

Extra: Lives Outside the Hospital

Car Enthusiast Revs Up Winner's Circle

by Candace Pearson

When Linda Sy, RN, (Acute Medical/Surgical) enters her tricked-out 2003 Toyota Matrix at car shows, she's often the only female contender in a scene dominated by men. "I had to take a stance: 'This is my car, it's not pink, I'm a girl—and that's OK,'" she says.

Sy's car is definitely not pink. She has transformed the family-style wagon—a gift from her parents during nursing school—inside and out. Once factory white, the car sports a gleaming Tiger Eye Mica finish, diamond-stitched suede seats and a wood-grained steering wheel with gold-plated spokes. But she didn't stop there.

Sy added an air suspension system that adjusts the car's height at the push of a button, plus methanol injection and a supercharger for speed and efficiency. She upgraded the rims, strut bar,

air intake system and radiator, relocated the battery to the trunk and changed out all bolts to racing bolts that never strip or rust, among other modifications.

The car has won awards at nearly every show Sy's entered. In 2012, she took home Best of Show in San Diego and earned second overall at an exclusive show in San Francisco—"My biggest achievement yet," she says.

Sy is the only woman in Team Praxis Car Club. "They're the brothers I never had. I'm the sister they never wanted," she jokes. Last year, club members sponsored the Auto Gallery Show in Huntington Beach, which drew some 200 entrants. All proceeds went to benefit 6 West.

Her interest in cars started in high school. Today,



Linda Sy, RN

it provides a creative outlet and stress relief from nursing's demands, she says. "Everyone needs something that helps you get away."

While Sy's hobby takes her away mentally, her Toyota is now primarily a show car. Even though its driving days may be over, this winning ride and its owner are running on all cylinders. ■

Volunteers In Action

Bringing Healthy Living to Local Communities

by Elena F. Epstein



Yvette Irizarry, RN

Yvette Irizarry, RN, (CV Acute) grew up in a mostly Latino, working-class neighborhood near San Francisco. Families coming together to share a meal was a common occurrence. However, making healthy eating choices wasn't always the case.

Combining her nursing knowledge and bilingual skills, she recently volunteered to start a community

education class at Utah Elementary School focusing on nutrition and exercise.

Every Thursday morning for 10 weeks, she arrived at the East Los Angeles school at 8 a.m. to meet a group of parents who had registered for the free class. To emphasize the importance of physical activity, Irizarry started each class with a half-hour walk in the neighborhood.

"This wasn't a weight loss class, it was about creating healthy lifestyle habits," she says.

The group's morning walk was followed by a one-and-a-half hour class covering topics such as portion size, essential nutrients for children's growing bodies, the link between excessive soda consumption and obesity and innovative ways to incorporate a vegetable in every meal.

Irizarry recruited a friend with a vast knowledge of gardening and healthy eating to come to every class with a blender and veggies in hand

to create specialty smoothies. "Every week, we tried something new—kale, carrots, spinach, apples," Irizarry says.

The group went on supermarket field trips together, exchanged recipes and started setting weekly goals.

"What was really great was seeing how the parents started empowering each other," she says. "They were amazing."

Irizarry and a friend are also helping the school build a vegetable garden to better educate and encourage the young students to eat more natural foods.

"I love working in the community, giving people the resources they need," says Irizarry. "Healthy eating needs to start at a young age and if we can change the way kids eat we can prevent so many diseases. We can change lives." ■

Healing Vulnerable Children with Care and

by Vicki Cho Estrada

Working in the Children's Hospital Los Angeles Rehabilitation Unit, Rachel Blackburn, CRRN, MA, has seen numerous patients with serious medical conditions and injuries, but one little girl made a lasting impression.



Rachel Blackburn, CRRN, MA

The 2-year-old had a severe traumatic brain injury that left her weak on half her body and unable to sit, stand or walk independently. Swallowing was difficult and she was mentally behind for her age. She was also angry, screaming and kicking a stuffed animal when the clinical care coordinator met her.

The girl's condition, sustained at the hands of a family member, "was horrific and heartbreaking," according to Blackburn, who oversaw the child's care which included physical, occupational and speech therapy. "Knowing what she had been through made my heart hurt, but she was such a resilient little girl," she says, adding the patient was able to leave the hospital after three months feeling safe and loved, and was later adopted by a loving family.

Blackburn and many other nurses care for patients suffering from abuse. These patients range from newborn to high-risk adolescents and share complex stories of adversity; broken families, incarceration and substance abuse are among the recurring themes. Some arrive at the hospital alone or with a parent and leave with relatives or foster parents, while others may wait weeks for a foster family that can meet their home health care needs.

A Multidisciplinary Team

In 2012, Children's Hospital saw 522 child abuse cases, which included neglect and physical, sexual and emotional abuse. Treating these patients requires a multidisciplinary team comprised of

a physician; a bedside nurse; a clinical care coordinator, who oversees patient care from admission to discharge; Child Life specialists; and a social worker serving as a liaison with the Department of Children and Family Services.

Working side-by-side, the team works to not only ensure patients heal physically, but also mentally and emotionally with emphasis placed on helping them feel safe and trusting of others.

"Making these patients feel safe is extremely important to their well-being," says Tina Rufo, RN, (Acute Surgical), who has cared for non-accidental traumas involving fractures, burns, bruises, lacerations and brain injuries caused by shaken baby syndrome.

"Every child needs loving and attentive care," she adds. "It's scary for any child to be in the hospital, but patients who have been abused and neglected are dealing with unique challenges. We reach out to them on a greater level and provide a consistent nursing staff to build trust."

Knowing the background and circumstances of the abuse is critical to understanding their fears and concerns and can help the team break through any barriers, but information is not always available as investigations can occur simultaneously with medical treatment.

Shattered Families

Often, these patients end up in foster care after discharge. If they need to return to the hospital for additional treatment, the team deals with foster parents—an area where Rufo has experience. She has been a foster parent to more than 50 children and adopted three of them—two of whom were her patients—and is in the process of adopting a fourth.



Tina Rufo, RN



Lisa Barrios, RN, CPN, BSN

She says it can be tough providing care to foster patients. “Their worlds are turned upside down—their parents may be detained and can only come in for monitored visits and their foster parents often have other foster children at home and can’t be at the hospital, so these patients are without visitors,” Rufo adds, noting that Child Life specialists are brought in to provide developmental, educational and therapeutic interventions. “We try to go out of our way to make them feel safe and loved.”

With more children requiring foster care than there are available families, finding a home for a child with medical needs can be even more daunting. Clinical care coordinators like Lisa Barrios, RN, CPN, BSN, (5 West), work closely with social workers to arrange home health care prior to a patient's discharge and make sure that the foster family is equipped and trained to provide care.

“We can’t just turn these patients over to anyone,” Barrios says, adding some have complex health conditions such as those requiring ventilators and feeding tubes. She recalls the challenge of working with a social worker to find a home for a patient with cystic fibrosis and diabetes. The foster parent could no longer care for the girl and when a search for a new family was unsuccessful, the child went to live in a group home after Barrios arranged for home nursing care.

For a tracheotomy-dependent patient, she made arrangements for financial clearance, acceptance and transportation to another children’s hospital in a different state, so she could be with her grandmother. “What gives me satisfaction is

when I see my patients go home with a family that is prepared to take over their care,” she adds.

In the Community

Children’s Hospital also reaches out to disadvantaged youth through a mobile health team as part of the Homeless Adolescent and Young Adult Wellness Center, formerly known as the High Risk Youth Program.

For the past six years, Nanora Thompson, RN, MSN, CPNP, a nurse practitioner and a case manager has spent two days a week seeing homeless youth at three centers in the Hollywood area. Equipped with a suitcase filled with medical supplies, Thompson treated everything from colds and skin abscesses to injuries sustained in fights.

“It’s like being in an ER—you never know what’s going to walk through the door,” she says, noting on a busy day, she would treat 10 patients in four hours and follow up with them at the clinic.

“These patients have had so much adversity throughout their lives,” she says. “They need to be approached in a nonjudgmental and supportive way.”

While working with patients suffering from tremendous hardships can be challenging, all of the nurses echo Rufo’s sentiments when she says: “There is something in all of us that wants to embrace these kids and care for them like our own. You become like family to these kids and it’s hard not to get attached. Their situations can really tug at your heart, but I’m always grateful for the privilege of caring for these special children.” ■



Nanora Thompson, RN, MSN, CPNP

CV Acute



The CV Acute nurses

The Helen and Max Rosenthal Cardiovascular Acute Care Unit (CV Acute) is a 21-bed unit within the Heart Institute, established with the opening of the Marion and John E. Anderson Pavilion. More than 60 nurses provide care for patients pre- and post-operatively with a history of congenital and acquired heart diseases as well as heart transplants.

The unit has implemented an innovative cross-training program between CV Acute and the Cardiothoracic Intensive Care Unit (CTICU). The 12-week cross-training program allows nurses to have six weeks of orientation in the CTICU and another six weeks of independently working as a bedside nurse in the unit. Nurses who complete the program then spend one shift every two weeks back in the CTICU to maintain their critical care skills and competencies while continuing to work primarily in CV Acute.

“This training gives a big-picture perspective of the patients we’re caring for,” says Erika Winn, RN, who participated in the cross-training program. “I feel so much better prepared to handle emergencies.”

Because of the high intensity and acute care setting of this unit, open communication and parent education are key components of the nurses’ daily routine.

“Our implementation of bedside rounding allows the nurses, physicians, nurse practitioners and any other specialists involved to meet with the family every day to provide updates,” explains Melanie Guerrero, RN, clinical manager.

As Charlie Mai, RN, explains, the care doesn’t stop once the patient is discharged. “Many of our patients require long-term follow-up care,” he says. “We have to give the families the tools they need to be able to take care of these kids once they leave our hospital.” ■

Flo Sheet Chronicles

Professional Milestones

Inge Morton, RN, (Emergency) authored the Pediatric Trauma Chapter in the seventh edition of the *Trauma Nursing Core Curriculum* published by the Emergency Nurses Association.

Robin Goodman, RN, (Emergency) is the 2013 president of the Pediatric Liaison Nurses of Los Angeles County.

Kathleen Ruccione, RN, (HOPE Program) received a writing award from the Association of Pediatric Hematology-Oncology Nurses for her article, "Nurses Advocate for Best Practices in Informed Consent to Clinical Trials." She also presented the keynote address, "Health Communication: Words are Powerful Drugs," at the 44th Congress of the International Society of Pediatric Oncology in London, October 2012. She was appointed to serve on the Scientific Advisory Council for CureSearch for Children's Cancer. She also had several poster abstracts at the Third International Congress on Pediatric Chronic Diseases, Disability and Human Development in December 2012 in Jerusalem. She had another poster abstract in December on "Improving Online Access to Resources for Families of Young Children with Cancer or Blood Disease," at the Southern California Public Health Association conference in Los Angeles.

Ruccione published two articles: "Children's Oncology Group Return of Research Results Task Force: Recommendations for Offering a Summary of Research Results to Participants and Guardians," *Journal of Clinical Oncology*, October 2012, and "Children's Oncology Group's 2013 Blueprint for Research: Nursing Discipline," *Pediatric Blood and Cancer*, December 2012, and a book: *Childhood Cancer Survivors: A Practical Guide to Your Future*, third edition.

Sandra Mintz, RN, (Rheumatology) spoke on "Forming an Education and Support Group from the Ground Up" and had a poster presentation on "Health-Related Quality of Life in Adolescents with Rheumatic Disease" at the Annual American College of Rheumatology (ACR/ARHP) Scientific Conference in Washington, D.C., November 2012.

The following nurses had poster presentations at the eighth Annual Versant Client Conference in San Antonio, November 2012: **Dawna Willsey, RN**, (Perioperative), "Integrated Specialty Orientation: Versant Pediatric RN Residency and AORN Periop 101;" **Erin Lowerhouse, RN**, (Post-Anesthesia Care Unit), "Forming Alliances: Teamwork on the Perioperative Island." **Erin Hollenbeck, RN**, **Lauren Toneck, RN**, **Sarah Corralejo, RN**, **Lindsey Webb, RN**, and **Kelly Kim, RN**, (Newborn and Infant Critical Care Unit), "Implementing a Quiet Hour in the NICCU."

Robert Giesler, RN, (Newborn and Infant Critical Care Unit) had an abstract, "Positional Car Seat Testing," selected for the National Association of Neonatal Nurses Annual Educational Conference in Nashville, October 2012.

Rosin Atashian, RN, **Susan Tuano, RN**, and **Robert Giesler, RN**, (Newborn and Infant Critical Care Unit) present a poster, "PICC Care and Management" at the Coastal California Association of Neonatal Nurses (CoCANN) conference in February 2013. Giesler and **Audrey Jamora, RN**, also presented a poster on "Safe Sleep."

Kelli Anderson, RN, (Cardiology) was a nominee and finalist for the Hospital Hero Award 2012 sponsored by the Hospital Association of Southern California.

Kay Gilmore, RN, (CV Acute) was a recipient of the annual Mary Rose Castleforte Leadership Award at Children's Hospital Los Angeles in October 2012.

Nancy Blake, RN, (Critical Care Services) and **Barbara Gross, RN**, (Heart Institute) have been chosen to be on the Association of California Nurse Leaders (ACNL) Quality and Safety Committee.

Susanne Matich, RN, (Radiology) had an article, "Just Pediatrics: A Eulogy for Chloral Hydrate," published in the *Journal of Radiology Nursing*, December 2012.

Morgan Altounji, RN, and **Rita Secola, RN**,

(Hematology-Oncology) published "Self-Care: What it Means to the Pediatric Hematology Oncology Nurse," and "A Crossover Randomized Prospective Pilot Study Evaluating a Central Venous Catheter Team in Reducing Catheter-Related Bloodstream Infections in Pediatric Oncology Patients," in the *Journal of Pediatric Oncology Nursing*, January 2013. They also published "Nursing Considerations for Children, Adolescents and Young Adults with Hematological Malignancies," in *Hematological Malignancies in Children, Adolescents and Young Adults*.

Nancy Blake, RN, and **Colleene Young, RN**, (Critical Care Services) were featured in an *Advance for Nurses* magazine article, "How to Be an Effective Charge Nurse," February 2013.

Meghan Middleton, CPNP, and **Susan Hunt, CPNP**, (MAGIK Pain Service) spoke to University of California, Los Angeles School of Nursing pediatric nurse practitioner students on "Comprehensive Pain Assessment and Management," January 2013.

Debbie Jury, RN, (MAGIK Pain Service) lectured on "Blocking the Pain Through Interventional Therapies" at the LIATUS workshop, November 2012.

Nancy Blake, RN, (Critical Care Services) presented to University of California, Los Angeles MSN students on "Making Healthy Work Environments a Reality," October 2012. She also presented on "Communication and Healthy Work Environment" for BSN students at Azusa Pacific University, December 2012. She had a book chapter, "Critical Care Nurse's Role in Disaster Preparedness," in "Critical Care Nursing: A Holistic Approach." Her article, "2012: A Model of Authentic Leadership to Support a Healthy Work Environment," was published in *Advanced Critical Care*.

Dawna Willsey, RN, (Perioperative) had a feature article, "Tying Needs Assessment to Competency," in the *Periop Insider Weekly Newsletter*, September 2012.

Catherine Goodhue, CPNP, (Pediatric Surgery) had two abstract presentations, "Redefining the Approach to Heterotaxy: An Algorithm Based on 393 Patients," and "Socioeconomics and Family Structure Affect Outcomes in Single Ventricle Congenital Heart Disease," at the American Academy of Pediatrics conference in New Orleans, October 2012. She had another presentation, "Congenital and Acquired Liver Disease in Single Ventricle Patients" at the American Association for the Study of Liver Disease in Boston, November 2012.

Goodhue had an article, "Can a Pediatric Trauma Center Improve the Response to a Mass Casualty Incident?" published in *Trauma Acute Care Surgery*, October 2012.

Sharon Fichera, RN, (Newborn and Infant Critical Care Unit) lectured at University of California, Los Angeles on Neonatal EKGs, January 2013.

Sharee Anzaldo, RN, (Surgical Admitting) lectured at University of California, Los Angeles on "Gastrointestinal Disorders, Genitourinary and Renal Disorder, Fluid and Electrolyte Disturbances," October 2012.

Mary McCulley, RN, and **Jennifer Huson, RN**, (Pediatric Intensive Care Unit) presented a case study poster, "Primary Ciliary Dyskinesia in Infants with Congenital Heart Disease," at the 42nd Critical Care Congress of the Society of Critical Care Medicine in Puerto Rico, January 2013.

Yesenia Duarte, RN, **Irma Quijano, RN**, and **Flora Yuen, RN**, (6 East) had a poster presentation, "Multicultural Implications in the Implementation of an Infant Safe Sleep Initiative," at the Transcultural Nursing Society 38th Annual Conference in Orlando, October 2013.

Academic Degrees

Jennifer Baldwin, RN, (CV Acute) – BSN
Julie Bernard, RN, (Newborn and Infant Critical Care Unit) – BSN

Laurie Newton, RN, (Radiology) – BSN
Paige Smith, RN, (Newborn and Infant Critical Care Unit) – BSN

Johanna Stoakes, RN, (5 East) – BSN

Daisy Award Recipients

Dannielle Eramia, RN, (4 West) – October

Meghan Meehan, RN, (Hematology-Oncology) – November
Ramon Tapia, RN, (Surgical Admitting) – December
Julita Reyes, RN, (6 North) – January

Certifications

Sharayah Elkins, RN, (4 West) – CPON
Libertad Garcia, RN, (4 West) – CPON
Lindsey Lucero, RN, (Newborn and Infant Critical Care Unit) – RNC
Judy Foote-Merryman, RN, (Newborn and Infant Critical Care Unit) – RNC
Amanda Price, RN, (6 North) – CRRN
Erika Winn, RN, (CV Acute) – CPN
Amina Winter, RN, (5 West) – CPN

Promotions

David Davis, RN, (Patient Care Services) appointed associate vice president, Quality Improvement and Patient Safety
Cheryl Franco, RN, (6 West) promoted to nurse manager
Joy Miccio, RN, (Adolescent Medicine) is the lead RN in the Teen Health Clinic
Bonne Lee, NP, (Newborn and Infant Critical Care Unit) – NP III
Karen Rapaport, NP, (Newborn and Infant Critical Care Unit) – NP III
Susan Carson, NP, (Hematology) – NP III
Debbie Jury, NP, (MAGIK Pain Service) – NP III
Nickie Kost, NP, (CV Acute) – RN III
Grace Ruiz, RN, (CV Acute) – RN III
Elysia Weiner, RN, (CV Acute) – RN III
Michelle Beato, RN, (CV Acute) – RN III
Ani Yermian, RN, (CV Acute) – RN III

Life Celebrations

Babies

Brenda Barnum, RN, (Newborn and Infant Critical Care Unit) – boy
Jamie Bonilla, RN, (CV Acute) – boy
Dixie Chellew, RN, (6 West) – girl
Carmelita Clark, RN, (CV Acute) – boy
Tina Cortez, RN, (5 West) – boy
Sona Daldumyan, RN, and **Jed Sejismundo, RN**, (4 West) – boy
Lara Doraiswami, RN, (Bone Marrow Transplant) – girl
Kristy Eaton, RN, (5 East) – girl
Melanie Guerrero, RN, (CV Acute) – girl
Oneida Ilog, RN, (4 West) – boy
Maninder Jasdhaur, RN, (5 East) – boy
Rosa Jimenez, RN, (5 West) – boy
Jenny Halili, RN, (CV Acute) – boy
Sarah Kunze Helmy, RN, (CV Acute) – girl
May Hong, RN, (5 West) – boy
Lucy Culwell-Kanarek, RN, (6 North) – girl
Tina Patterson, RN, (Hematology-Oncology) – boy
Camille Montalbo, RN, (CV Acute) – girl
Andrea Moore, RN, (CV Acute) – girl
Courtney Rogers, RN, (4 West) – boy
Marla Sabicer, RN, (5 West) – girl
Margaret Wonser, RN, (CV Acute) – girl
Nubia Zuniga, RN, (CV Acute) – girl

Marriages

Camilla Burningham, RN, (5 West)
Ani Burr, RN, (5 East)
Isabelle Corpus, RN, (5 West)
Sarah Northcutt, RN, (Newborn and Infant Critical Care Unit)
Rachel Riley, RN, (5 West)

Community Involvement

Marvin Mangahis, RN, (Post-Anesthesia Care Unit), received a Bronze medal at the Brazilian Jiu Jitsu No-Gi World Championships in November 2012.

Liza Velarde, RN, **Christina Cruso, RN**, and **Dana Hargreaves, RN**, (Hematology-Oncology) completed the Ironman Triathlon in November 2012.

Joan Pritchard, RN, (Float Pool) completed her 10th half marathon doing the Surf City Half Marathon in February 2013.

Corina Rico, RN, (Float Pool) volunteered on a surgical mission in the Democratic Republic of the Congo with Operation Smile in November 2012.

Leaving Home Opens New Opportunities

by Candace Pearson



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

I have had the opportunity both in my career at Children's Hospital Los Angeles and my volunteer involvement with Hillside in Pasadena to meet some incredible children and young adults. For many of them, life has been full of strife and uncertainty. They have been abused and neglected, and yet their spirit remains unbroken. There are many children in our community who are not seen. In this issue of *FloSheet*, you'll read about how our nurses are ensuring a brighter future for our most vulnerable youth.

One of the true signs of being a Magnet hospital is having nurses who give voice to patients who otherwise would not be heard. Whether it's a baby with questionable injuries in the Emergency Department or a teen living on the street to escape an abusive home, our nurses often become their bridge to hope.

Creating a healthy society takes many voices and diverse efforts. Yvette Irizarry, RN, is spending her free time in the community teaching families how to eat better and how to demand healthier food options in their neighborhoods. Fereshteh (Feri) Kiani, RN, is bringing the pediatric expertise of Children's Hospital into the San Fernando Valley through a unique collaboration with a local medical center. Our CV Acute nurses are creating an environment where parents are empowered and informed about their children's diagnosis and treatment.

Our methods are varied, but our goal is the same—help children become healthy, vibrant adults. Many families are faced with unimaginable challenges. Our job is to help them stay whole. Whether reassuring an anxious parent in the middle of the night, providing clean clothes and a toothbrush for a teen on the street or helping a child heal from abuse and trauma, we are repairing a life. ■



Feri Kiani, RN, BSN, CCRN, PHN, RRT (middle) with Providence Tarzana nurses Christi Williams, RN, BSN (l) and Bari Toro, RN

Transplanting yourself from a familiar homeland involves risk and multiple potential rewards. It's an equation that Fereshteh (Feri) Kiani, RN,BSN, CCRN, PHN, RRT, understands well.

She's experienced it more than once: first, when she left her native Iran for the United States in 1991, and this past December, when she gave up her post as a staff nurse in The Ahmanson Foundation Pediatric Intensive Care Unit (PICU) at Children's Hospital Los Angeles. Kiani took on a new assignment as nurse manager for Children's Hospital, but, in a unique twist, she's located at Providence Tarzana Medical Center.

An innovative collaboration is bringing Children's Hospital's pediatric expertise to the San Fernando Valley medical center, where Kiani oversees staff in its Pediatric Acute Unit and PICU.

Nancy Blake, RN, PhD, CCRN, NEA-BC, director of Critical Care Services at Children's Hospital, helped lay the groundwork for the partnership three years ago with a comprehensive assessment study.

"The missions of Children's Hospital and Providence Tarzana are very similar," she says. "We both want to help patients get the best treatment close to home whenever possible."

When Kiani heard about the unique opportunity, she jumped at it. "I'm the person who every seven to eight years needs a career change or I don't feel productive," she says. "I wanted to learn something new and challenge myself."

She came to Children's Hospital in 1996 as a registered respiratory therapist working in CTICU, then earned her nursing degree and continued as a registered nurse in PICU. "I refer to Children's Hospital as 'another land of opportunity,'" says Kiani.

She misses her friends at Children's Hospital, but with her home only a mile from Providence Tarzana, she can be at work in five minutes. She reports to Blake, and works closely with the Providence Tarzana administration and physician and nursing leadership. Among other tasks, Kiani is focusing on comparing practices, policies and procedures and identifying areas of possible change.

She's helping to plan for the Mozilo Family Foundation PICU project at Providence Tarzana where a new eight-bed PICU will move to the sixth floor in 2014, joining the pediatric unit. "I'm proud to tell people in meetings, 'This is how we do it at Children's,'" she says. ■

FloSheet

Children's Hospital Los Angeles
4650 Sunset Blvd.
Los Angeles, CA 90027
CHLA.org

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Editor:
Elena F. Epstein, MBA

Photographer:
Tracy Kumono

Writers:
Elena F. Epstein, MBA
Vicki Cho Estrada
Candace Pearson

Bedside's Best

Magnet Trio Celebrates a Hospital-wide Honor

by Candace Pearson



Susan Crandall, RN, BSN, CCRN, (l) Margaux Chan, RN, BSN, CPN, and Kelli Anderson, RN, BSN, CPN

If you get a chance to read the 4,000-page document that successfully argued for Children's Hospital Los Angeles's second Magnet® designation, be sure to grab a box of tissues while you do.

That's sage advice from Susan Crandall, RN, BSN, CCRN, Magnet Program co-manager. "I stand in awe of the stories I've heard about our people's dedication to our patients and families," says Crandall, also a bedside nurse in The Ahmanson Foundation Pediatric Intensive Care Unit. "The more I get to know Children's Hospital, the more I love it."

Telling those stories is the responsibility of Crandall and Margaux Chan, RN, BSN, CPN, Magnet Program co-manager and a nurse in the Post-Anesthesia Care Unit. Together, they handled the writing and editing duties, compiling contributions of 100 employees hospital-wide. When Chan went on maternity leave in July 2012, Kelli Anderson, RN, BSN, CPN, Cardiac Catheterization Laboratory, stepped in to assist before the critical site visit from the American Nurses Credentialing Center.

Chan and Crandall had Magnet experience when they took on the daunting task, job-sharing

so they could maintain their beloved bedside duties. Anderson was a Magnet novice, but willing to learn. "It makes you feel good to be part of something and give back to the hospital," she says.

All three feel they've been privileged to view the hospital beyond the perspective of their own units. "Magnet isn't just a nursing designation," says Chan, "it's a hospital designation."

Appreciating the big picture translates back to the bedside, she adds. "I do an even better job in patient care, because I understand more about what it means to be a nurse in a Magnet hospital."

After Children's Hospital achieved its second redesignation in January, Chan and Crandall took a short breather. Now they're back at work in the Magnet Office. After all, the next Magnet document is due in January 2017. ■