A 2011 Overview

Our Hospital
Average daily census: 241
Average length of stay in our hospital: 7.73 days
Annual transport patients: 1,937

Through its community outreach sites, the Division of Adolescent Medicine saw 3,052 patients and delivered care during 7,251 patient encounters.

Our Institute for Maternal-Fetal Health saw 458 patients.

 Patients under the age of 4: approximately 50 percent
Outpatient clinics: 48

Our Nurses
56 percent of our nurse leaders have a national certification.

We have 72 Nurse Practitioners.

We have 15 Clinical Nurse Specialists.

124 nurses participated in the Versant™ RN Residency Program during this year.

We have eight Nurse Anesthetists.

Average length of tenure for our nurses: 10 years

Our expert nurses taught approximately 1,000 nursing students in 2011.

Cover Photo: Lori Bustamante, BSN, RN, NICCU nurse
A Note From Our Magnet Managers

It was a grand year of change for our nurses at Children’s Hospital Los Angeles. Their professionalism and excellence have driven them beyond boundaries. Nurses from all levels, from direct care providers to our chief nursing officer, worked together in the design, planning and move into the Marion and John E. Anderson Pavilion, our new, state-of-the-art inpatient tower. After much preparation, the new building finally opened its doors on July 17, 2011 to patients, families and employees.

While dedicating time to the Anderson Pavilion, nurses still managed to continue to improve the quality of our patient care by finding ways to boost professional development, share best practices and cultivate innovations. We are proud to showcase these achievements in the 2011 Nursing Annual Report.

Margaux Chan, BSN, RN, CPN
Susan Crandall, BSN, RN
Magnet Program Managers
Never has our work been more exciting or demanding. The recent passage of the Affordable Care Act (ACA) has created the greatest change to the American health care system in my lifetime. The goal of the ACA is to improve the health of America through expanded coverage, controlled costs and changed delivery systems. In addition, the Robert Wood Johnson Foundation-Institute of Medicine (IOM) released “The Future of Nursing,” calling for the transformation of the profession and positioning nursing strategically in health care reform.

The culture of Children’s Hospital Los Angeles nurses prepares us well for the mandates of both health care reform and the recommendations of the IOM. We are very comfortable leading and working in highly complex, dynamic situations. We crave education and knowledge, and we are patient- and family-centered. I believe we are the strongest nursing work force in Los Angeles. As expert leaders, we are ready to engage in every aspect of change required to secure Children’s Hospital’s position as the best hospital for kids and families.

2011 was an example of our elegance through change. This annual report is a high-level chronicle of significant change—including the professional, respectful and exciting leadership of Children’s Hospital nurses during the opening and move to our beautiful new space, the Marion and John E. Anderson Pavilion. As intense and exciting as that was, the “settling in” time has required daily problem-solving and leadership to ensure safe, excellent care. Again, our nurses have risen to the challenge.

This is an extremely exciting time, as we balance our current responsibilities to deliver excellent care—while planning for a very different health care system in the future. I remain confident that our nurses will be able to negotiate these changes with the same ease and grace that they bring to Children’s Hospital Los Angeles every single day.

Mary Dee Hacker, MBA, RN, NEA-BC, FAAN
Vice President, Patient Care Services and Chief Nursing Officer
When walking along Sunset Boulevard in front of Children’s Hospital Los Angeles, you can often hear a tranquil chiming sound. You may wonder where it’s coming from. I’ll tell you—it’s the sound of children playing with marimba musical panels at the hospital’s Simms/Mann Family Foundation Playground.

I’m going to share a bit of trivia with you: the reason we have a playground out in front of our hospital is because of a nurse. In fact, it was our chief nursing officer, Mary Dee Hacker, MBA, RN, NEA-BC, FAAN, who lobbied throughout our construction planning process to keep a space on our urban campus that was outdoors where children of all abilities could play. She lobbied hard, and she was successful because she knows the importance that play has in a child’s life. This is just one small example of the unique and vital perspective our nurses bring to Children’s Hospital.

Nurses are the heart of any hospital, and this is especially true of Children’s Hospital Los Angeles. As I read through this report and see their hard work, intelligence, thoughtfulness, strategic thinking and commitment, it makes me realize what a fine heart we have. A sincere thank you to all of our nurses for the thousand ways, both large and small, that they create hope and build healthier futures.

Sincerely,

Richard D. Cordova, FACHE
President and Chief Executive Officer
Our New Nursing Mission, Vision and Values

2011 was a banner year for change at Children’s Hospital Los Angeles. Not only did we move into our new Marion and John E. Anderson Pavilion, but we did so with a new branding campaign that featured a new hospital logo. To continue this theme of change, our organization updated our mission and values. The language used was deliberately simple and straightforward, allowing our staff to quickly remember the powerful message behind the statements of purpose and commitment to Children’s Hospital Los Angeles.

**Mission:**
We create hope and build healthier futures.

As a leading academic children’s hospital, we fulfill our mission by:
• caring for children, adolescents, young adults, families and each other,
• advancing knowledge,
• preparing future generations and
• building Children’s Hospital Los Angeles’s financial strength.

**Values:**
• 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.

Shortly after, a group of nurse leaders from all levels came together to revise our Nursing Mission, Vision and Values and align it with our new hospital statements.

**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 and
• knowing that excellence is achieved through collaborative relationships.

Children’s Hospital’s nursing leaders augmented the organizational mission statement with the final bullet point. This was added to emphasize the value of teamwork across all disciplines.

**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 life-long learning and collaborative interdisciplinary relationships. In addition, our emphasis on Nursing research, leadership and professional development makes Children’s Hospital Los Angeles the organization of choice for a career in pediatric nursing.

Our above Nursing Vision statement, meanwhile, remained unchanged. Nursing leaders agreed that this Vision, written in 2006, still holds true today.

Nurses who were involved with the revision of the Nursing Mission, Vision and Values: Kimberly Wheatley, SN, (left); Susan Crandall, RN; Nicole Sheppard, RN; Cheryl Franco, RN; Cathy Foster, RN; Margaux Chan, RN; Kay Gilmore, RN; Mary Dee Hacker, RN; and David Davis, RN. Susan Cline, RN, not pictured.
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.

As Nurses:
• “We achieve our best together” represents our teamwork and how we collaborate across all disciplines.

• “We are hopeful and compassionate” demonstrates our kind and understanding disposition, and that patients and families can feel comforted in our care. We are proud to provide a family-centered organization creating an environment of support and healing.

• “We are learners leading transformation” defines our drive for knowledge, research and evidence-based practices. Changes are universally challenging, but we embrace any new initiatives that would improve patient outcomes.

• “We are stewards of the lives and resources entrusted to us” shows how we truly are honored that patients and families trust us and in return we offer them our professional excellence.

• Lastly, “We serve with great care” characterizes our exceptional respect and service to our patients and families.
Our New Home

The construction, design and move into the new Marion and John E. Anderson Pavilion was a huge undertaking at Children’s Hospital Los Angeles. Nurses at all levels—from direct-care nurses to our chief nursing officer—played a critical role in all phases of this multi-faceted process. This speaks volumes to our nurses’ dedication to their units and to our entire hospital.

The following are stories of our nurses’ integral involvement in the Anderson Pavilion.

Design
Our Chief Nursing Officer and Vice President of Patient Care Services, Mary Dee Hacker, MBA, RN, NEA-BC, FAAN, was one of the influential driving forces in the design of the building. Her focus was on designing an optimal environment for family-centered care and healing. She expressed her inspiration Sept. 26, 2010, when she was invited to speak on a panel at a Zócalo Public Square event to discuss how hospital design impacts patient health. The following excerpt is from the panel discussion:

As an executive sponsor through the planning and design of a new 317-bed, $600 million tower at Children’s Hospital Los Angeles, Hacker explained some of the components the hospital used to create a healthy design. The most immediately visible one is the hospital’s playground.

“That is what children do—play,” she said. “As you pull onto the campus the first thing a child will see is a playground.” The playground not only serves children of all abilities, but it also supports the child’s recovery and reminds us “that someday this child will be healthy and happy again.” The tower will also include easy-to-clean rooms and a new cafeteria, moved from the basement to an upper floor with full windows and outdoor seating.

Training
To organize the training of the Patient Care Services (PCS) staff, Suzanne Taylor, RN, director of Clinical Education and Professional Development, and Cynde Herman, PhD, director of Leadership and Organization Development, created a work group of super-users called the Commission on Training and Education (COTE). This group helped ensure that 100 percent of our staff were confident and competent to work in the new building.

The COTE group was comprised of at least one manager representative per unit/department and two Anderson Pavilion super-users, plus others. These super-users represented various departments and included nursing. The PCS COTE Work Group membership was comprised of 34 managers and 126 staff. The COTE committee structure was further divided into two parts: a PCS work group led by Taylor and a non-PCS work group led by Herman. These two work groups delivered training documents and collaborated to provide a working forum for discussing issues and concerns with training design and delivery.

The PCS COTE met monthly from Nov. 2010 through July 2011. Each month, different training and education issues were rolled out, discussed and implemented.
Orientation
Debbie Reid, RN, manager of Staff Development, coordinated all of the training for PCS employees as it related to their new working environment and equipment. PCS staff include Nursing, Respiratory Care, Pharmacy, Clinical Nutrition, Care Coordination, Rehabilitation Services, Child Life, Social Work and several outpatient clinical programs and professional services staff. Reid mapped out the curriculum, met with vendors, attended meetings, set up training schedules and organized efforts with 200 Anderson Pavilion super-users. This super-user group, comprised of managers and PCS staff, had 16 hours of core training so they could coordinate and train other staff members. She also supervised the end-user training for other staff members, who received eight hours of core instruction.

Day in the Life
In addition to education and training, employees also had an opportunity to participate in “Day in the Life” (DitL) scenarios. These scenarios were dress rehearsals for working in their new environment utilizing actual unit-specific scenarios to test the workflow and paths of travel and acclimate staff to the new building. A significant amount of planning went into these DitL days, and scenarios were developed by PCS managers and staff members. As they ran these scenarios as a team, they were able to identify potential work environment issues and establish solutions.

Move Day
After years of anticipation and months of preparation, move day arrived on July 17, 2011. Kathleen Stevenson, RN, was the main guiding force behind the move, developing and coordinating a detailed move plan with all areas of the hospital, including Patient Care, Pharmacy, Security, ancillary departments, Dietary, etc. This plan included general information, move routes, move day schedule, infection control, safety information, transport team information and post-move activities. The move was coordinated through a Command Center staffed by nursing directors, nursing managers, staff and physicians. The Command Center role was to track the progress of the move and immediately problem-solve any issues that developed.

During the week leading up to the move, nurses, physicians, respiratory care practitioners and unit managers met with Stevenson to coordinate the move. Each patient was listed with specific needs for transport. A detailed, timed schedule was developed and reviewed numerous times to ensure that all of these patient needs were met. Patients were moved using a specific and predetermined path of travel. Stevenson developed a detailed schedule that included exact times for patients to leave the unit, with ICU patients moving every 10 minutes, and Medical/Surgical patients leaving every five minutes. This schedule was based on extensive move day practice sessions completed months earlier by multidisciplinary teams.
Like clockwork, the patient sequence progressed as scripted. As each patient left his or her old unit, the unit coordinator notified the Command Center. As patients arrived in the new building, the second unit coordinator notified the Command Center so that a current tracking list could be kept to monitor progress. As patient care issues arose relating to a patient need or change in patient status, bedside nurses worked with medical staff, the unit move coordinator and the Command Center to coordinate changes in the move sequence to ensure patient safety. All 191 patients arrived successfully in the Anderson Pavilion by 3:30 p.m., right on schedule.
## Our Certified Nurses - 2011

### Critical Care Registered Nurse (CCRN)

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<td>6 North</td>
<td>Stambaugh, Terri</td>
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<td>Summers, Megan</td>
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<td>Tarasova, Irina</td>
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Float Pool
5 West
6 West
Nursing Resources
Emergency Department
6 West
Emergency Department
5 West
PACU
5 West
6 West
6 North
Radiology Nursing
CV Acute
Emergency Department
5 West
Emergency Department
CV Acute
CV Acute
5 West
6 East
Cardiothoracic ICU
Termmel, Felicia
Tighe, Judith
Tostado, Theresa
Tremmel, Felicia
Tripoli, Valerie
Uy, Chrystal
Valenzuela, Stephanie
Vanca, Donna Lee
Vargas, Jason Robert
Vaughn, Diana
Vega, Zulema
Verret, Gloria
Villegas, Johanna
Wallace, Veronica
Weiner, Elysia
West, Holly Hurley Marie
Winter, Amina Ruth Naef
Wood, Robin
Yanga De Guzman, Aileen
Yeremian, Annie
Yousefzadeh, Polin
Yuen, Flora
Zlotorynski, Elizabeth
BMT
Hem-Onc Nursing
4 East
4 East
Hem-Onc Nursing
3 East
Hem-Onc Nursing
Care Coordination
Hem-Onc Nursing
Hem-Onc Nursing
BMT
BMT
Hem-Onc Nursing
BMT
Hem-Onc Nursing
4 East
6 East
Hem-Onc Nursing
Hem-Onc Nursing
Hem-Onc Nursing
PACS Cancer Center
Hem-Onc Nursing
4 East
BMT
4 East
6 West
Hem-Onc Nursing
Hem-Onc Nursing
4 East
4 East
Hem-Onc Nursing
Hem-Onc Nursing
BMT
PCS Prof. Dev.
4 East
Hem-Onc Nursing
Hem-Onc Nursing
BMT
Hope Center
Dialysis
Hem-Onc Nursing
Hem-Onc Nursing
BMT
4 East
6 West
Hem-Onc Nursing
Hem-Onc Nursing
3 East
6 West
Hem-Onc Nursing
Hem-Onc Nursing
BMT
4 East
4 East
Evangelista, Vilma
Evans, Anna Christine
Flores-Garcia, Renee
Gray, Diane
Gray, Jonelle
Hart, Ann Eldise
Hart, Nancy
Imai, Dee
Kimball, Gwendolyn
Landery, Dawn
Lapinid, Maria Theresa
Lieu, Christiane Marie
Liehr, Paul
Liu, Christine Marie
Limann-Dyer, Christine
Loera, Kellie
Loo, Alice
Marino, Deborah
Mehl, Heather
Moses, Mary
Narisco, Marites
Navia, Johanna
Okada, Maki
Opimo, Anthony
Owen, Kristen
Pagkalinawan, Marifel
Patterson, Tina
Quiroz, Donna
Reid, Debbie
Reis, Sacha Lauren
Reyes, Ma Luz
Rhoads, Susan
Rios, Patricia
Rogers, Courtney
Roozrok, Afshid
Ruccione, Kathleen
Sanchez, Alice
Sanchez, Melanie
Santangelo, Gina Marie
Schwartz Nord, Anne
Secola, Rita
Seluta, Danniele
Sia, Belinda
Smith, Christina Izumi
Sy, Linda
Tan, Dave
Tang, Shinyi
Townsend, Peggy
Vancura, Kerry
Certified Pediatric Hematology-Oncology Nurse (CPHON) and Certified Pediatric Oncology Nurse (CPON)
4 East
Aberin, Irene
Aguiar, Melissa Stewart
Altounji, Diane Rita
Bernardo, Jesibelle
Bertulfo-Sanchez, Alicia
Blaney, Jennifer
Bogojevic, Stana
Bottcher, Margaret
Bourque, Dania Marisa
Brown, Kristina
Bui, Armi
Calderon, Gene Rainier
Carcich, Sherri Lynn
Castillo, Staci
Cerda, Christina Annamaria
Christoffersen, Shanna
Chung, Kei Yun
Cruso, Christina Izumi
Daldumyan, Soni
Doraiswami, Lara Chandra
Dulay, Lizzelle
Evangelista, Vilma
Evans, Anna Christine
Flores-Garcia, Renee
Grade, Diane
Gray, Jonelle
Hart, Ann Eldise
Hart, Nancy
Imai, Dee
Kimball, Gwendolyn
Landery, Dawn
Lapinid, Maria Theresa
Lieu, Christiane Marie
Limann-Dyer, Christine
Loera, Kellie
Loo, Alice
Marino, Deborah
Mehl, Heather
Moses, Mary
Narisco, Marites
Navia, Johanna
Okada, Maki
Opimo, Anthony
Owen, Kristen
Pagkalinawan, Marifel
Patterson, Tina
Quiroz, Donna
Reid, Debbie
Reis, Sacha Lauren
Reyes, Ma Luz
Rhoads, Susan
Rios, Patricia
Rogers, Courtney
Roozrok, Afshid
Ruccione, Kathleen
Sanchez, Alice
Sanchez, Melanie
Santangelo, Gina Marie
Schwartz Nord, Anne
Secola, Rita
Seluta, Danniele
Sia, Belinda
Smith, Christina Izumi
Sy, Linda
Tan, Dave
Tang, Shinyi
Townsend, Peggy
Vancura, Kerry
Evangelista, Vilma
Evans, Anna Christine
Flores-Garcia, Renee
Gray, Diane
Gray, Jonelle
Hart, Ann Eldise
Hart, Nancy
Imai, Dee
Kimball, Gwendolyn
Landery, Dawn
Lapinid, Maria Theresa
Lieu, Christiane Marie
Limann-Dyer, Christine
Loera, Kellie
Loo, Alice
Marino, Deborah
Mehl, Heather
Moses, Mary
Narisco, Marites
Navia, Johanna
Okada, Maki
Opimo, Anthony
Owen, Kristen
Pagkalinawan, Marifel
Patterson, Tina
Quiroz, Donna
Reid, Debbie
Reis, Sacha Lauren
Reyes, Ma Luz
Rhoads, Susan
Rios, Patricia
Rogers, Courtney
Roozrok, Afshid
Ruccione, Kathleen
Sanchez, Alice
Sanchez, Melanie
Santangelo, Gina Marie
Schwartz Nord, Anne
Secola, Rita
Seluta, Danniele
Sia, Belinda
Smith, Christina Izumi
Sy, Linda
Tan, Dave
Tang, Shinyi
Townsend, Peggy
Vancura, Kerry
**Certified Clinical Transplant Coordinator (CCTC)**
- Liver Transplant: Johnson, Stephanie
- CT Transplant: Guadiz, Donna
- CT Transplant: Horn, Monica

**Certified Diabetes Educator (CDE)**
- Endocrinology: Bitting, Anna Gastelum
- Endocrinology: Bock, Meredith Mae
- Endocrinology: Carcelen, Eulalia
- Endocrinology: Chang, Nancy
- Endocrinology: Hollen, Barbara
- Institute for Maternal-Fetal Health: Klecha, Irene
- Endocrinology: McCarthy, Mary T.
- Endocrinology: Miller, Debra Dee

**Certified Gastroenterology Nurse**
- Urology: Gordon, Valerie

**Certified Nurse Operating Room (CNOR)**
- Operating Room: Becker, Katharina
- Perioperative Services: Bridges, Nancy
- Nursing Director: Cook, Randall
- Operating Room: Desai, Usha
- Operating Room: Dizon, Melinda R.
- Operating Room: Duncan, Pamela H.
- Operating Room: Fodolyan, Verzhine
- Operating Room: Guzman, Paula E.
- Operating Room: Hartley, Angela M.
- Operating Room: Johnson, Meredith Renee
- Operating Room: Kou, Jingdong (Kenny)
- Operating Room: Lopez, Rodrigo S.
- Operating Room: McMonigal, Andrea Carole
- Operating Room: Peron, Kelly Joyce
- Operating Room: Quigley, Janet J.
- Operating Room: Reyes, Jessica Belle
- Operating Room: Rivera, Florence E.
- Operating Room: Saldivar, Nur S. Abdullah
- Operating Room: Smith, Adriana
- Operating Room: Swaim, Sue
- Perioperative Services: Willsey, Dawna Lee

**Certification in Nursing (RNC)**
- Endocrinology: Benson, Susan
- Cardiology: Barton, Cheryl
- Institute for Maternal-Fetal Health: Beranek, Marlene
- Institute for Maternal-Fetal Health: Kotoh, Emi

**Certified Clinical Nurse Specialist**
- 5 East: Nolan, Sherry
- Pain Management: Middleton, Meghan Sullivan

**Neonatal Intensive Care Nursing (RNC-NIC)**
- Newborn and Infant CCU: Ainsworth, Nicole
- Newborn and Infant CCU: Alli-Casella, Sonja
- PCS Education: Atkinson, Cynthia Diane
- Cardiology: Barton, Cheryl Estepa
- Newborn and Infant CCU: Bugsch, Susan
- Cardiac ICU: Cadaver, Carol
- Newborn and Infant CCU: Cankar-Phillips, Valerie Lynn
- Emergency Department: Cline, Susan
- Institute for Maternal-Fetal Health: Costa, Pamela Lynn
- Newborn and Infant CCU: Cuano, Suzanne
- Newborn and Infant CCU: Drummond, Beverly
- Newborn and Infant CCU: Espinosa, Sandra Luz
- Newborn and Infant CCU: Flores, D.
- Newborn and Infant CCU: Gamache, Lindsay
- Newborn and Infant CCU: Giesler, Robert
- Newborn and Infant CCU: Gleeson, Anne
- Newborn and Infant CCU: Greenwood, Dolores
- Newborn and Infant CCU: Hackett, Heather Ann
- Newborn and Infant CCU: Klee, Laura
- Institute for Maternal-Fetal Health: Lee, Bonnie
- Newborn and Infant CCU: Ogbaa, Maxine Orieji
- Newborn and Infant CCU: Pagado, Lorie
- Newborn and Infant CCU: Priel, Victoria
- Institute for Maternal-Fetal Health: Rapoport, Karen
- Newborn and Infant CCU: Real, Diane
- Newborn and Infant CCU: Rogers, Margaret Rose
- Newborn and Infant CCU: Rosik, Lisa Marie
- Newborn and Infant CCU: Sham, Suet Ching
- Newborn and Infant CCU: Weibel, Denise Navarro
- Newborn and Infant CCU: Whitworth, Holly Miller
- Plastic and Maxillofacial Surgery: Yedinak, Elsa

**Certification in Nursing (RNC)**
- Endocrinology: Benson, Susan
- Cardiology: Barton, Cheryl
- Institute for Maternal-Fetal Health: Beranek, Marlene
- Institute for Maternal-Fetal Health: Kotoh, Emi

**Certified Neonatal and Pediatric Transport (C-NPT)**
- Emergency Transport: Cesinger, Susan L.
- Emergency Transport: Martinez, Martha A.
- Emergency Transport: Meyers, Jenifer Ann
- Emergency Transport: Whitehouse, Kristin
- Emergency Transport: Stambaugh, Terri
### Certified Pediatric Emergency Nurse (CPEN)
- **Emergency Transport**: Gill, Russ
- **5 West**: Jensen, Susan

### Certified in Pain Management
- **Pain Management**: Middleton, Meghan Sullivan

### Certified Registered Nurse Infusion (CRNI)
- **4 East**: Navia, Johanna
- **Hem-Onc Nursing**: Bogojevic, Stana

### Certified Adult Nurse Practitioner (CANP)
- **Employee Health Services**: Tatlonghari, Roy Villena

### Certified Family Nurse Practitioner (CFNP)
- **PCS Medical Units**: Gallardo, Constance C.
- **Surgical Admitting**: Hernandez, Anthony
- **CT Surgery**: Kwong, Caroline
- **Endocrinology**: Mansilla, Vanessa Lizzet
- **Employee Health Services**: Moya, Melanie T.
- **CT Surgery**: Okuhara, Carol A.
- **Surgical Admitting**: Olive, Yvonne J.
- **CT Surgery**: Pike, Nancy Ann
- **CT Surgery**: Rosu, Lillian Vicky

### Certified Professional in Health Care Risk Management (CPHRM)
- **Risk Management**: Prommer, Karen

### Certified Rehabilitation Registered Nurse (CRRN)
- **Clinical Care Coordination**: Blackburn, Rachel

### Certified School Nurse
- **Medical Genetics**: Paige, Michele

### Certified Wound, Ostomy, Continence Nurse (CWOCN)
- **Ambulatory Care**: Harrison, Beth

### Nurse Executive Advanced – Board Certified (NEA-BC)
- **Nursing Director**: Blake, Nancy
- **Emergency Department**: Cline, Susan
- **Newborn and Infant CCU**: Drummond, Beverly
- **Nursing Director**: Gross, Barbara
- **Chief Nursing Officer and VP, Patient Care Services**: Hacker, Mary Dee

### Certified Nurse Administration (NE-BC)
- **6 East**: Kissinger, Catherine
- **Hem-Onc Nursing**: Loera, Kellie
- **Pediatric ICU**: Loera, Teri

### Orthopaedic Nurses Certification (ONC)
- **Orthopaedics**: Wakulich, Ann M.

### Certified Nursing Professional Development (RN-BC)
- **Radiology Nursing**: Mills, Marilyn Deon
- **Nursing Director**: Taylor, Suzanne
- **Cardiothoracic ICU**: Gomez, Sylvia
- **Pediatric ICU**: Blayney, Frances
- **RN Residency in Pediatrics**: Klaristenfeld, Jessica
- **PCS Professional Development**: Reid, Debbie L.
Certified Registered Nurse Anesthetists (CRNA)
- Belson, Paula
- Callaghan (Bailey), Melissa
- Farooqui, Shama
- Glasser, Sara
- Iwaszewski, Mary
- Koempel, Judy
- Polkinghorn, Sarah
- Thomas, Shiny

Certified Clinical Research Professional (CCRP)
- Harrington, Jennifer

Certified Health Education Specialist (CHES)
- Gray, Kescia
- Goss, Juliet Christine

Certified Legal Nurse Consultant (CLNC)
- Jackson, Willie

Certified Radiology Nurse (CRN)
- Andaya, Judith

Certified Nephrology Nurse (CNN)
- Brown, Gwen Green

Total Number of Certified Nurses: 397
Total Number of Certified NPs: 84
Total: 481
Advanced Degrees

Children’s Hospital Los Angeles is committed to supporting and encouraging our nurses to pursue their professional development by advancing their education and obtaining certifications. We actively promote and communicate opportunities for professional growth, and nurse leaders allow flexible scheduling to accommodate nurses’ balance of work, school and home life. The hospital offers financial support for education and informs nurses of opportunities at local colleges and universities. The hospital offers:

• Tuition assistance program
• RN to BSN program grant
• Terry Varatta Scholarships for nursing graduate students
• College and university information sessions

New Advanced Degrees in 2011

Bachelor’s Degree
Nicole Bledsoe, RN (Hematology-Oncology)
Jessica Christl, RN (5 West)
Teresa Evans, RN (4 West)
Libertad Garcia, RN (Hematology-Oncology)
Sanci Solis, RN (Pediatric Intensive Care Unit)
Tyla Vecchiarelli, RN (Post-Anesthesia Care Unit)

Master’s Degree
Brenda Barnum, RN (Newborn and Infant Critical Care Unit): Master of Arts in Bioethics and Health Policy
Christine Dyer, RN (6 East): MSN
Josephine Ellashek, RN (Critical Care): MSN
Oneida Ilog, RN (Cardiovascular Acute): MSN
Maninder Kaur Jasdhaul, RN (5 East): MSN
Lindsay Quirk, RN (Emergency Department): MSN
Desiree Ritter, RN (House Supervisor): MHA
Margherita Toscano Payan, RN (Post-Anesthesia Care Unit): MSN/FNP
Kim Tull, RN (5 West): MSN/FNP
Dawna Willsey, RN (Perioperative Services): Master’s in Nursing Administration

Doctoral Degree
Rita Secola, RN, CPON (Hematology-Oncology): PhD
Awards

The “GEM” (Going the Extra Mile) Award
The GEM Award recognizes individuals, including nurses, who exemplify the values of Children’s Hospital Los Angeles:

- 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.

These are the values that make Children’s Hospital one of the top hospitals in the nation. A number of nurses were honored with this award in 2011:

- Beth Harrison, RN
  March 2011

- Patricia Rodriguez, RN, PNP
  May 2011

- Anabel Costa, RN
  July 2011

- Grace Ruiz, RN
  October 2011

Morris and Mary Press Humanism Awards
The top honor for employees at Children’s Hospital Los Angeles are the Morris and Mary Press Humanism Awards. This annual event recognizes individuals and a department or work group that have gone beyond their daily job expectations. These individuals consistently demonstrate compassion, caring and excellent communication with patients, families and team members. The 2011 Nursing winner was Bill Kenny, RN, of the Teenage Health Center in the Division of Adolescent Medicine. Adolescent Medicine also won the Department/Work Group category.

Their dedication, service, knowledge and thoughtfulness are excellent assets and make Children’s Hospital Los Angeles stand above the rest.

- Richard D. Cordova, FACHE, (left) and Bill Kenny, RN

March 2011
DAISY Awards 2011
The DAISY Awards, which recognize nurses who exemplify excellence in patient care, have become a celebrated tradition at Children’s Hospital Los Angeles.

Bonnie and J. Mark Barnes founded the DAISY (Diseases Attacking the Immune System) Foundation in memory of their son, J. Patrick Barnes, who died of complications from his autoimmune disease (idiopathic thrombocytopenic purpura) at age 33. In tribute and appreciation of the nurses who cared for their son, they established the DAISY Foundation to honor nurses who positively impact the lives of their ill patients and coping families.

Children’s Hospital is one of more than 50 hospitals in the United States that have partnered with the DAISY Foundation. Recipients of the DAISY Award receive a certificate, a DAISY pin, Cinnabon™ cinnamon rolls and a unique hand-carved stone statue called “The Healer’s Touch,” created by artisans in Zimbabwe.

**January**
Ann Alvarez, RN, BSN

**February**
Laura Corrado, RN, BSN
Rosie Chavarria, RN, BSN

**March**
Allie Dubon, RN

**April**
Carolyn Waddell, RN, BSN, BA

**May**
Karen Van Wert, RN, MSN, BA, NP

**June**
Jason Vargas, RN, BSN, CPN

**August**
Jennifer Huson, MSN, PNP, CNS

**September**
Gloria Verret, RN, CPN

**October**
Myma Anotado, RN

**November**
Jody Castrillon, RN, BSN, CPN
Lectures

**Colleen Young, RN**, gave a presentation on “Nurse Responsibilities and Clinical Patients Requiring Continuous Renal Replacement Therapy” at the Sixth World Congress on Pediatric Critical Care in Sydney, Australia, in March 2011.

**Meghan Middleton, RN**, lectured to second-year pediatric nurse practitioner students at the University of California, Los Angeles (UCLA) School of Nursing on “Pain Assessment and Management” and to Children’s Hospital’s Versant™ RN Residency class on “Epidural and Nerve Block Therapy” in January 2011.

**Irene Klecha, RN**, gave two presentations at the American Cleft Palate-Craniofacial Association’s 68th Annual Meeting in San Juan, Puerto Rico, in April 2011: “Integrating Screening for Postpartum Depression During Nurse Visits with Patients with Cleft” and “Prenatal Diagnosis and Counseling in the Cleft Lip and Palate.”

**Inge Morton, RN**, presented two lectures, “Assessment of the Trauma Patient” and “Acute Asthma Management,” at the Contemporary Forums: Care of the Hospitalized Child Conference in Las Vegas in May 2011.

**Sandra Watcher Mintz, RN**, spoke on “Infusion Therapies in Pediatrics Systemic Juvenile Arthritis” at the Infusion Therapy Training Course in Palm Springs, Calif., in May 2011.

**Sharon Fichera, RN**, presented the following lectures at the National Conference of Obstetric and Neonatal Nursing: Challenges and Controversies in Las Vegas in March 2011: “Neurology: Physiology and Pathophysiology,” “Surgical Emergencies,” “Developmental Overview of Cardiac Anatomy and Physiology,” “Multiple Organ Dysfunction Syndrome” and “The Ultimate Guide to Precepting and Competency Development.”

**Leticia Boutros, RN**, spoke on “Nursing: Caring for Patients and their Families,” at the Adelante Mujer Latina Conference at Pasadena City College in April 2011.

**Debbie Harris, RN**, and **Trish Peterson, RN**, presented “Ask the Healthcare Provider” at the eighth annual Symposium on Sickle Cell Disease: Services for Children and Families in California, at Knott’s Berry Farm Resort Hotel in Buena Park, Calif., in April 2011.

**Diane Altounji, RN**, **Monica Grover, RN**, **Melissa Aguirre, RN**, and **Sona Daldumyan, RN**, presented “Stress to Serenity: A Healing Retreat” at the 35th annual Association of Pediatric Hematology/Oncology Nurses Conference in September 2011.

**Barbara Britt, RN**, spoke at an Eagle Scout ceremony in Auburn, Calif., for a long-term survivor of medulloblastoma who received treatment at Children’s Hospital Los Angeles.


**Monica Horn, RN**, was a speaker and the panel chair of a lung transplantation session, “The World of Transplantation: Exploring the Options,” at the Cardiothoracic Pulmonary Hypertension Association Resource Network Symposium in Arlington, Va., in September 2011.

Nancy Pike, RN, presented “Transposition of the Great Arteries: Comprehensive Overview” and “Where We Are Now and Where We Are Going: VADs in Children” at the Pediatric Critical Care Nursing Cardiology Pre-Conference by Contemporary Forums in Las Vegas in October 2011.

Rita Secola, PhD, RN, CPON, presented “Targeted Therapy in Pediatric Oncology” at the Society of International Pediatric Oncology Annual Conference in Auckland, New Zealand, in October 2011.

Posters

Donna Nowicki, RN, presented a poster on “Extremity Amputations for Vascular Anomalies: Single-Center Experience Over Ten Years,” at the American Pediatric Surgical Nurses Association 20th Annual Scientific Meeting in Palm Desert, Calif., in May 2011.

Sheila Kun, RN, had a poster presentation, “Hospital Readmissions for Newly Discharged Home Mechanical Ventilator Pediatric Patients,” at the International American Thoracic Society Conference in Denver in May 2011.

Maria Velasco, RN, and Peggy Townsend, RN, had a poster presentation, “Empowering Hematology-Oncology/Bone Marrow Transplant Nurses to Become Shared Governance Leaders,” at Children’s Hospital of Pittsburgh in October 2011.

Rita Secola, PhD, RN, CPON, and Peggy Townsend, RN, presented a poster on “Creating a Positive ‘Floating’ Experience for Hematology-Oncology and Bone Marrow Transplant Nurses” at Children’s Hospital of Pittsburgh in October 2011.
Nancy Blake, RN, presented a poster, “The Relationship of Healthy Work Environments (Communication, Collaboration, Leadership) and Patient and Nurse Outcomes,” at the International Nursing Administration Research Conference in Denver in October 2011.

Liz Daley, RN, and Lucy Dautrich, RN, had a poster presentation, “Implementing a Unit-Based Continuing Education Program after RN Residency,” at the seventh annual Versant Client Conference in New Orleans in November 2011.

Ale Briseno, RN, Cindy Rowlett, RN, and Gena Favero, RN, presented a poster, “Professionalism: Actions Speak Louder Than Words” at the seventh annual Versant Client Conference in New Orleans in November 2011.

Melanie Guerrero, RN, presented two posters, “Focused Mentoring: The Bridge to Patient Safety and Professional Development for Past RN Residents” and “The Effects of the Versant RN Residency Program as a Path to Professional Development for Past RN Residents,” at the seventh annual Versant Client Conference in New Orleans in November 2011.

Dave Tan, RN, and Kristine Gawley, RN, presented a poster, “Medicus (Please Don’t) Interrupt Us” at the Institute for Healthcare Improvement Conference in Orlando, Fla., in December 2011.

Publications

Taeree Kim, RN, contributed a scientific illustration for a study on sodium-calcium exchanges in the cortices of Alzheimer’s disease patients, published in Cell Calcium in April 2011.


Linda Camacho, RN, wrote an article, “Recognizing Moral Distress: Steps to Recovery,” which was published in the Los Angeles Chapter of the National Association of Hispanic Nurses newsletter and also in the Society of Pediatric Nurses newsletter.

Zulema Vega, RN, was featured in the article, “My Specialty: Pediatric Nursing,” in Working Nurse Magazine in December 2010.
Professional Practice Model

The Professional Practice Model is a visual representation of how an organization defines its concept of patient care. This model drives our care at the bedside based on our core values. In 2006, a group of Children’s Hospital Los Angeles nurses gathered together to create this model, and then modified it in 2010. The image below is the result of their work.

The building blocks represent what we do at Children’s Hospital Los Angeles and capture the foundations of our patient care practice. Teamwork and life-long learning are key elements in providing family-centered care to our patients. The continuous circle represents our ongoing efforts to acquire and share knowledge, to provide service, to give respect to our patients, families and colleagues and to improve and sustain quality in our practice. The team got it right: “It’s what we do!”
Case or care management is an integral component of the C3 model. The model is based on the premise that professional service coordination is essential for children and families who have complex health care issues and special needs, and who must interact with a variety of systems internal and external to Children’s Hospital.

Nurse care managers and clinical care coordinators serve as resources to the direct-care nursing staff for patient issues. They also work collaboratively with physicians, home health care agencies, respiratory care practitioners and other nursing staff to ensure the continuum of care for patients and families as they are discharged home and seen in ambulatory clinics.

Significant organizational resources have been allocated to the program over many years. The result has been to ensure quality of care and the success of our care delivery system.
Transitioning Care for Adolescents

Pediatric care has come a long way. Historically, many patients with pediatric diseases did not survive into adulthood. As medical care has advanced, most of these patients now have longer lives than they would have had in past decades.

This is great news, but it also means that many patients now enter adulthood with diseases that many adult facilities are inexperienced at handling. Meanwhile, these young people are at the developmental stage where they want to be treated as adults, not as pediatric patients.

In response to this need, Children’s Hospital Los Angeles has developed several programs to ease the transition of care of these young adults. In addition to health care transition, these comprehensive services include education on self-management and assessment, service coordination and referrals to transition and adult community-based services and programs. Children’s Hospital staff are committed to pioneering better ways of transitioning care through innovative interdisciplinary initiatives.

The Spina Bifida Clinic

In February 2011, Cecily L. Betz, PhD, RN, research director and director of Nursing Training for the USC University Center for Excellence in Developmental Disabilities (UCEDD) at Children’s Hospital Los Angeles, initiated “Moving On,” an innovative nurse-managed health care transition program. This program is designed for youth and emerging adults, ages 10 to 21, who receive services from the Children’s Hospital Spina Bifida Clinic.

The program provides health care transition services, technical assistance and resource information for youth with spina bifida. The goal is to facilitate their transfer of care to adult health care and facilitate achievement of the tasks of adulthood. This program is based upon an interdisciplinary model of services and involves professionals from Nursing, Pediatrics, Nutrition, Occupational Therapy, Physical Therapy and Social Work.

Cecily Betz, PhD, RN, initiated a health care transition program for patients with spina bifida.

The Cardiothoracic Transplant Program

Cardiothoracic transplantation started in the pediatric health care arena nearly 20 years ago, and many patients have survived into adulthood. But due to the specialized and complex nature of managing these transplant patients—and the reluctance of adult centers to care for them—many of these patients were still being managed at Children’s Hospital well past 18 years of age.

Cynthia Herrington, MD, began communication with the University of Southern California’s Adult Transplant, Cardiology and Pulmonary departments to facilitate patients’ transition to adult care. Monica Horn, RN, CCRN, CCTC, cardiothoracic transplant coordinator II, worked with program staff to outline the plan and identify a list of patients who were ready for transition.
This innovative partnership between Children’s Hospital and Providence Saint Joseph has created additional roles and enhanced the practice of nurse practitioners in the LIFE Program. With the new transition process in place, nurse practitioners continue to care for patients and families until they are transition-ready. The additional roles for nurse practitioners now include:

1. Preparing patients for transition
2. Assessing transition-readiness
3. Providing nurse practitioner services at Children’s Hospital and Providence Saint Joseph to ensure a smooth transition
4. Remaining available as a resource for adult specialists and patients after the transition to adult care

First, the patient and a multidisciplinary transplant team—comprised of the physician, nursing transplant coordinator, social worker, financial counselor, dietitian and pharmacist—discuss the plan of care for a patient being presented for transition. Once agreed upon, the plan is communicated and transferred to the patient’s designated adult health providers. To ensure a successful transfer, the appointment date and copy of the first clinical note is obtained from the new center and filed in the medical record.

Children’s Center for Cancer and Blood Diseases

The Long-term Information, Follow-up & Education (LIFE) Program was started in 1992 and is a key component of the Children’s Center for Cancer and Blood Diseases at Children’s Hospital. The goal of the program is for pediatric cancer survivors to graduate from pediatric care and transition to adult care.

The LIFE Program provides direct clinical care and support for these young adults, including evaluation and education regarding potential physical and psychosocial late effects from cancer therapy. Survivors may obtain these services by attending the LIFE Clinic, staffed by a team of professionals—including a physician, nurse practitioners and a medical social worker—who specialize in providing long-term follow-up services to these young cancer survivors.

Recently, the LIFE Program began a special partnership with the Disney Family Cancer Center at Providence Saint Joseph Medical Center in Burbank. This partnership led to the development of the Adolescent and Young Adult Cancer Program, which serves young adults 18-39 years of age. The initial phase in developing the program was headed by key multidisciplinary leaders at Children’s Hospital including Stuart E. Siegel, MD, David Freyer, DO, and Kathy Ruccione, MPH, RN, CPON, FAAN.
When Children’s Hospital Los Angeles moved from its previous building into the brand new, state-of-the-art Marion and John E. Anderson Pavilion, the Emergency Department (ED) space changed dramatically. The new Maurice Marciano Family Foundation Emergency Department and Trauma Center was larger, featured a different layout and accommodated new technologies for tracking and monitoring patients. The expansion of the department from 28 to 39 beds in a substantially larger footprint was both an exciting and daunting prospect.

Nurses realized early on that their workflow would change, and began the deep dive into designing the new space. In Fall 2010, almost a year before the new building opened, the nursing team started to make important decisions about new workflow processes. Along with department staff members, two nursing managers provided leadership for the design team: Operations Manager Susan Cline, RN, and Education Manager Inge Morton, RN.

First, architectural blueprints were distributed to all staff nurses and support staff. Frontline staff then drew their ideas for new work zones onto the blueprints. In the end, Cline and Morton received more than 20 proposed zoning plans. They refined the choices down to five and invited the ED charge nurses and any interested staff members to don hard hats and “walk the zones” at the construction site itself.

During these tours, teams of nurses walked the proposed zones, counting footsteps between the rooms and workstations. They considered the placement of the medical record for each exam room and its proximity to the physician work room, the ambulance bay and the trauma bays. They decided that the most acute zone would be located nearest the physician work room and ambulance bay. The workstation nearest the acute or “red zone” was assigned as the main workstation, and the team decided that the Emergency Department would expand outward from this zone as census increased throughout the day.

After the hard-hat walk-through, Morton and Cline created blueprints that illustrated the recommendations. The final proposal was to divide the department into eight zones—red, orange, yellow, silver, pink, blue, green and purple. The exam rooms and workstations were color-coded to illustrate these zones. Cline and Morton posted the blueprint in the department and facilitated staff feedback. Changes were made based on their suggestions.

After the move into the Anderson Pavilion, the nurse managers measured the outcomes of their architectural zoning plan—and found successful results. They observed decreases in:

- Patients’ average length of stay in the ED.
- Patient waiting time.
- Number of patients remaining in the ED for 24 hours or more waiting for a bed.
- Number of patients/families leaving the ED without being seen by the doctor.
“Bigger and Better: Living Up to Magnet Status as We Embrace the Future”
by Sheila Perez, RN

Leaving the Newborn and Infant Critical Care Unit (NICCU) for the Institute for Maternal-Fetal Health (IMFH) was as strange, abrupt and in many ways as disorienting as Alice falling down the rabbit hole. I loved the NICCU, including caring for neonatal patients, the technology, the cutting-edge care and being part of a sort of nursing and medical “A” Team that offered miracles to babies and families, the sickest of the sick. Arriving in the IMFH, it took some time to adapt to the unfamiliar world of perinatology, where the patient was the parents, literally, although the plan of care was focused on the fetus. Things seemed backwards, focused on the mother, aimed toward the baby, with maternal well-being the foremost consideration at any time. Answers were few, anxiety high, and very seldom could a definitive miracle be enacted before our eyes.

Through the first several months, some landmarks emerged. Families arrived at the IMFH with the entire spectrum of understanding. Some had no idea something might be wrong, only to be devastated with bad news; some arrived knowing bad news existed, only to have their worst fears confirmed. Some fell in between, and struggled with accepting—or completely rejecting the news altogether. I was told during my orientation that my role as care manager was to support and guide mothers and families through the continuum of care, from the time of fetal diagnosis, throughout the high-risk pregnancy, managed delivery and later admission to Children’s. Our mission was to provide multidisciplinary, integrated care, in a single location, in an atmosphere of compassion and respect. All well, but how to proceed?

A natural method of processing and understanding my new role was to compare it to my past role in the NICCU, mentally highlighting the differences. As the differences were as many as the similarities, and there seemed to be no discernible pattern, it was a stroke of fortune that I was blessed with an added layer of insight, brought about by my participation as our unit’s Magnet Champion. I worked alongside others identifying examples of the Components of Magnet Status, proud of the many examples, and inspired by the excellence that surrounded me. It wasn’t until I entered the IMFH where suddenly I was thrust into what seemed a deeply responsible, somewhat intangible and altogether intimidating level of expected patient care and service that the concept of Magnet really became clear. The Components of Magnet became my benchmark for understanding, but most of all they drew the concept of the IMFH mission and our respective roles therein into clear focus.

The IMFH is a partnership between Perinatology and Pediatrics. The perinatologist, and possibly the IMFH OB, are the primary care physicians, with each of more than 18 pediatric subspecialists involved in each patient’s care. This all takes place in a single location, with the exception of the Fetal Cardiology program, which provides care in two. Each fetus has the potential of becoming a patient of Children’s Hospital Los Angeles, a fact which begins in whatever stage of pregnancy the diagnoses are made. An IMFH patient requires two or more subspecialties: Perinatology and any of the many pediatric partners, with the most frequent being Cardiology, Cardiothoracic Surgery, Urology, Pediatric Surgery, Neurosurgery, Genetics, Radiology and Neonatology. The physicians focus on their piece of the plan, and work together exceptionally well.
At the core of this program is nursing. I am told that when the program began in 2003, there were enough patients to count on both hands. With the arrival of nursing in 2005, the program took off. Nursing had the autonomy and the responsibility to identify and develop every aspect of the IMFH that is not the practice of medicine. The very process of moving from fetal diagnosis to delivery and admission is both a result of nursing program development and facilitation. Each patient arrives with anywhere from no information, to Internet-fueled misinformation, from knowing clearly what their innermost hope for an outcome might be, to being asked to make decisions and choices they fear they cannot: Some trust; some run and try to hide. Each family arrives with at least one major decision to make: that is whether to continue the pregnancy or not. My job first and foremost is to teach and support. The next is to coordinate, facilitate and communicate. How we enact our mission mirrors the epitome of Magnet ideals. We create the structure, the program; we identify the non-medical standards for patient management. Each family is to have as much information, as much understanding of their unborn baby’s condition, as their level of education, sophistication and ability to cope will allow. Once that goal is reached then they are supported in decisions. Whatever decision is best for their unique family and situation becomes the right decision and is supported as such. Thereafter, flow of care, support, understanding, compassion and drawing together all the components of a complex, multifaceted program come through one individual, the nurse care manager.

This was what Magnet meant, and continues to mean to me. Understanding our mission, and my role within it in the context of Magnet excellence, allowed me not only to grasp the larger picture, but also to function at the highest level of capability. The nurse care managers provide an integral, highly autonomous role in a complex, integrated, multidisciplinary program, providing care of the highest standard, while functioning within a scope of practice that defines nursing. Our medical director, looking for a way to represent our program in a slide presentation, uses the picture of a large tree with many branches. On each branch are the many subspecialties of the IMFH. The trunk and roots of the tree is the nurse care manager. Our administrator uses a similar analogy: that of a wheel with many spokes. Each spoke represents a medical specialty. The hub of the wheel is where the patient resides, and the hub itself is the RN. The wheel turns because the RN drives the process, from beginning diagnosis, through the fear, the hope, up to the time of finally standing beside a mother in the delivery room, holding her hand.

Looking back, I’m grateful for the ability to work in a program that demands so much, and dictates so little apart from commitment, excellence, collaboration and service. I’m grateful to our hospital for fostering so many programs that live up to Magnet values. Looking to the future once seemed a little overwhelming. Our program has continued to grow, and our resources are pushed to their limits. Nonetheless, with the perspective gained in the beginning, I have every confidence that we shall meet the challenges and the needs. We have the basis of Magnet forces to guide and define what we do and the team in place who share the same values and intentions. The future always resembles the past, no matter what is said, and in this case, we can look forward with confidence and a sense of pride.
Children’s Hospital Los Angeles 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 life-long learning. Lastly, I do swear to do all in my power to maintain the highest exemplary professional practice.
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