

## Contact

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## Top Skills

Nursing

Inpatient

Epic Systems

## Certifications

CCRN

LSSBB

NEA-BC

LSSGB

# Sharon Dixon, MSN, RN, NEA-BC, CPHQ, CCRN-K

Director of Quality at HCA Gulf Coast Division - Tomball  
Conroe, Texas

## Summary

Experienced Director of Quality with a demonstrated history of current hospital & health care industry experience. Skilled in effective Clinical Nursing Leadership, Inpatient Care, Clinical Research, Quality, Healthcare Regulations, and Performance Improvement. Strong healthcare services professional with Certifications focused in Critical Care, Performance Improvement, and Quality. Lean Six Sigma Green and Black Belt from Villanova University.

## Experience

HCA Gulf Coast Division - Tomball Regional Medical Center  
Director of Quality  
July 2017 - Present (2 years 11 months)  
Tomball, Texas

Responsible for readiness related to regulatory compliance with Local, State, The Joint Commission, and CMS standards. Responsible for identification and implementation of Performance Improvement opportunities that improve quality and safety. Oversight of several Disease Specific Programs (Cardiovascular, Sepsis, Advance Primary Stroke), Physician Performance Improvement and Peer Review, Infection Prevention, and Patient Advocacy

CHS - Tomball Regional Medical Center  
Director of Acute Care - Telemetry, Med Surg, Dialysis, PICC Team  
January 2015 - July 2017 (2 years 7 months)  
Tomball, Texas

- o Responsible for scheduling, budgeting, payroll, performance improvement, customer satisfaction, and staff education on the inpatient unit
- o Introduced a new process for development of the Lead Charge Nurse role (succession planning)
- o Implemented processes to improve patient satisfaction scores that met internal and national benchmarks

- o Decreased RN vacancy rate from 65% to 7%: Increased retention from 40% to 88% in 18 months
- o Implemented a new safety and competency program for Cardiac Monitor Technicians
- o Initiated the Clinical Alarm Committee to address and monitor alarm safety
- o Team participant for Code Blue Committee, Skin Champion Committee, Education Council, Throughput Committee, and Patient Safety Committee
- o Introduced the Evidence-Based Nurse Driven Catheter Removal Protocol that has significantly contributed to hospital wide CAUTI reduction
- o Developed educational material and prepared the Clinical Team for successful recertification in two Joint Commission Disease Specific Programs (Stroke and Chest Pain)
- o Responsible for tracking and reporting quality and performance improvement metrics for the Telemetry Unit, Hemodialysis, and the PICC Team
- o Served on two hospital-based Joint Commission Preparation Teams for the Triennial TJC Survey
- o Introduced the process to reconcile Core Measure documentation daily – documentation compliance improved hospital wide and meets organizational and national benchmarks

## Harris Health System

### Program Manager

August 2011 - January 2015 (3 years 6 months)

Houston, Texas

Clinical Manager of Intermediate Care/ ICU Stepdown & Program Manager of Central Telemetry

August 2011 through January 2015

- Managed 75 direct reports on two units

Intermediate Care / ICU Overflow Unit

- o Responsible for scheduling, budgeting, payroll, performance improvement, customer satisfaction, and staff education
- o Clinical Advancement Program lead coach
- o Converted Hospitalist Unit to an Intermediate Care Unit capable of admitting patients requiring Vasoactive and insulin drips, Ventilator care, and post procedural monitoring
- o The IMU met the patient satisfaction benchmark for 5 consecutive quarters (99th percentile)
- o Initiated pursuit of Beacon Recognition
- o Provided direct patient care such as assessments, ventilator management, vasoactive drip maintenance, and documentation

- Central Telemetry Units
  - o Responsible for scheduling, budgeting, payroll, performance improvement
  - o Established Central Telemetry Unit by merging existing staff into one central location.
  - o The CTUs remote cardiac monitoring capacity was 180 patients
- Quality / Performance Improvement
  - o Six Sigma Green Belt Project – Hyperkalemic Management and Hypoglycemia Prevention in Patients with Acute and Chronic Renal Injury (Developed a EBP protocol to management hyperkalemia and prevent hypoglycemia)
  - o Poster Presentation – Confusion Assessment Method: Best Practice to Identify and Prevent Delirium (Implemented best practices to identify and prevent delirium)
  - o HCAHPS / Employee Engagement– Introduced AACN's Healthy Work Environment Initiative to improve employee and patient satisfaction
  - o HAPU – Implemented EBP protocol to reduce HAPUs to < 1%
  - o TJC / DNV – Developed educational material and prepared the Clinical Team to successfully meet requirements for the TJC and DNV Surveys 3 consecutive years

## Memorial Hermann Health System

### Critical Care Clinical Manager

January 2004 - July 2011 (7 years 7 months)

The Woodlands, Texas

Clinical Manager and Interim Director of SICU, MICU, and Central Telemetry  
June 2006 through July 2011

- Managed 108 direct reports in 3 units (SICU, MICU, and Central Telemetry)
  - o Responsible for budgeting, payroll, scheduling, staffing, performance improvement, customer satisfaction, and strategic planning
- Developed policies and protocols for critical care and general hospital utilization
- Developed the Rapid Response Team in collaboration with the Chief Medical Officer and the Critical Care Medical Directors
- Developed Clinical Mentoring Program and onboarding process for newly hired Nursing personnel in collaboration with the Staff Development and Human Resources Departments
- Restructured the Nursing Shared Governance Councils and developed bylaws to govern them
- Served as an advisor for unit based, hospital based, and system level performance improvement committees

Interim Director of Critical Care, Memorial Hermann The Woodlands Hospital,  
June 2006 through March 2007

- Served in a dual capacity as Interim Director and Clinical Manager
- Project Manager for establishment of Central Telemetry Unit that allows remote telemetry monitoring of > 100 patients
- Assisted with the establishment of Cardiovascular and Neurosurgical Programs
- Quality / Performance Improvement
  - o Collaborated with Nursing Researcher and Quality Team to develop a protocol to reduce or eliminate restraint usage in Critical Care
  - o Participated on Core Measure Team that provided staff education and developed a process to reconcile all core measure documentation daily
  - o Introduced EBP methods to reduce VAPs in the Critical Care Unit
  - o Benchmarked the Rapid Response Protocols for All ICUs system-wide
  - o Prepared the Clinical Team for two successful Triennial TJC Surveys
  - o Process owner for critical care quality metrics – responsible for monitoring and reporting quality data and performance improvement metrics
  - o Developed the patient safety program for Critical Care Department

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## Education

Loyola University New Orleans

DNP, Executive Leadership · (2017 - 2018)

Villanova University

Certification , Certified Lean Six Sigma Black Belt · (2017 - 2017)

Loyola University New Orleans

· (2009 - 2011)