**Carmen Z. Bowling, DNP, MSN, RN**

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**CAREER SUMMARY**

I am an experienced healthcare leader with 30-years experience in bringing excellence in healthcare to the patients and communities the organization serves. I have lived and worked in small and rural communities most my career and understand the challenges those communities face. I enjoy creating collaborative partnerships, while cultivating an effective high reliability framework in the pursuit of healthcare excellence. I am a dynamic, visionary leader who enjoys a passion for engagement, mentorship and teamwork.

**EDUCATION**

2019 Doctorate of Nursing Practice Mt Saint Joseph University Cincinnati, OH

2004 Masters of Nursing Wright State University Fairborn, OH

2001 Bachelor of Nursing Wright State University Fairborn, OH

**PROFESSIONAL EXPERIENCE/ACHIEVEMENTS**

**1/2017 – current Healthlinx Interim Leadership Columbus, Oh**

*Interim Director of Women & Children’s Services @Guthrie Robert Packard Medical Center, Palo Pinto General Hospital & Camden Clark Medical Center*

C: Providing interim leadership to the Women & Children’s services lines to improve patient outcomes and quality metrics

A: Fostering focused work to develop strong provider relationships, ensure implementation action plans initiate and maintain best practices to improve quality outcomes, identify and provide staff with competency opportunities including orientation. Identifying and improving cultural issues in conjunction with meeting the staffing needs of the unit, regulatory compliance, and maintaining JC readiness. Visionary leadership, coaching & mentoring

R:

* Established multi-disciplinary perinatal safety committee that addressed knowledge gaps and established education including the implementation of simulation-based education and drills that encouraged collaboration with OB Attendings, OB Anesthesia, Neonatologists, and the nursing staff
* Decreased postpartum hemorrhage cases by 50% with the Post-Partum Hemorrhage Bundle initiative protocol which included creation of policy and algorithm, inception of OB Crimson alert overhead, identification of key staff, revamping of the PPH cart, and practice drills
* Maintain high visibility with the physicians and staff; Improved staff relations with providers, nursing staff and Medical Directors with follow-up and closed-loop communication
* Establish operating metrics and monthly scorecards to manage ongoing operations and compliance.
* Worked collaboratively to promote system-ness to provide community support for identified community assessment needs to meet corporate quality initiatives i.e., Improving Safe Sleep and strategies to decrease Infant Mortality
* Assured regulatory compliance with audits by direct observation and develop action plan for areas of non-compliance including Universal Protocol, Hand Washing, Environment of Care, Joint Commission Standards, Expired Items (outdates), and Infection Control (attire)
* Decreased labor cost from $500/unit to $375/unit
* Collaborated and lead the OB Oversight committee regarding OB Action plan to improve fetal monitoring surveillance and interpretation by the staff as well as increased awareness of practices changes with regards to NRP and STABLE
* Mentored new OB Educator to her role with regards to creating an education plan for the year for both hospitals as well as identification of educational needs by the staff that were addressed during monthly staff meetings
* Assured regulatory compliance with audits by direct observation and develop action plan for areas of non-compliance including Universal Protocol, Hand Washing, Environment of Care, Joint Commission Standards, Expired Items (outdates), and Infection Control (attire)
* Improved satisfaction of the physicians and staff by identifying and collaborating with a core charge nurse team who were considered “experts” among their peers to provide consistent, reliable presence on the unit as well as mentoring for newer staff

**10/2021 – Present B&H Consulting Services Honolulu, Hi**

*Legal Nurse Consultant, Goodsill Anderson Quinn & Stifel LLP*

Retained as a legal nurse consultant to provide consulting and expert services including review of medical records, participation in attorney phone calls for case discussion, research, deposition and trial preparation, identification of breaches in Standard of Care, interpretation of medical records, nursing documentation, reports and fetal monitor strips, provides education and clarification of medical/nursing issues to assist legal team, prepares report including timeline of facts and chronology of events, assists in the discovery process and identify missing records, and perform literature searches. Participates in depositions and trials as expert witness.

*Nurse Manager of Accreditation, Hazelbaker Lactation Institute*

Retained as a nurse planner to provide successful navigation thru the reaccrediting process for Nursing Continuing Professional Development thru the American Nurses Credentialing Center (ANCC).

**5/2021 – 2/2022 Magee Women’s Hospital Pittsburgh, Pa**

*Clinical Director, Perinatal Service Line*

C: Accountable for achieving quality patient care through appropriate leadership, utilization of human and fiscal resources and accountable for the development of effective operation and evaluation of the service line. The scope of the position includes 22-bed birth center that also encompasses 10-bed PACU, 5-OR Suites, 15-bed OB ED (triage), 6-bed OB ICU, 24-bed High-Risk Antepartum Unit, 4-bed Specialty Induction Unit, a 28-bed high risk postpartum unit, and 2-28 bed Mother Baby units. 2021 delivered 10,321 babies!

A: Visionary leadership, knowledge of present and future trends, strategic benchmarking, and innovative interventions. Collaborated with the ED and Emergency Preparedness directors to create an OB Surge Plan to help support the Perinatal Service Line when census and acuity increases. Follows the NEDOCs Surge Plan for the ED.

R:

* Created an Outpatient Foley Induction process with the OB Medical Director to provide another innovative method of providing induction options for providers and their patients to improve their satisfaction rates.
* Improved provider and patient satisfaction rates by changing our induction process to provide patients a 24-window of when to expect to be notified to come in for their inductions. Our on-time induction wait times increased from 56% on-time percentage to 95% on-time; average number of monthly inductions 250-275.
* Developed an OB Flow Committee Monthly meeting with OB Provider, Nursing, and Administrative leadership to improve communications amongst the group and to provide a forum to share updates regarding the service line in its entirety as well as a platform for innovative ideas to be discussed.
* Increased communication with the staff through unit meetings on both shifts, creation of monthly “Shining Stars” to share kudos and highlight the amazing work by providers and staff, and being visible and accessible to staff working all shifts
* Mentored and promoted shared governance by involving staff members with unit committee meetings such as charge nurse committee, bereavement committee, and shared governance committee.
* Created Family pods within the department as mentoring outreach program for the newer nurses to be mentored and coached by the seasoned nurses. These pods provided a safe space for the younger nurses to find support and advise regarding concerns and their first few years of practice as a nurse.
* Provided direction during problems and crisis accomplishing operational effectiveness while meeting fiscal, manpower and quality targets, revenue and expense budget to actual manpower, and FTES budget to actual.
* Collaborated with senior leadership and other department directors to develop the OB Emergency Capacity Management plan. This was a 6-tiered plan that organically would notify others throughout the facility for assistance when the OB departments were at capacity or above capacity.

**9/2020 – 2/2021 Frankfort Regional Medical Center Frankfort, KY**

*Director/ACNO, Inpatient Services of Critical Care, Medical Surgical, & Maternity Services*

C: Directly responsible for 8 Service Lines including: 68 Medical Surgical beds, Covid Units, Progressive Care, Bariatric program, Joints program, L&D, Mom/Baby, and a level II Special Care Nursery (Designated as a NICU by Kentucky).

A: Fostering focused work to develop strong provider relationships, ensure implementation action plans initiate and maintain best practices to improve quality outcomes, identify and provide staff with competency opportunities including orientation. Identifying and improving cultural issues in conjunction with meeting the staffing needs of the unit, regulatory compliance, and maintaining JC readiness.

R:

* Responsible for the leadership development of 12 Clinical Coordinators
* Collaborated with ED Director and ICU Director regarding patient placement and management of beds
* Maintained productivity statistics and Kronos for >150 direct reports
* Hired 2 new Managers
* Established working relationships with educators to ensure appropriate trending and just in time education was provided to staff
* Participated in Nurse leader rounding every day on all patients within the units to impact our care experience scores.
* Provided special employee rounds to ensure engagement of staff and identification of areas of improvement
* Worked with CNO to change patient care model to include LPNs.

**9/2017 – 5/2020 The Queen’s Medical Center Honolulu, HI**

*System Director, Maternal Health, Perinatal & Pediatrics*

C: Direct responsibility and leadership for Tower 10 perinatal unit with 9 LDRs, 2 OR suites, 20 postpartum beds, 4 designated pediatric beds, 24 neonatal beds and 4-level 2B Special Care Nursery beds. This includes managing 85+ FTEs including registered nurses, OB surgical techs and unit secretaries and a budget of $25 mil. This unit delivers approximately 1500 deliveries annually and reports directly to the CNO. Provided support to the Queens facilities both on Molakai and Big Island to ensure continuity of care and improve patient outcomes.

A: Fostering focused work to develop strong provider relationships, ensure implementation action plans initiate and maintain best practices to improve quality outcomes, identify and provide staff with competency opportunities including orientation. Identifying and improving cultural issues in conjunction with meeting the staffing needs of the unit, regulatory compliance, and maintaining JC readiness.

R:

* Designated as one of 7 units throughout the Queen’s system as reaching the 90th percentile in patient satisfaction in 2018
* Negotiated with bargaining union to establish plan for cross-training of all staff; successfully cross-trained 11 post-partum nurses to care for pediatrics
* Established staffing parameters for post-partum charge nurses to appropriate staff unit to maintain UOS of 7.43 to decrease overstaffing and overuse of overtime by $300K
* Improved staff engagement/satisfaction in L&D from Tier 3 to a Tier 1 with manager presence during huddles and availability to staff on both shifts, improved communication with weekly updates and monthly staff meetings
* Established perinatal safety that established education for the staff with a focus on neonatal resuscitation and implementation of simulation-based education drills that encouraged training with OB Attendings, OB Anesthesia, Neonatologists, and the nursing staff. This education was also provided on Molakai and Big Island in collaboration with Kapiolani Neonatologists and Queens providers and Certified Nurse Midwives.
* Improved and maintained Skin to skin and Breastfeeding within the 1st hour greater than 85% for 2018; Continue to maintain rates over 85% for 2019
* Decreased postpartum hemorrhage cases by 50% with the Post-Partum Hemorrhage Bundle initiative protocol which included creation of policy and algorithm, inception of OB Crimson alert overhead, identification of key staff, revamping of the PPH cart, and practice drills; This education also implemented on Molokai in collaboration with the OB providers and Certified Nurse Midwives.
* Collaborating with local OB attendings and the department of health for the establishment of the Hawai’i Perinatal Quality Collaborative
* Revamped childbirth education courses to include breastfeeding and Lamaze; established on two campuses within the Queens Health System
* Established Pediatric Service Line and pediatric hospitalist group; have transitioned all pediatric patient care on Tower 10 with the exception of behavioral health/ICU peds
* Established Telemedicine workflow as a safety net for the L&D department to assist with night time neonatal resuscitations (Doctorate Project)
* National Outreach: National AWHONN Diversity Task Force, Center for Domestic Preparedness: Healthcare Leadership for Mass Casualty Incidents
* Facility Outreach: Emergency Preparedness Committee; Completed FEMA training. Completed Queens Advanced Quality Training Program
* Community Outreach: Hawai’i’s Maternal Mortality Review Board, LARC/One Key Question Task Force, Advisory Board Member for Caring for Hawai’i’s Neonates, Member of Hawai’i’s Perinatal Quality Collaborative (HPQC), Midwifery Task Force, Hawai’i’s Consortium of Perinatal Managers/Directors & Educators

**2015 - 2017 Mercy Anderson Hospital Cincinnati, OH**

*Clinical Manager, Level II Family Birthing Center, Special Care Nursery, Babykind & OB/GYN Care Center*

C: Responsible for the operating budgets of 4 departments with a combined overall budget of approximately $18 Million. Responsible for the oversight of 150 direct reports including 2 educators, supervisor, 7 team leaders, 3 NNPs, nurses, secretaries, surgical assistant, and OB techs. (Total number of deliveries: approximately 3000)

A: Fostering focused work to develop strong provider relationships, ensure implementation action plans initiate and maintain best practices to improve quality outcomes, identify and provide staff with competency opportunities including orientation. Identifying and improving cultural issues in conjunction with meeting the staffing needs of the unit, regulatory compliance, and maintaining JC readiness.

R:

* Implemented shared governance committees within the family birthing center
* In 2016, assisted the Perinatal Education Council to develop the Perinatal RN Competency days for all perinatal nursing staff
* Developed and implemented various initiatives supporting perinatal patient safety including PPH, Massive Transfusion Protocol, and NRP mock drills
* Improved staff relations with OB Physicians and SCN Medical Director by initiating Perinatal Patient Safety Committee meetings
* Improved Staff Engagement scores from 4.98% (2015) to 5.32% (2016)
* Active member of the Perinatal and Neonatal Clinical Advisory Councils
* Lead the OB Patient Safety Council to revise policies and procedures to improve standardization throughout the Mercy perinatal/neonatal departments.
* Successfully implemented CareTime/Kronos scheduling system for all FBC and clinic staff
* Worked collaboratively to promote system-ness to provide community support for identified community assessment issues to meet corporate quality initiatives i.e., Improving Safe Sleep and strategies to decrease Infant Mortality
* Lead the Mercy System Cincinnati Market in OB deliveries for 2015 (1907) & 2016 (1851)
* Decreased the RN vacancy rate from 29% to approximately 11% over two years
* Decreased over-expenditure in salary dollars in the family birthing center from 8.1 mil to 5.7 mil including use of premium dollars by approximately $300,000
* OB/Gyn Care Center: Fixed cost center. Volume based on Procedures: 2016 target 155; Average 181. Collaborated with Revenue Cycle implementing 5 new charge levels to improve revenue capture
* Successfully implemented the Use of Nitrous Oxide for pain management during labor
* Successfully implementation Delayed Second Stage Pushing in April 2016 to decrease patient harm rates
* Successfully worked the lactation consultant team to improve exclusive breastfeeding rates from 45% to 75% over two years by establishing better coverage for the inpatients by extending lactation coverage hours until 2am.
* Collaborated and established an Outpatient Lactation Services in August 2016 in the Outpatient OB clinic
* Improved patient experience scores from 64% to 83.6% over two years. Core quality metrics where strategies were implemented to improve patient experience included post-delivery pain management as well as during the labor process, patient education, and the discharge process

**2014 - 2015 Nationwide Childrens Hospital Columbus, OH**

*Program Director, Level IIIB NICU*

C: Responsible for the oversight of 5 direct reports, 180 FTES with an overall operating budget of over $5 Million. Responsible for the overall operation of the NICU at Riverside, but not limited to payroll, staffing, departmental statistics, productivity reporting, performance evaluations, mandated employee training and competencies, recruiting and hiring of new employees and personnel issues. Actively support customer service and survey initiatives. Create and maintain a positive work culture for all employees including Clinical Managers, RNs, NNP, PCA/UCs, Milk Techs, Administrative Assistant, and Environmentalist while collaborating consistently with Respiratory Therapists, Case Managers, Social Workers, Dietitians, Pharmacy and OT/PT personnel.

A: Fostering focused work to develop strong provider relationships, ensure implementation action plans initiate and maintain best practices to improve quality outcomes, identify and provide staff with competency opportunities including orientation. Identifying and improving cultural issues in conjunction with meeting the staffing needs of the unit, regulatory compliance, and maintaining JC readiness.

R:

* Served as liaison between the patient, family, staff, and physician as well as implementing family-centered policies, guidelines, and programs that focus on excellent patient care
* Established collaborative working relationships with Riverside including Human Resources
* Worked as a active member of the Riverside Methodist Hospital Women’s Health Service Leadership Team
* Worked in collaboration with the NNP group and the statewide Ohio Perinatal Quality Collaborative (OPQC) with the Neonatal Abstinence Syndrome (NAS) Project
* Improved satisfaction of the physicians and staff by identifying a core charge nurse team who were considered “experts” among their peers and who provided consistent, reliable presence in the unit as well as mentoring for newer staff

**1992 - 2014 Various Nursing Positions**

OB Director, Neuro Step-Down & Neuro ICU Staff Nurse, Assistant Nurse Manager, Transplant Coordinator, MedSurg/Cardiac ICU Staff Nurse, L&D Staff Nurse, L&D Staff Nurse Specialist, Clinical Nurse Manager, Outpatient Clinical Manager, Director, Adjunct Faculty/Clinical Instructor, Mom

**PROFESSIONAL AFFILIATIONS, HONORS, PUBLICATIONS**

* October 2022 (current): SpeakHire Mentor & Champion: Volunteer to develop and coach young adult individuals from immigrant families to become future leaders in the workforce. Presentation on “Accountability & Teamwork”
* February 2022: Research Reviewer for the National Association of Hispanic Nurses
* January 2022: Advisory Board Member; Duquesne University School of Nursing, Pittsburgh, Pa
* November 2019: Podium Presenter at the International Neonatal Care Conference in Honolulu, Hi: “The Queen’s Legacy & Nursing Care at the Bedside”
* April 2019: DNP Poster Presentation/Dissemination at Mount St Joseph University: “Utilizing Simulations to Improve Confidence and Neonatal Resuscitation Skills: A DNP Project”
* December 2018: Poster Presenter at the National Perinatal Quality Consortium in Atlanta, Ga: “HPQC: On the Launching Pad…..”
* September 2016: Speaker at the Ohio AWHONN State Conference: “ Nitrous Oxide: Providing Patients Another Choice”
* September 2015: Speaker at the Ohio AWHONN State Conference: “Revising OB Triage for the Perinatal Populations”
* September 2013: Poster Presenter at the AWHONN Section of Ohio Conference: “Supporting the Breastfeeding Family”
* August 2013: Speaker for OPQC Learning Session Wave 2: “Successful Strategies in Decreasing <39 Week Gestation Inductions without Medical Indications and Improving Data Collection for IPHIS Data Entry”
* June 2013: Speaker for the Leadership Summit at the AWHONN National Convention 2013: “OB Triage: Applying the Principles of Triage to Perinatal Populations”
* September 2012: Published articlein the Journal of Obstetrical, Gynecological, and Neonatal Nursing “Challenges to Implementing the AWHONN Staffing Guidelines”