

Born **June 17**

2010 Annual Report



**You are at the heart
of everything we do.**

Born **June 19**



Born **July 8**




Woman's exceptional care, centered on you



Dear Friends:

This year's cover features three sets of triplets who were born weeks apart last summer at Woman's. Their stories illustrate our mission to improve the health of women and infants as we were privileged to follow the triplets' mothers and their families for ten weeks, filming their experiences and challenges, and supporting each amazing delivery. The families graciously allowed us access for the purposes of showcasing the uniqueness of every birth and the expertise required for a "multiple" delivery.

Although not everyone delivers multiples, every woman's birthing experience is truly unique and should include choices. For that reason, we have enhanced family-centered care by implementing several new ideas and guidelines within labor and delivery.

Without a doubt, this past year was full of challenges, opportunities, and accomplishments. Woman's battled healthcare cuts, diversified into new services, and resumed construction of the new Woman's Hospital.

In a year full of change, we recognize that it is constant but essential for continued growth. We were founded on an idea to change the way women and infants received quality care. With your support, Woman's will continue to fulfill that promise, with our patients and your families at the center of all that we do. Thank you for your commitment, confidence, and continuous support of Woman's.

Sincerely,

A handwritten signature in black ink that reads "Teri". The signature is elegant and cursive.

Teri G. Fontenot, FACHE
President and CEO

Highlights of the Year

New Programs & Services

Orthopedics Seventy-five percent of American women will suffer orthopedic problems at some point in their life. Woman's orthopedics program focuses on treating foot and ankle problems. This new service adds another component to Woman's ability to care for a woman throughout her life, and manage some of her most common medical conditions. Woman's after-surgery care includes physical therapy and fitness services that help speed recovery.

Breast Cancer Patient Navigator Cancer is a complex disease, and getting through treatment can sometimes be overwhelming. Woman's launched the Breast Cancer Navigator Program to provide women with one-on-one help during their journey. This is a free support service that aids women in getting the resources they need in a timely manner. The program improves access to treatment and coordination of care by helping schedule appointments, reviewing paperwork, improving regular patient communication while undergoing treatment, and providing seamless care within Woman's multidisciplinary team all the way through survivorship. The goal of the Woman's Breast Cancer Patient Navigator Program is to promote a strong and trusting relationship between patients and the Woman's healthcare team.

Social Media Social media has become an integral part of modern society, and this year Woman's invited patients and the public to become more involved and interact with the organization through a variety of social media platforms. The outlets in which Woman's has solidified a presence include: Facebook, Twitter, a blog, a YouTube channel, and a comprehensive update of the Womans.org website. Woman's developed these channels to offer patients access to medical and health information from physicians, employees, and other patients. Also, social media allows the community the opportunity to receive hospital updates, quick wellness tips, and information on specials and programs that are offered. These venues allow the community to receive dependable, current, and real-time resources through a very personal medium.

“By expanding services to include orthopedic care, Woman's is focusing on many of the medical problems that affect women the most. Excellent clinical care combined with Woman's partnerships with bariatric surgery, physical therapy, and the Woman's Center for Wellness provides orthopedic patients with a completeness of care not experienced elsewhere.”

Meredith Warner, MD, Orthopedic Surgeon

“The Breast Cancer Patient Navigation Program at Woman's has redefined how our patients are followed from the time of diagnosis, through treatment, and into follow-up. It helps us personalize our care for each patient by supporting the patient's mind, body, and spirit while identifying and helping the patient overcome obstacles to her treatment plan. The Navigator is the bridge between the various members of the patient's medical team and plays an integral part in the patient's experience.”

Michael W. Hailey, MD, Breast Surgeon

a patient's thoughts...

“When I heard I had breast cancer, well, I was speechless. **I felt alone** even though I knew millions of women had this cancer. Right away, Dr. Hailey's office connected me with the Patient Navigator Program. I spoke with Tracy on the phone, she told me about the program and that **she would be there for me** - and she was!

Before my first operation, after I got home, and after my second operation, before I was even discharged, Tracy was there to meet me and my husband. I didn't feel alone any more. Tracy became my contact person to breast cancer sites and programs, followed up on my progress, and always made me feel like I was her only patient.

This program has helped me in so many ways, I now have hope, and I don't feel alone. Woman's Hospital staff and programs are phenomenal, and Tracy helped save my life by just being there to guide me in the right direction. **She truly is a Navigator.**”

Stephanie Hopson, Patient

“Working with mothers to create a birth plan has been a great experience for me, our patients, and the nurses of Woman’s. This opportunity allows the patient to know what to expect and enables the nurses to know the best course of individual care.”

Angela B. Hammett, RNC-OB, ICCE, Perinatal Education Coordinator

Patient Safety & Quality

Family-Centered Maternity Care

Options Family-centered care is paramount in every decision made at Woman’s. This year, Woman’s made substantial advances towards keeping that family bond throughout the entire labor and delivery process. Historically, Cesarean delivery often resulted in the separation of mother and infant, disrupting the mother/infant bonding experience immediately after birth. In 2010, the staff of Woman’s enriched the experience of our C-section families by promoting immediate bonding, keeping babies with their mothers during recovery.

Woman’s took additional steps to provide a unique birthing experience for women in our community, including:

- Creating a Natural Labor Task Force to meet the needs of obstetrical patients who choose a more natural childbirth experience.
- Designating a nurse to assist mothers and their families in creating a birth plan so that her birthing experience is unique.
- Providing laboring tubs and wireless fetal monitors to give the mother more options and mobility.
- Providing women with high-risk pregnancies special tours of the hospital prior to admission. The tour includes areas such as the assessment center, antepartum unit, NICU, and a visit with a neonatal intensive care physician.
- Educating the community on Woman’s birthing options. Natural childbirth classes are offered at the bi-annual Baby Grand event, and a series of educational videos on basic child care are available on the Woman’s YouTube channel.

“It is of utmost importance that we foster the bonding between mother and baby as soon as possible. By keeping mother and baby together, even after a C-section, we can more effectively achieve that.”

Yolunda Taylor, MD, Obstetrician/Gynecologist

“Childbirth, in general, is an intensely profound life-changing experience. Natural childbirth is a way to experience the introduction of a new life to the world. Providing a nurturing, safe environment for the mother, father, and child is of the utmost importance. There are many options available for women who desire a variety of birth experiences at Woman’s. As physicians, we try to support our patient and provide the care she desires along with the care that she needs.”

Renée Harris, MD, Obstetrician/Gynecologist

our patients' thoughts...

“Our goal was to have **a completely natural birth**, with no medications and unnecessary interventions. The entire Woman’s Labor and Delivery staff was incredible. They exceeded my expectations in every way, and all came together to ensure that Brian and I had **an unforgettable birthing experience**. Special thanks to Angela (Hammett) for meeting with me and helping put the wheels in motion for the wonderful natural birth that we were able to achieve.”

Melissa Landry, Patient

“I am excited that Woman’s Hospital is **providing laboring tubs** to their patients. I know many women are going to be able to benefit from using them. It was very important to me to give birth naturally and I know that using the laboring tub helped me in achieving that goal. **Giving birth to my daughter was the most empowering experience of my life.**”

Ivy Barnes, Patient

“Our tour of the NICU was greatly appreciated and truly helpful in the preparation for our triplets. Before the tour, we knew that our babies would be in the NICU for a while, and were inquisitive about the procedures, care, and how things worked. **The tour put us at ease** prior to the arrival of our children. Seeing the NICU allowed us not to be intimidated by all the medical equipment. **The entire Woman’s staff was exceptional** when answering what seemed like hundreds of questions.”

Laura Kliebert, Patient
pictured with triplets, Ellie, Drew and Alex



parent liaisons

“My daughter was born at 34 weeks. She is now 17 years old, a dancer, and a gifted student. I am excited about what the new Parent Liaison Program can do for parents.”

Marty Ducote, Woman's Parent Liaison

“I am the mother of a beautiful miracle. He just turned three and is fully included in preschool class with a shadow and can walk with a walker. I look forward to being a support for parents as they take their journey through the NICU/SCN.”

Doris Glass-Heckert, Woman's Parent Liaison

“I am the mother of boy-girl twins that were delivered at 30 weeks gestational age. Both spent months in the NICU. Today, they do what typical 4-years-olds do. Their first year was a challenge, but we have all learned a tremendous amount about life, and my family is in a position to help other families who are going through the NICU experience.”

Wendy Blouin, Woman's Parent Liaison

Center For Newborn and Infant Care (CNIC) Parent Liaison Pilot Program

The Woman's Parent Advisory Council (PAC) was designed to improve the care of infants and their families by serving as an advisory resource on quality improvement and to provide feedback on family-centered care in the CNIC. One PAC member serves as a CNIC parent representative at the Vermont Oxford Network Quality Collaborative meetings.

In March 2010, PAC initiated a Parent Liaison Pilot Program of parent volunteers sponsored by the March of Dimes. This *Parent-2-Parent Support Program* was developed to enable parents of former CNIC patients to provide emotional and informational support to parents and families currently in the CNIC. These parents used their wealth of knowledge and experience to help parents cope with the stresses of having a baby (or babies) in the unit. During the pilot phase, the volunteers were scheduled in the CNIC once a week, for two to three hours. They made “rounds” and engaged parents at the bedside. In October 2010, a March of Dimes *Parent-2-Parent Support Program* survey suggested overwhelming acceptance of the program.

- Parents indicated that visits by Parent Liaisons were helpful to them and made them feel less alone.
- Parents felt that the Parent Liaisons gave them pointers that would help them care for their babies while in the hospital as well as after discharge.

“Changing practice patterns is always difficult. Over the past year, the Woman’s medical staff has gradually moved to eliminate elective inductions less than 39 weeks [gestational age]. This has significantly reduced admissions to the neonatal intensive care unit for respiratory problems in term infants and resulted in more efficient use of labor and delivery beds.”

Steven Feigley, MD, Obstetrician/Gynecologist

Institute For Healthcare Improvement (IHI) Collaborative On Perinatal Improvement

IHI is a network of more than 160 hospitals from around the world, giving Woman’s access to leading strategies in evidence-based practice and patient-centered care. Woman’s became a part of the IHI’s Improving Perinatal Care Collaborative in June 2006, and as our outcomes continued to improve, Woman’s was invited to participate in advanced teams and established an interdisciplinary team of physicians and nurses to examine perinatal care bundles. Perinatal care bundles are an industry term for a collection of practices to care for infants. Their use at Woman’s has resulted in healthier infants and reduced admissions to the NICU.

The perinatal care bundles are comprised of evidence-based practices that involve the gestational age for elective delivery and the use of oxytocin for labor stimulation. Their efforts resulted in new guidelines for:

- Oxytocin administration
- Guidelines to eliminate elective deliveries less than 39 weeks gestational age, unless medically indicated, to improve perinatal outcomes.

Elective Induction Deliveries of Gestational Age Greater than 39 Weeks



June 2006-October 2010

This graph demonstrates Woman’s significant improvement in reducing elective induction deliveries before 39 weeks gestational age in order to improve infant health.

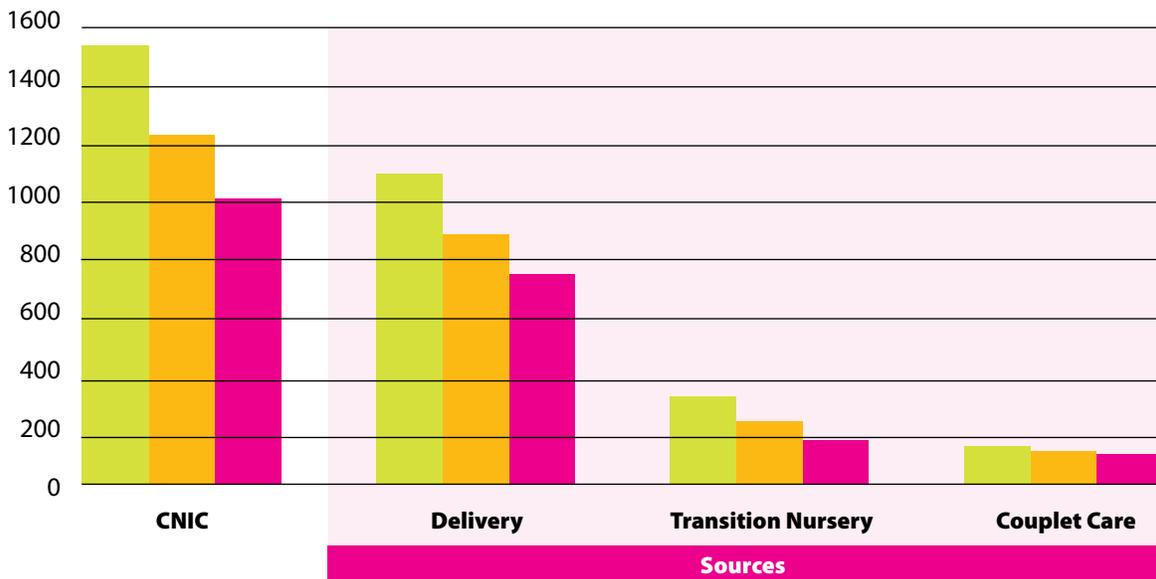


Improvements in delaying elective induction and C-section deliveries have resulted in fewer admissions to the neonatal intensive care unit.

- Infants born at 36-40+ weeks gestation represent, on average, 40-50% of CNIC admissions.
- The CNIC experienced a 10% decrease in admissions of 36-40+ week infants from September 2007-August 2010.

The Woman's Center for Newborn and Infant Care (CNIC) admission data from 2009 and 2010 indicated a reduction of 408 admissions in one year, and reduced the average daily census in the transition nursery by two infants per day.

Woman's Center for Newborn and Infant Care (CNIC) Admissions and Sources



Total admissions from:

- September 2007-August 2008
- September 2008-August 2009
- September 2009-August 2010

This graph illustrates Woman's 3-year improvement in newborn health which has resulted in fewer admissions to the Woman's neonatal intensive care unit. The shaded area highlights the departments that admit infants to the CNIC.

“Working through the IHI Collaborative has helped us take Woman's Hospital to the next level of patient care, thereby improving perinatal outcomes for our most vulnerable newborn patients and their moms.”

Edward Schwartzburg, MD
Obstetrician/Gynecologist

“Participation in the Vermont Oxford Network helps us identify opportunities for improvement in the care we deliver, and provides Woman’s team with the tools to make the improvements. Reducing infections in the NICU gives our babies the opportunity for the best long-term outcomes and decreases the cost of NICU care.”

Trey Dunbar, MD, Neonatologist

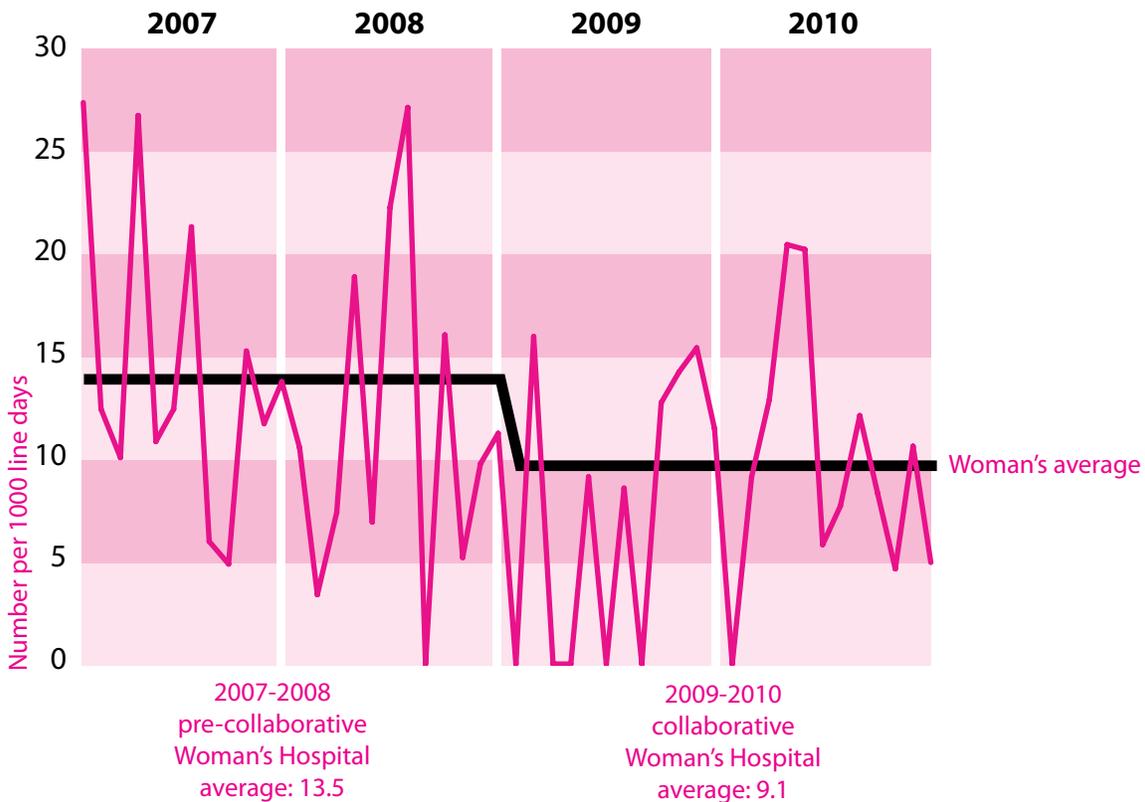
Vermont Oxford Network

Our pursuit of excellence continues through participation in national networks, including the Vermont Oxford Network (VON), an international group of 850 neonatal intensive care units who work together to improve the quality of care for high-risk newborns and their families. VON maintains one of the world’s largest databases regarding outcomes for high-risk infants treated in worldwide neonatal intensive care units.

Woman’s Hospital Peripherally-inserted Central Catheter (PICC) Line-related Bloodstream Infections

In 2009, the Woman’s Center for Newborn and Infant Care (CNIC) joined the Infection Prevention Focus Group with six other hospitals. Participation in this collaboration resulted in a 33% reduction in Peripherally-Inserted Central Catheter (PICC) Line-related bloodstream infections. Woman’s was recognized by *AHA News Now* for their success in improving patient safety.

Woman’s Hospital PICC Line-related Bloodstream Infections



Gestational Diabetes Study After a year of study, researchers at Woman’s found that up to three months after delivery, women who were diagnosed with gestational diabetes are at an increased risk of glucose, insulin, and lipid abnormalities and should be monitored for potential metabolic problems. Those problems can include impaired glucose metabolism, type 2 diabetes, and cardiovascular disease.

In June 2010, these results were presented at the annual Endocrine Society Meeting in San Diego. The study was supported by the Irene W. and C.B. Pennington Foundation and Blue Cross Blue Shield. Many of these patients are now being seen in the Woman’s Metabolic Health Clinic, which opened in 2009 and treats women with gestational diabetes as well as other types of pre-diabetes. Its multi-disciplinary team includes medical and research physicians, registered dietitians, registered nurse educators, and certified exercise physiologists.

“This study offers further evidence that women who have been diagnosed with gestational diabetes should receive future monitoring for metabolic abnormalities. Since diabetes is a genetic disorder, this glimpse into the future offers women a chance to consciously choose to live healthier.”

Karen Elkind-Hirsch, MSC, PhD, study author, Woman’s Hospital Scientific Director of Research

Impact of Postpartum Lifestyle and Pharmacological Intervention on Metabolic Profiles in Women with Prior Gestational Diabetes at One-Year Follow-up

The Woman’s one-year follow up investigation on the impact of lifestyle and medical intervention in 69 women with prior gestational diabetes found that these women are at high risk for developing carbohydrate intolerance and increased lipid profiles due to an increase in body weight after pregnancy. With more frequent and intensive lifestyle instruction, in combination with medical intervention, health risks in these women can be reduced.

Gestational Diabetes Study Participant Results	Lifestyle Counseling Only		Medical Therapy	
	Postpartum	One-Year	Postpartum	One-Year
Dysglycemia (Disturbed blood sugar regulation)	5% of participants	26% of participants	50% of participants	0% of participants
Metabolic dysfunction	35%	63%	100%	25%
Lipid Profile (Triglyceride/HDL ratio)	2.5	2.6	4.7	2.5
BMI (Body Mass Index)	27.8	28	29.5	27.5

- *Lifestyle Counseling Only Group: Metabolic dysfunction was significantly increased; there was no change in lipid profiles, and a steady increase in BMI.*
- *Medical Therapy Group: Overall improvement in metabolic function, decreased lipid profile, and a significant decrease in BMI.*



Performance & Research

Woman's continued its transparency in standards of excellence by supporting the efforts of publicly reported measures such as the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and Surgical Care Improvement Projects (SCIP). Both sites provide hospital care quality information based on patients' perspectives of hospital care and best practices.

HCAHPS: Hospital Consumer Assessment of Healthcare Providers and Systems

April-June 2010		Woman's Hospital	National Average
Nurse Communication	% patients who reported that their nurses "always" communicated well.	87%	76%
Physician Communication	% patients who reported that their doctors "always" communicated well.	93%	80%
Responsiveness of Staff	How often did patients receive help from hospital staff?	79%	64%
Pain Management	How often was patient's pain well controlled?	81%	69%
Communication About Medicines	How often did staff explain about medicines before giving them to patients?	68%	60%
Discharge Information	Patients at each hospital who reported that "yes," they were given information about what to do during their recovery at home.	91%	81%
Cleanliness of Hospital Environment	Patients who reported that their room and bathroom were "always" clean.	70%	71%
Quietness of Hospital Environment	Patients who reported that the area around their room was "always" quiet at night.	70%	58%
Overall Rating of Hospital During Patient Stay	Patients who gave their hospital a rating of 9 or 10 on a scale of 0 (lowest) to 10 (highest).	77%	67%
Recommend Hospital to Others	Patients who reported "yes," they would definitely recommend the hospital to family and friends.	91%	69%

SCIP: Surgical Care Improvement Projects

Process Quality Data* 2nd Quarter 2010	Woman's Hospital	State Average	National Average
Surgical Care Improvement / Infection Prevention			
Preventative antibiotic(s) administered 1 hour prior to incision	90%	91%	92%
Appropriate preventative antibiotic(s) administered for surgery	87%	91%	95%
Preventative antibiotic(s) stopped within 24 hours after surgery	97%	85%	90%
Treatments ordered by doctor to prevent blood clots	80%	86%	88%
Received treatments to prevent blood clots within 24 hours	80%	85%	87%
Surgery patients with appropriate hair removal	100%	96%	98%

* Process quality data is based on the hospital's frequency of following best practices or processes that have been shown through research to deliver the best results for most patients. For example, national research shows that giving patients an antibiotic within one hour before surgery reduces their risk of developing infections related to the surgery. Because patients tend to do better when this process is followed, this is an industry-wide quality measure. This data reflects the average of all CMS scores as reported on CMS Hospital Compare.



The Surgical Care Improvement Project (SCIP) involves evidenced-based medicine, which is patient care that research has shown to result in better outcomes for patients (lower mortality and morbidity, disability, length of stay and readmissions).

SCIP and HCAHPS Data Both SCIP (patient outcomes) and HCAHPS (patient perspectives) data are published on the Hospital Compare website and womans.org as a measure of transparency, and to assure our community that we are providing high quality care.

The Agency for Healthcare Research and Quality (AHRQ) Woman's scores are well above the national average. The AHRQ is an agency within the Department of Health and Human Services whose mission is to improve the quality, safety, efficiency, and effectiveness of healthcare for all Americans. AHRQ supports research that helps people make more informed decisions and to improve the quality of health-care services.

“When the parent of an infant in the NICU asks, ‘How did my child eat last night,’ the question seems fairly straight-forward; however, staff often struggle with an appropriate answer. The IN-FACT tool, developed by a team at Woman’s, solves that problem. Hospitals around the country now have a way of objectively answering every parent’s question and assessing their child’s progress.”

James Maryman, BSN, RN,
IN-FACT Principal Investigator

The Infant Nipple Feeding Assessment and Communication Tool A Woman’s Hospital quality improvement team developed and copyrighted a new tool to assess and communicate an infant’s ability to bottle-feed, which serves as a major factor in assessing a neonate’s progress toward discharge from the neonatal intensive care unit. The Infant Nipple Feeding Assessment and Communication Tool (IN-FACT) allows the caregiver to objectively describe and communicate the infant’s ability to bottle-feed.

The Woman’s IN-FACT was presented at the Association of Neonatal Nurses National Conference in September 2010 and has been made available to hospitals throughout the United States. The IN-FACT will be presented at the Association of Women’s Health, Obstetric and Neonatal Nurses Annual Conference June 2011.

Infant Nipple Feeding Assessment and Communication Tool (IN-FACT)

Score/ Parameter	0	1	2	Score
Endurance	>25 minutes or cannot complete feed	15-25 minutes	<15 minutes	
Cardiovascular	Bradycardia requiring stimulation	Bradycardia self-resolved without stimulation	No change in baseline heart rate	
Respiratory	Breathing pause (>15 sec.) Color change Desaturations (requiring increased O ₂ support)	↑ Respiratory rate Work of breathing ↑ Desaturations (Self-resolved)	No change in baseline work of breathing	
Coordination	Choking despite regulation of flow	Regulation of flow required (change in nipple & or pacing)	Coordinated suck, swallow, breathe	
Infant Participation	Requires prompting No spontaneous flexion	Requires occasional prompting Maintains partial flexion during feed	Sustains sucking independently Maintains active flexion during feeding	

Legend
W (Well) = 8-10
F (Fair) = 6-7
P (Poor) = ≤ 5

Total Score

our employees' thoughts...

“Employee opinions are valued at this organization. Everyone is very friendly and respectful. There is a lot of teamwork.”

“A family-type relationship is encouraged among employees here. There is so much pride that comes with saying I work at Woman's Hospital.”

“Woman's is a place that demonstrates true concern for the health and wellness of people. Caring is not just a behavior here at Woman's, it's a culture.”

“If you are looking for a place that doesn't just treat you as a person or number, but more like a family, this is the place!”

“Woman's makes me feel that I am an important part of the success of this organization. Although large, it has a personal feel.”

Quotes from a survey conducted by the Best Companies Group, which was one component of the 2010 Modern Healthcare Top 100 Best Places to Work in Healthcare application.

Awards & Honors

Best Places To Work Woman's has been named to *Modern Healthcare* magazine's *100 Best Places to Work in Healthcare* for the third consecutive year. Thousands of healthcare organizations in the U.S. are eligible for consideration, in addition to 5,000 hospitals. Woman's is the only facility in Baton Rouge to achieve this award and is one of only 16 in the U.S. to receive it all three years it has been given. The review process examines leadership, planning, culture, communications, work environment, training and development, pay and benefits, overall employee satisfaction, and more. *Modern Healthcare* is a widely read national journal for healthcare executives.



Print ad announcing our achievement.

American Hospital Association Chair-Elect Designate In July 2010, Teri Fontenot, Woman's president and CEO, was elected chair-elect designate for the American Hospital Association (AHA). In 2011, Fontenot will serve as chair-elect and then assume the chairmanship in 2012, becoming the top elected official of the national organization that represents America's hospitals and health systems. She is the first Louisiana CEO to hold this esteemed position.

Company Of The Year The *Baton Rouge Business Report* and *Junior Achievement* named Woman's *Company of the Year* (2010). Woman's was recognized for high levels of performance in a number of areas including patient satisfaction, community outreach, and advocacy, including its leadership in disaster relief as the state-appointed site for the evacuation and care of high-risk expectant mothers and infants.

Breast Imaging Center Of Excellence Woman's is Baton Rouge's only Breast Imaging Center of Excellence awarded by the American College of Radiology. This award is given to breast imaging centers that achieve excellence by seeking and earning accreditation in all of the ACR's voluntary breast-imaging accreditation programs and modules, in addition to the mandatory Mammography Accreditation Program.

Quality Respiratory Care Recognition The American Association for Respiratory Care has awarded Woman's with its Quality Respiratory Care Recognition for 2010. Only 700 out of 5,000 hospitals in the U.S. have received this honor for providing the highest standards of respiratory care to their patients. The goal of the QRCR program is to help patients and families make informed decisions about the quality of services available. It was started by the American Association for Respiratory Care to help consumers identify those facilities using qualified respiratory therapists to provide care. The hospitals receiving this designation meet strict safety and quality standards.

Top 50 For 50+ Encore Louisiana showcased Woman's as a *Top 50 for 50+* Best Places to Work (2010) in Louisiana. *Encore Louisiana* produces "The Official Online Guide to Louisiana Living for Boomers and Beyond," and surveys over 3,000 people aged 50+ to determine the recipient of the award. Woman's was chosen as one of three employers in the state, and was the only hospital selected.

Platinum Louisiana Home Health Agency Quality Award Homecare Services received a Platinum Louisiana Home Health Agency Quality Award presented by Louisiana Health Care Review, Inc., the Medicare Quality Improvement Organization for Louisiana. Woman's Homecare sustained an acute care hospitalization readmission rate of 14.6%, well below the Platinum Award benchmark of 23%.

New Campus Construction

In January 2010, the sale of tax-exempt bonds to finance Woman's new hospital was completed. Rescaling and repricing some components of the new campus reduced construction costs by \$35 million, and construction resumed with the opening expected in the summer of 2012. The facility will be located at the corner of Airline Highway and Pecue Lane, approximately five miles from Woman's current campus.

The new campus will cover 85 acres and be comprised of:

- A five story hospital building (497,000 square feet)
- A medical office building (249,000 square feet)
- A support services building (69,000 square feet)
- A central energy plant building (23,000 square feet)

The new campus will provide the flexibility to increase the number of inpatient adult and Neonatal Intensive Care Unit (NICU) rooms as needed.



Improved amenities and services include:

- Large patient rooms with views of nature
- More convenient parking for hospital patients and visitors
- Private rooms for NICU patients and families
- Generous family resource and waiting spaces
- Improved cafeteria facilities including outdoor dining alongside a beautiful waterfront plaza
- Expanded conference room and meeting facilities.

The project will cost an estimated \$328,000,000 and provide approximately 1,500 construction jobs, many through local contractors and suppliers.

our employees' thoughts...

“We are so excited for our patients to see the new hospital. Based on patient feedback that we have received over the years, we have taken significant measures to **accommodate their specific needs and desires in the new facility**. We look forward to continuing to provide exceptional care in our new environment.”

Kathleen Bosch, Patient Relations Coordinator

“Our contractors have **built a full-size replica** of an adult patient room, NICU room, and a cross section of a nurses' station in the warehouse area of the Business and Technology (BAT) Center. The mock-ups have and will continue to serve several important functions during the course of the construction project. They have been very useful in facilitating design decisions, providing a glimpse of how the rooms will look and function, and later on will be used for orientation and training for employees.”

Roxanne Butler, MSOD, RNC, Campus Development Coordinator

“With the new facility, we will be able to offer patients, their families, and our staff more accommodating options. The larger, more spacious rooms will allow everyone to move about more freely. Even though we are moving to a new facility, **patients can still expect the same great quality of care** they have always received from Woman's.”

Kim Cavalier, Secretary III, Mother/Baby

Financial Performance

Despite the national recession and struggling regional economy, Woman's Hospital continued to deliver strong financial performance in 2010. This performance is the result of sound management practices and organization-wide commitment to innovation, efficiency, and proactive governance. These elements combined to generate better-than-budget performance that will help ensure future plans for meeting the emerging needs of patients throughout the region.

Total inpatient and outpatient revenue increased 2.7% from 2009. Inpatient revenue decreased 0.2% primarily due to lower patient admissions in the Center for Newborn and Infant Care (CNIC). The lower admissions were due to positive results from several clinical care initiatives and lower birth volumes in the region. CNIC patient days were 17,295, down from 19,850 in 2009. Outpatient revenue increased 8.1% due to higher revenue in pharmacy, oncology, mammography, and home health, and an increase in orthopedic, pediatric, and cosmetic surgeries.

Woman's revenue base maintained a favorable payer mix in which commercial insurance represents 58.3% of gross revenue. The hospital continued its commitment to community-wide service by providing charity care, and participating in Medicare and Medicaid programs, that pay below actual cost. Hospital management's continued focus on maximizing resources enabled the hospital to serve those unable to pay for the total cost of their care.

Operating expenses were 1.3% greater than the previous year, primarily due to a \$2.5 million accounting adjustment required due to the early extinguishment of debt. Salaries and benefits declined 1.8% from 2009 due to greater efficiency in staffing during lower volume periods, and continued savings in the hospital's health plan for employees. Salaries and benefits accounted for 59.3% of total expenses. The hospital's strong cash flow from operations resulted in an increase of Days Cash on Hand to 262 days, an increase of 18 days from 2009. The current Days Cash on Hand compares favorably to the national median of 153 days (Moody's). Debt service coverage was 1.4 times for the fiscal year, a decrease from 2.5 times in 2009 due to the additional debt issued in 2010.

In January 2010, \$319.5 million of tax exempt hospital revenue bonds were sold to finance the new campus project. Construction on the new campus resumed later that month and is scheduled to open in fall 2012.

2010 Summary of Financial Contributions Through Community Benefit Programs

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

Charity Care	\$ 292,000
Unreimbursed Cost of Medicaid Program	11,769,000
Unreimbursed Cost of Medicare Program	1,610,000
Subsidized Health Services	
Emergency Services and Clinical Consultation	1,530,000
Lactation Services	528,000
HIV Case Management	115,000
Subspecialty Clinics	178,000
Net Cost of Hospitalists	2,200,000
Community Health Education	458,000
Support of Community Service Organizations	
Susan G. Komen Breast Cancer Foundation	5,000
In Kind and Discounted Printing Services	31,000
Other Grants and Awards to Service Organizations	63,000
Care for Sexual Assault Victims	30,000
Un-sponsored Research	237,000
Total Financial Support	\$19,046,000

While the above list is not all-inclusive, it represents the significant community benefits provided by the hospital.

Financial Review

	2010 (In Thousands)	2009 (In Thousands)
As a result of our careful planning and effective resource management:		
We generated revenue from inpatient services such as nursing care, laboratory tests, and pharmaceuticals.	\$ 209,526	\$ 209,875
We generated revenue from outpatient services such as home health, maternal-fetal medicine, laboratory, imaging, therapy, and related healthcare services.	121,792	112,670
We generated revenue from nonpatient services, such as investment income, cafeteria, child care center, and wellness center.	20,401	(5,979)
Total Revenue	<u>\$ 351,719</u>	<u>\$ 316,566</u>
As part of our ongoing commitment to the community:		
We did not receive payment for services provided to patients unable or unwilling to pay.	\$ 5,724	\$ 3,646
We did not receive full payment for Medicare and Medicaid patients and other government programs.	83,084	79,490
We provided discounted services to patients enrolled in managed care companies.	42,136	38,194
Total Revenue Unpaid	<u>\$ 130,944</u>	<u>\$ 121,330</u>
Net Revenue	<u>\$ 220,775</u>	<u>\$ 195,236</u>
In order to provide the necessary resources for excellence in patient care:		
We paid employee wages, salaries, and benefits.	\$ 115,854	\$ 117,996
We purchased medications, medical and surgical supplies, and food.	24,707	25,749
We incurred other operating expenses such as utilities, depreciation, interest, maintenance, insurance, and continuing education for employees and patients.	46,588	45,466
We incurred a loss on early extinguishment of debt.	2,503	0
Total Expenses	<u>\$ 189,652</u>	<u>\$ 189,211</u>
In order to ensure the hospital's future growth and stability:		
We purchased new equipment, replaced old equipment, incurred building and renovation expenses, reduced long-term debt, and provided for future growth.	31,123	6,025
Total Operating and Capital Expenses	<u>\$ 220,775</u>	<u>\$ 195,236</u>

Statistics	2010	2009	2008	2007
Adult Admissions	11,473	11,893	12,187	12,136
Adult Average Length of Stay	2.68 days	2.70 days	2.72 days	2.77 days
Births	7,951	8,245	8,483	8,333
Patient Days	65,645	70,087	75,419	74,887
NICU Discharges	1,216	1,393	1,550	1,511
Inpatient Surgeries	2,505	2,704	2,802	2,840
Outpatient Surgeries	4,410	4,578	4,575	4,849
Outpatient Visits	120,754	126,844	125,829	133,271
Breast Procedures	43,892	46,647	44,294	44,111
Home Health Visits	14,600	14,161	12,440	17,447
CT Scans	2,102	2,089	2,359	2,587
Neonatal Transports	55	76	103	87
Pap Smears	86,907	94,493	86,743	82,857
Maternal-Fetal Medicine Office Visits	9,733	9,171	8,215	8,768
Outpatient Clinic Visits	4,657	4,074	4,909	5,506

Gross Patient Revenue by Service	2010	2009	2008	2007
Obstetrics	24%	24%	22%	21%
Gynecology / Oncology / Surgery	11%	11%	12%	10%
Newborn	5%	5%	5%	5%
Neonatal ICU	23%	25%	29%	30%
Total Inpatient Revenue	63%	65%	68%	66%
Outpatient Surgery	10%	9%	9%	9%
Other Outpatient Care	27%	26%	23%	25%
Total Outpatient Revenue	37%	35%	32%	34%
	100%	100%	100%	100%

Gross Patient Revenue by Financial Class	2010	2009	2008	2007
Insurance*	58%	55%	55%	54%
Medicaid*	35%	39%	40%	40%
Medicare*	6%	5%	4%	5%
Self-Pay+	1%	1%	1%	1%
	100%	100%	100%	100%

* Pays less than 100% of billed charges based upon a contractual arrangement or governmental regulations.
 +Pays less than 100% of billed charges based upon qualifications for financial assistance, discount for package priced services, or prepayment for services.

Woman's Leadership

Board of Directors

Chair

Susan Puyau, MD

Chair-Elect

Robert Stuart, Jr.

Secretary-Treasurer

Jamar Melton, MD

President/CEO

Teri G. Fontenot

Jan Benanti, MD

Dore Binder, MD

Robert Greer, Jr.

Francis Henderson, MD

Matt McKay

Markham McKnight

Amy Phillips

Mike Polito

Ellis Schwartzburg, MD

Mike Wampold

Vice Presidents

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, RN, MN

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, PMH-BC

Vice President

Chief Development Officer

Lynn Weill

Medical Staff Leadership

Chief of Staff

Jan Benanti, MD

Vice Chief of Staff

Yolunda Taylor, MD

Secretary-Treasurer

Ann Lafranca, MD

Chief of Department of

Clinical and Support Services

Terrie Thomas, MD

Chief of Anesthesiology

Timothy Maher, MD

Chief of MFM/High Risk OB

Marshall St. Amant, MD

Chief of Medicine

Kenyatta Shamlin, MD

Chief of Neonatology

Steven Spedale, MD

Chief of Ob/Gyn

Cheree Schwartzburg, MD

Chief of Pathology

Beverly Ogden, MD

Chief of Pediatrics

George Schwartzburg, MD

Chief of Radiology

James Ruiz, MD

Chief of Surgery

Cecilia Cuntz, MD

Chief of Urology

Henry Hollier, MD

Directors

Building Operations

Thomas Gautreau

Center for Newborn and Infant Care

Darcy Gann, MSN, RNC-NIC

Child Development Center

Hope Juge

Compliance Officer

Robert Hawkins

Educational Services

Joan Ellis, PhD, RNC, CNS

Environmental Services

Orlando DeMoss

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 Kammer, RN

Imaging Services

Cynthia Rabalais, RT(M)

Information Systems

Rhett Roy

Laboratory/Pathology

Brett Schelin, MT, ASCP

Managed Care

Sherry Poss

Marketing and Business Development

Merri Alessi

Materials Management

Phillip Bateman

Medical Director

Ken Brown, MD, MBA

Mother/Baby

Dana Vidrine, RNC-MNN, BSN

Nursing Administration

Lori Denstel, MBA, RNC-OB

Obstetrical Services

Cheri Johnson, RNC-OB, BSN

Patient Services

Monica Metz

Perioperative Services

Laura Clouatre, RNC-OB, MSN

Pharmacy

Peggy Dean

Physician Practice Management

J. Thomas Baggett

Quality and Utilization Management

Del Currier, RN

Respiratory Services

Danette Legendre, RCP, CRT-NPS

Retail Services

Lisa Garland

Social Services/Outpatient Clinics

Beth Manning, LCSW-BACS

Wellness Services

Chrissie Olsson, MS, LOTR

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.

Founders

Leo Abraham, MD
William C. Haile, MD

Voting

Mathew Abrams, MD
Sandra Adams
Ramon Aizpurua, MD
Timothy Andrus, MD
Clinton Aubert, MD
Debra Baehr, MD
Phillip Barksdale, MD
Jan Benanti, MD
Dore Binder, MD
David Boudreaux, MD
Rebecca Sherman Boudreaux, MD
Frank Breaux, MD
Jeffrey Breaux, MD
Randall Brown, MD
Joseph Broyles, MD
Malton Bullock, MD
Deborah Cavalier, MD
Erin Christensen, MD
Chester Coles, MD
Michael Coogan, MD
Sarah Davis, MD
Barbara Deming, MD
Robert diBenedetto, MD
Ryan Dickerson, MD
Steven Feigley, MD
M. Giles Fort III, MD
Lisa Gautreau, MD
Gregory Gelpi, MD
Marcia Gremillion, MD
Charles Gruenwald, 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, 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 D. McArthur II
Fritz McCameron, PhD
C. Brent McCoy
John McIntyre, MD
Markham McKnight
Merritt Melker, III, MD
F.A. Moore, 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 Schwartzenburg, MD
Clifford Schwartzenburg, MD
Edward Schwartzenburg, MD
Ellis Schwartzenburg, MD
George Schwartzenburg, MD
Sterling Sightler, MD
Lydia Sims, MD

Curtis Solar, MD
Steven Sotile, MD
Steven Spedale, MD
Gerald Stack, MD
James Stenhouse, MD
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 Willett, MD
Elizabeth Winters, MD

Emeritus

Jerry Affolter, Jr.
Charles Aycock, MD
Hoyt Ayres, MD
John Bateman
Edwin Bowman, MD
Laura Cassidy, MD
Stephen Chatelain, MD
Diana Dell, MD
Evelyn Hayes, MD
Thomas Hightower
D. Wade Hollensworth, MD
Mrs. Ralph Howe
Mary Laville, MD
F. Drew Mayfield
J. Noland Singletary
Thomas Sparks, MD
Fahimeh Tahvildari, MD
Rosemary Haas Williams

PO Box 95009
Baton Rouge, LA
70895-9009
225-927-1300
womans.org



Woman's exceptional care, centered on you

Founded in 1968, in Baton Rouge, La., Woman's Hospital is a 501(c)(3) nonprofit organization governed by a board of community volunteers. Contributions, along with proceeds from hospital operations, are reinvested in research, community education, service programs, and equipment. Woman's provides comprehensive services designed specifically for women and infants, including pregnancy and childbirth, care for high-risk newborns, surgical services and therapy, cancer treatment, wellness and prevention programs, and screenings for cancer and other health conditions. Woman's is accredited every three years by the Joint Commission, the national accrediting body.

Woman's Hospital is a Magnet hospital signifying nursing excellence and quality patient care.

