Extra: Lives Outside the Hospital

Olympic Weightlifting Brings Strength, Discipline and Stress Relief

By Candace Pearson

Alvin Rocha, MSN, RN, CPN, recently lifted 120 kg (264 lbs) above his head—and he’s not done yet. Rocha’s passion is Olympic weightlifting, one of the oldest Olympic sports, which debuted at the first official Games in Athens, Greece, in 1896.

The sport tests his limits, mentally and physically. “I enjoy the work you have to put in to achieve the heavier weights,” says Rocha, Nurse Care Manager in the Heart Institute’s Pediatric Pulmonary Hypertension Program.

Olympic weightlifting teaches him discipline and patience. “As long as you’re pushing forward, committing to improving your technique, you will get better,” he says.

His current weight is 200 pounds for the “snatch”—a move in which the weightlifter lifts the barbell from the floor to overhead in one single movement. In the two-part “clean and jerk,” he lifts the barbell from the floor to his shoulders, then from his shoulders to overhead.

His next goal is to one day qualify for a Master’s national level competition.

Rocha has always gravitated to highly technical sports. In high school, he competed in shot put and discus. He trains four days a week in Olympic weightlifting under the watchful eyes of a coach. On his off days, he works on recovery cardio and flexibility. He tests his skills in competitions twice a year.

After a shift of high-intensity nursing, the sport is “a great way to destress and clear my mind,” he says. “It changes my focus.”

Nurses in Action

Inspiring and Encouraging Others Like Her

By Vicki Cho Estrada

The journey Martha Salmon, BSN, RN, CPN (6 West), took to the nursing profession wasn’t easy. Although she dreamed of becoming a nurse since age 12, Salmon says, “statistically, I shouldn’t have made it as a Hispanic, pregnant teen who needed to work full-time while in school.”

Lacking role models and guidance, she vowed that once she became a nurse, she would inspire and encourage other Hispanics to pursue a career in nursing and support others in the profession. That led her to create Latina, RN in 2018.

“Latina, RN is a networking empowerment movement for all Latinx in nursing. There’s a large nursing community, but not a specific community for Latina nurses. So, I wanted to build that community, create a place of support and help others reach their goals,” she says.

Salmon launched a website, latinaRN.com, where she sells merchandise, including T-shirts, baseball caps and stickers, with “Latina, RN” and “Latino, RN” emblazoned across the front. She has sold more than 1,000 T-shirts, with several bulk orders placed through National Association of Hispanic Nurses chapters in Los Angeles, New Jersey and Chicago, which sell the T-shirts to their members.

Her LatinaRNofficial account on Instagram, with more than 2,000 followers, encourages Latina nurses to post pictures and share stories of how they made it. “There are many stories about their immigrant parents coming to this country for a better life and how they chose nursing because they want to give back to others,” she says.

Salmon adds, “Latina, RN is a way to make others feel good about what they’re doing and let them know there are others like them.”
During her 22 years at Children’s Hospital Los Angeles, Edahrline Salas, MA, RN, NPD-BC, HACP, CLSSGB, CPPS, CPHRM, has had several opportunities to develop and hone her leadership skills.

She was a curriculum administrator for the Versant RN Residency in Pediatrics, co-chaired CHLA’s inaugural Educational and Professional Development Council, and helped lead efforts to enhance patient safety and hospital processes as a program manager in the Quality Improvement and Patient Safety department.

“My journey from staff nurse to program manager has been paved with a lot of varying opportunities provided by the hospital to learn, collaborate and achieve various experiences, which have made me a well-rounded leader of various initiatives throughout the years,” says Salas, an Infection Prevention and Control Manager.

“During my career, fellow staff members and managers have encouraged and helped me to develop and acquire new skills, from leading meetings, teams and even initiatives. Being supported by leadership has been really helpful,” adds Salas. She even recently won a “Better, Faster, Cheaper” Innovation Challenge with Margaux Chan, BSN, RN, CPN (Clinical Education), to improve delivery and tracking of microlearning educational activities via a mobile platform.

Salas is among the many CHLA nurses who are thriving as leaders, thanks to a culture that promotes advancement and developmental opportunities. Whether it’s giving nurses a chance to serve on a council or committee, launch an initiative to enhance self- or patient care, or gain new leadership skills, the hospital is known for cultivating an environment where nurses grow and succeed.

Susan Santner, MSN, RN (5 East), who has worked at CHLA for 45 years and retired this past spring, has taken a personal interest in helping nurses develop leadership skills. She has mentored and inspired nurses in the unit to set career goals, and many have gone on to hold leadership positions at the hospital.

“As my role evolved, I became more focused on developing staff and helping them learn and grow. I give them what they need to do their jobs and help them feel accomplished and highly regarded. When you start as a new nurse, you learn from other nurses. And once you learn, you teach others,” says Santner, who has taught leadership classes at West Coast University, Mount St. Mary’s University and California State University, Los Angeles.

She says her “servant leadership” style—which takes an approach to serve employees by prioritizing their needs—is reinforced by CHLA’s culture. “The environment is so extraordinary. The administration is always very supportive by providing staff the resources and tools they need to do their jobs and do them well.”

Santner adds, “We have a strong team of leaders at CHLA who provide the structure and engagement and encourage nurses to help each other and get involved in a council or committee. This really helps them grow.”

Carol Okuhara, MN, RN, FNP-BC, CPNP-AC, has also helped pave the way for nurses to gain increasing responsibilities. She was one of the first nurse practitioners to work at CHLA in the 1990s and the first one to participate on a cardiothoracic surgery team providing medical management to patients in the Thomas and Dorothy Leavey Foundation Cardiothoracic Intensive Care Unit (CTICU).

“At the time, there was some misunderstanding about the role of a nurse practitioner, and I faced initial challenges,” says Okuhara, who has been a nurse practitioner for 26 of her 32 years at CHLA. “Nurse practitioners in critical care weren’t really acknowledged, and staff had to gain trust in me. Once they knew what we were about and how we could care for patients, they were very onboard with the role.”
Danielle Arbios, MSN, RN, PHN, CCRN, CNL, the Ahmanson Foundation Pediatric Intensive Care Unit (PICU), who joined CHLA in 2017, has seen firsthand how the hospital encourages leadership opportunities for nurses.

Arbios, Emily Gray, BSN, RN, CCRN, and Julia Nordstrom, BSN, RN, CCRN, launched a program, which began as an RN Residency evidence-based practice project, to help counter compassion fatigue in the PICU.

They came up with the idea of holding cumulative stress debriefings sessions after learning the high rate of compassion fatigue facing nurses in critical-care areas. “We take care of some of the sickest patients in the hospital. Compassion fatigue is not only in the PICU, but everywhere at CHLA. Everyone’s feeling it the same way and sometimes we don’t talk about it,” Arbios says.

In 2018, the team approached unit managers about conducting stress debriefings for PICU nurses. “Our managers were extremely supportive, and we started holding sessions in our conference room once a month, facilitated by the physician wellness coordinator and a bedside PICU nurse,” Arbios says.

The unit now holds two sessions a month, with morning, afternoon, evening and midnight sessions to accommodate various shifts, and is open to all PICU staff. The program is being expanded to other areas at CHLA after receiving an evidenced-based practice grant from the hospital’s Institute for Nursing and Interprofessional Research.

“The program has exploded beyond my wildest dreams,” adds Arbios. “CHLA promotes a culture of excellence and support. We’ve had amazing mentors and always had people who believed in us. They listened to our ideas and believed we could make a difference.”

First thought when you saw yourself on the billboard?
Gina: I had been an actor for years without much success before becoming a nurse, so finally seeing myself on a billboard on Sunset Boulevard was hilarious. My grandma would have said, “However you get there, kid!”
Bryan: I could get used to this!

Best part of this experience?
Gina: It was a huge honor to be a public face of CHLA. But honestly, coming back to work an hour later with a full face of on-camera makeup made me laugh. The charge nurse didn’t realize I had gone to the photo shoot, and she later said she just thought I was really working it with my makeup that day!
Bryan: It was a new experience for me, so I was a bit nervous but excited. It was fun to get a brief view into the process that goes into filming in general, and getting a commercial made.

Funny comments from colleagues or friends and family?
Gina: My community in Redondo Beach responded so sweetly. Our building managers hung the full-page ad from the Los Angeles Times up by the mailboxes, and families from my daughter’s school would text me when they saw the ads. My daughter saw the TV commercial during one of her shows and got so excited: “Mommy, you did so gooood!”
Bryan: My dad called to tell me that there was this guy doing commercials for my work that looked just like me and wondered if I knew his name. It was a funny conversation explaining that I was the guy in the commercial. He gets very animated when excited.

Best hashtag to describe this experience.
Gina: #wegotthis, of course!
Bryan: #differentbutok
Celebrating the accomplishments and milestones of CHLA nurses

Publications

Maria Bautista Duran (Surgery): “Identifying Targets to Improve Coding of Child Physical Abuse at a Pediatric Trauma Center,” first author, Journal of Trauma Nursing, September-October 2019.


Presentations
Danielle Arbios and Emily Gray (Alfamson Foundation Pediatric Intensive Care Unit): “Rest ‘n’ Reflect: Implementing Cumulative Stress Debrieﬁngs to Combat Compassion Fatigue in the PICU,” poster presentation, Leadership Symposium, American Association of Critical Care Nurses: Chapter at UCLA, Los Angeles, February 2020.


Stephanie Davis and Sophia Padilla (Patricia and John Merrell Bone Marrow Transplant Unit): “An Institutional Approach to Enhancing Caregiver Discharge Education on a High Acuity Pediatric Bone Marrow Transplant Care Unit,” poster presentation, chosen as a Round Table discussion, 2020 Transplant & Cellular Therapy Meetings, combined sessions of the American Society for Transplantation and Cellular Therapy and the Center for International Blood and Marrow Transplant Research, Orlando, FL, February 2020.

Jennifer Flores, Susan Tuano, Kelly Purcell, Mikako Nakamichi and Donna De Guzman (Steven & Alexandra Cohen Foundation Newborn and Infant Critical Care Unit): “Guess What’s Coming to a NICCU Winter Wonderland… Breast Milk for Oral Care,” poster presentation, won “Most Informational” award, CHLA Education Fair, October 2019.


Versant RN Residency Evidence-Based Poster Presentations, February 2020.

Shayda Abadi, Lindsey Armstrong, Shakara Gales and Jessica Yupangui (5 West): “Exploring Remedies to Medicinal Dysbiosis in Mechanically Ventilated Patients.”


Valerie Arellano, Alina San, Brianne Stitt and Jenna Thompson (4 East): “Bereavement Support in Pediatric Oncology Patient Families.”

Hannah Bae, Natalie Mata, Jamie MacDonald, Allican Perez and Tori Romero (NICCU): “The Discontinuation of Alerts During the Active Death and Dying Process in the Newborn and Infant Critical Care Unit.”

Constance Colvin, Brittany Allen, Samantha Wilkin and Sabrina Yep (PICU): “Using Skin Barriers to Prevent C-collar Related Pressure Injuries.”

Adrienne Cruz, Justine Cortez, Kaiflin Hardcastle, Idolzal Javier, Kayla Plotnick, Diana Kicetccnall (Margie and Robert E. Petersen Foundational Rehabiliation Center): “CBD Oil and Management of Epilepsy in Pediatric Patients.”

Dominique Duerker, David Santamania, Kyia Morwood and Bernadette Tampo (Heart Institute): “Intensive Care Unit Liberation Through Family-Centered Care.”

Arianna Dugas, Jennifer Fehr and Gilliane Rivera (5 East): “Pulse Oximetry Monitoring in Infants With Bronchiolitis.”

Madison Fischer, Sarah Klahr, Robin Mertens, Angelica Plascencia and Malisa Servito (PICU): “We’re Better Together: A Standardized Approach to Increasing Family Participation in Patient Care in the Pediatric ICU.”

Rebecca Flores and Hannah Ruotsala (6 West): “Impact of Bedside Shift Report on Patient Safety, Patient and Nurse Satisfaction.”

Ryan Franco and Shavna Tice (4 West): “Evaluation of the Available Evidence-Based Research on Medicinal Cannabis Use in Pediatric Oncology Patients.”

Kendi Gales, Jessica Licea, Paul Meza and Simonne Brissenden (6 East): “Mindfulness as a Method of Pain Management in Post-Operative Patients.”

Katherine Kuhlman and Victoria Noble (Operating Room): “Masking the Smell: The Use of Lip Balm During Anesthesia Induction in the Operating Room.”

Lisa Ochoa and Marisa Cousino (Float Team): “Healing Touch: Decreasing Pain and Anxiety in Children.”

James Peterka, Cassidy Herro, Vianca Towres and Nicole Perez (Heart Institute): “Utilizing Massage Therapy to Reduce Child Uncontrolled Pain in Acutely Hospitalized Pediatric Cardiac Patients.”

Danielle Reid, Savannah Rogers and Amanda Wiles (6 East): “Bristol Stool Chart: Does the Implementation of the Bristol Stool Chart Aid in Early Diagnosis of GI issues in Pediatric Patients?”

David Zelaya, Taylor Doornbos, Coral Hernandez and Lauren Trajano (BMT): “Making a C. Difference: Implementing a Care Bundle for Immunocompromised Patients.”

Professional Achievement

Deborah Jury (Pain Medicine): Received $20,000 grant from the Institute for Nursing and Interprofessional Research at CHLA, co-investigator, in collaboration with Pain Medicine and Adolescent Medicine for the study “Chronic Pain: Social Media Influence on Health Beliefs and Behaviors of Adolescents With Chronic Pain,” January 2020; taught “Effective Pain Management” and “Regional Interventions,” Versant RN Residency Program, CHLA, October and November 2019, respectively; and “Pain Management,” to UCLA nurse practitioner students, Los Angeles, January 2020.


Sandra Mintz (Rheumatology): Received President’s Award, Association of Pediatric Nurse Practitioners, Interprofessional Division of the American College of Rheumatology, November 2019.


DAISY Award/Individual: Alex Rios (5 West), October 2019; Cosette Langara (Helen and Max Rosenberg Cardiovascular Acute Care Unit), November 2019; Anne Casale (6 East), December 2019; Nick Homeyer (Thomas and Dorothy Leavey Foundation Cardiothoracic Intensive Care Unit), January 2020; Carly Rowland (Rehabilitation Center), February 2020; Trang Vu (Cardiovascular Acute Care Unit), March 2020.

Academic Achievement
MS: Lynnette Ramos (5 West), Nursing Education.
MSN: Margaux Chan (Clinical Education); Erin Lowerhouse (Rehabilitation Center).
DNP: Mira Ahn (Post Anesthesia Care Unit), Leadership and Management; Sarah Green (Hematology-Oncology).

Promotions
LaNecie Berry (Ambulatory): director, Ambulatory Nursing Services.
Nancy Bridges (Perioperative): director, Perioperative Services.

Monica Goodwin (Emergency Department): director, Emergency Department.

NP III: Sarah Ann Keil Heinonen (Pulmonology).
RN II: Erika Cheung (Float Team), Crystal Light (Float Team), Judy M. Ulloa (BMT).

Certifications
CCRN: Danielle Arbios (PICU).
CDE: Shelly Baker (Endocrinology).
CNIC: Kelly Purcell (NICCU).
CNS and PNP-PC: Erin Lowerhouse (Rehabilitation Center).
CRN: Sophia Lim (Radiology).
RACR: Andree Mulia (Human Resources).
I write this column filled with many emotions. The world we knew has changed, but in the midst of all the unknowns my overriding feeling is immense gratitude. I’m honored to be a part of the CHLA team that has truly rallied together to keep our patients and families safe while facing a global pandemic. Our nurses had to quickly shift their practices and continue to show up with positivity and dedication, despite the constant worry about their own families’ personal safety. Thank you for trusting us to keep you safe. I’m proud of our hospital for beginning medical screenings quickly, for having the foresight to stockpile adequate supplies of PPE years ago, and for diving into the scientific research to better understand COVID-19.

The responsibilities we face are tremendous and our team consistently rises to the challenge.

Since the beginning of the pandemic, I find myself thinking about King Arthur’s Camelot. I think about our unique place in time even more since the protests began for racial justice. I stood alongside our nurses, doctors, patient care providers and community members as part of the “White Coats for Black Lives” movement on a Friday in early June. As we stood together, lining both sides of Sunset Boulevard and nearby parking structures, I felt the commitment to this journey we are just beginning.

Every one of us at CHLA is a child advocate. Our world needs us to do more. The pandemic crisis, the public health threat, racism—these issues of disparity and inequality affect us all. And we are perfectly positioned to meet this moment and make a difference. Our daily actions have a tremendous impact in our community. We can and we will make a difference.

I ask you, what will you do today?
Skin is the human body’s largest organ, so it’s only fitting that it takes an army to care for it. As one of 62 Skin Champions at Children’s Hospital Los Angeles, Natalie Dyer, BSN, RN, CCRN, is determined to advocate on behalf of this important body system and “do everything in our power to keep our patients safe.”

Experiencing multiple organ failures, and that includes skin failure,” says Dyer. “You can do everything according to evidence-based protocols and still have complications.”

Each Skin Champion completed three-plus months of classes, based on the Wound Treatment Associate curriculum, under the guidance of CHLA’s three Wound, Ostomy and Continence nurses (WOCN), including Teresa Renteria, BSN, RN, CWOCN. That education is ongoing, says Renteria, “allowing us to continually build on that foundation to support their growing expertise.”

The multidisciplinary program has made a clear difference. From January 2019 to January 2020, CHLA reduced its pressure-injury rate by 75 percent.

Now armed with her specialized training, Dyer feels confident that she knows “how to pull together resources at CHLA and call on all the people who have invested in us.”