12 Quality Teams

The Acute Myocardial Infarction Treatment Team – Led by Melissa Watkins, MSN, RN-BC and Nicole Roller, RNC
The Acute Myocardial Infarction Treatment Team works to ensure adherence to the evidence-based practices in the Centers for Medicare and Medicaid’s (CMS) treatment guidelines. The team looks for opportunities to improve processes that impact patient care, monitoring the timeliness of interventions as well as innovating new ways to better patient care.

The Catheter-Associated Urinary Tract Infection Prevention Task Force – Led by Nancy Harrell, RN, MSN, APN, CIC, CBN and Patricia Strosnider, RN

The Catheter-Associated Urinary Tract Infection (CAUTI) Prevention Task Force focuses on the prevention of CAUTIs through the consistent performance of best clinical practices. The task force searches for and trials evidence-based products and practices that will assist in preventing CAUTIs, monitoring and disseminating CAUTI rates, and developing policies and procedures for best practice.

The Central Line Associated Bacteremia Prevention Team – Led by Sharon Slavic, RN, BSN and Joanne Konschak, RN, CIC
The Central Line Associated Bacteremia Prevention Team leads SJH in ensuring best practices are utilized when caring for all intravenous central catheters. Their goal is to eliminate all central line associated infections through the use of evidence-based clinical practices and products. The team monitors and disseminates infection rates and delves into each incident to determine why it occurred and what can be learned to better patient care.

The Fall Prevention Task Force – Led by Bruce Alan Boxer, PhD, MBA, RN, CPHQ and Helen Rapetti, RN, BSN
The Fall Prevention Task Force is the driving force behind finding and adopting evidence-based methods of preventing patient falls. The task force looks for opportunities for improvement through trending data and fall incident investigations, working with all departments within SJH to tailor the fall prevention efforts to the specific needs of the service population.

The Heart Failure Care Improvement Team – Led by Patricia Heslop, RN, MSN, APN, CCRN and Sharon Grusemeyer, RN, BSN, CPHQ
The Heart Failure Care Improvement Team constantly looks for ways of assisting patients with heart failure live full, normal lives. The team uses evidence-based best practices and innovative strategies to decrease patient symptoms and help patients stay out of the hospital. The team approaches heart failure care as a care continuum, focusing on the needs of the heart failure community.

The Nosocomial Pressure Ulcer Prevention Task Force – Led by Florence Mori, RN, MSN, BC; Emily Turmure, RN, MSN, NEA-BC; and Sharon Grusemeyer, RN, BSN, CPHQ
The Nosocomial Pressure Ulcer Prevention Task Force is a group of direct care nurses, educators, and wound care experts that implement evidence-based best practices to decrease nosocomial pressure ulcer prevalence and monitor prevalence data and practice to ensure compliance with established prevention interventions. They are also charged with creating and implementing the most up-to-date wound care protocols.

The Pneumonia Treatment Team – Led by Susan Speero, RN, BSN, CCRN and Carol Copsey, RN, MSN, APN, CCRN
The Pneumonia Treatment Team ensures that the evidence-based pneumonia treatment guidelines outlined by CMS are aggressively followed to provide the best patient treatment possible. The team monitors process and outcome data, constantly looking for improvement opportunities. They also continually search for best practices and update SJH policies and practices accordingly.
The Sepsis Treatment Team – Led by Michele Zucconi, RN, MSN, CCRN and Patricia Schools, RN, PhD
The Sepsis Treatment Team is an interdisciplinary team responsible for developing and implementing the evidence-based sepsis protocol and monitoring compliance with the protocol and reviewing all sepsis patient outcomes.

The Stroke Treatment Improvement Team – Led by Scott Burlingame, RN, MSN and Sharon Grusemeyer, RN, BSN, CPHQ
The Stroke Treatment Improvement Team implements and monitors the stroke recognition and care program. The stroke program has received Joint Commission certification and uses best practices such as paging the stroke team for immediate care when a CVA is suspected. The team monitors treatment times, treatment modalities, and patient outcomes, always actively searching for additional improvements in stroke identification and care.

The Surgical Care Improvement Project Team – Led by Theresa Cope, RN, CNOR, BSN, MBA; Deborah Braida, RN; and Norma Harris, RN, BSN
The Surgical Care Improvement Project Team focuses on improving the performance on the evidence-based CMS core measures for surgical care excellence. They redesign processes, implement best practices, and innovate to achieve quality surgical care for all patients.

The Vascular Access Improvement Task Force – Led by Karen Gunter, RN and Sharon Grusemeyer, RN, BSN, CPHQ
Ensuring vascular access for dialysis patients is critical in their care. The Vascular Access Improvement Task Force implements practices and monitors the performance of dialysis patients to achieve the highest standards in care for patients undergoing chronic dialysis treatments.

The Ventilator-Associated Pneumonia Prevention Task Force – Led by Terri Spoltore, RN, MSN, CCRN and Sharon Grusemeyer, RN, BSN, CPHQ
The Ventilator-Associated Pneumonia Prevention Task Force ensures that evidence-based best practices are utilized to affect the best patient outcomes possible for patients receiving ventilator assisted respiration. The task force monitors practices and evaluates data to decrease the occurrence of and risk for developing ventilator-associated pneumonia.