Nursing Services Philosophy

Through accountability and individual perspectives, Fort HealthCare Nursing Services will value, promote, and create an atmosphere that partners with providers, the community, and technology to support practices which reflect standards of excellence, collaborative relationships, and quality patient care.
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## Continuing E-Learning in 2014
**BLS for Healthcare Providers E Learning Courses offered via the Learning Management System**

In 2013, the Learning Center implemented the American Heart Association’s BLS for Healthcare Providers Online Part 1 Course. Web-based and accessible 24 hours a day, this format provides a flexible alternative to classroom training. Through case-based scenarios, interactive activities and videos, this course teaches the concepts of both single-rescuer and team basic life support. Followed by a 20-minute skills session with an AHA instructor, this new alternative has proven to be time and cost efficient and will continue to be offered in the new year.

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![Image](image_url)

Noreen Lyons, PA with Corinna Bindrim during a Skills Session with NEW Prestan Manikins and AED

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**OUR MISSION**

**OUR VISION**

*IMPROVE THE HEALTH AND WELL-BEING OF OUR COMMUNITY.*

*BE THE HEALTHIEST COMMUNITY IN WISCONSIN.*
**Opening Message**

While 2013 may be perceived as a year of intense focus on financial pressures that health care is facing, in this report we’d like to focus on activities and events that have occurred over the year reflective of patient care and advancing the organization’s Nursing Services Division; in addition to highlighting some of our goals for 2014, leading with a now commonly known Fort HealthCare theme – LET’S DO THIS. In a year of adversarial health care law, financial restructuring, and dynamic changes in the delivery of health care, the Nursing Services Division and our colleagues at Fort HealthCare have continued to press forward to support the mission, advance the profession, and create safe practices for excellent patient care.

**The Patient Experience**

Significant emphasis has been placed on the patient experience and a patient-centered care approach over the past year, and our patient satisfaction results show that these efforts have been fruitful. Coordinating our efforts through a new Patient Experience Committee, we have been able to identify opportunities and improve outcomes by instilling best practice ideas in a variety of ways. We continue to enhance collaborative multi-disciplinary teams to work on projects, offer daily patient leadership rounding to inpatients, and we have engaged in statewide activities such as the Wisconsin Hospital Association’s (WHA) Partners for Patients and Transforming Care at the Bedside (TCAB) projects. Our efforts have also focused on offering customer service simulation scenarios in the Learning Center, enhanced communication processes for patient rooms, and introducing a Transitional Care program.

**HCAHPS**

<table>
<thead>
<tr>
<th>Nurse Communication</th>
<th>Q1 2013</th>
<th>Q2 2013</th>
<th>Q3 2013</th>
<th>Q4 2013</th>
<th>Natl’ Ave</th>
<th>State Ave</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Hospital Rating</td>
<td>73.1</td>
<td>80.4</td>
<td>73.8</td>
<td>76.2</td>
<td>69</td>
<td>74</td>
</tr>
</tbody>
</table>

*Results as of 12.5.2013  **HCAHPS = Hospital Consumer Assessment of Healthcare Providers & Systems

**Outpatient Services – Ambulatory Services**

<table>
<thead>
<tr>
<th>Overall Satisfaction with Experience</th>
<th>Q1 2013</th>
<th>Q2 2013</th>
<th>Q3 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Satisfaction with Quality of Care</td>
<td>97.6%</td>
<td>99.5%</td>
<td>97.5%</td>
</tr>
</tbody>
</table>

*Survey results include: Endoscopy, Surgery, Other

**Outpatient Services – Emergency Services**

<table>
<thead>
<tr>
<th>Overall Satisfaction with Experience</th>
<th>Q1 2013</th>
<th>Q2 2013</th>
<th>Q3 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Satisfaction with Quality of Care</td>
<td>83.8%</td>
<td>88.8%</td>
<td>89.1%</td>
</tr>
</tbody>
</table>

**2014 Patient Experience Goals:**

- Show continued improvement in all areas within Nursing Services Division.
- Develop two programs/initiatives that enhance the patient experience.
- Assist with preparation for CAHPS in the Clinic Setting (C-CAHPS) as well as in Emergency Services (ED-CAHPS).

**NOTE**

Q4 2013 data unavailable at time of report completion

So, while our efforts have not been in vain, and we are pleased with these results, we are far from finished in improving our efforts in enhancing the patient experience. Our team is committed to excellence and the LET’S DO THIS motto remains in motion – trialing ‘small tests of change’, identifying new ideas, and putting forth persistent effort at reaching excellence in the patient experience arena.
Patient safety is always at the forefront of any health care organization. It is imperative in this profession that we GET SAFETY RIGHT. Safety surveys, checklists, Core Measures, and National Patient Safety Goals (NPSGs) are just some of the many buzz words touted when discussing safety in health care.

While employees took part in completing the national 2013 AHRQ Patient Safety Survey, additional work was done in the safety arena at a more departmental level. Collaborative efforts within the surgical suite took place to create heightened adherence to an enhanced Surgical Safety Checklist. While national guidelines remained the same, the process became more solidified, consistent in nature, and collaborative efforts of participation from our surgeons and team ensued. A Massive Blood Transfusion Protocol (MTP) was also developed to create a smoother process in preparing surgical and laboratory staff for high-risk transfusion situations, and most recently in November, Cerner’s Anesthesia Information Management System (AIMS) solution became part of our electronic health record (EHR), allowing anesthesia staff to electronically document the intra-operative care of the surgical patient and integrate documentation efforts into our global EHR, Compass. With the introduction of AIMS, anesthesia staff members now have the ability to scan blood product labels which further enhances Fort HealthCare’s patient safety measures by eliminating the potential for human error in transcribing information into the system.

The surgical suite was not the only area looking at safety opportunities. A variety of key hospital patient safety enhancements were created across Nursing Services including an inpatient advanced fall prevention program, improved restraint management monitoring, the obstetrical team moving toward a “Baby Friendly” designation, and the creation of an advanced suicide risk assessment for at-risk patients presenting to our Emergency Department and within our hospital.

The Learning Center has also kept safety in check by offering “Safe Patient Handling” classes through the Nurse Residency Program, in addition to having the SimLab host its first official ‘House of Horrors’, allowing employees to walk through a simulated patient room and identify significant concerns and potential errors in patient care practices.

Likewise, throughout the country, there are many national quality indicators that measure important safety standards in the field of general medicine. Ventilator associated pneumonia (VAP) events, catheter-associated urinary tract infections (CAUTI), surgical site infections (SSI), and central line associated blood stream infections (CLABSI) are among a few of these key metrics reported through the CDC’s National HealthCare Safety Network (NHSN); our results remain very stable:

<table>
<thead>
<tr>
<th>Quality Indicator</th>
<th>Q1 2013</th>
<th>Q2 2013</th>
<th>Q3 2013</th>
<th>Q4 2013</th>
<th>National</th>
<th>WI State</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAP</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>No data</td>
<td>No data</td>
</tr>
<tr>
<td>CAUTI (ICU)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1.0</td>
<td>0.79</td>
</tr>
<tr>
<td>SSI</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1.0</td>
<td>0.92</td>
</tr>
<tr>
<td>CLABSI</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1.0</td>
<td>0.40</td>
</tr>
</tbody>
</table>

2013 FHC results as of 11.30.2013  HAI NSHN/Checkpoint National & State Comparisons as of Q2-2013

Safety concerns are easily reported at FHC through the use of CLARITY, an electronic incident and/or compliment management reporting tool. Very often following a Clarity report, a “Just Culture” review is completed to help identify opportunities to improve processes and educate employees on safer practices. As of December 5, 2013 738 Clarity reports have been submitted through our Quality and Integrated Care department this year!
Hand Hygiene continues to be scrutinized across the nation attempting to reduce and prevent Hospital Acquired Infections (HAIs). According to the WHO Collaboration Centre for Patient Safety Solutions, “one in every 136 patients in the United States becomes severely ill as a result of acquiring an infection in hospital” (May, 2007). As simple as it sounds, hand hygiene is a key factor in helping reduce the spread of infection. Here at Fort HealthCare we monitor the compliance rate of stringent health care hand washing techniques both within our hospital setting and throughout our clinics by using an Infection Liaison Team. While our compliance rate is at 93% facility-wide for those departments that participate, it is our goal that hand hygiene auditing occurs on a monthly basis in all departments for 2014.

And so the theme continues. LET’S DO THIS. While improvements have been made in the safety arena as well, we do not lack opportunity for improvement or continued engagement. Improving safety, an all-important topic, will remain on the ‘high-priority’ list for the Nursing Services Division and Fort HealthCare as a whole for 2014, and for years to come.

**2014 National Patient Safety Goal (NPSG):**
The 2014 NPSGs have now included “Alarm Safety” as one of their newest standards. For 2014, Nursing Services will collaborate with a variety of departments to begin our journey in meeting this goal.

**COLLABORATIVE EFFORTS**

The Nursing Services Division collaborates with a variety of departments and programs in a number of ways. In the physician realm, there is nursing participation on a multitude of medical staff committees, including, but not limited to Adult Inpatient Services Committee (formally known separately as Med-Surg-Peds Committee and ICU Committee), Emergency Services Committee, OB Committee, the Joint Quality Improvement Council, Surgical Committee, and the newly developed Pediatric Committee. You will also find a number of projects and activities that physician and nursing services team members participated on together this year. One such example includes the ADMISSION PROCESS TEAM:

Mid-year, our Emergency Services & Hospitalist Providers teamed up with Inpatient and Emergency Services Nurses to improve the process for patients being admitted from the Emergency Department to Inpatient Services. The team has worked closely on a variety of important improvement processes, including creating a ‘hand-off’ reporting template, discussing safe communication and patient experience practices, and improving “ED-to-Inpatient Throughput” timeframes, a Core Measure that is publically reported by the Center for Medicaid and Medicare Services (CMS). While this team is still gathering, it has already proved to be a positive collaborative effort.

<table>
<thead>
<tr>
<th>ED to Inpatient Throughput</th>
<th>Q1 2013</th>
<th>Q2 2013</th>
<th>Q3 2013</th>
<th>Natl Ave</th>
<th>State Ave</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED Arrival to Departure (Inpatient)</td>
<td>225 min</td>
<td>226 min</td>
<td>213 min</td>
<td>274 min</td>
<td>206 min</td>
</tr>
<tr>
<td>Time of Admit Decision to Departure</td>
<td>64.5 min</td>
<td>61 min</td>
<td>61 min</td>
<td>96 min</td>
<td>65 min</td>
</tr>
</tbody>
</table>

**Inpatient Nursing Services and the Hospitalist Team** have recently worked together as well, creating a process in which specific high-risk/low-volume patients are monitored (and documented on) very closely. The team initiated an additional daily review process for increased awareness on restraint utilization, urinary catheter days, and telemetry monitoring. This process will continue to assist us in reducing potential complications, delayed care, and unnecessary treatments.

**Pharmacy-Nursing Collaboration**

Collaborative efforts between the Pharmacy Department and Nursing Services is a given. Pharmacy plays a significant role in enhancing safety and education surrounding medication management. Nursing Services partners with pharmacy, following up on weekly scanning reports and participating on the Medication Safety
**COLLABORATIVE EFFORTS**

Committee to review quarterly results and coordinate new actions to improve practices. Scanning medications is a cornerstone to the success of medication safety, and reviewing medication reports is extremely valuable, using all of the data we have available. Understanding that some medications cannot be scanned, such as during significant emergent situations, pharmacy monitors these numbers very carefully, assisting clinical managers to follow up with employees in a timely fashion, which continues to move our scanning percentages organization-wide to a higher level of excellence:

<table>
<thead>
<tr>
<th>TOTAL % MEDICATION SCANNING</th>
<th>Q1 2013</th>
<th>Q2 2013</th>
<th>Q3 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient (ICU, Inpatient Services, OB/Nursery)</td>
<td>96.77%</td>
<td>97.94%</td>
<td>98.00%</td>
</tr>
<tr>
<td>Outpatient (Emergency, Ambulatory, &amp; Perioperative Services)</td>
<td>90.22%</td>
<td>89.22%</td>
<td>91.87%</td>
</tr>
</tbody>
</table>

An additional collaborative effort between pharmacy and nursing included a project that the Inpatient Services Transforming Care at the Bedside (TCAB) team worked on to enhance patient education on medication use and side effects. A tool was created for inpatient rooms that shares detailed, easy-to-understand information on the use of common hospital medications and their potential side effects. Nurses use this tool with the patient to offer education and allow for questions. At the Wisconsin Hospital Association’s (WHA) TCAB Statewide Fall Event, Fort HealthCare took second place as “Best Idea to Steal” for the creation and initiation of this tool!

**Inpatient CARE PLANS Show Enhanced Capability through the EHR**

Nursing Services collaborated with various departments to create enhanced patient Care Plans within our electronic health record. Care Plans contain nursing interventions and goals, allowing for ongoing assessment and therapeutic interventions to occur for our patient population in the hospital setting. Guidelines are provided for managing the patient’s illness and where to best focus priority nursing care. Throughout 2013, nurses and various staff members from Inpatient, Perioperative, Nutritional, and Obstetrical Services collaborated with the Informatics Team to discuss and create best-practice, individualized patient care plans. Our Shared Governance Council & TCAB Team also contributed to enhancing patient Care Plans by coordinating efforts to standardize white boards in patient rooms in order to communicate the plan of care to patients more effectively.

**Inpatient Services – Positions Department with Major Transition**

**Inpatient Services**

With fluctuations in patient census, goals to enhance the patient experience, and messages forthcoming that all departments look at programs and care models in innovative ways, the Medical- Surgical-Pediatric Department, Intensive Care Department, and Intermediate Care Department transitioned this fall by combining the departments under one care model umbrella – Inpatient Services. While change is challenging, employees are adjusting, and the team is coming together. Expanding the knowledge base and combining experience levels from each department continues to bring the team together to create a progressive care approach to the inpatient experience. Intermediate Care patients now reside on our 34-bed second floor along with our Medical/Surgical, Joint Replacement, and Pediatric patients. And, depending on ICU census, Inpatient Services has also established “ICU-Mobile”, so when the ICU census is low, these patients can be taken care of on the second floor with the same high-level nursing care, but with the addition of having support of other Nurses, CNAs, and Health Unit Coordinators close by. This approach also aims at minimizing the transition that a patient makes when transferring from ICU level care to medical care prior to being discharged from the hospital setting; making the patient’s stay in one department and one patient room less confusing and more stable.

In addition, Inpatients Services recently initiated a Welcome Folder that provides a variety of information, starting with an opening letter and going on to explain bedside report, how to ‘take charge of your health care,’ educational resource; available the discharge planning process and even offers tips for resting well in a hospital setting. This is all done with the intent to enhance the patient experience, providing patient clarity and a better understanding of what sometimes may seems like a ‘chaotic’ hospital stay.
**The Joint Commission (TJC) Visit**

Every three years, TJC visits designated healthcare organizations and evaluates their accreditation status. 2013 was that year for Fort HealthCare, and we were well prepared. While preparation is ongoing, a group known as ‘The Joint Commission Expanded Task Force’ was put into action for the 2013 year to heighten our focus and assist hospital employees in preparation of the visit. The Nursing Service’s Shared Governance Council took part in the action by educating staff members through the creation of traveling poster boards focusing on the National Patient Safety Goals. Overall, the visit from TJC was very successful with positive feedback regarding our high standard for quality care.

Shortly after TJC’s visit (Two days after in fact...so much for celebrating!), Fort HealthCare welcomed two state surveyors from the Center for Medicare & Medicaid Services (CMS) who SURPRISED us with being selected as participants in a new state survey tool that focuses on discharge planning, infection control, and quality measures. Between TJC and CMS, along with other credentialing/certifying organizations being in the building throughout the year, we’re happy to report that while there is always room for improvement, Fort HealthCare is definitely on the right track of promoting safety and offering high-quality care to the people of our community. Thanks to those of you who ’dropped’ everything to assist in these intense survey processes.

**2014 Collaborative Effort Goal:**

In collaboration with the Hospitalist Team, Nursing Services will assist with establishing a PICC Line Program to offer an additional method of intravenous access for patients that present to the hospital with the need for extended periods of medication, nutrition, or fluid volume delivery.

**COLLABORATIVE EFFORTS continue through our PEDIATRIC WELLNESS TEAM initiatives**

Coming together for monthly meetings, the Pediatric Wellness Team strives to identify and meet the needs of our pediatric population throughout the community. Employees from the hospital and clinic setting, in addition to other community members actively participate on the committee and in a variety of pediatric activities. We look forward to the continued advancement and collaborative community efforts in promoting pediatric wellness and combatting childhood illness and disease within our service area.
Camp 911
Open to children in grades 4 to 6, Camp 911 is a one-day program focusing on safety, prevention techniques and health and wellness. Camp 911 partners with community agencies and Fort HealthCare to provide a fun, hands-on learning environment that gives children the knowledge, skills and confidence to protect themselves, react safely in emergency situations and increase awareness of health and wellness. Now in its third year, Camp 911 continues to fill every session offered and served over 140 children in 2013. Due to popular demand, this program is now offered twice during the summer months. We’re looking forward to what camp has in store for next year!

Movin’ & Losin’ (formerly Shapedown)
This 6-week weight-management program is designed specifically for families (with children ages 8 - 15 years old) who are looking for ways to incorporate healthier eating and fitness habits into their everyday lifestyle.

Heidi Jennrich, Pediatric Nurse Practitioner, and Alyssa Maurer, Occupational Therapist, cover a different topic each week related to diet and exercise and each class includes a family activity utilizing Fort HealthCare’s rail-yard fitness equipment, graciously gifted by the Fort Memorial Hospital Foundation.

The advancement of degrees and certifications demonstrate commitment and dedication from staff members to the health care profession, our community, and to the organization. This year, we added a program to recognize registered nurses in these efforts. Through the Shared Governance Council, the Nursing Services Division introduced the Clinical Pathway Recognition Program to support the ongoing efforts that registered nurses make in professional growth and advancing Nursing Services. We are very proud of these individuals who exemplify ongoing growth in professional practice here at Fort HealthCare and we truly enjoy recognizing their successes. Please congratulate them for their achievements during the 2013 year.

2013 CLINICAL PATHWAY PROGRAM PARTICIPANTS

Level I
Luann Clark, Sarah Kucken, Kirstin Miller, Melanie Rumpf

Level II
Julie Bloom, Sarah Burnette, Sandra Czech, Jodi Daehn, Cathy Duchow-Cross, Tyrone Evans, Signe Fredrick, Tami Kelleher, Kristine Lamb, Gail Maron, Catherine Paul, Bridget Piller, Heidi Pitzner, Blair Reynolds, Joanne Voelz, Valeri Williams, Leah Wuchterl

Level III

Level IV
Lisa Rudolph – Janet Simdon

CONGRATULATIONS...
To all RNs who qualified for the first year of our CLINICAL PATHWAY RECOGNITION PROGRAM! We are very excited about the success of this program and looking forward to upcoming years!
2013 DEGREES AND CERTIFICATION RECOGNITION

Certified Critical Care Registered Nurse
Cecilia Smoniewski, RN, BSN, CCRN
Quality & Integrated Care

Certified Emergency Nurse (CEN)
Angela York, RN
Harold (Zo) Wilson, RN
Emergency Services

Certified Diabetes Educator
Deborah Scullin, RN, CDE
Diabetic Education Department

Certified Medical-Surgical Registered Nurse
Tracy Apkarian, RN, CMSRN
Inpatient Services

Perioperative Nursing Specialty Certification
Deborah Mueller, RN, CNOR
Janiece Strebe, RN, BSN, CNOR
Surgical Services

Emergency Nursing Pediatric Certification (ENPC)
Gail Bisbach, RN, CEN, ENPC
Emergency Services

Trauma Nurse Core Curriculum
Andrew Bingner, RN
Patricia Tully, RN
Angela York, RN
Sarah Zellmer, RN
Emergency Services

The Nurse Residency Program finished its second year of courses this December, recognizing 14 RNs who completed the program since December 2012.

“It feels really wonderful to actually know that it’s true when a company asks you for suggestions and ideas and actually listens to you”.
- Cassandra Finucan RN
2013 NRP Participant

2014 Professional Growth & Development Goal:
Continue to support life-long learning and offer opportunities for Nursing Services and all employees to become further engage in the healthcare profession.

ENHANCING EDUCATION & COMMUNITY
Throughout the year, Fort HealthCare Nursing Services has participated in a variety of different educational and community events. This year was extremely unique as we entered the world of “Patient Simulation,” bringing our very own Simulation Lab to life for our employees and for the community. We give much thanks to generous donations from sponsors such as Nasco, the Fort Memorial Hospital Foundation, the Kachel Family Foundation, Inc., and others within the community.

Learning Center Vision
To establish & maintain a best-practice Learning Center within Fort HealthCare that is committed to training employees, physicians, and various members of our community.

Fort HealthCare Sim Lab – Opened February 2013
Through the Learning Center, the SimLab hosted a number of various community-type events since its commencement in February, already bringing in greater than 700 employee and community participants or attendees.

- **February**
  - Open House for Community

- **March**
  - UW Ergonomics Class

- **June**
  - Nasco Symposium

- **June & August**
  - Camp 911 for Kids

- **September**
  - Fort Atkinson Kiwanis’s Event

- **September**
  - Blackhawk Tech & Monroe Clinic Tour

- **December**
  - Fort 8th Grade Career’s Field Trip Tour

Throughout the various events hosted, attendees learn about the program, participate in actual simulation-type activities, or witness ‘live’ patient simulated events. Even many of our volunteers have already become involved as well!

The Learning Center and Education/Simulation Team have also taken on a significant role in enhancing the Human Resource Department’s (already excellent) New Employee Orientation (NEO) program by adding a Clinical New Employee Orientation (CNEO) program with clinical preceptors participating from a variety of departments. This addition offers training and education to standardize and improve clinical work flow and procedural processes throughout the organization.

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### 2014 Learning Center and SimLab Goal:

Further increase educational program offerings such as Critical Care, EKG, and ABG courses to Fort HealthCare employees and non-employed health care clinicians throughout our surrounding community.

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### Transitional Care Program

The Transition Care program was initiated this September after much research and conversation regarding how Fort HealthCare can better assist patients being discharged from the hospital setting. Overseen by the Quality & Integrated Care Department, transition nurses meet with high-risk patients during their admission to complete an assessment and plan for a post hospitalization discharge visit within 72 hours. While the program is new to Fort HealthCare, these types of programs are continuing to trend positively and prove successful by aiding in the reduction of hospital readmissions, creating collaborative medical homes, and providing patient transition to appropriate services. We are looking forward to the continued progress of this new program.

### SANE Program

The Sexual Assault Nurse Examiners (SANE) program officially began in February 2013, and our SANE nurses have been active since. Lead by Sarah Chesmore, RN, CEN, SANE Program Coordinator, the program began with intense training to prepare designated nurses to assist patients that present to our hospital with sexual abuse risks. Once trained, our SANE nurses began messaging their availability by supporting various community events, such as “Run from the Cops” and “Walk a Mile in Her Shoes,” in addition to a candlelight vigil held for a domestic violence homicide victim here in Jefferson County. The SANE program also sponsored “Domestic Violence Recognition Week” in October, raising awareness, promoting the program, and supporting the “Hands are for Helping, not Hurting” campaign. Since inception, our nurses have provided care to 13 victims of sexual assault, and the program
continues to message that Fort HealthCare is here to help, supporting victims in time of need. The origin of this program was largely due to the request of various community leaders and collaboration with key stakeholders within the county is now taking place. Recently, the formation of the Sexual Assault Response Team in Jefferson County transpired and county-wide protocols are being created to help provide victims with a more consistent care approach. Clear expectations of the role of each core team member working with these victims is being solidified. We are very proud of our nurses, getting to the heart of the matter and keeping FHC on the forefront of forensic nursing.

Fort HealthCare Obstetrical Services Welcomes Opportunity for Baby Friendly Hospital Initiative (BFHI)

Throughout 2013, the Baby Friendly Task Force led by Beverly Haferman, RN, IBCLC came together to discuss goals and review the 10 steps of becoming designated as a “Baby Friendly” organization. The BFHI is a gold standard program of the World Health Organization and the United Nation’s Children Fund, “recognizing hospitals and birthing centers that offer an optimal level of care for infant feeding and mother/baby bonding” (Baby-Friendly USA, Inc.). In October, Fort HealthCare’s application request was approved by Baby-Friendly, USA and our journey toward designation moves into phase three for 2014!

The Center for Joint Replacement

Of course, in addition to mentioning the above, this report would be remiss if we did not comment on our Center for Joint Replacement (CJR) program and the high quality care and patient satisfaction exuded throughout this refined best-practice program. Success in this program remains top in the State and we are excited for our ongoing progress. We would also like to welcome Dr. Paul Schuppner, Fort HealthCare’s newest orthopedic surgeon who has already proven to be a great addition to the program!

<table>
<thead>
<tr>
<th></th>
<th>Aver LOS</th>
<th>Post Op Complication</th>
<th>Home after D/C</th>
<th>Blood Trans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fort HealthCare CJR</td>
<td>2.06</td>
<td>0%</td>
<td>93%</td>
<td>9%</td>
</tr>
<tr>
<td>Goal (Centers of Excellence)</td>
<td>&lt;2.50</td>
<td>0%</td>
<td>&gt;90%</td>
<td>&lt;10%</td>
</tr>
</tbody>
</table>

CJR averages January through November 2013

“I simply did not expect such personal, concerned care from preoperative prep, right through giving me comfort and relief in the middle of a hospital night. I recommend FHC Orthopedics to family and friends, with full support and encouragement.”

-CJR Patient 2013

“I had excellent care, wonderful care by the entire medical staff everywhere from the receptionist when I first entered by the ambulatory entrance all the way through, to the doctor, anesthesia, nurses, physical therapists and occupational therapists. Everybody was very professional and provided excellent care.”

-CJR Patient 2013

IN SUMMARY

LET’S DO THIS. In the midst of change and uncertainty, and in spite of the challenges that the health care economy has seen throughout the nation, ‘LET’S DO THIS’ remains our motto. While this report does not encompass everything that Fort HealthCare Nursing Services has achieved during 2013, it gives a clear message that despite the many challenges that have come along, our Nursing Services team (and our colleagues for that matter), are strong, resilient, and will definitely continue to press on, improving patient care at Fort HealthCare and remaining optimistic for our future.

Thank you Nursing Services…and Colleagues, for another year of excellent service!
"Keep your thoughts positive because your thoughts become your words. Keep your words positive because your words become your behavior. Keep your behavior positive because your behavior becomes your habits. Keep your habits positive because your habits become your values. Keep your values positive because your values become your destiny."

- Gandhi

Please visit our website at forthehealthcare.com

Nursing Services Philosophy
Through accountability and individual perspectives, Fort HealthCare Nursing Services will value, promote, and create an atmosphere that partners with providers, the community, and technology to support practices which reflect standards of excellence, collaborative relationships, and quality patient care.

Nursing Services Overarching Goals
Holistic, Patient-Centered Care
Physician-Clinician Collaboration
Strategic & Community Partnerships
Professional Development
Succession Planning

Many thanks to those of you who contributed to the creation of our 2013 annual report.

DEDICATION – PASSION – INTEGRITY
Report submitted by Renee Clark, RN, MSN
CNO/VP Nursing Services & Performance Improvement

To review the report online and learn more about Fort HealthCare Nursing Services, visit our website at www.forthhealthcare.com/careers/