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. OchsnerOutcomes, 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.
# Table of Contents

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Letter from the Chairmen

At Ochsner, we continue to strive to improve our quality of care. In an effort to also continually improve transparency, we have created our third book of outcomes. It demonstrates our ongoing effort to improve access to care for our patients while maintaining high quality. We hope the information provided will help our referring physicians and their patients make informed decisions about care options.

As a department, we recently completed our first full year at our newly renovated location at Ochsner Baptist. This year, we have continued to provide excellent obstetric and gynecologic care, with a focus on expanding our critical care capabilities in obstetrics. The outcomes displayed will demonstrate that our gynecologic surgeons, expert in minimally invasive techniques, persist in their efforts to innovate in their approach to complex gynecologic conditions that previously required large abdominal incisions and prolonged hospital stays. Additionally, our specialized gynecology care areas continue to grow and mature and improve. Our gynecologic oncologists continue to provide comprehensive care to their patients through the multidisciplinary Gayle and Tom Benson Cancer Center. Our maternal fetal medicine team remains dedicated to the management of all areas of pregnancy and remains a major referral center for the Gulf South.

In combination with our Level IV Neonatal Intensive Care Unit, we are able to take care of patients with very complicated antenatal issues to ensure a healthy baby and a healthy mom. We continue to perform in utero fetal surgery. This year, we will expand this service to include in utero laser therapy for twins affected by twin-to-twin transfusion syndrome. Our multidisciplinary critical care team and our Ochsner Baptist Intensive Care Unit have cared for obstetric patients with severe infections, heart disease and life-threatening hemorrhagic situations. We expanded our area of service to the Gulf Coast by establishing a clinic and telemedicine site in Biloxi, Mississippi.

In 2015, we were proud to be ranked among the top 5% in the nation for women’s health four years in a row by Healthgrades® and among the top 10% in the nation for women’s health by CareChex®. We also received a “High Performance” rating in gynecology by U.S. News & World Report. We are proud to receive these accolades but we will continue to work to improve our outcomes, our patient satisfaction and our service to those with whom we collaborate.

Alfred Robichaux, III, MD
Chairman
Obstetrics and Gynecology

Dr. George Morris, IV, MD
Chairman
Women’s Services
Care Team

**General Obstetrics & Gynecology**
Alexandra “Sashi” Band, DO
Jennifer Brunet, MD
Kenneth Byrd, MD

*Medical Director of Labor and Delivery/Alternative Birthing Center*
Nicole Charbonnet, MD
Sarah Drennan, MD
Vineeta Estes, MD
Elizabeth French, MD
Rajiv Gala, MD

*Vice-Chairman, Women’s Services & Director of Resident Education*
Veronica Gillispie, MD

*Quality Director & Director of Medical Education*
Monique Hamilton, MD
Ellen Kruger, MD
Elizabeth Lapeyre, MD

*Director of Philanthropy*
Candace Moore, MD
George Morris, III, MD
George Morris, IV, MD

*Chairman, Women’s Services*
Angela Parise, MD
Margaret Roberie, MD
William Sargent, MD
Jerry St. Pierre, MD
Anna White, MD
Ginger Howell, NP
Caroline Conway, NP
Mariah Jackson, NP
Mary Diane Rabalais, NP
Cathy Badeaux, CNM
Mary Byars, CNM
Ester Dejeong, CNM
Megan Mackey, CNM
Kate Paxton, CNM

**Division of Maternal Fetal Medicine**
Alfred Robichaux, III, MD

*System Chairman Women’s Services*
Sherri Longo, MD

*Director of Research*
Clifton Moore, MD

*Section Head of Maternal Fetal Medicine*
Stephen Fortunato, MD

**Division of Female Pelvic Medicine & Reconstructive Surgery**
Leise Knoepp, MD
Laurephile Desrosiers, DO
Kristina Marchand, NP

**Division of Gynecology Oncology**
Lisa Bazzett, MD
Jacob Estes, MD

*Section Head of Gynecology Oncology*
Richard Kline, MD
Katrina Wade, MD
## Women’s Services Volume Overview

### 2015 Volumes

<table>
<thead>
<tr>
<th>Service</th>
<th>Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient</strong></td>
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<tr>
<td>Outpatient Visits</td>
<td>59,256</td>
</tr>
<tr>
<td>In-Office Procedures</td>
<td>2,126</td>
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<tr>
<td><strong>Surgical Volume</strong></td>
<td></td>
</tr>
<tr>
<td>Benign Gynecology Procedures</td>
<td>1,672</td>
</tr>
<tr>
<td>Gynecology Oncology Procedures</td>
<td>492</td>
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<tr>
<td><strong>Hysterectomy (Benign)</strong></td>
<td></td>
</tr>
<tr>
<td>Abdominal</td>
<td>56</td>
</tr>
<tr>
<td>Vaginal</td>
<td>36</td>
</tr>
<tr>
<td>Laparoscopic</td>
<td>84</td>
</tr>
<tr>
<td>Robotically Assisted</td>
<td>147</td>
</tr>
<tr>
<td><strong>Procedures (Malignant)</strong></td>
<td></td>
</tr>
<tr>
<td>Abdominal</td>
<td>86</td>
</tr>
<tr>
<td>Vaginal</td>
<td>1</td>
</tr>
<tr>
<td>Laparoscopic</td>
<td>0</td>
</tr>
<tr>
<td>Robotically Assisted</td>
<td>131</td>
</tr>
<tr>
<td><strong>Myomectomy</strong></td>
<td></td>
</tr>
<tr>
<td>Abdominal</td>
<td>31</td>
</tr>
<tr>
<td>Laparoscopic/Robotically Assisted</td>
<td>22</td>
</tr>
<tr>
<td>Hysteroscopic</td>
<td>13</td>
</tr>
<tr>
<td><strong>Urogynecology</strong></td>
<td></td>
</tr>
<tr>
<td>Apical Prolapse</td>
<td>63</td>
</tr>
<tr>
<td>Anterior Vaginal Wall Defect</td>
<td>41</td>
</tr>
<tr>
<td>Incontinence</td>
<td>73</td>
</tr>
<tr>
<td>Prolapse and Incontinence</td>
<td>51</td>
</tr>
<tr>
<td><strong>Obstetric Volume</strong></td>
<td></td>
</tr>
<tr>
<td>Deliveries</td>
<td>2,516</td>
</tr>
<tr>
<td>Primary Cesarean Section Rate</td>
<td>21.9%</td>
</tr>
<tr>
<td>Vaginal Birth After Cesarean (VBAC)</td>
<td>88</td>
</tr>
<tr>
<td><strong>Perinatal Testing</strong></td>
<td></td>
</tr>
<tr>
<td>Anatomy Sonograms</td>
<td>5,523</td>
</tr>
<tr>
<td>Cell-Free Fetal DNA Testing</td>
<td>501</td>
</tr>
<tr>
<td>Nuchal Translucency</td>
<td>1,021</td>
</tr>
<tr>
<td>Chorionic Villus Sampling (CVS), Amniocentesis, Percutaneous Umbilical Blood Sampling (PUBS)</td>
<td>68</td>
</tr>
</tbody>
</table>
Gynecology

Providing comprehensive care while maintaining excellent quality is our goal at Ochsner Baptist. Following are our volumes, outcomes and quality measures for general gynecology and our areas of specialized care.
Quality Measures for Gynecology

In 2015, we began following selected patient safety indicators (PSIs) as a measure of quality in Women’s Services at Ochsner Baptist. PSIs are measures selected by the Agency for Healthcare Research and Quality (AHRQ) that provide information regarding complications and adverse events following surgeries and procedures.

### AHRQ Patient Safety Indicators
Ochsner Baptist, 2015

<table>
<thead>
<tr>
<th>Patient Safety Indicator</th>
<th>1Q</th>
<th>2Q</th>
<th>3Q</th>
<th>4Q</th>
<th>Total 2015</th>
</tr>
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<tbody>
<tr>
<td>PSI-09 Perioperative Hemorrhage or Hematoma</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PSI-12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PSI-13: Postoperative Sepsis Rate</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PSI-14: Postoperative Wound Dehiscence Rate</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PSI-15: Accidental Puncture or Laceration Rate</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>6</td>
</tr>
</tbody>
</table>
Division of Minimally Invasive Gynecology

Less blood loss, less postoperative pain and shorter hospital stays have been cited as advantages of minimally invasive approaches to surgery. At Ochsner Baptist, we continue to offer women a variety of options for treatment of their gynecologic problems with an emphasis on minimally invasive approaches whenever possible.

Hysterectomy Surgical Site Infection Rate (Benign and Malignant)
Ochsner Baptist, 2014–2015

Hysterectomy Surgical Site Infection Rate (Benign and Malignant)
Ochsner Baptist, 2014–2015

<table>
<thead>
<tr>
<th>Quarter</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 1</td>
<td>0.04</td>
<td>0.04</td>
</tr>
<tr>
<td>Quarter 2</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Quarter 3</td>
<td>0.03</td>
<td>0.03</td>
</tr>
<tr>
<td>Quarter 4</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>
What Sets Us Apart?

Enhanced Recovery: The literature shows that when appropriate, early discharge after surgery decreases morbidity. As such, the Division of Minimally Invasive Gynecology strives to expedite patient discharge when appropriate. In 2015, 72 percent of our robotically assisted laparoscopic myomectomy patients and 71 percent of our abdominal myomectomy patients were discharged home within 24 hours of surgery with no readmissions. We will continue to develop protocols to enhance the immediate recovery for patients after surgery to facilitate early discharge.
DIVISION OF MINIMALLY INVASIVE GYNECOLOGY

Hysterectomy (Benign)

Hysterectomy by Route (Benign)
Ochsner Baptist, 2013–2015
Hysterectomy Route by Uterine Weight
Ochsner Baptist, 2015
# Myomectomy

## Myomectomy by Route

<table>
<thead>
<tr>
<th>Year</th>
<th>Abdominal</th>
<th>Laparoscopic/Robotically Assisted</th>
<th>Hysteroscopic*</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>24</td>
<td>18</td>
<td>10</td>
</tr>
<tr>
<td>2014</td>
<td>20</td>
<td>19</td>
<td>13</td>
</tr>
<tr>
<td>2015</td>
<td>31</td>
<td>22</td>
<td></td>
</tr>
</tbody>
</table>

*not previously tracked*
Myomectomy by Weight of Fibroids
Ochsner Baptist, 2015

Myomectomy vs. Uterine Fibroid Embolization for Treatment of Uterine Fibroids
Ochsner Baptist, 2013–2015
Myomectomy Estimated Blood Loss by Route (in mL)
Ochsner Baptist, 2014–2015

- Abdominal
  - 2014: 349
  - 2015: 426

- Laparoscopic/Robotically Assisted
  - 2014: 128
  - 2015: 208

Myomectomy Average Length of Stay (in Days)
Ochsner Baptist, 2014–2015

- Abdominal
  - 2014: 1.4
  - 2015: 1.2

- Laparoscopic/Robotically Assisted
  - 2014: 0.4
  - 2015: 0.3
Division of Female Pelvic Medicine & Reconstructive Surgery

With a focus on addressing women’s issues related to pelvic floor dysfunction and incontinence, the Division of Female Pelvic Medicine & Reconstructive Surgery offers a variety of treatment options to women of the Gulf South. In 2015, Dr. Laurephile Desrosiers joined the division. Along with Dr. Leise Knoepp, the division performed 161 surgical cases with 68 percent of them involving major reconstructive surgery and 98 percent performed through minimally invasive techniques.

What Sets Us Apart?

Our Division of Female Pelvic Medicine & Reconstructive Surgery offers patients a treatment plan that is tailored to the individual. Through a multidisciplinary approach that incorporates the expertise of urogynecologists, urologists, colon and rectal surgeons, physical therapists and psychiatrists, patients are offered truly comprehensive treatment. Patient autonomy is also important and, for that reason, patients are allowed to choose the treatment course that best fits their needs. Additionally, the division is working on outpatient treatments, such as BOTOX® and periurethral injections, to make care more convenient for our patients.
Route of Surgery Hysterectomy Volume
Ochsner Baptist, 2015

- Abdominal: 2
- Vaginal: 25
- Laparoscopic: 7
- Robotically Assisted: 10

Route of Surgery Sacrocolpopexy Volume
Ochsner Baptist, 2015

- Vaginal: 29
- Laparoscopic: 8
- Robotically Assisted: 24
- Open: 2
Route of Surgery by Diagnosis
Ochsner Baptist, 2015

Apical Prolapse
- Laparoscopic: 32
- Abdominal: 2
- Vaginal: 29

Prolapse & Incontinence
- Laparoscopic: 17
- Abdominal: 0
- Vaginal: 34

Anterior Vaginal Wall Defect
- Laparoscopic: 0
- Abdominal: 0
- Vaginal: 41

Apical Suspensions Route of Surgery by Procedural Type
Ochsner Baptist, 2015

Laparoscopic
- Sacrocolpopexy: 44
- Uterosacral Ligament Suspension: 5
- Hysterosacropexy: 11

Robotically Assisted
- Sacrocolpopexy: 4
- Uterosacral Ligament Suspension: 19
- Hysterosacropexy: 0

Abdominal
- Sacrocolpopexy: 0
- Uterosacral Ligament Suspension: 0
- Hysterosacropexy: 0

Vaginal
- Sacrocolpopexy: 0
Vaginal Repairs Procedure Type Volume
Ochsner Baptist, 2015

- Anterior Colporrhaphy: 41
- Posterior Colporrhaphy: 48
- Perineoplasty: 32
- Colpoclesis: 4

Treatment of Incontinence Procedure Type Volume
Ochsner Baptist, 2015

- Retropubic: 19
- Transobturator: 50
- Peri-urethral Bulking: 4
One in three women will experience a pelvic floor disorder in her lifetime. This includes conditions such as pelvic organ prolapse, urinary incontinence and defecatory dysfunction. Ochsner urogynecologists offer a wide range of treatments options ranging from minimal lifestyle changes and medication to minor procedures and robotically assisted surgery.
Division of Gynecologic Oncology

The Division of Gynecologic Oncology has existed at Ochsner since 1986. Presently, the staff includes three board-certified or -eligible gynecologic oncologists: Dr. Richard Kline, Dr. Katrina Wade and Dr. Jacob Estes.

The Division of Gynecologic Oncology remains active in clinical trials for gynecologic malignancies. Presently, we have protocols open for advanced endometrial cancer, cervical cancer and recurrent ovarian cancer. Our portfolio continues to expand into the realm of targeted therapy, specifically in ovarian cancer patients. In addition, we actively biobank malignant tissue to later identify targets for therapy. In addition to treating existing gynecologic cancers, our group is dedicated to identifying women with an inherited predisposition to cancer. This includes genetic testing of cancer patients and their family members and providing guidance and counseling regarding reducing their cancer risk. Management options include intense surveillance or risk-reducing surgery.

According to discharge data from the Louisiana Health Information Network (LHIN) and the Commission on Cancer, a program of the American College of Surgeons, Facility Information Profile Systems (FIPS), the gynecologic oncology division at Ochsner is the most active gynecologic oncology service in the city of New Orleans. We have a referral base that includes Louisiana and the Mississippi and Alabama Gulf coasts.

The National Cancer Institute works to provide information on cancer statistics through the Surveillance, Epidemiology, and End Results (SEER) Program. This program publishes cancer incidence and survival data from population-based cancer registries.
Ochsner’s Division of Gynecologic Oncology participates in research protocols through the national Gynecologic Oncology Group. This offers patients access to the latest and most innovative methods of treatment.
Gynecology Oncology Surgical Approach
Ochsner Baptist, 2013–2015

Relative 5-Year Ovarian Cancer Survival Rates by Staging
Ochsner Medical Center, 2003–2014

Ochsner Medical Center, Adult Cancer Patients
(18 years +), 2003–2014. Ochsner N: All Stages = 413; Localized = 66; Regional = 63; Distant = 175.
SEER Cancer Statistics 2006–2012. SEER N: All Stages = 34,144; Localized = 5,122; Regional = 6,487; Distant = 20,486.
Relative 5-Year Cervical Cancer Survival Rates by Staging
Ochsner Medical Center, 2003–2014

Ochsner Medical Center, Adult Cancer Patients (18 years +), 2003–2014. Ochsner N: All Stages = 231; Localized = 80; Regional = 60; Distant = 18. SEER Cancer Statistics 2006–2012. SEER N: All Stages = 22,112; Localized = 10,171; Regional = 7,960; Distant = 3,096.

Relative 5-Year Endometrial Cancer Survival Rates by Staging
Ochsner Medical Center, 2003–2014

Ochsner Medical Center, Adult Cancer Patients (18 years +), 2003–2014. Ochsner N: All Stages = 687; Localized = 365; Regional = 94; Distant = 62. SEER Cancer Statistics 2006–2012. SEER N: All Stages = 71,625; Localized = 47,989; Regional = 15,041; Distant = 5,730.
Obstetrics

The Division of General Obstetrics, along with the Division of Maternal Fetal Medicine, continues to provide obstetric care for low- and high-risk pregnant women. We offer women a variety of birthing options, including delivery in our Alternative Birthing Center.

What Sets Us Apart?

Our midwife program at Ochsner Baptist continues to flourish. In 2015, under the care of our midwives in the Perkin Alternative Birthing Center and on the traditional Labor and Delivery Unit, there were 231 vaginal deliveries, 8 vaginal births after cesarean delivery and 67 vaginal water births. Ochsner Baptist continues to be innovative in allowing women to experience childbirth through the most natural ways possible. With that in mind, in 2015 we became the only hospital in the region to offer nitrous oxide as an option for pain relief during labor. It is self-administered, allowing laboring women to be in control of their pain relief. The nitrous oxide is administered through a face mask. Women are recommended to administer the nitrous oxide about 30 seconds before a contraction. This is a safe alternative to narcotics and gives women more control over their childbirth experience.

Deliveries at Ochsner Baptist
Ochsner Baptist, 2015

<table>
<thead>
<tr>
<th>Month</th>
<th>Vaginal Deliveries</th>
<th>Cesarean Deliveries</th>
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</thead>
<tbody>
<tr>
<td>Jan</td>
<td>146</td>
<td>77</td>
</tr>
<tr>
<td>Feb</td>
<td>124</td>
<td>50</td>
</tr>
<tr>
<td>Mar</td>
<td>124</td>
<td>78</td>
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<tr>
<td>Apr</td>
<td>140</td>
<td>78</td>
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<td>May</td>
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<td>June</td>
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<tr>
<td>Jul</td>
<td>138</td>
<td>72</td>
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<tr>
<td>Aug</td>
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<td>Sept</td>
<td>175</td>
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<td>Oct</td>
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<td>75</td>
</tr>
<tr>
<td>Nov</td>
<td>138</td>
<td>77</td>
</tr>
<tr>
<td>Dec</td>
<td>113</td>
<td>80</td>
</tr>
</tbody>
</table>
Ochsner Baptist continues to be innovative in allowing women to experience childbirth through the most natural ways possible.
Vaginal Birth after Cesarean Volume
Ochsner Baptist, 2015

C-Section Deep Surgical Site Infection
Percentage of Months with Zero C-Section Infections
Ochsner Baptist, 2013–2015
OBSTETRICS

Joint Commission Perinatal Care Measures

The Joint Commission Board of Commissioners, under advisement of the Perinatal Care Measure Maintenance Technical Advisory Panel, has identified five measures, known as the “Perinatal Care” measures, as evidence-based parameters to ensure safety and quality for obstetric patients. At Ochsner, in our efforts to maintain high-quality care, we consistently strive to meet or exceed the national standard in these quality measures.
Elective Deliveries: This care measure determines the percentage of elective deliveries occurring between 37 and 39 weeks’ gestation.

PC-01 Elective Deliveries
Percentage of Months with Zero Elective Deliveries
Ochsner Baptist, 2013–2015
Cesarean Deliveries: This care measure determines the rate of cesarean deliveries among nulliparous, term, singleton, vertex pregnancies.
Antenatal Steroids: This care measure determines the percentage of patients between 24 and 34 weeks with an expected preterm birth that successfully complete antenatal steroid administration before delivery.
Exclusive Breast Milk Feeding Rate: This care measure determines the rate of exclusive breastfeeding during the newborn’s hospitalization.

PC-05 Exclusive Breast Milk Feeding
Ochsner Baptist, 2013–2015
Leapfrog Measures

The Leapfrog Group is a national, non-profit organization that scores hospitals based on their quality and safety.

- Early elective deliveries
- Cesarean deliveries among nulliparous, term, singleton, vertex (NTSV) pregnancies
- Incidence of episiotomy
- Process measures of quality by determining compliance with newborn bilirubin screening and DVT prophylaxis among patients undergoing cesarean delivery

Leapfrog Quality Measures
Ochsner Baptist, 2014–2015

<table>
<thead>
<tr>
<th></th>
<th>Benchmark</th>
<th>2014</th>
<th>2015</th>
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<tbody>
<tr>
<td>Maternity Care Volume Standard</td>
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<td>2,492</td>
<td>2,516</td>
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<tr>
<td>Early Elective Deliveries</td>
<td>5.00%</td>
<td>2.38%</td>
<td>0.00%</td>
</tr>
<tr>
<td>NTSV Cesarean Deliveries</td>
<td>23.90%</td>
<td>22.50%</td>
<td>24.30%</td>
</tr>
<tr>
<td>Incidence of Episiotomy</td>
<td>5.00%</td>
<td>5.00%</td>
<td>6.00%</td>
</tr>
<tr>
<td>Newborn Bilirubin Screening</td>
<td>80.00%</td>
<td>100.00%</td>
<td>98.30%</td>
</tr>
<tr>
<td>DVT Prophylaxis</td>
<td>80.00%</td>
<td>98.30%</td>
<td>98.30%</td>
</tr>
</tbody>
</table>
Academics

As a comprehensive academic facility, we are proud of our commitment to both graduate and undergraduate medical education.

In 2011, we received an eight-year accreditation for our residency program. We graduate five residents per year. Our residents have gone on to pursue fellowships, achieve great success in private practice or become faculty in our own institution. In 2010, Ochsner collaborated with the University of Queensland in Brisbane, Australia, to develop the Ochsner Clinical School. This unique collaboration allows U.S. medical students to attend the University of Queensland for their first and second years of medical school. They matriculate at Ochsner for their third and fourth clinical years of medical school. This one-of-a-kind partnership gives these bright students a truly global perspective on medicine. Additionally, our Department of Obstetrics and Gynecology continues to provide medical education for our local medical schools, as well as for allied health professionals.
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.