The Swing Bed Team Working Together To Make A Difference

Carolyn St.Charles
Chief Clinical Officer, HealthTech

1

Presenter

Carolyn St. Charles is the Chief Clinical Officer for HealthTech. Carolyn has extensive experience working with rural hospitals to develop and strengthen Swing Bed programs. St. Charles earned a Master's degree in Business Administration from the Foster School of Business at the University of Washington and a Bachelor's degree in nursing from Northern Arizona University.

Carolyn St.Charles, MBA, BSN, RN
Chief Clinical Officer
carolyn.stcharles@health-tech.us
Office: 360.584.9868
Cell: 206-605-3748

2

Disclaimer

HealthTech hopes that the information contained herein will be informative and helpful on industry topics. However, please note that this information is not intended to be definitive.

HealthTech and its affiliates expressly disclaim any and all liability, whatsoever, for any such information and for any use made thereof.

HealthTech does not and shall not have any authority to develop substantive billing or coding policies for any hospital, clinic or their respective personnel, and any such final responsibility remains exclusively with the hospital, clinic or their respective personnel.

HealthTech recommends that hospitals, clinics, their respective personnel, and all other third-party recipients of this information consult original source materials and qualified healthcare regulatory counsel for specific guidance in healthcare reimbursement and regulatory matters.

Objectives

1. Identify at least three (3) barriers to team engagement

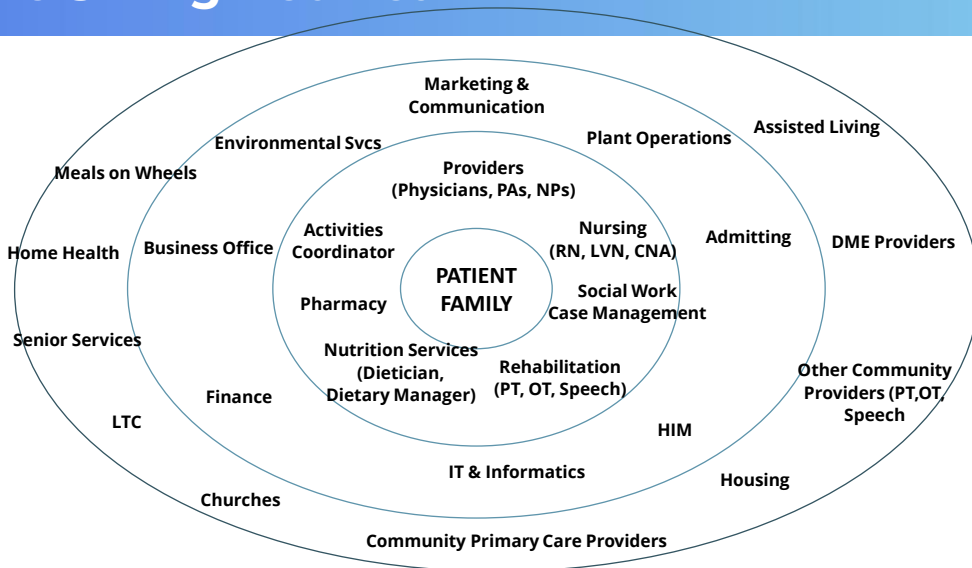2. Identify at least three (3) strategies to increase team engagement

The Swing Bed Team

5

The Swing Bed Team

Concentric circle diagram with PATIENT FAMILY at the center.

Inner ring: Providers (Physicians, PAs, NPs), Activities Coordinator, Nursing (RN, LVN, CNA), Pharmacy, Social Work Case Management, Nutrition Services (Dietician, Dietary Manager), Rehabilitation (PT, OT, Speech)

Middle ring: Environmental Svcs, Plant Operations, Business Office, Admitting, Finance, HIM, IT & Informatics

Outer ring: Marketing & Communication, Assisted Living, Meals on Wheels, DME Providers, Home Health, Senior Services, Other Community Providers (PT, OT, Speech), LTC, Churches, Housing, Community Primary Care Providers

6

Primary Team
Direct Care Givers

The primary team is usually described as individuals who are providing direct care or are directly involved with providing services. Each has their own role – but must work together as a team to ensure the best possible outcomes for the patient.

- Providers: Physician, NP, PA
- Nursing: RN, LVN, CNA
- Rehab: PT, OT, Speech
- Nutrition: Dietician, Dietary Manager, Dietary staff
- Pharmacy: Pharmacist
- Activities: Nursing or OT or Activities Professional
- Case Management / Social Work

Hospital
Support Team

The support team helps to provide infrastructure and either direct or indirect support to the primary care givers.

- Admitting
- Business Office
- Finance
- Health Information Management
- IT and Informatics
- Marketing & Communication
- Maintenance / Plant
- Environmental Services

How often do you think of these depts. as supporting the Swing Bed program?

Could the Swing Bed program function without them?

Why are they important?

Community Support Team

The community support team provides care in the community. Essential for continuity of care and safe discharge.

- Home Health
- Assisted Living
- LTC
- DME
- Community Primary Care Providers
- Other Community Healthcare Providers

How often do you think of these community services as supporting the Swing Bed program?

Could the Swing Bed program function without them?

Why are they important?

And What About?

- Meals on Wheels
- Food Banks
- Senior Centers
- Churches
- Senior Services
- Housing Authority

Other services in your community?

How often (or ever) does the Hospital team come to the table? Why or Why Not?

11

How often (or ever) does the Community team come to the table? Why or Why Not?

12

A Tale of Collaboration

Overlake Medical Center's annual Active Senior Fair has for 21 years been free and open to all members of the public. It now attracts nearly 2,000 seniors and their loved ones to the one-day event. Interpreters in Mandarin, Cantonese, Spanish, Hindi and Russian help seniors and their families connect to the American health care system.

The fair provides 16 types of health screenings plus lectures and workshops with physicians and other staff focusing on major issues seniors encounter, such as strokes, cardiac issues and orthopedic problems. Visitors can access more than 70 other community groups, such as home health services and social support. To facilitate intergenerational interaction, Overlake organizers recruit high school student leaders to join the nearly 100 volunteers who help host the fair.

Every year, the Active Senior Fair's mission is to help provide a good life for a person who is a senior, regardless of race, financial situation, gender or any other criteria, and connect them with the services they need.

A Tale of Collaboration

Overlake Medical Center Senior Care Director and staff meet quarterly with community providers of Senior Care Services for the purposes of collaboration and networking.

**Teamwork
A Review of the Literature**

15

Importance of Teamwork

1. Research shows that collaborative problem-solving leads to better outcomes.

2. People are more likely to take calculated risks that lead to innovation if they have the support of a team behind them.

3. Working in a team encourages personal growth, increases job satisfaction, and reduces stress.

Source: The Importance of Teams, Tracy Middleton, January 25, 2022

16

Secrets of Great Teamwork

"What matters most to collaboration is not the personalities, attitudes, or behavioral styles of team members.

Instead, what teams need to thrive are certain "**enabling conditions**"

1. Compelling Direction

2. Strong Structure

3. Supportive Context

4. Shared Mindset

Source: The Secrets of Great Teamwork, Harvard Business Review, June 2016, Haas & Mortensen

Power of Highly Effective Teams

1. Mission Oriented

2. Solid Trust

3. Debate Positively

4. Cooperate with Each Other and Gain Cooperation from Others

5. Culture of Leadership

Source: www.leadersinstitute.com/category/team-building-tips/

10 Principles of Effective Teamwork

1. Constructive communication
2. Collaboration
3. Consciousness
4. Inclusion
5. Accountability

6. Justification with explanation
7. Transparency
8. Public knowledge of objectives
9. Talk things out – understand each other's culture
10. Appropriate work distribution

Source: 10 Principles of Effective Teamwork: Devin Mack, February 21, 2019

8 Key Characteristics of High-Performing Teams

1. Collective values
2. Strong rapport
3. A shared purpose
4. Measurable objectives

5. Celebrate success
6. A desire for growth and development
7. Effective communication
8. Diverse perspectives

Source: 8 Key Characteristics of high-performing teams, Nicolette Filson

8 Team Superpowers

1. DIVERGENT THINKING
- Human Pyramid: Take, compare and share notes. Build on each other's work.

- Musical Chairs: Change roles, alter your perspective. It can make all the difference.

2. COMMUNICATION
- Universal Frequency: Stay fixed on your North Star by giving everyone steady update.

- Constructive Tension: Avoid group think. Break into smaller teams and challenge assumptions.

Source: 8 superpowers of highly successful teams, Jamey Austin 12-12-20

8 Team Superpowers

3. EMPOWERMENT
- Directed Autonomy: Share the vision. Let everyone weigh in, no matter where they sit.

4. AUTONOMY IN DECISION MAKING
- Resilience Engineering: Teams adapt to sudden change best when the company mission is clear.

8 Team Superpowers

5. ASSESS NEEDS OF INDIVIDUALS

- Calculated Empathy: Inspirational leaders know what each team member needs when winds shift.

- Pivot and Commit: Change takes courage. Use evidence to decide and advance with confidence.

6. GOING FROM A TO B IS RARELY A STRAIGHT LINE

- Heightened State of Motivation: Silence the noise and zero in on a goal to make real progress.

- Embrace the Detour: Keep going despite headwinds. Challenges hone the direction.

8 Team Superpowers

7. LEVEL-SET

- Common Ground: Agree on the destination. Then let contributed wisdom be your guide.

- Psychological Safety: Only in safe spaces will all ideas emerge, free of misgivings.

8. HARMONIZE

- Primary Focus: Don't lose the forest for the trees. Keep your main objective close to heart.

- Multipart Harmony: Unique voices, when combined, produce better sound. Blend expertise for breakthrough solutions.

How to Build an Effective Team in a Health Care Setting

1. **Team-oriented Goal Setting**
   • Identify stakeholders
   • Forster an environment where team members think about service delivery from the patients' perspective

2. **Set the Bar**
   • Measurable goals
   • Set employee performance goals

3. **Learned Communication Skills**
   • Educate in communication skills: clarification, open-ended quesitons, patient-focus, screening

Source: How to Build an Effective Team in a Health Care Setting. Regis College June 30, 2023

Slide 25 **HealthTech**

How to Build an Effective Team in a Health Care Setting

4. **Encourage Respect and Trust**
   • Educate to "listen first" allowing clients and peers to voice opinions and ideas
   • Educate team in critical listening skills

5. **Determining, Identifying and Assigning Specific Roles**
   • Create opportunities to work with other disciplines
   • Define roles and responsibilities

Source: How to Build an Effective Team in a Health Care Setting. Regis College June 30, 2023

Slide 26 **HealthTech**

Four Barriers to Building an Effective Team

1. Lack of Compelling Direction

Problem	Have you Ever Heard This?
Lack of common strategic goal(s) / objectives	I don't know what our goals are – it used to be 3 patients/day but I don't know anymore
Lack of challenging and motivating goals (but not impossible)	I don't think anyone cares except the CFO if we have Swing Bed patients or not

2. Lack of Strong Structure

Problem	Have you Ever Heard This?
Team does not have the right number and/or mix of members	I don't know who the team is. I guess (?) it's the people who go to the IDT meeting, but I don't really know
Individual team members do not follow-thru and do not complete assigned tasks	I (*Swing Bed coordinator*) have to do EVERYTHING if I want it done right. Nobody else takes ownership. I don't know WHO SHE THINKS SHE IS to tell me how to do my job
No clear norms for acceptable conduct that discourage destructive behavior and promote positive dynamics	The provider is really rude in meetings and talks over everyone so I just don't go to meetings anymore
No regularly scheduled Swing Bed team meetings to discuss the program (not IDT)	We never meet to discuss the Swing Bed program so I don't really know if it is working or not working

3. Lack of Supportive Context

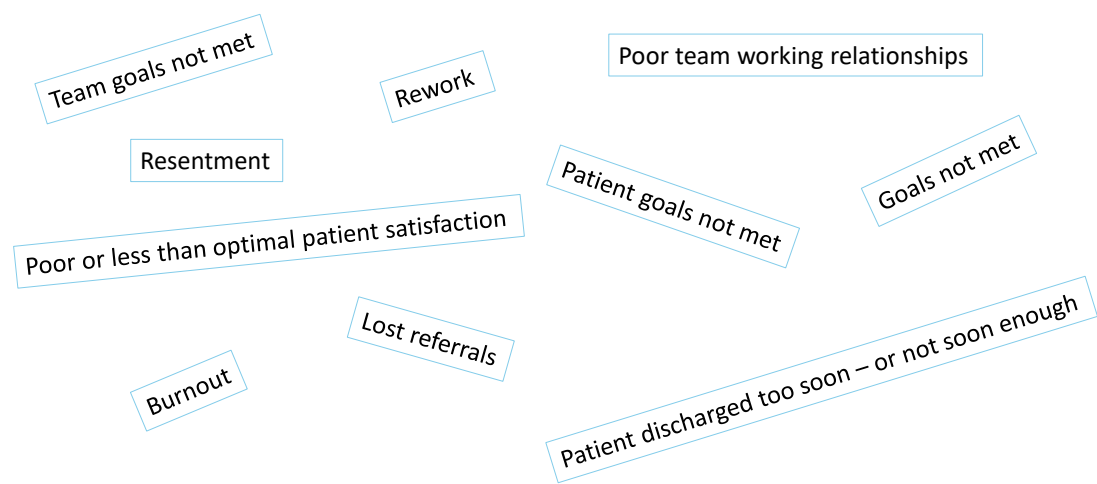| Problem	What is Said
Lack or no access to information about the SB Program	I don't know what our volume is – or if we are meeting regulatory requirements – or pretty much anything about the program ---- so I just do my job and take care of patients the best I can
Lack of or access to resources: Equipment, Meeting time, Staff	They keep saying we need to take more Swing Bed patients – but we have too many outpatients already **OR** We keep asking for equipment in the hospital but can't get it **OR** We can't take more patients unless we add more CNAs
Lack of education and training	I don't really know what the SB regs are. Have they changed?
No appropriate rewards for success that reinforces good performance	We had a popcorn party once – but not sure why

4. Lack of Shared Mindset

Problem	What is Said
Lack of strong common identity and common understanding. Work is done in silos	I just do my job. I don't know what the role of (Nursing / PT / Dietary, etc.) really is – other than to just take care of patients. The only time I hear anything is if there is a complaint
Information is not shared including information about each team members constraints.	I keep saying we have too many outpatients to do therapy twice / day but no one listens or tries to help with solutions
	I keep asking the nurses to weigh the patient and record it in the EMR but they rarely do
	Patients just lay in bed all day – no one offers activities or gets them out of bed

Lack of a cohesive team impacts providers, staff, and patients

Team goals not met

Rework

Poor team working relationships

Resentment

Patient goals not met

Goals not met

Poor or less than optimal patient satisfaction

Lost referrals

Burnout

Patient discharged too soon – or not soon enough

Strategies for Building an Effective Team

33

---

1. Leadership
Identify a strong working team

1. Identify a team that is INVESTED in the Swing Bed program and improving outcomes (both patient outcomes and processes)
- Include direct caregivers - not just managers!
- Include decision-makers
- Include a provider with a passion for Swing Bed
- Include a Senior Team Advisor (usually a member of the C-suite)

2. Consider adding as needed
- Finance
- Business Office
- Admitting
- IT / Informatics
- Marketing
- Plant/Maintenance
- EVS

> **When considering who to include ---- seek out individuals who may have divergent opinions / ideas**

3. Consider Patient or Family representative periodically

34

Complete a Team Assessment
Commitment & Involvement – Efficiency - Working Relationships - Support

	COMMITMENT and INVOLVEMENT	Not At All (1 Point)	Rarely (2 Points)	Sometimes (3 Points)	Often (4 Points)	Very Often or Always (5 Points)
1	Rehabilitation staff are actively involved and committed to the success of the Swing Bed program.					
2	Nursing staff are actively involved and committed to the success of the Swing Bed program.					
3	Dietary is actively involved and committed to the success of the Swing Bed program.					
4	Providers are actively involved and committed to the success of the Swing Bed program.					
5	Senior Leaders are actively involved and committed to the success of the Swing Bed program.					
6	Pharmacy is actively involved and committed to the success of the Swing Bed program.					
7	Swing Bed Coordinator / UR / Discharge Planning / Quality are very involved and committed to the success of the Swing Bed program.					
	Total Number					
	Rating	1	2	3	4	5
	Total Score (Total Number X Rating)					

IF YOU WOULD LIKE THE ASSESSMENT TOOL SEND AN EMAIL TO CAROLYN.STCHARLES@HEALTH-TECH.US

2. Leadership
Don't forget the community team

Consider quarterly meetings for collaboration and networking

- Home Health
- Assisted Living
- LTC
- DME
- Community Primary Care Providers
- Other Community Healthcare Providers
- Meals on Wheels
- Food Banks
- Senior Centers
- Churches
- Senior Services
- Housing Authority

3. Empower
Have regular team meetings

Schedule a Swing Bed meeting – once per month - or at least once per quarter

1. Have an agenda

2. Have a facilitator

3. Review goals / outcomes and progress

4. If goals are NOT BEING MET – review why and how to get back on course

5. Ask What's working and What's not working – What do we need to do better?

6. Review any new regulatory requirements and provide education

7. Invite patients/families to tell their story, "*voice of the customer*"

8. Identify and celebrate a team member who has gone over and beyond for a patient or family.

4. Divergent Thinking
Change roles and perspectives

Change roles and perspectives by periodically

1. Change leader of IDT meetings

2. Change leader of Swing Bed meetings

3. Change responsibility for chart / documentation audits

4. Change the individual who is responsible for reporting to the Senior Leaders or Governing Board about the Swing Bed program

5. Divergent Thinking
Go to GEMBA

Go to *Gemba* means to **go and see what is really happening** rather than talk about it, read about it, or try to recall it from memory.

Have a nurse shadow a PT

OR

Have a PT shadow a nurse

OR

Have a RN shadow a CNA

6. Communication
Stay fixed on the North Star

1. Make sure everyone involved in Swing Bed do not just know the goals of the program but HOW TO GET THERE

2. Provide regular feedback to all stakeholders

3. Don't lose the forest for the trees --- keep your main objective close to heart

4. Swing Bed updates
- Swing Bed Newsletter published internally
- Leadership Meetings
- Community on Web page or social media

7. Normalize
Define roles and responsibilities

Every team member understands their role, and responsibilities – AND – their individual and collective contribution to the success of the Swing Bed program.

1. Job descriptions include Swing Bed

2. Competency assessments for Swing bed

3. Swing Bed goals are included as part of annual evaluations for managers

4. Clearly defined responsibilities

5. Consider
   - Daily task list for CNAs
   - Posting goals on patient's bulletin board
   - Getting patients out of bed
   - Activities
   - Expand to non-clinical – i.e., housekeeping, maintenance, etc.

8. Celebrate
Recognize when goals are met

According to research from Gallup, employees who receive regular recognition and praise:
- Increase their own productivity
- Increase engagement among their coworkers
- Are more likely to stay with the organization longer
- Receive higher loyalty and satisfaction scores from customers

"The larger the monetary reward, the poorer the performance. – money doesn't motivate us, at all, instead emotions do."
Dan Pink

"Positive emotions (like joy and happiness) broaden our scope of thinking and creativity, and allows us to build new skills. Negative emotions do the opposite."
Barbara Fredrickson's Broaden

Celebrate
Thank You Card

43

Celebrate
Thank You Video

44

Celebrate
Food Truck Lunch

Celebrate
Company Swag

SWAG!

Celebrate
Plaque

47

Celebrate
Poster – Cut-Out

48

Celebrate
Cool Socks

Celebrate
Healthy Snacks

Celebrate
Thank You Card

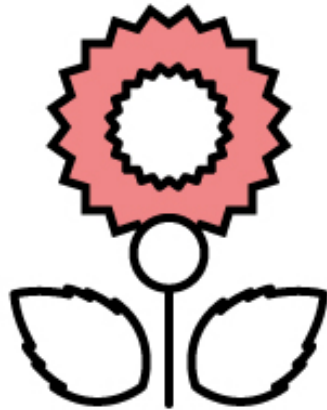Don't forget providers

In the end... we all want the same things.....

⭐ 5-star Patient Outcomes

⭐ 5-star Patient Satisfaction

⭐ 5-star Satisfaction of Referring Organizations

⭐ Efficient Workflow / Work Processes

⭐ 5-star Staff and Provider Satisfaction

⭐ 5-star Community Satisfaction

Celebrate
What have you done?

THANK YOU

Carolyn St.Charles, MBA, BSN, RN
Chief Clinical Officer
Carolyn.stcharles@health-tech.us
360.584.9868