Nurses in Action

‘Stop the Bleed’: Addressing the No. 1 Cause of Preventable Death From Trauma

By Candace Pearson

Melissa Anderson, MBA, RN, BSN, at a recent ‘Stop the Bleed’ workshop at CHLA

In 2012, 26 people died in a mass shooting at Sandy Hook Elementary School in Newtown, Connecticut—20 of them children. Expert analysis later concluded that at least half of those children died from uncontrolled bleeding, the number one cause of preventable death from trauma.

Four months after Sandy Hook, the American College of Surgeons (ACS) convened a meeting of senior leaders in medicine, law enforcement, emergency medical services (EMS), fire rescue and the military. Out of that came “Stop the Bleed,” a training program now being offered free to the public by organizations nationwide, including Children’s Hospital Los Angeles.

CHLA, home to the only freestanding, ACS-verified Level I Pediatric Trauma Center in Los Angeles County, “chose to go full speed ahead on this program,” says Melissa Anderson, MBA, RN, BSN, Trauma Program manager. “It’s so important that we do this.”

In L.A., the average EMS response time is eight to 10 minutes —“on a good day,” she says. “But it only takes five minutes for a person to bleed to death.”

Anderson is on a mission to train at least 1,000 people in the first year of CHLA’s program, which launched in February with in-house training. She is well on track, with 110-plus CHLA staff (mostly nurses) now signed on to help teach.

Anderson hosts twice-weekly workshops for employees and community members at CHLA. She also goes out to school districts, churches, clubs and schools. Attendees practice using a tourniquet, packing a wound with gauze and applying pressure to stop bleeding.

Feedback has been overwhelmingly positive. “People tell me they feel less scared and more prepared afterward,” says Anderson, who keeps a bleeding-control kit in her car. “That’s exactly what we want.”

Extra: Lives Outside the Hospital

Sheila Perez Knows Her Classic VW Convertible Inside Out

By Candace Pearson

Sheila Perez, RN, BSN, Fetal-Maternal Center, started “fiddling around with cars” at age 10 alongside her father, George, in his Hollywood gas station. “I was fascinated,” says Perez, who spent her teen years pumping gas and diagnosing engine misfires.

In college, she majored in accounting, intent on running the family business. She qualified as a certified mechanic and opened her own repair shop. Many of her customers were women who flocked to her weekend workshops on maintenance. “I wanted to empower women to understand their cars,” she says.

Then her dad retired. “And my mom was fed up with me being dirty all the time,” laughs Perez. Her husband, George Ocegueda, an adult care nurse, suggested a new career.

After earning her bachelor’s of science in nursing in 2004, Perez “got lucky,” she says, and scored a position at Children’s Hospital Los Angeles. Years before, she came to CHLA with her family when her sister was diagnosed with a rare cerebral vascular disorder.

Perez was glad to return. “Just like I used to fix cars,” says Perez, “now I fix problems for my patients.” When families wonder why they need to see multiple specialists, she asks, “If you have a Chevy, would you go to a mechanic who only works on BMWs? No, you want an expert.”

Perez takes her pride and joy—Norma Jean, a 1966 Volkswagen Beetle convertible named for actress Marilyn Monroe—to car shows, where she’s won several “best” trophies. A lover of all things vintage, Perez first worked on the car with her dad. She and her husband have done a head-to-toe restoration with authentic VW detailing, including a porcelain vase and leather luggage straps.

“When I drive down the street, people throw me the peace sign or a thumbs up or start videotaping me,” says Perez. “It’s fun.”

Sheila Perez, RN, BSN
Caring for cancer patients and others undergoing stem cell transplants, Jessica Ward, PhD, MPH, RN, CPNP, saw the long road they faced—high doses of chemotherapy or radiation, distressing side effects and extended hospital stays. She also witnessed the struggles faced by their parents throughout the transplant process, including stress, anxiety and fatigue.

In the intensive care unit, Jennifer Baird, PhD, MPH, MSW, RN, CPN, knew there was room to improve hospital discharges to help patients transition home. She realized hospitals generally lacked standardization for these transitions—resulting in an increased chance for errors and confusion—and could provide better support to families.

Ward’s and Baird’s nursing experiences recently led to two externally funded research studies through Children’s Hospital Los Angeles’ Institute for Nursing and Interprofessional Research (INIR). Fully launched in 2017, the Institute supports nurses and their interprofessional colleagues interested in conducting research to help provide better and more holistic care for patients and families.

“The Institute’s mission is to educate, empower and equip clinicians to conduct research and advance evidence-based practice to support innovative care delivery,” says Baird, who became the INIR’s director in July 2017.

“Our focus has been on educating hospital staff about the INIR’s services, mentoring those interested in conducting research and making funds for research available,” she says, noting the Institute is making progress on its $10 million endowment goal, which will be the largest investment in any nursing research institute of its kind in the nation.

“Nurses’ relationships with patients and families are very different than other disciplines,” explains CHLA’s Senior Vice President and Chief Clinical Officer Nancy Lee, MSN, RN, NEA-BC. “Nurses bring a unique perspective to research questions based on these relationships and our experience. The purpose of the INIR is to support and foster interdisciplinary research with nurses, and these studies demonstrate fulfilling that purpose.”

Ward and Baird, who serve as principal investigators on two independent research studies, were awarded grants totaling $385,000. The first study is to evaluate the impact of parent health on patient outcomes for children undergoing stem cell transplants. The second study is focused on creating a nurse-led learning collaborative among children’s hospitals in California and two other states to improve the quality of hospital discharge.

Parents’ impact on patient care
Ward, a research nurse scientist who now works full-time in the INIR, cared for stem cell transplant patients for about 15 years, and wanted to better understand parents’ experiences as their children underwent intense treatment for childhood cancers that returned or were not cured with standard therapies.

“It really stuck with me that these parents suffer as they watch their children endure all the elements of what it means to be in the hospital for a prolonged period,” she says. “What impressed me along the way is we need to do a better job of supporting our parents because we know their function impacts their children’s health.”

She applied for and received a two-year, $100,000 nursing research fellowship grant in February from Alex’s Lemonade Stand Foundation, a national childhood cancer foundation dedicated to raising funds for research into new treatments and cures for children battling cancer.

The study aims to describe the extent to which children’s symptoms and quality of life are affected by parents’ fatigue and emotional issues, and to identify root problems and begin to design solutions.

Ward is working with research teams at CHLA, including nurses and staff at the Children’s Center for Cancer and Blood Diseases; pediatric hospitals in Texas, Illinois and Colorado; and nursing research experts at Duke University and the University of Arizona, who provide mentorship and guidance.

The team designed and built an electronic data-base and started collecting data from patients and parents. The study will follow about 280 participants from the time they start the transplant process to 90 days post-transplant, with information collected every month.

“Once the study is done, we’ll evaluate the findings and design an intervention to support
Improving Patient Outcomes Through Research

Foundation for Children’s Health to fund the totaling $285,000 from the Lucile Packard Earlier this year, she received two grants for children.

Collaborative to improve hospital discharge care nurse-led, interdisciplinary, multisite learning standards approached Baird to oversee a

Researchers from an earlier study on discharge home,” she says.

“we get to discharge, they can better transition the course of their hospital stay so that by the time they recover and resume their normal lives,” she says.

Changing the paradigm on hospital discharges

Improving patient and family support was also on Baird’s mind when she decided to conduct research to enhance the discharge process. She knew that, historically, hospitals planned for discharge right before patients go home rather than at the point of admission.

“Hospital care teams tend to wait till the day or hours before patients leave to teach families a whole bunch of information. Oftentimes, it’s too much information to absorb. We want to change the paradigm. Right off the bat, we should be thinking about what the family will need through the course of their hospital stay so that by the time we get to discharge, they can better transition home,” she says.

Researchers from an earlier study on discharge standards approached Baird to oversee a nurse-led, interdisciplinary, multisite learning collaborative to improve hospital discharge care for children.

Earlier this year, she received two grants totaling $285,000 from the Lucile Packard Foundation for Children’s Health to fund the statewide California Nurse-Led Hospital Discharge Learning (CANDLE) Collaborative. The grant provides funds to ensure an interdisciplinary approach to facilitating adoption of discharge standards and improving the quality of those standards, and to serve as a catalyst for systemic changes at children’s hospitals throughout the country.

The study’s focus on nurses is driven by the integral role they have in successful discharge planning, improving quality of care and patient safety during transitions, and identifying patient post-discharge needs, according to Baird.

“There’s been a lot of work across the country on improving hospital discharges and we’re building on that knowledge by culling our own experiences,” she says, noting the study involves seven hospitals in California and two in other states. “Our collective institutional experience will make the collaborative a really rich vehicle for change ideas.”

Throughout the study, participating hospitals will conduct quality improvement projects to develop, implement and sustain local discharge activities, while sharing lessons learned and leveraging successful strategies with each other. The effort will involve workshops, webinars, speaker series, on-site observation, coaching and more to promote shared learning among participants.

“Our hope is this collaboration will light the way for future discharge improvements across the state,” she adds.

A Conversation With …

Bobby Briscoe, RN, 6East

Favorite quote: “Be the change you wish to see in the world.” — Mahatma Gandhi

Favorite book: The Bible

Favorite movie: “For and Away” or “Back to the Future”

Favorite day-off spot: The beach!

Who influenced you to become a nurse? My Mom loved being a nurse. She saw it as tangible science that could help people. Her love for her career was my biggest influence in my decision to become a nurse.

What makes working at CHLA special? From the moment you walk into CHLA it has a special feeling. There is a feeling of warmth and welcome as well as a diverse group of individuals and professions that come together to promote excellence in pediatric care.

Favorite part of your job? Helping children to feel better and be able to go home.

If you weren’t a nurse, what would you be? Perhaps a gardener, an In-N-Out Burger employee, Fisher Price toy maker or a YMCA counselor.

Advice for nurses just starting out? Be organized, timely, respectful and don’t forget to have some fun while giving the best care possible.

Best life advice? “Just keep swimming.” — Dory

Favorite food: French toast, pasta and ice cream (but just not all at the same time).

Guilty pleasure: Driving a Miata on a curvy mountain road.

The best worst decision of your life: The winter when I had only a small car and no friend with a truck and I thought it would be a good idea to stand my fresh 9-ft. tall Christmas tree upright on my skateboard and roll it home from the Christmas tree lot (which was just about a mile away)!

Tell us something that would surprise your coworkers? I once bungee jumped off the world’s tallest commercial bridge on my birthday in South Africa.

What do you love to do when not working? Go on an adventure.

What sets your heart on fire? My wife!

What would you tell your high school self? There will be ups and downs but just keep going.
Celebrating the accomplishments and milestones of CHLA nurses

Presentations

Irene Austria-Ramos (Pediatric Surgery): “Fetal Necrotizing Fasciitis in a Teen Following a Chest Wall Injury,” 27th Annual Scientific Meeting, American Pediatric Surgical Nurses Association (APNSA), Palm Desert, April/May 2018.


Phyllis D’Ambra (Orthopaedics): “Implementing a Health Surveillance Checklist for Caregivers of Patients with 22q11.2 Deletion Syndrome,” Implementing a Health Surveillance Checklist for Caregivers of Patients with 22q11.2 Deletion Syndrome, Palm Desert, April/May 2018.


Sarah Herr (Clinical Immunology and Allergy): “Implementation of a Food Allergy Algorithm,” abstract, American Academy of Allergy, Asthma, & Immunology (AAAAI) conference, Orlando, March 2018.

Debbie Jury (Pediatric Nursing Research): “Pediatric Pain Assessment and Management in the Outpatient Setting,” class, UCLA nurse practitioner students, Los Angeles, January 2018.


Donna Nowicki (Pediatric Surgery): “Evaluating an Ethical Dilemma: Is Impaired Sleep in Children Following a Chest Wall Incision a Moral or Medical Decision,” poster presentation, American Association of Critical Care Nurses (AACN), Los Angeles, April 2018.


Cheluva Balan (Bone Marrow Transplant): “Nicole Garcia (Bone Marrow Transplant) and Jessica Ward (Institute for Nursing and Interprofessional Research): “A Retrospective Analysis of Bloodstream Infection in Pediatric Allogeneic Stem Cell Transplant Recipients: The Role of Central Venous Catheters and Mucosal Barrier Injury,” Journal of Pediatric Oncology Nursing, May 2018.


Kathi Smith (University Center for Excellence in Developmental Disabilities, Barbara A. Larson Humanitarian Award, Jennifer Lee M. Flores (Newborn and Infant Critical Care Unit), principal investigator, and co-investigators Milokto Nakamichi (Newborn and Infant Critical Care Unit), Jessica Ward (Institute for Nursing and Interprofessional Research) and Donna Guzda (Pulmonary): Evidence-Based Practice Grant for Oral Care Protocol Using Breast Milk in the Newborn and Infant Critical Care Unit at Children’s Hospital Los Angeles, and Debbie Harris (Hematology), principal investigator, and Catherine Goodhew (Pediatric Surgery), co-principal investigator, 2017-2018 Pediatric Critical Care Research Grant for “Job Satisfaction Among Nurse Practitioners at CHLA: A Mixed-Methods Study.”

Academic Achievements


MACRN: LaVonda Hoover (6 East).

MSN: Nathan Chan (Bone Marrow Transplant), Gaudalupe Hernandez (5 West), Gayle Luker (Float Team), Anna Krabjan (Hospital Medicine), Anne Nord (Hematology), Kristin Stoy (Cardiovascular Acute), BSN: Angella Belanger (East), Mona Hsu (East), Jennifer Perez (East), NCEF, Jennifer Perez (East), Support Training Program, Mary Ellen Farr (Surgical Admitting), Nancy Lavoie (Pediatric Intensive Care Unit), Michael Lavoie (Surgical Admitting), Claudia McCullom (Rheumatology), Sophie Pedali (Bone Marrow Transplant), Claudia Rodriguez-Zinn (5 West) Theresa Toasto (6 West).

Certifications

CCRN: Neonatal: Heidi Machen (Newborn and Infant Critical Care Unit), CLIN IV: Tom Cotrell (Vascular Access Team), Gloria Verret (Family Resource Center).

CPNP:n: Kash Walsh (Hospital Medicine).

CPHN: Debbie Baum (Infusion Center), Nicole Bledsoe (4 West), Megan Bowers (4 East), Lisa Pettinato Buckley (Hematology-Oncology), Christine Deflora (4 West), Lauren Orlando (Infusion Center), Jennifer (4 West).

CPN: Catherine Clark (4 West), Gail Covington (Bone Marrow Transplant), Mary Isabella (5 West), Kristine Hernandez (5 West), Julie Hoss (6 West), Denise Kong (Post-Anesthesia Care Unit), Britni Sanderson (5 West), Keely Yang (5 West). 

CPNP: Anna Krabjan (Hospital Medicine).

FNP: Anne Nord (Hematology).

HCP: Irene Nishioka (East).

JAATCS: Gene Gibbs (Sheriff Emergency Transport).

IBCLC: Ayanna Murray (5 West).

IBCLC: Ayanna Murray (5 West).

Iona Natividad (Family Resource Center).
Celebrating 25 Years of New Hearts

By Vicki Cho Estrada

When Barbara Gross, MSN, RN, NEA-BC, reunited with more than 35 former heart transplant patients to celebrate the 25th anniversary of the Heart Institute at Children's Hospital Los Angeles, it was hard not to get emotional.

Seeing the children and adults, ranging from ages 2 to 37, at the gathering in February brought back memories and reminded Gross of how far the Institute had come since she joined Vaughn Starnes, MD, to start the first dedicated pediatric heart transplant program in a freestanding children’s hospital in Southern California.

“This program has been a huge part of my life for 25 years,” says Gross, clinical services director. “More than 130 patients with complex heart conditions received new hearts through the Institute, and it was great to see so many doing well at our reunion.”

Today, the Heart Institute is a pioneer in pediatric heart transplants for children with end-stage cardiac disease, providing a wide range of services including evaluation, pre- and post-operative management and follow-up, surgery, immunosuppression and hospitalization in a dedicated cardiothoracic intensive care unit.

Launched in 1993 under the leadership of Starnes, founder of CHLA's Division of Cardiothoracic Surgery and chair of the Department of Surgery at the Keck School of Medicine of USC, the first heart transplant took place at CHLA on March 4, 1993.

Gross remembers working to get the program off the ground when there wasn’t a cardiac ICU or cardiac operating room. “We had been doing heart surgeries since the 1930s, but we were losing more complex patients to other hospitals,” she says. “To get the program started, we had to meet state and federal regulatory requirements and receive approval from the United Network for Organ Sharing.”

When Monica Horn, RN, CCRN-K, CCTC, joined the team in 1994, she was the only coordinator managing the transplant process—from the initial notification of an available heart to scheduling the organ procurement and surgery with the core surgical team, transplant cardiologist, OR and nursing staff.

There are now two others like Horn who are available 24/7 to coordinate the Institute’s eight to 10 heart transplants a year. She says the biggest change over the past 25 years is “there are better medications available, which have helped us have better patient outcomes. Our physicians and team are able to detect rejection earlier before patients have symptoms and illnesses.”

The hospital’s three-year pediatric heart transplant patient survival rate is 100 percent, besting the national average of 88.89 percent.

“It’s very much a team effort,” says Horn. “That’s why our program has been so successful. We have dedicated people who stay in their jobs, develop their skills and knowledge and all work together.”
By age 13, Nancy Bridges, MBA, RN, CNOR, operations manager in Perioperative Services, was already so enthralled with surgery, she spent Sunday afternoons in front of the family TV, watching a show called “Doctors at Work” that featured actual operations.

Bridges, who celebrated her 50-year anniversary at Children’s Hospital Los Angeles this past May, came to CHLA in 1968 as a student nurse, first in the neonatal unit and “infant floor” (3 West), then in the Post-Anesthesia Recovery Unit (PACU). After becoming a registered nurse, she joined the PACU full-time for the next 10 years, before deciding to train for the operating room.

She’s been in the OR ever since, except for a brief detour in 2002, when—armed with a master’s in business administration with an emphasis in information technology (IT) management—she signed on with CHLA’s IT team as a project manager.

Over five decades, she’s witnessed tremendous changes at CHLA, including the rise of minimally invasive surgery, high-tech cameras and robotics. What hasn’t changed “is the core we provide to the children and the emotional support to their families.”

Sustaining her through a long career is “the feeling that you’re doing something that helps others,” says Bridges. “You are contributing in some small way to the betterment of people’s lives.”

Bridges thrives on the OR’s fast pace and team focus. “You have to be able to do things on the fly,” she says. “Every day, every child, every case is different. It’s never routine.”

When Bridges started out, all nurses were expected to be generalists. She scrubbed in on a full range of surgical specialties. Her favorite remains neurosurgery. “During a craniotomy, that moment when you see the human brain, it’s really beautiful,” she says, awestruck.

Bridges has always been “that person in my family who fixes things,” she says. One of the favorite aspects of her job is troubleshooting. She called on her IT skills to help develop the OR’s online charting system.