A GREAT BEGINNING
The Woman’s Hospital 1983 Report to the Community

1968-1983
What’s well begun, is half done.
— Horace 25 B.C.

With the birth of every child comes not only a new life, but a new hope for the world as well. And with every surgical operation also comes a new hope, and a new life.

The history of Woman’s Hospital is traced in the lives of the many people, who have for the past 15 years dreamed and planned to build the hospital, cared and worked to continue the tradition, and who trust the hospital with their lives and health.

This is not a traditional annual report. The statistics and financial information are here, but there is more. We believe the best way to remember the past year is through the people who made the year what it was.

The three families profiled represent a tiny fraction of the patients who passed through our institution in 1983, but their stories show best how Woman’s Hospital serves its community.
Any hospitals refer to the procedures done in their outpatient surgery unit as minor surgery. Not Woman's Hospital.

No surgery is minor, unless it happens to someone else, says Pat Fawley, RN, the head nurse in Woman's Hospital's Alice and Warren Farr Day Surgery Unit. The Day Surgery nurses have a unique challenge: they must anticipate their patients' questions and worries, calm their fears, care for their physical needs, and prepare them to care for themselves at home. And they have only a few hours to accomplish all this, because day surgery patients go home at the end of the day.

When Robin Reed, an elementary school teacher, was admitted to Day Surgery in August, it was her second trip to the unit. Because of a history of endometriosis, a disease causing scarring of various reproductive organs, Robin's doctors doubted she would be able to conceive children. In 1982, he admitted her to the Day Surgery unit for a laparoscopy, a procedure which allows the physicians to look into the abdomen to see the condition of various organs.

The surgery was surprisingly, however. The damage was not as extensive as he expected. He found one of her tubes was blocked completely, but the other was open." Robin said. "He decided to put me on medication for the endometriosis. The medicine didn't help."

"Miscarriage is something most people don't talk about, so when it happens to you, you really don't know how to feel. I told my patients that I know what they're going through, because the same thing happened to me.

I try to prepare them for anger, depression, and grief, because you really do grieve for the baby. And, I try to prepare them for the things other people do. People will sometimes say insensitive things like you can always get pregnant again, which means nothing to a mother who is grieving for that child.

It's a difficult time, but I know from my own experience that time really does heal wounds.

"I needed someone to tell me those things, because I found that so many people, when you have a miscarriage, just ignore it. They think it's better to say nothing at all, which I found not to be true. I rather people know it happened and say something," Robin said.

FLO FULRO, RN, HEAT DRY, DAY SURGERY
We have only a little while with our patients, but it's amazing how much time we can make for them, especially if we sense that they're afraid or apprehensive. We have to read minds sometimes. I read a quote once to an article about day surgery. It said you admire a stranger, but you don't admire a stranger and it's true, that's exactly how we feel here.

I love this unit. I feel like I've really accomplished something when I go home at night.

(Editors' Note: Robin Reed and her husband, Dan, are expecting a baby in September.)

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TERRY LEIDG, RN, STAFF NURSE, DAY SURGERY
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Kim Bonnette, RN, KELLY'S STAFF NURSE, IN NICU

I feel if I can let the parents leave with a little more hope, if I can allay their fears, I've done a lot to help the baby. Because then the parents can relax when they're with the baby, and bonding takes place.

And, when they take the baby home, it's like he was never away from them.

One of the respiratory therapists, Charlie Vaughn, really helped us through our darkest times, by giving us a sense of humor. He made us laugh when we wanted to cry, all the staff did," Connie said.

CHARIL VAUGHAN, RESPIRATORY THERAPIST
I try to take the parents out of the situation just for a moment, to convince them that there's something beyond what they're feeling at the time. If all you can do is make them laugh at you, then that's what you do.

We can't always stop the bad times from happening, but we try to help the parents realize that life goes on.

I try to talk the medical professional image, because parents can't relate to you that way. It's like a child trying to relate to an authority figure.

I just relate to them as another human being, and I try to shoulder their problems for an instant.

Russell and Connie Rosato with six-month-old Kellie. Photo by Rienzi

Kellie's become much more than a patient, she's like our own child.

"I just relate to them as another human being, and I try to shoulder their problems for an instant."

Dan and Robin Reed with their pet cat, Samantha. Photo by Rienzi

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Ellie Thibaudaux and Jack Whitehead with their six-week-old son, Michael.

A Celebrated Arrival

Ellie Thibaudaux and her husband Jack Whitehead were among the 84 couples who delivered in the birthing room in 1983. Their son Michael was born early on the morning of December 25. Here is their story.

Jack and Ellie each had their own reasons for their interest in Lamaze childbirth. As a registered nurse, Ellie was well educated in the clinical aspects of childbirth, but wanted to know "what it was really like.

I was not completely opposed to having anesthesia for childbirth. My primary concern was that I wanted the baby to be very alert, and I wanted to be very aware of what was going on. When people asked me if I was going to give all the way with Lamaze, I'd say if I could handle it I would, but I was open minded," she said. Jack was less enthusiastic about Lamaze classes, but relied on Ellie's judgment. As a law student, and certified public accountant, he had little experience in the area.

"There's a very weak element," he said. Even the films in Lamaze class were difficult for me to watch, they bothered me.

My time with Ellie is very limited, since I'm in law school. So Lamaze classes and practicing the exercises together at home actually gave us a new time to do something together.

I wanted to be well prepared for the birth. I wanted to know what to expect. I really thought I was going to be nervous," Jack said.

NANCY Tongues, RN

LAMAZE TEACHER AT WOMAN'S HOSPITAL

People come to Lamaze with all kinds of ideas and goals. When I teach a class, I tell the couples on the very first night that my goal for them is to have the very best experience they can, regardless of whether they have a normal delivery or a Cesarean section, regardless of what techniques they use.

To give them a realistic picture of what's going to happen. When they go into labor, no matter what happens, I want them to be able to say, 'This is okay. I'm ready for this because Nancy told me it might happen.'

We met so many nice people in the class. Ellie said. We would talk and realize our problems and experiences were not unique. It was fun.

I learned a lot too," she said. "It had been 11 years since I had an OB experience involving what really helped me a lot was Nancy giving on her personal experiences.

After the classes ended, Jack and Ellie con

"I remember making Ellie look at me. Taking her face in my hands and telling her not to take her eyes off me.""I never get tired of seeing birth. I think the birth of a baby is the most wonderful sight in the world. It amazes me every time.

I was so pleased with the breathing and relaxation exercises. When Ellie's labor began December 29, she and her husband were well prepared. They arrived at the hospital just after 5 a.m.

Ellie was laboring quickly and soon she was moved into the birthing room. She began having trouble using Lamaze exercises. In transition, the most difficult time of labor just preceding delivery, Ellie seemed to be having continual contractions.

She could not tell when one ended and another began.

"Lora Taylor, RN, an instructor in the hospital's Educational Department, was assigned to Jack and Ellie.

"Lora was wonderful," Ellie said. "I was on the verge of giving up. I just wasn't sure I could handle it anymore. But Lora encouraged me, she told me you're almost there! She helped us regain our focus, and told us which exercises to use and when. She gave me confidence in myself.""

LORA TAYLOR, RN, EDUCATION DEPARTMENT

Ellie and Jack were doing fine; they just needed someone to tell them when the contractions were beginning and ending. They really weren't continual, they just felt that way because of the pressure of the baby's head.

This happens a lot, especially at the beginning of transition. If you're going to panic, that's when they do it.

All this to tell you, you're doing fine, you're going to make it. And it's all right. If you make it to transition, they have done well. I remember making Ellie look at me, taking her face in my hands and telling her not to take her eyes off me. This works well, even with couples who have had no Lamaze preparation. It also lets the coach know what to do if it happens again.

"Lora had a calming effect on both of us," Jack said. "It was more than just a matter of her giving good care. It was her entire personality, the sound of her voice. She was in complete control of the situation."

With their confidence regained, Ellie and Jack continued.

At 6:02 a.m., the atmosphere in the birthing room changed from one of tension and hard work to one of celebration and joy. Incomparable to that of any other life event.

Jack and Ellie were not alone in their celebration of Michael's arrival.

"I really felt as though the staff genuinely shared our joy and excitement. There was so much warmth in the room. It must be a very happy place to work," Jack said.

LOLA TAYLOR

We really did share their excitement, we always do. Almost always cry when I see a baby born.

I don't believe nurses in Labor and Delivery become so involved in the childbirth experience, and if you've been helping a Lamaze couple, you are genuinely involved, because you spend so much time with them.

Of course, if you make the commitment and get involved with the couple, you also commit to sharing their sorrow and disappointment if something goes wrong, and occasionally it does.

NANCY TONGUES

You do feel the excitement and the joy. After you take care of someone through labor, you can't help but be excited at the delivery. I love my job, and I think most of the staff at the hospital feel the same way. And I think it comes across to the patients in the care we give.

I never get tired of seeing birth. I think the birth of a baby is the most wonderful sight in the world. It amazes me every time.

"I really wasn't nervous at all. There's a big difference between watching something on a film, and actually being there. I had to react quickly, to be involved. I can honestly say it didn't bother me at all," Jack said.

NANCY TONGUES

I'm that way with everyone. I had once father recently who was very reluctant to go into the delivery room. I finally convinced him into it, telling him he didn't have to watch, he just had to be there with his wife. Once the delivery started he changed his mind. He couldn't quit talking about how beautiful it was.

One of the nicest things about the birthing room was that we were able to call our families. We called friends and right from the room. People were really shocked that we were calling from the delivery room, that they could hear the baby cry," Ellie said.

One of my friends said, 'you've just had a baby and you've already to talk.'""I remember making Ellie look at me. Taking her face in my hands and telling her not to take her eyes off me. This works well, even with couples who have had no Lamaze preparation. It also lets the coach know what to do if it happens again.

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Woman's Hospital Operating Expenses
WHERE THE HEALTH CARE DOLLAR GOES

49¢ Wages and Salaries
12¢ Medical Supplies, Drugs and Pharmaceuticals
9¢ Contract Services
9¢ Capital expenses
6¢ Employee benefits
5¢ Professional fees
5¢ Other expenses
3¢ Utilities and fuel
2¢ Food Service

ADMINISTRATION AND DEPARTMENT HEADS

Thomas Highower, RN
Administrator

Ronald Butler
Associate Administrator

Joe Ervin
Assistant Administrator for Finance

Al Hartung
Assistant Administrator for General Services

Kenneth Head, RN, Ph.D.
Assistant Administrator,
Director of Nursing Services

Sandy Smith, RN
Clinical Services Director

Pat Schilling, RN
Administrative Supervisor/Days

Shirley Foster, RN
Administrative Supervisor/Evenings

Melinda Young, RN
Administrative Supervisor/Evenings

Margaret Paquin, RN
Administrative Supervisor/Pnights

Dee Leuane, RN
Administrative Supervisor/Relief

Phyllis Jeffers, RPH
Pharmacy Director

Dee Brandt
Public Relations Director

Gene Barkley
Purchasing Director

Josephine Mohr
Volunteer Services Director

Anne Evans
Hospital Auxiliary President

Cynthia Rehabs, RT
Chief X-Ray Technician

Barry Champagne
Building Operations Manager

Jan Stewart, RD
Food Services Manager

Mets Hightower
Gill Shop Manager

Hansan Maathook
Housekeeping Manager

Harry Wilson, MT/ASCP
Pathology-Nuclear Medicine Laboratory Manager

Judy Roberts
Librarian

Nancy Crawford, RRA
Medical Records Director

Robert Bennett Jr., M.D.
Assistant Director of Neonatology

Allie Woolfolk, M.D.
Chief of Radiology

Adrian McInnis, M.D.
Chief of Surgery

Williams Wall, M.D.
Chief of Urology

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Vice Chief of Staff

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Marvin Sturkey, M.D.
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Nancy Cheaney, M.D.
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Rosemary Haas Williams
Attorney-at-Law

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Medical Statistics
YEAR ENDING SEPTEMBER 30

Adult Admissions
10,135
10,135

Adult Deaths
0
0

Surgeries
7,039
7,027

Newborn Deaths
66
69

Average Adult Stay
2.9 DAYS
2.9 DAYS

Stillborns
0

Caesarean Sections
2,120
2,075

60
75

Births
7,930
7,875

0.006
1.019

Primary C-Section Rate
13.5%
13.5%

High Risk Infants
2,019
1,872

Laser Surgeries
510
171

Fathers Attending Birth
3,722 (61%)
3,544 (45%)

0

DAY
0

1983
1982
The Year in Review

Though changes such as new programs, new equipment, or new services draw attention and headlines, other changes, if more subtle, are just as important. Such were many of the changes that characterized Woman's Hospital's 15th year.

The year saw Woman's Hospital join health care institutions throughout the nation in a greater emphasis on community service, on bringing the hospital services to those outside its walls, and to an acknowledgement that community and patient education are an important function of a hospital.

An example of Woman's Hospital's growing emphasis on community service is the hospital's strong commitment to discourage smoking in the hospital among employees, patients and visitors.

In the summer the hospital Board of Directors and Medical Staff approved a controversial policy which greatly restricts smoking in the hospital. The policy is accompanied by an educational campaign, including free quit-smoking clinics conducted for employees by the American Cancer Society.

The year was also marked by several new educational programs for patients, the community, and the hospital staff.

The Education Department sponsored the first Childbirth Fair on May 7, 1983, with 10 sessions on various topics of interest to new and expectant parents.

Pre-operative classes were begun for patients undergoing gynecological surgery.

Internationally known author Elisabeth Bing participated in a workshop for childbirth educators Sept. 29, and several widely known experts were featured at the hospital's annual Graffagnino-Collins Memorial Lecture for physicians April 27. This year's topic was sexually transmitted diseases.

One of the most exciting announcements of the year came in January from the American Academy of Nursing. Woman's Hospital was one of four hospitals, the only one in Louisiana, cited as models of nursing practice.

The Academy said the hospitals named all had knowledgeable leadership, gave nurses the opportunity to deliver high quality care, and provided for professional growth and education.

As the hospital continues to look for ways to serve Baton Rouge women and infants, it must deal effectively with many outside forces, such as the economy and government regulations.

One of the most pressing issues facing Woman's Hospital, and all hospitals, is the federal government's new method of reimbursing medicare patients. This program, called the DRG program (diagnostic related groupings) has forced hospitals to make many changes in methods of financial management.

The hospital promises a growing emphasis on family centered maternity care. Recommendations written by the Cybele Society, an international organization devoted to making childbirth a family experience, will be presented to the hospital this spring.

And, the hospital will continue to look for new ways to provide service to its day surgery patients.

Day Surgery has all of the advantages of a freestanding outpatient surgery unit, with many advantages of its own, including complete emergency services available for unexpected problems.

The hospital's Neonatal Intensive Care Unit, known nationally for progressive and sophisticated care for newborns, will begin reaching to areas outside Baton Rouge with the establishment of the NICU Transport Team.

The transport service will enable Woman's Hospital to extend its care to infants throughout the area in need of specialized care.

But for all the things that will change at Woman's Hospital, many will remain the same.

We hope our commitment to respect the patient as an individual will never change. We hope the values which carried the hospital from 1968 to today will remain forever unchanged.

And finally, we hope you, our community, will continue to give us your trust, support and suggestions for change.

It is only through this valued partnership that Woman's Hospital can continue to serve Baton Rouge women and infants.

Elisabeth Bing, an internationally known author, was the featured speaker Sept. 29 at a Woman's Hospital workshop for childbirth educators. She is the author of many books on pregnancy and childbirth, including "Having a Baby After 30," and "Six Practical Lessons for an Easier Childbirth," which is published in six languages.

Your contributions will enhance the programs of Woman's Hospital for women and their newborn infants. You may designate your gift for a specific health area or program which has a personal meaning for you.

Enclosed is my check in the amount of $ ___________ Make check payable to Woman's Hospital Foundation

Apply the contribution toward ____________________________

Name

Address

City        State        Zip

Mail to: Woman's Hospital Foundation, P.O. Box 15379, Baton Rouge, LA 70895

If this is a commemorative gift:  □ In memory of  □ In honor of occasion

Name

Please notify ____________________________

Address

City        State        Zip

Notice of your gift will be sent; no amount will be mentioned.

The Year Ahead