

AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS.



Our mission remains the same no matter where our journey takes us.

Dear Friends,

*Several years ago, our vision statement was updated to reflect our dream of a new campus: Together, we are building a patient-centered community of extraordinary people and exceptional care. On August 5, 2012, that dream became a reality.*

*It was a day of exciting beginnings; Woman's Hospital's "labor of love" for the community officially opened. In just 10 hours, highly-trained staff transported 61 women and newborns and 60 NICU patients to the new campus. Woman's preparation and readiness to care for patients was evident as a critically ill infant underwent successful surgery in the NICU operating room at the new campus on opening day.*

*The patient move was the culmination of over five years of hard work, and ensures the future of healthcare for women and infants in our community and our region. We have accomplished an unprecedented goal that is essential to our mission and to Woman's continued success.*

*The new Woman's allows us to improve care and grow to meet future needs. It promotes patient-centered care through operational improvements and new technologies. And with larger private rooms and scenic views, we designed the new hospital to feel a bit like home.*

*Many things have changed, but the exceptional care for which Woman's is known will remain as it has for the past 44 years. As we begin 2013, we reflect upon this incredible past year and look toward a bright future.*

Sincerely,



Teri G. Fontenot, FACHE  
President and CEO



INFANTS. TO IMPRO



e  
n  
e



# Move



## Planning

In October 2011, nearly two years before the move to the new campus, our staff was engaged in transition planning. Preparations consisted of multiple teams and hundreds of members that focused on everything from moving patients and equipment to details such as power outlet and lighting locations. Planning for our move while still carrying on our day-to-day operations made for a challenging

yet exciting time in our history. Aside from NBBJ Consultants, who guided us through the process, our staff assumed nearly all responsibility for every aspect of planning and execution – in addition to their regular duties. It was this level of commitment and care as well as strong leadership, expertise and community engagement that made our move planning such a success.

*A Moving Tribute* Words can't quite describe the amazing moments that happened when Woman's moved from the Goodwood Campus to the new campus at the former Briarwood Golf Course. We documented this historic day in the "Goodbye Goodwood, Hello Briarwood" video, which you can view by scanning the QR code with your smartphone.



TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS.

*Following Our Progress* To keep our patients and the community as excited as we were about our move to our new home, we began a nine-month billboard countdown in September 2011 along with a microsite. Our "Wait Time" was nine months and counting, until we revised our move-in date to August 5, 2012.

As with most construction projects, delays are common and we wanted our new home to be perfect. So, we assured everyone that "This Baby is Worth the Wait!"

*Celebrating Nature* Located on a former golf course, Woman's new campus was a bustling residential community well before we moved in. Hundreds of geese, egrets, turtles and other water creatures are right at home on our front lawn and in our lake. We take extra care to keep them safe and coexist with them.

One of our most honored (and largest) feathered friends is a bald eagle, who perches in a tree facing Airline Highway. The bald eagle is celebrated for its long life, great strength and majestic look, and we consider its presence to be inspiring.





**Welcoming Our Community** In May 2012, we opened our doors to give the community a detailed glimpse of what they could expect in our new facility. The “Light Up the Night” Gala and “Experience Woman’s” community event welcomed more than 3,500 guests.

*The building was nearly complete, and it was the perfect opportunity to allow guests to tour areas that are normally restricted, such as our operating rooms and recovery areas. At our community event, families were also able to experience Woman’s. Men were encouraged to try on our third trimester pregnancy belly, moms-to-be learned how to swaddle a baby and we asked for advice on helping cancer patients. Both events were the public’s first glimpse of our modern, family focused environment; we can safely say that everyone was impressed!*

## Practicing

We planned for the move to our new home to be completed in just 12 hours; staff would go from working in a familiar environment to a completely new one. To ensure a smooth transition, staff tours and simulations were conducted. Hundreds of staff participated in five scenarios that ranged from a hysterectomy patient to an obstetrical patient with complications. This training was essential to educating our clinical staff on how to operate new technology, where to find medical supplies and equipment and how to efficiently transport patients throughout the hospital.

Acadian Ambulance was our partner in transporting patients during our move; the Acadian team had recently moved Our Lady of Lourdes Hospital in Lafayette to its new campus. A constant

source of information, they joined our staff in performing several tabletop and mock drills. Some of the issues we tackled together included the paths ambulances would follow to enter and exit each campus, where patients would be transported and how patient movement would be tracked. Mock drills began in early 2012 and continued until the week before the move.

Moving babies in our Newborn and Infant Intensive Care Unit (NICU) was undeniably the most daunting and intricately planned part of the move. Critically ill infants, some on life support, had to be carefully monitored and supervised every step of the way to our new home. Hospitals statewide lent staff and equipment so each infant would arrive safely.

## Moving

Woman’s new campus at Airline Highway and Stumberg Lane officially opened on August 5, 2012, and the 44-year-old campus six miles away closed its doors. Starting before dawn, 61 women and newborns and 60 NICU patients were moved to the new campus. A critically ill infant successfully underwent surgery in the NICU operating room at the new campus just 10 hours into the move, highlighting Woman’s successful planning and preparation. The first newborn’s cries were heard at the new campus at 12:54 PM; the last baby was delivered at the original campus at 1:23 PM.



***Doctor's Advice** Through collaboration between physicians and Woman's staff, we were able to achieve a smooth transition from one hospital to the next, in which the care of our patients was foremost. Physicians and staff spent hours reviewing the layout of every unit and surgical space. Becoming acclimated to their new environment through multiple on-site simulations was essential to providing exceptional patient care. This was the time for suggestions and recommendations, and Woman's listened.*

*As the move date drew near, we turned to our medical staff to help determine the appropriate timelines in which to temporarily reduce and then cease elective surgeries and scheduled deliveries. Physicians' staffs were instrumental in informing patients on what to expect and where to go, especially those who had due dates close to the move or who might need medical treatment.*

*In preparation for the move, physicians were provided with numerous articles, newsletters and briefings detailing the move planning process. They were instrumental in practicing our move drills, resolving potential care issues and helping Woman's staff develop department move sequence plans.*

*Services vital to a hospital's operations, such as laboratory and imaging, required complex planning from radiologists and pathologists. The support of our physicians allowed us to staff two hospitals for 12 hours, be prepared to meet every emergency scenario and remain focused on the most important outcome – our patients.*



## ***Strengthening Our Ties***

*On opening day, we showcased our strong bond to the community and held a ribbon "tying" ceremony in honor of our continued community strength and involvement. We were joined by local and state dignitaries, the Greater Baton Rouge Children's Chorus and the last living founder, Dr. William Haile.*

## Design Priorities

*The following priorities guided every aspect of new campus planning and design.*

Goal	Accomplishment
<b>Allow growth of core business and strategic expansion</b>	Woman's campus expanded from 24 to 65 acres, with another 125 acres available to support future expansion and better meet the health needs of generations of women and infants.
<b>Support space flexibility and accommodate changes</b>	At nearly 400 square feet, every inpatient adult room is the same size and shape, providing standardization that supports patient safety. Larger operating rooms allow for current technology and future advances.
<b>Support patient, visitor and staff safety</b>	More than 44 years of experience has taught us that short visitor hallways, nurseries close to new moms and nurses' stations within view of every room best supports safety for all of our guests and staff.
<b>Facilitate exceptional patient and family experiences</b>	Woman's focused on the important details that make every guest's experience a pleasant one – from labor tubs, access to natural light and large patient rooms to separate entrances and exits for our patients.
<b>Support current and future technology</b>	The new facilities incorporate state-of-the-art technologies and systems; space is available for additional infrastructure and technology in the future.
<b>Be convenient and attractive for physicians</b>	The Physician Office Building is connected to the hospital's second floor, giving physicians easy access to Surgery, Labor and Delivery and the Antepartum units.
<b>Provide interventional space at the leading edge</b>	Woman's use of space allows for flexibility. The 600-square-foot operating rooms accommodate robotic technology and other minimally-invasive techniques.
<b>Meet or exceed planning standards for spaces</b>	Healthcare has evolved, as have the planning standards that guide construction. Innovations such as environmentally-friendly landscaping and resource-saving utilities make Woman's more respectful of natural resources.
<b>Be aesthetically beautiful and peaceful</b>	Woman's was designed with a nod to nature with gently flowing hallways, light-filled public spaces, quiet flooring and soothing colors. Every inpatient room provides a view of our beautiful surroundings.
<b>Limit traffic overlap</b>	It's a concept called "onstage/offstage." The main lobby and corridors are "onstage," free of maintenance routes and employee pathways. This provides visitors with a calming environment and ensures patients' privacy.
<b>Provide flexibility for strategic alliance development</b>	With more than 125 acres currently undeveloped, Woman's has the potential to serve as a future medical complex for south Baton Rouge and Ascension Parish.

# Beyond the Move

## Woman's Named a "Patient-Centered Care Champion"

Respect for our patients and their experiences are top priorities at Woman's, and we were recognized for both by The National Research Corporation (NRC) Picker Path to Excellence Awards, which annually acknowledges healthcare organizations for their dedication to improving the patient experience.

In 2012, Woman's was selected as a "Patient-Centered Care Champion" for the categories of physical comfort and respect for patient preferences. Based on Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) patient surveys, Woman's scored one of the highest positive patient ratings out of 208 facilities nationwide in the NRC Picker database.

## Fontenot Serves as AHA Chair

President and CEO Teri Fontenot began a one-year term as the chair of the American Hospital Association (AHA) on January 1, 2012, becoming the top elected official of the national organization that represents more than 5,000 of America's hospitals and health systems. Fontenot was the first chair to be elected from Louisiana, and was the fifth woman to hold the office in the AHA's 114-year history.



*Woman's nurses and leadership at the Magnet® redesignation announcement.*

## Magnet® Redesignation

In 2006, Woman's became the first hospital in Baton Rouge to receive the American Nurses Credentialing Center's (ANCC) Magnet® designation, symbolizing excellence in nursing. Woman's received redesignation in September 2012, and is one of only four hospitals in Louisiana and 390 out of nearly 6,000 U.S. healthcare organizations to share this achievement. This voluntary credentialing program is the gold standard for nursing excellence, and is the highest honor an organization can receive for professional nursing practice. Nurses were overjoyed to receive three exemplars within the components of the Magnet® model involving elements of transformational leadership, exemplary professional practice, and new knowledge, innovations and improvement. Magnet® recognition provides specific benefits to hospitals and their communities, such as higher patient satisfaction, improved 30-day outcomes, exceptionally attentive nursing staff and strong job satisfaction among nurses.

## Investing in Our Community

The Office of Development's Annual Giving Campaign raises funds for specific programs and services centered on women, babies and women with cancer. These programs are addressing critical community needs and serve a significant percentage of Medicaid and indigent patients. Without philanthropic support, these programs are at risk of being reduced or eliminated.

The 2012 Annual Giving Campaign raised more than \$430,000. As part of the Employee Giving Campaign, all hospital employees are given the opportunity to

make a charitable contribution to the hospital. Fifty-eight percent of employees participated in this year's campaign and raised more than \$100,000.

The New Campus Gifts Initiative seeks philanthropic investments to add critical components to the new campus. This includes upgrading technology and equipment in order to provide an unprecedented patient experience, and more importantly, save the lives of babies and women. In fiscal year 2012, the New Campus Gifts Initiative raised \$1,390,515 in gifts and pledges.



**5:00 AM** Patients in early labor transferred to new campus > **6:05 AM** First NICU patient departs original original campus > **6:57 AM** First adult patient arrives at new campus > **12:54 PM** First delivery at new Last NICU patient departs original campus > **2:07 PM** Last NICU patient arrives at new campus > **3:05 4:29 PM** Last adult patient arrives at new campus



# By the

E THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. T

## First and Last

- 6** Miles
- 11** Neonatal Teams
- 20** Ambulances
- 57** Infant Car Beds
- 183** Labor Pool Staff
- 1,700** Command Center Calls
- 2,000+** Woman's and Acadian Ambulance staff



**1968** Original Campus  
**First baby born**

campus > **6:26 AM** First NICU patient arrives at new campus > **6:26 AM** First adult patient departs campus > **1:20 PM** First adult surgery at new campus > **1:23 PM** Last delivery at original campus > **1:34 PM** First NICU surgery at new campus > **4:06 PM** Last adult patient departs original campus >



# Numbers

TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS.



**2012** Original Campus  
**Last baby born**



**2012** New Campus  
**First baby born**

## 121 Patients Moved

- 60** NICU Patients
- 19** Mother/Baby Couplets
- 8** Postpartal Patients
- 7** High Risk OB Patients
- 4** Laboring Patients
- 2** Adult ICU Patients
- 1** Newborn, 1 GYN Patient

# Quality Performance

TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS.

## Our Primary Goal

Improving clinical quality and patient safety on a continuous basis is at the heart of what we do. We rate our success by comparisons to national and international benchmarks.

The level of clinical quality achieved at Woman’s is the result of a disciplined and arduous process of data collection, analysis, planning and performance that leads to better health outcomes for women and infants. Woman’s participates in data sharing with numerous national and international collaborative organizations, and compares against the highest performing hospitals and health systems in the world. We are also committed to our patients and families’ right to know; transparency in reporting outcomes is another key element of our quality journey.

## Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

	Woman’s*	LA	National
Communication about Medicine	77	68	63
Communication with Doctors	91	86	81
Communication with Nurses	82	82	78
Discharge Information	94	83	84
Pain Control	78	75	70
Rate Hospital	75	74	69
Responsiveness of Hospital Staff	75	71	66
Room Kept Clean	75	74	73
Room Quiet At Night	78	73	60
Would Recommend Hospital	84	75	70

\* Q3 2012

**Exceptional patient satisfaction** A national survey to measure patients’ perspectives and experiences during their hospital stay. Woman’s scores met or exceeded state and national benchmarks.

## Surgical Care Improvement Projects (SCIP)

	Woman’s*	LA	National
Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision	96	98	98
Prophylactic Antibiotic Selection Appropriate	100	98	98
Prophylactic Antibiotic Stopped Within 24 Hours After Surgery	96	96	97
Treatment to Prevent Blood Clots Ordered	100	97	98
Treatment to Prevent Blood Clots Received Within 24 Hours Before or After Selected Surgeries	100	96	97
Surgery Patients with Appropriate Hair Removal	100	99	100

\* Q2 2012

**Exceptional clinical performance** Patient care research that has been shown to result in better outcomes for patients. Woman’s scores met or exceeded state and national benchmarks in all but one category.

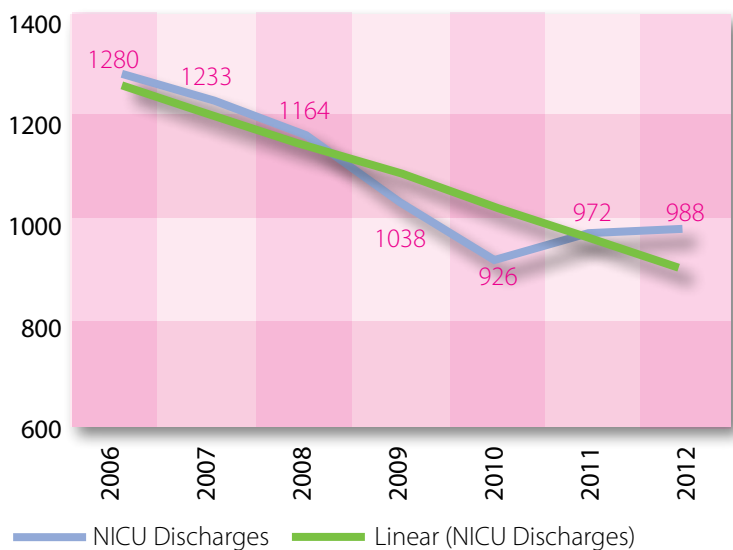
## Transparency About Performance

On womans.org, publicly reported measures such as the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and Surgical Care Improvement Projects (SCIP) are provided as well as links to the Medicare Hospital Compare site, hospitalcompare.hhs.gov.



## Institute For Healthcare Improvement (IHI) Collaborative on Perinatal Improvement

### Woman's NICU Discharges\*



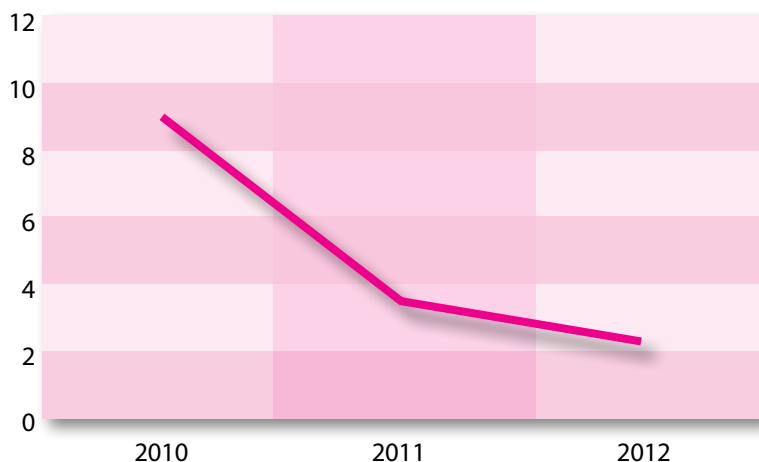
\* Includes high risk NICU discharges for infants born at Woman's; excludes transports and readmissions

**NICU admissions reduced by 21%** The IHI Collaborative on Perinatal Improvement is a network of more than 160 hospitals around the world that strives to reduce harm to infants, improve safety in perinatal units and provide hospitals with measurable goals.

Staff involvement in the IHI perioperative collaborative established processes to enhance compliance with current American College of Obstetrics and Gynecology, Joint Commission and CMS standards for induction, augmentation and operative vaginal delivery to achieve bundle scores of 95% or greater on three of the four bundle elements. In recognition of their outstanding achievements in this initiative, the Department of Health and Hospitals (DHH) asked Woman's to lead the statewide Birth Outcomes – 39 Week Initiative. As a result, 100 percent of Louisiana's birthing hospitals have signed a contract to end non-medically indicated deliveries prior to 39 weeks. Woman's work on this initiative has been recognized in IHI's Annual Progress Report.

## NICU Central Line-Associated Bloodstream Infections (CLABSI)

### Woman's NICU Central Line-Associated Bloodstream Infections per 1000 line days



**A 75% reduction in the CLABSI rate over a two-year period** Woman's pursuit of excellence continues through participation in national networks focused on infants, including the Vermont Oxford Network (VON), an international group of 900 neonatal intensive care units who work together to improve the quality of care for high risk newborns and their families.

Central lines are vascular catheters that are used to provide fluids, nutrients and medications to infants. A multidisciplinary team of Woman's neonatologists, nurse practitioners, nurses, respiratory therapists, nurse leaders and infection prevention nurses implemented VON's best practices as well as those developed by the Institute of Healthcare Improvement (IHI) and the Centers for Disease Control and Prevention (CDC) to reduce central line-associated bloodstream infections (CLABSI). As a result, CLABSI rates in Woman's Newborn and Infant Intensive Care Unit (NICU) have been reduced by 75 percent over a two-year period.

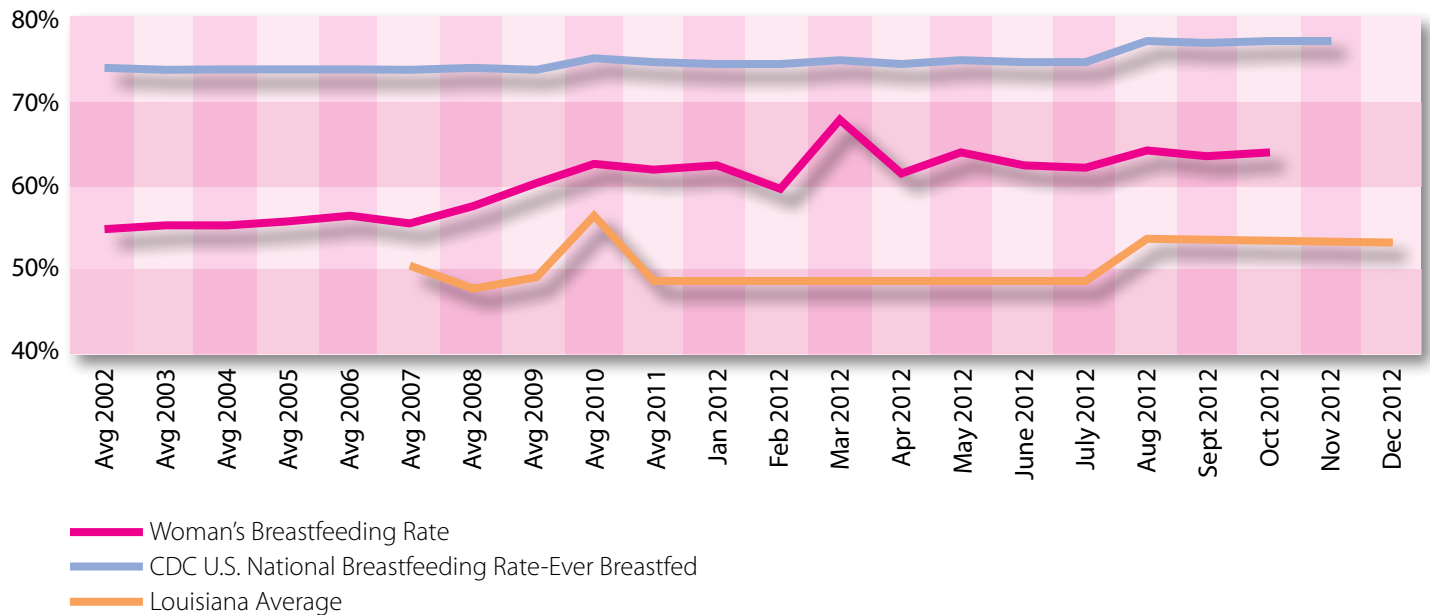
## Breastfeeding Rate Improvement

### Woman's breastfeeding rate remains above state average

Mother/Baby nurses led an interdisciplinary taskforce to protect, promote and support breastfeeding. As of September 2012, Woman's year-to-date average breastfeeding rate was 62.8%, exceeding the Louisiana average of 53.5%, and is continuing its upward trend. Additionally, the exclusive breastfeeding rate improved from 21.9% in October 2011 to 25.23% in September 2012.

### Woman's Breastfeeding Rate

(upon discharge)



## Medical Staff Accomplishments

Our Medical Staff's goals in 2012 focused on improving the health of our patients by reducing infections and increasing outcomes, offering additional education opportunities and establishing additional medical protocols to improve patient safety.

- Through continued participation in the Vermont Oxford Network clinical collaborative, in infants 501-1500 grams, chronic lung disease was successfully reduced to 35.1% (goal  $\leq$  36%), and nosocomial infections to 15.3% (goal  $\leq$  16.7%).
- Woman's hosted an education session for physicians on managing palliative and end-of-life care for the neonatal patient.
- Clinical pathways were established for surgical patients. These medical guidelines reduce variation in patient care based on evidence-based practices and were designed to produce the best outcomes.
- Total abdominal hysterectomy and cesarean section infection rates were reduced to at or below the National Healthcare Safety Network mean.
- Opportunities to reduce hospital readmissions were addressed by identifying high-risk patients and developing interventional strategies. This applied to high-risk postpartal patients, patients with infections and patients with high blood pressure.
- Patient safety was improved by implementing ACOG's Obstetrical Patient Safety Plan to prevent post caesarean blood clots.
- Achieving the goal for increased exclusive breastfeeding included support of the Guided Infant Feeding Techniques (GIFT) initiative, the appointment of two physicians to serve on the Louisiana Breast-feeding Coalition and ongoing patient and community outreach.
- The Medical Staff assisted Woman's in achieving Magnet® and Joint Commission accreditations.



## Surgical Improvements with Co-Management

In April 2012, Woman's entered a new era of physician integration with a co-management agreement, which engaged surgeons and anesthesiologists, along with nurses, to improve patient safety, quality and efficiency in the hospital's surgical service line. Health System Improvement, LLC (HSI), a company formed by the physicians, quickly began its work on 27 metrics for improvement related to compliance with evidence-based practice, reduction of waste and improving outcomes. The arrangement aligns the incentives of the hospital and physicians in the challenging future ahead.



# Foundation

OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS.

**Woman's Hospital Foundation** *The hospital is a nonprofit organization that opened in 1968 and was founded by obstetricians and gynecologists who envisioned a hospital that specialized in caring for women and infants. The members of Woman's Hospital Foundation include physicians and community leaders who are dedicated to preserving the hospital's mission.*

## Founder

William C. Haile, MD

## Voting

Mathew Abrams, Jr., MD  
Sandra Adams  
Ramon Aizpurua, MD  
Timothy Andrus, MD  
Debra Baehr, MD  
Phillip Barksdale, MD  
Jan Benanti, MD  
W. Dore Binder, MD  
David Boudreaux, MD  
Rebecca Boudreaux, MD  
Frank Breaux, MD  
Jeffrey Breaux, MD  
Randall Brown, MD  
Joseph Broyles, MD  
Deborah Cavalier, MD  
Erin Christensen, MD  
Chester Coles, Jr., MD  
Michael J. Coogan, MD  
Gary Cox, MD  
Sarah Davis, MD  
John Dean, MD  
Robert diBenedetto, MD  
Ryan Dickerson, MD  
Steven Feigley, MD  
M. Giles Fort, MD  
Lisa Gautreau, MD  
Greg Gelpi, MD  
Marcia Gremillion, MD  
Charles Gruenwald, Jr., MD  
Kathy Guidry, MD  
Faith Hansbrough, MD  
Renée Harris, MD  
Margaret Womack Hart

Francis Henderson, MD  
Gregory Heroman, MD  
Jack Holden, MD  
Wendy Holden-Parker, MD  
Jeffery Janies, Jr., MD  
Shawn Kleinpeter, MD  
Sharon Knight  
Ann Lafranca, MD  
Charles Lawler, MD  
Sharon Lee, MD  
Michael Leggio, MD  
Fred Lind, Jr., MD  
C. William Lovell, Jr., MD  
Frank McArthur, II  
Fritz McCameron, PhD  
C. Brent McCoy  
John McIntyre, MD  
Markham McKnight  
Merritt Melker, III, MD  
Jamar A. Melton, MD  
F.A. Moore, III, MD  
Julius Mullins, Jr., MD  
Beverly Ogden, MD  
Jane Peek, MD  
Billy R. Penn, MD  
Michael Perniciaro, MD  
N. LaRon Phillips  
Karl Pizzolatto, MD  
Susan Puyau, MD  
Nancy Richmond  
Carol Ridenour, MD  
Kirk Rousset, MD  
James Ruiz, MD  
Donna Saurage  
Michael Schexnayder, MD  
Cheree Schwartzburg, MD  
Clifford Schwartzburg, MD

Edward Schwartzburg, MD  
Ellis Schwartzburg, MD  
George Schwartzburg, MD  
Sterling Sightler, MD  
Lydia Sims, MD  
Curtis Solar, MD  
Steven Sotile, MD  
Steven Spedale, MD  
Gerald Stack, MD  
James Stenhouse, MD  
Robert Stuart, Jr.  
Marvin Stuckey, MD  
Richard Tannehill, MD  
Yolunda Taylor, MD  
Michael Teague, MD  
Terrie Thomas, MD  
Arthur Tribou, MD  
David Walker  
Kyle Waters  
Bobby Webster, MD  
Laurie Whitaker, MD  
Sunshine Willet, MD  
Elizabeth Gay Winters, MD

## Emeritus

Jerry W. Affolter, Jr.  
Charles Aycock, MD  
Hoyt Ayres, MD  
John Bateman  
Edwin Bowman, MD  
Malton Bullock, Jr., MD  
Laura Cassidy, MD  
Stephen Chatelain, MD  
Diana Dell, MD  
Barbara Deming, MD  
Evelyn Hayes, MD  
D. Wade Hollensworth, MD  
Mary Laville, MD  
Mary Jane Mayfield  
J. Noland Singletary  
Thomas Sparks, MD  
Fahimeh Tahvildari, MD  
Rosemary Williams

# Leadership

## Woman's Leadership

### Board of Directors

#### Chair

Jamar Melton, MD

#### Chair-Elect

Robert Greer, Jr.

#### Secretary-Treasurer

Frank Breaux, MD

#### President/CEO

Teri G. Fontenot

Dore Binder, MD

Renée S. Harris, MD

Matt McKay

Markham McKnight

Amy Phillips

Mike Polito

Edward Schwartzburg, MD

Christel Slaughter, PhD

Terrie Thomas, MD

Mike Wampold

### Administration

#### Senior Vice President

#### Chief Financial Officer

Stephanie Anderson

#### Senior Vice President

#### Medical Staff Services

Nancy Crawford

#### Senior Vice President

#### Operations

Jamie Haeuser

#### Senior Vice President

#### Chief Nurse Executive

Patricia Johnson, DNP, RN, NEA-BC

#### Senior Vice President

#### New Campus Development

Stan Shelton

#### Vice President

#### Employee Services

Donna Bodin

#### Vice President

#### Information Systems

Paul Kirk

#### Vice President

#### Finance

Greg Smith

#### Vice President

#### Infant/Pediatric Services

Staci Sullivan, MSN, CNS, NEA-BC

#### Vice President

#### Chief Development Officer

Lynn S. Weill

### Medical Staff Leadership

#### Chief of Staff

Terrie Thomas, MD

#### Vice Chief of Staff

Nicolle Hollier, MD

#### Secretary-Treasurer

Amanda Pearson, MD

#### Chief of Clinical and

#### Support Services

Cheree Schwartzburg, MD

#### Chief of Anesthesiology

Timothy Maher, MD

#### Chief of Maternal-Fetal Medicine

Marshall St. Amant, MD

#### Chief of Medicine

J. Kyle Schwab, MD

#### Chief of Neonatology

Steven Spedale, MD

#### Chief of Ob/Gyn

Sarah Davis, MD

#### Chief of Pathology

Beverly Ogden, MD

#### Chief of Pediatrics

Cynthia Voelker, MD

#### Chief of Radiology

Marcia Gremillion, MD

#### Chief of Surgery

Alec Hirsch, MD

#### Chief of Urology

Mark Posner, MD

### Directors

#### Building Operations

Thomas Gautreau

#### Child Development Center

Hope Juge

#### Educational Services

Joan Ellis, PhD, RNC, CNS

#### Environmental Services

Dustin Beasley

#### Financial Services

April Chaisson

#### Food and Nutrition Services

Margie Ricks

#### Gynecology/Oncology

Mary Ann Smith, RN, BSN, OCN

#### Health Information Management

Danielle Berthelot

#### Home Care Services

Claudia Cantwell, RN

### Imaging Services

Cynthia Rabalais, RT(M)

### Information Systems

Rhett Roy

### Laboratory/Pathology

Brett Schelin, MT, ASCP

### Managed Care

Sherry Poss

### Marketing and Public Relations

Merri Alessi

### Materials Management

Phillip Bateman

### Medical Director

Ken Brown, MD, MBA

### Mother/Baby/Lactation

Dana Vidrine, RNC-MNN, BSN

### Newborn and Infant

### Intensive Care Unit

Laurel Kitto, BSN, RNC-NIC

### Nursing Administration

Lori Denstel, MBA, RNC-OB

### Obstetrics Labor & Delivery

Cheri Johnson, RNC-OB, BSN

### Patient Services

Monica Parish

### Pharmacy

Peggy Dean

### Physician Practice Management

Tom Baggett

### Respiratory Services

Danette Legendre, RCP, CRT-NPS

### Retail Services

Lisa Garland

### Social Services/Outpatient Clinics

Beth Manning, LCSW-BACS

### Surgical Services

Zinda LeBlanc, MBA, BSN, NE-BC, CNOR

### Wellness Services

Chrissie Olsson, MS, LOTR

# Financial

WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS.

Woman's financial performance in 2012 remained strong, even as the challenges of 2011 – a struggling local and regional economy, building a new campus, integration of the LSU OB/GYN Residency Program, and continued erosion in Medicaid funding – accelerated. Add the conversion of the Medicaid program to a managed care model and experiencing a hurricane shortly after the move, and Woman's still exceeded national benchmarks.

Births grew to 8,486 – an increase of 533. Net patient service revenues were \$217.7 million, compared to \$204.4 million in 2011. Our median operating margin of 10.5% compares favorably to Moody's A3-rated hospitals. A favorable payer mix was sustained, with commercial insurance representing 53.8% of gross revenue.

The commitment of the hospital's medical staff, the discipline of its employees and the strength of its management team resulted in another year of strong financial performance, one that contributed to the organization's stability for the future.

## Medical Statistics

	2012	2011	2010	2009	2008
Adult Admissions	11,585	11,454	11,473	11,893	12,187
Adult Average Length of Stay	2.73 days	2.65 days	2.68 days	2.70 days	2.72 days
Births	8,486	7,953	7,951	8,245	8,483
Patient Days	69,650	66,264	65,645	70,087	75,419
NICU Discharges*	1,246	1,193	1,216	1,393	1,550
Inpatient Surgeries	2,350	2,556	2,505	2,704	2,802
Outpatient Surgeries	4,699	4,458	4,410	4,578	4,575
Breast Procedures	47,107	47,314	46,644	49,372	45,568
Home Health Visits	13,190	15,819	14,600	14,161	12,440
CT Scans	1,267	1,609	2,102	2,089	2,359
Neonatal Transports	58	63	55	76	103
Pap Smears	77,355	85,230	86,907	94,493	86,743
Maternal-Fetal Medicine Office Visits	10,132	10,322	9,733	9,171	8,215
Other Imaging Procedures	29,077	28,367	28,214	29,269	28,842
Pediatric and Adult Therapy Visits	29,034	29,920	30,794	29,542	28,597
Outpatient Clinic Visits	4,234	4,665	4,657	4,074	4,909

\* Includes pediatric discharges and transfers to Woman's NICU

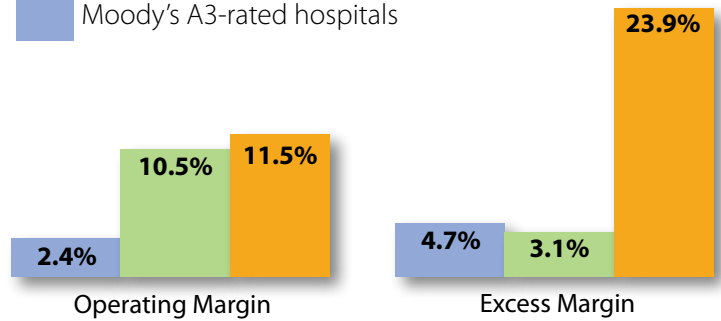


# Performance

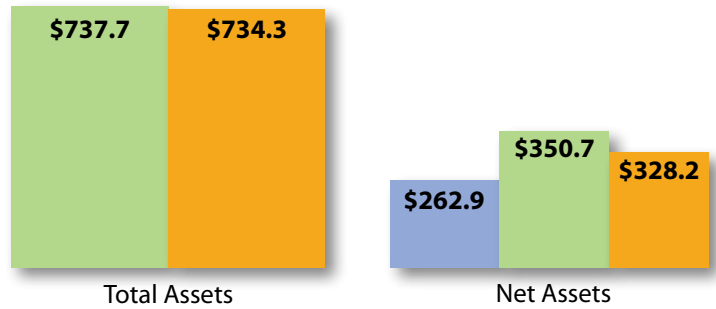
INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS.



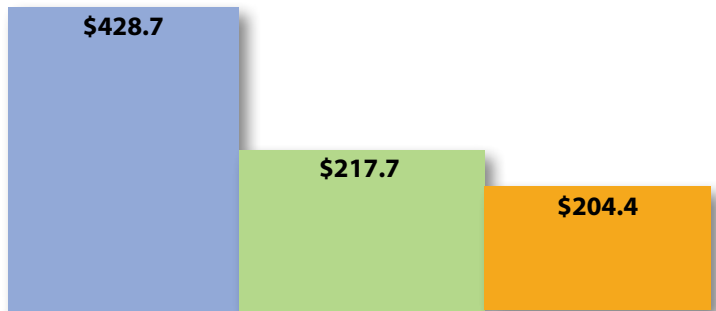
## Operating Margin and Excess Margin As a Percentage of Revenues



## Total Assets and Net Unrestricted Assets (in millions)



## Net Patient Service Revenues (in millions)



## Salaries and Benefits Paid to Hospital Staff (in millions)



## *Providing Benefits for Persons Living in the Community and State and Living in Poverty*

	<b>2012</b>	<b>2011</b>
Charity Care	\$ 961,000	\$ 231,000
Unreimbursed Cost of Medicaid Program	21,474,000	17,350,000
<b>Subsidized Health Services</b>		
Emergency Services and Clinical Consultation	1,687,000	1,739,000
Lactation Services	559,000	516,000
HIV Case Management	150,000	94,000
Sub-specialty Clinics	119,000	120,000
Unreimbursed Cost for Hospitalists	2,814,000	2,585,000
<b>Community Health Education of Health Issues</b>	<b>405,000</b>	<b>387,000</b>
<b>Support of Community Service Organizations</b>		
Susan G. Komen Breast Cancer Foundation	5,000	5,000
March of Dimes	5,000	—
Printing Services	25,000	27,000
Other Grants and Awards to Service Organizations	64,000	23,000
<b>Subsidized health care</b>		
Care for Victims of Sexual Assault	31,000	36,000
<b>Un-sponsored Research</b>	<b>504,000</b>	<b>543,000</b>
<b>Total Financial Support</b>	<b>\$ 28,803,000</b>	<b>\$ 23,656,000</b>

# Mission

INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS.

# Vision, Values

## Mission

To improve the health of women and infants

## Vision

Together we are building a patient-centered community  
of extraordinary people and exceptional care

## Values

*Excellence* Continually improving everything we do

*Commitment* Showing pride in, loyalty to, and ownership of our mission

*Innovation* Securing our future through creating new dimensions of performance

*Mutual Respect* Doing unto others as you would have them do unto you

*Stewardship* Carefully and responsibly managing our resources

*Sound Judgment* Making timely decisions based on the information available



TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS.



**Our sincere thanks to everyone who made our journey possible.**

TS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS. TO IMPROVE THE HEALTH OF WOMEN AND INFANTS.

100 Woman's Way  
Baton Rouge, LA 70817  
225-927-1300  
**womans.org**



*Woman's* exceptional care, centered on you

Founded in 1968, Woman's is a nonprofit organization, governed by a board of community volunteers, providing medical care and services in order to improve the health of women and infants, including community education, research and outreach.