Extra: Lives Outside the Hospital

Revelation Leads to Singing Career

by Vicki Cho Estrada

Three years ago, Tina Baker, RN (Post-Anesthesia Care Unit), had an epiphany. After having three children and putting on 90 pounds, she decided the time was right to do something meaningful with her life. Baker’s revelation led her to lose weight and embark on a professional singing career, which has resulted in gigs on television and other venues.

“I felt like I had nothing for myself, and I got this desire to have a craft to focus on and perfect. Singing became my art and it was a good outlet,” says Baker, who grew up singing in church and other events and has family members in the music industry.

She signed up for vocal lessons and by the second session Baker’s vocal coach encouraged her to create a demo reel highlighting her talents for professional singing jobs. Within a week of releasing the demo, Baker was hired for her first professional recording session for the hit TV show “Glee.”

Other jobs soon followed, and she now performs about two or three times a month. She recently sang with former “American Idol” winner Ruben Studdard on the 2014 season finale of “The Biggest Loser” and the Television Academy’s “SCORE: A Concert Celebrating Music Composed for Television,” at UCLA’s Royce Hall.

Earlier this year, Baker began work on her first record, which will include “old gospel songs from the 1950s,” she says, “Johnny Cash-style with a Norah Jones twist.” She hopes the record will lead to a recording contract.

“I am excited to see what adventures await!” adds Baker, noting that for now, she’s lucky to have two careers that she loves. “Singing professionally and nursing could not be more different; I think that’s why I love having the honor of doing both. I became a nurse because I wanted to make a difference. I love helping people. There’s something about being here that grounds you.”

Volunteers in Action

Ocean ER: On the Frontlines of a Shark Attack

by Elena F. Epstein

When Mary Ellen Farr, RN (Post-Anesthesia Care Unit), first started ocean swimming 18 years ago to alleviate the relentless pain of a knee injury, the unknown environment of the sea was unnerving.

“I was scared of so many things,” she says. “Every movement scared me.”

But soon she found her love for the ocean more powerful than her fear. For the competitive swimmer, there is a sense of bliss in each back stroke and a powerful comaraderie among her teammates.

This camaraderie was most evident this summer, when a shark attacked a member of Farr’s swimming club just 5 feet ahead of her.

On the Saturday of Fourth of July weekend, Farr and her Southern California Aquatics team met at the Hermosa Beach pier at 8 a.m. for their traditional swim north to the Manhattan Beach pier.

But as Farr swam closer to the Manhattan Beach pier, she knew something was terribly wrong. A 7-foot great white shark had attacked team member Steven Robles. Initially hooked by a fisherman on the pier, the shark bit Robles on his upper right torso.

“I heard Steve screaming and two people were holding him up,” says Farr. “I knew it was a shark. A thousand thoughts go through your head, but I just started swimming to him. His whole right side was shredded.”

Swimming in the pool of blood, Farr was very aware of the possibility of another attack. But her nursing skills kicked in quickly and she started some basic assessments—Robles was screaming, indicating good airway capacity; she needed to stop his bleeding and get him fluids fast.

She also “mentally switched gears,” due to many years of dealing with emergencies at Children’s Hospital Los Angeles. “I managed to stay calm and we worked as a team to get Steve to shore.”

With the help of two nearby surfers and a young paddle boarder who offered his board, Robles was carried to shore, where paramedics took him to a nearby hospital.

Robles went home the night following the attack. Two weeks later, Farr and a few of her fellow swimmers went back into the ocean. “It was scary that first day back,” she says, “but we always have the comfort of knowing we’re not alone.”
Double Take
For parents of multiples, seeing two beating hearts on

Parenting a twin means living a parallel life of important milestones—without a chance to store away what you learn for the next child, say nurse moms of multiples at Children’s Hospital Los Angeles.

“I had to make all my mistakes twice,” says Margaret Bottcher, MN, PNP (Oncology), mother of twins Jillian and Michael, 15. When her twins reached school age, Bottcher explains, each confronted a new homework subject at the same exact time. Whether it was the solar system, California missions or science camp, “every year, I figured it all out late,” she jokes. Then she hit upon a plan to visit classes a year ahead of her twins to bone up on future topics.

Children’s Hospital is home to an informal Twins Club, mothers who speak from experience that having two children at one time is not the same as having two children at different times. Two is more than twice the challenge in a number of scenarios, such as when trying to breastfeeding or potty train, when two children are sick at once or when both want one-on-one time—very hard to come by.

Among the major challenges: exhaustion. Picture the normal amount of sleep deprivation for a new mom or dad, then multiply it. Coleen Lutz, RN, interim manager, (Sterile Processing Department, Perioperative Services), had a rule when her 13-year-old twins, Ryan and Lauren, were small. “When one wakes up in the middle of the night, you wake the other one, too,” she advises.

Her initial feeling: overwhelmed. “I cried and I laughed and I cried and I laughed.” But overwhelmed quickly gave way to overjoyed. Her twins, Evan and Sophie, are now first-graders and were recently joined by baby sister Emma.

When Debbie Harris, MN, PNP (Hematology), became pregnant, her engineer husband, Geoff, plotted out a cost analysis of having a baby—a single baby. The ultrasound “threw his careful plans out the window,” says Harris.

Having two children with one pregnancy can be a bonus. Lutz, who didn’t expect twins, had always wanted a boy and a girl. When that happened in one fell swoop, she says, “I thought, ‘OK, I guess I’m done. Our family’s complete.’”

For Bottcher, the news came with a “feeling of destiny.” She says she always knew she was meant to have twins, “just like knowing I was going to be a nurse.”

“Otherwise, you’re sure to get woken up again 20 minutes later.”

Surprise!
Seeing that second heartbeat on the ultrasound comes as a surprise, even if you have multiples somewhere on the family tree. “I’m a planner, and I had planned for one,” says Jessica Klaristenfeld, MSN, RN-BC, manager (Versant™ RN Residency in Pediatrics).

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Divided Attention
Klaristenfeld’s premature twins spent a week (Evan) and two weeks (Sophie) in the Newborn and Infant Critical Care Unit. The key, from the start, “was a lot of help from friends, family and a night nanny for a month,” she says. And the use of hospital day care, across the street.

Lutz appreciated the hospital’s support for a twin-friendly part-time work schedule. Even so, “in the
the ultrasound is just the start of a great adventure

beginning I’d try to run over to day care frequently. I quickly realized it was hard to decide which baby was going to get fed in the limited time I had. I felt torn.”

With two infants in tow, “you have a lot of gear,” notes Harris. She recalls trying to get her twins, Lexi and Holly, from the car to day care as the girls discarded shoes and clothes. “Some really kind person behind me picked up all the stuff,” she says.

To save time, Bottcher attempted to toilet train simultaneously. It didn’t work. “One would get away and I’d have a naked kid running around the house.” Particularly heart-wrenching is when twins are sick. “Then you have two kids who feel awful and want to be held,” she adds.

Meghan Middleton, PNP, Magik Pain Service, is in the early stages of her twin experience. Courtney and Blake were born in February. So far, they’re assisting each through a strange world. “When one cries, I put them next to each other,” she says. “They’re soothed by each other’s presence.”

Also helpful, the twins have fallen into a routine. Blake wakes up an hour before his sister in the morning—at night, Courtney stays up an hour later. So each gets precious alone time. But now that they’re starting to crawl in opposite directions, Middleton admits, “I can see the new chaos forming.”

Two by Two
Shama Farooqui, CRNA, certified registered nurse anesthetist, is currently navigating—and surviving—the “terrible twos” with her boy, Mazin, and girl, Layla, now 27 months old.

“You’re dealing with the same issues as any mom, times two,” she says. “There’s not a lot of downtime.”

“When one cries, I put them next to each other. They’re soothed by each other’s presence.”

Meghan Middleton, PNP

The enjoyable part is watching twins interact. “It melts my heart every day,” says Farooqui. She tries to give both Mazin and Layla individual time, “but within 5-10 minutes of being apart, they’ll start asking about each other.”

Klaristenfeld loves to listen to her twins talk to each other. Even though Sophie’s more social and Evan more reserved, they can play together for hours, building forts or being vets to their stuffed animals. “It’s incredible to watch their relationship.”

When Bottcher’s Jillian and Michael were young, they had their own secret language; they still have what they call “twin powers.” After all, a twin is a built-in playmate and a lifelong “got-your-back” companion. Middleton says, “I’m glad they’ll always have someone who knows exactly what they’re going through.”

Harris’ Lexi and Holly prove that sharing a womb doesn’t necessarily mean sharing a style. While they have common interests, including Girl Scouts and National Junior Honors Society, blond Lexi favors a “girlier” look, while brunette Holly sometimes opts for military-inspired fashion.

Advantage: Nurse
Like all nurses, these moms know too well what can go wrong. When Bottcher cautions her twins about health issues, they sometimes say, “Oh, Mom, that’s at the hospital. You worry too much.”

There are advantages, too. “Being a nurse here helps keep things in perspective,” says Klaristenfeld. “You’re so happy to have healthy children, the challenges of twins don’t matter. You go home, give them a big hug and feel lucky.”

When daughter Holly recently injured her wrist in P.E. class, Harris prescribed ice. Later, the injury was diagnosed as a fracture. Though “horrified by my assessment skills,” says Harris, she watched proudly as Holly cheerfully picked out a bright blue cast at Children’s Hospital and Lexi offered to take class notes for her sister. Harris’ advice for parents of multiples? “Try to enjoy all the different phases. Enjoy their differences.

“And,” she adds, “accept help.”

Margaret Preissman

Every nurse who is recognized with a DAISY Award provides extraordinary compassion and care for his or her patients. Each year, Ron and Margaret Preissman honor the DAISY winners from Children’s Hospital Los Angeles at their home with a special dinner reception.

Ron Preissman, a former literary agent and television executive with Paramount Pictures and Universal Studios, and an Emmy Award-winning producer, joined the hospital’s Board of Trustees in 2005.

“When I joined the board, I wanted a niche for myself,” says Preissman. “I focused on spiritual care and nursing. The nurses at CHLA are extraordinary. They are not just doing a job, they have a different level of dedication to the children and to the hospital.”

The DAISY (Diseases Attacking the Immune System) Foundation was formed in November 1999 by the family of J. Patrick Barnes, who died at age 33 of complications of idiopathic thrombocytopenic purpura (ITP). The mission of the DAISY Foundation is to honor and thank nurses for their compassionate care.

The Preissmans have been opening up their Beverly Hills home for the past six years to honor CHLA’s DAISY nurses. The evening features cocktails, dinner and a special presentation by board members and hospital executives.

“These nurses are very special and they deserve an evening just for them,” says Preissman. “We are all very grateful for their work and commitment.”
Marie Seitz, RN (Bone Marrow Transplant): “Sources of Symptom Bother in Hospitalized Pediatric Oncology Patients,” Council on Advancing Nursing Science, September 2014.

Senci Solis, RN (Pediatric Intensive Care), and Elizabeth McGuire, RN (Pediatric Intensive Care): “Pediatric Intensive Care: End of Life Checklist,” Family-Centered Care Conference, California Endowment Center, June 2014.

Linda Topp, RN (Pediatric Intensive Care), and Ali Rezaei, MD, FRCPC (Pediatric Critical Care): “Prep for Success: How to Best Prepare Skin Before Capillary Blood Glucose Checks,” research poster accepted for national Versant Conference, September 2014.


Certifications
CCRN: Evelyn Chan, RN (Pediatric Intensive Care);
Lisa Jahn, RN (Intensive Care); Jennifer Ly, RN (Cardiovascular Intensive Care);
Christina Ramirez, RN (Pediatric Intensive Care);
Senci Solis, RN (Pediatric Intensive Care).

CPEN: John Hulse, RN (Emergency Department and Trauma Center).

CPHON: Natalie Cole, RN (4 East), Michelle Criger, RN (East), Andrea Petty, RN (East), Jenine Raffaelli, RN (East), Allison Taylor, RN (East) CPN: Eleonora Allori, RN (Emergency Department);
Mercedes Alonso, RN (East), Shannon Brantley, RN (6 West), Aimee Caipang, RN (5 West), Kirsten Costa, RN (5 West), Mary Cronin, RN (5 West), Jamie Duly, RN (Cardiovascular Acute), Anne Godding, RN (5 West), Melanie Guerreru, RN (Cardiovascular Acute), Casey Henson, RN (5 West), Mary Horn, RN (5 West), Kelsey Jepson, RN (5 West), Anna Kulibijn, RN (6 East), Katrina Lazlo, RN (East), Emily LaNovara, RN (Cardiovascular Acute), Katherine Leonardo, RN (West), Stephanie Martinez, RN (6 East), Andrea Moore, RN (Cardiovascular Acute), April Punsal, RN (Cardiovascular Acute), Sofia Sadia, RN (Cardiovascular Acute), Miki Sato, RN (6 West), Karena Schneider, RN (5 West), Lindsay Thatcher, RN (Cardiovascular Clinic), Rachel Roast, RN (6 West), Nicole Westrick, RN (6 West)
CRN: Lori Chan, RN (6 North); Christie Anne Laciste, RN (6 North)
NP: Erin Messing, RN (Float Team) NPD: Sandy Hall, RN (Residency in Pediatrics)
RN: Heather Amante, RN (Newborn and Infant Critical Care), Nicole Van Loon, RN (Newborn and Infant Critical Care), Yelena Yanovskey, RN (Newborn and Infant Critical Care) MSN: Grace Metzinger, RN (Cardiovascular Intensive Care), Erin Messing, NP (Float Team) PhD: Debra Rannallas, NP (Perioperative Services)

Leadership
Nancy Blake, RN (Critical Care Services), editorial board member, Pediatric Nursing Journal, October 2014.

Barbara Britt, RN (Neuro-Intensive Care), co-developer of Neurology/Neuroscience Family Resource Fair, focused on children with CNS tumors, September 2014.

Monica Horn, RN (Heart Institute), on Host Committee for Pulmonary Hypertension Association’s “PHA On The Road” Educational Forum, September 2014.

Florida Imperial-Perez, RN (Cardiovascular Intensive Care), selected by the NPSA reviewer for the Florida Council of State Boards of Nursing Licensure Examination (NCLEX), July 2014.

Sheila Khan, RN (Pulmonology), invited to join Research Advisory Board of Congenital Central Hypoventilation Syndrome Family Network, September 2014.

Sandra Mintz, RN (Rheumatology), co-organizer, Program Development, Scleroderma National Conference for Patients and Families, July 2014.

Kathleen Ruccione, RN (Hematology-Oncology), president-elect, APHON, September 2014.

Recognition
Nicole Ainsworth, RN (Newborn and Infant Critical Care), and Heidi Hotes, RN (Newborn and Infant Critical Care): Great Catch for July 2014.

Barbara Britt, RN (Neuro-Oncology): Spirit of Caring Award, from Maddi’s Closet, July 2014; commendation, L.A. County Board of Supervisors, for work with children with brain tumor. July 2014, Founder’s Award. We Can (Pediatric Brain Tumor Network), September 2014; one of “The Nurses Who Make Healing Happen,” Camp Ronald McDonald for Good Times, for the RNs of volunteer oncology nursing expertise, October 2014.

Cat Goodhue, NP (Pediatric Surgery): 2014 National Association of Pediatric Nurse Practitioners Foundation research grant for “Development of an Intestinal Rehabilitation Disability Survival Toolkit for Families With Special Health Care Needs.”

Laura Klee, RN, ECMO coordinator, with ECMO specialists Kim Kyle, RN (Newborn and Infant Critical Care), Lee Akin, RN (Pediatric Intensive Care), and Sandra Lee, RN (Cardiovascular Intensive Care), received the ELSO Award for Excellence in Extracorporeal Life Support at the 25th Annual ELSO Conference, September 2014.

Sandra Mintz, RN (Rheumatology): Terry Varrata Memorial Scholarship, September 2014.

Kathleen Ruccione, RN (Hematology-Oncology), writing award, for article “ Adolescents’ Psychosocial Health-Related Quality of Life Within Six Months After Cancer Treatment Completion,” Cancer Nursing, August 2014.

Nhu Tran, RN (Cardiovascular Surgery): “Future of Nursing Students” program award granted by Robert Wood Johnson, September 2014.

DAISY Awards
Tere Jones, RN (Clinical Care Coordination), September 2014.
Alicia Votaytsis, RN (Cardiovascular Intensive Care), December 2014.

Life Celebrations
Marriage
Sandra B. Estrid, RN (Pediatric Intensive Care); Kaliee Gaffny, RN (Endocrinology); Minette Galam, RN (6 North); Sarah Sanchez, RN (Emergency Department); Patricia Batelos, RN (Neuro-Oncology); and Megan Summers, RN (Float Pool) Jason Vargas-Weisser, RN (Post-Anesthesiare Care).

Births
Charissa Allabnar, RN (Heart Institute) — girl; Armil Bul, RN (Hematology-Oncology Research) — girl; Kari Gleason, RN (Pediatric Intensive Care) — boy; Destinee Harris, RN (Bone Marrow Transplant) — girl; John Hulse, RN (Emergency Department and Trauma Center) — boy; Teresa Mahgerfeth, RN (Pediatric Intensive Care) — boy; Grace Sekayok, RN (Cardiovascular Intensive Care) — boy; Kieran Shamash, RN (Pediatric Intensive Care) — boy; Ant Simanoff, RN (5 East) — boy

Community
Volunteering: American Heart Association Heart Walk — Megan Frew, RN (Cardiovascular Acute), and April Punsal, RN (Cardiovascular Acute); Camp Esperanza — Beth Salva, RN (Pediatric Acute); 22-mile LA Xtreme Hike, Cyber Collective Foundation — Jessica Christl, RN (5 West); Erika Doleazal, RN (5 West); Rachel Troost, RN (5 West); and Jennifer Ortiz, RN (5 West); Multiple Sclerosis 50-mile Challenge Walk and Fundraiser — Sandra Mintz, RN (Rheumatology); 2014 Naucali Multisport Triathlon — Emily Clark, RN (5 West); Jamie Duly, RN (Cardiovascular Acute) — girl; Amy Hale, RN (5 East); Maria-Theresa Lupinid, RN (Hematology-Oncology); Sue Martinez, RN (5 East); Sue Martinez, RN (5 East); Dianne Mulvaney, RN (Radiology); Suzanne Match, NP (Radiology), Sophie Lim, RN (Radiology); Julie Hoss, RN (5 West); and Katherine Leonardo, RN (5 West); and Emily Rivera, RN (6 West). The Painted Turtle summer camp — Terrie Ballard, RN (Vascular Access); Miki Sato, RN (6 East); and Elissa Sington, RN (6 East).
Mary Dee Hacker, MBA, RN, NEA-BC, FAAN
Vice President of Patient Care Services and Chief Nursing Officer

At the end of each year, I often find myself reflecting and re-evaluating my priorities, not only in my professional role, but also in my personal life. The new year will mark my 40th anniversary at Children’s Hospital Los Angeles. As many of you know, after more than 35 years in management positions, I am shifting focus from hospital operations to broader duties in the newly created role of “nurse executive.”

I’m so excited to begin working with CHLA’s global health team and building an endowment to support an institute for interdisciplinary research to advance knowledge within Patient Care Services. Many of you have heard me say, “just one more thing to do” for several years. I have no idea how many “just one more things” I have yet to do, but I am thrilled to focus on building the resources for interdisciplinary innovation and research at the hospital.

When I look back at the last four decades, I am so proud of all we have accomplished together. The opportunity to work with such a dedicated team of experts has truly been a privilege. The families and the children I have met through the years have touched my heart in more ways than I can say, and they will continue to be my inspiration every day. I will never forget our miracle patients, the ones we saved despite the odds. And I will never forget the heartache for the ones we couldn’t save.

Every day has brought new joys and new challenges. There have been so many moments—working the command post during the Los Angeles riots; providing care in the aftermath of the Northridge earthquake; walking into the Marion and John E. Anderson Pavilion for the first time; getting the phone call announcing our Magnet designation; watching our Versant RN residents presenting their research projects; and hearing the Emergency Transport helicopter land once again—that remind me of how special this hospital is and will continue to be.

Children’s Hospital Los Angeles has begun the search for a new vice president of Patient Care Services and chief nursing officer. As for me, I have always lived my life believing the best is yet to come.

Diane Altounji, MSN, RN, CPHON (4 West), still remembers what it was like making the transition from a new inexperienced nurse to a competent and confident one.

“In the beginning, I was full of excitement but super nervous,” says Altounji, who got her first nursing job nine years ago at Children’s Hospital Los Angeles. “It was intimidating, but it was a smooth transition—I felt really supported by the hospital, my preceptors and managers on the unit.”

Altounji is among the 1,100 nurses at Children’s Hospital who have graduated from the Versant™ RN Residency in Pediatrics, which provides the specific tools and experiences needed by new graduates to become successful pediatric nurses. Founded at CHLA, it has become the national model for new graduate nurse residency programs in the U.S.

The program, which recently celebrated its 15th anniversary, has evolved with increased focus on mentoring residents, developing leadership and presentation skills, and offering support post-graduation. The hiring and screening process has changed (with more involvement from unit managers and staff nurses) as well as eligibility requirements (applicants must have a bachelor’s or master’s degree in nursing).

What hasn’t changed: The 22-week program remains highly competitive, with some 700 to 1,000 applicants for 40 to 60 positions in each of the two cohorts per year. “We have the best and brightest new graduate nurses in our program,” says Jessica Klaristenfeld, MSN, RNBC, manager of the program and a 2002 graduate.

Altounji’s experience with the RN Residency led her to become a mentor. “I wanted to give new nurses the same support I received in my residency,” she says. “I really love watching them go through the process of starting as novice nurses and developing into strong, competent nurses.”

“The residency program was one of the biggest reasons why I wanted to work at Children’s Hospital. The amount of training and the way they prepare you to take care of patients is phenomenal,” adds Christopher Singson, RN (5 East), noting that in addition to self-confidence, he acquired time management skills, which help him pace himself between patients.

After graduating from the program in 2012, Singson joined the RN Residency Program Steering Committee. “I absolutely love the program and love being involved,” he says. “I enjoy offering a perspective of new residents on the committee and want to make a difference.”

Joining the September cohort, Ashley Towers, BSN, RN (Pediatric Intensive Care Unit), says the first few days of the program were “nerve-racking, but I’m starting to get more comfortable. The program is incredible and I feel like I have so much to learn. I can’t wait to be more independent and be the best nurse I can be. I’m really excited and happy to be at Children’s Hospital. It’s the best thing that has happened to me.”
positive, can-do attitude has been critical in encouraging and supporting these families. She makes a huge difference in the lives of our patients.”

Caring for these patients can be challenging for health care providers. Many EB patients have wounds covering 40 to 70 percent of their bodies, so great care must be given to protect their skin from trauma. The simplest tasks—such as administering an IV or checking blood pressure—can cause the skin to shear and blister. However, “Children’s Hospital nurses, particularly on 4 East and at the Infusion Center, have been providing phenomenal care to EB patients,” Peterson says.

Recognizing that social support was lacking for these families, she organized two events with Social Worker Michelle Lahat, MSW, so EB patients and their families could bond and share experiences. The gatherings attracted more than 60 people.

“Whatever issues you’re dealing with, you look at these kids and what they’re able to achieve,” Peterson adds. “They inspire me to do more to help them.”

Inspired to Do More for Her Patients
by Vicki Cho Estrada

Trish Peterson, RN, CPNP and Thomas Coates, MD

Trish Peterson, RN, CPNP (Hematology-Oncology), never forgot her first patient with epidermolysis bullosa (EB), a rare disease that causes the skin to blister and can lead to serious health ailments or death. Because of her fragile skin and blisters so severe that the 11-year-old girl resembled a burn victim, her school believed she was abused.

“She was the loveliest girl and completely misunderstood because no one knows about EB,” says Peterson. “It’s painful and disfiguring with no cure, and no matter what I do, I feel like I can’t help these patients enough.”

In 2012, Peterson was inspired to help create a comprehensive clinic for EB patients at Children’s Hospital Los Angeles. Collaborating with the EB clinic at Lucile Packard Children’s Hospital Stanford, the CHLA clinic has a multidisciplinary team that manages the care of about a dozen EB patients.

In addition to Peterson and Thomas Coates, MD, section head of Hematology at the Children’s Center for Cancer and Blood Diseases, the team includes physical and occupational therapists, a dermatologist, a nutritionist and a social worker.

Before the clinic, “EB patients would have to go to Palo Alto for everything,” Peterson says, noting that long, bumpy car rides can be uncomfortable and cause their skin to break down. “Now we can manage some of their care.”

“Trish started working with these kids many years ago and has really taken the lead to develop a comprehensive EB program,” says Coates. “Her positive, can-do attitude has been critical in encouraging and supporting these families. She makes a huge difference in the lives of our patients.”

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