A 2014 Overview

**OUR HOSPITAL**

- 365 Active Patient Care Beds
- 106 Intensive Care Beds
- Average Daily Census: 282
- 50% Patients Under the Age of 4
- Visitor: Number of Visits to Our Emergency Department: 71,727

**OUR NURSES**

- 86 Nurses in the Versant™ RN Residency Program during 2014
- Nurse Practitioners: 91

- Clinical Nurses with National Board Certification: 39%*
- 74%: Nurse Leaders with National Board Certification*
- Nurses’ Average Length of CHLA Tenure: 9.5 Years

- Nurses Taught Approximately 1,200 Nursing Students in 2014

*Based on full-time equivalents
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**Featured on the cover:** Tommy Covington, RN, has been a CHLA employee since 1970.
A Note From the Magnet Program Managers

Going forward, the theme for the annual nursing reports will be outcomes, outcomes and outcomes! Outcome-based examples (also known as empirical outcomes) are some of the biggest challenges we are faced with as we prepare for the next Magnet Redesignation document in 2017. But we are proud to see how outcome measurements are becoming the norm within our organization as we implement and evaluate new initiatives and projects. We achieve our best because we have high standards for our patient care. This is the reason we treat kids better.

Sincerely,
Margaux Chan, BSN, RN, CPN
Susan Crandall, BSN, RN, CCRN

A Letter From the President

Our recent strategic planning efforts at Children’s Hospital Los Angeles call to mind a favorite saying of mine: A rising tide lifts all boats. In other words, as things improve for part of the organization, they will in turn improve for everyone.

I see this concept in action among our nursing staff. The emphasis on education and individual growth—including advanced degrees and certifications, participation in research and involvement in collaborative government matters—presents great opportunities for personal success.

But creating a robust, well-rounded workforce does more than simply help individual nurses; it improves the whole staff, growing great leaders who share knowledge and experience with their colleagues and elevate the already excellent CHLA nursing team. As a result, the entire hospital is able to do an even better job creating hope and building healthier futures for children.

Thank you for taking the time to read this annual update on the state of our incredible nursing force. I hope you join me in acknowledging the amazing effect our nurses have on our entire institution.

Sincerely,
Richard D. Cordova, FACHE
President and Chief Executive Officer
Welcome—and Farewell

This is my last time writing a letter for the Children’s Hospital Los Angeles Nursing Annual Report—so it’s a perfect opportunity to both reflect back and look forward.

I’ve defined myself as a Children’s Hospital Los Angeles nurse for 40 years! Yes, 40 amazing years of nursing practice, innovation and dedication to new knowledge. Never in those 40 years have our CHLA nurses or patient care service professionals taken their eyes off our patients and families. Health care systems, administrations, laws, technology and the environment of care have changed, and we have certainly advanced, but we have never lost our focus on families and improving the health of our patients.

CHLA is a great hospital because we are impatient. All of us know we can do more and be better. We are committed to being the best at what we do, and that includes our goal of eliminating all hospital-acquired conditions. We also consider it critical to address children’s developmental, social and spiritual needs, as well as their biological and physical health.

As you’ll read in this report, we are launching a fundraising campaign to establish the Institute for Nursing and Interprofessional Research. This institute is a dream come true for me. I am excited and hopeful for new knowledge and dramatic innovations to be discovered at CHLA to improve the health of those we serve. The interdisciplinary focus of the Institute will enable us to approach quality-of-health issues from various disciplines and strengthen the collective power of the CHLA team. The daily excellence of our bedside care will be enhanced by these intense efforts toward discovery.

While I am stepping down as CHLA’s chief nursing officer, I’m pleased to be taking on the role of inaugural director of the Institute for Nursing and Interprofessional Research. My life has been so blessed by the relationship I’ve had with CHLA, and my career continues to be enormously rewarding. The future of Children’s Hospital Los Angeles is more exciting than ever!

Thank you, thank you, thank you!

Sincerely,

Mary Dee Hacker, MBA, RN, NEA-BC, FAAN
Vice President, Patient Care Services and Chief Nursing Officer

Mary Dee Hacker, MBA, RN, NEA-BC, FAAN
Transformational Leadership

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.
To maintain excellence in the program, the RN Steering Committee utilizes outcome data to conduct evaluations and make improvements. The group ran a needs assessment survey with three former cohorts in 2010-2011, and 79 former residents responded. One question that caught the attention of the committee was, “Do you wish you would have received more support during the six months after graduation from the RN Residency?” More than a third of former RN residents answered yes. Responses repeatedly mentioned the need for a debriefing session and included such suggestions as:

• “It would be helpful to have ongoing mentorship and debriefing sessions during the six months after graduation to touch base on where we should be, how involved we should be, how to balance our lives, what PAD [Performance Assessment and Development] evals will be like, etc.”
• “The first six months on my own were very stressful, and debriefing sessions would have been very helpful.”

The RN Residency not only provides exceptional education in clinical care, but it also provides an environment that supports professional leadership and development. Over the past 15 years, the program has incorporated innovative activities into the curriculum to help residents become collaborative, influential individuals. These activities parallel various nursing leadership roles in the organization, with the goal that the residents will later be empowered to be involved in professional opportunities. Activities include:

**Program Committees**
Each resident chooses a committee to join during the 22-week immersion. Choices include the Appreciation Lunch Committee, Spirit Committee, Recognition/Awards Committee and Curriculum Committee. This involvement increases camaraderie and gives residents a voice in how the program is carried out.

**RN Residency “Houses”**
To increase accountability, teamwork and fun in the program, residents are split into small groups called “houses.” These groups compete for “top house” by earning points for a variety of assignments and tasks, as well as for participating in and winning classroom activities and games.

**Evidence-Based Practice (EBP) Projects**
Residents from the same unit work together to complete an EBP project. Supported by the RN Residency curriculum administrator and project advisers, some of these projects have made a significant impact at CHLA and have been presented at a national level.
Participants were overwhelmingly positive in their evaluations of the PRES day debriefing sessions.

- “I wished I had perhaps more contact with my debriefer at this time. Only until months afterward did I actually realize how much stress I was under at the time. It caught up with me several months later.”
- “It is such a drastic shift after the Residency Program that it would be nice to have a slow transition in decreasing support over the next six months to make it easier.”

Recognizing the opportunity for improvement, the RN Steering Committee introduced two Post-Residency Education and Support (PRES) days in 2012. This new component offers our RN residents continued support beyond the formal 22-week period, as well as opportunities for professional growth.

Program graduates now return for two eight-hour PRES days before their one-year graduation anniversary. These PRES days give them the chance to debrief, further their education, meet with their mentors, receive guidance on their first evaluation, offer mentorship to the new RN Residency cohort and gather additional information that will support their continued transition into practice.

Results from the PRES day evaluations were positive, and responses reinforced the results of the overall program. Sample comments included:

- “Very informative day with beneficial information provided.”
- “The PAD evaluation discussion, especially with managers, was extremely helpful.”
- “So nice to see everyone! Very nice to hear how everyone is doing and have something of a checkup and check-in.”

Ninety-three percent of respondents rated the debriefing sessions as “beneficial” or “very beneficial.”

Over the course of 15 years, the Versant RN Residency at CHLA has evolved into one of the premier nurse education programs in the country. After first focusing only on clinical education, it has become a multifaceted clinical, professional and evidence-based practice education program.

After residency, participants continue to be nurtured as they transition from novice to expert nurse.

The program’s outstanding reputation led to its selection as one of only three nurse residency programs in the country to serve as pilots for the Practice Transition Accreditation Program (PTAP), sponsored by the American Nursing Credentialing Center (ANCC). In August 2014, the RN Residency team submitted a 700-page application with supportive documentation and data, and the ANCC spent a day on-site at CHLA in December. The program won accreditation in January 2015.

Earning the Practice Transition Accreditation further solidifies the Versant RN Residency Program as one of the top new graduate education programs in the country. What a way to celebrate the program’s 15-year milestone!

Response to Post-Residency Education and Support Day

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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.
After taking the retooled course, a record number of CHLA nurses registered for the CPN examination. The hospital’s 2014 pass rate increased to 47 percent in July, 52 percent in August, 59 percent in September and 63 percent in October.

Also in 2014, Hoover and Verret were appointed as CPN certification champions by the PNCB, and they began a special operation to recognize new and current CPN nurses. Their purpose was to mentor nurses, encourage them to take the certification exam and act as a resource for those seeking recertification.

Hoover and Verret felt it was important to recognize the effort nurses made to take the exam and maintain certification, thereby emphasizing the value of the CPN. They issued silver certificates and special CHLA/PNCB mugs to new CPN nurses, and gold certificates to those who maintained their CPN certification.

The collective teamwork of these CPN champions and the review-course educators led to the upward trajectory of our CPN passing rate, helping us to meet CHLA’s professional nursing certification goals.

Board certification is a professional testament to a nurse’s specialized competence and knowledge. Board-certified nurses are viewed as credible experts in their field and are more qualified for promotions and professional advancements. However, certification isn’t easily attained. Rigorous content review and fear of failing the board examination may evoke feelings of trepidation in nurses. To encourage nurses to get certified, Children’s Hospital Los Angeles offers such support as education, money for review books and classes, study groups and full reimbursement of costly exam fees for nurses who pass.

In 2010, CHLA began participating in the No Pass, No Pay Program offered by the Pediatric Nurses Certification Board (PNCB). The program offers nurses the opportunity to take the Certified Pediatric Nurses (CPN) certification exam without paying for the test up front. If they pass, CHLA receives an invoice from the PNCB requesting payment. Neither the nurse nor the hospital is charged for failed attempts at the exam (up to two per nurse), making it a risk-free program. CHLA also offers nurses a CPN review course twice a year.

News of the No Pass, No Pay Program encouraged many CHLA nurses to take the exam. The CPN exam pass rate was at a promising 76 percent in 2012 and contributed to the increase in our total number of certified nurses. However, a change in exam content in 2013 resulted in our pass rate dropping to 51 percent in 2013 and 43 percent in January-April 2014. It was evident that interventions were needed.

The first step was to revamp the CPN review course. Cathy Kissinger, MN, RN, NE-BC; LaVonda Hoover, MS, BSN, RN, CPNP, CPN; and Gloria Verret, BSN, RN, CPN, collaborated on assessing and modifying the content of the class. Verret attended a two-day review course presented by the Society of Pediatric Nurses to observe ideas on class format and presentation, while Kissinger gathered additional CPN review material and resources.

The three nurses then redeveloped class content—including more practice questions, a focus on primary care issues, additional study resources and test-taking strategies for the computerized exam—and incorporated the changes into the CPN review course in June 2014.

The marked intervention is the CPN course revamp in June 2014.
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.
Children who develop an illness or undergo surgery sometimes require medications to treat pain and anxiety. Reducing patients’ pain and psychological stress is a top priority for the patient care team at Children’s Hospital Los Angeles.

The most common classes of medication used to relieve pain and anxiety are opioids and benzodiazepines. But while there are benefits to these medications, there is also a risk of medication dependence and withdrawal once they are no longer needed. Withdrawal symptoms complicate patients’ hospitalization, requiring more medical treatments, prolonging recovery and length of stay, and increasing the cost of care.

In 2012, CHLA developed a withdrawal prevention protocol (WPP), with the goal of decreasing withdrawal symptoms when patients in intensive care units are weaned from opioids and benzodiazepines. Unfortunately, the protocol was met with low compliance and inconsistent use, and there was very low awareness of its existence among staff.

With these challenges in mind, Rambod Amirnovin, MD, and Lara Nelson, MD, from the Division of Critical Care Medicine, met in early 2013 to tackle the problem. Amirnovin and Nelson decided that the best solution was to evaluate and modify the existing WPP. To do this, they convened an interprofessional team of experts from all facets of critical and acute patient care at CHLA.

After several months of gathering and analyzing baseline data, this interprofessional team of intensivists, hospitalists, pharmacists, nurse practitioners and clinical nurses began working together in 2014 to improve multiple aspects of the protocol and make it more streamlined and easy to use. The team outlined a step-by-step weaning process and created visual aides to assist in the implementation of the protocol and its educational rollout.
As part of the first Plan-Do-Study-Act (PDSA) cycle—a model used to test out change and assess its impact—the team collaborated to create various educational materials specific to each audience. Before the materials were rolled out, doctors, nurses and pharmacists in each unit were pretested to acquire baseline data about their knowledge.

In February 2014, the modified protocol was tested in three units: the Pediatric Intensive Care Unit (PICU), the Cardiothoracic Intensive Care Unit (CTICU) and the Cardiovascular Acute Unit (CV Acute). Patient care staff education was initiated simultaneously and completed by June 2014. Audits and evaluations, along with staff feedback, were collected in real time during the trial process. The team then analyzed and applied these outcomes to make the protocol more user-friendly.

Several clinical nurses—Krichelle Larson, BSN, RN, CCRN, and Kristi Ficek, BA, RN (PICU); Jennifer Ly, BSN, RN, CCRN, Norma Dansak, BSN, RN, RRT-NPS, CCRN, and Kelli Kleyhauer BSN, RN, CCRN (CTICU); and Graciela Ruiz, BSN, RN, CPN (CV Acute)—were significant contributors to the WPP modifications. As designated content experts for the protocol, these bedside leaders were proactive in specifying protocol details and the education methodology.

The nurses faced the challenge of educating a large pool of protocol users and helped eliminate unnecessary and confusing portions of the protocol. In addition, they created a “withdrawal assessment tool” to help ensure consistency in how staff documented patients’ symptoms.

(continued on next page)
A decrease in the number of extra (or as needed) medications for opioids and benzodiazepines was also seen with the initial rollout.

There was a trend toward shorter duration of exposure to opioids and a shorter length of taper.
Even during the initial rollout, improvements in WPP practices were already observed. There was heightened awareness of the protocol in all three units—as evidenced by audits on every chart regarding the use of the assessment tool and the completeness of the documentation. After the initial education, staff compliance in these areas increased to 100 percent. A decrease in the number of extra (or as-needed) opioid and benzodiazepine medications was also seen with the initial rollout.

Finally, there was a trend toward a shorter duration of exposure to opioids and a shorter length of taper noted in the CTICU/CV Acute units. These findings could be attributed to a few factors: an increased staff awareness regarding which withdrawal symptoms to watch for; more accurate withdrawal assessments; optimized use of medications; and/or the effectiveness of the protocol in decreasing withdrawal symptoms, thus decreasing the need to treat these symptoms.

The group has now moved forward with the second PDSA cycle, which includes implementing the protocol in four additional acute care units. In addition, the team is designing a computerized decision support tool to assist in the weaning process.

Thanks to this team’s interprofessional collaboration, the modified withdrawal prevention protocol has contributed to both improved patient outcomes and patient care practice at CHLA.
New Knowledge, Innovations and Improvements

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 Move With Spinal Fusion Patients

Each year, many adolescent patients diagnosed with adolescent idiopathic scoliosis (AIS), a curvature of the spine, come to Children’s Hospital Los Angeles to have a type of back surgery called spinal fusion. In the past, the standard of care was that all patients after spinal fusion surgery would recover in the Pediatric Intensive Care Unit (PICU). But making more PICU beds available for critically ill patients is a pressing need at CHLA. To meet this need—and get patients home faster—an innovative idea was born: to transfer AIS spinal fusion patients directly to 6 East, a specialized orthopaedic surgical unit, rather than the PICU.

Collaborating to lead this transition were Orthopaedics Division Head David Skaggs, MD, MMM, and Phyllis D’Ambra, MPA, RN, nurse manager of the Children’s Orthopaedic Center; Randall Wetzel, MBBS, head of the Department of Anesthesiology Critical Care Medicine; Silvia Hernandez, BSN, RN, operations manager of the Post-Anesthesia Care Unit (PACU); and Cathy Kissinger, MN, RN, NE-BC, operations manager of 6 East.

This interprofessional group met in 2011 to plan the first phase of the post-spinal fusion care process. The group analyzed each aspect of spinal fusion surgery care and conceptualized solutions to provide a safe and comforting patient experience. This move also required education and preparation for the patients and families. D’Ambra and her Orthopaedics nursing team—Ann Wakulich, BSN, RN, ONC, and Elaine Butterworth, RN, CPN—coordinated patient care, treatment plans, and pre- and postsurgical care. They also provided spinal fusion surgery classes and reading materials to help patients and families prepare for and understand what to expect during surgery and postsurgical care on 6 East.

The following process was established:
• After surgery, spinal fusion patients are admitted to the PACU for about two hours and then transferred to 6 East.
• While on 6 East, each patient receives a dedicated nurse to provide one-on-one patient care for the first night after surgery.
• Physical therapists support the process and begin working with patients on their first day after surgery.

The new process was first tested with the most stable patients—those who did not have medical issues other than AIS. Over time, the majority of AIS patients were added to the process, with the exception of a few patients with complex physiological issues. The group monitored and tracked outcomes for the implementation and found that transferring patients to 6 East directly from surgery achieved the initiative’s goal, with added benefits. In 2012, the average length of stay (LOS) for spinal fusion patients decreased from 6.1 days to 5.7 days, and patients and families responded positively.

Since the plan’s implementation, Skaggs, D’Ambra, Kissinger and their colleagues have met periodically to assess and evaluate the progress of postoperative spinal fusion care on 6 East. Seeing improvement in LOS, they wanted to decrease it further and decided to modify the plan of care. Giovanni Cucchiaro, MD, head of Pain Management and Palliative Care, was brought on to contribute his expertise in post-spinal fusion pain management.

In 2013, additional actions for the first day after surgery were implemented, including a plan to decrease the intravenous pain medication over a shorter time, to ambulate patients more often and to remove the Foley urine catheter sooner. By the end of 2013, the average length of stay had decreased from 5.7 days to 4.1 days.

In 2014, the group identified abdominal discomfort as a challenge delaying the discharge of AIS spinal fusion patients. In response, the group optimized patient nutrition preoperatively and developed a low-fat, high-fiber postoperative diet menu. The new moves have decreased average length of stay for these patients to just 3.7 days.

This innovative effort demonstrated how teamwork can make it possible to overcome a challenge without negatively impacting patient care. Patients and families have responded positively since 2011, and the project’s success was described in a 2013 article in the Journal of Bone and Joint Surgery. As this new practice continues to be successful, the interprofessional team will monitor and search for new ways to improve the AIS surgical experience for patients and families.
## Our Certified Nurses

### 4 East

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Irene V. Aberin</td>
<td>CPON</td>
</tr>
<tr>
<td>Lilibeth L. Aguado</td>
<td>CPON</td>
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<tr>
<td>Shannon Elizabeth Arredondo</td>
<td>CPON</td>
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<tr>
<td>Dania Marisa Bourque</td>
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<tr>
<td>Staci A. Castello</td>
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<tr>
<td>Beata B. Chmielewski</td>
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<td>Natalie Christine Cole</td>
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<td>Michelle E. Criger</td>
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<tr>
<td>Dawn Marie Dunkin</td>
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<td>Renee A. Flores-Garcia</td>
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<td>Diane M. Grade</td>
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<td>Anne C. Hallili</td>
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<tr>
<td>Jacqueline Denise Marroquin</td>
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<td>Heather Joy Mehl</td>
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<td>Johanna Navia</td>
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<td>Alexandra Ornelas</td>
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<td>Marifel Pagkilainawan</td>
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<td>Andrea Jean Petty</td>
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<td>Jenine Michele Raffaniello</td>
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<td>Luzmarie Barron Ramirez</td>
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<td>June Nicole (Palacio-Bhojwani) Rees</td>
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<td>Sacha Lauren Reis</td>
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<td>Allison Christine Taylor</td>
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<td>Peggy L. Townsend</td>
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<td>Kerry S. Vancura</td>
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<td>Maria L. Velasco</td>
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<td>Kelsie Patricia Wagner</td>
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<tr>
<td>Sonya L. Williams</td>
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### 5 East

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Stephanie Kate Bedsworth Brewis</td>
<td>CPN</td>
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<tr>
<td>Nora A. Delgado</td>
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<td>Lorena Maria Ferrer-Pyorala</td>
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<td>Natalie Goldman</td>
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<td>Michelle M. Karlu</td>
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<td>Emily Lam</td>
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<td>Monica Chea Lopez</td>
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<td>Angela Adriana Madrid</td>
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<td>Susan (Sue) Martinez</td>
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<tr>
<td>Janet Mooney</td>
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<td>Sherry Nolan</td>
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<tr>
<td>Ruth Paul</td>
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<td>Sarah G. Ramirez</td>
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<td>Erin Schmidt</td>
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<td>Marcela M. Solorio</td>
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<td>Irina V. Tarasova</td>
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<td>Sahar Vann</td>
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### 4 West

<table>
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<tr>
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<tbody>
<tr>
<td>Lesley Navea Abcede</td>
<td>CPN</td>
</tr>
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<td>Linda B. Allen</td>
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<tr>
<td>Arnie B. Banez</td>
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<tr>
<td>Marlene Julasavee Cox</td>
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<td>Margaret-Ellen Frankel</td>
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<td>Susan L. Gonzalez</td>
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<td>Susan D. Jensen</td>
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<tr>
<td>Cheska Mae (Francis) Mombay</td>
<td>CPN</td>
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<tr>
<td>Sharlene C. O'Driscoll</td>
<td>CPN/CPEN</td>
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<td>Jahmela June Pech</td>
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<td>Judith A. Tighe</td>
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<td>Donna Lee Vancast</td>
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Certified nurses Maria Castro, BSN, RN, CPN (left), and Terrie Ballard, RN, CPN
6 East
Jennifer Mae Antin CPN
David Miller Barrios CPN
Robert Clarke Briscoe IV CPN
Anne A. Casale CPN
Monica Ann Coles CPN
Eileen R. Duncan CPN
Samar (Mroue) El Houry CPN
Leslie Carol Friedman CPN
Evelyn Sofia Garcia CPN
Kristine N. Gawley CPN
Casey Henson CPN
Lavonda R. Hoover CPNP-PC, CPN
Elaine C. Iwamoto CPN
Kelsey Alder Jepsen CPN
Catherine D. Kissinger NE-BC
Anna Kitabjian CPN
Soon Kim Perez FNP-BC
John Randolph Rutland CPN
Caroline Kelton Sanborne CPN
Kristine Tom (Sanchez) Tapia CPN
Talya Weiss CPN
Flora W. Yuen CPN

6 North
Yolanda Amador CCRN
Lori L. Chan CPN-CRRN
Lucy Kathleen Culwell-Kanarek CRRN
Belinda Duran CRRN
Minette Luna Galam CRRN
Rosalia S. Guzman CPN
Yvonne M. Hughes-Ganzon CPN, CRRN
Christie Anne Dacuyuy Laciste CRRN
Vanng Nguyen CPN
Nadia Erika (Miranda) Pasillas CPN, CRRN
Amanda Esther Price CPN, CRRN
Julita Arceo Reyes CRRN
Audrey Joy (Estrada) Santos CRRN
Lou Ellen Stallworth CRRN

6 West
Johanna Camille (Villegas) Aguino CPN
Tiffany Michelle Allen CPN
Olivia Buezos CPN
Jesibelle Perpetua T. Bernardo CPHON
Gene Rainier Calderon CPHON
Christina Annamaria Cerda CPN
Terri Lynn Cole CPN
Kelley J.H. Dobard CPN
Ashley Beth Dunser CPN
Sabrina Agustina Escalante CPN
Frances Leah Jameson CPN
Tae Ree Kim CPN
Christiane Marie Lieu CPHON
Vicky Chi Lin CPN
Lynette Maria MacFarland CPN
Marites Rapanot Narciso CPHON
Kristen Lee Owen CPHON
Kathleen Sanborn Palas CPN
Caroline Maria Ross CPN
Michael Harry Ross CPN
Melinee Silagon Sanchez CPON
Miki Cheng Sato CPN
Linda Sy CPHON/CPN
Theresa Ann Tostado CPN
Jaime Truluck CPN
Gloria N. Verret CPN
Nicole Carolyn Westrick CPN
Shawna M. Winans CPN

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

Access and Transfer Center
Janice Cameron McKenzie CPN
Judith A. Sherif CPN
Erin Ashley West CPN, CPNP

Ambulatory Care
Deborah A. Noble CLC

Anesthesiology
Paula Jean Belson CRNA
Melissa Anne Callaghan CRNA
Shama Pathan Farooqui CRNA
Sarahlee S. Glaser CRNA
Sarah Polkinghorn Gubbins CRNA
Mary Elias Iwaszewski CRNA
Judy Mi Hee Koempel CRNA
Shinny Thomas CRNA

Anesthesiology Critical Care Medicine
Steve L. Calver CCRN
Corey Fritz CPNP-PC, CPNP-AC
Jennifer M. Huson CPNP-PC
Mary Evelyn McCulley PPCNP-BC, CPNP-AC
Rica Sharon Prospero Morzov CPN
Dara Nunn CPNP-AC
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<td>Elisa D. Barrios</td>
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<tr>
<td>Marisa Martinez</td>
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Clinical Education and Professional Development
Marcella Christine Bernstein RNC-NIC
Margaux Cecile Lozada Chan CPN
Debbie L. Reid CPON/RN-BC

Emergency Department
Mercedes Alonso CPEN
Sheila Ann Anulao CPN
Teresa Marie Archuleta CPEN
Monica Andrea Calfa CPN
Yolanda Chartan CPEN
Beth Christie Clark CPN, CPEN
Anabel Enriquez Costa CPN, CPEN
Tom Cottrell CPN
Sheah Marie DiLuigi CPEN
Laura Elise Du Four CPN/CEN
Mariella Flores CPN
Robin L. Goodman CPEN
Armstrong Hao CPN
John Hulse CPEN
Charles Alexis Kronbetter CPEN
Jonathan Laitman Lengson CPEN
Nicole Marie Magni CPN
Claire J. Meyer CPN
Inge M. Morton CPN/CPEN
Phaedra Lynn Nguyen CPEN
Sharon L. Noonan CPEN
James O’Connor CPEN
David Pichardo Jr. CPEN
Nicole D. Sheppard CPEN
Catherine Shijo CPN
Amanda Lynn Silver CPN
Gina Marie Terrazzino CPN
Valorie M. Tripoli CPN
Graham Aaron Valley CPEN
Christi Ellen Warren CPEN
Stephanie D. Watchler CPN

Emergency Transport
Erin Elizabeth Balek CPN, CPNP-PC
Susan L. Cesinger C-NPT
Tara L. Cook C-NPT
Russell A. Gill C-NPT
Geri H. Gregorczyk C-NPT
Martha A. Martinez C-NPT
Jennifer Ann Meyers C-NPT
Marilou De Guzman Millares CPN, C-NPT, CCRN
Margaret Teresa Reen C-NPT
Terri E. Stambaugh CPN, C-NPT
Rachel M. Terhaar C-NPT
Yolanda Andalon Won CPNP

Certified nurses in the Cardiovascular Acute Unit

Employee Health Services
Elsie Alfaro CFNP
Melanie T. Moya CFNP
Roy Villena Tatlonghari CANP

Endocrinology
Susan R. Benson RNC
Anna Gastelum Bitting CDE
Louise A. Brancale CDE
Eulalia Carcelen CDE
Kailee Rene Gafgny CPN, CDE
Mary Halverson CDE
Christine Hertler CDE
Barbara K. Hollen CDE
Mary T. McCarthy CDE
Debra Dee Miller CDE
Maria De Jesus Nuques CDE
Cassie Song CDE

Executives and Directors
Nancy T. Blake CCRN, NEA-BC
Sharon Chinn CRRN
Kimberly Dodson CNOR
Barbara P. Gross NEA-BC
Mary Dee Hacker NEA-BC
Rita L. Secola CPON
Suzanne L. Taylor RN-BC

Gastroenterology
Zulema Vega CPN

General Pediatrics
Marcia Jean Lee CPNP-PC, PMHS
“After being a pediatric nurse for more than two decades, it was a really good process to review so much material as I studied for the exam. It was a personal goal for me to get certified in order to stay at the top of my game as a pediatric nurse. I felt happy to pass the CPN test and reach my personal goal, and at the same time boost the number of CPN nurses for my hospital by one more.”

—Jeanne Marshall, BSN, RN, CPN, Float Pool
Knowledge, Information and Decision Support (KIDS) – Clinical Informatics
Shirley C. Hammers CPN
William C. Kenny CPN
Patricia A. Tejada CPN

Nephrology
Alicia N. (Sanchez) Bertulfo-Sanchez CPHON

Newborn and Infant Critical Care Unit
Nicole C. Ainsworth RNC-NIC
Sonja Ann Alli-Casella RNC-NIC
Haley Alexis Barickman RNC-NIC
Susan V. Bugsch RNC-NIC
Judith Crews RNC-NIC
Suzanne Y. Cuano RNC-NIC
Beverly S. Drummond RNC-NIC
Marta A. Dubon RNC-NIC
William Duong RNC-NIC
Sharon Fichera NNP-BC
Jennifer Lee M. Flores RNC-NIC
Judith Foote-Merryman RNC-NIC
Johanna Constance Gaeta RNC-NIC
Jacquelyn Marie Gayer RNC-NIC
Robert Fred Giesler RNC-NIC
Anne B. Gleeson RNC-NIC
Dolores M. Greenwood RNC-NIC
Audrey Rose (Arndt) Jamora RNC-NIC
Laura A. Klee RNC-NIC
Jennifer Wing-Yee Leong RNC-NIC
Jennifer Suzanne Lucero RNC-NIC
Michelle Costabile Machado CCRN
Nancy Julie McNieill CPNP, RNC-NIC
Mikoto Nakamichi RNC-NIC
Erin Nida RNC-NIC
Maxine Orije Ogbaa RNC-NIC
Lorie J. Pagado RNC-NIC
Valerie Lynn Phillips RNC-NIC
Victoria Priel RNC-NIC
Amy Leigh (Griffey) Ralston RNC-NIC
Alma Veronica Ramirez RNC-NIC
Diane E. Real RNC-NIC
Michael Franklin Rokovich RNC-NIC
Lisa Marie Rosik RNC-NIC
Brooke Nicole Sanders RNC-NIC
Sally Ruth Scharg RNC-NIC
Elizabeth Bothwell Schaub RNC-NIC
Suet Ching Sham RNC-NIC
Paige Elizabeth Smith RNC-NIC
Patricia Lopez Villanueva RNC-NIC
Shu Yin Wang RNC-NIC
Baro Whang CCRN
Diana Marie Williams CCRN-NIC
Elsa M. Yedinak RNC-NIC

Operating Room
Katharina Becker CNOR
Norma M. Corona CNOR
Usha Bhulla Desai CNOR
Melinda R. Dizon CNOR
Verzhine Fodolyan CNOR
Paula E. Guzman CNOR
Angela M. Hartley CNOR
Angel Holzschuh CNOR
Meredith Renee Johnson CNOR
Jingdong (Kenny) Kou CNOR
Rodrigo S. Lopez CNOR
Renee A. Lucci CNOR
Andrea Carole McMonigal CNOR
Jessica Belle Reyes CNOR
Florence E. Rivera CNOR
Nur S. Abdullah Saldivar CNOR
Adriana Savadjian-Smith CNOR
Cheryl Michelle Smith CNOR

Ophthalmology
Kathleen J. Anulao FNP-BC, CPN

Orthopaedics
Elaine Butterworth CPN
Phyllis J. D’Ambra CIP
Ann M. Wakulich ONC

Pain Management and Palliative Care
Heidi D. Haskins CFNP
Susan Marie Hunt CPNP-PC
Deborah L. Jury CPNP-AC, CNS
Meghan Sullivan Middleton CPNP-PC/AC, CNS
### Patient Care Services Float Pool and IV Team

<table>
<thead>
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<td>Sandra Lee</td>
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<td>Ing Chiv (Jamie) Lin</td>
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<td>Ray Neil Mitsuno</td>
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<td>Christina Ramirez</td>
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<td>Emily K. Reganis Rebar</td>
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<td>Ciana M. Reschman</td>
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<td>Cynthia Nelson Rowlett</td>
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<td>Hui-Wen Sato</td>
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<tr>
<td>David Schmidt</td>
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<td>Tabitha Maria Schwartz</td>
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<td>Kieran Melvedt Shamash</td>
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<td>Sanci Beth Solis</td>
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<td>Elizabeth Ann (Campbell) Stogner</td>
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<td>Suzette Dee Sweeney</td>
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<td>Sarah Underkofler</td>
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<tr>
<td>Amina Ruth Naef Winter</td>
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<td>Karen Noleen Young</td>
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<td>Linda C. Young</td>
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### Pediatric Intensive Care Unit

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<tr>
<th>Name</th>
<th>Title</th>
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<tr>
<td>Ashley Marie Andrew</td>
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<tr>
<td>Danielle Brianne Attanasio</td>
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<td>Debra Lynn Barnes</td>
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<td>Meredith Anne Blackburn</td>
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“Though I still don’t always have the answer, I think becoming certified has increased my confidence as a nurse by expanding my knowledge. And if I don’t have the answer, I know where to look!”
—Sharayah Elkins, BSN, RN, CPHON, 4 West

**Pediatric Surgery**
Linda Camacho CPNP
Catherine Goodhue CPNP
Elizabeth A. Harrison CPNP
Donna E. Nowicki CPNP
Andrea Lynne Parker CPNP
Teresa Lynn Renteria CWOCN

**Perioperative Services**
Nancy Bridges CNOR

**Plastic and Maxillofacial Surgery**
Kamala K. Gipson-McElroy CPNP
Karla Aurine Haynes CPNP
Chi Kim Phan CPNP

**Post-Anesthesia Care Unit**
Cynthia K. Burrola CPN
Allan J. Crescencia CPN
Melanie K. Forne CPN
Erin L. Lowerhouse CPN
Marvin B. Mangahis CPN
Elizabeth Nakamura CPN
Jason Vargas CPN

**Quality Improvement and Safety Services**
Rhonda Sue Filipp CPN
Rachelle Christine Ragan CPN
Edahorraine J. Salas RN-BC
Dave Tan HACP

**Radiology Nursing**
Jodi Caggiano CCRN
Margo W. Coon CPNP
Vanessa L. Guerrero CPN
Martha A. Jarquin CPN

**Risk Management**
Karen Prommer CPHRM

**Simulation Center**
Caulette Young CCRN

**Spina Bifida**
Laura Monica Bala Fernandez CCRN

**Surgical Admitting**
Jocelyn Andrea Ablian CPNP-PC
Leitia R. Boutros CPNP
Natalie D. Cheffer CPNP
Beatrice L. Chun CPNP
Debbie L. Hand CPN
Yvonne J. Olive FNP-BC
Stefanie Ann Proia CPNP
Debra A. Rannalli CPNP
Patricia Ann Rodriguez CPNP
Paula Patricia Rosales PPCNP-BC
Lisa Smalling FNP-BC

**Trauma Services**
Elizabeth Ann Cleek CPNP-PC

**Urology**
Nicole Jennifer Freedman CPNP-PC
Valerie Jean Gordon CGRN

**Versant™ RN Residency in Pediatrics**
Sandra L. Hall RN-BC
Jessica Lauren Klaristenfeld RN-BC

**Total Number of Certified Nurses:**
620
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.

The hospital offers:
• A tuition assistance program
• 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 different 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

Erin Messing, MSN, RN, CPN, CPNP-AC, completed the Pediatric Nurse Practitioner (Acute Care) program at Vanderbilt University in fall 2014.

2014 Average Clinical Nurse Education Level in Magnet® Organizations (measured in Full-Time Equivalents)

<table>
<thead>
<tr>
<th></th>
<th>All Magnet Hospitals</th>
<th>Pediatric Magnet Hospitals</th>
<th>Children’s Hospital Los Angeles</th>
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<tbody>
<tr>
<td>Associate’s Degree in Nursing</td>
<td>35.86%</td>
<td>24.06%</td>
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<tr>
<td>Diploma in Nursing</td>
<td>8.46%</td>
<td>5.58%</td>
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<tr>
<td>Bachelor’s Degree in Nursing</td>
<td>51.78%</td>
<td>65.78%</td>
<td>68.0%</td>
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<tr>
<td>Master’s/Graduate Degree in Nursing</td>
<td>3.78%</td>
<td>4.50%</td>
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New Advanced Degrees in 2014

**Bachelor’s Degree (BSN)**

Joey An, RN  
(Cardiovascular Acute)

Colleen Carrelli, RN  
(Vascular Access Team)

Emily Fu, RN  
(Pediatric Intensive Care Unit)

Juana Gutierrez, RN  
(Newborn and Infant Critical Care Unit)

Diana Lopez, RN  
(Newborn and Infant Critical Care Unit)

Angela Lowery, RN  
(Pediatric Intensive Care Unit)

Ray Mitsuno, RN  
(Pediatric Intensive Care Unit)

Brooke Sanders, RN  
(Newborn and Infant Critical Care Unit)

Nicole Van Loon, RN  
(Newborn and Infant Critical Care Unit)

Yelena Yanovsky, RN  
(Newborn and Infant Critical Care Unit)

**Master’s Degree (MSN)**

Yolanda Chartan, RN  
(Emergency Department)

Lizzelle Dulay, RN  
(4 West)

Grace Magaling, RN  
(Cardiothoracic Intensive Care Unit)

Erin Messing, NP  
(Float Team, Acute Care)

Diana Poon, RN  
(Pediatric Intensive Care Unit)

Rosanna Preall, LVN  
(6 West)

**Doctorate**

Debra Rannalli, NP  
(Perioperative Services) – Doctorate of Nursing Practice
Publications


Catherine Goodhue, RN (Pediatric Surgery), and Cecily L. Betz, RN (USC University Center for Excellence in Developmental Disabilities): “Use of Corticosteroids After Hepatopancreaticoenterostomy for Bile Drainage in Infants With Biliary Atresia: the START Randomized Clinical Trial,” Journal of the American Medical Association (JAMA), May 7, 2014.


Nancy Blake, RN (Critical Care Services); Kay Gilmore, RN (Patient Care Services); Dan Villareal, RN (Patient Care Services); and Phan Dang, RN (Patient Care Services): “The Effect of Fatigue on the Work Environment,” AACN Advanced Critical Care, October 2014.


Denna S. Jung, NP (Radiology/Anesthesia), and Susanne M. Matich, NP (Radiology/Anesthesia): “Maximizing Limited Anesthesia Resources in Radiology Through the Use of Child Life Specialist and MRI Video Goggles,” abstract/poster, Journal of Critical Care Medicine, February 2014.


Kathleen Ruccione, RN (Hematology-Oncology): “Characterization of Transfusion-derived Iron Deposition in Childhood Cancer Survivors,” Cancer Epidemiology, Biomarkers & Prevention, September 2014.


Nancy Blake, RN (Critical Care Services); Kay Gilmore, RN (Patient Care Services); Dan Villareal, RN (Patient Care Services); and Phan Dang, RN (Patient Care Services): “The Effect of Fatigue on the Work Environment,” AACN Advanced Critical Care, October 2014.


Oral Presentations


Jennifer Huson, RN, and Mary McCulley, RN (Pediatric Intensive Care Unit): “Rapid Recovery from Respiratory Failure After Cessation of Sirolimus in a Post-Transplant Adolescent,” at the 44th Critical Care Congress for the Society of Critical Care Medicine, January 2014.


Cecily L. Betz, RN (USC University Center for Excellence in Developmental Disabilities): “Getting From Here to There: Developing Your Program of Research,” keynote speech, Indiana State University School of Nursing Lambda Sigma Chapter of Sigma Theta Tau Research Symposium, April 2014; “Professional Publication,” Pediatric Endocrinology Nursing Society Annual Conference, May 2014.


Allan Cresencia, RN (Post-Anesthesia Care Unit): “Pediatric P.O.I.N.T.S. to Ponder” and “Care of Common and Rare Pediatric Syndromes,” American Society of PeriAnesthesia Nurses (ASPN) 33rd National Conference, April 2014.


Sharon Fichera, RN (Critical Care Services): “Cardiac Embryology and Common Defects in the Neonate,” “Multisystem Organ Failure,” “Sepsis: It’s Not the Same Old Infection Anymore,” “Necrotizing Enterocolitis” and “Surgical Emergencies in the Newborn,” lectures, National Conference for Neonatal Nursing, April-May 2014.

Mary Dee Hacker, RN (chief nursing officer and vice president, Patient Care Services): “Care Coordination in a Complex Environment,” speech, Children’s Hospital Association–Transforming Children's Healthcare Conference, May 2014.


Donna Guadiz, RN (Heart Institute): “Pulmonary Hypertension Association (PHA) On the Road,” two panel presentations, PHA educational forum for patients and families, September 2014.

Mary Dee Hacker, RN (chief nursing officer and vice president, Patient Care Services): “The Future of Nursing Includes Research” and “Improving Quality Through Reducing Care Variation” (co-presented with James Stein), 3rd China-U.S. International Symposium of Pediatrics, Hunan Children’s Hospital in China, September 2014.


Christopher Singson, RN (5 East); Ruth Paul, RN (5 East); Gwen Kimball, RN (4 West); Cindy Rowlett, RN (Pediatric Intensive Care Unit), Sue Bugsch, RN (Neonatal and Infant Critical Care Unit), and Jessica Klaristenfeld, RN (RN Residency): “Sustaining Preceptor Satisfaction: How Do We Help the Helpers?” 10th Annual Versant Client Conference, Arlington, Virginia, November 2014.

Marie Seitz, NP (Bone Marrow Transplant Unit): “Sources of Symptom Bother in Hospitalized Pediatric Oncology Patients,” Council on Advancing Nursing Science, September 2014.
Sanci Solis, RN, and Elizabeth McQuinn, RN (Pediatric Intensive Care Unit): “Pediatric Intensive Care: End of Life Checklist,” Family-Centered Care Conference, California Endowment Center, June 2014.

**Poster Presentations**


Megan Summers, RN (Float Pool), and Gloria Verret, RN (6 West): “RN Remedies: A Pediatric Nurse-Driven Blog Reaches Out Globally,” poster presentation, National Society of Pediatric Nurses Conference, April 2014.

Dawna Willsey, RN (Operating Room); Wendy Lin, RN (Hospital Administration); Kim Dodson, RN (Surgery); Coleen Lutz, RN, and Elise Aube, RN (Operating Room): “A Lean Team Approach: Increased Efficiency and Decreased Turnover Time,” poster presentation, first place in Evidence-Based Practice, Association of Perioperative Room Nurses Conference and Surgical Expo, April 2014.


Monica Horn, RN, Debbie Dechant, RN, and Donna Guadiz, RN (Heart Institute); Florida Imperial-Perez, RN (Cardiothoracic Intensive Care Unit); Kenneth Salmon, RN (Cardiothoracic Intensive Care Unit): “It Takes a Team: Collaborative Approach for Nutritional Needs of Pediatric Ventricular Assist Device Patients,” poster, International Transplant Nurses Society’s 23rd Annual Symposium, September 2014.


Fran Blayney Honored With Regional Faculty Exemplary Service Award From PALS

The American Heart Association (AHA) awarded Fran Blayney, MS, RN-BC, CCRN, the Regional Faculty Exemplary Service Award for Pediatric Advanced Life Support (PALS) in the Greater Los Angeles region. This new peer-nominated award recognizes those who go above and beyond in providing outstanding educational guidance and service to the Training Network and the community, in support of the mission of the AHA.

Blayney has been involved with the PALS course since AHA introduced the revolutionary program in 1988. She was one of the first instructors to educate health care providers in the L.A. area, and since 1992 she has been the regional faculty member providing educational support to the ever-evolving program.

Nurses.com Giving Excellence Meaning (GEM) Awards

Teri Loera, BSN, RN, NE-BC, PCS, and Nicole Que, BSN, RN, CCRN, attended the 2014 West Nurse.com Giving Excellence Meaning (GEM) Awards event at the Hilton Los Angeles/Universal City. Loera, operations manager in the Pediatric Intensive Care Unit, was a finalist for Nursing Excellence in Management. Que, quality coordinator on the Quality Improvement and Patient Safety team, received the new California’s Rising Star Award. Que is the first CHLA nurse and the first nurse in California to win this new Nurse.com GEM award, a category that debuted in 2014.

Three other CHLA nurses were GEM Award nominees: Maria Gannon, RN (Informatics-I.S.-KIDS), for “Advancing and Leading the Profession”; Noreen Clarke, RN (Craniofacial and Cleft Center), for “Education and Mentorship”; and Fran Blayney, RN (Pediatric Intensive Care Unit), for “Education and Mentorship.”

Laura Vasquez Receives Kathy Ruccione Award for Excellence in Pediatric Hematology/Oncology Nursing

Laura Vasquez, RN, CPON, received the 2014 Kathy Ruccione Award for Excellence in Pediatric Hematology/Oncology Nursing. The award is presented annually by the Southern California American Pediatric Hematology/Oncology Nurses (SCAPHON) board of directors to a member who exemplifies excellence.

Vasquez was nominated by fellow nurse Deborah Marino, BSN, RN, CPON. Marino explains, “Laura Vasquez is one of the strongest people I know, while also being one of the most compassionate and caring at the same time. Since her transition from
the bedside and lead charge nurse on the floor, Laura has capably filled the shoes of care managers in the Neural Tumors Program, providing seamless coverage for brain tumor patients before taking on the new role as coordinator.”

SCAPHON established this award in 1995 and named it for the inaugural winner, CHLA’s Kathy Ruccione, PhD, MPH, RN, CPON, FAAN. Ruccione was the driving force behind the formation of our local chapter of SCAPHON.

2014 ICU Design Citation Award

CHLA’s Newborn and Infant Critical Care Unit (NICCU) was the recipient of the 2014 ICU Design Citation Award, which is co-sponsored by the Society of Critical Care Medicine, the American Association of Critical Care Nurses and the American Institute of Architects Academy on Architecture for Health. The award recognizes a critical care unit already in operation whose design demonstrates attention to both functional and humanitarian issues. Units are reviewed according to the following criteria:

• Commitment to creating a healing environment
• Commitment to promoting safety and security
• Commitment to efficiency
• Attention to innovative, unique aesthetic and creative design features

The Children’s Hospital Los Angeles Extracorporeal Membrane Oxygenation (ECMO) Program has been recognized with the 2014 Excellence in Life Support Award by the Extracorporeal Life Support Organization (ELSO). This three-year designation demonstrates the remarkable achievements by CHLA’s ECMO Program in the following areas:

• Excellence in promoting the mission, activities and vision of ELSO
• Excellence in patient care by using the highest-quality evidence-based measures, processes and structures
• Excellence in training, education, collaboration and communication supporting ELSO guidelines—contributing to a healing environment for families, patients and staff

Sonja Alli-Casella, BSN, RNC-NIC (far left), and Nancy Blake, PhD, RN, CCRN, NEA-BC, FAAN (second from right), accepting the 2014 ICU Design Award
The 2014 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 1,780 hospitals across all 50 U.S. states and 13 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.

1. January: Erika Winn, MSN, RN (Cardiovascular Acute)
2. May: Jesibelle Bernardo, BSN, RN, CPHON (6 West)
3. June: Claudia Chavez, RN (Bone Marrow Transplant)
4. July: Nicole Ainsworth, MSNc, RNC-NIC (Newborn and Infant Critical Care Unit)
5. September: Tere Jones, RN, CPN (Care Coordination Department)
6. October: Sona Daldumyan, RN, CPON (4 West)
7. December: Alicia Voyatzis, RN (Cardiothoracic Intensive Care Unit)

Additional Recognition

Sharee Anzaldo, MSN, RN (Surgical Admitting), received the Sigma Theta Tau International Alpha Eta Chapter Research Award, April 2014.

Cecily L. Betz, PhD, RN, FAAN (USC University Center for Excellence in Developmental Disabilities), received the Dr. Maryanne Roehm Nursing Scholar Award from the Indiana State University School of Nursing, April 2014.

Scarlett Czarnecki, BSN, RN, CPHON, CCRP (Hematology/Oncology), was named a Compassion Awards Volunteer of the Year by the Jessie Rees Foundation at the NEGU (Never Ever Give Up) Gala, March 2014.

Barbara Britt, MSN, RN (Neuro-Oncology), received the Spirit of Caring Award from Maddi’s Closet, July 2014; an L.A. County Board of Supervisors commendation for work with children with brain tumors, July 2014; and a Founder’s Award from We Can (Pediatric Brain Tumor Network), September 2014. In addition, she was honored at the Camp
Ronald McDonald for Good Times® fundraising dinner for three decades of volunteer oncology nursing expertise, October 2014.

Kathleen Ruccione, PhD, MPH, RN, CPON, FAAN (Hematology-Oncology), won a writing award for her article “Adolescents’ Psychosocial Health-related Quality of Life Within Six Months After Cancer Treatment Completion,” in Cancer Nursing, August 2014.

Nhu Tran, MSN, RN, PHN, CCRN, CCRP (Cardiothoracic Surgery), won the “Future of Nursing Scholars” program award granted by the Robert Wood Johnson Foundation, September 2014.

Great Catch Award

To embrace a culture of safety and reporting at CHLA, the Quality Improvement and Patient Safety team created the Great Catch Award. This 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.

The March 2014 winner, Victoria Duncombe, MSNc, RN, CCRN, is a wonderful example. While caring for an intubated patient, she received an order to discontinue the patient’s pain and sedation medication, though there were no plans for extubation. Duncombe questioned this discrepancy, which ultimately led to the withdrawal of the order. As an advocate for patient safety, she entered this near-miss on iReport to help with tracking and trending events.

The following nurses were recognized for a Great Catch in 2014:

Arielle Morales, BSN, RN (Post-Anesthesia Care Unit)
Victoria Duncombe, MSNc, RN, CCRN (Cardiothoracic Intensive Care Unit)
Grace Magaling, MSN, RN (Cardiothoracic Intensive Care Unit)
Frances Jameson, BSN, RNC-NIC (6 West)
Nicole Ainsworth, MSNc, RNC-NIC (Newborn and Infant Critical Care Unit)
Heidi Horen, BSN, RN (Newborn and Infant Critical Care Unit)
Jessica Christl, RN (5 West)
Allison Taylor, BSN, RN, CPHON (4 East)
Jill Freisen, BSN, RN (4 East)
I Couldn’t Do It Alone: How CHLA Teamwork Made a Difference

By Hui-wen Sato, MSN, RN, CCRN

One of the main reasons I was drawn to ICU nursing was the one-on-one presence I could have with my patient and the family throughout my entire shift. I love the depth of focus on one patient, one family, one case. Some may look at the simple 1-to-1 nurse-to-patient ratio and think, “Certainly any decent nurse could easily take care of one patient alone.” But I can’t do it alone. For one precious baby boy and his family who will forever leave their imprint on my heart, I couldn’t do it alone. I needed CHLA teamwork to make a real and lasting difference.

Baby Boy was recently diagnosed with stage 4 neuroblastoma, which had caused huge purple lumps to cover his tiny body. One lump in particular near his trachea threatened his respiratory status. As I sat with his mom during my first shift with him, she told me how she had longed for a son before getting pregnant with him, and how she would gladly take the neuroblastoma and all its ugliness on herself if she could, if it would save his life. She knew it was bad, but she looked to us to help, somehow. I was drawn to be their primary nurse.

When I returned a few days later for my next shift with them, Baby Boy was not doing well. He could not hold his oxygen levels up. We needed to transition him from the regular ventilator to an oscillator. He was my only patient, but I could not manage his respiratory status alone. I needed our skilled and compassionate respiratory therapist to do what he was specially trained to do. I hand-bagged sweet Baby Boy, and the RT suctioned. I bagged, and then the RT gently transitioned Baby Boy to the oscillator, setting him up in such a way...
that the parents could still stand at his bedside and kiss his hand, his cheek, his forehead. Baby Boy still struggled to keep his oxygen saturation above 70 percent, and then his blood pressure began to slowly drop. The orders flooded in. Start dopamine, give fluid boluses, draw labs, obtain blood gases. I could not do it alone, and my charge nurse knew it. The two resource nurses in our unit were diverted to my room. We quickly divided up tasks and everyone worked urgently, soberly. The other nurses in the unit stopped calling the resource nurses for help and looked to their neighbors instead for assistance, recognizing that Baby Boy took precedence for the resource nurses at this point in time. I could not do it without the tremendous understanding and support of all the nurses in the unit, quietly, generously lending me their hands in that way.

For a few hours, Baby Boy held on precariously with his oxygenation and his blood pressure at uneasy levels. The parents had remained present in the room the entire time, at times quiet, at times tearful, at times allowing themselves the lighter conversation and tender laughter that sorrowful hearts need to keep on going. But after some time with no signs of improvement, it became clear that the parents needed an honest answer about their baby’s prognosis. I had a feeling, but I could not be the one to hold that conversation. I needed our doctors to come with their expertise and their tender hearts to initiate the hardest conversation that any health care provider could have with an emotionally fragile parent. They explained the reasons for Baby Boy’s poor prognosis with the most delicate balance of professionalism and deeply personal care. With tears and with a courage summoned from deep within, the parents made the choice at that point to withdraw support and make their child AND (meaning “allow natural death”).

Baby Boy bid a quiet goodbye to his parents an hour later, slipping out of his suffering as his mother held him in his last moments. I slowly began to remove lines, tubes, cables. They did not need their final memories of this room to be filled with all the reminders of chaos and equipment. I wanted such a clean and peaceful room for them. But the mother’s deep sobbing filled the room and filled my heart, and I knew she needed something tangible to hold onto, after a day of such tremendous loss. I needed the Child Life specialist to come and save a lock of hair, to come create handprints and preserve a most precious memory of a most precious baby. After bathing Baby Boy and arranging the room for the parents to say their final goodbyes, I needed to finish my charting. But again, I was acutely aware that the parents needed more. They needed an open heart to which they could bring their sorrow and their fears about how to go on from here. I could not do this alone. I needed the palliative care social worker to come and be the reflective, empathetic presence that these overwhelmed, grieving parents needed after such an unspeakably long and painful day.

I was the final one to interact with the parents before their beloved baby was taken from them for the last time. They thanked me profusely for taking care of their child and for helping them through such a difficult day. I was humbled that I should receive this expression of thanks for the work that the entire CHLA PICU team had done that day. I could never have done it alone. We were not able to save their baby’s life, and yet this team made such a significant difference for Baby Boy and his family. On the hardest, loneliest, scariest day of their lives, this family knew that it was not just their bedside nurse who was there to care for them. They knew that it was an entire team of people at CHLA—each bringing not only their expertise but also their hearts—that came on this day, to this room, to say that this Baby Boy was worth all our efforts, that he was worth all our efforts together.

“For one precious baby boy and his family who will forever leave their imprint on my heart, I couldn’t do it alone. I needed CHLA teamwork to make a real and lasting difference.”
“Were there none who were discontented with what they have, the world would never reach anything better.”

—Florence Nightingale
After years of visioning and planning, the Institute for Nursing and Interprofessional Research at Children’s Hospital Los Angeles has been formalized and launched with the hearty endorsement of executive leadership and the CHLA Board of Trustees. With the introduction of the Institute, CHLA aims to lead pediatric clinical care science by conducting comprehensive and innovative research and implementing evidence-based practices that improve patient outcomes, promote health and support healthy work environments.

The Institute for Nursing and Interprofessional Research will capitalize on the experience and education of our clinical professionals and their ability to make discoveries and implement meaningful change. CHLA has all the elements necessary: leadership, talent, a successful track record and the ideal pediatric population for study. By supporting a culture of curiosity, asking the right questions and piloting essential investigations, the hospital will improve the lives of children here and around the world.

The Institute will yield better, more cost-effective and compassionate care by:

- Exploring novel questions and conducting population, bench and bedside studies with nurse-led interdisciplinary teams
- Developing a more effective clinical care workforce through research opportunities, education and professional development—sparking innovation and fully utilizing CHLA’s human capital
- Creating a model for pediatric clinical research that puts CHLA at the forefront of the field and can be used to empower care providers and improve care in hospitals across the country and around the world

The Institute for Nursing and Interprofessional Research will fuel first-of-its-kind research that is holistic, collaborative and applicable across multiple care settings and service lines. It will support protected time for clinical experts to conduct studies, provide seed funds for promising investigations into important clinical care questions, and cover research staff and administrative expenses critical to any research enterprise.

In honor of Mary Dee Hacker, MBA, RN, NEA-BC, FAAN, the hospital’s visionary nursing leader for 40 years, the Nursing and Interprofessional Research Endowment has been established to support the Institute. The endowment will serve as a permanent vehicle for harnessing the enthusiasm and financial support of Trustees, executive leaders, employees, families and the community to champion discovery—and define the leading edge of extraordinary clinical care.
Acknowledgments

We would like to thank the following people for contributing to this report:

Richard D. Cordova, FACHE, President and Chief Executive Officer
Mary Dee Hacker, MBA, RN, NEA-BC, FAAN
Carolyn Kendrick
Doris Lymbertos
Jessica Klaristenfeld, MSN, RNC-NIC
Catherine Kissinger, MN, RN, NE-BC
LaVonda Hoover, MS, BSN, RN, CPNP, CPN
Suzanne Taylor, MSN, RN-BC
Krichelle Larson, BSN, RN, CCRN
Kristi Ficek, BA, RN
Matthew Pearson
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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.