

CHRISTI NGUYEN DNP, RN, FACHE, NEA-BC

PROFESSIONAL EXPERIENCE

UT SOUTHWESTERN MEDICAL CENTER; Dallas, TX

June 24, 2022 – present

Associate Chief Nursing Officer, Nursing Excellence: Oversee Magnet, Education, Research, Peer Review and NOMAD (wellness) Program.

JPS HEALTH NETWORK; Fort Worth, TX

550 bed hospital

November 2016 – July 1, 2022

Executive Director – MedSurg Services: Responsible for overseeing all operational functions of nine medical-surgical nursing units with 307.5 FTEs and 172 beds. Duties include performance improvement/ quality of care, patient safety, policies and procedures, and human resource management.

Accomplishments

- People
 - Employee Engagement: Tier 1 (4.46) in 2016 and (4.87) in 2017. MedSurg Division Tier 1 in 2017-2020. 2021: switched to Press Ganey's: second highest nursing leader scores in acute care nursing division for Leader and Division.
 - MedSurg Division's Certification Rate: 2016 – 4.78%, 2017 – 7.67%, 2018 – 10%, 2019 – 19.19%, 2020 – 20.33%, 2021 & 2022 – 25%
 - MedSurg Division's BSN or higher: 2020 – 58.5%, 2021 – 71.9%, 2022 – 77%
 - MedSurg Managers with MSN or higher: 2016 – 30%, 2022 – 75% with 2 managers finishing up their MSN
 - Annual Turnover Rate: 2017 – 11% (14% voluntary and 1% involuntary), 2018 – 18% (14% voluntary and 26% involuntary), 2019 12% (10% voluntary and 2% involuntary).
 - 2018: Served as "Journey to Excellence" Mentor
 - 2017: Developed nurse manager orientation/resource book
 - 2017: Standardized processes in the MedSurg Division
- Patient Experience
 - FY2018 - from 36% to 63.5%. Tower 7 recognized in 1st place (90%) and Tower 2 in 2nd place (89%) for Inpatient Patient Experience Awards. Tower 6 recognized for 1st Quartile Ranking. Tower 2 and Tower 7 both recognized 4 times in FY 2018, Tower 8 recognized twice, Tower 9 recognized once, and Tower 11 recognized once for Placing in a monthly top three Inpatient Patient Experience awards. Tower 2 going from 39 to 89% in 2018.
 - FY2019 – 6 out of 8 units consistently recognized quarterly for meeting target dimensional goals. FY2019 Inpatient Patient Experience awards: Top Decile – Tower 7, 1st Quartile Ranking – Tower 9 and Tower 11, and Most Improved Unit – Tower 3
 - FY2020: Quarter 1 - Towers 2 & 7 recognized for being in Top Decile for Patient Experience awards. Quarter 2 – Tower 7 recognized for hitting the stretch goals. Quarter 3 - Towers 2 & 7 were recognized for hitting the stretch goals. Tower 7 recognized as #1 in nation and at JPS.

- FY2022: Tower 7 recognized during Qtr 2. Towers 2, 5, 6, and 8 recognized for Patient Experience results.
- Accreditations & Surveys
 - Implemented monthly night rounds with The Joint Commission tracers and rounding with staff in 2017
 - Developed The Joint Commission pocket guidebook for Division, which rolled out to hospital-wide 2018. Adopted by Accreditation Department.
 - Successful 2018 and 2021 TJC surveys with no RFIs for nursing in the MedSurg Division
 - Served on Geriatric Delirium Task Force: Hospital recognized as the 2nd hospital with Disease Specific Certification in Geriatrics Delirium from The Joint Commission in September 2018
 - Pathways to Excellence 2018 - Committee Member (writer and reviewer)
 - Collaborated with Patient Experience team to help them develop continuous survey tracers, Patient Experience Rounds, Quarterly HCAHP University competency checkoffs, and employee rounds in the Get Well Program. Rolled out hospital-wide.
- Quality & Committees
 - Falls Champion Committee Chairperson
 - 2017: Decreased MedSurg falls by 13% as a Division; decreased by 34% after TUGS/"No One Falls on My Watch" implementation
 - Decreased inpatient fall rate from 2.82 in FY2017 to 2.33 in FY2018 and 2.28.
 - Falls rate - FY2019: 2.37. FY2020: 2.49, FY2021: 3.22 and FYTD Qtr 3 2022: 2.67
 - Revamped Falls meeting structure to increase level of engagement and accountability.
 - Rolled out Stryker Dashboard project with falls prevention – 2021
 - Patient Education Committee Chairperson
 - Worked in collaboration with IT to develop a workstation to streamline patient education requests, ensure approval processes are in place, and patient education materials will be translated in our top six languages.
 - Worked with IT Implementation Team and Healthwise to change from Elsevier to Healthwise Patient Education vendor in Fall 2018; Go Live December 2018
 - Patient Safety Council Vice Chair: 2019 – 06/2022
 - Patient Quality Council member: 2019 – 06/2022. Served on Hands off Communication Task Force and DVT Task Force.
 - Served on multiple committees to improve CLABSI, CAUTI, HAPI, Medication Diversion, Nurse Patient Safety and Quality, and Physicians Safety and Quality (as Falls Chair)
- Other Accomplishments
 - Graduated from JPS Health Network's Leadership Acceleration Program I (2018) and 2 (2019)
 - Received Green Belt Certification on decreasing falls in January 2020
 - Converted a 16 bed SNU to General MedSurg Unit – 2017
 - Converted a 22 MedSurg Unit to MedTele Unit – 2020

UNIVERSITY OF TEXAS AT ARLINGTON; Arlington, TX
MSN Nursing Administration Online Program

January 2018 – present

Clinical Assistant Professor: Assist in the online MSN program

"Nursing Management" course. Responsibilities include implement innovative instructional methods; guide, lead and mentor students in their coursework

and program; evaluate, monitor and mentor student academic progress; participate in departmental and college activities; assess, review and evaluate student activities and progress.

DNP Student Advisor: Assist with DNP student in their Practicum 1 and Practicum course; guide, lead and mentor students in their coursework and program; evaluate, monitor and mentor student academic progress; participate in departmental and college activities; assess, review and evaluate student activities and progress.

TEXAS HEALTH PRESBYTERIAN DALLAS HOSPITAL; Dallas, TX

850 bed hospital

January 2013 – November 2016

RN Manager: Responsible for planning, organizing, coordinating and directing all operational functions of multiple medical-surgical nursing departments. Duties include performance improvement/ quality of care, patient safety, policies and procedures, and human resource management for MedSurg/Pulmonary, Dialysis, and Wound Care Services (inpatient and outpatient).

Accomplishments

- People
 - Manager for 46 beds MedSurg & MedSurg/Pulmonary units with 85.1 FTEs. Picked up Dialysis unit in May 2015 with 5.5 FTEs. Mentored new manager as he was previously my supervisor for this unit.
 - December 2015 – gave up one MedSurg unit and picked up the Enterostomal Therapy department (inpatient and outpatient wound care) with 14.0 FTEs. Started Lean Six Sigma project on clinic operations to improve efficiency, charge capturing, and physician and patients' satisfaction
 - Increased Employee Engagement levels: Main 4 East from 72.9% in 2012 to 83.2% in 2013, 90% (4.39) in 2014, and 97% (4.77) in 2015; Main 4 West - 67.7% in 2012 to 74.5% in 2013, 92% (4.63) in 2014, 89% (4.46) in 2015, and 4.59 in 2016. 4.63 for dialysis in 2016, and 4.72 for wound care in 2016.
 - Developed teamwork amongst the units and changed the culture of the units into a positive environment. Created a Spirit Committee on each nursing unit and increased employee morale by holding staff accountable and follow through.
 - Increased communication with more offerings of staff meetings with minutes and weekly newsletter
 - Developed Unit Resource Book for all nursing units to fulfill The Joint Commission deficiency; resource book covered nursing, environment of care, quality and education needs for new and floating employees
 - Mentored three Supervisors to become Managers
 - Magnet Committee Member – Professional Practice; successful Magnet recertification
- Quality & Committees
 - Received Lean Six Sigma Certificate in December 2013 and Lean Six Sigma Yellow Belt on linens cost saving project in February 2014. Savings of \$6,937. Received the 2014's "Financial Sustainability" award from the Operational & Clinical Excellence team for a 9% cost savings.
 - Served on the Service Excellence Committee, THR's Nursing Productivity and Acuity team, NICHE Committee, and Infection Prevention Committee

- Ensured SALTs completed in timely manner and educated staff on risk management and prevention. Addressed quality and risk issues in timely manner with staff and unit. Weekly newsletter also addressed any trends identified and prevention measures.
- Successful TJC survey in 2016 with no RFIs
- Successful Magnet 3rd Re-Designation survey in 2016
- Finance
 - Wound care supply project with savings of \$28,467 in 2014

MEDICAL CENTER OF ARLINGTON; Arlington, TX

350 bed hospital

January 2005 – January 2013

03/11-1/13

Risk Director: Responsible for hospital's risk management and patient safety. Duties included overseeing all patient safety committees and performing root cause analyses, FMEAs, and hospital occurrences.

Accomplishments

- Achieved at least 97% of HCA's Risk Reduction Annual in 2011 and 2012
- Facilitated Falls, Pressure Ulcers, and CLABSI/CAUTI teams
- Developed "Legal Documentation" in-services with hospital attorney
- Worked with The Joint Commission on risk and sentinel event reports

1/05 – 3/11

Director of Nursing: Responsible for planning, organizing, coordinating and directing all operational functions of multiple nursing departments. Duties included performance improvement activities, policies and procedures and quality of care for units for Post-Partum, Medical/Surgical/Oncology, Wound Care, and Bariatrics Program with 86 FTEs.

Accomplishments

- People
 - Received HCA's award for Most Improved in 2010 Employee Satisfaction; increased Post Partum's satisfaction rate from 66% to 88%.
 - Mentored two Charge Nurses into the Manager role
- Quality/Accreditation & Surveys
 - Developed all processes and ensured requirements were met for Joint Commission's Accreditation for Excellence in Wound Care; successful accreditation of outpatient wound care center on March 16, 2010 - received Accreditation with an Award of Distinction with no RFIs
 - Implemented Skin Care Team & monthly newsletters
 - Managed all the performance indicators and quality for the wound care and bariatric service line. Reports completed and presented to staff monthly and quarterly to the Wound Care Team (staff and physicians), Bariatric Center of Excellence Team, Collaborative Council and Joint Practice Council.
 - Developed program and dietary guide for the RNY Gastric Bypass and Lap-Band surgical procedures; coordinated the pre-surgical education process for patients.
 - Developed all algorithms and pathways required for Surgical Review Corporation's Bariatric Centers of Excellence
 - Developed the business plan and implemented the outpatient wound care service line which opened in June 2006
 - Ensured quality of care by providing education for new employees in Wound Center. Also offered free CEU courses to the community to increase nurses' knowledge base of wounds and ostomy care.
- Committees

- Chair of Pressure Ulcer PI Team (reduced hospital acquired rates to below benchmark), Chair of Patient Experience - Communications PI Team, and Cancer Committee member

EDUCATION

May 2016 Texas Christian University - Doctor of Nursing Practice
 August 2004 University of Texas at Arlington - Masters of Science in Nursing & Masters of Science in Healthcare Administration
 May 1994 University of Texas at Arlington - Bachelor of Science in Nursing

AWARDS AND HONORS

2021 - JPS Excellence Award Winner
 2020 - ACHE Service Award
 2019 - *D Magazine's* "Excellence in Nursing Awards 2019 - Nurses in Leadership Roles"
 2016 - TCU DNP Academic Achievement Award
 2016 - *D Magazine's* "Excellence in Nursing Awards 2016 - Nurses in Leadership Roles"
 2015 - Dr. Barbara Woodard Award for "Excellence in Nursing - Transformational Leadership"
 2015 - Texas Health Presbyterian Dallas Hospital Mosaic Pin Award
 2013 - DFW Great 100 Nurses
 2004 - UTA MSN Academic Achievement Award

PROFESSIONAL ORGANIZATIONS

American Organization for Nursing Leadership: 2015 - present
 Texas Organization for Nursing Leadership: 2013 – present
 North Texas Organization for Nursing Leadership (NTO NL): 2013 – 2016
 North Central Organization for Nursing Leadership (NCONL): 2017 – present
 American College of Healthcare Executives: 2003 – present

COMMUNITY AND VOLUNTEER SERVICE

NCONL Board Member
 President (August 2020 – present)
 President-Elect (August 2018 – August 2020)
 Board Director (January 2018 – August 2018)
 TONL Board Member: August 2020 – present
 TONL Education Committee Member: August 2019 - present
 DFW Hospital Council's Patient Safety Summit Planning Committee: 2018 - present
 Elsevier Advisory Council: 2018 – present
 DFW Great 100 Nurses Board Director: August 2021 - present
 DFW Great 100 Nurses Review Committee: 2015, 2020, and 2021
 ACHE Mentoring Program (Mentor): 2010-present
 ACHE Education Committee: 2022 – present
 American Lung Association's Climb for Life: May 2022
 TCU Graduate Faculty Committee
 DNP Student Representative: 2015-2016
 Alumni Representative: 2016-2017
 TCU Graduate Student Cabinet: 2014-2015
 Habitat for Humanity: March 2015 and April 2016

PUBLICATIONS

Gardner, C., Hailey, A., Nguyen, C., Prichard, C., & Newcomb, P. (2017). Wired to the workplace: The relationship between electronic connectedness to work and nurse manager satisfaction. *Journal of Nursing Administration*, 47 (1), 16-23.

Nguyen, C. (2015). Time for a unit culture makeover? *Nursing Management*, 46 (10), 14-16.