

**PREVOST MEMORIAL HOSPITAL**

**BOARD OF COMMISSIONERS MEETING**

*This is a confidential report as it is a report of this Board of Commissioners and the exercise of its functions.*

**DATE:** July 29, 2021

**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:**

Ms. Loretta Larvadain

**OTHERS PRESENT:**

Mr. Vince Cataldo, Administrator  
Ms. Nobie Landry, CFO  
Ms. Loretta Larvadain, DON

**HOSPITAL ATTORNEY**

Mr. Larry Buquoi

**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 was not present at this meeting.

**III. Public Comment**

A. None

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

A. There was no objection to the minutes of the June 24, 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 May 2021 was \$162,641.46. This total showed an increase from May 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 June 2021 on 0 Acute, 0 Hospice, and 0 Swing admissions.
- b. Medicaid Review: There were 0 Medicaid admits in June 2021.
- c. Monthly Report of Denials: None for June 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 June 2021.

- e. Notice of Facility Quality Problems: None for June 2021.
- f. Notice of Admission Denial: None for June 2021.
- g. Medicare/LHCR Review: There were 0 Acute, 0 Swing and 0 Hospice hospital discharges in June 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 June 2021. There were 8 observation admissions in June 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 May 2021 to review.

NOTE: These stats may reflect reclassifications.

- i. Discharges for the Month of June 2021: There were 0 Acute, 0 Swing and 0 Hospice discharges in June 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 102 patients seen in the wound care clinic in June 2021.
2. There were 0 specimens from the wound care clinic submitted in June 2021.

#### b. Emergency Department

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

#### c. Pathologist Review

1. There were 0 specimens received from the wound care clinic in June 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 July 2021 Emergency Room Committee meeting covering statistics for the month of June 2021. There were no objections to the minutes as presented.

**See attached.**

a. Statistics (June Statistics)

487 Total Patients

1 Admission/ 7 Observations

22 Transfers to another facility

0 Mortalities

0 Codes

0 Positive results

7 AMA

4 Left without being seen—includes triage

2 Left prior to triage

3 Eloped (LDTX)

21 Returns to ED within 72 Hours

(12 with same symptoms, 9 different symptoms)

109 Patients received 120 x-rays

3 Interpretations differed from radiologist

Physician #9 – 1 discrepancy

Physician #8 – 1 discrepancy

Physician #53 – 1 discrepancy

34 Patients received 42 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—June 1- 30, 2021

### a. Committee Reports

#### 1. Environment of Care

##### a. Equipment Management Plan

1. The Hear radio test was completed successfully in June 2021.

2. The monthly generator test was performed on June 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 June 3, 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

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 June

2021. Pharmacy reports recalls on a

quarterly basis.

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

d. General Safety

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

**b. Old Business**

1. We are in a COVID-19 pandemic and are daily assessing the OEP portal. We are following the guidelines from the Governor of Louisiana and the President of the United States. We are still 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

1. None

The Board accepted this report as presented.

8. Administrative

a. Complaints

1. There was one complaint received in June 2021.
  - a. There was a complaint received for Dietary due to cars blocking the ER entrance while picking up lunches. This complaint was forwarded to the Dietary Manager, Safety Risk Manager and Administration on 6/28/21. This was Resolved on July 15, 2021.  
Date of complaint: 6/28/21  
Patient# 617031



b. Pending Litigation		<b>FILED</b>	<b>CLOSED</b>
1. Kaiden LeBlanc	09/28/12		
2. Kaci Miles	06/21/18	06/03/21	
3. James Mulvey	10/04/19		
4. Lynn Landry	08/19/20		
5. Stephen Brandly	09/28/20		

c. Other Problems at Prevost

1. ER Mental Patient:

a. An emergency room patient destroyed an expensive (IP) telephone causing approximately \$500.00 in damage. There is no new information to report at this time.

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. There is no new information to report at this time.

Note: This incident took place on 2/18/2021. This will be dropped from the agenda until this case is settled.

2. 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.

Note: This incident took place on 2/9/2021. This will be dropped from the agenda.

## **B. QUARTERLY REPORTS**

### 1. Medical Records Committee

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

### b. Opened and Closed Record Review

1. There were 10 medical records (0 Open and 10 Closed) reviewed for the second 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

98% compliance with criteria

100% compliance with pain assessment

#### **FINDINGS:**

None

### Documentation of Care of Patients

70% 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 second quarter 2021. No action is needed.

d. Performance Improvement Monitor for the second quarter

2021.

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

**APRIL**-----0

**MAY**-----0

**JUNE**-----0

2. Total Emergency Room patients

<b>APRIL</b>	<b>MAY</b>	<b>JUNE</b>
509	536	493

The Board accepted this report as presented.

2. Pharmacy & Therapeutics Committee

a. Follow Up Drug Usage Review

JANUARY-FEBRUARY-MARCH - 2021

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

**ACTIONS:** The Medical Staff accepted the first quarter 2021 committee report without actions or recommendations.

b. Antibiotic Usage

1. Most Frequently Used Antibiotics

**IV**                      **ORAL**

<b>APRIL</b>	Rocephin	Amoxicillin
<b>MAY</b>	Rocephin	Azithromycin
<b>JUNE</b>	Rocephin	Amoxicillin

c. Pharmacy Ongoing Monitors

1. Review of Outcome Summaries

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

**FINDINGS:**

<b>APRIL</b>	Emergency Room	100%
	Nursing Floor	100%
<b>MAY</b>	Emergency Room	97%
	Nursing Floor	100%
<b>JUNE</b>	Emergency Room	97%
	Nursing Floor	100%

**ASPECT OF CARE:**

Nursing Care Units and Medication Areas

**FINDINGS:**

<b>APRIL</b> -----	100%
<b>MAY</b> -----	100%
<b>JUNE</b> -----	100%

**ASPECT OF CARE:**

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

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

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

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

d. Medication Errors

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

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

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

e. Adverse Drug Reactions

1. **APRIL**-----There were no adverse drug reactions this month.

2. **MAY**-----There were no adverse drug reactions this month.

3. **JUNE**-----There were no adverse drug reactions this month.

f. Formulary Additions/Requests for Non-Formulary Drugs

1. **APRIL**-----There were no request this month.

2. **MAY**-----There were no request this month.

3. **JUNE**-----There were no request this  
month.

g. Drug Recalls

1. No recalled medications affected Prevost

Memorial Hospital during the second

quarter 2021.

There were no recalls from any other departments  
within the facility for the second 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 4 units of packed cells transfused to 2 patients in the second quarter 2021.
  - 0 inpatient/observations, 0 outpatients and 2 emergency room patient transfusions were given.
  - There were 5 units cross-matched this quarter on 2 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 was 1 unit 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.

2—Patient met criteria for  
administration

2—Orders complete

**FINDINGS:**

None

**ACTIONS:**

None needed

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

4—Products signed out properly

4—Products hung within 30 minutes  
of signing out

0—Units wasted

**FINDINGS:**

None

**ACTIONS:**

None needed

**ADMINISTERING:** There were 0 discrepancies.

2—Baseline patient information  
obtained: VS, allergies, orders,  
assessment

2—Consent signed

2—Vital sign protocol followed

4—Units administered within 4  
hours.



**FINDINGS:**

None

**ACTIONS:**

None needed

**MONITORING EFFECTS ON PATIENTS:**

There were 0 discrepancies.

2—Vital signs stable on discharge

2—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 second 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 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 were 2 CT procedures done in the second 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 second quarter 2021.

There were 6 medical records for review for the second 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:**

0 medical records were reviewed for the second 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 second quarter 2021.

There was 1 medical record for review for the second 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 second 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 second 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 second 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 second 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 98% compliance rate in the second quarter of 2021.

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

These findings are 1% above the first quarter of 2021, and are 3% above the threshold of 95%.

##### **ACTIONS:**

Dietary manager will continue to check temperatures as needed along with verbally reminding cooks and aids to check and recheck 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 second 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 second quarter 2021.

**CONCLUSIONS/RECOMMENDATIONS:**

Recommend improvement in communication to Registered Dietician via kitchen staff and 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 second 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 97% compliance in the second quarter of 2021.

**CONCLUSIONS/RECOMMENDATIONS:**

These findings are 6% above the first quarter of 2021, and, 2% above the threshold of 95%.

**ACTIONS:**

Dietary manager will continue to manage temperatures and verbally remind cooks and aids to implement this as part of their daily routine.

**EVALUATION/FOLLOW-UP:**

Food temperatures will continue to be logged for breakfast and lunch daily. Credit will be given when due; and 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 second 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 second 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. **APRIL**                None reported.
- 2. **MAY**                 None reported.
- 3. **JUNE**                None reported.

b. Community Infections

<b>MONTH</b>	<b>UTI</b>	<b>SPUTUM</b>	<b>BLOOD</b>	<b>WOUND</b>	<b>TOTAL</b>
<b>APRIL</b>	0	0	0	0	0
<b>MAY</b>	0	0	0	0	0
<b>JUNE</b>	0	0	0	0	0

c. Communicable Diseases Reported

- 1. **APRIL**                0 Chlamydia  
                              0 Gonorrhea  
                              0 Hepatitis C  
                              0 Hepatitis B
  
- 2. **MAY**                 1 Chlamydia  
                              1 Hepatitis A  
                              1 Hepatitis C

- 3. **JUNE**            1 Chlamydia
- 1 Gonorrhea
- 1 Hepatitis C

d. Isolations

- 1. None

e. Bacterial Isolates

- 1. See attached sheets.

f. Antibiotic Usage Trends

	<b>IV Drug</b>	<b>Oral Drug</b>
<b>APRIL</b>	Rocephin	Amoxil
<b>MAY</b>	Rocephin	Zithromax
<b>JUNE</b>	Rocephin	Amoxil

g. Employee Orientation/Health

- 1. There were no new employee orientations completed this quarter.

There were no needle stick follow-ups.

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 an 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 second 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. 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 second quarter of 2021.

The Board accepted this report as presented.

### **C. Bi-Annual Report**

#### 1. Ethics Committee

##### a. Call to Order

1. The second meeting for 2021 was called to order by

Dr. Glenn Schexnayder, Vice-Chairman

#### 2. Reading and Approval of Minutes

a. Mr. Vince Cataldo, Administrator, read the minutes of the January 4, 2021 meeting. There being no objection to the minutes, the minutes were accepted as read.

#### 3. Reports

a. There were no reports to give at this time.

#### 4. Old Business

##### 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 is showing errors with pending and finalized results). CareSouth's interface is on hold. A follow up report will be given at the next regular meeting.

##### b. Client I-Q Service System

1. There has been a significant decrease in the number of emergency room patients utilizing the Qualitic tablet for monitoring patient satisfaction (July – December 2020 = 372) (January – June 2021 = 138). Responses have been favorable for both the physicians and the nursing staff. Nursing services is asked to have all ER patients participate in the quality survey. Envision will discontinue the Qualitic Program on September 1, 2021.

c. Ethic 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. At this time all five board members and twenty-one employees need to complete the eithics training. The deadline for the training corresponds with our fiscal year and this is August 31, 2021.

d. Fitness Park

1. Mr. Vince Cataldo spoke with Mr. Lee Melancon on Friday, June 4, 2021. Mr. Melancon metioned 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. Mr. Melancon has engaged a contractor to install the signage.

e. The Joint Commission

1. The hospital is due for The Joint Commission inspection around November 2021. The lab is due for The Joint Commission inspection around August 2021.

5. New Business

a. Annual Independent Audit

1. On May 27, 2021 Ms. Brandy Smith gave the Annual Independent Audit Report to the Board. This report was given to the Ascension Parish Council at the Finance committee meeting on May 10, 2021. Ms. Smith assured the Board members that we had a good audit report and thanked the Board for using Postlethwaite & Netterville. The Board accepted the auditor's report.

b. Employee Evaluations

1. Annual employee evaluations have been completed for 2020. The results of the 2020 evaluations were presented at the June 24, 2021 Board Meeting.

c. COVID-19

1. Mr. Vince Cataldo gave this report to the Ethics Committee. 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. Prevost Hospital's Lab is still performing a Nucleic Acid Amplification (NAA) test. The in-house antibody test is no longer available at Prevost. In-house testing for COVID-19 began on April 4, 2020. NAA testing began on September 24, 2020.

d. Next Ethics Committee Meeting

1. Following a discussion the next Ethics Committee Meeting was scheduled for January 4, 2022.

The Board accepted this report as presented.

## **VI. OLD BUSINESS**



A. Recruitment and Retention (Ms. Loretta Larvadain)

1. Ms. 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. Advertising on Facebook, the hospital website and newspapers has not provided any candidates. Advantage Medical Professionals staffing agency has provided two nurses for a limited number of shifts per week. On June 30, 2021 we engaged with Southern Medical Staffing. A follow up report will be given at the next regular meeting.

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 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 is showing errors with pending and finalized results). CareSouth's interface is still 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. We are currently not meeting Meaningful Use (Promoting Interoperability Program) (See Attached). Administration will meet with Dr. Pudukollu, Mr. Austin Prejean, Ms. Lizabeth Simoneaux and Mr. Chase Walker to resolve this issue. 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 64 CT Scans performed on 54 patients in June 2021. There were 34 emergency patients, 20 outpatients and 0

inpatient scans. Of the 64 scans performed 42 emergency scans, 22 outpatient scans and 0 inpatient scans were performed. There were 2 patients scanned for cardiac calcium scoring. There were 13 bone density studies done in June 2021. There was 1 low dose CT lung cancer screening.

D. Tele-Stroke

1. There was one (1) mock stroke patient and zero (0) stroke patients seen in the emergency room in June 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. They are still working on the interface. This interface also involves Orchard (Lab System). 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 would like to get the holding ponds dug and store the dirt on the adjacent property for future use. Mr. Chauvin would also like to pour the driveways and parking lots prior to construction and renovations. Mr. Chauvin is working with all concerned to get the drainage impact study completed. A follow up report will be given at the next regular meeting.

#### G. Adjacent Property

1. Mr. Larry Buquoi gave this report to the Board. The second dismissal hearing was held on July 12, 2021. Judge Cody Martin dismissed Mr. Claude Legendre's appeal. Mr. Steve Irving has sent the necessary paper work to Mr. Richard Derbes to complete the title insurance. 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. There is no new information to report at this time. 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. Ms. Kimberly Koehl (GSA) (Mckim & Creed) completed the Drainage Impact Study and submitted the study to the Ascension's ERA (Engineering Review Agency). The cost for this review is \$1,000.00. The ERA requested additional information from Ms. Koehl. Ms. Koehl is working with all involved to get the requested information.

Ms. Koehl sent a formal request for additional compensation to complete the study. The request is for a total amount of \$6,600.00. The original fee was \$18,625.00. Mr. Glenn Robert motioned to accept this request for additional compensation. Dr. Michel Hirsch seconded this motion and the motion carried. A follow up report will be given at the next regular meeting.

#### K. Mammography

1. Mr. Vince Cataldo gave this report to the Board. There were 53 mammograms performed in June 2021. We are continuing to send reminder letters and follow ups. 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.

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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 July 28, 2021.

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

3060 Tests performed

687 Positive results

2370 Negative results

0 Pending

(22.5% 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 3,751 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. 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.

N. Get Updated Equipment

1. Ventilators/New Equipment

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. Mr. Breaux is trying to obtain a second proposal. A follow up will be given at the next regular meeting.

O. Employee Matters (Ms. Stacey Nichols)

1. Salary Survey

a. Mr. Vince Cataldo gave this report to the Board. Other adjustments to the payroll will be made as soon as time permits. There is no new information to report at this time. A follow up report 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. West Ascension Parish

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.

R. Health Fair

1. Mr. Vince Cataldo gave this report to the Board. Due to the increase in COVID-19 cases, the Health Fair will be scheduled when the numbers look better. A follow up report will be given at the next regular meeting.

S. Board Members' Terms

1. Two Board members' terms expired in June 2021. The Personnel Committee (APG) has not done interviews to appoint or reappoint to fill these vacancies. Board members' terms do not expire until replacements are chosen to replace the active members. A follow up report will be given at the next regular meeting.

T. Applications for Review and Reappointment

1. The following medical staff members were reviewed by the Medical Staff on 6/15/21 and 7/20/21 and the Board on 6/30/21 for a mandatory two-year reappointment.

a. Gloria Coker, M.D.; Pathology

b. Darrin Breaux, M.D.; Cardiology

- c. Boyd E. Helm, M.D.; Cardiology
- d. Evans Rodney, M.D.; Cardiology
- e. Venkat Surakanti, M.D.; Cardiology
- f. James Faliszek, M.D.; Virtual Radiology
- g. John Mulloy, M.D.; Virtual Radiology
- h. Alecia Rideau, M.D.; Virtual Radiology

The Board reviewed the medical staff members for the second time for a two-year reappointment. Dr. Glenn Schexnayder motioned to accept the applicants as presented. Mr. Michael Medine seconded the motion and the motion carried.

## **VII. NEW BUSINESS**

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

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

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

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

- a. Sharif Kershah, M.D.; Virtual Radiology
- b. Naoke Murai, M.D.; Virtual Radiology

Following a review of the applicants, Mr. Michael Medine motioned to accept the applicants for full privileges. Mr. Glenn Robert seconded the motion and the motion carried.

### C. Annual Budget Review & Approval (2021 – 2022)

1. Ms. Nobie Landry gave this report to the Board. Each Board Member was given a copy of the proposed budget for September 1, 2021 to August 31, 2022. Following this review and discussion Mr. Michael Medine motioned to accept the budget as presented. Mr. Glenn Robert seconded this motion and the motion carried. A copy of this budget will be sent to Ascension Parish Government (Finance Department).

### D. Mission & Vision Statements

1. Mr. Vince Cataldo gave each Board Member a copy of the Mission/Vision Statements. Following a review of the Mission/Vision Statements Mr. AJ Gomez motioned to accept the Statements as presented. Mr. Glenn Robert seconded the motion and the motion carried.

### E. Hospital Strategic Plan

1. Mr. Vince Cataldo gave each Board Member a copy of the Prevost Memorial Hospital Strategic Plan. Following a review and revisions of the Strategic Plan, Mr. Michael Medine motioned to accept the plan as presented. Dr. Glenn Schexnayder seconded the motion and the motion carried.

### F. Hospital Philosophy

1. Mr. Vince Cataldo gave each Board Member a copy of the Philosophy of Prevost Memorial Hospital. Following a review of the Philosophy of Prevost Memorial Hospital, Mr. Glenn Robert motioned to accept the Philosophy as presented. Mr. AJ Gomez seconded the 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. Tulane School of Medicine put on probation by accrediting agency after Bias complaints

(Health care/Hospital nola.com 7/7/21)

b. On pollution, science catches up to what residents of ‘Cancer Alley’ live through

(The Advocate 7/9/21)

c. U.S. opioid suits on verge of settlements

(The Advocate 7/21/21)

d. Experts: Fight opioids with settlement

(The Advocate 7/22/21)

e. Woman’s Hospital CEO leaving in September

(The Advocate 7/22/21)

f. Ochsner to require employee vaccines

(The Advocate 7/22/21)

g. Ascension eyed for chemical plant

(The Advocate 7/22/21)

h. AG targets med school over vaccine mandate

(The Advocate 7/24/21)

i. Yellen outlines emergency debt limit measures

(The Advocate 7/24/21)

**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**