NURSING
Annual Report
2015

MAGNET RECOGNIZED
Children’s Hospital
LOS ANGELES
We Treat Kids Better
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Featured on the cover: Judy Sherif, RN, CPN, BSN, MNA, manager of the Alan Purwin Emergency Transport Program at Children’s Hospital Los Angeles, with CHLA’s emergency transport helicopter
A Note From the Magnet Program Managers

We are past the halfway point heading toward the 2017 submission of our Magnet Redesignation document, and this year has been full of wonderful advances in providing our patients and families with high-quality care and enriched experiences.

We celebrated with the staff of the Rehabilitation Unit as they moved into an exceptional new space, the Margie and Robert E. Petersen Foundation Rehabilitation Center honoring Bobby and Richie Petersen. Our nurses participated in innovative evidence-based projects and demonstrated their success in measurable patient outcomes. Also, what an honor it was for nurses of all levels and specialties to play a part in helping athletes at the Special Olympics World Games in Los Angeles.

Once again we reached out to our community through camps and enhanced the lives of children and teens. We strengthened our programs for transitioning and mentoring our new graduate nurses and newly hired experienced nurses. Our nursing academic levels and certification rates continue to soar. As we journey toward Magnet redesignation, we continue to do what we do best: provide compassionate care for our patients and families and demonstrate the highest virtues of the nursing profession.

Sincerely,

Margaux Chan, BSN, RN, CPN

Susan Crandall, BSN, RN, CCRN
A Letter From the President

Even before I officially joined Children’s Hospital Los Angeles in the fall of last year, I knew that nurses were the heart and soul of this institution.

Now, with nearly a year under my belt, I can say unequivocally that the nursing perspective is woven into the fabric of the CHLA culture. I am impressed with our commitment to Magnet designation and proud that the profession of nursing gets the respect here it so greatly deserves.

I am excited to see our nurses take their practice to the next level with the creation of our Institute for Nursing and Interprofessional Research. It’s a true exemplar of their excellence, and this report details countless more instances of their professionalism, commitment and abilities. Every hospital CEO should be so lucky as to have a nursing team of this caliber.

Thank you for taking the time to find out more about what our nurses accomplished with and for CHLA this past year.

Warmest regards,

Paul S. Viviano
President and Chief Executive Officer
“This will be the last time, at least in these pages, that I have this opportunity to share my thoughts on the work our nurses do before I leave my post as vice president of Patient Care Services and chief nursing officer, and transition to my new role as the inaugural director of the Institute for Nursing and Interprofessional Research at CHLA.”

—Mary Dee Hacker, MBA, RN, NEA-BC, FAAN
At CHLA we have created a culture that thrives and insists on excellence, but that comes with a price: The second guessing and speculating never end. Even when we send a family home with a child totally cured of an admitting diagnosis, we ask: Could we have done a better job? Could we have eliminated any delays in treatment or procedures? Could we have stuck this little one fewer times? Could we have helped the anxious dad a bit more? Could we have … could we have … could we have …?

We are proud of our successes, but wonder whether they could have been greater. Could we have done it another way?

As I look back on my CHLA career, I will say none of it was easy; yet I will say every moment mattered. This moment matters, too. How do I wrap up my feelings in an honest and complete way?

I've been inspired by those who have pushed me to be better, pulled me forward when I've been too cautious, stood beside me when I needed support, and showed me that my best emerges when I help others do their best.

Thank you, everyone, from the bottom of my heart. This is a place dedicated to health, healing, understanding and improvement, one that runs on discipline, energy, teamwork, love, respect, pride, hope and knowledge.

Sincerely,

Mary Dee Hacker, MBA, RN, NEA-BC, FAAN
Vice President, Patient Care Services and Chief Nursing Officer
Vice President, Patient Care Services and Chief Nursing Officer Mary Dee Hacker chats with nurses and patient Samantha Stewart and her family.
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.
The program got its start in 2012 when a nurse came to Verret with a request: Could the support she felt during residency continue? “It takes a while to become an independent nurse,” notes Verret, a 19-year veteran. “We decided to expand each new nurse’s network.” There’s been no shortage of volunteers to help. “We fill up all available mentoring slots any time we put out a call,” says Lin, a 2012 Versant RN Residency graduate who runs a Facebook group for the Triad Mentorship. For Lin, “being involved in this program has made me realize I’m capable of doing more as a nurse.”

The innovation feature of this program is the value it puts on the experience level of the mentors. Each new nurse is supported by two mentors—a peer mentor who is a recent (five years or less) residency graduate and a veteran mentor. Verret and Lin foresaw mentorship benefits from both experience levels. Peer mentors create an open, comfortable learning environment for the new nurses while...
contributing their experiences learning clinical and critical-thinking skills. The veteran mentors provide valuable pearls of clinical wisdom that even the peer mentors are still attempting to master.

Being a mentor comes with responsibility. Mentors want to model professionalism to the new nurses. The mentors learn how to be resourceful and find answers. They become stimulated and challenged to improve their teaching skills and competencies. In addition, they receive support from the mentorship program, including training materials and advice on what makes a good mentor.

One of the many positive outcomes of the program is that mentees report increased feelings of support, more creative thinking and academic growth, as well as a decrease in stress levels. In response to the question, “How useful do you feel the mentoring program has been?” the average score from the mentees and mentors has risen each month (see graph below).

Together, Verret and Lin presented the program at the 2014 National Magnet Conference, the 2015 Society of Pediatric Nurses Conference and the 2015 National Mentoring Institute Conference, among other venues. The program has received recognition since its inception, and its success is felt by all participants—new graduates and both peer and veteran mentors. Verret says it best: “Everyone improves by being in the program.”

“How useful do you feel the mentoring program has been?”

—Vicky Lin, BSN, PHN, RN, CPN
CHLA staff and Special Olympics leaders, working the equestrian events during the 2015 Special Olympics World Games in Los Angeles
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.
**Lending a Hand: Special Olympics World Games**

Los Angeles was the host city for the 2015 Special Olympics World Summer Games, which took place July 25-Aug. 2, 2015, and were billed as “the largest sports and humanitarian event in the world.” Children’s Hospital Los Angeles served as the backbone of the Games’ health care support—providing and coordinating volunteer medical services for the 7,000 competing athletes at venues across the Greater Los Angeles area.

This undertaking was no small feat. Leading CHLA’s efforts were Lee Pace, MD, director of the Sports Medicine Program in the Children’s Orthopaedic Center, and Nancy Blake, PhD, RN, CCRN, NEA-BC, FAAN, director of Critical Care Services. Pace served as medical director for the Special Olympics venue, while Blake was the Games’ lead venue administrator.

Blake began coordinating the hospital’s involvement in the spring of 2014. She says she knew her initial email seeking medical volunteers for the Games would generate interest from CHLA staff, but she didn’t realize just how quickly her inbox would be inundated with messages from nurses. “I received more than 100 emails within the first 24 hours,” she notes.

Other CHLA leaders eagerly pitched in too. Athletic trainer Dawnell “Dawnie” Nishijima, the new coordinator of the Sports Medicine Program, organized nearly 140 clinical volunteers to triage care. And Anna Kitabjian, BSN, RN, CPN, PHN, a clinical nurse on 6 East, coordinated the scheduling of volunteer nurses representing all areas of the hospital, including the Emergency Department, Surgical Services, Ambulatory Services and Float Pool. The nurses provided first aid to athletes participating in the Games.

“The worked six hours, and others did eight-hour shifts, depending on the venues, which hosted golf, equestrian and soccer,” says Kitabjian.

In addition to giving their time during the Games, CHLA volunteers attended orientation and information sessions to review protocols and procedures, likely injuries such as sprains, strains and contusions, and potential medical challenges, including seizures and cardiac issues. While all the Special Olympics athletes have intellectual disabilities, many also have medical issues. “We had to be prepared for anything,” says Blake.

Kitabjian adds, “It was great to have so many nurses participate. I’m overwhelmed by our nurses’ compassion and willingness to serve. It meant a lot to the athletes and the Special Olympics organization to have us there.”

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**Los Angeles**

**Children's Hospital Los Angeles**

**Lee Pace, MD**

**Nancy Blake, PhD, RN, CCRN, NEA-BC, FAAN**

**Dawnell “Dawnie” Nishijima**

**Anna Kitabjian, BSN, RN, CPN, PHN**
“It was great to have so many nurses participate. I’m overwhelmed by our nurses’ compassion and willingness to serve. It meant a lot to the athletes and the Special Olympics organization to have us there.”

—Nancy Blake, PhD, RN, CCRN, NEA-BC, FAAN, director of Critical Care Services
The Versant™ RN Residency is proud to announce its new Transition RN Residency Program. The program is designed to help nurses who have nursing experience in other fields to transition into the role of CHLA pediatric specialty nurses. On Aug. 3, 2015, the program welcomed its first cohort of 22 nurses, who had prior experience in such roles as home care nursing, skilled nursing care and adult intensive care. The nurses participated in a 12- to 16-week residency to gain the competence and skills needed to practice as CHLA nurses. Cohorts will convene twice a year, in February and August.

“The Transitional RN Residency Program helped me foster new skills and reduced stress while working on the floor. It was extremely helpful to learn the fundamentals of 6 West before being on the unit, thus making it an easy transition as a new pediatric nurse.”

—Tahira Fazli BSN, RN
Nancy Chang, PhD, FNP, RN (second from left), and Steven Mittelman, MD, PhD (second from right), with two UniCamp counselors
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.
Diabetes and Obesity Program Teams With UniCamp

UniCamp is the official student charity of the University of California, Los Angeles, and it has been providing a unique outdoor camping experience for at-risk children from underserved neighborhoods for more than 80 years. The summer camp promotes the value of education, builds self-confidence and self-reliance and helps campers become successful in life. Recently, camp leaders came up with the idea for a health- and fitness-themed camp week. To implement the idea, the camp leaders called upon the Diabetes and Obesity Program at Children’s Hospital Los Angeles to help design and implement this new, weeklong session.

The partnership created a camp that hosted 125 campers, ages 10-17, during the week of July 26-Aug. 6, 2015. For many of these children, it was their first time at camp and their first time away from home. They resided in open-air cabins in the wilderness, a setting far different from their familiar urban environment. Campers were exposed to swimming, biking, archery, yoga and meditation, dance and hiking.

The camp experience was relatively new to the Diabetes and Obesity Program. The major themes and concepts for UniCamp were the result of a true interprofessional collaboration with members of the Diabetes and Obesity Program, who provided input and guidance throughout the process. Steven Mittelman, MD, PhD, and Cassandra Fink, MPH, CCRP, facilitated the communication and collaboration between the two groups. In addition:

- Megan Lipton, MA, and Emily Millen, MPH, provided their physical education expertise by adapting KNF exercise programs to fit the camp setting and integrating pedometers into track campers’ activities.
- Linda Heller, MS, RD, CSP, CLC, FAND, offered her nutritional expertise to help guide revisions to the camp menu that included whole grains, more fruits and vegetables, and less sugar—while still keeping the menu child-friendly.
- Nancy Chang, PhD, FNP, RN, provided medical oversight at the camp and set up protocols for managing the care of campers with type 2 diabetes.

Other program members included Claudia Borzutzky, MD; Ellen Iverson, MPH; Valerie Ruelas, MSW; Jamie Wood, MD; Patrice Yasuda, PhD; and Mari Radzik, PhD.
The major themes and concepts for UniCamp were the result of a true interprofessional collaboration with members of the Diabetes and Obesity Program, who provided input and guidance throughout the process.

The following outcomes resulted in a promising future for the health and fitness camp:

- Diabetes and Obesity Program members led trainings in their areas of expertise for UniCamp staff during the months leading up to camp. These training sessions helped camp counselors learn to make healthy choices that lead to a healthy lifestyle.

- Type 2 diabetes patients saw huge improvements in their blood sugar levels while at camp.

- EMPOWER patients attending camp experienced large weight losses in just one week.

- Campers provided positive feedback on the new and healthy mealtime foods.

- Campers learned healthy eating habits, such as how to determine where they are on the “hunger scale” and how to maintain a healthy diet when eating out.

**Inaugural DAISY Team Award**

CHLA’s Patient Care Services Recruitment and Retention Council selected the Diabetes and Obesity Program to be honored with the inaugural DAISY Team Award in November 2015. This interprofessional recognition is awarded to a team that demonstrates effort above and beyond its traditional role to meet the needs of patients and their families. 

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**Campers Participated In**

- Swimming, Biking, Archery, Yoga and Meditation, Dance and Hiking
Rehabilitation Services moves into the new Margie and Robert E. Petersen Foundation Rehabilitation Center.
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.
A New Home for Rehab Patients

The Children’s Hospital Los Angeles Rehabilitation Unit has long been recognized for its exceptional care in helping patients recover from traumatic injuries and life-threatening illnesses. On Sunday, March 29, 2015, the Division of Pediatric Rehabilitation Medicine’s inpatient center on 6 North moved to its new location on Duque 6: the Margie and Robert E. Petersen Foundation Rehabilitation Center honoring Bobby and Richie Petersen.

This state-of-the-art, 22,000-square-foot acute pediatric inpatient facility offers greater therapeutic amenities and a more comfortable, safari-themed environment to promote healing. The center is the largest of its kind in the country, with 22 patient beds, including 16 private rooms, three semiprivate rooms and two medical isolation rooms for patients with fragile immune systems. Every room includes a family sleep area, bathroom and shower.

The space also includes a 1,750-square-foot rehabilitation gym for physical and occupational therapy; occupational therapy craft rooms; speech and recreation therapy rooms; a Child Life playroom; ceiling-mounted systems to safely move patients within the Center; a therapeutic kitchen; and a community dining room for patients and families.

As the first dedicated pediatric rehabilitation center in the region, the unit had been in its previous location since opening in 1973. The Rehabilitation team treats about 200 patients a year with a range of complex and diverse diagnoses, including brain and spinal cord injuries, bone and brain tumors, seizures, and spinal and rheumatologic disorders. The reaction to the new Center has been overwhelmingly positive.
“Everyone loves our new home. It’s very bright and happy, but calming and welcoming,” says Duque 6 Education Manager Yvonne Hughes-Ganzon, BSN, RN, CPN, CRRN. “Patients don’t want to leave.” Duque 6 Operations Manager Phan Leopando, BSN, RN, adds, “Patients and families are happy to be here because of the private rooms and bigger disability-approved bathrooms, not to mention being in a very new, cheerful and spacious environment. Our nursing and therapy rehabilitation teams feel more united because we are in one area and share a lounge.”

Relocation planning for the unit took three years of hard work from teams across the organization. The job was formidable and involved identification of the best location, business plan development, the design of the space, fundraising, construction permits and licensing, and the moving of patients. Every person involved in this project demonstrated remarkable dedication and teamwork and deserves to be commended.

Moving patients to the new Center was an important component of the planning. Preparations began several months in advance and involved teams from across the hospital, including Pediatric Rehabilitation Medicine, Information Services and Security, and Quality and Materials Management.

“Basically, it was everyone who was involved in the Marion and John E. Anderson Pavilion move, but on a smaller scale,” explains Sharon Chinn, RN, CRRN, director of Patient Care Services. Rehabilitation staff also received training to help patients and families transition to the new facility. Leopando adds: “It’s great to be in a new home that’s closer to the Anderson Pavilion, with more advanced equipment and inviting accommodations for patients and families.”

“Patients and families are happy to be here because of the private rooms and bigger disability-approved bathrooms, not to mention being in a very new, cheerful and spacious environment. Our nursing and therapy rehabilitation teams feel more united because we are in one area and share a lounge.”

—Phan Leopando, BSN, RN, Duque 6 Operations Manager
The nurses at Children’s Hospital Los Angeles constantly strive to improve the way we deliver patient care. Nurses in the Cardiovascular Acute (CV Acute) Unit are no different, and they look for ways to better care for complex cardiothoracic patients. One challenge these nurses recently aimed to improve was the discharge process.

Although patients and families were being discharged at a satisfactory pace, the CV Acute nursing team knew that changes could improve time and efficiency. The team looked at several pieces of data, including average unconditional response time (AURT). This is the amount of time it takes for a patient to leave the unit after the discharge order is written. The AURT was generally over 2.5 hours. The goals of the program were to decrease that time while improving caregiver understanding and parental satisfaction.

To find solutions, CV Acute Managers Kay Gilmore, MSN, RN, CPN, and Melanie Guerrero, MSN, RN, CPN, analyzed every component involved in the discharge process and utilized their external resources. They were involved in high-level interprofessional meetings to address the discharge data and challenges. They queried health care research journals and attended a national conference presentation, collecting best practices. They collaborated with the Work Area Leadership Team (WALT), a unit-based governance group made up of select CV Acute staff, to develop a survey to assess the current practice of discharge and identify staff needs. The managers also utilized their “Monday Rounding for Outcomes” process, in which they walk through the unit and round with staff to get input on current issues.

Creating a new role: DRN

In November 2014, Gilmore and Guerrero facilitated a retreat with the lead nurses to present the information they had collected about discharge practices over several years. The group created the role of the “discharge registered nurse” (DRN), with an innovative new staffing model to accommodate the position.

The DRN would be responsible for assisting in patient discharge up to 72 hours prior to the anticipated discharge date. This exciting role would relieve clinical nurses from having to carry out comprehensive education with patients and families and allow them to focus on providing clinical care. Patient and family education is a huge component of a nurse’s role in the discharge process. Typical instructions for a family in preparation for discharge include well-baby care, CPR education, medication education, medical device care and medical equipment training. Thus, any necessary clinical interruptions—such as medication administration, communications with the health care team and bedside procedures—delay nurses’ ability to discharge patients in a timely manner and result in an increased AURT.
Increasing staffing over budget was not an option for Gilmore and Guerrero; they had to maintain existing levels and create an innovative answer. To include the DRN but still stay within budgeted hours, nurse-to-patient ratios varied based on patient acuity. Having one nurse assigned to the role of DRN—relieved of providing clinical care to patients and responsible exclusively for discharge education and planning—altered the workload and allowed some nurses to be assigned an additional patient.

This innovative new staffing model also enabled the unit to keep the existing role of the resource nurse, who is also not assigned to patients. The resource nurse serves as benevolent support for CV Acute nurses, handling new admissions, clinically worsening patients and escorts for patient transport, as well as relieving nurses for breaks.

The retreat group members also developed an internal application process for the DRN role, along with a four-hour training day. They wanted the role to be filled by their own CV Acute nurses, who are passionate about patient education and care coordination. As part of their training, four of the DRNs were trained as CPR instructors. This enabled them to teach CPR to patients and families at the bedside prior to discharge, without waiting for a certified instructor.

The new model was implemented in August 2015. Since then, the DRN has evolved from its initial vision and purpose and now fills a role that achieves remarkable patient-care efficiency and quality. The DRNs have regular meetings as a group to provide further support, development and training for their new role. They also regularly attend an interprofessional team meeting, called Care Progression Rounds, to communicate discharge plans and barriers to the CV Acute patients and families.

In addition, DRNs have arranged their schedules to be more available for families, including working until 9 p.m. This is extremely helpful for families who need to come after work or who travel long distances to the hospital. Another benefit to the new scheduling is that it enables DRNs to provide support for night-shift nurses.

“The results clearly show that the new staffing model with the use of a DRN has sped up discharge times, provided parents with a better understanding of discharge instructions, increased family satisfaction, and improved the relationship between nurses, patients and families.”

Discharge Registered Nurse April Punsal, BSN, RN, PHN, CPN

(continued on next page)
Achieving results

This innovation resulted in great outcomes. The AURT decreased to 1.85 hours in the first month of implementation and has stayed under two hours most months since then (Figure 1). Families expressed increased satisfaction with the new model and stated that they appreciated having consistent and dedicated people to help them through the discharge preparation process. Patient satisfaction scores regarding discharge, via the National Research Corporation (NRC), demonstrated significant improvements, placing well above the NRC’s 75th percentile benchmark. Notable increases were seen in such areas as explaining information that is easy to understand for parents (up from ninth to 87th percentile) and what symptoms to look for after discharge (up from 72nd to 87th percentile).

In addition, before the DRN staffing model, charge nurses would receive frequent phone calls after discharge from families who had questions about information they did not understand. Today, these phone calls have been reduced substantially, as families are better educated and prepared for their discharge. The data showed a decrease in post-discharge parental calls from 63 percent to 37 percent. Those families who do call with questions are now directed to the DRN. A future goal for the DRN will include making routine phone calls 24 to 48 hours post-discharge to address any questions or concerns prior to the patient’s first return appointment.

The results clearly show that the new staffing model with the use of a DRN has sped up discharge times, provided parents with a better understanding of discharge instructions, increased family satisfaction and improved the relationship between nurses, patients and families—all while staying budget-neutral. This is a perfect demonstration of the meaning of CHLA’s Core Values, especially how we achieve our best together.
## Our Certified Nurses

### 4 East
- Irene V. Aberin, CPON
- Lililbeth L. Aguado, CPHON
- Shannon Elizabeth Arredondo, CPHON
- Dania Marisa Bourque, CPON
- Staci A. Castillo, CPON
- Beata B. Chmielewski, CPHON
- Michelle E. Criger, CPHON
- Dawn Marie Dunkin, CPON
- Renee A. Flores-Garcia, CPON
- Diane M. Grade, CPHON
- Anne C. Halli, CPHON
- Barbara M. Huerta, CPHON
- Jacqueline Denise Marroquin, CPHON
- Heather Joy Mehl, CPON
- Johanna Navia, CPHON
- Alexandra Ornelas, CPHON
- Marifel Pagkalinawan, CPHON
- Andrea Jean Petty, CPHON
- Veena Punyanussoranee, CPHON
- Jenine Michele Raffaniello, CPHON
- Luzmarie Barron Ramirez, CPHON
- June Nicole (Palacio-Bhojwani) Rees, CPON
- Sacha Lauren Reis, CPON
- Hilda Rodriguez, CPN
- Afshid Roozrokh, CPON
- Sirinan Srilanchanarak, CPON
- Allison Christine Taylor, CPHON
- Kelcie Tice, CPHON
- Kerry S. Vancura, CPON
- Maria L. Velasco, CPON
- Sonya L. Williams, CPON
- Kimberly Nicole Schenk, CPHON
- Don Stewart, NE-BC
- Deborah K. Weiss, CPN
- Cara Suzanne Wise, CPHON

### 5 East
- Ana Barde, CPN
- Stephanie Kate Bedsworth Brewis, CPN
- Emily Clark, CPN
- Jessica Damasco, CPN
- Nora A. Delgado, CPN
- Hoo Lynn Everson, CPN
- Lorena Maria Ferrer-Pyoral, CPN
- Giuliana V. Fiore, CPN
- Geraldine Fonacier, CPN
- Amy Jean Girgues, CPN
- Natalie Goldman, CPN
- Michelle M. Karlu, CPN
- Jolene Marie Knapp, CPN
- 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
- Ria Sanchez, CPN
- Erin Schmidt, CPN
- Ani Simonoff, CPN
- Marcela M Solorio, CPN
- Irina V. Tarasova, CPN

### 4 West
- Melissa (Stewart) Aguirre, CPON
- Diane Rita Altounji, CPON
- Michelle D. Castle, CPON
- Sona Daldumyan, CPON
- Lizzele J. Dulay, CPHON
- Anoush Mary Essajanian, CPHON
- Libertad Garcia, CPHON
- Monica Grover, CPHON
- Renita Arlene Joseph, CPHON
- Jamie Lee, CPHON
- Swati Harshad (Vyas) Saiben, CPHON
- Lesley Navea Abcede, CPN
- Linda B. Allen, CPN
- Arnie B. Banez, CPN
- Aimee Caipang, CPN
- Marlene Julasavee Cox, CPN
- Margaret-Ellen Frankel, CPN
- Matthew Fountain, CPN
- Susan L. Gonzalez, CPN
- Trisha Hao, CPN
- Susan D. Jensen, CPN
- Katherine Leonardo, CPN
- Cheska Mae (Francis) Mombay, CPN
Jahmela June Pech CPN
Judith A. Tighe CPN
Rachel Troost CPN
Diana H. Vaughn CPN
Donna Lee Vacca CPN
Michelle Ann Ventura CPN
Sharlene C. Odhner Williams CPN/CPEN
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
Lorraine Devine CPN
Eileen R. Duncan CPN
LaVonda R. Hoover CPNP-PC, CPN
Leslie Carol Friedman CPN
Evelyn Sofia Garcia CPN
Kristine N. Gawley CPN
Elaine C. Iwamoto CPN
Kelsey Alder Jepsen CPN
Erin Kelly CPN
Catherine D. Kissinger NE-BC
Anna Kitabjian CPN
Stephanie Martinez CPN
Margaret McCormick CPN
Samar Mroue CPN
Soon Kim Perez FNP-BC
John Randall Rutland CPN
Caroline Kelton Sanborne CPN
Lindsay Schaeffer CPN
Kristine Tom (Sanchez) Tapia CPN
Talya Weiss CPN
Flora W. Yuen CPN

6 West
Johanna Camille Aguino CPN
Tiffany Michelle Allen CPN
Olivia Banuelos CPN
Jesibelle Perpetua T. Bernardo CPHON
Shannon Brantley CPN
Gene Rainier Calderon CPHON
Christina Annamaria Cerda CPN
Terri Lynn Cole CPN
Maya Cox CPN
Kelley J.H. Dobard CPN
Sabrina Agustina Escalante CPN

Diana Hong CPN
Christiane Marie Lieu CPHON
Vicky Chi Lin CPN
Lynette Maria MacFarland CPN
Diana Montano 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
Monica Schofield CPN
Linda Sy CPHON/CPN
Theresa Ann Tostado CPN
Gloria N. Verret CPN
Nicole Carolyn Westrick CPN

Abdominal Diseases
Jennifer L. Baldwin CPN
Stephanie A. Johnson CCRN

Access and Transfer Center
Barry Libed RN-BC
Janice Cameron McKenzie CPN
Nancy O’Gorman CPN
Erin Ashley West CPN, CPNP

Adolescent and Young Adult Medicine
Bianca M. Salvetti CPNP, CCRN
Nanora M. Thompson CNP
Anesthesiology
Paula Jean Belson CRNA
Melissa Anne Callaghan CRNA
Shama Pathan Faroqui CRNA
Sarah Polkinghorn Gubbins CRNA
Mary Elias Iwaszewski CRNA
Judy Mi Hie Koempel CRNA
Joseph Ng CRNA
Salvador Tafoya CRNA
Shiny Thomas CRNA

Anesthesiology Critical Care Medicine
Allan Cresencia CPN
Corey Fritz CPNP-PC, CPNP-AC
Jennifer M. Huson CPNP-PC
Mary Evelyn McCulley PCNP-BC, CPNP-AC
Rica Sharon Prospero Morzov CPN
Dara Nunn CPNP-AC
Lindsay Quirk CPN, CPNP

Blood Bank and Blood Donor Center
Brian J. Cook CFNP
Andriana Pavlovich CPN

Bone Marrow Transplant Unit
Kristel Nneka Alleyne CPHON
Ann Moaje Alvarez CPHON
Mikaila Elizabeth Becker CPHON
Kristina L. Brown CPON
Gail Alicia Covington CPHON
Stephanie Margaret Davis CPHON
Dannielle Eramia CPHON
Vilma L. Evangelista CPON
Janet Hoa RN-BC
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
Vanessa Rios CPN
Sarah (Robison) Schneider CPHON
Aeroshikha Rose Wolf CNL
Leticia Valdiviez CPHON

Cardiology
Imelissa Blancas CPN, NEA-BC
Shelly Dyer CPN
Lindsay Medal Thatcher CPN

Cardiothoracic Intensive Care Unit
Andrea R. Aguilar CPN, CCRN
Kathleen Anticevich CCRN
Madeleine Cabalitana Ayllon CCRN
Carol E. Cadaver RNC-NIC
Virginia A. Culla CCRN
Elizabeth Suzanne Daley CCRN
Norma Alice Dansak CCRN
Jessica Lorraine DeVreese CCRN
Ashley Dunser CPN
Samantha Alice Filicicito CCRN
Sylvia Gomez CCRN
Juliet Christine Goss CCRN
Elizabeth Katherine Hahn CCRN
Kelli M'Sean Kleyhauer CCRN
Josephine B. Lee-Razon CCRN
Lois E. Lingayon CCRN
Hai Thanh Ly CCRN
Jennifer Lynn Ly CCRN
Aristole Visperas Marasigan CCRN
Charmaine Sy Marin CCRN
Melinda Martinez CCRN
Jill Marie Palechek CPNP
Amy (Nash) Parker CCRN
Lisa A. Rizzi-Wagner CCRN
Ivo Rajagukguk CCRN

Stephanie Serna, BSN, RN, CPN
Nicole Leanne Rohr  CPN
Samantha Soriano  CCRN
Gloria E. Trejo  CCRN
Jill Marie Whitney  CCRN
Victoria J Winter  CCRN
Elizabeth Ann Zlotorynski  CPN

**Cardiothoracic Surgery**

Mariesa Y. Buhl  CPNP-AC
Jo-Ann Marilyn Casenas Castanares  CCRN
Debra Ann Dechant  CCRN
Ellize Nickole Ergina  CPNP-AC
Pamela Michelle Faire  CPNP-AC/AC
Kay M. Gilmore  CPN
Melanie A. Green  CPNP-AC
Melissa Sue Green  CPN
Donna J. Guadiz  CCRN/CCCT
Melanie A. Guerrero  CPN
Monica V. Horn  CCRN, CCTC
Ferida Imperial-Perez  CCNS-P, CNS-BC
Carolyn Kleu  CPNP-AC
Erika Ko  CPN
Ruth E. Lemos  CCRP
Erin Messing  CPNP
Elizabeth Ann Miller  CPNP-PC
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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

**Care Coordination**

Michelle Andrea Sullivan  CPN
Kristin Marie Tayo  CPN
Stephanie Ann Vandehaye  CPN
Ashley Vieira  CPN
Brittany Michelle Warren  CPN
Elysa M. Weiner  CPN
Annie Yeremian  CPN
Nubia Zuniga  CPN

**Clinical Education and Professional Development**

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Frances Blayney  RN-BC, CCRN
Margaux Cecile Lozada Chan  CPN
Debbie L. Reid  CPON, RN-BC

**Clinical Programs and Professional Services**

Deborah A. Noble  CLC

**Emergency Department**

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Teresa Marie Archuleta  CPN
Monica Andrea Calfa  CPN
Joel Cel  CPN
Yolanda Chartan  CPEN
Anabel Enriquez Costa  CPN, CPEN
Katrina De La Cerda  CPN
Sheah Marie DiLuigi  CPEN
Laura Elise Du Four  CPN, CEN
Monica El Shaddai  CPN
Mariella Flores  CPN
Robin L. Goodman  CPEN
Armstrong Hao  CPN
John Hulse  CPEN
Nicole Marie Magni  CPN
Claire J. Meyer  CPN
Inge M. Morton  CPN, CPEN
Phaedra Lynn Nguyen  CPEN
Sharon L. Noonan  CPN, CPEN
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David Pichardo Jr.  CPEN
Catherine Shijo  CPN
Amanda Lynn Silver  CPN
Christi Ellen Stegman  CPEN
Gina Marie Terrazzino  CPN
Valerie M. Tripoli  CPN
Graham Aaron Valley  CPEN
Stephanie D. Watchler  CPN
Kimberly Wheatley  CPEN

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Arvin Clavio  C-NPT
Tara L. Cook  C-NPT
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Geri H. Gregorczyk  C-NPT
Sarah Grey  C-NPT, CPNP
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Jennifer Ann Meyers  C-NPT
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Judith A. Sherif  C-PN
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Yolanda Andalon Won  C-NP

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

Endocrinology and Metabolism
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Louise Brancale  CDE
Lessette Cetto  PNP
Eulalia Carcelen  CDE
Kailee Rene Gaffney  CPN, CDE
Mary Halverson  CDE
Christine Herlter  CDE
Barbara K. Hollen  CDE
Mary T. McCarthy  CDE
Debra Dee Miller  CDE
Maria De Jesus Nuques  CDE
Cassie Song  CDE
Kiala Torosian  CDE

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Kim Rinauro  CPN
Zulema Vega  CPN

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Chelsea Marie Balian  CPNP
Stana Bogojevic  CRNI
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Jennifer Buitrago  CPON, CPNP
Sherri Lynn Carich  CPON
Susan M. Carson  CPNP
Angela Cha  CPNP
Shanna Christoffersen  CPON
Kei Yun Chung  CPON
Christina Izumi Cruso  CPON
Sabrina Cummings  CPHON
Melissa Parra Doyle  CPNP
Aissa Duey  OCN

Endocrinology and Metabolism
Sarah Green  CPNP
Barbara Habell  CPNP
Deborah G. Harris  CPN-PC/AC
Nancy S. Hart  CPON
Dee Imai  CPON
Megan H. Javidi  CCRN
Makensie Johnson  CPON
Jacquelyn Keegan  CPON
Maria-Theresa Lapinid  CPON
Wendy Seto Leung  CPNP
Yvonne K. Lindsey  OCN
Kellie A. Loera  CPON
Catherine Macpherson  CPON
Deborah Marino  CPON
Meghan T. Meehan  CPON
Mary Baron Nelson  CPNP
Jacqueline Marie O’Connell  CPNP

Executives and Directors
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Sharon Chinn  CRRN
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Paola I. Pederzoli  CPNP
Patricia A. McMahon Peterson  CPNP
Geraldine Pira  CCRP
Kasey Rangan  CPNP
Ma Luz Reyes  CPON
Susan L. Rhoads  CPHON
Patricia Rios  CPON
Elizabeth Robison  FNP-BC
Yael L. Rosenthal  CPNP
Kathleen Ruccione  CPON
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Belinda P. Sia  CPON
Shinyi Tang  CPON
Susan E. Tatoy  CPHON
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Tanea Dwan Washington  CPNP, CPHON
Jami Vander Wielen  CPNP
Katherine M. Meyer  CPNP-PC/AC
Jenese Morris-Rubottom  CPN

Human Resources
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Human Subjects Protection Program
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Evelyn Lai  PNP
Mary Virgallito  CIC

Institute for Maternal-Fetal Health
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Sandra Luz Espinosa  NNP-BC, RNC-NIC
Bonnie Solim Lee  NNP-BC, RNC-NIC
Karen Elizabeth Helt Rapoport  NCC-NNP
Tiffany Lynne Restelli  NNP-BC

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Gwen (Green) Brown  CNP

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William C. Kenny  RN-BC
Florence Orpilla  RN-BC
Patricia A. Tejada  CPN

Las Madrinas Simulation Research Laboratory
Caulette Young  CCRN

Nephrology
Evangelista Austria  CDN
Alicia N. (Sanchez) Bertulfo-Sanchez  CPHON

Neurology
Shawna Winans  CPN

Newborn and Infant Critical Care Unit
Sonja Ann Alli-Casella  RNC-NIC
Kolette Bruckner  RNC-NIC
Susan V. Bugsch  RNC-NIC
Suzanne Y. Cuano  RNC-NIC
Sally Ruth Danto  RNC-NIC
Beverly S. Drummond  RNC-NIC
Marta A. Dubon  RNC-NIC
Rita Secola, PhD, RN, CPON, FAAN, nursing director of the Children’s Center for Cancer and Blood Diseases, with patient Charlie Robin Libowsky.
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**Ophthalmology**

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<tbody>
<tr>
<td>Kathleen J. Anulao</td>
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**Orthopaedics**

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<td>Elaine Butterworth</td>
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**Pain Management and Palliative Care**

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**Pediatric Intensive Care Unit**

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**Pediatric Surgery**

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Perioperative Services
Nancy Bridges CNOR

Plastic Surgery/Craniofacial
Kamala K. Gipson-McElroy CPNP
Karla Aurine Haynes CPNP
Chi Kim Phan CPNP

Post-Anesthesia Care Unit
Melanie K. Forne CPN
Jennifer Lord CPN
Jennifer Meyer CPN
Elizabeth Nakamura CPN
Stephanie Serna CPN
Jason Vargas CPN

Pulmonary
Lindsay Hayes Barr CCRN
Josephine Ellashek CPN
Sheila Siu Ho Kwok Kun CPN

Quality Improvement and Safety Services
Nicole Ainsworth RNC-NIC
Rhonda Sue Filipp CPN
Marvin Mangahis CPN
Rachel Christine Rogan CPN
Edahrline J. Salas RN-BC

Radiology Nursing
Margo W. Coon CPNP
Aliza Fink CFNP
Vanessa L. Guerrero CPN
Dianne Mitsuko Ito CFNP
Denna S. Jung CPN
Julie A. Makin CPNP
Susanne M. Match CPNP
Marilyn Deon Mills CRN, RN-BC
Claudia M. Restelli CPNP
Ginny Than CPN
Veronica Wallace CPN
Holly Hurley Marie West RN-BC

Rehabilitation Center
Yolanda Amador CRRN
Tabitha Bell CRRN
Lisa Betesh CPN
Betsy Bohuslavsky CPN

Lori L. Chan CRRN, CPN
Lucy Kathleen Culwell-Kanarek CRRN
Belinda Duran CRRN
Minette Luna Galam CRRN
Rosalia S. Guzman CPN
Yvonne M. Hughes-Ganzon CPN, CRRN
Christie Anne Dacuyucuy Laciste CRRN
Analisa Niedbalac CPN
Vannya Nguyen CPN
Nadia Erika Pasillas CPN, CRRN
Amanda Esther Price CPN, CRRN
Audrey Joy Santos CRRN
Michelle Sather CRRN
Lou Ellen Stallworth CRRN
Cindy Varela CRRN

Rheumatology
April Lyn Anderson PNP
Shirley Jean Parks FNP

Risk Management
Karen Prommer CPHRM

Sedation Services
Jessica Lawson Garcia CPN
Erin Lowerhouse CPN
Laurie Newton CPN

Spina Bifida
Laura Monica Bala Fernandez CCRN

Surgical Admitting
Jocelyn Andrea Ablian CPNP-PC
Leticia R. Boutros CPNP
Natalie D. Cheffer CPNP
Beatrice L. Chun CPNP
Debbie L. Hand CPN
Jessica Luong PNP-AC
Yvonne J. Olive FNP-BC
Stefanie Ann Proia CPNP
Debra A. Rannalll CPNP
Patricia Ann Rodriguez CPNP
Paula Patricia Rosales PPNP-BC
Lisa Smalling FNP-BC

Trauma Services
Maria Bautista-Durand CFNP
Elizabeth Ann Cleek CPNP-PC
Urology
Nicole Jennifer Freedman CPNP-PC
Valerie Jean Gordon CGRN
Marissa J. Krupowicz RNC-NIC

Vascular Access Team
Joann Barreras CPN
Terrie T. Ballard CPN
Maria Angelica Castro CPN
Tom Cottrell CPN
Emma A. Clark CPN
Du Thanh Vo VA-BC

Versant™ RN Residency in Pediatrics
Stephanie Brady CPN
Sandra L. Hall RN-BC

Total Number of Certified Nurses:
688

Disclaimer: To the best of our knowledge, this is an accurate listing of certified nurses at CHLA, as of November 2015. It is based on reports from nurse leaders to Human Resources and Doris Lymbertos in Pharmacy. For any questions about this list, please contact the Magnet Program Office.
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.

CHLA offers:

- A tuition assistance program
- An 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 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

Percentage of nurses with a BSN degree or higher

<table>
<thead>
<tr>
<th>Percentage of Nurses</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
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<tbody>
<tr>
<td>75%</td>
<td>77%</td>
<td>81%</td>
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Number of nurses with MSN and doctor of nursing practice degrees

<table>
<thead>
<tr>
<th>Number of Nurses</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>236</td>
<td>245</td>
<td>277</td>
<td></td>
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</tbody>
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New Advanced Degrees in 2015

Bachelor of Science in Nursing (BSN)
Melissa DeLeon, RN
(Bone Marrow Transplant Unit)
Paolo Jugo, RN
(Cardiothoracic Intensive Care Unit)
Alma Ramirez, RN
(Newborn and Infant Critical Care Unit)
Judy Ulloa, RN
(Bone Marrow Transplant Unit)

Master of Science in Nursing (MSN)
Nicole Ainsworth, RN
(Newborn and Infant Critical Care Unit)
Theresa Alquiros, RN
(Cardiovascular Acute)
Destinee Harris, RN
(Hematology-Oncology)
Deeba Kazempoor, RN
(5 West)
Kimberly Kyle, RN
(Newborn and Infant Critical Care Unit)
Nona C. Martin, RN
(4 East)
Jennifer Hyojin Min, RN
(5 West)
Inge Morton, RN
(Emergency Department)
Grace Sekayan, RN
(Cardiothoracic Intensive Care Unit)
Ria Yeh, RN
(Nursing Supervisors)

Doctorate
Bethaney Kaye, RN
(Palliative Care)
Doctor of Nursing Practice
Gwendolyn Kimball, RN
(Hematology-Oncology)
Doctor of Nursing Practice
Suzanne Taylor, RN
(Clinical Education and Professional Development) Doctor of Education
Publications

**Stacey Boyer, RN** (Heart Institute): “Current Practices in the Monitoring of Cardiac Rhythm Devices in Pediatric and Congenital Heart Disease,” Pediatric Cardiology, April 2015.


**Donna Guadiz, RN** (Heart Institute); **Monica Horn, RN** (Heart Transplant Program); and **Debbie Dechant, RN** (Heart Institute): “Do Pain and Withdrawal Issues Significantly Affect the Post-Transplant Recovery of Pediatric Ventricular Assist Device Recipients?” The Journal of Heart and Lung Transplantation, Vol. 34, Issue 4, April 2015.


**Flerida Imperial Perez, RN** (Cardiothoracic Intensive Care Unit); **Melanie Guerrero, RN** (Cardiovascular Acute); **Liz Daley, RN; Nida Oriza, RN;** and **Victoria David Davis, RN**

Winter, RN (Cardiothoracic Intensive Care Unit): Guidelines, Society of Pediatric Cardiovascular Nursing, published online March 2015.

Lori Marshall, PhD, RN (Patient Care Services); Gloria Verret, RN (6 West); David Davis, RN (Quality Improvement and Patient Safety); Samar Mrroue, RN (6 East); Tere Jones, RN (5 West); and Marifel Pagkalainawan, RN (Hematology-Oncology): “Mastering Patient and Family Education: A Handbook for Success,” Sigma Theta Tau, September 2015.


Presentations

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


Brenda Barnum, RN (Newborn and Infant Critical Care Unit), and Grace Sekyan, RN (Cardiothoracic Intensive Care Unit): “The Use of Preventive Ethics Triggers (PETs) in the NICCU to Affect Ethical Climate and Moral Distress,” poster presentation, National Nursing Ethics Conference, March 2015.

Brenda Barnum, RN (Newborn and Infant Critical Care Unit), “Consent as a Reflection of Respect” and “Conflicting Goals in Clinical Care,” MEDS 260 Challenges in the Forefront of Biomedical Ethics, University of Southern California, March 2015.

Stacey Boyer, RN (Heart Institute): “Current Practices in the Monitoring of Cardiac Rhythm Devices in Pediatric and Congenital Heart Disease,” Best Clinical Practice Poster; Society of Pediatric Nurses (SPN) 2015 Annual Conference, April 2015.

Jennifer Buitrago, RN, and Jonelle Gray, RN (Bone Marrow Transplant Unit): “Spontaneous Recovery of Immune Function in a Patient Identified as SCID by TREC Testing via Newborn Screening for Primary Immune Deficiency Diseases,” poster presentation, Primary Immune Deficiency Treatment Consortium, 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.


Catherine Goodhue, RN (Pediatric Surgery); Elizabeth Cleek, RN (Trauma Services); Inge Morton, RN (Emergency Department); and Linda Young, RN (Pediatric Intensive Care Unit): “Impact of Simulation-Based Training on Perceived Provider Confidence in Acute Multidisciplinary Pediatric Trauma Resuscitation,” abstract, Pediatric Trauma Society, November 2015.

Donna Guadiz, RN (Heart Institute); Monica Horn, RN (Heart Transplant Program); and Debbie Dechant, RN (Heart Institute): “Do Pain and Withdrawal Issues Significantly Affect the Post-Transplant Recovery for Pediatric Ventricular Assist Device Recipients?” abstract and poster, International Society for Heart and Lung Transplant Annual Meeting, April 2015.

Sandy Hall, RN (Versant™ RN Residency); Diane Altounji, RN (4 West); and Rita Secola, RN (Hematology-Oncology): “Sharing Your Success: Writing Effective Abstracts and Designing Professional Posters,” Organization of Healthcare Educators, April 2015.


Mary Halvorson, RN (Endocrinology Research): “One Hundred Years of Type I Diabetes Management Leading to the Development of an Artificial Pancreas,” NAPNAP Annual Regional Conference, April 2015.


Sheila Kun, RN (Pediatric Pulmonology): “Rapid Response Team and Code Events on a Non-Intensive Care Ward for Children on Home Mechanical Ventilation: A Root Cause Analysis,” and “Optimizing Responses to Pediatric Respiratory Unexpected Events in an Ambulatory Setting—Strategies and Outcome,” Patient Care Services

Ruth Jacobson, RN, and Sanje Wood sorrel, RN (Float Team): “Prep for Success: How to Best Prepare Skin Before Capillary Blood Glucose Checks,” Evidence-Based Practice Poster Award and People’s Choice Poster Award, Society of Pediatric Nurses (SPN) 2015 Annual Conference, April 2015.

Emily LaNovara, RN, and April Punsal, RN (Cardiovascular Acute): “Use of Theory-Based Teaching Strategies to Improve Education in a Clinical Setting,” presentation, QSEN National Forum, May 2015.


Sarah Mutia, RN, Lara Doraiswami, RN, and Jennifer Trotter, RN (Bone Marrow Transplant Unit): “Reintroducing, Revitalizing and Revamping Primary Relationship-Based Nursing in BMT,” presentation, Society of Pediatric Nurses (SPN) 2015 Annual Conference, April 2015.

Mary Baron Nelson, RN, and Anna Evans, RN (Hematology-Oncology): “Nutritional Status of Children with Brain Tumors During Auto Transplant,” poster; and Anna Evans, RN, and Jessica Shipp, RN (Hematology-Oncology): “The Implications of Genomics in Pediatric Oncology Nursing Care,” presentation.


Ruccione founded CHLA’s LIFE Survivorship & Transition Program and co-authored a book for childhood cancer survivors and their families. She also is conducting pioneering research on iron toxicity in childhood cancer survivors.

She stands out for her stellar ability to teach, mentor, role-model and attract outstanding people to nursing. As the first Children’s Oncology Group (COG) nursing chair, she provided leadership for thousands of nurses involved in the care of children participating in clinical trials. She has a broader role nationally and internationally as the incoming president of the Association of Pediatric Hematology-Oncology Nurses.

Our very own Kathleen Ruccione, PhD, MPH, RN, CPON, FAAN, (Hematology-Oncology), won Nurse.com’s California Regional Giving Excellence Meaning (GEM) Award on June 5, 2015, in Universal City—and then won the National GEM Award Sept. 19, 2015, in Chicago. Both awards were in the category of Advancing and Leading the Profession.

Mary Dee Hacker, MBA, RN, NEA-BC, FAAN, says, “Kathy has dedicated her professional life to CHLA and children with cancer. The last several years have been focused on survivorship. This concentration has truly served as an example of Kathy’s contribution to the profession of nursing and the quality of life for those we care so much about. Kathy is an excellent recipient for this national award for advancing and leading the profession. All of us at CHLA are honored to work with her.”

At CHLA, Ruccione created the HOPE Resource Center, keeping it funded with research and philanthropic grants, and led a team of content and media experts and patient families in the creation of an award-winning web portal that helps patients and families navigate to vetted online resources.

California Regional GEM Finalists
Nurse.com also recognized two exceptional CHLA nurses as California Regional GEM finalists. The following is a Nurse.com summary of these nominations.

Clinical Care
Inpatient category

Susan Walker, BSN, RNC-NIC RN II
(Newborn and Infant Critical Care Unit)

Walker has long been a Newborn and Infant Critical Care Unit (NICCU) preceptor for new graduates of the Versant™ RN Residency at CHLA. In this role, she has taken great responsibility in preparing new nurses and is kind, caring and extremely knowledgeable. What makes her special is the way she creates a trusting and judgment-free atmosphere for both her students and colleagues. She provides direct patient care and serves as a backup charge nurse, an extracorporeal membrane oxygenation specialist and, on many occasions, one of the unit’s main resource nurses.
She is described as someone who goes above and beyond the call of duty in all of her interactions with patients and parents and is professional and caring at the same time. She is viewed as the person who can be approached at any moment for help and support or as a clinical resource. Walker always makes sure to take care of the families who need the most assistance—bringing compassion, dedication and kindness to each interaction. Her nominator, for whom Walker was a preceptor, says, “I could not have asked for a better preceptor. She made me feel so confident, knowing she was there to help in any way she could.”

**Education and Mentorship category**

**Shirley Hammers, RN**
(Clinical Analyst, Information Services)

As part of a team of approximately 20 clinical analysts, Hammers works within a larger team of subject-matter experts from every department in the hospital. She sets herself apart by being accessible and generous with her knowledge, experience and time, and she makes herself available around the clock. Hammers has a wealth of knowledge about the electronic medical record and its development history. She extends herself to every newbie and goes out of her way to mentor and nurture newcomers in their roles. She seems to know everyone on campus and takes a genuine interest in their jobs and lives. She is able to leverage these connections to facilitate system changes.

She is described as a remarkable analyst, and her breadth of nursing knowledge proves she continues to strive to learn, grow and excel. Her colleagues recognize that Hammers has never forgotten what it means to be on the frontlines and remains a fierce advocate for nurses and patients. She actively participates in the organization’s monthly super users’ meetings, and when a bedside nurse presents an issue, Hammers will take responsibility for making sure the issue is channeled properly and prioritized in the queue. Known as someone who is encouraging, caring and attentive to detail, she often performs in-services for hospital staff. She has been a regular committee member for the Employee Giving Campaign, and she is an ambassador at large for the hospital. Her professionalism and dedication are truly exemplary.

**CHLA GEM Award Nominees**

In addition, the following three nurses were recognized as CHLA GEM nominees:

**Fran Blayney, MS, BSN, RN-BC, CCRN RN**
(Pediatric Intensive Care Unit)
for Education and Mentorship

**Noreen Clarke, MSN, RN**
(Craniofacial and Cleft Center)
for Education and Mentorship

**Maria Gannon, MSN, RN-BC**
(Information Systems-KIDS Core)
for Advancing and Leading the Profession
Great Catch Awards

To embrace a culture of safety and reporting at Children’s Hospital Los Angeles, the Quality Improvement and Patient Safety team created the Great Catch Award. The 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.

October 2015 winner Shannon Brantley, BSN, RN, CPN, is a wonderful example of these diligent individuals. During the discharge process, Brantley discovered a discrepancy between the medication her patient was taking as an inpatient and the one included in her discharge orders. Brantley contacted the patient’s physician, and then contacted the outpatient pharmacy to ensure that the correct antibiotic was dispensed. She verified with the patient’s father that the appropriate prescriptions were filled, and then made the corrections on the discharge instructions. As a result, the patient was discharged with the appropriate medicines.

The following nurses were recognized for a Great Catch Award in 2015:

- Mary Abero, BSN, RN (Infusion Center)
- Anna Kitabjian, BSN, RN, CPN (6 East)
- Erin Grade, BSN, RN (6 West)
- Emily Emminizer, BSN, RN (CTICU)
- Laura Tice, MSN, RN, CPHON (5 East)
- Heather Lloyd, BSN, RNC-NIC (NICCU)
- Shannon Brantley, BSN, RN, CPN (6 West)
- Jennifer Meyers, BSN, RN, CPN (PACU)
- Virginia Lopez, BSN, RN (5 West)

Shannon Brantley, BSN, RN, CPN (third from right), with her Great Catch Award certificate
2015 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.

CHLA is one of more than 2,000 hospitals across all 50 states and 15 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.

January
Staci Castillo, RN, CPON
(4 East)

February
Karena Schneider, BSN, RN
(5 West)

March
Christina Cerda, RN, CPN
(6 West)

April
Lisa Costantino, MSHA, BSN, RN
(Surgical Clinics)

May
Melissa Aguirre Stewart, BSN, RN, CPON
(4 West)

June
George Cruso, BSN, RN, CPN
(Nursing Resources)

July
Deborah Robertson, BSN, RN
(PACU)

August
Rachel Aquino, BSN, RN
(BMT)

September
Pamela Thomas, BSN, RN
(House Supervisor)

October
Brian Cook, BSN, RN, CDE
(Blood Donor Center)

November
Marla Sabicer, BSN, RN
(5 West)
Circle of Excellence Award

In May 2015, two Children’s Hospital Los Angeles nurses received the prestigious 2015 Circle of Excellence Award: Nancy Blake, PhD, RN, CCRN, NEA-BC, FAAN, and Flerida Imperial-Perez, MSN, RN, CNS-BC, CCNS-P.

Circle of Excellence awards recognize and showcase excellent outcomes in the care of acutely and critically ill patients and their families. The awards program is sponsored by the American Association of Critical-Care Nurses (AACN) and is designed to align with the association’s mission and vision: focusing on outcomes responsive to professional and environmental issues in acute and critical care nursing.

Nominations are evaluated by a panel of volunteer reviewers and rated on the basis of how well a nominee meets the following criteria:

- Relentlessly promotes patient-driven excellence
- Models skilled communication, true collaboration, effective decision-making and meaningful recognition
- Transforms thinking, structures and processes to address challenges and remove barriers to advancing patient-driven excellence
- Furthers AACN’s mission and key initiatives at influential forums
- Enriches own and other organizations by influencing and mentoring others in achieving excellence
- Achieves visible results that validate the impact of individual leadership contributions to organizational excellence

Congratulations to both nurses on this well-deserved honor!

Nancy Blake, PhD, RN, CCRN, NEA-BC, FAAN

Nancy Blake has been involved in the care of critically ill children since 1980. During her tenure as director of Critical Care Services at Children’s Hospital Los Angeles, Blake has pushed her units to consistently provide excellent patient outcomes and be recognized for them.

Her expertise in disaster management resulted in an invitation from the Centers for Disease Control and Prevention to participate in setting standards for pediatric critical-case mass casualty events. Under her direction, the Pediatric Intensive Care Unit at CHLA earned the Gold AACN Beacon Award, the ECMO program achieved Center of Excellence designation from the Extracorporeal Life Support Organization in 2010, and the Emergency Department received the Emergency Nurses Association’s Lantern Award from 2013-2016.

Blake also guided CHLA’s road to Magnet designation. She brought the idea forward and tirelessly lobbied the hospital’s executive leadership for its support. In 2013, Blake was selected for fellowship in the American Academy of Nursing.

Flerida Imperial-Perez, MSN, RN, CNS-BC, CCNS-P

As clinical manager of the Cardiothoracic Intensive Care Unit (CTICU) at Children’s Hospital Los Angeles, Flerida Imperial-Perez led the implementation of the patient-centered medication administration system in her unit. The CTICU was the first to implement this system in the hospital—specifically because of the unit’s track record of positive outcomes in implementing new systems.
Imperial-Perez has coordinated with multiple teams and organizations to influence positive change for patients—from integrating staff nurses as champions for change to collaborating with product manufacturers in the design of an IV pole that could meet the weight specifications of multi-module infusion pumps.

Always driven to improve patient and staff safety, she has served as a mentor on the Patient Care Services Clinical Practice Council Committee and implemented the Performance Improvement Process in the CTICU. This process has become a model for the Heart Institute and is used as a framework throughout the hospital.

**Recognitions**

Mary Dee Hacker, MBA, RN, NEA-BC, FAAN (Patient Care Services): Ray Cox Award for lifelong commitment to advancing nursing in California, American Nurses Association, April 2015.


Laura Vasquez, RN (Bone Marrow Transplant Unit): Extraordinary Healer Award of 2015, Oncology Nursing Society, April 2015.

The **Pediatric Intensive Care Unit** was awarded the American Association of Critical-Care Nurses (AACN) Gold-Level Beacon Award 2015-2018.

**CHLA’s Going the Extra Mile (GEM) Awards**

- **February**
  - Marla Sabicer, BSN, RN (5 West)

- **March**
  - Susan Crandall, BSN, RN, CCRN (PICU/Magnet Office)

- **May**
  - Nida Kan-Ari, BSN, RN (Nursing Resources)

- **July**
  - Emily Emminizer, BSN, RN (CTICU)

- **August**
  - Nickie Kost, BSN, RN (CV Acute)

- **October**
  - Armstrong Hao, RN, CPN (Emergency Department)
Nurse Week Essay Winner

Nursing at CHLA: Going Above and Beyond
By Barbara E. Britt, MSN, RN

“Bravery beyond an adult comprehension. That was the hallmark of an 11-year-old girl about whom superlatives rose readily to the tongue of anyone trying to describe why she has touched their hearts.”

Abella Wyss
What does going above and beyond look like in a normal course of a “normal” day at work at CHLA? How does one differentiate excellence and EXCELLENCE? This is how.

Bravery beyond an adult comprehension. That was the hallmark of an 11-year-old girl about whom superlatives rose readily to the tongue of anyone trying to describe why she has touched their hearts. Even in an environment where all know how unique each child is, Abella Wyss represented the special nature of a certain child we witness in our work who embodies the hopefulness that says to us, “This is the one, this child will make a difference in this world.” Her journey had been long, at times unbearably hard, but in the midst of the fight she never asked for, yet handled so ably, she had had moments and days and weeks of laughter, and new, joy-filled experiences all artfully arranged by her mother, who was determined that her daughter, despite the shadow that hovered behind her, would have every opportunity to experience all the joys of childhood no matter how creatively they had to be organized at times. She had legions of friends, for no stranger to her remained a stranger for more than the first few moments of their meeting, and many of those legions of friends were her nurses. She had that quality in her that would bring out the best in us, that would make us listen better, assess faster and problem-solve with greater creativity, make every nursing action we performed be above and beyond what we have come to expect of ourselves, even within the extraordinary context of our CHLA workdays.

This was a child who was raised in the tradition of helping others, of giving her time, effort and self because, of course, that is what one does. In the midst of her medical struggles she found pleasure and fulfillment in going to the bank with mom to deposit the monies she raised for other kids with cancer by selling her lemonade at kids’ soccer camps her parents organized. When at the time of tumor reoccurrence her parents had asked what she would want if she could have anything in the world, she said she wanted all the other kids in the hospital to be able to go home. In the statement of that wish she showed her skill as an ambassador for all children with cancer. She understood the fundamental importance of home for all children. Her last and amazing gift was her participation in a clinical trial searching for a new, effective method of treating the tumor that was the cause of her death, which originated from the rare syndrome that had also taken the life of her little brother. The trust in her parents was absolute; she knew when they were together she would always be safe by her own internal definition of “safe.” Thus, on this day when her parents met with her most trusted doctor, who had been with them through all that had come previously, and they learned that the therapy that had briefly halted the progression of her tumor was no longer working, Abella knew her parents would now fulfill her greatest wish. Abella wanted to go home. She wanted to be with Toffee, her kitty. She wanted to see her ocean.

And so started the most challenging discharge process I have ever experienced. We had five days to prepare. Once the way was cleared by all the medical teams, her many nurses moved into action. Both brain and heart were engaged, and all worked to pull off this impossible feat. “Get our daughter home as soon and as safely possible” was the parents’ directive, and the team responded. Her parents had told me the moment they knew the medical community had no more
ability to stay the course of her illness, they would take her home. In this regard her parents trusted us as she trusted them: Both mom and dad knew that if getting Abella home was what they needed us to accomplish, we would do it, no matter how many obstacles stood in the way. And obstacles there were, in great abundance. To get Abella home, it all came down to figuring out what she had to take with her, who would most safely get her there, who would be there to take over for us when the family arrived at home and how it would all be paid for.

The complexity of the task before us was directly affected by the amount of technology that had been employed in Abella’s battle in the previous weeks. In our ICU, at times she had as many as six IV pumps delivering medications and blood products, and hemodialysis to pull off huge amounts of fluid overload that had caused the respiratory arrest she’d experienced at home several weeks earlier that was her body’s response to the new agent that was trying to halt the tumor. Intubated and on a vent for periods of time, she was now finally extubated and on BIPAP around the clock. To go home the BIPAP must go with her, plus an oxygen concentrator and humidifier. She could no longer move: The tumor had eroded her spine and caused compression on her spinal cord. She was in a specialized bed to prevent any more hurt to her skin, which had developed pressure sores caused by her body brace to stabilize her spine, and she was on continuous IV pain meds because this awful tumor had invaded her bones and caused many fractures. Any movement of her body was painful, but lying still she was OK. Her IV nutrition was placed by a nasogastric tube and some of her IV meds could be given by this route. To go home, she would need a special mattress and hospital bed. To go home, she would need IV pain medications running continuously with the ability to give her more, and quickly, should the pain break through the medications already on board. The effort of her breathing was too exhausting for her to be able to spare any energy or effort for anything other than sips of water carefully spaced out by her parents, so oral nutrition wasn’t an option.

Even as these disasters had occurred in her body, her mind was as sharp as ever. She said “please” and “thank you” and meant it. She could still transform a room with her smile. SpongeBob was her constant companion as her dad helped her position her DVD player so she could see her favorite character at the bottom of the sea. But it was easy to see the fatigue in the smile and the weariness in this young warrior. Her mother and father would have so much care to do for her when she was at home, and both of them had already been at their daughter’s side for weeks on end. The prospect of two parents picking up all the care needs currently being delivered by the full force of the ICU nursing and ancillary staff was staggering. But they never wavered in their determination. To go home, someone very, very skilled would need to transport her there and someone very, very skilled would need to provide support in the home to guide the parents in their home journey. The nursing calls went out from us to our in-house and community partners: “Let’s make this happen.”
The home team was set in motion by the parents, who called their point person for their network of family friends who were always there to rally to any Abella need. The word went out: Abella is coming home! The house was decorated, the Christmas tree put up with wrapped presents underneath, the lights on the house, and the polar bear in the yard. Friends staffed the home to receive the deliveries of equipment, set up a hospital bed in the living room, brought Abella’s bed downstairs so she would always have someone sleeping next to her. Mom and dad packed up Abella’s ICU room, which had served as a refuge for six weeks. The carefully secreted espresso machine went into a bag; the accumulated litter of long weeks on high alert was sifted through, packed and taken to the car. That momentous day had arrived and the final piece to this discharge rolled smoothly into place as staff arrived at her room, without fanfare, to make an extraordinary thing happen. The ICU nurse that had her that day had geared her care for the hour the Transport team was to arrive. In the usual damped-down, energetic calm of our ICU, no one from the outside would have known of the miracle in that little girl’s room. But everyone knew, everyone watched, everyone hoped. Let it all work, please.

We left the ICU, made this amazingly tranquil trip to the ambulance bay, my role only as shepherd to this journey, ready to add support if needed but actually in total awe of all I was witness to. Abella was ever so carefully loaded into the ambulance; mom accompanied her, dad brought his car to follow. My colleague reassured dad that if “anything should happen on the trip home,” the ambulance would pull over so he could join his daughter and wife. I watched anxiety ease in him as she gave voice to the worry he just couldn’t utter. The doors were shut and secured, the van moved out on its way to Orange County with part of our hearts riding with it, on the way to a most-longed arrival home.

I took out my cell phone and called my RN hospice colleague, who would be waiting at their home. “They just pulled away. They are yours now.” Inside, her ICU nurse got ready for her next admission. And I cried. This is above and beyond. I watched it, lived it and breathed it. My colleagues. Ever so grateful these parents will be that this beautiful child had six days home with Toffee, her cat. 🐱

The final piece of the discharge puzzle was getting Abella out of her bed and onto the gurney, and doing it all with precision that would minimize the pain of movement. I watched transfixed as my longtime RN colleague from the Transport team quickly talked to Abella, explained to the parents what her plan was, compared strategy with the bedside RN and her Transport team, then took 45 methodical minutes to check absolutely every line/tube/piece of equipment, explaining as she worked, all in preparation to seamlessly slide the precious cargo from her bed to her journey home. Abella’s mom watched every move, double-checked every connection, took nothing for granted. Forty-five minutes of prep ended in 15 seconds of the smoothest movement of patient to gurney that could possibly occur. Abella didn’t feel any pain. Her dad whispered softly in her ear “Abella, you’re going home. You never have to come back here again.”
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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.