



Roberta S. Swenson, MPH, RN, NHA, FACHE
Nurse Executive
Vice President Patient Services/Chief Nursing Officer

Core Competencies

Broad range of successful leadership in acute hospital nursing, ancillary clinical departments, geriatric services, as well as risk management, home health, case management, consulting, community involvement, public speaking and responsibility for budgets of up to \$56 million and FTEs of over 350. Experience as CEO managing all aspects of the organization.

Visionary leader setting high standards; a team player with excellent interpersonal skills, a nursing and patient advocate and mentor who develops participation/shared governance and professional practice; and who assesses, is creative, quickly develops an action plan, makes tough decisions and is a change agent.

Key skills include depth in management and leadership knowledge and application, strategic/tactical planning, process analysis and improvement, medical staff relationships, financial management, business planning, grant writing and administration, superior computer literacy, teaching and public speaking, meeting management, business writing, labor union contract management and relationships, facilities and construction planning and implementation, leadership consultation and mentorship and legal case review.

Credentials

Master of Public Health Administration, University of Minnesota

Bachelor of Science in Health Care Administration, University of Minnesota

Nursing Home Administrator, University of Minnesota; Licensed Nursing Home Administrator, Colorado

Credential of Advanced Study in Health Care Administration, University of Minnesota

Registered Nurse, Diploma in Nursing; Madison General School of Nursing; Univ. of Wis., Colorado RN License

Fellow of the American College of Healthcare Executives.

Professional Experience

Estes Park Medical Center, Estes Park, CO. 80517

Facility: An 85-bed Critical Access Hospital in the heart of the Rocky Mountains, with a broad scope of services, including acute care, physician clinics, ambulance, long-term care facility, obstetrics, home care/hospice services.

Vice President Patient Services: Sept. 2010 -- present.

Interim Chief Executive Officer: Jan. 2013 – Oct. 2013.

- Managed transition subsequent to sudden departure of previous CEO;
- Quickly stabilized the organization internally;
- Completed the 2013 budget of \$52 million and corrective action plan to the Board's satisfaction;
- Summarized and set direction for Employee Benefit Program;
- Increased visibility in the community;
- Moved forward the planning of several opportunities for business growth;
- Developed a collaborative draft Strategic Plan;
- Downsized the Senior and Leadership Teams; restructured reporting responsibilities which has been well accepted using current talent and resources;
- Managed physician contracts due for renewal;

- Developed a physician compensation program that is market based & well received;
- Settled an ongoing legal dispute at less than projected cost;
- Interviewed and hired architectural firm as part of team for next phase of remodeling and facility master planning as well as follow through of current projects and long-term planning for parking solutions;
- Improved communication within the organization and all stakeholders;
- Established linkages with the Colorado Hospital Association and a personal mentor;
- Initiated teambuilding and coaching for the senior leadership team.
- Managed extremely difficult human resource issues to conclusion;
- Managed the worst disaster in recorded history as incident Command of the facility.

Reason for Leaving: Interim position

Vice President Patient Services: Sept. 2010 – Jan 2013.

Responsibilities: Operational management of clinical departments including: nursing units, ED, Surgical Services, Pharmacy, Physical Rehab Services, Hospice, Homecare, Quality, Risk Management, Infection Control, Education, Pharmacy, Laboratory, Diagnostic Imaging, Skilled Nursing Facility, Chemotherapy and Respiratory Therapy.

Accomplishments:

- Established interdisciplinary and nursing shared governance structure;
- Authored and provided leadership in the “Journey to Excellence”: a long term plan to move EPMC forward in accreditation, Baldrige Award and Magnet Nursing initiatives;
- Accomplished financial turnaround in Home Health & Hospice departments;
- Restructured and improved the quality department and function;
- Rebuilt relationships with the medical staff;
- Implemented productivity monitoring system;
- Reinforced and stabilized clinical staffing;
- Improved the communication with clinical staff;
- Culture change within leadership;
- Provided mentoring and coaching related to senior team;
- Participation in facilities planning and project management;
- Organized and lead the automation of policies and procedures.

Marlette Regional Hospital, Marlette, MI. 48453

Facility: A 68-bed TJC-accredited Critical Access Hospital in the “Thumb” area of Michigan with a broad scope of services, including acute care, physician clinics, ambulance, extended care facility, hospice services.

Chief Nursing Officer: May 2009 – June 2010.

Responsibilities: Operational management of clinical departments including: nursing units, ED, Surgical Services, Nutrition, Pharmacy, Physical Rehab Services, Hospice Homecare and Residence, Quality, Risk Management, Infection Control, Employee Health, Education, Clinical Informatics, Social Services.

Accomplishments:

- Restructured Quality committees, and tools including the development of standardized reporting and report cards; support to medical staff for bylaws revision and peer review changes;
- Achieved budget adjustments with savings and increased revenue of \$560,000;
- Eliminated one manager position by combining departments;
- Restructured the screening and admission process for Swing Beds, eliminating a coordinator position;
- Brought the Extended Care Facility to a Five-Star Rating on the Nursing Home Compare Medicare measures;
- Participated in the Senior Team recognition in “Inside Healthcare” Magazine, February, 2010;
- Put policies and procedures into electronic format and reorganized with links on the hospital-wide network;
- Collaborated with the senior team and board to assess the effectiveness of the management contract that was in place.

Reason for Leaving: Ethical conflicts

Semi-retired: May 2008 – May 2009

Mount Desert Island Hospital, Bar Harbor, Maine. 04609

Facility: A 25-bed Critical Access Hospital in Northeast Maine with a broad scope of services, unique model of integration including acute care, physician clinics, mental health center, community wellness/care management and occupational medicine.

Interim Vice President Clinical Services: Oct 16, 2007 – May 30, 2008.

Responsibilities: A six-month contract to assist in transition; developed strategic plans; supported the administrative team in structural reorganization; managed all clinical departments including: nursing units, Laboratory, ED, Surgical Services, Nutrition/Community Wellness, Imaging Services, Care Management and Pharmacy.

Accomplishments:

- Successfully managed & mentored all clinical departments including budget preparation;
- Interviewed staff and identified weaknesses and strengths and made specific recommendations;
- Resolved difficult personnel issues, including long-term issues;
- Collaborated with a registered nurses' bargaining unit and management of the contract;
- Organized, updated and computerized nursing division policy & procedure manuals;
- Developed strategic plans for Care Management, Swing Bed & Community Wellness;
- Moved the MedSurg/Swing Bed departments to a newly remodeled unit;
- Facilities planning;
- Initiated education; introduced and planned for a shared governance model;
- Offered permanent position; assisted with screening and recruitment of the new VP Ancillary and new VP Nursing.

Reason for Leaving: As Interim was offered position.

Semi-retired: June 2006—Oct 2007: Married in June 2006; recovery from traumatic injury and moved to California to accompany my husband. Name change: Gibson to Swenson

San Luis Valley Regional Medical Center. Alamosa, CO. 81101

Facility: An 85-bed TJC-accredited independent not-for-profit hospital in south central Colorado serving the San Luis Valley, with a broad range of services in a growth position.

Vice President Nursing: 10/23/01—6/30/2006

Responsibilities: Reporting to the CEO and accountable for nursing practice including all inpatient nursing units, diabetes education, Dietitians, anesthesia, staff education, two ambulance services, emergency services, renal dialysis, and surgical services.

Accomplishments:

- Restructured EMS, MedSurg, ICU and OR and stabilized nursing leadership;
- Developed & initiated an improvement plan for ICU utilization;
- Managed conflict in specific areas of long-standing dysfunction;
- Facilitated remodeling project;
- Selection and implementation of a new Nurse Call System;
- Served as Interim Administrator for the Conejos County Hospital Long Term Care Unit 9/03—2/04 with successful survey and significant reduction of deficiencies from 27 to 3; prevented closure of facility;
- Initiated a factor based patient acuity system on all inpatient nursing units;
- Established staffing standards for each nursing unit utilizing a detailed Excel tool;
- Implemented shared governance; foundation work for professional practice model and magnet journey;
- Developed regular reporting of nursing sensitive indicators using a report card format;
- Restructured and rebuilt the Diabetes Education Program; established Wound Management Program;
- Defeat of two union organizing campaigns;
- Participated in a HRSA Grant Project for nurse retention and Dept. of Labor grants to facilitate nursing education programs through collaboration in providing instructors;
- Participated in the Nursing Forum -- instrumental in obtaining a BSN Nursing Program in the San Luis Valley;
- Participated in facilities planning and implementation of an \$11 million addition of clinical space;
- Transitioned Renal Dialysis Unit to new ownership structure resulting in >\$100,000 bottom line improvement.

Reason for Leaving: Marriage

Mercy Medical Center. Williston, ND. 58801

Facility: An 87-bed TJC-accredited Catholic Healthcare Initiatives hospital in northwestern North Dakota with a broad range of services.

Interim Vice President—Patient Care: 5/29/01—9/30/01

Responsibilities: Reported to the CEO and accountable for nursing in all inpatient units, behavioral health, renal dialysis, surgical services, pharmacy, homecare/hospice, cardiac rehab and oncology.

Accomplishments:

- Assessed and summarized priority issues; developed and took initial actions to address critical issues;
- Functioned within a period of organizational chaos; CEO turnover;
- Mentored nurse managers;
- Offered permanent position; provided a process, assisted in the selection and mentorship of VP Nursing.

Reason for Leaving: Interim Position--offered permanent position

Marshalltown Medical & Surgical Center. Marshalltown, Iowa. 3/97 to 12/00

Facility: A 176-bed TJC-accredited regional referral hospital with a broad range of services. Marshalltown has significant cultural diversity and strong union presence.

Vice President – Patient Care Services: March, 1997 – Dec. 2000

Responsibilities: Reported to the CEO for nursing practice in all areas of the organization, risk management, staff and patient education, relationship and grievances with collective bargaining unit for RNs.

Accomplishments:

- Redesigned clinical nursing practice using primary nursing and differentiated practice; utilized a shared governance structure in the change process. Early outcomes: increased staff and patient satisfaction, and improved professional practice (delegation, autonomy & accountability) and nursing care continuity;
- Developed values and behavioral expectations that changed the culture of the nursing division; improved professionalism and behavior; established a vision for nursing;
- Supported and developed the Shared Governance structure to be participative and more effective in accomplishing their goals, including research-based standards and practice;
- Restructured, mentored and downsized the nursing leadership team to be more effective;
- Established a nurse case manager for utilization management using a more effective model;
- Achieved budget neutral additions of Clinical Nurse Specialist, a PhD Educator and enterostomal therapy program;
- Mentored and actively resolved behaviors in two very dysfunctional departments;
- Established an excellent working relationship with the previous Vice President who had stepped down;
- Accomplished excellent working relationship with the RN union; all grievances resolved informally;
- Developed and lead a Patient Care Council with goals such as interdisciplinary care plans using standardized language; computerized documentation; pain management;
- Redesigned restraint, patient rights/ethics policies/practices consistent with HCFA-COP;
- Developed and implemented a Retention and Recruitment plan that brought new staff during a severe shortage period;
- Defeated an SEIU labor union organizing campaign organization-wide;
- Led conversion of clinical documentation from manual to EMR (computerized system).

Reason for Leaving: position eliminated as result of senior leadership restructuring and having lowest seniority.

Fairview Lakes Medical Center. Chisago City, MN. 11/90 to 1/97

Facility: An 86-bed not-for-profit TJC acute care facility that included 40 skilled care beds, home health care and approximately 40 employed physicians.

Assistant Administrator - Patient Services: January, 1994 – January, 1997

Responsibilities—Assumed Additional Area: 40 bed Long Term Care Unit.

Accomplishments:

- Served as a leader for preparation, due diligence and planning resulting in a successful merger with Fairview Health Care System;
- Participated in and supported a significant management restructuring;
- Served as a leader on the planning committee for construction of a new integrated regional health care facility completed in 1997;
- Participated on Fairview system-wide councils for quality; safety/risk management nursing integration; care delivery system redesign; geriatric services and strategic integration.
- Facilitated teams that re-engineered outpatient surgery, OB care processes/pathways;
- Planned and implemented emergency Services charging, documentation and billing system based on care delivered that increased revenue and actual income by more than 10%.

Assistant Administrator – Nursing: March, 1992 – January, 1994

Responsibilities--Assumed the additional areas for home health agency and risk management

Accomplishments:

- Achieved a decrease in law suits; 100% resolution of claims and complaints;
- Developed effective customer complaint/ customer relations function;
- Implemented & facilitated philosophies and techniques organization-wide.

Director of Nursing: December, 1990 – March, 1992

Responsibilities: Reported to CEO for direction of all acute care nursing services.

Accomplishments:

- Improved staff behavior and performance, conflict resolution and staff satisfaction;
- Developed and implemented a patient acuity and productivity system was implemented with staff driving the change;
- Revised staffing and scheduling practices resulting in improved staff satisfaction;
- Implemented nursing case management which resulted in financial and quality improvements in orthopedic cases and satisfaction/retention of the orthopedic surgeon;
- Defeated an RN union organizing campaign;
- Coordinated organization-wide TJC compliance;
- Initiated a loan/scholarship program & clinical site for nursing students and resulting source for recruitment;
- Lead a planning committee and was a key facilitator for an organizational quality transformation using CQI techniques.

Reason for Leaving: Organizational restructuring and career advancement.

Roseau Area Hospital. Roseau, MN. 1/76 to 11/90

Facility: A 45-bed TJC-accredited acute care and 64-bed long-term-care accredited facility located on the Canadian border in Northwest Minnesota.

Director of Nursing: October, 1979 – November, 1990.

Responsibilities: Reported to CEO for strategic accountability for nursing practice and planning in acute care, organization-wide TJC and quality coordination, staff education and development, public relations and marketing, direct patient care in all areas as needed.

Accomplishments:

- Worked as a nurse in patient care when needed in all patient care areas;
 - Redesigned nursing care delivery with improved quality and physician/patient satisfaction;
 - Redesigned staffing and scheduling to provide equity and improved staff satisfaction;
 - Implemented patient acuity system & variable billing resulting in increased revenue;
 - Improved patient and physician satisfaction to 98% through care restructuring;
 - Lead multiple remodeling projects;
 - Developed a clinical and financial management system (DRG Coordination/utilization management) that helped the facility thrive in the new DRG reimbursement system;
 - Participated in nursing research project in collaboration with the University of Maryland;
 - Implemented nursing shared governance before it was popular in the literature.
- Reason for Leaving: Career Advancement Opportunity.

Education

Master of Public Health Administration

University of Minnesota School of Public Health

Master's research thesis "Quality Management: Factors Affecting Implementation"

Bachelor of Science

University of Minnesota

Major in Health Care Administration

Nursing Home Administrator

University of Minnesota

"Credential of Advanced Study In Health Care Administration"

University of Minnesota

Diploma in Nursing

Madison General Hospital School of Nursing; Madison; WI.

Recent Professional Activities

- Colorado Organization of Nurse Leaders Board of Directors 2005—2006 & 2012-present; member 2000-present
- Michigan Organization of Nurse Executives; member 2009—2010
- Member ACHE 2009-present; FACHE eligible—advancement December, 2013.
- California Red Cross—Riverside Chapter 2006-2009
- President District 6 Colorado Nurses Association 2005—2006
- Member American Nurses Association
- Member of American Organization of Nurse Executives (AONE) 1984 - present

Community Activities & Public Speaking Highlights

- Elected Vice Chair of the Estes Park Economic Development Corporation 2013
- Member Estes Park Lions Club 2012-present
- Member Estes Park Women's Club 2012-present
- Member Estes Park Kiwanis Club 2011-present. Treasurer 2012-present
- Volunteer: Partners Mentoring Youth, Senior Partner, 2011-2012
- Estes Park Equestrian Club, 2010-present; Secretary and Web Master 2011-present
- Member Marlette, MI. Chamber of Commerce 2009--2010
- Member Adams State College BSN Program Advisory Committee, Alamosa, CO 2006
- Member Tu Casa (For Victims of Abuse & Neglect) Board of Directors 2003--2005
- Alamosa Kiwanis Board Member 2004—2006; Member Alamosa Kiwanis 2002—2006
- Member Alamosa County Nursing Service Advisory Committee 2005-2006
- Member Trinidad State Junior College Nursing Program Advisory Committee 2002--2006
- Diabetes Advisory Committee for San Luis Valley Jan. 2002--2006
- Regional Trauma System Advisory Committee (RETAC) May, 2002-2006
- Marshalltown Free Clinic Volunteer 2000-2001
- Selected for Who's Who In American Women; 1992.
- Presentations to CONL Fall Conferences on Shared Governance and HRSA Grant initiatives 2003 & 2004
- Invited speaker: "Nursing Informatics Conference" University of Iowa.
- Invited speaker: Primary Nursing Conference/Marie Manthey; "Nursing Care Delivery Redesign"
- Public Testimony: Health & Human Services Commissioner's Taskforce On Nursing; Senator Durenberger's hearing on the problems of rural health care'; Maryland Legislative hearing on "Costing of Nursing Services "
- Public speaking--topics including TJC; EEOC; health care financing; Nursing Shared Governance; grant projects; computer applications in nursing; role & standards for the nurse executive; strategic planning; nursing practice and redesign; trends in health care; legislative issues; handling problem employees; cost accounting and budgeting; clinical topics; first aid and CPR.

References: available upon request

Rural Nursing Consultation. 11/90 to present

Since 1990: Part-time consulting practice in leadership, hospital administrative issues and medical/legal case review for defendant hospitals and health care providers.

Provided organizational and nursing services assessment, strategic planning and problem solving in rural hospitals in response to requests by colleagues for assistance in specific situations and based on 'word of mouth' referrals.

Principle Consultant: November, 1990--present

Responsibilities:

- Gather information using various methods in order to assess the problems and issues facing a nursing department or organization, summarize results and provide recommendations as to solutions and strategies to obtain those solutions;
- Identify strengths and weaknesses in a case from the nursing and hospital perspective;
- Strategic planning, visioning & problem resolution for physician and nursing groups;
- Review hospital medical records to determine whether the nursing standards of care and practice were met;
- Mentorship of leaders at all levels of the organization, including CEOs.
- Organize medical records and advise legal counsel as to additional information needed; provide opinions as to weaknesses in defense.

Accomplishments:

- Assisted a CEO and DON to assess and address staffing issues and develop a nursing acuity system; Made recommendations to CEO related to performance of the DON;
- Assisted hospital CEO to validate his opinion regarding dysfunctional nursing leadership, identify staff transition issues secondary to becoming a Critical Access Hospital and make specific recommendations as to how to resolve multiple issues;
- Assisted hospital Director of Nursing to solve staffing problems by correcting the matrix being used for decision-making, to build trust with her staff as a new leader and to resolve multiple issues such as staff behavior and conflict, Charge Nurse roles, and assignment of work; all goals were accomplished;
- Assisted hospital CEO to coach his Director of Nursing in more cost effective staffing patterns and developed a simple system to provide day to day staffing data;
- Assisted Director of Nursing to assess her leadership team and the opinions of her staff and made recommendations for manager restructuring; these were implemented and improvements were achieved;
- Assisted physician group to improve coding, clinic management and completed strategic planning for the future;
- Over 30 medical case reviews; all were dropped or settled out of court.