



WomenCare

OVERVIEW AND OUTCOMES REPORT 2010



ABBOTT
NORTHWESTERN
HOSPITAL

Allina Hospitals & Clinics



WomenCare

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Letter from Elizabeth Elfstrand, MD

Chair of the Obstetrics and Gynecology Department of Abbott Northwestern's Medical Staff



Abbott Northwestern's WomenCare program has grown and evolved in many important ways: in numbers of patients served, the complexity

of care delivered, and the breadth of services available.

Volume growth has made our Obstetrical Department the largest obstetrical service in Minnesota, with more than 4,000 newborn deliveries at Abbott Northwestern every year. Comprehensive, family-centered services are available to support healthy pregnancies and births and ensure that families make safe and comfortable transitions to newborn care at home.

Our highly respected referral service for high-risk obstetrics and its collaboration with Children's Hospitals and Clinics of Minnesota - Minneapolis have led to excellent care for women with high-risk pregnancies and preterm or sick newborns. Our excellent diagnostic capabilities and our experienced and highly trained staff ensure that we are prepared to care for any problem that may arise during pregnancy, delivery or the postpartum period. Outcomes among high-risk newborns in survival and quality of life ratings exceed those found in 99 percent of hospitals nationwide, thanks to a strong partnership with Minnesota Neonatal Physicians, PA, and the excellent care provided in the Neonatal Intensive Care Unit, Special Care Nursery and Infant Care Center.

Abbott Northwestern is also a leader in fetal therapy. As technology enhances the ability to treat conditions in the youngest of patients, those inside the uterus, Abbott Northwestern and Children's - Minneapolis have endeavored to bring these services to the Upper Midwest.

Integrating technology with personal care has been a hallmark at Abbott Northwestern. For example, research into blood markers for pre-eclampsia and improvements in fetal monitoring during labor occur side by side with natural and holistic therapies provided through the Penny George Institute for Health and Healing.

The Gynecology Department of the Medical Staff has expanded in recent decades to include many specialists along with its generalists. The department's capabilities are enhanced by Abbott Northwestern's well-equipped surgical facilities, which include advanced technology for laparoscopic and robotic surgery.

Urogynecologists provide state-of-the-art care for women with pelvic floor disorders. They also participate in clinical research and contribute to innovations in the field of female pelvic medicine and reconstructive surgery.

The gynecologic oncology group has greatly expanded Abbott Northwestern's oncology services, ensuring that women receive the most advanced therapies available. This group, affiliated with Minnesota Oncology, has continued to grow steadily in staff size and patient volume.

The Center for Reproductive Medicine was established in 1987 and is the largest infertility clinic in Minnesota. It has advanced the frontiers of reproductive techniques with a successful in vitro fertilization program.

In recent years, there have been significant advances in patient safety at Abbott Northwestern with an emphasis on teamwork and improved communication, fetal monitoring education and standardization, and a culmination of work leading to simulation and team training. Several nurses and physicians completed simulation training at the Stanford School of Medicine's Center for Advanced Pediatric and Perinatal Education (CAPE) Program, and the hospital acquired state-of-the-art simulation equipment that allows physicians and staff to practice dealing with obstetrical emergencies using lifelike scenarios. An Interdisciplinary OB Simulation Steering committee was formed to plan and carry out simulated clinical scenarios for the nursing staff and providers. These drills help to improve outcomes in clinical circumstances that are rarely seen, or that may pose a significant safety risk to the mother or newborn(s).

The Perinatal Quality & Ethics Committee provides multidisciplinary case review and promotes evidence-based practice. In addition, physicians and staff participate in a multidisciplinary group called the Allina Pregnancy Care Council (APCC) where they review policies and best-of-practice guidelines with nursing and physician leaders from across Allina Hospitals & Clinics, Abbott Northwestern's parent company.

The close relationships established between the various physician groups associated with WomenCare, the facilities and technology provided by Abbott Northwestern, and the skilled and compassionate staff ensure that women in all phases of life receive the best possible care.



Obstetric and Newborn Care

Obstetric care at Abbott Northwestern is provided in the Birth Center, a multi-specialty unit that comprises six different inpatient areas for labor and delivery, high-risk labor and delivery, and antepartum care; plus three operating rooms, the Maternal Assessment Center (MAC), newborn nursery and Special Care Nursery (SCN). Services also include pregnancy, birth and parenting education, an Infant Loss Program, outpatient lactation services and Allina's OB Homecare service.



Birth Center Team

Obstetric and newborn care at Abbott Northwestern combines the work of skilled physicians, registered nurses, nurse practitioners and many other providers with state-of-the-art technology and facilities to provide expert care for women and their newborns.

The Birth Center is staffed by more than 220 registered nurses and a team of obstetricians, maternal-fetal medicine physicians, midwives, pediatricians, hospitalists, anesthesiologists, certified registered nurse anesthetists (CRNAs) and neonatal nurse practitioners (NNPs). Perinatologists, CRNAs, NNPs and in-house anesthesia staff provide 24-hour coverage.

Five independent obstetric/gynecology physician groups and one perinatal group delivered 4,214 babies in 2009. In addition to caring for women at low risk of pregnancy complications, they care for women whose pregnancies are complicated by conditions such as gestational diabetes, pre-eclampsia and preterm labor. The perinatal physician practice—Minnesota Perinatal Physicians—cares for women with very high-risk pregnancies and a wide range of maternal and fetal complications and conditions (see page 12).

Abbott Northwestern's newborn care is strengthened by the collaboration of 125 independent community pediatricians representing 10 different pediatric practices and their collegial relationship with the obstetricians. Hospital-based pediatricians and pediatric nurse practitioners provide round-the-clock coverage. In addition, Abbott Northwestern is in close proximity to the Neonatal Intensive Care Unit (NICU) at Children's - Minneapolis to ensure the highest level of care for premature and sick newborns.



Nursing Excellence at Abbott Northwestern

Magnet™ Designation

In 2009, Abbott Northwestern nursing care earned national recognition through its American Nursing Credentialing Center (ANCC) Magnet Designation. Nationwide, less than five percent of hospitals have earned this distinction. According to the ANCC, Magnet hospitals consistently deliver better patient outcomes than non-Magnet hospitals, including more nursing time spent at the patient's bedside, shorter lengths of patient stay, lower patient mortality rates, higher patient satisfaction rates and higher nurse retention, recruitment and job satisfaction rates.

Specialty Certification

WomenCare registered nurses take pride in the excellent care they give to patients. National certification in a specialty area demonstrates competency and commitment to nursing excellence and professionalism. Currently, 27 percent of WomenCare registered nurses hold at least one certification in a clinical specialty. (Nationally, about 19 percent of nurses have earned certifications.) These include the ANCC certifications in maternal newborn care, inpatient obstetric care, fetal monitoring, limited third trimester ultrasound and low-risk newborn care, and the International Lactation Consultation Association's lactation consultant certification.

The provider team, including the physician, midwife and nurse, assesses patient care needs as part of routine patient care rounding. The team plans and evaluates care in partnership with the family and makes referrals for support services as needed. Individualized care is delivered to all patients based on the physical, cognitive, emotional, cultural, social, economic, developmental and educational needs of the patient and family.

Social workers and case managers work with families before and during their hospitalization to help identify the mother's or infant's needs upon discharge and coordinate referrals to Allina OB Homecare, public health resources or other agencies. Other disciplines involved in the care of Birth Center patients may include diabetes care, dietary, integrative health, pastoral care and physical therapy. In addition, childbirth and parenting instructors (see page 8) play an important role in the care offered through WomenCare services, ensuring that families have adequate resources and knowledge to care for mothers and infants at home.

The Birth Center is staffed by more than 220 registered nurses and a team of obstetricians, maternal-fetal medicine physicians, midwives, pediatricians, hospitalists, anesthesiologists, certified registered nurse anesthetists and neonatal nurse practitioners.

Inpatient Services

Patient Care Unit W6400 Birthing

is a labor and delivery unit with 13 private rooms. It has advanced technology to support the care of intrapartum women. Specialized procedures include:

- amniocentesis
- terbutaline pump administration
- titration of medications
- fetal/uterine monitoring
- amniotic fluid tap off
- intrauterine fetal transfusions
- hydrotherapy
- amnioinfusions
- intradermal injections
- epidurals
- procedures such as cerclage, Cesarean sections, postpartum tubal ligation, percutaneous umbilical blood sampling (PUBS).

Postpartum care is provided until transfer of care to the appropriate postpartum care unit.

Patient Care Unit W6500 High-Risk Antepartum is a high-risk obstetrical unit with three operating rooms and a post-anesthesia care unit. It includes six private rooms. Staff on this unit can provide cardiac monitoring for women in labor.

Staff make pre-operative calls to women who are scheduled for a Cesarean birth. This phone call assures that laboratory work is completed and the medical record is updated and complete. It also confirms that the patient received education in preparation for her hospital stay and gives the patient an opportunity to ask any additional questions.

Patient Care Unit W6300/W5500

Parent/Infant consists of 36 private rooms. Staff on these units care for women and their newborns during the immediate postpartum period after a vaginal or Cesarean delivery. Care focuses on recovery from delivery, newborn care and feeding, pain management and teaching self-care and newborn care. For patient safety and comfort, one room is equipped with an overhead track and a patient lift that are used for handicapped and bariatric patients.

Patient Care Unit W6300 houses the newborn nursery, which is available to stabilize newborns, provide phototherapy for infants who need it, or provide respite care for newborns whose mothers need rest. (Mothers are encouraged to room in with their infants, but Birth Center staff and physicians support a mother's choice.) Registered nurses staff the unit. They provide mother-baby couplet care, allowing the same nursing team to care for both the mother and infant.

Abbott Northwestern has state-of-the-art equipment to check infant hearing prior to discharge to determine if an early referral to a hearing specialist is needed.

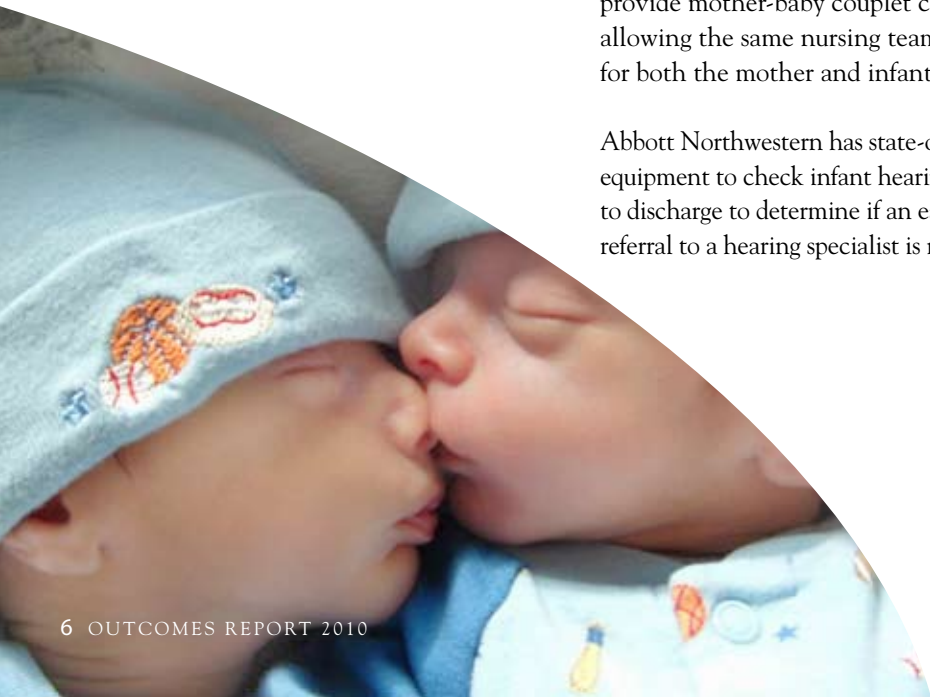
W5400 Antepartum has 13 rooms.

Patients on this unit are women who require an extended hospital stay because of a high-risk pregnancy. The unit includes amenities for patients and family members such as a refrigerator, DVD player, microwave, flat screen television and a seating area for visiting family and friends. Each room also has seating that converts to a bed, allowing a partner or support person to spend the night.

W7500 Special Care Nursery is a 33-bed unit specializing in the intermediate care of high-risk newborns. This includes stable premature infants and premature or full-term infants who are experiencing or at risk of apnea, sepsis, feeding problems, respiratory disorders (that don't require mechanical ventilation), hypoglycemia or hyperbilirubinemia, and infants who require intravenous therapy.

Physicians and staff from the Birth Center and Children's - Minneapolis work in close partnership to care for Special Care Nursery patients and their families. The Special Care Nursery is staffed by Children's - Minneapolis Neonatal Services, which include the Neonatal Intensive Care Unit (NICU) and Infant Care Center. Children's - Minneapolis is connected to Abbott Northwestern by tunnel, allowing easy access between the facilities for patients and caregivers.

Baby Link is a closed-circuit television service that allows mothers who remain at Abbott Northwestern to see their infants in the NICU at any time. A mother can watch and listen to her infant and observe as nurses or others care for the baby.





About 90 percent of mothers choose to breastfeed their babies upon discharge from Abbott Northwestern.

Lactation Services

Abbott Northwestern offers inpatient lactation consultation to help ensure a good start to infant nutrition. About 90 percent of mothers choose to breastfeed their babies upon discharge from Abbott Northwestern. Inpatient lactation consultants use identified breastfeeding criteria, such as an infant's inability to latch, poor suck or a mother's previous breast surgery, to help with any inpatient lactation issues. The goal of the inpatient lactation service is to assess each mother and infant for proper latch and sucking, and establish a discharge feeding plan for home. The plan may include an outpatient lactation referral, follow-up in the mother's clinic, or an OB Homecare visit. Communication exists between the inpatient and outpatient lactation consultants and educators to develop the best and safest feeding plan for the infant and mother.

The Maternal/Infant Outpatient Center Feeding Program provides outpatient appointments with a lactation consultant, lactation phone counseling and breastfeeding retail supplies. Registered nurses with obstetric experience staff the program; they are either board-certified lactation consultants who provide direct patient care or certified lactation counselors who provide telephone counseling.

Families are referred to the Infant Feeding Program by obstetricians, family practice physicians, pediatricians and hospital or homecare nurses.

Services include:

- medical history and breastfeeding-focused physical assessment
- breastfeeding observation
- documentation of adequacy of feeding
- triage system to ensure infant feeding needs are addressed in a timely manner
- individualized plan of care to support progress toward successful breastfeeding
- communication and follow-up with the referring physician.

Infant Loss Program

Although birth is typically a joyous time for families, there are families who experience grief and sorrow at this time. Abbott Northwestern offers an Infant Loss Program to ensure that these families receive compassionate and sensitive care. Families' preferences and needs are respected. If time allows before admission, a care coordinator contacts the family and helps them develop a birth plan. The care coordinators educate families about what to expect while in the hospital and after discharge. Clergy, social workers and other staff support families as they grieve their loss while in the hospital, including helping families collect mementos and photographs and directing them to resources as appropriate. Abbott Northwestern sponsors a biannual pregnancy and infant loss conference, Caring for the Sorrow of Pregnancy and Infant Loss, designed for physicians, nurses and allied health professionals.



The Maternal Assessment Center is an outpatient assessment area for patients who may be in labor or who are being evaluated for a high-risk pregnancy.

Maternal Assessment Center

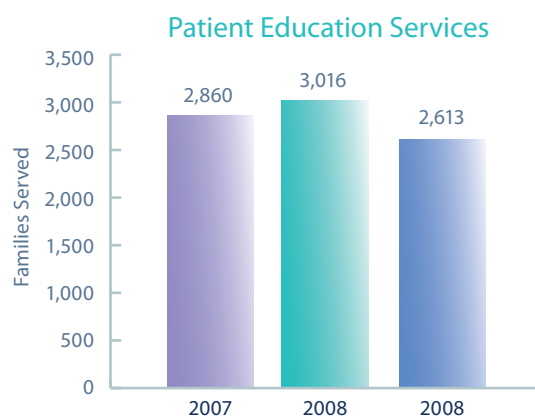
The Maternal Assessment Center (MAC) is a seven-bed outpatient assessment area for patients who may be in labor (term and preterm), or who are being evaluated for high-risk pregnancy, multiple gestation, fetal abnormalities, premature rupture of membranes and other fetal and placental abnormalities. Patients are triaged to determine if they are in labor or if rupture of membranes has occurred. Scheduled patients include those who need prenatal monitoring and fetal surveillance (non-stress testing and biophysical profile) from one-time-only to several times per week. The MAC staff provides assessment and support for care coordination and provides amniocentesis, external cephalic version, cervical ripening, ultrasound and surgical pre-operative care. Patients are referred to the MAC by their care provider or they may self-refer.

Pregnancy, Birth and Parenting Classes

Educational offerings through the Birth Center include childbirth preparation, newborn care, sibling preparation and parenting education. The curriculum is guided by evidence-based research and includes options in pregnancy, birthing support, self-care and care of the newborn, breast and bottle-feeding, and early parenting.

All class content is based on the International Childbirth Education Association recommendations, including the Patient's Bill of Rights and Responsibilities, and the curriculum is modified to meet individual needs. Content addresses the continuum of obstetrical concerns, from normal, uncomplicated pregnancy and birth, to high-risk pregnancy with multiple complications. Interpretive services are available as needed.

Each class instructor is a registered nurse or has a degree in education and has advanced education and training in childbirth preparation instruction. Typically there is one instructor for every 10-15 families. Some classes are limited to smaller groups. One-to-one instruction is available if patient learning needs are not met within a classroom format. Written materials supplement class instruction.



Quality

The Perinatal Quality & Ethics Committee provides a forum for multidisciplinary case review, peer review and ethical issues review. It also promotes evidence-based care through the development of protocols, guidelines, policies and procedures.

Disciplines represented on the committee include perinatology, obstetrics, pediatrics, midwifery, neonatology, anesthesiology and nursing (including staff nurses, a clinical nurse specialist and nursing leaders). The committee reviews adverse events, data and trends, and determines whether further study or action is required. It also fosters an

environment of continuous education and quality improvement, using a blameless mechanism to address areas of concern. Patient safety is paramount.

Quality indicators provide the framework for reviewing high-risk conditions for the purpose of evaluating practice and identifying opportunities for improvement. A concurrent quality screening process includes all providers in the quality process, informing them of the key indicators and allowing immediate intervention to address concerns. Statistical and case review information is collected, monitored and corroborated with information related to mother/baby care and outcomes.

“Even though the simulation was nerve-racking, it was a great way to learn. It felt very real.” Simulation exercise evaluation

Recently, the Quality Department has focused on enhancing the coordination of services, communication and staff that are necessary to respond to emergency Cesarean sections. It is also educating staff on ST-segment analysis (STAN) monitoring, a new technology for fetal monitoring that offers more sophisticated information about fetal well-being.



Simulation training has become a valuable tool in helping staff members better prepare for obstetric emergencies. Abbott Northwestern is one of the first hospitals in the nation to use obstetric simulation for ongoing practice and training.

Simulation training has become a valuable tool in helping staff members better prepare for obstetric emergencies. Abbott Northwestern is one of the first hospitals in the nation to use obstetric simulation for ongoing practice and training. Abbott Northwestern's Simulation Center has invested in state-of-the-art patient simulation technology and training that allows staff members to practice complex, challenging scenarios in a safe and constructive learning environment. The patient simulators, which include a mother and fetus, can be used to train for emergency Cesarean sections, newborn resuscitation, high epidural block and other emergencies.

In 2008, more than 90 percent of the staff received simulation training on shoulder dystocia (delivery in which additional maneuvers are required to safely deliver a baby vaginally). In 2009, all nursing staff and several OB providers participated in drills simulating post-partum hemorrhage and neonatal resuscitation. In addition, several nursing staff, OB and anesthesia providers participated in high spinal drills to simulate an emergency complication that can occur after the placement of an epidural for labor. Each drill includes an opportunity for the staff and providers to debrief, discussing possible quality improvements in the current systems.

"I felt like I was taking care of a real patient. It was helpful to practice in the 'real' hospital environment, and to see how our current systems work or don't work in an emergency."

Simulation exercise evaluation



Postpartum Depression Support Group

In collaboration with Allina Mental Health, the Birth Center offers a postpartum depression support group. This is a weekly, no-fee support group led by a licensed psychologist. It is open to mothers who are struggling with emotional issues during the postpartum period (generally up to one year). Participants do not need to be diagnosed with postpartum depression to attend. The group helps mothers cope with issues like:

- excessive anxiety and worry about the baby
- lack of confidence in their new roles as mothers
- lack of connection with the baby
- emotional distress stemming from a difficult labor/delivery
- an infant's excessive crying
- emotional reactions to breastfeeding challenges.



High-Risk Obstetric and Newborn Care

Abbott Northwestern Hospital, in association with Minnesota Perinatal Physicians, provides high-risk obstetric care for women throughout the Twin Cities and the five-state region. In addition to having the highest number of deliveries of any hospital in Minnesota, Abbott Northwestern provides care for the largest number of complicated pregnancies.

Minnesota Perinatal Physicians, one of the largest perinatal practices in the nation, has 17 board-certified perinatologists who provide consultation, prenatal care, prenatal diagnosis and imaging in cooperation with the obstetricians on staff. The perinatal service provides in-hospital physician coverage 24 hours a day to assist with any unexpected complications. Consultation and transfer of care is available as the need arises. This high level of service is unique in the region and across the country.

Patients are managed with a multidisciplinary approach involving obstetricians, perinatologists, nurses, anesthesiologists, neonatologists and other specialists as needed. This team is also available for patients

who experience complications during pregnancy, including preterm labor, pre-eclampsia or multiple gestation. Outcomes among high-risk newborns in survival and quality of life ratings exceed those found in 99 percent of hospitals nationwide, thanks to a strong partnership with Minnesota Neonatal Physicians, PA, and the excellent care provided in the Special Care Nursery, NICU and ICC.

Perinatologists at Abbott Northwestern are also skilled in procedures such as fetal transfusion for anemia and fetal surgery for twin-to-twin transfusion syndrome. Almost any condition amenable to therapy in the prenatal period can be addressed at Abbott Northwestern.

High-Risk Obstetric Care

Minnesota Perinatal Physicians can help to manage or reduce possible complications for women who:

- are 35 years or older at the time of delivery
- have a disease such as cancer, lupus, diabetes, hypertension or asthma
- are carrying a baby with abnormalities
- have suffered a previous pregnancy loss
- are at risk of delivering prematurely
- have been exposed to environmental toxins or potentially harmful medications during pregnancy
- have a family history of genetic disease
- have a multiple pregnancy
- have a drug addiction
- have experienced problems with previous pregnancies.

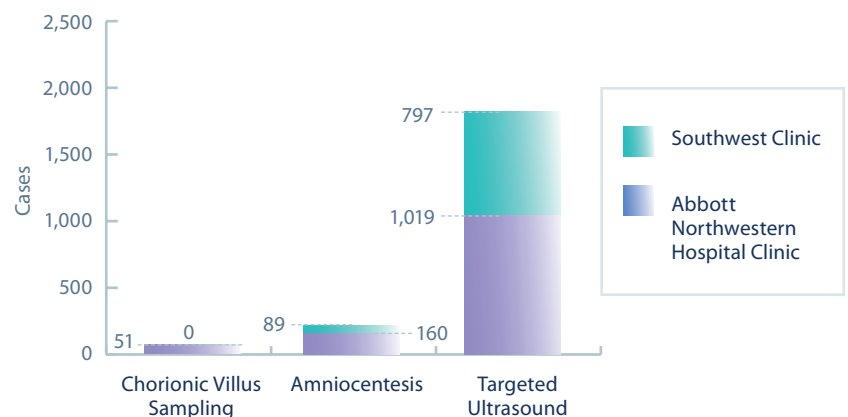
Services available by referral only include:

- perinatal consultation with primary care physicians 24 hours a day
- consultation before pregnancy for women who have experienced a previous high-risk pregnancy
- consultation, monitoring and treatment of the mother's medical conditions or pregnancy complications
- targeted ultrasound
- advanced imaging technology, including fetal echocardiography, three-dimensional (3D)/four-dimensional (4D) ultrasound, MRI and CT scan
- antepartum tests to determine fetal well-being, such as biophysical profiles and non-stress tests
- genetic testing and counseling
- obstetrical home health care programs for women who have diabetes, hypertension and hyperemesis.



Patients are managed with a multidisciplinary approach involving obstetricians, perinatologists, nurses, anesthesiologists, neonatologists and other specialists as needed. This team is also available for patients who experience complications during pregnancy, including preterm labor, pre-eclampsia or multiple gestations.

2009 Perinatal Clinic Volume





Twin brothers Gavin and Owen Cassellius meet William Block, MD, who was one of two surgeons from the Midwest Fetal Care Center who performed fetal surgery on the boys to reverse twin-to-twin transfusion syndrome.

Midwest Fetal Care Center

As one of few such centers in the nation, the Midwest Fetal Care Center offers the latest advances in fetal therapies. A collaborative program of Minnesota Perinatal Physicians, Pediatric Surgical Associates, Abbott Northwestern Hospital and Children's Hospitals and Clinics of Minnesota, the Midwest Fetal Care Center treats a range of conditions:

- chest anomalies
- neurologic disorders
- cardiac disease
- twin-related conditions
- fetal tumors
- gastrointestinal disorders
- abdominal wall defects
- genitourinary problems.

Fetal therapies include:

- fetoscopic laser ablation therapy for twin-to-twin transfusion syndrome
- ex-utero intrapartum treatment
- amniocentesis
- chorionic villus sampling
- first trimester screening
- cordocentesis
- fetal transfusion
- transabdominal amnioinfusion
- fetal umbilical cord occlusion
- fetal fluid drainage.

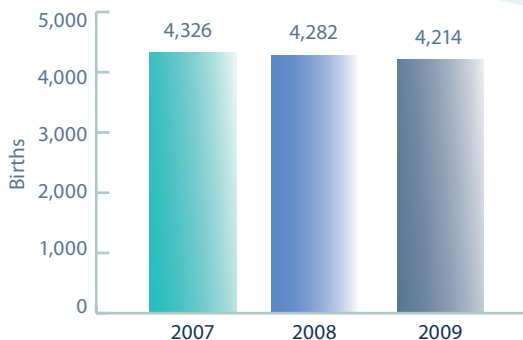
Research and Innovation

Perinatal innovation at Abbott Northwestern includes:

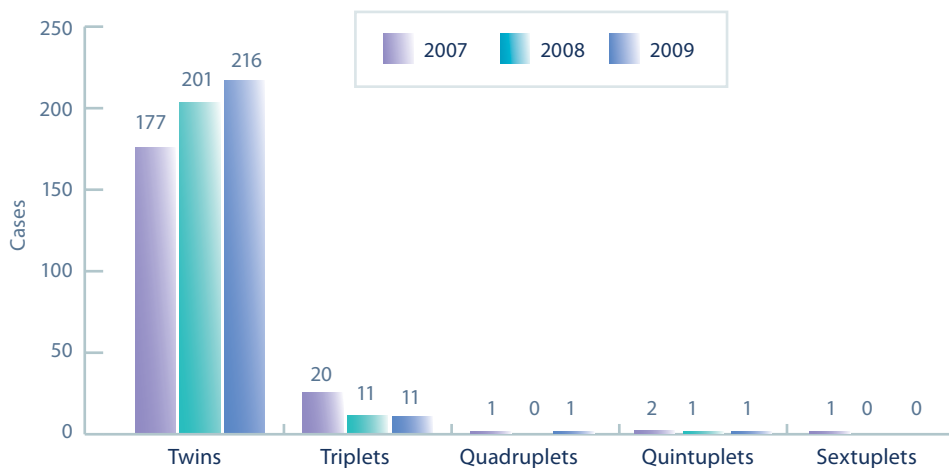
- progressive obstetrical training via simulation with a programmable patient mannequin for staff preparedness in the event of an obstetrical emergency
- participation in a prospective trial of STAN, an advanced form of fetal monitoring that has been widely used in Europe after randomized controlled trials demonstrated its superiority in reducing fetal acidemia and the need for Cesarean sections for fetal distress
- completion of the first phase of biomarkers in pre-eclampsia research and progression into another prospective study based on encouraging findings of the pilot
- basic research in collaboration with biochemists at the University of Minnesota involving the role of free fatty acids in the membranes of red blood cells of pre-eclamptic patients
- basic research in collaboration with physicists at the University of Wisconsin exploring collagen alignment and stabilization in the pregnant cervix for preterm delivery prediction and prevention.

Volume, Quality and Outcome Measures

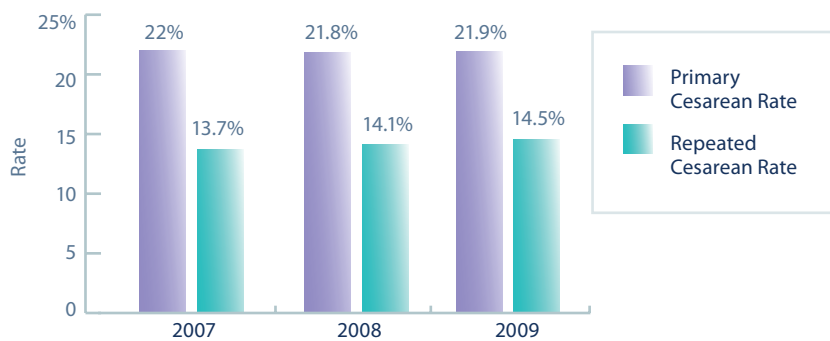
Total Births



Multiple Deliveries



Cesarean Section Rate



Average Length of Stay

Vaginal Delivery Without Complications



Average Length of Stay

Cesarean Section Without Complications

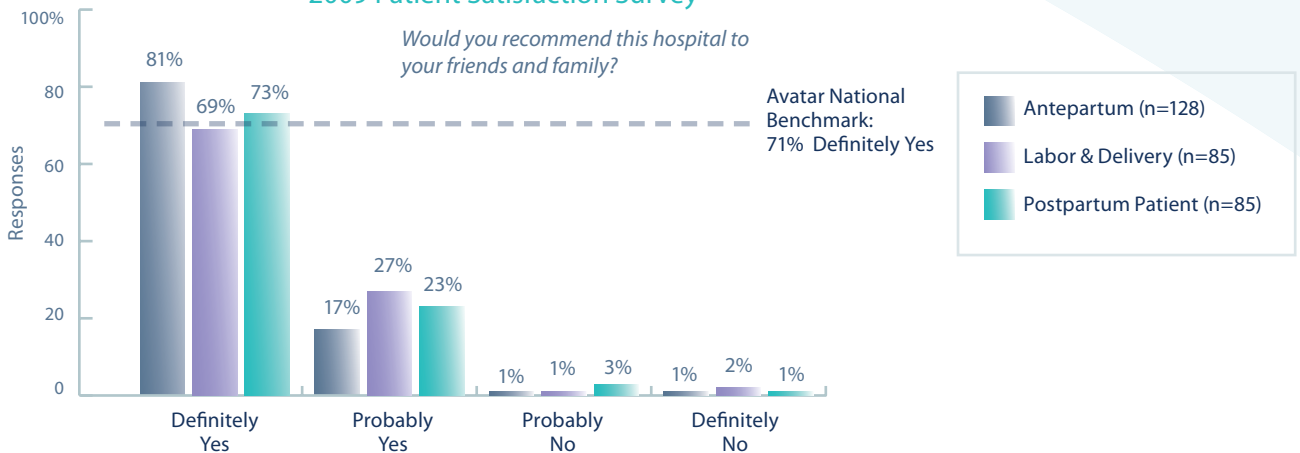


Inpatient Satisfaction Survey

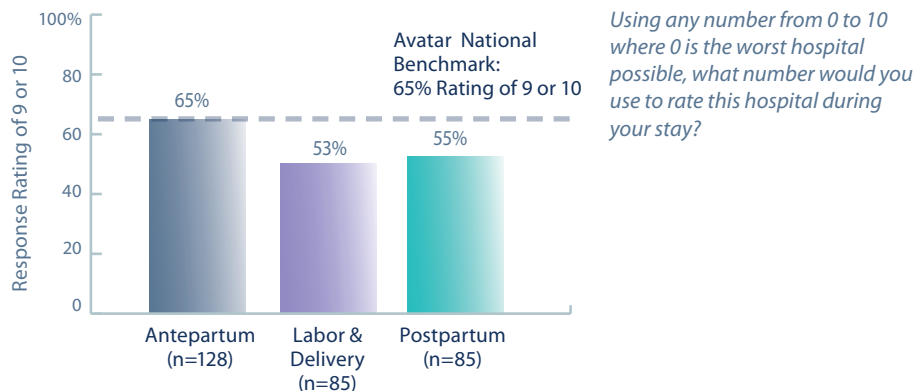
The Birth Center uses the Healthcare Consumer Assessment of Hospital and Provider Services (HCAHPS) survey instrument to monitor inpatient satisfaction. This survey instrument is required by the Centers for Medicare and

Medicaid Services. The HCAHPS survey allows direct comparison of the Birth Center's patient experience to results from other institutions. The Avatar benchmarks shown here reflect results from approximately 400 hospitals nationwide. Although patients indicate that the Birth Center provides excellent care, Birth Center physicians and staff are committed to continuous quality improvement and use the survey results to assist in this work.

2009 Patient Satisfaction Survey



2009 Patient Satisfaction Survey





High-Risk Newborn Care

High-risk newborn care is provided by Children's - Minneapolis, which has had a collaborative relationship with Abbott Northwestern since Children's opened its doors in 1972. This relationship has continued to grow over the years and Children's Neonatal Services now includes three inpatient units: the Special Care Nursery at Abbott Northwestern (see page 6) and the 44-bed NICU and 26-bed Infant Care Center, both at Children's - Minneapolis.

Neonatal Services Team

The physicians of Minnesota Neonatal Physicians, PA, and more than 400 neonatal nurses provide a continuum of care for ill newborns from their delivery to discharge.

In the Infant Care Center and Special Care Nursery, care is provided by neonatologists, private pediatric groups, hospitalists and neonatal nurse practitioners. Physicians from Minnesota Neonatal Physicians, PA, are available for consultation, and a neonatal nurse practitioner is available for unexpected problems in the delivery room or newborn nursery around the clock.

In the NICU, a neonatologist is available 24 hours a day for consultation and care of newborns. In addition, the NICU is staffed around the clock by registered nurses specializing in high risk newborn care, including respiratory care practitioners, neonatal nurse practitioners and unit-based pharmacists. The staff also includes advanced practice nurses, occupational therapists, chaplains, social workers, child life specialists, lactation consultants, speech therapists, neonatal dietitians and care management specialists. The Family Resource Center and the Parent-to-Parent program offer resources and support for families.

The physicians of Minnesota Neonatal Physicians, PA, and more than 400 neonatal nurses provide a continuum of care for ill newborns from their delivery to discharge.

Services

Services are provided for premature infants, infants with congenital malformations and any seriously ill infant. Premature infants have many special needs that increase the level of care required. Services and treatments that increase the chance of survival while reducing the risks of serious long-term complications include:

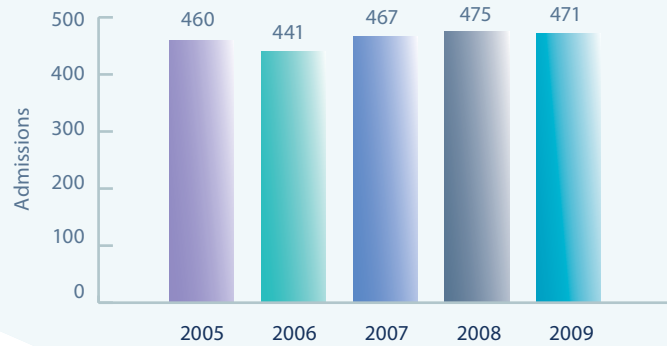
- prenatal consultations for high-risk patients with a neonatologist and a patient navigator
- delivery room management
- neonatal transport
- ventilatory support including conventional and high frequency ventilators, nasal SiPAP and CPAP and inhaled nitric oxide therapy for persistent pulmonary hypertension
- ECMO—extracorporeal membrane oxygenation
- cardiovascular evaluation and treatment for congenital heart disease
- general and specialty surgery services for congenital anomalies
- diagnostic testing
- video consultation
- head and body cooling for perinatal hypoxemia
- patient/family education
- psychosocial assessment, support and referral
- lactation and infant feeding consultation
- developmental assessment and therapy
- infant massage
- hearing screenings
- developmental follow-up clinic
- ophthalmologic and retinal services, including screening at-risk infants for retinopathy of prematurity
- case management
- transitional clinic for complicated health problems.

HIGH-RISK NEWBORN CARE

Volume, Quality and Outcome Measures

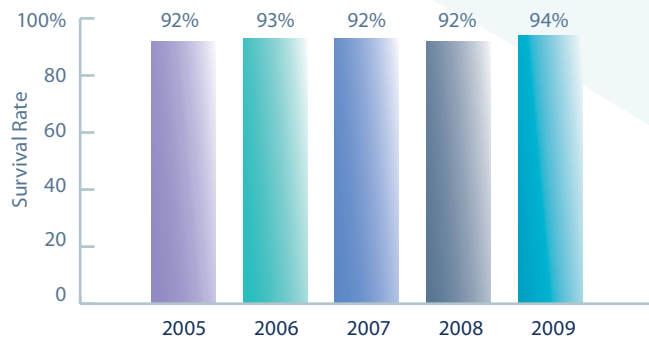
NICU Admissions From Abbott Northwestern Hospital

Children's Hospitals and Clinics - Minneapolis



NICU Survival Rate Direct Admissions From Abbott Northwestern Hospital

Children's Hospitals and Clinics - Minneapolis



NICU Average Length of Stay Direct Admissions From Abbott Northwestern Hospital

Children's Hospitals and Clinics - Minneapolis





OB Homecare

OB Homecare provides a wide range of specialized home care services for women experiencing pregnancy complications, for mothers, newborns and their families following a hospital delivery and for gynecological surgical wound complications. The goal is to support patients in the transition from clinic or hospital discharge to caring for themselves and their infants at home. Services are provided in the home, hospital or clinic setting by registered nurses in the 11-county metropolitan Twin Cities area.

Antepartum services: skilled nursing care, remote or intermittent uterine monitoring, subcutaneous therapies for preterm labor and/or hyperemesis in pregnancy, hypertension monitoring, diabetic services, administration of progesterone and hydration therapy. Fetal assessments include non-stress tests and/or biophysical profiles (ultrasounds).

Postpartum services: mother/newborn skilled nursing assessments and interventions, newborn care, education and support for breast or bottle feeding, assessments of the newborn under home phototherapy, and lab specimens, including TcB or serum bilirubin levels and PKUs.

Wound care services: skilled nursing care for obstetric/gynecological wound care patients.

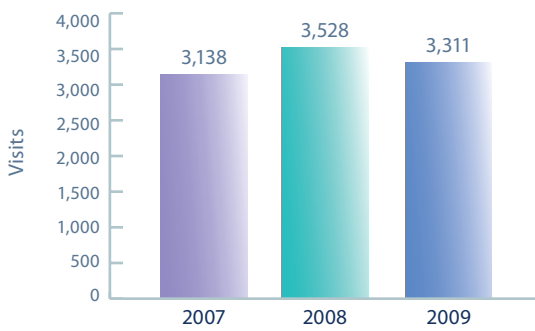
Volume, Quality and Outcome Measures

Postpartum Home Visits

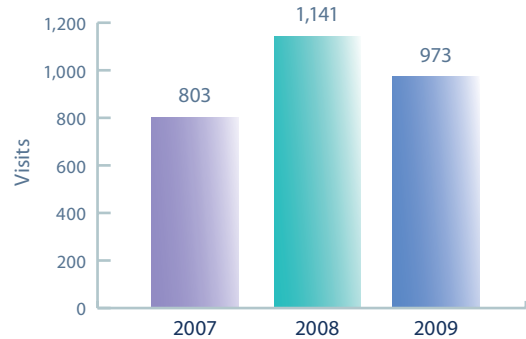


Sixty percent of OB Homecare visits are with patients discharged from Allina hospitals; the remaining 40 percent of visits are with patients discharged from other hospitals in the 11-county metropolitan area.

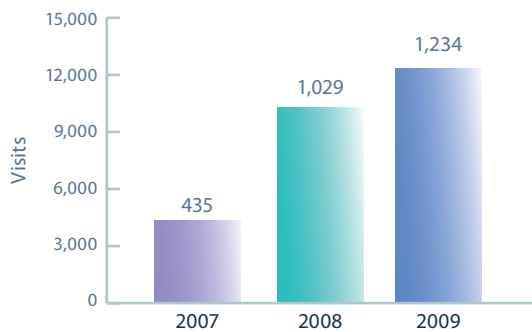
Antepartum Home Visits



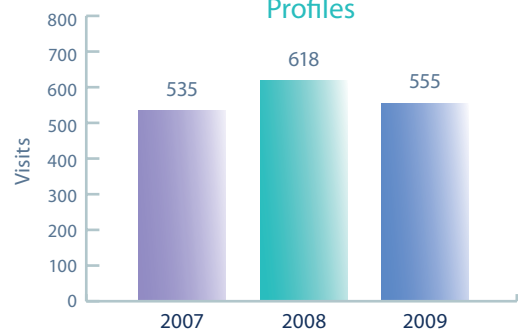
17 Alpha-Hydroxyprogesterone Caproate Therapy



Newborn Serum Bilirubin Visits



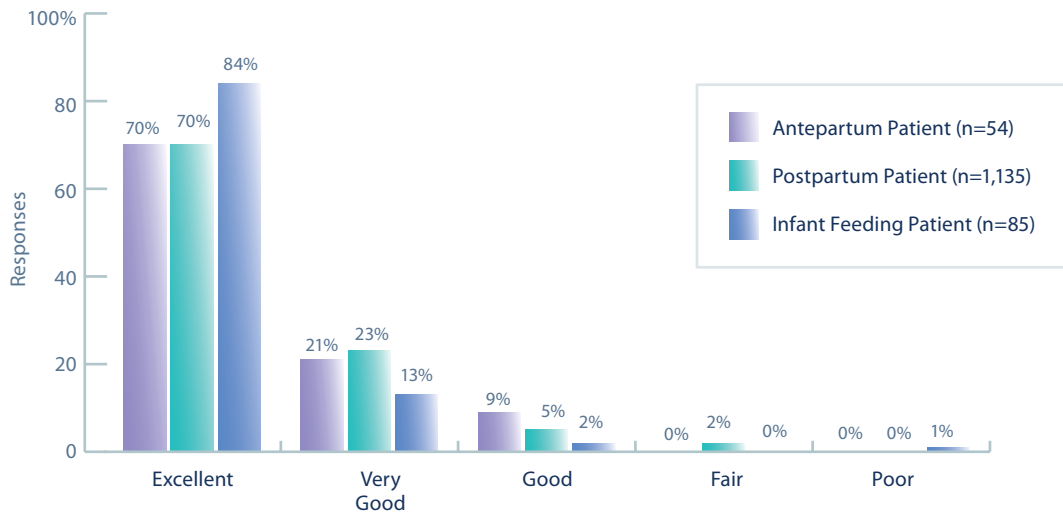
Non-Stress Tests and Biophysical Profiles



Volume, Quality and Outcome Measures

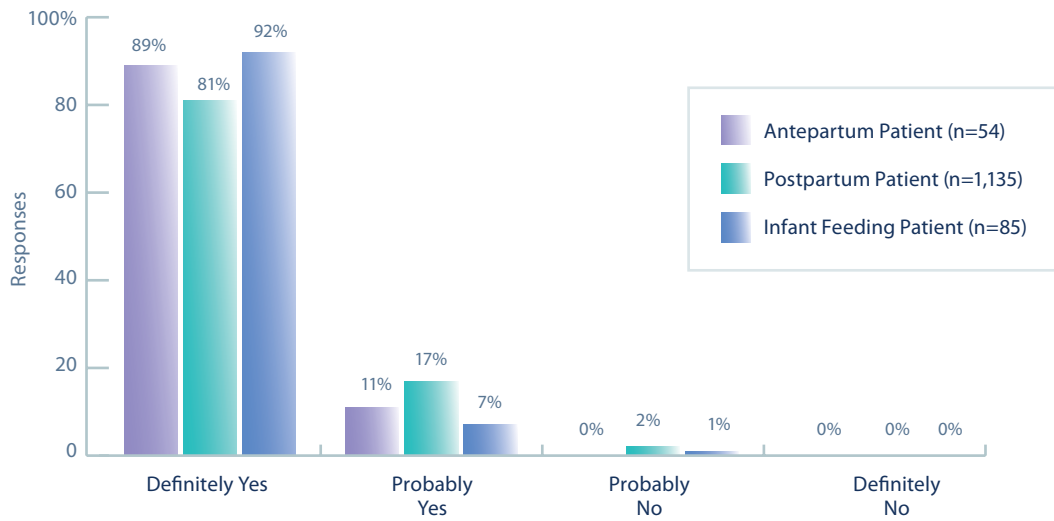
2009 Patient Satisfaction Survey

How would you rate the overall quality of care and services?



2009 Patient Satisfaction Survey

Would you recommend this service to your friends and family?





Gynecology Care

Abbott Northwestern provides comprehensive gynecologic services through the dedicated work of physicians and staff who are committed to serving women's unique health care needs.

The hospital offers advanced technology that allows many procedures to be done in an outpatient setting. These include microsurgery, laser surgery, laparoscopy, pelviscopy and laparoscopic-assisted hysterectomy. The latest technologic advance in gynecology services at Abbott Northwestern is robotic surgery with the addition of the da Vinci® robot-assisted surgical system. Difficult dissections can now be done with stereotactic accuracy, giving patients the benefit of a quicker recovery.

The Medical Staff's Gynecology Department collaborates with other medical specialists at Abbott Northwestern to offer important benefits to gynecology patients. For example, the Anesthesia Department's innovative practices in pain control (see page 26) help to reduce pain in post-surgical patients, leading to quicker recoveries.

Gynecology Program Ranks in Top 50 of America's Best Hospitals

The U.S. News & World Report "America's Best Hospitals" ranked Abbott Northwestern's Gynecology Program in its top 50 in the nation for two years in a row. The hospital was ranked number 48 in 2007 and number 47 in 2008 for gynecology services. These rankings of hospital quality were measured by reputation, mortality data and other core related factors such as nurse staffing and technology. Only 170 of the 5,544 medical centers evaluated nationwide met the standard for excellence necessary to be included.



Quality

The Medical Staff's Gynecology Department reviews all complications or unexpected readmissions through its Quality Assurance Committee. The committee has representatives from all gynecology physician groups and works with the hospital-wide Patient Care Committee to coordinate further review and remedial action when needed.

Gynecology Inpatient Care

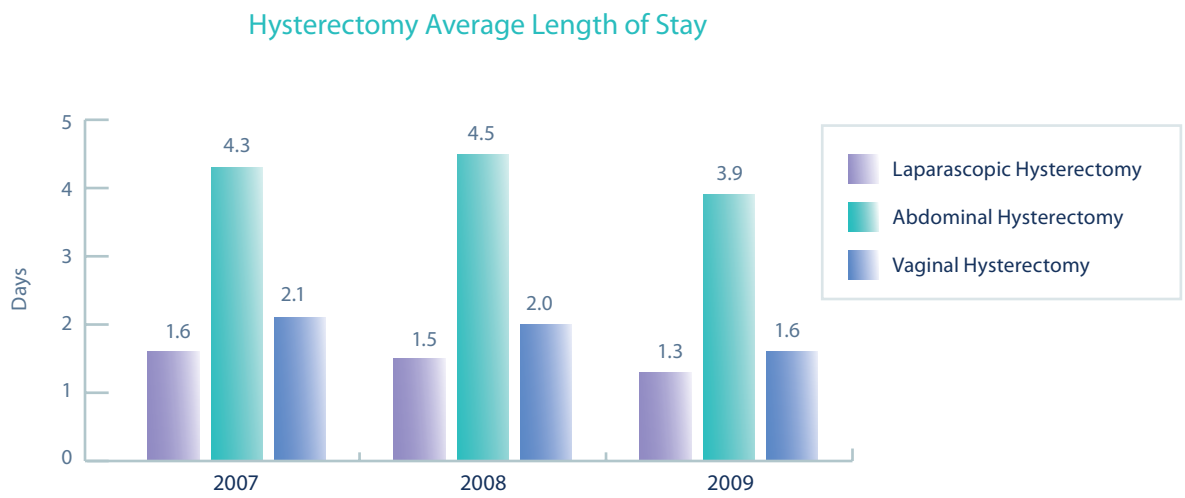
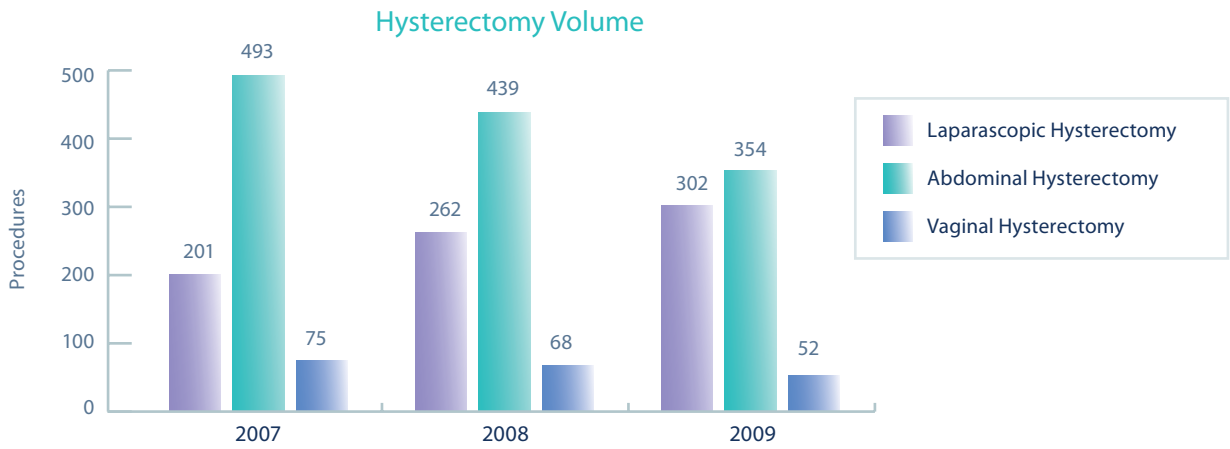
Patient care unit E3100/W3500 Medical/Surgical has 42 private rooms. It is staffed by registered nurses and nursing assistants who work as a team to ensure patients and families have the best experience possible. The primary nursing practice is based on the principles of relationship-based care—grounded in mutually respectful and collaborative relationships with patients, families and the health care team to enhance outcomes and assist patients and families. Four key elements characterize relationship-based care: patient-centered, caring, coordination of care and clinical competence. Consistent caregivers provide the foundation for quality, therapeutic relations between the patient/family and the health care team.

Nursing staff specialize in the care of women who have undergone hysterectomy, bladder repair, rectocele repair, myomectomy, uterine ablations and oophorectomy. The focus of care involves recovering from surgery, pain management and education for a safe transition home.

Nurses who work on E3100/W3500 collaborate with other disciplines, including physicians, dietitians, chaplains, social workers and case managers, to provide a seamless patient experience. Pain control before and after surgery is a high priority for the health care team, along with ambulation, fluid balances, dietary needs, adequate pulmonary function and emotional support. Integrative health services from the Penny George Institute for Health and Healing are offered to enhance recovery. Services include healing touch, massage therapy, acupuncture, guided imagery and more.

Patient education and discharge planning ensure that patients have adequate resources to complete their recovery at home. Social workers and case managers work with patients and families upon admission whenever additional services are needed for the patient to leave the hospital. This includes referral to home health care or a skilled nursing facility for rehabilitation and strengthening after a surgical procedure.

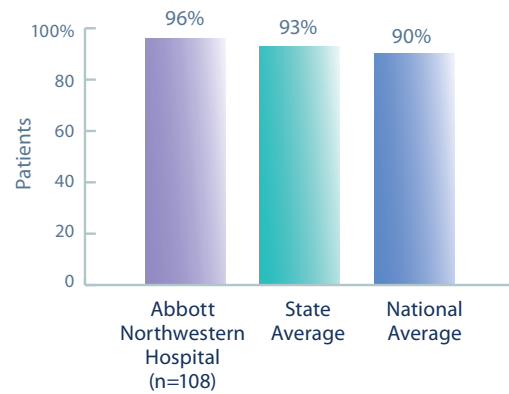
Volume, Quality and Outcome Measures



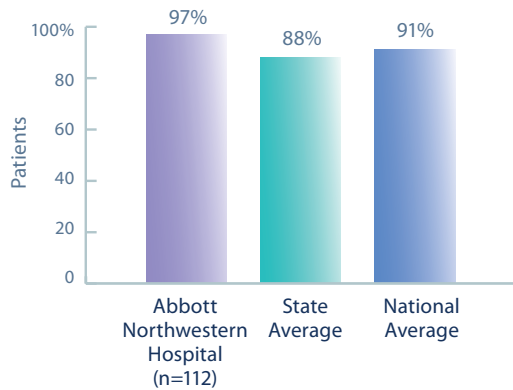
Surgical Care Improvement Project (SCIP) Core Measures

SCIP is a national quality partnership of organizations committed to improving the safety of surgical care through the reduction of postoperative complications. The goal of the partnership was to save lives by reducing the incidence of surgical complications by 25 percent by 2010.

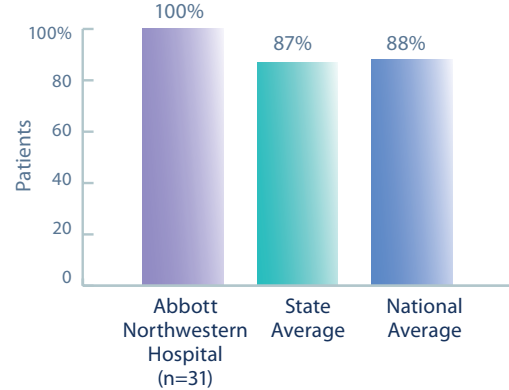
Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time



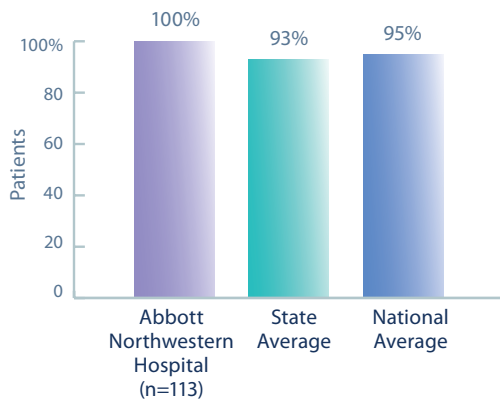
Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision



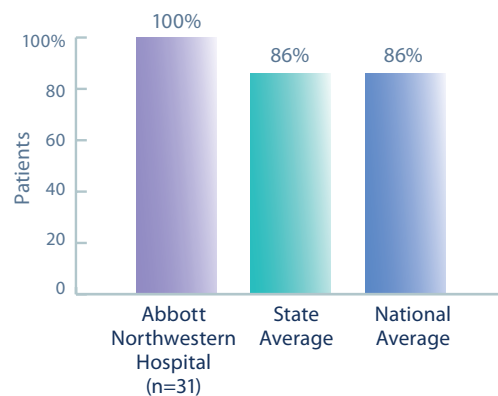
Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered



Appropriate Prophylactic Antibiotic Selection for Surgical Patients



Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery



Data reflect Abbott Northwestern Hospital discharges from fourth quarter 2008 to third quarter 2009.

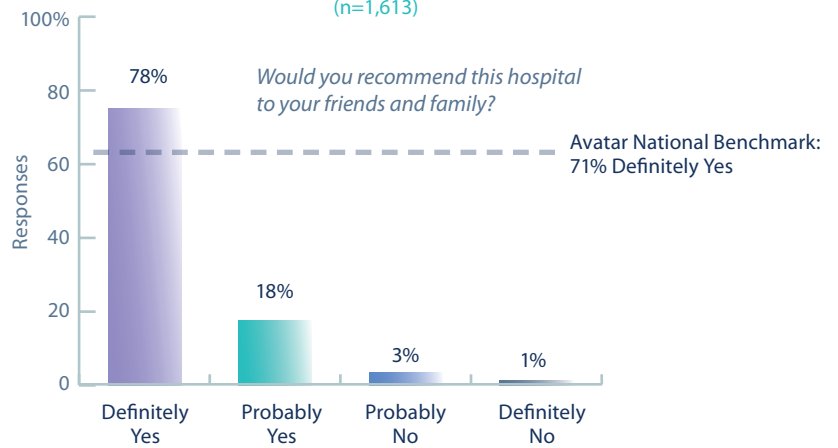


Inpatient Satisfaction Survey

Staff and leaders on E3100/W3500 use the Healthcare Consumer Assessment of Hospital and Provider Services (HCAHPS) survey instrument to monitor inpatient satisfaction. This survey instrument is required by the Centers for Medicare and Medicaid Services (CMS). The HCAHPS survey allows direct comparison of the patient experiences to results from other institutions. The Avatar benchmarks shown here reflect results from approximately 400 hospitals nationwide.

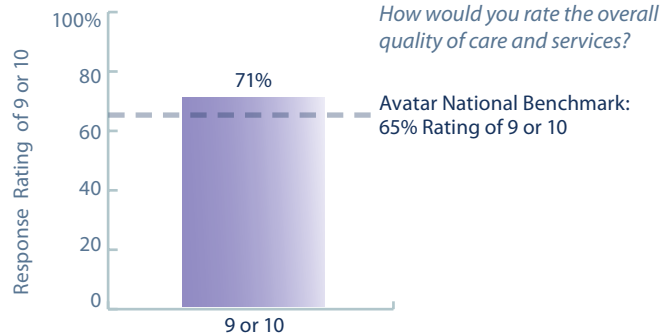
2009 Gynecology Patient Satisfaction Survey

(n=1,613)



2009 Gynecology Patient Satisfaction Survey

(n=1,613)



Innovation in Patient Care: Pain Management

John Mrachek, MD, Northwest Anesthesia, PA

Patients whose pain is well managed tend to eat and walk sooner, get more rest and have fewer complications, and they often leave the hospital sooner. Administering intravenous (IV) narcotics had been the primary means of managing postoperative pain in a hospital setting. The Anesthesia Department is now using regional nerve blocks as an alternative to IV narcotics for certain groups of patients. In many cases, this offers better pain relief while avoiding the side effects of IV narcotics.

Recent research indicates that using nerve blocks in place of general anesthesia decreases the incidence of cancer recurrence. Tumor resection often leaves behind a few stray cancer cells, which a robust immune system may be able to fight off. Researchers theorize that the stress response triggered by general anesthesia and poorly controlled postoperative pain may inhibit the immune system. Studies involving breast cancer and prostate cancer patients have shown a lower incidence of recurrence among patients who had regional anesthesia instead of general anesthesia.*

Beginning in 2007, WomenCare patients who had hysterectomies at Abbott Northwestern received epidural nerve blocks instead of IV narcotics for postoperative pain control. This change in pain management practice reduced the average length of stay by 1-1/2 days. Women who received epidural nerve blocks report significantly less pain during hospitalization than women who did not receive the nerve blocks.

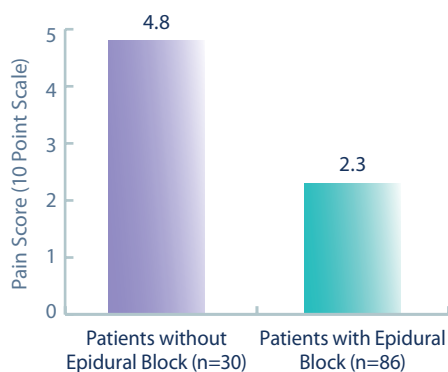
The Anesthesia Department of Abbott Northwestern's Medical Staff partners with surgeons and other physicians to develop innovative and effective pain management strategies for a variety of patient populations. Goals for the department include adapting these innovative approaches for use in more patient groups, such as women undergoing mastectomies. The Anesthesia Department is developing a study that will examine the use of a paravertebral block for women undergoing mastectomies. This would numb one side of the chest (or the entire chest for bilateral mastectomy) and be used instead of general anesthesia. The protocols of the acute pain program help bring the Anesthesia Department closer to its ultimate goal: painless surgery.

*Exadaktylos AK, Buggy DJ, Moriarty DC, Mascha E, Sessler DI: Can anesthetic technique for primary breast surgery affect recurrence or metastasis? *Anesthesiology* 2006; 105:660-4



The Anesthesia Department of Abbott Northwestern's Medical Staff partners with surgeons and other physicians to develop innovative and effective pain management strategies for a variety of patient populations.

First Postoperative Self-Reported Pain Scores Following Hysterectomy



Cases are from May-August 2007.

Urogynecology/Female Pelvic Medicine and Reconstructive Surgery

Urogynecology services at Abbott Northwestern include state-of-the-art care for women with disorders related to pelvic floor function. Urogynecologists are involved in clinical research and teaching, and they develop and support innovations in the field of female pelvic medicine and pelvic reconstructive surgery.

Urogynecology services include the evaluation and treatment of female disorders of pelvic floor function:

- urinary incontinence of all types
 - pelvic support including preprolapse syndromes and prolapse related to all vaginal and perineal compartments
 - voiding dysfunction and retention of urine
 - conditions affecting the lower urinary tract including:
 - bladder hypersensitivity disorders (urgency, frequency, interstitial cystitis)
 - urinary and gastrointestinal tract fistulae
 - manifestations of various neurologic conditions on the urinary tract
- sequelae of gynecologic injury to the ureters, bladder and urethra
 - effects of gynecologic cancer and its treatment on the lower urinary tract
 - effects of pregnancy on the lower urinary tract
 - sexual dysfunction related to issues of pelvic support
 - specific issues related to pelvic support in the geriatric population
 - the need for prolonged bladder drainage, urinary protective methods and the issues of hygiene and skin care related to incontinence.

Physicians and staff also:

- offer testing services including urodynamics, ano-rectal physiology studies, cinedefecography and endoanal ultrasound
- screen for, manage and co-manage colorectal disorders including fecal incontinence, constipation and colonic prolapse syndromes in conjunction with specialists in colorectal surgery.

Teaching, Education and Research

A physician from the Urogynecology/Female Pelvic Medicine staff maintains a full time adjuvant faculty position in the Department of Obstetrics and Gynecology at the University of Minnesota. All residents in the department participate in training at Abbott Northwestern. Medical students and visiting physicians from throughout the country and abroad choose to obtain training at Abbott Northwestern because of the experience and expertise that is available.

Ongoing clinical and basic science research supports participation and presentations at national and international scientific meetings. The urogynecologists regularly report their research findings in peer review journals and maintain relationships with the national/ international academic urogynecologic community.

The Future of Urogynecology Services at Abbott Northwestern Hospital

The number of women affected by pelvic floor disorders is increasing because of changing demographics. Women are living longer, healthier and more active lives, and many more women are expected to seek urogynecologic care in the future. The expected increases in demand, along with rapidly developing minimally invasive treatment options, are important considerations for providers who care for such patients.

As the subspecialty becomes larger and more integrated, there will be opportunities for expanding services, adding providers, strengthening research and, eventually, establishing a fellowship training program as part of the teaching service.





Gynecologic Oncology

The Gynecologic Oncology Program at Abbott Northwestern, part of the Virginia Piper Cancer Institute, provides comprehensive gynecologic care for women with cervical, ovarian and uterine cancers, as well as less common cancers.

Gynecologic oncologists from Minnesota Oncology are closely affiliated with the program and ensure that women receive the most advanced therapies available. Along with radiation oncologists, pathologists, radiologists, genetic counselors, oncology nurses and social workers, they are committed to improving a woman's quality of life and minimizing side effects while she undergoes therapy. Collaborative relationships with the Sister Kenny Rehabilitation Institute and Abbott Northwestern's Penny George Institute for Health and Healing offer important resources to restore patients' health and function.



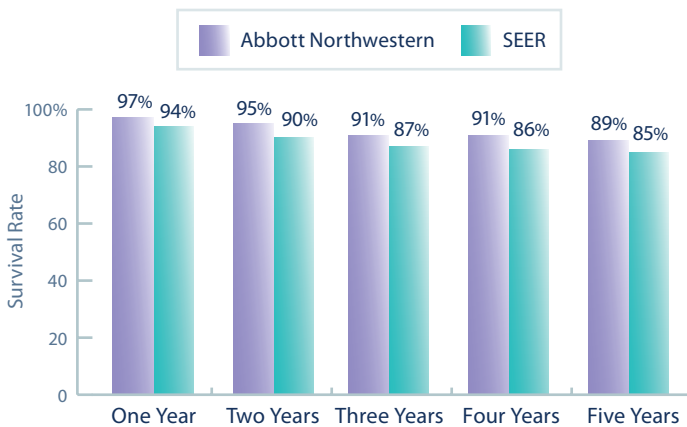
With the availability of the da Vinci Surgical System at Abbott Northwestern, some patients with gynecological cancers benefit from a new minimally invasive surgical approach.

With the availability of the da Vinci Surgical System at Abbott Northwestern, some patients with gynecological cancers benefit from a new minimally invasive surgical approach. The da Vinci System enables surgeons to perform even the most complex and delicate procedures through very small incisions and provides enhanced visualization, dexterity, precision and control.

Abbott Northwestern's outcomes data compares favorably to relative survival data of the National Cancer Institute's Surveillance, Epidemiology and End Results (SEER) Program, a national source of cancer incidence and survival data.

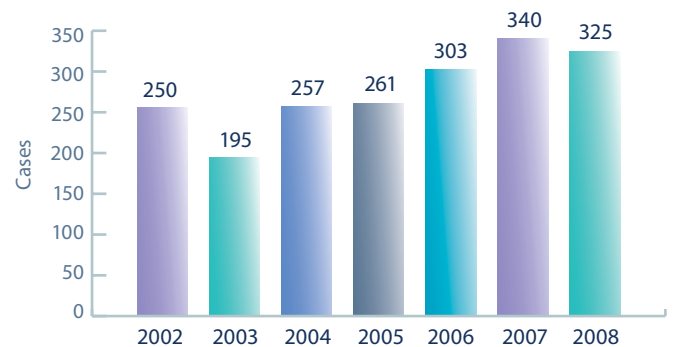
The program's participation in national trials, an exceptional Pathology Department with special interest in gynecologic pathology, a well-organized Tumor Conference, a high quality Radiation Oncology Department and four board-certified gynecologic oncologists on staff support its efforts to deliver excellent medical care to women with gynecological cancers.

Uterine Cancer Five-Year Relative Survival Rate



All uterine cases diagnosed 1998 and 1999, excluding sarcomas.

Newly Diagnosed Gynecologic Cancer Cases at Abbott Northwestern



A microscopic view of an egg cell, appearing as a large, clear, spherical structure with a distinct outer boundary. A thin, metallic needle is positioned horizontally, touching the right side of the egg. The background is a soft, out-of-focus blue and purple gradient. A semi-transparent grey rectangular box is overlaid on the left side of the image, containing the text 'Reproductive Medicine' in white serif font.

Reproductive Medicine

The Center for Reproductive Medicine specializes in the comprehensive evaluation and treatment of infertility, with caring and expert staff who are skilled in the treatment of simple and complex reproductive problems. It is the largest infertility clinic in Minnesota.

The Center for Reproductive Medicine provides a range of services from initial treatments to state-of-the-art advanced procedures such as in vitro fertilization (IVF) and donor egg. The team includes physicians, embryologists, nurses, andrologists, psychologists, geneticists, laboratory technicians and allied health care professionals.

The world's first IVF baby was born 31 years ago in 1978. The Center for Reproductive Medicine was established at Abbott Northwestern in 1987. In 2008, the Center initiated 694 IVF cycles.

Donor egg success rates have improved from less than 15 percent per egg retrieval in the 1980s to 59.4 percent per egg retrieval in 2008. The five-year average success rate was 63 percent from 2004 to 2008. Treatment modalities now include direct injection of a single sperm into a single egg (ICSI) to treat severe male factor infertility, the use of donor eggs to treat premature menopause, and the ability to freeze embryos and eggs for use in a variety of infertility treatments.



The revolution in genetic medicine has allowed treatment for couples who are carriers of serious genetic diseases, enabling them to have children who will not be afflicted with these inherited diseases through a procedure called pre-implantation genetic diagnosis (PGD).

The most important clinical problem currently being addressed is multiple-embryo pregnancies associated with IVF treatment. In the 1990s, the highest pregnancy rates were obtained at the expense of triplet rates of 5-10 percent, with the attendant complications seen in these pregnancies. With the emphasis on single embryo transfer and blastocyst culture, the triplet rate at the Center for Reproductive Medicine in 2008 was slightly more than 1 percent with no decrease in the overall pregnancy rate.

Center for Reproductive Medicine Earns National Recognition

For the last two years, the Center for Reproductive Medicine has been recognized by the Society for Assisted Reproductive Technology (SART) as having an optimal combination of low triplet rate and high delivery rate. Out of approximately 400 IVF clinics in the United States, the Center for Reproductive Medicine was one of 17 clinics recognized with this distinction.



CENTER FOR REPRODUCTIVE MEDICINE

Volume, Quality and Outcome Measures

IVF Success Rates 2008

Fresh Embryos from Non-Donor Oocytes	Maternal Age			
	<35	35-37	38-40	41-42
Number of cycles	338	139	128	42
Percentage of cycles resulting in pregnancies	53.3	45.3	44.5	19
Percentage of cycles resulting in live births	48.8	39.6	28.9	16.7
(Reliability Range)	(43.5 - 54.1)	(31.4 - 47.7)	(21.4 - 36.8)	(5.4 - 27.9)
Percentage of retrievals resulting in live births	51.6	44.4	34.3	18.9
Percentage of transfers resulting in live births	52.7	45.5	36.3	20
Percentage of cycles with elective single embryo transfer	6.4	6.6	1.0	2.9
Percentage of cancellations	5.3	10.8	15.6	11.9
Implantation rate	40.4	37.2	30.4	10.8
Average number of embryos transferred	1.8	1.9	2.1	2.4
Percentage of pregnancies with twins	31.5	30.9	13.5	2/7
Percentage of pregnancies with triplets or more	1.2	1.8	0	0/7

Thawed Embryos From Non-Donor Oocytes	Maternal Age			
	<35	35-37	38-40	41-42
Number of transfers	40	25	12	1
Percentage of transfers resulting in live births	55	40	4/12	0/1
Average number of embryos transferred	2	1.8	1.8	2

Embryos From Donor Oocytes (All Ages)	Fresh Embryos	Frozen Embryos
	Number of transfers	96
Percentage of transfers resulting in live births	59.4	30.4
Average number of embryos transferred	1.8	2



Penny George Institute for Health and Healing

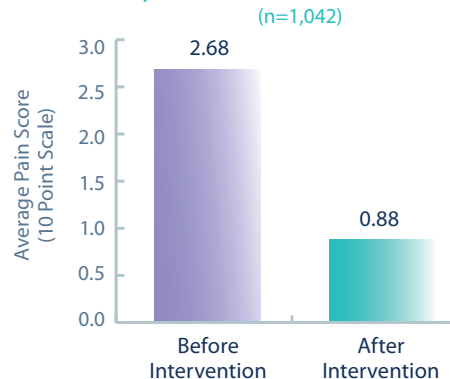
Founded in 2003 by the George Family Foundation and the Ted and Dr. Roberta Mann Foundation, the Penny George Institute for Health and Healing is the nation's largest hospital-based integrative health program. The George Institute's inpatient and outpatient services are available for women of all ages.

In the Birth Center, integrative health services focus on reducing pain, stress and anxiety for pregnant mothers. For high-risk pregnant patients hospitalized on the Antepartum Unit, the goal is to increase the length of stay to prevent, as much as possible, pre-term birth. These patients receive dedicated services from one of the George Institute’s clinical nurse specialists—clinicians with board certification in holistic nursing. Patients and family members benefit from the Art of Healing, a specially designed program for mothers that includes arts at the bedside to assist with pain, anxiety and the stress of a high-risk pregnancy.

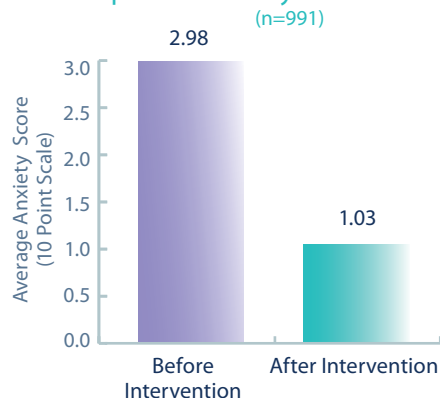
Through strong partnerships with the obstetric-gynecology and perinatal physicians at the Birth Center, patients have access to integrative services including acupuncture, breath work, energy healing, guided imagery, massage therapy, relaxation techniques, reflexology and more. Integrative medicine practitioners have also accompanied patients in Cesarean section deliveries, working closely with the anesthesiology team. These services are also available for gynecologic oncology patients.

More information on integrative health is found online at abbottnorthwestern.com under the Hospital Services page.

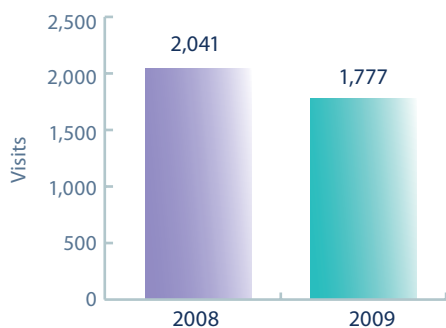
2009 Self-Reported Pain Score in Obstetric Patients



2009 Self-Reported Anxiety Score in Obstetric Patients



Integrative Health Visits to Obstetric Patients



Medical Staff Listing

Associates in Women's Health, PA

Susan L. Dahlin, MD
Sheila R. Goodman, MD
John C. Nadeau, MD
Rebekah R. Ormsby, MD
Patricia M. Pettit, MD
Jill H. Rusterholz, MD

Center for Reproductive Medicine

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Lisa D. Erickson, MD
Paul H. Kuneck, MD
Jack W. Malo, MD

Diamond Women's Center, PA

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Daniel T. Chow, MD
Charles A. Haislet, MD
Mary Anne Jacob, MD
Karee E. Lehrman, MD
Ann M. O'Donnell, MD
Russell L. Wavrin, MD
Elisa M. Wright, MD
Debra Stealy, NMW

Female Pelvic Medicine and Reconstructive Surgery

James L. Raders, MD

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Lawrence L. Harms, MD
Gerald D. Hautman, MD
John W. Hering, MD
LeeAnn I. Hubbard, MD
Barbara J. Hyer, MD
Becky L. Kleager, MD
Richard A. Kopher, MD
Joan E. Kreider, MD
Katie J. Krumwiede, MD
Charles W. Lais, MD
Javed M. Malik, MBBS
Laura S. Mayer, MD
Ruth L. Merid, MD
Rosemarie A. Ramirez, MD
Buvana R. Reddy, MD
Rebecca H. Rudesill, MD
Leslie Allen Sharpe, MD
Arthur James Shold, MD
Christopher W. Thiel, MD
Eric W. Trygstad, MD
John F. Vickers, MD

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Elizabeth P. Elfstrand, MD
Andrea J. Flom, MD
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Melvin Frisch, MD
Linda J. Maag, MD
Corinne N. Moll, MD
Ronald J. Peterson, MD
Sarah B. Schmitz-Burns, MD
Allison K. West, MD

Minnesota Gynecology & Surgery

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James B. Presthus, MD
Douglas M. Soderberg, MD

Minnesota Oncology Hematology, PA

Cheryl L. Bailey, MD
Matthew P. Boente, MD
Ann C. Casey, MD
John E. Savage, MD
Annie Tan, MD

Minnesota Perinatal Physicians, PA

Suresh Babu N. Ahanya, MD
Richard P. Bendel, MD
William A. Block Jr, MD
Steven E. Calvin, MD
Diana R. Danilenko, MD
Lea A. Fairbanks, MD
Emanuel P. Gaziano, MD
Cole Greves, MD
Subhashini J. Ladella, MD
Judith A. Ney, MD
Kathleen M. Pflighaar, MD
Lisa L. Saul, MD
Jessica P. Swartout, MD
William E. Wagner, MD
Donald D. Wothe, MD

Park Nicollet Perinatal Clinic

Leslie Pratt, MD

Women's Health Consultants

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Rokhsana K. Bozicevich, MD
Lynne M. Gibeau, MD
Brenda J. Harris, MD
Elizabeth A. Kilburg, MD
Judith A. Levitan, MD
Sarah B. Mainguy, MD
Jennifer M. McKeand, MD
Kelly L. Morrison, MD
Penny A. Wheeler, MD

Abbott Northwestern's WomenCare includes:

- more than 4,000 newborn deliveries every year
- one of the largest perinatal practices in the country
- excellent care for women with high-risk pregnancies and preterm or sick newborns
- the latest advances in fetal therapies in collaboration with Children's Hospitals and Clinics of Minnesota
- advanced diagnostic and surgical capabilities in gynecologic and urogynecologic care
- comprehensive care for women with gynecologic cancer in collaboration with the Virginia Piper Cancer Institute
- one of 17 in vitro fertilization clinics in the United States earning national recognition from the Society for Assisted Reproductive Technology
- innovative integrative health services offered in collaboration with the Penny George Institute for Health and Healing.

Pediatric Practices

Abbott Northwestern Hospital - Hospitalist Service
All About Children Pediatrics
Aspen Medical Group
Children's Hospital and Clinics of Minnesota
HealthPartners
Metropolitan Pediatric Specialists, PA
Minnesota Neonatal Physicians, PA
Partners in Pediatrics
Pediatric Services, PA
South Lake Pediatrics

Obstetric Department Leadership Team

Mari Holt, RN, MSN, MBA, NE-BC, director, WomenCare
Michelle Smith, RN, BSN, RNC, patient care manager
Nancy Reiners, RN, MSN, manager, WomenCare Outpatient Services
Anne Marie Fuentes, RN, BSN, RNC, patient care manager
Sandra Hoffman, RN, MS, CNS-BC, clinical nurse specialist,
Jone Tiffany, RN, MA, RNC-OB, clinical educator
Katie Molitor, RN, BA, RNC-OB, clinical educator

Gynecology Department Leadership Team

Tracy Kirby, RN, MS, director, Medical-Surgical-Orthopaedics
Rebecca Hansen, RN, MSN, patient care manager, E3100/W3500
Sue Sendelbach, RN, PhD, nurse scientist
Sharon Reuter, BAN, RN-BC, nurse educator



About Abbott Northwestern

Abbott Northwestern and its Medical Staff are dedicated to providing outstanding care and service to patients and their families.

Abbott Northwestern Hospital is the largest not-for-profit hospital in the Twin Cities area, with 633 available beds and 65 bassinets. Each year, the hospital provides comprehensive health care for more than 200,000 patients and their families from the Twin Cities area and throughout the Upper Midwest. More than 5,000 employees, 1,600 physicians and 550 volunteers work as a team for the benefit of each patient served.

Abbott Northwestern Hospital is a part of Allina Hospitals & Clinics, a family of hospitals, clinics and care services in Minnesota and Western Wisconsin.

For more than 125 years, Abbott Northwestern has had a reputation for quality services. The hospital is well known for its centers of excellence:

- cardiovascular services in partnership with the Minneapolis Heart Institute®
- Mental Health Services
- medical/surgical services
- Neuroscience Institute
- Orthopaedic Institute
- physical rehabilitation through the Sister Kenny Rehabilitation Institute
- Spine Institute
- Virginia Piper Cancer Institute™
- perinatology, obstetrics and gynecology through WomenCare.

Abbott Northwestern and its Medical Staff are dedicated to providing outstanding care and service to patients and their families. We're proud of what we offer the community: exceptional physicians, nurses and support staff; a commitment to research, education and outcomes; a foundation of clinical partnerships that span the region; and a cultural enthusiasm for growth and improvement. Brought together in one institution, these factors create an energetic and sophisticated environment that inspires caregivers to collaborate in new ways for the benefit of patients.

Our passion for finding new and better approaches to care drives extensive research efforts in clinical areas across the hospital. This ensures that new treatment advances benefit patients as quickly as possible, supports a dynamic environment for medical and nursing education, and is the catalyst for our outcomes measurement program.

Accessing Abbott Northwestern Hospital

24/7 PHYSICIAN-TO-PHYSICIAN® LINE

1-800-828-8900

- Hospital admissions
- Hospitalist service
- Specialist appointments
- Specialist/subspecialist consultations
- Van service to Abbott Northwestern and affiliated physician clinics

EMERGENCY DEPARTMENT-TO-EMERGENCY DEPARTMENT (ED TO ED)

1-800-863-4233

- ED to ED transfers
- ED-facilitated direct transfer admissions
- ED physicians triage and consultation
- Urgent stroke neurologist telephone consultation

MINNEAPOLIS HEART INSTITUTE® AT ABBOTT NORTHWESTERN

612-863-3900
1-800-582-5175

- Refer a patient to the Minneapolis Heart Institute®
- Make an appointment for a patient at the Minneapolis Heart Institute®

FIND A PROVIDER ONLINE

- Search online for a physician at allina.com/doctors (choose Abbott Northwestern Hospital in the Hospital Affiliations field)



WomenCare
800 East 28th Street
Minneapolis, MN 55407-3799

abbottnorthwestern.com

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