Personal Information

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| Name: |   Catherine Zyniecki |
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 Work History

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| Company Name: |   Columbia-St | 06/02/2014 - Present |
| Job Title: |   Clinical Nurse Specialist |
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| Company Name: |   Cardiovascular Associates | 01/01/2001 - 08/31/2003 |
| Job Title: |   RN Extender/ Research Coordinator |
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| Company Name: |   St Francis Hospital | 01/01/1997 - 01/01/2001 |
| Job Title: |   RN/ Cardiac Cath Lab |
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| Company Name: |   Milwaukee County Medical Complex/ John L Doyne | 01/01/1994 - 12/31/1996 |
| Job Title: |   RN/ Trauma Intensive Care Unit and Cardiac ICU |
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 Education

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| School: |   Alverno College | Graduation Date: |  |
| Major: |    |
| Degree: |   None |
| School: |   Marian College | Graduation Date: |  |
| Major: |    |
| Degree: |   Bachelor's Degree |

 Additional Skills And Qualifications

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| Recent Job Title: |    null | Recent Wage: | 0 per  |
| Security Clearance: |   No |  |  |

 Desired Position

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| Desired Wage: |    per  | Desired Employment Type: |  |
| Desired Travel: |    |   Desired commute: |  |
| Desired Relocation: | No |  |

 Resume

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| Catherine ZynieckiW128S8762 Harrington Court, Muskego WI 53150Home (414)377-9059 Cell: (414)397-3302catzyniecki@yahoo.comProfessional BackgroundMSN prepared Registered Nurse, Clinical Nurse Specialist with vast experience in the ICU settingproviding expert, critical care to diverse populations. Clinical Nurse Specialist in an ICU withmost recent focus on reducing clinical variation, improving patient outcomes, decreasingcomplications and reducing patient length of stay in the Critical Care, Cardiovascular and PCIpopulation across Ascension Wisconsin through care optimization and staff support.Skill HighlightsStrong Clinical experience with critically ill cardiac, medical and neuro patientsExperience with advanced support devices such as IABP, CVVH, TTM devices, Rapid infuser, Neurodrain and ICP measuring devices. Use and education.Project lead and co-lead on diverse topics in collaboration with multiple disciplinesCNS in ICU and emergency departmentMentor and coach new staffCV surgery expertiseCreated Order sets and clinical pathways for CV surgery and multiple critical care topicsClinical research experiencePassionate patient advocateIncorporate and implement best practice into daily care in collaboration with other professionsRelevant ExperienceCurrently leading the Development of Critical Care Optimization Model (CCO) to standardize thequality care delivered in the vulnerable, critical care population in ICU andintermediate/progressive care units. This work includes order sets, implementation of bestpractice in 10 focus areas throughout 13 hospitals in Wisconsin. Implementation and educationbegan April 2019.Collaborated with State pharmacy team to optimize use of Precedex and reduce withdrawal/setting up appropriate use criteria for CV and other ICU patientsReviewed new products as they were introduced for these populations.Heart hugger garment implementation to improve patient outcomes and decrease pain and SSI inpost-op CV patients throughout Wisconsin.Research/QI on reduced opioid use in CV population supporting the use of On-Q Pump.Lead the team in creation of statewide CV education for nurses new to caring for open heartpost-op patients. Collaborated with the state education team.Active member of STS outcomes committee, CVL outcomes committee and Heart and Vascularcommittee. These teams look at cases, review data and discuss and implement ways to improvecardiovascular services to deliver improved care to our patients.Clinically supported All Saints ICU with implementation of awake weaning and reduced the useof Fentanyl as sedation by 85% in 5 months. Re-educated and supported daily weaning processes,use of standard order sets and use of minimal sedation as evidenced by research from ABCDEFbundle out of Vanderbilt University.Lead successful improvement in blood glucose control in CV population with adjustment ininsulin protocols, PDSA cycles and education to staff within CSM.Lead for the Cardiovascular and PCI CPR teams working on variation and cost reduction whileimproving patient care and outcomes. These teams are diverse with health care representativesfrom multiple departments from each of the Ascension hospitals that provide cardiovascularservices. Our Main objective is to create safe, quality care that is the same from onefacility to another through order sets and evidence-based practice.IPOC Steering committee and work group. Lead the clinical aspects of this team on the buildingof evidence based electronic plans of care for CSMM and CSMO in the Cerner system.Collaborated with IT, IS and the developers of the system as well as with nursing partnersfrom our units to tackle the challenges of unit workflow and our current blended system.Implementation of electronic care plans successfully went live February 2018.DAR note education, implementation and support to inspire nursing practice and documentationwhile creating a system to meet TJC requirements for documentation of the plan of care. Thissystem cleared CSMM of TJC findings and ultimately supported CSMO to have a clean survey withnursing documentation.Lead the Portland Protocol implementation in the ICU and intermediate care units. Creatededucation and collaborates with other CNSs in the organization to educate other unitsthroughout the system. This collaboration included the implementation of a two-nurse-verifysystem of safe medication handling.Lead the development and implementation of the Nurse tech program to educate nursing studentsin our system with an interest in critical care. The goal was to decrease their orientationtime after graduation by offering them the critical care education up front to use throughouttheir Nurse Tech time. This program was successful and has implications for other units.Presented at WIACNS CNS/CNO Breakfast in September 2017.ABCDEF bundle re-implementation team with a focus on the 'awake' piece of the bundle. Alsoresponsible for the Mobility piece of the bundle while under the direction of Anne P. Icreated education including a music video to educate the whole inter-professional team.Presentations on this topic were given at the 2015 CNO/CNS breakfast, nursing professionaldevelopment series at CSM in May 2016 and at Building Bridges conference at MarquetteUniversity in 2016.Cardio-help liaison between CV surgeons and CSM. Education and development of policy and ordersets.Past Co-Chair of the Institute of Critical Care. This medical staff, interdisciplinarycommittee oversees all aspects of critical care medicine as well as nursing care delivery inall critical care areas.Clinical Nurse SpecialistJune 2, 2014 to presentColumbia-St. Mary's/ Ozaukee until January of 2018. At All Saints in Racine with a focus on sixWisconsin Ascension hospitals in Collaboration with the CV service line.From January 2019 to present part of the Care Transformation team with a focus on DRG improvement ofpractice, use of best evidence in care delivery with an impact to decrease LOS, decrease waste andinefficiencies and reduce complications.I was hired into this role while still in graduate school with my CNS/MSN. While in school Iassisted other CNSs with their project work such as Sepsis and more so, the ABCDEF Bundle work. Iwas very involved in unit support and hardwiring of nursing practice. See above for relevantexperience as a Clinical Nurse SpecialistRN Staff and Charge NurseJuly 2004 to May 2014Prohealthcare - Waukesha, WICharge nurse for 24 bed ICU. As a charge nurse, clinical expert and resource for the unit, Imaintained the safety of our patients by proper staffing and assigning of our patients to nurses ofvarying skill sets. Offer support and expertise to other units with patients when the need presenteditself. Coordinate with Emergency room to expedite the transfer of the critically ill as well asoffering assistance to them in times of high acuity and high volume. Respond and lead Rapid Responsecalls and Code 4 situations.Clinical III project involved care plans the ICU. Before CPM and EPIC, I developed care plansusing Nursing Diagnosis with the ICU population in mind. Based on NIC, NOC and NANDA. Ieducated and implemented these changes in our unit. Auditing before the launch and aftereducation and implementation helped re-educate and fine tune where needed. I had theopportunity to view the product prior to launch and gave feedback on workflow.Interim ICU Educator in the absence of our APN. I coordinated the orientation of nine nursesof which 8 were new to ICU and 7 were graduate nurses. I spent some of that time researchingtechniques and evidence about new graduates and their special needs not only as new nurses butas new in such a high acuity area.Clinical III committee for which this group of clinical experts is responsible for ICUeducation/yearly skills competency/ emphasis on IABP and CPM-Care Practice Model care planningsystem.Received the Nursing Excellence Award in 2010Adjunct Nursing Faculty at Carroll UniversitySpring 2009 to Spring 2012Responsible for sophomore level nursing students and their clinical skills in Healthassessment lab and Nursing fundamentals lab.RN Extender/ Research Coordinator2001 until August 2003Cardiovascular Associates - Milwaukee, WIRN/ Cardiac Cath Lab1997 until 2001St Francis HospitalRN/ Trauma Intensive Care Unit and Cardiac ICU1994 until 1996 - Hospital closedMilwaukee County Medical Complex/ John L DoyneEducation and TrainingAlverno CollegeFall of 2012 to December 2015MSN: CNS/CNEMarian College 1993Fond du Lac, WI, United StatesNursing/ BSNCertificationsBLS - Basic Life SupportCCRN Certification/ AACN member since 2009APNPAGCNS-BCAdvanced Cardiac Life Support (ACLS)NIHSS CertificationMember and Secretary WIACNSCommunity ServicePresident of Auxiliary to Milwaukee Fire Department/ Chair of Firefighter Cancer PreventionInitiative and member for 18 yearsHelping Tree chair at St. Josephat's parishZyniecki Family ICU Christmas visits since 2009Girl scout troop leaderGroup mission work camp since 2016, one week each summer |