

CATHERINE A. CARSON, MPA, BSN, RN, CPHQ

EXPERIENCE

El Camino Health, Mountain View & Los Gatos, CA
Sr. Director/Chief Quality Officer, October 2016 – retired March 25, 2022

Provided leadership and oversight for the two hospital campuses in clinical quality, clinical documentation integrity, licensing, accreditation and regulatory compliance, public reporting, infection prevention, clinical variation, quality analytics, sepsis quality, and patient safety. Also responsible for risk management, medical staff office and peer review, OPPE/FPPE from 2016 to 2020. Managed 3 Directors and 4 managers with 28 team members. Continually worked to develop a culture of safety and organizational effectiveness while promoting patient-centered and evidence-based care.

Accomplishments:

- For FFY22 (10/1/2021) for the first time, achieved a positive return for El Camino Health of \$375,012.00 net impact in Value Based Purchasing.
- Achieved a CMS-5 Star rating in 2020, 2021, and also in 2022.
- Moved El Camino Health to Leapfrog Safety Scores of “A” for both the Mountain View and Los Gatos campuses (Fall 2021).
- Achieved an IBM Watson Top 100 Hospital Award in 2021 as a large community hospital (the only one in California) and an Everest Award for rapid improvement.
- As one of only 6 Joint Commission Certified Patient Blood Management Program in the U.S., is expanding the program with Anemia Management. Currently 70% of all blood transfusions have a hemoglobin trigger value of 7.0.
- Nominated for “Leader in Action” award for 2019.
- Managed 4 teams of bedside clinical and management staff with support department members to reduce Hospital-acquired infections, achieving maximum for the FY18 incentive goals and 36 staff who comprised the teams of Hygiene, C.difficile, CLABSI, and CAUTI received the “Team Work in Action” Award in Feb. 2019 and achieving maximum score for the organizational quality incentive goal.
- Managed 10 teams for the FY19 Quality Goals of reducing Mortality Index and Readmission Index, achieving maximum level for Readmission Index and Target level for Mortality Index.

Desert Regional Medical Center, Tenet Healthcare
Director, Clinical Quality Improvement, June 2014 – June 2016

In this 385-bed acute care hospital, with 15 direct reports, responsible for bringing the Quality Services Department into CMS and Joint Commission compliance and improve collaboration and relationship with the Riverside office of the California Department of Public Health. Had oversight of full-service Trauma Center with 4 Specialty ICUs, and Certified Cancer Center in performance improvement, accreditation and regulatory compliance, risk management, core measure analysis and abstraction, infection prevention, patient complaint and grievances, peer review, OPPE and FPPE for the medical staff, the IRB Committee, all required medical staff review functions, and clinical information analysis and reporting.

Accomplishments:

- Successfully completed TJC Triennial Survey in the first 60 days with 3 subsequent CMS Compliant Surveys and multiple complaint and adverse event surveys by CDPH.
- Improved customer service to CDPH Surveyors which resulted in 50% of complaints and self-reported events reviewed with a “substantiated with no deficiency” outcome from CDPH.
- Outsourced clinical core measure abstraction and included clinical registry data collection.
- Lead for CAP annual survey for Laboratory and addressed issues with a non-fatal hemolytic transfusion reaction with 5 regulatory agencies including AABB.
- Led Quality Services Department multi-disciplinary teams focusing on improvement in Prevention of pressure ulcers, CLABSI, CAUTI, Hand Hygiene, Reducing readmissions for acute myocardial infarction, CABG, COPD and pneumonia, improving sepsis mortality, and patient falls.
- Through the CHA Patient-Centered Care Collaborative, implemented a Patient/family Advisor program and began hospital’s journey toward embracing patient-centered care.
- Added a senior lean manager, who implemented lean approaches to hospital processes and daily lean management huddles on all units, with daily hospital-wide safety huddle, resulting in enhanced culture of safety and quality.
- Partnered with medical staff and administration to bring in 5 residency programs sponsored by Arrowhead Medical Center.

Clinical Quality and Patient Safety Consultant, July 2013- June 2014

Provided consultation services to healthcare providers to improve the quality of clinical care, reduce harm to patients improve hospital operations and throughput, and in the application of information technology. Worked through HealthCare Transformation, LLC to provide quality, safety, risk, performance improvement and core measures consulting. Through Galileo Search, provided interim coverage for vice president/director level positions for quality, risk, accreditation, and safety in acute hospitals. 100% of consultation was for acute care facilities in California and Colorado.

Daughters of Charity Health System
System Director, Quality and Patient Safety, April 2011- June 2013

In this five acute care hospital system of 1,000 beds, with 15 direct reports, provided leadership to the Quality and Safety leaders. Assisted each Local Health Ministry's CEO and Senior Leaders to develop and understand the system goals around safe and quality healthcare, and to embrace a culture of "always" in providing excellent service to patients. Initiated system wide efforts to address all clinical measures in a concurrent approach, and is facilitating clinical teams to address VTE and Surgical Care Improvement in the patient's journey through the health system. Focus in 2012 was on improving and sustaining Appropriate Care compliance scores with goals of 100% "perfect care" and raising the importance of the goal to prevent Harm to patients with goals of zero harm in six areas. Served as the clinical liaison for the DCHS System IT Electronic Health Record development and implementation, focusing on building evidence-based clinical care into the automated system. Provided education to hospitals and teams about changes in health care financing, incentives, and penalties including the Value-Based Purchasing system and Partnership for Patients. Coordinated Accreditation services across the system. Provided consultation and in-depth review of process and departments as requested by hospital and system leadership. Implemented system wide intranet sites for all Clinical Performance Reports, Accreditation best practices and communication of survey results, and Quality & Patient Safety Tools and Resources. Served on the California Hospital Association's Hospital Quality Committee, Board member of CHART, and provided advice and assistance to the California Hospital Patient Safety Organization (CHPSO).

Hospital Association of Southern California
Vice President, Quality and Performance Improvement, August 2007 – April 2011

The lead issue manager for HASC quality and patient safety programs and initiatives. Worked collaboratively with 185 member hospitals to ensure that quality of care and patient safety are top priorities in the hospital community. Serves as a hospital advocate with the California Hospital Assessment and Reporting Task Force (CHART), lead the Southern California Patient Safety Collaborative, the statewide quality leader listserv and the statewide nursing executive listserv, and is a member of the California Hospital Quality Committee, CHA Joint Accreditation and Licensing Committee, CHA Medication Safety Committee, the California Hospital Patient Safety Organization (CHPSO) and the CHART New Measure Committee. Through this position, HASC provided education and leadership to its member hospitals in making quality patient care and safety a major priority. Accomplishments included:

- Implementation of the Southern California Patient Safety Collaborative (SCPSC) in November 2007 funded by Anthem Blue Cross with expansion to 105 participating HASC member hospitals in 2010. Secured partnership in 2008 with the new California QIO; Health Services Advisory Group. Current SCPSC focus in three tracks: Track I – Hospital acquired Infections, Sepsis, and SCIP; Track II – Facility acquired Pressure Ulcers; Track III – Perinatal Safety. Through negotiations with Anthem Blue Cross, expanded the SCPSC to include the Hospital Council of Central California and the San Diego and Imperial County Hospital Association and formed "*Patient Safety First, a California Partnership for Health*", in 2010. "*Patient Safety First*" received the Quality Forum's John M. Eisenberg Patient Safety and Quality Award in January 2014.
- Developed all programming for each meeting and webinars for the SCPSC. Clinical outcome improvements for each Track are presented routinely to hospitals participants, Collaborative leadership and HASC Board of Directors.
- Integral to securing continued funding for the SCPSC in 2009 from Anthem Blue Cross and development of the new statewide patient safety collaborative; *Patient Safety First...a California Partnership for Health*.
- Developed the HASC Readmissions Reduction Collaborative in partnership with the Society of Hospital Medicine, with funding secured through LA Care.
- Developed the HASC Case Management Transformation Initiative in partnership with Marsh Risk Clinical Consulting Practice.
- Developed new partnerships with healthcare vendors to offer reduced pricing and additional value to HASC members while providing management fees to HASC. Partners include 3M Health Information Services, Verge Solutions, Partners in Care and the Wound Care Education Institute. This has evolved into a HASC Endorsed Business Partner Program.
- Implemented the Southern California Patient Safety Colloquium in January 2009, with the third annual program planned for January 18, 2011. This Colloquium offers keynote speakers focused on patient safety and expanded clinical topics in breakout sessions. In 2011, 24 breakout sessions are offered in 8 clinical focus tracks.

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Tenet Healthcare, Inc.
C2Q (Commitment to Quality) Associate, May 2006 – May 2007
California Transformation Consulting Team

Reporting to the Vice President, Operational Excellence, Tenet Headquarters, provided clinical consultation with the California C2Q Team to all Tenet California facilities. In operation since 2004, the *Commitment to Quality* initiative within Tenet aimed to assist each acute hospital to focus on exceptional clinical quality and operational excellence. The team was on-site for six to eight week engagements working directly with the CEO, COO, and CNO to improve clinical and operational outcomes for each of the 14 hospitals in the California Region. Catherine's focus and expertise was in improving clinical outcomes for all patients, leading the corporation's initiative to educate, engage, and improve outcomes related to all SCIP measures, and developing an organizational-wide approach with clinical quality and patient safety as primary goals. In addition, provided consultation on operational efficiency and throughput in the operating room, emergency department, case management, infection control, and patient access. Also provided education and training to managers and directors on lean process improvement, rapid process improvement, and essential management skills. Utilized daily and monthly metrics to track progress and demonstrate improvement.

Quantros, Inc.
Director, Program Management, Marketing, and Consulting 2003- 2006

Reporting directly to the CEO, provided broad-based clinical expertise to support Product Teams in the development of new programs and software applications to continue Quantros' success in delivering real-time, web-based solutions for the healthcare industry. Quantros focuses on providing support to healthcare organizations in data collection, analysis, and improvement in the areas of Safety and Risk, Quality and Performance Improvement, and Accreditation and Compliance. Managed all marketing and new business development for the company, with 2 new partnerships in 2004. Ensured that applications were current with the healthcare industry and addressed current issues in Safety and Risk Management, Regulatory Reporting for Core measures and other clinical measures, and Accreditation and Compliance. Provided consultation to clients in each of the three concentrations: safety/risk management, accreditation/compliance and clinical outcomes on data use and analysis, strategies for improvement, and how to improve clinical outcomes. Expanded client base from 100 hospitals for adverse event reporting to 600 hospitals and after securing core measure provider status with Joint Commission, expanded core measures contracts to 900 hospitals. Worked closely with the CMS Core Measure Demonstration Project (207) hospitals to understand the new core measures and how to use the data from these measures to improve the patient care processes they measured.

VHA WEST COAST, Pleasanton, California
Director of Performance Improvement, 1997-2003

Provided expertise and education around all clinically focused programs and services. Networked and developed relationships with clinical staff of all 115 VHA West Coast member hospitals. Developed and delivered program agendas for clinical networking groups. Facilitated up to ten clinical and operational seminars and five clinical patient care studies per year. Provided education, training, and support of member hospitals participating in Virtual System survey program that includes mock surveys, educational seminars, conferences, individual hospital consulting visits, and support as survey advocate during hospital JCAHO surveys.

Linked national programs to regional office for clinical and work force topics. Attended national meetings with VHA West Coast hospital representatives. Served as senior leadership contact to two assigned member hospitals to customize services provided by VHA West Coast and develop customized work plan that matched hospital's strategic plan. Participated in quarterly meetings with chief executive officer, chief financial officer, and chief nursing officer. Provided one-on-one orientation to all new member hospital chief nursing officers and other clinical managers at member hospitals. Served as senior liaison for all VHA West Coast Nurse Executives.

MEMORIAL HOSPITALS ASSOCIATION, Modesto, California
Director of Quality and Resources Management, 1992 -1997

Managed a hospital division of eight departments with 200 staff and cumulative budgets of \$3,000,000. Departments included medical records, transcription, social services, employee assistance, resource utilization, medical office leasing, patient satisfaction, and quality management. Held responsibility for accreditation and licensure for all accredited agencies affiliated with the Association, hospital-wide continuous quality improvement program, performance improvement system, JCAHO and regulatory compliance, clinical pathway development, and management engineering. Developed team approach with CFO and Director Contracting for management of Medicare, Medi-Cal, and all managed care contracts providing regulatory expertise and clinical input for division of responsibilities between providers.

Liaised between Kaiser Permanente and Sutter MHA to develop first exclusive Kaiser Contract with 50,000 lives with non-Kaiser hospital and non-Kaiser medical groups. Merged management of 125-physician medical group for departments of medical records, transcription, quality, and utilization management. Developed shared processes for utilization management for shared risk populations with a large medical group and participated in development of and managed all Capitated contracts.

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THE SHAMS GROUP, Coppell, Texas
Consultant, 1992-1994

Provided on site consultation to hospitals that used Meditech software and related products. Refined processes and taught staff how to fully utilize software to successfully meet functions required by regulatory and accrediting agencies.

ADDITIONAL EXPERIENCE

MEMORIAL MEDICAL CENTER, Modesto, California, **Manager, Quality Management Department**, 1984-1992. Created integrated department with functions of infection control, utilization management, discharge planning, concurrent medical record coding and DRG assignment, risk management, peer review, and quality assurance. Covered two hospitals and provided consultation to a third. Developed utilization review plans, implemented bioethics committee, admissions coordinator program, and extended case management.

EDUCATION

UNIVERSITY OF SAN FRANCISCO, COLLEGE OF PROFESSIONAL STUDIES, Sacramento, California
M.A., Public Administration in Health Care, 1991.

CALIFORNIA STATE UNIVERSITY, Stanislaus, Turlock, California
B.S., Nursing, 1981.
Graduated Magna Cum Laude, Public Health Nurse.

MODESTO JUNIOR COLLEGE, Modesto, California
Degree in Nursing, 1976.

LICENSE/ CERTIFICATIONS

California Registered Nurse License, Active Since 1977
Certified Professional in Healthcare Quality (CPHQ), 1987 & 2016