

PAULA STELLMAN - ASHLEY

1629 Oaklawn Drive, Racine, Wisconsin 53402 • 262 880.7162

CONSULTANT AFFILIATIONS

SCHWEIGHOEFER AND ASSOCIATES, INC.

JANUARY 2007-Present

Healthcare Consultant

GREELEY AND ASSOCIATES, LTD

May 1998-December 1993

JCAHO Consultant

KENT AND ASSOCIATES

JANUARY 2008-Present

Survey Consultant

COMPASS GROUP INC.

JANUARY 2008-Present

Healthcare Compliance Coordinator

- Provides onsite education and training to healthcare organizations to assist in survey preparation, improving quality and safety of patient care, understanding The Joint Commission/CMS survey process, operationalizing elements of performance and conditions of participation, and assesses the organization's systems, processes and strategies to meet standards.
- Consults with integrated healthcare delivery systems to provide training and guidance on tracers, standards compliance, organizational improvements, accreditation-related issues; Tracers, pre-survey and PPR assessments. Formulates Evidence of Standards compliance plans and measures of success post-survey to sustain outcomes.
- Consults with healthcare organizations on organizational redesign of quality systems and leadership processes to support a constant state of readiness.
- Efficiently manages personal travel and work schedule in collaboration with client needs.

May 1998 – August 2007

**WHEATON FRANCISCAN HEALTHCARE – ALL SAINTS, Racine, Wisconsin
Director, Quality/Social Work/Discharge Planning/Utilization Review/Patient
Safety/Medical Staff Services/Regulatory Administration**

- Served as an internal consultant to support Accreditation Standards, Medicare Conditions of Participation (COPs), Periodic Performance Reviews (PPRs), Statements of Deficiency (SODs), and Corrective Action Plans (CAPs), Plans for Improvement (PFIs), tracers and unannounced surveys.
- Aligned critical systems, processes and structures required in regulated healthcare that significantly impact patient quality and safety.

- Led, prioritized and aligned accountability to promote a consistent, proactive approach necessary to achieve and sustain System readiness.
- Served as an Internal Consultant and Strategy Leader for regulatory and accreditation bodies.
- Extensive experience in Federal, State, and JCAHO survey process. Provided oversight for fifteen surveys between 2003 and 2006. Knowledge expert in standards interpretation, preparing corrective action plans and rebuttals; partners with Office of General Counsel and the Executive Leadership team to execute successful compliance.
- Resolved unanticipated cases of Immediate Jeopardy. Prepared rebuttals to refute unsubstantiated citations. Sustained CMS deemed status.
- Directed oversight for quality reporting to the Board of Directors through the hospital's Quality Council Committee and Executive Team.
- Directed Medical Staff Service operations in collaboration with the Chief of Staff and Department/Section Chiefs. Provided oversight for the application, credentialing, and reappointment process for 320 medical staff members and 70 Allied Health professionals
- Directed responsibility for Public Reporting Initiatives: Centers for Medicare and Medicaid Services (CMS), Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Core Measures, Institute for Healthcare Improvement (IHI), Wisconsin Hospital Association (WHA) National Patient Safety Goals, and Hospital Consumer Assessment of Healthcare Provider Systems (HCAHPS) Patient Satisfaction.
- Directed responsibility for strategic initiatives: Clinical Excellence, Regulatory Standards, Patient Satisfaction, Financial Viability, Employer of Choice, Preferred Partner of Physicians
- Developed Case Management Model in collaboration with a yearlong engagement with the Advisory Board Company. Analyzed opportunities related to four key strategies: Early Discharge Planning, Dedicated Emergency Department Case Manager, Focused DRG's, and Day-Before-Discharge planning
- Implemented Clinical Documentation Program in collaboration with J.A. Thomas Consultants. Increased CMI to 1.45 from 1.34, annualizing additional cash flow of \$1.5 million.
- Facilitated key medical staff leaders in multidisciplinary approaches and methodologies to achieve desired clinical outcomes related to congestive heart failure, heart attack care, pneumonia care, and control of surgical infections.
- Negotiated Delegated Credentialing Process for 35 managed care contracts.
- Served as Program Administrator for the Patient Satisfaction Program; collaborates with vendor, consultants and strategic planning to improve patient satisfaction scores.
- Facilitated leadership education and interpretation of key drivers, to improve percentile rankings and patient satisfaction outcomes to the 90th percentile.
- Chartered Patient Safety Team to execute national patient safety goals, conduct Root Cause Analyses, and analyze Sentinel Events. Provided oversight for Failure Mode and Effects Analysis (FMEA's) and Root Cause Analyses.
- Served as Interim Director for Infection Control Department (October 2004 – March 2005)
- Served as key stakeholder in preparation for Wisconsin Forward Award and Malcolm Baldrige applications and survey process.

June 1993 – May 1998

PROVENA SAINT THERESE MEDICAL CENTER, Waukegan, Illinois Director, Quality Improvement/Risk Management/Case Management

- Cleared 43 Type I JCAHO recommendations within six months of hire.
- Successfully completed 1995 JCAHO survey obtaining grid score of 91%.

- Achieved Accreditation with Commendation following 1998 JCAHO survey.
- Directed responsibility for strategic plan quality outcomes.
- Established quality oversight committee comprised of Board of Directors, Medical Staff, Administrative and clinical membership.
- Integrated medical staff and hospital quality initiatives related to patient satisfaction, medication use, blood use, patient education, utilization, and operative review.
- Facilitated physician resource groups on disease management.
- Developed criteria based privilege categories for each Medical Staff service.
- Provided oversight of credentialing process.
- Implemented case management program.
- Participated in local provider, payer, and employer quality collaboratives.

October 1989 – June 1993

**CPC GREENBRIAR HOSPITAL, Milwaukee, Wisconsin
Director, Quality Improvement/Utilization Review**

May 1988 – December 1993

**GREELEY ASSOCIATES, LTD., Salem, Wisconsin
JCAHO Consultant**

November 1985 – October 1989

**SAINT LUKE'S HOSPITAL, Racine, Wisconsin
Director of Nursing Resources**

January 1979 – November 1985

**SAINT LUKE'S HOSPITAL, Racine, Wisconsin
Assistant Head Nurse
Staff Nurse**

Publication

“Effective Survey Preparation for Nursing Services”, Brighton Books Hospital/Medical Staff Educational Videotapes, 1990.

“Managing Disruptive Behavior”, HCPro, Briefings on the Joint Commission, September 2008, Vol. 19, No. 9

EDUCATION

Masters in Business Administration, 1992

Keller Graduate School, Milwaukee, Wisconsin

Bachelor of Science in Nursing, 1983

Mount Scenario College, Lady Smith, Wisconsin

Registered Nurse, Associate Degree, 1978

Gateway Technical Institute, Kenosha, Wisconsin

CERTIFICATION

Case Management, 1997; Johns Hopkins University

Team Leader Training, 1996; Franciscan Sisters Health Care Corporation

Total Quality Management, November, 1993; Franciscan Sisters Health Care Corporation

ASSOCIATIONS

Association of Healthcare Accreditation Professionals (AHAP)

National Association for Healthcare Quality (NAHQ)

LICENSING

Registered Nurse, State of Wisconsin