A 2015 Overview

OUR HOSPITAL

357 | ACTIVE PATIENT CARE BEDS
106 | INTENSIVE CARE BEDS

AVERAGE DAILY CENSUS: 291
44.5% PATIENTS UNDER THE AGE OF 4

VISITOR
NUMBER OF VISITS TO OUR EMERGENCY DEPARTMENT: 77,673

OUR NURSES

87 NURSES IN THE VERSANT™ RN RESIDENCY PROGRAM DURING 2015

94 NURSE PRACTITIONERS

PERCENTAGE OF CLINICAL NURSES WITH NATIONAL BOARD CERTIFICATION: 39%*
PERCENTAGE OF NURSE LEADERS WITH NATIONAL BOARD CERTIFICATION: 74%*

NURSES’ AVERAGE LENGTH OF CHLA TENURE: 9.6 YEARS

NURSES TAUGHT APPROXIMATELY 1,200 NURSING STUDENTS IN 2015

*Based on full-time equivalents
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Featured on the cover: Judy Sherif, RN, CPN, BSN, MNA, manager of the Alan Purwin Emergency Transport Program at Children’s Hospital Los Angeles, with CHLA’s emergency transport helicopter
A Note From the Magnet Program Managers

We are past the halfway point heading toward the 2017 submission of our Magnet Redesignation document, and this year has been full of wonderful advances in providing our patients and families with high-quality care and enriched experiences.

We celebrated with the staff of the Rehabilitation Unit as they moved into an exceptional new space, the Margie and Robert E. Petersen Foundation Rehabilitation Center honoring Bobby and Richie Petersen. Our nurses participated in innovative evidence-based projects and demonstrated their success in measurable patient outcomes. Also, what an honor it was for nurses of all levels and specialties to play a part in helping athletes at the Special Olympics World Games in Los Angeles.

Once again we reached out to our community through camps and enhanced the lives of children and teens. We strengthened our programs for transitioning and mentoring our new graduate nurses and newly hired experienced nurses. Our nursing academic levels and certification rates continue to soar. As we journey toward Magnet redesignation, we continue to do what we do best: provide compassionate care for our patients and families and demonstrate the highest virtues of the nursing profession.

Sincerely,

Margaux Chan, BSN, RN, CPN

Susan Crandall, BSN, RN, CCRN
Even before I officially joined Children’s Hospital Los Angeles in the fall of last year, I knew that nurses were the heart and soul of this institution.

Now, with nearly a year under my belt, I can say unequivocally that the nursing perspective is woven into the fabric of the CHLA culture. I am impressed with our commitment to Magnet designation and proud that the profession of nursing gets the respect here it so greatly deserves.

I am excited to see our nurses take their practice to the next level with the creation of our Institute for Nursing and Interprofessional Research. It’s a true exemplar of their excellence, and this report details countless more instances of their professionalism, commitment and abilities. Every hospital CEO should be so lucky as to have a nursing team of this caliber.

Thank you for taking the time to find out more about what our nurses accomplished with and for CHLA this past year.

Warmest regards,

Paul S. Viviano
President and Chief Executive Officer
A Final Note from Chief Nursing Officer Mary Dee Hacker

“This will be the last time, at least in these pages, that I have this opportunity to share my thoughts on the work our nurses do before I leave my post as vice president of Patient Care Services and chief nursing officer, and transition to my new role as the inaugural director of the Institute for Nursing and Interprofessional Research at CHLA.”

—Mary Dee Hacker, MBA, RN, NEA-BC, FAAN
Each year in this space, I extol the work of the nurses at Children’s Hospital Los Angeles and pay tribute to the entire nursing profession. This will be the last time, at least in these pages, that I have this opportunity to share my thoughts on the work our nurses do before I leave my post as vice president of Patient Care Services and chief nursing officer, and transition to my new role as the inaugural director of the Institute for Nursing and Interprofessional Research at CHLA.

I came to CHLA in 1975 with a few simple goals:

- Understand what “family-centered care” was all about
- Enjoy Los Angeles
- See the Pacific Ocean
- Return home to Minnesota in a year or two

Thankfully, with due respect to my beautiful home state, I only accomplished three out of the four. CHLA, and the city in which it dwell, grabbed my heart and inspired my ambition to be part of the most important mission possible. This hospital, the patients, the families and the incredible team of caregivers have changed me forever.

Even now after 40 years, I am humbled by the powerful and important work done every minute of every day for our little ones and their families. This is sacred work, carried out by talented, compassionate individuals and supported by the expert CHLA interprofessional teams.

We often look to great athletes for lessons about performance. For professionals here at CHLA, athletes do indeed have lessons to teach about the value of perseverance, of hard work and practice, of precision. But our successes have dimensions that cannot be found on a playing field:

- Children’s lives are on the line. Decisions and omissions have profound and enduring consequences.
- We face daunting expectations. Our task is to cope with illness and to enable every child to lead a life as long and free of frailty as our science will allow.
- The steps are often uncertain. The knowledge to be mastered is both vast and incomplete.

At CHLA we have created a culture that thrives and insists on excellence, but that comes with a price: The second guessing and speculating never end. Even when we send a family home with a child totally cured of an admitting diagnosis, we ask: Could we have done a better job? Could we have eliminated any delays in treatment or procedures? Could we have stuck this little one fewer times? Could we have helped the anxious dad a bit more? Could we have … could we have … could we have …?

We are proud of our successes, but wonder whether they could have been greater. Could we have done it another way?

As I look back on my CHLA career, I will say none of it was easy; yet I will say every moment mattered. This moment matters, too. How do I wrap up my feelings in an honest and complete way?

I’ve been inspired by those who have pushed me to be better, pulled me forward when I’ve been too cautious, stood beside me when I needed support, and showed me that my best emerges when I help others do their best.

Thank you, everyone, from the bottom of my heart. This is a place dedicated to health, healing, understanding and improvement, one that runs on discipline, energy, teamwork, love, respect, pride, hope and knowledge.

Sincerely,

Mary Dee Hacker, MBA, RN, NEA-BC, FAAN
Vice President, Patient Care Services and
Chief Nursing Officer
Vice President, Patient Care Services and Chief Nursing Officer Mary Dee Hacker chats with nurses and patient Samantha Stewart and her family.
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.
The program got its start in 2012 when a nurse came to Verret with a request: Could the support she felt during residency continue? “It takes a while to become an independent nurse,” notes Verret, a 19-year veteran. “We decided to expand each new nurse’s network.” There’s been no shortage of volunteers to help. “We fill up all available mentoring slots any time we put out a call,” says Lin, a 2012 Versant RN Residency graduate who runs a Facebook group for the Triad Mentorship. For Lin, “being involved in this program has made me realize I’m capable of doing more as a nurse.”

The innovation feature of this program is the value it puts on the experience level of the mentors. Each new nurse is supported by two mentors—a peer mentor who is a recent (five years or less) residency graduate and a veteran mentor. Verret and Lin foresaw mentorship benefits from both experience levels. Peer mentors create an open, comfortable learning environment for the new nurses while

After a 22-week training, the new nurse graduates from the Versant™ RN Residency at Children’s Hospital Los Angeles are promoted to a new role as independent clinical nurses. The new graduate nurses have to apply all that they have learned and now work autonomously. This is a huge leap, and some new graduate nurses have challenges adjusting to their new role after receiving such significant support during the residency program.

To ease this transition, 6 West nurses Gloria Verret, BSN, RN, CPN, and Vicky Lin, BSN, PHN, RN, CPN, created an innovative Triad Mentorship Program that provides an additional six months of mentoring for residency graduates. Verret and Lin are co-facilitators of 6 West’s program, which has between six and 15 participants in every six-month cycle and is growing to embrace transition nurses and care partners.

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contributing their experiences learning clinical and critical-thinking skills. The veteran mentors provide valuable pearls of clinical wisdom that even the peer mentors are still attempting to master.

Being a mentor comes with responsibility. Mentors want to model professionalism to the new nurses. The mentors learn how to be resourceful and find answers. They become stimulated and challenged to improve their teaching skills and competencies. In addition, they receive support from the mentorship program, including training materials and advice on what makes a good mentor.

One of the many positive outcomes of the program is that mentees report increased feelings of support, more creative thinking and academic growth, as well as a decrease in stress levels. In response to the question, “How useful do you feel the mentoring program has been?” the average score from the mentees and mentors has risen each month (see graph below).

Together, Verret and Lin presented the program at the 2014 National Magnet Conference, the 2015 Society of Pediatric Nurses Conference and the 2015 National Mentoring Institute Conference, among other venues. The program has received recognition since its inception, and its success is felt by all participants—new graduates and both peer and veteran mentors. Verret says it best: “Everyone improves by being in the program.”

“How useful do you feel the mentoring program has been?”

—Vicky Lin, BSN, PHN, RN, CPN
CHLA staff and Special Olympics leaders, working the equestrian events during the 2015 Special Olympics World Games in Los Angeles
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.
Lending a Hand: Special Olympics World Games

Los Angeles was the host city for the 2015 Special Olympics World Summer Games, which took place July 25-Aug. 2, 2015, and were billed as “the largest sports and humanitarian event in the world.” Children’s Hospital Los Angeles served as the backbone of the Games’ health care support—providing and coordinating volunteer medical services for the 7,000 competing athletes at venues across the Greater Los Angeles area.

This undertaking was no small feat. Leading CHLA’s efforts were Lee Pace, MD, director of the Sports Medicine Program in the Children’s Orthopaedic Center, and Nancy Blake, PhD, RN, CCRN, NEA-BC, FAAN, director of Critical Care Services. Pace served as medical director for the Special Olympics venue, while Blake was the Games’ lead venue administrator.

Blake began coordinating the hospital’s involvement in the spring of 2014. She says she knew her initial email seeking medical volunteers for the Games would generate interest from CHLA staff, but she didn’t realize just how quickly her inbox would be inundated with messages from nurses. “I received more than 100 emails within the first 24 hours,” she notes.

Other CHLA leaders eagerly pitched in too. Athletic trainer Dawnell “Dawnie” Nishijima, the new coordinator of the Sports Medicine Program, organized nearly 140 clinical volunteers to triage care. And Anna Kitabjian, BSN, RN, CPN, PHN, a clinical nurse on 6 East, coordinated the scheduling of volunteer nurses representing all areas of the hospital, including the Emergency Department, Surgical Services, Ambulatory Services and Float Pool. The nurses provided first aid to athletes participating in the Games.

“They worked six hours, and others did eight-hour shifts, depending on the venues, which hosted golf, equestrian and soccer,” says Kitabjian.

In addition to giving their time during the Games, CHLA volunteers attended orientation and information sessions to review protocols and procedures, likely injuries such as sprains, strains and contusions, and potential medical challenges, including seizures and cardiac issues. While all the Special Olympics athletes have intellectual disabilities, many also have medical issues. “We had to be prepared for anything,” says Blake.

Kitabjian adds, “It was great to have so many nurses participate. I’m overwhelmed by our nurses’ compassion and willingness to serve. It meant a lot to the athletes and the Special Olympics organization to have us there.”

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—Nancy Blake, PhD, RN, CCRN, NEA-BC, FAAN, director of Critical Care Services
The Versant™ RN Residency is proud to announce its new Transition RN Residency Program. The program is designed to help nurses who have nursing experience in other fields to transition into the role of CHLA pediatric specialty nurses. On Aug. 3, 2015, the program welcomed its first cohort of 22 nurses, who had prior experience in such roles as home care nursing, skilled nursing care and adult intensive care. The nurses participated in a 12- to 16-week residency to gain the competence and skills needed to practice as CHLA nurses. Cohorts will convene twice a year, in February and August.

“The Transitional RN Residency Program helped me foster new skills and reduced stress while working on the floor. It was extremely helpful to learn the fundamentals of 6 West before being on the unit, thus making it an easy transition as a new pediatric nurse.”

—Tahira Fazli BSN, RN
Nancy Chang, PhD, FNP, RN (second from left), and Steven Mittelman, MD, PhD (second from right), with two UniCamp counselors
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.
UniCamp is the official student charity of the University of California, Los Angeles, and it has been providing a unique outdoor camping experience for at-risk children from underserved neighborhoods for more than 80 years. The summer camp promotes the value of education, builds self-confidence and self-reliance and helps campers become successful in life. Recently, camp leaders came up with the idea for a health- and fitness-themed camp week. To implement the idea, the camp leaders called upon the Diabetes and Obesity Program at Children’s Hospital Los Angeles to help design and implement this new, weeklong session.

The partnership created a camp that hosted 125 campers, ages 10-17, during the week of July 26-Aug. 6, 2015. For many of these children, it was their first time at camp and their first time away from home. They resided in open-air cabins in the wilderness, a setting far different from their familiar urban environment. Campers were exposed to swimming, biking, archery, yoga and meditation, dance and hiking.

The camp experience was relatively new to the Diabetes and Obesity Program. The major themes and concepts for UniCamp were the result of a true interprofessional collaboration with members of the Diabetes and Obesity Program, who provided input and guidance throughout the process. Steven Mittelman, MD, PhD, and Cassandra Fink, MPH, CCRP, facilitated the communication and collaboration between the two groups. In addition:

- Megan Lipton, MA, and Emily Millen, MPH, provided their physical education expertise by adapting KNF exercise programs to fit the camp setting and integrating pedometers into track campers’ activities.
- Linda Heller, MS, RD, CSP, CLC, FAND, offered her nutritional expertise to help guide revisions to the camp menu that included whole grains, more fruits and vegetables, and less sugar—while still keeping the menu child-friendly.
- Nancy Chang, PhD, FNP, RN, provided medical oversight at the camp and set up protocols for managing the care of campers with type 2 diabetes.

Other program members included Claudia Borzutzky, MD; Ellen Iverson, MPH; Valerie Ruelas, MSW; Jamie Wood, MD; Patrice Yasuda, PhD; and Mari Radzik, PhD.
The following outcomes resulted in a promising future for the health and fitness camp:

- Diabetes and Obesity Program members led trainings in their areas of expertise for UniCamp staff during the months leading up to camp. These training sessions helped camp counselors learn to make healthy choices that lead to a healthy lifestyle.

- Type 2 diabetes patients saw huge improvements in their blood sugar levels while at camp.

- EMPOWER patients attending camp experienced large weight losses in just one week.

- Campers provided positive feedback on the new and healthy mealtime foods.

- Campers learned healthy eating habits, such as how to determine where they are on the “hunger scale” and how to maintain a healthy diet when eating out.

Inaugural DAISY Team Award
CHLA’s Patient Care Services Recruitment and Retention Council selected the Diabetes and Obesity Program to be honored with the inaugural DAISY Team Award in November 2015. This interprofessional recognition is awarded to a team that demonstrates effort above and beyond its traditional role to meet the needs of patients and their families.
Rehabilitation Services moves into the new Margie and Robert E. Petersen Foundation Rehabilitation Center.
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 Home for Rehab Patients

The Children’s Hospital Los Angeles Rehabilitation Unit has long been recognized for its exceptional care in helping patients recover from traumatic injuries and life-threatening illnesses. On Sunday, March 29, 2015, the Division of Pediatric Rehabilitation Medicine’s inpatient center on 6 North moved to its new location on Duque 6: the Margie and Robert E. Petersen Foundation Rehabilitation Center honoring Bobby and Richie Petersen.

This state-of-the-art, 22,000-square-foot acute pediatric inpatient facility offers greater therapeutic amenities and a more comfortable, safari-themed environment to promote healing. The center is the largest of its kind in the country, with 22 patient beds, including 16 private rooms, three semiprivate rooms and two medical isolation rooms for patients with fragile immune systems. Every room includes a family sleep area, bathroom and shower.

The space also includes a 1,750-square-foot rehabilitation gym for physical and occupational therapy; occupational therapy craft rooms; speech and recreation therapy rooms; a Child Life playroom; ceiling-mounted systems to safely move patients within the Center; a therapeutic kitchen; and a community dining room for patients and families.

As the first dedicated pediatric rehabilitation center in the region, the unit had been in its previous location since opening in 1973. The Rehabilitation team treats about 200 patients a year with a range of complex and diverse diagnoses, including brain and spinal cord injuries, bone and brain tumors, seizures, and spinal and rheumatologic disorders. The reaction to the new Center has been overwhelmingly positive.
“Everyone loves our new home. It’s very bright and happy, but calming and welcoming,” says Duque 6 Education Manager Yvonne Hughes-Ganzon, BSN, RN, CPN, CRRN. “Patients don’t want to leave.” Duque 6 Operations Manager Phan Leopando, BSN, RN, adds, “Patients and families are happy to be here because of the private rooms and bigger disability-approved bathrooms, not to mention being in a very new, cheerful and spacious environment. Our nursing and therapy rehabilitation teams feel more united because we are in one area and share a lounge.”

Relocation planning for the unit took three years of hard work from teams across the organization. The job was formidable and involved identification of the best location, business plan development, the design of the space, fundraising, construction permits and licensing, and the moving of patients. Every person involved in this project demonstrated remarkable dedication and teamwork and deserves to be commended.

Moving patients to the new Center was an important component of the planning. Preparations began several months in advance and involved teams from across the hospital, including Pediatric Rehabilitation Medicine, Information Services and Security, and Quality and Materials Management.

“Basically, it was everyone who was involved in the Marion and John E. Anderson Pavilion move, but on a smaller scale,” explains Sharon Chinn, RN, CRRN, director of Patient Care Services. Rehabilitation staff also received training to help patients and families transition to the new facility. Leopando adds: “It’s great to be in a new home that’s closer to the Anderson Pavilion, with more advanced equipment and inviting accommodations for patients and families.”

“Patients and families are happy to be here because of the private rooms and bigger disability-approved bathrooms, not to mention being in a very new, cheerful and spacious environment. Our nursing and therapy rehabilitation teams feel more united because we are in one area and share a lounge.”

—Phan Leopando, BSN, RN, Duque 6 Operations Manager
CV Acute Unit: Improving the Patient Discharge Process

The nurses at Children’s Hospital Los Angeles constantly strive to improve the way we deliver patient care. Nurses in the Cardiovascular Acute (CV Acute) Unit are no different, and they look for ways to better care for complex cardiothoracic patients. One challenge these nurses recently aimed to improve was the discharge process.

Although patients and families were being discharged at a satisfactory pace, the CV Acute nursing team knew that changes could improve time and efficiency. The team looked at several pieces of data, including average unconditional response time (AURT). This is the amount of time it takes for a patient to leave the unit after the discharge order is written. The AURT was generally over 2.5 hours. The goals of the program were to decrease that time while improving caregiver understanding and parental satisfaction.

To find solutions, CV Acute Managers Kay Gilmore, MSN, RN, CPN, and Melanie Guerrero, MSN, RN, CPN, analyzed every component involved in the discharge process and utilized their external resources. They were involved in high-level interprofessional meetings to address the discharge data and challenges. They queried health care research journals and attended a national conference presentation, collecting best practices. They collaborated with the Work Area Leadership Team (WALT), a unit-based governance group made up of select CV Acute staff, to develop a survey to assess the current practice of discharge and identify staff needs. The managers also utilized their “Monday Rounding for Outcomes” process, in which they walk through the unit and round with staff to get input on current issues.

Creating a new role: DRN
In November 2014, Gilmore and Guerrero facilitated a retreat with the lead nurses to present the information they had collected about discharge practices over several years. The group created the role of the “discharge registered nurse” (DRN), with an innovative new staffing model to accommodate the position.

The DRN would be responsible for assisting in patient discharge up to 72 hours prior to the anticipated discharge date. This exciting role would relieve clinical nurses from having to carry out comprehensive education with patients and families and allow them to focus on providing clinical care. Patient and family education is a huge component of a nurse’s role in the discharge process. Typical instructions for a family in preparation for discharge include well-baby care, CPR education, medication education, medical device care and medical equipment training. Thus, any necessary clinical interruptions—such as medication administration, communications with the health care team and bedside procedures—delay nurses’ ability to discharge patients in a timely manner and result in an increased AURT.
Increasing staffing over budget was not an option for Gilmore and Guerrero; they had to maintain existing levels and create an innovative answer. To include the DRN but still stay within budgeted hours, nurse-to-patient ratios varied based on patient acuity. Having one nurse assigned to the role of DRN—relieved of providing clinical care to patients and responsible exclusively for discharge education and planning—altered the workload and allowed some nurses to be assigned an additional patient.

This innovative new staffing model also enabled the unit to keep the existing role of the resource nurse, who is also not assigned to patients. The resource nurse serves as benevolent support for CV Acute nurses, handling new admissions, clinically worsening patients and escorts for patient transport, as well as relieving nurses for breaks.

The retreat group members also developed an internal application process for the DRN role, along with a four-hour training day. They wanted the role to be filled by their own CV Acute nurses, who are passionate about patient education and care coordination. As part of their training, four of the DRNs were trained as CPR instructors. This enabled them to teach CPR to patients and families at the bedside prior to discharge, without waiting for a certified instructor.

The new model was implemented in August 2015. Since then, the DRN has evolved from its initial vision and purpose and now fills a role that achieves remarkable patient-care efficiency and quality. The DRNs have regular meetings as a group to provide further support, development and training for their new role. They also regularly attend an interprofessional team meeting, called Care Progression Rounds, to communicate discharge plans and barriers to the CV Acute patients and families.

In addition, DRNs have arranged their schedules to be more available for families, including working until 9 p.m. This is extremely helpful for families who need to come after work or who travel long distances to the hospital. Another benefit to the new scheduling is that it enables DRNs to provide support for night-shift nurses.

“The results clearly show that the new staffing model with the use of a DRN has sped up discharge times, provided parents with a better understanding of discharge instructions, increased family satisfaction, and improved the relationship between nurses, patients and families.”
Achieving results
This innovation resulted in great outcomes. The AURT decreased to 1.85 hours in the first month of implementation and has stayed under two hours most months since then (Figure 1). Families expressed increased satisfaction with the new model and stated that they appreciated having consistent and dedicated people to help them through the discharge preparation process. Patient satisfaction scores regarding discharge, via the National Research Corporation (NRC), demonstrated significant improvements, placing well above the NRC’s 75th percentile benchmark. Notable increases were seen in such areas as explaining information that is easy to understand for parents (up from ninth to 87th percentile) and what symptoms to look for after discharge (up from 72nd to 87th percentile).

In addition, before the DRN staffing model, charge nurses would receive frequent phone calls after discharge from families who had questions about information they did not understand. Today, these phone calls have been reduced substantially, as families are better educated and prepared for their discharge. The data showed a decrease in post-discharge parental calls from 63 percent to 37 percent. Those families who do call with questions are now directed to the DRN. A future goal for the DRN will include making routine phone calls 24 to 48 hours post-discharge to address any questions or concerns prior to the patient’s first return appointment.

The results clearly show that the new staffing model with the use of a DRN has sped up discharge times, provided parents with a better understanding of discharge instructions, increased family satisfaction and improved the relationship between nurses, patients and families—all while staying budget-neutral. This is a perfect demonstration of the meaning of CHLA’s Core Values, especially how we achieve our best together.
4 East
Irene V. Aberin CPON
Lilibeth L. Aguado CPON
Shannon Elizabeth Arredondo CPON
Dania Marisa Bourque CPON
Staci A. Castillo CPON
Beata B. Chmielewski CPON
Michelle E. Criger CPON
Dawn Marie Dunkin CPON
Renee A. Flores-Garcia CPON
Diane M. Grade CPON
Anne C. Halli CPON
Barbara M. Huerta CPON
Jacqueline Denise Marroquin CPON
Heather Joy Meh CPON
Johanna Navia CPON
Alexandra Ornelas CPON
Marifel Pagkalinan CPON
Andrea Jean Petty CPON
Veena Punyanussoranee CPON
Jenine Michele Raffaniello CPON
Luzmarie Barron Ramirez CPON
June Nicole (Palacio-Bhojwani) Rees CPON
Sacha Lauren Reis CPON
Hilda Rodriguez CPON
Afshid Roozrokh CPON
Sirinan Srilanchanarak CPON
Allison Christine Taylor CPON
Kelcie Tice CPON
Kerry S. Vancura CPON
Maria L. Velasco CPON
Sonya L. Williams CPON

5 East
Kimberly Nicole Schenk CPHON
Don Stewart NE-BC
Deborah K. Weiss CPN
Cara Suzanne Wise CPHON

5 East
Ana Borde CPN
Stephanie Kate Bedsworth Brewis CPN
Emily Clark CPN
Jessica Damasco CPN
Nora A. Delgado CPN
Hoo Lynn Everson CPN
Lorena Maria Ferrer-Pyorala CPN
Giuliana V. Fiore CPN
Geraldine Fonacier CPN
Amy Jean Girguis CPN
Natalie Goldman CPN
Michelle M. Karlu CPN
Jolene Marie Knapp CPN
Monica Chea Lopez CPN
Angela Adriana Madrid CPN
Susan (Sue) Martinez CPN
Janet Mooney CPN
Sherry Nolan CPN
Ruth Paul RN-BC
Sarah G. Ramirez CPN
Ria Sanchez CPN
Eriin Schmidt CPN
Ani Simonoff CPN
Marcela M Solorio CPN
Irina V. Tarasova CPN

4 West
Melissa (Stewart) Aguirre CPON
Diane Rita Altounji CPON
Michelle D. Castle CPON
Sona Daldumyan CPON
Lizzele J. Dulay CPON
Anoush Mary Essajanian CPON
Libertad Garcia CPON
Monica Grover CPON
Renita Arlene Joseph CPON
Jamie Lee CPON
Swati Harshad (Vyas) Saiben CPON

5 West
Lesley Navea Abcede CPN
Linda B. Allen CPN
Arnie B. Banez CPN
Aimee Caipang CPN
Marlene Jalasavee Cox CPN
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Paula Jean Belson CRNA
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Mary Elias Iwaszewski CRNA
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Allan Crescencia CPN
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Jennifer M. Huson CPNP-PC
Mary Evelyn McCulley PPCNP-BC, CPNP-AC
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Dara Nunn CPNP-AC
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Mikaila Elizabeth Becker CPHON
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Corina Rico CPN
Vanessa Rios CPN
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Jocelyn Robinson CPN
Martha Samuel CPN
Joannie A. Stoker CPN, CCRN

Rita Secola, PhD, RN, CPON, FAAN, nursing director of the Children’s Center for Cancer and Blood Diseases, with patient Charlie Robin Libowsky

Operating Room
Katharina Becker CNOR
Norma M. Corona CNOR
Usha Bhulla Desai CNOR
Melinda R. Dizon CNOR
<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Certification</th>
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<tbody>
<tr>
<td>Verzhine Fodolyan</td>
<td>CNOR</td>
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<td>Paula E. Guzman</td>
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<td>Angela M. Hartley</td>
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<td>Angel Holzschuh</td>
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<td>Sohee Hwang</td>
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<td>Jingdong (Kenny) Kou</td>
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<td>Rodrigo S. Lopez</td>
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<td>Renee A. Lucci</td>
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<td>Andrea Carole McMonigal</td>
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<td>Florence E. Rivera</td>
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<td>Nur S. Abdullah Saldivar</td>
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<td>Adriana Savadjian-Smith</td>
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<td>Cheryl Michelle Smith</td>
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<tr>
<td>Kathleen J. Anulao</td>
<td>FNP-BC, CPN</td>
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<td>Elaine Butterworth</td>
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<td>Phyllis J. D’Ambra</td>
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<td>Ann M. Wakulich</td>
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<td>Heidi D. Haskins</td>
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<td>Susan Marie Hunt</td>
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<td>Deborah L. Jury</td>
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<td>Meghan Sullivan Middleton</td>
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<tr>
<td>Sarah Underkofler</td>
<td>CCRN</td>
<td></td>
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<tr>
<td>Samantha Wilson</td>
<td>CCRN</td>
<td></td>
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<tr>
<td>Amina Ruth Naef Winter</td>
<td>CPN</td>
<td></td>
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<tr>
<td>Karen Noleen Young</td>
<td>CCRN</td>
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<tr>
<td>Linda C. Young</td>
<td>CCRN</td>
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<tr>
<td>Irene Austria-Ramos</td>
<td>CPNP</td>
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<td>Linda Camacho</td>
<td>CPNP</td>
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<tr>
<td>Catherine Goodhue</td>
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<tr>
<td>Elizabeth A. Harrison</td>
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<tr>
<td>Donna E. Nowicki</td>
<td>CPNP</td>
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<tr>
<td>Teresa Lynn Renteria</td>
<td>CWOCN</td>
<td></td>
</tr>
<tr>
<td>Naola Miller Vershey</td>
<td>WOCN</td>
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</tr>
</tbody>
</table>
### Perioperative Services
Nancy Bridges  
**CNOR**

### Plastic Surgery/Craniofacial
Kamala K. Gipson-McElroy  
**CPNP**
Karla Aurine Haynes  
**CPNP**
Chi Kim Phan  
**CPNP**

### Post-Anesthesia Care Unit
Melanie K. Forne  
**CPN**
Jennifer Lord  
**CPN**
Jennifer Meyer  
**CPN**
Elizabeth Nakamura  
**CPN**
Stephanie Serna  
**CPN**
Jason Vargas  
**CPN**

### Pulmonary
Lindsay Hayes Barr  
**CCRN**
Josephine Ellashek  
**CPN**
Sheila Siu Ho Kwok Kun  
**CPN**

### Quality Improvement and Safety Services
Nicole Ainsworth  
**RNC-NIC**
Rhonda Sue Filipp  
**CPN**
Marvin Mangahis  
**CPN**
Rachelle Christine Rogan  
**CPN**
Edahrline J. Salas  
**RN-BC**

### Radiology Nursing
Margo W. Coon  
**CPNP**
Aliza Fink  
**CFNP**
Vanessa L. Guerrero  
**CPN**
Dianne Mitsuko Ito  
**CPN**
Denna S. Jung  
**CPN**
Julie A. Makin  
**CPN**
Susanne M. Matich  
**CPNP-PC/AC**
Marilyn Deon Mills  
**CRN, RN-BC**
Claudia M. Restelli  
**CPNP**
Ginny Than  
**CPN**
Veronica Wallace  
**CPN**
Holly Hurley Marie West  
**CPN**

### Rehabilitation Center
Yolanda Amador  
**CRRN**
Tabitha Bell  
**CRRN**
Lisa Betesh  
**CPN**
Betsy Bohuslavsky  
**CPN**

### Rheumatology
April Lyn Anderson  
**PNP**
Shirley Jean Parks  
**FNP**

### Risk Management
Karen Prommer  
**CPHRM**

### Sedation Services
Jessica Lawson Garcia  
**CPN**
Erin Lowerhouse  
**CPN**
Laurie Newton  
**CPN**

### Spina Bifida
Laura Monica Bala Fernandez  
**CCRN**

### Surgical Admitting
Jocelyn Andrea Ablian  
**CPNP-PC**
Leticia R. Boutros  
**CPNP**
Natalie D. Cheffer  
**CPNP**
Beatrice L. Chun  
**CPNP**
Debbie L. Hand  
**CPNP**
Jessica Luong  
**PNP-AC**
Yvonne J. Olive  
**FNP-BC**
Stefanie Ann Proia  
**CPNP**
Debra A. Rannalli  
**CPNP**
Patricia Ann Rodriguez  
**CPNP**
Paula Patricia Rosales  
**PPCPNP-BC**
Lisa Smalling  
**FNP-BC**

### Trauma Services
Maria Bautista-Durand  
**CFNP**
Elizabeth Ann Cleek  
**CPNP-PC**
Urology
Nicole Jennifer Freedman  CPNP-PC
Valerie Jean Gordon  CGRN
Marissa J. Krupowicz  RNC-NIC

Vascular Access Team
Joann Barreras  CPN
Terrie T. Ballard  CPN
Maria Angelica Castro  CPN
Tom Cottrell  CPN
Emma A. Clark  CPN
Du Thanh Vo  VA-BC

Versant™ RN Residency in Pediatrics
Stephanie Brady  CPN
Sandra L. Hall  RN-BC

Total Number of Certified Nurses:
688

Disclaimer: To the best of our knowledge, this is an accurate listing of certified nurses at CHLA, as of November 2015. It is based on reports from nurse leaders to Human Resources and Doris Lymbertos in Pharmacy. For any questions about this list, please contact the Magnet Program Office.
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.

CHLA offers:

- A tuition assistance program
- An 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 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

### Percentage of nurses with a BSN degree or higher

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage of Nurses</th>
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<tbody>
<tr>
<td>2013</td>
<td>75%</td>
</tr>
<tr>
<td>2014</td>
<td>77%</td>
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<tr>
<td>2015</td>
<td>81%</td>
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### Number of nurses with MSN and doctor of nursing practice degrees

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Nurses</th>
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<tbody>
<tr>
<td>2013</td>
<td>236</td>
</tr>
<tr>
<td>2014</td>
<td>245</td>
</tr>
<tr>
<td>2015</td>
<td>277</td>
</tr>
</tbody>
</table>
New Advanced Degrees in 2015

Bachelor of Science in Nursing (BSN)
Melissa DeLeon, RN
(Bone Marrow Transplant Unit)

Paolo Jugo, RN
(Cardiothoracic Intensive Care Unit)

Alma Ramirez, RN
(Newborn and Infant Critical Care Unit)

Judy Ulloa, RN
(Bone Marrow Transplant Unit)

Master of Science in Nursing (MSN)
Nicole Ainsworth, RN
(Newborn and Infant Critical Care Unit)

Theresa Alquiros, RN
(Cardiovascular Acute)

Destinee Harris, RN
(Hematology-Oncology)

Deeba Kazempoor, RN
(5 West)

Kimberly Kyle, RN
(Newborn and Infant Critical Care Unit)

Nona C. Martin, RN
(4 East)

Jennifer Hyojin Min, RN
(5 West)

Inge Morton, RN
(Emergency Department)

Grace Sekayan, RN
(Cardiothoracic Intensive Care Unit)

Ria Yeh, RN
(Nursing Supervisors)

Doctorate
Bethaney Kaye, RN
(Palliative Care)
Doctor of Nursing Practice

Gwendolyn Kimball, RN
(Hematology-Oncology)
Doctor of Nursing Practice

Suzanne Taylor, RN
(Clinical Education and Professional Development) Doctor of Education
Publications

Stacey Boyer, RN [Heart Institute]: “Current Practices in the Monitoring of Cardiac Rhythm Devices in Pediatric and Congenital Heart Disease,” Pediatric Cardiology, April 2015.


Donna Guadiz, RN [Heart Institute]; Monica Horn, RN [Heart Transplant Program]; and Debbie Dechant, RN [Heart Institute]: “Do Pain and Withdrawal Issues Significantly Affect the Post-Transplant Recovery of Pediatric Ventricular Assist Device Recipients?” The Journal of Heart and Lung Transplantation, Vol. 34, Issue 4, April 2015.


Flerida Imperial Perez, RN [Cardiothoracic Intensive Care Unit]; Melanie Guerrero, RN [Cardiovascular Acute]; Liz Daley, RN; Nida Oriza, RN; and Victoria Winter, RN (Cardiothoracic Intensive Care Unit): Guidelines, Society of Pediatric Cardiovascular Nursing, published online March 2015.


Presentations

Sharee Anzaldo, RN (Surgical Admitting), and Marvin Mangahis, RN (Post-Anesthesia Care Unit): “Addressing Barriers in Handoff Communication in the Pediatric Perioperative Setting,” poster presentation, Society of Pediatric Nurses 25th Annual Conference, April 2015.


Brenda Barnum, RN (Newborn and Infant Critical Care Unit), and Grace Sekyan, RN (Cardiothoracic Intensive Care Unit): “The Use of Preventive Ethics Triggers (PETs) in the NICCU to Affect Ethical Climate and Moral Distress,” poster presentation, National Nursing Ethics Conference, March 2015.

Brenda Barnum, RN (Newborn and Infant Critical Care Unit), “Consent as a Reflection of Respect” and “Conflicting Goals in Clinical Care,” MEDS 260 Challenges in the Forefront of Biomedical Ethics, University of Southern California, March 2015.

Stacey Boyer, RN (Heart Institute): “Current Practices in the Monitoring of Cardiac Rhythm Devices in Pediatric and Congenital Heart Disease,” Best Clinical Practice Poster; Society of Pediatric Nurses (SPN) 2015 Annual Conference, April 2015.

Jennifer Buitrago, RN, and Jonelle Gray, RN (Bone Marrow Transplant Unit): “Spontaneous Recovery of Immune Function in a Patient Identified as SCID by TREC Testing via Newborn Screening for Primary Immune Deficiency Diseases,” poster presentation, Primary Immune Deficiency Treatment Consortium, April 2015.


Susan Carson, RN, and Anne Nord, RN (Hematology-Oncology): “A Case Report of Patients Affected by Dominant Beta Thalassemia Mutation,” poster presentation, 10th Cooley’s Anemia Symposium, October 2015.


Catherine Goodhue, RN (Pediatric Surgery); Elizabeth Cleek, RN (Trauma Services); Inge Morton, RN (Emergency Department); and Linda Young, RN (Pediatric Intensive Care Unit): “Impact of Simulation-Based Training on Perceived Provider Confidence in Acute Multidisciplinary Pediatric Trauma Resuscitation,” abstract, Pediatric Trauma Society, November 2015.

Donna Guadiz, RN (Heart Institute); Monica Horn, RN (Heart Transplant Program); and Debbie Dechant, RN (Heart Institute): “Do Pain and Withdrawal Issues Significantly Affect the Post-Transplant Recovery for Pediatric Ventricular Assist Device Recipients?” abstract and poster, International Society for Heart and Lung Transplant Annual Meeting, April 2015.

Sandy Hall, RN (Versant™ RN Residency); Diane Altounji, RN (4 West); and Rita Secola, RN (Hematology-Oncology): “Sharing Your Success: Writing Effective Abstracts and Designing Professional Posters,” Organization of Healthcare Educators, April 2015.


Mary Halvorson, RN (Endocrinology Research): “One Hundred Years of Type I Diabetes Management Leading to the Development of an Artificial Pancreas,” NAPNAP Annual Regional Conference, April 2015.


Sheila Kun, RN (Pediatric Pulmonology): “Rapid Response Team and Code Events on a Non-Intensive Care Ward for Children on Home Mechanical Ventilation: A Root Cause Analysis,” and “Optimizing Responses to Pediatric Respiratory Unexpected Events in an Ambulatory Setting—Strategies and Outcome,” Patient Care Services

Ruth Jacobson, RN, and Sanje Wood sorrel, RN (Float Team): “Prep for Success: How to Best Prepare Skin Before Capillary Blood Glucose Checks,” Evidence-Based Practice Poster Award and People’s Choice Poster Award, Society of Pediatric Nurses (SPN) 2015 Annual Conference, April 2015.

Emily LaNovara, RN, and April Pun sal, RN (Cardiovascular Acute): “Use of Theory-Based Teaching Strategies to Improve Education in a Clinical Setting,” presentation, QSEN National Forum, May 2015.


Sarah Mutia, RN, Lara Doraiswami, RN, and Jennifer Trotter, RN (Bone Marrow Transplant Unit): “Reintroducing, Revitalizing and Revamping Primary Relationship-Based Nursing in BMT,” presentation, Society of Pediatric Nurses (SPN) 2015 Annual Conference, April 2015.

Mary Baron Nelson, RN, and Anna Evans, RN (Hematology-Oncology): “Nutritional Status of Children with Brain Tumors During Auto Transplant,” poster; and Anna Evans, RN, and Jessica Shipp, RN (Hematology-Oncology): “The Implications of Genomics in Pediatric Oncology Nursing Care,” presentation.

Ruccione founded CHLA’s LIFE Survivorship & Transition Program and co-authored a book for childhood cancer survivors and their families. She also is conducting pioneering research on iron toxicity in childhood cancer survivors.

She stands out for her stellar ability to teach, mentor, role-model and attract outstanding people to nursing. As the first Children’s Oncology Group (COG) nursing chair, she provided leadership for thousands of nurses involved in the care of children participating in clinical trials. She has a broader role nationally and internationally as the incoming president of the Association of Pediatric Hematology-Oncology Nurses.

California Regional GEM Finalists
Nurse.com also recognized two exceptional CHLA nurses as California Regional GEM finalists. The following is a Nurse.com summary of these nominations.

Clinical Care
Inpatient category

Susan Walker,
BSN, RNC-NIC RN II
(Newborn and Infant Critical Care Unit)

Walker has long been a Newborn and Infant Critical Care Unit (NICCU) preceptor for new graduates of the Versant™ RN Residency at CHLA. In this role, she has taken great responsibility in preparing new nurses and is kind, caring and extremely knowledgeable. What makes her special is the way she creates a trusting and judgment-free atmosphere for both her students and colleagues. She provides direct patient care and serves as a backup charge nurse, an extracorporeal membrane oxygenation specialist and, on many occasions, one of the unit’s main resource nurses.

Our very own Kathleen Ruccione, PhD, MPH, RN, CPON, FAAN (Hematology-Oncology), won Nurse.com’s California Regional Giving Excellence Meaning (GEM) Award on June 5, 2015, in Universal City—and then won the National GEM Award Sept. 19, 2015, in Chicago. Both awards were in the category of Advancing and Leading the Profession.

Mary Dee Hacker, MBA, RN, NEA-BC, FAAN, says, “Kathy has dedicated her professional life to CHLA and children with cancer. The last several years have been focused on survivorship. This concentration has truly served as an example of Kathy’s contribution to the profession of nursing and the quality of life for those we care so much about. Kathy is an excellent recipient for this national award for advancing and leading the profession. All of us at CHLA are honored to work with her.”

At CHLA, Ruccione created the HOPE Resource Center, keeping it funded with research and philanthropic grants, and led a team of content and media experts and patient families in the creation of an award-winning web portal that helps patients and families navigate to vetted online resources.

Awards and Recognition

Nurses.com Giving Excellence Meaning (GEM) Awards

Kathleen Ruccione, PhD, MPH, RN, CPON, FAAN
She is described as someone who goes above and beyond the call of duty in all of her interactions with patients and parents and is professional and caring at the same time. She is viewed as the person who can be approached at any moment for help and support or as a clinical resource. Walker always makes sure to take care of the families who need the most assistance—bringing compassion, dedication and kindness to each interaction. Her nominator, for whom Walker was a preceptor, says, “I could not have asked for a better preceptor. She made me feel so confident, knowing she was there to help in any way she could.”

Education and Mentorship category
Shirley Hammers, RN
(Clinical Analyst, Information Services)

As part of a team of approximately 20 clinical analysts, Hammers works within a larger team of subject-matter experts from every department in the hospital. She sets herself apart by being accessible and generous with her knowledge, experience and time, and she makes herself available around the clock. Hammers has a wealth of knowledge about the electronic medical record and its development history. She extends herself to every newbie and goes out of her way to mentor and nurture newcomers in their roles. She seems to know everyone on campus and takes a genuine interest in their jobs and lives. She is able to leverage these connections to facilitate system changes.

She is described as a remarkable analyst, and her breadth of nursing knowledge proves she continues to strive to learn, grow and excel. Her colleagues recognize that Hammers has never forgotten what it means to be on the frontlines and remains a fierce advocate for nurses and patients. She actively participates in the organization’s monthly super users’ meetings, and when a bedside nurse presents an issue, Hammers will take responsibility for making sure the issue is channeled properly and prioritized in the queue. Known as someone who is encouraging, caring and attentive to detail, she often performs in-services for hospital staff. She has been a regular committee member for the Employee Giving Campaign, and she is an ambassador at large for the hospital. Her professionalism and dedication are truly exemplary.

CHLA GEM Award Nominees
In addition, the following three nurses were recognized as CHLA GEM nominees:

Fran Blayney, MS, BSN, RN-BC, CCRN RN
(Pediatric Intensive Care Unit)
for Education and Mentorship

Noreen Clarke, MSN, RN
(Craniofacial and Cleft Center)
for Education and Mentorship

Maria Gannon, MSN, RN-BC
(Information Systems-KIDS Core)
for Advancing and Leading the Profession
Great Catch Awards

To embrace a culture of safety and reporting at Children’s Hospital Los Angeles, the Quality Improvement and Patient Safety team created the Great Catch Award. The 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.

October 2015 winner Shannon Brantley, BSN, RN, CPN, is a wonderful example of these diligent individuals. During the discharge process, Brantley discovered a discrepancy between the medication her patient was taking as an inpatient and the one included in her discharge orders. Brantley contacted the patient’s physician, and then contacted the outpatient pharmacy to ensure that the correct antibiotic was dispensed. She verified with the patient’s father that the appropriate prescriptions were filled, and then made the corrections on the discharge instructions. As a result, the patient was discharged with the appropriate medicines.

The following nurses were recognized for a Great Catch Award in 2015:

Mary Abero, BSN, RN  
(Infusion Center)

Anna Kitabjian, BSN, RN, CPN  
(6 East)

Erin Grade, BSN, RN  
(6 West)

Emily Emminizer, BSN, RN  
(CTICU)

Laura Tice, MSN, RN, CPHON  
(5 East)

Heather Lloyd, BSN, RNC-NIC  
(NICCU)

Shannon Brantley, BSN, RN, CPN  
(6 West)

Jennifer Meyers, BSN, RN, CPN  
(PACU)

Virginia Lopez, BSN, RN  
(5 West)
2015 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 2,000 hospitals across all 50 states and 15 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.

January

Staci Castillo, RN, CPON (4 East)

February

Karena Schneider, BSN, RN (5 West)

March

Christina Cerda, RN, CPN (6 West)

April

Lisa Costantino, MSHA, BSN, RN (Surgical Clinics)

May

Melissa Aguirre Stewart, BSN, RN, CPON (4 West)

June

George Cruso, BSN, RN, CPN (Nursing Resources)

July

Deborah Robertson, BSN, RN (PACU)

August

Rachel Aquino, BSN, RN (BMT)

September

Pamela Thomas, BSN, RN (House Supervisor)

October

Brian Cook, BSN, RN, CDE (Blood Donor Center)

November

Marla Sabicer, BSN, RN (5 West)
Circle of Excellence Award

In May 2015, two Children’s Hospital Los Angeles nurses received the prestigious 2015 Circle of Excellence Award: Nancy Blake, PhD, RN, CCRN, NEA-BC, FAAN, and Flerida Imperial-Perez, MSN, RN, CNS-BC, CCNS-P.

Circle of Excellence awards recognize and showcase excellent outcomes in the care of acutely and critically ill patients and their families. The awards program is sponsored by the American Association of Critical-Care Nurses (AACN) and is designed to align with the association’s mission and vision: focusing on outcomes responsive to professional and environmental issues in acute and critical care nursing.

Nominations are evaluated by a panel of volunteer reviewers and rated on the basis of how well a nominee meets the following criteria:

• Relentlessly promotes patient-driven excellence
• Models skilled communication, true collaboration, effective decision-making and meaningful recognition
• Transforms thinking, structures and processes to address challenges and remove barriers to advancing patient-driven excellence
• Furthers AACN’s mission and key initiatives at influential forums
• Enriches own and other organizations by influencing and mentoring others in achieving excellence
• Achieves visible results that validate the impact of individual leadership contributions to organizational excellence

Congratulations to both nurses on this well-deserved honor!

Nancy Blake, PhD, RN, CCRN, NEA-BC, FAAN

Nancy Blake has been involved in the care of critically ill children since 1980. During her tenure as director of Critical Care Services at Children’s Hospital Los Angeles, Blake has pushed her units to consistently provide excellent patient outcomes and be recognized for them.

Her expertise in disaster management resulted in an invitation from the Centers for Disease Control and Prevention to participate in setting standards for pediatric critical-case mass casualty events. Under her direction, the Pediatric Intensive Care Unit at CHLA earned the Gold AACN Beacon Award, the ECMO program achieved Center of Excellence designation from the Extracorporeal Life Support Organization in 2010, and the Emergency Department received the Emergency Nurses Association’s Lantern Award from 2013-2016.

Blake also guided CHLA’s road to Magnet designation. She brought the idea forward and tirelessly lobbied the hospital’s executive leadership for its support. In 2013, Blake was selected for fellowship in the American Academy of Nursing.

Flerida Imperial-Perez, MSN, RN, CNS-BC, CCNS-P

As clinical manager of the Cardiothoracic Intensive Care Unit (CTICU) at Children’s Hospital Los Angeles, Flerida Imperial-Perez led the implementation of the patient-centered medication administration system in her unit. The CTICU was the first to implement this system in the hospital—specifically because of the unit’s track record of positive outcomes in implementing new systems.
Imperial-Perez has coordinated with multiple teams and organizations to influence positive change for patients—from integrating staff nurses as champions for change to collaborating with product manufacturers in the design of an IV pole that could meet the weight specifications of multi-module infusion pumps.

Always driven to improve patient and staff safety, she has served as a mentor on the Patient Care Services Clinical Practice Council Committee and implemented the Performance Improvement Process in the CTICU. This process has become a model for the Heart Institute and is used as a framework throughout the hospital.

**Recognitions**

**Mary Dee Hacker, MBA, RN, NEA-BC, FAAN**
(Patient Care Services): Ray Cox Award for lifelong commitment to advancing nursing in California, American Nurses Association, April 2015.


**Nida Oriza, RN, and Victoria Winter, RN**

**Laura Vasquez, RN** (Bone Marrow Transplant Unit): Extraordinary Healer Award of 2015, Oncology Nursing Society, April 2015.

The **Pediatric Intensive Care Unit** was awarded the American Association of Critical-Care Nurses (AACN) Gold-Level Beacon Award 2015-2018.

**CHLA’s Going the Extra Mile (GEM) Awards**

- **February**
  - Marla Sabicer, BSN, RN (5 West)

- **March**
  - Susan Crandall, BSN, RN, CCRN (PICU/Magnet Office)

- **May**
  - Nida Kan-Ari, BSN, RN (Nursing Resources)

- **July**
  - Emily Emminizer, BSN, RN (CTICU)

- **August**
  - Nickie Kost, BSN, RN (CV Acute)

- **October**
  - Armstrong Hao, RN, CPN (Emergency Department)
Nurse Week Essay Winner

Nursing at CHLA: Going Above and Beyond
By Barbara E. Britt, MSN, RN

“Bravery beyond an adult comprehension. That was the hallmark of an 11-year-old girl about whom superlatives rose readily to the tongue of anyone trying to describe why she has touched their hearts.”

Abella Wyss
What does going above and beyond look like in a normal course of a “normal” day at work at CHLA? How does one differentiate excellence and EXCELLENCE? This is how.

Bravery beyond an adult comprehension. That was the hallmark of an 11-year-old girl about whom superlatives rose readily to the tongue of anyone trying to describe why she has touched their hearts. Even in an environment where all know how unique each child is, Abella Wyss represented the special nature of a certain child we witness in our work who embodies the hopefulness that says to us, “This is the one, this child will make a difference in this world.” Her journey had been long, at times unbearably hard, but in the midst of the fight she never asked for, yet handled so ably, she had had moments and days and weeks of laughter, and new, joy-filled experiences all artfully arranged by her mother, who was determined that her daughter, despite the shadow that hovered behind her, would have every opportunity to experience all the joys of childhood no matter how creatively they had to be organized at times. She had legions of friends, for no stranger to her remained a stranger for more than the first few moments of their meeting, and many of those legions of friends were her nurses. She had that quality in her that would bring out the best in us, that would make us listen better, assess faster and problem-solve with greater creativity, make every nursing action we performed be above and beyond what we have come to expect of ourselves, even within the extraordinary context of our CHLA workdays.

This was a child who was raised in the tradition of helping others, of giving her time, effort and self because, of course, that is what one does. In the midst of her medical struggles she found pleasure and fulfillment in going to the bank with mom to deposit the monies she raised for other kids with cancer by selling her lemonade at kids’ soccer camps her parents organized. When at the time of tumor reoccurrence her parents had asked what she would want if she could have anything in the world, she said she wanted all the other kids in the hospital to be able to go home. In the statement of that wish she showed her skill as an ambassador for all children with cancer. She understood the fundamental importance of home for all children. Her last and amazing gift was her participation in a clinical trial searching for a new, effective method of treating the tumor that was the cause of her death, which originated from the rare syndrome that had also taken the life of her little brother. The trust in her parents was absolute; she knew when they were together she would always be safe by her own internal definition of “safe.” Thus, on this day when her parents met with her most trusted doctor, who had been with them through all that had come previously, and they learned that the therapy that had briefly halted the progression of her tumor was no longer working, Abella knew her parents would now fulfill her greatest wish. Abella wanted to go home. She wanted to be with Toffee, her kitty. She wanted to see her ocean.

And so started the most challenging discharge process I have ever experienced. We had five days to prepare. Once the way was cleared by all the medical teams, her many nurses moved into action. Both brain and heart were engaged, and all worked to pull off this impossible feat. “Get our daughter home as soon and as safely possible” was the parents’ directive, and the team responded. Her parents had told me the moment they knew the medical community had no more
ability to stay the course of her illness, they would take her home. In this regard her parents trusted us as she trusted them: Both mom and dad knew that if getting Abella home was what they needed us to accomplish, we would do it, no matter how many obstacles stood in the way. And obstacles there were, in great abundance. To get Abella home, it all came down to figuring out what she had to take with her, who would most safely get her there, who would be there to take over for us when the family arrived at home and how it would all be paid for.

The complexity of the task before us was directly affected by the amount of technology that had been employed in Abella’s battle in the previous weeks. In our ICU, at times she had as many as six IV pumps delivering medications and blood products, and hemodialysis to pull off huge amounts of fluid overload that had caused the respiratory arrest she’d experienced at home several weeks earlier that was her body’s response to the new agent that was trying to halt the tumor. Intubated and on a vent for periods of time, she was now finally extubated and on BIPAP around the clock. To go home the BIPAP must go with her, plus an oxygen concentrator and humidifier. She could no longer move: The tumor had eroded her spine and caused compression on her spinal cord. She was in a specialized bed to prevent any more hurt to her skin, which had developed pressure sores caused by her body brace to stabilize her spine, and she was on continuous IV pain meds because this awful tumor had invaded her bones and caused many fractures. Any movement of her body was painful, but lying still she was OK. Her IV nutrition was placed by a nasogastric tube and some of her IV meds could be given by this route. To go home, she would need a special mattress and hospital bed. To go home, she would need IV pain medications running continuously with the ability to give her more, and quickly, should the pain break through the medications already on board. The effort of her breathing was too exhausting for her to be able to spare any energy or effort for anything other than sips of water carefully spaced out by her parents, so oral nutrition wasn’t an option.

Even as these disasters had occurred in her body, her mind was as sharp as ever. She said “please” and “thank you” and meant it. She could still transform a room with her smile. SpongeBob was her constant companion as her dad helped her position her DVD player so she could see her favorite character at the bottom of the sea. But it was easy to see the fatigue in the smile and the weariness in this young warrior. Her mother and father would have so much care to do for her when she was at home, and both of them had already been at their daughter’s side for weeks on end. The prospect of two parents picking up all the care needs currently being delivered by the full force of the ICU nursing and ancillary staff was staggering. But they never wavered in their determination. To go home, someone very, very skilled would need to transport her there and someone very, very skilled would need to provide support in the home to guide the parents in their home journey. The nursing calls went out from us to our in-house and community partners: “Let’s make this happen.”
The home team was set in motion by the parents, who called their point person for their network of family friends who were always there to rally to any Abella need. The word went out: Abella is coming home! The house was decorated, the Christmas tree put up with wrapped presents underneath, the lights on the house, and the polar bear in the yard. Friends staffed the home to receive the deliveries of equipment, set up a hospital bed in the living room, brought Abella’s bed downstairs so she would always have someone sleeping next to her. Mom and dad packed up Abella’s ICU room, which had served as a refuge for six weeks. The carefully secreted espresso machine went into a bag; the accumulated litter of long weeks on high alert was sifted through, packed and taken to the car. That momentous day had arrived and the final piece to this discharge rolled smoothly into place as staff arrived at her room, without fanfare, to make an extraordinary thing happen. The ICU nurse that had her that day had geared her care for the hour the Transport team was to arrive. In the usual damped-down, energetic calm of our ICU, no one from the outside would have known of the miracle in that little girl’s room. But everyone knew, everyone watched, everyone hoped. Let it all work, please.

The final piece of the discharge puzzle was getting Abella out of her bed and onto the gurney, and doing it all with precision that would minimize the pain of movement. I watched transfixed as my longtime RN colleague from the Transport team quickly talked to Abella, explained to the parents what her plan was, compared strategy with the bedside RN and her Transport team, then took 45 methodical minutes to check absolutely every line/tube/piece of equipment, explaining as she worked, all in preparation to seamlessly slide the precious cargo from her bed to her journey home. Abella’s mom watched every move, double-checked every connection, took nothing for granted. Forty-five minutes of prep ended in 15 seconds of the smoothest movement of patient to gurney that could possibly occur. Abella didn’t feel any pain. Her dad whispered softly in her ear “Abella, you’re going home. You never have to come back here again.”

We left the ICU, made this amazingly tranquil trip to the ambulance bay, my role only as shepherd to this journey, ready to add support if needed but actually in total awe of all I was witness to. Abella was ever so carefully loaded into the ambulance; mom accompanied her, dad brought his car to follow. My colleague reassured dad that “anything should happen on the trip home,” the ambulance would pull over so he could join his daughter and wife. I watched anxiety ease in him as she gave voice to the worry he just couldn’t utter. The doors were shut and secured, the van moved out on its way to Orange County with part of our hearts riding with it, on the way to a most-longed arrival home.

I took out my cell phone and called my RN hospice colleague, who would be waiting at their home. “They just pulled away. They are yours now.” Inside, her ICU nurse got ready for her next admission. And I cried. This is above and beyond. I watched it, lived it and breathed it. My colleagues. Ever so grateful these parents will be that this beautiful child had six days home with Toffee, her cat. 🐱
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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.