

Extra: Lives Outside the Hospital

An Escape to the Circus

by Vicki Cho Estrada

Nurses are known for performing a balancing act between patients and families and their outside lives, but Katie Williams, RN, takes it to a new level.

When she's not working with patients on 4 West, Williams can be found at a Los Angeles circus school balancing her body on a trapeze, hanging in midair with her hands and feet looped through silk fabric and putting her body through various contortions.

She has been taking classes at a school run by a Cirque du Soleil veteran since 2012. "After the first class, I was hooked," says Williams. "It's very challenging and extremely rewarding when you reach a certain goal like a flip or turn. And you're getting stronger and in better shape. It's very empowering."

She attends classes taught by circus professionals two or three times a week and focuses on mastering moves on different apparatuses, such as a hula hoop-sized ring and the trapeze. Last spring, Williams performed at an annual show with other students and instructors.

Taking classes at Cirque School offers a release from her job of treating cancer patients. "Emotionally, the work can really get to you," she says. "With Cirque training, for an hour and a half I'm concentrating on the class and there's no time to think about anything else. Your stress goes out the window. It's a creative outlet that I need in my life."

Williams, a former dancer who trained and performed with two ballet companies and still takes ballet classes, toyed with the idea of



Katie Williams, RN, at the Cirque School

pursuing a career in dance, but has no regrets about becoming a nurse. "I have the best of both worlds. I can have fun with ballet and Cirque School and I have nursing, which is rewarding and what I really love." ■

Volunteers in Action

Healing Smiles Around the Globe

by Vicki Cho Estrada



Pictured in Lumbashi in the Democratic Republic of the Congo, Dominique De Clerck, BSN, RN (center), with her husband, Yves De Clerck, MD, who has joined her on eight missions. Also pictured is Corina Rico, RN (Float Team).

Ten months in Senegal, a country in West Africa, at age 19 left a deep impression on Dominique De Clerck, BSN, RN. Seeing the impoverished conditions and people in need of medical care

led her to become a nurse to help transform lives around the world.

De Clerck, a 34-year Children's Hospital Los Angeles veteran who works in the Blood Donor Center, has been on 46 medical missions since 1993. She has traveled to countries such as Nicaragua, Morocco, Cambodia, India, Nepal and Ethiopia through Operation Smile. The medical humanitarian organization provides free surgeries to repair cleft lip, cleft palate and other facial deformities.

"We go to places where there is a medical need, but there's no way they can take care of it if we don't help them," says De Clerck, who typically works with local hospitals and oversees preoperative duties. During these missions, there can be 300 to 500 patients who are screened, with 100 to 150 surgeries.

Over the past two decades, she has witnessed poverty as well as devastation. In 2010, she

went to Haiti after it was struck by a 7.0-magnitude earthquake. The medical team reorganized, shifting away from doing cleft surgeries to providing emergency care for earthquake victims.

"We saw people of all ages who were seriously injured and needed amputations, but they were so thankful to be alive," she says. "Coming home was difficult. I felt guilty for having hot showers and a roof over my head."

One of De Clerck's most memorable patients was an 83-year-old man in Kinshasa in the Democratic Republic of the Congo. The patient, who had severe clefting, traveled more than two days for the surgery. After the procedure, he pumped his fists in the air and said, "Thank you, God." He returned a year later to thank the medical team. "That was very special for all of us," says De Clerck. ■

The Safety Net

Clinical care coordinators help families prepare for discharge starting on admission day

by Candace Pearson



Clinical care coordinators during a recent meeting

A clinical care coordinator at Children's Hospital Los Angeles is a human safety net, protecting families by asking them one basic question—*What does your family need in order to take your child home safely from the hospital?*—hearing their response, then making it happen.

"You have to use your critical thinking skills to remove any barriers to the resources a family requires for a successful discharge, and to help ensure that the hospital gets reimbursed for our services," says Ann DeBoynton, RN, a 14-year clinical care coordinator in the Pediatric Intensive Care Unit.

That balancing act means clinical care coordinators are constantly interfacing with doctors, insurance companies, vendors, bedside nurses, social workers, other caregivers and families. An effective coordinator is a multitasking, problem-solving pro, flexible and unflappable—part family advocate, part resource expert, part hospital activist.

"To do this job, you have to be able to see the big picture," says Sharon Chinn, RN, CRRN, director of Patient Care Services. "That model of looking at the patient holistically is what clinical care coordinators do."

Payment changes

The role of clinical care coordinators recently expanded and gained new visibility with the advent of the federal Affordable Care Act (ACA),

which changed how pediatric hospitals are reimbursed for services. Under ACA rules, hospitals receive a fixed payment for each patient, determined by the diagnostic-related group at admission, whether the patient's stay is one day or 20. This system has been in place for adult hospitals since the 1980s. The ACA also introduced a "readmissions reduction program," which rewards hospitals for reducing avoidable readmissions.

All of this puts even greater emphasis on effective care coordination. "Discharge planning starts on the day of admission," notes Andrea Goodman,



Justice Narisma, RN

RN, a veteran clinical care coordinator assigned to 6 West.

"We want to help our families get back home as quickly as possible," adds DeBoynton. "And, by doing everything efficiently, we can serve all the families who need us."

Fighting for families

About 25-strong throughout the hospital, clinical care coordinators are experienced nurses. They begin each morning by checking on admissions the night before. Payers require an immediate clinical review to determine coverage. DeBoynton calls it "the Reader's Digest version of the patient's chart—enough for the payer to say yes."

Sometimes the answer is different, and the insurer asks for more documentation or even denies coverage. That's when the clinical care coordinator's skills of persuasion kick in. The next move is to hunt down additional support material for a stay or readmission, such as details on a diagnosis or recent research for an innovative treatment, or link to a physician with the insurer for a one-on-one conversation.

"We fight for our patients any way we can if we feel it's necessary," says Justice Narisma, RN, whose territory covers the Cardiovascular Acute Unit and the Cardiothoracic Intensive Care Unit.

That fight got some new high-tech tools with the introduction of a sophisticated Cerner case management system, which went live on Feb. 4. It includes a criteria-based software program called InterQual®, which sets evidence-based benchmarks to determine whether stays or services meet coverage standards. "Before this, we had to toggle between three different computer systems to produce clinical reviews," says Elaine Sasaki, RN, BSN, manager of Care Coordination. "Now it's just one program. Everything is digital and at your fingertips."

Even before ACA implementation in January, adds Sasaki, "our whole organization had been looking at how to improve our clinical processes and efficiency across the board."

Currently, care coordinators are building in a nationwide vendor list, replacing lengthy searches through the Yellow Pages and Google. New clinical care assistants have signed on to tackle clerical duties, freeing coordinators to spend more time with families. A team of rotating physician advisers offers counsel when a case must be made for a stay, service or medication.

Nurses Selected as Cherokee Models

Ten Children's Hospital Los Angeles nurses were selected as models for the Cherokee Workwear Spring 2014 collection and enjoyed a fun photo shoot complete with hair and makeup styling in November 2013. The nurses were: Graham Valley, BSN, RN (Emergency Department); Mita Davis, BSN, RN (Radiology); Bill Kenny, BSN, RN (Information Technology); Nicole Palacio-Bhojwani, BSN, RN (4 East); Kathleen Palas BSN, RN (6 West); Emily Lloyd, BSN, RN (Newborn and Infant Critical Care Unit); Alicia Voyatzis, RN (Cardiothoracic Intensive Care Unit); Mary Ellen Farr, RN (Post-Anesthesia Care Unit); Jennifer Ortiz, BSN, RN (5 West); and Jenny Steib, RN (Pediatric Intensive Care Unit).



Ann DeBoynton, RN

New daily rounds

Another innovation is the introduction of daily care progression rounds, which draw together physicians, clinical care coordinators, bedside nurses and charge nurses. Also added have been clinical high-risk rounds, focusing on particularly complex patients. In addition to consulting with other team members, clinical care coordinators use these rounds to check in with families, especially those new to the units. "I want to get a sense of their support system," says Narisma.

Goodman, DeBoynton and Narisma—who helped test and refine the case management system as "super-users"—welcome these new tools, which they say will streamline reporting and promote communication. "The big plus is that it lets us get closer to the bedside and to the families we're helping," says DeBoynton.

That help includes ensuring that all the equipment, supplies and medicine a family needs in order to go home are there when the family needs them—and that the family's insurance will cover it. DeBoynton likens the search to solving a series of mysteries, "like Sherlock Holmes." For one family, she tracked down alternate funding to cover an at-home feeding tube before the family's insurance took effect.

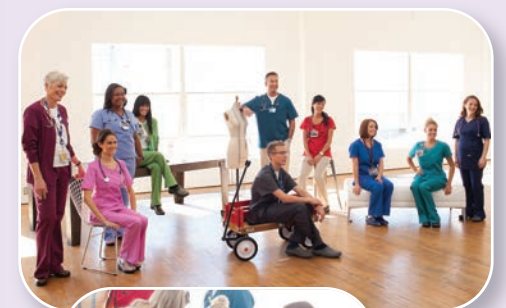
On 6 West, Goodman assists families whose children are anticipating or recovering from surgery, often for such complicated conditions as kidney, small-bowel and liver transplants. The list of essentials can be long. "Parents shouldn't have to deal with calling insurance companies and searching for vendors when their child is sick," says Goodman. "If I can relieve their stress and get them home again, that's rewarding."

Narisma recently aided a family whose daughter had a cardiac defect and lung issues, and needed a special medicine to keep her airways clear. The first supplier asked for a copay of \$900 a month from the family. Narisma got on the phone and stayed on until she found a vendor that agreed to provide three months' supply for \$40 and get the medicine there in time for discharge. "The mom hugged me," she recalls. "It's a nice feeling when you can help someone."

Facilitator, traffic expeditor, negotiator, researcher—that's the life of the clinical care coordinator. Goodman, who started her career at the bedside, prefers this daily juggling act. "There are a lot of ways to be a nurse," she says. "This is mine." ■



Andrea Goodman, RN (right)



Professional Milestones

Publications

Felicitas dela Cruz, RN (Clinical Education and Professional Development): "Level of Acculturation, Food Intake, Dietary Changes, and Health Status of First-generation Filipino Americans in Southern California," American Association of Nurse Practitioners, November 2013.

Catherine Goodhue, RN (Pediatric Surgery): "NAPNAP Research Agenda Revisions: Preliminary Survey Results," Journal of Pediatric Health Care, September 2013; "Consider the Children: Pediatric Disaster Planning," Nurse Manager, November 2013; "On-Q Pain Pump Vs. Epidural for Postoperative Analgesia in Children," Pediatric Surgery International, December 2013.

Valerie Gordon, RN (Urology): "CIC—Clean, Intermittent, Catheterization: Guidelines for Healthcare Professionals." Available from Wellspect Health Care.

Debbie Jury, RN (Comfort, Pain and Palliative Care): feature articles, "The Role of a Nurse Practitioner in a Dog Therapy Program," Nurseweek Magazine and Nurse.com; "A Wag a Day Keeps the Doctor Away," World Lifestyle, October 2013.

Presentations

Sharee Anzaldo, RN (Surgical Admitting): "Poop, Pee, and Pedialyte: The Ins and Outs of Gastrointestinal, Genitourinary and Renal Disorders and Fluid and Electrolyte Disturbances," Masters Entry Clinical Nurse students, UCLA, October 2013.

Sharee Anzaldo, RN (Surgical Admitting), **Jeanne Lee, RN** (Surgical Admitting), **Tiffany Li, RN** (Pediatric Intensive Care Unit), and **Nancy Blake, RN** (Critical Care Services): "Pediatric Nursing Careers," UCLA, December 2013.

Leticia Boutros, RN (Perioperative Unit): "Women's Health Issues for Hermanas Unidas de UCLA," UCLA, February 2014.

Catherine Calvert, RN, Paige Salding, RN, and **Amy Rice, RN** (Cardiovascular Acute): "Making the Connection," performance improvement poster, ninth annual Versant Conference, Long Beach, Calif., November 2013.

Catherine Goodhue, RN (Pediatric Surgery): "Pediatric Sneezers and Wheezers and the PNP," Azusa Pacific University, January 2014; "Biliary Atresia: Where Are We Now?" GlobalCastRN, February 2014; "Genetics and the Pediatric Nurse Practitioner," UCLA, February 2014.

Debbie Jury, RN (Comfort, Pain and Palliative Care): Adolescent and Young Adult Medicine Grand Rounds, December 2013; "Pain Theory, Management and Interventional Techniques," Versant RN Residency, March 2014.

Jennifer Huson, RN, and **Mary McCulley, RN** (Pediatric Intensive Care Unit): "Rapid Recovery from Respiratory Failure after Cessation of Sirolimus in a Post-Transplant Adolescent," at the 44th Critical Care Congress for the Society of Critical Care Medicine, January 2014. McCulley also gave a lecture, "Cardiomyopathy, Congestive Heart Failure and Pulmonary Hypertension," for the CCRN Review Course, November 2013.

Michelle Knutson, RN, and **Stephanie Vandehey, RN** (Cardiovascular Acute): "Do You Have Your Exit

Buddy? Empowering New Graduates to Lead Novice Nurses to Success," ninth annual Versant Conference, Long Beach, Calif., November 2013.

Monica Horn, RN (Heart Institute): "Reproductive Counseling for Adolescent Pulmonary Hypertension Patients," 2013 Pulmonary Hypertension Association's Professional Network Symposium in Arlington, Va., September 2013. Horn also presented a case study on the same topic at the 2013 Pulmonary Hypertension Association/PHPN Symposium in Washington, D.C., September 2013.

Donna Nowicki, RN (Pediatric Surgery): Co-director, first live web-based conference for nurse practitioners and physician assistants, "Advanced Practice Provider: Pediatric Surgery Update." Jointly sponsored by Children's Hospital Los Angeles and Seattle Children's Hospital.

Nhu Tran, RN (Cardiothoracic Surgery): "Is There a Difference Between Calf and Brachial Blood Pressures?" at the Sigma Theta Tau International Convention in Indianapolis, November 2013.

Nida Oriza, RN, Victoria Winter, RN, and **Beth Zemetra, RN** (Cardiothoracic Intensive Care Unit): "Promoting Staff Engagement and Professional Development: Implementation of Teams in the CTICU," Association of California Nurse Leaders' 36th Annual Conference, Monterey, Calif., February 2014.

Kathleen Ruccione, RN (HOPE Resource Center): "Remembering an APHON Pioneer: Jean Fergusson," Association of Pediatric Hematology-Oncology Nurses' conference, Louisville, Ky., September 2013; "Childhood/AYA Cancer Care and Research: Basic Theory and Strategies for Compliance and Adaptation," Division of Health Behavior Research, USC, October 2013; "The HOPE Resource Center: Three Decades of Giving Back to Move Forward," Sigma Theta Tau International Honor Society of Nursing, Indianapolis, November 2013.

Gloria Verret, RN (6 West): Open House Journal Club, 6 West, January 2013.

Daisy Awards

Anthony Opimo, RN (Hematology-Oncology) – December 2013
Erika Winn, RN (Cardiovascular Acute) – January 2014

Certifications

RN III: **Katherine Fernandez, RN** (Pediatric Intensive Care Unit); **Jamie Lin, RN** (Pediatric Intensive Care Unit); **Kailee Roesser, RN** (Endocrinology Clinic); **Christine Schroth, RN** (4 West); **Erika Winn, RN** (Cardiovascular Acute)

RN IV: **Robert Giesler, RN** (Newborn and Infant Critical Care Unit); **Kimberly Kyle, RN** (Newborn and Infant Critical Care Unit)

CPN: **Melanie Forne, RN** (Post-Anesthesia Care Unit); **Vicky Chi Lin, RN** (6 West); **Lynette MacFarland, RN** (6 West); **Katrina Ramos, RN** (Cardiovascular Acute); **Caroline Ross, RN** (6 West); **Brittany Warren, RN** (Cardiovascular Acute)

CCRN: **Christina Cerda, RN** (6 West); **Sabrina Escalante, RN** (6 West); **Emily Fu, RN** (Pediatric Intensive Care Unit); **Angela Lowery, RN** (Pediatric Intensive Care Unit); **Ray Mitsuno, RN** (Pediatric Intensive Care Unit); **Jill Whittey, RN** (Cardiothoracic Intensive Care Unit)

CPHON: **Luzmarie Ramirez, RN** (4 East)

Promotion

Leticia Boutros, RN (Perioperative) – PCS Operations Manager-Surgical Admitting

Recognition

Anna Evans, RN, Cassie Garretson, RN, Mary Nelson, RN, and **Eliza Pedroja, RN** (Neuro-Oncology), were presented with the J. Patrick Barnes Nursing Research Award from the Daisy Foundation for their research study, "Use of Aromatherapy to Reduce Chemotherapy-induced Nausea in Children with Cancer."

Corinne Labossiere, RN (Newborn and Infant Critical Care Unit): voted "Most Valuable Preceptor" from the September 2013 Versant RN Residency cohort.

Debbie Jury, RN (Comfort, Pain and Palliative Care): interviewed by Nat Geo Television on the benefits of dog therapy, October 2013.

Academic Degrees

BSN: **Emily Fu, RN, Angela Lowery, RN,** and **Ray Mitsuno, RN** (Pediatric Intensive Care Unit)
MSN: **Rosanna Preall, LVN** (6 West)

Association Appointments and Honors

Leticia Boutros, RN (Perioperative), was elected Advance Practice Nurse (APN) Group co-chairperson; **Karla Haynes, RN** (Plastic Surgery), was elected APN Group secretary.

Marie Seitz, RN (Bone Marrow Transplant Unit), received the Advanced Oncology Certified Nurse of the Year Award, Greater Los Angeles Oncology Nursing Society, December 2013.

Roy Tatlonghari, RN (Employee Health), was re-elected government affairs director of the Southern California Association of Nurse Practitioners.

Life Celebrations

Marriages

Debbie Bhagwandess, RN (Pediatric Intensive Care Unit); **Kara Bixby, RN** (6 West); **Ashley (McKinsie) Chauncy, RN** (Pediatric Intensive Care Unit); **Alissa McCullough, RN** (5 West); **Tina Yoshimura, RN** (Newborn and Infant Critical Care Unit)

Births

Lisa Betesh, RN (6 North) – girl; **Katrina Cerda, RN** (Emergency) – boy; **Ellen Choe, RN** (Pediatric Intensive Care Unit) – girl; **Joan Jahng, RN** (6 East) – girl; **Nancy Lavoie, RN** (Pediatric Intensive Care Unit) – boy; **Lorena Orozco, RN** (Newborn and Infant Critical Care Unit) – boy; **Katrina Ramos, RN** (Cardiovascular Acute) – girl; **Virginia Salgado, PCSA** (Cardiovascular Acute) – girl

Community

Marathons and half-marathons: **Victoria Briones, RN** (6 West); **Sam Filiciotto, RN** (Cardiothoracic Intensive Care Unit); **Megan Frew, RN** (Cardiothoracic Intensive Care Unit); **Emily LaNovara, RN** (CV Acute); **Joan Prichard, RN** (Float Team); **Jessica Osborn, RN** (Cardiothoracic Intensive Care Unit); **Alvin Rocha, RN** (CV Acute); **Jace Vargas, RN** (Post-anesthesia Care Unit); **Jill Whittey, RN** (Cardiothoracic Intensive Care Unit); **Lyndsay Wolf, RN** (Cardiothoracic Intensive Care Unit); **Beth Zemetra, RN** (Cardiothoracic Intensive Care Unit)

Chris Price, RN (Pediatric Intensive Care Unit), sponsored runner by Hoka shoes.



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

I love the way Katie Williams describes mastering her Cirque du Soleil-like acrobatics in this issue of FloSheet: "challenging, but extremely rewarding." That's also how I would describe the role of our nurses at Children's Hospital Los Angeles. With every new challenge they face, they become better and stronger.

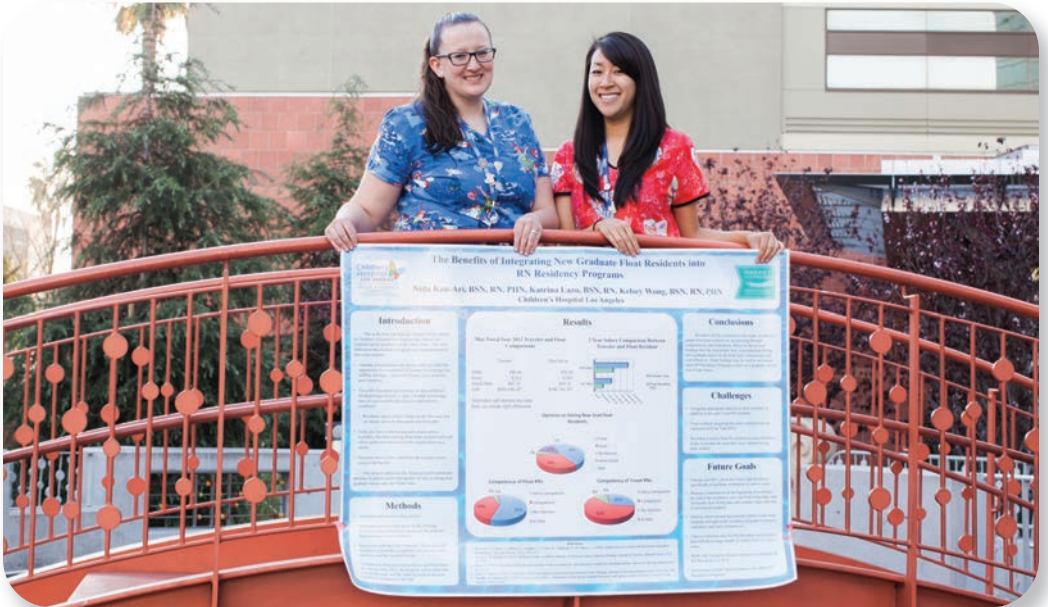
This year, we are faced with many new challenges brought on by the federal Affordable Care Act, which has altered how pediatric hospitals are reimbursed for their services. Our staff of clinical care coordinators have greatly expanded their roles to meet these modifications and ensure a seamless transition for our families when they leave the hospital. Their commitment, leadership and advocacy are truly remarkable.

What I'm most proud of is that I see this passion and commitment for patients among not only our most senior-level nurses, but also among our young Versant™ RN Residency graduates. These nurses, mostly in their early 20s, are presenting their research at national conferences with poise and confidence. They are also joining hospital-wide committees and taking on leadership roles to create positive changes in patient safety.

The strength of our profession depends on nurses who are always searching to find new ways to improve our patient care, like the nurses from 5 East, who have worked hard to launch a hospital policy ensuring safer sleep practices. Our strength is also manifested in nurses like Dominique De Clerck, RN, BSN, who has been on 46 medical missions in the most remote parts of the world. The nurses who never stop asking questions, who never stop learning, who are never satisfied with the status quo are the ones who impact our patients' lives beyond the walls of this hospital. ■

Building Future Leaders

by Vicki Cho Estrada



Natasha Dragoo, BSN, RN (left), and Kelsey Wong, BSN, RN, PHN

Not long after graduating from nursing school and completing Children's Hospital Los Angeles' Versant™ RN Residency in Pediatrics, Kelsey Wong, BSN, RN, PHN, found herself in a position she least expected—speaking at a national nursing conference and presenting a poster at another industry gathering.

Wong (Float Team) was part of a group of RN Residency graduates that gave a presentation at the 2012 annual Versant Client Conference in San Antonio and had a poster featured at the 2013 Society of Pediatric Nurses' annual convention in Nashville, Tenn. Her co-presenters were Nida Kan-Ari, BSN, RN, PHN, and Katrina Lazo, BSN, RN.

"I thought, 'Here I am, 22 years old, just out of nursing school. Now I'm on stage in front of people with decades more experience than me and I'm sharing something new with them,'" says Wong, whose presentation and poster addressed the financial justification and benefits of hiring new graduates onto hospital Float Teams.

Her group's work stemmed from an assignment in the residency program, which helps new nurses become competent and confident practicing RNs. As part of the 22-week program, residents collaborate on group projects and create an abstract and poster as a way of developing leadership and presentation skills.

Residents are encouraged to "identify interventions and clinical applications that exist, but we may not be capturing at the hospital," says the program's curriculum administrator, Sandy Hall,

BSN, RN. "Through these projects, residents have changed the way we do things.

"We try to instill early on that every nurse should be a leader," she adds, noting that many nurses post-residency take on leadership positions, including as council chairs, unit managers, care coordinators and managers, and nursing school instructors.

Wong realized that making presentations and displaying posters at industry conferences early in one's nursing career is rare. "I learned that so many nurses have never done this," she says. "Although it was a mandatory assignment for us, the experience was invaluable and I am so grateful for everything."

"I didn't realize it was such an honor until I actually presented at the Versant conference," says Natasha Dragoo, BSN, RN (5 West), a 2013 residency graduate whose presentation focused on the issue of nurses as second victims following a clinical error, and identified steps to reduce these occurrences and the ensuing self-blame. "Nothing prepared me for seeing 200 people in the audience. It was the highlight of my nursing career thus far."

She says the residency program's leadership focus and the experience presenting at an industry conference have driven her to become more engaged at the hospital. Dragoo, who recently joined 5 West's Patient and Family Education Committee, adds, "I want to get involved, get my hands wet and make changes that will affect the unit and the hospital." ■

FloSheet

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Bedside's Best

5 East Nurses Lead Hospital's SAFE Sleep Initiative

by Elena F. Epstein



Erin Schmidt, RN (5 East), with patient in SAFE sleep position

The number of babies who die from sudden infant death syndrome (SIDS) is staggering. According to the Centers for Disease Control and Prevention, each year in the United States more than 2,000 infants die from SIDS, the leading cause of death among infants ages 1 to 12 months.

Many SIDS cases can be prevented through safe sleep practices. The nurses of 5 East have been leading the efforts within Children's Hospital Los Angeles to ensure that all nurses, as well as parents and caregivers, are aware of these important guidelines. In February, a hospital-wide SAFE Sleep policy was approved with specific guidelines on sleep position and items allowed in cribs.

The nurses and physicians involved in launching this initiative are: Myrel Catbagan, RN (committee chair); Leslie Greene, RN; Chris Lins, RN; Angela Madrid, RN; Brenda Cortez, RN; Manu Raam, MD; Sandra Gildersleeve, MD; Tom Keens, MD (senior advisor); Penny Stastny, RN (President, South Regional SIDS Advisory Council), and Sherry Nolan, RN (facilitator).

The initiative is aimed at helping all care providers avoid suffocation, strangulation and entrapment risks in a baby's sleep environment. SAFE stands for Supine (meaning "lying on the back with face upward"), Alone, Firm mattress, Empty crib.

"We have to model safe sleep practices for our families so they continue it when they take their babies home," says Nolan.

The hospital-wide education and training campaign stresses these practices:

- Place infants down to sleep on their backs at all times, including naps.
- Use a firm, tight-fitting mattress.
- Keep toys, extra blankets, diapers and bumpers out of cribs.
- Don't put extra padding, blankets or pillows under the baby.
- Don't use positioning devices.
- If an infant must be kept upright per physician order, only then may nurses make a nest of a rolled blanket under a tightly fitted sheet.

HALO® has also partnered with the hospital by donating more than 1,000 SleepSacks, an all-cotton, wearable blanket that serves as a safer alternative to traditional blankets. ■