLOOD	WOUND	TOTAL
Oct	0	0	0	0	0
Nov	0	0	0	0	0
Dec	0	0	0	0	0

c. Communicable Diseases Reported

Disease	Oct	Nov	Dec
Chlamydia	0	0	0
Gonorrhea	1	2	1
Syphilis	1	0	2
Hepatitis B	0	0	0
Hepatitis C	0	1	0

NOTE: COVID results reported by lab electronically.

d. Isolations

1. None

e. Bacterial Isolates

1. See section C above.

f. Antibiotic Usage Trends

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

g. Employee Orientation/Health

1. There were 2 new employee orientations completed this quarter.
2. There was no (0) 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. 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 90% compliance rate this quarter.
- 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 report as given.

6. Corporate Compliance Committee (See Attachment 15)

- a. There were no corporate compliance issues for the fourth 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.

The Board accepted this report as given.

C. Bi-Annual Reports

1. Ethics Committee (See Attachment 16)

- a. The emails to complete the ethics training for 2024 have been sent. Please complete the training as soon as possible

The Board accepted this report as given.

D. Chairman Report.

1. Search for Hospital Director

Mr. William Dawson gave the following update. He has an appointment with SSA. The information will be shared with other board Members.

The Board accepted this report as given.

VI. OLD BUSINESS

A. Review of the Chauvin Invoices and Contract. (See Attachment 17-A, 17-B and 17-C)

Mrs. Jessica Canning advised the board to contract a specialist attorney to review the Invoices. The search for a relevant firm will begin.

B. Update on Inspection by Baton Rouge General Hospital/Louisiana Independent Hospital Network Coalition LLC. (LIHNC) (Verbal Update)

Mrs. Canning delivered an oral update; the completed report has not been received.

The Board accepted this report as given.

C. Update on RFP Status for Community Needs Assessment and Hospital Needs Assessment. (Verbal Update)

Mr. Falcon Mire made a motion directing Mrs. Canning to obtain a Hospital Needs Assessment, a Community Needs Assessment and an Strategic Plan for the board. Mrs. Tanya Scott Mitchell seconded the motion and the motion passed.

D. Capital Budget (See Attachments 18-A and 18-B)

Based on the need, Mr. William (Bill) Dawson moved to appoint a committee for the Capital Budget. Mr. Dawson Appointed Mr. Glenn Price as Chair. Mr. Price accepted the appointment. All members will be part of this committee.

E. By Laws Update

Mr. Falcon Mire gave an update to the Board, the By-Laws are in the process of being updated by the Committee with the help of Attorney Bill Bourgeois.

The Board accepted this report as given.

VII. New Business

A. Review of Joint Commission Violations from Last Survey. (See Attachment 19)

Mrs. Jessica Canning updated the Board on the violations noted by the Joint Commission on their last visit. The violations have been corrected in order to receive our certification. The Joint Commission awarded the certification to the hospital on September 16, 2022.

- B. Review of Violations from Last Audit. (See Attachment 20-A and 20-B)**
Mr. Jess Daze with Eisner-Amper reviewed the audit violations including the corrective measures that have been implemented in order to prevent such errors.
- C. Action Plan Outlining the Work to be Performed at PMH. (See Attachment 21)**
Mrs. Jessica Canning reviewed the attached action planned with the Board.
- D. Board Credentialing (See Application for Membership Attachment)**
Mrs. Canning advised the board to review the requirements board members should fulfill per the By-Laws.
- E. Applications for Review and Approval for Temporary Privileges. (See Attachment 22)**
 - 1. Applications for Review and Approval for Temporary Privileges and Reappointments.

	Company	Specialty	Requested
Dr. Andrew Gruezke	Blue Angels	ER/Hospitalist	Temporary Privileges
Dr. Andrey Yusupov	StatRad	Virtual Radiology	Full Privileges

A motion by Mrs. Charie Levy to approve full privileges for Dr. Yusopov was seconded by Mrs. Tanya Mitchell. Motion carried.

- F. Blue Angels Amendment/Review (See Attachment 23 and 23-B)**
Mrs. Charie Levy made a motion to approve the amended Blue Angels contract, Mrs. Tanya Mitchell seconded the motion and the motion carried.
- G. Administrator Travel Expenses (See Attachment 24-A, 24-B and 24-C)**
Mr. Falcon Mire made a motion to approve the Administrator’s travel expenses, seconded by Glenn Price. The motion carried.

VIII. Executive Session

It was moved by Mr. Falcon Mire and seconded by Mrs. Tanya Mitchell to go into executive session at 7.26 pm.

LAWSUIT UPDATES

- A. Lynn Landry vs. Prevost**
- B. Board of Commissioners vs. Ascension Parish. (See Attachment 25)**
Formal Resolution to Approve Bill Bourgeois as Special Counsel to the Board in Reference to Lawsuit Prevost Board v. Ascension Parish No. 138830 23rd Judicial District Court.

C. Update on Diggs & Causey vs. Prevost. (See Attachment 26)

Michael Causey and Patricia Skinner Diggs v. West Ascension Parish Hospital Service District d/b/a Prevost Hospital Memorial, and Vince Cataldo, Civil Action 3:22-cv-1018-BAJ-EWD in the United States District Court for the Middle District of Louisiana.

On a motion by Mr. Falcon Mire and seconded by Mrs. Tanya Mitchell, the Executive Session ended at 7.48 pm.

Resolution to Item B. Board of Commissioners vs. Ascension Parish.

Mr. Falcon Mire made a motion to retain legal services as submitted in Attachment 25, Mr. Glenn Price seconded the motion and the motion carried.

On a motion by Glenn Price, seconded by Mr. Falcon Mire, the board moved to executive session at 7.48 pm.

On a motion by Mr. Falcon Mire, seconded by Mrs. Tanya Mitchell, the Executive Session ended at 8:50 pm.

IX. Adjournment

A. There being no further business to discuss, a motion for adjournment was made by Mr. Falcon Mire, seconded by Mrs. Tanya Mitchell, and the motion carried.

William "Bill" Dawson, Chairman.

Mrs. Jessica Soileau Canning, Secretary