

DENNISE LAVRENZ, BSN, MBA, CENP



EDUCATION

Master of Business Administration, Keller Graduate School of Management, DeVry University, Naperville, IL, 2011

Bachelor of Science Nursing, Marian University, Fond du Lac, WI, 1985

Certification

HOPE Navigator, University of Oklahoma, HOPE Center, 2021

Executive Nursing Practice, American Organization of Nurse Leaders, 2014

Six Sigma Green Belt, Change Acceleration Process, General Electric Healthcare, 2005

Parish Nurse, Marquette University, 1995

Wisconsin Board of Nursing, RN License

PROFESSIONAL Background

New York University, Rory Meyers College of Nursing, Nurses Improving Care for Healthsystem Elders (NICHE), Hartford Institute for Geriatric Nursing (1999-2020), New York, NY 2011- Present Senior Consultant and Leadership Training Program Faculty Mentor

- Executive practice partner offering consultation to national program office faculty to guide program development activities to support the implementation of the NICHE practice model in acute care setting during a period of rapid growth from 130 member sites to over 500.
- Mentor new NICHE sites through a Leadership Training Program to conduct structured analysis of baseline capabilities in geriatrics and create a feasible action plan to implement the NICHE practice model. Mentored over 50 teams of nurses during a twelve-year period.
- Facilitated a 5-million-dollar national demonstration project grant in partnership with AARP, AJN, and NICHE to pilot best practices for improved caregiver collaboration in the acute care environment through implementation of a *Caring Communications Notebook* resulting in tools to support diverse family caregivers.
- Member of the conference planning committee responsible for creating the academic program for 10 of the past 10 national conferences, multi-day events each with over 500+ participants from across the NICHE member network.

Milwaukee Center for Independence, Milwaukee, WI

2016 to 2022

Chief Clinical Officer/Senior Vice President of Clinical and Client Services

- Executive leader responsible for setting the quality strategic goals for Wisconsin nonprofit provider serving a population of over 20,000 clients across the lifespan with intellectual, developmental

disabilities, severe brain injury, chronic mental and medical illnesses with 1,800 employees and \$75 million annual budget.

- Accountable for leading population health clinical performance standards for Medicaid beneficiaries with complex health and social care needs with a focus on understanding impact on Health Factors and social determinants of health. Focus was on improving access to primary care from 30% to 80%; Resulting in reduced emergency and urgent care visits and improved preventative care provided. Second focus was on securing housing and connecting homeless to homes.
- Created a standardized person served satisfaction survey focused on improving quality of life. Identified 5 key questions and created a methodology to solicit feedback twice a year for over 500 clients. Over 4 cycles of surveys, achieved 85% and higher for all questions.
- Developed population health data analytics and created a social determinant of health tool focused on capturing key demographics, to allow for health equity analysis and social determinants of health review.
- Partnered with county population health leader to evaluate potential health inequities based on zip code analysis resulting in increased care coordination focus in key marginalized zip codes focused on social determinant of health factors.
- Redesigned services to improve care coordination, reduce avoidable readmissions, and align service capacity to meet care needs of clients with significant intellectual, physical, and behavioral disorders across the lifespan through partnership with local Federally Qualified Health Centers and payors.
- Integrated population health concepts within the organization's quality management system's strategic goals. Introduced a County Health Rankings Population Health model to align strategic goals and quality improvement priorities. Educated a 20-person Board of Directors and 40-member leadership team on the relationship between social determinants, health outcomes and the concept of health equity. Reviewed each program for impact on health factors and health outcomes to obtain baseline data and developed a monthly tracking dashboard for key metrics focused on health factors and health outcomes.
- Educated and promoted the widespread use of trauma informed care principles within clinical and social care services for 700 employees.
- Launched an evidence-based HOPE Centered Care model across the behavioral health service line. Trained 24 HOPE navigators and trained 400 clinicians to offer trauma informed /Hope Centered services using evidence-based toolkits to track quality of life outcomes and impact on health factors.
- Partnered with the National Council for Well being to educate leadership team on value-based payment methodologies and assess each programs opportunity for enhanced payment opportunities.
- Expanded an innovative care delivery model of care aligned with value-based payment models to reduce cost of care, improve quality and the care experience by collaborating with local health systems emergency centers and local law enforcement agencies to redesign care delivery pathways for adults with chronic mental illness to utilize 24/7 crisis resource homes for those experiencing less acute mental health crisis to ensure right care, at the right place and the right cost and time. Expanded crisis resource center beds to meet county behavioral health redesign strategy.
- Provided executive leadership for a federal SAMSHA comprehensive community behavioral health grant to pilot support for 600 persons with serious mental illness, addiction and trauma currently not covered by state funding for an analysis of proof of concept for funding potential.
- Led the implementation of a standardize electronic health record to optimize documentation and integration of population health, quality reporting and patient centered services.
- Led launch of safety tracking software, recognized by the vendor as an exemplary site for safety tracking in a community health setting. Presented successful adoption at a national Verge conference.
- Member of County Executive appointed consumer board chair for Combined Community Services Board and member of the Milwaukee County Mental Health Board. Provided Board level oversight into large scale mental health redesign, resulting in closing existing mental health facility, creating a hub and spoke model located in the strategic zip codes in partnership with FQHCs, a national

inpatient behavioral health hospital and opening of a new emergency behavioral health center located in a high service area.

- Member of the Governor appointed Long Term Care Advisory Council that serves as an advisory body to the Department of Health Services (DHS) on existing and emerging aging, disability, and long-term care systems issues. Provide advice and make recommendations to the Governor with oversight from the DHS Secretary regarding long-term care policy, programs, and services.
- Provided liaison between State Long term care policy, county strategies and MCFI leadership team to ensure alignment of healthcare policy and strategy.

Columbia St Mary's, Milwaukee, WI

2014 to 2016

Director of Performance Improvement and Clinical Integration

- Led the design and deployment of a Lean/Six Sigma quality improvement program to standardize and streamline care across 20 Primary Care clinics impacting 40,000 Medicare Advantage members in a large urban county in collaboration with local ACO.
- Lead clinical integration efforts in a pioneer Accountable Care Organization through the Center for Medicare and Medicaid Innovation program to develop population health management programs for Medicare beneficiaries in collaboration with hospitals, providers, community-based organizations, payors, and business partners. Developed programs to effectively manage 40,000 Medicare Advantage resulting in significant improvements in Medicare wellness, physicals, primary care visits, preventative screenings, and chronic care management indicators.
- Collaborated with clinical leaders from across 20 primary clinic settings to accelerate clinical transformation to meet strategic objectives aligned with value-based payment models. Authored and implemented plan-do-study-act toolkits for use in the clinics to guide improvement efforts; developed standard action plan templates and library of tools to measure and manage key quality indicators.
- Developed a risk adjustment factor action plan to improve capture of acuity through accuracy of coding and provider documentation to achieve the highest level of financial reimbursement.
- Managed quality improvement and workforce development activities including creating implementation toolkits, coaching, mentoring, and educating staff at all organizational levels on quality principles. Instituted a performance-feedback system to track physician/provider performance on key indicators.
- Established governance structures and served as the chairperson on established and new board-level committees including the Best Practice Committee, Payor-Hospital representative to Humana and United Health Care; Quality Planning Committee; Co-Chair Physician Clinical Practice Committee; System Population Health Committee; Quality Documentation Committee; member of the Integrated Health Network Clinical Integration Executive and Quality Committee
- Recognized by the Wisconsin Collaborative for Health Care Quality for achieving #1 performance in 11/17 quality measures within one year. Achieved substantive and continuous performance improvement on national population health quality measures including surpassed breast cancer screening goal of 84% compliance in the target population in 6 months; improved colon cancer screening from 73.4% to 77.1% within 6 months by centralizing the scheduling process and improving the number of colonoscopies completed by 50%. BP management metric from 80.2% to 84.9% within 6 months through implementing standard workflow in clinics; launched a rigorous best practice Diabetic Bundle resulting in all clinics exceeding the 77% goal.
- Partnered with our Accountable Care Organization, the Integrated Health Network, to operationalize value based care through transitional care management by facilitating standard work and best practice protocols to achieve highest level of patient satisfaction with transitions, cost effective care and high quality outcomes through a structured approach to care management.
- Provide oversight to navigator team to manage all inpatient high risk readmission patients by developing a discharge plan focused on preventing costly readmissions or inappropriate emergency care utilization.

University of Wisconsin Hospitals and Clinics, Madison, WI
Director of Nursing Operations Support

2012 to 2014

- Administrative responsibility for assuring excellence in capacity management and patient throughput for 27 inpatient Nursing Units, ED and PACU at a 566-bed Academic Medical Center with 7400 employees. Supervised the nurse-led team responsible for patient placement activities. Accountable for the effective use of all flexible resources required to support patient care including the centralized float pool, per diem, expansion, clinical overload, agency, 11 venous access team (VAT) RNs and 17 “save our shift” (SOS) RNs.
- Lead a capacity management team to change a culture to accept all patients seeking care by implementing strategies to eliminate inpatient diversions. Reduced diversions from 87 in 2011 to 2 in 2012 and 2013. Implemented a telemonitoring program that saved over \$500,000 annually in Patient Safety Assistant costs.
- Improved organizational relationships and expanded local and regional patient referral volumes using capacity management techniques from by 6% and 12%.
- Reduced Emergency to Inpatient admission transfer times by 22 minutes in 2013 by managing process variations, integrating real time data dashboards, and hardwiring changes throughout the organization. Provide operational oversight for a 28-bed short stay/care initiation unit to meet capacity requirements most efficiently. Institutionalized leadership rounds on the unit to manage operations and service demands.
- Created dashboards for Nurse Coordinators, Nursing Operations, SOS, and VAT programs to effectively monitor progress to goals, productivity and evaluate key measures of success.
- Launched a communication tool to improve the discharge process by implementing a hospital-wide electronic discharge status board to keep clinical teams apprised of anticipated discharge decisions in real time. Used the system to improve timeliness of discharges to manage length of stay and capacity performance measures.
- Administrative leader for the RN Recognition Council. Launched the Daisy Award in July 2012 to recognize over 200 RNs since inception. Coordinate recognition activities throughout the year and during Nurses Week for 2000 RNs.
- Chair of Patient Safety Attendant Team. Implemented a Clinical Nurse Specialist/Charge Nurse rounding structure for all Patient Safety Assistants to oversee the plan of care resulting in a decrease staffing cost.

Waukesha Memorial Hospital, Waukesha, WI

1985 to 2011

Director of Nursing 1995 to 2011; RN/Assistant Director of Nursing, 1985-1995

- Accountable for nursing operations for 153 inpatient beds which included: a 53 bed General Medical Unit, a 31 bed Orthopedic Unit, a 29 bed Gastrointestinal Unit, a 25 bed General Surgical Unit and a 15 Bed Rehabilitation-Neurological Unit and a system Wound Care Program. Managed a \$20 million operating budget and 500 front line employees. Managed a team of six managers and one Clinical Nurse Specialist.
- Provided administrative leadership for hardwiring geriatric excellence through mentoring over 200 Geriatric Resource Nurses (18 board certified in geriatrics) in best practice geriatric protocols. Resulting in elimination of restraints, reduction in falls, pressure ulcers, elimination of unnecessary urinary catheters, processes to ensure appropriate medications and address hospital acquired delirium. Also, implementation of a volunteer companion, pet therapy program, benevolent touch, essential oils, activity carts, reminiscence therapy. Also coordinated annual Geriatric Symposiums and academy award celebrations in geriatric excellence. Results were published in *2002 Geriatric Nursing, The Geriatric Resource Nurse Model: A Culture Change and 2020 Nurses Improving Care*

for the Healthsystem Elders textbook: The Geriatric Resource Model: A Journey to Hardwiring Geriatric Excellence

- Lead an organizational care delivery reengineering project including expansion of a new four-story Northwest Tower. Achieved significant changes in care delivery, transforming a primary care model to a team model and redesigning nursing units from a centralized to decentralized concept. Facility changes included attention to unique care needs of our older adult population with redesigned bathrooms with heat lamps, effective lighting, color schemes that promoted healing and safety, adding gliders, rockers, and blanket warmers.
- Transitioned 15 bed Inpatient Rehabilitation Program to 40 bed freestanding Rehabilitation Hospital.
- Implemented a best practice, system-wide Patient Hourly Rounding structure that led to reduction in fall and pressure ulcer rates, improved patient satisfaction and increased care delivery efficiency.
- Garnered a \$100,000 grant to launch a best practice discharge follow up call process for three medical-surgical units to improve readmission rates and patient and family satisfaction scores.
- Collaborated with Advance Practice Wound Nurses to achieve the lowest hospital acquired pressure ulcer rate of 1.7% through hardwiring research-based processes.
- Recipient of the Igniter Award for the Neuro and Surgical Units for achieving greater than 90% in Press Ganey satisfaction surveys through consistent leadership rounding and patient focused care principles.
- Established a structured multidisciplinary care conference process to ensure daily team review of care plans and anticipated discharge dates. Resulted in improved continuity of care, nurse sensitive outcomes and patient satisfaction.

Special Initiatives:

- As Chairperson, of the system-wide Clinical Value Analysis, created annual cost savings of greater than \$500,000 per year over a 5-year period.
- Led the implementation of an innovative hospital room service program at first of its kind in Wisconsin. The service replaced the standard cafeteria tray line to a room service model resulting in record improvements in patient satisfaction rates for food service.
- Leader of an interdisciplinary ProHealth Care Pneumonia Project that consistently achieved performance in the top 5% for quality measures.
- Completed six-sigma green belt certification and facilitated performance improvement teams including reducing Stat/Now medication turnaround time from 60 to 30 minutes.
- Directed 40-member clinical leadership team through over 300 Provision of Care survey standards that resulted in a variance free Joint Commission survey October 2010.
- Lead design and transition of new electronic clinical documentation system that improved accessibility of data throughout the system.
- Facilitated system wide project to standardize way finding signs on all inpatient units that resulted in cost savings and improvements in communication clarity.
- Implemented a “Joint Camp” for total hip and knee patients to improve coordination of care and communication regarding the surgical experience and expectations.
- Co-lead the development of Parish Nurse Program that resulted in hiring parish nurses within congregations throughout the community.

Additional Leadership

Board Service

Department of Health and Human Services, Milwaukee County Combined Community Services; Board Chair. (County Executive appointed) 2020-2023

Milwaukee County Mental Health Community Engagement Committee, chair 2022-2023

Department of Health and Human Services Milwaukee County Mental Health Board; Quality, Finance and Community Advisory Committees, member. 2020-2023

Wisconsin Division of Health Services Long Term Care Advisory Board (Governor appointed) 2020-2023

Linden Grove (skilled nursing facility) Foundation Board 2004-2008

Professional Associations

American Academy of Nursing. Member 2023

American Nurses Association, Member 2000, and Mentor, 2022-present

Wisconsin Nurses Association, Board Member and Legislative Advocate, 2000-present

American Organization of Nurse Leaders, an American Hospital Association affiliate, 2000-present

Wisconsin Organization of Nurse Leaders (WONL) member 2000-present

President-Elect, 2023; President 2024-2025

Board Member, 2019-Present

Bylaws Chair 2022-Present

Conference Planning Committee, 2014-2023

Professional Development Committee, 2016-2023

Liaison to the Association for Nurse Educators of Wisconsin, 2020-2023

Liaison to the Wisconsin Hospital Association Quality Committee, 2020-2023

Wisconsin Collaborative for Healthcare Quality, a provider-payor collaborative, 2014-2022

Publications

Rees, S., Houlahan, B., & Lavrenz, D. (2014). Enhancing capacity management. *JONA: The Journal of Nursing Administration*, 44(3), 121-124.

Lavrenz, D. R. (2019). The Geriatric Resource Model: A Journey to Hardwiring Geriatric Excellence. *NICHE: Nurses Improving Care for Healthsystem Elders*, 317.

Speaking Engagement

Wisconsin Organization of Nursing Leaders
2016, Population Health podium
2017 ACO Population Health podium

2021 Trauma Informed/Hope Centered Leadership webinar.

National Nurses Improving Care for Healthsystem Elders (NICHE) Conference

2006 Hardwiring GRN Waukesha Memorial Hospital, podium/plenary session

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2008 Hardwiring GRN Waukesha Memorial Hospital, podium/plenary session

2009 Hardwiring GRN Waukesha Memorial Hospital, podium/plenary session

2013 Family Caregiver Collaborative Rita Cholula, AARP, Carolinas Medical Center-Mercy Team, podium presentation

2016 NICHE 101: Measurement & Evaluation, Workshop with Holly Brown, MSN, GNP-BC, Associate Director, Continuing Care; Emma Hutchinson, Coordinator, Community Engagement and Analytics, NICHE

2012 Webinar Presenter: "Hardwiring NICHE"

Wisconsin Fellows of the American College of Healthcare Executives (FACHE) Conference

2017 Population Health podium

National Verge Conference

- 2019 Best Practice Implementation of Verge Software in a Community Setting, podium

Podcast Curbell Medical

- 2022 Care Conversations, Nursing Leadership podcast

Awards/Honors

Wisconsin Nurses Association Nurse of the Year, 2022

Wisconsin Nurses Association Staff Nurse Advocacy Award, 2010

Woman of Distinction Special Recognition Award, 1999

Waukesha Memorial Hospital Employee Excellence Award, 1990

Additional experiences

Member of the Governor appointed Long Term Care Advisory Council that serves as an advisory body to the Department of Health Services (DHS) on existing and emerging aging, disability, and long-term care systems issues. Provide advice and make recommendations to the Governor with oversight from the DHS Secretary regarding long-term care policy, programs, and services for 1.6 million Wisconsin residents. Provided direction for Governors department of health services 2021-2023 biennial budget focused on improving access to healthcare, expanding behavioral health services, equity and public health long term care. 2020-2023

Focus includes:

- Develop a long-term vision and strategic plan for the long-term care (LTC) system through long

path strategic planning.

- Enhance and improve the quality of Medicaid LTC programs.
- Explore strategies to ensure Wisconsin's Long-Term Care (LTC) programs focus on the whole person including access; choice; high-quality; collaborative relationships; efficient and cost effective; with Wisconsin leading the nation in LTC delivery and services and supports through the following activities:
 - ✓ Provide advice on benefit definitions, reimbursement models, rates, and value-based purchasing strategies.
 - ✓ Provide advice and guidance on integrating or aligning long-term care services with behavioral health services and acute and primary care services, including services provided through Medicare.
 - ✓ Provide advice and guidance on the spending of the American Rescue Plan Act (ARPA) of 2021 Section 9817 funds in regard to enhancing and improving Medicaid home and community-based services.
 - ✓ Provide advice and guidance on access to and quality in long-term care programs.
 - ✓ Provide advice and guidance on the number of Geographic Service Regions (GSRs). • Provide advice and guidance on the number of Managed Care Organizations (MCOs), IRIS Consultant Agencies (ICAs), and Fiscal Employer Agents (FEAs) in each GSR. • Provide advice on LTC procurement strategies for MCOs and ICAs [and FEAs].
 - ✓ Address inequities experienced by historically marginalized communities and created health equity within the LTC system.
 - ✓ Develop strategies so everyone in Wisconsin's Long Term Care programs has a fair and just opportunity to be as healthy as possible. Explore strategies to remove obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.
 - ✓ Provide advice and guidance on a cultural competency toolkit.
 - ✓ Provide advice and guidance on how to ensure access to technology is equitable.
 - ✓ Explore how the council can work with Division of Public Health (DPH) related to Wisconsin State Health Assessment, State Health Improvement Plan and State Dementia Plan
 - ✓ Strengthen the LTC workforce, both paid and unpaid, to ensure access to care. Develop recommendations to support and strengthen the direct care workforce, both paid and unpaid, to ensure access to care, improve the quality of caregiving, and meet the growing demand for long-term care services in Wisconsin.
 - ✓ Studying the recommendations of the Governor's Task Force on Caregiving, providing advice and guidance on items that are being implemented, prioritizing recommendations for future consideration.
 - ✓ Providing advice and guidance on proposals that relate to the direct care workforce and family/informal caregiving within the American Rescue Plan Act (ARPA) of 2021 Section 9817 to enhance, expand, or strengthen home and community-based services under the Medicaid program in Wisconsin.

Chair of the County Executive appointed Milwaukee Combined Community Services Board and Milwaukee County Member Mental Health Board. Chair of the Milwaukee County Community Engagement Committee. Partnered with County Executive and Director of DHHS on vision to focus on the county to be the healthiest in Wisconsin through achieving racial equity and focus on access, no wrong door model, population health, system change and integrated strategies for 80,000 residents, with board oversight of a \$400 million budget with 900 staff with 4000 contracted staff.

The Board supports the development of the 2020-2025 strategic plan that aligns along the Vision: Creating Healthy Communities; By achieving racial equity, Milwaukee will be the healthiest county in Wisconsin. And Mission: Empowering safe, healthy, and meaningful lives through two strategies:

1. No wrong door/integrating services and care with a focus on individual health of residents.
2. Population Health and system change that focuses on collective health of the county.

Combined Community Services Board is an appointed body of Milwaukee County citizens who review and make recommendations regarding programs governing services for persons with behavioral, physical, and developmental disabilities, infants through the elderly. The CCSB is scheduled to meet six times a year with additional meetings scheduled as needed. Meetings are open to the public. The CCSB has the responsibility to:

- Ensure that consumers and their families have a significant role in planning and evaluating any services that have an impact on their ability to live fully in the community.
- Advise and assist the Director of Department of Health and Human Services to prepare annual budget and purchasing of services, set priorities for meeting long and short-term service needs, and coordination between county administered services and other systems of care.
- Engage the general public's awareness and support of persons with emotional, physical and cognitive disabilities to increase meaningful community inclusion for all.

The CCSB priorities for 2023-2024:

1. Partner with all DHHS Services, Boards, Committees to support achievement of DHHS Strategic Goals
2. Collaborate for Advocacy opportunities across all programs
3. Provide the vital voice of the community into services
4. Improve access to care
5. Focus on diversity, equity, and inclusion
6. Partnerships between elected officials, service providers, and the community

WONL/WNA Nurses Day at the Capitol Advocacy. Exhibitor, Mentor, Advocate for healthcare reform. Meet with state legislators. Mentor new nurses through role modeling key talking points for legislative visits.

Results include passing a violence against healthcare workers as a felony, continued expansion of the APRN role to practice at the highest level of degree, and support for investing in nursing faculty.