Michelle Bibby

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Bachelors prepared Registered Nurse with 15 years of bedside experience in the ICU/PCU and Diabetes/Renal units.

Harrisburg, North Carolina, United States Hospital & Health Care

Previous positions

RN at Providence Health & Services

Education

University of Minnesota-Twin Cities, Bachelor’s Degree, Registered Nursing/Registered Nurse

Summary

Bachelors prepared Registered Nurse with 15 years of acute care experience.

Currently pursuing a remote position in Case Management, Clinical Support or Healthcare consultant.

Background in Critical Care, Cardiac Telemetry, Renal/Diabetes, and Stroke Navigation.

Passionate about healthcare, both at the bedside and outside the acute care setting. Highly organized, flexible and experienced critical thinker with a demonstrated track record of duplication. Preceptor of the Year recipient, with years of experience in coaching fellow nurses to problem solve, prioritize and multitask, while maintaining the compassion required in patient-centered care.

Experience with chart audits, performance improvement initiatives, and patient care navigation. Proficient with Microsoft Word, Excel and EMR/CPOE. Experience in delivering data results in presentation to Joint Commission, assisting in securing Stroke Certification for the hospital. Excellent working relationship with all health care professionals.

Personal passion for well being of the community. Currently the Administrative Coordinator for the Harrisburg Crisis Assistance Ministry, directly impacting lives through the promotion of health in a very concrete way by providing food and financial assistance to the community. Responsible for volunteer recruitment, training, logistics of donated foods, communication with Board Members and maintenance of all required documentation per Second Harvest Food Bank.

Strong sales and coaching experience as an Executive Consultant with Rodan and Fields. Highly trainable, motivated, and energetic.

Experience

Critical Care RN

Carolinas HealthCare System

November 2008 – Present(11 years 1 month)University

Independent Consultant

Rodan and Fields Dermatology

Present

RN

Providence Health & Services

December 2003 – September 2008(4 years 9 months)

Education

University of Minnesota-Twin Cities

Bachelor’s Degree, Registered Nursing/Registered Nurse

2001 – 2003

University of Minnesota-Twin Cities

Received a Bachelors in Science - Nursing with Honors, Summa Cum Laude

Projects

Improving Richmond Agitation Sedation Scale (RASS) compliance

January 2018 – October 2018

The Problem or Opportunity

The Richmond Agitation Sedation Scale (RASS) has been shown to be a reliable and valid measurement tool.

According to chart audits, compliance in the ICU setting at CHS University was 20-30%.

Organizational / Unit Goal

This issue relates directly to the CHS strategic goal of Quality and Safety.

The potential value to CHS is better practice thinking. RNs will be more compliant with documentation and could improve sedation outcomes for patients in the ICU.

PICO question

Can staff nurse education increase compliance rate of RASS documentation? And if so, which modality is the most effective.

Design and Implement Project

It has been demonstrated that education of the staff improves both compliance and accuracy of the use of the RASS toodl and date.

Phase 1 (month 1) will be in the form of a poster displayed on the ICU nursing unit.

Phase 2 (month 2) will involve discussion and reminders during staff huddles each morning.

Phase 3 (month 3) will involve individual in-services with the staff, which will provide a time for interaction and opportunity to ask questions.

The data does not necessarily show evidence of which method was most effective, but what is evident is that having it come up in discussion does increase compliance.

The ultimate goal was to increase nurses documentation of RASS score. In 2018, the lowest rate was only 5.9%, while the highest (after intervention) was 57.1%. This exceeded the stretch goal of a total of 50% compliance rate.

Team Members (1): Michelle Bibby

Promoting Staff Knowledge of Appropriate Tracheostomy Care in the ICU Setting to Prevent Accidental Decannulation

March 2017 – October 2017

Trigger for Project - Unintentional tracheostomy decannulation is considered a sentinel event by the Joint Commission. In the ICU setting at CHS University, there were three unintentional tracheostomy decannulations, one resulting in the patient expiring, between March-May 2017.

Potential Value to CHS: This project aims to prevent unintentional decannulation, prevent prolonged hospital stay, and ensure that all staff nurses have the education they require for caring for patients with tracheostomies.

Outcome to be Achieved: Staff ICU nurses knowledge will increase demonstrated by improved test scores. A retrospective chart audit could show improvement in compliance with documentation per policy. Most importantly, there will be zero unintentional decannulations for the duration of the improvement project.

Compare and Describe the Baseline and Post-intervention results: After competing the pretest survey, a significant knowledge deficit was noted in the ICU staff. Only 37.5% were correct in determining when a tracheostomy was classified as "new" verses "established." More alarmingly, only 6% were correct in answering how often a tracheostomy should be cleaned and how often the inner cannula should be changed per policy. There was no significant improvement in documentation per post intervention chart audit, but this can be explained by the fact that only one relevant chart was available during the study. It is vital to point out that no unintentional decannulations have occurred since this study as of September 2018.

Team Members (1): Michelle Bibby

Managing Form Fatigue with the Creation of a SharePoint Page as a Tool

December 2015 – October 2016

Triggers for the Project: Finding the required paperwork on the unit can be time-consuming, confusing, and often leads to incomplete medical records.

Asessment

1. Survey staff to determine accessibility and comfort level in locating all required forms.

2. Assess efficiency of staff in locating forms using a timed scenario.

Intervention:

1. Identify and list all non-computerized forms utilized on the unit.

2. Organize and post forms/hyperlinks to the 6th floor SharePoint site.

3. Educate staff on the use of the Sharepoint side and "Forms" folder.

Results: Staff, outside of management, was largely unaware that SharePoint was an available tool and the vast majority did not know how to access it. All RNs evaluated were more than satisfied with the ease of use of SharePoint and believed it to be a valuable tool. The average time required to locate a consent form went from an average of 6:18 minutes to 1:03 minutes.

Team Members (1): Michelle Bibby

Skills & Expertise

Advanced Life Support (ACLS) Instructor

Leadership

Precepting

Sales

Staffing Coordination

Nursing

Administration

Hospitals

Microsoft Excel

Microsoft Office

Navigator

Critical Care

Microsoft PowerPoint

Advanced Cardiac Life Support (ACLS)

Basic Life Support (BLS)