Another Sad Goodbye

Kelly Welton, BA, RRT-NPS

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A seasoned NICU/PICU RT has left us for a Covid contract job. She will make $5K a week, about three times what she makes at her home hospital. She is taking a giant leap: change in benefits, no 401K contributions, and a 13-week commitment to leave home life comforts and sleep in a strange place, learn a new EMR system, and try a new menu of hospital food (which could be an improvement).

The surge in demand for hospital beds and RT's during the pandemic hit some hospitals and areas harder than others. Perhaps her home hospital was not that affected, and this was her chance to branch out and learn more about ICU or ER care. Alternatively, maybe it was affected, but the call to go was stronger than the pull to stay. Was it the money? The opportunity to play bigger in the healthcare arena? The call to expand her role in a big way?

What did her home hospital manager say? Come back anytime? Or bye-bye forever if you leave us now? And what did her manager say to the Administration? At the destination hospital,

It turns out she was replacing 4 RT's that left for Covid Bucks. It is one thing to need staff for a pop-up field hospital, another for a manager to try to keep their head above water when staff is leaving in droves.

It seems this whole Covid surge staffing looks like one big square dance.

Everyone took one step to the right, to another hospital. Some traveler stories sound more like speed dating. Take six 13 week contracts in a row in different hospitals and see what else is out there.

When she left, she left a vacancy that took administrators a minute to realize would need to be filled. The options were: fill with a new grad (there were none, the graduating class of 2020 got cheated out of their last clinical rotations) or pay lots of overtime to current staff. Or start hiring contract RT's of their own. However, this NICU/PICU RT was also an experienced outside transport RT.

Many people think the NICUs were not that affected by CoVid. But CoVid landed so fast, and managers did not see the shift coming -- neither did Administration. The notion of pop-up hospitals conjured up images of them being staffed by FEMA or military RT's and RN's. Compared with Ebola, which was contained, as a nation, we prepared. Moreover, there was no need for pop-up hospitals. CoVid landed like an asteroid causing wildfires, and the damage was done and continued to destroy. But back to my original thought:

Why not just recognize the demand for RT's and pay the $$ so they will stay?

There is more than one reason a "SoCal" RT would leave this weather to go to places where blizzards happen -- more recognition, more respect, certainly more pay. Respiratory Therapy finally got its name on the minds of the public. But, at what price? (1)

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Disclosures: The author is President of the Academy of Neonatal Care, A Delaware 501 C (3) not for profit corporation.

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