

NURSING Annual Report 2016



Children's
Hospital
LOS ANGELES®
We Treat Kids Better



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:
79,977

OUR NURSES



87 NURSES IN THE VERSANT™ RN
RESIDENCY PROGRAM DURING 2016

NURSE 94
PRACTITIONERS



**CLINICAL
NURSES
WITH AT LEAST
A BACHELOR'S
DEGREE IN
NURSING:
82%***



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 2016

Table of Contents

A Note From the Magnet Program Managers	2
A Letter From Nancy Lee	3
A Letter From the President and CEO	4
Transformational Leadership	7
Vascular Access Team Uses Data to Help Meet Its Goal	8
Structural Empowerment	11
Nurse Practitioner Partnering With Los Angeles County to Help Provide HIV Services	12
Recruiting and Training Nurse Practitioners in Pediatric Rheumatology	14
Exemplary Professional Practice	17
Improving Peritonitis Management.....	18
Professional Practice Model and Care Delivery System	20
New Knowledge, Innovations and Improvements	23
Workflow: Developing a Nurse Practitioner Program in Interventional Radiology	24
Our Board-Certified Nurses	28
Advanced Degrees	30
Publications and Presentations	32
Awards and Recognition	36
Nurse Week Essay Winner	40
Acknowledgments	42
Our Magnet Oath, Nursing Mission, Vision Statement and Values	43

Featured on cover: *Sue Matich, MSN, RN, CPNP-AC/PC*

A Note From the Magnet Program Managers

The year 2016 was memorable for historic events nationally, and within our own work environment as well. We said goodbye to our longtime nurse leader, Mary Dee Hacker (though she hasn't gone far, taking the lead of the Institute for Nursing and Interprofessional Research). We began a new and promising relationship with a new leader, Nancy Lee. Patient Care Services transitioned to Clinical Services and strengthened the clinical care team by adding new departments: Clinical Laboratory and Anatomic Pathology, Radiology and Anesthesiology Critical Care Medicine. We redefined our Nursing Professional Practice Model and Care Delivery Model with a focus on how interprofessionalism drives practice and patient care. All of these significant changes continue to raise the bar to even better care for our patients and families. Thank you for the amazing work that you do.



Margaux Chan, BSN, RN, CPN (left), and Susan Crandall, BSN, RN, CCRN

Sincerely,

Margaux Chan, BSN, RN, CPN

Susan Crandall, BSN, RN, CCRN

A Letter From Nancy Lee

I have been here for over a year already, and the time has flown by. When I reflect on all of the reasons I came to CHLA, one of the big drivers was the clinical nurses. They were the chairs of the Collaborative Councils and they were so focused on trying to find out what kind of nurse leader I was and if I was the right fit for CHLA. I wonder what they think now. Every place I go I see nurse leaders creating the environment of healing and caring. I am so impressed each and every day with our culture and the level of our nursing care. I love the autonomy of our nurses' practice and their obvious commitment to our patients and families.

As the chief clinical officer and chief nursing officer, I have interacted with many different groups, and nobody talks about CHLA without talking about our nurses. Every interaction with families, physicians or members of the Board of Trustees includes some reference to our nurses and the amazing work that they do every day.

When I attend the monthly DAISY Award ceremonies, I am astounded by what CHLA nurses give to this organization both directly and indirectly through their profound frontline leadership. Many of our nurses have influenced and inspired other nurses over the course of their careers here. Meeting these mostly unsung heroes in our organization has been a special treat for me. So often I hear them say "It's just my job," or "I'm just a nurse." A nurse's job is so much more than the tasks that we do.

I talk a lot to people about how this really is the best time to be a nurse, because we function in so many roles. In 2016, we worked to improve how our patients and families gain access to our organization, and recognized that the role of our nurse care managers in the ambulatory departments is crucial to that effort. They are the support and resource for patients and families in managing what is often an incredibly complex level of care at home. They are the reliable conduit for patients and families to communicate their unique needs. They go above and beyond to maintain a healthy future for patients and their families.



Nancy Lee, RN, MSN, NEA-BC

As I reflect on this first year, I want to thank Mary Dee Hacker for helping me navigate my new position. She has been incredibly gracious and helpful in ensuring a smooth transition. I also want to thank the entire organization for being patient with me. Everybody was used to Mary Dee's knowledge and understanding of almost everything. I think we could delete this part if we want to shorten and tighten up a bit. However, everyone was really patient with me. This speaks to the learning environment within CHLA. This is a place where we can all learn new things every day, and help each other along the way.

I am committed to advocating for nurses and embracing the responsibility of giving our nurses the resources and skills they need to continue to improve. I am very grateful to all of our nurses for their hard work and devotion to the care of our patients and families.

Sincerely,

A handwritten signature in black ink that reads "Nancy Lee". The signature is written in a cursive, flowing style.

Nancy Lee, RN, MSN, NEA-BC

A Message from the President and CEO

Children's Hospital Los Angeles has long been a pioneer in improving care for children, and our nurses often lead that charge. Take their early contributions to the concept of family-centered care; when other hospitals were holding families at arm's length, CHLA was a leading voice in the conversation and an early adopter of this game-changing philosophy that welcomes families as integral partners in their child's care.

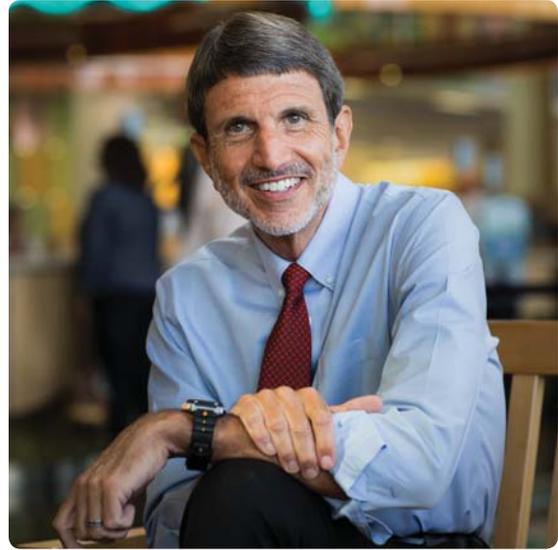
In this year's Nursing Annual Report, you'll read about present-day examples of our nurses at their best. From our top nurse leaders to our newest trainees, I am impressed that CHLA's nurses never leave well enough alone. They are driven to solve problems, improve processes and take things to the next level, and the care provided at this institution is so much better for it.

Thank you for taking this opportunity to learn more about the accomplishments of these valued professionals at Children's Hospital Los Angeles.

Warmest regards,



Paul S. Viviano
President and Chief Executive Officer



Paul S. Viviano





Children's Hospital Los Angeles
JENNIFER VILAFRANCA, RN
Registered Nurse II
Vascular Access Team

Children's Hospital Los Angeles
EMMA CLARK, RN
Nurse Practitioner
RN



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.

Vascular Access Team Uses Data to Help Meet Its Goal

The Vascular Access Team (VAT) at Children's Hospital Los Angeles is called to perform intravenous (IV) insertions on patients with veins that are difficult to access. Clinicians and families call the VAT to help patients have a better experience by avoiding multiple insertion attempts. CHLA's VAT nurses are extremely skilled at inserting IVs into seemingly impossible and invisible veins. They are also experienced at placing peripherally inserted central catheters (PICC lines). The VAT nurses perform the PICC line procedure using state-of-the-art ultrasound technology to visualize and correctly position the catheter through the vein. Once the catheter is inserted, the VAT maintains the PICCs during the patient's time in the hospital.



In 2012, the need for PICCs began to increase as the hospital census and patient acuity level at CHLA went up. The number of VAT consultations and procedures increased to the point where the team was not able to keep up with the demand. That year, VAT nurses inserted 248 PICC lines, and the average wait time from request to insertion was greater than 48 hours.

In April 2013, the VAT clinical nurses and Manager Valerie Bock, RN, held a retreat to identify barriers to meeting the demand for PICC line insertion. The group identified three main barriers:

1. The team only had one ultrasound machine. The machine would be placed on hold for patients scheduled for a PICC line placement under general anesthesia. However, surgery schedules can be unpredictable. As a result, the assigned VAT nurse would be on standby with the ultrasound machine, waiting to insert the PICC line, prolonging wait times for other patients.
2. There were insufficient resources to meet the demand. The VAT was made up of 5.2 full-time equivalent (FTE) clinical nurses who were covering the entire hospital 24 hours a day, seven days a

week. This did not provide adequate coverage to meet the vascular access needs across the organization.

3. PICC insertions were delayed for non-intensive care unit patients requiring sedation. Patients who are not able to tolerate this procedure at the bedside due to their developmental, psychological or emotional conditions need sedation done by a skilled clinician. These patients are referred to the Interventional Radiation Department, where they would have to wait 48 to 72 hours to receive a scheduled time for their procedure.

Bock brought this input from the VAT clinical nurse retreat to Critical Services Director Nancy Blake, RN. Together they reviewed data showing that the first ultrasound unit was purchased in February 2012 and that the VAT team inserted 238 PICC lines that year. With their increasing skill and expertise, team members had already inserted 105 PICCs in just the first quarter of 2013. The increased demand was reflective of the rising hospital census.

The goal was to increase the number of PICC lines inserted by the Vascular Access Team. Blake and Bock collaborated to develop a business justification plan for the purchase of an additional ultrasound machine in the next capital budget cycle, beginning July 2013. The business plan included the goal of increasing the FTE positions on the VAT team in order to increase the number of PICC line insertions and decrease the average wait time for the procedure.

Blake’s advocacy was successful in removing the first barrier. The purchase of a second ultrasound machine was approved and acquired in October 2013. The second barrier was overcome when Blake received approval for Bock to hire more vascular access nurses. With these two barriers removed, the total PICC lines inserted in 2013 increased to 497.

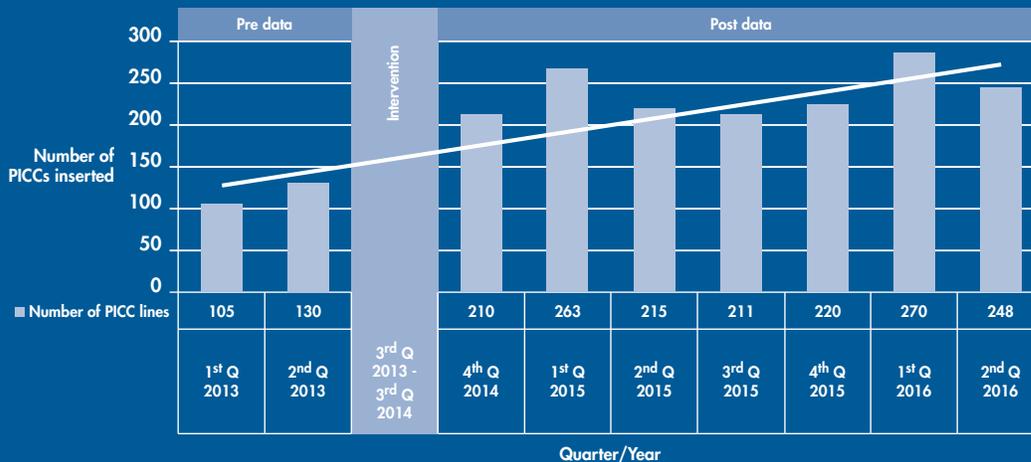
Despite the increase in PICC placement, the time from placement of the order to insertion time remained at 48 hours for patients who required sedation. Blake and Bock began discussions with physicians in the Department of Anesthesia Critical Care Medicine to look at the feasibility of developing a sedation suite staffed by critical-care physicians. The goals for opening the sedation suite were to provide a place for PICC line placements outside of Interventional Radiology or the operating room, and to ensure that PICC placement could happen in a more timely

manner. Blake, Bock and the physicians developed and presented a business case and a proposed budget to executive leadership.

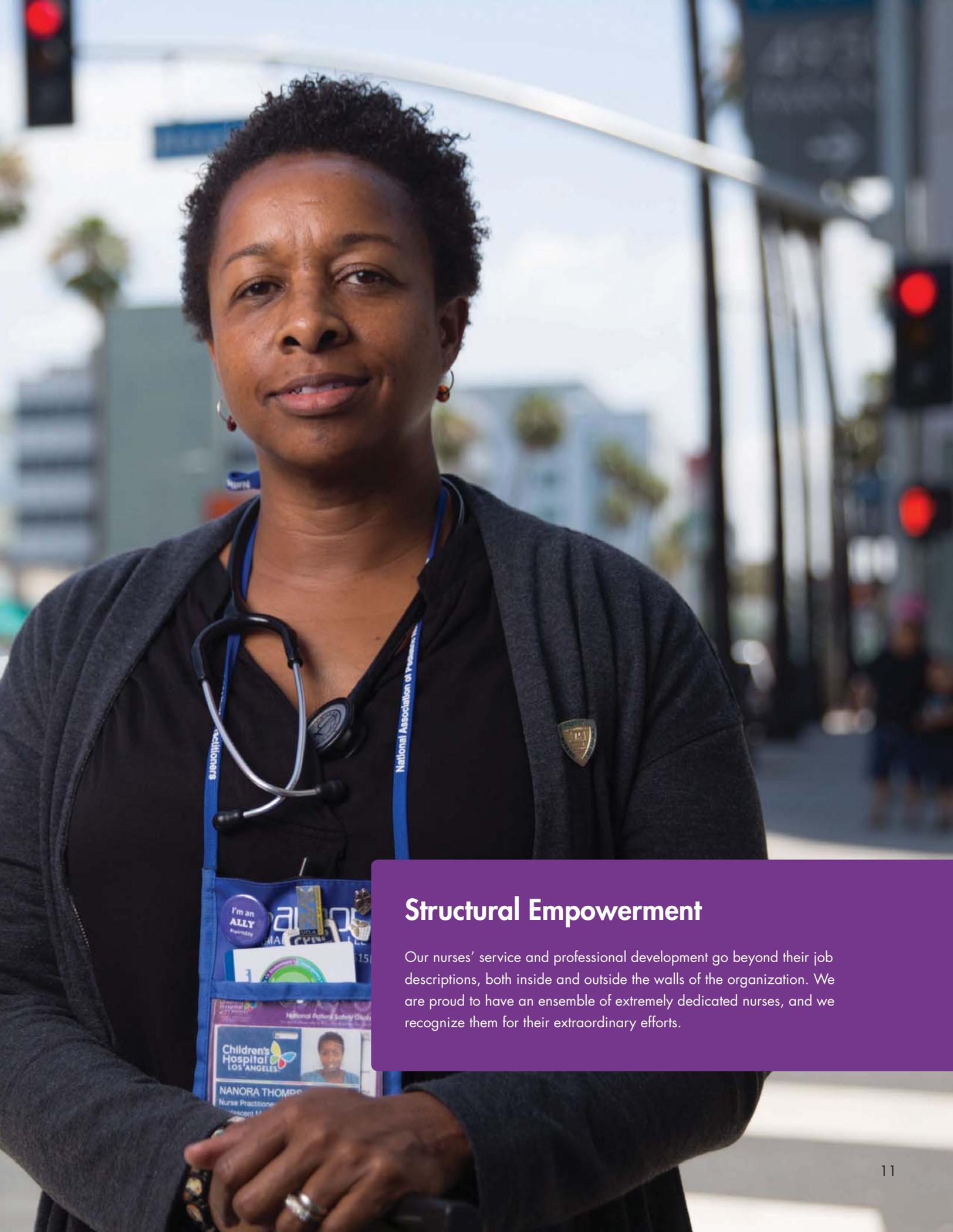
This third barrier was overcome after executive leadership approved the sedation suite, and it opened in February 2014. PICC line insertions requiring sedation could now be scheduled very quickly. By the end of March 2014, the time from order to insertion fell to 36 hours. Demand still continued to increase steadily and more FTEs were added to the team throughout 2014.

Through the input from VAT clinical nurses, nurse leader Blake and nurse manager Bock were able to understand the changes needed to improve the nursing practice environment. They advocated for the acquisition of adequate staffing, additional equipment and the sedation suite. These resources resulted in the VAT nurses gaining control to effectively facilitate vascular access services throughout the hospital. The VAT inserted a total of 848 PICC lines in 2014, 909 PICC lines in 2015, and over 1,000 in 2016. The added resources also decreased the length of time from order to insertion, from greater than 48 hours down to less than 24 hours, meeting the VAT’s target goal. Patient-care outcomes data helped Blake and Bock demonstrate the need for resources for the VAT to better perform its role and help more children, faster. 🦋

Number of PICC lines inserted by VAT







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.

Nurse Practitioner Partnering With Los Angeles County to Help Provide HIV Services



Nanora Thompson, MSN, RN, CPNP

The Los Angeles County Five-Year Comprehensive HIV Plan (2013-2017) is the first HIV plan that addresses the full continuum of services, including prevention, testing, linkage to care, treatment, and retention of persons at risk and/or diagnosed with HIV and AIDS. The plan is the result of a combined yearlong community planning effort involving members of various agencies in Los Angeles County. The comprehensive document identified an emerging population of new HIV infections among youth, young adults 13-24 years old and the homeless. These groups represent a population with precarious behaviors of injected drug use and/or unprotected sex, which in turn puts their larger community of sexual partners at risk for transmission of HIV. Homeless teens may encounter barriers to medical care and supportive services due to lack of knowledge or transportation, or a mental/psychological disability.

The document recognized Children's Hospital Los Angeles as a key community provider of HIV services for children and adolescents.

The Division of Adolescent and Young Adult Medicine at CHLA promotes healthy futures by attending to the physical, emotional and social needs of young people ages 12-25 years old.

Nanora Thompson, MSN, RN, CPNP, nurse practitioner in the Division of Adolescent and Young Adult Medicine, is on the front lines of these efforts. Thompson works with an incredible mobile health team devoted to meeting high-risk homeless youth who migrate to the Hollywood area for shelter and services on their turf—the streets, and at other outreach centers such as My Friend's Place, a drop-in resource center.

As an expert on the homeless adolescent population, she met with Lisa DeGyarfas, program administrator for CHLA's Homeless Adolescent Wellness Center (HAWC), and Miguel Martinez, administrator of the Risk Reduction Program (RRP), to address the L.A. County Comprehensive HIV Plan in January 2014. Thompson provided expert feedback about HIV-risk-reduction needs among homeless youth, discussing

the transient, impatient and impulsive nature of homeless adolescents and how HIV prevention and education services in the Hollywood area would be highly beneficial. The group agreed to prioritize HIV services for homeless adolescents.

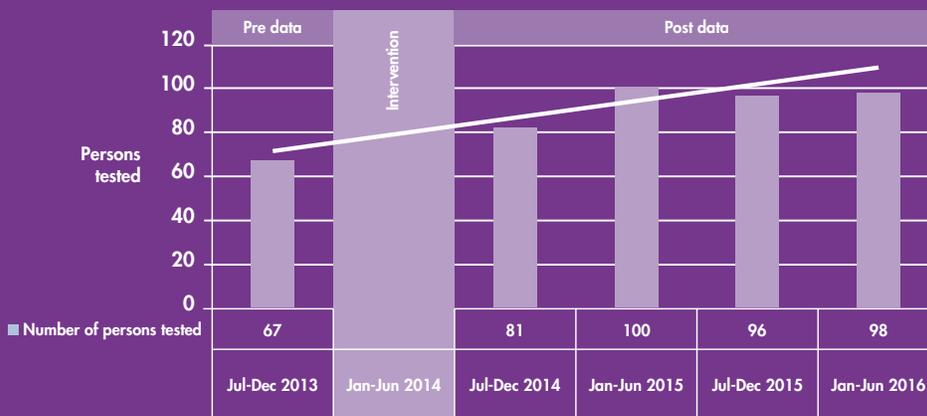
Thompson continued attending meetings with RRP staff and discussing the results of the community assessment and ways to meet the identified needs. The assessment showed that there was a need for HIV testing and prevention education at off-site locations, away from the Adolescent Medicine Clinic. During this time, she became a part of the HIV prevention and education team within the RRP in CHLA's Division of Adolescent and Young Adult Medicine. The majority of the RRP staff were certified as HIV prevention counselors and had been providing on-site and occasional off-site HIV testing services for several years; 67 HIV tests had been provided from July-December 2013. RRP staff agreed that Thompson should become an HIV prevention counselor with the goal of increasing L.A. County HIV testing numbers at My Friend's Place. They saw that as a nurse practitioner, she could provide additional HIV testing, education and prevention services during mobile health clinics to the high-risk youth clients she was already seeing.

Thompson participated in a five-day course at the California Department of Public Health Division of HIV and STD Programs (DHSP) to obtain HIV prevention counselor (basic I) certification. Working in partnership with L.A. County, RRP leadership sponsored her certification, which went into effect May 20, 2014.

In June 2014, Thompson started performing HIV testing at My Friend's Place. This is the primary site where Thompson now provides HIV testing along with mobile health services on Tuesday and Thursday afternoons. Using the principles of harm reduction in a low-barrier, non-clinical setting like My Friend's Place has allowed her to use HIV testing as a screening gateway to assess other health and wellness needs. RRP also sends a nonmedical HIV counselor to the site on Wednesdays for HIV testing services only.

HIV testing has increased by 50 percent since Thompson became an HIV prevention counselor, demonstrating the tremendous impact she has had servicing the Homeless Adolescent community. She is a valuable partner with Los Angeles County, assisting with the prioritization of homeless needs. 🦋

Los Angeles County HIV testing numbers by the RRP staff at My Friend's Place



Recruiting and Training Nurse Practitioners in Pediatric Rheumatology

The Division of Rheumatology at Children's Hospital Los Angeles is the largest and most comprehensive pediatric rheumatology program in the western United States. Our doctors treat rheumatic diseases including juvenile rheumatoid arthritis, systemic lupus erythematosus, dermatomyositis, scleroderma, vasculitis and a wide array of inflammatory and degenerative eye diseases. The interprofessional team consists of six full-time pediatric rheumatologists, four fellows in training, two nurse care managers, a clinical social worker, a registered dietitian, a research study coordinator, occupational and physical therapists, and other support staff.

As a nurse care manager in the Rheumatology Division for 14 years, Sandra Mintz, MSN, RN, works directly with patients and their families completing assessments, education and care coordination from the day of diagnosis until their transfer to adult care. Throughout her career, she has been very involved at a national level with professional organizations that specialize in rheumatology patient care, such as the American College of Rheumatology's Association of Rheumatology Health Professionals (ARHP). Through her involvement in the American College of Rheumatology, Mintz became aware of the need for nurse practitioners (NPs) in specialty practices. However, there was little guidance available as to best practices and standards for training NPs in these areas.

In March 2015, Rheumatology leaders decided to hire NPs into the Rheumatology Clinic. In April, the position was posted, and in May, Shirley Parks, NP, was hired. At that time the clinic saw 24 new patients per month. Once Parks was hired, leadership had to decide how to conduct orientation for a brand-new position.



Sandra Mintz, MSN, RN

In June 2015, Mintz worked with Karla Jones, MSN, RN, CPNP, an NP at Nationwide Children's Hospital in Columbus, Ohio, and one of the first NPs in the field of pediatric rheumatology, to co-author a national survey to evaluate current national standards for the education and training of NPs in subspecialty areas. Together Mintz and Jones reviewed the survey results and noted that NPs across the country typically received only one to two months of standard hospital orientation, with little emphasis during this orientation phase on the unique knowledge and skills necessary to care for patients with rheumatological disorders. The two women had their findings published in September 2015.

After reviewing the survey results, Mintz and Jones worked with Andreas Reiff, MD, head of CHLA's Division of Rheumatology, to create a standardized six-month subspecialty procedure and training program in July 2015. The training plan included protected time for education such as the ARHP Advanced Training Course, journal clubs, in-services, observation and precepted training with assigned providers.

In August 2015, the standardized procedure and training curriculum “HCM-Secondary Care of the Rheumatology Patient,” authored by Mintz, Reiff and Ambulatory Nurse Manager Debbie Noble, BSN, RN, was approved by CHLA’s Board of Trustees. The curriculum was implemented on Aug. 26, 2015, and Parks’ training began. She completed 120 hours of online rheumatology education. She shadowed physicians on in-patient rounds and in the clinic, and was provided assessment and evaluation education for several weeks. In December 2015, Parks began seeing patients and was supervised by physicians for the next 10 weeks. The intervention period ended in February 2016, when Parks began to see patients independently. Her focus has been on new patients with low-complexity health care needs and patients who are in the clinic for follow-up appointments.

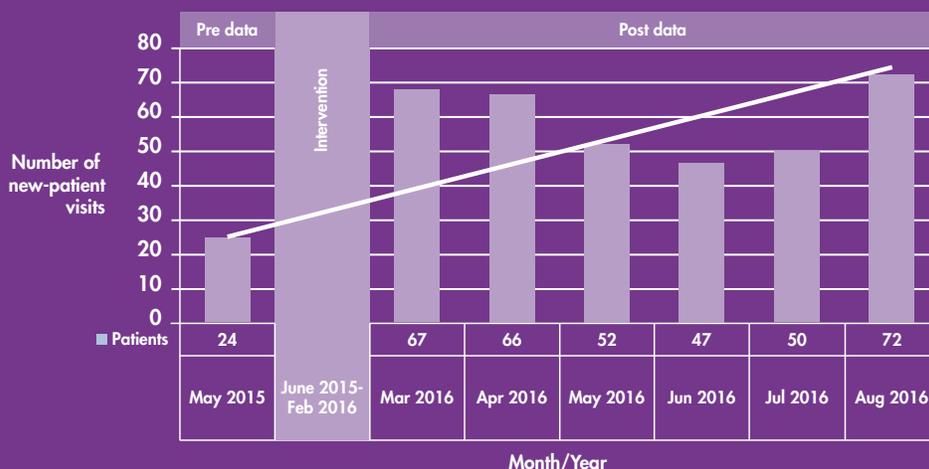
This NP model represents a change in nursing practice within a subspecialty clinic, and frees up physicians to see new and follow-up patients with more complex care requirements. Customarily, nurse practitioners are not able to independently care for new patients right after orientation. However, through this extensive training program and protected education time, our NP was able to function independently upon completion of her orientation phase. This model has enabled the Rheumatology Clinic to add six half-day clinics per

month, which has in turn decreased the patient waiting list by 30 patients per month. An analysis of the return on investment demonstrated that the NP training cost was approximately \$30,000 to \$50,000. This cost was recovered in approximately six months as a result of the increased volume of patients served in the Rheumatology Clinic.

A change in nursing practice not only occurred within our organization, but at the state level as well. Often, NPs are utilized in care-management duties, but through this training, Parks was able to function within the full scope of practice of her license. Many patients at CHLA are covered through California Children’s Services (CCS), a statewide program that coordinates and pays for medical care and therapy services for children under 21 years of age with certain health care needs. Parks became the first family NP approved for CCS paneling. She was approved by the state of California, the head of CCS and the CCS medical director to provide care for CCS patients. Historically, only pediatric NPs have been approved by CCS.

This change improved patient access by increasing the number of new-patient visits to the Rheumatology Clinic. In May 2015 the number of new-patient visits was 24; by August 2016 the number had increased to 72 due to the addition of the NP into the practice. 🦋

Increase in number of new-patient visits to Rheumatology Clinic after NP hiring



Dir/VP
mgrs

ACB
Quali





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.

Improving Peritonitis Management



Peritoneal Dialysis team

The peritoneal dialysis nurses of Children's Hospital Los Angeles are providing critical care for patients with end-stage renal disease. Patients requiring peritoneal dialysis undergo surgery to implant a catheter into the abdominal area for dialysis purposes. Peritoneal dialysis (PD) uses the patient's peritoneal cavity in the abdomen as a membrane across which fluids, waste and electrolytes are exchanged from the blood. Patients undergoing this treatment tend to be more prone to bacterial infection, causing inflammation of the peritoneal cavity. This is called peritonitis and it is the most significant complication of chronic peritoneal dialysis in children—more than 50 percent of patients who develop peritonitis are hospitalized.

The Peritoneal Dialysis Unit at CHLA aims to substantially decrease the incidence of peritonitis to improve patient care and meet national standards. The PD core team members work collaboratively with patients and families to improve catheter care and prevent serious and even deadly infections.

In 2014, CHLA's PD-related peritonitis rate was at 0.03 (1 peritonitis episode in every 33 patient months), which was better than the national average of 0.05. However, the PD core nurses were determined to continue to improve their process and further decrease the infection rate. They knew that this initiative would improve patient outcomes, decrease hospital stays, and prevent delay or disruption of scheduled PD. They created a goal to decrease peritonitis episodes per patient months.

Every December, the interprofessional PD core team meets to evaluate the year's peritonitis rates and develop a quality improvement (QI) plan to reduce peritonitis for the next year. For 2014, team members exchanged ideas on maintaining current adherence to national guidelines and identified new practice opportunities. The entire PD core team was determined that a plan would be in place by January 2015.

PD Core Team

John Salunson, BSN, RN	Office Manager
Alice Bertulfo-Sanchez, BSN, RN	Clinical Nurse
Rowena Zambrano, BSN, RN	Clinical Nurse
Joan Cuaresma, BSN, RN	Clinical Nurse
Joy Ann Miguel, BSN, RN	Clinical Nurse
Debbie Queral, BSN, RN	Clinical Nurse
Esther Berenhaut	Clinical Dietitian
Sindy Acevedo	Peritoneal Dialysis ACR
Eduard Macalalad	Peritoneal Dialysis Technician
Hallie Stone, LCSW	Social Worker
Carl Grushkin, MD	Chief, Division of Nephrology
Rachel Lestz, MD	Director, Attending Nephrologist

The PD core team created a QI plan for 2015:

- Continue to implement National Association of Children’s Hospitals and Related Institutions (NACHRI) new catheter guidelines for care.
- Monitor infections and replace peritoneal catheters after three episodes of repeated infections with the same organism if the decontamination procedure is not effective.
- For peritonitis episodes with no obvious cause, ensure that the catheter is thoroughly assessed for small tears or holes.
- Continue the use of gentamicin cream at the exit site for prophylaxis.
- Identify methicillin-resistant Staphylococcus Aureus (MRSA)-positive patients and implement plan to clear patients of infection.
- Start using mupirocin (Bactroban) for MRSA-positive patients at the exit site routinely for prophylaxis.
- (New practice) Change the plastic beta-cap adapter to a titanium adapter within two months of the catheter placement or at the end of home training, whichever comes first.
- Schedule catheter repairs at one year of placement as a preventive measure to avoid contamination secondary to tears or loose-fitting tube connections from wear and tear.

Education is a major component in the QI plan, since PD therapy continues at home with parents starting and managing the dialysis on their own. Nurses must educate caregivers about proper techniques to ensure adherence to correct PD procedures and to prevent infection. Caregiver education includes the following:

- Peritoneal dialysis staff review infection-control techniques, which include hand hygiene, exit-site care and aseptic-connection technique.
- Continue retraining sessions for caregivers with every peritonitis episode.
- Continue to perform group re-education sessions for aseptic technique every six months via a handout, review and quiz.

To monitor the effectiveness of the plan, data collection was done on a monthly basis and the evaluation of peritonitis episodes was performed quarterly. From the commencement of the QI plan in January 2015, the unit exceeded its goal, with zero infections in 2015. The unit continued the plan in 2016 and had only one incident of infection—an infection rate of 0.01 episodes per patient month, lower than the national average of 0.05. The combination of evidence-based practices, the application of specialty standards and adding a new practice contributed to the success of the quality improvement plan. 🦋

Professional Practice Model



The Professional Practice Model (PPM) is a visual representation of how an organization defines its concept of patient care. The model is in constant evaluation to assure the concepts still hold true. Various health professionals within Clinical Services expressed interest in being incorporated into the PPM. This innovative idea was taken into consideration, and it was decided that the Clinical Services disciplines share similar practice philosophies with the nursing disciplines at CHLA, such as the value of teamwork, family-centered care and lifelong learning; respect for patients, family and peers; and the pursuit of new knowledge to better practice and improve quality of care.

During the fall of 2015, the inter-professional model idea was presented to various Clinical Services groups, which expressed their support. In January 2016, Clinical Services Administration council members modified the model to reflect interprofessional practice. The image above is the result of their work.

The building-block model represents our culture at Children's Hospital Los Angeles. It captures the essentials of how we deliver patient care. Throughout the care continuum, the achievements of lifelong learning and the collaborative efforts of the health care team are the foundations for providing patient- and family-centered care. The dynamic circle represents how we respect our patients, families and colleagues; serve with great compassion; conduct research and acquire new knowledge; and continuously improve quality and safety in our practice. 🦋

Care Delivery System



The Care Delivery System (CDS) describes the framework and delivery of care, its goals and outcomes, and the professional resources needed. The original CDS was the Children’s Care Continuum (also known as C3), established in 1995. Care has evolved since then, requiring a reevaluation of the system. In spring 2016, the Clinical Services directors met to analyze and formulate the framework of the current care system. The group created a graphic model to illustrate the system and a brief description to articulate its mechanisms.

Our Care Delivery Model is designed as a three-layered circular model, with the patient and family as the central focus and embraced by the intermediate ring, showing interprofessional collaboration. The outermost ring represents the essential resources and support provided to allow each piece to do its individual and collaborative best. The bidirectional arrows in the outer ring represent the dynamic nature of the systematic work of the care delivery system. All of the model components align with CHLA’s mission: “We create hope and build healthier futures.” 🦋





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.

Workflow: Developing a Nurse Practitioner Program in Interventional Radiology

Providers in the Radiology Department at Children's Hospital Los Angeles use leading-edge imaging technology to help facilitate diagnosis and treatment, provide the full spectrum of inpatient and outpatient imaging services, and offer accurate and timely imaging and laboratory interpretations. We are accredited by the American College of Radiology for our commitment to excellence in the safety and quality of imaging. We also subscribe to the Image Gently Campaign's practices of using the lowest possible dose for each exam to limit children's exposure to radiation.

Chadi Zeinati, MD, joined CHLA's Interventional Radiology (IR) team in 2014. Zeinati brought a different skill set from his previous work in adult medicine, coming to CHLA to lead the expansion of the program to include new and different IR procedures and services that had not yet been provided at CHLA.

The typical pre-procedure workflow in Interventional Radiology is:

1. A physician requests a consult from the Radiology attending physician for any concern that can be managed through radiological procedures, including:
 - Biopsies
 - Draining abscesses
 - Placement of a peripherally inserted central catheter
2. Insurance authorization is obtained
3. Blood work or lab tests are performed
4. A medical record review is conducted to identify contraindications to anesthesia

All of this pre-procedure screening work is time-consuming and yet vital to the success of the procedure. Zeinati and the IR team noticed that a high rate of cases were being cancelled or delayed due to issues that were not discovered until just prior to the procedure's scheduled start time. This was due to the lack of available manpower for conducting adequate pre-procedure screenings.



Ginney Than, MSN, RN, NP (left), and Amy Lohmann, MSN, RN, NP, with a patient

The IR department has always been a fast-paced patient-care area with high turnover and high patient volume. As the program and the patient volume expanded, the previous IR physician found it difficult to screen patients prior to their scheduled procedures. He would often find himself trying to screen the patient, obtain consent, and provide education to the parents at nearly the same time the patient was being prepared for transport to IR for the scheduled procedure. The Joint Commission has established standards for hospitals that describe which procedures, treatments and services require informed consent. There are ethical discussions at a national level to end the practice of "gurney

consents,” in which a physician tries to obtain consent for a procedure while the patient is already on the gurney waiting to have the procedure done. The Joint Commission created these standards for patients and their guardians so they can receive information about a procedure in a timely manner, digest it, and consider their options prior to signing the consent form.

Zeinati sought to institute new workflow options to end gurney consents and create more clinically efficient methods that would in turn create a better experience for patients and families. Within his first year at CHLA, he realized that the workload in IR was too large for one attending physician and began advocating for the development of an IR nurse practitioner (NP) program.

Intervention Radiology Inpatient Anesthesia Case Workflow

ORDER:

- Order is entered into KIDS system and appears in the Worklist
- **Or**
- Email is sent to “IR Team” requesting a consultation
- **Coordinator** alerts **NP** of order and **NP** initiates triage

NP Triage:

- GA or Awake?
- Labs needed? Labs normal
 - If labs needed NP enters order and alerts floor team/nurse
 - Heg screen – within 7 days or waiver is signed
- NPO?
- Images to review?
- Cardiac history? Requires Cardiac Anesthesia?
- eGFR ok for contrast injection?
- Consultation needed? If so, floor team is notified to place “IR Consult” order

If all components are verified, **NP** discusses case with **IR Attending** to determine if the case is appropriate, same-day add-on or future date.

NP Notifies Coordinator of Scheduling:

DENY CASE: If case is not appropriate for scheduling, the **NP** notifies the **coordinator**, the floor team and places a not in the patient chart explaining why the procedure is no appropriate.

AFFIRM CASE:

Coordinator informs **Radiology Tech** regarding procedure

Radiology Tech/Aide:

- Completes Case Paperwork
- Verifies Supplies/Equipment necessary for case is available
- Verifies orders entered are appropriate for the procedure
 - If not correctly ordered, the **NP** is notified to call the floor team to order the correct procedure. Rarely, the **Rad Tech** or **NP** can change the order

If **Rad Tech** confirms orders and supplies, the coordinator can them book the case.

(continued on next page)

In March 2015, IR's NP Program began when Sue Matich, MSN, RN, NP, was hired. She was charged with developing the program and designing the initial NP workflow. To obtain information on how to develop an optimal workflow, she connected with colleagues at the Society for Interventional Radiology (SIR). Through attending conferences and networking with other NPs nationally, she discovered that an NP program within the subspecialty of interventional radiology was very rare. In the programs that did exist, the NPs were primarily responsible for assisting with procedures, and their roles did not include the expanded-scope NP role that existed within the IR program at CHLA. Lacking a practice standard to provide guidance, Matich designed the initial NP workflow for IR based on her existing knowledge of the division and her clinical expertise.

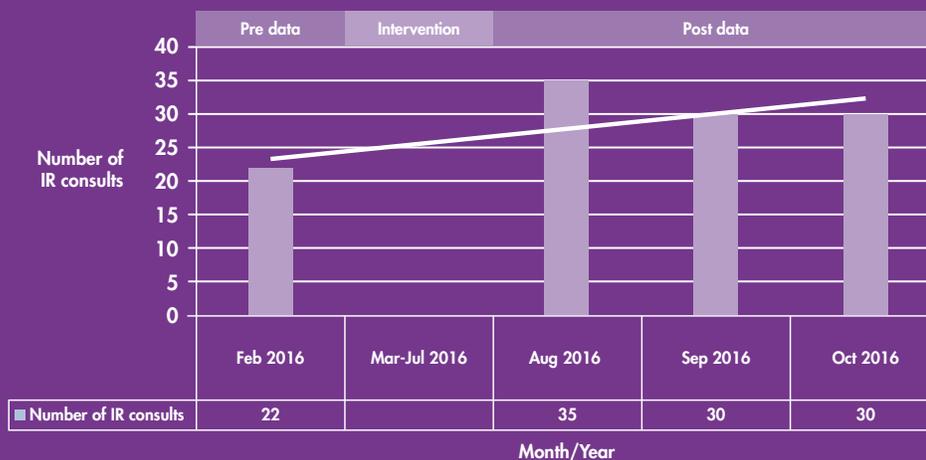
In October 2015, Ginney Than, MSN, RN, NP, was hired, and in February 2016 a third NP, Amy Lohmann, MSN, RN, NP, came on board. The development of the NP Program allowed Zeinati to move forward with his goal of growing the program, but once the three NPs were working together, they quickly realized that their workflow was not efficient and that this lack of efficiency could prevent them from demonstrating adequate growth in the program. The NPs recognized a need to evaluate and improve their workflow with the goal of increasing the number of patient consults in Interventional Radiology.

In July 2016, the IR team met to review the state of its workflow, re-evaluate the roles and responsibilities that each team member had, and create a standardized protocol for the group's work. Than took on the task of developing the new workflow documents for all staff in IR, based on the decisions made in the IR team meeting. Figure 1 is a portion of the inpatient case workflow document. Than developed a separate workflow document for ambulatory patients. The workflow documents outline the responsible person for each step of the IR patient-care process, from the beginning of a consult all the way through post-procedure patient care.

Under the new workflow process, the three NPs have been able to serve more patients, and they now split their time between working with inpatient and outpatient consults as well as patients who need IR procedures on a regular basis. Over time, they have continued to refine the workflow and have been able to develop a clinically efficient workflow system for the entire IR team to improve patient experience. The new NP workflow was implemented in August 2016.

The number of patient consults has increased since the redesign of the NP workflow in IR. This is demonstrated in the increase from the pre-intervention data of 22 consults per month to the post-intervention data of 30 to 35 consults per month. 🦋

Number of IR consults





Our Board-Certified Nurses

Board certification is an earned recognition signifying that nurses possess expert knowledge in their specialty practice. Achieving and maintaining national Board certification requires commitment to lifelong learning. To prepare for the certification exam, most nurses take one or more preparatory classes, pore through review books and utilize study groups.

Once certified, they must fulfill certain requirements to maintain their certification depending on the organization. Certified nurses attend conferences and read professional literature pertaining to their specialty to accumulate continuing education units (CEUs) necessary for certification renewal. Other boards require retesting for renewal. This commitment to education exceeds the minimal requirements for nursing license renewal. Continuing certification builds a higher level of expertise, contributes new knowledge into nursing practice and improves patient safety.

National certification enhances professional credibility and personal confidence in clinical abilities, and verifies specialized knowledge. It increases feelings of personal accomplishment, as certified nurses are recognized in the workplace as adept and proficient leaders. They are empowered to share their knowledge and expertise in their workplace and community. Certification is not mere letters after a name; it indicates nursing's highest value of professionalism.

Our total number of certified nurses is 788.

Fourteen of our ambulatory departments have reached 100 percent certification for their nursing staff, and four more have reached 80 percent or higher.

Our top three inpatient units with the highest percentage of certified nurses are:

- Pediatric Intensive Care Unit (PICU) at 52 percent
- Duque 6 Rehabilitation Unit at 56 percent
- 4 East Unit (Hematology-Oncology) at 40 percent

A large majority of our leadership is certified, including:

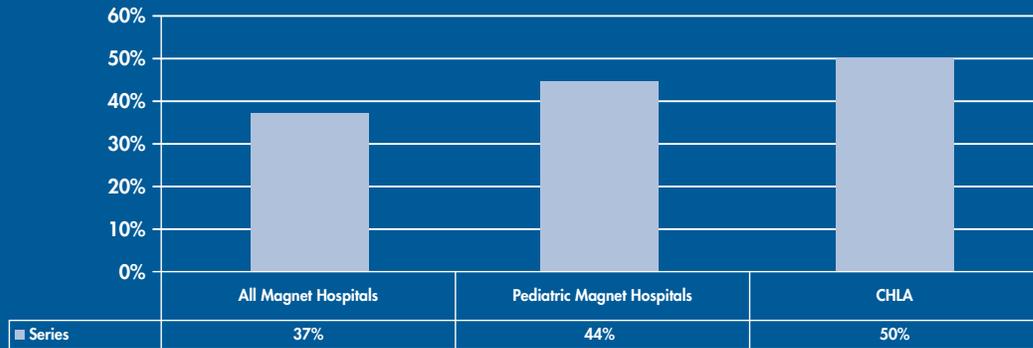
- 100 percent of nursing directors and executives
- 78 percent of nursing managers
- 50 percent of nursing supervisors
- 67 percent of nurse leads
- 80 percent of clinical nurse IVs
- 65 percent clinical nurse IIIs

In addition, our chief clinical officer/chief nursing officer, Nancy Lee, is Nurse Executive, Advanced Board Certified (NEA-BC).

Our top certifications are:

- Certified Pediatric Nurse (CPN)
- Critical Care Registered Nurse (CCRN)
- Certified Pediatric Oncology Nurse (CPON)
- Certified Pediatric Oncology Hematology Nurse (CPHON)
- Neonatal Intensive Care Nursing (RNC-NIC)
- Certified Pediatric Emergency Nurse (CPEN)

Percentage of eligible clinical nurses who are nationally certified



Number of Board-certified nurses



Advanced Degrees in 2016

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; for example, 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:

- Tuition assistance through Human Resources
- Tuition assistance for RNs and LVNs through the Clinical Services Department
- The Terry Varatta Memorial Scholarship for nurses pursuing a master's degree in nursing
- The John E. Anderson Endowment for Scholarships in Nursing—a tuition reimbursement program for masters and doctorate degrees
- Partnerships with 12 schools and programs that offer tuition discounts to our employees; information about these programs is available on our hospital intranet site

New Advanced Degrees in 2016

Bachelor of Science in Nursing (BSN)

Miguel Aventino, RN (Post-Anesthesia Care Unit)

Claudia Castellon, RN (6 West)

Hanna Chong, RN (6 West)

Janice McKenzie, RN (Nephrology), magna cum laude

Maria Padua, RN (Endocrinology)

Veronica Wallace, RN (Radiology)

Polin Yousefzadeh, RN (5 West)

Master of Science in Nursing (MSN):

Victoria Duncombe, RN (Pediatric Intensive Care Unit)

Sandy Hall, RN (Versant™ RN Residency)

Linda Kelso, RN (Radiology)

Feri Kiani, RN (Pediatric Intensive Care Unit)

Sandra Lee, RN (Pediatric Intensive Care Unit)

Diana Montano, RN (6 West)

Ma Jonette Panizales, RN (Cardiothoracic Intensive Care Unit)

Lauren Paz, RN (Pediatric Intensive Care Unit)

David Romberger, RN (Heart Institute)

Sandy Salinas, RN (4 East)

Ann Wakulich, RN (Orthopaedics)

Kelsey Wong, RN (Float Team)

Andrea Zaballero, RN (6 West)

2016 Average Clinical Nurse Education Level in Magnet® Organizations (measured in Full-Time Equivalents)

	All Magnet Hospitals	Pediatric Magnet Hospitals	Children's Hospital Los Angeles
Number of PICC lines	30%	19%	15%
Bachelor's Degree in Nursing	60%	72%	76%
Master's/Graduate Degree in Nursing	4%	5%	8%

We currently have 16 nurses with doctoral degrees and 25 nurses who are in the process of obtaining their doctoral degrees.

Among all of our nurses, we have increased the number of nurses with bachelor's degrees from 76 percent in 2012 to 86 percent in 2016, exceeding the 2020 goal from the Institute of Medicine (IOM), which was set at 80 percent.



Sandy Salinas, MSN, RN

Publications

Monica Horn (Heart Institute): "Pediatric Cardiac 'Prehab,'" International Society for Heart & Lung Transplantation, Links Newsletter, January 2016.

Elizabeth Daley and **Nida Oriza** (Cardiothoracic Intensive Care Unit): "Tetralogy of Fallot With Absent Pulmonary Valve" and "Total Anomalous Pulmonary Venous Return," congenital heart defect guidelines, Society of Pediatric Cardiovascular Nurses and Pediatric Cardiac Intensive Care Society websites, February 2016.

Nancy Pike (Cardiothoracic Surgery): "Alterations of Cardiovascular Function in Children," book chapter in Understanding Pathophysiology, Sixth Edition, Mosby, Inc., February 2016.

Sheila Kun (Pulmonology): "Diaphragm Pacing by Phrenic Nerve Stimulation," American Journal of Respiratory Critical Care Medicine, April 2016.

Nida Oriza, Victoria Winter and **Flerida Imperial-Perez** (Cardiothoracic Intensive Care Unit): "Shared Governance for a Healthy Work Environment in a Pediatric Cardiothoracic Intensive Care Unit," American Association of Critical Care Nurses (AACN) Advanced Critical Care, April-June 2016.

Susanne Matich (Interventional Radiology): "Just Pediatrics: Pediatric Minor Head Injury, CT Imaging and Evidence-Based Practice in Emergency Departments," Journal of Radiology Nursing, June 2016.

Judy Sherif (Emergency Transport): "Cerebral Oxygenation and Acceleration in Pediatric and Neonatal Interfacility Transport," Air Medical Journal, June 2016.

Sheila Kun (Pulmonology): "Congenital Central Hypoventilation Syndrome: Diagnostic and Management Challenges," Dove Medical Press, August 2016



Kelsey Wong, MSN, RN, at the Magnet Conference

Presentations

Nancy Chang (Endocrinology): "Understanding Barriers to Self-Management Among Latino Adolescents With Type 2 Diabetes," Ellipse Global Study Coordinator Symposium, Rome, Italy, January 2016.

Vicki Lin and **Gloria Verret** (6 West): "Innovative Generational Approach to Peer Mentoring for New Graduate Nurses," podium presentation, National Mentoring Institute Conference, January 2016.

Susan Carson (Hematology-Oncology): "Transition Issues for Thalassemia and Other Chronic Care Patients," Diversity in Medicine Class, University of California, Irvine, February 2016.

Robert Giesler and **Cynthia Triana** (Newborn and Infant Critical Care Unit): "Perfecting NICCU's PIV Practice, Eliminating PIV-Related Ulcers on Our Little Ones," Coastal California Association of Neonatal Nurses Conference, February 2016.

Bianca Salvetti (Adolescent and Young Adult Medicine): "Health Providers Panel: Accessing Trans-Friendly Health Care," panel, 2nd Asterisk Trans* Conference, University of California, Riverside, February 2016.

Catherine Goodhue (Pediatric Surgery): "Qualitative Assessment of Simulation-Based Training for Pediatric Trauma Resuscitation," American College of Surgeons Southern California Chapter, January 2016; "Disaster Preparedness in Families With Total Parenteral Nutrition-Dependent Children: Can We Make a Difference?" Abstract of Distinction, American Society for Parenteral and Enteral Nutrition, January 2016; "Genetics and the Pediatric Nurse Practitioner," lecture, pediatric nurse practitioner students, University of California, Los Angeles (UCLA), February 2016; "Tummy Trauma: Risk Factors, Evaluation, Diagnostic Testing and Management of Common Injuries," lecture, 37th Annual Conference on Pediatric Health Care, National Association of Pediatric Nurse Practitioners, March 2016.

Amy Steffe Lohmann (Interventional Radiology): "Reductions of Same-Day Anesthesia Cancellations in Radiology," poster presentation, University of Alabama at Birmingham, DNP Intensive, March 2016.

Nancy Pike (Cardiothoracic Surgery): Moderator for Neurodevelopmental Outcomes Session, Association for European Paediatric Cardiology Conference, Rotterdam, the Netherlands, March 2016.

Debbie Harris, Kellie Loera, Susan Carson, Trish Peterson and **Kasey Rangan** (Hematology-Oncology): "Development and Implementation of a Hematology-Oncology Pediatric Nurse Practitioner Mentorship Program," poster presentation, National Association of Pediatric Nurse Practitioners' (NAPNAP) 37th Annual National Conference of Pediatric Health Care, Atlanta, GA, March 2016.

Susanne Matich (Interventional Radiology): "Advanced Practice Nurse and Physician Assistant Credentialing in California," Society for Interventional Radiology, Vancouver, British Columbia, Canada, April 2016; with **Amy Lohmann** (Interventional Radiology): "A Cystic Fibrosis Update and Post-Anesthesia Care Unit Management of the Cystic Fibrosis Patient Undergoing Bronchial Artery Embolization," radiology nursing staff monthly education and staff meeting, CHLA, March 2016.

Sharee Anzaldo (Surgical Admitting): "Managing Care of a Child With Autism Spectrum Disorder: Filipino American Beliefs and Perceptions," poster presentation, Western Institute of Nursing 49th Annual Communicating Nursing Research Conference, Anaheim, CA, April 2016.

Maria Bautista-Durand (Trauma): "Bicycles and Skateboards May Break Your Bones, but the Orthopaedic Trauma Team Won't Hurt You!" Annual Regional Advanced Practice Nurses (APN) Conference, CHLA, April 2016.

Kimberly McEvoy Dodson (Surgery): "Standards of Perioperative Nursing—Pediatric Considerations in the Field," Irapuato, Mexico, April 2016.

Dolores Greenwood and **Brenda Gallardo** (Newborn and Infant Critical Care Unit): "Growing Beyond the Bedside: A Mentorship Program for Experienced Nurses," presentation, 10th Annual CHLA Neonatal Conference, April 2016.

Alan Hermanson (Employee Health): "Total Worker Health," presentation, Children's Hospital Association Annual Meeting, Kansas City, MO, April 2016.

Monica Horn, Donna Guadiz and **Debbie Dechant** (Heart Institute): "Cannula Site Management Strategies in Pediatric Ventricular Assist Device (VAD) Patients," abstract and poster presentation, Annual International Society for Heart & Lung Transplantation Meeting and Scientific Program, Washington, DC, April 2016.

Deborah Jury (Pain Service): Speaker, "Pupiversary," Inaugural Dog Therapy Appreciation Day, honoring Amerman Family Foundation Dog Therapy Program, CHLA, April 2016.

Erin Lowerhouse (Sedation Services): "Pediatric Sedation Specialty Unit: Enhancing Patient Care," poster presentation, American Society of PeriAnesthesia Nurses 35th National Conference, Philadelphia, PA, April 2016.

Shinny Thomas (Anesthesiology): "Anti-NMDA Receptor Encephalitis," poster presentation, Society for Pediatric Anesthesia Conference, Colorado Springs, CO, April 2016.

Gloria Verret and **Terri Cole** (6 West): "Enhancing Consistent, Effective and Timely Discharge Teaching for Families Using a Dedicated Clinical Nurse Discharge Educator," poster and podium presentation, CHLA Research Day, and podium presentation, Society of Pediatric Nurses (SPN) National Conference, Minneapolis, MN, April 2016.

Flora Yuen (6 East): "Pediatric Nurses' Level of Preparedness in Code Blue Response," SPN Annual Conference, Minneapolis, MN, April 2016.

Ann Wakulich (Orthopaedics): "Family-Centered Care in Pediatrics," development of a class, Upsilon Beta Chapter of Sigma Theta Tau International, Yorba Linda, CA, April 2016.

Leticia Boutros (Perioperative Services): "Nursing and Health Care," 22nd Annual Adelante Mujer Latina Conference, Pasadena, CA, May 2016.

Sheila Kun (Pulmonology): "Building a Pediatric Pulmonary Nursing Curriculum for Thailand," poster presentation, American Thoracic Society International Conference, San Francisco, CA, May 2016.

Donna Nowicki (Pediatric Surgery): "Necrotizing Amoebic Colitis in a Child: A Rare and Often Fatal Entity," presentation, American Pediatric Surgical Nurses Association 25th Annual Scientific Meeting, San Diego, CA, May 2016.

Nida Oriza (Cardiothoracic Intensive Care Unit): "Nurse-Driven Hand-off From Anesthesia Care to Pediatric Cardiothoracic Intensive Care Unit: A Courageous Act," poster presentation, AACN National Teaching Institute (NTI) and Critical Care Exposition, New Orleans, LA; also published on AACN/NTI website, May 2016.

Ani Yeremian (Cardiovascular Acute): "Using IPC Survey Functionality to Improve Response to Alarms," GetWellNetwork Get Connected 2016 conference, Philadelphia, PA, May 2016.

Donna Guadiz (Heart Institute): "Transitioning from Pediatric to Adult Care," panelist, Pulmonary Hypertension Association International Conference and Scientific Session, Dallas, TX, June 2016.

Erin Benekos (Hematology-Oncology): "Navigating Uncharted Waters: Embracing the Tides of Transition," Fifth Annual West Coast Sickle Cell Nurses Conference, CHLA, September 2016.

Desirae Clark (Radiation Oncology): "Pilot Study to Implement a Quality of Life Survey as a Clinical Tool in an Underserved Pediatric Cancer Population," poster, American Society for Therapeutic Radiology and Oncology (ASTRO) National Conference, Boston, MA, September 2016.

Ruth E. Lemus (Cardiac Rehabilitation): "Aorta Case Studies" and "Worst Coded Scenarios," Advances in Quality Outcomes: A Data Managers Meeting, Society of Thoracic Surgeons, September 2016.

Johanna Navia (4 East), **Diane Altounji** (4 West) and **Liberty Garcia** (4 West): "Back to Basics: Implementation and Compliance of a Daily Hygiene Bundle," poster presentation, Association of Pediatric Hematology Oncology Nurses (APHON) Annual Conference, Indianapolis, IN, September 2016.

Mary Baron Nelson (Hematology-Oncology): "Brain Imaging Findings After Cancer Treatment in Childhood—State of the Science" and "Evidence-Based Practice: Beyond the Basics," APHON Annual Conference, Indianapolis, IN, September 2016.

Tina Quintana, Mary Moses, Shannon Arredondo, Swati Saiben and **Kerry Vancura** (Hematology-Oncology): "Safety and Chemotherapy: Utilizing Technology to Improve and Standardize Our Practice," poster presentation, APHON Annual Conference, Indianapolis, IN, September 2016.

Kelsey Wong (Float Team): "Nurse Fatigue: Causes of and Strategies to Minimize Fatigue," poster presentation, first place for research posters, UCLA Health's 15th Annual Research and Evidence-Based Practice Conference, September 2016.

Paula Belson and **Judy Koempel** (Anesthesiology Critical Care Medicine): "Ambulatory Pediatric Anesthesia," California Association of Nurse Anesthetists Fall Meeting, Rancho Mirage, CA, October 2016.

Allan Cresencia (Post-Anesthesia Care Unit): "Pediatric Syndromes and Their Conundrums," poster presentation, nominated by UCLA School of Nursing as a Rising Star of Research and Scholarship Invited Student Poster, Sigma Theta Tau, Inc. 27th International Research Congress, Cape Town, South Africa, July 2016; "Pediatric Anesthesia: Basic and Advanced," PeriAnesthesia Nurses Association of California 37th Annual Meeting and Seminar, San Diego, CA, October 2016.

Sheila Kun (Pediatric Pulmonology): "Altitude Testing for Children: Who Is at Risk for Hypoxia at High Altitudes?" poster presentation, 15th International Congress on Pediatric Pulmonary (CIPP SV), Naples, Italy, June 2016; "Ensuring Safe Transition to Home for Children on Home Mechanical Ventilation," oral presentation, CHEST 2016 Conference, American College of Chest Physicians, Los Angeles, CA, October 2016.

Mary McCulley (Pain Service): "Alternatives in Pain Management for Critically Ill Children: More Than Just Pain Meds," lecture, Contemporary Forums Pediatric Critical Care & Emergency Nursing Conference, San Diego, CA, October 2016.

DeRynn Thompson (Transfusion Medicine), **David Davis** (Quality Improvement) and **Linda Weeks** (Information Systems): "Barriers in Blood Transfusion Documentation in Electronic Medical Records," poster presentation, American Association of Blood Banks, Orlando, FL, and CHLA Education Fair, October 2016.

Kirsten Triemstra, Kristyn Richards and **Shannon Snow** (Newborn and Infant Critical Care Unit), "STEP in the Right Direction: An EBP Approach to Conflict Resolution," poster presentation, Society of Pediatric Nurses Los Angeles Chapter Conference, Los Angeles, CA, November 2016.

Awards and Recognition

Great Catch 2016

To embrace a culture of safety and reporting, managers award their staff members for reporting near-miss events to the Quality Improvement and Patient Safety Department through CHLA's internal reporting system. From this pool of unit-based Good Catches, the Great Catch Award was created to recognize individuals whose commitment to patient safety is most reflected in their vigilance and diligence, and their adherence to utilizing the event reporting system specifically for events that have the potential to cause harm to our patients.

Everyone at CHLA is encouraged to report any near-miss event, which is defined as an unplanned event or error that did not reach the patient or result in patient harm, but had the potential to do so. Reporting a near-miss event is critical in helping CHLA identify and improve flaws in the system and gaps in our processes.

All are welcome to offer suggestions for improvements and to be involved in putting those improvements into action. Patient safety concerns and incidents can be reported to the Quality Improvement and Patient Safety department.

October 2016 winner

Barbara Adams

While carefully reviewing a patient's appointments, Barbara Adams, RN, Infusion Center, discovered that the patient did not have any appointments scheduled for medication administration beyond the first dose. As a result, the appropriate appointments were made and the patient was scheduled to receive medications accordingly.

Nancy Hart, Clinical Services Operations manager, noted that Barbara "pays attention to details and will ask question to make sure she's doing things right."



2016 Great Catch Awardees:

January: Jennifer Meyers, BSN, RN, CPN
(Post-Anesthesia Care Unit)

February: Jennifer Domich Murray, BSN, RN, CPHON, and Lisa Kinney, BSN, RN (4 West)

March: Winnie Tien-Thomas, BSN, RN (Vascular Access Team)

April: Julianna Williams (Cardiothoracic Intensive Care Unit)

May: Alyssa Hernandez, BSN, RN (5 West)

June: Flora Yuen, MSN, RN, CPN (6 East)

July: Lisa Pettinato-Buckley, MSN, MPH, RN (4 East)

August: Michelle Marrs, BSN, RN, CPN
(Cardiovascular Acute)

September: Karla Alegre, BSN, RN (5 West)

October: Barbara Adams, BSN, RN, CPHON
(Infusion Center)

November: Susan Martinez, BSN, RN, CPN (5 East)

December: Emily Jean La Novara, BSN, RN, CPN
(Heart Institute)

2016 Morris and Mary Press Humanism Awards

Nursing Honorees

Susan Santner: Always going above and beyond, Susan works diligently to ensure that patients and families receive excellent care and quality service. She is a nurse, a teacher, a fierce advocate, a listener, a coach, a motivator and a manager, and she has just celebrated 40 years of service.



Emergency Transport Team: Called “the ambassadors of CHLA” by their nominators, the members of the Emergency Transport Team have to balance the critical-care situation with the emotional well-being of the family, and try to address both in a very short period of time. They demonstrate cohesive teamwork and rely on each other consistently.



DAISY Team Award

The CHLA Interprofessional DAISY Team Award, sponsored by the DAISY Foundation, is a recognition of everyday collaboration of employees exemplifying compassion and clinical skills. CHLA was one of a few hospitals nationwide chosen to pilot the program, and now the award is open to DAISY program hospitals. It's presented twice a year to a team comprised of two or more individuals of any discipline, including at least one nurse, that exemplifies CHLA values.

Pediatric Intensive Care Unit June 2016

A previously healthy 11-year-old child was admitted with respiratory failure. Despite all efforts, medical and surgical, the child's condition never improved, leading to that dreadful end-of-life talk with the family. This is every parent's worst nightmare, losing the most precious thing in life, a child.

The intensity of care rose even higher and in a different direction to meet the needs of the family. Every discipline in the PICU team worked hard and came together to ensure the family's needs and wants were all met. In less than a week, the parents found peace and made the courageous decision to end suffering and let their child go. The parents were very tearful but graciously expressed their gratitude for all the loving care that they had received. The following are the comments they shared with PICU staff during their end-of-life conferences:

- "We've never seen anything like this."
- "We've never seen so much love in one place."
- "There are two worlds: one outside here where everyone is looking for God, and then this place—God is here with you."
- "Thank you for all you did for our son."
- "We've Googled 'ECMO' and know it's only for 10-14 days and we are grateful that you gave us this time to be with our son."

PICU Team DAISY Honorees:

Nurses

Feri Kiani, BSN, RN, CCRN
Louis Luminarias, RN, CCRN
Sandra Lee, BSN, RN, CCRN
Nancy Lavoie, BSN, RN, CCRN
Paola McClain, RN
Ale Briseno, BSN, RN, CCRN
Danielle Attanasio, BSN, RN, CCRN
Ing Lin, MSN, RN, CCRN
Ashley Andrew, BSN, RN, CCRN
Dannielle Owen, BSN, RN
Emily Fu, BSN, RN, CPN
Zea Jacinto, BSN, RN, CCRN
Colleene Young, BSN, RN, CCRN
Kim Lindstadt, BSN, RN, CCRN

Child Life

Brooke Mahar, CCLS, Child Life Specialist II

Palliative Care

Helene Morgan, MSW

Pediatric Surgery

Jim Stein, MD, MSc, FACS, FAAP, Associate Chief of Surgery, Chief Quality Officer
Erik Barthel, MD, PHD, Senior Pediatric Surgery Clinical Fellow
Allison Linden, MD, MPH, Surgical Critical Care Fellow

ECMO Specialists

Laura Klee, RN, MSN, RNC
Kim Kyle, RN, MSN, CCRN

PICU Doctors

Robi Khemani, MD, MsCI
Alyssa Rake, MD

Chaplain

Lucino Cruz-Perez

Blood Donor Center November 2016

The Blood Donor Center is comprised of donor recruiters, phlebotomists, registered nurses, clinical laboratory scientists, component manufacturing staff, administrative leadership and volunteers. The Blood Donor Center team is responsible for the effective and accurate collection and processing of blood products to provide a safe transfusion for our patients at CHLA. They serve all patients and their families with the highest level of care possible. From donor recruitment to safe donor collection to efficient product manufacturing, each step is crucial to making sure that all patients get the utmost care and safest possible blood transfusion.

Blood Donor Center Team DAISY Honorees:

Management

Jacqueline Tagliere, MT(ASCP), SBB
Charif El Masri, MT(ASCP), SBB
Aileen Jenkins, MT(ASCP), HP
Suzanne Heri, MT(ASCP), SBB

Nursing

Brian Cook, RN
Andriana Pavlovich, ADN, RN, CPN
Kenia Silvestre, BA, RN
Jonathan Chase Potts, BSN, RN
Jin Ah Kim, BA, RN
Joowan Bang, BSN, RN

Donor Room Technicians

Roger Gonzalez, CPT
Arturo Marin
Rene Orantes
Margarita Martinez
Grecia Garcia, CPT

Blood Donor Recruiters

Cindy Nakamoto
George Merida
Raul Gonzalez

Clinical Laboratory Technicians

Ruben Contreras
Adan Carbajal

Vehicle Technician

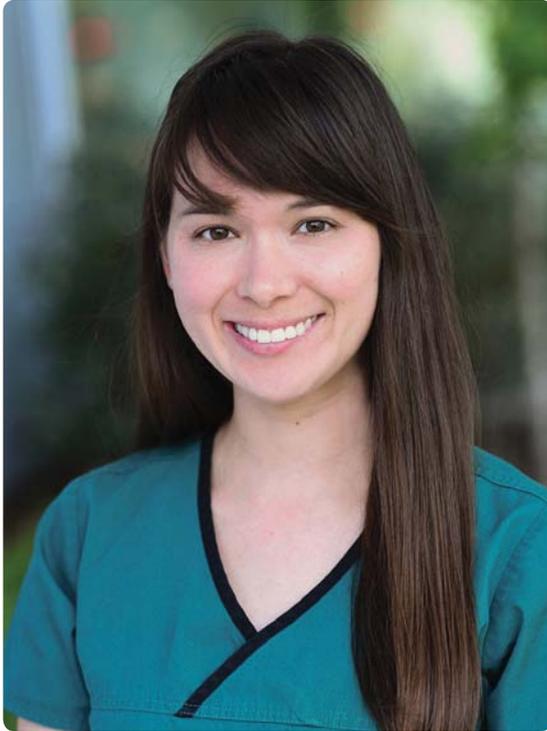
Cesar Sarmiento



Nurse Week Essay Winner

Nursing at CHLA: A Nurse's Paradise

By Jennifer Meyers, RN



Jennifer Meyer, BSN, RN, CPN

The sound of the Hawaiian words “Pupukahi I Holomua” might invoke a daydream of gazing across clear blue waters, sitting beneath a palm tree with a fresh coconut in hand and your feet caressed by soft sand. While this Hawaiian proverb translates to “uniting to move forward,” this ideal may not always be as blissful as it sounds. As a nurse, the significance of this phrase may be more akin to a journey across an ocean of endless waves through a relentless thunderstorm, to be traversed only in a canoe with a handful of people with paddles. The phrase itself may be foreign to most of us, but the nurses on my team are fluent in the common language of teamwork. It is where we begin our journey to a nurse’s paradise.

I remember the day I met Michelle and her parents in the preoperative holding area. After many doctor’s visits, enduring a back brace, and waiting for what seemed like an eternity in her teenage years of life, she was finally going

to receive her spinal fusion to correct the severe curve in her spine. To her, this meant having less pain, appearing and feeling more “normal,” and gaining a few precious inches in height. She expressed her desire to be a model and how this surgery was the key to making her dream come true. But first, we had to start an intravenous line. The next thing I learned about her was that she had an extreme fear of needles. This was the first wave in the journey of Michelle’s care. With the help of another nurse paddling our way over this wave, we obtained some numbing cream and midazolam in an attempt to reassure Michelle through the process of having her IV placed. Alas, this was not enough—the medicine tasted awful, it made her feel strange, and she didn’t trust that the gooey substance sitting on her hand was doing anything. We then invited Child Life aboard our canoe and the three of us comforted her, distracted her, and placed her IV before she even knew it. I remember the smile she gave us when she realized that the needle was gone and the “little straw” for anesthesia was already in place. She had hardly felt anything! With this first task behind us, the three of us jumped out of the canoe to make room for the operating room nurse and anesthesiologist, and off to the operating room they went to join the surgeon and other canoe paddlers.

I did not know her surgery had finished until I heard thunderous screaming amidst a din of bedside alarms. “I can’t breathe! I can’t breathe! It hurts!” I found Michelle in the recovery room, her face pale and panicked. She thrashed about in her bed as several people tried to keep her still and calm the tumultuous and dangerous waves of pain. Amid the storm, I climbed back into the canoe to join the team in rowing toward Michelle’s comfort and safety. A care partner was there ensuring she did not scratch her eyes, strike her head against the gurney, or pull at any of her lines and drains; a nurse was there reassuring her, making each breath easier as she realized her

surgery was over; and another nurse and I gave her the necessary medications and interventions. Together, we weathered the storm of her suffering through effective cooperation until she eventually was comfortable enough to drift back to sleep. Once she was awake and more lucid, she felt overwhelmed and uneasy with the number of foreign devices coming from her body and feared the moment when she would have to get up and move around with them attached to her. She feared what would happen when she would try to turn over or sit up in the bed. It was more pain that she feared most, and right on cue, the nurse practitioner hopped aboard the canoe to paddle away from that fear as we set up her patient-controlled analgesia pump.

This journey may not always be picturesque, but its idyllic nature comes from our ability as nurses to unite with each other and all disciplines involved in reaching our common goal. It is a difficult journey, and we often find ourselves saying, "This is the hardest part" with each hurdle we come across. But with each wave, we paddle in synchrony and overcome them together. From starting Michelle's IV, to helping her wake up from anesthesia, to promoting her recovery from surgery altogether, the journey continues as more nurses climb aboard the canoe. Our destination is to provide the best care for our patients, and it is our collective presence and teamwork that make us feel like we are working in paradise. 🌈



Acknowledgments

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

Paul S. Viviano, President and CEO

Nancy Lee, RN, MSN, NEA-BC

Carolyn Kendrick

Doris Lymbertos

Matthew Pearson

Sarah T. Brown

Jeff Weinstock

Jennifer Duerksen

Mallory Car

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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.





We Treat Kids Better

CHLA.org