MIRIAM DOWLING-SCHMITT

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EDUCATION

DNP	University of New Hampshire Nursing	May 2025
MS	University of Vermont Adult Nurse Practitioner	May 2013
BS	University of Vermont Nursing	May 2008
HS	The Loomis Chaffee School	June 2004

CLINICAL EXPERIENCE

Vice President- Inpatient and Peri-Operative Nursing, Food and Nutrition Services
Dartmouth Hitchcock Medical Center April 2024-Present
Executive nursing and operational leadership of over 2,000 FTEs within the only level 1 academic medical center in the state of New Hampshire. Operational oversight of all inpatient nursing units, 26 room operating suite, 8 room outpatient surgery center, and food and nutritional services for the organization.

Sr. Director of Nursing, Quality, Practice, and Patient Safety Dartmouth Cancer Center, Dartmouth Health July 2022-April 2024
Oversight and leadership of nursing operations, quality improvement, process improvement, and patient safety initiatives for the Dartmouth Cancer Center. Management of 168 nursing and allied health reports. Increased infusion volume 14% system-wide in FY24. Improved nursing compensation for oncology nurse navigators and transplant and cellular therapy coordinators to be competitive with market and reduced turnover to 0% in FY24. Improved Press Ganey Leader Index from 89 in FY23 to 97 in FY24. Serves as Planning Section Chief for incident command, leader of organizational Daily Safety Huddle. Implemented DCC-wide employee recognition program. Stabilized nursing and quality structures within the Cancer Center and created succession plan for nursing leadership. Collaborated with ambulatory nursing and administrative leaders to improve nursing reporting within ambulatory. DCC lead for implementation of Principal Illness Navigation billing and Anthem Oncology Medical Home program.

Director of Quality and Patient Safety Norris Cotton Cancer Center, Dartmouth-Hitchcock Health May 2021-July 2022
Oversaw the enterprise-wide direction of the Norris Cotton Cancer Center (NCCC) quality, safety and accreditation programs. Developed and managed the implementation, monitoring and evaluation of the comprehensive quality assessment and improvement programs in the inpatient and outpatient settings for NCCC. Responsible for the function of the Cancer Registry, Commission on Cancer (CoC) Accreditation, ACR and other regulatory bodies

including The Joint Commission (TJC). Created of administrator on call program with daily coverage to address COVID+ patients, urgent clinical or administrative needs. Created daily rounding program with communication system to feed information from Daily Safety Huddle to DCC and follow up on urgent needs from staff. Maintained responsive and effective relationships with system-wide staff and leadership in Quality, the Value Institute and Program leadership. Communicated effectively with staff, supporting departments, and external agencies.

Adjunct Faculty, Colby Sawyer College, New London, NH. June 2020-Present
Development and instruction of Clinical Quality Improvement-II a 5 credit, 15-week online class for MSN students.

Director of Quality, Risk, and Patient Safety, Spectrum Healthcare Partners, South Portland, ME. May 2019-May 2021
Provided quality, risk management, clinical compliance, and patient safety leadership for all clinical and managerial divisions of Spectrum Healthcare Partners and Spectrum Management Services Company. Clinical divisions included orthopedics, radiation oncology, anesthesiology, pathology, and radiology. Responsibilities included implementation and management of company incident reporting system, RL Solutions, and policy management system, PolicyTech. Led annual influenza vaccination program, acted as COVID vaccination coordinator, as well as occupational health support for the company. Managed wholly owned subsidiary, Fides, a national anesthesia quality improvement company. Led process improvement and quality improvement projects throughout all clinical divisions and oversaw regulatory readiness for two ambulatory surgery centers. Responsible for 8 FTE of direct reports and management of two separate budgets totaling $1,100,000.

Clinical Quality Improvement Manager, Spectrum Healthcare Partners, South Portland, ME November 2017-May 2019
Responsible for managing the quality improvement program for the corporation which included system and provider quality initiatives. Provided guidance and support with the analysis, coordination, and integration of clinical quality processes within the company. Identified improvement opportunities that increased access, convenience, and service for patients, while reducing unnecessary and expensive variations in clinical care. Worked in collaboration with members of the management team to prepare the company to meet emerging value-based imperatives. Leveraged clinical information technology to facilitate improvements in the patient care experience and the measurement of outcomes related data.

Manager of Quality Assurance and Safety Clinical Programs, Dartmouth-Hitchcock Medical Center, Lebanon, NH May 2017-November 2017
Responsible for managing, monitoring, and reporting performance on QAS clinical programs supporting annual quality and safety objectives prioritized by the organization and the Chief Quality and Value Officer. Worked in collaboration with the Hospital Epidemiologist, and Director of Quality Assurance and Safety, to manage and coordinate all aspects of the inpatient and outpatient infection prevention control program at D-H, including the Collaborative Healthcare Infection Prevention (CHIP) staff in all facets of their role and responsibilities. DH lead for High Value Healthcare Collaborative.

Senior Clinical Quality Safety Specialist RN, Dartmouth-Hitchcock Medical Center, Lebanon, NH July 2016-May 2017
Clinical practice lead for Central Line Associated Bloodstream Infection (CLABSI) prevention and lead for Safety Champions program. Designed and implemented strategies to prevent CLABSI and other hospital acquired conditions. Led and designed programmatic work for Safety Champions program including clinical nurse education, coordination of Safety Champions Coaches and Faculty. Co-lead Clinical Monitoring Committee. Coordinated patient care in conjunction with clinical nursing staff, physicians, associate providers, and administrators.

Critical Care Clinical Specialist, Dartmouth Hitchcock Medical Center, Lebanon, NH January 2013-July 2016
Expert clinician and member of leadership team for Surgery/Trauma/Neuro Intensive Care Unit, Medical Intensive Care Unit, Intermediate Special Care Unit, and Life Safety Early Response Team. Research and quality improvement team leader. Implemented Hospital Engagement Network and Society of Critical Care Medicine projects, led implementation of evidence-based practice throughout the institution.

ICU Clinical Nurse, Dartmouth Hitchcock Medical Center, Lebanon, NH
July 2008- December 2012
Charge nurse, code team member, preceptor, early response team trained. Proficient in continuous renal replacement therapy, rapid fluid volume resuscitation, invasive cardiac monitoring, invasive neurologic monitoring. Population consisting of trauma, surgical, medical, transplant, and neurological patients. Member of Practice Area Council, CLABSI Prevention Committee, and Critical Care Quality Committee.

LICENSURE, MEMBERSHIP AND CERTIFICATION

New Hampshire State Board of Nursing
Registered Nurse
License Number: 059388-21
Expiration date: 01/19/2027

American Organization of Nurse Leaders
Member
2024-Present
Certified in Executive Nursing Practice

American College of Healthcare Executives
Member
2023-Present
Fellow of American College of Healthcare Executives

National Association for Healthcare Quality
Certified Professional in Healthcare Quality
2019-Present

Lean Six Sigma Greenbelt Certification
Dartmouth-Hitchcock Medical Center Value Institute Learning Center
May 2016

HONORS AND AWARDS

Finalist- Bernard A. Kershner Award for Innovation in Quality Improvement 2020
One of three national finalists for quality improvement projects in ambulatory surgery centers. Poster topic: PACU Core Temperature Improvement.

Finalist- Clint Jones Award, New Hampshire Hospital Association 2010
Awarded to registered nurse practicing in New Hampshire who exemplifies the practice of quality nursing care and demonstrates a career commitment to the nursing profession

Faye Crabbe Award 2008
Excellence in undergraduate nursing.

PUBLICATIONS, POSTERS, PRESENTATIONS AND INVITED LECTURES

Tosteson, AN, Kirkland, KB, Holthoff, MM, Van Citters, AD, Brooks, GA, Cullinan, AM, **Dowling-Schmitt, MC,** Holmes, AB, Meehan, KR, Oliver, BJ, Wasp, GT, Wilson, MM, &Nelson, EC. (2023). Harnessing the collective expertise of patients, care partners, clinical teams, and researchers through a coproduction learning health system: A case study of the Dartmouth Health Promise Partnership. J Ambulatory Care Manage, 46(2), 127-138

Adams Barker, C, Stewart, KO, **Dowling-Schmitt, MC**, Calderwood, MS, & Kim, JJ. (2022). A survey study of the association between active utilization of National Healthcare Safety Network resources and central-line associated bloodstream infection reporting. Infection Control and Hospital Epidemiology.

Using DMAIC to Improve Core Temperature in Ambulatory Surgery Patients
Recorded Presentation
AAAHC Achieving Accreditation Conference (Virtual). September 2020

OneConnect: Effectively and efficiently communicating critical findings in a large, multi-site radiology practice.
Poster Presentation (Presented by co-author Daniel Greentree)
High Value Practice Academic Alliance, Boston, MA. November 2019
Gold Medal Winner

Variability in the Application of Surveillance Definitions for Central Line-Associated Bloodstream Infection Across U.S. Hospitals
Poster Presentation (Presented by co-author Caitlin Adams Barker)
ID Week, San Francisco, CA. October 2018

Reduction of Hospital Acquired Conditions Through the Use of Bedside Safety Champions
Poster Presentation
National Patient Safety Foundation Annual Congress, Orlando, FL. May 2017

Reduction of Hospital Acquired Conditions Through the Use of Bedside Safety Champions
Podium presentation
High Value Healthcare Collaborative, Washington, DC. May 2017

"We Are Not Quitters" When Patients and Families Will Not Stop Care
Panel presentation and discussion of case that caused discord within the Surgical Intensive Care Unit. Schwartz Rounds, DHMC. September 2016

Growing New Wound Documentation Standards
Podium presentation
Epic User Group Meeting, Verona, WI
September 2014

PROFESSIONAL INITIATIVES

Infusion Capacity Improvement July 2022-December 2023
Operational lead for multi-pronged approach to improve infusion capacity at all DCC sites. Hired 35 nurses and LNAs across the DCC system within 12 months. Collaborated with administrative partners to move patients to system sites when at capacity. Coached Lebanon leadership through movement of IV RN, addition of chair space, and flexible clinic staffing model. Increased system-infusion capacity by 14% in FY24.

Peripheral IV Placement Improvement May 2021-January 2022
Project lead to reduce patient wait time from check in to placement of peripheral IV for simulation in radiation oncology. Reduced wait time by 49% by training radiation oncology staff to place IVs instead of vascular access RNs.

OPPE/FPPE Process Improvements January 2020-January 2021
Process owner for Scaled Agile Framework project seeking to streamline and improve ongoing and focused professional practice evaluations for five unique physician practices.

Peer Learning Process Improvements August 2020-May 2021
Process owner for Scaled Agile Framework project. Transitioning from traditional peer review process for radiology physicians to peer learning case tagging system to improve compliance and provider satisfaction.

Durable Medical Equipment April 2019-January 2020
Lean Six Sigma process improvement project to increase revenue and patient and employee satisfaction relation to DME at outpatient orthopedics clinics in two distinct geographical regions.

Opioid Prescribing December 2017-February 2021
Three-pronged quality improvement project aiming to improve post-orthopedic surgery pain management while improving appropriate prescribing of opioids. Project focuses include regional block standardization, use of Exparel for regional blocks, and standardized prescribing across practices.

PACU Core Temperature Improvement January 2018-March 2019
DMAIC project examining CMS core measure in ambulatory surgery centers necessitating core temperature measurement of 36 degrees or higher within 15 minutes of arrival in PACU. Leadership of clinical team to define problem, measure current process, analyze data, and implement improvements.

Introduction of Procedures December 2017-May 2018
Creation of comprehensive checklist for multiple service lines and specialties looking to introduce new clinical service lines or procedures. Created with multidisciplinary team including risk management, contracting, human resources, and service line leaders.

Reduction of SpO2 Alarms in MICU, Greenbelt Project September 2015-November 2016
Project to reduce alarm fatigue in Medical Intensive Care related to excessive SpO2 alarms. Used DMAIC process to reduce SpO2 low alarms by 39.4%

High Value Healthcare Collaborative- Program Coordinator October 2016-November 2017
DH Program co-coordinator with physician lead. Core team member of HVHC led sepsis improvement project. Review collaborative data and initiatives, provide nursing perspective for sepsis improvement in national collaborative.

ICU Liberation-Local Team Lead August 2015-January 2017
Implementation of ABCEF bundle through national collaborative led by Wes Ely of Vanderbilt. Implementation of CAM-ICU including creation of tool in electronic medical record, order set creation, coordination of multidisciplinary team, staff education, data collection, and policy creation.

Surviving Sepsis Initiative- Nursing Leader April 2014-July 2016
Application of Society of Critical Care Medicine's sepsis bundle to critical care environment. Responsibilities include data tracking, order set creation, streamlining of antibiotic delivery, nursing education in critical care.

Moderate Sedation Team September 2014-July 2016
Subject matter expert planning pilot moderate sedation team comprised of critical care RNs to give moderate sedation in intensive care unit and in neuroscience special care unit.

Early Proning for Severe ARDS June 2014-July 2016
Creation of proning protocol for patients in severe ARDS, implementation of protocol, education for staff RNs, bedside clinical expertise for duration of patient's prone period.

Spontaneous Breathing Trial Protocol February 2013-July 2016
Multidisciplinary quality improvement project to decrease Ventilator Associated Conditions (VAC), number of ventilator days, and length of stay.

Skin and Wound Improvement Team January 2013-July 2016
Facilitator of staff-led team directed at improving skin care and reducing hospital acquired pressure injuries.

PROFESSIONAL COMMITTEES

Life Safety and Rescue Committee
Committee member, ambulatory nursing representative. Assisted creating critical incident debriefing process after ambulatory cardiac arrests.
May 2021-Present

SEARCHES
Committee member. Reviews all serious safety events within DHMC and DHC. Assists with creation of corrective action plans, root cause analysis, and causal analysis.
May 2021-Present

Operational Compliance Workgroup
Committee member. Creation of policy and procedure repository, oversight of HIPAA compliance, incident reporting oversight
May 2019-May 2021

SHCP Quality Committee
Lead for Board subcommittee on quality. Creation of agendas, meeting management, strategic planning at company level.
October 2019-May 2021

Sepsis Steering Committee
Committee lead. Coordination of sepsis prevention and treatment activities for the academic medical center. Includes implementation of best practice bundles, education of all clinical staff, review of sepsis morbidity and mortality data.
May 2014-November 2017

Clinical Monitoring Committee
Committee co-chair. Oversight of all clinical monitoring equipment for academic medical center and affiliated hospitals. Planning for purchase of new equipment for health system, strategic replacements of outdated equipment, evaluation of adverse events related to alarms, education for clinical staff around alarms.
December 2016-November 2017

Hospital Acquired Conditions-Safety Champion Program
Program lead. Planning, coordination, education, evaluation of safety champions program. Creation of practice area evaluation tools, educational material, and new champion programs. Oversight of four clinical programs including infection prevention, pressure injury prevention, medication safety, and geriatric resource nursing.
December 2015-November 2017

Central Line Associated Bloodstream Infection Prevention Committee
Nursing Chair. Leading multidisciplinary, health system-wide committee charged with CLABSI prevention and infection review.
December 2014-November 2017

COMPUTER SKILLS

Epic
Inpatient and Ambulatory RN: Production, TST, REL environments. Dashboard reporting, QI chart review, content development, CPM review.

Microsoft Office
Proficient in Office 365, Teams, Forms, Word, Excel, PowerPoint, SharePoint, Outlook, Publisher and Visio