

NURSING 2011

Annual Report



We Treat Kids Better

A 2011 Overview

Our Hospital

Average daily census: 241

Average length of stay in our hospital: 7.73 days

Annual transport patients: 1,937

Through its community outreach sites, the Division of Adolescent Medicine saw 3,052 patients and delivered care during 7,251 patient encounters.

Our Institute for Maternal-Fetal Health saw 458 patients.

Patients under the age of 4: approximately 50 percent

Outpatient clinics: 48

Our Nurses

56 percent of our nurse leaders have a national certification.

We have 72 Nurse Practitioners.

We have 15 Clinical Nurse Specialists.

124 nurses participated in the Versant™ RN Residency Program during this year.

We have eight Nurse Anesthetists.

Average length of tenure for our nurses: 10 years

Our expert nurses taught approximately 1,000 nursing students in 2011.



Cover Photo: Lori Bustamante, BSN, RN, NICCU nurse

Table of Contents

A Note From Our Magnet Managers	1
Welcome	2
A Message from our President and CEO	3
Our New Nursing Mission, Vision and Values	5
Our New Home	7
Our Certified Nurses – 2011	10
Advanced Degrees	16
Awards	17
Lectures	19
Posters	20
Publications	21
Professional Practice Model	22
Care Delivery System	23
Transitioning Care for Adolescents	24
In the Zone: Planning for a New Emergency Department	26
Children’s Hospital Los Angeles Annual Nurse Essay Contest 2011	27
Children’s Hospital Los Angeles Magnet Oath	29

A Note From Our Magnet Managers

It was a grand year of change for our nurses at Children’s Hospital Los Angeles. Their professionalism and excellence have driven them beyond boundaries. Nurses from all levels, from direct care providers to our chief nursing officer, worked together in the design, planning and move into the Marion and John E. Anderson Pavilion, our new, state-of-the-art inpatient tower. After much preparation, the new building finally opened its doors on July 17, 2011 to patients, families and employees.

While dedicating time to the Anderson Pavilion, nurses still managed to continue to improve the quality of our patient care by finding ways to boost professional development, share best practices and cultivate innovations. We are proud to showcase these achievements in the 2011 Nursing Annual Report.

Margaux Chan, BSN, RN, CPN
 Susan Crandall, BSN, RN
 Magnet Program Managers



*Susan Crandall, BSN, RN (left) and
 Margaux Chan, BSN, RN, CPN*

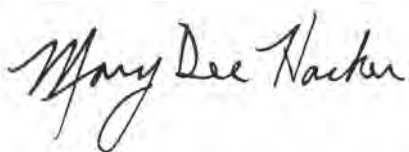
Welcome

Never has our work been more exciting or demanding. The recent passage of the Affordable Care Act (ACA) has created the greatest change to the American health care system in my lifetime. The goal of the ACA is to improve the health of America through expanded coverage, controlled costs and changed delivery systems. In addition, the Robert Wood Johnson Foundation/Institute of Medicine (IOM) released "The Future of Nursing," calling for the transformation of the profession and positioning nursing strategically in health care reform.

The culture of Children's Hospital Los Angeles nurses prepares us well for the mandates of both health care reform and the recommendations of the IOM. We are very comfortable leading and working in highly complex, dynamic situations. We crave education and knowledge, and we are patient- and family-centered. I believe we are the strongest nursing work force in Los Angeles. As expert leaders, we are ready to engage in every aspect of change required to secure Children's Hospital's position as the best hospital for kids and families.

2011 was an example of our elegance through change. This annual report is a high-level chronicle of significant change—including the professional, respectful and exciting leadership of Children's Hospital nurses during the opening and move to our beautiful new space, the Marion and John E. Anderson Pavilion. As intense and exciting as that was, the "settling in" time has required daily problem-solving and leadership to ensure safe, excellent care. Again, our nurses have risen to the challenge.

This is an extremely exciting time, as we balance our current responsibilities to deliver excellent care—while planning for a very different health care system in the future. I remain confident that our nurses will be able to negotiate these changes with the same ease and grace that they bring to Children's Hospital Los Angeles every single day.



Mary Dee Hacker, MBA, RN, NEA-BC, FAAN
Vice President, Patient Care Services and Chief Nursing Officer



Nurses: Our Hospital's Heart

When walking along Sunset Boulevard in front of Children's Hospital Los Angeles, you can often hear a tranquil chiming sound. You may wonder where it's coming from. I'll tell you—it's the sound of children playing with marimba musical panels at the hospital's Simms/Mann Family Foundation Playground.

I'm going to share a bit of trivia with you: the reason we have a playground out in front of our hospital is because of a nurse. In fact, it was our chief nursing officer, Mary Dee Hacker, MBA, RN, NEA-BC, FAAN, who lobbied throughout our construction planning process to keep a space on our urban campus that was outdoors where children of all abilities could play. She lobbied hard, and she was successful because she knows the importance that play has in a child's life. This is just one small example of the unique and vital perspective our nurses bring to Children's Hospital.



Nurses are the heart of any hospital, and this is especially true of Children's Hospital Los Angeles. As I read through this report and see their hard work, intelligence, thoughtfulness, strategic thinking and commitment, it makes me realize what a fine heart we have. A sincere thank you to all of our nurses for the thousand ways, both large and small, that they create hope and build healthier futures.

Sincerely,

A handwritten signature in black ink that reads "Richard Cordova".

Richard D. Cordova, FACHE
President and Chief Executive Officer



Our New Nursing Mission, Vision and Values

2011 was a banner year for change at Children's Hospital Los Angeles. Not only did we move into our new Marion and John E. Anderson Pavilion, but we did so with a new branding campaign that featured a new hospital logo. To continue this theme of change, our organization updated our mission and values. The language used was deliberately simple and straightforward, allowing our staff to quickly remember the powerful message behind the statements of purpose and commitment to Children's Hospital Los Angeles.

Mission:

We create hope and build healthier futures.

As a leading academic children's hospital, we fulfill our mission by:

- caring for children, adolescents, young adults, families and each other,
- advancing knowledge,
- preparing future generations and
- building Children's Hospital Los Angeles's financial strength.

Values:

- We achieve our best together.
- We are hopeful and compassionate.
- We are learners leading transformation.
- We are stewards of the lives and resources entrusted to us.
- We serve with great care.

Shortly after, a group of nurse leaders from all levels came together to revise our Nursing Mission, Vision and Values and align it with our new hospital statements.



Nursing Mission

We create hope and build healthier futures.

As Nursing Professionals we are committed to advancing our practice by:

- caring for children, young adults, families and each other,
- advancing knowledge,
- preparing future generations and
- knowing that excellence is achieved through collaborative relationships.

Children's Hospital's nursing leaders augmented the organizational mission statement with the final bullet point. This was added to emphasize the value of teamwork across all disciplines.

Nursing Vision Statement

Nursing care at Children's Hospital Los Angeles is recognized internationally as a model for Nursing excellence. By utilizing best practices, we provide outstanding family-centered care in an environment that honors our diverse community. We strongly promote life-long learning and collaborative interdisciplinary relationships. In addition, our emphasis on Nursing research, leadership and professional development makes Children's Hospital Los Angeles the organization of choice for a career in pediatric nursing.

Our above Nursing Vision statement, meanwhile, remained unchanged. Nursing leaders agreed that this Vision, written in 2006, still holds true today.

Nurses who were involved with the revision of the Nursing Mission, Vision and Values: Kimberly Wheatley, SN, (left); Susan Crandall, RN; Nicole Sheppard, RN; Cheryl Franco, RN; Cathy Foster, RN; Margaux Chan, RN; Kay Gilmore, RN; Mary Dee Hacker, RN; and David Davis, RN. Susan Cline, RN, not pictured.

Nursing Values

As Nurses:

- We achieve our best together.
- We are hopeful and compassionate.
- We are learners leading transformation.
- We are stewards of the lives and resources entrusted to us.
- We serve with great care.

As Nurses:

- “We achieve our best together” represents our teamwork and how we collaborate across all disciplines.
- “We are hopeful and compassionate” demonstrates our kind and understanding disposition, and that patients and families can feel comforted in our care. We are proud to provide a family-centered organization creating an environment of support and healing.
- “We are learners leading transformation” defines our drive for knowledge, research and evidence-based practices. Changes are universally challenging, but we embrace any new initiatives that would improve patient outcomes.
- “We are stewards of the lives and resources entrusted to us” shows how we truly are honored that patients and families trust us and in return we offer them our professional excellence.
- Lastly, “We serve with great care” characterizes our exceptional respect and service to our patients and families.



Our New Home

The construction, design and move into the new Marion and John E. Anderson Pavilion was a huge undertaking at Children's Hospital Los Angeles. Nurses at all levels—from direct-care nurses to our chief nursing officer—played a critical role in all phases of this multi-faceted process. This speaks volumes to our nurses' dedication to their units and to our entire hospital.

The following are stories of our nurses' integral involvement in the Anderson Pavilion.

Design

Our Chief Nursing Officer and Vice President of Patient Care Services, Mary Dee Hacker, MBA, RN, NEA-BC, FAAN, was one of the influential driving forces in the design of the building. Her focus was on designing an optimal environment for family-centered care and healing. She expressed her inspiration Sept. 26, 2010, when she was invited to speak on a panel at a Zócalo Public Square event to discuss how hospital design impacts patient health. The following excerpt is from the panel discussion:

As an executive sponsor through the planning and design of a new 317-bed, \$600 million tower at Children's Hospital Los Angeles, Hacker explained some of the components the hospital used to create a healthy design. The most immediately visible one is the hospital's playground.

"That is what children do—play," she said. "As you pull onto the campus the first thing a child will see is a playground." The playground not only serves children of all abilities, but it also supports the child's recovery and reminds us "that someday this child will be healthy and happy again." The tower will also include easy-to-clean rooms and a new cafeteria, moved from the basement to an upper floor with full windows and outdoor seating.



Mary Dee Hacker, MBA, RN, (left), speaking on a panel for Zócalo Public Square

Training

To organize the training of the Patient Care Services (PCS) staff, Suzanne Taylor, RN, director of Clinical Education and Professional Development, and Cynde Herman, PhD, director of Leadership and Organization Development, created a work group of super-users called the Commission on Training and Education (COTE). This group helped ensure that 100 percent of our staff were confident and competent to work in the new building.

The COTE group was comprised of at least one manager representative per unit/department and two Anderson Pavilion super-users, plus others. These super-users represented various departments and included nursing. The PCS COTE Work Group membership was comprised of 34 managers and 126 staff. The COTE committee structure was further divided into two parts: a PCS work group led by Taylor and a non-PCS work group led by Herman. These two work groups delivered training documents and collaborated to provide a working forum for discussing issues and concerns with training design and delivery.

The PCS COTE met monthly from Nov. 2010 through July 2011. Each month, different training and education issues were rolled out, discussed and implemented.

Orientation

Debbie Reid, RN, manager of Staff Development, coordinated all of the training for PCS employees as it related to their new working environment and equipment. PCS staff include Nursing, Respiratory Care, Pharmacy, Clinical Nutrition, Care Coordination, Rehabilitation Services, Child Life, Social Work and several outpatient clinical programs and professional services staff. Reid mapped out the curriculum, met with vendors, attended meetings, set up training schedules and organized efforts with 200 Anderson Pavilion super-users. This super-user group, comprised of managers and PCS staff, had 16 hours of core training so they could coordinate and train other staff members. She also supervised the end-user training for other staff members, who received eight hours of core instruction.



Debbie Reid, RN, providing instruction on the new equipment in the Anderson Pavilion.

Day in the Life

In addition to education and training, employees also had an opportunity to participate in “Day in the Life” (DitL) scenarios. These scenarios were dress rehearsals for working in their new environment utilizing actual unit-specific scenarios to test the workflow and paths of travel and acclimate staff to the new building. A significant amount of planning went into these DitL days, and scenarios were developed by PCS managers and staff members. As they ran these scenarios as a team, they were able to identify potential work environment issues and establish solutions.



The Emergency Department team playing out one of the DitL scenarios.

Move Day

After years of anticipation and months of preparation, move day arrived on July 17, 2011. Kathleen Stevenson, RN, was the main guiding force behind the move, developing and coordinating a detailed move plan with all areas of the hospital, including Patient Care, Pharmacy, Security, ancillary departments, Dietary, etc. This plan included general information, move routes, move day schedule, infection control, safety information, transport team information and post-move activities. The move was coordinated through a Command Center staffed by nursing directors, nursing managers, staff and physicians. The Command Center role was to track the progress of the move and immediately problem-solve any issues that developed.

During the week leading up to the move, nurses, physicians, respiratory care practitioners and unit managers met with Stevenson to coordinate the move. Each patient was listed with specific needs for transport. A detailed, timed schedule was developed and reviewed numerous times to ensure that all of these patient needs were met. Patients were moved using a specific and predetermined path of travel. Stevenson developed a detailed schedule that included exact times for patients to leave the unit, with ICU patients moving every 10 minutes, and Medical/Surgical patients leaving every five minutes. This schedule was based on extensive move day practice sessions completed months earlier by multidisciplinary teams.



The Command Center team helped ensure that patients traveled safely to their new rooms.

Like clockwork, the patient sequence progressed as scripted. As each patient left his or her old unit, the unit coordinator notified the Command Center. As patients arrived in the new building, the second unit coordinator notified the Command Center so that a current tracking list could be kept to monitor progress. As patient care issues arose relating to a patient need or change in patient status, bedside nurses worked with medical staff, the unit move coordinator and the Command Center to coordinate changes in the move sequence to ensure patient safety. All 191 patients arrived successfully in the Anderson Pavilion by 3:30 p.m., right on schedule.



Kelli Anderson, RN, (left) and Geri Gregorczyk, RN, transporting a patient into the Anderson Pavilion



Our Certified Nurses - 2011

Critical Care Registered Nurse (CCRN)

Pediatric ICU	Aguirre, Nancy
Pediatric ICU	Blackburn, Meredith
Nursing Director	Blake, Nancy
Pediatric ICU	Blayney, Frances
Pediatric ICU	Brenneman, Adam
Pediatric ICU	Briseno, Ale
Pediatric ICU	Bundac, Annie
Pediatric ICU	Cauley, Sherry
Pediatric ICU	Costley, Corinne
Cardiothoracic ICU	Culla, Virginia
Cardiothoracic ICU	Daley, Elizabeth Suzanne
Cardiothoracic ICU	Dansak, Norma
CT Transplant	Dechant, Debbie
Pediatric ICU	Duncombe, Victoria Joanne
Pediatric ICU	Favero, Gena
Cardiothoracic ICU	Feria, Raulin
Pediatric ICU	Fernandez, Katherine
Cardiothoracic ICU	Ford, Harry Alex
Pediatric ICU	Geary, Heidi
Cardiothoracic ICU	Gomez, Sylvia
Cardiothoracic ICU	Goss, Juliet Christine
CT Transplant	Guadiz, Donna
CT Transplant	Horn, Monica
Pediatric ICU	Kiani, Fereshteh
Pediatric ICU	Klatzker, Catherine
Pediatric ICU	Lee, Sandra
Pediatric ICU	Luminarias III, Louis
Newborn and Infant CCU	Machado, Michelle Anne
Cardiothoracic ICU	Martinez, Melinda
Cardiothoracic ICU	McIntyre, Kathleen
Nursing Resources	Meyer, Katherine
Pediatric ICU	Millares, Marilou Paja De Guzman
Cardiology	Mullaney, Mollie
Pediatric ICU	Nuss-Rice, Monica
CT Surgery	Pike, Nancy Ann
Pediatric ICU	Poon-Young, Colleene
Cardiothoracic ICU	Rizzi-Wagner, Lisa
Pediatric ICU	Rowley, Alanna
Pediatric ICU	Schmidt, David
ENT Trach	Sepulveda, Diana
Cardiothoracic ICU	Shepard, Sandra
Pediatric ICU	Stiff, Melinda Dee
Pediatric ICU	Sweeney, Suzette Dee
Pediatric ICU	Topper, Linda
Newborn and Infant CCU	Tran, Nhu
Cardiothoracic ICU	Winter, Victoria

Certified Pediatric Nurse (CPN)

5 West	Abcede, Lesley Navea
CT Surgery	Adler, Stacey
Cardiothoracic ICU	Aguilar, Andrea
5 West	Allen, Linda
6 West	Allen, Tiffany Michelle
Emergency Department	Anulao, Sheila Ann
5 West	Avram, Leticia
CV Acute	Baldwin, Jennifer
5 West	Banez, Arnie
6 West	Banuelos, Olivia
Emergency Department	Barreras, JoAnn
6 East	Barrios, David
Care Coordination	Barrios, Elisa
Nursing Resources	Borde, Ana
6 East	Briscoe, Robert
PACU	Burrola, Cynthia
6 East	Butterworth, Elaine
6 East	Casale, Anne
Emergency Department	Castrillon, Jody Leigh
Nursing Resources	Castro, Maria
6 North - Rehab	Chan, Lori
PACU	Chan, Margaux
6 West	Ciccarelli, Monica
Nursing Resources	Ciriacks, Paul
Emergency Department	Clark, Beth Christie
Emergency Department	Cline, Susan
Emergency Department	Costa, Anabel Enriquez
Emergency Department	Cottrell, James Tom
5 West	Cox, Marlene Julasavee
PACU	Cresencia, Allan
Emergency Department	Cruso, George Dennis
CV Acute	De Guzman, Aileen
5 East	Delgado, Nora
CV Acute	Diaz, Darcey Lynn
Cardiothoracic ICU	Dillon, Nicole Leanne
Nursing Resources	Dover, Deann
Emergency Department	Du Four, Laura
6 East	Duncan, Eileen
6 East	El Houry, Samar
Cardiothoracic ICU	Feria, Raulin
5 East	Fiore, Giuliana
4 West/BMT	Fiscus, Justin Russell
Emergency Department	Flores, Mariella
5 West	Frankel, Margaret-Ellen
Newborn and Infant CCU	Gamache, Lindsay
PACU	Garcia, Jessica Lawson
Emergency Department	Gateley, Monique

6 East	Gawley, Kristine	Radiology Nursing	McCullum, Claudia
CV Acute	Gilmore, Kay	Operating Room	McKinnon, Jon
5 East	Girguis, Amy Jean	Emergency Department	McKinnon, Jon M
Nursing Resources	Goggins, Jeanette	CV Acute	McCloud, Ashlei
5 East	Goldman-Merritt, Natalie	Nursing Resources	McCune, Allison
5 West	Gonzalez, Susan	Emergency Department	Meyer, Sarah
Radiology Nursing	Guerrero, Vanessa	6 West	Miller, Victoria
Nursing Resources	Guinn-Jackson, Rachel	5 West	Mombay, Francis
5 East	Guzek, Frances	Emergency Department	Monica, Morales
6 North	Guzman, Rosalia	Emergency Department	Monteith, Natasha
6 East	Hailemichael, Semhar	5 West	Morgan, Janaya
Surgical Admitting	Hand, Debbie	Emergency Department	Morton, Inge
Emergency Department	Hao, Armstrong	Critical Care Services	Morzov, Rica Sharon Prospero
Neonatal ICU	Henley, Julye	6 East	Mueller, Patricia
Nursing Resources	Hodge, Kim	Cardiology	Mullaney, Mollie
6 North	Hughes-Ganzon, Yvonne	Radiology	Newton, Laurie
Nursing Resources	Hunter, Kerri	Nursing Resources	Ng, Christina
Pediatric ICU	Huson, Jennifer	6 North	Nguyen, Van Nga
6 East	Iwamoto, Elaine	5 East	Nolan, Sherry
5 East	Jackson, Meghan	Emergency Department	Noonan, Sharon
Radiology Nursing	Jarquin, Martha	5 West	Oda, Lisa
5 West	Jensen, Susan	5 West	Odhner, Sharlene
CT ICU	Johnson, Tammy	Nursing Resources	O'Gorman, Nancy
Care Coordination	Jones, Terece	Nursing Resources	Omuse, Amy
5 East	Karlu, Michelle	Nursing Resources	Pandora Hodge, Kimberly
Nursing Resources	Kelly, Kathy	6 North	Price, Amanda Esther
Neurology	Kelts, Kathleen Elizabeth	Nursing Resources	Pritchard, Joan Marie Flom
Adolescent Medicine	Kenny, William	5 East	Pyorala, Maria Lorena Ferer
6 West	Kim, Taeree	Emergency Department	Quijada, Angela
Nursing Resources	Klinsky, Ruth Ellen	Emergency Department	Radparvar, Ramesh
5 East	Knapp, Jolene Marie	5 East	Ramirez, Sarah
Pulmonary - Clinical	Kun, Sheila	6 North	Reyes, Julita Arceo
CV Acute	Lavian, Ronit	6 North	Rios, Vanessa
Nursing Resources	Leon Guerrero, Velma	6 West	Rivas, Karen Denise
6 East	Limann-Dyer, Christine	Endocrinology	Roeser, Kailee
Nursing Resources	Loiselle, Linda	6 East	Rutland, John
PACU	Lowerhouse, Erin	Nursing Resources	Samuel, Martha
Nursing Resources	Luker, Gayle	6 East	Sanborne, Caroline Kelton
5 East	Madrid, Angela Adriana	5 East	Schmidt, Erin
Emergency Department	Magni, Nicole	Emergency Transport	Sherif, Judith
5 West	Markle, Justin Albert	Emergency Department	Sherwood, Denise
Nursing Resources	Marshall, Jeanne	5 East	Shetland, Abigail Barbara
Nursing Resources	Martinez, Marisa	Emergency Department	Silver, Amanda
5 East	Martinez, Susan	Nursing Resources	Simpson, Melissa
Emergency Department	Martinez, Vanessa	5 East	Solorio, Marcela
CV Acute	Massey-Norfleet, Marcia	Emergency Transport	Stambaugh, Terri
Nursing Resources	May, Christopher	6 North	Summers, Megan
5 West	McCauley, Cheryl Ann	5 East	Tarasova, Irina

Float Pool
 5 West
 6 West
 Nursing Resources
 Emergency Department
 6 West
 Emergency Department
 5 West
 PACU
 5 West
 6 West
 6 West
 6 North
 Radiology Nursing
 CV Acute
 Emergency Department
 5 West
 Emergency Department
 CV Acute
 CV Acute
 5 West
 6 East
 Cardiothoracic ICU

Termmel, Felicia
 Tighe, Judith
 Tostado, Theresa
 Tremmel, Felicia
 Tripoli, Valerie
 Uy, Chrystal
 Valenzuela, Stephanie
 Vanca, Donna Lee
 Vargas, Jason Robert
 Vaughn, Diana
 Vega, Zulema
 Verret, Gloria
 Villegas, Johanna
 Wallace, Veronica
 Weiner, Elysia
 West, Holly Hurley Marie
 Winter, Amina Ruth Naef
 Wood, Robin
 Yanga De Guzman, Aileen
 Yermian, Annie
 Yousefzadeh, Polin
 Yuen, Flora
 Zlotorynski, Elizabeth

BMT
 Hem-Onc Nursing
 4 East
 4 East
 Hem-Onc Nursing
 Care Coordination
 Hem-Onc Nursing
 Hem-Onc Nursing
 BMT
 BMT
 Hem-Onc Nursing
 Hem-Onc Nursing
 6 West
 6 East
 Hem-Onc Nursing
 Hem-Onc Nursing
 Hem-Onc Nursing
 Hem-Onc Nursing
 PCS Cancer Center
 Hem-Onc Nursing
 4 East
 BMT
 6 West
 4 East
 Hem-Onc Nursing
 Hem-Onc Nursing
 6 West
 4 East
 Hem-Onc Nursing
 BMT
 PCS Prof. Dev.
 4 East
 Hem-Onc Nursing
 Hem-Onc Nursing
 Hem-Onc Nursing
 4 West
 4 East
 Hope Center
 Dialysis
 6 West
 Hem-Onc Nursing
 Hem-Onc Nursing
 Nursing Director
 BMT
 Hem-Onc Nursing
 Hem-Onc Nursing
 6 West
 6 West
 BMT
 4 East
 4 East

Evangelista, Vilma
 Evans, Anna Christine
 Flores-Garcia, Renee
 Grade, Diane
 Gray, Jonelle
 Hart, Ann Eldise
 Hart, Nancy
 Imai, Dee
 Kimball, Gwendolyn
 Landery, Dawn
 Lapinid, Maria-Theresa
 Liehr, Paul
 Lieu, Christiane Marie
 Limann-Dyer, Christine
 Loera, Kellie
 Loo, Alice
 Marino, Deborah
 McGinty, Kathleen
 Medina-Velasco, Maria
 Meehan, Meghan
 Mehl, Heather
 Moses, Mary
 Narciso, Marites
 Navia, Johanna
 Okada, Maki
 Opimo, Anthony
 Owen, Kristen
 Pagkalinawan, Marifel
 Patterson, Tina
 Quiroz, Donna
 Reid, Debbie
 Reis, Sacha Lauren
 Reyes, Ma Luz
 Rhoads, Susan
 Rios, Patricia
 Rogers, Courtney
 Roozrokh, Afshid
 Ruccione, Kathleen
 Sanchez, Alice
 Sanchez, Melonee
 Santangelo, Gina Marie
 Schwartz Nord, Anne
 Secola, Rita
 Seluta, Dannielle
 Sia, Belinda
 Smith, Christina Izumi
 Sy, Linda
 Tan, Dave
 Tang, Shinyi
 Townsend, Peggy
 Vancura, Kerry

Certified Pediatric Hematology-Oncology Nurse (CPHON) and Certified Pediatric Oncology Nurse (CPON)

4 East
 4 East
 4 West
 4 West
 6 West
 Nephrology - Clinical
 BMT
 Hem-Onc Nursing
 Hem-Onc Nursing
 4 East
 BMT
 Hem-Onc Nursing
 6 West
 Hem-Onc Nursing
 4 East
 4 West
 6 West
 Hem-Onc Nursing
 Hem-Onc Nursing
 Hem-Onc Nursing
 4 West
 BMT
 4 West

Aberin, Irene
 Aguado, Lilibeth L.
 Aguirre, Melissa Stewart
 Altounji, Diane Rita
 Bernardo, Jesibelle
 Bertulfo-Sanchez, Alicia
 Blaney, Jennifer
 Bogojevic, Stana
 Bottcher, Margaret
 Bourque, Dania Marisa
 Brown, Kristina
 Bui, Armi
 Calderon, Gene Rainier
 Carcich, Sherri Lynn
 Castillo, Staci
 Castle, Michelle (Melissa)
 Cerda, Christina Annamaria
 Christoffersen, Shanna
 Chung, Kei Yun
 Cruso, Christina Izumi
 Daldumyan, Sona
 Doraiswami, Lara Chandra
 Dulay, Lizzele

Hem-Onc Nursing
Quality
4 East
BMT
4 West
BMT
4 East

Vasquez, Laura
Voytko, Willow
Williams, Sonya
Wilson, Ngaire
Wise, Cara Suzanne
Zannella, Sarah Toba
Zussman, Chelsea

Neonatal Intensive Care Nursing (RNC-NIC)

Newborn and Infant CCU	Ainsworth, Nicole
Newborn and Infant CCU	Alli-Casella, Sonja
PCS Education	Atkinson, Cynthia Diane
Cardiology	Barton, Cheryl Estepa
Newborn and Infant CCU	Bugsch, Susan
Cardiothoracic ICU	Cadaver, Carol
Newborn and Infant CCU	Cankar-Phillips, Valerie Lynn
Emergency Department	Cline, Susan
Institute for Maternal-Fetal Health	Costa, Pamela Lynn
Newborn and Infant CCU	Cuano, Suzanne
Newborn and Infant CCU	Drummond, Beverly
Newborn and Infant CCU	Espinosa, Sandra Luz
Newborn and Infant CCU	Flores, D.
Newborn and Infant CCU	Gamache, Lindsay
Newborn and Infant CCU	Giesler, Robert
Newborn and Infant CCU	Gleeson, Anne
Newborn and Infant CCU	Greenwood, Dolores
Newborn and Infant CCU	Hackett, Heather Ann
Newborn and Infant CCU	Klee, Laura
Institute for Maternal-Fetal Health	Lee, Bonnie
Newborn and Infant CCU	Ogbaa, Maxine Orieji
Newborn and Infant CCU	Pagado, Lorie
Newborn and Infant CCU	Pniel, Victoria
Institute for Maternal-Fetal Health	Rapoport, Karen
Newborn and Infant CCU	Real, Diane
Newborn and Infant CCU	Rogers, Margaret Rose
Newborn and Infant CCU	Rosik, Lisa Marie
Newborn and Infant CCU	Sham, Suet Ching
Newborn and Infant CCU	Weibel, Denise Navarro
Newborn and Infant CCU	Whitworth, Holly Miller
Plastic and Maxillofacial Surgery	Yedinak, Elsa

Certification in Nursing (RNC)

Endocrinology	Benson, Susan
Cardiology	Barton, Cheryl
Institute for Maternal-Fetal Health	Beranek, Marlene
Institute for Maternal-Fetal Health	Kotoh, Emi

Certified Clinical Nurse Specialist

5 East	Nolan, Sherry
Pain Management	Middleton, Meghan Sullivan

Certified Clinical Transplant Coordinator (CCTC)

Liver Transplant	Johnson, Stephanie
CT Transplant	Guadiz, Donna
CT Transplant	Horn, Monica

Certified Diabetes Educator (CDE)

Endocrinology	Bitting, Anna Gastelum
Endocrinology	Bock, Meredith Mae
Endocrinology	Brancale, Louise A.
Endocrinology	Carcelen, Eulalia
Endocrinology	Chang, Nancy
Endocrinology	Hollen, Barbara
Institute for Maternal-Fetal Health	Klecha, Irene
Endocrinology	McCarthy, Mary T.
Endocrinology	Miller, Debra Dee

Certified Gastroenterology Nurse

Urology	Gordon, Valerie
---------	-----------------

Certified Nurse Operating Room (CNOR)

Operating Room	Becker, Katharina
Perioperative Services	Bridges, Nancy
Nursing Director	Cook, Randall
Operating Room	Desai, Usha
Operating Room	Dizon, Melinda R.
Operating Room	Duncan, Pamela H.
Operating Room	Fodolyan, Verzhine
Operating Room	Guzman, Paula E.
Operating Room	Hartley, Angela M.
Operating Room	Johnson, Meredith Renee
Operating Room	Kou, Jingdong (Kenny)
Operating Room	Lopez, Rodrigo S.
Operating Room	McMonigal, Andrea Carole
Operating Room	Peron, Kelly Joyce
Operating Room	Quigley, Janet J.
Operating Room	Reyes, Jessica Belle
Operating Room	Rivera, Florence E.
Operating Room	Saldivar, Nur S. Abdullah
Operating Room	Smith, Adriana
Operating Room	Swaim, Sue
Perioperative Services	Willsey, Dawna Lee

Certified Neonatal and Pediatric Transport (C-NPT)

Emergency Transport	Cesinger, Susan L.
Emergency Transport	Martinez, Martha A.
Emergency Transport	Meyers, Jenifer Ann
Emergency Transport	Whitehouse, Kristin
Emergency Transport	Stambaugh, Terri

Certified Pediatric Emergency Nurse (CPEN)

Emergency Transport	Gill, Russ
5 West	Jensen, Susan
Emergency Department	Magni, Nicole
Emergency Department	Meyer, Claire
Emergency Department	Noonan, Sharon
Nursing Resources	O'Gorman, Nancy
Emergency Department	Sheppard, Nicole

Certified Professional in Health Care Risk Management (CPHRM)

Risk Management	Prommer, Karen
-----------------	----------------

Certified Rehabilitation Registered Nurse (CRRN)

Clinical Care Coordination	Blackburn, Rachel
----------------------------	-------------------

Certified School Nurse

Medical Genetics	Paige, Michele
------------------	----------------

Certified Wound, Ostomy, Continence Nurse (CWOCN)

Ambulatory Care	Harrison, Beth
-----------------	----------------

Nurse Executive Advanced – Board Certified (NEA-BC)

Nursing Director	Blake, Nancy
Emergency Department	Cline, Susan
Newborn and Infant CCU	Drummond, Beverly
Nursing Director	Gross, Barbara
Chief Nursing Officer and VP,	
Patient Care Services	Hacker, Mary Dee

Certified Nurse Administration (NE-BC)

6 East	Kissinger, Catherine
Hem-Onc Nursing	Loera, Kellie
Pediatric ICU	Loera, Teri

Orthopaedic Nurses Certification (ONC)

Orthopaedics	Wakulich, Ann M.
--------------	------------------

Certified Nursing Professional Development (RN-BC)

Radiology Nursing	Mills, Marilyn Deon
Nursing Director	Taylor, Suzanne
Cardiothoracic ICU	Gomez, Sylvia
Pediatric ICU	Blayney, Frances
RN Residency in Pediatrics	Klaristenfeld, Jessica
PCS Professional Development	Reid, Debbie L.

Certified in Pain Management

Pain Management	Middleton, Meghan Sullivan
-----------------	----------------------------

Certified Registered Nurse Infusion (CRNI)

4 East	Navia, Johanna
Hem-Onc Nursing	Bogojevic, Stana

Certified Adult Nurse Practitioner (CANP)

Employee Health Services	Tatlonghari, Roy Villena
--------------------------	--------------------------

Certified Family Nurse Practitioner (CFNP)

PCS Medical Units	Gallardo, Constance C.
Surgical Admitting	Hernandez, Anthony
CT Surgery	Kwong, Caroline
Endocrinology	Mansilla, Vanessa Lizzet
Employee Health Services	Moya, Melanie T.
CT Surgery	Okuhara, Carol A.
Surgical Admitting	Olive, Yvonne J.
CT Surgery	Pike, Nancy Ann
CT Surgery	Rosu, Lillian Vicky

Primary Care Certified Family Nurse Practitioner (CFNP-PC)

Surgical Admitting	Olive, Yvonne J.
--------------------	------------------

Certified Pediatric Nurse Practitioner (CPNP)

Surgical Admitting	Ablian, Jocelyn (Lynn)
Cardiology	Barton, Cheryl Estepa
Nephrology	Brown, Gwen Green
Hem-Onc Nursing	Carson, Susan
Surgical Admitting	Cheffer, Natalie
Radiology Nursing	Coon, Margo
Hem-Onc Nursing	Donkin, Jennifer
CT Surgery	Ethridge, Kristen
Hem-Onc Nursing	Evans, Anna Christine
Plastic Surg/Cranio	Haynes, Karla Aurine
Pediatric ICU	Huson, Jennifer
Plastic Surg/Cranio	Lau, Helen
Hem-Onc Nursing	McMahon Peterson, Patricia
CT Surgery	Mozumder, Kaberi
Pain Management	Murray, Jennifer
Radiology Nursing/Anesthesia	Nelson, Mary Baron
5 West	Oda, Lisa
Hem-Onc Nursing	Okada, Maki
Hem-Onc Nursing	Pederzoli, Paola
Hem-Onc Nursing	Quirk, Lindsay
Hem-Onc Nursing	Rangan, Kasey
Pulmonary	Reyes, Carmen
Pulmonary	Reyes, Maria

6 North	Rios, Vanessa
Hem-Onc Nursing	Rosenthal, Yael
Pediatric ICU	Salveti, Bianca
Pediatric ICU	Schmidt, David
Adolescent Medicine	Thompson, Nanora
Hem-Onc Nursing	Wright, Kynna Nichole
Plastic and Maxillofacial Surgery	Yedinak, Elsa

Acute Care Certified Pediatric Nurse Practitioner (CPNP-AC)

Pediatric Surgery	Camacho, Linda
CT Surgery	McCulley, Mary
CT Surgery	Okuhara, Carol
Pediatric Surgery	Parker, Andrea Lynne
CT Surgery	Pike, Nancy
CT Surgery	Rosu, Lillian
Pediatric Surgery	Zambetti, Gina

Primary Care Certified Pediatric Nurse Practitioner (CPNP-PC)

CT Surgery	Adler, Stacey
Surgical Admitting	Boutros, Leticia
Surgical Admitting	Chun, Beatrice
6 East	Hoover, Lavonda
Ambulatory Care	Lee, Marcia
Pediatric Surgery	Nowicki, Donna
4 East	Pagkalinawan, Marifel
Surgical Admitting	Rannalli, Debra
Radiology Nursing	Virgallito, Mary

Primary Care and Acute Care Certified Pediatric Nurse Practitioner (CPNP-PC/AC)

Radiology Nursing	Matich (Carvajal), Susanne
CT Surgery	Faire, Pamela Michelle
CT Surgery	Green, Melanie
Hem-Onc Nursing	Harris, Deborah
Radiology Nursing	Jung, Denna
Pain Management	Jury, Deborah
Pain Management	Middleton, Meghan Sullivan

Primary Care Neonatal Nurse Practitioner (NNP-PC)

Institute for Maternal-Fetal Health	Beranek, Marlene
Institute for Maternal-Fetal Health	Costa, Pamela
Newborn and Infant CCU	Fichera, Sharon
Institute for Maternal-Fetal Health	Kotoh, Emi
Institute for Maternal-Fetal Health	Lee, Bonnie
Institute for Maternal-Fetal Health	Rapoport, Karen

Certified Registered Nurse Anesthetists (CRNA)

Anesthesiology	Belson, Paula
Anesthesiology	Callaghan (Bailey), Melissa
Anesthesiology	Farooqui, Shama
Anesthesiology	Glasser, Sara
Anesthesiology	Iwaszewski, Mary
Anesthesiology	Koempel, Judy
Anesthesiology	Polkinghorn, Sarah
Anesthesiology	Thomas, Shinnay

Certified Clinical Research Professional (CCRP)

Hem-Onc Nursing	Harrington, Jennifer
-----------------	----------------------

Certified Health Education Specialist (CHES)

Cardiothoracic ICU	Gray, Kescia
Cardiothoracic ICU	Goss, Juliet Christine

Certified Legal Nurse Consultant (CLNC)

6 West	Jackson, Willie
--------	-----------------

Certified Radiology Nurse (CRN)

Hem-Onc Nursing	Andaya, Judith
-----------------	----------------

Certified Nephrology Nurse (CNN)

Nephrology - Clinical	Brown, Gwen Green
-----------------------	-------------------

Total Number of Certified Nurses:	397
--	------------

Total Number of Certified NPs:	84
---------------------------------------	-----------

Total:	481
---------------	------------



Advanced Degrees

Children's Hospital Los Angeles is committed to supporting and encouraging our nurses to pursue their professional development by advancing their education and obtaining certifications. We actively promote and communicate opportunities for professional growth, and nurse leaders allow flexible scheduling to accommodate nurses' balance of work, school and home life. The hospital offers financial support for education and informs nurses of opportunities at local colleges and universities. The hospital offers:

- Tuition assistance program
- RN to BSN program grant
- Terry Varatta Scholarships for nursing graduate students
- College and university information sessions

New Advanced Degrees in 2011

Bachelor's Degree

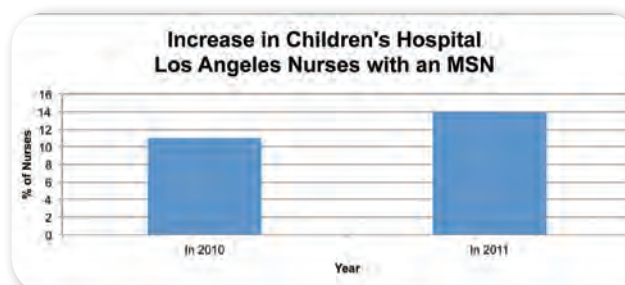
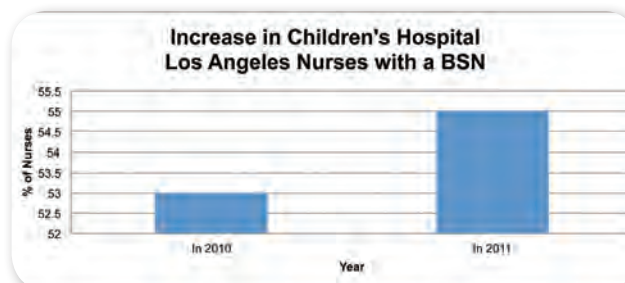
Nicole Bledsoe, RN (Hematology-Oncology)
Jessica Christl, RN (5 West)
Teresa Evans, RN (4 West)
Libertad Garcia, RN (Hematology-Oncology)
Sanci Solis, RN (Pediatric Intensive Care Unit)
Tyla Vecchiarelli, RN (Post-Anesthesia Care Unit)

Master's Degree

Brenda Barnum, RN (Newborn and Infant Critical Care Unit): Master of Arts in Bioethics and Health Policy
Christine Dyer, RN (6 East): MSN
Josephine Ellashek, RN (Critical Care): MSN
Oneida Ilog, RN (Cardiovascular Acute): MSN
Maninder Kaur Jasdhaul, RN (5 East): MSN
Lindsay Quirk, RN (Emergency Department): MSN
Desiree Ritter, RN (House Supervisor): MHA
Margherita Toscano Payan, RN (Post-Anesthesia Care Unit): MSN/FNP
Kim Tull, RN (5 West): MSN/FNP
Dawna Willsey, RN (Perioperative Services): Master's in Nursing Administration

Doctoral Degree

Rita Secola, RN, CPON (Hematology-Oncology): PhD



Awards

The “GEM” (Going the Extra Mile) Award

The GEM Award recognizes individuals, including nurses, who exemplify the values of Children’s Hospital Los Angeles:

- We achieve our best together.
- We are hopeful and compassionate.
- We are learners leading transformation.
- We are stewards of the lives and resources entrusted to us.
- We serve with great care.

These are the values that make Children’s Hospital one of the top hospitals in the nation. A number of nurses were honored with this award in 2011:



*Beth Harrison, RN
March 2011*



*Patricia Rodriguez, RN, PNP
May 2011*



*Anabel Costa, RN
July 2011*



*Grace Ruiz, RN
October 2011*

Morris and Mary Press Humanism Awards

The top honor for employees at Children’s Hospital Los Angeles are the Morris and Mary Press Humanism Awards. This annual event recognizes individuals and a department or work group that have gone beyond their daily job expectations. These individuals consistently demonstrate compassion, caring and excellent communication with patients, families and team members. The 2011 Nursing winner was Bill Kenny, RN, of the Teenage Health Center in the Division of Adolescent Medicine. Adolescent Medicine also won the Department/Work Group category.

Their dedication, service, knowledge and thoughtfulness are excellent assets and make Children’s Hospital Los Angeles stand above the rest.



Richard D. Cordova, FACHE, (left) and Bill Kenny, RN

DAISY Awards 2011

The DAISY Awards, which recognize nurses who exemplify excellence in patient care, have become a celebrated tradition at Children's Hospital Los Angeles.

Bonnie and J. Mark Barnes founded the DAISY (Diseases Attacking the Immune System) Foundation in memory of their son, J. Patrick Barnes, who died of complications from his autoimmune disease (idiopathic thrombocytopenic purpura) at age 33. In tribute and appreciation of the nurses who cared for their son, they established the DAISY Foundation to honor nurses who positively impact the lives of their ill patients and coping families.

Children's Hospital is one of more than 50 hospitals in the United States that have partnered with the DAISY Foundation. Recipients of the DAISY Award receive a certificate, a DAISY pin, Cinnabon™ cinnamon rolls and a unique hand-carved stone statue called "The Healer's Touch," created by artisans in Zimbabwe.



January

Ann Alvarez, RN, BSN



February

*Laura Corrado, RN, BSN
Rosie Chavarria, RN, BSN*



March

Allie Dubon, RN



April

*Carolyn Waddell,
RN, BSN, BA*



May

*Karen Van Wert, RN, MSN,
BA, NP*



June

*Jason Vargas,
RN, BSN, CPN*



August

*Jennifer Huson,
MSN, PNP, CNS*



September

Gloria Verret, RN, CPN



October

Myrna Anotado, RN



November

*Jody Castrillon,
RN, BSN, CPN*

Lectures

Colleene Young, RN, gave a presentation on "Nurse Responsibilities and Clinical Patients Requiring Continuous Renal Replacement Therapy" at the Sixth World Congress on Pediatric Critical Care in Sydney, Australia, in March 2011.

Meghan Middleton, RN, lectured to second-year pediatric nurse practitioner students at the University of California, Los Angeles (UCLA) School of Nursing on "Pain Assessment and Management" and to Children's Hospital's Versant™ RN Residency class on "Epidural and Nerve Block Therapy" in January 2011.

Irene Klecha, RN, gave two presentations at the American Cleft Palate-Craniofacial Association's 68th Annual Meeting in San Juan, Puerto Rico, in April 2011: "Integrating Screening for Postpartum Depression During Nurse Visits with Patients with Cleft" and "Prenatal Diagnosis and Counseling in the Cleft Lip and Palate."

Inge Morton, RN, presented two lectures, "Assessment of the Trauma Patient" and "Acute Asthma Management," at the Contemporary Forums: Care of the Hospitalized Child Conference in Las Vegas in May 2011.

Sandra Watcher Mintz, RN, spoke on "Infusion Therapies in Pediatrics Systemic Juvenile Arthritis" at the Infusion Therapy Training Course in Palm Springs, Calif., in May 2011.

Sharon Fichera, RN, presented the following lectures at the National Conference of Obstetric and Neonatal Nursing: Challenges and Controversies in Las Vegas in March 2011: "Neurology: Physiology and Pathophysiology," "Surgical Emergencies," "Developmental Overview of Cardiac Anatomy and Physiology," "Multiple Organ Dysfunction Syndrome" and "The Ultimate Guide to Precepting and Competency Development."

Leticia Boutros, RN, spoke on "Nursing: Caring for Patients and their Families," at the Adelante Mujer Latina Conference at Pasadena City College in April 2011.

Debbie Harris, RN, and **Trish Peterson, RN**, presented "Ask the Healthcare Provider" at the eighth annual Symposium on Sickle Cell Disease: Services for Children and Families in California, at Knott's Berry Farm Resort Hotel in Buena Park, Calif., in April 2011.

Diane Altounji, RN, **Monica Grover, RN**, **Melissa Aguirre, RN**, and **Sona Daldumyan, RN**, presented "Stress to Serenity: A Healing Retreat" at the 35th annual Association of Pediatric Hematology/Oncology Nurses Conference in September 2011.

Barbara Britt, RN, spoke at an Eagle Scout ceremony in Auburn, Calif., for a long-term survivor of medulloblastoma who received treatment at Children's Hospital Los Angeles.

Donna Nowicki, RN, presented "Extremity Amputations for Vascular Anomalies: Single-Center Experience Over Ten Years" at the American Pediatric Surgical Nurses Association 20th Annual Scientific Meeting in Palm Desert, Calif., in May 2011.

Monica Horn, RN, was a speaker and the panel chair of a lung transplantation session, "The World of Transplantation: Exploring the Options," at the Cardiothoracic Pulmonary Hypertension Association Resource Network Symposium in Arlington, Va., in September 2011.





Edahrline Salas, RN, (left) and Jessica Klaristenfeld, RN, presented at the National Nursing Staff Development Organization's annual convention in Chicago in July 2011.

Edahrline Salas, RN, and Jessica Klaristenfeld, RN, gave a podium presentation on "Housing Collective Efforts and Accountability: How to Creatively Promote Desired Staff Behaviors" at the National Nursing Staff Development Organization's annual convention in Chicago in July 2011.

Mary Dee Hacker, MBA, RN, NEA-BC, FAAN, co-presented "Capturing the Essence of Extraordinary Nurses With Meaningful Recognition: The DAISY Award's Evidence and Benefits," at the National Magnet Conference in October 2011 in Baltimore.

Sandra Watcher Mintz, RN, spoke on "Transition, Self Advocacy and Schools" at the Arthritis Foundation's Arthritis in Prime Time Symposium in Long Beach, Calif., in October 2011. She also presented on "Improving Adherence in the Pediatric Patient" and "Preparing for Transition from Day One of Diagnosis to Adult Care" at the American College of Rheumatology/Association of Rheumatology Health Professionals Annual Scientific Meeting in Chicago in November 2011.

Susan Carson, NP, gave a general session speech on "The 411 on Hematology," at the Association of Pediatric Hematology-Oncology Nurses' 35th annual conference in Anaheim, Calif., in September 2011. She also presented "Clinical Implications of Iron Overload" at the National Meeting of the American Association of Blood Bankers in San Diego in October 2011.

David Davis, RN, and Suzanne Taylor, RN, presented "A Multidiscipline Approach to Collaborative Governance: Are All the Voices Heard?" at the National Magnet Conference in Baltimore in October 2011.

Nancy Pike, RN, presented "Transposition of the Great Arteries: Comprehensive Overview" and "Where We Are Now and Where We Are Going: VADs in Children" at the Pediatric Critical Care Nursing Cardiology Pre-Conference by Contemporary Forums in Las Vegas in October 2011.

Rita Secola, PhD, RN, CPON, presented "Targeted Therapy in Pediatric Oncology" at the Society of International Pediatric Oncology Annual Conference in Auckland, New Zealand, in October 2011.

Posters

Donna Nowicki, RN, presented a poster on "Extremity Amputations for Vascular Anomalies: Single-Center Experience Over Ten Years," at the American Pediatric Surgical Nurses Association 20th Annual Scientific Meeting in Palm Desert, Calif., in May 2011.

Sheila Kun, RN, had a poster presentation, "Hospital Readmissions for Newly Discharged Home Mechanical Ventilator Pediatric Patients," at the International American Thoracic Society Conference in Denver in May 2011.

Maria Velasco, RN, and Peggy Townsend, RN, had a poster presentation, "Empowering Hematology-Oncology/Bone Marrow Transplant Nurses to Become Shared Governance Leaders," at Children's Hospital of Pittsburgh in October 2011.

Rita Secola, PhD, RN, CPON, and Peggy Townsend, RN, presented a poster on "Creating a Positive 'Floating' Experience for Hematology-Oncology and Bone Marrow Transplant Nurses" at Children's Hospital of Pittsburgh in October 2011.

Nancy Blake, RN, presented a poster, "The Relationship of Healthy Work Environments (Communication, Collaboration, Leadership) and Patient and Nurse Outcomes," at the International Nursing Administration Research Conference in Denver in October 2011.

Liz Daley, RN, and **Lucy Dautrich, RN**, had a poster presentation, "Implementing a Unit-Based Continuing Education Program after RN Residency," at the seventh annual Versant Client Conference in New Orleans in November 2011.

Ale Briseno, RN, **Cindy Rowlett, RN**, and **Gena Favero, RN**, presented a poster, "Professionalism: Actions Speak Louder Than Words" at the seventh annual Versant Client Conference in New Orleans in November 2011.



Cindy Rowlett, RN, (left), Gena Favero, RN, and Alejandra Briseno, RN, stand next to their poster at the 2011 Versant Conference in New Orleans.

Melanie Guerrero, RN, presented two posters, "Focused Mentoring: The Bridge to Patient Safety and Professional Development for Past RN Residents" and "The Effects of the Versant RN Residency Program as a Path to Professional Development for Past RN Residents," at the seventh annual Versant Client Conference in New Orleans in November 2011.

Dave Tan, RN, and **Kristine Gawley, RN**, presented a poster, "Medicus (Please Don't) Interrupt Us" at the Institute for Healthcare Improvement Conference in Orlando, Fla., in December 2011.

Publications

Taere Kim, RN, contributed a scientific illustration for a study on sodium-calcium exchanges in the cortices of Alzheimer's disease patients, published in *Cell Calcium* in April 2011.

Sheila Kun, RN, had a chapter, "Medical Devices and Therapies," published in *Chronic Complex Diseases of Childhood, A Practical Guide for Clinicians*, in Winter 2011.

Carol Okuhara, RN, **Pamela Faire, RN**, and **Nancy Pike, RN**, published an article, "RN 2011, Acute Care Pediatric Nurse Practitioner: A Vital Role in Pediatric Cardiothoracic Surgery," in the *Journal of Pediatric Nursing* in April 2011.

Sue Matich, RN, published an article, "The Nurse Sedationologist," in the *Journal of Radiology Nursing* in June 2011.

Linda Camacho, RN, wrote an article, "Recognizing Moral Distress: Steps to Recovery," which was published in the Los Angeles Chapter of the National Association of Hispanic Nurses newsletter and also in the Society of Pediatric Nurses newsletter.

Zulema Vega, RN, was featured in the article, "My Specialty: Pediatric Nursing," in *Working Nurse Magazine* in December 2010.



Professional Practice Model

The Professional Practice Model is a visual representation of how an organization defines its concept of patient care. This model drives our care at the bedside based on our core values. In 2006, a group of Children's Hospital Los Angeles nurses gathered together to create this model, and then modified it in 2010. The image below is the result of their work.



Children's Hospital
LOS ANGELES®



The building blocks represent what we do at Children's Hospital Los Angeles and capture the foundations of our patient care practice. Teamwork and life-long learning are key elements in providing family-centered care to our patients. The continuous circle represents

our ongoing efforts to acquire and share knowledge, to provide service, to give respect to our patients, families and colleagues and to improve and sustain quality in our practice. The team got it right: "It's what we do!"

Care Delivery System

A care delivery system is the way in which health services are delivered. It specifies which health care providers are involved and how they work together to address patient needs.

In 1995, Children's Hospital Los Angeles developed the C3 – Children's Care Continuum, a modified and integrated case management care delivery system. This system, which continues today, spans a number of clinical care settings serving complex and chronic patient populations.

The following are aspects of our care delivery system:

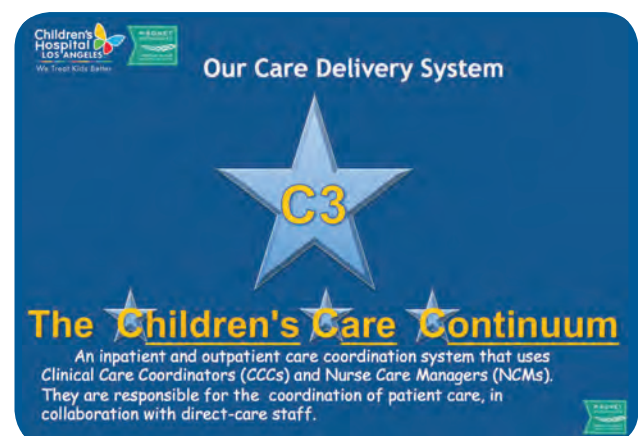
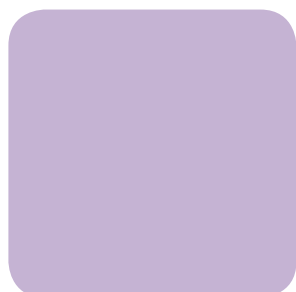
- Advocacy to ensure ethics in practice, a cultural consciousness of the populations served and employment of individual patient interventions to meet the unique needs of our patients and families
- The coordination of care across the full continuum of clinical settings (inpatient, ambulatory and home) with the goal of improved clinical outcomes
- The role of nurse care managers and clinical care coordinators who have the responsibility for the appropriate delivery and coordination of clinical care along with the entire multidisciplinary team



Case or care management is an integral component of the C3 model. The model is based on the premise that professional service coordination is essential for children and families who have complex health care issues and special needs, and who must interact with a variety of systems internal and external to Children's Hospital.

Nurse care managers and clinical care coordinators serve as resources to the direct-care nursing staff for patient issues. They also work collaboratively with physicians, home health care agencies, respiratory care practitioners and other nursing staff to ensure the continuum of care for patients and families as they are discharged home and seen in ambulatory clinics.

Significant organizational resources have been allocated to the program over many years. The result has been to ensure quality of care and the success of our care delivery system.



Transitioning Care for Adolescents

Pediatric care has come a long way. Historically, many patients with pediatric diseases did not survive into adulthood. As medical care has advanced, most of these patients now have longer lives than they would have had in past decades.

This is great news, but it also means that many patients now enter adulthood with diseases that many adult facilities are inexperienced at handling. Meanwhile, these young people are at the developmental stage where they want to be treated as adults, not as pediatric patients.

In response to this need, Children's Hospital Los Angeles has developed several programs to ease the transition of care of these young adults. In addition to health care transition, these comprehensive services include education on self-management and assessment, service coordination and referrals to transition and adult community-based services and programs. Children's Hospital staff are committed to pioneering better ways of transitioning care through innovative interdisciplinary initiatives.

The Spina Bifida Clinic

In February 2011, Cecily L. Betz, PhD, RN, research director and director of Nursing Training for the USC University Center for Excellence in Developmental Disabilities (UCEDD) at Children's Hospital Los Angeles, initiated "Moving On," an innovative nurse-managed health care transition program. This program is designed for youth and emerging adults, ages 10 to 21, who receive services from the Children's Hospital Spina Bifida Clinic.

The program provides health care transition services, technical assistance and resource information for youth with spina bifida. The goal is to facilitate their transfer of care to adult health care and facilitate achievement of the tasks of adulthood. This program is based upon an interdisciplinary model of services and involves professionals from Nursing, Pediatrics, Nutrition, Occupational Therapy, Physical Therapy and Social Work.

Services include:

- Development of a comprehensive transition plan to help with the process of becoming an adult
- Ongoing assistance with plans for the future
- Ongoing help with transition questions and assistance with problem-solving
- Help with finding adult physicians after leaving Children's Hospital and enrolling in adult health insurance plans
- Assistance in acquiring self-management knowledge and skills to manage their spina bifida treatment regimen as independently as possible
- Help with enrolling in transition and adult community-based services and programs



Cecily Betz, PhD, RN, initiated a health care transition program for patients with spina bifida.

The Cardiothoracic Transplant Program

Cardiothoracic transplantation started in the pediatric health care arena nearly 20 years ago, and many patients have survived into adulthood. But due to the specialized and complex nature of managing these transplant patients—and the reluctance of adult centers to care for them—many of these patients were still being managed at Children's Hospital well past 18 years of age.

Cynthia Herrington, MD, began communication with the University of Southern California's Adult Transplant, Cardiology and Pulmonary departments to facilitate patients' transition to adult care. Monica Horn, RN, CCRN, CCTC, cardiothoracic transplant coordinator II, worked with program staff to outline the plan and identify a list of patients who were ready for transition.

First, the patient and a multidisciplinary transplant team—comprised of the physician, nursing transplant coordinator, social worker, financial counselor, dietitian and pharmacist—discuss the plan of care for a patient being presented for transition. Once agreed upon, the plan is communicated and transferred to the patient’s designated adult health providers. To ensure a successful transfer, the appointment date and copy of the first clinical note is obtained from the new center and filed in the medical record.

Children’s Center for Cancer and Blood Diseases

The Long-term Information, Follow-up & Education (LIFE) Program was started in 1992 and is a key component of the Children’s Center for Cancer and Blood Diseases at Children’s Hospital. The goal of the program is for pediatric cancer survivors to graduate from pediatric care and transition to adult care.

The LIFE Program provides direct clinical care and support for these young adults, including evaluation and education regarding potential physical and psychosocial late effects from cancer therapy. Survivors may obtain these services by attending the LIFE Clinic, staffed by a team of professionals—including a physician, nurse practitioners and a medical social worker—who specialize in providing long-term follow-up services to these young cancer survivors.

Recently, the LIFE Program began a special partnership with the Disney Family Cancer Center at Providence Saint Joseph Medical Center in Burbank. This partnership led to the development of the Adolescent and Young Adult Cancer Program, which serves young adults 18-39 years of age. The initial phase in developing the program was headed by key multidisciplinary leaders at Children’s Hospital including Stuart E. Siegel, MD, David Freyer, DO, and Kathy Ruccione, MPH, RN, CPON, FAAN.

This innovative partnership between Children’s Hospital and Providence Saint Joseph has created additional roles and enhanced the practice of nurse practitioners in the LIFE Program. With the new transition process in place, nurse practitioners continue to care for patients and families until they are transition-ready. The additional roles for nurse practitioners now include:

1. Preparing patients for transition
2. Assessing transition-readiness
3. Providing nurse practitioner services at Children’s Hospital and Providence Saint Joseph to ensure a smooth transition
4. Remaining available as a resource for adult specialists and patients after the transition to adult care



LIFE Program staff members Kasey Rangan, RN, CPNP, (left), Maki Okada, RN, CPNP, Lisl Schweers, LCSW, David Freyer, DO, parent Donald Nelson, Yael Rosenthal, RN, PNP, and LIFE Program patient Keir Nelson



In the Zone: Planning for a New Emergency Department

When Children's Hospital Los Angeles moved from its previous building into the brand new, state-of-the-art Marion and John E. Anderson Pavilion, the Emergency Department (ED) space changed dramatically. The new Maurice Marciano Family Foundation Emergency Department and Trauma Center was larger, featured a different layout and accommodated new technologies for tracking and monitoring patients. The expansion of the department from 28 to 39 beds in a substantially larger footprint was both an exciting and daunting prospect.

Nurses realized early on that their workflow would change, and began the deep dive into designing the new space. In Fall 2010, almost a year before the new building opened, the nursing team started to make important decisions about new workflow processes. Along with department staff members, two nursing managers provided leadership for the design team: Operations Manager Susan Cline, RN, and Education Manager Inge Morton, RN.

First, architectural blueprints were distributed to all staff nurses and support staff. Frontline staff then drew their ideas for new work zones onto the blueprints. In the end, Cline and Morton received more than 20 proposed zoning plans. They refined the choices down to five and invited the ED charge nurses and any interested staff members to don hard hats and "walk the zones" at the construction site itself.



During these tours, teams of nurses walked the proposed zones, counting footsteps between the rooms and workstations. They considered the placement of the medical record for each exam room and its proximity to the physician work room, the ambulance bay and the trauma bays. They decided that the most acute zone would be located nearest the physician work

room and ambulance bay. The workstation nearest the acute or "red zone" was assigned as the main workstation, and the team decided that the Emergency Department would expand outward from this zone as census increased throughout the day.



Emergency Department nurses Alex Kronbetter, RN, (left), Susan Cline, RN, Inge Morton, RN, and Robin Goodman, RN, explored the new Emergency Department while it was under construction and planned out the "Zones."

After the hard-hat walk-through, Morton and Cline created blueprints that illustrated the recommendations. The final proposal was to divide the department into eight zones—red, orange, yellow, silver, pink, blue, green and purple. The exam rooms and workstations were color-coded to illustrate these zones. Cline and Morton posted the blueprint in the department and facilitated staff feedback. Changes were made based on their suggestions.

After the move into the Anderson Pavilion, the nurse managers measured the outcomes of their architectural zoning plan—and found successful results. They observed decreases in:

- Patients' average length of stay in the ED.
- Patient waiting time.
- Number of patients remaining in the ED for 24 hours or more waiting for a bed.
- Number of patients/families leaving the ED without being seen by the doctor.

Annual Nurse Essay Contest 2011

"Bigger and Better: Living Up to Magnet Status as We Embrace the Future"

by Sheila Perez, RN

Leaving the Newborn and Infant Critical Care Unit (NICCU) for the Institute for Maternal-Fetal Health (IMFH) was as strange, abrupt and in many ways as disorienting as Alice falling down the rabbit hole. I loved the NICCU, including caring for neonatal patients, the technology, the cutting-edge care and being part of a sort of nursing and medical "A" Team that offered miracles to babies and families, the sickest of the sick. Arriving in the IMFH, it took some time to adapt to the unfamiliar world of perinatology, where the patient was the parents, literally, although the plan of care was focused on the fetus. Things seemed backwards, focused on the mother, aimed toward the baby, with maternal well-being the foremost consideration at any time. Answers were few, anxiety high, and very seldom could a definitive miracle be enacted before our eyes.

Through the first several months, some landmarks emerged. Families arrived at the IMFH with the entire spectrum of understanding. Some had no idea something might be wrong, only to be devastated with bad news; some arrived knowing bad news existed, only to have their worst fears confirmed. Some fell in between, and struggled with accepting—or completely rejecting the news altogether. I was told during my orientation that my role as care manager was to support and guide mothers and families through the continuum of care, from the time of fetal diagnosis, throughout the high-risk pregnancy, managed delivery and later admission to Children's. Our mission was to provide multidisciplinary, integrated care, in a single location, in an atmosphere of compassion and respect. All well, but how to proceed?

A natural method of processing and understanding my new role was to compare it to my past role in the NICCU, mentally highlighting the differences. As the differences were as many as the similarities, and there

seemed to be no discernible pattern, it was a stroke of fortune that I was blessed with an added layer of insight, brought about by my participation as our unit's Magnet Champion. I worked alongside others identifying examples of the Components of Magnet Status, proud of the many examples, and inspired by the excellence that surrounded me. It wasn't until I entered the IMFH where suddenly I was thrust into what seemed a deeply responsible, somewhat intangible and altogether intimidating level of expected patient care and service that the concept of Magnet really became clear. The Components of Magnet became my benchmark for understanding, but most of all they drew the concept of the IMFH mission and our respective roles therein into clear focus.



Sheila Perez, RN

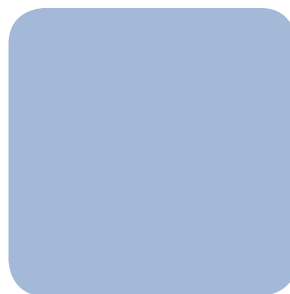
The IMFH is a partnership between Perinatology and Pediatrics. The perinatologist, and possibly the IMFH OB, are the primary care physicians, with each of more than 18 pediatric subspecialists involved in each patient's care. This all takes place in a single location, with the exception of the Fetal Cardiology program, which provides care in two. Each fetus has the potential of becoming a patient of Children's Hospital Los Angeles, a fact which begins in whatever stage of pregnancy the diagnoses are made. An IMFH patient requires two or more subspecialties: Perinatology and any of the many pediatric partners, with the most frequent being Cardiology, Cardiothoracic Surgery, Urology, Pediatric Surgery, Neurosurgery, Genetics, Radiology and Neonatology. The physicians focus on their piece of the plan, and work together exceptionally well.

At the core of this program is nursing. I am told that when the program began in 2003, there were enough patients to count on both hands. With the arrival of nursing in 2005, the program took off. Nursing had the autonomy and the responsibility to identify and develop every aspect of the IMFH that is not the practice of medicine. The very process of moving from fetal diagnosis to delivery and admission is both a result of nursing program development and facilitation. Each patient arrives with anywhere from no information, to Internet-fueled misinformation, from knowing clearly what their innermost hope for an outcome might be, to being asked to make decisions and choices they fear they cannot. Some trust; some run and try to hide. Each family arrives with at least one major decision to make: that is whether to continue the pregnancy or not. My job first and foremost is to teach and support. The next is to coordinate, facilitate and communicate. How we enact our mission mirrors the epitome of Magnet ideals. We create the structure, the program; we identify the non-medical standards for patient management. Each family is to have as much information, as much understanding of their unborn baby's condition, as their level of education, sophistication and ability to cope will allow. Once that goal is reached then they are supported in decisions. Whatever decision is best for their unique family and situation becomes the right decision and is supported as such. Thereafter, flow of care, support, understanding, compassion and drawing together all the components of a complex, multifaceted program come through one individual, the nurse care manager.

This was what Magnet meant, and continues to mean to me. Understanding our mission, and my role within it in the context of Magnet excellence, allowed me not only to grasp the larger picture, but also to function at the highest level of capability. The nurse care managers provide an integral, highly autonomous role in a complex, integrated, multidisciplinary program, providing care of the highest standard, while functioning within a scope of practice that defines nursing. Our medical director, looking for a way to represent our program in a slide presentation, uses the picture of a large tree with many

branches. On each branch are the many subspecialties of the IMFH. The trunk and roots of the tree is the nurse care manager. Our administrator uses a similar analogy: that of a wheel with many spokes. Each spoke represents a medical specialty. The hub of the wheel is where the patient resides, and the hub itself is the RN. The wheel turns because the RN drives the process, from beginning diagnosis, through the fear, the hope, up to the time of finally standing beside a mother in the delivery room, holding her hand.

Looking back, I'm grateful for the ability to work in a program that demands so much, and dictates so little apart from commitment, excellence, collaboration and service. I'm grateful to our hospital for fostering so many programs that live up to Magnet values. Looking to the future once seemed a little overwhelming. Our program has continued to grow, and our resources are pushed to their limits. Nonetheless, with the perspective gained in the beginning, I have every confidence that we shall meet the challenges and the needs. We have the basis of Magnet forces to guide and define what we do and the team in place who share the same values and intentions. The future always resembles the past, no matter what is said, and in this case, we can look forward with confidence and a sense of pride.



Children's Hospital Los Angeles Magnet Oath

As a representative of this Magnet Hospital, I pledge to uphold the Children's Hospital Los Angeles culture of distinction. As an integral part of this Children's Hospital Los Angeles community, I will continue to promote collegial interdisciplinary teamwork to provide even higher quality family-centered health care. I will also advocate and support the further advancement of excellence in my own practice through the leadership and empowerment fostered by the core Magnet principles. I will constantly endeavor to strengthen my expertise through new evidence-based knowledge and life-long learning. Lastly, I do swear to do all in my power to maintain the highest exemplary professional practice.





We Treat Kids Better

CHLA.org