Unit reconfiguration

(Please keep in mind for our reconfiguration – we went through several management changes (CND, supervisors, ENCs, and CNSs) as well as a shift in union representation (and COVID!))

The process started in July 2020 with a unit survey as to what units we thought would be best to split into

Result of survey published to unit

- Final units were NOT what was majority vote (vote – Labor/High risk, OR, Triage, Postpartum) (units picked by management - LD/OR, HR/PACU/Triage, PP, Core (internal "float" unit))

Study conducted to determine how many FTEs needed for each unit (this was originally done by some engineering students with very little nursing input and was underestimated).

MANY zoom sessions and some drop-in in-person Q&A sessions were held with both management and union representation present.

For "Match Week", everyone was given a time, in seniority order, that a zoom call (or in person if at work during that time) would be done to pick unit AND shift – people were allowed to increase/decrease their appointment fraction during this time. This occurred in February 2021. A google doc was created by staff for people to enter their choices in to give others an idea of what was left, as it was not regularly being emailed out, so people had some kind of idea of their options when it was their turn to choose.

New units went live October 3, 2021

Things didn't go quite as anticipated. There were not enough people trained to HR for that to be split off into its own unit, so LD and HR remained "one unit". Things also did not really work with the Core unit, and they voted in January 2023 to dissolve. A new zoom meeting was held for everyone, except PP, to repick unit AND shift (this caused some issues for people who almost lost dayshift spots). PP was not involved as that unit was already established –PP nurses were not allowed to pick a new unit, but PP could be picked by the other staff as a dual unit "home" option (dual unit positions were also created). All of this occurred in January 2023 with a start date of March 2023.

There is talk about another reconfiguration coming for our floor, but I hope that with all we have learned it will be a smoother process!

Things to keep in mind:

- Holidays and PTO selection need to be adjusted based on new units (and timeframe) – we had to split PTO granting based on total seniority before the split (May-October) and after the split (October-April). This made the process a little longer as we needed to look at which unit people were going to and how many hours left in that unit.
- When Postpartum split off as own unit, no one in that unit had been a charge nurse for the unit as a whole, so there was a learning curve for that in getting people who could/would be charge nurses. (This has also been an issue as the LD/HR charge nurses (who were charge when we were one unit) do not necessarily see the PP charge as an equal).
- Once units were decided, and prior to splitting, each new unit formed a "taskforce" (which later became the UBC) that helped with the design of what the new unit would look like.
- New workload units needed to be created.
- Education had to be done for people, especially those choosing an area they may not have worked in much previously. Our ENCs created a class for each area that everyone was required to attend (even if it was an area they had mostly worked in – this was to ensure everyone received the same education).

Example of what was sent during 1st reconfiguration

To read this –
For example, in L&D there are 49.5 A shifts available.
A 36hr/wk nurse, who wants A-shifts in L&D will take 3 of the available A-shifts leaving 46.5 shifts for the other nurses lower in seniority.

VVWH FOCUS Unit Reconfiguration Project

Available Shifts

Updated: February 15, 2021

Shift Type	A	P	D	E	N
Labor/Delivery/OR	49.5	62.0	18.5	6.0	10.0
High-Risk / PreOp / PACU / Triage (Moderate Care)	67.0	82.0	0.0	9.0	0.0
Post-Partum (Mother/Baby)	35.0	51.0	0.0	10.0	10.0
CORe Resource (covers all three other units)	50.0	49.0	5.0	10.0	0.0

*Values include all nurses taking a patient assignment, fixed Triage staff, one charge nurse for each of the LDOR, High-Risk, and Post-Partum units, one OR coordinator, and one PACU coordinator

Example of shifts available during 2nd reconfiguration

	L&D	DUAL		Hospital Rebid Total Shifts			
	Taken	Taken	Remaining	Offered	Taken	Remaining	
A	139.5	18	0	177	157.5	19.5	A
P	44.5	8	18	182.7	52.5	130.2	P
D	29	0.5	0	29.5	29.5	0	D
E	7	0	6.5	17	7	10	E
N	1	0	0	3.5	1	2.5	N

*Shifts are the number of shifts in a week. For example, a person who is .9 and wants A shift would choose 3 A shifts.

LESSONS LEARNED:

- Nursing input is invaluable – they are the ones on the floor doing the work and, for the most part, know how rearranging their workflow would best work.
- Education needs to be well thought out and planned in advance – talk of a unit split/reconfiguration had been rumored for several years but planning for the split happened roughly 1 year prior. That was not enough time to plan out the units, determine the correct number of staff needed, and work on building education that staff would need. This is one of the biggest reasons things didn't go well with the initial reconfiguration.
- More staff is needed than you think - we were incredibly short staffed when the reconfiguration went live in 2021 and are still catching up to what our true numbers should be almost 2 years later.
- Transparency is needed from all involved – there are many people/positions/roles that should be involved in the planning. Despite the numerous zoom meetings held, there was still so much information that was unknown, including an entire unit that was built where the rules seemed to change (this is what led to the 2nd reconfiguration)

STEPS:

- Notify MNA-UMPNC that a unit reconfiguration needs to take place.
- Have several meetings with staff about what is happening.
- Gather staff ideas/input as to what potential areas may be needed/how they feel the flow of the unit would work best – sending out a survey is an easy way to do this, as you may get more people to respond, and it is recorded electronically.
- A discussion about number of staff members needed for each new area needs to be done – data about patient census for each area and each shift should be collected. Whatever number this is, the plan should be to OVERFILL - as the number, at least for us, has never truly been accurate.
- Staff members need to be made aware, and plan accordingly, for how holidays and PTO will be granted (such as, using full seniority list for vacations and holidays that occur prior to the split, and the new unit seniority for those that occur after). If possible, for ease, granting of units/shifts/appointment fractions should be done PRIOR to choosing holidays and PTO – otherwise, arrangements may need to be made with MNA-UMPNC to alter the dates for granting these.
- A grid should be made available to staff showing how many FTEs are available for each unit and shift so they can decide what their order of choices might be (in case something they want is when it gets to them). This should also have an explanation attached that makes it easy to understand approximately how many people that could be (some of the graphs we were given were confusing)
- Staff (in seniority order) should be given a date and time frame for which they will choose their unit, shift, and appointment fraction – this should be available as in-person, by phone, or through an online video platform.

- When it is a staff member's turn, they should give their top choice of unit/shift/appointment fraction. If these are available, the staff member gets their choice, and that information is deducted from the total available. If unavailable, other choices are given. While not required, it is nice to have a way to track what unit and shift are taken in real time, so people are more prepared.
- Unfortunately, some staff may not get what they would like – be prepared that some may seek alternate employment.
- During this time, the unit educator(s) should be planning what type of education staff may need to have. Depending on what units are formed, this could just be refresher information. Once units are chosen (and PRIOR to the split) classes should be made for staff to attend.
- Once staffing has been divided (and PRIOR to the split) committees/taskforces should be formed and members solicited. Each unit will need their own unit-based committee and their own workload review committee. Each unit will also need charge nurses – again, depending on how it is split, you may find a unit that has no current/experienced charge nurse in it, so staff will need training for that as well.
- Each unit should ultimately have their own supervisor(s) and clinical nurse director, but that can be done as time goes on.
- When it is time for the split, it's helpful to have management there as a resource (at least for a few hours into each shift change).
- There are going to be issues, things are going to happen – all staff need to be given grace when adjusting to this change.