

# NURSING Annual Report 2017



# OUR HOSPITAL

374 ACTIVE PATIENT-CARE BEDS

106 INTENSIVE CARE BEDS



AVERAGE DAILY CENSUS: 296



NUMBER OF VISITS TO OUR EMERGENCY DEPARTMENT: 88,948

# OUR NURSES



NURSE PRACTITIONERS:

125

91 NEWLY GRADUATED NURSES IN THE VERSANT™ RN RESIDENCY PROGRAM DURING 2017

27 EXPERIENCED NURSES IN THE VERSANT™ TRANSITION RN RESIDENCY PROGRAM DURING 2017

PERCENTAGE OF CLINICAL NURSES WITH NATIONAL BOARD CERTIFICATION:

40%



PERCENTAGE OF NURSE LEADERS WITH NATIONAL BOARD CERTIFICATION:



NURSES WITH AT LEAST A BACHELOR'S DEGREE IN NURSING:

88%

82%

NURSES' AVERAGE LENGTH OF CHLA TENURE: 9.7 YEARS

NURSES TAUGHT APPROXIMATELY 1,200 NURSING STUDENTS IN 2017



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Featured on cover: Michael Diaz, RN

## A Note From the Magnet Program Managers

If we had to use one word to describe 2017, it would be *eventful*—because so much happened so quickly. In January, the Magnet team was hustling to complete the Magnet application document for February submission to the American Nurses Credentialing Center (ANCC). During the springtime, we only had a moment to “stop and smell the roses” as we prepped for a potential site visit.

As anticipated, we received news in early May from the ANCC Magnet office that our application document satisfied standards and would proceed to a site visit in eight weeks. For those eight weeks, we relied on the Magnet Champions, Clinical Service leaders, and Collaborative Council members and chairs to help prepare and educate the whole organization on the expectations surrounding the Magnet site visit. All hands were on deck!

The Magnet appraisers arrived on June 26, 2017, and visited the hospital for three days. The site visit was seamless. Many nurses spoke with pride of the work that they do, and some were able to showcase their efforts in action. The appraisers were very impressed and submitted a glowing report to the Magnet Commission.

On Sept. 21, 2017, the Magnet Commission bestowed Magnet designation on Children’s Hospital Los Angeles—for the third time. During the phone call announcement, the ANCC mentioned six top exemplars of the Magnet-worthy work observed at CHLA, acknowledging nurses of all levels and areas. We achieved our best together.

Sincerely,



Margaux Chan, BSN, RN, PHN, CPN



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



Susan Crandall, BSN, RN, CCRN

## A Letter From Nancy Lee

What an exciting year we have had at Children’s Hospital Los Angeles—a year of celebration and outstanding performance. It has also brought a lot of change for our nurses. In true CHLA form, our teams have risen to the challenge and exceeded all expectations.

The valiant work of each and every nurse inspires me every single day. From the outpouring of recognition received by our Daisy Award winners to the quiet reassurance that one nurse provides to comfort a family, we demonstrate the very best that nursing can be.

My first year at CHLA was such an incredible ride. We are caring for more children and families than ever, and we are still working to better meet the needs of our community.

I feel personally and professionally proud to be a member of this nursing team, providing the best care for our patients and families.

To each and every member of the nursing team, I want to say thank you for all that you do every day on behalf of CHLA.

Sincerely,



Nancy Lee, MSN, RN, NEA-BC



Nancy Lee, RN, MSN, NEA-BC

## A Message From the President and CEO

It is always extremely gratifying when others recognize our wonderful mission-driven organization for excellence. That is why the Magnet redesignation process has been so personally fulfilling. Because Children's Hospital Los Angeles was already twice designated by the American Nurses Credentialing Center, I had great confidence in our nursing leaders' skill and commitment to the process. I cheered and supported the Magnet team in the lead-up to recertification, and as the capstone to our Magnet journey, joined the group as we waited for "the call."

The air was electric—confident and buzzing with anticipation. The resulting celebration when we heard the good news has been one of the highlights of my time at CHLA. Reviewers specifically mentioned six exemplars of our outstanding nursing care, including our successful transition to new Chief Nursing Officer Nancy Lee, MSN, RN, NEA-BC— noting that they felt our process was "worthy of publication and replication by other organizations."

This honor was validation of what I already knew— that CHLA has the very best nurses. I thank you all for your professionalism, your hard work and your continued dedication to achieving and maintaining the highest honor a hospital and its nurses can achieve. Its effects extend far beyond nursing to the whole institution.

In the following pages, you will read just a few examples of why we were once again certified as a Magnet hospital. Thank you for taking the time to discover more about what makes this one of the best hospitals for children in the country.

Warmest regards,



Paul S. Viviano  
President and Chief Executive Officer



Paul S. Viviano

*"We really do achieve our best together when we are learners leading transformation both at CHLA and in our communities."*

*—Anna Kitabjian, MSN, RN, CNS, PHN, CPNP, CPN, ONC*

# Emergency Department Workflow Redesign: A 'Swarm' of Good Ideas



ED nurse Gina Terrazzino, BSN, RN, CPN

Late in the winter of 2016, the Children's Hospital Los Angeles Emergency Department (ED) was exhausted. Unprecedented high patient volumes, coupled with a waiting room overflowing with families waiting to be seen, took a toll on staff, who were laboring to keep up with the clinical care demand. Staff voiced concerns about patient safety, decreased morale and low employee satisfaction from working in a chaotic environment. It was evident that this was a priority for immediate attention.

As a result, CHLA initiated a workflow redesign project. A consulting firm was hired to help transform the ED work environment by involving key members from various disciplines, levels and areas to actively participate in the change. The firm established a timeline for the entire project, including a leadership retreat and a cultural workshop. The goal was to enlighten and motivate individuals during the redesign workshop challenge and to create a revolutionary workflow change.

## A common vision and goals

The four-day cultural transformation workshop was designed in anticipation of the significant cultural change that would be required to achieve substantial workflow improvements. ED nurses, physicians, technicians, administrators and support professionals attended the workshop, where they reflected on their work in the ED, passionately expressed their pride, verbalized frustrations and contributed ideas for improvement. The group ultimately created a common vision and goals to ensure success in the ED workflow redesign.

Maintaining the optimistic momentum for change, the consultants assembled an organization-wide interprofessional team for a weeklong ED redesign workshop to analyze, evaluate and modify the workflow. Stakeholders included:

- ED attending physicians
- ED fellow physicians
- ED nursing managers
- ED nurses
- House supervisors
- Float Team nurses
- Medical-Surgical and ICU lead nurses
- Social workers
- Access Center staff
- Registration clerks
- ED unit assistants
- ED care partners
- Respiratory care practitioners
- Pathology and Laboratory Medicine staff
- Quality and Safety representatives
- Child Life specialists
- Language and Cultural Services staff

Having individuals from various areas provided a global perspective on the daily challenges that arise in the ED. This level of transparency and input allowed staff to understand circumstances that prevented their patients from being transferred to other hospital areas in a timely manner, and helped all areas consider innovative solutions to help with patient movement. Opinions from all levels were heard, and everyone was treated as equal.

## Interprofessional collaboration

The redesign workshop gave ED frontline staff the opportunity to drive the change. Led by the consultants, the interprofessional group had great and sometimes intense discussions about where, what and how changes needed to be made. ED nurses voiced what worked at the bedside and what did not, explaining, for example, how eliminating waste would improve patient experience. They requested new equipment and technology to revamp the ED zones, lobby, discharge lounge and other areas. They created a process map to depict a new, efficient workflow and the role of each individual or team at each stage of the patient's ED stay. The process map included the ceasing of traditional triage, improved mechanisms to transfer ED patients to inpatient care, and a new idea called "swarming."

In the past, ED team members would see the patient and family one at a time (i.e., first the nurse, then the resident, and next the attending physician) within the duration of one hour. The patient and family would have to repeat the reason for their visit multiple times, and sometimes would not get the details exactly the same each time. Therefore, certain details of their story might not be disclosed to all care team members. With the swarming model, all ED team members visit the patient and family to hear and assess the patient together. After the visit, a plan of care is created and executed.

The workshop was interprofessional collaboration at its best. There were passionate and strong opinions that were spoken and heard. Staff settled differences and agreed on solutions. They were challenged to break their comfort mold and change their normal practice to execute a new and unconventional workflow. What kept them grounded was their vision and goals from the cultural workshop—that the change was for the children.

*“Besides improving patient satisfaction, the redesign has worked to optimize our efficiency by establishing new and creative roles for care providers and utilizing various workflows. Prior to the redesign we would have never been able to see this volume of patients. We hope to continue this evaluation process and improve our quality of care and patient experience.”*

*–ED nurse Christi Stegman, BSN, RN*

## ED Workflow Redesign: Before and After

Metric	2016 High-Volume Averages (before workflow redesign)	December 2016 (after workflow redesign)	December 2017 (extraordinary flu season)
Patient volume	282	231	307
Left without being seen	11.9%	0.8%	3.2%
Average time from door to ED bed	106 minutes	18 minutes	59 minutes
Average time from door to provider	135 minutes	35 minutes	72.5 minutes
Wait time if transferred to inpatient	451 minutes	337 minutes	392 minutes

### Dramatic improvement

From November to December 2016, the ED began implementing the workflow changes and immediately witnessed its numbers dramatically improve. The swarming strategy reduced ED length of stay and improved patient satisfaction. The waiting rooms were empty, families were happier, and patients were seen efficiently. Since then, the ED team and nursing managers utilized data to advocate for hiring additional resources, such as a nurse practitioner and more ED technicians and travel nurses to keep up with the increased volume.

One year after the launch, the ED sustained its workflow, as staff witnessed and experienced great results. They would hear comments like “We’re done?” or “That’s it?” from families who had expected their visit to occupy a significant part of their day. Every positive reaction from patients and families reinforced the staff’s loyalty to the new workflow. Even after a record-setting flu season, the ED’s data was still surprisingly better than before the redesign implementation. 🌈

# Creating a 'Saturday of Safety'



Tragic events occur every day, and the multitude of media channels today amplifies our awareness of them. These events create a range of palpable emotions and reactions, from anger to grief, as well as a strong desire to help others through community service.

After the October 2017 mass shooting at the Route 91 Harvest Festival in Las Vegas, nurse Anna Kitabjian, MSN, RN, CNS, PHN, CPNP, CPN, ONC, was moved to reach out to her community in a positive way. She had the idea to design and organize an event for her hometown, Newbury Park, California, that would empower people by offering them the potential to save lives. She envisioned teaching community members basic

rescuer skills such as cardiopulmonary resuscitation (CPR), bleeding control and first-aid management. She contacted her church's leaders and pitched her community outreach project in an effort to give back to her community in a positive way. Her church accepted the idea and sponsored her cause, which together they called "Saturday of Safety."

Recognizing that this event would require a lot of support, Anna thought of reaching out to her workplace, Children's Hospital Los Angeles, where community service is highly valued. "I am so thankful for my CHLA family, and for their kind hearts that are always willing to volunteer and give back to the community," she says.

Anna approached her 6 East education manager, Nicole Olsen-Garcia, MSN, RN, PNP, for medical supplies such as gloves and isolation gowns that could be used for educational purposes. Her operations manager, Cathy Kissinger, MN, RN, NE-BC, supported her pursuit to become a basic life-support instructor to teach CPR, while Debbie Reid, MSN, RN, CPON, RN-BC, and Marcie Bernstein, BSN, RN, RNC-NIC, of the Clinical Education Office loaned manikins and an automated external defibrillator (AED).

Anna and her sister, Susanna Kitabjian, BSN, RN, CPN, a nurse on 6 West, were able to recruit five other CHLA nurses to help as educators during the event. For additional resources, Anna reached out to other community organizations to borrow materials and purchased extra supplies with her own money, anticipating a large crowd.

### Saturday of Safety educators

- Tom Cottrell, MSN, RN, CPN, CPEN – Vascular Access
- Amanda Garcia, LVN – 6 East
- Anna Kitabjian, MSN, RN, CNS, PHN, CPNP, CPN, ONC – 6 East
- Susanna Kitabjian, BSN, RN, CPN – 6 West
- Michelle Maples, BSN, RN – Vascular Access
- Norma Renteria, BSN, RN – 6 West
- Meraris Acosta, RN – 6 West

Saturday of Safety took place Dec. 2, 2017. Anna and her team taught infant, child and adult safety skills to more than 55 people in the community. Those skills included CPR, bleeding control, use of an epinephrine injector, use of an AED, maneuvers to aid a choking victim and other first-aid techniques.

"There were so many new mothers who came to learn infant CPR and how to save their baby from choking," says Anna. "The relief on their faces after they knew what to do was priceless."

The day received such wonderful feedback from the community that Anna plans to make Saturday of Safety an annual event. Word has gotten out, and she has begun establishing connections with other CHLA team members to support her cause as well, including the Trauma Program to help provide Stop the Bleed® education.

"We really do achieve our best together when we are learners leading transformation both at CHLA and in our communities," says Anna. 🦋



Anna Kitabjian, MSN, RN, CNS, PHN, CPNP, CPN, ONC, holding a manikin

# Getting to the Bottom of Unplanned Extubations in the NICCU



Many patients in the Steven & Alexandra Cohen Foundation Newborn and Infant Critical Care Unit (NICCU) at Children's Hospital Los Angeles are on ventilators to assist their breathing. To connect to the ventilator, patients need to have an endotracheal tube (ETT) placed in their airway and secured to their face or head. This is called being intubated.

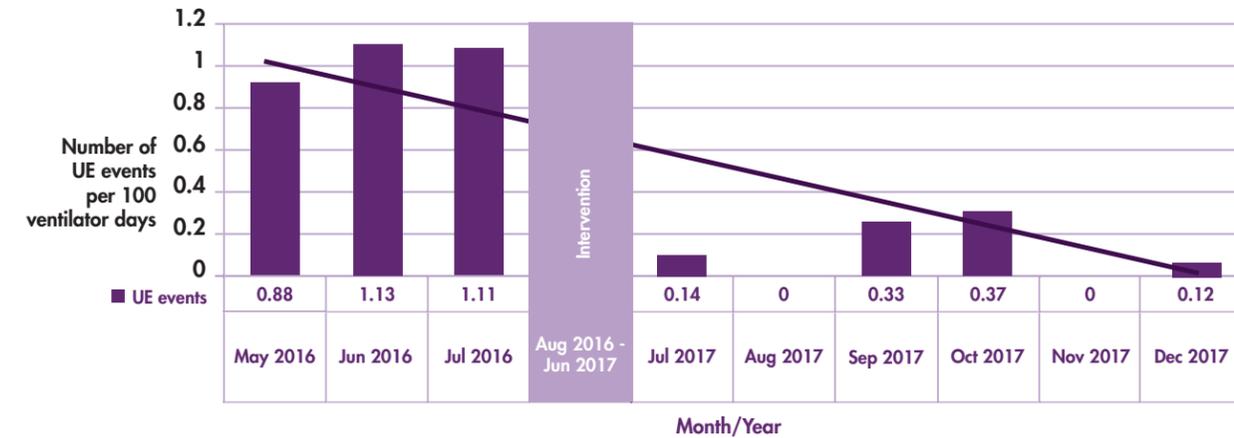
In the spring of 2016, there was heightened awareness in the NICCU about a patient safety issue: an apparent increase in unplanned extubations (UE), meaning the ETTs were coming out ahead of their planned removal. The NICCU frontline clinicians sensed a rising number of

incidents, but no one was able to tangibly prove it. In the summer of 2016, an interprofessional group convened to analyze this phenomenon and contribute theories about what was causing the increase.

#### Unplanned Extubation Analysis Group:

- Srikumar Nair, MD, neonatologist
- Erin Mounger, BSN, RNC-NIC, education manager
- Edward Guerrero, BSRT, respiratory care manager
- Leo Langga, MBA, BSRT, respiratory care manager
- Steven Chin, MD, MMSc, neonatologist
- Rachel Chapman, MD, neonatologist
- Narayan Iyer, MD, neonatologist

## Unplanned extubations in the NICCU



The group strategized areas of analysis and measurements to identify possible factors contributing to UE. First, physicians gathered data through a retrospective analysis. This study revealed that 50 percent of the extubations were unwitnessed. Inadequate patient sedation and accidental tube dislodgement during patient movement were identified as factors in some UEs.

To further analyze these factors, the team held weekly rounds to assess intubated patients' ETTs and check securement. In addition, team members interviewed bedside nurses responsible for intubated patients and discussed their thoughts and concerns regarding the risk for UE. The group's conclusion: The main cause of UE was a lack of standardized measures to prevent it.

The team formulated a bundle of preventive measures to decrease the incidence of UE based on careful data evaluation, root-cause analysis of each UE and evidence-based literature reviews. From fall 2016 to summer 2017, the group implemented multiple Plan-Do-Study-Act (PDSA) cycles. At each cycle, the team introduced a new intervention plan.

The interventions enforced several modifications.

- Three new ETT securement practices:
  1. Standardizing ETT taping
  2. Requiring the presence of two providers during any procedures putting the ETT at risk, such as suctioning and repositioning
  3. Implementing a swaddling technique to simultaneously secure a baby's hands and promote neonatal development
- Weekly bedside audits by team leadership
- Creation of an electronic event form for efficient data collection following every UE event occurrence
- Immediate post-UE debriefings with the nurses, respiratory care practitioners and physicians involved in the event

Each PDSA cycle demonstrated a decrease in unplanned extubations. As a result of this intervention, the number of UE events fell dramatically from July 2016 to July 2017.

With UE incidence at its lowest, the team is focused on sustaining this success. The group now plans to recruit frontline champions to reinforce ETT care practice and to begin leading weekly audits and rounds. 🌈

# Radiation Oncology: Designing a Smarter Work Space



Seven years ago, an interprofessional team of physicians, nurse managers, nurse leaders, therapists, Child Life specialists and clinical nurses developed a master plan to redesign and develop the Radiation Oncology Center at Children’s Hospital Los Angeles. The remodeled Center opened in 2013. CHLA is one of only three organizations in the nation that has a specialty radiation oncology unit dedicated solely to pediatrics—and is one of the few to have specialty nurses in this area.

In 2017, phase 3 of the Center’s master plan was implemented, including a major redesign of the space and workflow. The interprofessional team reconvened to discuss what changes needed to be made, and everyone had a voice and gave input on the challenges the team was facing.

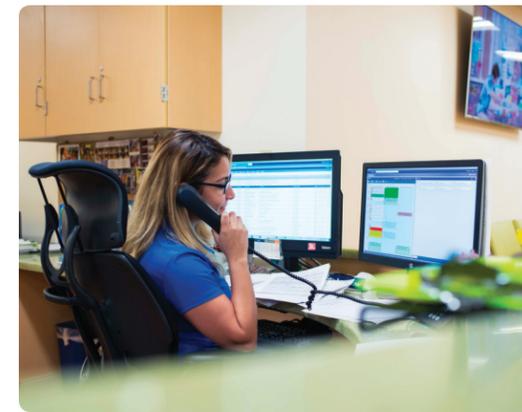
## A lack of space

Over the years, space limitations had led to serious productivity challenges in Radiation Oncology. The unit’s check-in desk and secretary were located in a

different building. Families often got lost on their way, even with improved signage. Then Radiation Oncology staff had to retrieve patients and families and walk them to the actual unit. Miscommunication often happened between these two work areas due to the distance and inadequate communication devices.

Because of a lack of examination rooms, patients had to walk to the General Radiation Department to be seen by the nurse practitioner prior to receiving anesthesia. A Radiation Oncology staff member had to escort them and then bring them back to the unit for treatment.

After procedures, patients had nowhere to wait if they needed to be seen by a specialist, such as the wound, ostomy and continence skin-specialist nurse, or a pain specialist. This meant they had to be escorted back to the General Radiation waiting area, which was usually crowded.



There was also no space for conducting follow-up visits after radiation therapy, and the space for conducting initial consults and meetings with the family was severely inadequate. Because of this, Radiation Oncology staff often went to the Hematology-Oncology clinic to squeeze in follow-up visits and new consults between oncology provider visits.

Meanwhile, the office of Attending Physician Kenneth Wong, MD, was still in a separate building and not physically near the Radiation Oncology unit. This was not ideal when clinical issues arose requiring his presence. The Radiation Oncology staff were spread out over different buildings and areas, decreasing team effectiveness, communication and cohesion.

## New design, new technology

When additional space became available, leadership embarked on phase 3 of the plan to improve the Radiation Oncology Center. During

the planning meetings, clinical nurses Desirae Clark, RN, and Michael Diaz, RN, gave input into the layout of the entire structure and workflow for the unit, as well as the design of the examination rooms—down to the last detail of where equipment and furniture should be placed in the rooms.

The new space includes a waiting room with a receptionist, a space for Child Life specialists to see waiting patients, one treatment room, two examination rooms, nursing stations, a conference room, an employee lounge, office space and enhanced technology. Initial consults and follow-up visits are now conducted in these exam rooms.

Before, clinical nurses did not have easy access to computers during patient care and often had to write down their charting on paper, completing their electronic documentation later when a computer was available. Now each exam room and the treatment room have a computer for use by physicians and nurses. The new waiting room has a camera



Radiology Oncology waiting room

system so that the staff can see which patients are still waiting and how they are doing. This not only increases security, but also patient safety, by enabling staff to monitor patients' health status.

Wong has an office in the new unit and is available to staff when they are concerned about a patient. A new conference room allows the physician and staff to meet with patients and families during care conferences. A conference phone and new technology allow the team to include consulting staff in these care conferences, review treatment plans and share radiological findings.

Rita Secola, PhD, RN, CPON, FAAN, Clinical Services director of the Radiation Oncology Center, and Dee Imai, BSN, RN, CPON, ambulatory nursing manager for Hematology-Oncology, BMT Clinic and Radiation Oncology, advocated for more technology in the redesign, based on input from Clark and Diaz.

The nurses asked for the same single sign-on "badge-in" charting system that had been implemented in the inpatient care areas in the Marion and John E. Anderson Pavilion. Additional computers were placed in the nursing stations so clinical nurses could chart in real time during patient care. These clinical nurses also worked with the KIDS Information Technology team to design new categories in the newly implemented "Oncology Solutions" programming, so that charting would reflect the patient care delivered in the Radiation Oncology area.

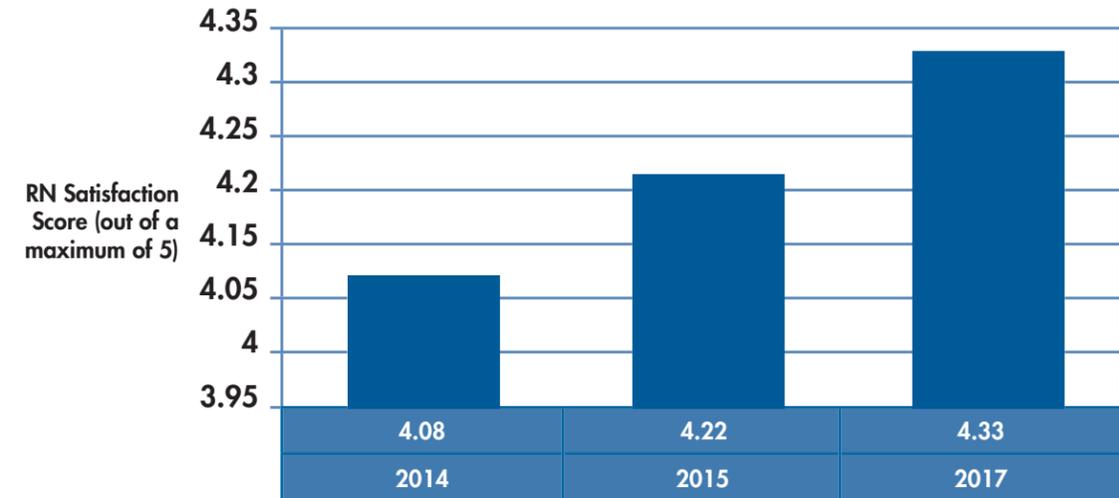
The new treatment and exam rooms allow nurse practitioners the space to perform pre-procedural and pre-anesthesia examinations in the unit, eliminating the need for patients and families to be shuffled from one area to another. Radiation Oncology staff also have dedicated space to conduct follow-up visits with patients and families after their treatment. The staff plans to increase these visits in the future.

### High nursing satisfaction

The nursing satisfaction scores for Radiation Oncology have improved in two significant areas, illustrated in the graphs below:

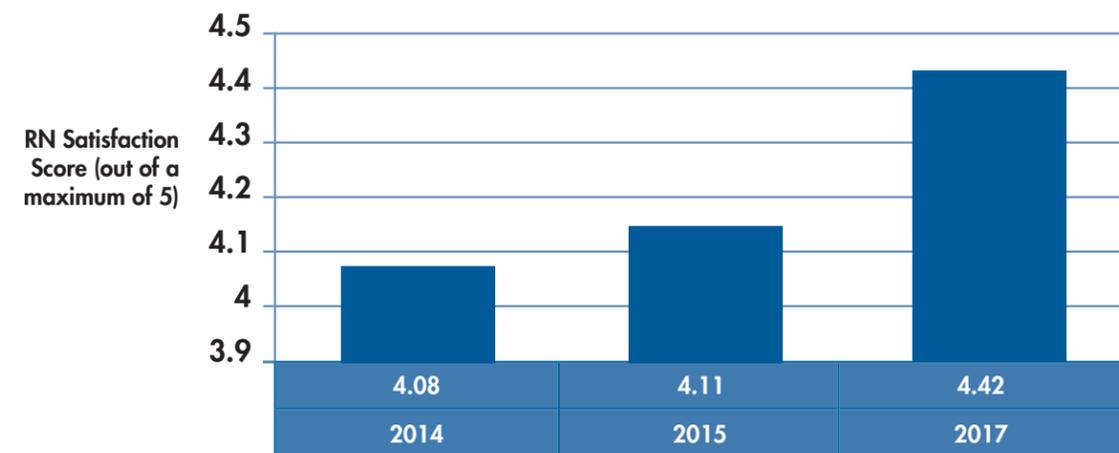
### Family-Centered Care

"My work unit demonstrates a commitment to patient and family-centered care."



### Patient Safety

"Patient safety is a priority in this organization."



### High patient satisfaction

Radiation Oncology staff opened the new clinic areas in December 2017, despite an extremely high volume of patients in November and December of that year. Through this busy season, the clinic consistently received 100 percent scores on its patient satisfaction surveys. 🌈

# The Institute for Nursing and Interprofessional Research: Changing Clinical Care Through Research and Evidence-Based Practice



INIR team (left to right): Jessica Lira, Jessica Ward, Jennifer Baird, Kevin Blaine and Cynthia Caceres

2017 was an exciting year for the Children’s Hospital Los Angeles Institute for Nursing and Interprofessional Research (INIR). Fundraising efforts for this innovative program formally began in 2015, with support from the CHLA Board of Trustees and championed by former Chief Nursing Officer Mary Dee Hacker, MBA, RN, NEA-BC, FAAN. When fully funded, the INIR will provide a permanent source of financial support for pediatric nursing and interprofessional research, along with the education and mentorship necessary to turn intriguing clinical questions into evidence-based solutions that can transform pediatric health care delivery.

Hacker has maintained an active role in shaping the Institute, starting with the hiring of Jennifer Baird, PhD, MPH, MSW, RN, CPN, as the inaugural

director of the INIR. Baird joined the CHLA team in July 2016 as a research nurse scientist and was promoted to the INIR director role in July 2017. One of her first responsibilities was to begin establishing a team to carry out the INIR’s work.

In late October, Jessica Ward, PhD, MPH, CPNP, RN, and Kevin Blaine, MAEd, joined the INIR team. Ward is the team’s research nurse scientist and comes to the role with extensive experience as a pediatric nurse practitioner in the Bone Marrow Transplant Program. Her research focuses on the impact of parent functioning on outcomes for children undergoing bone marrow transplantation.

Blaine joined CHLA from Boston Children’s Hospital, where he served as project manager for several

studies on discharge care for children with medical complexities. In December, Senior Administrative Assistant Cynthia Caceres joined the team to provide administrative and operational support. Caceres previously worked within The Saban Research Institute of Children’s Hospital Los Angeles. Baird and Ward received the INIR’s first two extramural grants in 2017. Baird’s grant, totaling \$284,180, came from the Lucile Packard Foundation for Children’s Health and was awarded for the establishment of the California-based Nurse-led Discharge Learning (CANDLE) Collaborative. The CANDLE Collaborative, which has nine participating sites, will engage nurse-led teams to improve proactive discharge planning for children and youth with special health care needs from across California and around the country.

Ward’s grant, totaling \$100,000 from the Alex’s Lemonade Stand Foundation, is a descriptive multisite study that will characterize the impact

of parent distress on child symptom burden and health-related quality of life for children undergoing hematopoietic stem cell transplantation. These studies are paving the way for nurse-led multisite research at CHLA and demonstrate the INIR’s potential as a center for extramurally funded interprofessional research within Clinical Services.

Also in 2017, the INIR issued its first call for grant applications. Teams comprising clinicians from at least two disciplines within Clinical Services were invited to apply for research or evidence-based practice grants of up to \$20,000 and up to two years in length. Six well-developed and innovative grants were funded, with topics ranging from the assessment of cerebrovascular autoregulation in infants with congenital heart disease, to the development of a mother-baby group for mothers of premature infants experiencing postpartum depression. Grants were awarded in summer 2017 and are currently underway. 🌈

## INIR Summer 2017 Grants

Title of Grant	Principal Investigator	Interprofessional Team of Applicants
“Project CLOT (Comprehensive Learning Outcomes for Thrombosis)”	Jacquelyn Keegan, MSN, RN, CPNP	Nursing, Pharmacy, Health Educators
“Mindful Eating Practices of the Adolescent With Hemophilia at Risk for Obesity”	Jennifer Donkin, MSN, RN, CPNP	Nursing, Clinical Nutrition, Physical Therapy
“Impact of Non-Nutritive Resistive Sucking on Feeding Development After Pediatric Cardiac Surgery”	Judy Hopkins, OTD, OTR/L	Occupational Therapy, Nursing
“Impact of an Innovative Mother-Infant Group on Depression and Infant Development in Mothers With Postpartum Depression and Their Infants”	Aviril Sepulveda, MS, OTR/L	Occupational Therapy, Social Work, Nursing
“Cerebrovascular Autoregulation in Infants With Congenital Heart Disease Compared to Healthy Controls”	Nhu Tran, PhD, RN	Nursing, Occupational Therapy, Cardiac Medicine
“Developing a Novel App to Educate Children on the Human Subject Assent Process”	Rebecca Dahl, PhD, RN	Nursing, Institutional Review Board

# Nursing Professional Development Update

## National Board Certification

The total number of Board-certified nurses at Children’s Hospital Los Angeles is **840**.

The American Nurses Credentialing Center (ANCC) has requested that Magnet-designated organizations work toward a goal of 51 percent or more nationally Board-certified nurses on staff. Forty-four percent of CHLA nurses are currently Board-certified.

The nursing staffs at 13 of our ambulatory departments are 100 percent certified, and nine more departments have reached 75 percent or higher. Approximately 55 percent of all nurses in our ambulatory departments are certified.

In our inpatient units, 35 percent of our nurses are certified. The top four units for Board certification are:

- **Duque 6 (Rehabilitation) Unit**—50 percent
- **Pediatric Intensive Care Unit**—47 percent
- **6 West (Medical/Surgical)**—42 percent
- **Cardiovascular Acute (Cardiovascular)**—42 percent



Christina Cerda (left) and Linda Sy

A large majority of our leadership is certified, including:

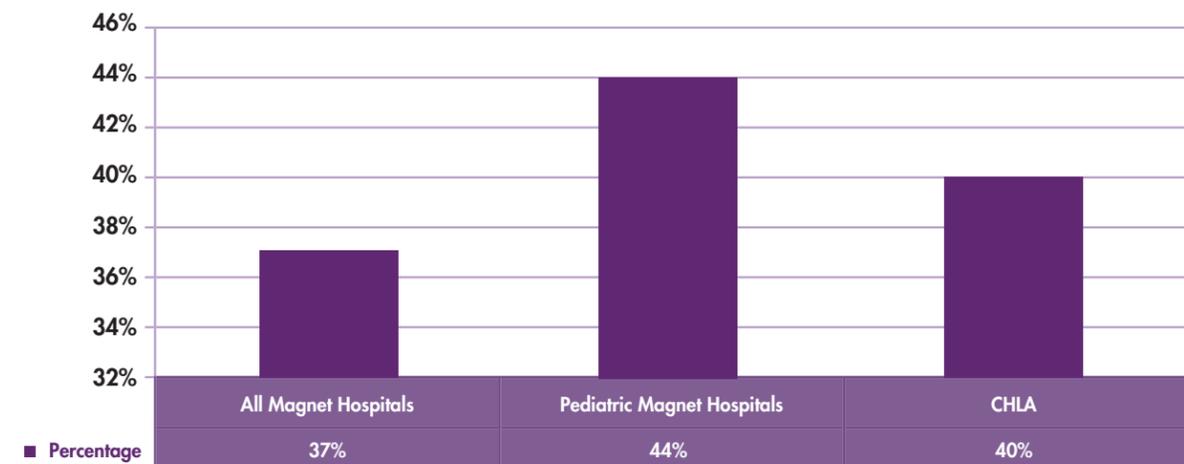
- 90 percent of nursing directors and executives
- 81 percent of nursing managers
- 50 percent of nursing supervisors
- 65 percent of nurse leads
- 100 percent of clinical nurse IVs
- 68 percent of clinical nurse IIIs

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

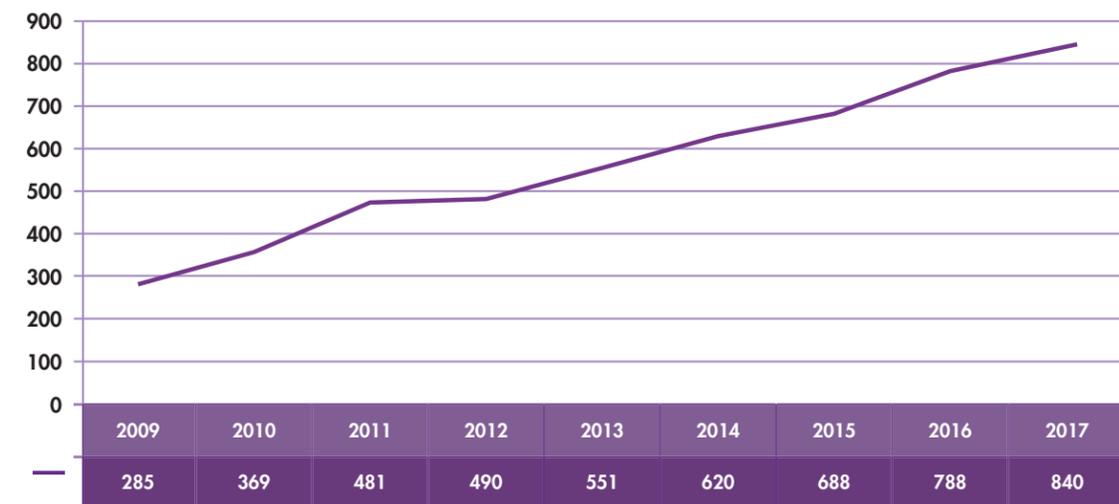
## Top nursing certifications at CHLA

	2016	2017
Certified Pediatric Nurse (CPN)	232	312
Critical Care Registered Nurse (CCRN)	97	106
Certified Pediatric Nurse Practitioner (CPNP)	80	98
Certified Pediatric Hematology Oncology Nurse (CPHON)	58	58
Certified Pediatric Oncology Nurse (CPON)	49	45
Neonatal Intensive Care Nursing (RNC-NIC)	52	58
Certified Nurse Operating Room (CNOR)	20	27
Certified Pediatric Emergency Nurse (CPEN)	17	19
Certified Family Nurse Practitioner (CFNP)	18	15

## Percentage of eligible clinical nurses who are nationally certified



## Number of Board-certified nurses



## Advanced Degrees

CHLA currently has 18 nurses with doctoral degrees and 15 nurses who are in the process of earning their doctoral degrees.

The number of CHLA nurses with a bachelor's degree or higher increased from 76 percent in 2012 to 88 percent in 2017—exceeding the 2020 goal of 80 percent set by the National Academy of Medicine.



Erin Grade, MSN

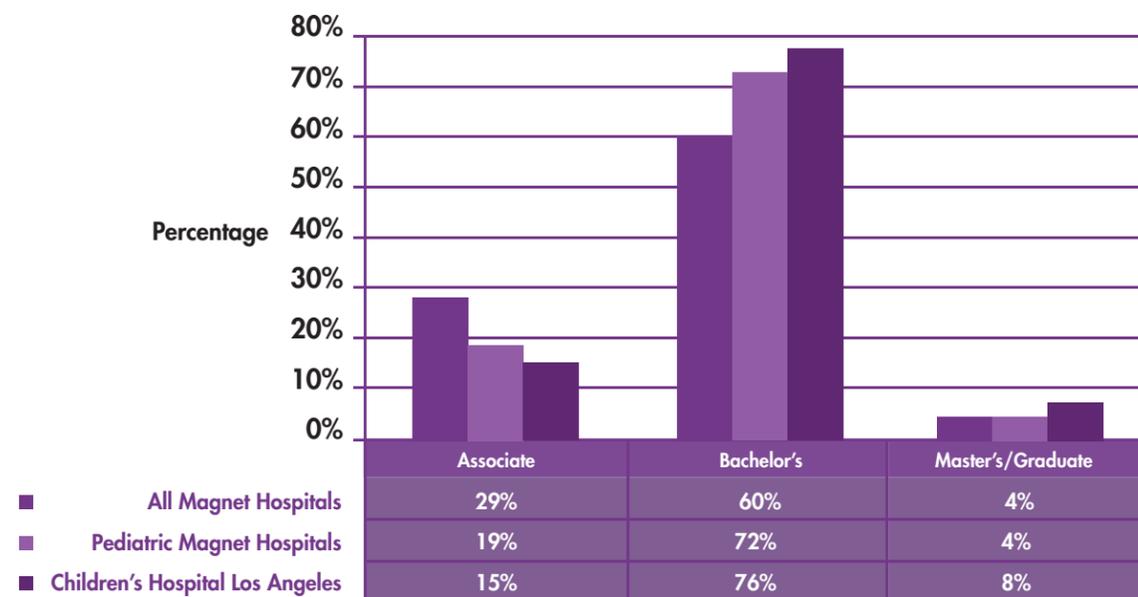


Martha Salmon, CPN

*“Nurses’ relationships with patients and families are very different than other disciplines. Nurses bring a unique perspective to research questions based on these relationships and our experience.”*

—Nancy Lee, MSN, RN, NEA-BC

## 2017 Average Clinical Nurse Education Level in Magnet Organizations (measured in Full-Time Equivalents)



## Publications

**JoAnn Barreras** (Vascular Access): "Using a Near Infrared Device to Improve Successful Venous Access in Children With Special Health Care Needs," *Journal for Vascular Access*, June 2017.

**Nancy Pike** (Cardiothoracic Surgery): "Validity of the Montreal Cognitive Assessment Screener in Adolescents and Young Adults With and Without Congenital Heart Disease," co-author, *Nursing Research*, June 2017; "Utilization of Early Intervention Services in Young Children With Hypoplastic Left Heart Syndrome," co-author, *Cardiology in the Young*, August 2017.

**Hui-wen Sato** (Pediatric Intensive Care Unit): "Intimate Strangers" and "The Inner Stretch of Nursing," *the American Journal of Nursing*, August 2017 and October 2017, respectively.

**Kathy Van Allen** (Fetal and Neonatal Institute): "Resource to Guide Policy and Practice" and "Safe Staffing for Pediatric Patients," *Society of Pediatric Nursing Position Statements, SPN eNews*, June 2017.

**Jennifer Baird** (Institute for Nursing and Interprofessional Research): "Parent and Provider Experience and Shared Understanding After a Family-Centered Nighttime Communication Intervention," *Academic Pediatrics*, online publication January 2017, in print May-June 2017; and "Families as Partners in Hospital Error and Adverse Event Surveillance," *JAMA Pediatrics*, online February 2017, in print April 2017.

**Susanne Matich** (Interventional Radiology): "The Pediatric Gastrostomy Tube Dilemma," *Journal of Radiology Nursing*, December 2016.

**Caulette Young** (Simulation/Education): "Qualitative Assessment of Simulation-Based Training for Pediatric Trauma Resuscitation," *Surgery, Journal of the Society of University Surgeons, Central Surgical Association and American Association of Endocrine Surgeons*, May 2017.

**Nancy Blake** (Critical Care Services): "The Importance of a Balanced Life for Nurses," *American Association of Critical-Care Nursing, Advanced Critical Care*, Spring 2017.

**Monica Horn** (Heart Institute): "The Fine Art of Music Therapy," *International Society for Heart & Lung Transplantation (ISHLT) Links*, January 2017.

## Presentations

**Maria Bautista-Durand** (Pediatric Surgery): "Tertiary Survey: Challenges in the Pediatric Child," *Advanced Practice Special Interest Group*, and "Hidden Gems: Assessing the Pediatric Orthopaedic Polytrauma Patient," *General Session, TraumaCon 2017, Society of Trauma Nurses*, St. Louis, April 2017.

**Fran Blayney** (Clinical Services): "Listen Live," speaker at Southern California PBS event, in conjunction with "The Vietnam War," a documentary by Ken Burns and Lynn Novick, which aired on PBS in October 2017.

**Susan Carson** (Hematology): Led two Thalassemia Educational Days to update nurses on "The Care of the Thalassemia Patient," Sydney, Australia, and Tasikmalaya, Indonesia, September 2017.

**Nancy Chang** (Endocrinology): "Accepting the Diagnosis: What Providers Need to Know to Help Adolescents Improve Diabetes Self-Management in Type 2 Diabetes," poster presentation, *International Society of Pediatric and Adolescent Diabetes (ISPAD)*, Innsbruck, Austria, October 2017.

**Tom Cottrell** (Vascular Access Team): "Retrospective Comparative Study of Dwell Time Between Ultrasound-Guided and Traditionally Placed Peripherally Inserted Intravenous Catheters in Hospitalized Children," poster presentation, *Association for Vascular Access Annual Scientific Meeting*, Phoenix, September 2017.

**Allan Cresencia** (Post-Anesthesia Care Unit): "Pediatric PACU Nursing: Are You Competent?" 4<sup>th</sup> *International Conference for PeriAnesthesia Nurses*, Sydney, Australia, November 2017; "Pediatric Syndromes and Conundrums," poster presentation, *University of California, Los Angeles (UCLA) School of Nursing Research Day*, May 2017.

**Gwen Kimball** (Bone Marrow Transplant): "Sudden Infant Death Syndrome and Safe Infant Sleep," podium presentation, *Society of Pediatric Nurses Los Angeles Chapter*, Los Angeles, October 2017.

**Ruth Lemus** (Heart Institute): "Aortic Arch Anomalies Case Studies," podium presentation, *Society of Thoracic Surgeons Advances in Quality & Outcomes: A Data Managers Meeting*, October 2017.

**Meredith Peltz** and **Edahrline Salas** (Quality Improvement and Patient Safety): "Engaging Staff by Thinking Outside the Patient Safety Box," podium presentation, *RL Connections Conference*, Los Angeles, September 2017.

**Nancy Pike** (Cardiothoracic Surgery): "Neurodevelopmental Outcomes in Adolescents With Left Ventricular Outflow Tract Defects" and "Self-Reported Health Status in Adolescents and Adults With Congenital Heart Disease," invited speaker, and "Regional Brain Gray Matter Volume Loss in Adolescents With Single Ventricle Heart Disease," poster presentation, *World Congress of Pediatric Cardiology and Cardiothoracic Surgery*, Barcelona, Spain, July 2017; "Cognitive Challenges: The Cumulative Burden in Adolescents With Single Ventricle," invited speaker, *Ward Family Heart Center, Children's Mercy Hospital, Kansas City, MO*, October 2017.

**Hui-wen Sato** (Pediatric Intensive Care Unit): "How Grief Enables Me to Endure as a Nurse," podium presentation, *TEDx Talk, Pasadena, CA*, September 2017.

**Nhu Tran** (Cardiovascular Surgery): "Cerebrovascular Autoregulation in Preoperative Neonates with Congenital Heart Disease Compared to Healthy Controls," poster presentation, *Academy of Neonatal Nurses Conference*, Las Vegas, September 2017.

*Association for Nursing Professional Development Annual Convention*, New Orleans, July 2017: **Sandy Hall** (Versant™ RN Residency): "Enhancing RN Resident Engagement in Evidence-Based Practice," podium presentation; **Gwen Kimball** (Bone Marrow Transplant): "Supporting New Managers with

Mentorship at a Pediatric Academic Hospital," poster presentation; **Jessica Klaristenfeld** (Pediatric Intensive Care Unit): "Not Just for Nursing: Interprofessional Competency Validation Transformed," podium presentation.

International Nursing Research Congress, Sigma Theta Tau International, Dublin, Ireland, July-August 2017: **Allan Cresencia** (PACU): "Resiliency Among PhD Students: Navigating Doctoral Education as a Cohort," poster presentation; **Gloria Verret** (Family Resource Center) and **Meghan Meehan** (Hematology-Oncology): "An Innovative Interdisciplinary Response to CVC-Related Complications in TPN-Dependent Pediatric Patients: A Comprehensive Educational Initiative," poster presentation.



Versant Client Conference, San Antonio, October 2017: **Brooke Bennett** and **Meghan Firth Sayed** (Newborn and Infant Critical Care Unit): "Bearing the Weight of Loss: Preventing Empty Arms Syndrome in the NICCU," poster presentation; **Mallory O'Reilly**, **Arcel Ho**, **Elisha Alonzo**, **Rochelle Ko**, **Allison Lee** and **Jennifer Rojas** (5 West): "Practice Makes Precision: Simulation Laboratory Training for Caregivers for Home Mechanical Ventilation Patients"; **Jahmela Pech** (5 West): "Education Through Virtual Methodologies: An Innovative Way to Increase Staff Compliance and Engagement"; **Suzanne Taylor** (Clinical Services): "1 + 1 = Excellence: Maximizing Versant and CHLA Outcomes," podium presentations.

**Charissa Altobar**, **Grace Magaling** and **Beth Zemetra** (Heart Institute): "Innovation in Educational Practice: Personalizing Nursing Orientation to Enhance Learning," Sigma Theta Tau and Azusa Pacific University 13<sup>th</sup> Annual Research Symposium, Azusa, CA, March 2017.

Advanced Practice Nursing (APN) Symposium, "From Concept to Conclusion: Improving Outcomes with APN Led Research," CHLA, November 2017: **Jennifer Baird** (Institute for Nursing and Interprofessional Research): "Creating the Culture and Resources for APN Research to Thrive: The Role of INIR," keynote presentation; **Susan Carson** (Hematology-Oncology): opening and closing remarks; **Anna Evans** (Hematology-Oncology): "Introduction of Childhood Cancer Psychosocial Standards of Care in the Pediatric Oncology Program at a Busy Academic Center"; **Michelle Garcia** (Hematology-Oncology): "A Retrospective Analysis of Bloodstream Infections in Pediatric Allogeneic Stem Cell Transplant Recipients: The Role of Central Venous Catheters and Mucosal Barrier Injury"; **Karen Waters** (Hematology-Oncology): "Introduction of Skin Care Guidelines for Children and Teens Taking Molecularly Targeted Agents"; **Jessica Ward** (Institute for Nursing and Interprofessional Research): "Parent Psychological and Physical Health Outcomes in Pediatric Hematopoietic Stem Cell Transplantation"; and **Nichole Buswell** (Plastic Surgery), **Nancy Chang** (Endocrinology), **Deanna Jung** (Radiology), **Debbie Jury** (Pain Service), **Sue Matich** (Interventional Radiology) and **Jessica Ward** (Institute for Nursing and Interprofessional Research): "Tips from the Trenches: APNs at CHLA Who Have Turned Ideas Into Research Studies," panel discussion.

**Jennifer Baird** (Institute for Nursing and Interprofessional Research): "Shared Understanding Among the Health Care Team: How Often Do We Achieve It?" and "Knowing What Matters: Rethinking Continuity of Nursing Care," Western Institute of Nursing Annual Conference, Denver, April 2017.

**Carol Cadaver** and **Devika Patel** (Cardiothoracic Intensive Care Unit): "ID Badges on ICU Bedside Health Care Workers: Are They a Possible Fomite for Hospital-Acquired Infection?" poster presentation, Azusa Pacific Research Symposium, Azusa, CA, March 2017, and CHLA Research Day, April 2017.

**Sharon Fichera** (Newborn and Infant Critical Care Unit): "Neonatal Brain Injury," Pomona Valley Annual Perinatal Symposium, Pomona, CA, April 2017.

**Brenda Barnum** (Newborn and Infant Critical Care Unit): "Consent as a Reflection of Respect" and "Conflicting Goals and Futility," lectures for Minor in Health Care Studies course on Health Care Ethics, USC, Los Angeles, April 2017.

**Brenda Gallardo** (Newborn and Infant Critical Care Unit): "Developing a Culture of Nursing Professionalism by Fostering Career Development," Coastal California Association of Neonatal Nurses, February 2017.

**Sandy Hall** and **Stephane Brady** (Versant™ RN Residency Program): "The Nurse Skill Balancing Act: Implementation of a Transition Fellowship to Enhance Patient Safety," poster presentation, Quality and Safety Education for Nurses (QSEN) Conference, Chicago, May 2017.

**Sheila Kun** (Pulmonary): "What Are the Optimal Anthropometric Considerations of Commercial Strollers for Children on Home Mechanical Ventilation?" poster presentation, American Thoracic Society Conference, Washington, DC, May 2017.

**Gayle Luker** (Float Team): "Nurse Staffing and Technology: A Relationship Formed in the Electronic Environment Benefiting Patients and Nurses," poster presentation, American Nurses Association Annual Conference, Tampa, FL, and Sigma Theta Tau International's Creating Health Work Environments Conference, Indianapolis, March 2017; "Nursing Staffing Issues," panel discussion, Cerner for the American Organization of Nurse Executives, Washington, DC, May 2017.

**Anne Nord** (Hematology-Oncology): "Utilization, Trust and Satisfaction With Health Care in Adult Sickle Cell Disease Patients," poster presentation, Southern California Association of Pediatric Hematology Oncology Nurses, April 2017, and 2017 American Society of Pediatric Hematology/Oncology Annual Meeting, May 2017.

**Susanne Matich** (Interventional Radiology): "Changes in Post-Procedural Management and Outcomes for Pediatric Patients Following Image-Guided Transabdominal Core Needle Liver Biopsies," and "My Best Tips and Tricks for IR Clinical Practice for Clinical Associates," co-author, research abstract,

presented at the Society for Interventional Radiology Meeting, March 2017; "Dexmedetomidine Improves Post-Operative Pain Scores When Used as an Adjuvant for Pediatric Patients Undergoing Image-Guided Doxycycline Sclerotherapy of Lymphatic Malformations," co-author, presented at the Society for Pediatric Anesthesia and American Academy of Pediatrics, March 2017 meeting, Washington, DC.

**Katie Meyer** (Disaster Resource Center): "D Is for Disaster: Night Shift Disaster Training," poster presentation, Reaching Beyond Response Emergency Preparedness Training Workshop, sponsored by the Emergency Medical Services Authority and California Department of Public Health, Sacramento, CA, June 2017.

**Meredith Peltz** (Quality Improvement and Patient Safety): "Enhancing Safety Culture and Safety Reporting Through a Collaborative Just Culture Program," panel presentation, the RL Solutions Conference, Toronto, June 2017.

**Bianca Salvetti** (Adolescent and Young Adult Medicine): "Cultural Competency Working With Transgender Youth," and "Youth: What a PNP Should Know," UCLA Pediatric Nurse Practitioner Program; "Cultural Competency and Assessment of Transgender Youth," UCLA Emergency Room Nursing Conference, Los Angeles, May 2017; "Removing Barriers to Transgender Youth Health Care: The Role of Nurses," lecture, inaugural U.S. Professional Association of Transgender Healthcare Conference, Los Angeles; "Cultural Competency for Working With Transgender and Gender Non-Conforming Youth," presentation, online USC Family Nurse Practitioner Program, Los Angeles, February 2017; "Transgender Youth in the Emergency Department," 13<sup>th</sup> Annual South Bay EDAP Conference, San Pedro, CA, September 2017; "Transgender Youth," presentation to Pasadena School Nurses, Pasadena, CA, September 2017.

**Laura Vasquez** (Hematology-Oncology): "Autologous Stem Cell Transplants Mission: Communicate, Coordinate and Collaborate," Southern California Association of Pediatric Hematology Oncology Nurses Annual Conference, San Diego, May 2017.

# Awards and Recognition

## 2017 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. CHLA is one of more than 2,000 hospitals across all 50 states and 15 countries that have partnered with the DAISY Foundation.

- **January:** Katie Cusick (NICCU)
- **March:** Laurie Newton (Sedation Unit)
- **April:** Sarah Ramirez (5 East)
- **May:** Susana Aragon (Infectious Diseases)
- **June:** Jessica DeVreese (CTICU)
- **July:** Lori Chan (Duque 6 Rehab)
- **August:** Melissa Stallings (4 West)
- **September:** Shannon Snow (NICCU)
- **October:** Linda Topper (PICU)
- **November:** Christopher London May (Nursing Resources)
- **December:** Johanna Navia (4 East)



Great Catch awardee Christine Wu, RN.

## 2017 DAISY Team Recipients

The CHLA Interprofessional DAISY Team Award, sponsored by the DAISY Foundation, recognizes 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.

- **June:** Internal Transport Team
- **November:** Hematology Transition Team



Hematology Transition Team

## 44<sup>th</sup> Annual Morris and Mary Press Humanism Awards

The Morris and Mary Press Humanism Awards recognize recipients in four categories—Medical, Nursing, Support Patient Care and Support Non-Patient Care—for demonstrating humanistic qualities of compassion, kindness and dedication in working with patients.

- **Esther Lee** (4 West)



President and CEO Paul Viviano presents the Humanism Award to Esther Lee, RN.

## Great Catch Awards

The Great Catch Awards recognize individuals whose commitment to patient safety is most reflected in their vigilance and diligence, and their adherence to utilizing CHLA's event reporting system.

- **February:** Robert Briscoe (6 East)
- **May:** Margo Coon (Radiology Anesthesia)
- **June:** Meery Choi (Surgery)
- **July:** Christine Wu (4 West)
- **August:** Kaylee Gabel (PICU)
- **October:** Jan Cheyanne Punsal (6 East)
- **November:** Martha Solorio (Dialysis)
- **December:** Guadalupe Hernandez (5 West)

## More Awards

- The American Nurses Credentialing Center (ANCC) bestowed Magnet recognition for clinical excellence on CHLA for the third time in September 2017.
- The Extracorporeal Membrane Oxygenation (ECMO) Team received the Gold Level Extracorporeal Life Support Organization (ELSO) Award for Excellence in Life Support in summer 2017.
- The Commission on Accreditation of Rehabilitation Facilities (CARF), the gold standard in rehabilitation accreditation, has accredited CHLA in both medical inpatient rehabilitation and pediatrics.
- The American Association of Critical-Care Nurses recognized CHLA's Cardiothoracic Intensive Care Unit (CTICU) with the silver Beacon Award in spring 2017.
- Minette Filart (Duque 6 Rehab) received the Association of Rehabilitation Nurses' 2017 Staff Nurse Role Award.
- CHLA earned two awards in October 2017 from the Collaborative Alliance for Nursing Outcomes (CALNOC). The awards recognized performance excellence in maintaining low rates of catheter-associated urinary tract infection (CAUTI) and methicillin-resistant Staphylococcus aureus (MRSA).
- Erin Lowerhouse (Sedation Unit) received the Terry Varatta Memorial Scholarship for nurses pursuing master's degrees.
- Sally Danto (NICCU) received the John E. Anderson Scholarship in Nursing.
- Tania Makover (Cardiovascular Acute) was honored with the Going the Extra Mile (GEM) Award in May 2017.

# Acknowledgments

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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.





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