

## TL7

Provide one example, with supporting evidence, of a Nurse AVP/Nurse Director's or Nurse Manager's leadership that successfully guided nurses through change.

### Example: Cardiovascular Intermediate Care Units Realign

#### Reason for Change

In 2021, WakeMed announced plans to move the Cardiothoracic Surgery Intensive Care Unit (CTICU) from the main hospital into the E Tower second floor (2E) after completing the construction of the new ICU in 2023. The CTICU patients were always transferred to the 3B Cardiovascular Surgery Intermediate Care Unit once the surgeons downgraded their level of care. Historically, CTICU and 3B were near each other to facilitate the transfer process and efficiency for providers. Based on the pending CTICU relocation, the surgeons proposed to the administration that 3B and 3E nurses switch physical locations so the new 2E CTICU would maintain proximity to their step-down unit to be located on 3E in the future.

Jennifer Elliot, DNP, APRN, ACNS-BC, NEA-BC, Director, Critical Care Nursing, was the director responsible for the relocation of CTICU to 2E. Kim Willis, MSN, RN, NEA-BC, PCCN-K was the director responsible for 159 inpatient beds located in four cardiovascular intermediate care units (3A, 3B, 3E, and 6A). Willis noted that the average daily census of non-monitored patients occupying telemetry beds in the four cardiovascular intermediate care units had risen to 60 patients per day during the years of the COVID-19 pandemic and sustained between COVID-19 surges. Willis proposed to Amanda Thompson, MSN, RN, NEA-BC, Executive Director, Heart and Vascular Services, and Waqiah Ellis, PhD, RN, NE-BC, BCC, Vice President of Nursing, Raleigh Campus, that WakeMed reduce from four cardiovascular intermediate care units to three and transition the fourth unit into a medical-surgical unit to better match the need for inpatient beds.

As part of the transition, the cardiovascular intermediate care units would shift the cardiovascular surgical patient population to 3E, shift the heart failure patient population to 3B, and transition 6A from the Cardiovascular division to the Adult Acute Care division. This proposal would result in all cardiovascular inpatient intermediate care units occupying the third floor and all adult acute care units occupying the fifth and sixth floors, simplifying wayfinding for visitors, geographically locating service lines for providers, and right sizing the inpatient floors to better match the needs of each patient population.

Thompson and Ellis facilitated Willis and Elliot presenting the proposal to Cindy Boily, MSN, RN, NEA-BC, Sr. Vice President and Chief Nursing Officer; Chuck Harr, MD, MBA, FACHE, Chief Medical Officer, Raleigh; and Becky Andrews, MSCL, Senior Vice President, Administrator, Raleigh, on May 17, 2022. Boily, Harr, and Andrews gave them approval to proceed. ([Evidence TL7-1, PowerPoint Presentation May 17, 2022](#)) Ellis, Thompson, Willis, and Elliot subsequently presented the proposal to Daniel Fox, MD, Executive Medical Director, Physician Services; Ted Tsomides, MD, Director,

Hospitalists, Raleigh; David Kirk, MD, Intensivist, Chief Clinical Integration Officer; and Judson Williams, MD, MHS, Executive Medical Director, Physician Services, on August 10, 2022, for their feedback. At this meeting, the physician group agreed with the plan after asking questions about patient flow needs and nurse competencies.

A realignment of this magnitude had not been attempted on the Raleigh Campus within the last 30 years. This project touched a total of 654 employees in 11 departments. Its complexity required careful coordination, expert communication, and strategies to guide the nurses and other staff members through the change.

### **Strategies and Actions by Director Willis to Guide Nurses Through Change**

Willis used multiple strategies to guide the nurses through the realignment, including open communication, education and competency, celebration, and obtaining resources to support care delivery. Willis used Kurt Lewin's three-step model of change: unfreezing, changing, and refreezing to successfully guide nurses through the changes.

The managers and supervisors were the first group to unfreeze. Willis held a meeting with the four managers first to explain the change. The managers each completed a preference form detailing which patient population and department they preferred to lead. Willis used these forms along with the managers' nursing and leadership experience to determine which department each one would lead. Willis conferred with Susan McFarland, Director, Employee Relations, to establish a fair and consistent selection process. Once the managers' work areas were established, Willis met with each department's current manager and two supervisors to explain the realignment project.

Willis met with 3A, 3B, 3E, and 6A leadership on August 22 and 23, 2022. Each supervisor completed a preference form detailing which patient population and department they would like to lead. Willis made herself available to meet with each leader individually to process emotions, answer questions, and provide support. The unfreezing destabilized the equilibrium of the team as each nurse leader reimaged their place on the team, possibly in a different configuration.

Similar support was provided to the clinical nurses during the unfreezing stage. Willis and Elliot presented the realignment to clinical nurses during four employee forums, scheduled to reach different shifts, on September 26 and 27, 2022. Willis and Elliot conducted the forums and then held multiple huddles with each of their departments individually to listen to the nurses' concerns, answer questions, and detail the impact on the department. Willis conducted 3B-specific huddles on September 26 and 27, 2022, 3E-specific huddles on September 26 and 29, 2022, and 6A-specific huddles on October 21, 2022. Willis and Elliot also made themselves available to meet with nurses individually if needed.

At one crucial point prior to the realignment, the plan changed drastically to include the closure of 6A. Willis met first with the manager and supervisors affected to reassure them that although they had to pivot, they would be able to choose from other open

leadership positions in the organization. The 3B manager and one 3B supervisor chose to lead the 1B Clinical Evaluation Area for Emergency Services, and the other 3B supervisor chose to take a vacant supervisor position on 3A. Willis then huddled with the 3B staff to explain the change and asked them to complete a new preference form to reprioritize their selections, with the 1B option replacing the 6A option. The 3B staff had a difficult decision to make because their management team was splitting into two different departments and their patient population was moving to a third department. During these huddles, the clinical nurses requested assurance, in writing, that they could transfer in less than a year if their first unit was ultimately not a great fit. Willis verbally assured the nurses they would not be required to stay in the first department for an entire year, as is customary during typical transfers. As the realignment was not a typical transfer, consideration would be granted if nurses notified Willis that their initial preference was not a good fit within the first 90 days.

Willis' assurance was provided via email when each employee's current manager notified them of their new department. Willis drafted this email communication to clinical nurses from their nurse manager regarding realignment preferences. The email outlines the process for notifying Willis if the clinical nurse did not get their first preference and needed accommodation in another unit. Willis ensured the appropriate language was included in the email to clinical nurses by sending the draft to Ellis, Elliott, Thompson, and McFarland. ([Evidence TL7-2, Email Template for Staff Department Changes during the Realignment](#))

Felicia Barrow, RN, 3E Clinical Nurse, communicated to Willis that the physical layout of the 3E department challenged her recent physical limitations based on her medical diagnosis. Willis supported Barrow's transfer to 1B within two weeks of her request. Willis' support included contacting the nursing leadership teams of both units and Tammy Rolison, Compensation Analyst, Human Resources. Barrow was transferred effective September 10, 2023. The official request was met in just 11 days. ([Evidence TL7-3, Realignment Question Email](#))

Willis displayed care in the approach to clinical nurses' schedules during the realignment change. All permanent WakeMed clinical nurses received their first choice of department and shift, with only three resigning from the organization due to the realignment and one retiring. Ninety days after the realignment, only one nurse reported that her initial department preference was not the best fit. Willis then accommodated her in her department of choice within one week of their conversation.

The education plan was crucial in preparing for the change phase of the realignment, as the 3E nurses were changing from a medical cardiac population to a cardiovascular surgical population. On December 7, 2022, Willis formed a team to build the education and competency plan. The team consisted of Harriet Stephenson, MSN, BA, RN, NPD-BC, Director, Nursing Education; Sheila Veeder, MHA, BSN, RN, NPD-BC, NE-BC, MEDSURG-BC, Manager, Nursing Education; Erica Cook, MSN, APRN, AGCNS-BC, PCCN, Clinical Nurse Specialist, CV Intermediate Care; Gina McConnell, BSN, RN, CCRN, ERAS Coordinator; Summer Groff, MSN, RN, PCCN, Nurse Manager, 3E

Cardiovascular Intermediate Care (3E CVIC); Autumn Vick, BSN, RN, RN-BC, Nurse Manager, 3B CVIC; Carly DeGrange, BSN, RN, RN-BC, Clinical Supervisor Educator, 3E CVIC; Sara Burns, MSN, RN, CV-RN, MEDSURG-BC, Clinical Supervisor Educator, 3E CVIC; Gabby Jones, BSN, RN, RN-BC, Clinical Supervisor Educator, 3B CVIC; and Angelia Page, BSN, RN, RN-BC, Clinical Supervisor Educator, 3B CVIC. The results of this planning included an education blitz day, a competency checkoff list, classes taught by advanced practice providers, in-services conducted by the cardiovascular surgeons, and elbow support provided by Cook and McConnell. ([Evidence TL7-4, HVS Realignment Education & Transition Plan Minutes, December 7, 2022](#))

Willis rounded frequently to check on leaders and clinical nurses during the change and refreezing stages of change in June and July 2023. This included Willis rounding on the clinical nurses who chose to transfer to 1B, Emergency Services instead of staying in Heart and Vascular Services to ensure these nurses were comfortable and felt welcomed in their new departments after choosing a different service line. Willis strongly believed her support for the nurses extended beyond the boundaries of any role or transfer department selected.

Willis and Elliot asked each manager how they would like to create remembrances to honor each team and location prior to the realignment being completed at the end of June 2023. Spiritual Care Services, Marketing, and nurse leaders were involved in brainstorming options, which included:

- Creating visual “family tree” legacies
- Nurses writing on rocks the lessons their previous department had taught them
- Holding work-family meals and taking pictures in the department before moving
- Holding work-family reunions at an outside location

Each department could choose the option that best fit their situation. Some departments felt more celebratory moving into a newly constructed space, while others needed to honor their legacy. All departments needed to create space to acknowledge the emotion and apprehension that everyone felt during this monumental transformation.

Willis supported Vick and 3B, who chose to hold a work-family reunion at the Jaycee Park Picnic Shelter on June 24, 2023. 3B had been in the cardiovascular surgery intermediate care unit for over 40 years, largely under the leadership of recently retired Sandra Vanscoy, BSN, RN, NE-BC, Nurse Manager, 3B CVIC. The leadership team, clinical nurses, and patient population were separated in different directions. Vick invited all current and former 3B clinical nurses, leaders, and their families to the reunion. Vanscoy brought photo albums that spanned the department’s 40-year history and invited each nurse to take the pictures that meant the most to them from any album. New pictures were taken, encompassing the multi-generational nature of the 3B reunion. Willis attended the reunion as a former 3B nurse and current director responsible for the realignment. The moment that Vick created was an appropriate celebration of a department that left a legacy in the organization. To preserve the changing working relationship, Willis volunteered to mentor Vick in her MSN program from fall semester 2023 through spring 2024.

Willis, Elliot, and Emily Hostetter, MHA, Business Manager, Critical Care/Heart & Vascular Services, coordinated biweekly stakeholder meetings to support the work that needed to be completed between March 1, 2023, and July 19, 2023. Representatives from the following reported out verbally and on the project timeline the actions they were taking to support the nursing unit realignment: Nursing, Pharmacy, Facilities, Campus Police, Clinical Engineering, Clinical Nurse Specialists, Information Services, Marketing and Communications, Accreditation, Acute Rehab Services, Case Management, Clinical Administrators, Capacity and Transfer Management Center, Code Blue, Environmental Health and Safety, Environmental Services, Finance, Food and Nutrition Services, Guest Relations, Hospitalists, Human Resources, Compensation, Employee Relations, Talent Acquisition, Imaging, Infection Prevention, Laboratory, Materials Processing & Distribution, Respiratory, Spiritual Care, Transport, and Nursing Education. ([Evidence TL7-5, Raleigh Realignment Stakeholder Project Timeline, FY2023](#)) Kate Wilkes, Supervisor of Marketing and Communications, created a Realignment Relay theme to highlight each step of the change for the nursing departments and streamline communication to the organization.

Retaining nurses during this realignment project was of the utmost importance to Willis and Elliot, as demonstrated by their supportive actions to anticipate needs, include nurse leaders in the plan, and express genuine care for nurses throughout the project. Respect for people, a cornerstone behavior for WakeMed, was demonstrated during this project.