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.

Warner L. Thomas
President &
Chief Executive Officer
Ochsner Health System

Ochsner’s longstanding tradition of bringing physicians together to improve health outcomes continues today. Our goals are to work together with our referring providers to serve the needs of patients and to provide coordinated treatment through partnerships that put patients first. We have automated physician-to-physician patient care summaries for hospital encounters and enhanced the patient experience by giving patients the ability to schedule appointments online.

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

Trusted, independent organizations give the highest marks to Ochsner’s quality. Ochsner Medical Center was the only healthcare institution in Louisiana, 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

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letter from the Chairman</td>
<td>6</td>
</tr>
<tr>
<td>2016 Women’s Services Volume Overview</td>
<td>7</td>
</tr>
<tr>
<td>Care Team</td>
<td>8</td>
</tr>
<tr>
<td>Division of Benign Gynecology</td>
<td>10</td>
</tr>
<tr>
<td>Hysterectomy (Benign)</td>
<td>14</td>
</tr>
<tr>
<td>Uterine Conservation for the Treatment of Uterine Fibroids</td>
<td>16</td>
</tr>
<tr>
<td>Division of Female Pelvic Medicine &amp; Reconstructive Surgery</td>
<td>20</td>
</tr>
<tr>
<td>Division of Gynecologic Oncology</td>
<td>26</td>
</tr>
<tr>
<td>Division of Obstetrics and Maternal Fetal Medicine</td>
<td>30</td>
</tr>
<tr>
<td>Joint Commission Perinatal Care Measures</td>
<td>34</td>
</tr>
<tr>
<td>LeapFrog Group® Measures</td>
<td>39</td>
</tr>
<tr>
<td>Baby-Friendly Designation</td>
<td>40</td>
</tr>
<tr>
<td>Neonatal Intensive Care Unit (NICU)</td>
<td>42</td>
</tr>
<tr>
<td>Quality Initiatives</td>
<td>46</td>
</tr>
<tr>
<td>IRB-Approved Research</td>
<td>49</td>
</tr>
<tr>
<td>Academics</td>
<td>52</td>
</tr>
<tr>
<td>About Ochsner Health System</td>
<td>54</td>
</tr>
</tbody>
</table>
Letter from the Chairman

At Ochsner, we are always striving to improve our quality of care, outcomes, access and transparency. We are proud to present, for the first time, our outcomes from all five Ochsner hospitals with women’s services. We hope the information provided will help our referring physicians and their patients make informed decisions about care options.

This year, we have continued to provide excellent, comprehensive obstetric and gynecologic care. The outcomes displayed will demonstrate that our surgeons perform complex, minimally invasive gynecologic procedures that previously required large abdominal incisions and prolonged hospital stays. Additionally, our specialized gynecology care areas continue to grow and improve. Our gynecologic oncologists are providing comprehensive care to their patients through the multidisciplinary Gayle and Tom Benson Cancer Center. Our uro-gynecologists are improving the health of our patients with pelvic organ support problems and getting them back to doing the things they love. In addition, our vulvar disorders specialist treats patients from across the region.

Our obstetrical service is committed to providing a broad range of birth options from midwifery delivery in our alternative birthing unit to delivery for a critically ill mother or of a neonate in our state-of-the-art delivery unit. Our maternal fetal medicine team remains dedicated to the management of all areas of pregnancy and is a major referral center for the Gulf South. In combination with our Level IV Neonatal Intensive Care Unit, we are able to take care of patients with very complicated antenatal issues to ensure a healthy baby and a healthy mom. We have expanded our area of service to the Gulf Coast by establishing a clinic and telemedicine site.

In 2016, we were ranked among the Top 10% in the Nation for Women’s Health by CareChex®. We are proud to receive this accolade but will continue to work to improve our outcomes, our patient satisfaction and our service to those with whom we collaborate.

2016 Women’s Services Volume Overview

Women’s Services at Ochsner Health System strives to provide high quality, comprehensive care to all of our patients. Our system is composed of several locations, allowing us to provide care for women in the Southeast Louisiana Region. To provide care for our patients close to home, we have locations throughout southeast Louisiana including Ochsner Baptist, Ochsner Medical Center – Kenner, Ochsner Medical Center – West Bank, Ochsner Medical Center – Baton Rouge and Ochsner St. Anne Hospital.

Outpatient
- Outpatient Visits 172,778

Surgical Volume
- Benign Gynecology Procedures 3,245
- Gynecology Oncology Procedures 475
- Hysterectomy (Benign)
  - Abdominal 239
  - Vaginal 76
  - Laparoscopic 386
  - Robotic Assisted 529
- Procedures (Malignant)
  - Abdominal 114
  - Vaginal 169
  - Laparoscopic 14
  - Robotic Assisted 178

Urogynecology
- Apical Prolapse 33
- Vaginal Repairs 107
- Incontinence 141

Obstetric Volume
- Deliveries 5,894
- Vaginal Deliveries 3,925
- Vaginal Birth After Cesarean (VBAC) 161

Perinatal Testing (Ochsner Baptist)
- Anatomy Sonograms 6,661
- Cell-Free Fetal DNA Testing 469
- Nuchal Translucency 1,120
- Chorionic Villus Sampling (CVS), Amniocentesis, Percutaneous Umbilical Blood Sampling (PUBS) 72

* A Campus of Ochsner Medical Center

Alfred Robichaux, III, MD
System Chairman
Women’s Services
Division of Benign Gynecology

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

The Centers for Disease Control and Prevention defines a surgical site infection associated with hysterectomy as an infection occurring in the skin or subcutaneous tissue or deep soft tissue and at least 30 or 90 days after the procedure. Qualifying hysterectomy cases are those with at least a one-day stay in the hospital.

Hysterectomy Surgical Site Infection Rate (Benign and Malignant)

- 2013: 2.4% (920 procedures)
- 2014: 2.5% (795 procedures)
- 2015: 3.5% (857 procedures)
- 2016: 3.2% (925 procedures)
The Agency for Healthcare Research and Quality (AHRQ) lists several Patient Safety Indicators (PSIs) that provide information regarding complications and adverse outcomes following surgeries and procedures. This is our performance for the Diagnosis-Related Groups (MS-DRG) associated with Women’s Services in these areas.

**AHRQ Patient Safety Indicators**  
Ochsner Health System, 2015–2016

<table>
<thead>
<tr>
<th>Patient Safety Indicator</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSI-09 – Perioperative Hemorrhage or Hematoma Rate</td>
<td>1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>PSI-12 – Perioperative Pulmonary Embolism or Deep Vein Thrombosis</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>PSI-13 – Postoperative Sepsis Rate</td>
<td>8%</td>
<td>0%</td>
</tr>
<tr>
<td>PSI-14 – Postoperative Wound Dehiscence</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>PSI-15 – Accidental Puncture or Laceration</td>
<td>2%</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

**PSI-09:** In 2015, out of 388 qualified patients, four patients experienced a perioperative hemorrhage or hematoma. In 2016, that rate improved to less than 1%, one out of 347 qualified patients.

**PSI-12:** In 2015, there were no cases of perioperative embolism or deep vein thrombosis for the 398 qualified patients. We maintained that quality standard with no incidences in 2016 in the 359 qualified patients.

**PSI-13:** In 2015, there were 26 qualified patients. Two patients experienced postoperative sepsis. In 2016, there were no cases of postoperative sepsis in the 14 qualified patients.

**PSI-14:** In 2015, there were no cases of wound dehiscence in the 288 qualified patients. This was maintained in 2016, with no cases of wound dehiscence among the 244 qualified patients.

**PSI-15:** In 2015, there were 11 cases of accidental puncture or laceration among the 466 qualified patients. This rate improved in 2016, with only four cases among the 408 qualified patients.
Hysterectomy (Benign)

Hysterectomy by Surgical Route (Benign)

<table>
<thead>
<tr>
<th>Year</th>
<th>Vaginal</th>
<th>Abdominal</th>
<th>Laparoscopic</th>
<th>Robotically Assisted</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>21</td>
<td>152</td>
<td>350%</td>
<td>700%</td>
</tr>
<tr>
<td>2014</td>
<td>46</td>
<td>199</td>
<td>2.25%</td>
<td>4.50%</td>
</tr>
<tr>
<td>2015</td>
<td>57</td>
<td>265</td>
<td>1.11%</td>
<td>1.1%</td>
</tr>
<tr>
<td>2016</td>
<td>76</td>
<td>374</td>
<td>1.3%</td>
<td>0.8%</td>
</tr>
<tr>
<td>2017</td>
<td>239</td>
<td>319</td>
<td>0.90%</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

Hysterectomy (Benign) Average Length of Stay (in Days)

<table>
<thead>
<tr>
<th>Year</th>
<th>Abdominal</th>
<th>Vaginal</th>
<th>Laparoscopic</th>
<th>Robotically Assisted</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>2.9</td>
<td>1.1</td>
<td>1.1</td>
<td>1.0</td>
</tr>
<tr>
<td>2014</td>
<td>3.2</td>
<td>1.1</td>
<td>0.8</td>
<td>0.9</td>
</tr>
<tr>
<td>2015</td>
<td>2.9</td>
<td>1.3</td>
<td>0.9</td>
<td>1.0</td>
</tr>
<tr>
<td>2016</td>
<td>2.9</td>
<td>1.1</td>
<td>0.8</td>
<td>0.8</td>
</tr>
</tbody>
</table>
Uterine Conservation for the Treatment of Uterine Fibroids

Fibroids are still the number one cause for hysterectomy in the United States. At Ochsner, we provide patients with many options to treat symptoms related to uterine fibroids. Many women desire uterine conservation. We offer women surgical and pharmacologic options with a focus on minimally invasive options, when appropriate, that result in uterine conservation.
In 2013, 41 patients underwent either an abdominal or robotically assisted laparoscopic myomectomy. These patients were followed over 36 months to determine their need for hysterectomy following myomectomy. Over these 36 months, eight patients were lost to follow up. Of the remaining 33 patients, two needed hysterectomies – one at 24 months and one at 36 months.
Division of Female Pelvic Medicine & Reconstructive Surgery

With a focus on addressing women’s issues related to pelvic floor dysfunction and incontinence, the Division of Female Pelvic Medicine & Reconstructive Surgery offers a variety of treatment options to women of the Gulf South.
One in three women will experience a pelvic floor disorder in her lifetime. This includes conditions such as pelvic organ prolapse, urinary incontinence and defecatory dysfunction. Ochsner urogynecologists offer a wide range of treatments options ranging from minimal lifestyle changes and medication to minor procedures and robotically assisted surgery.

Length of Stay by Surgical Route (in Days)
Ochsner Health System, 2016

Urogynecology Procedures
The Division of Gynecologic Oncology remains active in clinical trials for gynecologic malignancies. Presently, we have protocols open for advanced endometrial cancer, cervical cancer and recurrent ovarian cancer. Our portfolio continues to expand into the realm of targeted therapy, specifically in ovarian cancer patients. In addition, we actively biobank malignant tissue to later identify targets for therapy. In addition to treating existing gynecologic cancers, our group is dedicated to identifying women with an inherited predisposition to cancer. This includes genetic testing of cancer patients and their family members and providing guidance and counseling regarding reducing their cancer risk. Management options include intense surveillance or risk-reducing surgery. According to discharge data from the Louisiana Health Information Network (LHIN) and the Commission on Cancer, a program of the American College of Surgeons, Facility Information Profile Systems (FIPS), the gynecologic oncology division at Ochsner is the most active gynecologic oncology service in the city of New Orleans. We have a referral base that includes Louisiana and the Mississippi and Alabama Gulf coast.

The National Cancer Institute works to provide information on cancer statistics through the Surveillance, Epidemiology and End Results (SEER) Program. This program publishes cancer incidence and survival data from population-based cancer registries.
Relative 5-Year Ovarian Cancer Survival Rates by Staging
Ochsner Health System, 2003–2015
Ochsner Medical Center, Adult Cancer Patients (18 years +), 2003–2015. Ochsner N: All Stages = 448; Localized = 81; Regional = 72; Distant = 183. SEER Cancer Statistics 2007 – 2013. SEER N: All Stages = 34,158; Localized = 5,124; Regional = 6,832; Distant = 20,495.

Ochsner SEER Survival

Relative 5-Year Endometrial Cancer Survival Rates by Staging
Ochsner Health System, 2003–2015
Ochsner Medical Center, Adult Cancer Patients (18 years +), 2003–2015. Ochsner N: All Stages = 766; Localized = 436; Regional = 99; Distant = 67. SEER Cancer Statistics 2007–2013. SEER N: All Stages = 74,181; Localized = 49,701; Regional = 15,578; Distant = 6,676.

Ochsner SEER Survival

Relative 5-Year Cervical Cancer Survival Rates by Staging
Ochsner Health System, 2003–2015
Ochsner Medical Center, Adult Cancer Patients (18 years +), 2003–2015. Ochsner N: All Stages = 251; Localized = 96; Regional = 84; Distant = 66. SEER Cancer Statistics 2007–2013. SEER N: All Stages = 23,893; Localized = 10,644; Regional = 7,076; Distant = 3,064.

Ochsner SEER Survival
Division of Obstetrics and Maternal Fetal Medicine

The Division of General Obstetrics, along with the Division of Maternal Fetal Medicine, continues to provide obstetric care for low-, moderate- and high-risk pregnant women. We offer women a variety of birthing options, including delivery in our Perkin Alternative Birthing Center with our certified nurse midwives. Below are our statistics on volume and obstetric outcomes.

Obstetric Volume (Vaginal and Cesarean Deliveries)

Surgical Site Infection Following Cesarean Section
Ochsner continues to be innovative in allowing women to experience childbirth through the most natural ways possible.

The American College of Nurse-Midwives (ACNM) Benchmarking Project allows midwifery practices to submit their outcome data. Through the project, practices can compare their outcomes to similarly sized practices. The project has a goal of demonstrating quality assurance for midwifery practices. Below are our outcomes in the Perkin Alternative Birthing Center in comparison to the averages reported to ACNM. Compared to the ACNM national average, we have a higher rate of vaginal births among our patients. We are at the national average for patients attempting a trial of labor after cesarean section and have a lower primary cesarean section rate than the national average.

<table>
<thead>
<tr>
<th></th>
<th>ACNM Birth Outcomes (Average)</th>
<th>Perkin Alternative Birthing Center (Ochsner Baptist)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Births</td>
<td>329.4</td>
<td>332</td>
</tr>
<tr>
<td>Total Number of Vaginal Births</td>
<td>86.6%</td>
<td>90.1%</td>
</tr>
<tr>
<td>Total Vaginal Birth After Cesarean Attempted</td>
<td>17.3</td>
<td>17.0</td>
</tr>
<tr>
<td>Primary Cesarean Section Rate</td>
<td>9.4%</td>
<td>8.7%</td>
</tr>
</tbody>
</table>
Joint Commission Perinatal Care Measures

The Joint Commission Board of Commissioners, under advisement of the Perinatal Care Measure Maintenance Technical Advisory Panel, has identified five measures, known as the “Perinatal Care” measures, as evidence-based parameters to ensure safety and quality for obstetric patients.

Elective deliveries performed before 39 weeks of gestation – There is good evidence that elective deliveries before 39 weeks can be associated with adverse neonatal outcomes such as respiratory depression, sepsis and hypoglycemia. The goal is to decrease the number of elective deliveries performed before 39 weeks of gestation.
Cesarean delivery rate among nulliparous, term, singleton, vertex obstetric patients – A Healthy People Goal 2020 is to reduce the cesarean section rate among low-risk females to 23.9 percent. A key component to achieving this goal is to prevent the first C-section in the nulliparous, term, singleton, vertex patient.

Antenatal Steroids – Administration of antenatal steroids to patients expected to deliver between 24 weeks and 33 weeks and 6 days of gestation. The administration of antenatal steroids prior to delivery for infants born between 24 and 34 weeks has been shown to have a positive benefit for respiratory development by increasing surfactant production. Antenatal steroids should be administered to any patient with a risk of preterm delivery between 24 weeks and 34 weeks.
Exclusive breast milk feeding during the newborn’s entire hospitalization — Exclusive breastfeeding in the first 6 months of an infant’s life has numerous benefits. Process measures such as increasing education in the antepartum period can increase exclusivity.

**LeapFrog Group® Measures**

The LeapFrog Group® is a national, non-profit organization that scores hospitals based on their quality and safety. These are the maternity metrics from which the score is obtained:

- Early elective deliveries
  - Compliance with newborn bilirubin screening
- Cesarean delivery among nulliparous, term, singleton, vertex (NTSV) pregnancies
- Incidence of episiotomy
  - DVT prophylaxis in women undergoing cesarean section

**Maternity Volume**

<table>
<thead>
<tr>
<th></th>
<th>Ochsner Baptist</th>
<th>OMC – Baton Rouge</th>
<th>OMC – Kenner</th>
<th>OMC – West Bank</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>2,397</td>
<td>1,465</td>
<td>976</td>
<td>1,156</td>
</tr>
<tr>
<td>2016</td>
<td>2,397</td>
<td>1,465</td>
<td>976</td>
<td>1,156</td>
</tr>
</tbody>
</table>

**Early Elective Deliveries**

- Benchmark: < 5%
- Ochsner Baptist: 0%
- OMC – Baton Rouge: 0%
- OMC – Kenner: 0%
- OMC – West Bank: 0%

**NTSV Cesarean Deliveries**

- Benchmark: < 23.9%
- Ochsner Baptist: 22%
- OMC – Baton Rouge: 20%
- OMC – Kenner: 42%
- OMC – West Bank: 32%

**Incidence of Episiotomy**

- Benchmark: < 5%
- Ochsner Baptist: 4%
- OMC – Baton Rouge: 0.6%
- OMC – Kenner: 13%
- OMC – West Bank: 12%

**Newborn Bilirubin Screening**

- Benchmark: > 80%
- Ochsner Baptist: 100%
- OMC – Baton Rouge: 100%
- OMC – Kenner: 98%
- OMC – West Bank: 100%

**DVT Prophylaxis**

- Benchmark: > 80%
- Ochsner Baptist: 98%
- OMC – Baton Rouge: 98%
- OMC – Kenner: 95%
- OMC – West Bank: 97%

Ochsner St. Anne is not included in metrics due to hospital category.

---

**PC-05 Exclusive Breast Milk Feeding**

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ochsner Baptist</td>
<td>43%</td>
<td>46%</td>
<td>44%</td>
</tr>
<tr>
<td>OMC – Baton Rouge</td>
<td>27%</td>
<td>29%</td>
<td>35%</td>
</tr>
<tr>
<td>OMC – Kenner</td>
<td>47%</td>
<td>47%</td>
<td>43%</td>
</tr>
<tr>
<td>OMC – West Bank</td>
<td>43%</td>
<td>26%</td>
<td></td>
</tr>
</tbody>
</table>

O = No Data/No qualified patients per the algorithm.
Baby-Friendly Designation

In 1991, the World Health Organization (WHO) in conjunction with the United Nations Children’s Fund (UNICEF) launched the Baby-Friendly Hospital Initiative, a global program that emphasizes the importance of breastfeeding, as well as maternal-infant bonding. As such, the program recognizes hospitals and birth centers who also embrace and encourage breastfeeding and maternal-infant bonding. Those facilities that are successfully able to implement the “Ten Steps to Successful Breastfeeding” are given the highly coveted “Baby-Friendly” designation. As a system, Ochsner is on a journey to obtain Baby-Friendly designation. However, our Baton Rouge location, a model for the system, was the first location in the state of Louisiana to obtain designation in 2014 and has maintained this status.

Ten Steps to Successful Breastfeeding

1. Have a written breastfeeding policy that is routinely communicated to all healthcare staff
2. Train all healthcare staff in the skills necessary to implement this policy
3. Inform all pregnant women about the benefits and management of breastfeeding
4. Help mothers initiate breastfeeding within one hour of birth
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants
6. Give infants no food or drink other than breast milk, unless medically indicated
7. Practice rooming in – allow mothers and infants to remain together 24 hours a day
8. Encourage breastfeeding on demand
9. Give no pacifiers or artificial nipples to breastfeeding infants
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center
Neonatal Intensive Care Unit (NICU)

An integral part of the outstanding high-quality obstetric services offered at Ochsner is our neonatal team. Our Neonatal Intensive Care Unit (NICU) is ranked in the top 100 Level IV NICUs in 2017 by U.S. News & World Report. Our NICU provides the highest level of care offered for a newborn. This includes:

- Extracorporeal Membrane Oxygenation (ECMO) Program
- Nitric Oxide Therapy
- Therapeutic Hypothermia (Total Body Cooling)
- Dedicated Neonatal Transport Team

Our Ochsner Baptist* NICU includes 54 beds, 17 private rooms and 6 four-bed pods. Specialized rooms for procedures, ECMO and multiples are available as well. Each room is equipped with a NicView webcam, allowing families to view their baby 24/7.

Our multidisciplinary team includes six board-eligible/certified neonatologists, neonatal nurse practitioners, registered nurses, respiratory therapists, occupational therapists, social workers, a discharge coordinator, a palliative care-certified registered nurse, a dietician, lactation consultants and a case manager. Our unit is supported by all the medical and surgical subspecialists that a newborn may need.

We have had no incidents of central-line associated blood stream infections (CLABSI) in 2016 (0 CLABSI/3,352 line days). We have had no catheter-associated urinary tract infections (CAUTIs) over the last two years. Our ventilator-assisted pneumonia (VAP) rate for 2016 is .83 (2 VAP/2424 vent days).

Comparison of Inborn Survival at Ochsner Baptist (2012–2015) to the Vermont Oxford Network

![Comparison of Inborn Survival Chart](chart.png)

*A Campus of Ochsner Medical Center

---

Our Ochsner Baptist NICU includes 54 beds, 17 private rooms and 6 four-bed pods. Specialized rooms for procedures, ECMO and multiples are available as well. Each room is equipped with a NicView webcam, allowing families to view their baby 24/7.

Our multidisciplinary team includes six board-eligible/certified neonatologists, neonatal nurse practitioners, registered nurses, respiratory therapists, occupational therapists, social workers, a discharge coordinator, a palliative care-certified registered nurse, a dietician, lactation consultants and a case manager. Our unit is supported by all the medical and surgical subspecialists that a newborn may need.

We have had no incidents of central-line associated blood stream infections (CLABSI) in 2016 (0 CLABSI/3,352 line days). We have had no catheter-associated urinary tract infections (CAUTIs) over the last two years. Our ventilator-assisted pneumonia (VAP) rate for 2016 is .83 (2 VAP/2424 vent days).

Comparison of Inborn Survival at Ochsner Baptist (2012–2015) to the Vermont Oxford Network

![Comparison of Inborn Survival Chart](chart.png)

* A Campus of Ochsner Medical Center
Staphylococcal and gram-negative septicemias or bacteremias in high-risk newborns—Infants admitted to Neonatal Intensive Care Units have a significant increased risk of developing healthcare-associated bloodstream infections with severe consequences. Multidisciplinary quality improvement processes can decrease the risk of infection in this vulnerable population.

| PC-04 Health Care-Associated Bloodstream Infections in Newborns |
| Percentage of Newborns Without Infection |
| Ochsner Health System, 2014–2016 |

- Ochsner Baptist: 98%, 100%, 99%
- OMC – Baton Rouge: 100%, 100%, 100%
- OMC – Kenner: 100%, 100%, 100%
- OMC – West Bank: 100%, 100%, 100%

Better
Quality Initiatives

Quality Initiatives are established to ensure clinical practices follow evidence-based medicine to improve outcomes for our patients. In this spirit, during 2016, Women’s Services implemented several quality initiatives across the system.

Obstetric Hemorrhage Protocol
Postpartum hemorrhage remains the number one cause of maternal mortality worldwide. Fifty-four to 93 percent of obstetric hemorrhages are preventable. Early recognition and goal-directed therapy are the keys to improving mortality.

Prevention
• Risk assessment for postpartum hemorrhage for each patient on admission, intrapartum and postpartum
• Active management of the third stage of labor
• Improve uterotonic administration after delivery

Assessment
• Improve assessment of blood loss during delivery through quantification of blood loss
• Assign a stage of postpartum hemorrhage throughout the postpartum course

Treatment
• Standardized protocol for management including assigning roles during a hemorrhage

Preoperative Antibiotics
Antibiotics should be re-dosed after 3 hours or greater than 1,500 mL blood loss

Patients who weigh more than 120 kg should receive 3 grams of Cephazolin preoperatively

Evaluate Surgical Site Infections
Uniform evaluation of surgical site infections and performance of gap analysis to develop trends

Daily Surgical Site Infection Vigilance
Development of a Surgical Site Infection Audit Tool to evaluate each hysterectomy for process adherence

Abdominal Preparation
Chlorhexidine prep should be used as instructed by the manufacturer, including:
• 30-second prep over incision
• 2-minute prep over moist areas
• 3-minute drying time before drapes are placed

Hair Removal
Best practice is to not remove hair. If hair has to be removed, this should be done in the preop area by clipping, not shaving.

Preop and Postop Instructions
Develop preop and postop instructions for patients that include prevention of surgical site infections

Glycemic Control
Fasting blood sugar should be < 180 mg/dL immediately preop and maintained in the immediate postop period

Maintain Operating Room Environment
• Control traffic in operating room
• Maintain normothermia in patient
• Practice hand hygiene

Reduction of Surgical Site Infections Associated with Hysterectomy
Surgical site infections increase the length of stay in the hospital, decrease the quality of life, and cause a two- to 11-fold increased risk of death. While not all infections are preventable, evidence-based practices have been found to decrease the rate of surgical site infections. As such, we developed an action plan to reduce our surgical site infections. Implementation of the action plan is ongoing:

Action Plan to Reduce Deep Surgical Site Infection Associated with Hysterectomy

Preoperative Antibiotics
Antibiotics should be re-dosed after 3 hours or greater than 1,500 mL blood loss

Patients who weigh more than 120 kg should receive 3 grams of Cephazolin preoperatively

Evaluate Surgical Site Infections
Uniform evaluation of surgical site infections and performance of gap analysis to develop trends

Daily Surgical Site Infection Vigilance
Development of a Surgical Site Infection Audit Tool to evaluate each hysterectomy for process adherence

Abdominal Preparation
Chlorhexidine prep should be used as instructed by the manufacturer, including:
• 30-second prep over incision
• 2-minute prep over moist areas
• 3-minute drying time before drapes are placed

Hair Removal
Best practice is to not remove hair. If hair has to be removed, this should be done in the preop area by clipping, not shaving.

Preop and Postop Instructions
Develop preop and postop instructions for patients that include prevention of surgical site infections

Glycemic Control
Fasting blood sugar should be < 180 mg/dL immediately preop and maintained in the immediate postop period

Maintain Operating Room Environment
• Control traffic in operating room
• Maintain normothermia in patient
• Practice hand hygiene
IRB-Approved Research

**OB-GYN Research**

- **2016.029.C** – A Phase 3 Study to Evaluate the Efficacy and Safety of Elagolix in Combination with Estradiol/Norethindrone Acetate for the Management of Heavy Menstrual Bleeding Associated with Uterine Fibroids in Premenopausal Women – PI: Gillispie

- **2016.112.B** – A Phase 3 Study to Evaluate the Efficacy and Safety of Elagolix in Combination with Estradiol/Norethindrone Acetate in Subjects with Moderate to Severe Endometriosis-Associated Pain – PI: Gala

- **2014.248.B** – Extension Study to Evaluate the Long-Term Efficacy of Elagolix in Subjects with Moderate to Severe Endometriosis-Associated Pain – PI: Gala

- **2016.469.C** – Extension Study to Evaluate the Efficacy and Safety of Elagolix in Premenopausal Women with Heavy Menstrual Bleeding Associated with Uterine Fibroids – PI: Gillispie

- **2016.470.B** – A Multi-Center, Randomized, Double-Blind, Placebo-Controlled, Parallel-Group Study of the Efficacy and Safety of DigiFab® in Antepartum Subjects with Severe Preeclampsia – PI: Fortunato

- **CHAP 2014.288.C** – A Pragmatic Multicenter Randomized Trial Antihypertensive Therapy for Mild Chronic Hypertension during Pregnancy: Chronic Hypertension and Pregnancy (CHAP) Project

This is a federally funded (NHLBI/NIH/DHHS) study. The purpose of this research study is to evaluate the safety and effectiveness of treating high blood pressure during pregnancy.


This is a Maternal Fetal Medicine Units Network study funded by Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) of the National Institutes of Health (NIH). The purpose is to determine whether induction at 39 weeks in nulliparous women improves outcomes compared to expectant management.

**Prevena-C 2016.167.B** – Prophylactic Negative Pressure Wound Therapy in Obese Women at Cesarean: A Multicenter Randomized Trial (Preventing Adverse Incisional Outcomes at Cesarean Multicenter Trial) (Prevena-C Multicenter Trial)

This is federally funded by National Institute of Child Health and Human Development (NICHD), part of the National Institutes of Health (NIH). The purpose of this study is to determine if the Prevena-C Negative Pressure Wound Therapy device reduces the rate of surgical site infections after cesarean delivery in women with pre-pregnancy BMI of ≥30.

**PPROM 2016.066.B** – A Randomized Double-Blind Trial Comparing the Impact of One Versus Two Courses of Antenatal Steroids on Neonatal Outcome in Patients with Prelabor Premature Rupture of Membranes

This study is funded by Obstetrix Medical Group, Inc, which is a dba of MEDNAX Services, Inc. The purpose of the study is to compare the effects of 1 course of steroids versus 2 courses of steroids on illnesses in babies born to women with preterm, prelabor rupture of membranes (PPROM).
The following study is approved and will be initiated in July:

PROSPECT 2016.234.B – A Randomized Trial of Pessary and Progesterone for Preterm Prevention in Twin Gestation with a Short Cervix PROSPECT

This is a Maternal Fetal Medicine Units Network study funded by Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) of the National Institutes of Health (NIH). The purpose of this research study is to determine if a laboratory test for chromosomal abnormality is accurate and valid.


This study is funded by an Ochsner/UQ seed fund grant. The purpose of this study is to collect blood samples from pregnant women, both healthy and those with problem pregnancies. Exosomes (type of biomarker) released by the placenta and found in the blood will be analyzed and compared.

EGGO 2015.162.A – Early Gestational Diabetes Screening in Gravid Obese Women – This is an internally funded study. The purpose of this study is to determine if screening obese women for gestational diabetes early in pregnancy improves pregnancy outcomes compared to screening at the routine time.
Academics

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

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

Ochsner Health System is Louisiana’s largest non-profit, academic healthcare system. Driven by a mission to Serve, Heal, Lead, Educate and Innovate, coordinated clinical and hospital patient care is provided across the region by Ochsner’s 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.

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

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