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, Mississippi and Arkansas to receive national rankings in four adult specialties from U.S. News & World Report for 2017–2018. Ochsner Hospital for Children has been ranked among the top 50 children’s hospitals in the country for Cardiology and Heart Surgery in the 2017–2018 U.S. News & World Report Best Children’s Hospitals rankings, making it the only nationally ranked children’s hospital in Louisiana.

Additionally, CareChex® named Ochsner Medical Center, Ochsner Baptist and Ochsner Medical Center – West Bank Campus among the top 10% in the nation in Medical Excellence for 16 different specialties. Ochsner was also named #1 in the nation in Medical Excellence for Organ Transplants and, for the fifth year in a row, #1 in the nation in Medical Excellence and Patient Safety for Liver Transplant.

Ochsner is expanding its already robust research program with two new partnerships. The first, with TGen, brings early-phase cancer clinical trials to the region. The second, with TriNetX, an international data research network, will allow Ochsner clinicians to have the opportunity to provide new therapies to their patients sooner, as well as provide our researchers access to new tools with which to analyze data on our own patients and refine treatments.

Ochsner Multi-Organ Transplant Institute is one of 19 transplant hospitals in the United States to participate in the initial pilot phase of the Collaborative Innovation and Improvement Network (COIIN) project, a three-year study by the United Network for Organ Sharing (UNOS) intended to increase transplantation, with a particular focus on utilization of deceased donor kidneys.

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.

Robert I. Hart, MD  
Executive Vice President &  
Chief Medical Officer  
Ochsner Health System
# Table of Contents

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Letter from the Chairmen

Ochsner's Digestive Disease Program is rated among the top programs in the nation. U.S. News & World Report ranked Ochsner #22 in the Nation for Gastroenterology & GI Surgery in 2017. Our quality is a direct reflection of our caring, experienced and dedicated team who work hard every day to produce excellent patient outcomes.

Ochsner's comprehensive service offerings within the Digestive Disease Program are unmatched in the region. Ochsner provides patients with a fully coordinated, multidisciplinary program to treat even the most complex gastrointestinal and colorectal diseases. As one of the few hospitals in the United States to fully integrate its Gastroenterology and Colon and Rectal Surgery departments, Ochsner offers the widest spectrum of diagnostic and treatment modalities for patients with esophageal disorders, pancreaticobiliary diseases, inflammatory bowel disease, lower intestinal bleeding, motility disorders and colorectal cancer. In addition, we offer nationally recognized care for chronic and end-stage liver disease. CareChex® ranked Ochsner Medical Center #1 in the Nation in Medical Excellence and Patient Safety for Liver Transplants in 2017, for the fifth year in a row. As the only physiology testing lab in the region, Ochsner also offers a comprehensive array of diagnostic and screening services.

Our Colon and Rectal Surgery team has a wealth of experience and expertise, with members actively involved in the American Society of Colon and Rectal Surgery. The department has employed six past presidents of the American Society of Colon and Rectal Surgeons and five past presidents of the American Board of Colon and Rectal Surgery. Members have edited and contributed to numerous textbooks and original journal publications in the specialty and are internationally recognized experts. Our surgeons routinely use advanced surgical technologies such as laparoscopy and robotics, as well as multimodal perioperative pain control, to improve patient outcomes. And our minimally invasive transanal surgery and advanced colonoscopic polypectomy procedures permit the removal of many precancerous lesions without radical resection.

Additionally, the department has a robust Research Institute that is actively involved in colorectal cancer clinical trials and translational research involving metastatic colorectal cancer. We look forward to sharing our outcomes with you.

Digestive Disease Program

Each year, millions of Americans suffer from some form of digestive disorder, ranging from acid reflux and irritable bowel diseases to life-threatening colon, rectal, esophageal or pancreatic cancers. These disorders can profoundly affect the health and lives of our patients and their families.

Ochsner Digestive Disease Program is a multidisciplinary practice specializing in the prevention, diagnosis and treatment of gastrointestinal and liver disease. Our team of physicians has dedicated their decades of combined clinical experience to serving patients and their families.

The treatment teams and physicians provide excellent patient care, resulting in superb outcomes that are benchmarked against the industry’s top healthcare systems. The program’s inpatient and outpatient endoscopic facilities specialize in the prevention, diagnosis and treatment of various gastrointestinal diseases.

Our goal is to provide the safest, highest quality care to every patient, every time.

In 2016, Ochsner transitioned from ICD 9 to 10 (International Statistical Classification of Diseases and Related Health Problems). The 10th edition allows for greater accuracy with the addition of more than 14,000 new diagnostic codes and sub-classifications. While this tool permits greater specificity, the additional classifications have resulted in outcomes metrics that may appear inconsistent from 2015 to 2016.
Increasing colonoscopy withdrawal time has previously been shown to be associated with increasing adenoma detection rate (ADR).

ADR is the percentage of adenomatous (pre-cancerous) polyps that physicians detect per screening colonoscopy, with the benchmarks being >25% in males and >15% in females. Withdrawal time is the time spent by the physician viewing the colon from the cecum (end of the colon) to the rectum, searching for polyps with the intent to remove them.

A withdrawal time >6 minutes has been shown to be a reliable indicator of colon polyp detection. Cecal intubation is indicated by photographs taken of the ileocecal valve and the terminal ileum, indicating that the physician has viewed the colon in its entirety for that exam.
Adenoma Detection Rate in Men
Ochsner Medical Center, 2016

- Percentage of patients age 50 and over undergoing screening colonoscopy with a finding of at least one adenomatous polyp.

**Male Goal**
- Ochsner: 44.7%
- Male Goal: 25.0%

Adenoma Detection Rate in Women
Ochsner Medical Center, 2016

- Percentage of patients age 50 and over undergoing screening colonoscopy with a finding of at least one adenomatous polyp.

**Female Goal**
- Ochsner: 33.5%
- Female Goal: 15.0%

Cecal Intubation Rate
Ochsner Medical Center, 2016

Success is defined by reaching the cecum, ileum, terminal ileum or ileocecal valve. Exams that were aborted or where the patient has complex, surgically altered anatomy such as a surgical stoma are not included.

<table>
<thead>
<tr>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>98.9%</td>
<td>98.9%</td>
<td>99.1%</td>
<td>99.2%</td>
<td>99.9%</td>
<td>100.0%</td>
<td>99.9%</td>
<td>98.8%</td>
<td>98.9%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Adenomatous Polyp

Percentage of patients age 50 and over undergoing screening colonoscopy with a finding of at least one adenomatous polyp.
The Endoscopy Lab serves both inpatients and outpatients needing preventive screening and diagnostic procedures. Patients and their families are welcomed by a multidisciplinary team of physicians, nurses, nurse anesthetists and technicians. It is our goal to provide safe, high-quality, empathetic care to those we serve.

Ochsner prides itself in maintaining the highest standards in infection prevention, adhering to national patient safety goals and maintaining clinical competencies that are supported by national recommendations for all staff. Our physicians maintain quality metrics for colon cancer screening that exceed national guidelines related to adenoma detection rate, withdrawal time and cecal intubation rates.
Inpatient Overview

The quality of care provided by the Digestive Disease Center is reflected in the lower-than-expected mortality rate in patients with gastrointestinal medical diagnoses.

<table>
<thead>
<tr>
<th>Year</th>
<th>Case Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>4,988</td>
</tr>
<tr>
<td>2015</td>
<td>5,196</td>
</tr>
<tr>
<td>2016</td>
<td>5,158</td>
</tr>
</tbody>
</table>

Digestive Diseases Case Volume
Ochsner Medical Center, 2014–2016
Gastroenterology Risk-Adjusted Mortality Index (RAMI)
Ochsner Medical Center, 2014–2016

Methodology and Source:
IBM Watson Health / Truven Care Discovery
Compare Group:
Average of All Hospitals Nationwide
Adult Hospital Inpatients Only

Gastroenterology Expected Complication Rate Index (ECRI)
Ochsner Medical Center, 2014–2016

Methodology and Source:
IBM Watson Health / Truven Care Discovery
Compare Group:
Average of All Hospitals Nationwide
Adult Hospital Inpatients Only

Gastroenterology Average Length of Stay (in Days)
Ochsner Medical Center, 2014–2016

Methodology and Source:
IBM Watson Health / Truven Care Discovery
Compare Group:
Average of All Hospitals Nationwide
Adult Hospital Inpatients Only
Colon and Rectal Surgery

The Department of Colon and Rectal Surgery is composed of a talented and dedicated group of surgeons and advanced practice providers and includes six past presidents of the American Society of Colon and Rectal Surgeons and five past presidents of the American Board of Colon and Rectal Surgery.

Members of the department have edited and contributed to numerous textbooks and original journal publications in the specialty and are internationally recognized experts. U.S. News & World Report ranked the GI surgery program at Ochsner Medical Center as one of the top 25 programs in the nation. The team of experienced and highly skilled physicians evaluates and treats diseases and conditions of the anus, rectum and colon and strives to combine innovative treatments with personal and individual care. The program is supported by advanced techniques and state-of-the-art technology.

Members of the department have edited and contributed to numerous textbooks and original journal publications in the specialty and are internationally recognized experts. U.S. News & World Report ranked the GI surgery program at Ochsner Medical Center as one of the top 25 programs in the nation. The team of experienced and highly skilled physicians evaluates and treats diseases and conditions of the anus, rectum and colon and strives to combine innovative treatments with personal and individual care. The program is supported by advanced techniques and state-of-the-art technology.

The Department of Colon and Rectal Surgery specializes in the surgical treatment of anal, rectal and colon cancers. The multidisciplinary team approach maximizes sphincter preservation and survival. The team has performed more than 575 sphincter-sparing procedures. Advanced operative technology such as laparoscopy and robotics, as well as multimodal perioperative pain control, are routinely used to improve patient outcomes. Minimally invasive transanal surgery and advanced colonoscopic polypectomy allow many precancerous lesions to be removed without radical resection. Additionally, the department is actively involved in colorectal cancer clinical trials and translational research involving metastatic colorectal cancer.

Unique and Innovative Procedures:
- TAMIS (Transanal Minimally Invasive Surgery) for excision of rectal cancer and polyps
- Continent ileostomy
- Sacral Nerve Stimulation for fecal incontinence
- Colonic Stenting
- Ileoanal Pouches

Relative 5-Year Colon Cancer Survival Rates by Staging
Ochsner Medical Center, 2003–2015

<table>
<thead>
<tr>
<th>Stage</th>
<th>All Stages</th>
<th>Localized</th>
<th>Regional</th>
<th>Distant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ochsner</td>
<td>73.6%</td>
<td>99.0%</td>
<td>81.0%</td>
<td>23.8%</td>
</tr>
<tr>
<td>SEER*</td>
<td>64.1%</td>
<td>90.7%</td>
<td>71.7%</td>
<td>13.6%</td>
</tr>
</tbody>
</table>

*Surveillance, Epidemiology, and End Results program from the National Cancer Institute

Ochsner Medical Center, Adult Cancer Patients (18 years +), 2003–2015. Ochsner N: All Stages = 1,230; Localized = 351; Regional = 310; Distant = 249. SEER N: All Stages = 144,817; Localized = 55,030; Regional = 52,134; Distant = 31,644.

Colon and Rectal Surgery Case Volume
Ochsner Medical Center, 2014–2016

<table>
<thead>
<tr>
<th>Year</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>999</td>
</tr>
<tr>
<td>2015</td>
<td>1,040</td>
</tr>
<tr>
<td>2016</td>
<td>1,182</td>
</tr>
</tbody>
</table>

Ochsner
SEER* Survival
Advanced Endoscopy Program

Extensive experience, premier skills, a multidisciplinary team approach, the latest technological advances and innovative research propel Ochsner’s Advanced Endoscopy Program to national leadership in the evaluation and treatment of various complex luminal, pancreatic and biliary diseases. The Advanced Endoscopy Team comprises three full-time interventional endoscopists along with nurses and assistants who are trained and experienced in and dedicated to advanced endoscopy procedures. This team delivers the highest level of patient care with a keen focus on superb outcomes and patient safety.

Conditions we evaluate and treat:
- Barrett’s esophagus
- Esophageal/UGI tract/anastomotic/colonic strictures (benign, malignant and refractory)
- GI tract fistulas, leaks and perforations
- GI tract neoplasms: advanced diagnostics/detection/t staging/local therapy
- Gastric and esophagogastric varices
- Gastric antral vascular ectasia (GAVE)
- Small bowel and obscure GI bleeding
- Biliary tract stones
- Biliary tract strictures: benign/postoperative/malignant/indeterminate
- Bile leaks
- Pancreatic cysts
- Acute, recurrent and chronic pancreatitis
- Pancreatic and biliary tract cancers

Procedures we perform:
- Diagnostic endoscopic ultrasound (EUS): tumor detection/staging/tissue sampling
- Interventional endoscopic ultrasound: celiac block-neurolysis/pseudocyst drainage and necrosectomy/fiducial placement/biliary or pancreatic duct drainage/liver biopsy/gastric varices obliteration
- ERCP: includes ductoscopy/intraductal lithotripsy/endomicroscopy/altered anatomy procedures
- Single-session EUS/ERCP
- Endoscopic mucosal resection (EMR)/endoscopic submucosal dissection (ESD)
- Endoscopic ablation: luminal/biliary
- Endomicroscopy: luminal tract/biliary/pancreas cyst
- Stent placement: luminal tract/pancreatic/biliary
- Endoscopic suturing/clipping
- Deep enteroscopy (e.g., double balloon)

Endoscopic Ultrasound Volume
Ochsner Medical Center, 2014–2016

<table>
<thead>
<tr>
<th>Year</th>
<th>Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>1,121</td>
</tr>
<tr>
<td>2015</td>
<td>971</td>
</tr>
<tr>
<td>2016</td>
<td>1,563</td>
</tr>
<tr>
<td>Grade</td>
<td>Procedure</td>
</tr>
<tr>
<td>-------</td>
<td>-----------</td>
</tr>
</tbody>
</table>
| 1     | Deep cannulation of duct of interest, main papilla or sampling  
       | Biliary stent removal or exchange  
       | Biliary stone extraction <10mm  
       | Treatment of biliary leaks  
       | Treatment of extrahepatic strictures (benign or malignant)  
       | Placement of prophylactic pancreatic stents |
| 2     | Biliary stone extraction >10mm  
       | Minor papilla cannulation in divisum and therapy  
       | Removal of internally migrated biliary stents  
       | Intraductal imaging, biopsy, or fine-needle aspiration  
       | Management of acute or recurrent pancreatitis  
       | Treatment of pancreatic strictures  
       | Removal of pancreatic stones that are mobile and <5mm  
       | Treatment of hilar tumors  
       | Treatment of benign biliary strictures, hilum and above  
       | Management of suspected sphincter of Oddi dysfunction (with or without manometry) |
| 3     | Removal of internally migrated pancreatic stents  
       | Intraductal image-guided therapy (e.g., photodynamic therapy)  
       | Removal of pancreatic stones that are impacted and/or >5mm  
       | Removal of intraductal stents  
       | Pseudocyst drainage or necrosectomy  
       | Ampulectomy  
       | ERCP after a Whipple procedure or Roux-en-Y bariatric surgery |

*One grade should be added (for a maximum grade of 4) for procedures performed after normal working hours, in children under 3 years of age, in post–Billroth II gastrectomy patients, or for procedures that have previously failed.

**ERCP Quality Metrics**
Ochsner Medical Center, 2016

<table>
<thead>
<tr>
<th>Procedure</th>
<th>2016</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native Papilla Cannulation</td>
<td>97%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stents Placed / Stricture Below Bifurcation</td>
<td>99%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extraction of Stones &lt;10mm</td>
<td>98%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Endoscopic SubmucosalDissection and Endoscopic Mucosal Resection Volume (Upper and Lower GI Tract)**
Ochsner Medical Center, 2014–2016

<table>
<thead>
<tr>
<th>Year</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>77</td>
<td>91</td>
<td>100</td>
</tr>
</tbody>
</table>

**DIGESTIVE DISEASES**

**ADVANCED ENDOSCOPY PROGRAM**
Ochsner helped pioneer the endoscopic diagnosis and management of digestive disease. Each year, more than 17,000 endoscopic procedures, such as colonoscopy and upper endoscopy, are performed in our endoscopy centers.
Fecal Microbiota Transplantation

Fecal microbiota transplantation is a new treatment that has been shown to be 90 percent effective for treating *Clostridium difficile* infections.

Ochsner has capitalized on this interest to lead the battle against the epidemic of *C. difficile*, a bacterial infection that causes half a million illnesses a year in the United States. We have partnered with Open Biome, the first stool bank in the country, to offer safe and effective fecal transplants for patients who suffer from severe or recurrent *C. difficile* infections. Not only does this partnership reduce the need to find a stool donor, but it also allows us to treat patients the very next day after meeting them. In addition, we have partnered with Rebiotix® in the quest to develop the first widely available biologic therapy against the *C. difficile* infection. Though it’s still in clinical trials, Rebiotix has had a high success rate for our fecal transplant patients. Finally, we are hoping to harness the power of the human microbiome to find cures for other gastrointestinal illnesses, such as ulcerative colitis, through active clinical trials.
Hepatology Overview

Hepatology services at Ochsner continue to expand rapidly. We have five full-time hepatologists and a team of nurse practitioners, physician assistants, nurses and medical assistants.

We offer same-day appointments for patients with all liver conditions at all levels of severity, including liver cirrhosis and liver transplantation. In 2017, CareChex® ranked Ochsner Medical Center #1 in the Nation in Medical Excellence and Patient Safety for liver transplants for the fifth year in a row. Our liver transplant referral volume and the number of transfers to our hospital from other centers continue to rise yearly. We now take complex referrals from multiple regional and national centers.

Our unique multidisciplinary approach ensures that all patients receive the best quality of care based on national and international guidelines. The specialized hepatitis C virus (HCV) treatment clinic treats patients with chronic HCV infections using some of the most technologically advanced treatments available. The HCV team consists of three physician assistants, two registered nurses, one licensed practical nurse and an in-house PharmD and has extensive experience in the management of such patients. In addition to using all the currently approved HCV treatments, the team participates in several clinical trials that allow some of our patients to take advantage of experimental therapies not available elsewhere.

The hepatology team has all the technological innovations at their disposal to make the best treatment recommendations for their patients. Detailed abdominal ultrasound, computed tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET) scanning are all available through the Radiology department.

In addition, we now offer elastography as a noninvasive method of assessing liver fibrosis without a liver biopsy. Transjugular portosystemic shunts and locoregional therapy for hepatocellular cancer (transarterial chemoembolization, radiofrequency ablation, yttrium-90 radioembolization) are also available.

Our unique relationship with the Multi-Organ Transplant Institute allows us unique access to transplant and hepatobiliary surgery for those patients who need it.

In 2017, CareChex® ranked Ochsner Medical Center #1 in the Nation in Medical Excellence and Patient Safety for liver transplants for the fifth year in a row.
The advent of exciting new antiviral therapies and noninvasive measurements of liver fibrosis has been associated with an increase in hepatitis C clinic visits. We have adopted a patient-centered approach to liver transplant assessment, with many patients being able to complete their evaluations for a liver transplant in one and a half days. Referrals for liver transplants have steadily increased, and Ochsner has performed the most liver transplants compared to any other program in the United States. CareChex® ranked Ochsner Medical Center #1 in the nation for medical excellence for liver transplants.

Hepatitis C Clinic Visit Volume
Ochsner Medical Center, 2014–2016

Liver Transplant Referrals
Ochsner Medical Center, 2014–2016

Liver Transplant Volume
Ochsner Medical Center, 2000–2016

OCHSNER OUTCOMES | DIGESTIVE DISEASES

HEPATOLOGY OVERVIEW
For patients with advanced liver disease in need of a liver transplant, wait time for transplantation is crucial. Ochsner’s liver transplant program has among the very shortest wait times in the country for liver transplant as measured by time to transplant from wait-listing as well as from referral to our program.

Median Wait Time to Liver Transplant (in Months)
Ochsner Medical Center, 7/1/2010 – 12/31/2015

<table>
<thead>
<tr>
<th>Region 3: LA, MS, AR, AL, FL, GA, Puerto Rico</th>
<th>United States: All liver transplant centers in the U.S. including Ochsner</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>3.9</td>
</tr>
</tbody>
</table>

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, 2016. Publication date December 2016.
At Ochsner, we serve patients from all 50 states and 80 countries, and we are increasingly recognized for our abiding commitment to state-of-the-art care. At the center of everything we do is the patient. Our goal is to continue to achieve excellence in our commitment to saving and changing lives, one patient at a time.

Gastroenterology – Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CGCAHPS)
Ochsner Medical Center, 2016

| CGCAHPS Information was based on provider specialty with a visit date between 1/1/2016– 12/31/2016; adjusted per Press Ganey methodology for eSurvey.

Ochsner Average
Press Ganey Average

<table>
<thead>
<tr>
<th>Care Coordination</th>
<th>Access to Care</th>
<th>Office Staff Quality</th>
<th>Physician Communication</th>
<th>Recommend this Provider Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>81.3</td>
<td>79.5</td>
<td>91.3</td>
<td>94.1</td>
<td>91.6</td>
</tr>
<tr>
<td>73.7</td>
<td>79.5</td>
<td>92.5</td>
<td>92.5</td>
<td>90.7</td>
</tr>
</tbody>
</table>

Ochsner Outcomes}
Colon and Rectal Surgery – Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CGCAHPS)  
Ochsner Medical Center, 2016

CG CAHPS information was based on provider specialty with a visit date between 1/1/2016 – 12/31/2016; adjusted per Press Ganey methodology for vilenancy.

<table>
<thead>
<tr>
<th>Ochsner Average</th>
<th>Press Ganey Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommend this Provider Office: 94.1 (Ochsner)</td>
<td>90.7 (Press Ganey)</td>
</tr>
<tr>
<td>Physician Communication: 92.7 (Ochsner)</td>
<td>92.5 (Press Ganey)</td>
</tr>
<tr>
<td>Office Staff Quality: 96.6 (Ochsner)</td>
<td>93.1 (Press Ganey)</td>
</tr>
<tr>
<td>Access to Care: 87.0 (Ochsner)</td>
<td>79.5 (Press Ganey)</td>
</tr>
<tr>
<td>Care Coordination: 72.1 (Ochsner)</td>
<td>73.7 (Press Ganey)</td>
</tr>
</tbody>
</table>

Colon and Rectal Surgery – Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)  
Ochsner Medical Center, 2016

The HCAHPS data was based on the specialty field in InfoEdge for patients with a discharge date between 1/1/2016 – 12/31/2016. The specialty field is based on the DRG that is on the record and the CMS specialty group that is tied to the DRG.

<table>
<thead>
<tr>
<th>Ochsner Average</th>
<th>Press Ganey Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Hospital Rating: 81.7 (Ochsner)</td>
<td>73.1 (Press Ganey)</td>
</tr>
<tr>
<td>Recommend with Nurses: 82.2 (Ochsner)</td>
<td>80.3 (Press Ganey)</td>
</tr>
<tr>
<td>Response of Hosp Staff: 67.9 (Ochsner)</td>
<td>67.2 (Press Ganey)</td>
</tr>
<tr>
<td>Recommend with Doctors: 81.3 (Ochsner)</td>
<td>76.8 (Press Ganey)</td>
</tr>
<tr>
<td>Hospital Environment: 78.8 (Ochsner)</td>
<td>71.1 (Press Ganey)</td>
</tr>
<tr>
<td>Pain Management: 67.4 (Ochsner)</td>
<td>64.9 (Press Ganey)</td>
</tr>
<tr>
<td>Comm about Medicines: 94.6 (Ochsner)</td>
<td>87.6 (Press Ganey)</td>
</tr>
<tr>
<td>Discharge Information: 60.5 (Ochsner)</td>
<td>54.1 (Press Ganey)</td>
</tr>
<tr>
<td>Care Transitions: 65.5 (Ochsner)</td>
<td>54.1 (Press Ganey)</td>
</tr>
</tbody>
</table>
## Colon & Rectal Surgery Open Clinical Trials

<table>
<thead>
<tr>
<th>Study Title and Staff Study Title</th>
<th>Principal Investigator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retrospective Chart Review: The Proximal Migration of Colon Cancer – Are more colon cancers being detected on the right side of the colon?</td>
<td>David Margolin</td>
</tr>
<tr>
<td>Prospective Randomized Study of Elective Colon and Rectal Surgery with or without Mechanical Bowel Preparation – Is bowel prep necessary prior to colon surgery?</td>
<td>David Margolin</td>
</tr>
<tr>
<td>Lower Gastrointestinal Hemorrhage: Prospective Database – Using the information collected in this database, we plan to address questions regarding the accuracy and proper utilization of diagnostic radiographic and endoscopic modalities in the management of this condition</td>
<td>David Margolin</td>
</tr>
<tr>
<td>Fecal Incontinence: Prospective Database – Using the information collected in this database, we plan to address questions regarding the accuracy and proper utilization of diagnostic modalities in the management of this condition</td>
<td>David Margolin</td>
</tr>
<tr>
<td>Diverticulitis: Prospective Database – Using the information collected, we plan to address questions regarding the accuracy and proper utilization of diagnostic modalities in the management of this condition</td>
<td>David Margolin</td>
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<td>Rectal Cancer: Prospective Database – Using the information collected, we plan to address questions regarding the accuracy and proper utilization of diagnostic modalities in the management of this disease</td>
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<td>Retrospective Chart Review: Factors in Stoma Reversal in Hartmann’s Procedure Patients – Attempts to determine the factors why or why not a stoma is reversed in patients who undergo a Hartmann’s procedure</td>
<td>David Margolin</td>
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<td>Retrospective Chart Review: The Natural History of Patients After Endoscopic Removal of One Centimeter Colonic Polyps – Study the natural history of the subset of patients who had relatively small polyps to determine at what rate these patients develop further polyps, and if any patient characteristics influence that rate</td>
<td>David Margolin</td>
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<td>Retrospective Chart Review: Endoscopic Screening and Surveillance of the Colon and Rectum in Solid Organ Transplant Recipients – Is there an increased rate of colorectal cancer among patients who are on long term immunosuppression therapy?</td>
<td>David Margolin</td>
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<td>Principal Investigator</td>
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<td>Retrospective Chart Review: Fecal Impaction: Natural History and Therapeutic Outcomes – Attempts to determine etiologic factors, therapeutic outcomes, and recurrence rates of fecal impaction</td>
<td>David Margolin</td>
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<td>Retrospective Chart Review: Is There a Role for Surgery in Stage IV Colorectal Cancer – Assesses the impact that surgical resection has on the length of survival compared to no resection, and examines factors that may make a difference in surgical outcome</td>
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<td>Retrospective Chart Review: Outcomes of Patients with Lower Gastrointestinal Bleed Undergoing Tagged-RBC Studies and Subsequent Mesenteric Angiography – Detects trends in the interventions required for cessation of bleeding, short and long term recurrences of bleeding and long-term follow-up of complications or sequelae of their treatment</td>
<td>David Margolin</td>
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<td>Retrospective Chart Review: A Review of Patients Who Underwent Colonoscopy While Taking Anticoagulation Medications – Determining bleeding or thrombotic complications for patients who had a colonoscopy and were on or off anticoagulation therapy</td>
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<td>Retrospective Chart Review: The Natural History of T1 Carcinoma of the Colon – A review of patients who have had T1 cancer to determine if there is a correlation between tissue depth, recurrence rates and survival</td>
<td>David Margolin</td>
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<td>Z6051 – A Phase III Prospective Randomized Trial Comparing Laparoscopic-Assisted Resection Versus Open Resection for Rectal Cancer – Sponsor: Alliance</td>
<td>David Margolin</td>
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<td>Retrospective Chart Review: Perianal Abscess Drainage Using Catheters – Looks for trends in the length of catheter drainage, fistula formation, abscess healing, and evidence of recurrence to help guide the creation of a prospective randomized trial</td>
<td>David Margolin</td>
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<td>Understanding the Microenvironment of Stem Cells in Colon Cancer – Uses patient acquired tissue and blood samples to identify biomarkers for testing to both confirm a correlation between the presence at diagnosis and clinical outcome and additionally to find ways to eliminate the cancer stem cells</td>
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<td>Retrospective Chart Review: Time to Closure of Temporary Ileostomies in Ulcerative Colitis Patients – A comparison of the complication rates and time to stoma closure at Ochsner to rates published in literature</td>
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<td>P-5: Statin Poly Prevention Trial in Patients with Resected Colon Cancer – Sponsor: NSABP</td>
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<td>Retrospective Chart Review: Parastomal Hernias: Incidence and Management – Compares the incidence and treatment of parastomal hernias to those at other institutions</td>
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<td>Retrospective Chart Review: Colorectal Cancer Tumor Markers and the Relationship to Recurrence and Outcomes – Attempt to correlate recurrence rates and outcomes with tumor markers from historical tissue samples</td>
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<td>Retrospective Chart Review: Initial Colonoscopies After Colon Cancer Resection for Cure – What Do We Find – An investigation to examine trends in colonoscopies 1 year after colon cancer resection</td>
<td>David Margolin</td>
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<td>Retrospective Chart Review: Quality Metrics for Colonoscopy – Analysis of patients that underwent colonoscopies by the colon rectal surgeons to evaluate if cecal intubation is a quality metric for colonoscopy</td>
<td>David Margolin</td>
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<td>Retrospective Outcomes Study of the LIFT Procedure – Evaluates the outcomes of the simplified LIFT procedure</td>
<td>David Margolin</td>
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<td>Retrospective Chart Review: Loop Ileostomy – Examines the complications and benefits associated with ileostomy creation and closure</td>
<td>David Margolin</td>
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<td>Retrospective Chart Review: Identification of Patients at Risk of Lynch Syndrome among a Cohort of Colorectal Cancer Patients – Aim of this study is to assess whether documentation of hereditary risk was improved through family history documentation, we hypothesize that improved documentation, if present, will lead to further tumor and patient testing for Lynch syndrome</td>
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<td>Retrospective Chart Review: Abdominopereineal Resection – Examines the diagnosis and associated outcomes of these procedures</td>
<td>David Margolin</td>
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<td>Retrospective Chart Review: Hemorrhoidal Treatment by Rubber Band Ligation in Patients Taking Clopidogrel – Study to demonstrate the safety of this procedure in patients taking clopidogrel</td>
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<td>Retrospective Chart Review: Evaluating the Safety of Hot vs. Cold Endoscopic Polypectomies – Examines the complication rates, admission rates and cancer recurrence in hot and cold polypectomies</td>
<td>Charles Whitlow</td>
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<td>A Single-Blind, Randomized, Controlled Study to Evaluate the Safety and Effectiveness of EVICEL® as an Adjunct to Gastrointestinal Anastomosis Techniques – Sponsor: Ethicon</td>
<td>David Beck</td>
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Study Title and Staff Study Title  Principal Investigator

**Phase 3 Study of Efficacy and Safety of Topical E-101 Solution to Prevent Incisional Infections among Colorectal Surgery Patients**  – Sponsor: Excited States, LLC

- **Study Title:** Study Title and Staff Study Title
- **Principal Investigator:** David Margolin

**Retrospective Chart Review: Ileoanal Pouch Outcomes Study** – Determine the outcomes of our pouch patients for the previous 15 years, looking for trends within our practice

- **Study Title:** Study Title and Staff Study Title
- **Principal Investigator:** David Beck

**Ligation of the Intersphincteric Fistula Tract with Tissue Graft Placement for Treatment of Persistent Trans sphincteric Anal Fistula**  – Sponsor: Cook, Inc

- **Study Title:** Study Title and Staff Study Title
- **Principal Investigator:** Charles Whitlow

**Retrospective Chart Review: A Review of Recurrent Cancers** – Evaluates all patients diagnosed or treated for rectal cancer within the Ochsner Health System

- **Study Title:** Study Title and Staff Study Title
- **Principal Investigator:** David Beck

**Retrospective Chart Review: A Registry and Review of Ileopouch Anal Anastomosis** – Evaluates and identifies trends in patients with ileopouch anal anastomosis

- **Study Title:** Study Title and Staff Study Title
- **Principal Investigator:** David Margolin

**Retrospective Chart Review: Ileal Pouch Anal Anastomosis and Pregnancy** – Evaluates possible factors impacting pouch function after vaginal delivery

- **Study Title:** Study Title and Staff Study Title
- **Principal Investigator:** David Margolin

**A Prospective, Multicenter Registry for Patients with Short Bowel Syndrome**  – Sponsor: NPS Pharmaceuticals

- **Study Title:** Study Title and Staff Study Title
- **Principal Investigator:** David Vargas

**Retrospective Chart Review: Natural History of Polyps Less than 6 mm** – Studies the natural history of adenomatous polyps with stratification for patient age to determine at what rate additional polyps develop and if any patient characteristics influence that rate and risk of invasive carcinoma

- **Study Title:** Study Title and Staff Study Title
- **Principal Investigator:** David Margolin

**Retrospective Chart Review: Polypectomy Outcomes in Screening Colonoscopy** – Our hypothesis that polypectomy rates are not absolutely indicative of adenoma detection rates and frequent colonoscopies expose patients to unneeded interventions and increased risk for post-polypectomy complications

- **Study Title:** Study Title and Staff Study Title
- **Principal Investigator:** David Margolin

**A Randomized, Controlled, Parallel, Multicenter Study Assessing Perfusion Outcomes with PINPOINT® Near Infrared Fluorescence Imaging in Low Anterior Resection**  – Sponsor: NOVADAQ

- **Study Title:** Study Title and Staff Study Title
- **Principal Investigator:** David Margolin

**The Effects of Statins on Response to Neoadjuvant Radiotherapy in Rectal Cancer**

- **Study Title:** Study Title and Staff Study Title
- **Principal Investigator:** David Margolin

**Cleancision Intraoperative Contamination prevention Study (CIRCE Study)** – An Evaluation of the Safety and Efficacy of the Cleancision Wound Retraction and Protection System in Protecting Surgical Incisions from Intraoperative Contamination When Used during Colorectal Surgery  – Sponsor: Prescient Surgical

- **Study Title:** Study Title and Staff Study Title
- **Principal Investigator:** David Margolin

**Retrospective Chart Review: The Ochsner Experience with Urinary Bladder Matrix in the Treatment of Complex Fistula in Ano** – Evaluates Ochsner’s experience in treating complex fistula in ano disease with urinary bladder matrix

- **Study Title:** Study Title and Staff Study Title
- **Principal Investigator:** David Margolin

**Retrospective Chart Review: Morbidity and Long-Term Mortality Associated with Ileostomy Closure in Rectal Cancer Patients Before and After Adjuvant Therapy** – Examines if there is a difference in the 30-day morbidity and or 5-year survival in patients who have their diverting loop ileostomy closed before vs. after adjuvant chemotherapy

- **Study Title:** Study Title and Staff Study Title
- **Principal Investigator:** David Beck

**Retrospective Chart Review: Evaluation of the Current Recommendations on Repeat Colonoscopy for Colorectal Cancer Screening** – Are the current guidelines and recommendations for colonoscopy surveillance effective in screening for colorectal adenomas and adenocarcinomas?

- **Study Title:** Study Title and Staff Study Title
- **Principal Investigator:** David Margolin

**Collaboration between Dx Biosamples and Department of Colon and Rectal Surgery at Ochsner** – multiple projects

- **Study Title:** Study Title and Staff Study Title
- **Principal Investigator:** David Margolin

**Efficacy and Safety of LifeSeal™ kit for Staple Line Sealing in Colorectal and Coloanal Anastomoses: A Prospective Randomized Study**

- **Study Title:** Study Title and Staff Study Title
- **Principal Investigator:** David Beck

**Validation of an Automated System for Ostomy Output**

- **Study Title:** Study Title and Staff Study Title
- **Principal Investigator:** David Margolin

**A Randomized Prospective Trial of the Impact of Low versus High Glycemic Index Supplements for Carbohydrate Loading in Colectomy**

- **Study Title:** Study Title and Staff Study Title
- **Principal Investigator:** David Margolin

**Evaluation of the current recommendations on repeat colonoscopy for colorectal cancer screening**

- **Study Title:** Study Title and Staff Study Title
- **Principal Investigator:** David Margolin
Gastroenterology Open Clinical Trials

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<td>The effectiveness and safety of modified needle knives in endoscopic mucosal resection of large sessile and flat lesions and early intramucosal malignancy of the gastrointestinal tract: a retrospective and prospective chart review</td>
<td>Nigel Girgrah</td>
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<td>A prospective 3-year follow-up study in subjects previously treated in a phase III or phase III study with a TMC435-containing regimen for the treatment of hepatitis C virus (HCV) infection</td>
<td>Nigel Girgrah</td>
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<td>A phase II, randomized, double-blind, placebo-controlled, parallel-group, multicenter study to evaluate the safety and efficacy of ustekinumab maintenance therapy in subjects with moderately to severely active Crohn’s disease (IMUNITI)</td>
<td>James Smith</td>
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<tr>
<td>A phase III, open-label trial of TMC435 in combination with peginterferon alpha-2a and ribavirin for HCV genotype-1 infected subjects who participated in the placebo group of a phase IIb TMC435 study (C201, C205, C206, C208, C216 or HPC3007), or who received short-term (up to 14 days) direct-acting antiviral treatment for hepatitis C infection in a selected Tibotec-sponsored phase I study</td>
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<td>Domperidone in the relief of gastrointestinal disorders</td>
<td>Arnab Ray</td>
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<td>Demographics of Barrett’s esophagus in women: dysplasia, adenocarcinoma and other risk factors</td>
<td>James Smith</td>
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<td>A multicenter, randomized, open-label, active-controlled trial to evaluate the safety and efficacy of Rifaximin 550 mg with and without lactulose in subjects with a history of recurrent overt hepatic encephalopathy</td>
<td>Shobha Joshi</td>
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<td>Expanded-access single name patient: daclatasvir (DCV) in combination with sofosbuvir (SOF) for the treatment of a patient with recurrent hepatitis C virus (HCV) infection</td>
<td>Shobha Joshi</td>
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<td>A randomized, global, double-blind, placebo-controlled, parallel-group study to evaluate the efficacy and safety of once-daily oral avatrombopag for the treatment of adults with thrombocytopenia associated with liver disease prior to an elective procedure</td>
<td>Shobha Joshi</td>
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<tr>
<td>A multicenter, double-blind, sponsor-open trial of IDN-6556 in subjects who had hepatitis C virus (HCV) reinfection and liver fibrosis following orthotopic liver transplantation for chronic HCV infection and who subsequently achieved a sustained virologic response following anti-HCV therapy</td>
<td>Shobha Joshi</td>
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</table>

Study Title and Staff Study Title | Principal Investigator
---|---
Safety and clinical response after fecal microbiota transplantation in adults with mild to moderate ulcerative colitis | Arnab Ray
An observational study to assess documentation of hepatic encephalopathy in clinical practice | Shobha Joshi
A multicenter treatment protocol of daclatasvir (BMS-790052) in combination with sofosbuvir for the treatment of subjects with chronic hepatitis C and decompensated cirrhosis or post liver transplant subjects with chronic hepatitis C recurrence | Shobha Joshi
Improving endoscopic adherence to quality metrics in colonoscopy | Sean Connolly
Prevalence of interval colorectal cancers at Ochsner Medical Center from 2011–2014 | James Smith
A phase 3B randomized, open-label, multicenter trial assessing sofosbuvir + ribavirin for 16 or 24 weeks and sofosbuvir + pegylated interferon + ribavirin for 12 weeks in subjects with genotype 2 or 3 chronic HCV infection Gilead GS-US-334-0153 | Natalie Bzowej
Multicenter, randomized phase 2B study to evaluate the efficacy, safety and tolerability of OCR-002 (ornithine phenylacetate) in hospitalized patients with cirrhosis and associated hyperammonemia with an episode of hepatic encephalopathy (STOP-HE study). protocol OCR002-HE209 | Natalie Bzowej
Cystic mucin-producing pancreatic neoplasm in solid organ transplant recipients | Natalie Bzowej
A phase 3, multicenter, open-label study to investigate the efficacy and safety of sofosbuvir/SOF-5816 fixed-dose combination in subjects with chronic HCV infection and Child-Pugh class B cirrhosis | Natalie Bzowej
Chart review for a phase I, randomized, open-label, active-controlled, dose escalation study to evaluate the safety, tolerability, and immunogenicity of human hepatitis B virus (HBV) DNA plasmid (XXXX) alone or in combination with IL-12 DNA plasmid (YYYY) delivered IM followed by electroporation (IF) in entecavir-treated, HBeAg-positive, chronic genotype A and C hepatitis B patients | Natalie Bzowej
A multicenter, randomized, prospective, open-label phase II study to evaluate the efficacy, safety and pharmacokinetics of hepatitis C immune globulin intravenous (human)/Civacir® in orthotopic liver transplant recipients | George Therapondos
Renal function outcomes in liver transplant recipients: the impact of ethnicity | George Therapondos
Sarcopenia predicts poor recovery in liver transplant | George Therapondos
A phase 3, randomized, double-blind, placebo-controlled, parallel-group, multicenter study to evaluate the safety and efficacy of ustekinumab induction therapy in subjects with moderately to severely active Crohn’s disease (UNITI-I).

A multicenter prospective study evaluating outcomes of endoscopic eradication therapy peroral cholangioscopy.

Multicenter prospective study evaluating outcomes of digital single-operator cholangioscopy.

Predictors of anastomotic biliary strictures in duct-to-duct liver transplant recipients.

Clinical experience with urinary bladder matrix in the treatment of complex fistula in ano.

A review of patients undergoing colonoscopy while on anti-thrombotic agents.


A multicenter study to evaluate the safety and efficacy of ustekinumab induction therapy in subjects with moderately to severely active Crohn’s disease (UNITI-2).

An open-label, phase 4 study of telaprevir, peginterferon alfa-2a (PEGASYS), and ribavirin (COPEGUS) in treatment-experienced Black/African American and non-Black/African American subjects with genotype 1 chronic hepatitis C virus who have not achieved a sustained viral response with a prior course of interferon-based therapy.

A multicenter prospective study evaluating outcomes of endoscopic eradication therapy in patients with Barrett’s esophagus-associated neoplasia (The TREAT-BE Consortium).

Predictors of anastomotic biliary strictures in duct-to-duct liver transplant recipients.
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 29 owned, managed and affiliated hospitals and more than 80 health centers and urgent care centers. Ochsner is the only Louisiana hospital recognized by U.S. News & World Report as a “Best Hospital” across four specialty categories caring for patients from all 50 states and more than 80 countries worldwide each year. Ochsner employs more than 18,000 employees and over 1,100 physicians in over 90 medical specialties and subspecialties, and conducts more than 600 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.

Ochsner Medical Center
1514 Jefferson Highway
Jefferson, LA 70121
Visit us online at ochsner.org

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 B55.OHS.LINK (647.5465).

For patients needing to schedule their own appointments, please call 866.OCHSNER (624.7637).