Extra: Lives Outside the Hospital

Savoring Paradise on the Mainland

by Vicki Cho Estrada

Sophia Lim, RN, BSN, loves everything about Hawaii—the breathtaking, natural beauty, the warm tropical climate and the rich traditions and customs. After vacationing there on a nearly annual basis for several years, she decided to savor a piece of paradise on the mainland.

Lim, who works in Radiology, enrolled in a hula dancing class near her home in Montebello in 2006 and was immediately hooked. She was drawn to the elegant dance moves that combine rotating hips and rocking footsteps with flowing hand gestures and fingers to convey a story, although Lim admits she hardly resembled the graceful hula dancers in Hawaii when she first started.

"Hula looks easy, but it’s not. You have to go with the music and your hand has to be at a certain position, facing a certain direction, while your body is at a different direction and your feet are doing something else. You’re doing multiple things at once,” says Lim, who joined Children’s Hospital Los Angeles in 1990.

She spends nearly seven hours a week on her hobby, which includes a weekly dance class, dance rehearsals, studying song verses and practicing hula moves on her own. She also performs at an annual hula show in La Cañada as well as a half-dozen community events a year through her dance studio, Halau Hula ‘O Kawaihenealii‘ano‘heke‘enuenue‘elua, or “Royal Ladies Sitting on the Rainbow.”

Lim enjoys the muscle-toning exercise, the “hula sisterhood” and the colorful costumes, which provide context for hula dances. “If a song is about the ocean, for example, we wear blue and green; if it’s about land and mountains, we wear beige and brown; red signifies love,” she says, adding, “and sometimes, we wear grass skirts.”

Savoring Paradise on the Mainland

Preserving History

by Candace Pearson

For Kathy Ruccione, MPH, RN, CPON, FAAN, one trick to knowing where you’re headed is knowing where you’ve come from.

It’s why she has lovingly preserved a brick from the original east wing of the “old” Children’s Hospital Los Angeles, where she was a student nurse and where the Division of Hematology-Onco­logy was housed when she was recruited here.

And it’s why she collects postcards depicting Southern California hospitals in the early 1900s. “That was when people sent postcards the way we send text messages,” says Ruccione, co-director of the Hematology-Oncology Psychosocial and Education (HOPE) Program in the Children’s Center for Cancer and Blood Diseases.

Her passion for nursing’s roots fuels her involve­ment with the nonprofit Western Conservancy of Nursing History (WCNH) as a member of its Board of Directors. Housed at the Azusa Pacific University School of Nursing, the WCNH is dedicated to preserving the history of the nursing profession in the western United States.

“We need to know these stories,” says Ruccione. “We need to know whose shoulders we stand on, that others will stand on going forward.” The region contributed significantly to nursing’s professional development, she adds. “Nurses here weren’t just waiting for the Nightingale Movement to come West.”

The WCNH, founded by Phyllis Esslinger, RN, MSN, is one of the first attempts to document that history. One of the “coolest things” in the WCNH collection, says Ruccione, is a gray and red cape worn by student nurses at the now closed Hollywood Presbyterian Hospital School of Nursing, her alma mater. “I covet that,” she confesses.

Ruccione is gathering materials on nursing history at Children’s Hospital with four members of the Recruitment and Retention Council—Kelli Anderson, RN, BSN, (Heart Institute), Brenda Gallardo, RN, (Newborn and Infant Critical Care Unit), Sue Martinez, RN, (5 East), and Sherry Nolan, RN, MSN, CNS, CPN, clinical manager (5 East).

When completed, the materials will be part of a display about the hospital’s history being coordinated by Bonnie McClure, a member of the Board of Trustees and chairman of the Associates and Affiliates.
As Camille Susca, RN, (Post-Anesthesia Care Unit) prepares her patients for surgery, she can sense a heightened level of anxiety for some.

“This is a very stressful time and a lot of kids become terrified,” she says.

When Susca sees Doug Leffin, Child Life specialist, with his array of toys and games walking into the unit, she has a knowing smile. Leffin kneels down, he smiles, he high-fives, he talks in a way a child will understand. He brings out a doll and takes its blood pressure. He talks about how drinking the “happy juice” helps you fall asleep during surgery.

Susca and Leffin work in tandem to ensure that the patients and families have all the support they need. The hospital’s Child Life specialists are specifically trained to assess children’s anxiety levels in a health care setting and to ease their fears using developmentally appropriate language, as well as games and toys.

“Our goal is to build a rapport with the children,” says Leffin. “Before a surgery, a lot of kids are thinking, ‘What if I don’t wake up after the surgery?’ ‘What if I’m not really asleep and I can still feel pain?’ We help them feel comfortable and secure.”

The collaborative relationship between Susca and Leffin is just one example of the teamwork that takes place every day in every unit of Children’s Hospital among nurses and other specialists.

“What makes this hospital so special is that no one has to work alone,” says Mary Dee Hacker, MBA, RN, NEA-BC, FAAN, vice president of Patient Care Services and chief nursing officer. “We have an incredible group of professionals who collaborate, brainstorm ideas and share the latest research to provide the best care for our patients.”

Since nurses spend the most time with patients, they work in unison with a wide variety of other specialists throughout their shift—pharmacists, Child Life specialists, social workers, art and music therapists, chaplains, registered dietitians, lab and imaging technicians and physical, occupational and speech therapists.

A Knowledge Exchange

“We learn a lot from one another,” says Maxine Ogbaa, RN, BSN, (Newborn and Infant Critical Care Unit), who often works closely with occupational therapists (OTs) to help babies born in distress learn to eat and handle touch, sound and other sensory stimulation. The OTs play a critical role in the development of these fragile premature infants. They evaluate muscle tone, reflexes, quality of movement, coping skills and level of interaction and offer innovative treatment techniques.

An occupational therapist’s expertise is helping patients gain independence in daily living skills. For Newborn and Infant Critical Care Unit babies, the most important daily activity they often need to learn is eating. “Our babies have experienced a lot of negative oral stimuli, with 70-80 percent intubated,” says Ogbaa. “We work hard with the OTs to prevent a baby going home with a feeding tube.”

Cheryl Garden, OT/L, CLE, provides these babies with a range of oral exercises to develop their feeding skills, focusing on important suck-swallow-breath coordination, while nurturing the baby to remain calm during the feeding. For premature infants, over-stimulation is a critical concern with many babies showing a negative physical reaction, such as a drop in heart rate, explains Garden. Knowing how to position and touch the baby, decreasing the noise and dimming the lights in the room are all factors that help these tiny patients adapt better to their environment.

“We have an amazing collaboration with the nurses,” says Garden. “It’s a very holistic way to come together and figure out how to best meet the needs of these fragile babies.”

Collaboration and Communication

The nurses and the pharmacists in the Children’s Hospital’s Cancer Day Hospital work in constant collaboration to meet the intricate medication needs of the high volume of patients receiving chemotherapy or other intravenous medications.

“The nurses are truly our partners in preventing errors,” says Teresa Rushing, PharmD, pharmacist in the Day Hospital. “We’re so familiar with each other and our work patterns, that when something is off, we feel it.”

The pharmacists and nurses are intrinsically aware that children are particularly vulnerable to adverse drug reactions because of the difficulty in calculating dosages by weight or mass and the narrow ranges of many medications used in pediatric patients.
Quilts—they quintessentially feel like home. Capturing the warmth and comfort of colorful pieces of fabric artfully sewn together was what inspired Newborn and Infant Critical Care Unit (NICCU) nurses to begin stitching. They wanted their unit in the new Marion and John E. Anderson Pavilion to feel cozy and welcoming.

The project started four years ago and today, 11 quilts hang in the NICCU, four displayed in the unit’s entrance, two in the lactation rooms and the rest along the hallway. Not only did NICCU nurses create whimsical squares, but so did neonatologists, pediatric surgeons, pharmacists, occupational and physical therapists, nutritionists, social workers, nurse practitioners and members of the Associates and Affiliates. Mary Dee Hacker, MBA, RN, NEA-BC, FAAN, vice president of Patient Care Services and chief nursing officer, put together three squares as well.

A book featuring the quilts and one of the actual quilts will be displayed at the upcoming American Nurses Credentialing Center Magnet Conference, Oct. 10-12 at the Los Angeles Convention Center. Children’s Hospital Los Angeles is one of nine co-host hospitals of the conference, which attracts close to 8,000 nurses from throughout the country.

“It’s exciting to share this project because it really brought the unit together,” says Cyndi Atkinson, RNC, BSN, a retired NICCU nurse and co-volunteer coordinator for the Magnet Conference.

Peggy Hoyt, RN, BSN, MHA, (NICCU) was the force behind the project and actually sewed all the squares together to create the 11 quilts. Each piece tells a different story—gingerbread men holding hands around the world; tiny hands and feet; ice cream cones; the United States flag; little kittens who lost their mittens; a big heart filled with patchwork. Together, they are the fabric of Children’s Hospital Los Angeles.

Diane Aitouni, RN, (4 West) received the Kathy Rushnoff Excellence in Pediatric Hematology-Oncology at the Southern California Association of Pediatric Hematology-Oncology Nurses Conference in Indian Wells, Calif., in May 2012.

Bill Kenny, RN, (Adolescent Medicine) received the Marris and Mary Press Humanitarian Award for Nursing at Children’s Hospital Los Angeles in March 2012.

Sherry Nolan, RN, (5 East) and Diane Grade, RN, (Patient Care Services) had a video and podium presentation, “Maintenance of Medication Errors in an Inpatient Pediatric Setting by Decreasing Distractions” at the International Patient Safety Congress in Birmingham, England in May 2012. She also gave an oral presentation on the same topic to staff at Great Ormond Street Hospital in London.

Sharee Anzaldo, RN, (Surgical Advertising) participated in the 2012 University of California Diversity Pipeline Initiative in April 2012. She also received the UCLA Health System Auxiliary Scholarship in May 2012.

The following nurses contributed to the third edition of “Nursing Care of the Critically Ill Child” published in Spring 2012: Fran Blayney, RN, (Pediatric Intensive Care Unit); Laura Klee, RNC, (Critical Care Services); Nancy Pike, RN, (Heart Institute); and Beth Zemreta, RN, (Heart Institute). Nancy Blake, RN, (Critical Care Services) was a reviewer.

Jace Vargas, RN, (Past Anesthesia Care Unit) was interviewed on camera in April 2012 for an upcoming movie promoting nursing by ONE Nursing.

The Emergency Department won first place overall in the Disaster Olympics in May 2012.

Susan M. Carson, RN, (Hematology-Oncology) gave a presentation on “The Role of the Clinical Nurse Specialist in a Comprehensive Thalassemia Clinic,” at the Thalassemia Nursing Master Class in Hong Kong in February 2012. She also gave a presentation, “The Challenges Facing Adults with Sickle Cell Disease” to the nurses at Loma Linda Hospital in May 2012.

The Advanced Practice Nurses from Children’s Hospital Los Angeles and NAPNAP-IA teamed up to host a successful conference at Long Beach Memorial Medical Center entitled, “Advancing Pediatric Nursing Care: A Day of Practice Updates,” in March 2012. The following nurses gave presentations: Catherine Goodhue, CPNP, (Pediatric Surgery); “Cholestatic Liver Diseases in Infants and Children,” Kathleen Ruccione, MPH, RN, (Children’s Center for Cancer); “Childhood Cancer Survivorship-Optimizing Health Outcomes in the Primary Care Setting,” and Kristi Westdhoff, RN, (Surgery); “Welcome to the Drama of Pediatric Trauma: Recommendations for the Management of Minor Pediatric Trauma from an Office or Urgent Care Setting.” The nurse practitioners on the conference planning committee were: Goodhue, Letizia Boutros, CPNP, (Surgical Advertising), Anna Evans, CPNP, Maki Okada, CPNP, Paola Pedrolini, CPNP, Debbie Harris, CPNP (Infectious Disease), Debbie Jury, CPNP, and Meghan Middleton, CPNP, (Magik Pain Service).

Mary Baron Nelson, RN, (Radiology) presented “CNS Injury in Children with Brain Tumors Treated with Chemotherapy,” at the International Nursing Conference on Child and Adolescent Cancer Survivorship in Williamsburg, Va. in June 2012.

Mary Moses, RN, Shinya Tang, RN, and Dawn Landery, RN, (Bone Marrow Transplant Unit) gave a poster presentation, “To Maintain Retention on a High-Acivity Pediatric Hemato poetic Transplant Unit,” at the European Society for Conference in Geneva, Switzerland in April 2012.


The following nurses were finalists for NurseWeek Nursing Excellence Awards in May 2012: Phan Dang, RN, (6 North) and Rachel Guzman, RN, (5 West) for Patient and Staff Management; Jennifer Huson, RN, (Pediatric Intensive Care Unit) for Volunteerism and Service; Sheila Kun, RN, (Pulmonary) for Home, Community and Ambulatory Care; and Inge Morton, RN, (Emergency Department) for Education and Mentorship.

Debbie Jury, RN, (Magik Pain Service) was featured on Fox 11 News in June 2012 on a segment featuring pain management dogs. She was also featured on KTLA – Sophie’s Spotlight on a segment featuring pet therapy dogs in May 2012.

Academic Degrees
Letizia Avram, RN, (5 West) – BSN
Nancy Blaek, RN, (Critical Care Services) – PhD
Mary Baron Nelson, RN, (Radiology) – PhD
Marina Ramirez, RN, (Cardiothoracic Intensive Care Unit) – BSN

Daisy Award Recipients
Yvonne Hughes-Ganzon, RN, (6 North) – May
Katrina Ramos, RN, (CV Acute) – June

Certifications
Lynne Harris, RN, (Surgical Advertising) – CPNP
Meghan Jackson, RN, (5 East) – CPN
Phaedra Nguyen, RN, (Emergency Department) – CPN

Promotions
Liberty Garcia, RN, (4 West) – RN III
Gina Terrazzino, RN, (Emergency Department) – unit lead

Life Celebrations

Babies
Carrie Collins, RN, (Pediatric Intensive Care Unit) – boy
Debbie Gueda, RN, (5 East) – girl
Melissa Sanders, RN, (Pediatric Intensive Care Unit) – girl
Meredith Shaw, RN, (Past Anesthesia Care Unit) – boy

Marriages
Jennifer Rish, RN, (Emergency Department)
Sarah Zannelle, RN, (Bone Marrow Transplant Unit)

Community Involvement
Debbie Gueda, RN, (Pediatric Intensive Care Unit) joined the United States Coast Guard Auxiliary in July 2012.

Chris Price, RN, (Pediatric Intensive Care Unit) finished first at the Old Goats 50 Mile Trail Race in March 2012.

Phyllis D’Ambrano, RN, (Children’s Orthopaedic Center) went on a medical mission to Ghana to educate local nurses and prepare a new hospital through the Foundation of Orthopedics and Complex Spine in February 2012.

Marvin Mangahis, RN, (Past Anesthesia Care Unit) won a Silver Medal at the Pan-American Brazilian Jiu Jitsu Championships in March 2012.

The following nurses completed the Los Angeles Marathon in March 2012: Beatrice Chun, CPNP, (Surgical Advertising), Linda Loselle, RN, (float pool), and 5 East nurses Emily Clark, RN, Monica Lopez, RN, Maria Dakon, RN, Sue Martinez, RN, and Erin Schmidt, RN.

Nancy Pike, RN, John Ayala, RN, Barbara Gross, RN, and Carol Okuhara, RN, (Emergency Room) completed the Alhambra Rotary Heart Walk in April 2012.
The ‘New’ 6 North: Inspired by Common Bond

by Candace Pearson

When you have a passion for something, being surrounded by people who share that enthusiasm isn’t just pleasurable, it’s productive inspiration. That’s the discovery being experienced in the “new” 6 North, which has been exclusively engaged in acute rehabilitation services since July 17, 2011, when the Marion and John E. Anderson Pavilion opened at Children’s Hospital Los Angeles.

Prior to that momentous day, 6 North had been a blended unit since 1996, handling both acute rehabilitation and medical/surgical patients. The mix created a diverse and interesting patient population but a split focus for staff. “In rehab, you’re encouraging the patient’s independence, using the skills and patient-family education brought by all the therapy disciplines in our toolbox,” says Sharon Chinn, RN, CRRN, PCS director on 6 North.

Watching their medical/surgical colleagues depart 6 North last year posed a challenge for the remaining staff. The exodus broke up teams and brought concern that 6 North might be forgotten as the only inpatient unit left in the old building.

Soon, however, the benefits of having a singular identity became clear. “Our nurses have really owned the specialty of rehab,” says Pattie Soltero, RN, BSN, MAOM, operations manager.

That ownership includes participating in professional organizations like the Association of Rehabilitation Nurses (ARN); testing new equipment, medicines and ways to reduce medication errors; writing abstracts; and generally getting the word out that acute rehabilitation services at Children’s Hospital are among the best anywhere.

“Our renewed focus allows us to grow and to be more competitive with the rest of the country,” says Phan Dang, RN, education manager.

The concentration has made it easier to recruit nurses dedicated to pediatric rehabilitation. “It’s great for families, because everyone is speaking the same language,” says Chinn.

In its evolution, 6 North has gained a number of distinctions, including being one of the few units nationwide that handles acute chemotherapy for patients with cancer and rheumatic diseases.

The unit welcomed its first heart transplant patient three years ago and took in its first liver transplant patient last November.

Those patients are cared for by a team that defines “interdisciplinary,” and includes physical, occupational and speech therapists, social workers, Child Life specialists and many others.

This October, 6 North staff plan to amp up their networking at the annual ARN Conference. “We want to let the world know pediatric rehab is a big deal,” says Dang, “especially here at Children’s Hospital.”
Bedside’s Best

**Code Urgent: Improving Emergency Outcomes for Kids**

by Condace Pearson

PdLNs are key players in the Los Angeles County Emergency Medical Services Agency.

Goodman joined The Maurice Marciano Family Foundation Emergency Department and Trauma Center at Children’s Hospital in 2001. The moment she stepped into the fast-paced environment, she says, “I felt at home.” In 2004, she took on the PdLN role. “This is what I’m passionate about,” adds Goodman, designated instructor of emergency pediatric nursing by the Emergency Nurses Association.

She represents the hospital at regular meetings with fellow PdLNs countywide, and sits on two influential committees—the Pediatric Advisory Council, which counsels the Emergency Medical Services Agency on pediatric issues, and the Base Hospital Advisory Council (base hospitals assist with 911 standards of care development).

She recently was one of five PdLNs who participated in data collection for a Pediatric Readiness Project. She surveyed all emergency departments across the state that receive patients via the 911 system to assess their current readiness level when caring for a pediatric patient.

Only 43 out of 73 hospitals in Los Angeles County that receive emergency patients are designated Emergency Department Approved for Pediatrics, or EDAP hospitals.

To qualify, an EDAP hospital like Children’s Hospital must meet specific requirements for staff training, support services, pediatric-specific equipment, supplies, procedures and protocols. For example, at least 75 percent of emergency department nurses must be certified in Pediatric Advanced Life Support. At Children’s Hospital, 100 percent are.

She’s excited by the opportunity to influence child health and safety. “If you’re a parent, you want to take your child to a place with the best education, training and practices,” she adds. “We’re trying to teach the community the difference.”