Extra: Lives Outside the Hospital

Jump for Joy – Betsy Bohuslavsky Skates With Confidence

by Candace Pearson

Skating at full speed, about to lift off in a Lutz jump and rotate in the air, Betsy Bohuslavsky, RN, BSN (Rehabilitation), feels a sense of exhilaration and belonging. “I’m at home on the ice,” she says. “It’s one place I can be the most me.”

Unlike many figure skaters who hit the ice early, Bohuslavsky didn’t take up the sport as a child. She loved watching figure skating, so at 25 she went looking for a break from her new job as a bone marrow transplant nurse in Omaha, Nebraska. She found that figure skating gave her an avenue for creative self-expression. Within a year of starting lessons, she began competing.

A few years later, she put skating on hold to join a medical team of volunteers and local staff in Mali, West Africa, and to help open a hospital for women and children. In 2008, she moved to California and Children’s Hospital Los Angeles, and skating re-entered her life.

She’s made up for lost time. This spring, she won three medals at the U.S. Figure Skating Adult National Championships in Salt Lake City—a silver in freeskate and two bronze medals in ice dancing and light entertainment. “It’s the best I’ve ever done, and a great way to close out my season,” says Bohuslavsky.

A member of the Pasadena Figure Skating Club, she trains several times a week. “If I’ve had a hard day, it’s something to look forward to, and a chance to recharge,” she says.

Skating and nursing share some parallels, says Bohuslavsky. Both require concentration and continual learning of new skills: “Each supports the other.” She enjoys inventing choreography and is known for her speed and flow. “I love jumps,” she says, including that Lutz—a toe jump that takes off from the back outside edge of one skate and lands on the opposite foot.

Nurses in Action

CTICU Bonding, Survivor-Style

by Elena Epstein

In every unit at Children’s Hospital Los Angeles, there are groups of nurses who choose to spend their free time together. They scrapbook, cook, discuss books and volunteer for various organizations. And then there are those who like to belly crawl through a mud pit.

A daring group of nurses and support staff in the Cardiothoracic Intensive Care Unit (CTICU) recently decided to take bonding to another level by participating in a mud run, survivor-style. The group, which included Valerie Kunzi, RN; Kelli Kleyhauer, RN; Cassidy Aguirre-Kuehl, RCP; Melinda Mocetzuma, UA; Jimmy Dorantes, UA; and Ricardo Saldana, UA, took on the challenge at the Survivor Mud Run at Lake Elsinore in September 2015. Their group name? “V-Tach” (short for ventricular tachycardia).

Coming together for this atypical 5K race known for its rough terrain and obstacles created an intense personal connection, which is exactly why they signed on.

As Kunzi explains, the most critical element in these types of adrenaline-pumping races is teamwork. They helped and cheered each other on as they jumped off a plank into a muddy pond, crawled on their hands and knees through mud-filled tunnels, and scaled wooden walls and nets. As the group worked its way through the 3.37 brutal miles to the finish line, Aguirre-Kuehl had to deal with additional adversity when she lost her shoes in a mud pit early on. But with the support of her team, she made it through.

“At the end, we were slap-happy, like when you finish a really hard night shift at the hospital,” says Kunzi. “We endured heat, mud and fire ants, but we powered through and we did it together. We now have a different perspective for one another.”

The fact that these coworkers were willing to take on this challenge is a testament to their commitment to collaboration.

“Not many people would give up their weekend to do this, but CHLA nurses are really unique when it comes to teamwork,” says Kunzi. “When faced with challenges at work, everybody is willing to jump in and help. And that drive to support each other continues beyond the walls of our hospital.”
When Debbie Reid, MSN, RN-BC, CPON, became a nurse, she never dreamed she’d be giving a 90-minute talk on the future of pediatric nursing to more than 200 Chinese nurses in Beijing. Yet, there she was this past October, sharing insights on Children’s Hospital Los Angeles’ nursing practices and approaches to patient care, with the audience hanging on every word with the aid of a translator.

“It was the experience of a lifetime,” says Reid, manager of Patient Care Services Staff Development, adding that the group gave her a standing ovation. “They were extremely eager to learn and begging us to come back. They really look up to the American way of nursing and like the idea of collaboration and having more independence.”

Reid is one of many nurses who have imparted their knowledge and insights to advance the health of children across the globe through Children’s Hospital’s Center for Global Health. While the hospital has long shared its expertise with health care organizations in other countries, the Center was created in 2013 to centralize and expand these efforts.

“When we go abroad transform or elevate medicine, we have to include nursing—it’s a core component.”

A counterpart to our collaborating with hospitals in Asia, the Middle East, Latin America and Europe, five nurses from China and Thailand have come to CHLA to observe nursing practices in such areas as Patient Care Services, Pulmonology, and the Newborn and Infant Critical Care Unit (NICCU). “The U.S. is seen as the benchmark for Western medicine, and there’s great interest in our nursing best practices and models,” Koenig adds.

Lori Marshall, PhD, MSN, RN, administrator for Patient and Family Resources, saw this firsthand last September when she gave presentations on family-centered care and patient and family education at two hospitals in China. “They want this information to apply it within their community,” she says. “We have knowledge that they don’t have and they want to learn from us.”

Marshall also met with nurses and observed patient care at Chinese hospitals in Changsha and Shenzhen. “Part of creating a relationship is understanding their environment and giving them examples of what they could do to enhance patient care. Every country has its constraints and culture around health care. While we have certain approaches that work for us, it doesn’t always translate well with other countries. My message was to find the things they can do within their system.”

For CHLA, the international trips provide an opportunity to get a different view of how nursing is done in other countries. Among the things Marshall and others learned in China was the stark difference in patient-to-staff ratios. During a visit to a 1,000-bed hospital, there was one nurse for 20 patients, compared to a 1-to-5 ratio for a comparable unit at CHLA. “This doesn’t leave them time to provide the family-centered care we pioneered,” Koenig says, “but they hear about what our staff does and they’re inspired to make changes.”

Just as organizations abroad seek Children’s Hospital’s expertise, so do international parents of children with complex health conditions. Through the Center for Global Health, the hospital treats 100-plus international patients annually, with about half from Middle Eastern countries and an increasing number from China.

The Center has a team that supports these patients from the initial inquiry to finding information on the hospital’s services, programs and physicians. Anahit Petrosyan, RN, BSN, the Center’s nurse care manager, serves as the primary contact for families and coordinates the care for these patients, who have exhausted care options in their own countries by the time they arrive in Los Angeles.

“We see patients with really complex health issues, mostly congenital, where multiple specialties are involved,” says Petrosyan, who worked in the NICCU before joining the Center in 2014. Collaborating with clinical care coordinators and nurse care managers throughout the hospital, she performs such duties as coordinating hospital appointments, clinical requests and interpreters;
sharing information on temporary housing; communicating with embassies and more.

Cultural and language barriers are among the challenges faced by international patients, so when possible, they are paired with bedside nurses who are fluent in their language and share similar ethnic backgrounds.

Mickie Wang, RN, BSN, who is fluent in Mandarin Chinese, recently cared for a 4-year-old brain cancer patient from China in CHLA’s Pediatric Intensive Care Unit (PICU). The girl, whose cancer spread to her lung and spine, went through two rounds of chemotherapy treatment, with Wang offering support to the family.

“"I was able to make a unique connection—they were excited when I was on the floor and accessible to them," says Wang. “While the PICU staff works very hard to understand each culture, I felt like I could better advocate for the family and ease their anxiety because I could speak their language.”

This past year, Rosin Atashian, RN, who works in the NICCU and speaks Arabic, had a patient from Saudi Arabia with a number of congenital malformations, including a single lung, an undersized chest cavity, one leg and severe scoliosis. The 7-month-old girl underwent tracheostomy, gastrostomy and ventriculocatheter shunt procedures during her nine-month stay at the hospital.

“My knowledge of the culture, language and religion was one less thing for the family to adjust to when they were so far away from their loved ones, support system and country,” says Atashian, who also credits Jennifer Leong, MSN, RNC-NIC, the patient’s primary nurse in the NICCU at night, for putting the family at ease. “I felt honored to be one of the many staff members who collectively made the hospitalization for this very special international patient and the family a memorable and unique experience.”

Whether treating patients at the hospital or sharing their knowledge and expertise, the nurses at CHLA are held in high regard by nursing professionals, patients and families around the world.

“The feedback I always get is how much they love our nurses and how amazing they are,” says Koenig.

As CHLA’s new president and CEO, Paul Viviano says he is “excited and so proud” to be a part of a hospital with a strong commitment to groundbreaking nursing and patient care research through the Institute for Nursing and Interprofessional Research (INIR).

“Our nurses and clinical experts are absolutely amazing,” he says. “Their unique skill sets, combined with their devotion to our precious patients and focus on research, are at the core of our hospital’s culture.”

The INIR’s goal is to explore novel questions and conduct studies with interprofessional patient care teams. Nurses work in collaboration with experts in multiple areas throughout the hospital, including Child Life, Spiritual Care, Social Work, Pharmacy, Nutrition, Patient Education and Resources, and Physical, Occupational and Speech Therapy.

A strong focus on research is one part of a “long list of attributes” that Viviano says drew him to CHLA. The culture of learning, innovation, and patient and family focus, he adds, is at the heart of what sets CHLA apart: “The focus here is always on the whole child, not just a disease process.”

It is through using research and evidence-based practice to harness the expertise and resources within every department, Viviano says, that CHLA will continue to ensure that every child receives the best care possible.

The INIR is seeking $10 million in philanthropic support to aid nurses and clinical experts in carrying out research and publishing findings. “The Institute for Nursing and Interprofessional Research is a key priority for us,” says Viviano. “I would like to see the Institute grow in prominence and stature and be widely supported.”

Lori Marshall, PhD, MSN, RN (right), visiting the Neonatal Intensive Care Unit of Peking University Hospital Shenzhen

Debbie Reid (bottom row, center, in white) at the China International Forum of Pediatric Development
Professional Milestones

Publications


Presentation

Sharee Anzaldo, RN (Surgical Admitting), and Marvin Mangahas, RN (Post Anesthesia Care Unit): “Addressing Barriers in Handoff Communication in the Pediatric Perioperative Setting,” presentation, Society of Pediatric Nurses 25th Annual Conference, April 2015.


Susan Carson, RN, and Anne Nord, RN (Hematology/Oncology): “A Case Report of Patients Affected by Dominant Beta Thalassemia Mutation,” poster presentation, 10th Cooley’s Anemia Symposium, October 2015.

Allan Crescencio, RN (Anesthesiology Critical Care Medicine): “Pediatric P.R.I.N.T.S. to Ponder,” International Conference for PeriAnesthesia Nurses, Copenhagen, Denmark, September 2015.

Catherine Goodhew, RN (Pediatric Surgery): “Pediatric Sneezer and Wheezers and the PNIV,” lecture for pediatric nurse practitioner students, Azusa Pacific University, September 2015; “Should All Severely Injured Pediatric Patients Be Treated at Pediatric Level I Trauma Centers? A National Trauma Data Bank (NTDB) Study,” abstract, American College of Surgeons, October 2015; “CT Chest In the Evaluation of Pediatric Pulmonary Disease,” Pediatric Trauma Society; “Development of an Intestinal Rehabilitation Disaster Survival Toolkit for Families With Special Health Care Needs for the Children’s Hospital Los Angeles; “Pediatric Abdominal Trauma,” lecture, Southwest National Association of Pediatric Nurse Practitioners Regional Conference, November 2015; and, with Elizabeth Creek, RN (Trauma Services); Home Mechanical Ventilation Children,” $5,000 Patient Care Unit); (Transport Team).}

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I love the holidays—the music, the food, the celebrations and, most of all, time with family and friends. What I find most comforting and rewarding are our holiday traditions, with their consistency, their familiarity, and the pure joy they bring. The beauty in tradition is that there is no set formula. It’s up to you to create these yearly rituals, which will lead to wonderful shared memories.

Oftentimes the most treasured and memorable moments are the simplest, but these moments are what connect us. These moments are what make us happy deep in our soul. Every Christmas Eve, my son, my daughter and I head to Bristol Farms for our dinner preparation. We started going together when my kids were toddlers and it’s still a family event, even though my son is in his late 20s and my daughter in her early 30s. We look forward to sharing the lamb chops, wild rice casserole, green beans and almonds all year. After our shopping, we always have brunch at Green Street Restaurant in Pasadena, and head home to prepare and eat our Christmas Eve dinner, followed by church service.

A very special part of my Christmas Day is coming to the hospital and seeing the wonderful traditions that our staff have created for each other and for their patients. There are potlucks and nurses in flannel Christmas PJs, toys for kids, and most of all there is an unwavering feeling of hope and joy in every unit.

I urge all of you to cherish and continue your most fun, most beloved traditions. Our workdays are long and demanding, but holiday traditions give us the opportunity to slow down and express our gratitude for the things that anchor us—family, friends and our CHLA community. I wish you all a very happy, healthy New Year.
Twice a month, as the day dawns for the Muscular Dystrophy Association (MDA) Neuromuscular Clinic, Nurse Care Manager Arlene Deseo, RN (Neurology), is a bit like the Wizard of Oz, moving levers behind the scenes to make sure everything and everyone runs like clockwork.

It’s no simple juggling act. Deseo coordinates seven-plus families and up to 10 specialties—including neurology, cardiology, pulmonology, physical/occupational therapy, rehabilitation, social work, nutrition and more—during each six-hour-long clinic day at Children’s Hospital Los Angeles.

The multidisciplinary model is crucial for these patients, diagnosed with Duchenne muscular dystrophy, spinal muscular atrophy, Charcot-Marie-Tooth disease and other neuromuscular diseases. Nearly all have or will have mobility issues, and many are in wheelchairs. Navigating the hospital’s many byways to reach multiple providers can be difficult. “So all the specialists come here,” says Deseo.

“We try to make the day as special as possible,” she adds. That includes ensuring families have access to toys, games, books and videos while there.

Armed with her meticulous timetable, color-coded by specialty, Deseo keeps each provider’s visit with a family on track. Any pulmonary function tests and echocardiograms take place the same day. At the end of clinic, all providers meet to discuss each case. Deseo crafts a summary of the visit and next steps for each family.

Deseo works her scheduling magic for weeks ahead, contacting each family four or five times. (The result is nearly 100 percent attendance.) The task appeals to her sense of order. “I have to be organized or I couldn’t function,” says Deseo, who admits her systematic notes were in demand in nursing school.

“Arlene makes the clinic flow and calms everyone down,” says Leigh Maria Ramos-Platt, MD, the clinic’s director and assistant professor of Clinical Neurology at the Keck School of Medicine of the University of Southern California. “I don’t think we could do this model without her.”

Deseo is excited that the clinic is growing, with plans to add a third monthly clinic day in 2016. Her biggest satisfaction comes from working with the families. “The kids and parents are just so great,” she says. “We do all we can to provide our patients with the best possible quality of life.”