

## Caroline A. Strazis, MSN, RN, CNL, CPPS

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### Experience and Career Chronology

#### Clinical Legal Consultant, Independent Contractor

CA Strazis Clinical Legal Consulting, PLLC

December 2025 – Present

Establish time-ordered reconstruction of events, iteratively refining scope as findings emerge.

Identify causal mechanisms, system failures, and decision-making breakdowns relevant to outcome.

Distinguish poor outcome from preventable harm, where appropriate.

Determine whether specialty expert testimony is required, and in what domain.

Prepare cases for expert review, deposition, or trial by resolving ambiguity early and briefing directly.

#### Registered Nurse (RN), Clinical Staff

Duke Regional Hospital, Perioperative Services

March 2026 – Present (Part time)

Provide clinical care to patients presenting for surgery in the pre-operative and post operative/post anesthesia phases of care. Ensure patients are safe for discharge home following anesthesia regarding hemodynamic stability, surgical wound status, bowel, bladder, and mobility status.

#### Registered Nurse (RN), Clinical Staff

Home Health, Private Client (Part Time)

March 2026 – Present

Provide in-home care during the day and overnight with specialization in mobilization, ADLs, for advanced parkinsonism patient.

Burlington, NC

#### Patient Safety Officer/Strategic Services Associate

Duke University Hospital, May 2024 – Jan 2026

Durham, NC

Survey safety and harm events hospital-wide, identifying and conducting end-to-end investigation, root cause analysis (RCA) including record review, risk management, leadership, expert crossover, prepare timelines flagging preliminary deviations and causal factors against applicable standards and best practice in context, assemble and facilitate large multidisciplinary review meetings, perform analysis/documentation, action planning and outcome monitoring. Provide ongoing support for local Executive Sponsors, Team Leaders within CSUs served (event review, action plan.) Report analysis/planning and mitigation activities to executive committees such as Sentinel Event Medical Review Committee Perform proactive risk assessments, Failure Mode and Effects Analysis (FMEA.) Relay findings and documentation to executive leaders with high efficiency and precision under legal and regulatory scrutiny.

Regulatory readiness (TJC, DHSR, Magnet, etc.).

Safety, quality, risk surveillance, proactive trends, patterns, new opportunities

Collect, interpret & present data for proactive risk mitigation/KPI

Design logic and create reports from various databases and other sources of data collection and display.

- Maestro Care (Epic)
- Microsoft Excel
- Tableau

- Visio
- RL6 (Safety Reporting System)
- PS Web – labor and productivity, culture, finance, recruitment/retaining data
- Stakeholder interview
- Risk Management interface/overlap
- Internal and external regulatory, accreditation, quality sources for guidance on standards and best practices (CMS, AHRQ, Vizient, TJC, DHSR, IHI, academic literature.)
- Artificial Intelligence

Independent end-to-end Sentinel Event Investigation (identification, investigation, root-cause-analysis facilitation & completion, action plan development, deployment, monitoring case examples include (not limited to):

#### Multiple in same categories – Inpatient and outpatient

##### Death

- VTE Chemoprophylaxis
- External Cephalic Version
- Central line malplacement
- Cardiac monitoring
- External cardiac defibrillator vest
- Suicide
- Fall with intracranial injury
- Fall with fracture
- ETT (endotracheal tube) management
- Medication error
- Sedation/anesthesia event
- Complex care coordination
- Intraoperative error
- Post operative decompensation
- Arterial puncture site hematoma, hemorrhage
- Enteral tube malplacement, migration
- Restraints
- ECMO deployment
- TPA
- Stroke

##### Sentinel injury, sentinel events, never events, near miss sentinel events

- Ferrous items in MRI
- Excess radiation exposure, fluoroscopy, procedures
- Sedation events
- Fall with fracture
- Fall with intracranial injury
- Fall with paralysis
- Elopement
- Suicide attempts, self harm
- Blood administration error
- Patient ID error
- Medication error
- Wrong procedure
- Anaphylaxis management
- Restraints
- DNR/DNAR Resuscitation
- Procedural complication
- Provider privileges
- Licensed clinician scope
- Cardiac monitoring
- Resuscitation events

### Clinical Operations Manager

Diagnostic Nursing & Vascular Interventional Radiology  
Duke University Hospital; January 2019 – May 2024  
Durham, NC

Clinical, operational and personnel leadership for nursing, technologist and allied health professionals Support team of 60-80 FTEs across 8-9 on-and-off campus locations/teams.  
Oversee access, operations and clinical strategy for diagnostic imaging/procedures and VIR Oversee and manage labor standards, FTEs, labor & productivity  
Write and negotiate business proposals for operational adjustments  
Expand capacity net revenue increase up to \$420,000  
Participate in CSU hospital incident command – COVID 19 pandemic, 2019 mass casualty event (downtown Durham gas explosion)  
Key collaborator assisting stand-up of clinical, operational and staffing strategy for Duke Radiology  
Arrington Top 1% 2023 Culture Pulse results for DUHS  
NC Board of Nursing's The Great 100 nomination, 2023  
Lead/escort regulatory and accreditation surveys (TJC, DHSR, Magnet) Research and publications  
Provide hands on clinical support when indicated to maintain operations

### Nursing Supervisor/Clinical Team Lead

Duke University Hospital Department of Imaging; June 4<sup>th</sup> 2018 - January 28<sup>th</sup> 2019  
Durham, NC

Recruit, onboard & retain clinical staff  
Manage time off, labor/productivity, payroll, promotions.  
Manage risk and performance investigations, administer performance improvement and corrective action including terminations.  
Serve as direct supervisor for clinical & operational challenges needing escalation from the point of care, provide hands on clinical staffing support when needed to ensure access, quality and safety for patients and team.

### Staff RN, Diagnostic & Interventional Radiology

Duke University Hospital; May 2015 - June 2018

Team lead/Charge Nurse, Preceptor  
Developed and delivered radiology/radiation safety education for multiple new-hire nursing cohorts POCT Champion  
DART (Cardiovascular Imaging) Nursing Program Champion  
Assisted nursing and trainee physician colleagues by providing emergency response and anaphylaxis intervention training  
Basic Life Support (BLS)  
Advanced Cardiac Life Support (ACLS)  
Moderate Sedation  
Vascular Access  
Emergency Response

### Staff RN, Emergency Department:

Granville Medical Center July, 2013 - March 2017 (PRN after May 2015)  
Oxford, NC

Provide acute RN Care in the emergency medical setting  
Basic Life Support (BLS)  

- Advanced Cardiac Life Support (ACLS)
- Pediatric Advanced Life Support (PALS)

- Emergency Nursing Pediatric Care (ENPC)
- National Institutes of Health Stroke Scale (NIHSS)

Additional Training (not certified/not certification)

- Off-site training – *Documentation Practices to Keep you Out of the Courtroom*
- Advanced Burn Life Support
- Ebola care in the ED
- Rural Trauma

## **Certifications, Training (active)**

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[Registered Nurse \(ADN; Vance Granville Community College May 2013\)](#)

North Carolina Board of Nursing (NCBON)

RN– Licensed June 2013 (License #261672)

[Masters of Science in Nursing \(MSN\)](#)

University of North Carolina at Chapel Hill, Chapel Hill NC

Health Care Systems-Clinical Nurse Leader specialty – Graduated June 2018

[Clinical Nurse Leader \(CNL\) Certification](#)

American Association of Colleges of Nursing – Obtained March, 2019

[Certified Professional in Patient Safety \(CPPS\) Certification](#)

Institute for Healthcare Improvement (IHI) – Obtained June, 2025

[Basic Life Support \(BLS\)](#)

American Heart Association – Expires March 2027 (e-code # 255419050371)

[BLS Duke MOVES](#) – Safe mobility, mobility assessment, mobility assistance, assistive devices and lifts  
(Retraining March 2026)