

**MINUTES OF MEETING
BOARD OF COMMISSIONERS
CALCASIEU CAMERON HOSPITAL SERVICE DISTRICT
d/b/a WEST CALCASIEU CAMERON HOSPITAL
TUESDAY, JANUARY 25, 2022
12:00 Noon - BOARD ROOM**

A regular meeting of the Board of Commissioners of Calcasieu Cameron Hospital Service District d/b/a West Calcasieu Cameron Hospital was held on Tuesday, January 25, 2022, in the hospital Board Room. Mr. Bobby LeTard called the meeting to order at 12:00 p.m. Mr. LeTard welcomed Mr. Alberto Galan and Mr. Curtis Fountain. Mr. Rick Watson then led the group in prayer.

COMMISSIONERS PRESENT: Bob Davidson; Joe Devall; Frank LaBarbera; Bobby LeTard; Rick Watson

COMMISSIONERS ABSENT: None

OTHERS PRESENT: Janie Fruge'; Jobie James; Christi Kingsley; Robbin Odom; Kris Lyons; JW Peloquin; Dondra Zaunbrecher;

GUESTS PRESENT: Dr. Brian Gamborg; Alberto Galan; Curtis Fountain; Glyn Foreman

Mrs. Janie Fruge' announced that the December "Shining Star" honor was awarded to Robbin Odom. Robbin was instrumental in the proposal comparison, systems demonstrations, and price negotiation of the Nurse Call System capital purchase. Her efforts contributed to additional cost savings of \$74,535.78.

Mr. LeTard presented the minutes from the meeting of the Board of Commissioners held on December 7, 2021, for approval. Mr. Bob Davidson made a motion to approve the minutes as presented. Mr. Joe Devall seconded the motion. The motion passed unanimously. Mr. LeTard announced the next meeting of the Board of Commissioners will be held on February 22, 2022.

Mrs. Frugé presented the Chief Executive Officer's report. She began by reporting on data contained in a recent MSN article which ranked the three (3) best hospitals in every state. The metric used in the rankings included "civic leadership" in its scoring system. The other components of the index are "patient outcomes," and "value of care". West Calcasieu Cameron Hospital has been ranked #3 of Best Hospitals in Louisiana; with a grade of A for Overall, A- for Patient Outcomes, B+ for Value of Care, and B- for Civic Leadership. The article noted that WCCH is focused on early childhood patients by providing free and low-cost immunizations. In addition, we are a safe haven for babies, meaning that individuals can surrender their infants under 60 days old with any hospital employee with no questions asked. The other Louisiana hospitals listed are #1 Ochsner Medical Center in Baton Rouge, and #2 Beauregard Memorial Hospital in DeRidder. Mrs. Fruge' then gave a COVID19 update. As of

today, we have 15 COVID positive hospitalized patients. Of those, 47% are vaccinated. In addition, we currently have 27 employees out either COVID positive, test result pending, or in quarantine. Dr. Gamborg answered questions regarding the Omicron variant. That concluded the CEO report.

Mrs. Jobie James, Chief Financial Officer, presented the Financial Reports for the hospital through November 30, 2021. She reported a balance of \$15,573,413.18 in cash, compared to \$16,623,099.69 in October. Contributing factor is physician UPL. Mrs. James explained that the days outstanding in A/R are at 45.93 for November, falling below the set goal of 55 days outstanding in A/R. Mrs. James continued by reporting \$14,519,744.24 in Gross Revenue in November, compared to a \$14,130,891.00 budget. Net Revenue was \$4,225,795.11. Mrs. James then reported Operating Expenses of \$6,489,553.34 compared to a budget of \$5,993,315.00. Net Income for November was \$296,220.86, compared to a budget of (\$714,645.00) and \$167,715.40 at this time last year. She continued by reporting that admissions were decreased with 162 admissions in November compared to a budget of 178 and 178 this time last year. Census Days were decreased with 691 compared to a budget of 856. Average Length of stay was 4.3 days compared to 4.8 days budgeted and 4.8 in prior year; and Average Daily Census was decreased with 23.0 compared to 28.5 in prior year. Readmissions percentage was at 8.0% which is increased from last year. Mrs. Jobie James then presented the Financial Reports for the hospital through December 31, 2021. She reported a balance of \$17,355,971.48 in cash, compared to \$15,573,413.18 in November. Contributing factor is Zurich Insurance payment received. Mrs. James explained that the days outstanding in A/R are at 47.9 for December, falling below the set goal of 55 days outstanding in A/R. Mrs. James continued by reporting \$15,300,150.41 in Gross Revenue in December, compared to a \$15,046,692.00 budget. Net Revenue was \$4,053,620.83. Contributing factor is a significant increase in Medicaid volume. Mrs. James added that currently our Medicaid in-patient volume is at 20%. Mrs. James then reported Operating Expenses of \$7,232,940.99 compared to a budget of \$6,196,577.00. Net Income for December was (\$869,463.72), compared to a budget of \$2,014.00 and \$4,725,451.98 at this time last year. She continued by reporting that admissions were decreased with 154 admissions in December compared to a budget of 178 and 178 this time last year. Census Days were decreased with 640 compared to a budget of 1039. Average Length of stay was 4.2 days compared to 4.4 days budgeted and 4.4 in prior year; and Average Daily Census was decreased with 21.3 compared to 34.6 in prior year. Readmissions percentage was at 11.0% which is increased from last year. Next, Mrs. James reviewed the Monthly Dashboard stating as of the end of November in the area of Safety – Hospital Inpatient Readmissions, where patients are readmitted within 30 days of discharge for any reason, percentage is 8.0% for November with 13 readmissions and 7.1% YTD. The Annual Net Income is \$1,768,715.00 with an YTD budget of \$1,000,000.00. In the area of Efficiency comparing Full Time Equivalents per Adjusted Average Daily Census to prior year, is 8.6 compared to 9.5 in prior year. Mrs. James then reviewed the Monthly Dashboard stating as of the end of December in the area of Safety – Hospital Inpatient Readmissions, where patients are readmitted within 30 days of discharge for any reason, percentage is 11.0% for December with 17 readmissions and 7.3% YTD. The Annual Net Income is \$899,251.00 with an YTD budget of \$1,000,000.00. In the area of Efficiency comparing Full Time Equivalents per Adjusted Average Daily Census to prior year, is 9.5 compared to 7.8 in prior year. Contributing factor is less in-patient volume.

Next, Mrs. Kris Lyons reviewed the HCAHPS report for November. Scores indicate 73.3% positive comments for inpatients with 24 responses received; 49.1% positive comments for ED with 38 responses received; and 100% positive comments in ambulatory surgery with 7 responses received. Mrs. Kris Lyons then reviewed the HCAHPS report for December. Scores indicate 64.7% positive comments for inpatients with 22 responses received; 59.6% positive comments for ED with 31 responses received; and 60% positive comments in ambulatory surgery with 7 responses received. That concluded the Financials report.

Mr. JW Peloquin then presented a report of the 2021 Environment of Care Plans Evaluations reviewed and approved by the Safety Committee. There was a motion by Mr. Joe Devall, seconded by Mr. Bob Davidson to approve the following Environment of Care Evaluations: Safety Management, Security, Hazardous Materials, Fire Safety, Medical Equipment Management, and Utility Systems. Motion passed unanimously. Mr. Peloquin then gave an update on the Carlyss Medical Clinic. He reported that installation of exterior metal is currently in process and the interior is ready to be painted. Next, Mr. Peloquin reported facility repairs needed in the patient tower due to deterioration of a cast iron pipe in the floor. Cost of repairs will be approximately \$22,000.00. This affects 6 rooms, which are currently out of service. In addition, there is a deteriorated pipe in the floor in the Cafeteria which will also need to be repaired. Approximate cost of this repair is \$4,500.00. The Cath Lab project is currently in process. Walls are being removed and the flooring will be removed so that floor trough, plumbing and medical gas can be installed. Mr. Peloquin then reported an upcoming maintenance capital item for repairs to the parking lot at Dr. Braud & Davies office. There is an area that holds a great deal of water, creating a mold/slime issue with water pooling around the door. This maintenance item cost is anticipated around \$18,000.00. A capital request will be presented to the Board at the next meeting. Mrs. Janie Fruge' then reported the execution of the purchase of the 1110 Kent Drive property in early January. Closing documents were executed and recorded. That concluded the Facilities report.

Mrs. Robbin Odom gave a Patient Care Report. She began with an update regarding the re-design the process of patient ID band scanning prior to medication given. The hospital compliance goal was an overall 95%. Since implementation of the re-designed process, all units have exceeded 95% compliance. Next, Mrs. Odom reported the re-implementation of the Nurse Extern Program. Currently six (6) Senior Nursing Students at Sowell have signed up to participate. It will be offered to McNeese Nursing students as well. The Clinical Practice Council has been meeting which provides an opportunity to receive input and suggestions from the clinical staff. An employee appreciation Food Truck Roundup is being sponsored by Cameron LNG and Sempra Energy Foundation in early February. Mrs. Odom reported a book club and mentoring opportunity for new clinical leaders currently in place. In addition, a newly implemented Leader rounding process is being implemented. This includes specific assignments and documentation log regarding the communication with the patients. Lastly, Mrs. Odom reported on a process change with regard to the flagging system in place outside the patient door. The colored flags identify any particular risks. The process will now include placing colored stickers on the patient's arm band. As the patient may require leaving the room for services in another department, any particular risks will still be easily identified.

Next, Mrs. Kristine Lyons presented the High Reliability and Performance Improvement Report. She began with a report on the Johnson Bayou Rural Health Clinic licensing survey held on January 5, 2022. There were 3 Federal citations and 1 State citation. A corrective

action plan for all citations was completed and submitted on January 14, 2022. In addition, a request for informal dispute was submitted to the Department of Health – Health Standards Division for the State finding. Patient Satisfaction: The Press Ganey website was reviewed with the Director of Surgery and ICU. Leadership rounding was discussed at the Clinical Leadership Council. Ambulatory Surgery will re-implement the “stoplight” brochure addressing post op complications. This brochure will be added to the pre-op teaching as well. Post op phone calls will be documented in clinical care station. The Director of Surgery is reviewing scripting for post op calls that are done 2-3 days post operatively. Managed Care Incentive Payment Program: Four narratives are due to LQN by February 26, 2022; two (2) ED utilization and two (2) readmissions. Quarter 4 LVC data review by February 14, 2022. CY-1 Breast Cancer screening narrative was submitted to LQN on December 29, 2021. Performance Improvement Committee: The new PI tool is in place with a January roll-out for departments reporting monthly, and an April roll-out for departments that report quarterly. The January PI Committee meeting was held virtually. Joint Commission survey preparation – Hospital Program and Ambulatory Care Program: Our survey is due April 13, 2022. The Joint Commission Committee has been formed and the first virtual meeting was held January 18, 2022. Individual unit tracers are being conducted by teamed department leaders. Daily checklists for patient care units have been developed and distributed. Policy Transition: Several department’s policies are ready to transition. Kris has met with or spoken with department leaders and their senior leaders who have not yet started their transition of policies. In process, formatting policies and completing spreadsheets for departments that are ready to transition to PHP. Next, Mrs. Lyons reviewed the revised Sentinel Event Policy. The Policy was approved by the Medical Executive Committee at their January meeting. There was a motion by Mr. Rick Watson, seconded by Mr. Frank LaBarbera to approve the Policy with the exception of wording on Page 37, item b. second bullet point, the wording should be changed from ... by the CEO or alternatively by another relevant member of “top management” – to say, by the CEO or alternatively by another relevant member of “Senior Leadership”. Motion passed unanimously. That concluded the High Reliability and Performance Improvement Report.

Mrs. Jobie James then presented the 2022 Audit Schedule and the 2021 Ethics Training Completion report. Three (3) individuals did not complete their Ethics Training in 2021. That concluded the Compliance Report.

Mrs. Christi Kingsley presented a Human Resources Report. She began with a report of our Workers Compensation Insurance renewal through HSLI and the Louisiana Hospital Association Trust Fund. Our e-modifier calculated for 2022 is .77, which is sustained from 2021. This results in a \$152,000.00 credit toward our premiums. Next, Mrs. Kingsley reported on Workplace Safety Funds which are available through HSLI. In 2021, there was a focus on safe patient handling. We received the services of a consultant who compiled a risk analysis and provided recommendations on equipment purchase. We will be purchasing Four (4) SARA Flex with slings that will enable us to move patients more safely. The entire amount of this purchase will be covered by a Grant through HSLI. That concluded the Human Resources Report.

There was no IT Report.

Moving into New Business, Mrs. Janie Fruge' presented the board with a list of Medical Staff Appointments, Reinstatements and Resignations:

**ITEMS REQUIRING APPROVAL FROM THE
BOARD OF COMMISSIONERS – January 25, 2022
(Approved/recommended by Medical Executive Comt.
meeting held – January 18, 2022)**

**A. Appointments
Active Staff**

Jessica Sonnier, M.D. – PEMM Emergency Medicine w/RSI and Ultrasound Privileges for Guidance & Trauma – F.A.S.T Exams.

**B. Request for Additional Privileges
Active Staff**

Shea LeDoux, PA-C – PEMM Hospital Medicine/Supervising Physician: A. Mullins, M.D.
James Jeane, APRN – WCCH Community Clinic/Supervising Physician: M. Oler, M.D. – pending LSBN CPA approval

C. Request Transfer of Staff Category

Walter P. Ledet, M.D. – Transfer from Active to Honorary Staff [Eff. Immediately]

D. Report of Teleradiology Services

Radiology Partners, Inc.: Physician Credentialing Agreement
Schedule 1: Telemedicine Providers; Agreement between WCCH and Access Radiology

Additional Providers: **Haitham Alsahli, M.D.** **Mark Reese, M.D.**

E. Report of Telemedicine Services – Stroke

Agreement between WCCH and Our Lady of Lourdes Reg. Medical Center

Additional Providers: **Morteza Modaber, M.D.**

F. Resignation of Clinical Privileges

Allied Health Professionals

Wendy Wingate, APRN – Hackberry Rural Health Clinic [Eff.12/1/2021]

G. Temporary Suspension of Clinical Privileges

Allied Health Professionals

Gina Miller, APRN – Hackberry Rural Health Clinic [Eff. 1/7/2022]

Mr. Bob Davidson made a motion to approve and accept the Medical Staff appointments, resignations, and recommendations as submitted by the Medical Executive Committee. Mr. Frank LaBarbera seconded the motion. Motion passed unanimously.

Next, Mrs. Kris Lyons presented the Clinical Contract Services Quality Clinical Indicators. There were four (4) indicators unmet in 2021: Documentation complete within 72 hours of ED visit; Physician participation/attendance in 75% of quarterly hospital meetings related to Emergency Medicine; Foley Utilization per patient day; and Achieve 50% of expected discharges to occur by 10 a.m. daily. Preparation of an action plan is currently underway for the unmet indicators and there will be indicators added. When these items are completed, this report will be brought back to the Board for approval.

The following capital requests were then presented for approval:

1. Four (4) SARA Flex & Slings: \$16,443.72

There was a motion by Mr. Bob Davidson, seconded by Mr. Rick Watson to amend the budget in the amount of \$16,443.72 and to approve the purchase of Four (4) SARA Flex & Slings in the amount of \$16,443.72. Motion passed unanimously.

2. Two (2) Water Systems (Chemistry): \$16,800.00

There was a motion by Mr. Frank LaBarbera, seconded by Mr. Bob Davidson to amend the budget in the amount of \$16,800.00 and to approve the purchase of Two (2) Water Systems (Chemistry) in the amount of \$16,800.00. Motion passed unanimously.

3. Lab – Interface to Cobas Pro Instruments: \$18,500.00

There was a motion by Mr. Frank LaBarbera, seconded by Mr. Bob Davidson to amend the budget in the amount of \$18,500.00 and to approve the purchase of Lab Interface to Cobas Pro Instruments in the amount of \$18,500.00. Motion passed unanimously.

4. Roof Replacement – Maintenance Building: \$174,900.00

There was a motion by Mr. Frank LaBarbera, seconded by Mr. Rick Watson to amend the budget in the amount of \$174,900.00 and to approve the replacement of the Roof on the Maintenance Building in the amount of \$174,900.00. Motion passed unanimously.

5. Pharmacy Automated Med Dispensing Cabinets: \$764,308.00

** Of Note: Just prior to the meeting, we received notice of a further reduction in the cost of the Med Dispensing Cabinets, bringing the cost down to \$662,864.00 *****

There was a motion by Mr. Frank LaBarbera, seconded by Mr. Rick Watson to approve the purchase of the Omnicell Pharmacy Automated Med Dispensing Cabinets in the amount of \$662,864.00. Motion passed unanimously.

The next order of business was Official Journal selection. There was a motion by Mr. Bob Davidson, seconded by Mr. Joe Devall to select the (Lake Charles) American Press as the Official Journal for the Hospital. Motion passed unanimously. Mrs. Janie Fruge' reported that in addition to publication of the meeting agenda in the American Press, the hospital publishes notices of Board meetings and minutes of Board meetings on the Hospital website.

Mr. Rick Watson made the motion at 1:15 pm, seconded by Mr. Frank LaBarbera, to move into Executive Session for the purposes of strategic planning, marketing, and personnel matters in keeping with Louisiana revised Statutes 42:6, 42:6.1, 46: 1073. The motion passed unanimously.

Mr. Frank LaBarbera made a motion at 2:23 pm to move back into Regular Session. Mr. Rick Watson seconded the motion. The motion passed unanimously.

Mr. Frank LaBarbera made the motion, seconded by Mr. Rick Watson to adjourn the meeting. The meeting was adjourned at 2:26 pm.

Chairman of the Board

Secretary of the Board