

Amy R. Svensson

RN, DNP, CPHQ

Healthcare Executive

Planning, directing, and coordinating healthcare facilities, managing health systems, and delivering clinical products.

Accomplished and dynamic professional with an extensive history of success in establishing an organization's vision, driving patient safety, improving operational efficiencies, and directing healthcare services. Adept at developing highly effective teams, implementing strategies, setting priorities, and achieving results in multiple simultaneous tasks. Highly skilled in resolving quality issues, and driving performance improvement initiatives to reduce risk, enhance patient care and save millions of dollars. Possesses outstanding organizational, management, and analytical decision-making skills to achieve business objectives.

Areas of Expertise

- Healthcare Quality
- Strategic Planning & Execution
- Project & Program Management
- Process & Performance Optimization
- Patient Safety Management
- Regulatory Compliance Assurance
- Risk & Issues Mitigation
- Team Development & Leadership
- Patient Satisfaction & Success

Accomplishments

- Achieved "Inspiration Award" — First Coast Magazine's Celebration of Nurses event (2017)
- Featured in Health Progress Journal (2016)
- Nominee, "Inspiration Award" – Health Source magazine (2014)
- Featured on "Great 100 Nurses of Northeast Florida" list (2013)
- Accomplished, "Associate of the Quarter" award, St. Vincent's (2013)
- Winner, "Living the Values Award", St. Vincent's (2012)

Career Experience

CHRISTUS Health, Tyler, TX

2021 – Present

Regional Associate Vice President of Quality / Northeast Texas and Northern Louisiana

Currently lead clinical quality strategy and operations including performance improvement and the alignment of clinical quality and patient safety programs for eight health systems.

Recent Quality management achievements include:

- Harm reduction and improvements in patient safety across two state regions.
 - Achieved Leapfrog Straight A's, five health systems.
 - CMS star Rating- improved across regions- 4 stars.
- Successful preparation and response for regulatory surveys including CMS, State, TJC, DNV.
- Implementation of added hospital services and locations.
- Rapid opening of a newly acquired hospital.
- Adoption of National Association of Healthcare Quality Competency Framework.
- Transition of new Quality analytic applications across region (Vizient, Vigilanz, EPIC, Medisolv).
- Facilitated hospital adoption of EPIC electronic medical record across region.

Led overall operations comprised of clinical quality and patient safety for 900+ bed adult and children's hospital. Developed and implemented strategies to provide multidisciplinary patient centric focus to reduce harm and enhance patient care throughout all service lines while collaborating with clinical and non-clinical teams.

- Directed team of twenty-seven FTEs to support the organization's quality program including infection prevention, patient safety, performance improvement, regulatory compliance, and clinical informatics.
- Successfully revamped quality to build foundation of high reliability and established strong partnerships between physicians, nursing, allied health, and quality teams to increase operational efficiency.
- Administered multiple successful regulatory efforts, Joint Commission triennial re-accreditation survey, and surveys for opening of new Heart & Spine campus.
- Oversaw validation survey by the Centers for Medicaid & Medicare Services and specialty surveys comprising stroke, orthopedic, and sterile reprocessing.
- Engaged physician and nursing leaders to achieve 50% reduction in healthcare associated infections (CAUTI, CLABSI, CDIFF), 25% reduction in patient mortality, and 28% reduction in NTSV.
- Accomplished best in class CMS 5-star rating 2020 & Leapfrog "A" Hospital Safety Score 2020, as well as Healthgrades Patient Safety Excellence Award 2019, and 2020.

St. Vincent's Healthcare (Ascension Health), Jacksonville, FL
System Infection Prevention Manager

2008– 2018
2016-2018

Led infection control program across three-hospital system as well as development of policies, procedures, and strategies to optimize key metrics impacting value-based purchasing and public reporting. Steered system-wide initiatives to minimize hospital acquired infections and conditions, preventable readmissions, length-of-stay, and adverse events. Piloted development of reliable high-level disinfection practices in collaboration with the sterile processing system manager.

- Consulted with all hospital quality/performance improvement departments and leaders and reported directly to the Chief Medical Officer and the Chief Quality Officer.
- Successfully aligned three campuses into single infection prevention team and led systemization of performance improvement processes across all campuses.
- Championed efforts to decrease overall hospital acquired infections, leading to significant reductions in hospital acquired infections (HAIs) in 2016 and 2017.
- Supervised system prevention efforts that resulted in substantial decrease in hospital acquired infections such as C. difficile infection (CDI), and standardized infection ratios (SIR) by 51% within 12 months and exceeded goal of 0.95.
- Proficiently reduced system catheter-associated urinary tract infections (CAUTI) rates to 0.473, 28% reduction over 12-month period, decreased MRSA bacteremia by 26% to rate of 0.733, exceeding goal of 0.767 SIR, and colon SIR by 7% to 0.691, during 12-month period.

System Quality Program Manager & Interim Infection Prevention Manager, SVR

2015 – 2016

Orchestrated system quality improvement initiatives with focus on aligning practices to reduce patient harm as project manager, culminating in two successful Joint Commission (JC) disease specific surveys at Southside and Riverside campuses, as well as general Joint Commission survey at Riverside campus. Moved to System Infection Prevention Manager, due to a re-organization of the Quality Department in 2016.

- Administered implementation of universal decolonization protocol, daily assessment of urinary catheters, and oral care protocol for ventilated patients at all campus Intensive Care Units (ICUs).
- Established and maintained SVHC's partnership with state Quality Improvement Organization and developed processes to improve patient care.
- Directed coalition of clinical leaders to design and build new Foley catheter orders and documentation processes, including new reports.
- Led collaboration of physicians and nurses including SSI TAH reduction work group and partnered with Jacksonville literacy group to design surgical instructions that were more effective and targeted to the general populations' literacy level.

Additional Experience

Quality and Performance Improvement, Project Management, Education
Registered Nurse, Acute Care Clinical Experience

2011-2015
1996 – 2011

Education

Doctor of Nursing Practice (DNP),
Jacksonville University, Jacksonville, FL, 2021

Professional Courses & Certifications

CPHQ (2020)
CCRN-K (inactive)
Completed Leader Advanced Development Program, Ascension (2015)
Completed GE Change Acceleration Process (2014)
Microsoft Office; MS Visio; Cerner Millennium; Meditech; EPIC

Affiliations

American Nurses Association (ANA) | American Association of Critical Care Nurses (AACN) | Association for Professionals in Infection Control & Epidemiology (APIC) | Society for Healthcare Epidemiology for America (SHEA) | Sigma Theta Tau (STTI) | National Association for Healthcare Quality (NAHQ)