One of our key values is doing our best together, and at Children’s Hospital Los Angeles we continue to prove that, even through Magnet® redesignation. At most hospitals, Magnet is approached purely from a nursing perspective. At our hospital, things are different. CHLA staff pursue the work required by the Magnet Recognition Program® as an effort that crosses all disciplines, making this award more meaningful to our staff members house-wide.

—Richard D. Cordova, FACHE, President and CEO, Children’s Hospital Los Angeles
A Note From our Magnet Program Managers

The years 2012 and 2013 were indeed eventful. In 2012, we completed the Magnet Document and hosted the site visit for members of the American Nurses Credentialing Center. In early 2013, we received the wonderful news that we once again earned Magnet recognition for nursing excellence. It was all made possible by the collective efforts of every single person at Children’s Hospital Los Angeles. The celebration of our shared achievements continues as we highlight the best of what we do in this 2012-2013 Nursing Annual Report.

Sincerely,

Susan Crandall, BSN, RN, CCRN
Margaux Chan, BSN, RN, CPN

Susan Crandall, BSN, RN, CCRN (left), and Margaux Chan, BSN, RN, CPN
<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>Patient beds</td>
<td>365</td>
</tr>
<tr>
<td>Intensive care beds</td>
<td>106</td>
</tr>
<tr>
<td>Approximate percentage of our patients under the age of 4</td>
<td>50%</td>
</tr>
<tr>
<td>Outpatient clinics</td>
<td>48</td>
</tr>
<tr>
<td>Number of high school students, plus six student volunteers, who came to Children’s Hospital Los Angeles for CAMP CHLA, a five-day summer program providing exposure to health care careers, in 2013</td>
<td>131</td>
</tr>
<tr>
<td>Patient visits handled by the Division of Adolescent and Young Adult Medicine, with the help of its community outreach sites</td>
<td>6,000+</td>
</tr>
</tbody>
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Our Nurses:

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
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</thead>
<tbody>
<tr>
<td>Nurse practitioners</td>
<td>80</td>
<td>8</td>
</tr>
<tr>
<td>Nurse anesthetists</td>
<td>8</td>
<td></td>
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<tr>
<td>Percentage of our nurse leaders who have a national certification</td>
<td>55%</td>
<td></td>
</tr>
<tr>
<td>Percentage of our nurse leaders who have a master’s degree or higher</td>
<td>60%</td>
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<tr>
<td>Nurses in the Versant RN Residency Program during 2013</td>
<td>104</td>
<td></td>
</tr>
<tr>
<td>Our nurses’ average years of tenure</td>
<td>8.9</td>
<td></td>
</tr>
<tr>
<td>Approximate number of nursing students our expert nurses teach each year</td>
<td>1,100</td>
<td></td>
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</table>

Nadia Miranda, RN, wearing a sash to remind others not to interrupt her as she safely gives medication.
Welcome

Children’s Hospital Los Angeles nursing is always about the future. We have so much to be proud of and yet so much still to strive for.

We are not satisfied by just outperforming the mean or median of national patient safety goals. We’ve stepped up our efforts to eliminate any risks to the children and families we serve; we’re striving to get to zero. Every nurse at Children’s Hospital is inspired by the opportunity to provide excellent care. As we work to create an environment for superior care, we understand the imperative of addressing certification and formal nursing education. Through our collaborative governance process, we’ve made impressive steps toward building a well-educated, specialty-certified nursing workforce.

In 2013, a council dedicated exclusively to research and innovation was established, as was an innovative new partnership between Children’s Hospital Los Angeles and the University of California, Los Angeles (UCLA) School of Nursing. This collaboration will provide Children’s Hospital with access to the superior nursing scholars in the top-ranked UCLA School of Nursing. Our partnership will continue to improve the health and well-being of children through the rigor of research and innovation.

There has never been a more exciting time in the practice of nursing at Children’s Hospital Los Angeles. Every day is a new day pushing us forward as professionals and providers of care.

Sincerely,

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

A Letter From the President

One of my favorite images from my time at Children’s Hospital Los Angeles is the photograph of Mary Dee Hacker, MBA, RN, NEA-BC, FAAN, a handful of our nurse leaders and me just as we received the news that we had achieved Magnet status for the very first time in 2008. It truly captures the jubilation we felt at earning what we had worked so hard to achieve—recognition as one of the top hospitals for nursing in the United States.

Flash forward four years, to how happy we were to hear the news that we had again been designated a Magnet hospital by the
American Nurses Credentialing Center. The first time was great, but to have our nurses’ hard work and achievement recognized yet again was even better. It was not only confirmed, but reconfirmed—our hospital is simply among the best of the best.

It’s a testament to the hard work and determination of our nurses and everyone at Children’s Hospital Los Angeles that we didn’t rest on our laurels after our first Magnet recognition. Our team went right back to work preparing for redesignation. The same is true now; our nurse leaders are already laying the groundwork for redesignation in 2017.

We may treat kids better, but we can always find ways to improve—to treat kids even better still. Our nurses are at the core of these efforts—and they are constantly looking for ways to hone and improve the way we provide care. Like everyone at Children’s Hospital Los Angeles, they believe that children deserve the very best care possible. You’ll see example after example of this commitment as you read through this Nursing Annual Report.

Thank you for taking the time to learn more about the outstanding work our nurses do here at Children’s Hospital Los Angeles.

Sincerely,

Richard D. Cordova, FACHE
President and Chief Executive Officer
Mary Dee Hacker: Commitment to Leadership

1975  Began as a staff nurse at Children’s Hospital Los Angeles

1979 - 1982  Served as nurse manager of the Pediatric Intensive Care Unit

1993  Began serving as vice president of Patient Care Services and chief nursing officer
Mary Dee Hacker, MBA, RN, NEA-BC, FAAN, has been committed to Children’s Hospital Los Angeles for more than three decades, since beginning as a staff nurse in 1975. She has held various administrative nursing positions at the hospital, including nurse manager of the Pediatric Intensive Care Unit (1979-1982). She has served as vice president of Patient Care Services and chief nursing officer since 1993.

With her history at Children’s Hospital, Hacker is one of the most respected members of our staff. Her strengths include her ability to work with others to solve problems, motivated by the constant aim of moving forward and improving the way things work. She never says, “This is good enough.” Instead, she continually develops and advances the hospital’s workforce in order to be prepared for the complexity of patient care in the years ahead.

Hacker is an incredibly passionate leader, recognized nationally by her peers. Her work has earned her numerous awards, and she has been appointed to many prestigious boards across Los Angeles, Southern California and the nation. Some of her accolades and achievements include:

- Invitation to serve on the DAISY (Diseases Attacking the Immune System) Foundation board in 2005
- Receiving the Diane Cooper Lifetime Achievement Award from NurseWeek magazine, 2009
- Induction as a fellow to the American Academy of Nursing (FAAN), 2010
- Appointment to the board of the California Institute for Nursing & Health Care (CINHC), 2011
- Appointment to the Commission on Magnet Recognition Program® (COM) to fill the American Academy of Nursing representative position, 2013

Hacker’s leadership presence at every level of Children’s Hospital Los Angeles enables her to influence organization-wide change. She has been the driving force behind the Versant RN Residency in Pediatrics, a 22-week program that provides new nursing school graduates with a comprehensive clinical and learning experience to prepare them for work in the acute care environment at the hospital.

She is also an active member of various decision-making bodies at the hospital, including the Executive Leadership Team, the Quality Leadership Council, the Committee for Expedited Event Review and Corrective Action (CEERCA) and the Family-Centered Care Committee. She is committed to her many roles, the most important one being her membership on the Children’s Hospital Los Angeles Board of Trustees.

A NurseWeek article from Aug. 10, 2009, best describes her appointment:

When Richard Cordova, CEO of Children’s Hospital Los Angeles, walked into the office of Chief Nursing Officer Mary Dee Hacker and asked her to stand up, she was surprised by the unusual request. She was even more intrigued when he said that he wanted to be the first to congratulate her. Cordova told Hacker that the governance committee had decided to revise the hospital’s bylaws to appoint the Chief Nursing Officer to the Board of Trustees. The decision would make Hacker the first CNO in the hospital’s history to have a voting seat on the board.

This was a remarkable move, since it is a rarity for nurses to be members of a hospital board. The NurseWeek article noted that “one recent study of more than 120 community health systems showed that only 2.3 percent of the systems have nurses serving in that capacity on the hospital board.”

During the hospital’s Magnet redesignation announcement on Jan. 16, 2013, the Magnet Commission recognized the importance of Hacker’s membership on the Board of Trustees:

“The fact that you, as the chief nursing officer, are a voting member of the Board of Trustees and that it’s actually articulated in the organization’s bylaws is highly unusual and really speaks to the commitment to your role as a nursing leader and the organization’s commitment to nursing. The Board actually was very articulate and described your active participation and accountabilities that have facilitated high-level functioning and quality outcomes, because you and your entire team are moving as one, and your vision supports and enhances the direction of the organization. This is outstanding work.”
Finding a Better Way in the Day Hospital

In the past, children with cancer and blood diseases would undergo treatments like chemotherapy as inpatients. As medicine has improved, many of these treatments are now given as outpatient procedures, keeping kids home with their families where they belong. But this shift has resulted in a higher volume of patients in our outpatient settings—something that has slowly evolved over time. This presented a unique challenge for nurses in the Day Hospital at Children’s Hospital Los Angeles.

The hospital’s outpatient Hematology-Oncology Infusion Center cares for approximately 20-28 patients per day, with 5,689 visits per year. The Day Hospital is part of the Infusion Center and provides outpatient services for children who need support for chronic hematologic and oncologic conditions such as sickle cell disease, thalassemia, leukemia and other blood disorders, as well as solid tumor cancers.

In the Day Hospital’s earliest days, patient volume was low enough to allow for flexible and informal scheduling. But as more patient care moved to the outpatient setting, the volume of patients and services handled at the Day Hospital increased exponentially. The unit’s longstanding scheduling process was constantly challenged to meet the volume demands and complex treatments of patients while continuing to ensure patient safety and quality care.

The informal scheduling system instructed patients and families to arrive on a given day, but did not provide them with appointment times. This meant that several patients might arrive at the same time. It was upsetting and overwhelming for the frontline staff, and frustrating for patients who were left waiting for a nurse to tend to them.
A task force was developed to address the issue and assess the scheduling system, staff utilization, patient arrivals and workflow. This team included a core group of clinical nurses, a patient assistant liaison, a clinic supervisor and managers. To guide its work, the task force articulated three main goals:

- Decreased wait time for beds
- Measurable improvement in patient care, as indicated by patient responses on the patient satisfaction tool
- Measurable improvement in workplace satisfaction as indicated by results of a survey of nurses’ perceptions after the changes were implemented

The group first conducted a detailed assessment of current patient-care trends in the Day Hospital, identifying the typical patient treatments and hours of nursing care required. This information was then used to improve the current electronic scheduling system to provide definitive appointment times and appropriate blocks of time for delivery of care.

The task force members ensured that clinical staff, patients and families were well-informed about the new scheduling system prior to the start of the new process. In January 2011, the front desk staff began to communicate the upcoming scheduling changes to patients and families. Nurses reinforced the changes by stating the return appointment arrival time and date at the time of discharge. In addition, the charge nurse was available to answer any questions and listen to patient and family concerns.

On Feb. 7, 2011, the new scheduling system formally began. Patients and families have embraced the change and have provided positive feedback regarding their experiences. They have noted a dramatic reduction in wait time, from one to three hours to just 15 to 45 minutes.

Moreover, the nurses in the Day Hospital have expressed increased satisfaction, too. Below are just some of the positive comments nurses made in a survey conducted after the implementation:

- “I’m not so stressed. Day Hospital families are very happy with the change so far.”
- “It’s less noisy in the Day Hospital, less waiting time as well.”
- “It seems calmer than before.”

By coming together to address this challenge, nurses created a new and better way to work in the Day Hospital. Thanks to their efforts, the new process has increased operational workflow to accommodate all patients in a timely manner—without compromising safety and quality of care.
UCLA Partnership Focuses on Nursing Research

Nurses at Children’s Hospital Los Angeles are poised to change nursing practice with a new academic partnership inspired by the desire to promote the health and well-being of children.

This innovative collaboration between Children’s Hospital and the University of California, Los Angeles (UCLA) School of Nursing will bring together nurses from the two powerhouse organizations.

The agreement comes at a propitious moment. “Our Nursing team has reached the wonderful point that the work we’re doing requires us to analyze it, determine its efficacy and prove new methodologies,” says Mary Dee Hacker, MBA, RN, NEA-BC, FAAN, vice president of Patient Care Services and chief nursing officer at Children’s Hospital.

“There are so many opportunities with this collaboration that will advance nursing practice by bridging clinical practice and research,” adds Courtney H. Lyder, ND, ScD (Hon), FAAN, dean of the UCLA School of Nursing.

The hospital will establish a Center for Nursing Research within The Saban Research Institute of Children’s Hospital Los Angeles to support nurses in designing projects, analyzing data and presenting findings. In addition, nurses from Children’s Hospital and UCLA will exchange scholarly information to keep clinicians and researchers abreast of best practices.

The partnership also is expected to usher in new, joint educational efforts, including training, conferences and other scientific meetings on subjects of mutual interest.

Four PhD-level nurses at Children’s Hospital will join the UCLA School of Nursing faculty: Nancy Blake, PhD, RN, NEA-BC, CCRN, FAAN, Patient Care Services director, Critical Care Services; Lori Marshall, PhD, MSN, RN, administrator, Patient Family Education; Mary Baron Nelson, PhD, RN, CPNP, nurse researcher, Brain Tumor Program; and Rita Secola, PhD, RN, CPON, FAAN, Patient Care Services director, Hematology-Oncology.

Hacker is excited by the possibilities. “Children’s Hospital is internationally known for the academic work done by its physicians,” she says. “It’s time for our nurses to look at all aspects of nursing.”
Why Certification Matters

Earning Board certification requires discipline. To prepare for the exam, most nurses take one or more preparatory classes, pore through review books and utilize study groups. Once nurses become certified, they must fulfill certain requirements to maintain their certification, depending on the certifying organization.

This creates a commitment to lifelong learning through studying for required tests, attending conferences pertinent to certification and reading professional literature. Often, certified nurses must complete more continuing education units (CEUs) than required for their license renewal. These higher expectations create a higher level of expertise, contributing to new knowledge within nursing practice and promoting an increased level of patient safety.

National certification enhances professional credibility and personal confidence in clinical abilities and validates specialized knowledge. It increases nurses’ feelings of personal accomplishment, as certified nurses are often recognized in the workplace as adept and proficient leaders. They are empowered to share their knowledge and expertise in their workplace and community. Certification is not just mere letters after a name; it identifies nursing’s highest value of professionalism.

Victoria Winter, RN, MSN, CNS, CCRN (Pediatrics), CCRN (Neonatal), clinical nurse in the hospital’s Cardiothoracic Intensive Care Unit, was recognized as one of 1,488 certified critical care nurses (CCRN) in the country to have been continuously certified as a CCRN for 20 years by the American Association of Critical-Care Nurses.

Winter shares why certification is important in her practice as a clinical nurse:

“Being a certified nurse is my commitment to lifelong learning and my career growth. It is important to me for the following reasons:

• The personal challenge and for my self-improvement
• To advance my specialty knowledge and education
• To demonstrate my mastery of skills, knowledge and abilities to patients and their families

“Certification validates the specialty knowledge, experience and clinical judgment required of an intensive care nurse. It is an important indicator to patients and employers that a nurse is qualified and competent and has met rigorous requirements to achieve this additional credential in the complex specialty of critical care.

“Today’s acutely and critically ill patients require heightened vigilance and extraordinarily intricate care from a team of highly skilled professionals. This is very evident at Children’s Hospital Los Angeles, with our vulnerable pediatric population and their families. Everyone in this health care setting, including the patients, employees and nurses, benefits from certification as a mark of excellence. Nurses in Magnet-designated hospitals and facilities recognized for excellence with the AACN Beacon Award for Critical Care Excellence report healthier work environments and higher job satisfaction, both of which contribute to better outcomes for patients and families.”
## Our Certified Nurses

### 4 East
- Irene V. Aberin CPON
- Lilibeth L. Aguado CPHON
- Shannon Elizabeth Arredondo CPON
- Dania Marisa Bourque CPON
- Staci A. Castillo CPON
- Beata B. Chmielewski CPHON
- Dawn Marie Dunkin CPON
- Renee A. Flores-Garcia CPON
- Diane M. Grade CPHON
- Anne C. Halili CPON
- Jacquelyn Alvina Hone CPON
- Makenzie Johnson CPON
- Jacqueline Denise Marroquin CPON
- Heather Joy Mehl CPON
- Johanna Navia CPON
- Alexandra Ornelas CPON
- Marifel Pagkalinanwan CPHON
- June Nicole Palacio-Bhojwani CPON
- Luzmarie Barron Ramirez CPON
- Afshid Roozrokh CPON
- Sirinan Srilanchanarak CPON
- Allison Christine Taylor CPON
- Peggy L. Townsend CPON
- Kerry S. Vancura CPON
- Maria L. Medina-Velasco CPON
- Kelsie Patricia Wagner CPON
- Sonya L. Williams CPON

### 4 West
- Melissa Stewart Aguirre CPON
- Diane Rita Altonji CPON
- Michelle D. Castle CPON
- Sona Daldumyan CPON
- Lizzie J. Dulay CPON
- Sharayah Beth Elkins CPON
- Anoush Mary Essajanian CPON
- Libertad Garcia CPON
- Renita Arlene Joseph CPON
- Sean Hyum-Sung Plank CPN
- Courtney A. Rogers CPON
- Swati Harshad Saiben CPON
- Kimberly Nicole Schenk CPON
- Donald E. Stewart CPN
- Deborah K. Weiss CPN
- Cara Suzanne (Lunsford) Wise CPHON

### 5 Duque
- Kelli Anderson CPN

### 5 East
- Stephanie Kate Bedsworth Brewis CPN
- Sarah Elizabeth Brodhead CPNP
- Monica Chea Lopez CPN
- Nora A. Delgado CPN
- Ivy L. Dolinski CPNP
- Lorena Maria Ferrer-Pyoral CPN
- Giuliana V. Fiore CPN
- Amy Jean Girguis CPN
- Natalie Goldman CPN
- Frances H. Guzek CNOR-CPN
- Michelle M. Karlu CPN
- Jolene Marie Knapp CPN
- Emily Lam CPON
- Chris Lins CCRN
- Angela Adriana Madrid CPN
- Susan (Sue) Martinez CPN
- Janet Mooney CPN
- Sherry Nolan CPN, CNS-BC

### 5 West
- Lesley Navea Abcede CPN
- Linda B. Allen CPN
- Arnie B. Banez CPN
- Marlene Julasavee Cox CPN
- Josephine Ellashek CPN
- Margaret-Ellen Frankel CPN
- Susan L. Gonzalez CPN
- Susan D. Jensen CPN
- Sharlene C. Odhner CPN/CPEN
- Judith A. Tighe CPN
- Diana H. Vaughan CPN
- Polin Yousefzadeh CPN
- Cheryl Ann McCauley CPN
- Donna Lee Vanca CPN
<table>
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<tr>
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<tbody>
<tr>
<td><strong>6 East</strong></td>
<td>David Miller Barrios CPN, Robert Clarke Briscoe IV CPN, Anne A. Casale CPN, Monica Ann Coles CPN, Eileen R. Duncan CPN, Samar El Houry CPN, Leslie Carol Friedman CPN, Evelyn Sofia Garcia CPN, Kristine N. Gawley CPN, Semhar Y. Hailemichael CPN, Lavonda Hoover CPNP-PC, Elaine C. Iwamoto CPN, Catherine Kissinger NE-BC, Margaret Lee CCRN, Stephanie Martinez CPHON, Soon Kim Perez FNP-BC, John Randall Rutland CPN, Caroline Kelton Sanborne CPN, Kristine Tom Tapia CPN, Jerusa Deposo Urbanozo CPHON, Talya Weiss CPN, Flora Yuen CPN</td>
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<tr>
<td><strong>6 North</strong></td>
<td>Yolanda Amador CCRN, Lori Chan CPN, Minette Luna Galam CCRN, Rosalia Guzman CPN, Yvonne M. Hughes-Ganzon CPN, Vannga Nguyen CPN, Amanda Esther Price CPN, Julita Arceo Reyes CPN</td>
</tr>
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<td><strong>6 West</strong></td>
<td>Tiffany Michelle Allen CPN, Olivia Banuelos CPN, Jesibelle Perpetua T. Bernardo CPHON, Gene Rainier Calderon CPHON, Christina Annamaria Cerda CPHON, Terri Lynn Cole CPN, Kelley Dobard CPN, Ashley Beth Dunser CPN, Sabrina Agustina Escalante CPN, Frances Leah Jameson CPN, Taeree Kang CPN, Tae Ree Kim CPN, Christiane Marie Lieu CPHON, Vicky Chi Lin CPN, Lynette Maria MacFarland CPN, Marites Rapanot Narciso CPHON, Kristen Lee Owen CPHON, Kathleen Sanborn Palas CPN, Caroline Maria Ross CPN, Melonee Silagon Sanchez CPHON, Linda Sy CPN, Theresa Ann Tostado CPN, Jaime Truluck CPN, Gloria N. Verret CPN, Johanna Camille Villegas CPN, Shawna M. Winans CPN</td>
</tr>
<tr>
<td><strong>Access Center</strong></td>
<td>Isaac N. Gonzalez MECN, Erin Ashley West CPN, CPHON, CCRN</td>
</tr>
<tr>
<td><strong>Adolescent and Young Adult Medicine</strong></td>
<td>Bianca Salvetti CPNP, CCRN, Nanora M. Thompson CNP</td>
</tr>
<tr>
<td><strong>Ambulatory Care</strong></td>
<td>Susan R. Benson RNC, Deborah A. Noble CPN, Rachelle Christine Rogan CPN</td>
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<td><strong>Ambulatory Surgery Center</strong></td>
<td>Miguel R. Aventino CCRN, Margaux Cecile Lozada Chan CPN, Martha B. Doughty CPN, Laura Monica Bala Fernandez CCRN, Lorena Flores CPON, CPN, Meredith Leigh Shaw CPEN, Jason Robert Vargas CPN</td>
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<td><strong>Anesthesiology</strong></td>
<td>Paula Jean Belson CRNA, Melissa Anne Callaghan CRNA, Shama Pathan Farooqui CRNA, Saralee S. Glaser CRNA, Sarah Polkinghorn Gubbins CRNA, Mary Elias Iwaszewski CRNA, Judy Mi Hee Koempel CRNA, Shinny Thomas CRNA</td>
</tr>
<tr>
<td><strong>Blood Bank and Blood Donor Center</strong></td>
<td>Renee Marie Barnett CPN, Brian J. Cook CFNP, Andriana Pavlovich CPN</td>
</tr>
</tbody>
</table>
### Bone Marrow Transplant Unit
- Ann Moaje Alvarez, CPHON
- Debra Lynn Barnes, NE-BC
- Natalie Davis Bower, CPN, CHCR
- Kristina L. Brown, CPON
- Stephanie Margaret Davis, CPHON
- Dannielle Eramia, CPHON
- Vilma Evangelista, CPON
- Gwen Kimball, CPHON
- Dawn P. Landery, CPON
- Kristin Ann Malisce, CPHON
- Shabana Wadalawala Mather, CPHON
- Mary F. Moses, CPON
- Sarah Toba (Zanella) Mutia, CPHON
- Donny Tang, CPON

### Cardiothoracic Intensive Care Unit
- Andrea R. Aguilar, CPN, CCRN
- Madeleine Cabalitian Ayllon, CCRN
- Virginia A. Culla, CCRN
- Elizabeth Suzanne Daley, CCRN
- Norma Alice Dansak, CCRN
- Raulin D. Feria, CPN, CCRN
- Harry Alexander Ford, CCRN
- Sylvia Gomez, CCRN
- Juliet Christine Goss, CCRN
- Kelli M'Sean Kleyhauer, CCRN
- Lois E. Lingayon, CCRN
- Aristole Vispersas Marasigan, CCRN
- Melinda Martinez, CCRN
- Kathleen S. Mc Intyre, CCRN
- Amy Nash Parker, CCRN
- Lisa A. Rizzi-Wagner, CCRN
- Nicole Leanne Rohr, CPN
- Gloria E. Trejo, CCRN
- Jill Marie Whittey, CCRN
- Victoria J. Winter, CCRN
- Elizabeth Ann Zlotorynski, CPN

### Cardiothoracic Surgery
- Stacey Beth Adler, CPNP-PC, CPN
- Jo-Ann Marilyn Casenas Castanares, CCRN
- Debra Ann Dechant, CCRN
- Ellize Nickole Ergina, CPNP-AC
- Pamela Michelle Faire, CPNP-PC, CPNP-AC
- Kay M. Gilmore, CPN
- Melanie A. Green, CPNP-AC
- Donna J. Guadiz, CCRN/ CCTC

### Cardiovascular Acute Care Unit
- Jennifer L. Baldwin, CPN
- Michelle Marie Beato, CPN
- Carmelita Clark, CPN
- Darcey Lynn Diaz, CPN
- Marcia Lachelle Massey-Norfleet, CPN
- Nubia Ruth Newsome, CPN
- Graciela Garcia Ruiz, CPN
- Stephanie Ann Vandehey, CPN
- Brittany Michelle Warren, CPN
- Elysia M. Weiner, CPN
- Erika Ann Winn, CPN
- Aileen Yanga De Guzman, CPN
- Annie Yeremian, CPN

### Care Coordination
- Elisa D. Barrios, CPN
- Terece C. Jones, CPN
- Diana Helen Lopez, CPON
- Marissa Martinez, CPN

### Center for Fetal and Neonatal Medicine
- Lindsay Danielle Goss, NNP-BC

### Clinical Education and Professional Development
- Debbie L. Reid, CPON/ RN-BC

### Critical Care Medicine Nursing
- Rica Sharon Prospero Morzov, CPN

### Emergency Department
- Sheila Ann Anulao, CPN
- Monica Andrea Calfa, CPN
- Beth Christie Clark, CPN, CPEN
- Anabel Enriquez Costa, CPN, CPEN
Tom Cottrell CPN
Laura Elise Du Four CPN
Monica V. El’Shaddai CPN
Mariella Flores CPN
Robin L. Goodman CPEN
Armstrong Hao CPN
John Hulse CEN
Claire J. Meyer CPN
Natasha N. Monteith CPN
Inge M. Morton CPN
Phaedra Lynn Nguyen CPEN
Sharon L. Noonan CPN, CPEN
James O’Connor CPEN
Nicole D. Sheppard CPEN
Catherine Shijo CPN
Amanda Lynn Silver CPN
Gina Marie Terrazzino CPN
Valorie M. Tripoli CPN
Christi Ellen Warren CPEN
Stephanie D. Watchler CPN

**Emergency Transport**

Erin Elizabeth Balek CPN, CPNP-PC
Leslie R. Carey C-NPT
Susan L. Cesinger C-NPT
Russell A. Gill C-NPT
Martha A. Martinez C-NPT
Jenifer Ann Meyers C-NPT
Marilou De Guzman Millares CPN, CNPT, CCRN
Judy Sherif CPN
Terri E. Stambaugh CPN, C-NPT
Yolanda Andalon Won CPNP

**Employee Health Services**

Melanie T. Moya CFNP
Roy Villena Tatlonghari CANP

**Endocrinology**

Anna Gastelum Bitting CDE
Louise A. Brancale CDE
Eulalia Carcelen CDE
Christine Hertler CDE
Barbara K. Hollen CDE
Mary T. McCarthy CDE
Debra Dee Miller CDE
Maria De Jesus Nuques CDE
Kailee Rene Roesser CPN, CDE
Cassie Song CDE

**Executives and Directors**

Nancy Blake CCRN, NEA-BC
Sharon Chinn CRRN
Kimberly Dodson CNOR
Barbara P. Gross NEA-BC
Mary Dee Hacker NEA-BC
Rita L. Secola CPON
Suzanne L. Taylor RN-BC

**Gastroenterology**

Zulema Vega CPN

**General Pediatrics**

Marcia Jean Lee CPNP-PC, PMHS

**Hematology-Oncology**

Tamiko Aaron CPN
Mary Dannette M. Abero CPNP-PC
Chelsea Marie Balian CPNP
Stana Bogojevic CRNI, CPN
Margaret S. Bottcher CPNP
Sherri Lynn Carcich CPON
Susan M. Carson CPNP
Shanna Christoffersen CPON
Kei Yun Chung CPN
Desirae Lehman Clark CPN
Christina Izumi Cruso CPN
Dorothy Cusson CCRN
Melissa Parra Doyle CPNP
Anna Christine Evans CPNP, CPHON
Cassie Dawn Garretson CPN
Jonelle Beth Gray CPNP, CPHON
Deborah G. Harris CPNP-PC/AC
Nancy S. Hart CPON
Dee Imai CPON
Vartan Kevork Khemo CCRN
Maria-Theresa Lapinid CCRN
Lisa K. Lee CCRN, CPNP-PC
Vivian LeSassier CPNP
Wendy Seto Leung CPNP
Kellie A. Loera CPON
Deborah Marino CPON
Patricia A. McMahon Peterson CPNP
Meghan T. Meehan CPON
Mary Baron Nelson CPNP
Maki Okada CPNP
Eliza Swanson Pedroja CPHON
Lindsay Marie Quirk CPNP
Kasey Rangan CPNP
Susan L. Rhoads CPN, CHES, CLE
Patricia Rios CPON
Yael L. Rosenthal CPNP
Gina Marie Santangelo CPN, CPON
Laura J. Vasquez CPON
Tanea Dwan Washington CPNP, CPHON
Jami Vander Wielen CPNP
Kathryn J. Wilson CPN

Hematology-Oncology Clinical Research
Scarlett Vasiliki Czarnecki CPHON, CCRP
Jennifer Lee Harrington CPNP-PC/AC
Renna G. Killen CCRP
Felicia N. Romagnoli CPON

HOPE Center
Kathleen Ruccione CPN

House Supervisor
Deann E. Dover CPN
Jeanette M. Goggins CPN
Katherine M. Meyer CPNP-PC/AC
Jenese Morris-Rubottom CPN
Nancy Cleghorn O’Gorman CPN
Desiree D. Ritter CPN, PHN

Human Resources
Stephanie J. Brady CPN, CHCR
Andree R. Mulia CHCR

Human Subjects Protection Program
Rebecca Dahl CIP

Infection Control
Mary Virgallito CIC

Institute for Maternal-Fetal Health
Ancy Abraham NNP-BC
Wendy Leigh Adams NNP-BC
Jennifer Buchanan IBCLC
Pamela Lynn Costa NNP-BC, RNC-NIC
Sandra Luz Espinosa NNP-BC, RNC-NIC
Bonnie Solim Lee NNP-BC, RNC-NIC
Tiffany Lynne McGuire NNP-BC

Kidney Transplant
Gwen (Green) Brown CNP

Knowledge, Information and Decision Support (KIDS) – Clinical Informatics
Shirley C. Hammers CPN
William C. Kenny CPN
Patricia A. Tejada CPN

Las Madrinas Simulation Lab
Caulette Young CCRN

Nephrology – Clinical
Alicia N. (Sanchez) Bertulfo-Sanchez CPHON

Newborn and Infant Critical Care Unit
Sonja Ann Alli-Casella RNC-NIC
Haley Alexis Barickman RNC-NIC
Susan V. Bugsch RNC-NIC
Judith Crews RNC-NIC
Nicole C. Ainsworth RNC-NIC
Suzanne Y. Cuano RNC-NIC
Beverly S. Drummond RNC-NIC
Marta A. Dubon RNC-NIC
Margaret Ann Espinoza RNC-NIC
Sharon Fichera NNP-BIC
Donna Jean Flores RNC-NIC
Judith Foote-Merryman RNC-NIC
Jacquelyn Marie Gayer RNC-NIC
Robert Fred Giesler RNC-NIC
Anne B. Gleeson RNC-NIC
Dolores M. Greenwood RNC-NIC
Audrey Rose (Arndt) Jamora RNC-NIC
Laura A. Klee RNC-NIC
Jennifer Wing-Yee Leong RNC-NIC
Michelle Costabile Machado CCRN
Nancy Julie McNeill CPNP, RNC-NIC
Maxine Orieji Ogbo RNC-NIC
Lorie J. Pagado RNC-NIC
Valerie Lynn Phillips RNC-NIC
Amy Leigh (Griffey) Ralston RNC-NIC
Diane E. Real RNC-NIC
Michael Franklin Rokovich RNC-NIC
Lisa Marie Rosik RNC-NIC
Sally Ruth Scharg RNC-NIC
Elizabeth Bothwell Schaub RNC-NIC
Suet Ching Sham RNC-NIC
Paige Elizabeth Smith RNC-NIC
Patricia Lopez Villanueva RNC-NIC
Baro Whang CCRN
Elsa M. Yedinak RNC-NIC
Operating Room
Katharina Becker CNOR
Norma M. Corona CNOR
Erin Terrell Crawford CPN
Melinda R. Dizon CNOR
Verzhine Fodolyan CNOR
Paula E. Guzman CNOR
Angela M. Hartley CNOR
Angel Holzschuh CNOR
Meredith Renee Johnson CNOR
Jingdong (Kenny) Kou CNOR
Rodrigo S. Lopez CNOR
Renee A. Lucci CNOR
Andrea Carole McMonigal CNOR
Jessica Belle Reyes CNOR
Florence E. Rivera CNOR
Nur S. Abdullah Saldivar CNOR
Adriana Savadjian-Smith CNOR
Cheryl Michelle Smith CNOR
Monique Rene Gateley CPN
Lynne Charlotte Harris CPNP
Kerri Michele York Hunter CPN
Kathy Kelly CPN
Ruth Ellen Klinsky CPN
Rebecca Rose Kramme CPN
Linda S. Loiselle CPN
Gayle C. Luker CPN
Mary Ann Macaspa CPHON
Jeanne M. Marshall CPN
Christopher L. May CPN
Erin Rachel Messing CPN
Sara Marie Moore CPN
Patricia Mueller CPN
Christina Anne Ng-Watson CPN
Amy Marlene Omuse CPN
Kimberly Pandora Hodge CPN
Joan Marie Flom Pritchard CPN
Christine Leigh Reardon CPN
Velma Leon Guerrero Reyes CPN
Corina Rico CPN
Vanessa Rios CPN
Karen Denise Rivas CPN
Jocelyn Robinson CPN
Martha Samuel CPN
Melissa Jeannette Simpson CPN
Joannie A. Stoker CPN, CCRN
Megan Marie Summers CPN, CCRN
Chryrstal (Light) Uy CPN
Du Thanh Vo CPN

Ophthalmology
Kathleen J. Anulao FNP-BC, CPN

Orthopaedics
Jennifer Mae Antin CPN
Elaine Butterworth CPN
Phyllis J. Dambra CIP
Ann M. Wakulich ONC

Pain Management Team
Susan Marie Hunt CPNP-PC
Deborah L. Jury CPNP-AC, CNS
Meghan Sullivan Middleton CPNP-PC/AC, CNS-BC

Patient Care Services Float Pool and IV Team
Kimberley De La Cruz Bacus CPN
Terrie T. Ballard CPN
Joann Barreras CPN
Ana Borde CPN
Sharon Elizabeth Burdick CCRN
Dolores A. Buslon CPN
Maria Angelica Castro CPN
Monica Ciccarelli CPN
Paul A. Ciriacks CPN
Emma A. Clark CPN
George Dennis Cruso CPN
Kylan Mario Dhembali CPN
Jessica Lawson Garcia CPN

Pediatric Intensive Care Unit
Meredith Anne Blackburn CCRN
Frances Blayney RN-BC, CCRN
Alejandra Briseno CCRN
Agnes E. Bundac CCRN
Steve L. Calver CCRN
Sherry Cauley CCRN
Susan Crandall CCRN
Rebecca Carey (Perez) Douglas CPN
Victoria Joanne Duncombe CCRN
Heather Noel Favret CCRN
Katherine Anne Fernandez CCRN
Jonathan Taylor Foley CCRN
Corey Fritz CPNP-PC/AC
Emily Fu CPN
Kari Leeann Gleason CCRN
Jennifer M. Hudson CPNP
Megan H. Javidi CCRN
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<td>Pediatric Surgery</td>
<td>Linda Camacho</td>
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<td>Beth A. Harrison</td>
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<td>Donna E. Nowicki</td>
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<td>Nancy Bridges</td>
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<td>Dawnwa Lee Willsey</td>
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<td>Plastic Surgery/Craniofacial</td>
<td>Amy Dawn Goodier</td>
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<td>Karla Aurine Haynes</td>
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<td>Chi Kim Phan</td>
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<td>Post-Anesthesia Care Unit</td>
<td>Cynthia K. Burrola</td>
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<td>Mary Ellen Farr</td>
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<td>Marvin B. Mangahis</td>
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<td>Sheila Siu Ho Kwok Kun</td>
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<td>Jennifer Leigh Murray</td>
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<td>Quality Improvement and Safety Services</td>
<td>Rhonda Sue Filipp</td>
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<td>Nicole Catherine Que</td>
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<td>Margo W. Coon</td>
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<td>Holly Hurley Marie West</td>
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<td>Karen Prommer</td>
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<td>Jessica Lauren Klaristenfeld</td>
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<td>Surgical Admitting</td>
<td>Jocelyn Andrea Ablian</td>
<td>CPNP</td>
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<td>Leticia R. Boutros</td>
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<td>Beatrice L. Chun</td>
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<td>Debbie L. Hand</td>
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<td>Yvonne J. Olive</td>
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<td>Stefanie Ann Proia</td>
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<td>Debra A. Rannalli</td>
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<td>Patricia Ann Rodriguez</td>
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<td>Trauma Services</td>
<td>Elizabeth Ann Cleek</td>
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<td>Urology</td>
<td>Nicole Jennifer Freedman</td>
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<td>Valerie Jean Gordon</td>
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</table>

**Total Number of Certified Nurses:** 551
Andrea Alaniz, RN, RNII in the NICCU, cares for a patient.
Advanced Degrees

Children’s Hospital Los Angeles is committed to encouraging its 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 a balance of work, school and home life. The hospital offers financial support for education and informs nurses of opportunities at local and online colleges and universities.

The hospital offers:
• A tuition assistance program
• An RN to BSN tuition reimbursement program
• Reimbursement programs for graduate students
• The John E. Anderson Endowment for Scholarships in Nursing—a tuition reimbursement program for master’s and doctorate degrees
• College and university information sessions from more than five different organizations
• Partnerships with several schools and programs that offer tuition discounts to our employees
• An Academic Advancement Opportunities portal on the hospital’s intranet site

New Advanced Degrees in 2012-2013:

Bachelor’s Degree (BSN)
Leticia Avram, RN, (5 West)
Jennifer Baldwin, RN, (Cardiovascular Acute)
Julie Bernard, RN,
  (Newborn and Infant Critical Care Unit)
Leah Carrillo, RN, (6 West)
Maria Castro, RN, (Nursing Resources)
Beth Clark, RN, (Emergency)
Tom Cottrell, RN, (Emergency)
Stephanie Gill, RN, (5 East)
Elizabeth Gutierrez, RN, (5 East)
Martha Jarquin, RN, (Radiology)
Linda Kelso, RN, (Radiology)
Jolene Knapp, RN, (5 East)
Christina Lai, RN, (5 East)
Cindy Lee, RN, (6 West)
Megan Mara, RN, (5 East)
Ugo Ndubaku, RN, (5 East)
Laurie Newton, RN, (Radiology)
Marcia Massey Norfleet, RN,
  (Cardiovascular Acute)

Nurses with a BSN degree or higher

<table>
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<th>10%</th>
<th>20%</th>
<th>30%</th>
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<td>In 2013</td>
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</table>
Amanda Price, RN, (6 North)
Marina Ramirez, RN,
    (Cardiothoracic Intensive Care Unit)
Viktorya Roytman, RN, (5 East)
Laura Schneider, RN, (5 East)
Paige Smith, RN,
    (Newborn and Infant Critical Care Unit)
Melissa Stewart, RN, (4 West)
Johanna Stoakes, RN, (5 East)
Adriana Torres, RN, (CV Acute)
Stefanie Valenzuela, RN, (Emergency Department)
Gloria Verret, RN, (6 North)
Cindy Viduya, RN, (Float Team)
Tina Yoshimura, RN,
    (Newborn and Infant Critical Care Unit)

Master’s Degree (MSN)
Sarah Brodhead, RN, (5 East)
Dixie Chelew, RN, (6 West)
Judy Demello, RN, (Emergency)
Heidi Geary, FNP, (Pediatric Intensive Care Unit)
Will Jackson, RN, (6 West)
Gwendolyn Kimball, RN,
    (Bone Marrow Transplant/4 West)
Jessica Klaristenfeld, RN,
    (Versant RN Residency Program)
Jennifer Meyers, RN, (Emergency Transport)
Michelle Pride, RN, (Pediatric Intensive Care Unit)

Doctoral Degree (PhD)
Nancy Blake, RN, (Critical Care Services)
Mary Baron Nelson, RN, (Radiology)
Kathy Ruccione, RN, (HOPE Program)

Nancy Blake, RN, received her doctorate in critical care services.

Nurses with an MSN degree or higher

<table>
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The following CHLA nurse leaders were recognized with the Mary Rose Castleforte Leadership Award in 2012 and 2013:

Kay Gilmore, RN, operations manager of Cardiovascular Acute Unit – October 2012

Desiree Ritter, RN, manager of nursing resources and Duque 5 West Unit – October 2013

Each year on National Bosses Day, the award is presented to a nurse manager in recognition of his or her daily dedication to co-workers, Children’s Hospital’s values, and our patients and families. The winners are selected from a pool of nominees provided by nurses and managers’ direct reports.

Named after former Children’s Hospital Los Angeles Nurse Manager Mary Rose Castleforte, the award was established by her niece, Caroline Castleforte, MD, who completed her pediatric residency at Children’s Hospital. Looking for a way to recognize her aunt’s contribution to pediatric medicine and to her own career, Caroline worked with Mary Dee Hacker, MBA, RN, NEA-BC, FAAN, chief nursing officer of Children’s Hospital, to create the award as a way to celebrate nurse managers every year.

The top honors for employees at Children’s Hospital Los Angeles are the annual Morris and Mary Press Humanism Awards, which recognize individuals and a department or work group who have gone beyond their daily job expectations and consistently demonstrate compassion, caring and excellent communication with patients, families and team members.

The 2012 Nursing winner was Kathleen McIntyre, RN, of the Cardiothoracic Intensive Care Unit. The 2013 Nursing winner was Irene Klecha, RN, of the Institute for Maternal-Fetal Health.

The dedication, service, knowledge and thoughtfulness of our Humanism Award winners help make Children’s Hospital Los Angeles stand above the rest.
The GEM (Going the Extra Mile) 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 our nurses were honored with the GEM award in 2012 and 2013:

1. **Armstrong Hao, RN**  
   January 2012

2. **Victoria Winter, RN**  
   March 2012

3. **Lori Chan, RN**  
   April 2012

4. **Tanisha Kipling, RN**  
   August 2012

5. **Dawn Landery, RN**  
   December 2012

6. **Yolanda Amador, RN**  
   January 2013

7. **Mary Grossman, RN**  
   April 2013

8. **Linda Weeks, RN**  
   September 2013

9. **Sheila Anulao, RN**  
   November 2013
DAISY Awards 2012-2013

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 an autoimmune disease (idiopathic thrombocytopenic purpura) at age 33. In tribute to 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 to partner 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.

2012

January 1. Nida Oriza, BSN, RN

February 2. Meghan Middleton, MSN, RN, CPNP-PC/AC, CNS

March 3. Chris Lins, ADN, RN, MAEd

April 4. Bobby Hett, BSN, RN

May 5. Yvonne Hughes-Ganzon, BSN, RN, CCRN, CPN

June 6. Kat Ramos, BSN, RN

July 7. Vanessa Guerrero, BSN, RN, CPN

August 8. Virginia “Gee” Culla, BSN, RN, CCRN

September 9. Eileen Schmidt, BSN, RN

October 10. Dannielle Eramia, BSN, RN, CPHON

November 11. Meghan Meehan, MSN, RN, CPON, VA-BC

December 12. Ramon Tapia, ADN, RN

2013

January 13. Julita “Lita” Reyes, BSN, RN, CPN

February 14. Grace Ruiz, BSN, RN, CPN

March 15. Tanisha Kipling, BSN, RN

April 16. Inge Morton, BSN, RN, CPN

May 17. Dawn Landery, ADN, RN, CPON

June 18. Julie Fiore, BSN, RN, CPN


August 20. Gigi Giesler, MSN, RN

September 21. Maxine Ogbaa, BSN, RN, RNC-NIC

October 22. Geraldine (Jeri) Fonacier, BSN, RN

November 23. Nancy Hart, MSN, RN, CPON

December 24. Anthony Opimo, BSN, RN, CPHON
Three Children’s Hospital Los Angeles nurses—Nancy Blake, PhD, RN; Rita Secola, PhD, RN, CPON; and Nancy Pike, PhD, RN, CPNP-AC, FAHA—were inducted into the American Academy of Nursing at the academy’s annual meeting Oct. 19, 2013, in Washington, D.C.

Their induction represents the highest honor an individual nurse can receive for excellence and advancing the profession of nursing.

“I am beyond excited to learn of their acceptance. Please join me in congratulating them. This is an incredible honor for them and for all of us,” says Mary Dee Hacker, MBA, RN, NEA-BC, FAAN, vice president of Patient Care Services and chief nursing officer at Children’s Hospital.

To be considered, Blake, Secola and Pike were each required to submit a professional portfolio of documents, including letters of sponsorship from members of the academy, which they received from Hacker. Their doctorate work at the University of California, Los Angeles, was significant in the evaluation of their applications. A team of three academy fellows reviews and scores each application. The team then presents the candidates to the membership committee for selection.

The Hospital Hero Award

The Hospital Hero Award, a project of the National Health Foundation, is awarded annually and honors dedicated health care professionals who help to create miracles for their patients. It is an opportunity for member hospitals of the Hospital Association of Southern California to recognize the outstanding achievements and remarkable events that occur on the “front lines” of health care throughout the Southern California region. Hospital Hero Award winners are selected based on a hospital’s own unique mission and values.

Children’s Hospital Los Angeles Hospital Hero awardees:

Kelli Anderson, RN, 2012 (left)

Fran Blayney, RN, 2013 (right)
American Academy of Nursing Celebration
Nancy Pike (left), Nancy Blake, Mary Dee Hacker and Rita Secola
Congratulations to Our Nominees for the 2013 Nursing Excellence Awards!

Sandra Mintz, RN, BSN, Nurse Care Manager
Christina Izumi Cruso, RN, BSN, CPON, RN III
Geri Gregorczyk, RN, BSN, RN III

HOME, COMMUNITY AND AMBULATORY CARE

CLINICAL NURSING, INPATIENT

Patient and Staff Management
Phan Dang, RN, BSN, Education Manager,
Acute Rehabilitation Unit
Rachel Guzman, RN, Operations Manager,
Medical Services

Volunteerism and Service
Jennifer Huson, MSN, CPNP, CNS, Pediatric Nurse
Practitioner, Pediatric Intensive Care Unit

Home, Community and Ambulatory Care
Sheila Kun, RN, BSN, BA, MS, CPN, Nurse Care
Manager, Pediatric Pulmonology

Education and Mentorship
Inge Morton, RN, BSN, CPN, Education/Clinical
Manager, Emergency Department

Children’s Hospital’s nominees with Mary Dee Hacker, MBA, RN,
NEABC, FAAN, vice president of Patient Care Services and chief
nursing officer (third from right)

Congratulations to Our Nominees for the 2012 Nursing Excellence Awards!

Phan Dang, RN, BSN, Education Manager,
Acute Rehabilitation Unit
Rachel Guzman, RN, Operations Manager,
Medical Services

Jennifer Huson, MSN, CPNP, CNS, Pediatric Nurse
Practitioner, Pediatric Intensive Care Unit

Sheila Kun, RN, BSN, BA, MS, CPN, Nurse Care
Manager, Pediatric Pulmonology

Inge Morton, RN, BSN, CPN, Education/Clinical
Manager, Emergency Department

Children’s Hospital’s nominees with Mary Dee Hacker, MBA, RN,
NEABC, FAAN, vice president of Patient Care Services and chief
nursing officer (third from right)
Celebrating Our Nurse.com Nursing Excellence Awards Nominees

Nurse.com’s National Nursing Excellence Awards honor superior nurses in regions across the country. In 2013, three nurses from Children’s Hospital Los Angeles were named as regional finalists:

- **Christina Cruso, RN**, (Hematology-Oncology) – Home, Community and Ambulatory Care
- **Sandra Mintz, RN**, (Rheumatology) – Home, Community and Ambulatory Care
- **Geri Gregorczyk, RN**, (Transport) – Clinical Nursing, Inpatient

They were among 30 California nurses who were honored for excellence at a gala celebration Aug. 23, 2013. At the gala, six nurses were named winners and went on to compete for National Nurses of the Year. Five CHLA nurses were state finalists for the 2012 awards:

- **Jennifer Huson, MSN, PNP**, (Critical Care Services) – Volunteerism and Service
- **Rachel Guzman, RN**, (Duque 5 West) – Patient and Staff Management
- **Phan Dang, RN**, (Rehabilitation Unit) – Patient and Staff Management
- **Sheila Kun, RN, BSN, MS**, (Pulmonology) – Home, Community and Ambulatory Care
- **Inge Morton, RN, CPN**, (Critical Care Services) – Education and Mentorship

Phan Dang, RN, won the honor in the Patient and Staff Management category for 2012.

Children’s Hospital Los Angeles leaders shared their praise and congratulations:

“As the chief nursing officer at Children’s Hospital, I am honored to work with these outstanding nurses. I am also very proud to work at a hospital where so many nurses nominated nurse colleagues for these very special awards.”

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

“Congratulations to all! I’m so proud!”

—Richard D. Cordova, FACHE, President and CEO

“This is great news, and having spent time with some of our Trustees today, they clearly acknowledge and appreciate the unsurpassed work done by our staff. Congratulations!”

—James Stein, MD, FACS, FAAP, Associate Chief of Surgery, Chief Quality Officer
Jennifer Huson Receives Cherokee Inspired Comfort Award

Jennifer Huson, MSN, PNP, CNS, was named the 2011 winner of the national Cherokee Inspired Comfort Award. A nurse practitioner in the Pediatric Intensive Care Unit at Children’s Hospital Los Angeles, Huson was honored for the award during Nurse Week in 2012. She was nominated by colleague Christina Cruso, RN, in Hematology-Oncology.

For the past 11 years, Huson has volunteered at Camp Dream Street in Southern California, which offers a number of free sleep-away summer camps for children and young adults with life-threatening and chronic illnesses. Huson, who has been the nursing director for Dream Street’s Young Adult Program since 2005 and for the Kids Camp since 2007, says she is “inspired by children overcoming obstacles, like amputees climbing rock walls, seeing them share common medical challenges and relating to each other.” Children’s Hospital patients make up about one-third of the campers.

“Working in the Pediatric Intensive Care Unit, I see patients at their worst, so it’s really important for me to see them having fun and know they have a life outside the hospital,” says Huson.

The Cherokee Inspired Comfort Award is granted by Cherokee Uniforms as a way of recognizing the caring and highly competent work of nurses and other non-physician health care professionals who exhibit exceptional service, sacrifice and innovation while positively impacting the lives of others. Since the Cherokee Inspired Comfort Award was established in 2003, nearly 9,900 health care professionals have been nominated. A panel of Cherokee representatives and past Cherokee Inspired Comfort Award recipients evaluates nominations and chooses the honorees.

Kathy Stevenson, BSN, RN, Featured in Working Nurse Magazine

Kathy Stevenson, BSN, RN, was recently acknowledged with a feature in Working Nurse magazine. Stevenson received a framed copy of the article, “Disaster Response Nursing,” which was published in the magazine’s September/October issue. In the article, Kathy talks about preparing people and facilities for large-scale emergency events.

Stevenson, Kathy, BSN, RN, Disaster Response Nursing, Working Nurse Magazine, September/October 2013, pgs 14-17
Children’s Hospital Los Angeles was honored with the Community Health Leadership Award at the third annual Nurse 21 awards at the University of California, Los Angeles (UCLA) School of Nursing, in recognition of more than 112 years of providing care for patients in 47 nations across six continents. The award was presented on May 9, 2013, at the Montage Hotel in Beverly Hills.

“These incredible individuals and organizations that we honor are visionary leaders in health care and are strong advocates for the role of nursing,” says Courtney H. Lyder, dean of the UCLA School of Nursing. “Their impact has been enormous and will continue to be so as nurses play an increasingly important role in making sure that all individuals have access to quality care delivered with compassion and dignity.”

Daily Rundown

On May 9, 2013, “The Daily Rundown” on MSNBC aired a clip of nurses at Children’s Hospital Los Angeles celebrating Nurses Week. The show is anchored by NBC News White House Correspondent Chuck Todd.
Cardiothoracic Intensive Care Unit Receives ‘Gold’ Beacon Award

In September 2013, the Cardiothoracic Intensive Care Unit (CTICU) in the Heart Institute at Children’s Hospital Los Angeles was awarded the prestigious “Gold” Beacon Award from the American Association of Critical Care Nurses. A special ceremony was held Nov. 4, 2013, to hang the plaque and commemorate the honor.

According to the American Association of Critical Care Nurses website, “The Beacon Award for Excellence lauds North American hospital units that employ evidence-based practices to improve patient and family outcomes. Recipients of a Gold Beacon Award demonstrate excellence in sustained unit performance and patient outcomes.”

Only five other pediatric cardiac ICUs in the U.S. have earned a Beacon Award—and only three of those units have received a Gold, notes Barbara Gross, RN, MSN, NEA-BC, director of the Heart Institute.

“The managers and I would like to thank the staff for all they do every day. I cannot tell you how proud I am. This is an achievement of excellence,” Gross says. “Each and every one has contributed to this, and it is because of you that we have been awarded the Gold.”

Mary Dee Hacker, MBA, RN, NEA-BC, FAAN (left) and Sylvia Del Castillo, MD (right), with members of the Beacon Award application writing team.

The writing team that completed the award application included:

- Barbara Gross, RN, MSN, NEA-BC
- Melanie Guerrero, RN, MSN
- Flerida Imperial-Perez, RN, MSN, CNS
- Nida Oriza, RN, BSN
- David Romberger, RN, BSN
- Victoria Winter, RN, MSN, CNS, CCRN (Pediatrics), CCRN (Neonatal)
- Beth Zemetra, RN, BSN
The Emergency Department Recognized With Lantern Award

The Children’s Hospital Los Angeles Emergency Department and Level 1 Pediatric Trauma Center received the Emergency Nurses Association (ENA) 2013 Lantern Award.

This recognition is given to emergency departments that exemplify exceptional practice and innovative performance in the core areas of leadership, practice, education, advocacy and research. The award is a visible symbol of an emergency department’s commitment to quality, a healthy work environment and accomplishment in incorporating evidence-based practice and innovation into emergency care. There were 38 applications submitted for the 2013 Lantern Award, and the CHLA Emergency Department was one of nine that met the award criteria.

The application, which includes exemplars and quality data, was completed by a writing team that included emergency department nurses, physicians, pharmacists and our interprofessional colleagues from the Trauma Program, Employee Health, Disaster Preparedness, Social Work, Decision Support Services and the Employee Assistance Program. A formal awards gala to honor ENA award winners, including Lantern Award recipients, was held at the ENA Annual Conference in Nashville, Tenn., on Sept. 21, 2013.

This is a well-deserved acknowledgement of the Emergency Department team. Children’s Hospital Los Angeles cares for the sickest and most critically injured children and adolescents in our community. Our Lantern application demonstrated the strength of our nursing professionalism and interprofessional collaboration. We achieve our best together to provide the highest-quality research- and evidence-based pediatric emergency care.

The writing team included:

Project Managers
Susan Cline, RN, Education Manager
Inge Morton, RN, Clinical Manager

Brian Burns, RN, BSN
Anabel Costa, RN, BSN, CPN, CPEN
Robin Goodman, RN, MSN, CPEN
Phaedra Nguyen, RN, CPEN
Sharon Noonan, RN, BSN, CPEN
Natasha Monteith, RN, BSN, CPN
Nicole Sheppard, RN, BSN, CPEN
Amanda Silver, RN, BSN, CPN
Gina Terazzino, RN, BSN, CPN
Stephanie Watchler, RN, BSN, CPN
Ashton Wengrenowitz, RN, BSN

Bridget Berg, MPH
Danica Lieberman, MD
Alan Hermanson, MSN, FNPACP
Sandy Himmelrich, MSW
Armine Khachatryan, PharmD
Karine Kent, PharmD
William Luiz
Beth Maldonado, LCSW
Ameer Mody, MD
Kathleen Stevenson, RN, MSN
Cardiovascular Acute Unit Is a Top Nursing Team in the Nation

The Cardiovascular Acute Unit at Children’s Hospital Los Angeles was recently selected by the monthly trade magazine ADVANCE for Nurses as a 2013 National Best Nursing Team. The team was recognized for its efforts in going above and beyond in using the Transformation of Care at the Bedside process to better deliver information about patients’ plans of care.

The judging criteria were based on the team’s adaptability, expertise, outreach and initiative. The award originated from an entry submitted by Melanie Guerrero, RN, MSN, clinical manager of the unit. Below is her essay.

Cardiovascular Acute Unit at Children’s Hospital Los Angeles uses the Transformation of Care at the Bedside process to better deliver information about patients’ plans of care

Advances in the nursing profession are achieved by creating evidence-based initiatives and innovations that improve the quality of patient care. In July 2011, a move into a brand-new inpatient facility permitted our hospital to create a new Cardiovascular Acute (CV) Unit, which did not previously exist. The new nursing team quickly identified a desire to improve the fragmented delivery of information about the patient’s daily plan of care. To do so, a group of nurses in this unit created a structured model called “Clinical Bedside Rounding at 8” using the Transformation of Care at the Bedside process.

In this particular organization, daily bedside rounding has been used in critical care settings. However, what made this process so special was that it was the first successful implementation in a medical-surgical nursing unit, where the nurse presented to the medical team regarding the patient’s overnight status, discharge barriers and other patient issues, which then generated a plan of care. Historic challenges to rounding included resistance to change from all disciplines, as well as time limitations hindering effective collaboration on each patient. However, through dedicated nursing leadership and teamwork, specific initiatives were developed to overcome these barriers through the following measures:

• Clear expectations were set to promote the idea that rounding would occur and needed to be a priority. In addition, the team’s drive to round successfully for five to 10 minutes per patient was pertinent.

• Unit leaders carefully listened to staff and shared immediate feedback to ascertain issues and address them promptly. This was done by actively soliciting feedback from staff through one-on-one outcomes rounding, as well as through group communication opportunities. Over time, this continuous feedback loop promoted ongoing problem-solving and progressive improvements in the rounding process.

• Nurse resource support was shifted geographically to begin rounding at the same nurses’ stations each morning. This helped nurses administer medications and maintain unit workflow. It also supported them in maintaining a positive and flexible attitude through a continually evolving process.

In May 2012, less than a year after the move to the new facility, nurses led the following implementations:
Step 1 – A two-sided green daily report sheet was created and launched. Night-shift nurses complete the front page with the patient’s overnight status (e.g., vital signs, fluid balance, abnormal assessments or lab values, barriers to discharge, feeding regimens and parent concerns). Day-shift nurses use the front of the green sheet to present the patient. The back of the sheet is then used to record the plan of care that the medical team has created for the day. The day-shift nurse restates the plan to ensure understanding and provides the opportunity for the family to ask questions.

Step 2 – Key rounding team participants were identified, including the attending physician or primary nurse practitioner, bedside nurse, cardiologist and family member/caregiver; a rounding schedule was also coordinated.

Step 3 – After staff education was given, rounds were implemented.

Step 4 – Workflow challenges (e.g., interference with patient care, given that RNs need to give 8 a.m. meds and perform head-to-toe assessments) were identified and resolved.

Step 5 – Signage was developed and placed at the patient’s room door to indicate whether parents wished to participate in bedside rounding each day.

The implementation was not without its challenges, which the nursing team proactively addressed, leveraging the teamwork of the unit’s members to develop creative solutions. The main challenges were workflow interruption for 15 to 20 minutes per patient, and having the bedside nurse ready to present versus giving medications or providing direct patient care at 8 a.m. However, through weekly updates and education, nurses were able to schedule their morning workflow around patient care. Efficiencies have been gained so that rounding times now average between five and 10 minutes per patient.

Since the implementation of “Clinical Bedside Rounding at 8” in May 2012, improvements have been seen in nursing satisfaction scores, family satisfaction, discharge planning and care coordination. Nurses have noted increased understanding of the patient’s overall daily plan of care and treatment goals. Confusion from parents has decreased and fewer phone calls have been required between nurses, nurse practitioners and doctors to verify the plan of care.

Nurses also noted that this process has allowed them to identify patients needing acute interventions earlier in the shift. More importantly, the unit’s quarterly patient satisfaction scores related to nurse communication with patients and families (as measured by a third-party vendor survey mechanism) jumped 72 percent to a nearly perfect score: from 56.9 in July-September 2011 to 98.1 for April-June 2012.

In addition, parents’ ability to ask questions or make suggestions based on their observations of their child’s health has increased. One parent stated: “I feel I know what is happening with my child and that everyone is on the same page.” Second, having the bedside nurse, physician, nurse practitioner and family at the bedside provided “on-the-spot education” for both the nurses and families by the physician or nurse practitioner. Third, discharge planning improvements resulted from identifying discharge barriers for parents and caregivers (e.g., translation, medication or dietary instruction and equipment usage education) earlier in the day. With earlier identification, nurses were able to address these issues more efficiently.

Since its implementation in May 2012, the process continues to evolve on a daily basis through the teamwork approach of the nurses on the unit. Future steps include recruiting additional disciplines (such as the dietitian/nutritionist, clinical care coordinator, social worker and a spiritual care representative) to take part in rounding. The Cardiovascular Acute Unit nurses will be looking for other medical-surgical units in the organization that would benefit and will partner with them to implement this process in order to improve the quality and safety of other patient experiences. The innovation of this team has truly transformed care on this unit, which has created a culture of change for the nurses and families in the CV Acute Unit and beyond.
Lectures

Sandra Watcher, RN, presented “Rheumatic Disease in Children” for the University of California, Los Angeles (UCLA) Nurse Practitioner program in February 2012.

Meghan Middleton, RN, lectured on “Pain Assessment and Management” at the UCLA School of Nursing in February 2012.

Nancy Blake, RN, presented a lecture, “Roles of the Professional Nurse,” to UCLA Master of Science in Nursing students in January 2012.

Colleene Young, RN, presented “Thar She Blows! Intra-Abdominal Hypertension and Intra-Abdominal Compartment Syndrome” and “Being Beacon: How to Write and Maintain it. Being the First PICU Awarded Beacon of Excellence in 2011” at the American Association of Critical Care Nurses’ National Teaching Institute and Critical Care Exposition in Orlando, Fla., in May 2012.

Brenda Barnum, RN, co-presented a breakout session, “Here We Go Round: Navigating the Ethics of Care for Chronically Ill Children,” at the 19th annual Collaborative Ethics Conference: Ethics of Caring in Los Angeles in March 2012.

David Davis, RN, and Dave Tan, RN, presented “Engaging the Front Line Staff in Quality and Patient Safety” to the Quality and Safety Leaders Forum of the Children’s Hospital Association in San Diego in May 2012.

Sheila Kun, RN, gave an oral and poster presentation, “Surviving the Night: Independent Living for CCHS Young Adults,” and presented a breakout session, “Preparing for Achieving Adult Independence for CCHS/CHS Patients Age 15+,” at the International Conference on Primary Central Hypoventilation in Warsaw, Poland, in April 2012.

Sherry Nolan, RN, and Diane Grade, RN, gave a video and podium presentation, “Medicus (Please Don’t) Interrupt Us: Reducing Medication Errors in an Inpatient Pediatric Setting by Decreasing Distractions,” at the International Patient Safety Congress in Birmingham, England, in May 2012. Nolan also gave an oral presentation on the same topic to staff at Great Ormand Street Hospital in London.

Susan M. Carson, RN, gave a presentation on “The Role of the Clinical Nurse Specialist in a Comprehensive Thalassemia Clinic” at the Thalassemia Nursing Master Class in Hong Kong in February 2012. She also gave a presentation, “The Challenges Facing Adults with Sickle Cell Disease,” to the nurses at Loma Linda Hospital in Loma Linda, Calif., in May 2012.

Mary Baron Nelson, RN, gave a presentation, “CNS Injury in Children with Brain Tumors Treated with Chemotherapy,” at the International Nursing Conference on Child and Adolescent Cancer Survivorship in Williamsburg, Va., in June 2012.

Sandra Mintz, RN, spoke on “Forming an Education and Support Group from the Ground Up” and gave 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., in November 2012.

Catherine Goodhue, NP, presented “Congenital and Acquired Liver Disease in Single Ventricle Patients” at the American Association for the Study of Liver Disease in Boston in November 2012.

Sharee Anzaldo, RN, lectured at UCLA on “Gastrointestinal Disorders, Genitourinary and Renal Disorder, Fluid and Electrolyte Disturbances” in October 2012.

Catherine Goodhue, NP, presented “A New Look at Heterotaxy: An Association Similar to VACTERL” at the American College of Medical Genetics and Genomics conference in Phoenix in March 2013; “Delayed Family Reunification of Pediatric Disaster Survivors Increases Inpatient Hospital Costs: A Simulation Study” at the Academic Surgical Congress in Las Vegas in February 2013; and “Don’t be Mellow
When an Infant is Yellow: Deciphering Cholestasis” at the California Association of Nurse Practitioners’ 36th annual Educational Conference in Monterey, Calif., in March 2013.

**Felicitas dela Cruz, RN**, gave a podium presentation, “Growing Our Own: Preparing Non-nursing College Graduates as APRNs and Nurse Educators,” at the Western Institute of Nursing’s 46th annual Communicating Nursing Research Conference in Anaheim, Calif., in April 2013.

**Brenda Barnum, RN**, was a lecturer for a course at the University of Southern California (USC) on “Challenges in the Forefront of Biomedical Ethics” and “Informed Consent: A Reflection of Respect” in March 2013.


**Sharee Anzaldo, RN**, presented “Gastrointestinal, Genitourinary and Renal Disorders, and Children with Special Needs” at the UCLA School of Nursing in July 2013.

**Jennifer Baldwin, RN, and Aileen De Guzman, RN**, presented “Bedside Rounding” at the Patient & Family Centered Care Conference in Long Beach, Calif., in June 2013.

**Nancy Blake, RN**, presented “Staffing for a Healthy Work Environment” and “Authentic Leadership” at the AACN Nurse Manager Conference in Las Vegas in September 2013.

**Stacey Boyer, RN**, presented “Pacemaker and Implantable Cardioverter Defibrillator Follow-up in Children and the Impact of Home Monitoring” at the Annual Conference of the Western Society of Pediatric Cardiology in Monterey, Calif., in June 2013.

**Sharon Fichera, RN**, presented “Sepsis in the Newborn” and “Newborn Surgical Emergencies” at the National Association of Neonatal Nurses Northern California Chapter in Napa, Calif., in August 2013.


**Kay Gilmore, RN**, presented “Closer to Home: Bringing ECHOs to the Bedside” to the Western Society of Pediatric Cardiology in Monterey, Calif., in June 2013.

**Melanie Guerrero, RN**, presented “Transforming Care: Daily Bedside Rounding in a Pediatric Cardiovascular Acute Unit” to the Western Society of Pediatric Cardiology in Monterey, Calif., in June 2013.

**Kim Harder, RN**, presented “The Journey Home: Use of Technology to Facilitate Discharge Teaching” at the Joint Conference on Advances in Pediatric Cardiovascular Disease Management in Los Angeles in September 2013.

**Susan Hunt, RN**, presented “Pediatric Pain Assessment and Management” at Loma Linda University in July 2013.


**Meghan Middleton, NP**, presented “Pain Theory and Management” and “Interventional Pain Management Techniques” to the Versan™ RN Residency Program in Los Angeles in September 2013.

**Sandra Mintz, RN**, presented “Transitioning the Young Adult,” “School Issues” and “Intimacy for the Young Adult” at the Juvenile Arthritis Conference in Anaheim, Calif., in July 2013.
Nancy Pike, RN, presented “Long-term Outcomes in Fontan Survivors: What Can We Expect in the Future; Are Two Ventricles Better than One” at the Joint Conference on Advances in Pediatric Cardiovascular Disease Management, sponsored by Children’s Hospital Los Angeles in September 2013. She also presented “Growing Up with a Single Ventricle: Quality of Life Post-Fontan” at the 24th annual Western Society of Pediatric Cardiology conference in Monterey, Calif., in June 2013.

Kathleen Ruccione, RN, presented “Health Communication: Words are Powerful Drugs” at the third annual Adam Hay Lecture for the Children’s Cancer and Leukemia Group in London in June 2013, and “Adolescents’ Psychosocial Health-Related Quality of Life Within Six Months After Cancer Treatment Completion” to the Association of Pediatric Hematology-Oncology Nurses in Louisville, Ky., in September 2013.

Judith Tighe, RN, and Arnie Banez, RN, presented “Transitioning the Ventilated Patient to Home” at the Patient & Family Centered Care Conference in Long Beach, Calif., in June 2013.

Gloria Verret, RN, presented “Trends in Pediatric Disparity Research” at the ELM Research Conference at the Drew University School of Nursing in Los Angeles in August 2013.

Kristi K. Westphaln, RN, presented “When Exercise Turns Deadly: Acute Exercise-Induced Rhabdomyolysis in Children” at the National Association of Pediatric Nurse Practitioners’ 34th Annual Conference in Orlando, Fla., in April 2013 and “From Bumps to Bleeds: Management of Pediatric Head Trauma” at the California Association of Practitioners’ 36th annual Educational Conference in Monterey, Calif., in March 2013.

Hui-Wen Sato, RN, Nancy Blake, RN, Kieran Shamash, RN, and Tiffany Li, RN, presented “Healthy Work Environments” at UCLA in May 2013.

Allan Cresencia, RN, gave a podium presentation, “Pediatric Syndromes and Their Conundrums,” at the American Society of PeriAnesthesia Nurses’ National Conference Specialty Practice Group – Pediatrics Session in Chicago in April 2013 and at the International Conference for PeriAnesthesia Nurses in Dublin, Ireland, in September 2013.

Susan Crandall, RN, gave a presentation on “Taming the Beast: Conquering the Demographic Information Form and Harnessing Data to Transform Your Organization” and co-presented “Magnet Sustainability: Infusing the Magic of Innovation Through Designation, Redesignation, and Beyond” at the American Nurses Credentialing Center National Magnet Conference in Orlando, Fla., in October 2013.

Nancy Blake, RN, and Kathleen Stevenson, RN, gave a presentation on “Disaster Preparedness: Nurses Partnering with the Community to Influence Policy and Response” at the American Nurses Credentialing Center National Magnet Conference in Orlando, Fla., in October 2013.

Cecily Betz, RN, and Kathryn Smith, RN, gave a presentation on “Promoting Inclusive Health Care for Individuals with Developmental Disabilities” at the American Nurses Credentialing Center National Magnet Conference in Orlando, Fla., in October 2013.
**Posters**

**Nancy Blake, RN,** presented a poster, “The Relationship of Healthy Work Environments (Communication, Collaboration, and Leadership) and Patient and Nurse Outcomes,” at the Association of California Nurse Leaders in Rancho Mirage, Calif., in February 2012 and at the Society of Pediatric Nurses’ 22nd Annual Convention in Houston in April 2012.

**Phyllis D’Ambra, RN, Lisa Costantino, RN, Christel McRae, RN, Debbie Nobel, RN, Sue Benson, RN, Rachelle Rogan, RN, Sharon Wagner-Lees, RN, Dee Imai, RN, Nancy Hart, RN, Stephanie Johnson, RN, Mary Virgallito, RN, and Margaret Ecker, RN,** contributed to a poster presentation, “Kids and Germs and the Ambulatory Setting: How Nurse Leaders Translated Inpatient Rules to Meet Outpatient Realities,” at the Association of California Nurse Leaders’ annual conference in Rancho Mirage, Calif., in February 2012.

**Alejandra Briseno, RN, Gena Favero, RN, and Cindy Rowlett, RN,** presented a poster, “Professionalism: Actions Speak Louder Than Words,” at the Society of Pediatric Nurses’ 22nd Annual Convention in Houston in April 2012.

**Sherry Nolan, RN, Cheryl McCauley, RN, and Kristine Gawley, RN,** presented their poster, “Medicus (Please Don’t) Interrupt Us: Decreasing Medication Errors by Decreasing Distractions,” at the Society of Pediatric Nurses’ 22nd Annual Convention in Houston in April 2012.

**Ruth Paul, RN, Susan Santner, RN, and Ani Burr, RN,** presented a poster, “Maintaining Morale and Teamwork During a Time of Transition,” at the Society of Pediatric Nurses’ 22nd Annual Convention in Houston in April 2012 and 23rd Annual Convention in Nashville, Tenn., in April 2013.

**Flora Yuen, RN, Yesenia Duarte, RN, and Irma Quijano, RN,** presented their poster, “Cultural Implications in the Implementation of an Infant Safe Sleep Initiative,” at the Society of Pediatric Nurses’ 22nd Annual Convention in Houston in April 2012 and at the Transcultural Nursing Society’s 38th Annual Conference in Orlando, Fla., in October 2013.

**Cathy Kissinger, RN, and Phyllis D’Ambra, RN,** presented a poster, “A Multidisciplinary Approach to the Care of Patients Undergoing Spinal Fusion for Idiopathic Scoliosis,” at the Society of Pediatric Nurses’ 22nd Annual Convention in Houston in April 2012.

**Gloria Verret, RN, and Phan Dang, RN,** presented a poster, “Hospital-Wide Unit Huddles to Improve Communication, Patient Safety and Staff Satisfaction,” at the Society of Pediatric Nurses’ 22nd Annual Convention in Houston in April 2012.

**Jennifer Huson, NP,** presented her poster, “Utilizing Nursing in a Unique Environment to Address an Underserved Population,” at the Society of Pediatric Nurses’ 22nd Annual Convention in Houston in April 2012.

**Sheila Kun, RN,** gave a poster presentation, “Knowledge of Home Health Nurses on Pediatric Emergency Tracheostomy and Ventilator Care,” at the American Thoracic Society International Conference in San Francisco in May 2012.

**Mary Moses, RN, Shinyi Tang, RN, and Dawn Landery, RN,** gave a poster presentation, “To Maintain Retention on a High-Acuity Pediatric Hematopoietic Transplant Unit,” at the European BMT Conference in Geneva, Switzerland, in April 2012.


Erin Hollenbeck, RN, Lauren Toneck, RN, Sarah Corralejo, RN, Lindsey Webb, RN, and Kelly Kim, RN, presented a poster, “Implementing a Quiet Hour in the NICCU,” at the eighth annual Versant Client Conference in San Antonio in November 2012.

Rosin Atashian, RN, Susan Tuano, RN, and Robert Giesler, RN, presented a poster, “PICC Care and Management,” at the Coastal California Association of Neonatal Nurses (CoCANN) conference in February 2013 in Los Angeles.

Mary McCulley, NP, and Jennifer Huson, NP, 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 in January 2013.

Gloria Verret, RN, Frances Jameson, RN, and Rosanna Preall, LVN, presented a poster, “Launching a Journal Club to Promote Education and Teamwork in a New Unit,” at the Society of Pediatric Nurses’ 23rd Annual Convention in Nashville, Tenn., in April 2013.

Nida Kan-Ari, RN, Katrina Lazo, RN, and Kelsey Wong, RN, presented “The Benefits of Integrating New Graduate Float Residents into RN Residency Programs” at the Society of Pediatric Nurses’ 23rd Annual Convention in Nashville, Tenn., in April 2013.

Dawn Landery, RN, and Jonelle Gray, NP, gave a poster presentation, “A Multidisciplinary Intervention Fosters Dissemination and RAPID Implementation of Evidence-Based Medicine,” at the American Society for Bone Marrow Transplant Conference in Salt Lake City in February 2013.


Melanie Guerrero, RN, Sandy Hall, RN, and Jessica Klaristenfeld, RN, presented a poster on “Supporting New Graduate Nurses Through a Comprehensive Evidence-Based RN Residency Program” to the Organization of Healthcare Educators in Glendale, Calif., in June 2013.


Rosanna Preall, RN, presented a poster on “6 West Journal Club” at the ELM Research Conference at the Drew University School of Nursing in Los Angeles in August 2013.


Sandy Hall, RN, Diane Altounji, RN, Laura Rohnert, PT, Joan Godell, RN, and Felicitas dela Cruz, RN, presented a poster, “A Staff-Driven Initiative to Improve Evidence-Based Practice at the Bedside,” at the American Nurses Credentialing Center National Magnet Conference in Orlando, Fla., in October 2013.

Phan Dang, RN, wrote an article, “Changing Lives—The Inpatient Rehabilitation Unit at Children’s Hospital Los Angeles,” published in the February/March 2012 issue of the Rehabilitation Nursing Journal.

Rita Secola, RN, co-wrote “Targeting to Zero,” an article published in the Journal of Pediatric Oncology Nursing in January 2012.


Inge Morton, RN, authored the Pediatric Trauma chapter in the seventh edition of the “Trauma Nursing Care Curriculum,” published by the Emergency Nurses Association.


Diane Altounji, RN, and Rita Secola, RN, 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 in 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, January 2013.

Catherine Goodhue, NP, published an article, “Can a Pediatric Trauma Center Improve the Response to a Mass Casualty Incident?” in Trauma Acute Care Surgery, October 2012.

Robin Goodman, RN, authored the Pediatric Trauma chapter in the seventh edition of the “Trauma Nursing Care Curriculum,” published by the Emergency Nurses Association.


Dawna Willsey, RN, authored an online educational learning module, “Care of the Pediatric Patient in Surgery,” in March 2013.

Diane Altounji, RN, Monica Grover, RN, Sona Daldumyan, RN, and Rita Secola, RN, published “A Self-Care Retreat for Pediatric Hematology Oncology Nurses” in the Journal of Pediatric Oncology Nursing, January 2013.

Kathy Ruccione, RN, co-authored “Post-traumatic Growth Among Ethnically Diverse Adolescent Cancer Survivors” for Psycho-Oncology, April 2013.
Kathy Ruccione, RN, and Kathy Meeske, RN, co-authored “Adolescents’ Psychosocial Health-Related Quality of Life Within Six Months After Cancer Treatment Completion” for Cancer Nursing, April 2013.


Elise Aube, RN, cares for an operating room patient.
Phyllis D’Ambra, MPA, RN, calls scoliosis screenings in schools her “mission in life.” She visits more than 250 schools every year, screening children, adolescents and teens who have been referred by a school nurse for scoliosis. “It is important to screen early and to continue to monitor the children closely from then on,” D’Ambra says. She is just one member of a special team that makes up the core of the nursing staff at the Children’s Orthopaedic Center (COC) at Children’s Hospital Los Angeles.

The COC is the fourth-ranked orthopaedic clinic in the nation on the 2013-14 U.S. News & World Report rankings of pediatric specialties. It is no wonder why hundreds of families bring their children to the Center every year.

The success of the COC depends on the interdisciplinary teamwork of physicians, surgeons, prosthetists, biomedical engineers, physical therapists and nurses. Ann Wakulich, BSN, RN, ONC, Elaine Butterworth, RN, CPN, and D’Ambra, nurse manager, are at the heart of the program, serving as advocates and assisting patients and families in meeting their needs as they receive care. They coordinate patient care, treatment plans, and pre- and post-surgery care if needed. They also visit patients in the inpatient units after surgery and collaborate with other members of the health care team, including nurses and physicians on the unit.

In addition, the Center’s nurses provide a comprehensive education program for their patients, including information on hip disorders, club feet, fractures, external fixations, bone cancers, bone tumors and spine deformities. The program prepares patients and their families for the treatment of their diagnoses.

“We schedule a personal education session and tours of departments they will visit,” says Butterworth. The nurses provide appropriate educational materials, some of which they develop themselves, and recommend external websites as additional resources.

“We refer families to various support groups to help them understand and cope with their child’s diagnosis,” she adds. “We also arrange individual meetings with another family with a child of the same diagnosis.”

They introduce some patients to additional resources as well, such as “Curvy Girls,” a support group that helps adolescent girls with spinal deformities cope with their diagnosis and live a normal life. The group even helps patients with simple matters, such as the best summer clothes to wear with a back brace. Resources and networks like these give families insight into their future and help in managing their child’s health and family lifestyle.

The Children’s Orthopaedic Center is one of the leading providers of pediatric spinal surgeries in the nation, including spinal fusions. Its staff cares for all levels of acuity, from simple to complex patients referred from other physicians and orthopaedic centers and even patients who have come from other countries. Complex cases may include children who have advanced spinal deformities or other health problems along with spinal issues, which can complicate their surgery treatment plan. D’Ambra, Wakulich and Butterworth collaborate with health care providers in Surgery, the Pediatric Intensive Care Unit and the Medical/Surgical floors in the management of these patients, and follow up in the COC after surgery.

The Center also provides a class for spine surgery patients who have scoliosis. The class teaches patients and families about the care they should expect before and after surgery and introduces them to the interdisciplinary team members who will be caring for them.
“This class provides a setting for teaching and group discussions. A physical therapist is also involved,” says Wakulich. “The class provides the patients, often teens, a chance to meet with other peers going through the same procedure, alleviating some fears they may have. Feedback has been very positive.”

The COC nurses provide a separate class for spine surgery patients diagnosed with neuromuscular scoliosis, as these patients have special needs not associated with other spinal conditions. Wakulich says that patient concerns often include housing, transportation and assistance at home.

“A family-centered care approach is helpful to the family, physicians and nursing staff to decrease stress levels and provide an optimum situation for post-operative recovery,” she explains. “We involve a multidisciplinary team that includes Nursing, Social Work, Physical Therapy, Child Life and Clinical Nutrition.”

D’Ambra, meanwhile, has been extending the Center’s services beyond the boundaries of Children’s Hospital Los Angeles. For the past 31 years, she’s been championing its community outreach efforts through her school-based scoliosis screenings. The COC provides free primary and secondary screenings for students from various public and private schools, from Lancaster to Lake Elsinore, via a program mandated by the state of California.

“I go to 10 schools on any given day in various school districts to rescreen 40 to 60 students per site,” D’Ambra says.

She visits schools twice a week to assist school nurses, and every week she finds at least one child who is in need of a body brace or spinal surgery. The program also provides education to various public and private school nurses on how to screen for scoliosis. Early detection of this progressive condition can make a difference in a child’s quality of life.

“If scoliosis can be identified early enough, bracing works in 85 percent of cases,” she says. “This work is so uplifting because you can see the results.”

Ann Wakulich, BSN, RN, ONC, (left), Phyllis D’Ambra, MPA, RN, and Elaine Butterworth, RN, CPN

Phyllis D’Ambra, MPA, RN, performing a scoliosis screening
Patients with rheumatic conditions and their families often struggle with issues of self-image, social interaction and hopelessness about the future. The Rheumatology team at Children’s Hospital Los Angeles recognized this problem based on its years of experience interacting with this population. After reviewing literature and consulting with colleagues at other facilities, the team created innovative, structured support groups for patients and families to address these needs.

“Families Living with Rheumatic Diseases” is a unique and dynamic program that provides education and therapeutic support to children, adolescents and parents in a safe and fun environment, where children and families can learn more about their conditions, share experiences and learn to live successfully with a chronic illness. Since the inception of the community outreach program in 2009, the support groups have evolved from a six-week session held quarterly to an ongoing series held every other month for 2 1/2 hours. This change was made after a needs assessment of both patients and families.

Sessions for parents are held in both English and Spanish, while activities are available to occupy siblings and younger children. Facilitators and guest speakers provide education and support, and participants also benefit from each other’s shared experiences. Each interactive session focuses on a specific aspect of life with a rheumatic illness. Topics include transition, schools, coping, self-esteem, wellness, depression, self-advocacy and nutrition.

The program began as a collaborative effort between the Children’s Hospital Los Angeles CORE Rheumatology staff and the community organization LupusLA in 2009; Coach Art joined the collaboration in 2010. The following year, program staff members Sandra Mintz, BSN, RN, Suhas Radhakrishna, MD, and Maggie Sepkowitz, LCSW, were awarded a $30,000 Quality of Life research grant, which concluded in early 2013.

Through extensive collaboration between these three organizations, the Rheumatology team was able to use objective measuring tools to evaluate the project’s success. This was done through the use of surveys given to participants before and after each session. The responses were on a numbered (Likert) scale so that the outcomes could be easily measured.

“I was glad I had people to talk to who had similar feelings,” says one participant, age 11. “I would look forward to seeing how other people dealt with the same problems as me. The doctors talked about how we could have a normal life even though we had restrictions. It made me feel so much better.”

As a result of the grant study findings, the program has gained national recognition as a role model for others like it. Mintz presented at a symposium to educate others on how they could develop similar programs in their areas, and Sepkowitz presented a poster on the team’s research findings at the American College of Rheumatology/Association of Rheumatology Health Professionals’ Annual Meeting.
The success of the program is greatly attributed to the staff who have supported it over the years, and their generous collaborators. Children’s Hospital Los Angeles team members include:

**Program Leaders**
- Sandra Mintz, BSN, RN
- Liz Morasso, MSW
- Maggie Sepkowitz, LCSW

**Facilitators**
- Nadya Hernandez, MSW
- Liz Morasso, MSW
- Michael Viscariello, LCSW
- Liz Wilson, MSW

**Physician Support**
- Diane Brown, MD, PhD
- Rhina Castillo, MD
- Katherine Marzan, MD
- Anusha Ramanathan, MD
- Andreas Reiff, MD
- Bracha Shaham, MD

**Guest Speakers**
- Jill Blitz, PT, DPT, ATP
- Diana Hanley, OTR/L

**Research Collaborator**
- Jeffrey Gold, PhD

In addition, the Juvenile Arthritis Association has now joined the list of the program’s supporters. One of its goals is to support expansion to a secondary location in 2014 to provide further outreach to additional Southern California communities.
It was not too long ago when I remembered one of the happiest moments of my life: being hired as a patient care service aide back in November 1997 on 6 North. It was a joyous time because I was close to realizing my dream of becoming a nurse here at Children’s Hospital Los Angeles. Finishing nursing school in December 1998, I was even more delighted to discover that I was chosen to become part of the very first Versant RN Residency at Children’s Hospital in July 1999.

The training and the education I received during the RN Residency program were remarkable and truly useful. It enhanced theories learned from school, combined with evidence-based applications that guided my practice even to this day. But what really caught my attention to work here is the realization that I can make a contribution in someone else’s life because I am a nurse. Children’s Hospital nurses enjoy the reputation of being knowledgeable leaders. Moreover, it is the values of respect, excellence, service, knowledge and teamwork that became the infrastructure of our culture of caring and nurturing. Indeed, Children’s Hospital Los Angeles is an exceptional place to work. It’s like shopping in a favorite department store, where you know staff will treat you great right from the start. This is what I hear parents and guests constantly comment to me during discharge and during their visits here at Children’s Hospital—that their children are not only being treated well for their ailments, but also being cared for every step of the way.

These ideals impressed me because they reminded me of a particular instance that I know I made a difference in someone’s life. It was the summer of 2001 when I received an assignment from the charge nurse that I would be receiving a patient who was initially treated at another hospital. This patient was a 17-year-old teen named Pete* who was involved in a motor vehicle accident and was thrown several feet from his car. As a result of the accident Pete became quadriplegic, stuporous and necessitated a tracheostomy tube to help him breathe. Dad was with his boy and looked pretty anxious and demanded everything be done right for his child. I introduced myself and laid out the plan of care for Pete. Teamwork from other disciplines, such as the physical therapists, respiratory therapists, occupational therapists, Child Life and Spiritual Services played an integral part of his voyage to recovery.

Weeks became months as Pete struggled to show hints of any improvements past his pre-admission baseline. Family conferences were held after each new approach to Pete’s rehabilitation process to update family of his status. Pete’s dad was his sole source of family support. His dad would always advocate for other methods of treatment, including acupuncture, in the hopes that Pete might...
one day wake up from his stuporous state. I had even suggested to Pete’s dad to bring in his favorite things, pictures, and to play his favorite CDs. Each day I had Pete, I would play his favorite music, chat with him, and tell him exciting stories or read to him when time would allow me to do so. The inevitable day had come, however, when our rehab doctor sadly announced that Pete’s care would be transferred to a subacute facility near the patient’s place of residence. Pete’s father broke down in tears. However, with his resilient spirit, he whispered to me, “I am not worried … Pete will bounce back. I know it; and he is stronger than me!”

Five years had passed, and I had transferred to the PACU team. One day, as I was transferring a patient back to 6N from the perioperative services, I was stunned to hear my name being called out loud at the 6 North dome area. I was stunned to see that Pete was walking that day and talking to me. His father, who looked in utter jubilation, accompanied Pete that day. Pete told me all about his stay at 6N when I was taking care of him. He was thankful to me for the care that I gave him. He said that he could hear everyone’s voices, including mine; we were unaware that Pete could actually hear our voices when we were around or near him. He was particularly thankful that I told him stories and played his favorite CDs. From that day on, I was deeply touched, honored and humbled by the fact that I truly made a difference in someone’s life.

*Name was changed to protect the patient’s privacy.*
It was an hour before shift change. The Code Blue came from labor and delivery. That is never a good sign. A handful of NICCU nurses ran out to assist; I stayed behind prepping the admission bedspot with goosebumps forming on my skin. It was a chaotic scene in the unit as rumors were flying around about what was occurring in labor and delivery. Perfusion was being paged overhead and the NICCU nurses kept running back and forth for supplies. The infant had been delivered by emergency Cesarean section while every attempt was being made to resuscitate mom. She never awoke to see her baby.

The baby was eventually brought to the NICCU in a transport isolette by a somber team. At 33 weeks, she was early but well-developed and large for her gestational age. A beautiful baby with faint red curls. Intubated in the delivery room, the nurse practitioners and neonatologist began preparing for an umbilical line. A group of family and friends had gathered in the waiting room, eyes red from crying and blank expressions. It was a week before Thanksgiving and no one expected this.

Dad and (maternal) grandmother entered the room as we were preparing the infant for lines. Everyone dropped what they were doing and just stood back as dad reached out to touch his daughter. Tears flooded my eyes. As the admission nurse, I was responsible for updating dad on the status of his infant. But, at that moment, there was nothing I could say to make him feel anything. He had just experienced the loss of his beloved wife and the miraculous birth of his daughter.

Over the next few weeks, I became a primary nurse for the baby. She was extubated rather quickly and was on a nasal cannula for a short period of time. Dad came to visit before and after work. At first he was very quiet and reserved. I can only imagine how difficult it was for him to try and bond with his daughter. As the weeks wore on, he began to open up and take more interest in his daughter’s care. He admitted he needed help with the daily tasks like bathing, feeding, changing, etc. I demonstrated how to change her diaper, making sure to wipe front to back. We had a spa day where dad learned how to bathe his daughter. I emphasized the importance of the water’s temperature and how to perform a swaddle bath so the baby didn’t get too cold. His large hands gently supported her head as he scrubbed her red curls with a soft brush. I stood by for support and as photographer.

Dressing his baby girl was a real challenge! Her arms and legs moving, she looked like a bug that had been turned on its back. Dad was cautious at first, trying to pull the onesies over her tiny head, but he became much more adept at controlling her. Dad was always impressed with how I had his little girl

By Jennifer Henkin, RN

Describe a moment when you knew you made a difference.
wrapped up tight in a blanket. I explained that it was like wrapping up a burrito, but dad just couldn’t get down this task. His daughter was able to break out of the blanket in seconds. He was able to offer her a bottle at three weeks of age. I patiently taught him how to mix the formula. I wrote out the recipe on an index card so he could post it on the fridge. We experimented with various ways for dad to hold his tiny daughter to support her as she ate. It took some time for him to become comfortable and confident feeding her. I spent a lot of time coaching dad on the importance of pacing with the bottle and watching her skin color as she ate to make sure she wasn’t holding her breath. I demonstrated how to transition the baby from a feeding position to a burping position. At first dad looked uncomfortable and clumsy. It didn’t take long before he did these things with ease.

Shortly after Christmas the baby was up to full feeds and maintaining her oxygen saturations on room air. I asked dad if preparations were being made at home for her arrival. Did he have a car seat? A crib? A baby monitor? Bottles? I was beginning to realize that dad was indeed ready to take his baby girl home. There was little else I could do to prepare him.

Dad and baby went home after the New Year. I escorted them out of the hospital and watched as he placed his daughter in her new car seat. We exchanged a hug and I wished him the best of luck. He had tears in his eyes as he thanked me for helping him during the most difficult time in his life.

It was a year later and I was working night shift on Christmas Eve. It was a relatively slow night and I was just settling into a routine when I was called to the front desk. There stood dad holding his red-haired smiling daughter dressed in red and green. I ran out of the unit to greet him with a hug. Dad filled me in on how things were going. There were difficult days, but for the most part, things were going well. He then admitted that without my patience, care and teaching, he didn’t know how he could have gotten through such a difficult time. Dad said that caring for his baby girl at home had been made easy because of how I had helped him prepare. Despite the fact that his daughter was now eating baby food, he still had the index card with the formula recipe on his fridge. He said it was a daily reminder of how my compassion had made a difference in his life.

This is why I am a nurse. Being there on the day this man witnessed the birth of his daughter and death of his wife still haunts me. However, I have hope knowing that I was able to help this broken family mend itself. The fact that this man still remembers and acknowledges me is humbling. Four years later, he still makes the trip to the unit each holiday season to thank me.
Nurse Week Essay Winner 2013

Nursing at CHLA: Making a Difference!

By Lauren Dombrova, RN

Not every story ends with “happily ever after,” but that does not negate the happiness within it, or the triumph, which is intermingled with the sadness. It is neither a good thing nor a bad thing, it just is. This story is one of those; it is about a patient named James*, and the team of nurses on 6 North Inpatient Rehab who cared for him and his family.

When I first saw James, he looked much like any other teenager. Asleep in his bed, napping under the dutiful eye of a loving parent. His brand-new Nikes were poking out from his blanket, and, though his eyes were closed, I could hear the classic ‘80s rock coming from the CD player. He looked peaceful and content. I could almost let myself believe that James was like any teenager, and that I was not his nurse, but just a friend stopping by to say hello. His peaceful face hid the turbulent truth: James had recently been diagnosed with cancer. It was rare, it was aggressive, and in less than a month, it had robbed him of the ability to move his arms and legs.

James’ case was beyond challenging. It took five staff members just to move him in and out of his bed, and an entire team of nurses to provide him with the care he and his family really needed. In the days after he arrived, I knew James would not be a typical patient on 6 North. Our typical patient is greeted as he arrives on a gurney, and hugged goodbye a month or two later as he walks out to resume a life that includes plans for the future, for prom, for college. I knew the narrative of James’ life had taken a different turn, and I was particularly mindful that with every new day he was granted, our team needed to make a difference for him and his family.

Shortly before James was discharged from our unit, our nursing team collaborated with our excellent Child Life specialist to organize a music concert for James. The music of choice was ‘80s classic rock. I had always wanted to ask why he loved the music of that era. Too young to remember it, his enthusiasm surely was not fueled by nostalgia. Then one day it clicked: ‘80s rock lacks the cynicism of much of the contemporary music of his peers. The ‘80s brought us not just a questionable array of flamboyant hair options, but also the term power ballad: love mixed with strength. It made sense.

I remember James’ face as he was wheeled into the schoolroom turned rock arena. Rows of seats were filled with friends and family in ‘80s attire. Framed pictures of hair bands bedecked the walls, and a VIP pass was placed around his neck. At first he was surprised, but then he beamed that toothy smile we had all come to love. At that moment I saw James as a teenager instead of a patient,
surrounded by those he loved, doing the things he loved, and listening to the music that moved him. This is how I always try to remember him.

James died in November of 2012. His parents tearfully thanked us, over and over again, for the care we had given their son. They commented specifically on how we came together seamlessly to take care of their son. It probably seemed like an endless stream of professionals coming to provide care at just the right time. The truth was, it was the work of a team.

The stories that warm our hearts often focus on the patient who beats all odds: the girl who walks out of the hospital, after being told she would never walk again; the boy in cardiac arrest who lives to tell his story. As a rehabilitation nurse, I see these miraculous recoveries every day, which is the reason I was drawn to this specialty.

I have come to realize that it is these other stories—the ones without fairy tale endings, like that of James and his family—which are the true tests of our ability to make a difference.

*Name was changed to protect the patient’s privacy.*
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Magnet Oath

As a representative of this Magnet Hospital, I pledge to uphold the Children’s Hospital Los Angeles culture of distinction. As an integral part of this Children’s Hospital Los Angeles community, I will continue to promote collegial interdisciplinary teamwork to provide even higher-quality family-centered health care. I will also advocate and support the further advancement of excellence in my own practice through the leadership and empowerment fostered by the core Magnet principles. I will constantly endeavor to strengthen my expertise through new evidence-based knowledge and lifelong learning. Lastly, I do swear to do all in my power to maintain the highest exemplary professional practice.

Nursing Mission

We create hope and build healthier futures.

As nursing professionals, we are committed to advancing our practice by:
• Caring for children, young adults, families and each other
• Advancing knowledge
• Preparing future generations
• Knowing that excellence is achieved through collaborative relationships

Nursing Vision Statement

Nursing care at Children’s Hospital Los Angeles is recognized internationally as a model for nursing excellence. By utilizing best practices, we provide outstanding family-centered care in an environment that honors our diverse community. We strongly promote lifelong learning and collaborative interdisciplinary relationships. In addition, our emphasis on nursing research, leadership and professional development makes Children’s Hospital the organization of choice for a career in pediatric nursing.

Nursing Values

As nurses:
• We achieve our best together.
• We are hopeful and compassionate.
• We are learners leading transformation.
• We are stewards of the lives and resources entrusted to us.
• We serve with great care.