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Building A PCU on 2-West

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Thornton 2-West has 27 beds and approximately 70 employees. As part of the UCSD's Mission and Vision and as a Magnet organization, over 90% of the nurses have their BSN and over 30% have an ACCN recognized certification. Thornton 2-West cares for a wide variety of patient populations but not limited to: medicine, general surgery, bariatric surgery, cystic fibrosis, and pre-liver transplants patients. The unit is also designed to care for epilepsy patients requiring 24-hour Video Electroencephalogram (VEEG) monitoring.

Thornton 2-West started as a medical-surgical (med-surg) telemetry unit, however, as the healthcare needs of the community evolved, and as part of our commitment to provide exceptional service to our patients, 2-West transitioned to a progressive care unit (PCU). By definition, a PCU bridges the gap between intensive care units and med-surg units. The PCU level of care reduces transfer of patients because surgical ward and PCU care can be provided in the same unit. The PCU also promotes effective use of ICU beds, and provides patients with a high level of skilled nursing and surveillance to meet their unique needs.

As the need for more PCU's increased, and despite initial hesitation and ambivalence to change the culture on 2-West, the journey began. The planning and training started early 2016, spearheaded by Melissa Deming, BSN, RN, Nurse Manager with the support of the Margarita Baggett, MSN RN, Chief Clinical Officer, and Jill Deetz, BSN RN, Service Line Director. While



Cristy Clarete, RN began her nursing career at St. Luke's Hospital in New York on a progressive care unit. Since marrying an active duty military member, she has spent the last 12 years of her travelling across the United States, working at different institutions and different levels of care. Cristy has been a staff nurse on Thornton 2 West for the last 4 years. She is one of the charge nurses on 2 West and one of the first staff to be trained for 2 West's transition to progressive care. Cristy was Employee of the Quarter for the summer of 2018.

some of the nurses embraced the process, others were hesitant to undergo PCU training. Preparation entailed ordering new cardiac monitors, collaboration with the organization's information technology department, and coordination with other PCU managers. Katie Winslow MSN RN, Nurse Educator, also designed the educational programs needed for nurses to learn about role expectations in their new level of care. Training included attending PCU and procedural sedation classes,



Cecilia Caronongan, MSN, RN, PCCN completed her BSN at Lyceum Northwestern University, Dagupan City, Philippines in 2004 and passed the Philippine National Licensure Exam the same year. The following year, she successfully passed the NCLEX and joined Mercy Hospital in Cincinnati, Ohio as an IMU nurse for 4 years. In 2010, she moved to California and worked in various healthcare organizations. She joined UC San Diego Health in 2013 as Clinical Nurse II on 2-West and performed various roles, such as charge and resource nurse, as well as preceptor for new hires and students. She pursued her Master's Degree in Nursing and graduated in 2016 from Grand Canyon University, Arizona. She was promoted to her current position as the assistant nurse manager on 2-West in May 2016.

PCU Advanced Resuscitation Training (ART), completion of a variety of online nursing modules, as well as hands-on training. Charge and resource nurses received practice-based learning in other PCUs for 2 weeks and developed competencies to operate new



Phillips cardiac monitor and nurses training each other on how to set up the Phillips monitor for our PCU patients.

equipment. Eventually, those nurses were able to cross-train our core staff and newly hired staff. Currently, 95 percent of nurses on 2-West are PCU trained with the remainder of nurses caring for only surgical patients.

After much rigorous training and preparation, 2-West successfully converted to a PCU in April 2016. While initially, caring for lower acuity IMU patients to help ease the transition, many 2-West nurses' biggest challenge was the fear of unknown. The nurses had countless questions regarding adapting to their new level of care, from setting up a patient on the heart monitor to providing patient care for patients requiring telemetry monitoring. For every new patient encountered, nurses sought out their resources and researched nursing guidelines and nursing policies specific to their patient population. At times, the cumulative effect of these iterative challenges seemed like the learning curve was insurmountable. Some nurses did not find the challenges a good match, and went to pursue other career goals. However, the team members that weathered what felt like a storm are now the backbone of the unit. Together, 2-West has

become a stronger unit of highly skilled nurses, proficient in UCSD policies and procedures that govern our nursing care, and are very capable in taking care of high acuity PCU patients. With the guidance and support of the 2-West leadership team, and the amazing support of the Rapid Response Team that held our hands through difficult times, the support of our adjacent unit 2-East, and the interdisciplinary teamwork of every department involved in the care of our patients, 2-West nurses never felt alone. Currently, the 95 percent of 2-West nurses that are PCU trained are now also training nursing nurses from other units such as 3-West in their PCU transition.

Creating the standards and competencies necessary to provide PCU level of care was not easy. It was anticipated that ambivalence and hesitation to change would be a common obstacle towards complete transition into the new role. Factors that stimulate hesitation to change and training include fear of the unknown, fear of greater responsibility that may demand work with a higher degree of difficulty, and inadequate understanding of the change process. To deal with forecasted barriers, the unit manager

ensured that staff understood the vision for change, their roles, and how would directly and indirectly impact each person in the unit. Communication was directed through unit huddles and the shared governance unit-based practice council. Proper communication and clarity of the planned change created partnerships in achieving the desired outcomes. The huddles also allowed nurses on 2-West to share their experiences and perceptions about the change process.

Through this experience we have learned that change can be viewed as an opportunity for improvement. We have learned that while preparing for change the vision should be clearly communicated. Understanding the nature of the transition process and its potential benefit will decrease resistance and hesitation, promote teamwork, and foster staff commitment. Adequate training should be provided to promote staff confidence in taking care of high acuity patients and protect patient safety. Currently, 2-West has six (6) PCU beds. We look forward increasing the percentage of PCU beds to meet the changing needs of the organization and the community we serve.