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The Journey of Rebuilding a Unit

By Ala Wheelock, RN MSN

July 2011 began a year of uncertainty, change, challenges, and growth across the UCSD Health Care System. While many nurses transitioned to the new Sulpizio Cardiovascular Center and embarked on a new chapter of their professional lives, the staff that opted to stay began a journey of rebuilding their team and family.

Uncertainty was the first emotion that set in for many. Questions arose such as, Who is going to the CVC? , How will we staff our unit? , and When is the CVC going to open? Tess Elayda, 10 East, echoed the concern of many of her peers at Hillcrest and Thornton by wondering, “Who will our patients be?” and “Will we have to float?” Despite these unanswered questions, nurses and nurse leaders carried on and began to recruit permanent staff, and travel nurses. As potential candidates were screened by the unit managers through the HireOnline system, it became a scramble to be the first unit to recruit them. Many candidates were interviewed at different units and managers had to act swiftly

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to recruit the best applicants for the open positions. Additionally, units that had never used travel nurses were suddenly overwhelmed with a host of new faces with new ideas from all over the country. Existing staff were faced with the challenge of sorting the new hires from the travel nurses.

Change set in as the unanticipated gaps created by the loss of staff became more apparent. Many of the experienced nurses transitioned to the CVC taking with them their wealth of knowledge and unit dedication. The gaps that emerged revolved around decreasing the number of Unit Based Practice Council members, Certified Nurse specialty rates, charge nurses, Clinical Nurse IIIs, and preceptors. Rachel Lazarte of 10 East stated, “This opened the door for many opportunities for the existing staff to join committees



Ala Wheelock, RN, MSN, graduated in 1998 with her BSN and completed her MSN in Nursing Administration in 2009 at UCLA. She transferred from UCLA to UCSD in 2011 and is now the manager of 5 West Trauma PCU and 10 East Telemetry units.



10 East

, to teach, learn, and grow.”

Units were effected to varying degrees: Thornton’s 2 West transferred 27 RNs and 6 CCPs to the SVCV and rehired 28 RNs and 10 CCPs. 10 East Telemetry transferred 16 RNs and 1 CCP and rehired 17 RNs. 5 West Trauma Progressive Care Unit lost 5 RNs and 6 East lost 4 RNs and 1 CCP to the SCVC. The re-stabilization of the units has taken nearly an entire year, and some units are still in a state of transition.

Leah Federe of 10 East stated, “Our biggest concern was what would our patient population would be.” 10 East was the receiving unit for all the post cardiac catheterization, heart failure, and electrophysiology patients who were transferred to the SCVC. Christanne Kurtz of 10 East stated, “We lost our identity.” It was predicted that 10 East would have a very low census but the unit remained extremely busy with a diverse patient population consisting of complicated, medical telemetry patients. 6 East saw a decline in their daily census as many of their patients were now admitted to 10 East.

The Challenge of losing so many staff members at once was at first daunting. At times, units were running out of preceptors to train all the new staff. 10 East and 5 West had to drastically reduce the number of student nurses from the local colleges because there was no one left to precept them . There were days when each nurse on duty was training a new hire. Balancing the schedule required a new approach as experience levels needed to be balanced between the shifts and the days of the week. If this dynamic was overlooked, Friday nights could easily be staffed solely by new graduates and travel nurses.

Growth was immediate as the units began to stabilize and the lines became blurred between the staff that were hired before CVC opening and those that came after. As Estee Bautista 10 East states, “At first we were saddened because we had lost so many great nurses but we turned it into a positive experience by welcoming new patients and new staff to our family.” Within one year, the new graduates that were



2 West



5 West

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recruited in anticipation of the July opening concluded their first year of experience, Unit Based Practice Council added new members, new preceptors became proficient , managers became very adept at recruiting, hiring, and training, and some of the travelers were hired on as staff. Nurse leaders and managers gradually shifted their focus from recruiting to retention of staff. Committees were rebuilt, more staff embarked on the CNIII and professional certification path, and

preceptors fine-tuned their skills. New ideas, varied experience, and dynamism influenced the flow and teamwork of the unit. Friendships and ties remained strong with those who transitioned to the CVC, forming new partnerships and bonds. As one nurse states, “We have built a bridge between the SCVC and 10 East. Now when we transfer patients and call to give report, there are familiar friends on the other end.” All in all, units recovered slowly and rebuilt the cohesiveness that once existed.