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.
Letter from the Chairmen

The Ochsner Multi-Organ Transplant Institute is one of the top transplant programs in the United States. CareChex® ranked the program #1 in the Nation in Medical Excellence for Organ Transplants in 2017, #1 in the Nation in Medical Excellence and Patient Safety for Liver Transplants in 2017, for the fifth year in a row, and #6 in the Nation in Medical Excellence for Heart Transplants in 2017. Our kidney transplantation patient survival rates exceed national averages. Overall, our patients are doing better, living longer and experiencing fewer complications.

These laudable rankings are the result of decades of dedication by numerous skilled surgeons, physicians, researchers, coordinators, nurses, social workers and other support staff who work year after year to constantly improve our comprehensive care. Since 1984, Ochsner’s staff has focused intensely on improving patient outcomes in every possible way. We have recruited some of the world’s leading transplant surgeons and physicians, placing them in an environment in which they can excel. Our rankings confirm that Ochsner’s transplant team has the right people and processes in place to provide the highest quality of care for our patients.

Ochsner’s ongoing goal is to be one of the leading transplant programs in the world. Through dedication to innovation and excellence, what we have instituted since inception is a true testament to this goal as we continue to aim high. Organ transplantation is among the most challenging medical specialties. Our ability to research new technologies and procedures prepares us to meet the future needs of patients from around the world. As our program continues to grow both regionally and nationally, we remain committed to new research and development opportunities that increase the quality of life for our patients and save more lives.

Ochsner Multi-Organ Transplant Institute once again had another impressive year. We are so proud of the quality of care we provide our patients, and we are pleased to share our progress with you.

George E. Loss, Jr., MD, PhD
Chief of Surgical Services
Chairman, Department of Surgery
Chief, Multi-Organ Transplant Institute

Nigel Girgrah, MD, PhD
Medical Director, Multi-Organ Transplant Institute
Chairman, Gastroenterology & Hepatology

Ari J. Cohen, MD, MSC
Head, Abdominal Transplant Surgery
Surgical Director, Kidney Transplant Program
Director, Transplant Research
Associate Professor, University of Queensland
School of Medicine

Ochsner Multi-Organ Transplant Institute

Since its inception in 1984, the Ochsner Multi-Organ Transplant Institute has performed more than 5,500 life-saving transplants, making it one of the nation’s leading transplant centers. During 2016, the Transplant Institute strengthened its position as an international leader by achieving the highest national benchmarks for quality. In all aspects, Ochsner has emerged as one of the world’s most renowned, comprehensive transplant programs, serving patients with advancing research, skilled staff, high clinical success rates and a resource-rich support program unparalleled in meeting patient needs.

"We are very proud of our concerted efforts to achieve the best possible outcomes for our patients. CareChex® ranked the program #1 in the Nation in Medical Excellence for Organ Transplants in 2017, #1 in the Nation in Medical Excellence and Patient Safety for Liver Transplants in 2017, for the fifth year in a row, and #6 in the Nation in Medical Excellence for Heart Transplants in 2017.”

Ari J. Cohen, MD, MSC
Head, Abdominal Transplant Surgery
Surgical Director
Director, Kidney Transplant Program
Associate Professor, University of Queensland
School of Medicine
Who We Are

The Ochsner Multi-Organ Transplant Institute performs liver, kidney, kidney/pancreas, heart and lung transplants for adults and children. We have united exceptional teams of skilled surgeons, physicians, researchers, advanced practice providers, nurses, social workers, doctors of pharmacy, dieticians, coordinators and support staff to deliver comprehensive, highly advanced transplant care that saves lives and restores health. Over the decades, experience and high volumes have been matched by rising patient success rates. The Transplant Institute offers accommodations for patients and families, as well as special services needed for international patients. The Transplant Institute shares the same qualities of Ochsner Health System as a leader in patient care: medical innovation, commitment to multidisciplinary care and exemplary support services for patient well-being.

Overview of Subspecialties with Volume*

Liver
- 2,561 liver transplants performed
- 215 liver transplants performed in 2016 alone

Kidney, Kidney/Pancreas, Pancreas
- 2,468 kidney, kidney/pancreas and pancreas transplants performed in adults and children

Heart
- 931 heart transplants performed since 1986
- First total artificial heart procedure in Louisiana and the Gulf South

Lung
- 389 lung transplants performed
- The only lung transplant program in Louisiana

*Volumes as of 5/5/17

How Ochsner’s History Shapes Our Care

Ochsner Health System has pioneered many medical advances, including being one of the first institutions to link smoking to lung cancer. Organ transplants are another Ochsner first, with groundbreaking work that started the Transplant Institute on a pathway of achievement. These achievements include completing the first heart transplant in the region in 1970 and the first liver transplant in 1975. By pursuing research and clinical excellence and adding programs for even the rarest and most complex organ transplants, the Transplant Institute continues to grow and serve more patients.

- Patient survival rates consistently above national averages
- Medicare-approved transplant center for heart, liver, kidney and lung transplants
- Center of Excellence for most insurers, including United Resource Network programs – centers earning this designation are recognized for improving patient outcomes, efficiency and quality

Who We Serve

Since its early days, Ochsner has been a healthcare center for both national and international patients, including those from Central and South America. Many of the specialized services developed at Ochsner assist patients from other countries, and the Transplant Institute follows this tradition with adults and children from around the world coming to Ochsner for transplant services. We have treated transplant patients from 46 states and 10 countries.
What Ochsner Means to Patients

- Shorter wait times for transplant
- Higher transplant success rates
- Innovative surgical procedures
- Minimal operative times
- On-site housing
- Fewer days in critical care, shorter hospital stays
- Staff always accessible to patients
- Comfortable and convenient accommodations for families and patients
- Translation services and other support services for international patients

What We Have Accomplished

Extending the life of each organ transplant patient – including enhancing their quality of life – is our most significant accomplishment. Ochsner works as a team to achieve new medical advances and optimal efficiencies that save more lives. Each Ochsner transplant program has earned accolades. In 2016, more than 3,600 potential transplant candidates were referred to our Institute, with 407 of these candidates receiving a transplant.

From 2012–2016, we performed the most adult liver transplants of any U.S. hospital. We are the largest Medicare-approved heart transplant program in the state and the only lung transplant program in Louisiana. Our kidney and kidney/pancreas programs performed a total of 141 transplants in 2016.

How We Work to Save More Lives through Transplants

Since one donor can save as many as nine lives, Ochsner avidly promotes organ donation through public education and donor recruitment programs. With nearly 120,000 American men, women and children waiting for life-saving organ transplants and an average of 20 Americans dying each day because of the lack of available organs, we are doing all we can to encourage more people to become donors.

“I have the opportunity to work with and to be a part of an awesome, caring, patient-focused and professional transplant team. The end results of this rewarding work are our successful transplant outcomes, and our very grateful patients for giving them another chance for a normal life. That’s what makes being a team member of the Ochsner Multi-Organ Transplant Center so very gratifying.”

Brenda Broussard
Scheduling Coordinator
Saving More Lives for Over 40 Years

First kidney transplant performed at Ochsner.

Multi-Organ Transplant Institute is established at Ochsner.

First dual organ transplants – kidney/pancreas and heart-lung – in Louisiana performed at Ochsner.

Ochsner surgeons perform a double lung transplant on youngest person in U.S. history.

First adult living related liver transplant performed at Ochsner. Ochsner surgeons perform 500th heart transplant, one of only 6 U.S. transplant centers to have achieved this milestone.

Ochsner celebrates 1,000th liver, 1,000th kidney and 700th heart transplant.

First of 11 hospitals in U.S. to receive HealthGrades® Kidney Transplant Excellence Award.™

First total artificial heart bridge to transplant in Gulf South performed at Ochsner.

First liver transplant in Gulf South performed at Ochsner.

First pediatric heart and liver transplants performed in the Gulf South at Ochsner.

First double lung and pancreas transplants in Louisiana performed at Ochsner.

First split liver transplant in Louisiana performed at Ochsner.

First transplant program in Louisiana to perform more than 100 transplants in a single year.

Performed the most adult liver transplants in the U.S., according to statistics compiled by the United Network for Organ Sharing (UNOS).

First adult living related liver transplant performed at Ochsner.

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First total artificial heart bridge to transplant in Gulf South performed at Ochsner.

First liver transplant performed at Ochsner.
Liver

Liver transplant patients at Ochsner have survival rates that exceed national rates at one-month, one-year and three-year marks. In 2016, the one-year survival rate was 94.09 percent, compared to 91.57 percent nationally. The length of time patients wait for a liver transplant at Ochsner is also far below national averages. The most recent median wait time at Ochsner is two months compared to 15 months nationwide.

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.

Ochsner Liver Transplant 1-Year Patient Survival Hazard Ratio
Comparison with Other Programs
Ochsner Medical Center Program Volume for Transplants, 7/1/2013 – 12/31/2015

Ochsner
Other Programs

Mitch Cherness
Liver Transplant Recipient

After learning that he needed a liver transplant due to Hepatitis C, Mitch Cherness traveled to Ochsner from California. On February 4, 2012, Mitch received a new liver. Once he returned to California, staff at Ochsner continued to monitor his recovery in coordination with his local physician. Hepatitis C began to aggressively attack his new liver and his liver function was poor. Mitch regularly sent his labs to Ochsner staff, who reviewed them and made sure he was getting appropriate treatment. They were able to get him enrolled in a clinical trial for Hepatitis C, and after one month of treatment his liver function tests were normal and now the virus is undetectable. Mitch continues to stay in touch with Ochsner staff and he says he will remain in contact for as long as they will have him.
Ochsner’s liver transplant program is the largest in the nation for the sixth year in a row. With experience comes the confidence to take on some of the most difficult cases in transplant, including retransplantation, transplant of obese recipients and transplantation of patients with portal vein thrombosis.
The Ochsner Liver Transplant Program is ranked #1 in the nation for overall quality by CareChex® from 2012-2016.

Patients Retransplanted Greater Than 90 Days (Patient and Graft Survival)
Ochsner Medical Center, 2005–2016

- Patient Survival n = 87
- Graft Survival n = 94

Jarrius Robertson
Liver Transplant Recipient

19
“We guide patients every step of the way after transplant so they comprehend the post-transplant process. This close, ongoing connection with our patients directly contributes to their successful outcomes and fulfilling lives.”

Caroline Morvoisin, RN
Transplant Nurse Coordinator

Ochsner’s median time to liver transplant is only 2.1 months compared to more than 15 months nationally. In Louisiana, an organ donor results in a liver transplant 97 percent of the time, a rate statistically higher than the national average of 76 percent. As a result, we now work with organ procurement organizations all over the country to increase the number of liver allografts transplanted and to save the lives of patients waiting on our list. More than 50 percent of livers transplanted at Ochsner come from outside Louisiana.

Percentage of Patients with BMI of 31 or Greater Receiving Liver Transplants
Ochsner Medical Center, 7/1/2015 – 6/30/2016

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Ochsner</td>
<td>28.2%</td>
</tr>
<tr>
<td>Region 3</td>
<td>28.4%</td>
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<tr>
<td>United States</td>
<td>29.6%</td>
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</table>

Ochsner
Region 3
United States

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.

Ochsner
Region 3
United States

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

<table>
<thead>
<tr>
<th>Region</th>
<th>Wait Time Months</th>
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<tr>
<td>Ochsner</td>
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<tr>
<td>Region 3</td>
<td>3.9</td>
</tr>
<tr>
<td>United States</td>
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</tr>
</tbody>
</table>

Region 2: LA, MS, AR, AL, FL, GA, Puerto Rico
United States: All liver transplant centers in the U.S. including Ochsner.

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.
Donation after cardiac death (DCD) is a method of donation that offers great promise to increase the number of organs available for transplantation. Many U.S. liver programs shy away from using DCD livers for fear of decreased patient and graft survival. At Ochsner, we have developed a bundle of donor and recipient operative techniques that make results from DCD livers virtually identical to results achieved using deceased brain death donor livers. Our comfort with and expertise using DCD donor livers allows us to offer a life-saving liver transplant to an additional 20 patients per year.
The transplant rate is a measure of how frequently patients on a program’s waiting list undergo transplant. It provides an overall summary of how quickly patients undergo transplant at this program by calculating the number of patients who underwent transplant for every 100 patients who were on the waiting list during a year. The expected transplant rate is an estimate of what we would expect at this program if it were performing transplants at rates similar to other programs in the United States with similar candidates on their waiting lists. Differences may be due to differences in the types of patients on the waiting list or simply to random variation. With a calculated p-value < 0.01 the graph below demonstrates the patient transplant rate at Ochsner for liver is statistically higher than the expected rate.
Since its inception, the Liver Transplant Program at Ochsner has performed over 2,500 life-saving liver transplants in adults and children. The Ochsner Liver Transplant Program ranked #1 in the United States by volume for 2012, 2013, 2014, 2015 and 2016.
Kidney transplant survival rates at Ochsner exceed national averages. In 2016, Ochsner recipients who received an organ from a deceased donor had a one-year graft survival rate of 94.6 percent, compared to 93.7 percent nationally. Ochsner’s living donor kidney transplant recipients had a one-year graft survival rate of 98.9 percent.

The one-year patient survival rate at Ochsner for patients receiving a kidney exceeds national averages and expected rates.

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.
Johnny Kennedy
Kidney Transplant Recipient

Johnny Kennedy and his younger brother, Justin, help run one of the most well-known family restaurants in New Orleans, Parkway Bakery and Tavern. In 2002, Johnny decided to join the military, only to find out during his physical that he had a rare kidney disease that would weaken his kidney function over the years. Johnny’s health began to deteriorate and in 2014 his kidney function was at 14 percent. When Johnny was told he needed a kidney transplant, Justin immediately went to Ochsner and was tested to see if they were a match. Justin was able to deliver the news to his brother that they were a match and now Johnny’s kidney function is almost 100 percent. Since the transplant, Johnny and his wife have welcomed a baby girl and Justin jokes that he never has to “worry about buying Johnny another Christmas present.”

The three-year graft survival rate for patients receiving a kidney from a deceased donor or living donor exceeds expected rates and national averages.

“We take a multidisciplinary team approach to the essential task of data collection and analysis. This unified and coordinated approach enables us to make meaningful changes to our processes and achieve sustainable, high-quality outcomes for our patients.”

Dominique Bergeron, RN
Quality Assurance and Performance Improvement (QAPI) Coordinator
The three-year patient survival rate at Ochsner for patients receiving a kidney exceeds national averages and is equal to or exceeds expected rates.
Kidney/Pancreas

In 2016, Ochsner recipients who received a combined kidney/pancreas had a one-year patient survival rate of 95.7 percent, compared to 97.8 percent nationally.
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 offer simultaneous kidney/pancreas transplants not only to patients with type 1 diabetes who require kidney transplantation, but also to select patients with type 2 diabetes – a practice that only a few centers in the U.S. offer."

Humberto E. Bohorquez, MD
Transplant Surgeon, Section of Abdominal Organ Transplantation
Surgical Director, Pancreas Transplantation
The transplant rate is a measure of how frequently patients on a program’s waiting list undergo transplant. It provides an overall summary of how quickly patients undergo transplant at this program by calculating the number of patients who underwent transplant for every 100 patients who were on the waiting list during a year. The expected transplant rate is an estimate of what we would expect at this program if it were performing transplants at rates similar to other programs in the United States with similar candidates on their waiting lists. Differences may be due to differences in the types of patients on the waiting list or simply to random variation. With a calculated p-value of 0.026, the graph below demonstrates the patient transplant rate at Ochsner for combined kidney/pancreas is statistically higher than the expected rate.

Median time to transplant is calculated as the time it takes for a given percentage of patients at this facility to receive a transplant. This is the “time-to-transplant” among all wait-listed patients, including those who never receive a transplant. Half the patients placed on the wait list at Ochsner received a kidney/pancreas transplant within 5.1 months of listing, compared to 14.6 months nationally.

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.
For the past five years, the Kidney/Pancreas Transplant Program has been in the top 10 for volume in the country.
Heart

Heart transplant patients at Ochsner have three-year survival rates higher than the national average. In 2016, the three-year survival rate was 87.8 percent, compared to 85.1 percent nationally.

Keenen Shields
Heart Transplant Recipient

Two days before Christmas 2014, Keenen Shields, a 24-year veteran of the New Orleans Police Department, was on duty when he suffered his fourth heart attack. He experienced his first heart attack in 2006 and struggled with heart disease for eight years. He was admitted to Ochsner Medical Center in need of a heart transplant, and received his new heart on January 25, 2015. Now Keenen, a 53-year-old husband, father and grandfather of three, is embracing his second chance at life. In 2016, he participated in The Transplant Games of America. Keenen feels that competing in the Games will get him “one step closer to returning to the work I love – being a police officer.”
Ochsner has the only comprehensive advanced heart failure program in the state and is the largest ventricular assist device (VAD) implanting site with a long history of success. VADs are life-saving devices that are used as a bridge to transplant or as a destination therapy (DT). Ochsner is currently the only VAD center in Louisiana with a Joint Commission DT Certification. With national heart transplant wait times ranging from days to years, many patients will expire or have an extremely diminished quality of life without them. Our team also participates in many mechanical circulatory support-related clinical trials.
Lung

Our one-month survival rate was 95.3 percent and one-year survival rate was 85.9 percent. The median length of time patients wait for a lung transplant at Ochsner is three months, compared to four months nationally.

Wait time to transplant is shorter by one month, and our one-year survival rates are slightly below expected; however, these differences are not statistically significant.

Ochsner Lung Transplant 1-Year Patient Survival Hazard Ratio
Comparison with Other Programs
Ochsner Medical Center Program Volume for Transplants, 7/1/2013 – 12/31/2015

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.

Ochsner Lung Transplant 1-Year Graft Survival Hazard Ratio
Comparison with Other Programs
Ochsner Medical Center Program Volume for Transplants, 1/1/2011 – 6/30/2013

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.
Karen Dizinno
Lung Transplant Recipient

In September 2015, Karen Dizinno was diagnosed with pulmonary fibrosis, which had already taken the lives of her parents, two brothers and her sister. By December of that year, Karen was already on four liters of oxygen. One evening in January 2016, she was listed on the lung transplant waiting list and the very next morning she received a call that a donor lung was available. Karen was the only member of her family fortunate enough to receive a lung transplant. She feels truly blessed by the gift of life from her donor and donor’s family and the wonderful care she received at Ochsner. The compassion that her care team showed had a lasting effect on Karen and she feels it made her recovery easier. As she continues to live this miracle of life, she is “humbled by the devotion the entire Ochsner transplant team has given me.”

Ochsner Region 3 United States

Median Time to Lung Transplant in Months
Wait List Registrations 7/1/10 – 12/31/15

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Ochsner Region 3 United States

Lung Transplant Rate
Wait List Registrations 7/1/2015 – 6/30/2016

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<td>United States</td>
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</table>
“Our lung transplant program has continued to increase our volume of patients transplanted while decreasing wait times and maintaining great outcomes. Our team of physicians, nurses, social workers and pharmacists takes great pride in being part of the Ochsner Multi-Organ Transplant Institute.”

Reinaldo Rampolla, MD
Medical Director, Pulmonary/Critical Care Medicine Lung Transplantation
Liver transplantation in infants and small children (<10kg) is limited by size of the donor. Using a whole liver for transplant requires a similar size donor, which increases the waiting time considerably. Using advanced techniques in split liver transplantation, a small portion of the left lobe of the liver can be separated preserving vascular and bile duct structures and transplanted into a small pediatric recipient. In many cases, the larger right lobe can also be used in an adult recipient, doubling the benefit from a single donor liver.

Pediatric Transplant

Ochsner offers the highest level of care in pediatric heart, liver, kidney and lung transplantation. Building on the success of our adult program, the pediatric liver transplant program cares for children of all ages, using advanced techniques in split-liver, living donor and reduced-size grafts to accommodate our smallest patients. Ochsner is the only center in the Gulf South region to offer pediatric heart transplantation and surgical management of congenital heart disease. With the recent addition of Dr. Benjamin Peeler as the chief of Pediatric Heart Transplant, we anticipate further success and growth of these programs.
Organ transplantation is a life-saving treatment for children in need, but it is no doubt an enormously stressful time for patients and their families. By providing the highest level of pediatric transplant care in the Gulf South region, patients are able to stay closer to home — closer to their families and communities who provide invaluable support during this challenging time.

John Seal, MD  
Transplant Surgeon, Section of Abdominal Organ Transplantation

Dayja Davis  
Pediatric Liver and Kidney Transplant Recipient

After being born two months premature and weighing only 3 pounds, 15 ounces, Dayja Davis was diagnosed with a rare genetic kidney disease and Caroli syndrome, which affects her liver. Dayja would eventually need a transplant. Dayja’s first five months were spent in the hospital, where she was seen by many specialists and placed on multiple medications. Due to her health, her physicians recommended that she not attend nursery as a baby and it wasn’t until Dayja turned four that she was able to attend daycare. Her family received notice in early December 2015 that Dayja was listed on the transplant waiting list and on December 13 they received a call from Ochsner Medical Center that they had a liver and a kidney that were a match for Dayja. After her transplant, Dayja was able to spend a week at Disney World thanks to the Make-A-Wish® Foundation, and she is now on the A/B honor roll at her elementary school. Despite her health struggles, she never gave up and, according to her mom, Dayja is her “inspiration and motivation.”
Respect and support for wellness care are essential. As an internationally renowned transplant center, Ochsner excels in supporting total patient well-being along with delivering excellent medical care.

“Our unique Patient-Transplant Team partnership leads to the best possible outcomes for our patients and their loved ones. The greatest strength we find is combining each individual patient’s goals and responsibilities with Ochsner’s core values and responsibilities to our patients.”

Surveen Klein, LCSW-BACS, MPH
Transplant Social Work Supervisor

Patient-Transplant Team Covenant
The Patient-Transplant Team Covenant is a reminder of the important relationship between patients and those who provide healthcare. Respect, trust and partnership between patients and healthcare team members set the foundation for healing.

Ochsner created a Patient-Transplant Team Covenant to help promote trusting relationships and foster the highest standards of care. The Covenant is a series of commitments made by Ochsner patients and caregivers, who pledge to work together with respect and trust in partnership. The partnerships among patients and the transplant team start with the first visit and continue over many years.

The Covenant helps caregivers and patients understand what they can expect from each other and what their responsibilities are in this long-term relationship. Because transplant care is so complex and because we work so intensely with our patients, we need to respect, trust and partner with each other. The Covenant helps us develop those essential qualities that can influence a patient’s outcomes.

“Why Ochsner?”

“Value you as a whole person, respect your dignity, values and beliefs. Keep your information private unless you give us permission to share. Carefully listen to what you have to say.”

“Tell you the truth with confidence. Be able to talk about your doubts and fears with you. Be truthful about your health condition and how you are doing in treatment. Tell you all I can about your health in a timely manner.”

“Include you as an active transplant team member. Partner with you to agree on your best healthcare plan. Coordinate with all who provide you with healthcare. Answer your questions as best we can. Include your caregivers as part of your transplant team.”

“Be an active member of my transplant team. Partner with you on the healthcare plan I agree to follow. Tell you about everyone who provides me with healthcare. Ask you right away when anything is not clear to me. Include my caregivers as part of my transplant team. Bring a caregiver to all my visits.”

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Surveen Klein, LCSW-BACS, MPH
Transplant Social Work Supervisor

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Surveen Klein, LCSW-BACS, MPH
Transplant Social Work Supervisor
### Research

**Chart-Review Studies 2016**

<table>
<thead>
<tr>
<th>IRB#</th>
<th>Study Title</th>
<th>Abbreviation</th>
<th>Principal Investigator/ Co-Investigator</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008.003.B</td>
<td>Comparison of Outcomes in Renal Transplant recipients Treated with or without Campath at Ochsner</td>
<td>CSC01</td>
<td>Catherine Staffeld-Coit</td>
</tr>
<tr>
<td>2010.179.A</td>
<td>Prospective, Observational Study of Donor and Recipient Factors Which May Influence Preservation Injury in Liver Transplant Recipients</td>
<td>liver transplant cytokines</td>
<td>Ari Cohen</td>
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<tr>
<td>2013.286.B</td>
<td>Performance Improvement Project</td>
<td>PIP CKD</td>
<td>Jorge Ganeshes</td>
</tr>
<tr>
<td>2015.117.C</td>
<td>Renal Pathology Study</td>
<td>n/a</td>
<td>Catherine Staffeld-Coit</td>
</tr>
<tr>
<td>2016.344.C</td>
<td>An Umbrella Retrospective chart review Related to Liver-Transplantation: The Ochsner Experience</td>
<td>n/a</td>
<td>Ari Cohen</td>
</tr>
<tr>
<td>2016.346.C</td>
<td>An Umbrella Retrospective chart review Related to Kidney-Transplantation: The Ochsner Experience</td>
<td>n/a</td>
<td>Ari Cohen</td>
</tr>
<tr>
<td>2016.347.C</td>
<td>An Umbrella Retrospective chart review Related to Multi-Organ Transplantation: The Ochsner Experience</td>
<td>n/a</td>
<td>Ari Cohen</td>
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<tr>
<td>2016.387.C</td>
<td>Direct-acting Antiviral Therapy-Related Immunological Graft Dysfunction After Liver Transplantation: A Multicenter Case-Control Study</td>
<td>DAA Graft dysfunction</td>
<td>Natalie Bzowej</td>
</tr>
<tr>
<td>2016.437.C</td>
<td>A Retrospective chart review Related to multi-fac torial events that affect patient’s Health outcome after Lung-Transplantation: The Ochsner Experience</td>
<td>n/a</td>
<td>Reinaldo Rampolla</td>
</tr>
<tr>
<td>2016.463.C</td>
<td>Early Transplant in Ethanol Hepatitis Consortium Study</td>
<td>n/a</td>
<td>George Therapondos</td>
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</table>
### Investigator-Initiated Studies

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>2016.131.B</td>
<td>An observational study to evaluate patients receiving transarterial chemoembolization (TACE) therapy to define the link between tumor-elicited peripheral cell populations, and the risk of hepatocellular carcinoma (HCC) recurrence, before orthotopic liver transplantation (OLT).</td>
<td>TACE</td>
<td>Ari Cohen/Paul Thevenot</td>
</tr>
<tr>
<td>2016.298.A</td>
<td>Oral Vancomycin Treatment in recurrent primary sclerosing cholangitis in liver transplant recipients.</td>
<td>Vancomycin in PSC</td>
<td>Shamita Shah/Natalie Bzowej</td>
</tr>
<tr>
<td>2016.233.A</td>
<td>Lung Shunt Fraction and the Relationship to Treatment Response of Hepatocellular Carcinoma following Transarterial Chemoembolization</td>
<td>LSF</td>
<td>David Kirsch</td>
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<tbody>
<tr>
<td>2014.147.A</td>
<td>A 36 month multi-center, open label, randomized, comparator study to evaluate the efficacy and safety of everolimus immunosuppression treatment in liver transplantation for hepatocellular carcinoma exceeding Milan criteria</td>
<td>HCC Baylor12</td>
<td>Ian Carmody</td>
</tr>
<tr>
<td>2014.207.C</td>
<td>A randomized, parallel-group, double-blind, placebo-controlled, multi-center study of eculizumab for the prevention of delayed graft function after kidney transplantation in adult subjects at increased risk of delayed graft function</td>
<td>ECU-DGF-201</td>
<td>Ari Cohen</td>
</tr>
<tr>
<td>2015.104.A</td>
<td>A Prospective Observational Trial to Evaluate the Correlation of T-SPOT® Response to CMV Infection and T cell-mediated Acute Graft Rejection. The PROTECT Study</td>
<td>Oxford Immunotec</td>
<td>Ari Cohen</td>
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### Sponsor-Initiated Studies (continued)

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<tr>
<td>2015.219.C</td>
<td>A Randomized, Placebo-controlled, Prospective, Double-blind, Multicenter Phase 2/3 Study of the Efficacy and Safety of SANGUINATE™ for Reduction of Delayed Graft Function in Recipients of a Donation after Brain Death Kidney Transplant</td>
<td>Prolong-DGF</td>
<td>Ari Cohen</td>
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<tr>
<td>2015.257.B</td>
<td>A Phase 2b, Randomized, Controlled Trial Evaluating GS-5806 in Lung Transplant (LT) Recipients with Respiratory Syncytial Virus (RSV) Infection</td>
<td>Gilfod RSV</td>
<td>Reinaldo Rampolla</td>
</tr>
<tr>
<td>2016.005.C</td>
<td>A Phase 3, Randomized, Double-blind, Placebo Controlled Study to Evaluate the Efficacy and Safety of QPI-1002 for Prevention of Delayed Graft Function in Recipients of a Donation After Brain Death Older Donor Kidney Transplant</td>
<td>Quark DGF</td>
<td>Ari Cohen</td>
</tr>
<tr>
<td>2016.006.C</td>
<td>A multicenter randomized controlled trial to compare the efficacy of ex vivo normothermic machine perfusion with static cold storage in human liver transplantation</td>
<td>Organox</td>
<td>Ari Cohen</td>
</tr>
<tr>
<td>2012.190.B</td>
<td>A Phase II Randomized Multicenter Placebo-Controlled Blinded Study of Sorafenib Adjuvant Therapy in High Risk Orthotopic Liver Transplant (OLT) Recipients with Hepatocellular Carcinoma (HCC)</td>
<td>UCLA</td>
<td>Ian Carmody</td>
</tr>
</tbody>
</table>
Donate Life®

Together We Transform Lives

More than 120,000 men, women and children are on the national transplant waiting list. Every 12 minutes another person is added. In Louisiana, more than 2,000 people are waiting for organ transplants. Nearly 20 people each day die unnecessarily because there are too few organ donors.

One organ donor can save the lives of up to nine people, and one tissue donor can impact the lives of up to 50 people.

To register to become an organ donor, visit Donate Life Louisiana at donatelifela.org or Donate Life America at donatelife.net.

“An important aspect of successful outcomes for our patients is the organ matching process. The Procurement team plays a vital role in this collective, multifaceted, process to support our transplant surgeons.”

Terrence Bell, Lead Procurement Transplant Coordinator
### Physician Team

#### Abdominal Transplant Surgery
- **George E. Loss, Jr., MD, PhD**
  - Chief of Surgical Services
  - Chairman, Department of Surgery
  - Chief, Multi-Organ Transplant Institute
- **Ari J. Cohen, MD, MSC**
  - Head, Abdominal Transplant Surgery
  - Surgical Director, Kidney Transplant Program
  - Director, Transplant Research
  - Associate Professor, University of Queensland School of Medicine
- **Humberto E. Bohorquez, MD**
  - Transplant Surgeon
  - Section of Abdominal Organ Transplantation
- **David S. Bruce, MD**
  - Transplant Surgeon
  - Section of Abdominal Organ Transplantation
- **Emily Bugaoud, MD, PhD**
  - Transplant Surgeon
  - Section of Abdominal Organ Transplantation
- **Ian Carmody, MD**
  - Transplant Surgeon
  - Associate Professor, University of Queensland School of Medicine
- **Abhishek Mathur**
  - Transplant Surgeon
  - Section of Abdominal Organ Transplantation

#### Hepatologists
- **Nigel Girgrah, MD, PhD**
  - Medical Director, Multi-Organ Transplant Institute
  - Chairman, Gastroenterology & Hepatology
  - Liver Transplant Hepatologist
- **Cristal Brown, MD**
  - Section of Gastroenterology & Hepatology
  - Liver Transplant Hepatologist
- **Shobha Joshi, MD**
  - Section of Gastroenterology & Hepatology
  - Liver Transplant Hepatologist
- **Maria-Stella Serrano, MD**
  - Pediatric Transplant Hepatologist
- **George Therapondos, MD, MB, ChB, MPH, FRCP (Edin)**
  - Section of Gastroenterology & Hepatology
  - Liver Transplant Hepatologist
- **Gia Tyson, MD**
  - Section of Gastroenterology & Hepatology
  - Liver Transplant Hepatologist

#### Nephrologists
- **Catherine Staffeld-Coit, MD**
  - Medical Director, Kidney & Kidney/Pancreas Transplantation
- **John Seal, MD**
  - Transplant Surgeon
  - Section of Abdominal Organ Transplantation
- **Dennis Sonnier, MD**
  - Transplant Surgeon
  - Section of Abdominal Organ Transplantation

#### Pulmonologists
- **Reinaldo Rampolla, MD**
  - Medical Director, Pulmonary/Critical Care Medicine
  - Lung Transplantation

#### Cardiologists
- **Hector O. Ventura, MD, FACC, FACP**
  - Section Head, Cardiomyopathy and Heart Transplantation
  - Medical Director, Mechanical Circulatory Support
- **Sapna V. Desai, MD**
  - Medical Director, Mechanical Circulatory Support
- **George Therapondos, MD, MB, ChB, MPH, FRCP (Edin)**
  - Medical Director, Heart Failure Program
  - Medical Director, Heart Failure Clinical Research
- **Stacy A. Mandras, MD**
  - Medical Director, Pulmonary Hypertension Program
- **Hamang M. Patel, MD, FACC**
  - Medical Director, Heart Transplantation

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For patient referral and transfer information, please see page 68.
Accommodations Offer a Home Away From Home

Ochsner takes pride in offering convenient, quality accommodations for families and patients. We understand how challenging it can be to travel away from home for an organ transplant, and we offer convenient options to help.

Combining the comfort of a full-service hotel with a convenient location on the Ochsner campus, Brent House has provided quality accommodations for patients, families and the public since 1954. Family members simply walk down a corridor to visit the hospital. AAA awarded Brent House its 3-Diamonds distinction.

Brent House features spacious rooms, a cafe, a gourmet coffee shop, pool and fitness center. Contact 800.535.3986 or visit brenthouse.com.

In some instances, transplant patients and families from outside the New Orleans area may need more long-term accommodations. Ochsner offers affordable, comfortable apartments at the Levee Run complex within walking distance of the hospital. Each apartment is furnished, is equipped with a full kitchen and has convenient parking.

Ochsner Welcomes International Patients With World-Class Care

Serving patients from other countries has been an Ochsner tradition for decades. As a referral center for patients from throughout the world and particularly from Central and South America, Ochsner offers a variety of services to put them more at ease. A resourceful International Health Services department provides full translation and interpretation services in every language. Each patient is assigned a coordinator to ensure that his or her particular needs are met. Ochsner staff is sensitive and responsive to each patient’s clinical, cultural and spiritual concerns. These services are available seven days a week.

Ochsner Provides Transportation and Critical Care

Safe, rapid emergency transportation for critically ill patients is available from Ochsner’s own fleet of medically equipped helicopters, fixed-wing aircraft and ground vehicles. The staff provides quality out-of-hospital critical care from bedside to bedside. Flight Care is staffed with critical care nurses with specialty training. Physicians and other specialty staff are available if needed. Flight Care is on call to serve all the needs of transplant patients.
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 Multi-Organ Transplant Institute
1514 Jefferson Highway
New Orleans, LA 70121
Visit us online at ochsner.org

Patient referrals, transfers and consults are critically important. We make it easy for you and your staff to refer patients to us and for patients to contact us directly. Please use the phone number below that best meets your specific needs:

Transplant referrals and transfers:
Call our transplant hotline: 800.643.1635 or 504.842.3925

Non-transplant clinic appointments:
Call our Clinic Concierge: 855.312.4190

Non-transplant transfers to ANY Ochsner hospital:
Call our Regional Referral Center at 855.647.5465 (855.OHS.LINK)
Staffed 24/7 by clinicians

Patients scheduling their own appointments:
Call our Central Scheduling Center 866.624.7637 (866.OCHSNER)