Interim Nurse Director

 Personal Information

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| Name: | Karen Weber |
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| Location: | US-CO-Fort Collins-80524 () |
| Last Modified: | 12/1/2019 12:22:45 PM |

 Work History

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| Company Name: | Providence-Saint Joseph Santa Rosa Memorial | 01/01/2019 - 07/31/2019 |
| Job Title: | Interim Manager of Oncology Unit | |
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| Company Name: | Kaiser Permanente Zion Medical Hospital | 01/01/2018 - 07/31/2019 |
| Job Title: | Interim Director of Cardiac Monitoring Units and Dialysis Unit | |
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| Company Name: | California Pacific Medical Center | 01/01/2017 - 07/31/2019 |
| Job Title: | Interim Manager Medical Surgical Unit | |
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| Company Name: | Press Ganey-HealthSouth | 01/01/2014 - 07/31/2019 |
| Job Title: | Patient Experience Consultant | |
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| Company Name: | Saint Mary's Health Center | 01/01/2014 - 07/31/2019 |
| Job Title: | Interim Manager Medical Unit | |
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| Company Name: | Dignity Health Dominican Hospital | 01/01/2018 - 01/01/2019 |
| Job Title: | Interim Manager | |
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| Company Name: | Regional West Medical Center | 01/01/2017 - 01/01/2018 |
| Job Title: | Interim Manager Medical Surgical Oncology Unit | |
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| Company Name: | Texas Health Resources HEB | 01/01/2016 - 01/01/2017 |
| Job Title: | Interim Manager Medical Surgical Unit | |
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| Company Name: | Benefis Health System | 01/01/2015 - 12/31/2016 |
| Job Title: | Interim Manager Surgical Unit | |
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| Company Name: | Hannibal Regional Healthcare System | 02/01/2015 - 06/30/2015 |
| Job Title: | Interim Director of Progressive Care | |
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 Education

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| School: | Colorado State University, Fort Collins Colorado | Graduation Date: |  |
| Major: |  | | |
| Degree: | Master's Degree | | |
| School: | University of Phoenix, Phoenix Arizona | Graduation Date: |  |
| Major: |  | | |
| Degree: | Bachelor's Degree | | |
| School: | Mercy Hospital School of Nursing, Pittsburgh Pennsylvania | Graduation Date: |  |
| Major: |  | | |
| Degree: | None | | |

 Additional Skills And Qualifications

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| Recent Job Title: | Interim Manager of Oncology Unit | Recent Wage: | 0 per |
| Security Clearance: | No |  |  |

 Desired Position

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| Desired Wage: | per | Desired Employment Type: |  |
| Desired Travel: |  | Desired commute: |  |
| Desired Relocation: | No | |  |

 Resume

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| Karen Weber MBA BSN RN  E-mail: karencweber@yahoo.com   CAREER SUMMARY  Karen Weber is a Healthcare Professional with more than 30 years of permanent and interim leadership experience in progressive healthcare settings (including Magnet), from 25 to 1536 beds. She has proven success in improving quality outcomes of care, efficiency, staff engagement, patient and staff satisfaction. She aligns staff with organizational goals, and accomplishes this by strategically identifying and building support for innovative evidence-based solutions. She is a top communicator and operations expert, who holds others accountable and can successfully achieve any goal and move a project from start to finish. She has a history of successful regulatory surveys, and is an outstanding hands-on mentor and coach. She achieves objectives through utilizing Studer concepts, the Oz Principle, Shared Governance and the philosophy of Servant Leadership.  EDUCATION  2001 MBA Colorado State University, Fort Collins Colorado 1994 BSN University of Phoenix, Phoenix Arizona 1984 Nursing Diploma Mercy Hospital School of Nursing, Pittsburgh Pennsylvania   PROFESSIONAL EXPERIENCE/ACHIEVEMENTS  2019 Providence-Saint Joseph Santa Rosa Memorial Santa Rosa, CA Interim Manager of Oncology Unit (March-June) 338 acute bed unionized Level 2 Trauma hospital within a large multi-state hospital system. One unit with a total of 25 beds, and 60 FTE's with 1:4 and 1:5 ratio. 10.91 HPPD caring for Oncology, Palliative, Hospice and Medical overflow patients. \* Decreased Bi-Weekly Incremental Overtime from (March) 3.9% to (May) 2.7% \* Managed Acuity to remain between 100 - 110 \* Strong support of 'Cultural Compass'; shift huddles, Daily Pursuit of Clinical Excellence (unit quality communication board), Unit Based Council, audits, patient experience (goal of 75 th %tile). \* Unit Patient Experience Press Ganey Top Box Scores Feb-May; Rate Hospital: 70% to 100%, Recommend Hospital: 60% to 100%, Communication about Pain: 70% to 100%.  2018-2019 Dignity Health Dominican Hospital Santa Cruz, CA Interim Manager of Behavioral Health-Medical Surgical Unit and Oncology-Medical Surgical Unit (Oct-Feb) 288 acute bed unionized community hospital within a large multi-state hospital system. Two units with a total of 54 beds, and 130 staff with a 1:5 ratio. 9.5 HPPD. \* HCAHPS performance overall increase 4 percentile points; Nurse Communication from 3rd percentile (Oct) to 21st percentile (Nov). \* Medical-Surgical/Oncology Falls per 1000 days improved; 4.24 (Oct), 1.47 (Nov), 1.32 (Dec) \* Re-energized Unit Based Council with focus on Patient Experience and Patient Safety; Posey Alarms Project: all patient rooms have chair alarms and bed alarms, monitored 100% bi-weekly. \* Charge Nurse Leadership education meetings and 1:1 Leadership Development, promoting alignment with hospital goals of holding others accountable and improving patient experience. \* Productivity improvements, 106% (Oct) to 96 % (Jan) \* Collaborated with Physicians and others to directly improve patient care through correct legal application of Medical Hold for Decision Making Capacity  2018 Kaiser Permanente Zion Medical Hospital San Diego, CA Interim Director of Cardiac Monitoring Units and Dialysis Unit (May-August) 556 acute bed unionized hospital within a large multi-state hospital system. Two Cardiac Monitoring units for a total of 36 beds, and 110 FTE's at 1:3 RN ratio. 12.7 HPPD. Decentralized Dialysis Unit with 10 FTE's. \* Led projects; Quite at Night Initiative, 'My Chart', and managed the successful transition to Nihon Kohden Cardiac Monitoring technology \* Facilitated Leadership Development monthly meetings to empower Charge Nurses and Unit Based Council members with the knowledge of the Foundations of Leadership \* Led Dialysis Workflow and Safety Improvements by re-establishing Unit Based Council, enlisting content expertise from sister hospital in L.A., reorganizing staff orientation and providing resources for learning and accountabilities for adhering to policy and preventing practice drift. \* Direct leader quote; 'Karen has worked tirelessly ... provided stability, guidance, positive direction and support to these teams to sustain and even grow them. She is a dedicated and well-respected nurse leader whose efforts have been much appreciated by all.'  2017-2018 Regional West Medical Center Scottsbluff, NE Interim Manager Medical Surgical Oncology Unit (Sept-April) 188 acute bed hospital and regional referral center. 30 beds, 45 FTE's. Responsible for all day to day operations and management, 10.72 HPPD. \* Nursing Communication from 1st percentile to 54th percentile. \* Whiteboard Completion from 23% to 93% complete. \* Stabilized Staffing; Established a process for reviewing staffing/balancing schedule. Hired 12 new staff. Participated in 2 Job Fairs, and twice weekly recruitment meetings. Reduced traveler contracts from 8 to 2. Improved coordination of chemotherapy patient care. \* Improved Outcomes of Care: 100% of all patient baths completed. Falls rate decreased to 3.01. \* Improved Morale (Teamwork and Communication): 16 discharges and 10 admissions in one day, staff commented 'We had a good day.'  2016-2017 Texas Health Resources HEB Bedford, TX Interim Manager Medical Surgical Unit (Aug-March) 300 acute bed hospital within a 17 hospital system. 29 beds, 60 FTE's. Responsible for all day to day operations and management in a high acuity (7) 9.54 HPPD environment. \* Patient Experience from 47% to 89% over 5 months \* Patient Flow improvements; % Discharged by Noon increased from 5.9% to 11%, and Order to Discharge decreased by 1 hour. \* Utilization managed from 86% to 102% within 1 month and maintained thereafter. \* Shared Governance/Unit Based Council restructure to become functional and aligned with organizational goal of Magnet Designation. \* 100% Retention over 5 months \* Developed Emerging Leaders Program to promote Leadership Development \* Successfully mentored/onboarded new permanent Manager over 6 weeks.  2017 California Pacific Medical Center, Saint Luke's San Francisco, CA Interim Manager Medical Surgical Unit (May-Aug) 120 acute bed hospital, within a 4 hospital system. 32 beds, 50 FTE's. Responsible for all day to day operations and management in a Unionized environment. \* Senior Leader Recognition for Competent Leadership resulting in a successful Joint Commission Survey \* Identified need for stronger position control to enhance efficiency and productivity, resulted in developing an accurate and comprehensive position control spreadsheet.  2015-2016 Benefis Health System Great Falls, MT Interim Manager Surgical Unit (Dec-Feb) 293 acute bed regional hospital. 24 beds, 30 FTE's. Responsible for all day to day operations and management in an environment where a Manager has been absent for &gt; 1 year. \* Safety and Quality Outcomes of Care: Medication Scanning increased from 80% to 92%. Patient Satisfaction increased from 55.6% to 90%. Whiteboard completion increased from 0% to 90%. Communication Safety Huddles increased from 0% to 100%. Productivity was maintained at 103%. \* Staff Satisfaction: Implementation of schedule templates, unit re-organization (mailboxes/voceras/vocera charger/locators/onboarding of new staff/room signage/staff lounge keypad/application for patient lift capital purchase/kitchen coffee bar) resulting in improved engagement, performance and morale \* Supervision of new processes: Hospitalist Program, Fall Cascade Learning Kit Initiative, C Diff Infection Prevention Initiative  2015 Hannibal Regional Healthcare System Hannibal, MO Interim Director of Progressive Care (Feb-June) 91 acute bed regional hospital. 24 beds, 50 FTE's. Responsible for all day to day operations and management in an environment where a Manager has been absent for 1 year. \* Improved Relationship: Trust and Vision goals met; 360 feedback; 'It's better here.' Annual turnover rate decreased from 48% to 34%. Monthly turnover rate Feb 4.88%, March 2.33%, May 0%. Staff learned to appreciate each other, frequently recognizing each other by identifying what is right, instead of what is wrong. Staff Performance improved because Staff engagement improved.; EX: Turn Logs from 5% complete to 100% complete. Charge Nurse Report Sheets from 10% complete to 100% complete. \* Improved Teamwork: Orientation, Process Improvement, Mentoring goals met; interviewed, selected and oriented 18 new permanent team members and 12 RN travelers. White Board process improvement project completed (This project had several attempted starts over recent years and never got past the beginning). White Boards usage increased from 0 to 95%, and became well-liked by staff and patients/visitors. All orientation programs (RN, Patient Care Tech and Medical Secretary) were redesigned and implemented, resulting in 100% retention of staff. \* Improved Efficiency: Created a custom PCU Patient Acuity tool resulting in identifying appropriate patient level of care and accurate staffing assignments. Charge Nurse and Caregiver activities are implemented resulting in improved flow. Recommendation to purchase alternative vital sign machines that are compatible with Philips monitoring, resulting in an $80,000 savings to the organization. Recommendation to purchase a second Omnicell and reorganization of supply room, resulting in the elimination of med pass bottleneck, saving 1 hour RN time and improving productivity. Recommendation made for future staffing model/grid, unit and medication room redesign. \* Improved Outcomes of Care: Med scanning increased from 25% to 98%. Bedside Handoff Report increasing from 25% to 95%. Discharging nurses engaged in initiating a 'clean sweep' of med bins in patient rooms at each discharge. Staff engaged and initiating to self-select Turn Log assignments. Tele strips read 100% of time, avoiding unread strips from going to Medical Records (a process that had happened for &gt; 10 years). Recommendation for the development of Behavioral Standards to be put into place to continue pursuing a culture of accountability.  2014 Press Ganey-HealthSouth Project Arizona Patient Experience Consultant (Sept-Nov) Responsible for representing Press Ganey in 6 HealthSouth Rehabilitation Hospitals for the purpose of improving Patient Experience and increasing market share. \* Collaborated with Senior Leaders, managers and front line staff in the execution of a new Patient Experience program \* Guided Senior Leader's to develop an Action Plan with cascading goals and behavioral based outcomes  2014 Saint Mary's Health Center Jefferson City, MO Interim Manager Medical Unit (March-May) 167 acute bed community hospital. 24 beds/48 FTE's. Responsible for all day to day operations and management in an environment where a new Manager has been in place 11 times in 10 years, and results were obtained in 10 weeks. \* Accountability goals met; increasing Patient Satisfaction from 45th percentile to 93rd percentile and all areas demonstrating great improvement \* Improved Physician Relations and Staff Teamwork goals met; Physician admission order entry increased (1 MD remained outstanding) with positive MD and RN feedback \* Zero patient falls; resulting from intense focus on Patient Safety and Patient Centered Care model \* Productivity goals met at 116% \* Developed standard management tools; scheduling rules, flex pool unit orientation packet \* Initiated a footprint for 2 programs; Charge Nurse as Emerging Leader, and Unit Preceptor/New Employee Orientation resulting in strengthening retention \* Evaluated and recommended a staffing matrix re-design to accurately meet HHPD and Unit FTE's \* Successfully oriented/mentored new Unit Manager  2013-2014 Methodist Medical Center, Methodist Health System San Antonio, TX Interim Director of Intermediate Medical and Intermediate Surgical Units (Oct-Jan) 1536 acute bed Level 1 trauma hospital. 37 beds/76 FTE's. Responsible for all day to day operations and management in an environment where results were obtained within the first 8 weeks, followed by reorienting the returning permanent Manager. During final 3 weeks, served as Consultant/Cardiac Telemetry to strengthen Shared Governance and mentor Assistant manager. \* Productivity; 16 hours Fractional Overtime decreased to &lt; 6 hours Fractional Overtime. Daily productivity improved from 60% to 100-101% target goal \* Patient Satisfaction; Grand Composite increasing from 63% (almost all inpatient results less than CMS average) to 79% (7 inpatient results greater than CMS 75th percentile) \* Patient Safety; Fall program implemented with progressively improved results Oct =6, Nov=3, Dec =0 (the last fall occurred 11/18/14) \* Implementation of Studer Practices; Bedside Report, Whiteboard Documentation, Hourly Rounding, Safety Huddles, Nurse Leader Rounding for Purpose \* Shared Governance; Program re-shaping to include patient falls bedside research. \* Mentoring; Charge Nurses moving in alignment with organizational objectives. Assistant Manager skillset vastly improved, and overall teamwork demonstrating an ability to practice a culture of patient safety and staff accountability.  2012-2013 Sparrow Hospital Lansing, MI Interim Manager of Medical Surgical Pavilion and Medical Oncology (Sept-March) 676 acute bed Level 1 trauma Magnet teaching hospital. 35 beds/60 FTE's. and 29 beds/50 FTE's. Responsible for all day to day operations and leadership development in a unionized environment. \* HCAHPS Scores; Overall Rating from 2012 3rd Q 62 to 4th Q 75 (National Average 69) \* Quality; Zero CLABSI's and CAUTI's, CNO recognition given for improving staff satisfaction/morale, and reducing patient falls \* Oversight of successful EPIC EMR implementation \* Invited to participate as a breakout speaker in the re-opening of the Sparrow Leadership Institute on March 27, 2013, with 300 Sparrow leader attendees. Topic: Caregiver Engagement \* CNO invitation to permanently lead the Sparrow Leadership Institute, saying 'You have a gift of leadership'.  2012 Saint Louis University Hospital Saint Louis, MO Interim Assistant Director of Neurosciences Service Line (Feb-May) 300 acute bed Level 1 trauma critical care teaching hospital. 51 beds/90 FTE's. Neuro ICU, Neurosurgery Unit, Neurosciences Unit. Responsible for all day to day operations and management in a unionized environment. \* Presiding over the first service line ever, to go beyond an entire quarter without an infection, receiving special recognition from the Chief Quality Officer \* Patient Safety; Neurosurgery 2011 37 falls decreasing to 2 falls in 2012 and 0 falls in 75 days, Neurology 0 falls in 45 days, Neuro ICU 0 falls in 3 months, resulting in special recognition and unit visit from CNO and CEO. \* Quality; Zero EBM during the month of March or April \* Received individual recognition from the Hospital Attorney/Risk management for 'Exceeding the Standard for Providing Excellent Service'  2010 Saint Clare Hospital and Health Services, SSM Baraboo, WI Interim Director of Acute Services (July-Nov) 100 acute bed community hospital. 30 beds/55 FTE's. ICU, Medical Surgical Units, Float Pool. Responsible for all day to day operations and project management. \* Productivity; &lt; or = 9.7 hours of care per patient day. Aug 9.15, Sept 9.53, Oct 9.4 \* Patient Safety; 0 Falls with injury, 100% pneumonia vaccinations, NDNQI Pressure Injury rate 2009/11 and in 2010/4 (only 1 during my tenure), Bar code scanning (17,000 doses) 96.8 patients scanned \* Staff Satisfaction; Staff verbalizing, 'We finally feel we have been heard.' \* Patient Satisfaction; Nurses Kept Me Informed Aug 90.2, Sept 89.8, Oct 91.9. Nurse Sensitive/Responsive to Pain July 87.5, Oct 92.5. Explanations During Tests and Treatments July 85.6, Oct 90.2. \* Project Management; Relationship Based Care: Principle Nurse assigned within 12 hours 11% to 75%, Principle Nurse Assigned by Discharge 29% to 82%. Patients receiving a call back 1% to 26% \* Project Management; Participation in ICU re-design and pre-construction: Evaluation and selection of new ICU bed frames and surfaces  2009 Aspen Valley Hospital Aspen, CO Interim Director of Inpatient Services (July-Nov) 25 bed critical access hospital. 25 beds/40 FTE's. ICU, Medical/Surgical/Hospice, OB, Nursery. Responsible for all day to day operations and management in a resort environment. \* Implementation of best practices; coordination of 2 month IV Device Trial resulting in standardized use of extension sets, individually wrote and implemented a formal education plan based on the Therapeutic alliance Model and the Six Stages of Change Theory resulting in 100% staff competency with 5 new diabetic order sets (including basal methodology), coordinated best practice in-services and webinars toward advocating for the use of standardized assessment tools and methods EX: Skin (Braden) and (WBAT) Wound Assessment, Wound Vac application and practice, Disposal of Biohazardous Pharmaceutical Waste, and Leading Change in Central Line Infection Prevention using PDSA methodology. \* Leadership Development; Introduced shared decision making model. Mentoring staff for improvements in assertive communication, project management skills (Oz Principle format, MS Excel spreadsheet skill, monitoring checklists), facilitating a greater understanding of Culture of Safety and National Patient Safety Goals. Demonstrated leadership with Hospice patient care planning. \* Processes and Practices; Newborn Hearing Screening improved to be in compliance with CDHE guidelines. Observation Charge Capture. Revising 'Administration of Vaccines' policy and practice, Made recommendations for improved case management and hospice care practices. Made recommendation to participate in the Institute for Healthcare Improvement VTE surveillance protocol resulting in VTE trial becoming standardized beat practice. \* Accountability: Administered performance appraisals to align each staff member to the organizations' strategic goals as identified within the Balanced Scorecard. Accomplished 100% currency for licensure and certifications for all staff. Accomplished a long-standing goal of 100% staff having access to MS Outlook, to efficiently communicate organizationally.   1984-2009 Various Permanent Nursing Positions Inpatient Acute Care, Inpatient and Outpatient Adult and Adolescent Psychiatric Care, Oncology Practice Management, Neurosciences Service Line and Perioperative Service Line  CERTIFICATIONS AND PROFESSIONAL LICENSURE  BLS Active through 08/2019 Registered Nurse Active through 12/2020 (WY / Compact) Registered Nurse Active through 09/2019 (CO) Registered Nurse Active through 02/2020 (CA) Registered Nurse Active CEU date 1/2020 (WA) |