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.

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,

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

A Letter From the President

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

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

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

Mary Dee Hacker, MBA, RN, NEABC, FAAN
Vice President, Patient Care Services and Chief Nursing Officer
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.
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 succeed collaboratively, influence others. These activities parallel various nursing leadership roles in the organization, with the goals 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.

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 of 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 top new graduate education programs in the country. After focusing primarily on clinical education, it has become a multifaceted program that helps residents become a multifaceted clinical, professional and evidence-based practice educator.

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

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.
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.
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 aids 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 (left), and Graciela Ruiz, BSN, RN, CPN (right), are two of the six nurse contributors to the withdrawal prevention protocol.
A decrease in the number of extra (or as-needed) medications for opioids and benzodiazepines was also seen with the initial rollout.

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.

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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.

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 Cucchiaro, 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 postsurgical 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
- Kimberley Nicole Schenk
- Cara Suzanne Liberman
- Anoush Maris D’Lise
- Michelle J. Dulay
- Michelle D. Castle
- Melissa (Stewart) Aguirre
- Sonya L. Williams
- Ysleta Patricia Wann
- Anne C. Hallil
- Jacqueline Denise Marraquin
- Heather Joy Mahl
- Johanna Navia
- Marisol Pagkalinawan
- Alex Cardinal Reis
- June Nicole (Palacio-Bhojwani) Rees
- Jennifer Michele Raffaniello
- Andrea Jean Patty
- Jenine Michele Raffaniello
- Luzmarie Barron Ramirez
- June Nicole (Palacio-Bhojwani) Rees
- Sacha Lauren Reis
- Abdoul Rezaei
- Srinivasan Srinivasanarakar
- Allison Christine Taylor
- Peggy L. Townsend
- Kerry S. Vancura
- Maria L. Velasco
- Kelsie Patricia Wagner
- Sonya L. Williams

4 West
- Melissa (Stewart) Aguirre
- Diane Rita Alhouni
- Michelle D. Castle
- Sara Daldumyan
- Lizzette J. Delioy
- Sharayah Elkins
- Anoush Mary Essajanian
- Libertad Garcia
- Renita Arlene Joseph
- cara Suzanne [Wise] Linsford
- Swati Harshad [Vyas] Salien
- Kimberly Nicole Schenk
- Don Stewart
- Deborah K. Weiss

5 East
- Stephanie Kate Bedsworth Brewis
- Nora A. Delgado
- Lorna Maria Ferrer-Pyora
- Giovanna V. Fiore
- Amy Jean Girgus
- Natalie Goldman
- Frances H. Guezak
- Michelle M. Karlu
- Jolene Marie Knapp
- Emily Lam
- Monica Chea Lopez
- Angela Adriana Madrid
- Susan [Sue] Martinez
- Janet Mooney
- Sherry Nolan
- Ruth Paul
- Sarah G. Ramirez
- Erin Schmidt
- Marcela M. Solorio
- Irina V. Tarasova
- Sahar Vann

5 West
- Lesley Naveo Abcede
- Linda B. Allen
- Arnie B. Banz
- Marlene Juliasavee Cox
- Margaret Ellen Frankel
- Susan L. Gonzalez
- Susan D. Jensen
- Cheska Mae [Francis] Mombay
- Sharlene C. Odhner
- Jhalmila June Pach
- Jennifer Ann Star
- Judith A. Tighe
- Rachel Troost
- Diana H. Vaughn
- Donna Lee Varraca
- Pola Youseffazadeh

6 East
- Jennifer Mae Anton
- David Miller Barrios
- Robert Clarke Briscoe IV
- Anne A. Casale
- Monica Ann Coles
- Eileen R. Duncan
- Samar [Morel] El Houry
- Leslie Carol Friedman
- Evelyn Sofia Garcia
- Kristine N. Gawley
- Casey Henson
- Lavanda R. Hoover
- Elaine C. Iwamoto
- Kelsey Alder Jespen
- Catherine D. Kissinger
- Anna Kibbijian
- Soon Kim Perez
- John Randall Rudland
- Caroline Kalton Sanborne
- Kristina Tom [Sanchaz] Tapia
- Talya Weiss
- Flora W. Yuen

6 North
- Yolanda Amdar
- Lori L. Chan
- Lucy Kathleen Culwell-Kanarek
- Belinda Duran
- Minette Luna Galem
- Rosalia S. Guzman
- Yvonne M. Hughes-Ganzon
- Christine Anne Dasycowicz-Castillo
- Vannga Nguyen
- Nadia Erika [Miranda] Pasillas
- Amanda Esther Price
- Julio Arceo Reyes
- Audrey Joy [Estrada] Santos
- Lou Ellen Stallworth

6 West
- Jhonna Camille [Villegas] Aguinis
- Tiffany Michelle Allen
- Olivia Baneulos
- Jesabile Perpetua T. Barnardo
- Gene Rainer Calderon
- Christina Annamaria Cerda
- Terri Lynn Cole
- Kelley J. H. Dobard
- Ashley Beth Dunser
- Sabrina Agustina Escalante
- Frances Leah Jameson
- Tae Ree Kim

Abdominal Diseases
- Jennifer L. Baldwin

Access and Transfer Center
- Janice Cameron McKenzie
- Judith A. Sherif
- Erin Ashley West

Adolescent and Young Adult Medicine
- Bianca M. Salvetti
- Nanora M. Thompson

Ambulatory Care
- Deborah A. Noble

Anesthesiology
- Paula Jean Belson
- Melissa Anne Callaghan
- Shana Patten Faroqui
- Sarah Elizabeth Glaser
- Sarah Pakingham Gubins
- Mary Elias Iwazewski
- Judy Mee Koeppel
- Shonny Thomas

Anesthesiology Critical Care Medicine
- Steve L. Calver
- Corey Fritz
- Jennifer M. Huson
- Mary Evelyn McCulley
- Rico Sharon Prospero Moroz
- Dana Nunn
Blood Bank and Blood Donor Center
Brian J. Cook CFNP
Andriana Pavlovich CPN

Bone Marrow Transplant Unit
Kristel Nneka Alleyne CPHON
Ann Moso Alvarez CPHON
Mikaila Elizabeth Becker CPON
Kristina L. Brown CPN
Stephanie Margaret Davis CPHON
Danniele Eramia CPN
Vilma L. Evangelista CPN
Gwendolyn M. Kimball CPN
Dawn P. Landery CPN
Kristin Ann Malicse CPN
Shabana Wadawalawa Mather CPHON
Mary F. Moses CPN
Sarah Tabo (Zanella) Mutia CPHON, BMT
Anna Laura Passarella CPN
Donna M. Quiroz CPN
Sarah (Robison) Schneider CPN
Aeroshikha Rose W CPHON
Sarah T Mar CPN
Shabana W CPN
Kristin Ann Malicse CPN
Dawn P. Landery CPN
Carol E. Cadaver CPN
Madeleine Caballin Ayllon CCRN
Caro E. Cadaver RN/CPN
Virginia A. Culla CCRN
Elizabeth Suzanne Daley CCRN
Norma Alice Dansak CCRN
Charmaine Sy Espiritu CCRN
Samantha Alice Ficicotto 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. Iae-Razon CCRN
Lois E. Lingayon CCRN
Jennifer Lynn Ly CCRN
Aristole Visperas Marasaigan CCRN
Melinda Martinez CCRN
Kathleen S. (Anticavich) McIntyre CCRN
Jessica Lorraine (DeVresse) Osborn CCRN
Jill Marie Palechek CPNP
Amy (Nash) Parker CCRN
Lisa A. Rizz-Wagner CPN
Nicole Jeanne Rohr CPN
Gloria E. Trejo CCRN
Jill Marie Whitney CCRN
Victoria J Winter CCRN
Elizabeth Ann Zlotor CCRN

Cardiothoracic Surgery
Stacey Beth Baldwin CPNP-PC
Mariana Y. Buli CPNP-PAC
Jo-Ann Marilyn Casenas Castanores CPN
Debra Ann Dechant CCRN
Ellize Nicole Ergina CPNP
Pamela Michelle Faire CPNP-PC, CPNP-AC
Kay M. Gilmore CPN
Melanie A. Green CPN
Melissa Sue Green CPNP
Donna J. Guadiz CCRN/CCCN
Melanie A. Guerero CPNP
Monica Y. Horn CCRN, CRCCN
Ferdio Imperial-Perez CCNS
Ruth E. Lemus CPNP
Carol Ann Okihara FNP-BC, CPNP-PAC
Dione Dela Cruz Pasas CPNP-PC
Pahntina Peadoom CPNP
Nancy Ann Pika FNP-BC, CPNP-PAC
Lillian Vicky Rosu FNP-BC, CPNP-PAC
Nhu N. Tran CCRN, CRCP
Sharon A. Wagner-Lees CRNP

Cardiovascular Acute Unit
Michelle Marie Beato CPN
Carmelita Clark CPN
Aileen Yango De Guzman CPN
Darcey Lynn Diaz CPN
Jami Lynelle Duy CPN
Emily Jean LaNovara CPN
Marcia Uchelle Massey-Nonfleet CPN
Nubia Ruth Newcomb CPN
Andrea Kathleen (Moore) Palmer CPN
Graciela Garcia Ruiz CPN
Sofia Moreen Saringal CPN
Michelle Andrea Sullivan CPN
Kristin Marie Toy CPN
Stephanie Ann Vanderhey CPN
Brittany Michelle Warren CPN
Elysa M. Weiner CPN
Erika Ann Wnn CPN
Annie Yeremian CPN

Care Coordination
Elisa D. Barrios CPN
Teresa Charme’ Jones CPN
Marisa Martinez CPN

Clinical Education and Professional Development
Marcella Christine Bernstein RNC-CPNP
Margaux Cecile Izardada Chan CPNP
Debbie L. Reid CPON/RN/BC

Emergency Department
Mercedes Alonso OPEN
Shelley Ann Anulao OPEN
Teresa Marie Archuleta OPEN
Monica Andrea Caffa OPEN
Yolanda Chatan OPEN
Beth Christa Clark OPEN
Anabel Enriquez Costa OPEN
Tom Cotrell OPEN
Sheah Marie DeLuggi OPEN
Laura Elise Du Four OPEN
Mhariela Flores OPEN
Robin L. Goodman OPEN
Armstrong Hao OPEN
John Hulse OPEN
Charles Alexis Kronbetter OPEN
Jonathan Ialtman Langson OPEN
Nicole Marie Maggi CPN
Claire J. Meyer OPEN
Inge M. Morton CPNP-OPEN
Phaedra Lynn Nguyen OPEN
Sharon L. Noonan OPEN
James O’Connor OPEN
David Richarda Jr. OPEN
Nicole D. Sheppard OPEN
Catherine Shiy OPEN
Amanda Lynn Silver OPEN
Gina Marie Terrazzino OPEN
Valorie M. Tripoli OPEN
Graham Aaron Valley OPEN
Chuck Ellen Warren OPEN
Stephanie D. Watchler CPN

Endocrinology
Susan R. Benson RNC
Anna Gustafson Bunting CDE
Louise A. Branco CDE
Eulalia Carcelen CDE
Kailene Rane Golgny CPN
Mary Holversen CDE
Christine Harder CDE
Barbara K. Hellen CDE
Mary T. McCarthy CDE
Debra Dee Miller CDE
Maria De Jesus Pilae CDE
Casie Song CDE

Employee Health Services
Elisa Alfaro CPNP
Melanie T. Moya CPNP
Rita Villanueva Tantonghong CANP

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Mary T. McCarthy CDE
Debra Dee Miller CDE
Maria De Jesus Pilae CDE
Casie Song CDE

Executives and Directors
Nancy I. Blake CCRN, NEA-BC
Sharon Chin CRN
Kimberly Dodson CNOR
Barbara P. Gross NEA-BC
Mary Dee Hacker NEA-BC
Rita L. Seccio CPNP
Suzanne S. Taylor RN/BC

Gastroenterology
Zulema Vega CPN

General Pediatrics
Marcia Jean Lee CPNP-PC, PMHS

Certified nurses in the Cardiovascular Acute Unit

Certified nurses in the Cardiovascular Acute Unit

Employee Health Services
Elisa Alfaro CPNP
Melanie T. Moya CPNP
Rita Villanueva Tantonghong CANP

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Mary T. McCarthy CDE
Debra Dee Miller CDE
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Casie Song CDE

Executives and Directors
Nancy I. Blake CCRN, NEA-BC
Sharon Chin CRN
Kimberly Dodson CNOR
Barbara P. Gross NEA-BC
Mary Dee Hacker NEA-BC
Rita L. Seccio CPNP
Suzanne S. Taylor RN/BC

Gastroenterology
Zulema Vega CPN

General Pediatrics
Marcia Jean Lee CPNP-PC, PMHS

**Hematology-Oncology**

**Clinical Research**

- Armi F. Bui
- Scarlett Vasili Czarnecki
- Renza G. Killen

**Hematology-Oncology**

**Clinical Research**

- Deann E. Dover
- Katherine M. Meyer
- Nancy Cleghorn O’Gorman

**House Supervisors**

- Donna E. Dover
- Jeanette M. Goggins
- Nancy Cleftom O’Gorman

**Human Resources**

- Stephanie J. Brady
- Andrea R. Mulia

**Human Subjects Protection Program**

- Rebecca Dahl

**Infection Control**

- Mary Virgilio

**Institute for Maternal-Fetal Health**

- Brittany Nicole Cherry
- Pamela Lynn Costa
- Lindsay Danielle Goss
- Bonnie Salin Lee
- Tiffany Lynne McGuire
- Karen Elizabeth Hilt Ropoport

**Kidney Transplant**

- Gwen (Green) Brown

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Jeanne Marshall, BSN, RN, CPN, Float Pool!
“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  
CNP  

Catherine Goodhue  
CPN  

Elizabeth A. Harrison  
CPN  

Donna E. Nowicki  
CPN  

Andrea Lynne Parker  
CPN  

Teresa Lynn Renteria  
CWOHN

**Plastic and Maxillofacial Surgery**

Kamala K. Gipson-McEvoy  
CPN  

Karla Aurine Haynes  
CPN  

Chi Kim Phan  
CPN

**Post-Anesthesia Care Unit**

Cynthia K. Burrall  
CPN  

Allan J. Cresencia  
CPN  

Melania K. Forne  
CPN  

Erin L. Lowerhouse  
CPN  

Marvin B. Mangahis  
CPN  

Elizabeth Nakamura  
CPN  

Jason Vargas  
CPN

**Pulmonary**

Josephine Elishak  
CPN  

Sheila Sue Ho Kwok Kun  
CPN

**Quality Improvement and Safety Services**

Rhonda Sue Filipp  
CPN  

Rachelle Christine Ragan  
CPN  

Edabrine J. Salas  
RNBC  

Dave Tan  
CPN

**Radiology Nursing**

Jodi Caggiano  
CPN  

Margo W. Coon  
CPN  

Vanessa L. Guerrero  
CPN  

Martha A. Jarquin  
CPN

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**Patient Care Services Float Pool and IV Team**

Kelli Anderson  
CPN  

Kimberley De La Cruz (Collantes) Bacus  
CPN  

Terrie T. Balford  
CPN  

Joann Barreras  
CPN  

Ana Borde  
CPN  

Sharon Elizabeth Burdick  
CPRN  

Dolores A. Bulson  
CPN  

Maria Angelica Castro  
CPN  

Monica Ciccarelli  
CPN  

Paul A. Ciricatto  
CPN  

Emma A. Clark  
CPN  

George Dennis Cruso  
CPN  

Kylan Maria Dhambi  
CPN  

Jessica Lawson Garcia  
CPN  

Monique Rene Gateley  
CPN  

Lynne Charlotte Harris  
CPNP-PC/AC  

Kerri Michele York Hunter  
CPN  

Kathy Kelly  
CPN  

Ruth Ellen Klinsky  
CPN  

Rebecca Rose Kvamme  
CPN  

Linda S. Loiselle  
CPN  

Gayle C. Luker  
CPN  

Mary Ann Macascap  
CPHN  

Jeannie M. Marshall  
CPN  

Christopher L. May  
CPN  

Erin Rachel Messing  
CPN  

Sara Marie (Culling) Moore  
CPN  

Patricia Mueller  
CPN  

Laurie F. Newton  
CPN  

Christina Anne Ng-Watson  
CPN  

Amy Marlene Olimse  
CPN  

Kimberly (Hodge) Pandora  
CPN  

Joan Marie Flom Pritchard  
CPN  

Velma Leon Guerrero Reyes  
CPN  

Corrina Rico  
CPN  

Vanessa Rios  
CPN  

Karen Denise Rivas  
CPN  

Jocelyn Robinson  
CPN  

Martha Samuel  
CPN  

Melissa Jeannette Simpson  
CPN  

Joanne A. Stoker  
CPN, CCRN  

Megan Marie Summers  
CPN, CCRN  

Chystal (Light) Uy  
CPN  

Du Thanh Vo  
VA/BIC

**Pediatric Intensive Care Unit**

Ashley Marie Andrew  
CCRN  

Danielle Briana Attanasio  
CCRN  

Debra Lynn Barnes  
NEBC  

Meredith Anne Blackburn  
CCRN  

Frances Blayney  
RN,BC, CCRN  

Alejandra Briseno  
CCRN  

Agnes E. Bundac  
CCRN  

Jessica Cabilao  
CCRN  

Sherry Cauley  
CCRN  

Evelyn Yip Chan  
CCRN  

Ellen M. Choe  
CCRN  

Karin MarieClark  
CCRN  

Corinne M. Cooley  
CCRN  

Susan Crandall  
CCRN  

Kimberly (Hodge) Pandora  
CPNP-PC/AC  

Amy Marlene Omuse  
CPN  

Christina Anne Ng-W  
CPN  

Laurie F  
CPN  

Patricia Mueller  
CPN  

Sara Marie (Culling) Moore  
CPN  

Kimberly Annea Linstadt  
CCRN  

Teresa L. Loew  
NEBC  

Mary Ann Macascap  
CPHN  

Jeannie M. Marshall  
CPN  

Christopher L. May  
CPN  

Erin Rachel Messing  
CPN  

Sara Marie (Culling) Moore  
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Patricia Mueller  
CPN  

Laurie F. Newton  
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Christina Anne Ng-Watson  
CPN  

Amy Marlene Olimse  
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CPN  

Joan Marie Flom Pritchard  
CPN  

Velma Leon Guerrero Reyes  
CPN  

Corrina Rico  
CPN  

Vanessa Rios  
CPN  

Karen Denise Rivas  
CPN  

Jocelyn Robinson  
CPN  

Martha Samuel  
CPN  

Melissa Jeannette Simpson  
CPN  

Joanne A. Stoker  
CPN, CCRN

**Simulation Center**

Cautelle Young  
CCRN

**Spina Bifida**

Laura Monica Balo Fernandez  
CCRN

**Surgical Admitting**

Jocelyn Andrea Ablain  
CPNP-PC  

Leticia R. Boutros  
CPNP  

Natalie D. Chaff et  
CPNP  

Beatrice L. Chau  
CPNP  

Debbie L. Hand  
CPN  

Yvonne J. Olive  
FNP-BC  

Stefanie Ann Proia  
CPNP  

Debra A. Ranielli  
CPNP  

Patricia Ann Rodriguez  
CPNP  

Paula Patricia Rosales  
PPCP-BC  

Lisa Smalling  
FNP-BC

**Trauma Services**

Elizabeth Ann Cleek  
CPNP-PC  

Nicole Jennifer Freedman  
CPNP-PC  

Valerie Jean Gordon  
CCRN

**Versante™ RN Residency in Pediatrics**

Denna S. Jung  
CPNP-PC/AC  

Julie A. Makin  
CPN  

Susanne M. Matchs  
CPNP-PC/AC  

Claudia M. McCallum  
CPN  

Marlyn Deon Mills  
RN, BC  

Ginny Than  
CPNP  

Veronica Wallace  
CPN  

Holly Hurley West  
CPN

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**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

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• An academic advancement opportunities portal on the hospital’s intranet site

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)

Master’s Degree (MSN)
Yolanda Chartan, RN
(Emergency Department)
Lizzelle Duley, RN
(4 West)
Grace Magaling, RN
(Cardiothoracic Intensive Care Unit)
Erin Messing, NP
(Floot Team, Acute Care)
Diana Poon, RN
(Pediatric Intensive Care Unit)
Rosanna Preall, LVN
(6 West)

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

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

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

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


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 Hackett, 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 18, 2014.

Nancy Blake, RN [Critical Care Services], Kay Gilmore, RN [Patient Care Services], Dan Villarreal, RN [Patient Care Services]; and Phan Dong, 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 the Clinical Advisory Board for Intermittent (Urology), member of Work Environment,” AACN Advanced Critical Care, March 2014.

Oral Presentations


Oral Presentations


Kathleen Ruccione, RN [Hematology/Oncology]: “Characterization of Transfusion-derived Iron Deposition in Childhood Cancer Survivors,” Cancer Epidemiology, Biomarkers & Prevention, September 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.


Cecily L. Betz, RN [USC University Center for Excellence in Developmental Disabilities]: “Getting From Here to There: Developing Your Program of Care,” keynote speech, Indiana State University Sigma Theta Tau Research Symposium, April 2014; “Characterization of Transfusion-derived Iron Deposition in Childhood Cancer Survivors,” Cancer Epidemiology, Biomarkers & Prevention, September 2014.


Oral Presentations


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.


Cecily L. Betz, RN [USC University Center for Excellence in Developmental Disabilities]: “Getting From Here to There: Developing Your Program of Care,” keynote speech, Indiana State University Sigma Theta Tau Research Symposium, April 2014; “Characterization of Transfusion-derived Iron Deposition in Childhood Cancer Survivors,” Cancer Epidemiology, Biomarkers & Prevention, September 2014.


Oral Presentations


Bill Kenny, RN ([SKIDS Team]: “The Important Role of Nurses in Health Care” (appearing as Nurse Bill), “Doc McStuffin’s School of Medicine,” Disney Junior Channel, September 2014.


Christopher Singson, RN (5 East); Ruth Paul, RN (5 East); Gwen Kimball, RN (4 West); Cindy Bowell, 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 Helper?” 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.

Monica Horn, RN, Debbie Dechant, RN, and Donna Guadiz, RN (Heart Institute); Florida Imperial-Perez, RN (Cardiothoracic Intensive Care Unit); Kenneth Salamon, 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.


Donna Guadiz, RN (Heart Institute): “Pulmonary Hypertension Association (PHA) On the Road,” two poster 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 ChiNUS International Symposium of Pediatrics, Hunan Children’s Hospital in China, September 2014.

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

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.

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

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 Society of Critical Care Medicine and the American Association of Critical Care Nurses 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

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.

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

1. Arielle Morales, BSN, RN (Post-Anesthesia Care Unit)
2. Victoria Duncombe, MSNc, RN, CCRN (Cardiothoracic Intensive Care Unit)
3. Grace Magaling, MSN, RN (Cardiothoracic Intensive Care Unit)
4. Frances Jameson, BSN, RNC-NIC (6 West)
5. Nicole Ainsworth, MSNc, RNC-NIC (Newborn and Infant Critical Care Unit)
6. Jessica Christl, RN (5 West)
7. Allison Taylor, BSN, RN, CPHON (4 East)
8. Jill Freisen, BSN, RN (4 East)

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, CPON (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 Veyotzis, 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, CCNP (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 Brit, 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, CCRNP, CCRNP (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, CCNP-NIC (Newborn and Infant Critical Care Unit), was 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.

The following nurses were recognized for a Great Catch Award:

Victoria Duncombe, MSNc, RN, CCNP (Cardiothoracic Surgery)
I Couldn’t Do It Alone: How CHLA Teamwork Made a Difference

By 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-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 if it meant that he could live to 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 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 nurses to come and be the reflective, empathetic presence that these overwhelmed, grieving parents needed after such an unspeakably long and painful day.

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 nurses 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. 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.

“...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 tears about how to go on from here. I could not do it alone. I needed our 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.”
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

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.

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

—Florence Nightingale
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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.