Extra: Lives Outside the Hospital

Hitting the Streets for Total Health
By Candace Pearson

Participating in the 2013 Boston Marathon, Chantel Antonetti, RN, BSN, CAPA, Radiology, literally outran the bombers who wreaked havoc at the famed race—when she crossed the finish line 15 minutes before the explosives detonated.

Antonetti was already in another part of the city when she felt the ground shake and, with the area quickly cordoned off by police, too far away to return to help. She went back a year later to do the race again. “The security was tight,” she says, “but there was an air of both commenoration and optimism.” She logged her best marathon time yet—3 hours, 32 minutes.

Antonetti, who joined Children’s Hospital Los Angeles in 2014 and was here as a travel nurse in 2013, started running 12 years ago to de-stress her nursing life. She began with 5Ks, then 10Ks, before tackling half-marathons and, finally, 26.2-mile marathons.

So far, she’s logged 12 marathons, and her chosen sport has taken her across the U.S. and into Europe, including Berlin and Tokyo. She even met her husband, Todd Zino, in a Brooklyn, New York, run club.

Antonetti often hits the streets with fellow members of the Republic Run Club, based in downtown L.A., which was recently featured on the cover of the June 2016 issue of Runner’s World. Typically she averages 25 to 30 miles weekly in non-training weeks, then steps that up to 40 to 50 miles when training for a marathon.

Antonetti, who is studying for a Master in Public Health degree with a focus on nutrition, says running keeps her healthy in body and mind. “It definitely helps my nursing. If I’m frazzled or frustrated, running clears my head. It’s cathartic.”

She’s also seen the power of running as one of the race coordinators for the Los Angeles chapter of the nonprofit Back on My Feet, which works with runners from shelters and transitional housing. “With each weekly run, you can see their metamorphosis,” she says, “as the person they were before bad things happened emerges.”

Nurses in Action

Taking Emergency Training Beyond CHLA
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Lauren Paz, RN, MSN-CNL, Pediatric Intensive Care Unit, was 8 years old when she watched “The Oprah Winfrey Show” feature the opening of a new hospital that gave African villagers access to health care for the first time. It had a profound impact on her and led her to a nursing career. “I knew I needed to provide some type of medical aid to people in the world that didn’t have it,” says Paz, who has been on two medical missions in Haiti—with one lasting three months.

In 2012, Jahmela Pech, MSN, RN, CPN, education manager on 5 West, was planning a three-week trip to Cambodia, a country that her husband had fled years earlier to escape genocide. She thought, “Why not use part of that time to lend my nursing skills?” Pech signed up to volunteer with Project Angkor, which provides free health care to the underserved in Cambodia. She has been there twice as a pediatric triage nurse and now serves as an advisor facilitating future medical missions.

Phyllis D’Ambra, RN, MPA, nurse spine consultant in Orthopaedics, learned about a hospital in Ghana that treats patients with spine ailments and severe scoliosis—most of whom have spines that curve at angles of more than 150 degrees. For the past three years, she has shared her expertise working with spine patients to train and educate staff at the Foundation of Orthopedics and Complex Spine (FOCOS) Hospital, whose mission is to help Africans “stand tall.”

Paz, Pech and D’Ambra are among the many nurses at Children’s Hospital Los Angeles who travel the world to share their expertise to help the impoverished in developing nations. Using their personal time, and often at their own expense, they volunteer with humanitarian aid organizations and others in areas where access to health care is limited or nonexistent.

Their work includes educating local health care workers on best practices in nursing, educating community members on personal hygiene to prevent the spread of diseases and treating patients in rural hospitals and health clinics. Operating in less-than-ideal conditions with outdated medical equipment and few supplies, they typically encounter illnesses that have never been diagnosed or treated.

“We saw about 900 patients a day on my first trip to Cambodia, with many suffering from diabetes, hypertension and infections such as tuberculosis, ringworms, etc., and gastrointestinal illnesses due to poor water quality. Some people had never seen a health care provider their entire lives,” Pech says, noting many heard about the free clinics through word of mouth and walked two or three days, often without shoes, to get there.

There are even fewer resources for patients who need more specialized care, such as cardiology. For these patients, a diagnosis is either never made or it’s inaccurate and the likelihood of receiving a lifesaving surgery is very low. Denise Esparza, RN, BSN, Cardiothoracic Intensive Care Unit, learned this through her five medical missions with two nonprofit groups that provide surgical and medical care to children with heart disease in developing nations.

“We often see patients with heart defects that are repairable, but they have no access to care,” says Esparza, who since 2014 has traveled to Ecuador, El Salvador, Peru and Mexico to assist cardiac surgeries. “A clinic may only see six cardiac cases a year, and they don’t have the expertise or resources to provide care. Without us coming to them, these patients wouldn’t have much hope.”

When Paz first arrived in Haiti in 2011, several months after a 7.0-magnitude earthquake hit the region, she spent time at Mission of Hope Haiti’s Clinic of Hope educating and training local nurses.
A Passion for Transforming Lives Around the Globe

Gayle Luker, BSN, RN, CPN, with George Muzaale at the site where a new health care clinic will be built in Uganda

in CPR, emergency skills, wound and injury care, and assessing patients. She saw that Haitian nurses were fully dependent on North American and European relief nurses. “When I returned two years later, it was exciting to see how far these nurses had come; they were managing this clinic all by themselves,” she says.

Gayle Luker, BSN, RN, CPN, Float Team, didn’t anticipate that traveling to Uganda for a month-long trip with a church group in 2005 would change her life, but “the moment I stepped on the ground, my heart was grabbed and I knew what I was meant to do.”

She taught Ugandan villagers proper hygiene, safe food and water storage, and how to build latrines, but word soon got out that Luker was a nurse and she started providing first-aid care to patients and training to health care workers.

Luker has been to Uganda five times. During a visit three years ago, the founders of a school in the village of Wanyage asked if she would help them build a health clinic to serve 400-plus students, pre-kindergarten through seventh grade, that would also provide care to four surrounding villages.

“Knowing the needs of proper health care access and the teaching opportunities, how could I not stay involved?” says Luker. She created the nonprofit Healing Hands, Inc., to raise funds to build, staff and operate the clinic. Luker has raised enough money to begin construction on the foundation this year, and hopes the building will be completed by 2020.

While it can be challenging witnessing extreme poverty and suffering on these trips, these nurses say it’s gratifying to know they’re making a difference.

“These medical missions change you while changing other lives,” says Paz, who plans to return to Haiti next year. “You go there anticipating you’re going to be helping people, but it feels like you’re so blessed from the experience.”

For D’Ambra, seeing patients go through a long process of getting de-liced and dewormed and wearing a halo traction for three months before spine surgery, then seeing them stand straight “just tugs at your heart. These experiences make me a better human being and a better nurse.”

Esparza echoes that sentiment and says these missions have helped her grow as a nurse and have made her more resourceful and proactive. “Being in a third-world country, you have to find ways to solve problems,” she says. “Every time I go back, it gives me the reason why I chose medicine. You see people at their most vulnerable state. There’s something beautiful about entering that space and offering comfort.

“With our Children’s Hospital background, it’s such a blessing to be able to share that with the world and other people.”

Margaux Chan, RN, BSN
Magnet Program Manager

A Conversation With …

Who influenced you to become a nurse? My parents. During freshman year in college, I learned about the lengthy years of training to become a doctor. This was such a conflict, since I also imagined traveling and being financially independent. After telling my parents that I didn’t want to do medicine, they insisted that I actively explore other career options. I knew I wanted to help people. I did extensive research and chose to become a nurse. Thanks to them, I became a nurse at 22, made a difference in my patients’ lives, traveled and became a financially stable grown-up.

Favorite part of your job: I get to channel my inner child to creatively make my patients’ hospital experience positive. I sing, dance and even watch cartoons with my patients. What a perk!

Best #hashtag to describe you: #somuchtodosolittletime

Best life advice: You may experience losses in varying degrees. But you will never lose your education. No one can take that away from you.

Your personal motto: “Only in moderation.”

Favorite comfort food: Spaghetti, chocolate and wine.

Guilty pleasure: Purchasing high-end luxury goods.

The best worst decision of your life: My husband, Kevin, and I struggled for years to have our first child and underwent many trials and procedures. It was heartwarming and, at times, hopeless. We decided to take a break from “medicine” and we miraculously and naturally conceived our daughter, Sydney. During my postpartum visit, my obstetrician asked me about birth control. I laughed and thought about how impossible it would be to get pregnant again. In January 2013, six months after Sydney’s birth, I discovered I was pregnant with Desmond. Life has been a wonderful whirlwind ever since.

Tell us something that would surprise your coworkers: I’m intrigued by maps, current and historical ones. My childhood favorite: the Thomas Guide. During my travels, I study maps and I can visualize them in my head.

What sets your heart on fire: My husband and my children.

What would you tell your high school self: Life will only get better.
Celebrating the accomplishments and milestones of CHLA nurses

**Publications**


**Presentations**


Kimberly McEvo Dodson (Surgery): “Standards of Perioperative Nursing—Pediatric Considerations in the Field,” Iraputo, Mexico, April 2016.


Donna Guadiz (Heart Institute): “Transferring from Pediatric to Adult Care,” panelist, Pulmonary Hypertension Association International Conference and Scientific Session, Dallas, TX, June 2016.


Nida Oriza (Cardiothoracic Intensive Care Unit): “Nurse-Driven Hand-off from Anesthesia Care to Pediatric Cardiothoracic Intensive Care: A Courageous Approach,” poster presentation, AACN National Teaching Institute (NTI) and Critical Care Exposition, New Orleans, LA; also published on AAN/CNTI website, May 2016.


Kelsey Wong (Emergency Department): “CPHON and ONCC: Debbie Harris (Hematology-Oncology).”

Christine Yeo (Surgical Admitting): “2016 SPN Night, April 2016, and camp nurse, Camp Esperanza Pablove Shutterbugs Alumni Camp, June 2016; PNP: Ma Jonette Panizales (Cardiothoracic Intensive Care Unit), NRC: Kim Hitomi (Newborn and Infant Critical Care Unit) RN III: Sheah Diliugi (Emergency Department), Emily Fu (Pediatric Intensive Care Unit), Jessica Berras-Sando (Float Team).

**Life Celebrations**

**Marriages**

Jennifer Hoagland (Pediatric Intensive Care Unit); Janet Hoo (Bone Marrow Transplant Unit); Claudia Marquez (5 West); Paula Rosales (Surgical Admitting).

**Births**

Boy: Erika Dolezel (5 West); Victoria Duncombe (Pediatric Intensive Care Unit); Sabrina Escalante (6 West); Kim Hitomi (Newborn and Infant Critical Care Unit); Wendy Leung (6 West); Danielle Mountain (5 West); Kristen Owen (Grace Sekayan (Cardiothoracic Intensive Care Unit)).

Girl: Jennifer Buitrago (Bone Marrow Transplant Unit); Megan Jensen (Float Team); Tiffany Paulsen (4 West); Ivo Rajagukguk (Cardiothoracic Intensive Care Unit).

**Community**

Medical Missions 2016: Liz Dale (Cardiothoracic Intensive Care Unit), Nikhona Hospital, Malawi; Mia Davis (Radiology), Peru; Vicky Lin (6 West). Operation Smile, Nicaragua; Katarina Santo (5 West), Kenya Medical Mission and Hungry Bites; Jennifer DeVera (Operating Room), Melinda Dizon (Operating Room), Maxine Ogbaa (Newborn and Infant Critical Care Unit), Peruvian Nurses DeCherp); Katelyn Diczfalusy (Pediatrics); Sarah Elzahra (Pediatric Urology); and Nila vanEgeren (5 West) – Valentine’s Day.

Athletics: Krisselle Farrowes (5 West), 10K Hollywood Run, April 2016; Sue Martinez (5 West) and Ari Yeremian (Cardiovascular Acute), Mount Wilson Trail Race, Sierra Madre, May 2016; Alvin Rocha and Kristen Taylor (5 West) – 10K Hollywood Run, April 2016; Dennis Walden (Urology Clinic), “Life Rolls On” surfing event for spinal injury patients, June 2016; Lauren Ludlow and Christine Wu (4 West) and Jackie O’Connell (Hematology-Oncology), Pablove Shutterbugs Alumni Camp, June 2016; Bianca Salvetti (Adolescent Medicine), Children’s Night 2016 and camp nurse, Camp Esperanza for children with arthritis, June 2016; Cathy Shio (Emergency Department), Polar Plunge, Special Olympics, February 2016.
Celebrating a 40-Year Legacy

by Elena Epstein

Mary Dee Hacker—our very own lady with the lamp.

That’s how the celebration for Children’s Hospital Los Angeles’ chief nursing officer and vice president of Patient Care Services (PCS) began. Mary Dee Hacker, RN, MBA, NEA-BC, FAAN, retired in June from the position she held for 23 years, leaving behind a legacy of compassion, visionary change and countless accomplishments.

Hacker is continuing her work with CHLA as the inaugural chair of the Institute for Nursing and Interprofessional Research (INIR), which will support nurses and other care providers, from nutritionists and pharmacists to social workers and Child Life specialists.

During the June reception at the hospital, nurses, physicians, administrators, family and friends gathered for a laughter- and tear-filled tribute to Hacker, who began her career at CHLA as a bedside nurse in 1975.

“This is a landmark moment for CHLA,” said hospital President and CEO Paul S. Viviano. “I have the deepest appreciation for you teaching me how special this hospital is and how special the nursing team is. Your presence will be felt here forever.”

Originally from Minnesota, Hacker moved to Los Angeles for the opportunity to work at CHLA. “I came here to learn, enjoy the Pacific Ocean and go back home in a few years,” she said.

Hacker soon realized that CHLA was a special place and “a few years” turned into four decades. Hacker has been instrumental in the hospital’s tremendous growth over the past 40 years. A tireless advocate for nurses and other patient care service providers, Hacker oversaw the creation of the Versant™ RN Residency Program, the hospital’s Magnet Recognition and implementation of the DAISY Awards at CHLA. She is recognized for establishing a nursing culture that encourages collaboration, continuing education, research and an unwavering focus on patients’ and families’ well-being.

“Mary Dee created better communication between the physicians and the nurses and insisted that families and patients need to be included in the care we provide,” said Robert Adler, MD, MSEd, chief medical officer of the CHLA Health Systems, praising Hacker at the event.

In addition to the many heartfelt tributes from Hacker’s colleagues, a video tribute captured messages from the various Patient Care Services departments and nursing units throughout the hospital. “You are the Oprah of nursing,” said one group. Many thanked Hacker for creating an environment “where nurses want to work.” The PCS directors each thanked Hacker for her mentorship and for being the “most influential leader” in their careers.

“You pulled me under your wing and taught me how to be a leader, and then pulled back your wing and told me it’s time to soar,” said David Davis, RN, MN, chief quality officer and vice president of Quality Improvement and Patient Safety.

Hacker was also presented with a $16,000 check collected from the PCS staff for the INIR.

“As I reflect back I realize none of this was easy, but every moment mattered,” said Hacker as she tried to fight back tears. “There were daunting expectations and uncertain steps, but we did good work together.”

Voice of the Profession

The FloSheet team is honored to welcome Nancy Lee, RN, MSN, NEA-BC, senior vice president and chief clinical officer, to Children’s Hospital Los Angeles, and to introduce her to FloSheet readers.

Childhood Memories

Joining CHLA from Stanford Health Care is a homecoming for Nancy, who is originally from Lakewood. “Growing up here, I was an avid Girl Scout. I loved camping, sailing, the teamwork, everything about it.” She speaks nostalgically of her summers spent at Skyland Ranch Girl Scout Camp near Idyllwild, where she continued volunteering as a camp nurse even after nursing school.

Road to Nursing

Nancy’s mom is a retired nurse and her sister is an ICU charge nurse in Antelope Valley. “I played the sax and the flute and thought I wanted to be a musician,” she says. “But I also really wanted to do something that made a difference.” She headed to nursing school and then Long Beach Memorial. It was at Miller Children’s Hospital Long Beach that she realized pediatric nursing was her passion. “It was a perfect fit for me. Working with kids gives you a great opportunity to have an impact on the patients’ and families’ lives.” Nancy says she often talks with her sister, who works the night shift, to gain a greater insight into nursing on the frontlines. And she’s talking to staff at all levels at CHLA. “It’s critical for me to have a good understanding of the needs of bedside nurses and other patient care providers. They know firsthand what our patients and families are going through and how the administration can better help them provide the best care possible.”

Motherhood

Nancy has been married to Robin Martinez, who is also originally from Southern California, for 20 years. They adopted their 8-year-old son, Aiden, in 2007. Their favorite family activity is taking their years. They adopted their 8-year-old son, Aiden, for 20

Coming to CHLA

“The people here are unique in their dedication and passion,” says Nancy. “I see their commitment to their profession and to the patients in every unit of the hospital. The contributions that Mary Dee has made to this hospital and the nursing profession are tremendous. I know that I’m stepping into something very special.”

Children’s Hospital Originals
Sheila Kun, MS, RN, CPN, nurse care manager in Pulmonology, asks two questions when facing an unmet need: “Why?” and “How can we do this better?”

Kun, who is celebrating her 40th anniversary at Children’s Hospital Los Angeles, remains inspired by her daily interactions with smart colleagues, patients and families. “Fifty percent of what I know I’ve learned from parents,” she says.

In 1996, ready for a change, she joined Pulmonology. There, she has honed specialties in mechanical ventilation home care and diaphragm pacing, which helps patients with spinal cord injuries breathe, as well as congenital central hypoventilation syndrome (CCHS), a rare disorder in which automatic breathing control is absent or impaired.

Kun sits on two international research advisory board and steering committees on CCHS and home mechanical ventilation. And her research identifying a knowledge deficit among home health nurses on emergency care of children on home mechanical ventilation prompted national interest.

Her goal is to develop an education tool to help caregivers in emergency care. Kun, who has won multiple research awards and CHLA’s Morris and Mary Press Humanism Award, encourages nurses to publish. “We change lives by sharing what we know,” she says. “Publication is a powerful tool.”

Her unquenchable curiosity spurs her on. “I like to explore new things,” she says. “I never accept ‘no.’”

That spirit has held her in good stead since 1977, when she was primary nurse, then nurse manager, of the Laminar Flow Unit, now the Bone Marrow Transplant Unit, and the first CHLA nurse to infuse bone marrow into a patient.

Working in Otolaryngology in the 1980s and ‘90s, she created a new protocol that enabled children with tracheostomies to attend school without their parents present, helped train more than 2,000 school and home health nurses and produced a booklet on tracheostomy home care still in use. She also helped open school doors for children on ventilator support.

By 1984, she was pursuing her own informal research, which she calls “an anti-burnout buster.” Her first study, the optimum frequency of changing tracheostomy tubes, led to CHLA’s tracheostomy tube change protocol.

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As a much-published researcher who is passionate about education, Sheila Kun, MS, RN, CPN, nurse care manager in Pulmonology, asks two questions when facing an unmet need: “Why?” and “How can we do this better?”

Sheila Kun, MS, RN, CPN

By Candace Pearson

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Sheila Kun: Explorer at Heart

By Candace Pearson