

UC San Diego

Spring 2019 - UC San Diego Health Journal of Nursing: The Unique Power of Nursing

Title

Oh, the Paces You Go! A Glimpse Into the Life of a 2-East PCU Nurse

Permalink

<https://escholarship.org/uc/item/1fd0w8z8>

Journal

UC San Diego Health Journal of Nursing, 12(1)

Authors

Noumi, Kimberly, MSN, RN

Connors-Mabry, Kimberley, BSN, RN

Publication Date

2019-04-01

Peer reviewed

Oh, the Places You Go!

A Glimpse Into the Life of a 2-East PCU nurse

By: Kimberly Noumi MSN, RN and Kimberley Connors-Mabry BSN, RN

It is 1999, Bill Clinton is in office, the women's soccer team won the World Cup, Backstreet Boys are topping the charts, and we are pirating their music off of NAPSTER. The Columbine massacre brings gun control into the nation's spotlight, an end to Camelot with a plane crash and the death of JFK Jr, and all the while, we are partying like it's, well, 1999. During this time a young nurse, Kim Connors, began her career at UCSD working on 2-West Intermediate Care Unit (IMU), a mixed medicine-surgical floor.

Kim started her career at UCSD the year AB 394 passed in the California Legislature, mandating RN staff ratios. The implementation would not take effect until January 1, 2004, so it was still the 'Wild West', so to speak. During Kim's first year at UCSD, 2-East was a senior behavioral health unit, and the IMU occupied 9 beds on 2 West. She had 4-5 patients per shift, the acuity was high, and the unit was always full. Often, the IMU would expand to 12 beds due to patient needs. This precipitated a permanent move to 2 East a few years later due to the growing acuity of the patient population. Kim spent her shifts honing her skills with a mixed medicine and surgical patient population, including ortho spine patients. To this day, Doctor Garfin still sends his patients to 2-East.



Kimberley Connors-Mabry, BSN, RN is a California native who has spent most of her life in beautiful sunny southern California. She spent several years in Alabama, where she attended the University of South Alabama for her nursing degree and went through ROTC. She received her commission as an Air Force officer and her nursing degree on the same day. It was truly one of the most special days of her life. She served as a nurse in the Air Force for 4 years in northern California and then returned to southern California. She found her way to UC San Diego Health in late 1999 and has been a part of the IMU ever since. In her free time, she likes to spend time with her husband of 14 years, her 7 1/2 year old son and her Siberian husky. In the rare moments of peace and quiet, you can find her curled up with a good book.



Kimberly Noumi MSN, RN has been with UC San Diego Health for almost 4 years and has been the Assistant Nurse Manager at Thornton 2 East IMU since 2016. She started her career in Massachusetts working at Lahey Clinic in Cardio-thoracic surgery and neurology/trauma, and at Massachusetts General Hospital in their Neuro ICU. Kim has been a nurse for over 9 years, her previous career was in the Hospitality Industry. She earned her BSN from the University of Massachusetts, Boston, a MSN from the University of Arizona, and also has a degree in Psychology/Biology from the University of Massachusetts.

Kim, what was it like working in the IMU in 1999. Who did you work with?

It was my first IMU experience. There was a big learning curve. I worked with a lot of travelers and a small core group of nurses. We had CCP's, with one of our night CCP's, AI, starting a few months after I did. We had 3-4 nurses on each shift, no resource, and the charge RN took patients.

What kind of training did you receive when hired to work on the IMU unit?

We took a critical care symposium with other RN's in other facilities throughout San Diego. Patty Graham taught the classes (and still does). I learned a lot. We used a large purple critical care textbook. It was intense! Also, we all took ACLS, not the ART we take today.

This was the year the California legislature passed the RN ratio law. It was implemented in 2004. Is there anything back then that sticks out to you as being different when it comes to nursing care compared to now?

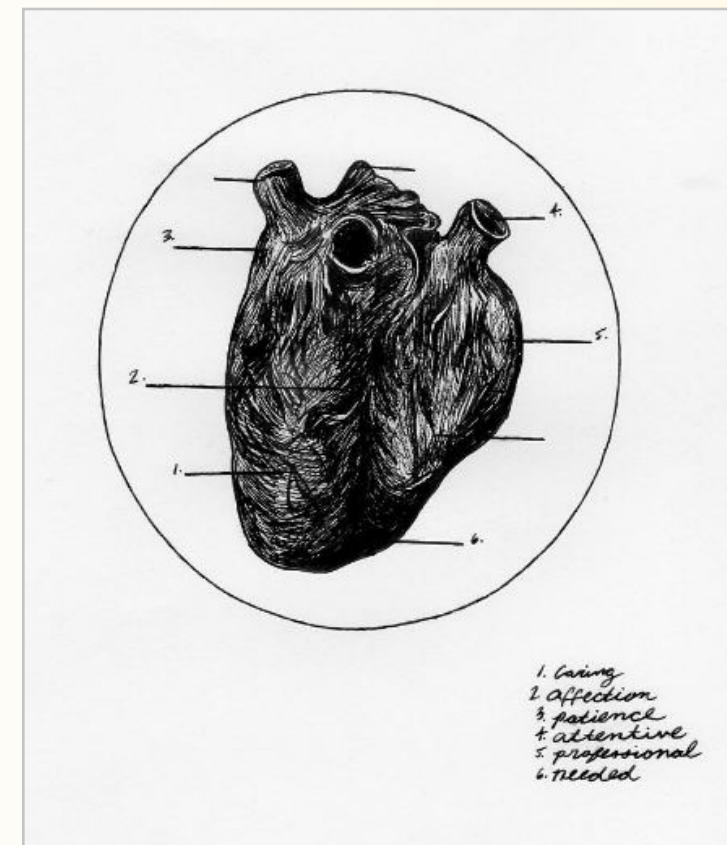
Well, we had paper charting that was huge. Our patients were more diverse, but not sicker. We had Flolan, post op CT surgery patients. We titrated drips, not as may strict guidelines that we have today.

Having such a diverse patient population, do you feel that this was the basis of a good foundation regarding your skills as a nurse?

Yes. I feel that by doing a little bit of everything, it gave me the exposure to feel comfortable with a variety of patients and service lines.

When did you move over to 2 East?

I don't remember the exact year, but I do remember a situation. We had moved over to 2-East and only had the front half of the unit from Room 206-200 and Room 218-222. Room 200 was still a semi-private like today. We had a WOW, workstation on wheels, at the back of the unit, and because we were never full, someone snuck up the back stairwell and stole it. That instance empowered me to become the go-to person when it comes to keeping our equipment safe and accounted for.



ARTWORK BY:
Carrie Anne Hudson
Matters of the Heart



Kim's personal history continues as she marries Pat in 2004. He was the Office Depot delivery man who dropped off supplies to the unit. 2-East was the spot where Kim and Pat met and became soulmates. UCSD continued to grow which resulted in increased admissions, more complex patients, and more buildings to accommodate the growing patient population.

As the years pass by, each new day brings a new challenge. This occurs both professionally and in our personal lives. It's 2014, Kim now has an almost 3 year old son Ben, and her husband Pat, has made some professional changes as well. A little roughhousing with a toddler can sometimes bring your life to a screeching halt. One afternoon when wrestling with Ben, Kim gets kicked in the chest. That is when Kim first notices a lump in her right breast. A self-diagnosed hematoma turns into a breast cancer diagnosis by her primary care physician on her 42nd birthday. She was working the day she received the diagnosis. One of her caring coworkers made her call her primary care physician for an appointment. Funny how life throws road bumps in your path. Now, Kim's major focus is throwing the most epic 3 year old Birthday party, because she does not know how much time she may have.

Kim, it must have been scary not knowing what the future would hold after your diagnosis.

Absolutely! Sitting at work that day when my doctor's office called was one of the most surreal days of my life. If it wasn't for the people on 2-East, I would have completely broke down. They were all so supportive and understanding. During my illness we were also moving. About a dozen people showed up at my house, wanting to help and did it because they cared about me and my family. To this day, it makes me so very happy to know that I am surrounded by that much love and support.

Wow, that is truly an outpouring of love and support! How long were you out?

I was out from around the end of 2014 to January 2016. I had to do CrossFit three months prior to coming back because I did not have the physical stamina to keep up with the pace on the unit. I also did some shadowing with one of the nurses and did light duty work as the unit secretary to get me back in the swing of things. I was cancer free and ready to get back to work!

Kim was back working on 2-East in early 2016. At this time, 2 East was a BMT/Oncology Progressive Care Unit (PCU) with complex surgical and medical oncology patients. Kim states she forgot how physically demanding the job can be on the unit. Once again, she was amazed by the outpouring of support and love she received from the team on 2-East. In November of 2016, 2-East switched service lines again, pivoting to the Cardiovascular service line, specifically congestive heart failure patients with Left Ventricular Assist Devices.

Kim, besides the obvious changes in service lines over the years. Is there anything that sticks out as a major change in the caring for people as a nurse in the PCU?

Yes, service lines have changed. I do miss the smorgasbord of patients. I enjoy helping patients who are very sick when they are admitted and helping them to feel better during their stay motivates me. Cardiac is interesting, but I personally believe that having a diverse patient population with varying diagnoses makes you a better critical thinker. Also technology has changed, some for good, and some not. One of the faults of technology is that it takes you further away from the bedside. That's the good stuff, being in the moment with your patients and families, following them on their journey. Technology and the business aspect of hospitals has shifted the focus from the personal aspects of nursing. I think it is something that needs to be brought back into nursing.

I agree, Kim, technology is a double-edged sword. Today, if we are not using the most cutting edge technology we lose our relevancy in healthcare. There is a happy medium. What are some of the similarities between early IMU/PCU days and now?

Teamwork and the true caring nature that nurses have for one another and our patients. We

are truly one of the most loving dysfunctional families that I am proud to be a part of. Just the other day we had a code at 5:30 pm and we all walked out at 7:30pm, together. We all worked together to stabilize a sick patient, care for the other 25 patients, and got out on time. That is a true testament to the teamwork that has always been on display over the years on 2 East.

The team that surrounds you really can make or break you overall experience on a unit. What do you see in the future when it comes to nursing, your career and what advice do you have for nurses in the future?

For nursing in the future, I see a shift more to outpatient and with the really sick patients' inpatient, needing more IMU/PCU training for nurses. Unfortunately, I think that with that push to outpatient, the inpatient resources will get scarcer. People are wanting a quality of life that can only be afforded when you are surrounded by things and people that are familiar. Focus on outpatient will be the next wave, and more home care, I think.

Personally for me it is getting harder to be a nurse on the floor. The PCU is a physically taxing unit. My endurance and stamina is not what it used to be. I see myself moving more towards the outpatient arena. I would really like to work in the Breast Clinic here at UCSD. Pay it forward, so to speak. I think that nursing will evolve, but the backbone will always be the camaraderie and teamwork that makes nursing so special.

For me nursing was a calling, I was always destined to be a nurse. For others entering into this profession, I would tell them that you really need to feel that this profession is a calling. It is a special career to have, with a whole lot more positive experiences than negative. I wouldn't know what else I could have done when it comes to a career. I am a nurse and my team is my family.