

## Contact

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(LinkedIn)

## Top Skills

Nursing  
Healthcare Management  
Hospitals

## Certifications

CCRN  
HCA North Texas Emerging  
Leadership Program Graduate  
ACLS Instructor

# Lauralyn Brown, DNP, BS, RN

Doctor of Nursing Practice and Executive Leadership  
Dallas, Texas

## Summary

Healthcare Executive

❖Verifiable record of achievement implementing performance improvement strategies and quality control processes that foster operating synergies and facilitate lasting and positive change❖

Subject matter expertise includes medical staff operations; credentialing; performance improvement; clinical quality data analysis; project management and process change; patient and family experience; risk management; federal and state compliance; clinical research design; conflict resolution and negotiations; physician relations and alignment. Possess leadership skills most valued in a results-oriented environment: communication, transparency, collaboration, and teamwork.

Connect with me on LinkedIn and let's arrange a time to speak!

▶▶▶blauralyn@outlook.com◀◀◀

All Invitations to Connect Welcome

LION – LinkedIn Open Networker

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Recruiters, HR Managers, Hiring Managers connect with me so I can share my experience with you.

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❖Key Accomplishments❖

- Built a top-performing healthcare improvement, infection prevention, and clinical documentation team and instilled a shared commitment to quality patient care.

- Prepared and led Hospital and six offsite locations to successful tri-annual TJC survey with 3 deficiency findings out of 1,800 MOS/EP's in December 2015.

- Prepared and led Hospital Laboratory and six offsite locations to successful TJC survey in October 2015.
- Prepared and led Hospital to TJC DSC Advanced Stroke Re-accreditation Survey in August 2015.

Strategic Planning & Execution, Regulatory Compliance, Critical Thinking, Policy Development  
Organizational Development, Data Analysis, Process Improvement, Cost Reduction & Containment, Quality Improvement, Performance Improvement, Managed Care, Critical Care, Patient Safety, Medicaid/Medicare, Third party Reimbursement, Patient Health & Performance Data, Leadership & Systems Management

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## Experience

### Methodist Health System

Director Of Quality

March 2019 - Present (1 year 3 months)

Dallas-Fort Worth Metroplex

### Alvarez & Marsal

Healthcare Consultant

September 2017 - Present (2 years 9 months)

Dallas/Fort Worth Area

### Looking for New Full Time Position

Hospital/Health Care- Regulatory Accreditation/Quality/Performance Improvement

September 2017 - March 2019 (1 year 7 months)

Dallas/Fort Worth Area/Able to Travel/Working Remotely

I am currently performing independent consulting work with a well known Nation-wide Consulting Company on a local project--I am looking to share my knowledge and skill sets with your company-please feel free to reach out to me to further discuss my qualifications!

Have a productive day!

### Berkeley Research Group LLC

Managing Consultant

October 2016 - September 2017 (1 year)

Dallas/Fort Worth Area

Berkeley Research Group Baltimore, MD ~Managing Consultant 10/2016 - 9/2017 -

Brought onboard to develop and implement a national quality/regulatory compliance program to marketing to healthcare clients

❖Key Accomplishments❖

Held 9 month Interim Quality VP position at Dimensions Healthcare System (3 hospital system) in Cheverly, MD ~ Major focus areas - Regulatory Survey Preparation and Compliance, Clinical Operational Planning, Quality Staff and Position Control

- Recommended improvements from identified variations in sub-standard performance
- Successful re-opening of NICU following Pseudomonas Outbreak
- Developed tracking method for regulatory survey activities/findings and action plan work groups
- Follow-through for all regulatory reporting metrics, due dates, to State of MD and Office of Health

Care Quality

- Fostered teamwork and designed quality activities to elevate the organization
- Developed and implemented medical staff activities (OPPE, e-CQM, Sepsis) to improve

performance and regulatory compliance indicators

- Created and provided executive committees with quality activity and outcome reports. Invigorated

Quality Performance Improvement Committee (QPIC) to include reporting of regulatory findings

and progress on associated action plans

- Ensured compliance with all accrediting and regulatory agencies through monitoring of quality

improvement programs

- Prepared and led Bowie Health Campus to successful survey Accreditation Association Health Care

(AAAHC) Hospital – May 2017

- Prepared and led Laurel Regional Hospital to successful Joint Commission triennial survey – June

2017

Tomball Regional Medical Ctr

## Chief Quality Officer

July 2015 - September 2017 (2 years 3 months)

Tomball, Texas

Brought onboard to refocus, restructure, and redesign Quality and Risk Performance Improvement Operational Plan and improve organizational regulatory compliance in a 350-bed acute care hospital. Reported directly to the CEO; manage 7 direct reports.

- Enforce high reliability ethical principles consistent with the organization's mission vision values.
- Create high-level quality reports for C-Suite Governing Board and Medical Executive Committees.
- Revised audit processes for MOT, restraints, mortality reviews, and regulatory required reporting.
- Restructure Focused Professional Practice Evaluation (FPPE) and Ongoing Professional Practice Evaluation (OPPE) processes for Physician and Mid-level Quality Files.
- Implement Physician Peer Review Process to ensure physicians meet accepted standards of care in rendering medical services.
- Create and lead Quality Improvement and Patient Safety Coach committees.

### ❖Key Accomplishments❖

- Prepared and led Hospital and six offsite locations to successful tri-annual TJC survey with 3 deficiency findings out of 1,800 MOS/EP's in December 2015.
- Prepared and led Hospital Laboratory and six offsite locations to successful TJC survey in October 2015.
- Prepared and led Hospital to TJC DSC Advanced Stroke Re-accreditation Survey in August 2015.
- Achieved 13% reduction in Patient Safety Indicator (PSI-90) cases identified by billing codes, ensuring value-based purchasing reimbursements.
- Increased Hospital Compare Star Rating to 4 from 2.

Strategic Planning & Execution, Regulatory Compliance, Critical Thinking, Policy Development

Organizational Development, Data Analysis, Process Improvement, Cost Reduction & Containment, Quality Improvement, Performance Improvement, Managed Care, Critical Care, Patient Safety, Medicaid/Medicare, Third party

Reimbursement, Patient Health & Performance Data, Leadership & Systems Management

## The Medical Center of Plano

13 years

Director of Quality | Infection Prevention | Clinical Documentation

January 2012 - June 2015 (3 years 6 months)

Plano, TX

Promoted to Director of a 492-bed acute care hospital reporting directly to the VP of Quality and Risk. Tasked with the refocus, restructure, and the redesign of the Quality and Risk Performance Improvement Operational Plan and with improving organizational regulatory compliance. Held primary role in second ANCC Magnet re-designation process. Managed 7 direct reports.

- Built a top-performing healthcare improvement, infection prevention, and clinical documentation team and instilled a shared commitment to quality patient care.
- Developed department business plans to align with organizational and NT Division strategic hospital initiatives specific to Quality Infection Prevention and Clinical Documentation Improvement goals.
- Aligned department goals with 11-hospital North Texas Division (NTXD) and TMCP strategic initiatives.
- Chair of Physician-led Process Improvement Performance Safety committee.
- Held lead role in conducting RCA, Event Analysis Teams and subsequent action planning initiatives.
- Selected to launch start-up and provide daily oversight of house-wide Core Measure Process.

### Key Accomplishments

- Drove Core Measure scores to 1st out of 11 hospitals in the Dallas-Fort Worth HCA market, up from 11th within 12 months, ensuring continued Medicare funding and reimbursements via the Affordable Healthcare Act.
- Achieved NTXD Core measure performance for 2013.
- Revived and directed Physician Mortality Review Committee utilizing IHI initiatives.
- Developed and implemented RED TEAMS (Ready Every Day) for Regulatory Survey Compliance.
- Transitioned Process Improvement committee utilizing PDSA methodology consistent with CMS conditions of Participation and TJC robust Process Improvement Standards.

Strategic Planning & Execution, Regulatory Compliance, Quality Improvement, Performance Improvement, Managed Care, Critical Care, Patient Safety, Medicaid/Medicare, Third party Reimbursement, Patient Health & Performance Data, Leadership & Systems Management

#### Interim Director Neuroscience ICU & PCU | Nurse Manager

January 2011 - December 2011 (1 year)

Plano, Texas

Managed the launch of a 16-bed Neuroscience ICU and a 32-bed Neuroscience PCU. Directed daily operations; managed more than 60 direct reports; reported directly to the Director of Critical Care.

- Obtained 100% staff engagement of initiative to cross-cover units; decreased contract labor 10%; increased staff recruitment; and maintained 100% PLUS productivity.
- Ensured departmental compliance with TJC and regulatory requirements
- Chaired Neuroscience Physician Department meetings. Chair, Documentation Review Committee.
- Co-chair of the TJC Inpatient Diabetes Certification Team, Primary Stroke Certification Team, and Magnet Transformational Leadership Committee. Member of ANCC Magnet re-designation team.
- Developed multi-department Neuroscience business plans aligned with the strategic plan for TMCP.
- Co-author of the Transformational Leadership Magnet document for the re-designation application.
- Represented TMCP on the HCA North Texas Division Clinical Informatics Committee.

Strategic Planning & Execution, Regulatory Compliance, Critical Thinking, Policy Development

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#### Nurse Manager Neuro | Renal ICU Step-Down

August 2007 - December 2010 (3 years 5 months)

Plano, TX

Directed daily operations of a 35-bed Neuro ICU Step-Down unit and a 5-bed Hemodialysis unit. Managed 75-80 direct reports; reported directly to the Director of Critical Care.

- Decreased overtime spending, increased morale, and maintained 100% productivity margin by implementing “Go-For-Nurse” TCAB project; recognized as best practice at 2012 Magnet site visit.
- Increased patient satisfaction scores to 3.68 from 3.31 in an 18-month period.
- Cut RN vacancy rate to 9% from 22%.
- Achieved top 10% on Leadership Scorecard in 2009.
- Completed Robert Woods Johnson Foundation Transforming Care at the Bedside (TCAB) project provided by the North Texas Organization of Nurse Executives (NTONE).

Strategic Planning & Execution, Regulatory Compliance, Critical Thinking, Policy Development

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#### Nurse Clinician | Renal ICU Step-Down

June 2005 - July 2007 (2 years 2 months)

Plano, TX

Conducted Critical Care classes and staff training on Hemodialysis, Neurology, EKG, ACLS, NIHSS, and stroke education. Conducted CCRN and PCCN review courses and hospital stroke audits.

- Coordinated annual staff competencies for ICU Step-Down employees; orientation and competencies for all new employees; and unit and hospital process improvement programs.
- Cut staff turnover 10%, increased morale, and improved patient care after developing critical care internship program that increased staff skill levels.
- Member of hospital documentation committee; conducted computer documentation training.
- Served on the DRC, Pain, Policy and Procedure, Patient Education, and Stroke Team committees.

Strategic Planning & Execution,Regulatory Compliance, Critical Thinking,  
Policy Development

Organizational Development, Data Analysis, Process Improvement, Cost  
Reduction & Containment, Quality Improvement, Performance Improvement,  
Managed Care, Critical Care, Patient Safety, Medicaid/Medicare, Third party  
Reimbursement, Patient Health & Performance Data, Leadership & Systems  
Management

#### Staff Nurse, Critical Care Unit

July 2003 - May 2005 (1 year 11 months)

Plano, TX

Relief Charge Nurse for a 26-bed unit specializing in Cardiac, Medical,  
Surgical, Renal, Pulmonary, and Neurological Intensive patients.

- Conducted general staff nurse tasks including Staff Nurse for policies and  
procedures with specialized equipment, IABP, CRRT, and Ventriculostomy  
drains.
- Pod captain for Critical Care Unit.

Strategic Planning & Execution,Regulatory Compliance, Critical Thinking,  
Policy Development

Organizational Development, Data Analysis, Process Improvement, Cost  
Reduction & Containment, Quality Improvement, Performance Improvement,  
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Management

#### ICU Step-Down RN

July 2002 - June 2003 (1 year)

Plano, TX

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## Education

#### Grand Canyon University

DNP, Registered Nursing, Nursing Administration, Nursing Research and  
Clinical Nursing · (2017 - 2020)

#### Loyola University New Orleans

Master of Science (MS), Nursing Administration · (2009 - 2011)

#### University of Arkansas-Fort Smith



Associate of Science (AS), Associates Degree-Professional  
Nursing · (1986 - 1987)

Bellevue University

Bachelor of Science, (BS), Health Care Administration

Grand Canyon University

Currently enrolled in DNP program, Nursing Administration