

PATRICIA J. POSA

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SUMMARY:

Highly motivated professional with over 30 years in health care with an emphasis in strategic planning, operations and clinical practice. Successful in promotion of cutting edge nursing practice for large health care systems. Instrumental in the development and implementation of clinical, educational and management programs. Exceptional leader with demonstrated excellence in communication, relationship building, personnel development, with rapid integration into new environments.

EXPERIENCE:

2001-Present **ST. JOSEPH MERCY HEALTH SYSTEM** **ANN ARBOR, MI**

2009-Present **System Performance Improvement Leader**

- Oversee patient safety, quality and evidence based practice for Critical Care Services in the 5 hospitals of the system

2006-2009 **Special Projects Coordinator-Nursing**

- Project Coordinator for Keystone ICU Program
 - Continued reduction in VAP and BSI rates (significantly lower than national benchmarks)
 - Expanded implementation of the Surviving Sepsis Campaign to Emergency Department and house wide. 26% reduction in hospital mortality in first 3 years, with average decrease in hospital length of stay per patient of 28%.
 - Member of statewide Michigan Hospital Association Keystone Steering Committee
 - Co-Chair of statewide Michigan Hospital Association Keystone ICU Sepsis Committee
- Six Sigma Green Belt
 - Completed ICU focused project that resulted in a 77% decrease in time to first antibiotic for patients with severe sepsis.
- Clinical Coordinator for research studies
 - Robert Wood Johnson Nursing Falls Study
 - Keystone ICU Patient Safety Education Project
 - Impact of Patient Safety initiatives on Financial Outcomes
- Member of Technical Expert Panel for AHRQ/HRET National Initiative: On the CUSP: Stop CLABSI

2001-2006 **Clinical III staff nurse, Surgical Intensive Care Unit**

- ◆ Co-chair of Multidisciplinary VAP Prevention Committee. Implemented four practice changes resulting in a 30 % reduction in VAPs over a two year period.

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- ♦ Assistant Project Manager for Keystone ICU Project
 - Implemented ventilator bundle and central line bundle with >70% reduction in VAP and BSI rates
 - Implement Surviving Sepsis Campaign Bundles with significant mortality, LOS and cost reduction actualized in first three months
- 2005-** **Consultant—Advancing Nursing**
Consult with hospitals across country to assist in implementation of surviving sepsis campaign bundles and infection prevention strategies
- 2003- 2006** **Guest Lecturer**
Presentations on sepsis and multisystem organ dysfunction to senior nursing students at University of Michigan and Wastenaw Community College
- 2000-2007** **Medical Legal Consultant** **Northville, MI**
Provide nurse expert services to legal firms.
- 1995-2000** **HENRY FORD HEALTH SYSTEM** **DETROIT, MI**
Comprehensive health system consisting of 5 hospitals, 1,600 beds, 36 ambulatory care facilities, 2 skilled nursing facilities, medical group practice of 1000 physicians, health insurance company (Health Alliance Plan) and a Diversified Service Group with a system revenue of 1.4 billion.
- 1999-2000** **HEALTH ALLIANCE PLAN**
Insurance company offering a variety of products including a 500,000 + member HMO, PPO, POS and Alliance Health and Life product.
- 1999-2000** **MANAGER, SYSTEM CARE MANAGEMENT**
Responsible for development and management of prior authorization for hospitalization program, with service 24 hours/day and 7days/week. Also responsible for a 24hour/7day/week hospital transfer program.
- 1996-1999** **HENRY FORD MEDICAL GROUP**
Medical group practice with 1000 physicians in 40 specialties.
- 1999** **MANAGER, MANAGED CARE SERVICES**
 - Responsible for development and management of a RN case management program for the medical groups' patients requiring care in a skilled nursing facility or rehabilitation facility.
- 1999** **PROJECT MANAGER-CLINICAL AND MANAGED CARE SERVICES**
 - ♦ Responsible for program development and implementation of 2 clinical process improvement initiatives: Ambulatory Anticoagulation

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Clinics and Pediatric Asthma

- ◆ Responsible for clinic wide implementation of 7 clinical process improvement initiatives for 6 primary care clinics. (pediatric and adult asthma, diabetes, ambulatory anticoagulation, pediatric immunization, women's cancer screening (mammography and pap smears).
- ◆ Responsible for development and implementation of a care management program to ensure optimal care and outcomes of the Henry Ford Medical Group patients while they are in a skilled nursing facility. Program to include telephonic and on site case management, partnership/contract with 5 physician groups and relationship/contract development with nursing home leadership.

1998-1999

ADMINISTRATIVE MANAGER GENERAL INTERNAL MEDICINE

Responsible for 24 hour management of a hospital based resident and senior staff clinic practice for 4 months. 15.5 physician FTEs and 35 residents.

- ◆ Planning and beginning implementation of a program to improve access to clinic for patients.
- ◆ 20% improvement in clinic cash collections.
- ◆ Implementation of a case management program for high risk seniors

1997-1998

ADMINISTRATIVE MANAGER III-DETROIT NORTHWEST

Responsible for 24 hour management of a free standing primary care and multiple specialty ambulatory clinic. Development of a business and health care presence within the local community. Personnel management of 240 FTEs. Fiscal responsibility for 14.5 million dollar budget.

- ◆ Streamlined operations through clinic process improvement, a >30% reduction in controllable direct expenses, a 22% reduction in cost/visit and 42% improvement in net income.
- ◆ Rightsized clinical programs post merger to meet needs of the patient population, the community and health system objectives. This included clinic renovation reducing occupied space from 170,000 square feet to 57,000 square feet.
- ◆ Successfully integrated 5000+ new members into clinic, post closure of another system clinic.
- ◆ Added Ophthalmology, Geriatrics and Physical Rehabilitative services to clinic to better serve the patient population and meet community needs.
- ◆ Organized and implemented 35 community events for health enhancement and marketing.
- ◆ Achieved a 3% improvement in Customer Satisfaction scores during multiple and rapid change.

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- ◆ Established a new member welcome process.
- ◆ Responsible for program development and oversight of a case management program for high risk seniors. The program achieved positive clinical outcomes resulting in less hospitalizations, improved patient satisfaction with overall care and reduced client expenses by \$111/patient/week.
- ◆ Established positive working relationship with union leadership and improved overall staff satisfaction.

1996-1997

PROJECT MANAGER-DETROIT REGION

- ◆ Responsible for special projects for the 5 medical centers within region. Reports to Regional Administrator.
- ◆ Responsible for the implementation of clinical guidelines for the region. Successful implementation of an Anticoagulation clinic for two medical centers. Plan for implementation at 2 remaining medical centers in progress. Work plans for additional guidelines also in progress.
- ◆ Responsible for the redesign of the primary care delivery model for the region. Work plan in progress, developed with another project manager and steering committee.
- ◆ Assist in planning and implementation of the first Detroit Region Primary Care Retreat.
- ◆ Oversee the development and implementation of a care management program for the high risk senior population at all medical centers within the region.

1995-1996

HENRY FORD HOSPITAL

903 bed tertiary care hospital, research and education facility

UTILIZATION CARE TEAMS

COORDINATOR

Department reports to Chief Operating Officer of Henry Ford Hospital. Responsible for assisting in the development and implementation of a Clinical Pathways and other utilization management initiatives for the hospital.

- ◆ Facilitating the development and implementation of eight clinical pathways.
- ◆ Facilitating two quality improvement teams for information services and patient financial services.
- ◆ Consultant for nursing services regarding revision of shared governance model.

1982-1994

SHARP HEALTHCARE

San Diego, CA

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Large Health Care System consisting of 6 hospitals, 1,700 beds, 17 clinics, 3 Skilled Nursing Facilities with 1.5 billion in gross revenue.

GROSSMONT HOSPITAL

450+ Bed District Hospital serving the east county of San Diego

11/94-12/94

EMERGENCY DEPARTMENT MANAGEMENT CONSULTANT

Consultant for the Director of Ambulatory Services for Sharp HealthCare and the manager of the Emergency Department.

- ◆ Development and implementation of a Leadership Educational Series for general staff.
- ◆ Implementation of a Clinical Advancement Program for the clinical staff in the Emergency Department
- ◆ Management development of unit leaders
- ◆ Development of 1995 Business Plan for the Emergency Department

SHARP MEMORIAL AND CABRILLO HOSPITALS

902 beds: 2 acute care hospitals, a free standing Women's Hospital and a 150 bed skilled nursing facility.

1993-1994

DIRECTOR OF NURSING AND PROFESSIONAL SUPPORT SERVICES

Responsible for strategic planning, facilitating and coordinating professional activities for all nursing service areas within Sharp Cabrillo and Memorial Hospitals. Report to Chief Operating Officer. Direct line responsibility for nursing supervisors, central staffing and chaplain's office. Project director for the work redesign effort.

- ◆ In collaboration with directors and managers, developed and implemented strategic plan and professional governance structure for nursing service of >3500 personnel.
- ◆ Instrumental in successful attainment of a 3 year JCAHO Accreditation through membership in the JCAHO Survey Committee, consultation with individual managers, conduction of mock surveys and insuring consistency of policies and procedures as Chairperson of the Nursing Policy and Procedure Committee.
- ◆ Facilitated the advancement and functioning of a shared governance employee empowerment structure as chairperson of the Coordinating and Nurse Executive Councils.
- ◆ Responsible for fostering the continued implementation and growth of the Career Advancement Program for the professional nursing staff.
- ◆ Initiated a multidisciplinary Patient/Family Education and Communication Committee to provide improved and consistent education to patients and their families.
- ◆ Facilitated, with the executive team, the identification of 3 core work processes to redesign to improve efficiency and decrease costs.

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Identified and implemented a cost saving of \$2.5 million through initial redesign of materials inventory process.

- ◆ Facilitated communication between hospitals and schools of nursing, to promote best outcome for students and assist schools in strategic planning for future curriculum.

1993

MARY BIRCH HOSPITAL FOR WOMEN

108 bed free standing women's hospital, with a 61 bed Neonatal Intensive Care Unit.

PROGRAM COORDINATOR

Internal management and nursing consultant, supporting the Regional Director and management team.

- ◆ Increased consistency in nursing practice and nursing autonomy through development of standards of care for the perioperative patient.
- ◆ Developed a competency-based orientation program for the surgical nursing personnel to provide an individualized orientation program that would insure a minimal standard of performance for new employees.
- ◆ Developed and presented emergency standing orders and hemodynamic monitoring classes to the Post Anesthesia Care Unit to equip personnel to successfully manage higher acuity patients.
- ◆ Implemented a train-the-trainer leadership development program with the Neonatal Intensive Care Unit's management team, to provide staff with the necessary tools for successful employee empowerment.
- ◆ Developed and implemented a leadership skills program for the shared governance council members to improve communication and decision making abilities.

1982-1993

SHARP MEMORIAL HOSPITAL

499 bed tertiary hospital, Level II trauma center

1991-1993

CRITICAL CARE EDUCATION DEPARTMENT CLINICAL EDUCATOR

Educational consultant for Critical Care Department (includes: Surgical Intensive Care Unit, Medical Intensive Care Unit, Coronary Intensive Care Unit, Post Anesthesia Care Unit, Emergency Department, Intermediate Care Units, Radiology and Operating Rooms).

- ◆ Presentation of a 3 day comprehensive critical care course.
- ◆ Developed, organized and presented monthly educational programs
- ◆ Chaired committee that developed and implemented a regional critical care symposium for > 200 professionals that resulted in a \$15,000 net profit for nursing education fund.
- ◆ Developed and implemented a multidisciplinary Nutrition Support Service for the hospital, utilizing no additional FTEs.

1985-1991

SURGICAL INTENSIVE CARE UNIT

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NURSE MANAGER

24-hour responsibility for management of 16-bed SICU. Hired and developed nursing and ancillary personnel (70 FTEs). Accountable for \$4.5 million operating budget.

- ◆ Developed and implemented a FDA approved, experimental Total Artificial Heart and Left Ventricular Assist Device Program, in which nursing personnel managed both patient and equipment. Assisted in policy development, education, clinical management and ongoing evaluation
- ◆ Developed and implemented the first community hospital based Percutaneous Cardiopulmonary Bypass Program, Nimbus Cardiac Assist Device (FDA experimental program) and TCI Mechanical Assist Device Programs. Assisted in policy development, education, clinical management and ongoing evaluation.
- ◆ Developed and implemented JCAHO's 10 step process for quality improvement for the SICU.
- ◆ Insured compliance with county's standards to maintain Level II trauma center status

1984-1985

MEDICAL INTENSIVE CARE UNIT/CORONARY INTENSIVE CARE UNIT NURSE MANAGER

24-hour responsibility for management of 10-bed MICU and 9-bed CCU. Hired and developed nursing and ancillary personnel (80 FTEs). Accountable for \$5.5 million operating budget.

- ◆ Developed and implemented one of the country's first community hospital based heart transplant program. Assisted in policy development, education, clinical management and ongoing evaluation. Program achieved 100% patient survival during first 2 years.
- ◆ Developed software for a point of care patient documentation computers system for all critical care units. Assisted in policy development, education, ongoing evaluation and improvement of system.

1982-1984

MEDICAL INTENSIVE CARE UNIT/CORONARY INTENSIVE CARE UNIT ADMINISTRATIVE NURSE II

Responsible for management of 10-bed MICU and 9-bed CCU on the night shift. Developed and evaluated nursing and ancillary personnel.

- ◆ Developed and implemented a Critical Care Transport Program affiliated with local ambulance company. Assisted in policy development, education, ongoing evaluation and improvement of

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1988-1993
1984-1993

Certified Neurological Registered Nurse (CNRN)
Basic Cardiac Life Support Instructor

AFFILIATIONS

CURRENT

American Association of Critical Care Nurses (AACN)
Society of Critical Care Medicine
Lilly Lecture Bureau
Michigan Surviving Sepsis Campaign

PREVIOUS

American Organization of Nurse Executives (AONE)
American Academy of Ambulatory Care Nursing (AAACN)
Sigma Theta Tau, National Honor Society for Nurses

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SELECTED PRESENTATIONS AND PUBLICATIONS

PRESENTATIONS

- 2008** National APIC Conference: Eliminating Central Line Associated Blood Stream Infections
- Baptist Health-Miami: Implementation of a Severe Sepsis Program-The St. Joseph Mercy Experience
- AACN National Teaching Institute: Eliminating Central Line Associated Blood Stream Infections
- 2007** Trinity Health System Fall Conference: Surviving Sepsis: Early Identification and Management Saves Lives; Reducing Antibiotic Administration Time in Patient with Severe Sepsis
- 2006** Michigan APIC Conference: Prevention of infections in the ICU: VAP and Catheter Associated BSI
- 2006** NPACE National Meeting, Evidence Based Management of the Patient with Severe Sepsis
- 2006** American Society Of Enteral and Parental Nutrition National Conference, Prevention of Ventilator Associated Pneumonia in the Critically Ill Patient
- 2002-Present** Management of the patient with severe sepsis (presented multiple times at different programs around the country)

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- 1998** Common Threads from OPD to IPD: Professional Nursing at its Best, Institute for Healthcare Improvement, Orlando, Florida
- 1997** Inside and Out: Professional Nursing at its Best, Johns Distinguished Nursing Lectureship, Henry Ford Health System
- 1994** Work Redesign: A Response to Changes in Health Care, Quality Symposium, Sharp HealthCare.
Nutritional Support: Bedside Strategies for Successful Patient Outcomes, presented at:
- Assist Trauma Nurse Coordinator Annual Conference
 - Critical Care Symposium, Sharp Memorial and Cabrillo Hospitals (1992 and 1993)
 - Critical Care Orientation (3-4 X/year since 1991)
 - AACN's National Teaching Institute (1993)
- 1993** Percutaneous Cardiopulmonary Support and Left Ventricular Assist Devices for Critically Ill Patients, San Antonio Community Hospital, Redlands, California.
- 1991** The Critical Link: Assessing and Meeting Nutritional Needs at AACN's National Teaching Institute for >275 critical care nurses.
- Advanced Assessment of Oxygenation: Improving Tissue Oxygenation at Sharp Memorial Hospital for >30 critical care nurses and respiratory therapists (performed yearly since 1988).
- 1990** Nutritional Support for the Critically Ill Patient at Sharp Memorial Hospital for critical care orientation program (part of orientation since 1985).
- Left Ventricular Assist Devices: Clinical Applications and Patient Management at Providence Heart Day Nursing Symposium, Seattle, Washington, for >100 critical care nurses and cath lab technicians.
- 1989** Advanced Assessment of Oxygenation: Improving Tissue Oxygenation at Critical Care Cardiovascular Symposium sponsored by Sharp Memorial Hospital for >75 critical care nurses.
- Educational Series on Bedside Teaching Strategies for Critical Care Nurse at Sharp Memorial Hospital for small group of 8-10 critical care nurses repeated throughout the year.
- Educational series on Leadership Skills for the Clinical Nurse at Sharp Memorial Hospital for small group of 8-10 critical care nurses repeated throughout the year.
- Pressure Controlled Ventilation: With and Without Inverse Ration at Sharp Memorial Hospital for >30 critical care nurses and respiratory

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therapists.

1988

Postoperative Pulmonary Nursing Care: Advanced Clinical Assessment and Intervention at Sharp Memorial Hospital's Cardiovascular Symposium for >70 critical care nurses.

Endocrine System for CCRN review course at Sharp Memorial Hospital for >40 critical care nurses (also presented Endocrine at review course in 1987).

PUBLICATIONS

Posa, P. RN; Harrison, Denise RN; Vollman, Kathleen, RN; Elimination of Central Line-Associated Bloodstream Infections. 2006, AACN Advanced Critical Care. Vol 17, No:4. pp. 446-454

Goeschel, Christine, RN; Bourgault, Annette, RN; Palleschi, RN; Posa, Pat RN, Harrison, Denise RN. et al. Nursing Lessons from the MHA Keystone ICU Project: Developing and Implementing an Innovative Approach to Patient Safety. Critical Care Nursing Clinics of North America. 18(2006) 481-491.

Pronovost, Peter MD, Needham, Dale MD, Berenholtz, Sean MD, Dinopoli, David, MPH, Chu, Haitao, MD, Cosgrove, Sara, MD et al. An Intervention to Decrease Catheter-Related Bloodstream Infections in the ICU. New England Journal of Medicine Dec. 28, 2006; Vol 355 No:26 pp. 2725-2732 (one of the participating hospital teams, acknowledged in supplement)

Prasad V. Podila, M.D., Tamir Ben-Menachem, M.D., M.S. Surinder K. Batra, M.D., F.A.C.P., Nagaraja Oruganti, M.D., Patricia Posa, R.N., BSN, MSA., and Ronald Fogel, M.D., Managing Patients With Acute, Nonvariceal Gastrointestinal Hemorrhage: Development and Effectiveness of a Clinical Care Pathway. The American Journal Of Gastroenterology, 2001:96(1), Elsevier Science Inc.

Posa, P., Nutritional Support Strategies: A Case Study Approach, AACN's Clinical Issues, Vol 5, No. 4, Nov. 1994

Posa, P., Nutritional Support of the Critically Ill Patient: Bedside Strategies for Successful Patient Outcomes, Crit Care Nurs Q., 1994:16(4), Aspen Publications

Cone, M., Hoffman, M., Jessen, D., Posa, P., Dailey, C., Rybowick, L.,

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Cardiopulmonary Support in the Intensive Care Unit, Amer J. Crit Care, Vol 1, No. 1, 1992

Posa, P., Yonkee, D., Fields, W., Development and Implications of an Interdisciplinary Quality Assurance Monitor on Unplanned Transfers into the Intensive Care Units, J. Nurs Care Qual, 1992:6(2)