



Nursing Annual Report 2025



KootenaiHealth

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TRANSFORMATION LEADERSHIP guides teams towards the future, using vision, influence, and professional expertise to create meaningful change that produces growth and development.



Kim Jorgenson, MBA, BSN, RN, NEA-BC

Chief Nursing Officer

As I reflect on 2025, I am filled with deep pride and gratitude for our nursing and clinical teams. This past year has been defined by engagement, compassion, and an unwavering commitment to excellence, the mission, and our core values that continue to shape who we are and how we care for our patients, their families, and one another.

At the heart of our work is the patient experience. Every interaction, every moment at the bedside, and every decision made in partnership with our interdisciplinary colleagues reflects our promise to provide safe, high-quality, and compassionate care. In 2025, our nurses continued to elevate the Kootenai Health experience by focusing on what matters most to patients, being heard, being cared for, and feeling confident in the care they receive. Through intentional efforts to improve communication, responsiveness, and coordination of care, we saw meaningful gains in patient experience across multiple care settings. These improvements are a direct result of nurses leading change and advocating for patients every day.

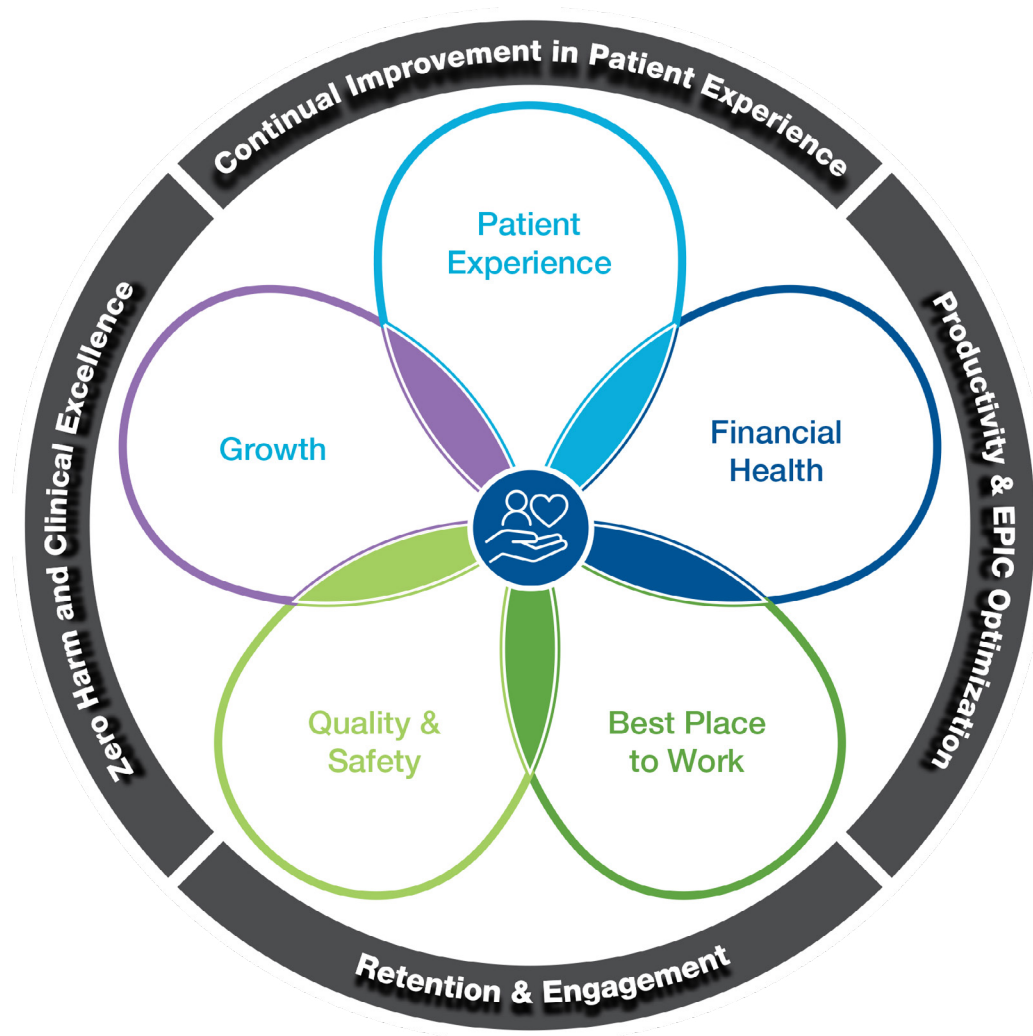
Equally important is our commitment to our people. Nursing is at its best when nurses feel valued, supported, and engaged in meaningful work. In 2025, we strengthened our culture of engagement by listening to our teams, investing in professional development, and creating environments where nurses can practice at the top of their license. Our employee engagement results reflect this progress and reinforce what we know to be true—when nurses are empowered and supported, both staff and patients thrive.

Quality and safety remain foundational to everything we do. Throughout the year, our nurses led and participated in numerous initiatives focused on nursing-sensitive indicators, harm reduction, and evidence-based practice. From preventing falls and infections to improving early recognition and response to patient deterioration, our teams demonstrated relentless focus on doing the right thing, the right way, every time. These efforts reflect not only strong clinical expertise, but also a shared accountability for outcomes and a deep commitment to continuous improvement.

This annual report tells a powerful story—one of teamwork, innovation, and dedication to excellence. I am honored to work alongside such an extraordinary nursing workforce. Thank you for the expertise, compassion, and heart you bring to your work each day. Together, we will continue to lead, inspire, and boldly transform the health care experience for our community and region.

Nursing Strategic Priorities

2025 Nursing and Clinical Enterprise Strategic Priorities “Vital Few”



OUR MISSION

We
improve health
one patient at a time
in a friendly and professional culture
committed to superior quality and safety.

KOOTENAI HEALTH WAY

The foundational values that define us

Safety Compassion Engagement

OUR VISION

KootenaiHealth 2030

One
connected team,
boldly transforming the health care
experience, to become a premier medical destination.

Announcement of the Prairie Medical Campus

In March 2025, Kootenai Health announced exciting plans for the 30-acre Prairie Medical Campus in Post Falls, Idaho. Construction for Phase One began in March 2026, with an approximate 24–36-month completion timeline.



Phase one highlights include plans for:

- A Micro-Hospital
- 12-room emergency department staffed by board-certified emergency physicians
- Overnight patient-care rooms
- Advanced imaging center including MRI, CT, ultrasound, and X-ray

A Multi-Story Medical Office Building

- Clinic offices for Kootenai Clinic and independent providers
- Lab services
- Space to attract and grow primary care, medical, and surgical specialty practices

The campus is designed to accommodate additional phases as population expansion continues throughout Kootenai County and eastern Spokane County.



Nursing Engagement Scores on the Rise

Nurses at Kootenai Health achieved an exciting upward trend in engagement scores in 2025. In 2024, the nursing team's engagement score remained stable and aligned closely with both the overall organization and the national nursing excellence average near 4.00. By 2025, the nursing engagement score rose to approximately 4.14, representing a significant increase over the prior year (refer to image 1).

This improvement reflects the impact of effective and collaborative unit-level action plans in follow up from the prior survey. In 2025, performance exceeded the national benchmark in all but one category. Fundamentals of Quality Nursing Care remained just under the national average, while six of seven categories outperformed national comparison groups. These categories included:

- Adequacy of Resources and Staffing
- Autonomy
- Interprofessional Relationships
- Leadership Access and Responsiveness
- Professional Development
- RN to RN Teamwork and Collaboration

(Refer to image 2 for nursing engagement categories.)

Your Team's Engagement Comparison and Trending

Tracking performance over time and in comparison to internal and external benchmarks can help you understand how your team is trending survey to survey. Viewing your trend helps you see the impact of action plans or other factors that might be influencing performance.

Image 1: Comparing Nursing Engagement in 2024 to 2025

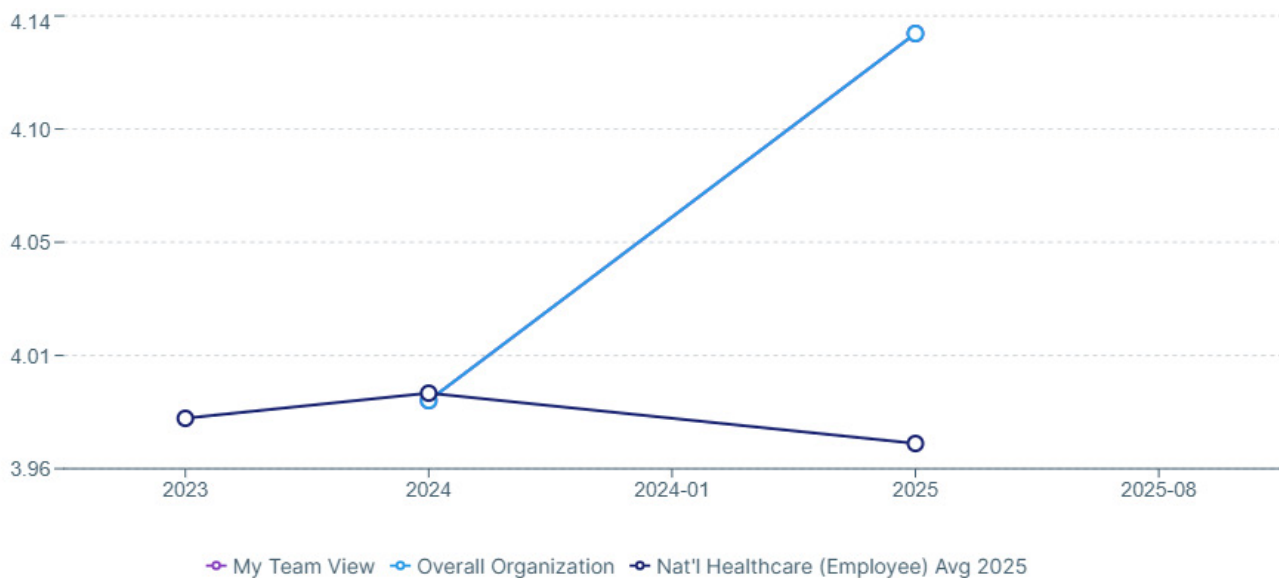
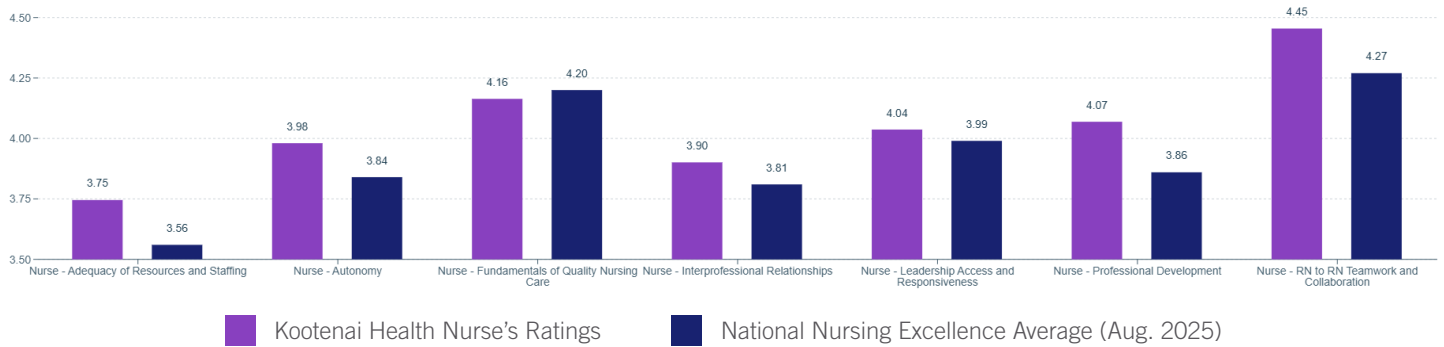


Image 2: Categories of Nurse Engagement and Kootenai Health Nurses' Ratings



Magnet® Designation Update

Kootenai Health received its first Magnet® designation from the American Nurses Credentialing Center (ANCC) in 2006. In 2026, the organization will be undergoing the review process for its fifth Magnet designation. For additional information, please visit the Magnet SharePoint page linked here: [Magnet Program - Home](#)

Magnet Champions

As a clinical nurse, what does the ANCC Magnet® Accreditation mean to you?

Magnet accreditation means my hospital focuses on nursing and actively works to support nurses. Hospital support can be seen through strong leadership, nursing engagement, and the opportunity to pursue more education either through advanced degrees or certification.

Are there any positive changes you've seen at Kootenai Health because of the ANCC Magnet Recognition Program®?

I have worked at Kootenai for almost 10 years. I think Kootenai strives to continue improving as both an organization and on a unit level. I have worked in several different areas, and each area has had a strong Unit Practice Council where we discussed unit issues/goals. Leadership has always supported nursing in discussing goals and problem-solving unit issues. I appreciate the transparency of our leadership in discussing the organization's goals and giving staff bonuses when we meet our specified organizational goals.

Why do you enjoy being a Magnet Champion?

I love my job, and I like working for Kootenai. If I didn't enjoy it, I would work elsewhere. I like being a Magnet champion because I like talking about the reasons I enjoy my job. I like acknowledging the work my coworkers do, and discussing what we can do to continue improving our patient care.

Katie Stang, BSN, RN,
Clinical Nurse, Heart Services

Are you interested in becoming a Magnet Champion? Email kh-nursingexcellence@kh.org

A Year in the Life at Kootenai Health, 2025



Injury Prevention Community
Outreach Events **38**

Life-Saving Certification Classes Taught **89**

New Nurses Hired **292**

Stroke Patients **637**

Stroke Alerts **1,432**

Trauma Patients **2,175**

Surgeries Performed **12,283**

Tubes of Toothpaste Used **23,776**

Urinals Used **28,773**

Double AA Batteries Ordered **121,432**

52 Practice Alerts Sent from
the Center for Nursing Excellence

93 Nursing Workshop Events

557 Rapid Response Activations

648 Injury Prevention Volunteer Hours

1,488 Rapid Response Calls

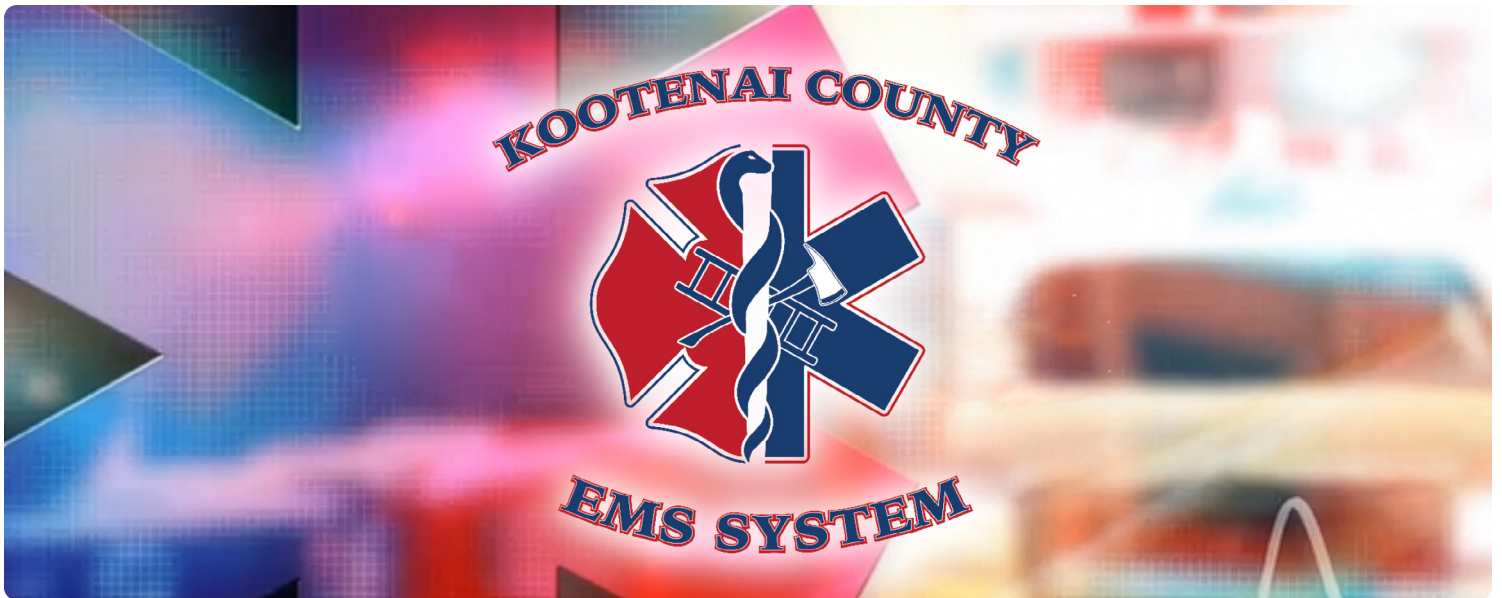
10,686 Admitted Patients from the ED

21,127 Discharged Patients

26,405 Purple Top Wipes

94,790 Primary IV Tubing





Remembering Community Firefighters

In June 2025, the Coeur d'Alene community experienced an unthinkable tragedy. What began as a routine firefighter response to a brushfire quickly revealed itself to be an intentional ambush. Two firefighters lost their lives that day, and a third sustained life-altering injuries.

Unaware of the events transpiring, Emergency Department (ED) manager Eric Kenner BSN, RN, CEN, was attending a gathering when he received notification from the Kootenai Health Emergency Department indicating a mass-casualty incident (MCI) had occurred and responded immediately.

The Kootenai Health ED quickly initiated efforts to clear out existing patients in preparation for an unknown number of incoming casualties. Early estimates ranged from 2-10 injured first responders. Across the hospital, multiple departments mobilized to support the ED and Operating Room. Emergency Medical Services, law enforcement, and hospital teams worked in remarkable coordination. Per Kenner, "It was an awe-inspiring day to behold. Our community rose up to meet the challenge to provide excellent care." Those who responded demonstrated strength, compassion, and solidarity on one of the darkest days.

Kenner had several reflections surface in the aftermath of the devastating event. First, Kootenai Health staff demonstrated unwavering commitment by promptly reporting when called to manage the MCI. Second, the broader community rallied to support first responders and the hospital during an extraordinarily difficult time. Third, a reminder that preparedness is a continuous process; training must remain ongoing and preemptive to address the unexpected.

Prior to this incident, an interdisciplinary team within the ED began revising the department's MCI plan. As tragic this experience was, it provided a real-world test of ED processes and highlighted the areas needing refinement. Since this incident, more staff members have attended FEMA mass-casualty training courses, and additional nurses will continue to train as future sessions become available. ED staff evaluated its procedures and updated policies to ensure readiness for potential future MCIs. In final reflection, Kenner shared, "As a North Idaho native, I am very proud to be part of such an amazing community."

Eric Kenner, BSN, RN, CEN
Nurse Manager Emergency Services

Two Nursing Roles Making a Big Difference in the Community



**Kirstin Haley,
BSN, RN**

*Trauma Injury
Prevention & Education
Coordinator
Trauma Services
Coeur d'Alene, ID*

Trauma Injury Prevention & Education Coordinator

Volunteers are essential to sustaining effective trauma injury prevention and community outreach efforts. In 2025, Kootenai Health's Injury Prevention Program delivered 38 community outreach events, reaching more than 2,100 community members with the support of 167 volunteers who contributed over 648 hours of service. Their commitment expanded program reach and reinforced a regional culture of safety, education, and service.

As the Trauma Injury Prevention & Education Coordinator, Kirstin Haley, BSN, RN, analyzes injury trends leading to emergency visits, treatment, and hospital admission to guide targeted prevention strategies. Collaborating with community partners and stakeholders, she delivers accessible, evidence-based safety education for all ages while also serving as a trauma educator for Kootenai Health staff. This combination has strengthened the alignment between community prevention and clinical practice.

Outreach topics include fall prevention for older adults, concussion and helmet safety, Stop the Bleed with hands-only CPR and AED training, and drowning prevention. Events feature interactive learning, demonstrations, and safety incentives such as helmets and tourniquets. The Kootenai Health Foundation contributed \$1,962 to support helmet distribution in 2025.

Community impact is evident, including a Lake City High School student who used skills learned to provide lifesaving care to her father after a chainsaw injury. This is just one example of how this program has had a meaningful impact on safety in the community.

Chronic Care Management Nursing

In 2025, Kootenai Clinics relaunched Chronic Care Management (CCM) services in select primary care sites after a pause since 2022. By early 2026, CCM was reestablished in Internal Medicine Post Falls, Family Medicine Ironwood, and Family Medicine Prairie, with Family Medicine Post Falls currently implementing services. Seventy patients are now enrolled, supported by a growing team of RN Care Managers across Post Falls, Hayden, and Ironwood. Expansion to all primary care locations is underway as the program continues to strengthen its foundation.

The CCM model exemplifies transformational leadership through its focus on patient-centered outcomes, interdisciplinary collaboration, and the empowerment of Master's-prepared RN Care Managers to practice at the top of their licenses. By overseeing care for individuals with multiple chronic conditions, Care Managers reduce provider workload, improve coordination, and enhance continuity across the system.

Through proactive relationship-based care, RN Care Managers identify emerging needs, monitor symptoms, manage transitions, coordinate preventive services, and equip patients and families to navigate chronic conditions more effectively. As enrollment grows, CCM is positioned to drive improved clinical outcomes, increased patient satisfaction, and a more connected, resilient primary care network at Kootenai Health.



**Kara Baron, MSN, RN,
MEDSURG-BC, GERO-BC**

*RN Care Manager,
Kootenai Clinic
Internal Medicine
Post Falls, ID*



**Lynne Kinson,
MSN, RN, AMB-BC**

*RN Care Manager,
Kootenai Clinic
Family Medicine
Hayden, ID*

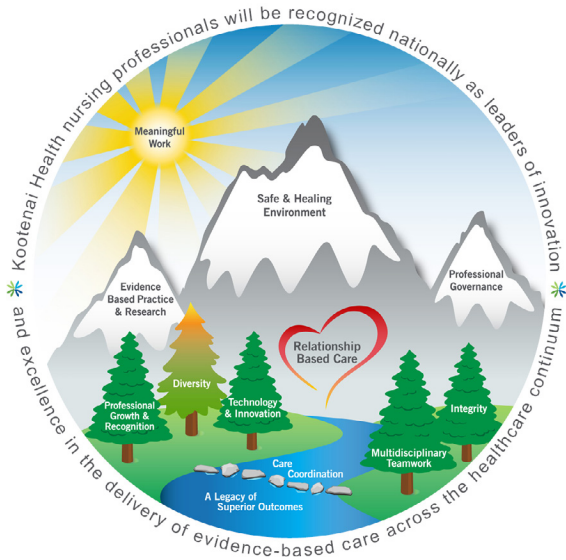


**Mary Hodgson,
MSN, RN**

*RN Care Manager,
Kootenai Clinic
Family Medicine
Ironwood
Coeur d'Alene, ID*

EXEMPLARY PROFESSIONAL PRACTICE stems from nursing professional practice and is represented in the model. This model serves as a visual for how nurses practice, collaborate, develop professionally, and demonstrate integration of nursing practice with the mission, vision and values.

Nursing Professional Practice Model



2025 Overall Outcomes & Nurse-Sensitive Indicators

Sources: Sources: Press Ganey Database, Safety Event Reporting, NDNQI, NHSN, PowerBI



Evaluating Outcomes to Strengthen Care Delivery

Outcome data serves as an important reflection of professional practice, illustrating how the work of a connected care team translates into patient outcomes over a defined period of time.

These measures allow comparison with hospitals of similar size that experience many of the same challenges. This type of benchmarking provides valuable context, supporting a shared understanding of performance across disciplines and helping to identify areas of strength as well as opportunities for focused improvement.

In 2025, several metrics met or exceeded established goals, demonstrating meaningful progress and effective collaboration across teams. Other outcomes did not reach desired benchmarks, highlighting opportunities. Review of this data encourages thoughtful inquiry, including examination of practices contributing to success in other organizations, identification of barriers influencing current results, and exploration of strategies that support consistent, high-quality care.

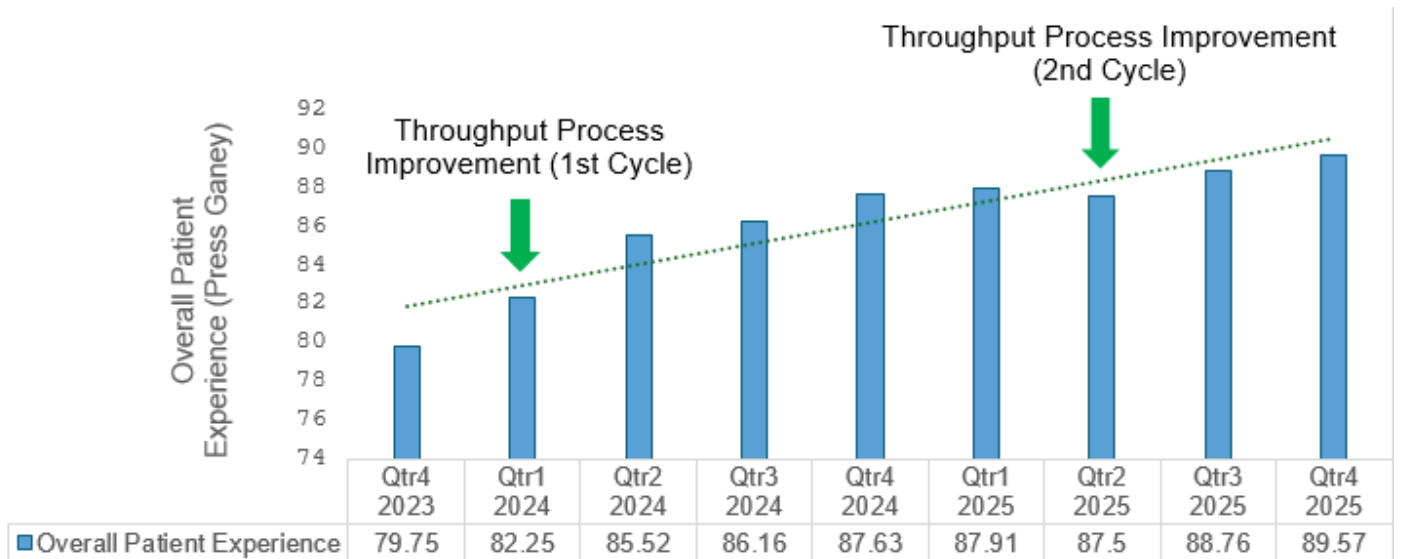
Engaging with outcome data is a shared professional responsibility and an essential component of continuous improvement. When approached with openness and a one connected team mindset, this information supports collective learning, informs priorities, and guides coordinated efforts to strengthen care delivery. Outcome data reflects the current state of performance and provides direction for continued advancement in quality, safety, and patient experience.

Emergency Department Excellence: Improving Throughput and Patient Experience

Throughout 2024 and 2025, the Emergency Department advanced exemplary professional practice by implementing targeted process improvements aimed at strengthening patient experience and operational efficiency. In the first improvement cycle during early 2024, the team applied the Plan, Do, Study, Act methodology to evaluate the entire throughput process, collaborating with ancillary stakeholders to validate and optimize workflows. This work resulted in the discontinuation of hallway bed use and a renewed focus on improving Door to Provider and Door to Discharge intervals. These efforts reduced noise and chaos in the care environment and supported lower levels of staff and provider burnout. Patient experience outcomes demonstrated notable improvement, with overall satisfaction rising from 82.25 in Q1 2024 to 87.63 by Q4 2024.

A second improvement cycle in 2025 further strengthened this trajectory. A Door to Discharge target of 179 minutes or less guided the development of a surge plan that enabled emergency physicians to initiate care for lobby patients in designated consult rooms, expediting care while maintaining safety. Additional workflow refinements included enhancing privacy during first nurse assessment and adding a second discharge space for vertical patient populations, alleviating persistent bottlenecks and improving both staff workflow and patient flow. These operational advancements were reflected in continued patient-experience gains, with overall satisfaction increasing to 89.57 by Q4 2025, the highest performance in the two-year period.

Overall Patient Satisfaction Score for the Emergency Department (Press Ganey)



Teamwork in Action: Supporting Pressure Injury Prevention on Med/Surg Units

Hospital-acquired pressure injuries (HAPI) can significantly decrease a patient's quality of life, increase medical costs to the patient and healthcare system, and results in an increase in morbidity and mortality. HAPIs are largely preventable, and pressure injury prevention strategies require engagement from the entire clinical team.

After an increase in HAPIs in 2024, an interdisciplinary group formed called the HAPI Core Team to review the current hospital wide efforts in HAPI prevention and formulate cohesive best practice recommendations to a broad stakeholder group. The team consisted of bedside nursing staff, a nursing director, nursing managers, providers, respiratory therapy, quality department, dietary, and a healthcare informaticist. The team completed an assessment and determined that the KH policies were up to date and there may be opportunities for aligning the policy more close with expectations, improving efficiency in the electronic medical record (EMR) documentation and ensuring that staff had access to resources and equipment.

Within the existing processes for HAPI prevention, nurses identified specific areas of opportunity to change to improve patient outcomes:

Representation from 2E identified that the “four eyes” skin check should require two RNs, rather than an RN and a CNA.

Representation from 2S identified inconsistent implementation of 2-hour turns for high-risk patients (Braden score ≤ 18), unclear role ownership, and time/structure constraints.

Reference: Cyriacks, B., & Spencer, C. (2019). Reducing HAPI by cultivating team ownership of prevention with budget-neutral turn teams. The Free Library. Reducing HAPI by Cultivating Team Ownership of Prevention with Budget-Neutral Turn Teams. - Free Online Library

In follow-up, the representative from 2 South, Erin Mulady, BSN, RN investigated turn team models after the review of HAPI trends and Braden Score audits. Using turn teams by assigning specific staff to reposition patients on a predictable schedule is correlated with a reduction in HAPIs, improvements in teamwork, and enhanced staff satisfaction (Cyriacks, 2019).

After presenting her findings in September 2024, Erin proposed a pilot program. The 2 South turn team launched on October 16, and through the following two weeks, the team collected feedback and implemented process improvement through Unit Practice Council. Reassessment occurred throughout November in preparation for broader adoption by other teams through the acute care areas.

Although the initiation of the turn teams occurred in late 2024 for 2 South, data collection continued into 2025 and showed significant improvement. Average monthly HAPI rates dropped from 1.24 per 1,000 patient days (September 2024) to 0.56 per 1,000 patient days (May 2025) - a 54% improvement. Several post-intervention months showed zero HAPI incidence, and no stage 3+ injuries in three out of the five months following the intervention. Staff feedback indicated greater clarity in expectations and improved teamwork.

Through this HAPI prevention project, clinical nurses drove innovation and delivered meaningful results that improved patient outcomes and nursing practices reinforcing the value of data-informed outcome improvements at Kootenai Health.

Fall Bundle Implementation with Significant Outcome Improvement

Prevention of patient harm has always been a priority for nursing staff and often the driver behind many nurse initiatives. At Kootenai Health, there was a need for a systematic, collaborative, and nurse-driven approach to fall prevention. Prior to May 2025, the organization lacked a dedicated Fall Prevention Workgroup to unite clinical nurses to evaluate current practices and workflow to create a standardized, evidence-based fall prevention bundle.

The Fall Prevention Workgroup was initiated in May 2025 with early involvement and strong support by the 2 East clinical nurses and the 2 East nurse manager, Samantha Sobotta, BSN, RN, CMSRN. The workgroup consisted of clinical nurses from a variety of specialties including med/surg, behavioral health, progressive care, and critical care. In addition, there were many interprofessional support staff involved, including nursing managers, directors, nursing professional development specialists, quality partners, and social workers.

After the review of current bedside practices and literature, the group discovered universal safety precautions were consistently missed. They confirmed the need for a standardized, evidence-based fall-prevention bundle. Within that group, they identified opportunities for individualized fall-risk assessments, patient education, staying within arm’s reach for moderate/high risk patients, and proactive rounding.

Based on the review, the Fall Prevention Workgroup designed an evidence-based fall prevention bundle using the acronym **PREVENT**. The elements are outlined below:

Philosophy	All Patients	Moderate and High Fall Risk
P erform fall risk assessments	<ul style="list-style-type: none"> Complete fall risk assessment 	
R einforce safe mobility	<ul style="list-style-type: none"> Complete mobility assessment (as applicable) Utilize appropriate patient handling equipment 	<ul style="list-style-type: none"> Stay within arm’s reach Gait belt for all mobility out of bed Bed/chair arms
E liminate hazards	<ul style="list-style-type: none"> Room free of clutter Bed locked and in the lowest position 	
V erify medication risks	<ul style="list-style-type: none"> Accurately review high-risk medications as part of fall risk assessment 	
E ncourage toileting and hydration	<ul style="list-style-type: none"> Proactive rounding I&O documentation 	
N urture patient and family education	<ul style="list-style-type: none"> Patient education 	
T eamwork is key	<ul style="list-style-type: none"> Communication of fall risk to all colleague interacting with the patient Care plan up-to-date 	<ul style="list-style-type: none"> Yellow socks Fall icon outside patient room BMAT magnet updated to match assessment

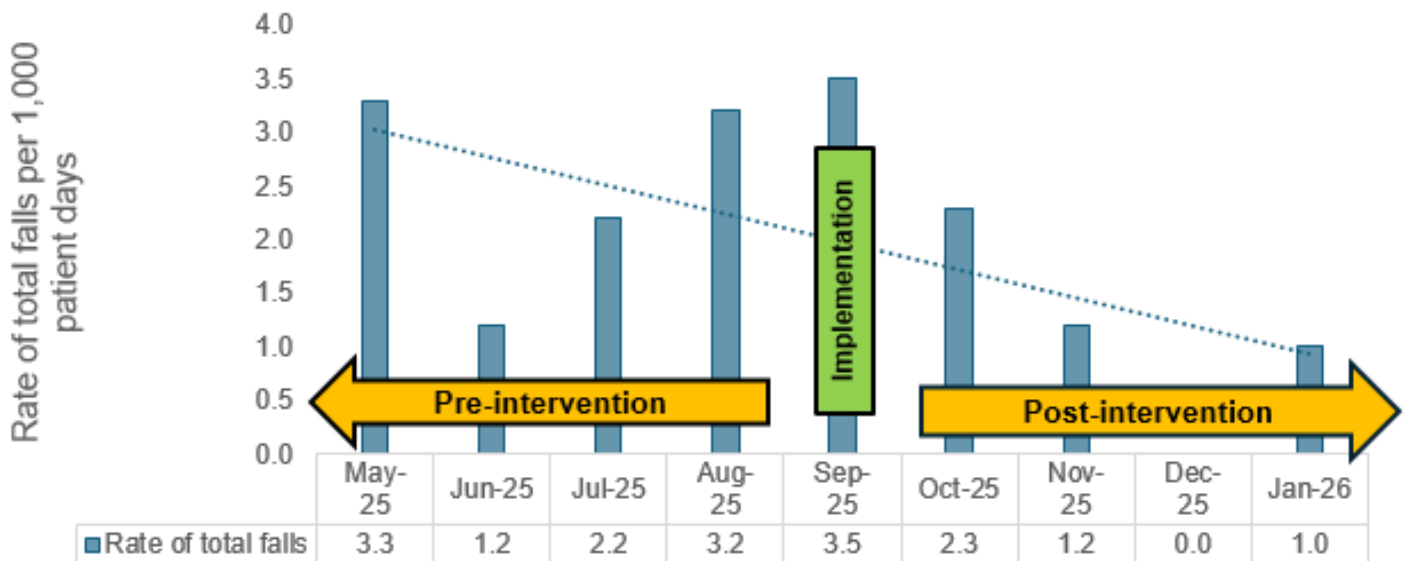
The 2 East nurse manager served as a key leader in the development of the fall prevention bundle and the unit demonstrated early and consistent engagement. This engagement is correlated with a significant reduction in patient falls after the implementation of the bundle (refer to graph).

Nursing staff on 2 East supported the adoption of the Fall Prevention Bundle using the **PREVENT** acronym in the following ways:

- Distributed education materials during the daily shift huddle.
- Established a Learning Board Aim to support bundle compliance and reviewed it during each shift huddle with the intention to:
 - Align on priorities for fall prevention
 - Identify any emerging barriers to allow collaboration for action plans with bundle compliance
- Chart audits and feedback were provided to staff on documentation gaps.
- Recognition was given for real time positive occurrences, good catches, and major milestones (e.g., 30, 60, 90 days without a fall).

Since implementation of the Fall Prevention Bundle in September 2025, nursing units across the organization have been provided with staff education resources and fall prevention audit opportunities. As patient fall metrics continue to fluctuate, staff are encouraged to continue to share fall prevention information through shift huddles, unit meetings, and Unit Practice Councils to improve patient safety.

Total Falls Per 1,000 Patient Days on 2 East



Driving Quality, Innovation, and Regional Impact in Sepsis Care

In 2025, the Kootenai Health Sepsis Program achieved historic outcomes while continuing to strengthen interdisciplinary collaboration and evidence-based practice across the organization. Through the collective efforts of nurses, providers, and clinical teams, Kootenai Health recorded the lowest mortality rates in hospital history for patients with severe sepsis and septic shock. Mortality for severe sepsis and septic shock reached 8.6%, while septic shock mortality was 16.0%, both performing significantly below national benchmarks. These outcomes reflect the organization's ongoing commitment to early recognition, rapid treatment, and high-reliability sepsis care. Additionally, the program successfully achieved our CMS SEP-1 goal, supporting Kootenai Health's performance in Value-Based Purchasing and CMS Star Ratings.



**Robert Scoggins,
MD, PhD**



**Bailey Larson,
BSN, RN, CV-BC**

Additional Program Support and Outcomes:

- Provided care for nearly 2,300 patients diagnosed with sepsis
- Strengthened multidisciplinary collaboration across the Emergency Department, critical care, and inpatient units, ensuring consistent application of best practices

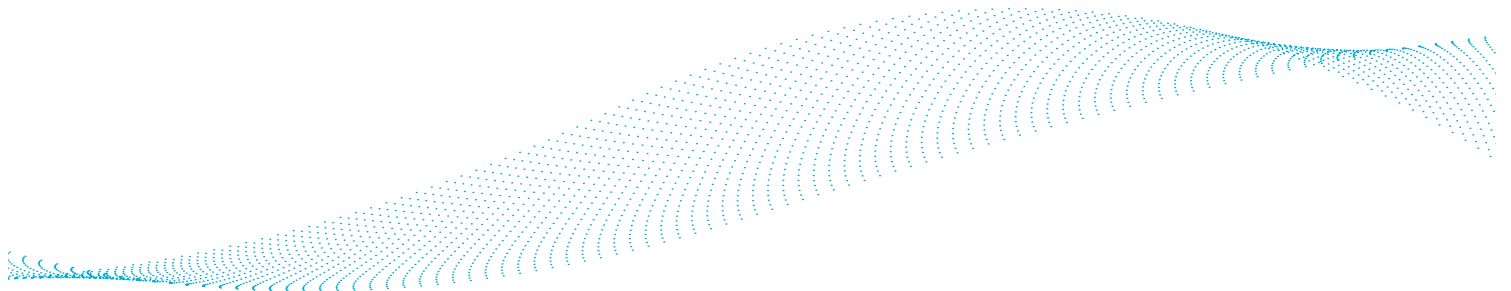
Innovation and Workflow Optimization:

- Launched a large-scale EPIC optimization initiative to enhance sepsis identification and workflow anticipated to go live in 2026. This will improve screening tools, automate alerts, and streamline documentation to better support clinical decision-making.

Education and Regional Impact:

- Expanded the program's regional presence by sharing expertise with other sepsis programs and supporting best-practice adoption.
- Delivered the first dedicated obstetric sepsis education, equipping teams caring for pregnant and postpartum patients with specialized knowledge for responding to atypical sepsis presentations.

These achievements demonstrate the Sepsis Program's ongoing commitment to exemplary professional practice. The program continues to strengthen bedside performance, advance efficient clinical tools, and extend its expertise throughout the region. Together, these efforts support consistent, high-quality care and contribute to improved outcomes for patients affected by sepsis.



Forensic Nursing Services

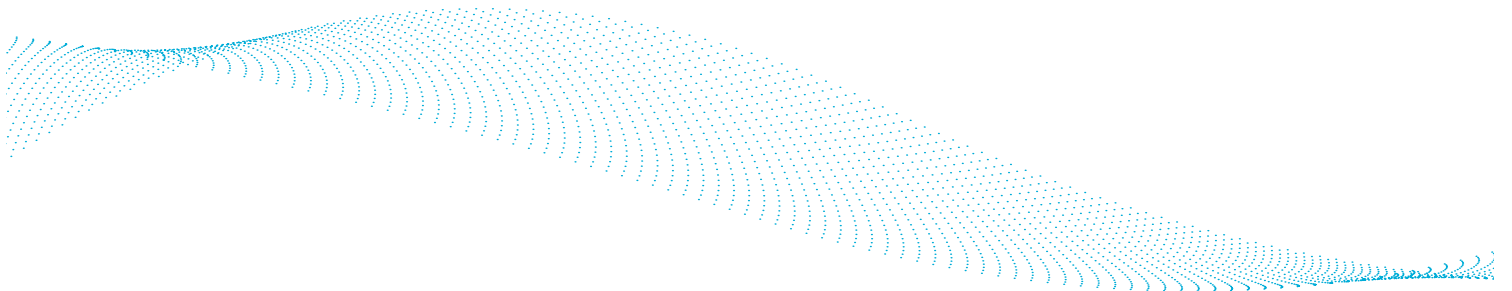
In 2025, Forensics Nursing Services has strengthened its commitment to providing compassionate, coordinated care for individuals affected by child abuse, sexual assault, domestic violence, dating violence, stalking, physical assault, and vulnerable adult abuse. A total of 434 victims received services, representing communities across Idaho, Washington, Montana, Oregon, and Hawaii. This wide geographic reach reflects both the accessibility and the trusted reputation of the program.

This year marked a major milestone with the award of \$950,000 in federal funding from the Federal Office on Violence Against Women. The Kootenai Health Foundation provided essential support in pursuing and securing these grants on behalf of the Forensic Nursing Program. The resulting financial resources will advance education and training for clinical teams, improve service availability for victims, and strengthen trauma-informed interventions that contribute to overall community wellbeing.

The Sexual Assault Response Team (SART+) remained a central component of the department's work. This multidisciplinary collaboration among healthcare providers, victim advocates, prosecuting attorneys, and law enforcement enables continuous evaluation and enhancement of the local response to interpersonal violence. The SART+ model reinforces trauma informed practices, strengthens interagency communication, and supports improved investigative and legal outcomes for victims.

In addition, the department continued active participation in the Multi-Disciplinary Team (MDT). MDT meetings provide a structured forum for coordination among law enforcement, advocacy organizations, social workers, and other key partners to ensure children who have been victims of a crime have optimal outcomes. Case reviews and shared problem solving within the MDT support comprehensive care planning, identification of service gaps, and more effective solutions for victims.

Collectively, these initiatives demonstrate an ongoing commitment to collaboration, education, and patient centered care. Continued investment in partnerships and resources strengthens the region's ability to support victims, improve outcomes, and maintain a responsive and effective community network.

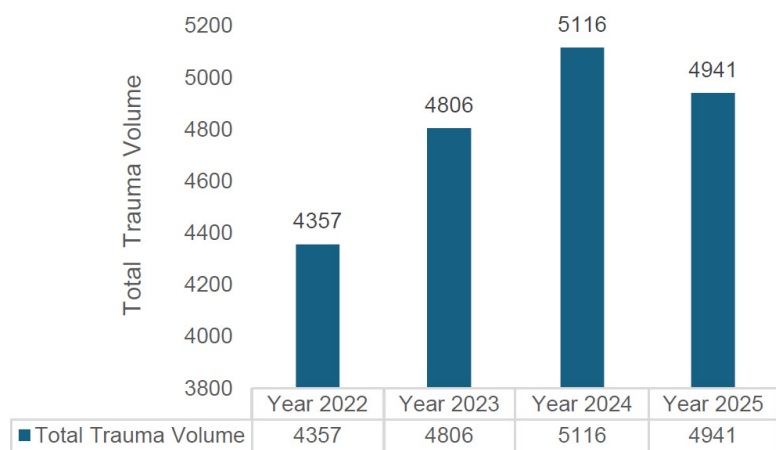


Trauma Services Excellence: Growth, Readiness, and Regional Commitment

Trauma Services achieved significant growth and advancement in 2025, reinforcing the commitment to exceptional, evidence-based care for injured patients across the continuum. Through expanded nursing expertise, strengthened trauma response readiness, and continued alignment with American College of Surgeons (ACS) standards, the program remains positioned for excellence as it prepares for the ACS Level II re-verification visit in Fall 2026.

In 2025, Kootenai Health cared for an average of 181 trauma registry patients per month (~2,175 annually). Trauma volumes peaked in July (245) and were lowest in February (128). Overall, the trauma program recorded 4,941 total encounters in 2025. Compared with 2024, registry-included cases increased by 6.7%, while non-registry encounters declined by 10.1%. Inclusion in the trauma registry helps ensure that the right patients receive time-sensitive, guideline-driven trauma care, and it captures the data needed to drive ongoing performance improvement and better long-term outcomes.

Kootenai Health Trauma Services Total Trauma Volume 2022-2025



To keep up with volume and continue to provide the highest quality of care, the Trauma Nurse Program team has grown to include:

- Implementation of a Trauma Nurse Clinician role to ensure dedicated nursing expertise coverage across the Emergency Department (ED), inpatient units and ICU settings. This role is expanding into additional phases to increase collaborations outside of the ED in 2026.
- Continued development of the Trauma Nurse Lead role in the ED with a commitment to 24/7/365 trauma nursing coverage.

The team is actively preparing for the upcoming ACS Level II Trauma Center Re-Verification in Fall 2026. Current efforts include:

- Strengthening trauma nurse education extending beyond the Emergency Department
- Ensuring compliance with all ACS standards
- Enhancing multidisciplinary quality improvement processes
- Conducting internal mock trauma activations

The Trauma Services nursing team remains passionate and committed to delivering expert care to trauma patients throughout the region. Through growth in staffing, enhanced clinical expertise, and a strong performance improvement culture, the program is well-positioned for continued success and ACS verification.

NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS are contributed by nursing staff for application to the larger body of nursing knowledge. This is accomplished by using and contributing to up-to-date practices and evidence-based information.

Expertise and Innovation Related to Water Safety in Infection Prevention



Erin Wilder,
MPH, RN, AL-CIP,
CIC, CPHQ, LSSBB,
Director, Infection
Prevention

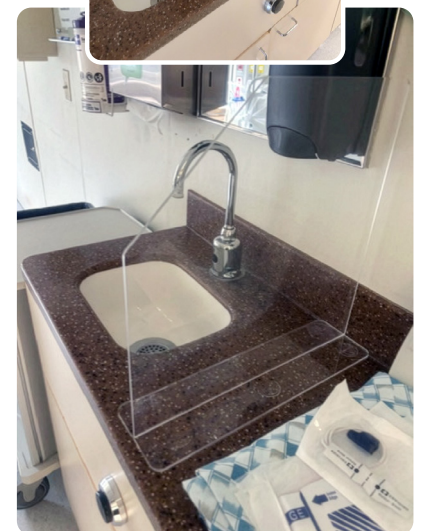
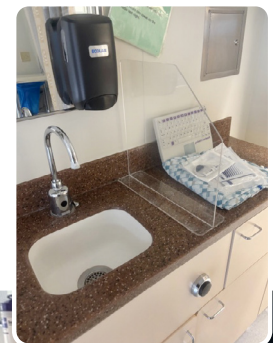
As a co-author of Chapter 116. Water Systems Issues and Prevention of Waterborne Infectious Diseases in Healthcare Facilities, published in Association for Professionals in Infection Control (APIC) Textbook Online, Erin Wilder, Director of Infection Prevention, contributed nationally recognized expertise to one of the field's core reference chapters. The chapter addresses the significant risks posed by healthcare water systems, describing how these systems can serve as reservoirs for waterborne pathogens and why proactive management is essential to protecting high-risk patient populations. It outlines evidence-based methods for assessing water-associated hazards, designing and maintaining safe water systems, and implementing effective surveillance and control strategies to reduce contamination and prevent infection transmission in complex healthcare environment. This publication emphasizes the impact of proactive water management on patient safety, regulatory readiness, and operational reliability in high-acuity settings and is used as a resource for infection prevention professionals globally.

Development of this chapter was also supported by the dedicated assistance of two additional Kootenai Health employees: Marena French, BSN, RN, Infection Preventionist, who contributed proofreading and formatting support and Lael Breshears, Patient Safety Attendant, who created the technical illustrations. These contributions helped ensure the chapter serves as a practical, authoritative resource for infection preventionists nationwide.

Although Kootenai Health did not participate in the authorship of this chapter, the organization is directly implementing this subject-matter expertise. The Infection Prevention Committee has applied these principles to strengthen the hospital's approach to water risk mitigation. One of the most significant initiatives to date is focused on reducing the risks of waterborne infections in the adult ICU. After conducting a risk assessment and surveillance for baseline waterborne cultures, the Facilities team installed splash guards near the hand hygiene sinks in the inpatient rooms to reduce faucet-associated dispersion and minimize environmental contamination in areas serving highly vulnerable patients. Following this intervention, the team is presently conducting post-implementation surveillance to evaluate the effectiveness of the engineering control and to guide ongoing improvements.

Through the integration of nationally recognized expertise with localized risk reduction strategies, Kootenai Health is advancing a more resilient and evidence-driven approach to water safety. This work supports patient safety priorities, strengthens compliance with evolving environmental infection-control expectations, and demonstrates the organization's commitment to applying best-practice standards in high-risk clinical environments.

Reference: Lavin, M. A., & Wilder, E. B. (2025). Water systems issues and prevention of waterborne infectious diseases in healthcare facilities (Chapter 116). In Infection prevention for support services and the care environment. APIC.



Implementation of a Validated Moral Distress Assessment

In 2025, the nursing Night Shift Council observed recurring conversations among nurses regarding possible moral distress in the clinical environment. While these discussions were valuable, the council, including nursing leadership, a Nursing Professional Development Specialist, and clinical nurse experts, recognized the need for a thorough and validated assessment to determine whether moral distress was truly present. After reviewing available tools, the team selected the following validated survey for implementation: Moral Distress Scale-Revised. The survey occurred between December 5, 2025 – January 3, 2026.

This work reflects a commitment to New Knowledge and Innovation by ensuring that decisions regarding staff well-being are grounded in objective data, rather than assumption. Conducting a comprehensive assessment prior to planning interventions allows the organization to direct resources and strategies toward the actual needs of the nursing workforce.

Following completion of the assessment, the Night Shift Council will review the results and identify potential contributing factors and opportunities for improvement. Findings will also be shared with the Nursing Work Environment nursing council to ensure feedback from both shifts is incorporated and addressed. These combined efforts will support informed goal planning and guide the development of targeted interventions that strengthen ethical practice and promote a supportive environment for all nurses.

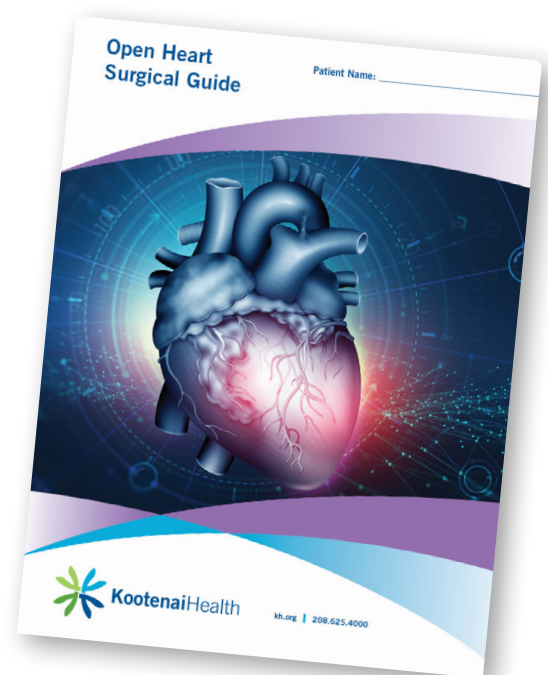
Reference: Houle, S., Ein, N., Gervasio, J., Plouffe, R., & Litz, B. T. (2024). Measuring moral distress and moral injury: A systematic review and content analysis of existing scales. *Clinical Psychology Review*. <https://www.sciencedirect.com/science/article/pii/S0272735823001356>

Open Heart Surgical Guide Led by Progressive Care Unit Nurses

At Kootenai Health, cardiothoracic surgery patients typically spend the majority of hospital postoperative recovery time in the 3 South Progressive Care Unit (PCU). Throughout the stay in PCU, patients encounter physical and occupational therapy, dietary, and nursing while receiving a variety of educational handouts. The Mended Hearts volunteers work closely with recovering cardiac patients and were the first to observe that the separate educational handouts were inconsistent, occasionally redundant, and easily misplaced. The lack of integration disrupted continuity of care and potentially compromised recovery outcomes.

In July 2024, PCU nurse, Alicia Glover BSN, RN, initiated a quality improvement project aimed at enhancing the patient education process by consolidating all open-heart surgery recovery information into a single guide.

To initiate this guide, a collaborative stakeholder group formed consisting of other PCU clinical nurses, physical therapy, dietary, graphic design, and a Mended Hearts volunteer. This group combined the handouts from pre-op information, medication guidance, wound care, dietary guidelines, physical activity, signs of complications, and



follow-up contacts into a single guide provided at the bedside. Consistent messaging across various departments enhanced the clarity of education materials to empower patients during recovery.

In April 2025, the Open-Heart Surgical Guide was implemented across applicable departments as a comprehensive reference for cardiothoracic surgery patients. The guide stayed within patient reach throughout their hospitalization from pre-op to discharge and referenced during patient and family education.

The metrics tracked after the guide was implemented included patient satisfaction scores related to discharge education, post discharge follow-up call volume related to preventable concerns, and 30-day readmission rates for open-heart surgery patients.

While those metrics are still being formally tracked, therapists and dietitians appreciate the unified approach which ensures discipline-specific guidance is not overlooked. Nursing staff noted reduced redundancy, clearer communication, and fewer follow-up calls related to missing discharge information. Patients reported that the guide is convenient, easy to understand, and helpful during recovery.

Innovative Teamwork Improves Lactation Support for Post-Partum Patients

Post-partum nurses closely monitor breastfeeding trends. Recognizing that early, skilled lactation support plays an important role in establishing exclusive breastfeeding, in 2025, nurses observed high initiation with breastfeeding but a decline in continuation of breastfeeding after two-weeks post-partum. This trend prompted the team to re-examine opportunities to strengthen early lactation support and ensure consistent practice across the unit.

Sustaining consistent expertise with lactation support can be challenging. Lactation Specialists' availability varies by schedule, and bedside nurses reported differing levels of confidence managing complex lactation needs during times when Specialists were unavailable.

To address concerns noted with breastfeeding observations and to enhance early lactation support, post-partum nurses, Lactation Specialists, and a Nursing Professional Development Specialist developed and implemented a Lactation Education Workshop in 2025. This initiative trained all post-partum RNs on each shift to assist with early lactation assessment, troubleshooting, and patient education. The model improved nursing collaboration with Lactation Specialists and allowed the Specialists to focus on higher-acuity cases.

Observed outcomes following implementation included:

- Breastfeeding rates at discharge appeared to trend upward.
- Fewer readmissions associated with feeding-related concerns (such as jaundice and dehydration) were noted.
- Increased confidence when supporting patients reported by post-partum nurses.

Through implementation of this innovative, team-centered approach, access to early lactation support increased, care variation decreased, maternal–infant outcomes were enhanced, and nursing staff were empowered through advanced skill development. This intervention demonstrates how interprofessional collaboration strengthens practice and creates sustainable improvements in patient care.

Nursing Resources for Supporting Evidence-Based Practice

Kootenai Health provides a streamlined collection of digital and print resources that strengthen clinical inquiry, guideline development, and evidence-based decision-making. Key tools available on the Kloud include Library Services, Dynamic Health, Micromedex, cultural and language resources, and Nurses Improving Care for Healthsystem Elders (NICHE).

Library Services offers quick access to journals, eBooks, databases, and clinical guidelines, including resources such as A to Z Journals, EBSCO, the Joanna Briggs Institute, and Cochrane. These tools support up-to-date research and professional development.

Cultural and language resources help nurses deliver culturally responsive, linguistically appropriate care, including American Sign Language interpreter request tools, translated patient education materials, and a guide to patients' spiritual and cultural values.

For Kootenai Health Staff: To locate cultural and language resources, navigate to the Kloud ⇒ Patient Care Resources ⇒ Cultural and Language Resources.

NICHE provides geriatric-focused education, evidence-based resources, and clinical tools to improve outcomes for hospitalized older adults. The Kootenai Health Foundation continues to support NICHE training and scholarship opportunities, and several nursing staff have utilized these for ongoing professional development in 2025.

For Kootenai Health Staff: To locate NICHE, navigate to the Kloud ⇒ Patient Care Resources ⇒ NICHE Knowledge Center. The NICHE website will utilize the same hospital login information.

Collectively, these resources strengthen the organization's evidence-based practice infrastructure and ensure nurses have reliable, accessible tools to support safe, informed, high-quality care.

IT EMPLOYEE CENTER | CAFE MENU | EMAIL | KRONOS | PHONE LIST | POLICIES AND PROCEDURES



Popular Links ▾ MyHealth ▾ Departments ▾ Patient Care Resources ▾ Training & Education ▾ 🔍

2025 Antibigram – Kootenai Health	Creatinine Clearance Calculator	➔ Cultural and Language Resources	Drug Shortages
Dynamic Health	Kootenai Advance Care	Hale's Medications & Mothers' Milk	Joanna Briggs
Lab Test Directory	Lippincott	Micromedex	Need to Know
Neo Fax/Pediatrics	➔ NICHE Knowledge Center	Nutrition Care Manual	Peditools
PubMed	Restraints and Seclusions	Safe Patient Handling	Up to Date

STRUCTURAL EMPOWERMENT involves including nursing staff within interprofessional decision-making groups at the organizational level to ensure a thriving nursing professional practice environment.

Growing Professionally Through Mentorship

The Clinical Mentorship Program has completed its first year using the MentorcliQ platform, with employees logging 550 hours of professional development through knowledge sharing and collaborative mentor relationships. The program has 55 active mentors dedicated to supporting staff who are eager to grow and advance in their careers. If interested, check out the Mentorship SharePoint Page linked here: [Mentorship Program - Home](#), or email mentorship@kh.org with questions.

Investing in the Future: Workforce Pipeline Programs That Protect Staffing Stability

The Kootenai Health nurse residency, nurse intern, student placement and Accelerated Bachelor of Science in Nursing (ABSN) programs directly support staffing stability by creating a predictable pipeline of prepared nurses. This workforce strategy helps prevent staffing shortages, reduces vacancy rates, and enhances the organization's capacity to proactively meet patient care needs.

The Kootenai Health Foundation has further supported workforce stability through its previously offered student loan repayment program, which has helped retain nurses hired under the earlier agreement. This contribution is deeply appreciated and continues to reflect the Foundation's commitment to strengthening the nursing workforce.

Nurse Residency Program

In 2025, the Nurse Residency Program celebrated the graduation of 85 nurse residents and welcomed 77 newly hired nurses into the program, reflecting continued growth in both size and competitiveness. Accredited with distinction as a Practice Transition Accreditation Program by the American Nurses Credentialing Center (ANCC) since 2022, the program is pursuing reaccreditation this year. Over the past four years, it has maintained an average retention rate of 92 percent across 22 different practice settings, demonstrating strong workforce impact and a reputation as a highly sought-after transition to practice program.

Nurse Intern Program

In 2025, five nurse interns completed the program and all transitioned into the Nurse Residency program at Kootenai Health. Additionally, nine new nurse interns joined the program.

Student Placement Program

Kootenai Health announced participation in two new joint ventures with academic partners during 2025. The organization will continue its long-standing collaboration with Idaho State University and has established an additional partnership with Lewis–Clark State College to support clinical group instruction.

To ensure a high-quality student experience, reduce preceptor fatigue, and manage clinical capacity responsibly, Kootenai Health will continue offering clinical rotations exclusively to its top four academic partners: Idaho State University, Lewis–Clark State College, North Idaho College, and Washington State University. Practicum placements will remain open to all schools on a first-come, first-served basis, with priority afforded to current Kootenai Health employees.

Demand for clinical opportunities at Kootenai Health continues to increase, with a record 720 clinical placement requests submitted for the 2025–2026 academic year.

The Accelerated Idaho State University (ISU) Bachelor of Science in Nursing Program



Idaho State University

On May 10, 2025, the inaugural Accelerated Bachelor of Science in Nursing (ABSN) cohort of nine students graduated, with many graduates now employed across multiple departments at Kootenai Health.

students also participated in a Basic Life Support mock code simulation. Clinical rotations at Kootenai Health included ambulatory care, behavioral health, palliative care (via registered nurse shadowing), the birth center, critical care, the emergency department, and medical-surgical units.

Through a partnership with the Kootenai Health Foundation, this program was started. Later, additional grant funding from ISU allowed for simulation capacity expansion to include: a new high-fidelity adult manikin (“Susie”), a high-fidelity pediatric manikin, a birthing task trainer, a defibrillation training chest, and additional audiovisual equipment to enhance student experiences.

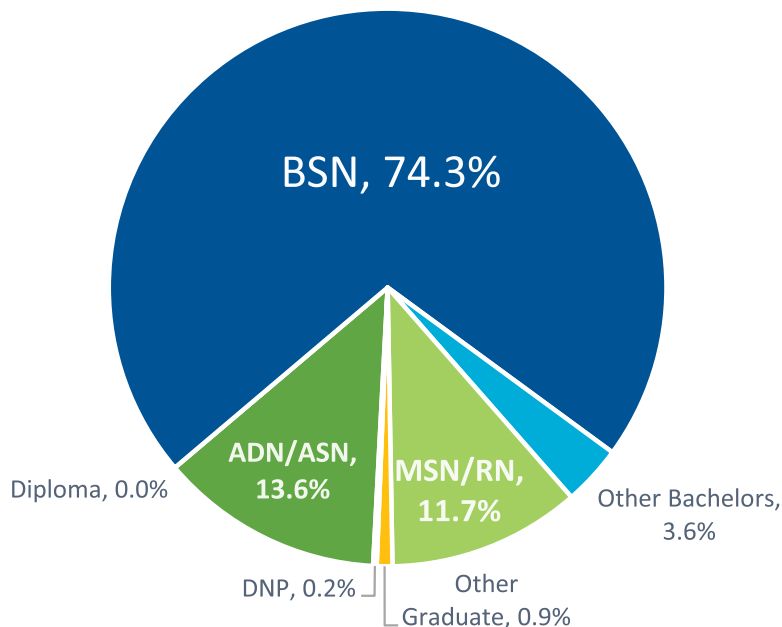
Students further engaged in a Palliative Care Workshop facilitated by Toni James, RN, and contributed to Flu Fest by administering vaccinations in collaboration with Employee Health.

Virtual reality-based simulations using MetaQuest headsets were implemented to provide immersive behavioral health and obstetric learning experiences. In collaboration with the Preceptor Resource Nurse team,

The second ABSN cohort began the summer semester on May 19, 2025, with 15 students scheduled to graduate on May 9, 2026. The 2026–2027 cohort is planned to expand to a maximum capacity of 20 students at Kootenai Health, further strengthening the regional nursing workforce.

Kootenai Health Registered Nurse’s Degrees 2025

Nursing Workforce Educated at a BSN Level or Higher Data of 12/31/2025



Nursing Leadership Support for Professional Governance



In June 2025, Kootenai Health identified the need for more structured and dedicated support for Nursing Professional Governance. To strengthen this work, Shannon Kline, MSN, RN, CPAN, NPD-BC, a Nursing Professional Development Specialist with an extensive background in professional governance, transitioned a portion of her responsibilities to dedicate time to enhancing the infrastructure and operational support of Nursing Professional Governance.

As part of this work, Shannon met with the Chairs of each primary Professional Governance council to assess strengths, barriers, and improvement needs. She chaired the Professional Governance Steering Committee during the second half of 2025 and provided support to the Professional Nursing Coordinating Council, Nursing Quality Practice Council, Nursing Work Environment Council, Night Shift Council, Kootenai Clinic Nursing Practice Council, and the Kootenai Clinic Primary Care Council. As a result of this additional leadership support, these are some of the primary achievements:

- Redesigned and standardized the Professional Governance and Sub-Council SharePoint sites to improve consistency and usability.
- Developed a centralized Professional Governance email address to streamline communication and distribute council information.
- Researched best practices for Professional Governance.
- Completed a strengths, weaknesses, opportunities, and threats (SWOT) analysis of the current Professional Governance structure in collaboration with Roxanne Gadberry, Magnet Program Coordinator (Interim), and presented findings to the Chief Nursing Officer and Director of Nursing Excellence.
- Facilitated Professional Governance workshops with associated contact hours for council Chairs, Chair-Elects, and interested participants.

- Provided individualized support to council Chairs and Chair-Elects and consulted with Unit Practice Councils upon request.
- Collaborated with Chairs and Chair-Elects to create a Professional Governance Day recap tool to support bidirectional communication with Unit Practice Councils.
- Led the Council Health Survey process for the Professional Nursing Coordinating Council and associated sub-councils, reporting findings to the Professional Governance Steering Committee.
- Coordinated dissemination and rounding for the Index of Professional Nursing Governance (IPNG) Survey, achieving the threshold required for reaccreditation with the Forum for Shared Governance in 2025.

Collectively, these initiatives strengthened the operational foundation of Nursing Professional Governance to assist with elevated council effectiveness, contributing to improved alignment, communication, and professional engagement across the nursing workforce.

Nurses Week 2025: Nurses Just Want to Have Fun

The Nursing Work Environment Council hosted a vibrant 1980s-themed Nurses Day celebration that brought energy and appreciation to the entire nursing workforce. The event featured themed food, interactive games, prizes, and a variety of activities designed to foster connection and recognition. The atmosphere was lively and engaging, creating a memorable experience that highlighted the council’s commitment to supporting a positive and empowered work environment. It was truly a day to remember.



2025 Individual DAISY Award Winners

Kristen Jordan, BSN, RN – PACU

Madison Cabe, BSN, RN – NICU

Erika Jorgensen, BSN, RN, CCRN –
Critical Care, Rapid Response

Kate Montgomery, BSN, RN – 3 South/PCU

Megan Cullum, BSN, RN – 3 South/PCU

Cynthia Mallowney, RN – 2 East

Sune Simpson, BSN, RN – 2 East

Kara Chrispens, BSN, RN, CAPA –
Kootenai Clinic Plastic & Reconstructive
Surgery

Pamela Hinners, BSN, RN –
Nursing Resource Team (NRT)

Hailey Brooks, RN & Jessica Page, RN –
Nursing Resource Team (NRT)

Kelly Breakie, BSN, RN, SCRNP – 3 East

Jennifer Bauer, BSN, RN, RNC-OB –
Labor & Delivery



Sunshine Award

The Sunshine Award recognizes and celebrates extraordinary non-nursing support staff at Kootenai Health. While the DAISY Award recognizes nurses, the Sunshine Award recognizes those that support our nursing staff and help to provide patients with the compassion and care they deserve.



2024 Individual Sunshine Award Winners

Tianna Martin, Outpatient Services Coordinator – Kootenai Clinic Nephrology

Nathan Harris, ED Tech – Emergency Services

Sarah Asante, CNA – Nursing Resource Team (NRT)

Lisa Permen, Environmental Services Tech – Housekeeping

Kai Chaffin, Histology Assistant – Laboratory

Katie Loper, Imaging Coordinator – Kootenai Imaging Services

Joanna Wyant, Project Administrative Coordinator – Center for Nursing Excellence

Naomi Fisher, Cook – Hospitality Services

Nancy Mace, Environmental Services Tech – Housekeeping

Daisy Johnson, CNA – 3 North

Ryan Powers, Simulation Coordinator – Center for Nursing Excellence

Dollie Sanchez, Outpatient Services Coordinator – Kootenai Clinic Family Medicine





2025 DAISY Nurse Leader of the Year Award

Sara Olsen, MS, BSN, RN, NE-BC – Director, Center for Nursing Excellence



2025 Kootenai Health Nurse of the Year

Amber Goucher, BSN, RN – 2 East



2025 DAISY Team of the Year

Addiction Recovery Services

2025 Preceptor of the Quarter Awards

Quarter 1: Kortney Holt, RN-BSN, ONC – 3 East

Quarter 2: Megan Miller, RN-BSN – 3 East

Quarter 3: Jennifer Bauer, RN-BSN, RNC-OB – Labor & Delivery

Quarter 4: Nicole Allegre, RN-BSN – 3 South



Recognizing our GEMS: Nursing Excellence Program

The Kootenai Health Nursing Excellence Program (NEP) is an evidence-based program founded on the five domains of magnetism; empirical outcomes, transformational leadership, structural empowerment, exemplary professional practice, and new knowledge, innovation, and improvement. This voluntary, peer-reviewed program recognizes clinical nurses for their professional achievements and contributions to improve patient outcomes and further Kootenai Health’s mission to improve health one patient at a time, in a friendly and professional culture, with superior safety and quality.

NAME AWARD

Kara Baron	Star Garnet
Josee Bassett	Star Garnet
Brooke Birsette	Star Garnet
Korri Branson	Star Garnet
Kelly Breakie	Star Garnet
Rachel Butler	Star Garnet
Alisha Dickey	Star Garnet
Catherine Espinoza	Star Garnet
Jordan Fiorini	Star Garnet
Mei Fong	Star Garnet
Sabrina Gibbons	Star Garnet
Juanita Johnson	Star Garnet
Kelly Kincaid	Star Garnet
Christie Koziol	Star Garnet
Jeffrey Louritt	Star Garnet
Alyson Meschko	Star Garnet
Jennifer Miller	Star Garnet
Julie Moak	Star Garnet
Kaelianne Newbold	Star Garnet
Stephanie O’Hara	Star Garnet
Jerrett Plunkett	Star Garnet
Rachel Pottenger	Star Garnet
Molly Preston	Star Garnet
Jason Pringle	Star Garnet
Ashley Stadelman	Star Garnet
Athan Wade	Star Garnet
Amber Whitehead	Star Garnet

Oksana Abrosimov	Opal
Nathan Arnold	Opal
Shannon Belton	Opal
Rebekah Benedetto	Opal
Aran Borgman	Opal
Jennifer Coultrup	Opal
Teresa Deuling	Opal

NAME AWARD

Elaina Rose DiMarco	Opal
Lindsey Etchison	Opal
Rianne Evans	Opal
Courtney Fraize	Opal
Alicia Glover	Opal
Joshua Gordon	Opal
Charles Grant	Opal
Katherine Gwin	Opal
Stephanie Hall	Opal
Summer Halland	Opal
Kristie Hiiva	Opal
Jennifer Hines-Josephson	Opal
Michelle Hixson	Opal
Klayton Johanson	Opal
Francine Jones	Opal
Jann Kinnard	Opal
Lynne Kinson	Opal
Heather Kreis	Opal
Janelle LaGessee	Opal
Lydia Maxwell	Opal
Rebekah Mejia	Opal
Danielle Miller	Opal
Andria Myers	Opal
Cassandra Oddy	Opal
Jessica Pappas	Opal
Lauren Petticolas	Opal
Mackenzie Porter	Opal
Jennifer Porto	Opal
Victoria Ramsey	Opal
Kellie Rhodes	Opal
Kelsey Rusche	Opal
Jeffrey Sample	Opal
Karen Wilson	Opal

NAME**AWARD**

Vickie Brown	Topaz
Michelle Burton	Topaz
Tedi Call	Topaz
Andrea Collins	Topaz
Jessica Daugharty-Sterner	Topaz
Bobbi Day	Topaz
Nancy Elgan	Topaz
Wendy Ferguson	Topaz
Juliette Fiore	Topaz
Jacqueline Goldworm	Topaz
Michele Goode	Topaz
Amber Goucher	Topaz
Alexandria Greer	Topaz
Olga Groseclose	Topaz
Cindy Hawkins	Topaz
Delci Hoehn	Topaz
Gregory Holcomb	Topaz
Kelly Houchin	Topaz
Katharine Johnson	Topaz
Erika Jorgensen	Topaz
Lauren Kling	Topaz
Kimberly Kraack	Topaz
Diana La Riviere	Topaz
Taylor Lundy	Topaz
Mia McRory	Topaz

NAME**AWARD**

Julia Merrill	Topaz
Christy Mohr	Topaz
Michael Montreuil	Topaz
Abigail Morgan	Topaz
Jodi Overall	Topaz
Allyson Patterson	Topaz
Emily Peterson	Topaz
Laura Redd	Topaz
Diana Rees	Topaz
Olivia Saul	Topaz
Catheline Seigmund	Topaz
Bobbi Stammers	Topaz
Katherine Stang	Topaz
Monica Stroemsvik	Topaz
Michael Stull	Topaz
Caralea Tanner	Topaz
Jordan Taylor	Topaz
Tyler Ulrich	Topaz
Krista Valiquette	Topaz
Melissa VanDerveer	Topaz
Marli Vincent	Topaz
Shawn Wilbur	Topaz
Sidney Wilson	Topaz
Anna Wrisley	Topaz



KootenaiHealth

Awards and Recognitions

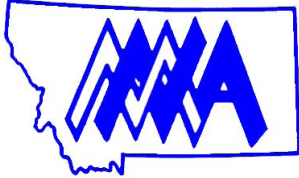


Magnet means nursing excellence, earned by only 7% of hospitals nationwide.



Kootenai Health is accredited by the ANCC Practice Transition Accreditation Program, recognizing its nurse residency program for meeting rigorous standards and supporting new nurses through training and mentorship.

Montana Nurses Association



Kootenai Health is accredited through the Montana Nurses Association, allowing designated nurse planners to award nursing contact hours for qualifying continuing education activities.



IDAHO TIME SENSITIVE EMERGENCY SYSTEM
TRAUMA | STROKE | STEMI



LEVEL 1+ STEMI CENTER
IDAHO TIME SENSITIVE EMERGENCY SYSTEM



AMERICAN COLLEGE OF SURGEONS
Verified Trauma Center

The American College of Surgeons has verified Kootenai Health as a Level II Trauma Center.



In April 2025, the Kootenai Health Emergency Department voluntarily completed a Pediatric Readiness Assessment and achieved Pediatric Readiness Expert recognition. This designation reflects strengthened coordination of pediatric care, including staff training and specialized equipment, and is valid for three years.



Kootenai Health has successfully implemented a shared governance model that empowers front-line professionals to hold meaningful control over clinical practice, policies, and supporting resources



LEVEL 3 EPILEPSY CENTER

Kootenai Health is proud to be reaccruited as a Level 3 Epilepsy Center, recognizing our high standards in comprehensive epilepsy care. This designation reflects our interdisciplinary approach, advanced diagnostics, and full spectrum of treatment.



AEIX proudly recognizes Kootenai Health for the dedication and achievements of its members who drive meaningful improvements in patient safety and risk management.

