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
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.

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.
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.

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!
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.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Accomplishment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allow growth of core business and strategic expansion</td>
<td>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.</td>
</tr>
<tr>
<td>Support space flexibility and accommodate changes</td>
<td>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.</td>
</tr>
<tr>
<td>Support patient, visitor and staff safety</td>
<td>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.</td>
</tr>
<tr>
<td>Facilitate exceptional patient and family experiences</td>
<td>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.</td>
</tr>
<tr>
<td>Support current and future technology</td>
<td>The new facilities incorporate state-of-the-art technologies and systems; space is available for additional infrastructure and technology in the future.</td>
</tr>
<tr>
<td>Be convenient and attractive for physicians</td>
<td>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.</td>
</tr>
<tr>
<td>Provide interventional space at the leading edge</td>
<td>Woman’s use of space allows for flexibility. The 600-square-foot operating rooms accommodate robotic technology and other minimally-invasive techniques.</td>
</tr>
<tr>
<td>Meet or exceed planning standards for spaces</td>
<td>Healthcare has evolved, as have the planning standards that guide construction. Innovations such as enviromentally-friendly landscaping and resource-saving utilities make Woman’s more respectful of natural resources.</td>
</tr>
<tr>
<td>Be aesthetically beautiful and peaceful</td>
<td>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.</td>
</tr>
<tr>
<td>Limit traffic overlap</td>
<td>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.</td>
</tr>
<tr>
<td>Provide flexibility for strategic alliance development</td>
<td>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.</td>
</tr>
</tbody>
</table>
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.

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.

Beyond the Move

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.

Woman’s nurses and leadership at the Magnet® redesignation announcement.
### By the Numbers

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miles</td>
<td>6</td>
</tr>
<tr>
<td>Neonatal Teams</td>
<td>11</td>
</tr>
<tr>
<td>Ambulances</td>
<td>20</td>
</tr>
<tr>
<td>Infant Car Beds</td>
<td>57</td>
</tr>
<tr>
<td>Labor Pool Staff</td>
<td>183</td>
</tr>
<tr>
<td>Command Center Calls</td>
<td>1,700</td>
</tr>
<tr>
<td>Woman’s and Acadian Ambulance staff</td>
<td>2,000+</td>
</tr>
</tbody>
</table>

### First and Last

- **1968 Original Campus**
- **First baby born**
- **5:00 AM** Patients in early labor transferred to new campus
- **6:05 AM** First NICU patient departs original campus
- **6:57 AM** First adult patient arrives at new campus
- **12:54 PM** First delivery at new campus
- **Last NICU patient departs original campus**
- **2:07 PM** Last NICU patient arrives at new campus
- **3:05 PM** First NICU surgery at new campus
- **4:29 PM** Last adult patient arrives at new campus
By the Numbers

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

1968 Original Campus
First baby born
2012 Original Campus
Last baby born
2012 New Campus
First baby born

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)

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

* 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)

<table>
<thead>
<tr>
<th></th>
<th>Woman's*</th>
<th>LA</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision</td>
<td>96</td>
<td>98</td>
<td>98</td>
</tr>
<tr>
<td>Prophylactic Antibiotic Selection Appropriate</td>
<td>100</td>
<td>98</td>
<td>98</td>
</tr>
<tr>
<td>Prophylactic Antibiotic Stopped Within 24 Hours After Surgery</td>
<td>96</td>
<td>96</td>
<td>97</td>
</tr>
<tr>
<td>Treatment to Prevent Blood Clots Ordered</td>
<td>100</td>
<td>97</td>
<td>98</td>
</tr>
<tr>
<td>Treatment to Prevent Blood Clots Received Within 24 Hours Before or After Selected Surgeries</td>
<td>100</td>
<td>96</td>
<td>97</td>
</tr>
<tr>
<td>Surgery Patients with Appropriate Hair Removal</td>
<td>100</td>
<td>99</td>
<td>100</td>
</tr>
</tbody>
</table>

* 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.
Quality Performance

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 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.

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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.
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)

---

**Woman’s breastfeeding rate remains above state average**

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**Woman’s Breastfeeding Rate**
(upon discharge)

---

**CDC U.S. National Breastfeeding Rate-Ever Breastfed**

**Louisiana Average**

---

**Breastfeeding Rate Improvement**

**Woman’s breastfeeding rate remains above state average**

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**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 ≤ 36%), and nosocomial infections to 15.3% (goal ≤ 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 postpartum 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 Breastfeeding 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.
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  
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Joseph Broyles, MD  
Deborah Cavalier, MD  
Erin Christensen, MD  
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Gary Cox, MD  
Sarah Davis, MD  
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M. Giles Fort, MD  
Lisa Gautreau, MD  
Greg Gelpi, MD  
Marcia Gremillion, MD  
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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  
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Sharon Lee, MD  
Michael Leggio, MD  
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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 Schwartzenburg, MD  
Clifford Schwartzenburg, MD  
Edward Schwartzenburg, MD  
Ellis Schwartzenburg, MD  
George Schwartzenburg, MD  
Sterling Sightler, MD  
Lydia Sims, MD  
Curtis Solar, MD  
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Steven Spedale, MD  
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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

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Stan Shelton
Vice President Employee Services
Donna Bodin
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Paul Kirk
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Greg Smith
Vice President Infant/Pediatric Services
Staci Sullivan, MSN, CNS, NEA-BC
Vice President Chief Development Officer
Lynn S. Weill

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Vice Chief of Staff
Nicolle Hollier, MD
Secretary-Treasurer
Amanda Pearson, MD
Chief of Clinical and Support Services
Cheree Schwartzenburg, 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 Chaissen
Food and Nutrition Services
Margie Hicks
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
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**

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

*Includes pediatric discharges and transfers to Woman's NICU
**Operating Margin and Excess Margin**  
As a Percentage of Revenues

<table>
<thead>
<tr>
<th></th>
<th>FY 2012</th>
<th>FY 2011</th>
<th>Excess Margin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Margin</td>
<td>2.4%</td>
<td>10.5%</td>
<td>4.7%</td>
</tr>
<tr>
<td>Excess Margin</td>
<td>11.5%</td>
<td>3.1%</td>
<td>23.9%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Total Assets</th>
<th>Net Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2012</td>
<td>$737.7</td>
<td>$262.9</td>
</tr>
<tr>
<td>FY 2011</td>
<td>$734.3</td>
<td>$350.7</td>
</tr>
<tr>
<td>Moody’s A3-rated hospitals</td>
<td>$217.7</td>
<td>$204.4</td>
</tr>
</tbody>
</table>

**Net Patient Service Revenues**  
(in millions)

<table>
<thead>
<tr>
<th></th>
<th>FY 2012</th>
<th>FY 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>$428.7</td>
<td>$217.7</td>
<td>$204.4</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>FY 2012</th>
<th>FY 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>$125.5</td>
<td>$117.6</td>
<td></td>
</tr>
</tbody>
</table>
Providing Benefits for Persons Living in the Community and State and Living in Poverty

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