

Extra: Lives Outside the Hospital

Beyond the Mat – A Retreat for Mind and Body

By Elena Epstein

For Michael Rokovich, BSN, RN, RNC, lead nurse in Surgical Admitting, yoga is so much more than fitness. It's an anchor—a way to find his center on a daily basis and especially during uncertain times.

Rokovich began his career as a restaurant manager in Texas after finishing college. It was only after the birth of his oldest daughter in 1990 that he thought about nursing. His daughter was born premature and spent almost three months in the hospital. During that time, Rokovich got to know the nurses and felt a calling for a career shift. It took 10 years, but he made it happen.

Throughout his career transition and the challenges of raising a family, Rokovich found himself relying on his one constant—yoga practice.

"It's not just exercise classes," says Rokovich, who received his hatha yoga teaching certificate last year. "It's a complete spiritual system. It has always made me feel calm and at peace."

He started by taking a few yoga classes and buying some yoga videos and continued with what he calls his "self study." After moving to Los Angeles, he took yoga classes with his wife. Last year, he completed his 200 hours of training for his teaching certificate.

"It's amazing to have had the opportunity to do this," Rokovich says. "To gain this knowledge and to be able to share it with other like-minded yogis has really boosted my personal practice."

The intensive training has taught Rokovich that the "mind and body are connected in a very intimate



Michael Rokovich, BSN, RN, RNC

way" and that through deep breathing "you can gain control of the link between the subconscious and the conscious mind."

Yoga especially empowers Rokovich's work at Children's Hospital Los Angeles. "As nurses, we need to be present with our patients at this moment and that's what yoga teaches you—be here now." ■

Nurses in Action

Naval Connection Inspires Her to Serve

By Vicki Cho Estrada



Katrina Lazo, BSN, RN, CPN

With an uncle who's a retired naval officer, another uncle who retired as a chief and one cousin currently on active duty in the Navy, Katrina Lazo, BSN, RN, CPN, felt it was her duty as a nurse to help those who serve on the front lines.

In 2015, she began the process of joining the Navy Reserve Nurse Corps, which provides care

and training to Navy personnel at naval hospitals, clinics, operational support centers and naval air sites and aboard ships.

Lazo, who works nights on the Float Team's medical-surgical team at Children's Hospital Los Angeles, underwent peer and manager evaluations, attended officer training to learn about Navy officer etiquette and had to pass rigorous physical tests. These included a deep water jump off a 10-foot board, swimming 50 yards and floating on water for five minutes, known as a "dead man's float."

A year later, she was a commissioned officer with a lieutenant (junior grade) rank, attributed to her education and CHLA work experience. As a member of the nurse corps, she dedicates two days each month and two weeks a year to training exercises.

"We build hospitals in the field from the ground up so they're fully functional with a triage area, ORs, IVs, beds, doctors, nurses and others," says Lazo,

whose responsibilities include giving physical health assessments, checking vitals and training corpsmen, or enlisted medical specialists. "My training consisted of mass casualty and medical training in field hospitals and simulating living in an austere environment. It's like we're actually deployed sleeping in tents or barracks with porta-potties and eating MREs (meals ready-to-eat)."

She says her work with the Navy has made her a better nurse. "The leadership skills I've learned make you step up to lead others. That has helped me advocate for patients and families at CHLA. If we had an emergency, I think my instincts would kick in and I'd have a clear mind to focus on what we need to do."

Lazo, now a lieutenant, knows she can be deployed at any time, and she'll be ready to go. But don't thank her for her service—or equate her with the sailors. "I'm not on the front lines—the warfighters are the ones with the hard job. It's just my job to get them home." ■

Run For Your Life

CHLA nurses rely on passionate foot power to exercise

By Candace Pearson



Michael Baldauf, BSN, RN

Growing up, Lauren Bryant, BSN, RN, 4 West, hated running so much that for years she chose to play goalkeeper on her soccer team. "I was happy to dive for that ball," she says, "but I didn't want to run for it."

That all changed after Bryant became a nurse and started running to "cope with the realities of pediatric oncology and of life itself," she says.

Now she's an evangelist for the sport. In seven years, she has competed in multiple 10Ks and half-marathons, along with two Tough Mudders (an endurance obstacle course) and the Marine Corps Mud Run at Camp Pendleton. She loves to run trails—"It's worth the view"—and she tackled her first 50K (roughly 31 miles) on Catalina Island in 2019. She's training for her second one this winter.

Several times a week, she ventures out at 4:45 am to run. Her weekly goal is between 15 to 30 miles. "Running is a passion I need," says Bryant. "I function better as a nurse, a wife, a sister and a sister-in-law when I run."

Nurses all over Children's Hospital Los Angeles are donning their running shoes and hitting the

streets, sidewalks, tracks and trails—all in pursuit of stress-busting clarity and all-around fitness.

For Kenneth Salmon, RN, in the Thomas and Dorothy Leavey Foundation Cardiothoracic Intensive Care Unit (CTICU), running has been life-changing and has had a great affect on his diabetes. "It helps me control my blood sugars," he says. A 30-minute run can drop his glucose levels 100 points.



Lauren Bryant, BSN, RN

Almost a decade ago, a multidisciplinary group of CTICU staff, including doctors, nurses and respiratory therapists, started riding mountain bikes, hiking and running together. "It helps makes our teamwork that much stronger," Salmon says.

He has joined the group for half-marathons, marathons and relay races. Trail runs in the mountains above Sierra Madre are his favorite. "You can go forever and ever."

Anna Pasquarella, BSN, RN, CPHON, Bone Marrow Transplant (BMT), also prefers to feel the ground beneath her feet. For the past 10 years, she has gone nearly barefoot in a minimalist foot-shaped shoe, the Vibram FiveFingers. "They feel like slippers, and I blister less," says Pasquarella.

She runs three or more days a week, five to 1.5 miles each time. After an emotional day in the BMT unit, she says, "it's wonderful, wonderful stress relief."

Jennifer Meyers, BSN, RN, CPN, CAPA, Post Anesthesia Care Unit (PACU), is relatively new to the sport. She completed her first marathon in December 2018. "I feel a lot of joy when I run. It's addicting," she says.

This year, Meyers joined a Tri Club in Pasadena, which helps members train for triathlons. To her, running is a lot like nursing. "It's amazing how far your body can take you when you don't think it can," she says. "Just like the times you think you can't make it through a challenging shift, and suddenly you do."

Another PACU runner, Jace Vargas-Weisser, BSN, RN, CPN, loves the fresh air and sunshine. "As nurses, we're indoors so much, breathing HEPA-filtered air; it's good for our health to be outdoors."

With numerous 10Ks and longer races to his credit, he concentrates these days on his neighborhood, passing bird estuaries along the L.A. River or even "running through a cloud of butterflies." The experience "helps me defragment my brain," says Vargas-Weisser, "throw out the superfluous and have that Zen moment."

A native Angeleno, Katrina Lazo, BSN, RN, CPN, Float Team, also enjoys exploring city streets.

"I get to see my hometown from a different perspective," she says. "You just put on some music and enjoy the sights."

Exercise away their stress and keep fit.



Jennifer Meyers, BSN, RN, CPNP, CAPA

A former high school volleyball player, she got hooked on running when she got bored with the gym. In March 2019, she conquered the 26.2-mile L.A. Marathon a second time.

For Lazo, going for a run after a night shift is rejuvenating. "It gives me the energy boost to be my patients' cheerleader."

Phyllis D'Ambra understands that feeling. At age 40, she ran her first marathon. Nearly 32 years later, she has completed 11, plus countless other races (including a half-marathon last year before tearing her meniscus).

Now, she mostly "fast walks," close to her running speed, says D'Ambra, who has raised thousands of dollars for CHLA at race events. Her seven-mile-a-day habit has staved off the family illness: heart disease. Her parents both succumbed to it, and all her siblings have had heart surgery.

"It's good for my mind, too," D'Ambra adds. When the endorphins kick in, "I get the most creative ideas."

Michael Baldauf, BSN, RN, has found that harmony with a four-legged running partner. His nursing schedule interrupted his running practice—until a Jack Russell Terrier puppy came

into his life. Kaulani was high energy, and "a handful to the point of tears," says Baldauf, part of the Margie and Robert E. Petersen Foundation Rehabilitation Center. "Running brought the peace back."

The terrier logged eight miles on a dog trainer's treadmill at max speed without a sweat. Now Baldauf and Kaulani run at least four miles daily. The exercise is bonding and she happily obeys commands. The side benefit? "I feel healthier, too," Baldauf says.

Ellize Ergina, MSN, RN, PNP-AC, Cardiothoracic Surgery, discovered her passion for track and field in high school. Running "is a way to get everything out of my mind and let loose," she says. She reluctantly gave it up during grad school but is back at it. Two years ago, she completed all three events in the Nautica Malibu Triathlon. Then, in 2018, she did two half Ironman Triathlons—a 1.2-mile swim, 56-mile bike ride and 13.1-mile run.

Ergina was aiming for her first full Ironman this summer when she injured a tendon. That bucket-list challenge will have to wait. But, like other CHLA nurses, she says, "When I see the kids and families in the hospital, I realize how lucky I am to be able to run."

Bryant agrees. "I run because my lungs and legs can carry me the distance," she says, "when so many kids I take care of are denied the possibility of the runner/athlete they could become." ■



Ellize Ergina, MSN, RN, PNP-AC

A Conversation With ...

Yolanda Amador, RN, CRRN
Lead RN, D6 Rehab and D4 East



Yolanda Amador, RN, CRRN, in Italy

Favorite quote: "You get what you give," Jennifer Lopez.

Favorite book: "The Little Red Hen." It taught me virtues of work ethic and personal initiative.

Favorite movie: "Moonstruck" because I'm an endless romantic.

Best #hashtag to describe you: #bling-bling.

Who influenced you to become a nurse? The remarkable nurses who cared for me when I was hospitalized with appendicitis. I had complications with peritonitis and required three surgeries. I was very moved by the compassionate care I received. This difficult experience in my life had a strong impact on me. I knew then, nursing was my calling.

What makes working at CHLA special? My amazing team! Alone we can do so little; together we can do so much.

Favorite part of your job: Making a difference; the opportunity to work alongside my colleagues—they are always motivated and inspire me daily.

If you weren't a nurse, what would you be? A businesswoman because I love to wheel and deal.

Advice for nurses just starting out: Do it because you love it.

Best life advice: Don't wait for things to happen; make them happen!

Your personal motto: Live every day as if it was your last.

Favorite comfort food: Chocolate.

Guilty pleasure: Bravo TV—"Real Housewives."

The best worst decision of your life: My worst decision was choosing to be single; it was then that I met my husband. I am proud to say that we recently celebrated our 32nd wedding anniversary and together we have raised our four young adult children.

What do you love to do when not working? Take trips with my husband and family.

What sets your heart on fire? Small acts of kindness.

What would you tell your high school self? You will make your parents proud.

Celebrating the accomplishments and milestones of CHLA nurses

Publications

Diane Altounji (4 West), **Rita Secola** (Hematology-Oncology, Vascular Access and the Maurice Marciano Family Foundation Emergency Department and Trauma Center) and **Sonya Williams** (4 East): "Inspire Certification Among Pediatric Hematology Oncology Nurses," *Journal of Pediatric Oncology Nursing*, September/October 2019.

Jennifer Baird (Institute for Nursing and Interprofessional Research): "Interprofessional Teams: Current Trends and Future Directions," *Pediatric Clinics of North America*, advance online publication, March 2019; "Finding Value: An Approach to Determine Nursing Performance," *Voice of Nursing Leadership*, May 2019.

Rhonda Foster (Patient Care Services): "Healthcare Quality Improvement: Then and Now," *Nursing Management*, September 2019.

Catherine Goodhue (Pediatric Surgery) and **Debbie Harris** (Hematology): "Nurse Practitioner Job Satisfaction and the Healthy Work Environment," *American Association of Critical-Care Nurses, Advanced Critical Care*, Fall 2019.

Gina Kemp, **Melissa Hallbourg** and **Diane Altounji** (4 West) and **Rita Secola** (Hematology-Oncology, Vascular Access, and Emergency Department and Trauma Center): "Back to Basics: CLABSI Reduction Through Implementation of an Oral Care and Hygiene Bundle," *Journal of Pediatric Oncology Nursing*, September/October 2019.

Presentations

Danielle Arbios, **Emily Gray** and **Julia Nordstrom** (Pediatric Intensive Care Unit): "Rest 'n' Reflect: Implementing Cumulative Stress Debriefings to Combat Compassion Fatigue in the PICU," poster presentation, *Quality and Safety for Nurses (QSEN) International Forum*, Cleveland, May 2019.

Jennifer Baird (Institute for Nursing and Interprofessional Research): "Assessing the Impact of Care Delivery in Pediatric Settings: A Novel Approach to Measuring Value in Nursing," podium presentation; "Engaging Nurses in Interprofessional Research: A New Way Forward," poster presentation, *Society of Pediatric Nurses (SPN) Annual Conference*, Washington, DC, April 2019; "The CANDLE Collaborative: A Novel Approach for Growing Improvement Capacity," poster presentation, *Western Institute of Nursing Research Conference*, San Diego, May 2019; "Taking an Academic-Clinical Partnership to the Next Level: Creation of an Interprofessional Research Institute," podium presentation, *Sigma Theta Tau International Research Congress*, Calgary, Canada, July 2019.

Armi Bui, **Destinee Carrington** and **Dee Imai** (Outpatient Hematology-Oncology): "Influenza Vaccination in the Pediatric Oncology Population," poster presentation, *8th Annual Clinical Services Research Day Fair*, CHLA, June 2019; also, *43rd Annual Association of Pediatric Hematology/Oncology Nurses (APHON) Conference*, San Jose, CA, September 2019.

Hanna Chong (6 West), **Norma Renteria** (6 West) and **Gloria Verret** (Family Resource Center): "The Family Health Fair: A Quarterly Interprofessional

Educational Outreach to Families," podium presentation, *UCLA 18th Annual Research and Evidence-Based Practice Conference*, Los Angeles, September 2019.

Rhonda Foster (Patient Care Services): "Courage in Nursing: Using your Courage, Conviction and Professionalism to Improve Care," podium presentation, *SPN Los Angeles Chapter Annual Conference*, Los Angeles, November 2019.

Sarah Green (Hematology-Oncology): "Healthcare Professional Well-being in a Pediatric Oncology Infusion Center: An Action Call Project" and "Building a Cohesive Interdisciplinary Intra-Arterial Chemotherapy Program at a Pediatric Medical Center for Children with Intraocular Retinoblastoma," poster presentations; and "Evidence-based Interprofessional Palliative Care Education: Lessons for Pediatric Oncology Clinicians," *APHON Annual Conference*, San Jose, CA, September 2019.

Sheila Kun (Pediatric Pulmonology): "Curriculum Development and Training of Pediatric Home Mechanical Ventilation Emergencies for Home Care Providers," poster presentation, *CIPP XVIII 18th International Conference on Pediatric Pulmonology*, Chiba, Japan, June 2019.

Donna Nowicki (Vascular Anomalies Center): "Case Study: Rectal Bleeding in a 15-month-old Child—Findings and Implications," podium presentation, *28th Annual American Pediatric Surgical Nurses Association (APSNA) Scientific Conference*, Boston, May 2019.

Rita Secola (Hematology-Oncology, Vascular Access, and Emergency Department and Trauma Center) and **Laura Vasquez** (Hematology-Oncology): "VOD With Renal and Pulmonary Dysfunction in a Pediatric Patient with Neuroblastoma Undergoing HSC: A Case Study," podium presentation, *APHON Annual Conference*, San Jose, CA, September 2019.

Belinda Sia and **Nancy Hart** (Hematology-Oncology): "Rethinking Who We Hire: Transition Nurse Fellowship in the Ambulatory Pediatric Hemat Setting," *APHON Annual Conference*, San Jose, CA, September 2019.

Professional Achievements

Irene Aberin (4 East), **Delfina Hasiwar** (4 East), **Ngairé Fay Wilson** (Bone Marrow Transplant), **Aeroshikha Rose Wolf** (Bone Marrow Transplant) and **Chynna Ysidoro** (4 East): "The Effect of Healing Touch on Pediatric Oncology Patients' Anxiety and Stress," a pilot study, awarded \$5,000 grant by *CHLA Clinical Services Research Council*, July 2019.

Danielle Arbios, **Julia Nordstrom** and **Emily Gray** (Pediatric Intensive Care Unit): "Cumulative Stress Debriefings as an Intervention to Combat Compassion Fatigue in Pediatric Nurses," awarded a \$2,500 evidence-based practice project grant, *CHLA Clinical Services Research Council*, July 2019.

Rhonda Foster (Patient Care Services): *University of Toledo College of Nursing Outstanding Alumna Award*, Toledo, Ohio, October 2019.

Sarah Green (Hematology-Oncology): Appointed to the *National Health Policy Committee*, National

Association of Pediatric Nurse Practitioners, July 2019; appointed to the *Nursing Clinical Trials Sub-Committee as the Rare Tumor Disease Committee Nurse*, *Clinical Oncology Group*, September 2019.

Monica Horn (Heart Transplant): Selected as member, *Thoracic Committee*, *Board of Directors*, *North American Transplant Coordinators Organization*, which is involved in transplant coordinator certification, professional development, educational standards and advocacy, August 2019.

Amy Steffe Lohmann (Interventional Radiology): Began teaching in *UCLA Doctor of Nursing Practice program*, September 2018.

Emergency Department: Received the *Lantern Award* for the second time, given by the *Emergency Nurses Association* for exceptional and innovative performance in leadership, practice, education, advocacy and research, 2019-2022.

DAISY Award/Individual: **Adallyn Teo** (5 West), June 2019; **Lauren Bryant** (4 West), July 2019; **Ashley Bowen** (Steven & Alexandra Cohen Foundation Newborn and Infant Critical Care Unit), August 2019; **Adam Gutierrez** (4 West), September 2019.

DAISY Award/Team: **6 East** and **Respiratory Care Team**, June 2019.

Academic Achievements

BSN: **Priscilla Tendai Maguwudze** (5 East), **Yolanda Won** (Radiology).

MSN: **Ale Briseno**, (Pediatric Intensive Care Unit), *Leadership and Administration*; **Kelvin Duong** (4 East); **Samantha Figueroa** (6 East); **Gena Gibling** (Transport), *Leadership and Administration*; **Susanna Kitabjian** (6 West); **Jenine Raffaniello** (Post Anesthesia Care Unit); **Pam Thomas** (House Supervisor), *Leadership and Management*; **Ani Yeremian** (Cardiovascular Acute), *Leadership and Management*.

DNP: **Diane Altounji** (4 West), **Anna Evans** (Interventional Radiology), **Dolores Greenwood** (Newborn and Infant Critical Care Unit), **Sandy Hall** (Nursing Excellence), **Sylvia Magallon** (Fetal and Neonatal Institute), **Ruth Paul** (5 East).

Promotions

Marlyn Diaz Leal (Margie and Robert E. Petersen Foundation Rehabilitation Center): Lead RN.

RNIII: **Theresa Burgess** (Float Team), **Heidi Machen** (Newborn and Infant Critical Care Unit), **Hui-wen Sato** (Pediatric Intensive Care Unit).

Certifications

BMTCN: **Donna Quiroz** (Bone Marrow Transplant).

CNS and CPNP: **Susanna Kitabjian** (6 West).

CPHON: **Tabitha Tu** (4 East).

CPNP-PC: **Kelvin Duong** (4 East).

FNP: **Jenine Raffaniello** (Post Anesthesia Care Unit).

NE-BC: **Pam Thomas** (House Supervisor).



Rhonda Foster, EdD, MPH, MS, RN, NEA-BC
Vice President, Patient Care; Chief Nursing Officer

A note from Nancy Lee: I'm thrilled to introduce you to our new Chief Nursing Officer and Vice President of Patient Care, Rhonda Foster, who brings with her tremendous knowledge, experience, passion and commitment. I can't wait for you to get to know her.

(Rhonda): I'm so excited to be living in Los Angeles and being a part of the CHLA team. This is a dream job for me. My first few months have been hectic, but in a wonderful way. I have had the opportunity to meet many of you and I'm so looking forward to meeting more nurses each week.

Every day that I walk into the hospital, I look around at the children's artwork on the walls, stickers and pictures in the patient rooms and I'm instantly reminded of why I'm here. My main focus is our people—the hearts and minds of our nursing staff. I want to understand what's important to you so we can help facilitate what you need to provide the best care for our patients. ■

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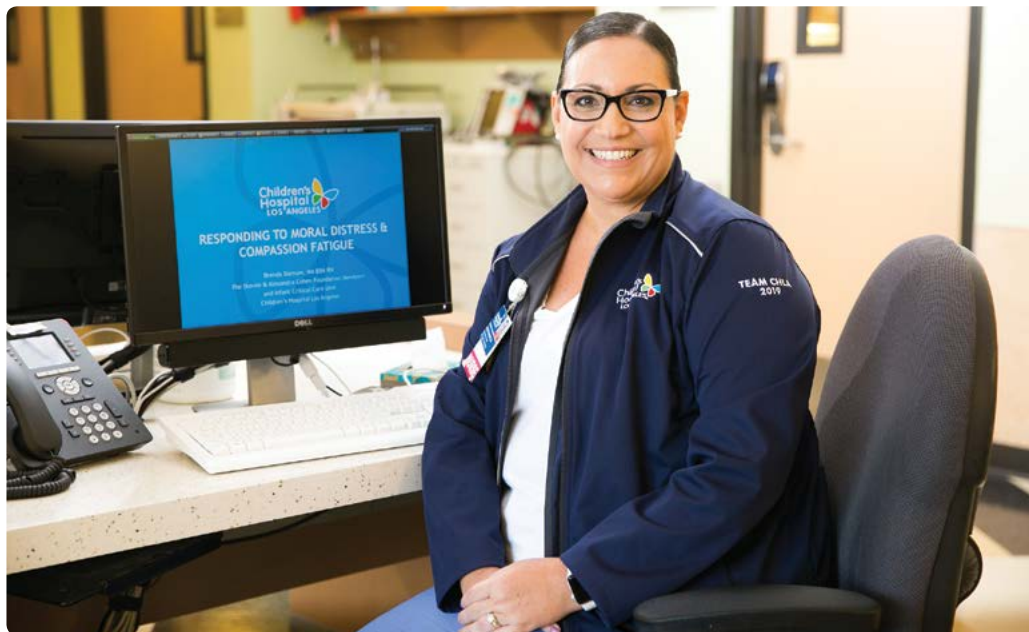
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Supporting Nurses Through Ethical Dilemmas

By Vicki Cho Estrada



Brenda Barnum, MA, RN

As a lead nurse in the Steven & Alexandra Cohen Foundation Newborn and Infant Critical Care Unit (NICCU), Brenda Barnum, MA, RN, knows all too well the ethical challenges that bedside nurses face as they care for critically ill newborns and infants.

Dealing with life-and-death situations on a daily basis, they grapple with providing compassionate care to patients and families where there may be conflicting interests, lifesaving treatments that can cause suffering and profound side effects, and more.

The biggest dilemma nurses face is an ethical one, according to Barnum, a 24-year CHLA veteran who has worked in the NICCU for 23 years. "Because they spend so much time at the bedside, they get a holistic view of patients' needs and are privy to conversations and requests for certain types of treatment and care," Barnum says. "They bear witness to patient suffering and that can cause a lot of moral distress." She defines moral distress as a situation in which nurses feel a responsibility or obligation to act, but they also feel powerless or afraid to respond.

Barnum, who has a master's degree in bioethics and health policy from Loyola University of Chicago, is passionate about educating and supporting nursing staff in the area of ethics. She's involved in numerous activities at CHLA, including representing Critical Care Services on the Ethics Resource Committee, teaching ethics to new nurses in the Versant RN Residency in Pediatrics Program and providing support to intensive care nursing staff on issues of ethics and moral distress.

Barnum is also a board member of Ethics of Caring, a nonprofit organization comprised of leaders in nursing and ethics at 17 Los Angeles-area health care facilities with the goal of promoting ethical discussion and ethics education for nurses and others through its annual National Nursing Ethics Conference. CHLA has been a sponsor of the conference for 15 years.

"It has always been our goal to create conferences with topics and themes that are appealing for frontline clinical bedside nurses," says Barnum, who is on the conference planning committee.

The conference has addressed such topics as vulnerability, end-of-life care, having a voice at the table when trying to lead from the bedside, communicating ethical concerns for patients, addressing treatment that has little benefit to patients and cultivating compassion and caring for difficult patients and families.

"Our work has impacted a lot of bedside nurses," Barnum says. "It allows them to take time away from work and think about why we do the things we do, reflect and take time to heal.

"It makes us a better institution," she adds, "to have nurses who want to practice in an ethical manner, have healthy relationships with patients and team members, and have open dialogue. If we have nurses who feel empowered to have those conversations, we can provide the best care possible." ■

FloSheet

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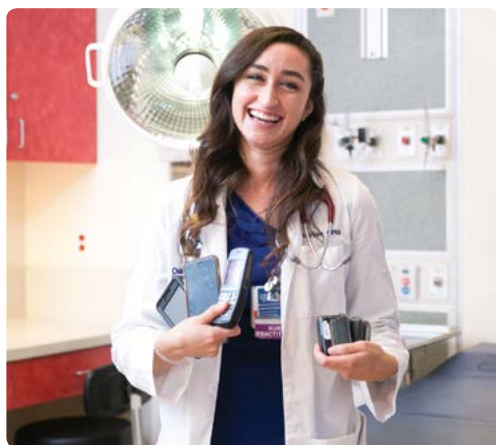
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Bedside's Best

Relishing the Challenges of Managing Patients With Complex Needs

By Candace Pearson



Anna Kitabjian, MSN, RN, CPNP

For Anna Kitabjian, MSN, RN, CPNP, the opportunity to manage the care of children with complex needs and to mold a brand new position hold equal satisfaction.

"Having the chance to show what a nurse practitioner can do is extremely rewarding," says

Kitabjian of her role as the first nurse practitioner on the Division of Hospital Medicine's Complex Care team. "So is stepping up to the plate and helping my patients get better and go home."

Kitabjian joined Hospital Medicine in 2017 after working on 6 East, then returning to school to earn her master's and NP certification.

Her first assignment with the Complex Care team was an unusual one—six patients ages 7 months to 5 years with spinal muscle atrophy (SMA) flew to Children's Hospital Los Angeles from their homes in Kuwait, where there was no treatment for the rare genetic disease at the time. The No. 1 cause of genetic death for infants, SMA can take away the ability to walk, eat or breathe.

For patients to be seen by the Complex Care team, they must have an illness that involves four or more body systems that need managing. The goal of the multidisciplinary group is "to have a comprehensive knowledge of these challenging

patients and to look at their care longitudinally," says Kitabjian.

Three more Kuwaiti patients with SMA would come under Kitabjian's watchful eye. Each remained for one to two years; the final one went home this July. She is now actively managing four to six inpatients, and others as outpatients, diagnosed with a variety of multisystem illnesses.

Physicians rotate patient visits weekly. Kitabjian provides continuity. "I see my patients' patterns," she says. "I recognize things that work and didn't work, what causes their condition to flare up or down, what makes them smile."

A self-described "eternal scholar," Kitabjian is diving into research on fasting guidelines for patients with SMA. "It's exciting to have the potential to impact the standard of care." With so much to learn about each patient, she says, "this is a dream job." ■