

NURSING Annual Report 2014



We Treat Kids Better



OUR HOSPITAL

365
ACTIVE PATIENT
CARE BEDS



106
INTENSIVE
CARE BEDS

AVERAGE DAILY
CENSUS:
282

50%
PATIENTS UNDER
THE AGE OF 4

VISITOR

NUMBER OF
VISITS TO OUR
EMERGENCY
DEPARTMENT:
71,727

OUR NURSES



86 NURSES IN THE VERSANT™ RN
RESIDENCY PROGRAM DURING 2014

NURSE 91
PRACTITIONERS:



**CLINICAL
NURSES**
WITH AT LEAST
A BACHELOR'S
DEGREE IN
NURSING:

CLINICAL NURSES WITH
NATIONAL BOARD CERTIFICATION: **39%***

74%: NURSE LEADERS WITH
NATIONAL BOARD CERTIFICATION*

NURSES' AVERAGE LENGTH
OF CHLA TENURE: **9.5 YEARS**

76%*

NURSES TAUGHT APPROXIMATELY **1,200** NURSING STUDENTS IN 2014

*Based on full-time equivalents

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Featured on the cover: *Tommy Covington, RN, has been a CHLA employee since 1970.*



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

A Note From the Magnet Program Managers

Going forward, the theme for the annual nursing reports will be outcomes, outcomes and outcomes! Outcome-based examples (also known as empirical outcomes) are some of the biggest challenges we are faced with as we prepare for the next Magnet Redesignation document in 2017. But we are proud to see how outcome measurements are becoming the norm within our organization as we implement and evaluate new initiatives and projects. We achieve our best because we have high standards for our patient care. This is the reason we treat kids better.

Sincerely,
Margaux Chan, BSN, RN, CPN
Susan Crandall, BSN, RN, CCRN

A Letter From the President



Richard D. Cordova, FACHE

Our recent strategic planning efforts at Children’s Hospital Los Angeles call to mind a favorite saying of mine: A rising tide lifts all boats. In other words, as things improve for part of the organization, they will in turn improve for everyone.

I see this concept in action among our nursing staff. The emphasis on education and individual growth—

including advanced degrees and certifications, participation in research and involvement in collaborative government matters—presents great opportunities for personal success.

But creating a robust, well-rounded workforce does more than simply help individual nurses; it improves the whole staff, growing great leaders who share knowledge and experience with their colleagues and elevate the already excellent CHLA nursing team. As a result, the entire hospital is able to do an even better job creating hope and building healthier futures for children.

Thank you for taking the time to read this annual update on the state of our incredible nursing force. I hope you join me in acknowledging the amazing effect our nurses have on our entire institution.

Sincerely,

Richard D. Cordova, FACHE
President and Chief Executive Officer

Welcome—and Farewell

This is my last time writing a letter for the Children’s Hospital Los Angeles Nursing Annual Report—so it’s a perfect opportunity to both reflect back and look forward.

I’ve defined myself as a Children’s Hospital Los Angeles nurse for 40 years! Yes, 40 amazing years of nursing practice, innovation and dedication to new knowledge. Never in those 40 years have our CHLA nurses or patient care service professionals taken their eyes off our patients and families. Health care systems, administrations, laws, technology and the environment of care have changed, and we have certainly advanced, but we have never lost our focus on families and improving the health of our patients.

CHLA is a great hospital because we are impatient. All of us know we can do more and be better. We are committed to being the best at what we do, and that includes our goal of eliminating all hospital-acquired conditions. We also consider it critical to address children’s developmental, social and spiritual needs, as well as their biological and physical health.

As you’ll read in this report, we are launching a fundraising campaign to establish the Institute for Nursing and Interprofessional Research. This institute is a dream come true for me. I am excited and hopeful for new knowledge and dramatic innovations to be discovered at CHLA to improve the health of those we serve. The interdisciplinary focus of the Institute will enable us to approach quality-of-health issues from various disciplines and strengthen the collective power of the CHLA team. The daily excellence of our bedside care will be enhanced by these intense efforts toward discovery.



Mary Dee Hacker, MBA, RN, NEA-BC, FAAN

While I am stepping down as CHLA’s chief nursing officer, I’m pleased to be taking on the role of inaugural director of the Institute for Nursing and Interprofessional Research. My life has been so blessed by the relationship I’ve had with CHLA, and my career continues to be enormously rewarding. The future of Children’s Hospital Los Angeles is more exciting than ever!

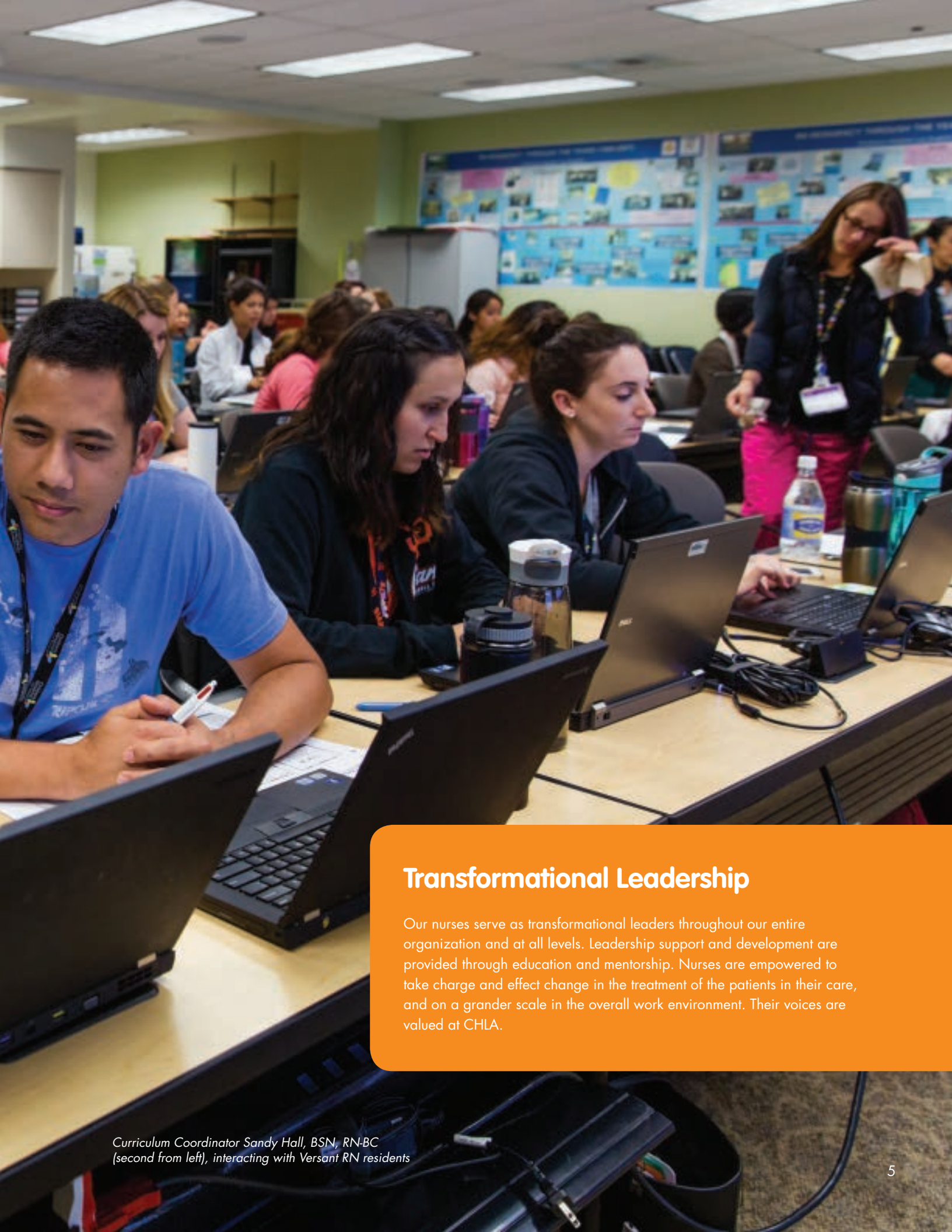
Thank you, thank you, thank you!

Sincerely,

A handwritten signature in black ink that reads "Mary Dee Hacker". The signature is written in a cursive, flowing style.

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





Transformational Leadership

Our nurses serve as transformational leaders throughout our entire organization and at all levels. Leadership support and development are provided through education and mentorship. Nurses are empowered to take charge and effect change in the treatment of the patients in their care, and on a grander scale in the overall work environment. Their voices are valued at CHLA.

*Curriculum Coordinator Sandy Hall, BSN, RN-BC
(second from left), interacting with Versant RN residents*

The Versant RN Residency in Pediatrics: Developing and Mentoring New Graduates for 15 years

In July 2014, the Versant™ RN Residency in Pediatrics celebrated its 15th anniversary. Since the program's inception in July 1999, 1,139 nurses have graduated. Each year, nearly 1,000 nurses apply online, and as many as 900 complete a full application packet for consideration. Only 5 to 10 percent of those who complete the full application packet earn a coveted spot in the program.

The RN Residency not only provides exceptional education in clinical care, but it also provides an environment that supports professional leadership and development. Over the past 15 years, the program has incorporated innovative activities into the curriculum to help residents become collaborative, influential individuals. These activities parallel various nursing leadership roles in the organization, with the goal that the residents will later be empowered to be involved in professional opportunities. Activities include:

Program Committees

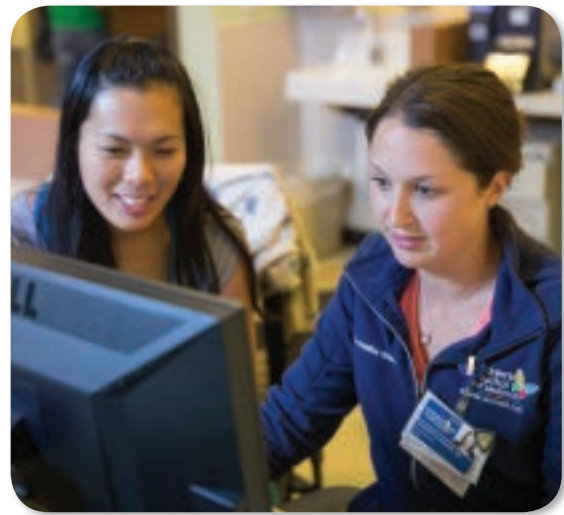
Each resident chooses a committee to join during the 22-week immersion. Choices include the Appreciation Lunch Committee, Spirit Committee, Recognition/Awards Committee and Curriculum Committee. This involvement increases camaraderie and gives residents a voice in how the program is carried out.

RN Residency "Houses"

To increase accountability, teamwork and fun in the program, residents are split into small groups called "houses." These groups compete for "top house" by earning points for a variety of assignments and tasks, as well as for participating in and winning classroom activities and games.

Evidence-Based Practice (EBP) Projects

Residents from the same unit work together to complete an EBP project. Supported by the RN Residency curriculum administrator and project advisers, some of these projects have made a significant impact at CHLA and have been presented at a national level.



*Samantha Wilson, BSN, RN (right),
with her preceptor, Diana Poon, RN (left)*

To maintain excellence in the program, the RN Steering Committee utilizes outcome data to conduct evaluations and make improvements. The group ran a needs assessment survey with three former cohorts in 2010-2011, and 79 former residents responded. One question that caught the attention of the committee was, "Do you wish you would have received more support during the six months after graduation from the RN Residency?" More than a third of former RN residents answered yes.

Responses repeatedly mentioned the need for a debriefing session and included such suggestions as:

- "It would be helpful to have ongoing mentorship and debriefing sessions during the six months after graduation to touch base on where we should be, how involved we should be, how to balance our lives, what PAD [Performance Assessment and Development] evals will be like, etc."
- "The first six months on my own were very stressful, and debriefing sessions would have been very helpful."

- "I wished I had perhaps more contact with my debriefer at this time. Only until months afterward did I actually realize how much stress I was under at the time. It caught up with me several months later."
- "It is such a drastic shift after the Residency Program that it would be nice to have a slow transition in decreasing support over the next six months to make it easier."

Recognizing the opportunity for improvement, the RN Steering Committee introduced two Post-Residency Education and Support (PRES) days in 2012. This new component offers our RN residents continued support beyond the formal 22-week period, as well as opportunities for professional growth.

Program graduates now return for two eight-hour PRES days before their one-year graduation anniversary. These PRES days give them the chance to debrief, further their education, meet with their mentors, receive guidance on their first evaluation, offer mentorship to the new RN Residency cohort and gather additional information that will support their continued transition into practice.

Results from the PRES day evaluations were positive, and responses reinforced the results of the overall program. Sample comments included:

- "Very informative day with beneficial information provided."
- "The PAD evaluation discussion, especially with managers, was extremely helpful."
- "So nice to see everyone! Very nice to hear how everyone is doing and have something of a checkup and check-in."

Ninety-three percent of respondents rated the debriefing sessions as "beneficial" or "very beneficial."

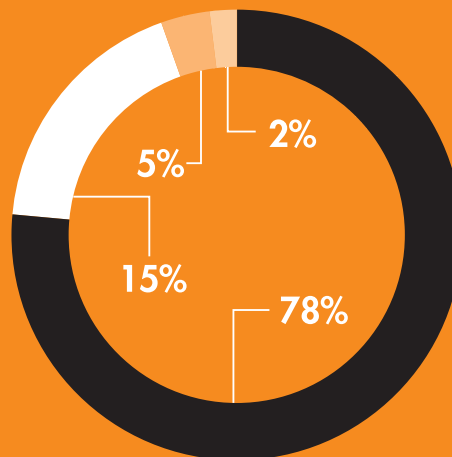
Over the course of 15 years, the Versant RN Residency at CHLA has evolved into one of the premier nurse education programs in the country. After first focusing only on clinical education, it has become a multifaceted clinical, professional and evidence-based practice education program.

After residency, participants continue to be nurtured as they transition from novice to expert nurse.

The program's outstanding reputation led to its selection as one of only three nurse residency programs in the country to serve as pilots for the Practice Transition Accreditation Program (PTAP), sponsored by the American Nursing Credentialing Center (ANCC). In August 2014, the RN Residency team submitted a 700-page application with supportive documentation and data, and the ANCC spent a day on-site at CHLA in December. The program won accreditation in January 2015.

Earning the Practice Transition Accreditation further solidifies the Versant RN Residency Program as one of the top new graduate education programs in the country. What a way to celebrate the program's 15-year milestone! ■

Response to Post-Residency Education and Support Day



- Very beneficial
- Beneficial
- Slightly beneficial
- Not beneficial

Participants were overwhelmingly positive in their evaluations of the PRES day debriefing sessions.



Structural Empowerment

Our nurses' service and professional development go beyond their job descriptions, both inside and outside the walls of the organization. We are proud to have an ensemble of extremely dedicated nurses, and we recognize them for their extraordinary efforts.

London May, RN, CPN, interacting with his patient

Restoring the CPN Pass Rate

Board certification is a professional testament to a nurse’s specialized competence and knowledge. Board-certified nurses are viewed as credible experts in their field and are more qualified for promotions and professional advancements. However, certification isn’t easily attained. Rigorous content review and fear of failing the board examination may evoke feelings of trepidation in nurses. To encourage nurses to get certified, Children’s Hospital Los Angeles offers such support as education, money for review books and classes, study groups and full reimbursement of costly exam fees for nurses who pass.

In 2010, CHLA began participating in the No Pass, No Pay Program offered by the Pediatric Nurses Certification Board (PNCB). The program offers nurses the opportunity to take the Certified Pediatric Nurses (CPN) certification exam without paying for the test up front. If they pass, CHLA receives an invoice from the PNCB requesting payment. Neither the nurse nor the hospital is charged for failed attempts at the exam (up to two per nurse), making it a risk-free program. CHLA also offers nurses a CPN review course twice a year.

News of the No Pass, No Pay Program encouraged many CHLA nurses to take the exam. The CPN exam pass rate was at a promising 76 percent in 2012 and contributed to the increase in our total number of certified nurses. However, a change in exam content in 2013 resulted in our pass rate dropping to 51 percent in 2013 and 43 percent in January-April 2014. It was evident that interventions were needed.

The first step was to revamp the CPN review course. Cathy Kissinger, MN, RN, NE-BC; LaVonda Hoover, MS, BSN, RN, CPNP, CPN; and Gloria Verret, BSN, RN, CPN, collaborated on assessing and modifying the content of the class. Verret attended a two-day review course presented by the Society of Pediatric Nurses to observe ideas on class format and presentation, while Kissinger gathered additional CPN review material and resources.

The three nurses then redeveloped class content—including more practice questions, a focus on primary care issues, additional study resources and test-taking strategies for the computerized exam—and incorporated the changes into the CPN review course in June 2014.

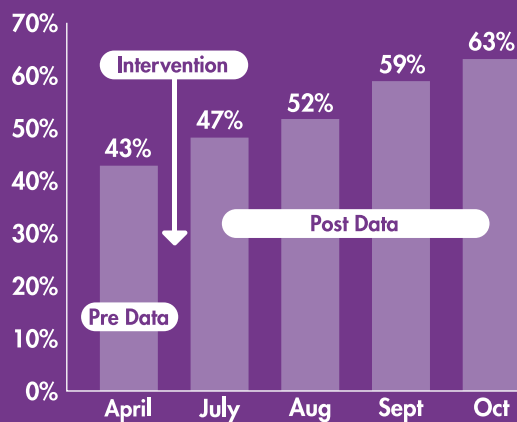
After taking the retooled course, a record number of CHLA nurses registered for the CPN examination. The hospital’s 2014 pass rate increased to 47 percent in July, 52 percent in August, 59 percent in September and 63 percent in October.

Also in 2014, Hoover and Verret were appointed as CPN certification champions by the PNCB, and they began a special operation to recognize new and current CPN nurses. Their purpose was to mentor nurses, encourage them to take the certification exam and act as a resource for those seeking recertification.

Hoover and Verret felt it was important to recognize the effort nurses made to take the exam and maintain certification, thereby emphasizing the value of the CPN. They issued silver certificates and special CHLA/PNCB mugs to new CPN nurses, and gold certificates to those who maintained their CPN certification.

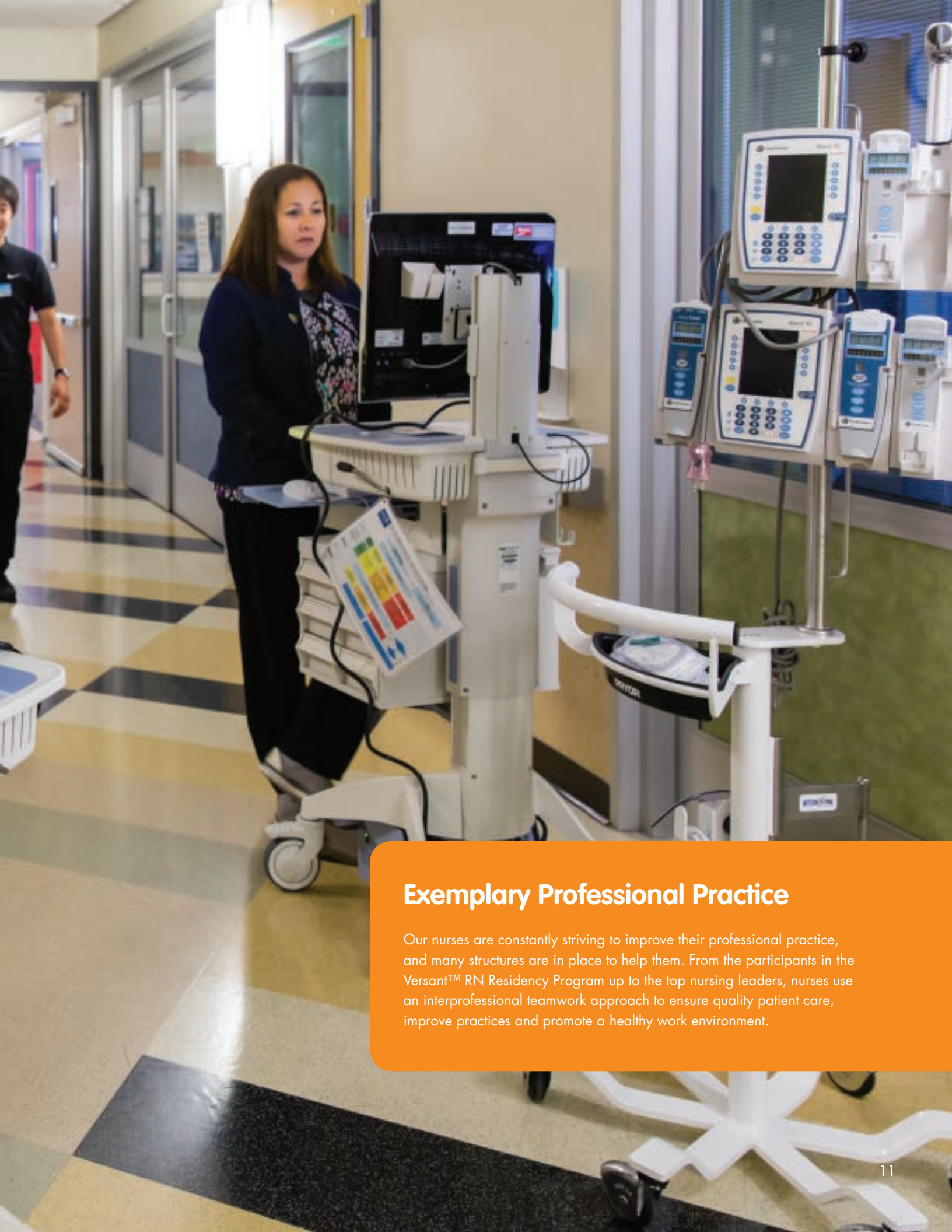
The collective teamwork of these CPN champions and the review-course educators led to the upward trajectory of our CPN passing rate, helping us to meet CHLA’s professional nursing certification goals. ■

2014 CPN Pass Rate



The marked intervention is the CPN course revamp in June 2014.





Exemplary Professional Practice

Our nurses are constantly striving to improve their professional practice, and many structures are in place to help them. From the participants in the Versant™ RN Residency Program up to the top nursing leaders, nurses use an interprofessional teamwork approach to ensure quality patient care, improve practices and promote a healthy work environment.

The Withdrawal Prevention Protocol



Krichelle Larson, BSN, RN, CCRN (left), and Graciela Ruiz, BSN, RN, CPN, are two of the six nurse contributors to the withdrawal prevention protocol.

Children who develop an illness or undergo surgery sometimes require medications to treat pain and anxiety. Reducing patients' pain and psychological stress is a top priority for the patient care team at Children's Hospital Los Angeles.

The most common classes of medication used to relieve pain and anxiety are opioids and benzodiazepines. But while there are benefits to these medications, there is also a risk of medication dependence and withdrawal once they are no longer needed. Withdrawal symptoms complicate patients' hospitalization, requiring more medical treatments, prolonging recovery and length of stay, and increasing the cost of care.

In 2012, CHLA developed a withdrawal prevention protocol (WPP), with the goal of decreasing withdrawal symptoms when patients in intensive care units are weaned from opioids and benzodiazepines. Unfortunately, the protocol was met with low compliance and inconsistent use, and there was very low awareness of its existence among staff.

With these challenges in mind, Rambod Amirnovin, MD, and Lara Nelson, MD, from the Division of Critical Care Medicine, met in early 2013 to tackle the problem. Amirnovin and Nelson decided that the best solution was to evaluate and modify the existing WPP. To do this, they convened an interprofessional team of experts from all facets of critical and acute patient care at CHLA.

After several months of gathering and analyzing baseline data, this interprofessional team of intensivists, hospitalists, pharmacists, nurse practitioners and clinical nurses began working together in 2014 to improve multiple aspects of the protocol and make it more streamlined and easy to use. The team outlined a step-by-step weaning process and created visual aides to assist in the implementation of the protocol and its educational rollout.

As part of the first Plan-Do-Study-Act (PDSA) cycle—a model used to test out change and assess its impact—the team collaborated to create various educational materials specific to each audience. Before the materials were rolled out, doctors, nurses and pharmacists in each unit were pretested to acquire baseline data about their knowledge.

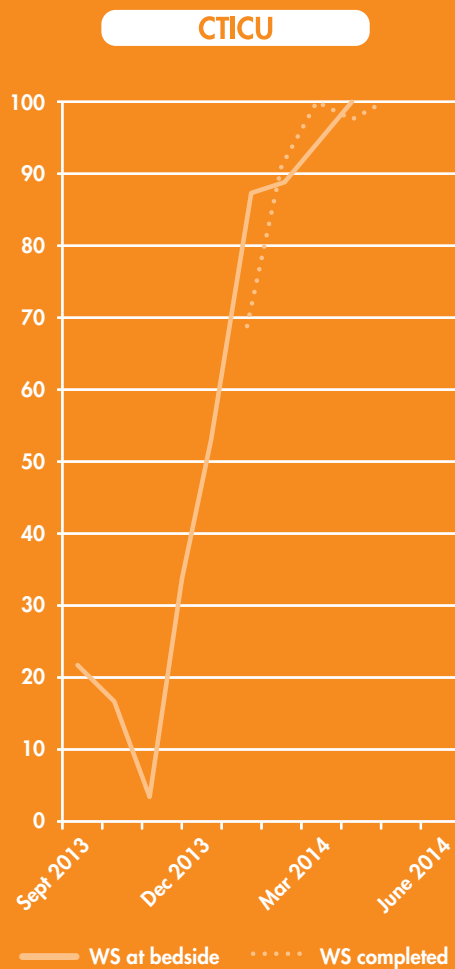
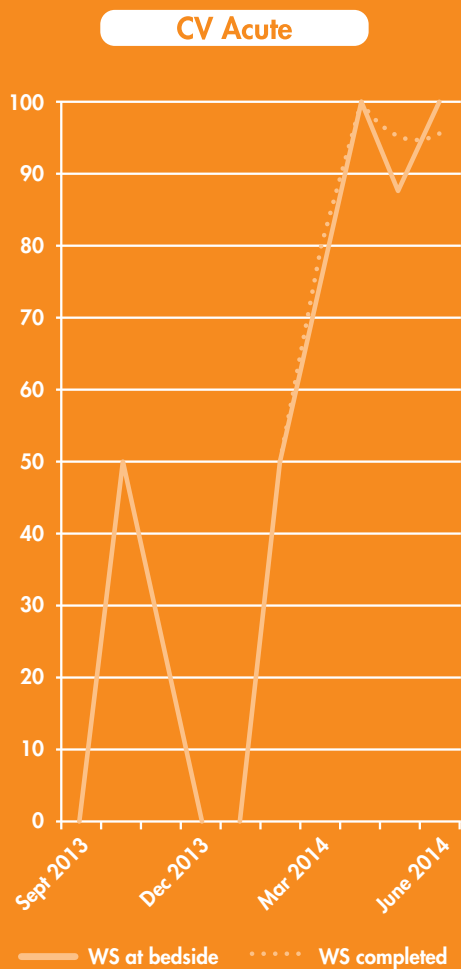
In February 2014, the modified protocol was tested in three units: the Pediatric Intensive Care Unit (PICU), the Cardiothoracic Intensive Care Unit (CTICU) and the Cardiovascular Acute Unit (CV Acute). Patient care staff education was initiated simultaneously and completed by June 2014. Audits and evaluations, along with staff feedback, were collected in real time during the trial process. The team then analyzed and applied these outcomes to make the protocol more user-friendly.

Several clinical nurses—Krichelle Larson, BSN, RN, CCRN, and Kristi Ficek, BA, RN (PICU); Jennifer Ly, BSN, RN, CCRN, Norma Dansak, BSN, RN, RRT-NPS, CCRN, and Kelli Kleyhauer BSN, RN, CCRN (CTICU); and Graciela Ruiz, BSN, RN, CPN (CV Acute)—were significant contributors to the WPP modifications. As designated content experts for the protocol, these bedside leaders were proactive in specifying protocol details and the education methodology.

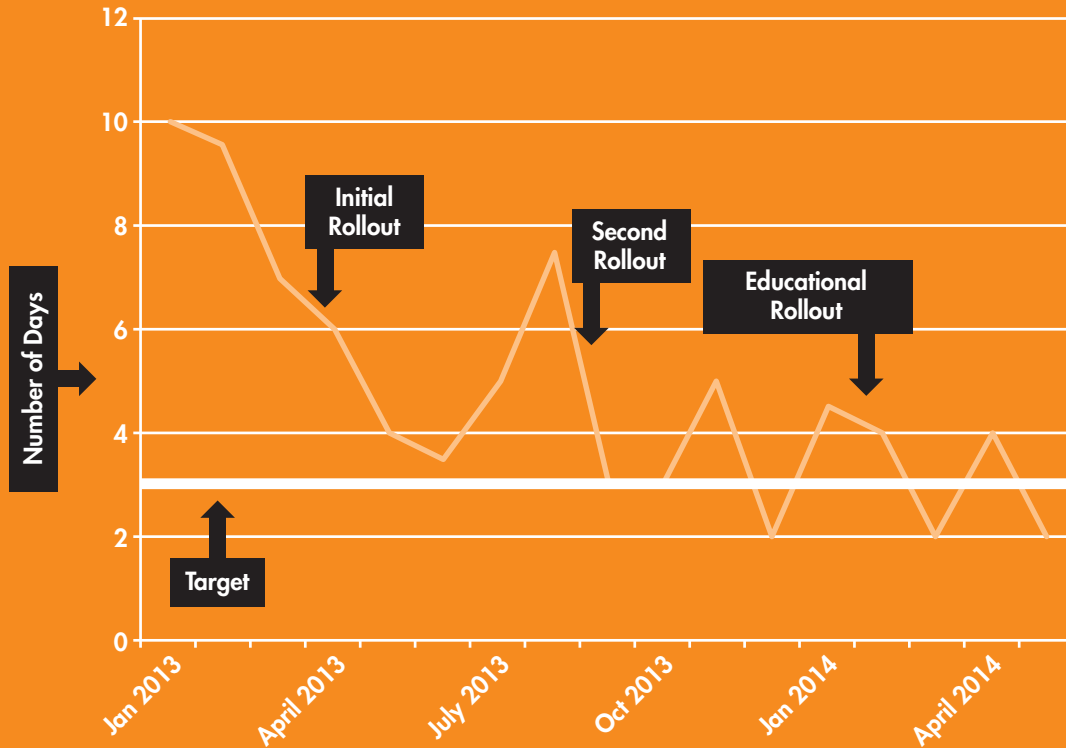
The nurses faced the challenge of educating a large pool of protocol users and helped eliminate unnecessary and confusing portions of the protocol. In addition, they created a “withdrawal assessment tool” to help ensure consistency in how staff documented patients’ symptoms.

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Percentage of WPP Worksheet Use and Completion

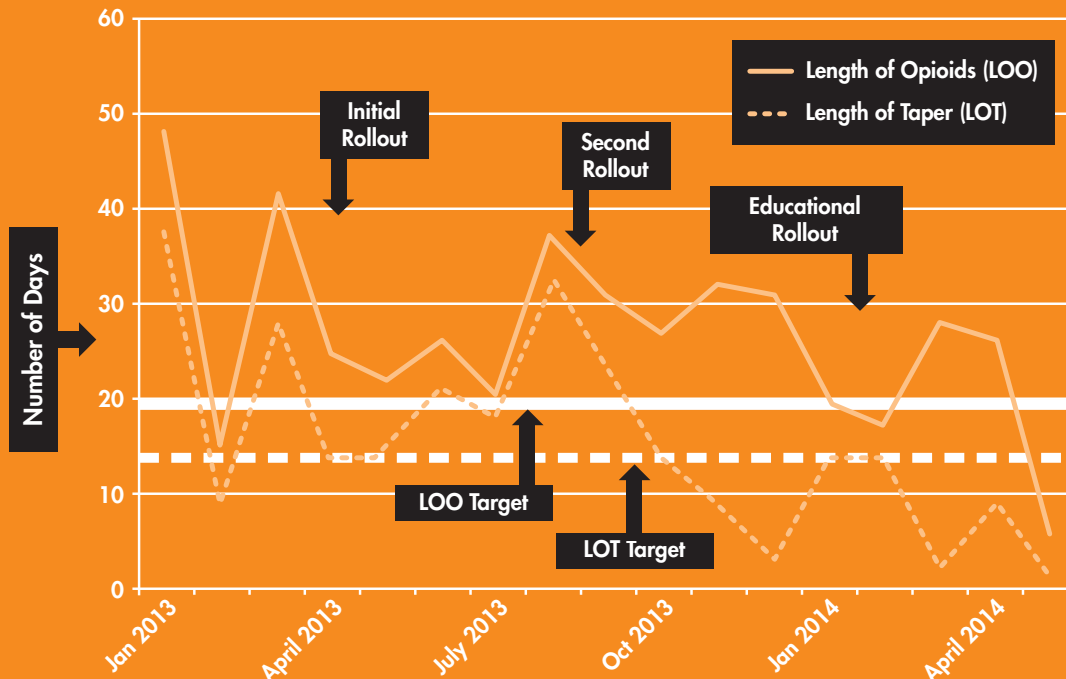


Median number of days with two or more PRN doses (by month)



A decrease in the number of extra (or as needed) medications for opioids and benzodiazepines was also seen with the initial rollout.

Median length of opioids (LOO) and length of taper (LOT) for CTICU patients



There was a trend toward shorter duration of exposure to opioids and a shorter length of taper.

Even during the initial rollout, improvements in WPP practices were already observed. There was heightened awareness of the protocol in all three units—as evidenced by audits on every chart regarding the use of the assessment tool and the completeness of the documentation. After the initial education, staff compliance in these areas increased to 100 percent. A decrease in the number of extra (or as-needed) opioid and benzodiazepine medications was also seen with the initial rollout.

Finally, there was a trend toward a shorter duration of exposure to opioids and a shorter length of taper noted in the CTICU/CV Acute units. These findings could be attributed to a few factors: an increased staff awareness regarding which withdrawal

symptoms to watch for; more accurate withdrawal assessments; optimized use of medications; and/or the effectiveness of the protocol in decreasing withdrawal symptoms, thus decreasing the need to treat these symptoms.

The group has now moved forward with the second PDSA cycle, which includes implementing the protocol in four additional acute care units. In addition, the team is designing a computerized decision support tool to assist in the weaning process.

Thanks to this team's interprofessional collaboration, the modified withdrawal prevention protocol has contributed to both improved patient outcomes and patient care practice at CHLA. ■





New Knowledge, Innovations and Improvements

The culture of evidence-based clinical practice is ingrained into the minds of CHLA nurses, who are on a constant quest for better patient-care practices. Breakthrough information is acquired through professional organizations, nursing research and literature review. The wonderful outcome of this knowledge-seeking culture is that it stimulates innovations and improvements in practice, technologies and work environments.

X-ray of patient with spinal rods

A New Move With Spinal Fusion Patients

Each year, many adolescent patients diagnosed with adolescent idiopathic scoliosis (AIS), a curvature of the spine, come to Children’s Hospital Los Angeles to have a type of back surgery called spinal fusion. In the past, the standard of care was that all patients after spinal fusion surgery would recover in the Pediatric Intensive Care Unit (PICU). But making more PICU beds available for critically ill patients is a pressing need at CHLA. To meet this need— and get patients home faster—an innovative idea was born: to transfer AIS spinal fusion patients directly to 6 East, a specialized orthopaedic surgical unit, rather than the PICU.

Collaborating to lead this transition were Orthopaedics Division Head David Skaggs, MD, MMM, and Phyllis D’Ambra, MPA, RN, nurse manager of the Children’s Orthopaedic Center; Randall Wetzel, MBBS, head of the Department of Anesthesiology Critical Care Medicine; Silvia Hernandez, BSN, RN, operations manager of the Post-Anesthesia Care Unit (PACU); and Cathy Kissinger, MN, RN, NE-BC, operations manager of 6 East.

This interprofessional group met in 2011 to plan the first phase of the post-spinal fusion care process. The group analyzed each aspect of spinal fusion surgery care and conceptualized solutions to provide a safe and comforting patient experience. This move also required education and preparation for the patients and families. D’Ambra and her Orthopaedics nursing team—Ann Wakulich, BSN, RN, ONC, and Elaine Butterworth, RN, CPN—coordinated patient care, treatment plans, and pre- and postsurgical care. They also provided spinal fusion surgery classes and reading materials to help patients and families prepare for and understand what to expect during surgery and postsurgical care on 6 East.

The following process was established:

- After surgery, spinal fusion patients are admitted to the PACU for about two hours and then transferred to 6 East.
- While on 6 East, each patient receives a dedicated nurse to provide one-on-one patient care for the first night after surgery.
- Physical therapists support the process and begin working with patients on their first day after surgery.

The new process was first tested with the most stable patients—those who did not have medical issues other than AIS. Over time, the majority of AIS patients were added to the process, with the exception of a few patients with complex physiological issues. The group monitored and tracked outcomes for the implementation and found that transferring patients to 6 East directly from surgery achieved the initiative’s goal, with added benefits. In 2012, the average length of stay (LOS) for spinal fusion patients decreased from 6.1 days to 5.7 days, and patients and families responded positively.

Since the plan’s implementation, Skaggs, D’Ambra, Kissinger and their colleagues have met periodically to assess and evaluate the progress of postoperative spinal fusion care on 6 East. Seeing improvement in LOS, they wanted to decrease it further and decided to modify the plan of care. Giovanni Cucchiario, MD, head of Pain Management and Palliative Care, was brought on to contribute his expertise in post-spinal fusion pain management.

In 2013, additional actions for the first day after surgery were implemented, including a plan to decrease the intravenous pain medication over a shorter time, to ambulate patients more often and to remove the Foley urine catheter sooner. By the end of 2013, the average length of stay had decreased from 5.7 days to 4.1 days.

In 2014, the group identified abdominal discomfort as a challenge delaying the discharge of AIS spinal fusion patients. In response, the group optimized patient nutrition preoperatively and developed a low-fat, high-fiber postoperative diet menu. The new moves have decreased average length of stay for these patients to just 3.7 days.

This innovative effort demonstrated how teamwork can make it possible to overcome a challenge without negatively impacting patient care. Patients and families have responded positively since 2011, and the project’s success was described in a 2013 article in the *Journal of Bone and Joint Surgery*. As this new practice continues to be successful, the interprofessional team will monitor and search for new ways to improve the AIS surgical experience for patients and families. ■

Our Certified Nurses

4 East

Irene V. Aberin	CPON
Lilibeth L. Aguado	CPHON
Shannon Elizabeth Arredondo	CPHON
Dania Marisa Bourque	CPON
Staci A. Castillo	CPON
Beata B. Chmielewski	CPHON
Natalie Christine Cole	CPHON
Michelle E. Criger	CPHON
Dawn Marie Dunkin	CPHON
Renee A. Flores-Garcia	CPON
Diane M. Grade	CPON
Anne C. Halili	CPHON
Jacqueline Denise Marroquin	CPHON
Heather Joy Mehl	CPON
Johanna Navia	CPON
Alexandra Ornelas	CPHON
Marifel Pagkalinawan	CPHON
Andrea Jean Petty	CPHON
Jenine Michele Raffaniello	CPHON
Luzmarie Barron Ramirez	CPHON
June Nicole (Palacio-Bhojwani) Rees	CPHON
Sacha Lauren Reis	CPON
Afshid Roozrokh	CPON
Sirinan Srilanchanarak	CPON
Allison Christine Taylor	CPHON
Peggy L. Townsend	CPON
Kerry S. Vancura	CPON
Maria L. Velasco	CPON
Kelsie Patricia Wagner	CPHON
Sonya L. Williams	CPON

4 West

Melissa (Stewart) Aguirre	CPON
Diane Rita Altounji	CPON
Michelle D. Castle	CPON
Sona Daldumyan	CPON
Lizzele J. Dulay	CPON
Sharayah Elkins	CPHON
Anoush Mary Essajanian	CPHON
Libertad Garcia	CPHON
Renita Arlene Joseph	CPHON
Cara Suzanne (Wise) Lunsford	CPHON
Swati Harshad (Vyas) Saiben	CPHON
Kimberly Nicole Schenk	CPHON
Don Stewart	NE-BC
Deborah K. Weiss	CPN

5 East

Stephanie Kate Bedsworth Brewis	CPN
Nora A. Delgado	CPN
Lorena Maria Ferrer-Pyorala	CPN
Giuliana V. Fiore	CPN
Amy Jean Girguis	CPN
Natalie Goldman	CPN
Frances H. Guzek	CNOR-CPN
Michelle M. Karlu	CPN
Jolene Marie Knapp	CPN
Emily Lam	CPON
Monica Chea Lopez	CPN
Angela Adriana Madrid	CPN
Susan (Sue) Martinez	CPN
Janet Mooney	CPN
Sherry Nolan	CPN
Ruth Paul	RN-BC
Sarah G. Ramirez	CPN
Erin Schmidt	CPN
Marcela M. Solorio	CPN
Irina V. Tarasova	CPN
Sahar Vann	CPN



Certified nurses Maria Castro, BSN, RN, CPN (left), and Terrie Ballard, RN, CPN

5 West

Lesley Navea Abcede	CPN
Linda B. Allen	CPN
Arnie B. Banez	CPN
Marlene Julasavee Cox	CPN
Margaret-Ellen Frankel	CPN
Susan L. Gonzalez	CPN
Susan D. Jensen	CPN
Cheska Mae (Francis) Mombay	CPN
Sharlene C. Odhner	CPN/CPEN
Jahmela June Pech	CPN
Jennifer Ann Star	CPN
Judith A. Tighe	CPN
Rachel Troost	CPN
Diana H. Vaughn	CPN
Donna Lee Vanca	CPN
Polin Yousefzadeh	CPN

6 East

Jennifer Mae Antin	CPN
David Miller Barrios	CPN
Robert Clarke Briscoe IV	CPN
Anne A. Casale	CPN
Monica Ann Coles	CPN
Eileen R. Duncan	CPN
Samar (Mroue) El Houry	CPN
Leslie Carol Friedman	CPN
Evelyn Sofia Garcia	CPN
Kristine N. Gawley	CPN
Casey Henson	CPN
Lavonda R. Hoover	CPNP-PC, CPN
Elaine C. Iwamoto	CPN
Kelsey Alder Jepsen	CPN
Catherine D. Kissinger	NE-BC
Anna Kitabjian	CPN
Soon Kim Perez	FNP-BC
John Randall Rutland	CPN
Caroline Kelton Sanborne	CPN
Kristine Tom (Sanchez) Tapia	CPN
Talya Weiss	CPN
Flora W. Yuen	CPN

6 North

Yolanda Amador	CCRN
Lori L. Chan	CPN-CRRN
Lucy Kathleen Culwell-Kanarek	CRRN
Belinda Duran	CRRN
Minette Luna Galam	CRRN
Rosalia S. Guzman	CPN
Yvonne M. Hughes-Ganzon	CPN, CRRN
Christie Anne Dacuycuy Laciste	CRRN
Vannga Nguyen	CPN
Nadia Erika (Miranda) Pasillas	CPN, CRRN
Amanda Esther Price	CPN, CRRN
Julita Arceo Reyes	CPN
Audrey Joy (Estrada) Santos	CRRN
Lou Ellen Stallworth	CRRN

6 West

Johanna Camille (Villegas) Aguino	CPN
Tiffany Michelle Allen	CPN
Olivia Banuelos	CPN
Jesibelle Perpetua T. Bernardo	CPHON
Gene Rainier Calderon	CPHON
Christina Annamaria Cerda	CPN
Terri Lynn Cole	CPN
Kelley J.H. Dobard	CPN
Ashley Beth Dunser	CPN
Sabrina Agustina Escalante	CPN
Frances Leah Jameson	CPN
Tae Ree Kim	CPN

Christiane Marie Lieu	CPHON
Vicky Chi Lin	CPN
Lynette Maria MacFarland	CPN
Marites Rapanot Narciso	CPHON
Kristen Lee Owen	CPHON
Kathleen Sanborn Palas	CPN
Caroline Maria Ross	CPN
Michael Harry Ross	CPN
Melonee Silagon Sanchez	CPON
Miki Cheng Sato	CPN
Linda Sy	CPHON/CPN
Theresa Ann Tostado	CPN
Jaime Truluck	CPN
Gloria N. Verret	CPN
Nicole Carolyn Westrick	CPN
Shawna M. Winans	CPN

Abdominal Diseases

Jennifer L. Baldwin	CPN
Stephanie A. Johnson	CCTC

Access and Transfer Center

Janice Cameron McKenzie	CPN
Judith A. Sherif	CPN
Erin Ashley West	CPN, CPNP

Adolescent and Young Adult Medicine

Bianca M. Salvetti	CPNP, CCRN
Nanora M. Thompson	CNP

Ambulatory Care

Deborah A. Noble	CLC
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Anesthesiology

Paula Jean Belson	CRNA
Melissa Anne Callaghan	CRNA
Shama Pathan Farooqui	CRNA
Saralee S. Glaser	CRNA
Sarah Polkinghorn Gubbins	CRNA
Mary Elias Iwaszewski	CRNA
Judy Mi Hee Koempel	CRNA
Shinny Thomas	CRNA

Anesthesiology Critical Care Medicine

Steve L. Calver	CCRN
Corey Fritz	CPNP-PC, CPNP-AC
Jennifer M. Huson	CPNP-PC
Mary Evelyn McCulley	PPCNP-BC, CPNP-AC
Rica Sharon Prospero Morzov	CPN
Dara Nunn	CPNP-AC

Blood Bank and Blood Donor Center

Brian J. Cook CFNP
Andriana Pavlovich CPN

Gloria E. Trejo CCRN
Jill Marie Whittey CCRN
Victoria J Winter CCRN
Elizabeth Ann Zlotorynski CPN

Bone Marrow Transplant Unit

Kristel Nneka Alleyne CPHON
Ann Moaje Alvarez CPHON
Mikaila Elizabeth Becker CPHON
Kristina L. Brown CPON
Stephanie Margaret Davis CPHON
Dannielle Eramia CPHON
Vilma L. Evangelista CPON
Gwendolyn M. Kimball CPON
Dawn P. Landery CPON
Kristin Ann Malicse CPHON
Shabana Wadalawala Mather CPHON
Mary F. Moses CPON
Sarah Toba (Zanella) Mutia CPHON, BMT
Anna Lauria Pasquarella CPHON
Donna M. Quiroz CPON
Sarah (Robison) Schneider CPHON
Aeroshikha Rose Wolf CNL

Cardiothoracic Surgery

Stacey Beth Adler CPNP-PC
Mariesa Y. Buhl CPNP-AC
Jo-Ann Marilyn Casenas Castanares CCRN
Debra Ann Dechant CCRN
Ellize Nickole Ergina CPNP-AC
Pamela Michelle Faire CPNP-PC, CPNP-AC
Kay M. Gilmore CPN
Melanie A. Green CPNP-AC
Melissa Sue Green CPNP
Donna J. Guadiz CCRN/CCTC
Melanie A. Guerrero CPN
Monica V. Horn CCRN, CCTC
Flerida Imperial-Perez CCNS
Ruth E. Lemus CCRP
Elizabeth Ann Miller CPNP-PC
Carol A. Okuhara FNP-BC, CPNP-AC
Dione Dela Cruz Paras CPNP-PC
Pahnthea Pedoeim CPNP-PC
Nancy Ann Pike FNP-BC, CPNP-AC
Lillian Vicky Rosu FNP-BC, CPNP-AC
Nhu N. Tran CCRN, CCRP
Sharon A. Wagner-Lees RN-BC

Cardiology

Lindsay Medal Thatcher CPN

Cardiothoracic Intensive Care Unit

Andrea R. Aguilar CPN, CCRN
Madeleine Cabalitan Ayllon CCRN
Carol E. Cadaver RNC-NIC
Virginia A. Culla CCRN
Elizabeth Suzanne Daley CCRN
Norma Alice Dansak CCRN
Charmaine Sy Espiritu CCRN
Samantha Alice Filiciotto CCRN
Harry Alexander Ford CCRN
Sylvia Gomez CCRN
Juliet Christine Goss CCRN
Elizabeth Katherine Hahn CCRN
Suzanne Heetebrij CCRN
Kelli M'Sean Kleyhauer CCRN
Josephine B. Lee-Razon CCRN
Lois E. Lingayon CCRN
Jennifer Lynn Ly CCRN
Aristole Visperas Marasigan CCRN
Melinda Martinez CCRN
Kathleen S. (Anticevich) McIntyre CCRN
Jessica Lorraine (DeVreese) Osborn CCRN
Jill Marie Palechek CPNP
Amy (Nash) Parker CCRN
Lisa A. Rizzi-Wagner CCRN
Nicole Leanne Rohr CPN

Cardiovascular Acute Unit

Michelle Marie Beato CPN
Carmelita Clark CPN
Aileen Yanga De Guzman CPN
Darcey Lynn Diaz CPN
Jamie Lynelle Duly CPN
Emily Jean LaNovara CPN
Marcia Lachelle Massey-Norfleet CPN
Nubia Ruth Newsome CPN
Andrea Kathleen (Moore) Palmer CPN
Graciela Garcia Ruiz CPN
Sofya Noreen Sadiq CPN
Michelle Andrea Sullivan CPN
Kristin Marie Tayo CPN
Stephanie Ann Vandehey CPN
Brittany Michelle Warren CPN
Elysia M. Weiner CPN
Erika Ann Winn CPN
Annie Yeremian CPN

Care Coordination

Elisa D. Barrios CPN
Terece Charme' Jones CPN
Marisa Martinez CPN

Clinical Education and Professional Development

Marcella Christine Bernstein RNC-NIC
 Margaux Cecile Lozada Chan CPN
 Debbie L. Reid CPON/RN-BC

Emergency Department

Mercedes Alonso CPEN
 Sheila Ann Anulao CPN
 Teresa Marie Archuleta CPEN
 Monica Andrea Calfa CPN
 Yolanda Chartan CPEN
 Beth Christie Clark CPN, CPEN
 Anabel Enriquez Costa CPN, CPEN
 Tom Cottrell CPN
 Sheah Marie DiLuigi CPEN
 Laura Elise Du Four CPN/CEN
 Mariella Flores CPN
 Robin L. Goodman CPEN
 Armstrong Hao CPN
 John Hulse CPEN
 Charles Alexis Kronbetter CPEN
 Jonathan Laitman Lengson CPEN
 Nicole Marie Magni CPN
 Claire J. Meyer CPN
 Inge M. Morton CPN/CPEN
 Phaedra Lynn Nguyen CPEN
 Sharon L. Noonan CPN, CPEN
 James O'Connor CPEN
 David Pichardo Jr. CPEN
 Nicole D. Sheppard CPEN
 Catherine Shijo CPN
 Amanda Lynn Silver CPN
 Gina Marie Terrazzino CPN
 Valorie M. Tripoli CPN
 Graham Aaron Valley CPEN
 Christi Ellen Warren CPEN
 Stephanie D. Watchler CPN

Emergency Transport

Erin Elizabeth Balek CPN, CPNP-PC
 Susan L. Cesinger C-NPT
 Tara L. Cook C-NPT
 Russell A. Gill C-NPT
 Geri H. Gregorczyk C-NPT
 Martha A. Martinez C-NPT
 Jenifer Ann Meyers C-NPT
 Marilou De Guzman Millares CPN, C-NPT, CCRN
 Margaret Teresa Reen C-NPT
 Terri E. Stambaugh CPN, C-NPT
 Rachel M. Terhaar C-NPT
 Yolanda Andalon Won CPNP



Certified nurses in the Cardiovascular Acute Unit

Employee Health Services

Elsie Alfaro CFNP
 Melanie T. Moya CFNP
 Roy Villena Tatlonghari CANP

Endocrinology

Susan R. Benson RNC
 Anna Gastelum Bitting CDE
 Louise A. Brancale CDE
 Eulalia Carcelen CDE
 Kailee Rene Gafgny CPN, CDE
 Mary Halverson CDE
 Christine Hertler CDE
 Barbara K. Hollen CDE
 Mary T. McCarthy CDE
 Debra Dee Miller CDE
 Maria De Jesus Nuques CDE
 Cassie Song CDE

Executives and Directors

Nancy T. Blake CCRN, NEA-BC
 Sharon Chinn CRRN
 Kimberly Dodson CNOR
 Barbara P. Gross NEA-BC
 Mary Dee Hacker NEA-BC
 Rita L. Secola CPON
 Suzanne L. Taylor RN-BC

Gastroenterology

Zulema Vega CPN

General Pediatrics

Marcia Jean Lee CPNP-PC, PMHS

Hematology-Oncology

Chelsea Marie Balian	CPNP
Stana Bogojevic	ICN
Margaret S. Bottcher	CPNP
Jennifer Buitrago	CPON, CPNP
Sherrilyn Carcich	CPON
Susan M. Carson	CPNP
Shanna Christoffersen	CPON
Kei Yun Chung	CPON
Christina Izumi Cruso	CPON
Melissa Parra Doyle	CPNP
Anna Christine Evans	CPNP-PC, CPHON
Michelle Marie Garcia	CPNP
Jonelle Beth Gray	CPNP, CPHON
Deborah G. Harris	CPNP-PC/AC
Nancy S. Hart	CPON
Jacquelyn Alvina Hone	CPON
Dee Imai	CPON
Megan H. Javidi	CCRN
Makensie Johnson	CPON
Maria-Theresa Lapinid	CPON
Wendy Seto Leung	CPNP
Yvonne K. Lindsey	ONC
Kellie A. Loera	CPON
Deborah Marino	CPON
Meghan T. Meehan	CPON
Mary Baron Nelson	CPNP
Jacqueline Marie O'Connell	CPNP
Tina M. Patterson	CPON
Paola I. Pederzoli	CPNP
Eliza Swanson Pedroja	CPHON
Patricia A. McMahon Peterson	CPNP
Karli Beth Pinkowsky	CPON
Lindsay Marie Quirk	CPNP
Kasey Rangan	CPNP
Ma Luz Reyes	CPON
Susan L. Rhoads	CPHON
Patricia Rios	CPON
Yael L. Rosenthal	CPNP
Gina Marie Santangelo	CPNP, CPON
Belinda P. Sia	CPON
Shinyi Tang	CPON
Susan E. Tatoy	CPHON
Laura J. Vasquez	CPON
Jessica A. Ward	CPNP
Tanea Dwan Washington	CPNP, CPHON
Jami Vander Wielen	CPNP
Kathryn J. Wilson	CPN

"After being a pediatric nurse for more than two decades, it was a really good process to review so much material as I studied for the exam. It was a personal goal for me to get certified in order to stay at the top of my game as a pediatric nurse. I felt happy to pass the CPN test and reach my personal goal, and at the same time boost the number of CPN nurses for my hospital by one more."

—Jeanne Marshall, BSN, RN, CPN, Float Pool

Hematology-Oncology Clinical Research

Armi F. Bui	CPON, CCRN
Scarlett Vasiliki Czarnecki	CPHON, CCRP
Renna G. Killen	CCRP

HOPE Center

Kathleen Ruccione	CPON
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House Supervisors

Deann E. Dover	CPN
Jeanette M. Goggins	CPN
Katherine M. Meyer	CPNP-PC/AC
Jenese Morris-Rubottom	CPN
Nancy Cleghorn O'Gorman	CPN

Human Resources

Stephanie J. Brady	CPN, CHCR
Andree R. Mulia	CHCR

Human Subjects Protection Program

Rebecca Dahl	CIP
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Infection Control

Mary Virgallito	CIC
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Institute for Maternal-Fetal Health

Britney Nicole Cherry	NCC-NNP
Pamela Lynn Costa	NNP-BC, RNC-NIC
Sandra Luz Espinosa	NNP-BC, RNC-NIC
Lindsay Danielle Goss	NNP-BC
Bonnie Solim Lee	NNP-BC, RNC-NIC
Tiffany Lynne McGuire	NNP-BC
Karen Elizabeth Helt Rapoport	NCC-NNP

Kidney Transplant

Gwen (Green) Brown	CNP
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Knowledge, Information and Decision Support (KIDS) – Clinical Informatics

Shirley C. Hammers	CPN
William C. Kenny	CPN
Patricia A. Tejada	CPN

Nephrology

Alicia N. (Sanchez) Bertulfo-Sanchez	CPHON
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Newborn and Infant Critical Care Unit

Nicole C. Ainsworth	RNC-NIC
Sonja Ann Alli-Casella	RNC-NIC
Haley Alexis Barickman	RNC-NIC
Susan V. Bugsch	RNC-NIC
Judith Crews	RNC-NIC
Suzanne Y. Cuano	RNC-NIC
Beverly S. Drummond	RNC-NIC
Marta A. Dubon	RNC-NIC
William Duong	RNC-NIC
Sharon Fichera	NNP-BC
Jennifer Lee M. Flores	RNC-NIC
Judith Foote-Merryman	RNC-NIC
Johanna Constance Gaeta	RNC-NIC
Jacquelyn Marie Gayer	RNC-NIC
Robert Fred Giesler	RNC-NIC
Anne B. Gleeson	RNC-NIC
Dolores M. Greenwood	RNC-NIC
Audrey Rose (Arndt) Jamora	RNC-NIC
Laura A. Klee	RNC-NIC
Jennifer Wing-Yee Leong	RNC-NIC
Jennifer Suzanne Lucero	RNC
Michelle Costabile Machado	CCRN
Nancy Julie McNeill	CPNP, RNC-NIC
Mikoto Nakamichi	RNC-NIC
Erin Nida	RNC-NIC



Stephanie Brady, BSN, RN, CHCR (left), and Andree Mulia, BSN, RN, CHCR

Maxine Orijei Ogbaa	RNC-NIC
Lorie J. Pagado	RNC-NIC
Valerie Lynn Phillips	RNC-NIC
Victoria Pniel	RNC-NIC
Amy Leigh (Griffey) Ralston	RNC-NIC
Alma Veronica Ramirez	RNC-NIC
Diane E. Real	RNC-NIC
Michael Franklin Rokovich	RNC-NIC
Lisa Marie Rosik	RNC-NIC
Brooke Nicole Sanders	RNC-NIC
Sally Ruth Scharg	RNC-NIC
Elizabeth Bothwell Schaub	RNC-NIC
Suet Ching Sham	RNC-NIC
Paige Elizabeth Smith	RNC-NIC
Patricia Lopez Villanueva	RNC-NIC
Shu Yin Wang	RNC-NIC
Baro Whang	CCRN
Diana Marie Williams	CCRN-NIC
Elsa M. Yedinak	RNC-NIC

Operating Room

Katharina Becker	CNOR
Norma M. Corona	CNOR
Usha Bhulla Desai	CNOR
Melinda R. Dizon	CNOR
Verzhine Fodolyan	CNOR
Paula E. Guzman	CNOR
Angela M. Hartley	CNOR
Angel Holzschuh	CNOR
Meredith Renee Johnson	CNOR
Jingdong (Kenny) Kou	CNOR
Rodrigo S. Lopez	CNOR
Renee A. Lucci	CNOR
Andrea Carole McMonigal	CNOR
Jessica Belle Reyes	CNOR
Florence E. Rivera	CNOR
Nur S. Abdullah Saldivar	CNOR
Adriana Savadjan-Smith	CNOR
Cheryl Michelle Smith	CNOR

Ophthalmology

Kathleen J. Anulao	FNP-BC, CPN
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Orthopaedics

Elaine Butterworth	CPN
Phyllis J. D'Ambra	CIP
Ann M. Wakulich	ONC

Pain Management and Palliative Care

Heidi D. Haskins	CFNP
Susan Marie Hunt	CPNP-PC
Deborah L. Jury	CPNP-AC, CNS
Meghan Sullivan Middleton	CPNP-PC/AC, CNS

Patient Care Services Float Pool and IV Team

Kelli Anderson	CPN	Frances Blayney	RN-BC, CCRN
Kimberley De La Cruz (Collantes) Bacus	CPN	Alejandra Briseno	CCRN
Terrie T. Ballard	CPN	Agnes E. Bundac	CCRN
Joann Barreras	CPN	Jesusa Cabilolo	CCRN
Ana Borde	CPN	Sherry Cauley	CCRN
Sharon Elizabeth Burdick	CCRN	Evelyn Yip Chan	CCRN
Dolores A. Buslon	CPN	Ellen M. Choe	CCRN
Maria Angelica Castro	CPN	Katelyn Marie Clark	CCRN
Monica Ciccarella	CPN	Corinne M. Costley	CCRN
Paul A. Ciriacks	CPN	Susan Crandall	CCRN
Emma A. Clark	CPN	Victoria Joanne Duncombe	CCRN
George Dennis Cruso	CPN	Heather Noel Favret	CCRN
Kylan Mario Dhembis	CPN	Katherine Anne Fernandez	CCRN
Jessica Lawson Garcia	CPN	Jonathan Taylor Foley	CCRN
Monique Rene Gateley	CPN	Emily Fu	CPN
Lynne Charlotte Harris	CPNP-PC/AC	Kari Leeann Gleason	CCRN
Kerri Michele York Hunter	CPN	Zeamari Villanueva Jacinto	CCRN
Kathy Kelly	CPN	Fereshteh (Feri) Kiani	CCRN
Ruth Ellen Klinsky	CPN	Krichelle Ann Larson	CCRN
Rebecca Rose Kvamme	CPN	Nancy Lavoie	CCRN
Linda S. Loiselle	CPN	Sandra Lee	CCRN
Gayle C. Luker	CPN	Ing Chiv (Jamie) Lin	CCRN
Mary Ann Macaspac	CPHON	Kimberly Aimee Linstadt	CCRN
Jeanne M. Marshall	CPN	Teresa L. Loera	NE-BC
Christopher L. May	CPN	Louis M. Luminarias III	CCRN
Erin Rachel Messing	CPN	Ray Neil Mitsuno	CCRN
Sara Marie (Culling) Moore	CPN	Monica Lee Nuss	CCRN
Patricia Mueller	CPN	Fatima B. Padron	CCRN
Laurie F. Newton	CPN	Elizabeth Ann (McQuinn) Parseghian	CCRN
Christina Anne Ng-Watson	CPN	Diana Chao Ting Poon	CCRN
Amy Marlene Omuse	CPN	Christopher A. Price	CCRN
Kimberly (Hodge) Pandora	CPN	Christina Ramirez	CCRN
Joan Marie Flom Pritchard	CPN	Emily K. Reganis Rebar	CCRN
Velma Leon Guerrero Reyes	CPN	Ciana M. Reschman	CCRN
Corina Rico	CPN	Leah Heather Riegel	CCRN
Vanessa Rios	CPN	Kristen Roman	CNL
Karen Denise Rivas	CPN	Cynthia Nelson Rowlett	RN-BC
Jocelyn Robinson	CPN	Hui-Wen Sato	CCRN
Martha Samuel	CPN	David Schmidt	CPNP, CCRN
Melissa Jeannette Simpson	CPN	Tabitha Maria Schwartz	CCRN
Joannie A. Stoker	CPN, CCRN	Kieran Meltvedt Shamash	CCRN
Megan Marie Summers	CPN, CCRN	Sanci Beth Solis	CCRN
Chrystal (Light) Uy	CPN	Elizabeth Ann (Campbell) Stogner	CCRN
Du Thanh Vo	VA-BC	Suzette Dee Sweeney	CCRN
		Linda A. Topper	CCRN
		Sarah Underkofler	CCRN
		Amina Ruth Naef Winter	CPN
		Karen Noleen Young	CCRN
		Linda C. Young	CCRN

Pediatric Intensive Care Unit

Ashley Marie Andrew	CCRN
Danielle Brianna Attanasio	CCRN
Debra Lynn Barnes	NE-BC
Meredith Anne Blackburn	CCRN

"Though I still don't always have the answer, I think becoming certified has increased my confidence as a nurse by expanding my knowledge. And if I don't have the answer, I know where to look!"

—Sharayah Elkins, BSN, RN, CPHON, 4 West

Pediatric Surgery

Linda Camacho	CPNP
Catherine Goodhue	CPNP
Elizabeth A. Harrison	CWOCN
Donna E. Nowicki	CPNP
Andrea Lynne Parker	CPNP
Teresa Lynn Renteria	CWOCN

Perioperative Services

Nancy Bridges	CNOR
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Plastic and Maxillofacial Surgery

Kamala K. Gipson-McElroy	CPNP
Karla Aurine Haynes	CPNP
Chi Kim Phan	CPNP

Post-Anesthesia Care Unit

Cynthia K. Burrola	CPN
Allan J. Cresencia	CPN
Melanie K. Forne	CPN
Erin L. Lowerhouse	CPN
Marvin B. Mangahis	CPN
Elizabeth Nakamura	CPN
Jason Vargas	CPN

Pulmonary

Josephine Ellashek	CPN
Sheila Siu Ho Kwok Kun	CPN

Quality Improvement and Safety Services

Rhonda Sue Filipp	CPN
Rachelle Christine Rogan	CPN
Edahrline J. Salas	RN-BC
Dave Tan	HACP

Radiology Nursing

Jodi Caggiano	CCRN
Margo W. Coon	CPNP
Vanessa L. Guerrero	CPN
Martha A. Jarquin	CPN

Denna S. Jung	CPNP-PC/AC
Julie A. Makin	CPN
Susanne M. Matich	CPNP-PC/AC
Claudia M. McCollum	CPN
Marilyn Deon Mills	CRN, RN-BC
Ginny Than	CPNP
Veronica Wallace	CPN
Holly Hurley West	CPN

Risk Management

Karen Prommer	CPHRM
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Simulation Center

Caulette Young	CCRN
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Spina Bifida

Laura Monica Bala Fernandez	CCRN
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Surgical Admitting

Jocelyn Andrea Ablian	CPNP-PC
Leticia R. Boutros	CPNP
Natalie D. Cheffer	CPNP
Beatrice L. Chun	CPNP
Debbie L. Hand	CPN
Yvonne J. Olive	FNP-BC
Stefanie Ann Proia	CPNP
Debra A. Rannalli	CPNP
Patricia Ann Rodriguez	CPNP
Paula Patricia Rosales	PPCNP-BC
Lisa Smalling	FNP-BC

Trauma Services

Elizabeth Ann Cleek	CPNP-PC
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Urology

Nicole Jennifer Freedman	CPNP-PC
Valerie Jean Gordon	CGRN

Versant™ RN Residency in Pediatrics

Sandra L. Hall	RN-BC
Jessica Lauren Klaristenfeld	RN-BC

Total Number of Certified Nurses:

620

Advanced Degrees

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

The hospital offers:

- A tuition assistance program
- RN-to-BSN tuition reimbursement program
- Scholarships for graduate students
- The John E. Anderson Endowment for Scholarships in Nursing—a tuition reimbursement program for master’s and doctorate degrees
- College and university information sessions from more than five different organizations
- Partnerships with several schools and programs that offer tuition discounts to our employees
- An academic advancement opportunities portal on the hospital’s intranet site



Erin Messing, MSN, RN, CPN, CPNP-AC, completed the Pediatric Nurse Practitioner (Acute Care) program at Vanderbilt University in fall 2014.

2014 Average Clinical Nurse Education Level in Magnet® Organizations (measured in Full-Time Equivalents)

	All Magnet Hospitals	Pediatric Magnet Hospitals	Children’s Hospital Los Angeles
Associate’s Degree in Nursing	35.86%	24.06%	24.0%
Diploma in Nursing	8.46%	5.58%	0.14%
Bachelor’s Degree in Nursing	51.78%	65.78%	68.0%
Master’s/Graduate Degree in Nursing	3.78%	4.50%	6.71%

New Advanced Degrees in 2014

Bachelor's Degree (BSN)

Joey An, RN

(Cardiovascular Acute)

Colleen Carrelli, RN

(Vascular Access Team)

Emily Fu, RN

(Pediatric Intensive Care Unit)

Juana Gutierrez, RN

(Newborn and Infant Critical Care Unit)

Diana Lopez, RN

(Newborn and Infant Critical Care Unit)

Angela Lowery, RN

(Pediatric Intensive Care Unit)

Ray Mitsuno, RN

(Pediatric Intensive Care Unit)

Brooke Sanders, RN

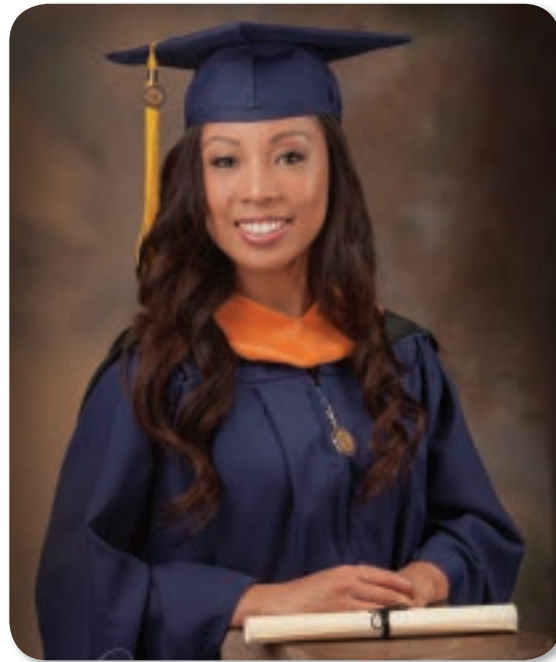
(Newborn and Infant Critical Care Unit)

Nicole Van Loon, RN

(Newborn and Infant Critical Care Unit)

Yelena Yanovsky, RN

(Newborn and Infant Critical Care Unit)



Graca Magaling, MSN, RN



*Debra Rannalli, DNP, RN, CPNP-PC,
in her doctoral graduation gown*

Master's Degree (MSN)

Yolanda Chartan, RN

(Emergency Department)

Lizzelle Dulay, RN

(4 West)

Grace Magaling, RN

(Cardiothoracic Intensive Care Unit)

Erin Messing, NP

(Float Team, Acute Care)

Diana Poon, RN

(Pediatric Intensive Care Unit)

Rosanna Preall, LVN

(6 West)

Doctorate

Debra Rannalli, NP

(Perioperative Services) –
Doctorate of Nursing Practice

Publications

Nancy Blake, RN (Critical Care Services): "The Effect of Alarm Fatigue on the Work Environment," AACN Advanced Critical Care, March 2014.

Catherine Goodhue, RN (Pediatric Surgery), and **Cecily L. Betz, RN** (USC University Center for Excellence in Developmental Disabilities): "Use of Corticosteroids After Hepatoportoenterostomy for Bile Drainage in Infants With Biliary Atresia: the START Randomized Clinical Trial," Journal of the American Medical Association (JAMA), May 7, 2014.

Mary Dee Hacker, RN (chief nursing officer and vice president, Patient Care Services): "How Magnet Standards Improve Pediatric Care," Journal of Nursing Administration, Volume 44, No. 2, February 2014.

Mary B. Nelson, RN (Neuro-Oncology): "Structural Brain Alterations in Children an Average of 5 years After Surgery and Chemotherapy for Brain Tumors," Journal of Neuro-Oncology, May 16, 2014.

Nancy Blake, RN (Critical Care Services); **Kay Gilmore, RN** (Patient Care Services); **Dan Villareal, RN** (Patient Care Services); and **Phan Dang, RN** (Patient Care Services): "The Effect of Fatigue on the Work Environment," AACN Advanced Critical Care, October 2014.

Valerie Gordon, RN (Urology), member of the Clinical Advisory Board for Intermittent Catheterization, which published a booklet, "Clean Intermittent Catheterization (CIC): Guidelines for Healthcare Professionals," October 2014.

Denna S. Jung, NP (Radiology/Anesthesia), and **Susanne M. Matich, NP** (Radiology/Anesthesia): "Maximizing Limited Anesthesia Resources in Radiology Through the Use of Child Life Specialist and MRI Video Goggles," abstract/poster, Journal of Critical Care Medicine, February 2014.

Susanne Matich, NP (Radiology/Anesthesia): "Just Pediatrics: Kids, Contrast Media, Contrast-Induced Nephropathy, and Nephrogenic Systemic Fibrosis," Journal of Radiology Nursing, June 2014.

Andrée Mulia, RN (Human Resources Recruitment): "Sourcing a Recruiter's Natural Spring," National Association for Health Care Recruitment Direction Magazine, July 2014.

Kathleen Ruccione, RN (Hematology-Oncology): "Characterization of Transfusion-derived Iron Deposition in Childhood Cancer Survivors," Cancer Epidemiology, Biomarkers & Prevention, September 2014.

Valerie Gordon, RN (Urology): "CIC: Guidelines for Healthcare Professionals," booklet presentation to Pediatric Urology Nurse Specialists Board members, October 2014.



Oral Presentations

Leticia Boutros, RN (Perioperative Unit): "Women's Health Issues for Hermanas Unidas de UCLA," UCLA, February 2014.

Catherine Goodhue, RN (Pediatric Surgery): "Pediatric Sneezers and Wheezers and the PNP," Azusa Pacific University, January 2014; "Biliary Atresia: Where Are We Now?" GlobalCastRN, February 2014; "Genetics and the Pediatric Nurse Practitioner," UCLA, February 2014; "Name That Syndrome!" lecture, 37th Annual Educational Conference of the California Association of Nurse Practitioners, March 2014; "Liver Enzymes in the Identification of Intra-Abdominal Injury in Children," poster, Society of Black Academic Surgeons, April 2014.

Jennifer Huson, RN, and Mary McCulley, RN (Pediatric Intensive Care Unit): “Rapid Recovery from Respiratory Failure After Cessation of Sirolimus in a Post-Transplant Adolescent,” at the 44th Critical Care Congress for the Society of Critical Care Medicine, January 2014.

Nida Oriza, RN, Victoria Winter, RN, and Beth Zemetra, RN (Cardiothoracic Intensive Care Unit): “Promoting Staff Engagement and Professional Development: Implementation of Teams in the CTICU,” Association of California Nurse Leaders’ 36th Annual Conference, Monterey, California, February 2014.

Brenda Barnum, RN (Newborn and Infant Critical Care Unit): “Ethical Considerations in ECMO Patient Management,” 2014 Neonatal Conference, Children’s Hospital Los Angeles, April 2014; “Widening Our Ethical Gaze: Seeing the Bigger Picture” and “Benevolent Injustice: A Neonatal Dilemma,” Contemporary Forums National Neonatal Nursing Conference, May 2014.

Nancy Blake, RN (Critical Care Services): “Healthy Work Environments” workshop, AACN Clinical Priorities Conference, April 2014, and AACN Annual Meeting, May 2014; “Evidence-Based Practice” and “What the ICU Nurse Should Know About Disaster Preparedness,” AACN Annual Meeting, May 2014; “Alarm Management,” AACN Clinical Priorities Conference, April 2014, and Cincinnati Children’s Hospital Medical Center and CareFusion Corporation Infusion Management Conference, podium presentation, September 2014; “Fatigue Management” webinar speaker, Children’s Hospital Association, October 2014.

Cecily L. Betz, RN (USC University Center for Excellence in Developmental Disabilities): “Getting From Here to There: Developing Your Program of Research,” keynote speech, Indiana State University School of Nursing Lambda Sigma Chapter of Sigma Theta Tau Research Symposium, April 2014; “Professional Publication,” Pediatric Endocrinology Nursing Society Annual Conference, May 2014.

Susan Carson, RN (Hematology/Oncology): “Current Concepts in Chelation: Treating Iron Overload,” Southern California Association of Hematology and Oncology Nurses (SCAPHON) Annual Conference, May 2014.

Allan Cresencia, RN (Post-Anesthesia Care Unit): “Pediatric P.O.I.N.T.S. to Ponder” and “Care of Common and Rare Pediatric Syndromes,” American Society of PeriAnesthesia Nurses (ASPAN) 33rd National Conference, April 2014.

Kim Dodson, RN, and Dawna Willsey, RN (Operating Room): “Resource Optimization and Cost Reduction in Spinal Fusion Procedures,” Transforming Children’s Health Care Together Conference, Children’s Hospital Association, April 2014.

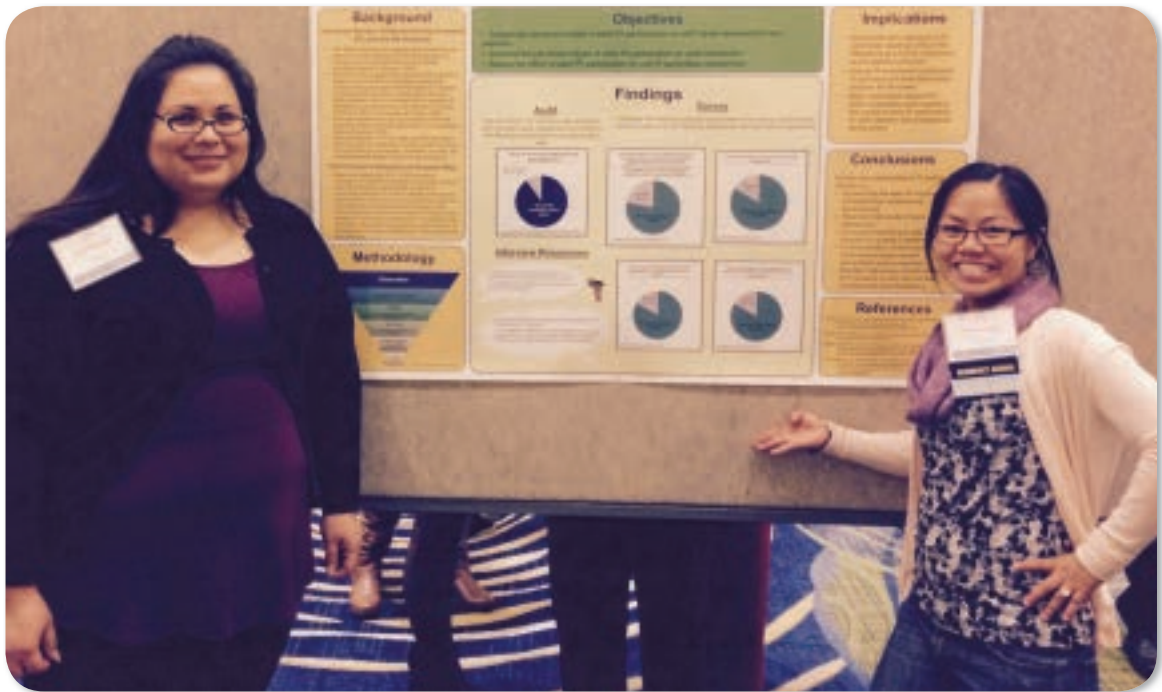
Anna Evans, RN, and Mary B. Nelson, RN (Neuro-Oncology): “The Complete and Unique Journey of a Child With a Brain Tumor: Working Together for Quality Care Delivery,” SCAPHON Annual Conference, May 2014.

Sharon Fichera, RN (Critical Care Services): “Cardiac Embryology and Common Defects in the Neonate,” “Multisystem Organ Failure,” “Sepsis: It’s Not the Same Old Infection Anymore,” “Necrotizing Enterocolitis” and “Surgical Emergencies in the Newborn,” lectures, National Conference for Neonatal Nursing, April-May 2014.

Mary Dee Hacker, RN (chief nursing officer and vice president, Patient Care Services): “Care Coordination in a Complex Environment,” speech, Children’s Hospital Association–Transforming Children’s Healthcare Conference, May 2014.

Carol A. Okuhara, RN (Cardiothoracic Surgery): “Implementation of a Fontan Management Protocol: Reducing Hospital Length of Stay and Re-Admission Rates for Pleural Effusions,” Pediatric Health Care Conference, National Association of Pediatric Nurse Practitioners (NAPNAP), March 2014.

Kathleen Ruccione, RN (HOPE Resource Center): “The HOPE Early Childhood Initiative: An Innovative Model for Psychosocial and Developmental Support for Young Children with Cancer,” HOPE Early Childhood Symposium, February 2014; “Developing an Organizing Framework to Guide Nursing Research in the Children’s Oncology Group,” Seminars in Oncology Nursing, February 2014; “Transfusion-Derived Iron Deposition in Childhood Cancer Survivors: Implications for Survivorship Nursing,” poster presentation, 6th International Conference on Child and Adolescent Cancer Survivorship, April 2014.



Ciana Reschma, BSN, RN, CCRN (left), and Phuong Duong, MSN, RN, with their poster presentation at the Versant Client Conference in 2014.

Ani Yeremian, RN, and Kim Harder, RN (Cardiovascular Acute): "Partners in Care: Admission Video Education," GetWellNetwork Conference in June 2014 and webinar in August 2014.

Diane Altounji, RN, Monica Grover, RN, Melissa Aguirre, RN, and Liberty Garcia, RN (4 West): "Bringing Expert End-of-Life Care Principles to the Bedside Nurse," Association of Pediatric Hematology/Oncology Nurses (APHON) Conference, September 2014.

Susan Carson, NP (Hematology-Oncology): "Current Concepts in Chelation: Treating Iron Overload," National Meeting of the APHON, July 2014.

Donna Guadiz, RN (Heart Institute): "Pulmonary Hypertension Association (PHA) On the Road," two panel presentations, PHA educational forum for patients and families, September 2014.

Mary Dee Hacker, RN (chief nursing officer and vice president, Patient Care Services): "The Future of Nursing Includes Research" and "Improving Quality Through Reducing Care Variation" (co-presented with James Stein), 3rd China-U.S. International Symposium of Pediatrics, Hunan Children's Hospital in China, September 2014.

Bill Kenny, RN (IS-KIDS Team): "The Important Role of Nurses in Health Care" (appearing as Nurse Bill), "Doc McStuffin's School of Medicine," Disney Junior Channel, September 2014.

Sandra Mintz, RN (Rheumatology): "Self Advocacy and Transition: Provider-Patient Panel Questions and Answers," Scleroderma National Conference for Patients and Families, July 2014.

Kathleen Ruccione, RN (Hematology-Oncology): "Whatever Happened With My COG Clinical Trial? How to Help Patients and Families Get Results," COG Educational Track at APHON annual conference, September 2014.

Christopher Singson, RN (5 East); **Ruth Paul, RN** (5 East); **Gwen Kimball, RN** (4 West), **Cindy Rowlett, RN** (Pediatric Intensive Care Unit), **Sue Bugsch, RN** (Neonatal and Infant Critical Care Unit), and **Jessica Klaristenfeld, RN** (RN Residency): "Sustaining Preceptor Satisfaction: How Do We Help the Helpers?" 10th Annual Versant Client Conference, Arlington, Virginia, November 2014

Marie Seitz, NP (Bone Marrow Transplant Unit): "Sources of Symptom Bother in Hospitalized Pediatric Oncology Patients," Council on Advancing Nursing Science, September 2014.

Sanci Solis, RN, and Elizabeth McQuinn, RN (Pediatric Intensive Care Unit): "Pediatric Intensive Care: End of Life Checklist," Family-Centered Care Conference, California Endowment Center, June 2014.

Poster Presentations

Usha Desai, RN, Fidelina Urbano, RN, and Dawna Willsey, RN (Operating Room): "Empowering Change Through Collaboration: Tissue Documentation Soars to 100 Percent," poster presentation, ASPAN Conference and Surgical Expo, April 2014.

Sheila Kun, RN (Pulmonology): "Pediatric Respiratory Emergencies in an Ambulatory Setting—Are We Ready?" poster presentation, American Thoracic Society 2014 International Conference, San Diego, May 2014.

Megan Summers, RN (Float Pool), and **Gloria Verret, RN** (6 West): "RN Remedies: A Pediatric Nurse-Driven Blog Reaches Out Globally," poster presentation, National Society of Pediatric Nurses Conference, April 2014.

Dawna Willsey, RN (Operating Room); **Wendy Lin, RN** (Hospital Administration); **Kim Dodson, RN** (Surgery); **Coleen Lutz, RN, and Elise Aube, RN** (Operating Room): "A Lean Team Approach: Increased Efficiency and Decreased Turnover Time," poster presentation, first place in Evidence-Based Practice, Association of Perioperative Room Nurses Conference and Surgical Expo, April 2014.

Judith Tighhe, RN, and Arnie Banez, RN (5 West): poster presentation, "Transitioning the Ventilated Child to Home," Society of Pediatric Nurses Conference, April 2014.

Monica Horn, RN, Debbie Dechant, RN, and Donna Guadiz, RN (Heart Institute); **Melanie Guerrero, RN** (Cardiovascular Acute); **Flerida Imperial-Perez, RN** (Cardiothoracic Intensive Care Unit); **Teresa Renteria, RN** (Wound Care); **Kenneth Salmon, RN** (Cardiothoracic Intensive Care Unit): "Collaborative Approach to Wound Care and Nutritional Support in Pediatric Ventricular Assist Device Patients Awaiting Heart Transplant," poster, North American Transplant Coordinators Organization's 39th Annual Meeting, August 2014.

Monica Horn, RN, Debbie Dechant, RN, and Donna Guadiz, RN (Heart Institute); **Flerida Imperial-Perez, RN** (Cardiothoracic Intensive Care Unit); **Kenneth Salmon, RN** (Cardiothoracic Intensive Care Unit): "It Takes a Team: Collaborative Approach for Nutritional Needs of Pediatric Ventricular Assist Device Patients," poster, International Transplant Nurses Society's 23rd Annual Symposium, September 2014.

Megan McNaught, RN, Chynna Ysidoro, RN, Marissa Miller, RN, and Kaitlin Kiemeney, RN (4 East): "CHEMO SAFE GUARD: A Mnemonic for Safe Chemotherapy Administration," poster presentation at Versant Client Conference, November 2014.

Linda Topper, RN, and Ale Briseno, RN (Pediatric Intensive Care Unit): "CRRT: Focus Directed Re-Education," poster, Cincinnati Children's Hospital: Pediatric Evidence-Based Practice Conference, September 2014 and 10th Annual Versant Client Conference in Arlington, Virginia, November 2014.

Sanje Woodsorrel, RN, and Ruth Jacobson, RN (Float Team): "Prep for Success: How to Best Prepare Skin Before Capillary Blood Glucose Checks," poster, National Versant Conference, November 2014.

Michelle Paige, RN: "Developing and Implementing a Health Care Transition Program for Patients With Genetic Conditions," poster presentation at the International Society of Nurses in Genetics Conference, Scottsdale, Arizona, November 2014.

Ciana Reschman, RN, and Phuong Duong, RN (Pediatric Intensive Care Unit): "Early Participation in PI Post-RN Residency: Enhances Professional Development and Staff Retention," poster presentation, 10th Annual Versant Client Conference, Arlington, Virginia, November 2014.

Alejandra Briseno, RN, Nancy Lavoie, RN, and Kimberly Lindstadt, RN (Pediatric Intensive Care Unit): "Leading from Behind the Scenes: RN Resident to RN Resident Liaison," poster presentation, 10th Annual Versant Client Conference, Arlington, Virginia, November 2014.

Fran Blayney Honored With Regional Faculty Exemplary Service Award From PALS

The American Heart Association (AHA) awarded **Fran Blayney, MS, RN-BC, CCRN**, the Regional Faculty Exemplary Service Award for Pediatric Advanced Life Support (PALS) in the Greater Los Angeles region. This new peer-nominated award recognizes those who go above and beyond in providing outstanding educational guidance and service to the Training Network and the community, in support of the mission of the AHA.



Fran Blayney, MS, RN-BC, CCRN

Blayney has been involved with the PALS course since AHA introduced the revolutionary program in 1988. She was one of the first instructors to educate health care providers in the L.A. area, and since 1992 she has been the regional faculty member providing educational support to the ever-evolving program.

Nurses.com Giving Excellence Meaning (GEM) Awards



Teri Loera, BSN, RN, NE-BC, PCS (left), and Nicole Que, BSN, RN, CCRN

Teri Loera, BSN, RN, NE-BC, PCS, and **Nicole Que, BSN, RN, CCRN**, attended the 2014 West Nurse.com Giving Excellence Meaning (GEM) Awards event at the Hilton Los Angeles/Universal City. Loera, operations manager in the Pediatric Intensive Care Unit, was a finalist for Nursing

Excellence in Management. Que, quality coordinator on the Quality Improvement and Patient Safety team, received the new California's Rising Star Award. Que is the first CHLA nurse and the first nurse in California to win this new Nurse.com GEM award, a category that debuted in 2014.

Three other CHLA nurses were GEM Award nominees: **Maria Gannon, RN** (Informatics-I.S.-KIDS), for "Advancing and Leading the Profession"; **Noreen Clarke, RN** (Craniofacial and Cleft Center), for "Education and Mentorship"; and **Fran Blayney, RN** (Pediatric Intensive Care Unit), for "Education and Mentorship."

Laura Vasquez Receives Kathy Ruccione Award for Excellence in Pediatric Hematology/Oncology Nursing



Laura Vasquez, RN, CPON (left), with Kathy Ruccione, PhD, MPH, RN, CPON, FAAN

Laura Vasquez, RN, CPON, nurse coordinator for CHLA's Bone Marrow Transplant Program, was awarded the 2014 Kathy Ruccione Award for Excellence in Pediatric Hematology/Oncology Nursing. The award is presented annually by the Southern California American Pediatric Hematology Oncology Nurses (SCAPHON) board of directors to a member who exemplifies excellence.

Vasquez was nominated by fellow nurse Deborah Marino, BSN, RN, CPON. Marino explains, "Laura Vasquez is one of the strongest people I know, while also being one of the most compassionate and caring at the same time. Since her transition from

the bedside and lead charge nurse on the floor, Laura has capably filled the shoes of care managers in the Neural Tumors Program, providing seamless coverage for brain tumor patients before taking on the new role as coordinator.”

SCAPHON established this award in 1995 and named it for the inaugural winner, CHLA’s Kathy Ruccione, PhD, MPH, RN, CPON, FAAN. Ruccione was the driving force behind the formation of our local chapter of SCAPHON.

2014 ICU Design Citation Award

CHLA’s **Newborn and Infant Critical Care Unit (NICCU)** was the recipient of the 2014 ICU Design Citation Award, which is co-sponsored by the Society of Critical Care Medicine, the American Association of Critical Care Nurses and the American Institute of Architects Academy on Architecture for Health. The award recognizes a critical care unit already in operation whose design demonstrates attention to both functional and humanitarian issues. Units are reviewed according to the following criteria:

- Commitment to creating a healing environment
- Commitment to promoting safety and security
- Commitment to efficiency
- Attention to innovative, unique aesthetic and creative design features



Sonja Alli-Casella, BSN, RNC-NIC (far left), and Nancy Blake, PhD, RN, CCRN, NEA-BC, FAAN (second from right), accepting the 2014 ICU Design Award

ECMO Receives 2014 Excellence in Life Support Award



The Children’s Hospital Los Angeles **Extracorporeal Membrane Oxygenation (ECMO) Program** has been recognized with the 2014 Excellence in Life Support Award by the Extracorporeal Life Support Organization (ELSO). This three-year designation demonstrates the remarkable achievements by CHLA’s ECMO Program in the following areas:

- Excellence in promoting the mission, activities and vision of ELSO
- Excellence in patient care by using the highest-quality evidence-based measures, processes and structures
- Excellence in training, education, collaboration and communication supporting ELSO guidelines—contributing to a healing environment for families, patients and staff

The 2014 DAISY Awards

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 1999 in memory of their son, J. Patrick Barnes, who died of complications from idiopathic thrombocytopenic purpura at age 33. In tribute to and in appreciation of the nurses who cared for their son, Bonnie and Mark established the DAISY Foundation to honor nurses who positively impact the lives of their ill patients and coping families.



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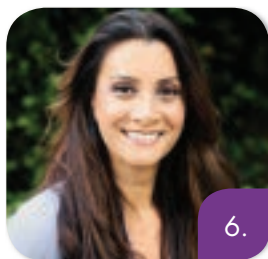
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CHLA is one of more than 1,780 hospitals across all 50 U.S. states and 13 countries that have partnered with the DAISY Foundation. Recipients of the DAISY Award receive a certificate, a DAISY pin, Cinnabon cinnamon rolls and a unique hand-carved statue called "The Healer's Touch," created by artisans in Zimbabwe, Africa.

1. **January: Erika Winn, MSN, RN**
(Cardiovascular Acute)
2. **May: Jesibelle Bernardo, BSN, RN, CPHON**
(6 West)
3. **June: Claudia Chavez, RN**
(Bone Marrow Transplant)
4. **July: Nicole Ainsworth, MSNc, RNC-NIC**
(Newborn and Infant Critical Care Unit)
5. **September: Tere Jones, RN, CPN**
(Care Coordination Department)
6. **October: Sona Daldumyan, RN, CPON**
(4 West)
7. **December: Alicia Voyatzis, RN**
(Cardiothoracic Intensive Care Unit)

Additional Recognition

Sharee Anzaldo, MSN, RN (Surgical Admitting), received the Sigma Theta Tau International Alpha Eta Chapter Research Award, April 2014.

Cecily L. Betz, PhD, RN, FAAN (USC University Center for Excellence in Developmental Disabilities), received the Dr. Maryanne Roehm Nursing Scholar Award from the Indiana State University School of Nursing, April 2014.

Scarlett Czarnecki, BSN, RN, CPHON, CCRP (Hematology/Oncology), was named a Compassion Awards Volunteer of the Year by the Jessie Rees Foundation at the NEGU (Never Ever Give Up) Gala, March 2014.

Barbara Britt, MSN, RN (Neuro-Oncology), received the Spirit of Caring Award from Maddi's Closet, July 2014; an L.A. County Board of Supervisors commendation for work with children with brain tumors, July 2014; and a Founder's Award from We Can (Pediatric Brain Tumor Network), September 2014. In addition, she was honored at the Camp

Ronald McDonald for Good Times® fundraising dinner for three decades of volunteer oncology nursing expertise, October 2014.

Kathleen Ruccione, PhD, MPH, RN, CPON, FAAN (Hematology-Oncology), won a writing award for her article "Adolescents' Psychosocial Health-related Quality of Life Within Six Months After Cancer Treatment Completion," in *Cancer Nursing*, August 2014.

Nhu Tran, MSN, RN, PHN, CCRN, CCRP (Cardiothoracic Surgery), won the "Future of Nursing Scholars" program award granted by the Robert Wood Johnson Foundation, September 2014.

Great Catch Award

To embrace a culture of safety and reporting at CHLA, the Quality Improvement and Patient Safety team created the Great Catch Award. This award recognizes individuals whose commitment to patient safety is most reflected in their vigilance, diligence and adherence to utilizing the event reporting system (iReport) specifically for events that have the potential to cause harm to our patients.

The March 2014 winner, **Victoria Duncombe, MSNc, RN, CCRN**, is a wonderful example. While caring for an intubated patient, she received an order to discontinue the patient's pain and sedation medication, though there were no plans for extubation. Duncombe questioned this discrepancy, which ultimately led to the withdrawal of the order. As an advocate for patient safety, she entered this near-miss on iReport to help with tracking and trending events.



Victoria Duncombe, MSNc, RN, CCRN (third from left), with her Great Catch Award

The following nurses were recognized for a Great Catch in 2014:

Arielle Morales, BSN, RN
(Post-Anesthesia Care Unit)

Victoria Duncombe, MSNc, RN, CCRN
(Cardiothoracic Intensive Care Unit)

Grace Magaling, MSN, RN
(Cardiothoracic Intensive Care Unit)

Frances Jameson, BSN, RNC-NIC
(6 West)

Nicole Ainsworth, MSNc, RNC-NIC
(Newborn and Infant Critical Care Unit)

Heidi Horen, BSN, RN
(Newborn and Infant Critical Care Unit)

Jessica Christl, RN
(5 West)

Allison Taylor, BSN, RN, CPHON
(4 East)

Jill Freisen, BSN, RN
(4 East)

Nurse Week Essay Winner

I Couldn't Do It Alone: How CHLA Teamwork Made a Difference

By Hui-wen Sato, MSN, RN, CCRN



Hui-wen Sato, MSN, RN, CCRN

One of the main reasons I was drawn to ICU nursing was the one-on-one presence I could have with my patient and the family throughout my entire shift. I love the depth of focus on one patient, one family, one case. Some may look at the simple 1-to-1 nurse-to-patient ratio and think, "Certainly any decent nurse could easily take care of one patient alone." But I can't do it alone. For one precious baby boy and his family who will forever leave their imprint on my heart, I couldn't do it alone. I needed CHLA teamwork to make a real and lasting difference.

Baby Boy was recently diagnosed with stage 4 neuroblastoma, which had caused huge purple lumps to cover his tiny body. One lump in particular near his trachea threatened his respiratory status. As I sat with his mom during my first shift with him, she told me how she had longed for a son before getting pregnant with him, and how she would gladly take the neuroblastoma and all its ugliness on herself if she could, if it would save his life. She knew it was bad, but she looked to us to help, somehow. I was drawn to be their primary nurse.

When I returned a few days later for my next shift with them, Baby Boy was not doing well. He could not hold his oxygen levels up. We needed to transition him from the regular ventilator to an oscillator. He was my only patient, but I could not manage his respiratory status alone. I needed our skilled and compassionate respiratory therapist to do what he was specially trained to do. I hand-bagged sweet Baby Boy, and the RT suctioned. I bagged, and then the RT gently transitioned Baby Boy to the oscillator, setting him up in such a way



that the parents could still stand at his bedside and kiss his hand, his cheek, his forehead. Baby Boy still struggled to keep his oxygen saturation above 70 percent, and then his blood pressure began to slowly drop. The orders flooded in. Start dopamine, give fluid boluses, draw labs, obtain blood gases. I could not do it alone, and my charge nurse knew it. The two resource nurses in our unit were diverted to my room. We quickly divided up tasks and everyone worked urgently, soberly. The other nurses in the unit stopped calling the resource nurses for help and looked to their neighbors instead for assistance, recognizing that Baby Boy took precedence for the resource nurses at this point in time. I could not do it without the tremendous understanding and support of all the nurses in the unit, quietly, generously lending me their hands in that way.

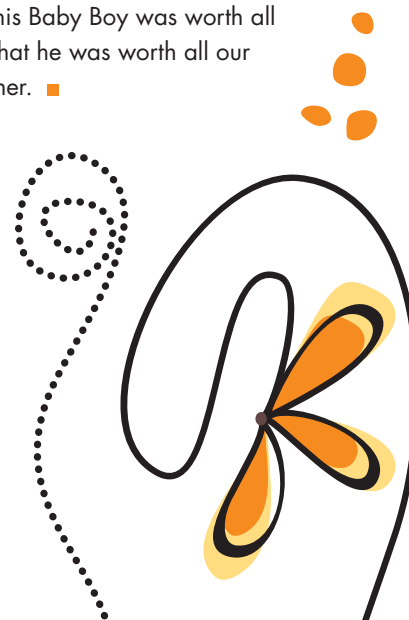
For a few hours, Baby Boy held on precariously with his oxygenation and his blood pressure at uneasy levels. The parents had remained present in the room the entire time, at times quiet, at times tearful, at times allowing themselves the lighter conversation and tender laughter that sorrowful hearts need to keep on going. But after some time with no signs of improvement, it became clear that the parents needed an honest answer about their baby's prognosis. I had a feeling, but I could not be the one to hold that conversation. I needed our doctors to come with their expertise and their tender hearts to initiate the hardest conversation that any health care provider could have with an emotionally fragile parent. They explained the reasons for Baby Boy's poor prognosis with the most delicate balance of professionalism and deeply personal care. With tears and with a courage summoned from deep within, the parents made the choice at that point to withdraw support and make their child AND (meaning "allow natural death").

Baby Boy bid a quiet goodbye to his parents an hour later, slipping out of his suffering as his mother held him in his last moments. I slowly began to remove lines, tubes, cables. They did not need their final memories of this room to be filled with all the reminders of chaos and equipment. I wanted such a clean and peaceful room for them. But the mother's deep sobbing filled the room and filled my heart, and I knew she needed something tangible to hold onto, after a day of such tremendous loss. I needed the Child Life specialist to come and save a lock

"For one precious baby boy and his family who will forever leave their imprint on my heart, I couldn't do it alone. I needed CHLA teamwork to make a real and lasting difference."

of hair, to come create handprints and preserve a most precious memory of a most precious baby. After bathing Baby Boy and arranging the room for the parents to say their final goodbyes, I needed to finish my charting. But again, I was acutely aware that the parents needed more. They needed an open heart to which they could bring their sorrow and their fears about how to go on from here. I could not do this alone. I needed the palliative care social worker to come and be the reflective, empathetic presence that these overwhelmed, grieving parents needed after such an unspeakably long and painful day.

I was the final one to interact with the parents before their beloved baby was taken from them for the last time. They thanked me profusely for taking care of their child and for helping them through such a difficult day. I was humbled that I should receive this expression of thanks for the work that the entire CHLA PICU team had done that day. I could never have done it alone. We were not able to save their baby's life, and yet this team made such a significant difference for Baby Boy and his family. On the hardest, loneliest, scariest day of their lives, this family knew that it was not just their bedside nurse who was there to care for them. They knew that it was an entire team of people at CHLA—each bringing not only their expertise but also their hearts—that came on this day, to this room, to say that this Baby Boy was worth all our efforts, that he was worth all our efforts together. ■



The Leading Edge



"Were there none who were discontented with what they have, the world would never reach anything better."

—Florence Nightingale



After years of visioning and planning, the Institute for Nursing and Interprofessional Research at Children’s Hospital Los Angeles has been formalized and launched with the hearty endorsement of executive leadership and the CHLA Board of Trustees. With the introduction of the Institute, CHLA aims to lead pediatric clinical care science by conducting comprehensive and innovative research and implementing evidence-based practices that improve patient outcomes, promote health and support healthy work environments.

The Institute for Nursing and Interprofessional Research will capitalize on the experience and education of our clinical professionals and their ability to make discoveries and implement meaningful change. CHLA has all the elements necessary: leadership, talent, a successful track record and the ideal pediatric population for study. By supporting a culture of curiosity, asking the right questions and piloting essential investigations, the hospital will improve the lives of children here and around the world.

The Institute will yield better, more cost-effective and compassionate care by:

- Exploring novel questions and conducting population, bench and bedside studies with nurse-led interdisciplinary teams
- Developing a more effective clinical care workforce through research opportunities, education and professional development—sparking innovation and fully utilizing CHLA’s human capital
- Creating a model for pediatric clinical research that puts CHLA at the forefront of the field and can be used to empower care providers and improve care in hospitals across the country and around the world



The Institute for Nursing and Interprofessional Research will fuel first-of-its-kind research that is holistic, collaborative and applicable across multiple care settings and service lines. It will support protected time for clinical experts to conduct studies, provide seed funds for promising investigations into important clinical care questions, and cover research staff and administrative expenses critical to any research enterprise.

In honor of Mary Dee Hacker, MBA, RN, NEA-BC, FAAN, the hospital’s visionary nursing leader for 40 years, the Nursing and Interprofessional Research Endowment has been established to support the Institute. The endowment will serve as a permanent vehicle for harnessing the enthusiasm and financial support of Trustees, executive leaders, employees, families and the community to champion discovery—and define the leading edge of extraordinary clinical care. ■



Acknowledgments

We would like to thank the following people for contributing to this report:

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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 lifelong learning. Lastly, I do swear to do all in my power to maintain the highest exemplary professional practice.

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
- Knowing that excellence is achieved through collaborative relationships

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 lifelong learning and collaborative interdisciplinary relationships. In addition, our emphasis on nursing research, leadership and professional development makes Children’s Hospital the organization of choice for a career in pediatric nursing.

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.



We Treat Kids Better

CHLA.org