Patient referrals, transfers and consults are critically important, and we want to make it easy for referring providers and their staff. To refer your patient for a clinic appointment, call our Clinic Concierge at 855.312.4190.
Ochsner’s longstanding tradition of bringing physicians together to improve health outcomes continues today. Our goals are to work together with our referring providers to serve the needs of patients and to provide coordinated treatment through partnerships that put patients first. We have automated physician-to-physician patient care summaries for hospital encounters and enhanced the patient experience by giving patients the ability to schedule appointments online.

Close coordination and collaboration begin with transparency and access to the data you need to make informed decisions when advising your patients about care options. Ochsner Outcomes, a compilation of clinical data, represents only part of our efforts to better define the quality of Ochsner’s care and to share that information with you.

Trusted, independent organizations give the highest marks to Ochsner’s quality. Ochsner Medical Center was the only healthcare institution in Louisiana to receive national rankings in six specialties from U.S. News & World Report for 2015–2016. Additionally, CareChex® named Ochsner Medical Center, Ochsner Baptist, a Campus of Ochsner Medical Center and Ochsner Medical Center – West Bank Campus among the top 10% in the nation in 17 different specialties and, for the fourth year in a row, Ochsner was named #1 in the country for liver transplant. Ochsner was also recognized, again for the fourth year in a row, as one of “100 Great Hospitals in America,” by Becker’s Hospital Review.

Additionally, Ochsner Health System was named an honoree for the 2015 American Medical Group Association (AMGA) Acclaim Award. Among just four organizations nationwide to receive this recognition, Ochsner was acknowledged for our work to measurably improve quality and value of care, improve patient experience and outcomes, improve population health and promote continuous learning and innovation.

Ochsner is the first hospital in the United States – and perhaps even the globe – to partner with Apple and Epic to create a platform that can directly affect patient care in real time. We are utilizing the Apple Watch as an agent for behavioral change for patients with chronic disease, starting with patients who have uncontrolled high blood pressure.

Ochsner consistently earns the respect of independent evaluators. We do not rest on these achievements, but use them as a benchmark to continuously improve. We will continue to share the data you need to care for your patients, provide services you may not have in your community and develop the collaborative relationships essential to ensuring the best outcomes for every patient, every time.
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Letter from the Chairman

New solutions for chronic and complex cardiovascular problems

The John Ochsner Heart & Vascular Institute (JOHVI) at Ochsner Medical Center diagnoses and treats patients using the most advanced technologies and outstanding subspecialty physician expertise. As demonstrated in this report, this translates to outstanding outcomes for our patients. We’ve established a national and international reputation for excellence in patient care and innovation in technology and treatments. Over the years, we have been recognized by U.S. News & World Report, CareChex® and Healthgrades® for our heart and vascular achievements.

Ochsner is the first and only medical center in our region to perform heart transplants, and the only center in Louisiana to offer the artificial heart and left ventricular assist devices (LVADs).

We were the first to perform heart valve replacement without surgery, and we continue to rank nationally with our high volume and low complication rates. Our arrhythmia physicians offer new and effective ablation procedures for ventricular tachycardia and atrial fibrillation. We offer the only Adult Congenital Heart Disease Program in the region, which serves adults who were diagnosed and treated for birth defects of the heart as infants or children. We are constantly looking for new ways to help our patients manage complex or ongoing cardiovascular problems.

To serve even more patients, we now offer same-day access and convenient online appointment scheduling. Our patients have full access to their medical records and can review all test results to maximize transparency. We are currently developing novel programs for repairing failing coronary stents (brachytherapy), implanting leadless pacemakers, repairing aortic aneurysms with customizable grafts and preventing strokes without surgery by placing carotid stents. We remain a national leader in treating patients with advanced heart failure, and we are a second-opinion center for complex cardiovascular conditions. We are excited about all the potential benefits we will continue to offer patients throughout the Gulf South.

At JOHVI, we are eager to help our referring physicians manage their patients’ most challenging diagnoses and treatments. Through our advanced cardiovascular services, we strive to restore patients’ health and improve their quality of life.

We hope to become your trusted partner in delivering the best possible cardiovascular care to your patients.

For information about the John Ochsner Heart and Vascular Institute, visit us online at ochsner.org/heart or contact us by phone at 888.317.3717. We look forward to hearing from you.

Christopher J. White
MD, FSCAI, FACC, FAHA, FESC
Professor and Chairman of Medicine
The Ochsner Clinical School,
University of Queensland
System Chairman of Cardiovascular Diseases
Medical Director, John Ochsner Heart and Vascular Institute
at Ochsner Medical Center
John Ochsner Heart & Vascular Institute

The John Ochsner Heart & Vascular Institute offers state-of-the-art diagnostic and leading-edge therapies for adult and pediatric cardiology patients in a program that is ranked among the top in the nation. We have a team of experts available in:

- Advanced Heart Failure and Cardiac Transplantation
- Adult Congenital Heart Disease
- Arrhythmia and Heart Rhythm Disorders
- Cardiac PET Imaging
- Cardiovascular MRI and CTA Imaging Services
- Consultative Cardiology
- Heart and Vascular Surgery
- Interventional Cardiology
- Nonsurgical Heart Valve Replacement and Repair
- Pediatric Cardiology
- Pulmonary Hypertension
- Stroke Prevention and Carotid Stents
- Vascular Medicine

Overview of Subspecialties with Volume:

**Advanced Heart Failure and Cardiac Transplantation**
- Implanted Mechanical Assist Devices – 49 patients
- Heart Transplants – The only heart transplant center in Louisiana, performing 29 heart transplants in 2015 and more than 900 throughout the history of the Ochsner heart transplant program

**Consultative Cardiology**
- Conducted more than 12,000 clinic visits annually and interpreted more than 74,000 EKGs annually for the Ochsner system
Electrophysiology

- Device Clinic Volume – More than 4,500 device clinic assessments performed in 2015
- 203 radiofrequency ablations for patients with A-fib performed in 2015

Interventional Cardiology

- Nearly 5,000 procedures performed in the cardiac catheterization laboratory

Heart Valve Program

- Transcatheter Aortic Valve Replacement (TAVR) – 150 cases in 2015 and more than 450 cases since 2011
- Minimally invasive mitral valve repair

Cardiovascular Research

- More than 85 active cardiovascular clinical research trials for investigational therapies not available at other health systems

Noninvasive Cardiovascular Imaging

- Annually perform more than 24,000 echo stress tests
- Annually perform more than 1,000 cardiac PET scans
- Annually perform more than 5,400 vascular ultrasounds through the Vascular Medicine department
- Annually perform more than 325 endovenous laser therapy (EVLT)/sclerotherapy procedures
- Annually perform more than 400 cardiac MRI tests that support referrals from the entire Louisiana region

Ochsner is the only heart transplant center in Louisiana, performing 29 heart transplants in 2015 and more than 900 throughout the history of the Ochsner heart transplant program.
Advanced Heart Failure

The Advanced Heart Failure Clinic is the first stop to better health through the John L. Ochsner Heart & Vascular Institute.

In addition to accessing world-class advanced heart failure physicians, our specialized clinic offers a wealth of clinical support including patient education and ongoing monitoring to improve quality of life and prevention of avoidable hospital admissions. In the event more aggressive or complex services are needed, our clinic seamlessly coordinates with our integrated group of physician specialists in electrophysiology, cardiovascular surgery and noninvasive imaging to meet the needs of patients.

Our comprehensive services within the Advanced Heart Failure Clinic include evaluation, management, monitoring and education of:

- Valvular function
- Left ventricular systolic and diastolic function
- Lab work
- Arrhythmias and conduction abnormalities
- Medication management
- Pulmonary hypertension
- Cardiomiopathy (HF)
- Amyloidosis

Heart failure affects nearly 5 million people in the United States and is one of the most frequent reasons for hospitalization. Although it can lead to serious disability, or even death in some patients, it is possible to control your heart failure and avoid many of its complications.
Heart Transplant

Heart transplant patients at Ochsner have three-year survival rates higher than the national average. In 2015, the three-year survival rate was 84.6 percent, compared to 84.2 percent nationally.
When Jamie Napolitano was 3 months old, she was diagnosed with cardiomyopathy, a disease of the heart muscle. Her parents were told that she would probably not live past the age of 2. Despite their daughter’s prognosis, Napolitano’s parents allowed her to live like a “normal” child and she did not feel the effects of heart disease until she experienced a heart attack at age 19. Her medication regimen became more intense as her symptoms took a toll on her physical and emotional well-being. A few years later, Napolitano’s heart was functioning at about 20 percent, and she was told she would need a new heart. On January 1, 2009, she underwent a heart transplant at Ochsner. Since her transplant, she has run in four half-marathons. In addition to spending time with her family, Napolitano volunteers for Donate Life Louisiana and the American Heart Association. Napolitano is grateful that her donor, her hero, said yes to the gift of life.
Ochsner’s Cardiomyopathy and Heart Transplant Program is the largest Medicare-approved heart transplant program in Louisiana, performing over 20 heart transplants per year. It is also Louisiana’s only pediatric heart transplant program.

Ochsner Heart Transplant 3-Year Adult Patient Survival Hazard Ratio
Comparison with Other Programs
Ochsner Medical Center Program Volume for Transplants, 1/1/2010–6/30/2012

The data reported here were prepared by the Scientific Registry of Transplant Recipients (SRTR) under contract with the Health Resources and Services Administration (HRSA). Based on data available as of October 31, 2015. Publication date December 2015.
ADVANCED HEART FAILURE

Left Ventricular Assist Device (LVAD) Implantation

The John Ochsner Heart & Vascular Institute (JOHVI) has been providing ventricular assist device (VAD) services for patients across the Gulf Coast region for over 20 years.

These devices help preserve the heart function of patients awaiting a heart transplant otherwise known as a bridge to transplant or as a permanent treatment option known as destination therapy. New technology and identification of patients earlier in the heart failure disease process will enhance the long-term VAD patient’s survival and quality of life. At JOHVI, our team of six advanced heart failure cardiologists works closely with the patients’ primary cardiologist to share in the management of patients with heart failure.
In 2015, 13 patients received LVADs as a bridge to transplant. These devices support patients too sick to wait for a donor heart to become available, helping their bodies grow stronger as they await their transplant surgeries.

An additional 30 patients received LVADs as a destination therapy, meaning they would not undergo a heart transplant at a later date. LVADs can improve quality of life for these end-stage heart failure patients who are not candidates for a transplant.

Heart Transplant & VAD Volume
Ochsner Medical Center, 2000–2015

- Total Heart Transplants
- VADs


2016 annualized as of 8/8/16
ADVANCED HEART FAILURE

Patient Survival After LVAD

Ochsner’s vast array of advanced heart failure cardiologists, VAD coordinators, heart failure coordinators, advanced practice providers, pharmacists, social workers and support personnel work diligently with patients, their family members and referring providers in the ongoing care of patients after implantation. These “shared care” partnerships contribute greatly to the consistent success of Ochsner VAD patients exceeding national standards in patient survival at the one-month, one-year and two-year milestones.

The experienced members of our VAD team also work closely in training emergency medical services providers in communities across the Gulf South and in neighborhoods where our VAD patients live. Our goal is to ensure local medical providers can perform tests, discuss symptoms and consult with our specialists to determine if patients need additional care in a hospital setting or if modifications can be made at home to prevent a hospital admission. At Ochsner, we have VAD coordinator and VAD physician services on-call 24 hours a day, seven days per week.

VAD Patient Survival
Ochsner Medical Center, 2015

*The Interagency Registry for Mechanically Assisted Circulatory Support is a registry for patients who are receiving durable mechanical circulatory support device therapy to treat advanced heart failure.
ADVANCED HEART FAILURE

Pulmonary Hypertension

The Ochsner Pulmonary Hypertension Program is the largest in the region, caring for more than 450 patients and evaluating more than 250 patients for treatment options annually. The program’s team of cardiologists, pulmonologists, rheumatologists, radiologists, nurses, pharmacists and other providers work with each patient to develop an individualized treatment plan. Through this coordinated approach to care, patients will have access to care across the continuum including inpatient care, outpatient care, access to complex medical management, support groups, enhanced education and even lung transplantation if necessary.
Electrophysiology

According to the American Heart Association, more than five million Americans have arrhythmias, with the most common being atrial fibrillation (AFib). Many are undiagnosed, and as the population ages and people live longer the incidence continues to rise. The risks for patients include increased risk for stroke and worsening heart failure and quality of life.

To meet the growing demand, Ochsner has added its sixth adult specialist and constructed its fourth dedicated Electrophysiology Lab. Along with two pediatric specialists, the John Ochsner Heart & Vascular Institute continues to lead the largest and most comprehensive center for management of complex arrhythmias and heart rhythm disorders in the Gulf South.

Leading the Way in Ablation Therapy & Rhythm Disorders

Radiofrequency ablation is a nonsurgical; catheter-based therapy designed to eliminate small pieces of heart tissue within the heart that create electrical dysfunction. At Ochsner, we work with cardiologists throughout the Gulf Coast to assist their patients with complex AFib, ventricular tachycardia, supraventricular tachycardia and pulmonary vein isolation procedures. Furthermore, through the Ochsner group practice, we have developed special Integrated Group Practice Units (IGPUs), where physicians from multiple disciplines come together to organize care around certain medical conditions. Placing the patient at the center of care, these providers develop team-based models that ensure the best course of therapy and outcomes for the patient. A prime example, within the electrophysiology department, is the collaboration between electrophysiologists and structural heart specialists who manage patients with left atrial appendage disease. This disease, if not corrected, results in a high risk for stroke-producing blood clots among patients with AFib.

In 2015, we performed 203 radiofrequency ablation/pulmonary vein isolation procedures, representing a 495% increase in these procedures over the last three years.

Cardiac Rhythm Management

Implantable technology, such as pacemakers and implantable cardioverter defibrillators (ICDs), continue to advance and serve as life-saving tools for managing a variety of heart rhythm disorders. Within the electrophysiology section, we have a robust team of device management specialists on-site to provide in-person, remote web-based and telephonic management. In 2015, the electrophysiologists at Ochsner implanted 301 pacemakers and 278 ICDs.
Radiofrequency Ablation / Pulmonary Vein Isolation Procedures
Ochsner Medical Center, 2012–2015

Arrhythmia Procedures
Ochsner Medical Center, 2015
Interventional Cardiology

The John Ochsner Heart & Vascular Institute is a regional referral center for complex, high-risk percutaneous coronary interventions (PCI).

In 2015, nearly 5,000 cardiac catheterization procedures were performed by our expert team of adult and pediatric interventional cardiologists. Our interventional cardiologists are experts in coronary and peripheral interventions as well as arterial and venous diseases. The range of services offered goes from the carotid arteries to the feet with procedures ranging from diagnostic to advanced endovascular therapies. The program offers the latest technology, including brachytherapy, atherectomy, fractional flow reserve and intravascular ultrasound. Regionally, we collaborate with providers from across the Gulf South to offer high-risk angioplasty, including unprotected left main intervention and chronic total occlusions. We also take great pride in training tomorrow’s physicians through our ACGME accredited program, which includes eight fellows annually training in interventional coronary and peripheral vascular diseases. We also work with insurers and employer groups for second opinions.
The rate of in-hospital mortality among patients who had PCI procedures at Ochsner in 2015 was lower when compared to rates at similar hospitals. Our team includes national leaders from both the American College of Cardiology (ACC) and the Society for Cardiac Angiography and Interventions (SCAI), who are dedicated to the nonsurgical treatment and prevention of heart attack, stroke and limb loss.
In 2015, the rates for major vascular complications, including death, emergency coronary artery bypass grafting and stroke with PCI procedures, at John Ochsner Heart & Vascular Institute were far better than the rates at comparable hospitals.

To serve these patients, our award-winning team has developed innovative strategies to treat coronary heart disease, even in people who have been told they have no options; renal artery stenosis and renovascular hypertension; chronic mesenteric ischemia and peripheral arterial disease.

As national leaders in acute stroke prevention, we are experts in carotid stenting and other cerebrovascular disease interventions. And we are regional leaders in valvuloplasty, TAVR and limb salvage using the latest vascular rescue therapies for patients with severe ischemia or complex wounds.

Any Adverse Event for PCI
Ochsner Medical Center, 2015

Source: ACC-NCDR database
Use of fractional flow reserve (FFR) to validate lesions with stenosis between 40 and 70 percent is a best practice measure to determine the appropriateness for PCI. At JOHVI, we use FFR at nearly twice the rate of comparable hospitals. This is beneficial to patients because, with angiography alone, it is not always clear which narrowed area is most problematic. FFR offers a functional evaluation to confirm the PCI procedure will be effective or to guide the specialist to investigate other narrowed areas.
At Ochsner, our expert interventionalists pay particular attention to the management of fluoroscopy agents and patient hydration during cardiac catheterization procedures to prevent acute kidney injury (AKI). At Ochsner, our patients are one-third less likely to develop AKI versus comparable hospitals.

PCI In Hospital Risk-Adjusted Acute Kidney Injury
Ochsner Medical Center, 2015

Source: ACC-NCDR database

- Ochsner
- U.S. Hospitals 50th Percentile

6.3%

4.6%
In 2015, John Ochsner Heart & Vascular Institute interventional cardiologists performed more procedures using radial access than comparable hospitals. Use of radial access has demonstrated reduced bleeding complications, lower readmission rates, fewer infections and shorter recovery times versus femoral access. The graph below shows a comparison between Ochsner 2015 data and the aggregate value for that metric across all U.S. patients in the National Cardiovascular Data Registry.

**Diagnostic Catheter Radial Access Site**
Ochsner Medical Center, 2015

Source: ACC-NCDR database

- Ochsner
- National Cardiovascular Data Registry Compare Group

40.6% 34.3%
Structural Heart and Valve Program

The Structural Heart and Valve Program is unrivaled in the region, and the Transcatheter Aortic Valve Replacement (TAVR) program is recognized as having the best outcomes combined with one of the shortest lengths of stay in the United States.

TAVR is a procedure for select patients with severe symptomatic aortic stenosis who are not candidates for traditional open chest surgery or are moderate and high-risk nonsurgical candidates. TAVR uses a catheter to replace the heart valve instead of opening up the chest to remove the diseased valve. Since 2011, the Ochsner Structural Heart Team has performed over 450 TAVR procedures. We recently launched our nonsurgical mitral valve repair program with MitraClip® as well as multiple methods of left atrial appendage closure. We take into account the total patient, including frailty, lung function and patient wishes. We specialize in nonsurgical and minimally invasive treatment.
Ninety-five percent of our patients who have the TAVR procedure are able to return home the day following their procedure.
STRUCTURAL HEART AND VALVE PROGRAM

Transcatheter Aortic Valve Replacement

Since the inception of the TAVR program in 2010, Ochsner has become the regional leader in use of this specialized treatment for high-risk nonsurgical patients with aortic valve disease. Over 570 patients had this procedure at Ochsner with excellent outcomes and demonstrated quality of life improvement.

The Ochsner group practice integrated approach to patient-centered multidisciplinary care is highly effective in its management of heart valve disease. Patients from across the Gulf South are seen in our outpatient Heart Valve Clinic and receive their full medical evaluation, diagnostic workup and treatment plan in one visit to enhance their patient experience. Services include all imaging studies, lab work and physician consultations with the necessary providers (i.e., interventional cardiology, cardiovascular surgery, noninvasive cardiologist).

TAVR In-Hospital Mortality
Ochsner Medical Center, 2015

In 2015, 150 TAVR procedures were performed at Ochsner. The In-Hospital Mortality Rate was 0.9 percent compared to an expected rate of 7.9 percent. U.S. hospitals performing at the 50th percentile achieved a 2.3 percent mortality rate. Ochsner ranked among the best in the United States for In-Hospital Mortality.

Source: ACC-NCDR database
Ochsner patients with TAVR procedures had a hospital length of stay averaging one day. Comparative hospitals performing at the 90th percentile achieved a length of stay of 1.7 days. TAVR patients at Ochsner enjoyed the benefit of returning home much sooner than those in comparative hospitals.

Source: ACC-NCDR database

Discharge Disposition
Ochsner Medical Center, 2015

96% of our patients return home following a TAVR procedure.
More than half the patients with congenital heart disease are now adults, and they require long-term cardiovascular management.

Eighty-five percent of adult congenital heart disease patients have moderate to severe defects that have been repaired but not corrected. Lifelong monitoring before symptoms occur is essential.

The Adult Congenital Heart Disease Program is the only one in the Gulf South treating congenital heart disease patients in an adult setting. The team works hand in hand with referring physicians to provide care to patients with complex diseases.

At the core of the program is the collaboration between adult and pediatric cardiovascular specialists, who are experts in managing congenital heart disease.

This team of dedicated professionals provided care for more than 600 outpatient encounters, over 700 specialized echos, 58 caths, and 90 admissions in 2015 including supporting 14 deliveries by mothers with congenital heart defects. The Ochsner ACHD Program offers comprehensive care to adults with repaired or newly diagnosed congenital heart disease.
The Adult Congenital Heart Disease Program is the only one in the Gulf South treating congenital heart disease patients in an adult setting.
We offer the most broadly based, state-of-the-art cardiovascular imaging services in the Gulf South, including cardiac PET imaging and advanced echocardiography services, such as 3D transesophageal echo.

For cross-section imaging, we offer cardiac MRI services and computed tomography angiography. All noninvasive imaging labs have achieved national certification through the Intersocietal Accreditation Commission, ensuring high-quality patient care. We often use multiple modalities to assess and diagnose complex problems. This is a strength that particularly benefits our adults with congenital heart disease, structural heart disease and other highly complex cardiovascular diseases. These patients are often at a higher risk for irregular heartbeats, blood clots, congestive heart failure, heart attacks and even sudden cardiac death if they are not regularly monitored through multiple modalities.

We offer state-of-the-art Cardiac PET imaging services including stress myocardial perfusion with integration of absolute myocardial flow, viability assessment and assessment of cardiac sarcoidosis. We specialize in assessment of regional and global myocardial ischemia in both straightforward and complex cases and assist in subsequent decisions for revascularization. We serve as the major referral center in the Southeast for second opinions and are also the site of several clinical trials. We are the only facility in the Southeast with the capabilities and experience to incorporate absolute myocardial flow into standard perfusion images such that subsequent decisions for revascularization can be achieved.
Preventive Medicine and Cardiac Wellness

Ochsner’s Cardiac Rehabilitation Program is professionally supervised to help patients recover from heart attacks, heart surgery and percutaneous coronary intervention procedures.

Patients begin rehabilitation while they are in the hospital. Once discharged, patients are enrolled in a 12-week monitored rehabilitation program that includes everything from diet plans to exercise programs. Once a patient completes the process, they are encouraged to continue their own cardiac rehabilitation and make routine appointments at our center.

Quality of Life Metrics
Ochsner Medical Center, 2015

higher number indicates improvement
Behavioral Metrics: Mean Scores
Ochsner Medical Center, 2015

Behavioral Metrics: Categorical Scores
Ochsner Medical Center, 2015
Lipid Metrics
Ochsner Medical Center, 2015

<table>
<thead>
<tr>
<th>Metric</th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cholesterol</td>
<td>140</td>
<td>138</td>
</tr>
<tr>
<td>HDL-C</td>
<td>41</td>
<td>43</td>
</tr>
<tr>
<td>LDL-C</td>
<td>77</td>
<td>75</td>
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<tr>
<td>Triglycerides</td>
<td>111</td>
<td>102</td>
</tr>
<tr>
<td>TC/HDL</td>
<td>3.5</td>
<td>3.3</td>
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</tbody>
</table>

-1% | +5% | -3% | -8% | -6%
**Inflammation**
Ochsner Medical Center, 2015

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>hs-CRP</td>
<td>5.4</td>
<td>5.2</td>
</tr>
</tbody>
</table>

**Anthropometrics**
Ochsner Medical Center, 2015

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI</td>
<td>29.5</td>
<td>29.5</td>
</tr>
<tr>
<td>% Body Fat</td>
<td>23.1</td>
<td>22.4</td>
</tr>
</tbody>
</table>

% Decrease:
- hs-CRP: 4%
- % Body Fat: 3%
Exercise Metrics
Ochsner Medical Center, 2015

---

**Peak VO2**

<table>
<thead>
<tr>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.4</td>
<td>20.2</td>
</tr>
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</table>

+10%

---

**Heart Rate Recovery**

<table>
<thead>
<tr>
<th>Pre</th>
<th>Post</th>
</tr>
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<tbody>
<tr>
<td>11.8</td>
<td>14.0</td>
</tr>
</tbody>
</table>

+19%

---

Exercise Metrics: Heart Rate Recovery
Ochsner Medical Center, 2015

---

**Heart Rate Recovery**

- **Pre**
  - Normal: 42%
  - Abnormal: 58%
- **Post**
  - Normal: 49%
  - Abnormal: 51%
Patient Experience

Ochsner Clinic and the John Ochsner Heart & Vascular Institute are committed to delivering excellent clinical outcomes while ensuring patients and their families receive the best overall experience in the process. We believe in transparency and seek feedback from our patients in efforts to improve our clinical care and patient experience opportunities.
Patient feedback based on results submitted to the CG-CAHPS database from all U.S. reporting medical practices in 2015.
Patient feedback based on a national survey results of discharged patients for 2015 from all U.S. hospitals medicare.gov/hospitalcompare

Cardiology Unit HCAPS Inpatient Survey
Ochsner Heart & Vascular Institute, 2015

<table>
<thead>
<tr>
<th>Category</th>
<th>Ochsner</th>
<th>HCAPS Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Hospital Rating</td>
<td>80.7</td>
<td>72.2</td>
</tr>
<tr>
<td>Communication with Nurses</td>
<td>83.5</td>
<td>80.0</td>
</tr>
<tr>
<td>Response of Hospital Staff</td>
<td>68.1</td>
<td>67.5</td>
</tr>
<tr>
<td>Communication with Doctors</td>
<td>86.6</td>
<td>81.4</td>
</tr>
<tr>
<td>Hospital Environment</td>
<td>70.9</td>
<td>67.1</td>
</tr>
<tr>
<td>Pain Management</td>
<td>71.9</td>
<td>71.3</td>
</tr>
<tr>
<td>Communication about Medicines</td>
<td>63.0</td>
<td>64.4</td>
</tr>
<tr>
<td>Discharge Information</td>
<td>88.3</td>
<td>87.2</td>
</tr>
<tr>
<td>Care Transitions</td>
<td>63.5</td>
<td>53.5</td>
</tr>
</tbody>
</table>
At any given time, more than 60 clinical trials are actively enrolling patients across the spectrum of conditions in the cardiology research program.

The John Ochsner Heart & Vascular Institute research program comprises a unique group of individuals dedicated to providing clinical research opportunities to our patients.

In general, clinical trials are used to test the safety and effectiveness of drugs, devices and medical procedures in the human population. This ongoing collaboration between physician investigators and study volunteers is one of the foundations of modern healthcare because clinical trials help set the standards for patient care.

At any given time, more than 60 clinical trials are actively enrolling patients across the spectrum of conditions in the cardiology research program. More than 1,500 patients are enrolled in over 100 trials.
Clinical Trials

Arrhythmia Clinical Trials

**AdaptResponse**: Clinical study to test the hypothesis that market-released Cardiac Resynchronization Therapy (CRT) devices that contain the AdaptivCRT® (aCRT) algorithm have a superior outcome compared to standard CRT devices in CRT indicated patients with normal atrioventricular (AV) conduction and left bundle branch block (LBBB).

**Barostim**: The purpose of this clinical trial is to develop valid scientific evidence for safety and effectiveness of Baroreflex Activation Therapy™ with the Barostim neo system in subjects with heart failure, defined as New York Heart Association (NYHA) functional Class III and left ventricular ejection fraction (LVEF) ≤ 35% despite being treated with the appropriate heart failure guideline-directed therapy, excluding subjects eligible for or with a cardiac resynchronization therapy (CRT) device.

**CRT in PHTN**: Clinical study to determine whether patients with advanced pulmonary hypertension improve thermodynamically and/or derive clinical benefit from acute cardiac resynchronization.

**ENHANCE CRT**: Study is to analyze the effect of left ventricular (LV) lead pacing location in the non-left bundle branch block (NLBBB) heart failure (HF) patient population. The LV lead pacing location will be guided by either the pacing site with the largest amount of dyssynchrony as measured by the LV electrical delay (QLV) or the physician’s standard of care implant approach.

**LEADLESS II**: Prospective, nonrandomized, single-arm, international multicenter, clinical safety and effectiveness of the Nanostim leadless pacemaker system in patients who are indicated for a VVIR pacemaker.

**Lifemarker VT**: Clinical study to determine whether levels of certain substances/chemicals/compounds in blood can correlate with dangerous heart rhythms in ICD patients.

**OPTIMIZER III**: Evaluation of the safety and efficacy of the OPTIMIZER® system in subjects with moderate-to-severe heart failure with ejection fraction between 25% and 45%: FIX-HF-5C.

**PSR**: The purpose of the Product Surveillance Registry is to provide continuing evaluation and periodic reporting of safety and effectiveness of Medtronic market-released products.

**RESPOND CAS**: Continued Access study to gather confirmatory evidence on the safety of the SonRtip lead and performance of the automatic atrioventricular (AV) delay and interventricular (VV) delay optimization algorithm used in the PARADYM RF SONR cardiac resynchronization therapy with defibrillation (CRT-D) device (Model 9770) in a patient population that is reflective of current heart failure treatment practice.

**SDD for ICD**: Study to show that same day discharge (SDD) for ICD implantation is not inferior to next-day discharge (NDD) in terms of postoperative complications, and that SDD is more cost-effective than NDD.

**UNTOUCHED**: Study to assess the 18-month incidence of all-cause shocks in subjects implanted with the EMBLEM subcutaneous implantable defibrillator (S-ICD) for primary prevention of sudden cardiac death.

**Vest Registry**: Randomized, single-blind, study on the prevention of sudden death after myocardial infarction using a LifeVest wearable cardioverter-defibrillator.
Cardiac Surgery Clinical Trials

**COUNTER-HF**: Prospective, multicenter, randomized trial to assess the safety and efficacy of the C-Pulse® System (implantable, non-blood-contacting, non-obligatory heart assist device)

**EXCLUDER**: Prospective, nonrandomized, multicenter, single-arm evaluation to assess the safety and efficacy of the Iliac Branch Excluder Device in subjects with common iliac artery aneurysms (CIAAs) or aortoiliac aneurysms (AIAs)

**HeartMate III**: Study to evaluate the safety and effectiveness of the HM III left ventricular assist system by demonstrating non-inferiority to the HM II LVAS (HM II) when used for the treatment of advanced, refractory, left ventricular heart failure

**HW-004A**: Prospective, randomized, controlled, unblinded, multicenter trial evaluating the stroke incidence in patients receiving a HeartWare HVaD

**HW-006**: A prospective, multicenter, single-arm study to evaluate the thoracotomy implant technique in up to 120 subjects implanted via thoracotomy with the HeartWare HVAD® System and enrolled in the Interagency Registry forMechanically Assisted Circulatory Support (INTERMACS®) protocol and database

**IMPELLA PAS**: Prospective, single-arm, multicenter post approval study to monitor postmarket approval safety and outcomes trends of the Impella RP device in patients with RV failure deemed to require hemodynamic support

**SynCardia 50cc TAH for BTT**: Study to evaluate whether the 50cc TAH-t can safely support and provide probable benefit to transplant-eligible pediatric patients (aged 10–18 years) and can safely and effectively support transplant-eligible adult patients (aged 19–75 years) at imminent risk of death from biventricular failure without experiencing permanent disabling, stroke-related deficits

Consultative Clinical Trials

**ARTEMIS**: A practical multicenter, cluster-randomized clinical trial to assess the impact of copayment reduction by equalizing the copayment of clopidogrel and ticagrelor

**INTCAR**: Hypothermia Registry designed to gain a better understanding of the pathophysiology, process of care, and outcomes associated with out-of-hospital cardiac arrest

Heart Failure Clinical Trials

**BEAT**: Multicenter, double-blind, randomized, placebo-controlled Phase 3 study to assess the efficacy and safety of BPS-314d-MR (modified-release beraprost sodium) when added-on to inhaled treprostinil (Tyvaso®) in patients with pulmonary arterial hypertension

**CardioMEMS**: Study of CardioMEMS HF System (Implantable PA pressure sensor) in patients with NYHA class III heart failure in a commercial setting

**ENDEAVOUR**: Study is to evaluate the safety and efficacy of revusiran (ALN-TTRSC) in patients with transthyretin (TTR) mediated familial amyloidotic cardiomyopathy

**OAR**: Registry is to observe short- and long-term clinical outcomes in heart transplant recipients who receive regular AlloMap testing as part of allograft rejection surveillance

**OPUS**: Prospective, observational drug registry to characterize the safety profile (including primarily potential serious hepatic risks) and to describe clinical characteristics and outcomes of patients newly treated with Opsumit (macitentan) in the postmarket setting
PARACHUTE IV: Percutaneous ventricular restoration using the Parachute implant (Structural heart medical device) in patients with ischemic heart failure and dilated left ventricles

REPORT HF: The proposed observational study is a multinational HF-disease registry that will document the routine patterns of diagnosis and medical care for heart failure as well as treatment type, long-term HF-related clinical events, and re-admission rates following the acute admission index event

Secret of CHF: Phase 3 Randomized, Double-Blind, Placebo Controlled Study of the Short Term Clinical Effects of Tolvaptan in Patients Hospitalized for Worsening Heart Failure With Challenging Volume Management

SOPRANO: Trial to evaluate the effect of macitentan 10 mg on PVR as compared to placebo in subjects with PH after LVAD implantation

Tafamidis: A Multicenter, International, Phase 3, Double-blind, Placebo-controlled, Randomized Study To Evaluate The Efficacy, Safety, And Tolerability Of Daily Oral Dosing Of Tafamidis Meglumine 20 Mg Or 80 Mg In Comparison To Placebo In Subjects Diagnosed With Transthyretin Cardiomyopathy

THAOS Registry: Global, multi-center, longitudinal observational survey open to all patients with transthyretin-associated amyloidosis (ATTR), including ATTR-PN (polyneuropathy), ATTR-CM (cardiomyopathy) and wild-type ATTR-CM

USPella Registry: Multicenter registry of Impella 2.5 patients evaluating the safety and feasibility of left ventricular support with the Impella 2.5 during high-risk percutaneous coronary intervention (PCI) and treatment of acute myocardial infarction (AMI)

Interventional Clinical Trials

ABSORB IV: A prospective, randomized, single-blind, multicenter study to evaluate the Absorb™ BVS, the Everolimus Eluting Bioresorbable Vascular Scaffold, in the treatment of subjects with de novo native coronary artery lesions

AVERT: Randomized, single-blind trial of the AVERT System to reduce contrast media (CM) exposure to the kidneys during percutaneous coronary procedures thereby reducing the risk of contrast induced nephropathy (CIN)

BEST CLI: Randomized study to compare the effectiveness of best available surgical treatment with best available endovascular treatment in adults with critical limb ischemia (CLI) who are eligible for both treatment options

CALM: Trial to evaluate the safety and performance of the MobiusHD system in subjects with resistant hypertension

COAPT: Cardiovascular outcomes assessment of the MitraClip percutaneous therapy for heart failure patients with functional mitral regurgitation (COAPT) trial to confirm the safety and effectiveness of the MitraClip System for the treatment of moderate-to-severe or severe functional mitral regurgitation (FMR) in symptomatic heart failure subjects who are treated per standard of care and who have been determined by the site’s local heart team as not appropriate for mitral valve surgery

CREST 2: Two parallel multicenter randomized, observer-blinded endpoint clinical trials. One trial will assess treatment differences between intensive medical management alone compared to carotid endarterectomy (CEA) plus intensive medical management. The parallel trial will assess treatment differences between intensive medical management alone compared to carotid artery stenting (CAS) plus intensive medical management
FMD Registry: Data registry to determine the natural course of fibromuscular dysplasia and to determine which procedures are more effective to relieve symptoms and reduce adverse outcomes

LMISR: Study to determine if less-invasive CT scan can provide the same information as an angiogram to assess for re-stenosis in the left main stent

PARACHUTE: Randomized, multicenter trial designed to evaluate the PARACHUTE implant in the treatment of ischemic heart failure

PARTNER 2: Randomized trial to determine the safety and effectiveness of the Edwards SAPIEN XT and the Edwards SAPIEN 3 transcatheter heart valve and delivery systems that are intended for use in patients with symptomatic, calcific, severe aortic stenosis

SCAFFOLD: Multicenter, single-arm, prospective study comparing the GORE® Carotid Stent to a performance goal developed from carotid endarterectomy (CEA) outcomes

Pediatric Interventional Clinical Trials

ASO: Prospective, multicenter, case-cohort study to identify potential risk factors associated with the occurrence of erosion due to implantation of the AMPLATZER™ septal occluder (ASO)

PARCS: Study of the covered Cheatham-Platinum stent (CCPS) for repair of tears that occur in the pulmonary artery during dilation (enlargement) of a conduit (passageway) connecting the right ventricle of the heart to the pulmonary arteries

Vascular Clinical Trials

VOYAGER PAD: Study to test whether rivaroxaban added to standard of care treatment, when compared to placebo, has the potential to reduce the incidence of clinical events related to the clots and complications of the heart and brain (CV death, MI, or stroke) or the legs (acute limb ischemia or major amputation) in patients who had undergone recent procedure(s) to improve the blood flow of their legs

Humanitarian Use Devices

ENTERPRISE: The ENTERPRISE vascular reconstruction device and delivery system is indicated for the treatment of wide-neck, intracranial, saccular or fusiform aneurysms arising from a parent vessel with a diameter of ≥ 3 mm and ≤ 4 mm. Wide-neck is defined as having a neck width ≥ 4 mm or a dome-to-neck ratio < 2

JOSTENT: The JOSTENT Graft Master is indicated for use in the treatment of free perforations, defined as free contrast extravasation into the pericardium, in native coronary vessels or saphenous vein bypass grafts ≥ 2.75 mm in diameter

WINGSPAN: The Wingspan Stent System (“Wingspan”) is indicated for improving cerebral artery lumen diameter in patients with intracranial atherosclerotic disease, refractory to medical therapy, in intracranial vessels with greater than or equal to 50% stenosis that are accessible to the system

Impella RP: The Impella RP system is indicated for providing circulatory assistance for up to 14 days in pediatric or adult patients with a body surface area ≥ 1.5 m² who develop acute right heart failure or decompensation following left ventricular assist device implantation, myocardial infarction, heart transplant or open-heart surgery
RESEARCH

Publications


Archer E, Lavie CJ. Evidence for sugary beverages and diabetes link is not so sweet, compelling or even plausible. BMJ 2015; [Published 21 July 2015].


Bober RM, Jahangir E. What is ischemia and how should this be defined based on modern imaging? Prog Cardiovasc Dis 2015; 57: 537–554.


Bober RM, Thompson C, Morin DP. The Effect of Coronary Revascularization on Myocardial Blood Flow as Assessed by Stress Positron Emission Tomography. (Accepted, in press)


Campbell P, Krim SR, Ventura HO. The Bi-Directional Impact Of Two Chronic Illnesses: Heart Failure And Diabetes – A Review Of The Epidemiology And Outcomes. Cardiac Failure Review. 2015; 1(1): 8–10


Krim SR, Vivo RP, Campbell P, Estep JD, Fonarow GC, Naftel DC, Ventura HO. Regional differences in use and outcomes of left ventricular assist devices: Insights from the Interagency Registry for Mechanically Assisted Circulatory Support Registry.


Lavie CJ, Lee DC, Blair SN. Preventing diabetes via fitness. ACC.Org 2015; [Published online Oct 21].


Lavie CJ. Special Editor’s Page – Two Years as Editor-in-Chief. Prog Cardiovasc Dis 2015;[Epub ahead of print].


Prasad VK, Drenowatz C, Hand GA, Lavie CJ, Sui X, Demello M, Blair SN. Relation of body's lean mass, fat mass and body mass index with submaximal systolic blood pressure among young adult men. Am J Cardiol 2015; [Epub ahead of print].


Rogers PA, Morin DP. MADIT-CRT and his many sons. Trends Cardiovasc Dis. (Invited, Accepted, Online before print, in press).


Rosenthal TM, Morin DP. A little Red Bull may give you wings, but it probably will not affect your


Ventura HO. Bioethics in Practice: Quantity, but more important, quality of life in heart failure. Ochsner Journal, 2015 Fall; 15(3): 216


Abstracts


Bober B, Dugas C, Luo Q, Morin D. The Impact of Gender, Body Mass Index and Bra Cup Size on Spect-Mpi Defects

Bober RM, Dugas C, Luo Q, Morin DP. The Impact of Gender, Body Mass Index, and Bra Cup Size on SPECT-MPI Defects. Poster presentation and e-poster, American Society of Nuclear Cardiology, 2015.


Jacobs E, Shah S, Collins T, Ramee S, Gilliland Y. The Use of Speckle Tracking Echo Strain to Predict Recovery of Left Ventricular Function After Transcatheter Aortic Replacement. ACC 2015 San Diego


Books/Book Chapters


Physician Team

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   - Vice Chairman, Clinical Affairs,
   - Department of Cardiovascular Disease
   - Director, Cardiovascular CT
   - Program Director, Interventional Cardiology Fellowship Program
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Gerardo Aristimuno, MD
George Isa, MD
Michael Lecce, MD
Sammy Khatib, MD
Leonardo Orejarena, MD
## Contact Information and Locations

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td><strong>Baton Rouge</strong></td>
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</table>
| Ochsner Medical Center – Baton Rouge | 17000 Medical Center Dr.  
Baton Rouge, LA 70816  
225.752.2470             |                       |
| Ochsner Health Center – Hammond | 16045 Doctors Blvd.  
Hammond, LA 70403  
985.543.3664             |                       |
| Ochsner Medical Complex – Iberville | 25455 Hwy. 1  
Plaquemine, LA 70764  
225.761.5200             |                       |
| Ochsner Health Center – Central | 11424-2 Sullivan Rd.  
Central, LA 70818  
225.261.9790             |                       |
| Ochsner Health Center – Denham Springs South | 139 Veterans Blvd.  
Denham Springs, LA 70726  
225.761.5200             |                       |
| Ochsner Health Center – O’Neal  | 16777 Medical Center Dr.  
Baton Rouge, LA 70816  
225.754.3278             |                       |
| Ochsner Health Center – Prairieville | 16220 Airline Hwy.  
Prairieville, LA 70769  
225.744.1111             |                       |
| Ochsner Health Center – Sherwood | 170 McGehee Dr.  
Baton Rouge, LA 70815  
225.761.5200             |                       |
| Ochsner Health Center – Summa (Bluebonnet Boulevard) | 9001 Summa Ave.  
Baton Rouge, LA 70809  
225.761.5200             |                       |
| **Greater New Orleans**        |                                                                         |                       |
| Ochsner Medical Center         | 1514 Jefferson Hwy.  
New Orleans, LA 70121  
504.842.4135 or 866.Ochsner |                       |
| Ochsner Health Center – Mid-City | 411 N. Carrollton Ave., Suite 4  
New Orleans, LA 70119  
504.842.4135 or 866.Ochsner |                       |
| Ochsner Health Center – Metairie | 2005 Veterans Memorial Blvd.  
Metairie, LA 70002  
504.842.4168             |                       |
| **Kenner**                     |                                                                         |                       |
| Ochsner Medical Center – Kenner | 180 W. Esplanade Ave.  
Kenner, LA 70065  
504.464.8600             |                       |
| Ochsner Health Center – Kenner  | 200 West Esplanade Ave., Suite 205  
Kenner, LA 70065  
504.464.8588             |                       |
| Ochsner Health Center – St. James | 1645 Lutcher Ave.  
Lutcher, LA 70071  
225.258.2037             |                       |
| Ochsner Health Center – LaPlace Medical | 735 W. 5th St.  
LaPlace, LA 70068  
985.224.1248             |                       |
| **West Bank**                  |                                                                         |                       |
| Ochsner Health Center – Lapalco | 4225 Lapalco Blvd.  
Marrero, LA 70072  
504.595.8119             |                       |
| Ochsner Medical Center – West Bank Campus | 2500 Belle Chasse Hwy.  
Gretna, LA 70056  
504.371.9355             |                       |

**CONTACT INFORMATION AND LOCATIONS**
About Ochsner Health System

Ochsner Health System is Louisiana’s largest non-profit, academic healthcare system. Driven by a mission to Serve, Heal, Lead, Educate and Innovate, coordinated clinical and hospital patient care is provided across the region by Ochsner’s 28 owned, managed and affiliated hospitals and more than 60 health centers. Ochsner cares for patients from all 50 states and more than 80 countries worldwide each year. Ochsner employs 17,000 employees and over 1,000 physicians in over 90 medical specialties and subspecialties and conducts more than 1,000 clinical research studies. Ochsner Health System is proud to be a tobacco-free environment. For more information, please visit ochsner.org and follow us on Twitter and Facebook.

Patient referrals, transfers and consults are critically important. We make it easy for referring providers and their staff. To refer your patient for a clinic appointment, call our Clinic Concierge at 855.312.4190. To initiate a transfer to any Ochsner hospital, call our Regional Referral Center, staffed 24/7 by clinicians, at 855.OHS.LINK (647.5465).

For patients needing to schedule their own appointments, please call 866.OCHSNER (624.7637).
Healthgrades® awarded Ochsner hospitals a combined total of 29 Five-Star Rankings in 16 categories in 2015, including neurosurgery, total knee replacement, coronary interventional procedures and for treatment of stroke, heart attack and respiratory failure.

U.S. News & World Report ranked Ochsner Medical Center as one of the nation’s top hospitals in six specialties, including ear, nose and throat, gastroenterology & GI surgery, nephrology, neurology & neurosurgery, orthopedics and pulmonology.

CareChex® ranked Ochsner Medical Center as one of the nation’s top hospitals for Medical Excellence in 17 specialties, including #1 for liver transplants, #4 for trauma care and #8 for overall hospital care in 2015.