



The Shiny, New LAC+USC Medical Center

WHY NURSES AT COUNTY ARE BRIMMING WITH ENTHUSIASM

BY GENEVIÈVE M. CLAVREUL, RN, PHD

IT'S NOT EVERY DAY A CITY OR COUNTY opens a new hospital, so I was very pleased when I received the opportunity to tour the newly opened LAC+USC Medical Center and interview the chief medical and nursing officer. Big County — or simply County, as LAC+USC is often known by locals — has been serving the community since its founding in 1878. Soap opera fans around the world, whether they

know it or not, see it every time they tune in to watch “General Hospital.”

Big County was one of 11 hospitals that was damaged in the 1994 Northridge Earthquake, which led to SB 1953 being signed into law in September of that year to ensure that California hospitals were either retro-fitted or built to ensure that their acute care and emergency rooms were earthquake-proof.

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This bill and the earthquake damage laid the groundwork for the Los Angeles County Board of Supervisors to discuss and later approve the building of a replacement hospital that would take the place of Big County.

I had begun observing the board during this contentious period and often testified in support of Supervisor Gloria Molina's attempts for the approval of an 800-plus-bed hospital, however the other members of the board were concerned with the financial costs. Eventually a 600-bed facility was approved and construction began in 2003.

All in all it's taken five years to complete this critical component of the Los Angeles County healthcare safety net. Its staff has at times struggled with setbacks, especially as the facility worked to modernize its medical records and merge previously spread out offices, units and departments to the new more consolidated facility.

The new LAC+USC is a product of modern hospital planning and design, offering single-occupancy rooms, (a change from the multiple-bed rooms of the old facility) with each room boasting at least one window, a flat screen television, and state-of-the-art low-profile equipment that leaves the rooms having little in common with the institutionalized look and feel of the old hospital.

Brimming With Enthusiasm

As I waited for my assistant before meeting with Chief Nursing Officer Irene Recendez, RN, who had graciously agreed to an interview and arranged for me to tour the facility, I struck up a conversation with two RNs who were on break in the passenger loading zone.

Both women readily shared with me their overall impression and experience in the new hospital. They had both been employed in Big County's old Women and Children's Hospital for many years and they brimmed with enthusiasm and hopeful expectations. I asked them to describe any unexpected road blocks encountered while making the transition. They responded regarding the challenges of adapting to both a new way of working and learning to integrate old skills into a new environment.

The Nursing Team

As I wheeled my way into the hospital and through the security checkpoint I was met by Ms. Recendez and we quickly moved to a conference room that had been reserved for our meeting. We chatted as we waited for Chief Medical Officer Stephanie L. Hall, M.D., to join us and for the tour to begin. Having worked in county hospitals for much of my career I was pleased to learn that LAC+USC had reduced their turnover rate from a previous 20 percent to a respectful 12 percent. Such a low turnover rate, especially in a county-run



facility, shows that the hospital's administration, particularly nursing, has a strong commitment to supporting the nursing staff, which translates into nurses staying rather than leaving. I also learned that they had dropped their RN vacancy rate to 14 percent from a previous high of 24 percent.

Curious to learn more about the hospital's nursing team and future plans, I continued to ask questions and learned these additional facts. There are presently 1,700 RNs on the nursing staff, of which 130 are travelers (mainly staffing the ED and ICUs). There are currently 24 additional budgeted positions still open, but optimally LAC+USC should have a nursing staff of between 1,800 to 1,900 RNs. The hospital works primarily on the 12-hour shift paradigm, though there are a few nursing shifts that are not 12 hours.

Challenges and Accomplishments

Ms. Recendez did share with me an interesting challenge confronting the nursing team and her, which revolved around a specialized training program. LAC+USC has developed an ED/ICU training program comprised of a six-week didactic phase and then an additional two- to three-month clinical phase. This program has become so successful that they often find their ED/ICU program graduates heavily recruited by other hospitals.

I also asked her to share with me what she thought had been the greatest or most unexpected challenge, as well as what was their greatest accomplishment. She felt the greatest accomplishment had been how seamlessly the nursing staff had come together. The unexpected challenge was that the ORs were showing the most growing pains, which she attributed to the old hospital design where they were dispersed throughout. In the new facility the ORs are consolidated and centralized, with the exception of the two in L&D. Considering that the move took place on Nov. 7 and 8 and entailed moving

Big County was one of 11 hospitals damaged by the 1994 Northridge earthquake, which led to the building of this replacement hospital.

382 patients (and let's not forget the four births that occurred during the two-day move) and using a staff of 2,000, of which 1,200 were nurses, these appear to be very minor glitches.

Ms. Recendez attributed a good portion of the smooth transition to a plan that was implemented allowing the nursing staff to use the new beds, new pumps and various other new equipment two years before the completion of the new facility, thus allowing the nurses to develop a solid understanding of how it functioned.

Dr. Hall provided some details on the medical staff, sharing that it was comprised of 2,000 voluntary and full-time staff, of which only 600 are full time. Though the hospital was already near capac-



ity there were still some units that had empty beds, such as the burn and jail ward; and though the new facility has less flexibility due to a smaller number of beds, the staff has met this challenge by holding bed huddles twice a day to accommodate their needs.

Effusive About the New Hospital

As our discussion wound down, Priscilla Mak and Carolyn Fernandez, two members of the orientation team, joined us in the conference room. After a brief discussion about what areas of the hospital I would like to see, we were off on our tour. As a PICU/NICU nurse I was particularly interested in seeing the state-of-the-art NICU. Once there, Assistant Nurse Manager Carolyn Gee, RN, gave us the grand tour. I think the layout would be the envy of many a NICU nurse. I was especially pleased to see the foresight given to the "real" space needed in this unit. I can't count the times I've worked in one that was so overcrowded that one could barely squeeze between the isolettes to administer care or move about.

Our tour of the NICU must have lasted nearly 45 minutes and consisted of an energetic conversation at the end with both Ms. Gee and Clinical Nurse Specialist, Arlene Lovejoy, RN. When I asked

them what they thought of the move they echoed the earlier sentiments of their CMO and CNO on the smoothness of the transition from the old to the new hospital. They also shared how they ran into some unexpected glitches, such as getting lost trying to find the bathrooms, or expecting to find a loaded syringe of ordered meds before remembering that, even in the old hospital, this medication would never be found in the unit's locked medication cart.

They both seemed to love the satellite pharmacy that is situated right outside their unit, and I must admit that I was just a bit envious of this.

Everywhere we toured we interacted with volunteers and staff that were effusive about the new hospital. An L&D nurse who had been working at LAC+USC for 22 years shared how she liked the new room design and how easy the new equipment was to use. Her interview was impromptu since she entered the room in response to the call bell being tripped inadvertently by one of our guides.

New Facility, Same Passion

The tour of LAC+USC brought back many fond memories of my own experience at Bexar County Hospital so many years ago. It was then too that our city closed one archaic hospital, Robert B. Green Hospital, and transferred its patients and staff to a newer state-of-the-art hospital, Bexar County Hospital. Many of the concerns and hopes expressed by the staff at LAC+USC were reminiscent of those expressed by many of my peers and myself as we began our careers at Bexar County. We were offered the opportunity to start anew and have equal stake in the new facility, with no one person being more senior than the next.

The new LAC+USC sits as a gleaming beacon on Marengo Street in Los Angeles, much like its counterpart did so many years gone by. I think for those who staff this critical hospital in the L.A. County healthcare system, the hope of providing the best possible care to patients hasn't changed since the staff of the original Big County greeted their first patients in 1878.

Of course our state and county's looming budget crisis may pose a seemingly insurmountable challenge for the team at LAC+USC to "make good" on this venerable institution's mission. However, I'm sure that like so many of us who have worked in county hospitals and clinics, they will let no stone go unturned to find ways to continue to provide excellent care to the community they serve. I'm sure Supervisor Molina will continue to be at the forefront, leading the charge to ensure that LAC+USC and its staff are adequately funded so their mission can continue to be fulfilled for another 130-plus years. **WN**



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