Quality Teams

**The Acute Myocardial Infarction Treatment Team** - led by Scott Burlingame, MSN, Stroke Program/Chest Pain Center Manager

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.

**Catheter-Associated Urinary Tract Infection (CAUTI) Prevention Task Force** - led by Cindi Calabrese, BSN, RN, CCRN, Education Specialist & Patty Strosnider, RN, CPHQ, Outcomes Manager

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 & Peripheral Team** - led by Tim Bowers, MT(ASCP), MHP, CIC, Director Infection Control & Sharon Slavic, MSN, MBA,RN, Administrative Director, Surgical Care Center

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 Patricia Sanchez, RN, BSN, Nurse Manager, Medical Acute and Helen Rapetti, RN, BSN Pt Safety/Risk Management Coordinator

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.

**Nosocomial Pressure Ulcers Prevention Task Force** - led by E. Turnure, MSN, RN, NEA-BC, Administrative Director Education & Lynn Ruoss, RN, MSN, CCRN-CSC, APN, Education Coordinator

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.

**Pneumonia Treatment Team** - led by Susan Speero, BSN, RN, CCRN, Nurse Manager, ICU, Elmer and Becky DelFava, MSN, RN, Quality Outcomes Manager

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.

**Sepsis Treatment Team** - led by Carol Copsey, RN, MSN, CCRN, Clinical Outcomes Manager, Cardiac Center and Shanda Richer, MSN, MBA, CEN, PI Manager

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.

**Surgical Care Improvement Project Team** - led by Sharon Grusemeyer, RN, BSN, CPHQ, Director PI/Patient Safety & Norma Harris, MSN, RN, Quality Outcomes Manager

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.
**Ventilator Associated Pneumonia Prevention Task Force** - led by T. Spoltore, RN, MSN, CCRN, Administrative Director Medical Care Center/1 East and S. Grusemeyer, RN, BSN, CPHQ, Director PI/Patient Safety

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.

**Care Plan Team** - led by Roseanne DeFrancisco, MSN, RN, Clinical Outcomes Manager, Elmer

The Care Plan Team monitors the active care plans and education documentation in the patient’s record to assure the best outcomes for our patients is delivered. The team concentrates on the Nursing Care Plan (NCP) including incorporating the patients’ co-morbidities within the problem list and resolution of specific problems prior to discharge.

**Restraint Monitoring Team** - led by S. Slavic, MSN, MBA, RN, Administrative Director, Surgical Care Center and Lynn Ruoss, RN, MSN, CCRN-CSC, APN, Education Coordinator

The Restraint Monitoring Team examines the usage of restraints and uses evidence-based best practices to assure that we provide a safe environment to our patients. The team monitors practices and documentation and also evaluates data to assure that the least restrictive type of restraint is utilized to provide the safest environment.