

NURSING Annual Report 2015

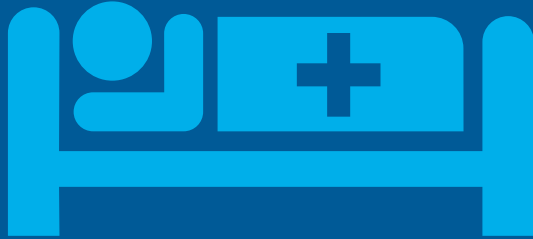


Children's
Hospital
LOS ANGELES®
We Treat Kids Better



OUR HOSPITAL

357
ACTIVE PATIENT
CARE BEDS



106
INTENSIVE
CARE BEDS

AVERAGE DAILY
CENSUS:
291

44.5%
PATIENTS UNDER
THE AGE OF 4

VISITOR

NUMBER OF
VISITS TO OUR
EMERGENCY
DEPARTMENT:
77,673

OUR NURSES



87 NURSES IN THE VERSANT™ RN
RESIDENCY PROGRAM DURING 2015

NURSE 94
PRACTITIONERS



**CLINICAL
NURSES**
WITH AT LEAST
A BACHELOR'S
DEGREE IN
NURSING:

82%*



PERCENTAGE OF CLINICAL
NURSES WITH NATIONAL
BOARD CERTIFICATION:

39%*

PERCENTAGE OF NURSE LEADERS
WITH NATIONAL BOARD CERTIFICATION:

74%*

NURSES' AVERAGE LENGTH
OF CHLA TENURE: **9.6 YEARS**

NURSES TAUGHT APPROXIMATELY
1,200 NURSING STUDENTS IN 2015

*Based on full-time equivalents

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Featured on the cover: *Judy Sherif, RN, CPN, BSN, MNA, manager of the Alan Purwin Emergency Transport Program at Children’s Hospital Los Angeles, with CHLA’s emergency transport helicopter*

A Note From the Magnet Program Managers

We are past the halfway point heading toward the 2017 submission of our Magnet Redesignation document, and this year has been full of wonderful advances in providing our patients and families with high-quality care and enriched experiences.

We celebrated with the staff of the Rehabilitation Unit as they moved into an exceptional new space, the Margie and Robert E. Petersen Foundation Rehabilitation Center honoring Bobby and Richie Petersen. Our nurses participated in innovative evidence-based projects and demonstrated their success in measurable patient outcomes. Also, what an honor it was for nurses of all levels and specialties to play a part in helping athletes at the Special Olympics World Games in Los Angeles.

Once again we reached out to our community through camps and enhanced the lives of children and teens. We strengthened our programs for transitioning and mentoring our new graduate nurses and newly hired experienced nurses. Our nursing academic levels and certification rates continue to soar. As we journey toward Magnet redesignation, we continue to do what we do best: provide compassionate care for our patients and families and demonstrate the highest virtues of the nursing profession.



Margaux Chan, BSN, RN, CPN (left), and Susan Crandall, BSN, RN, CCRN

Sincerely,

Margaux Chan, BSN, RN, CPN

Susan Crandall, BSN, RN, CCRN

A Letter From the President

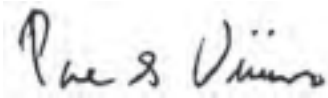
Even before I officially joined Children's Hospital Los Angeles in the fall of last year, I knew that nurses were the heart and soul of this institution.

Now, with nearly a year under my belt, I can say unequivocally that the nursing perspective is woven into the fabric of the CHLA culture. I am impressed with our commitment to Magnet designation and proud that the profession of nursing gets the respect here it so greatly deserves.

I am excited to see our nurses take their practice to the next level with the creation of our Institute for Nursing and Interprofessional Research. It's a true exemplar of their excellence, and this report details countless more instances of their professionalism, commitment and abilities. Every hospital CEO should be so lucky as to have a nursing team of this caliber.

Thank you for taking the time to find out more about what our nurses accomplished with and for CHLA this past year.

Warmest regards,



Paul S. Viviano
President and Chief Executive Officer



Paul S. Viviano

A Final Note from Chief Nursing Officer Mary Dee Hacker



Mary Dee Hacker, MBA, RN, NEA-BC, FAAN

"This will be the last time, at least in these pages, that I have this opportunity to share my thoughts on the work our nurses do before I leave my post as vice president of Patient Care Services and chief nursing officer, and transition to my new role as the inaugural director of the Institute for Nursing and Interprofessional Research at CHLA."

—Mary Dee Hacker, MBA, RN, NEA-BC, FAAN

Each year in this space, I extol the work of the nurses at Children's Hospital Los Angeles and pay tribute to the entire nursing profession. This will be the last time, at least in these pages, that I have this opportunity to share my thoughts on the work our nurses do before I leave my post as vice president of Patient Care Services and chief nursing officer, and transition to my new role as the inaugural director of the Institute for Nursing and Interprofessional Research at CHLA.

I came to CHLA in 1975 with a few simple goals:

- Understand what "family-centered care" was all about
- Enjoy Los Angeles
- See the Pacific Ocean
- Return home to Minnesota in a year or two

Thankfully, with due respect to my beautiful home state, I only accomplished three out of the four. CHLA, and the city in which it dwells, grabbed my heart and inspired my ambition to be part of the most important mission possible. This hospital, the patients, the families and the incredible team of caregivers have changed me forever.

Even now after 40 years, I am humbled by the powerful and important work done every minute of every day for our little ones and their families. This is sacred work, carried out by talented, compassionate individuals and supported by the expert CHLA interprofessional teams.

We often look to great athletes for lessons about performance. For professionals here at CHLA, athletes do indeed have lessons to teach about the value of perseverance, of hard work and practice, of precision. But our successes have dimensions that cannot be found on a playing field:

- Children's lives are on the line. Decisions and omissions have profound and enduring consequences.
- We face daunting expectations. Our task is to cope with illness and to enable every child to lead a life as long and free of frailty as our science will allow.
- The steps are often uncertain. The knowledge to be mastered is both vast and incomplete.

At CHLA we have created a culture that thrives and insists on excellence, but that comes with a price: The second guessing and speculating never end. Even when we send a family home with a child totally cured of an admitting diagnosis, we ask: Could we have done a better job? Could we have eliminated any delays in treatment or procedures? Could we have stuck this little one fewer times? Could we have helped the anxious dad a bit more? Could we have ... could we have ... could we have ... ?

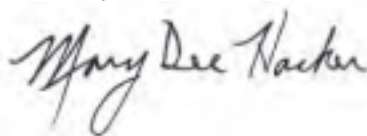
We are proud of our successes, but wonder whether they could have been greater. Could we have done it another way?

As I look back on my CHLA career, I will say none of it was easy; yet I will say every moment mattered. This moment matters, too. How do I wrap up my feelings in an honest and complete way?

I've been inspired by those who have pushed me to be better, pulled me forward when I've been too cautious, stood beside me when I needed support, and showed me that my best emerges when I help others do their best.

Thank you, everyone, from the bottom of my heart. This is a place dedicated to health, healing, understanding and improvement, one that runs on discipline, energy, teamwork, love, respect, pride, hope and knowledge.

Sincerely,



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



Vice President, Patient Care Services and Chief Nursing Officer Mary Dee Hacker chats with nurses and patient Samantha Stewart and her family.



Transformational Leadership

Our nurses serve as transformational leaders throughout our entire organization and at all levels. Leadership support and development are provided through education and mentorship. Nurses are empowered to take charge and effect change in the treatment of the patients in their care, and on a grander scale in the overall work environment. Their voices are valued at CHLA.

Taking RN Residency One Step Further



Victoria Briones, BSN, RN (left); Gloria Verret, BSN, RN, CPN; Vicky Lin, BSN, RN, CPN, PHN; and Rachel Roxbury, BSN, RN, with training booklet and survival kit

After a 22-week training, the new nurse graduates from the Versant™ RN Residency at Children’s Hospital Los Angeles are promoted to a new role as independent clinical nurses. The new graduate nurses have to apply all that they have learned and now work autonomously. This is a huge leap, and some new graduate nurses have challenges adjusting to their new role after receiving such significant support during the residency program.

To ease this transition, 6 West nurses Gloria Verret, BSN, RN, CPN, and Vicky Lin, BSN, PHN, RN, CPN, created an innovative Triad Mentorship Program that provides an additional six months of mentoring for residency graduates. Verret and Lin are co-facilitators of 6 West’s program, which has between six and 15 participants in every six-month cycle and is growing to embrace transition nurses and care partners.

The program got its start in 2012 when a nurse came to Verret with a request: Could the support she felt during residency continue? “It takes a while to become an independent nurse,” notes Verret, a 19-year veteran. “We decided to expand each new nurse’s network.” There’s been no shortage of volunteers to help. “We fill up all available mentoring slots any time we put out a call,” says Lin, a 2012 Versant RN Residency graduate who runs a Facebook group for the Triad Mentorship. For Lin, “being involved in this program has made me realize I’m capable of doing more as a nurse.”

The innovation feature of this program is the value it puts on the experience level of the mentors. Each new nurse is supported by two mentors—a peer mentor who is a recent (five years or less) residency graduate and a veteran mentor. Verret and Lin foresaw mentorship benefits from both experience levels. Peer mentors create an open, comfortable learning environment for the new nurses while

“Being involved in this program has made me realize I’m capable of doing more as a nurse.”

—Vicky Lin, BSN, PHN, RN, CPN

contributing their experiences learning clinical and critical-thinking skills. The veteran mentors provide valuable pearls of clinical wisdom that even the peer mentors are still attempting to master.

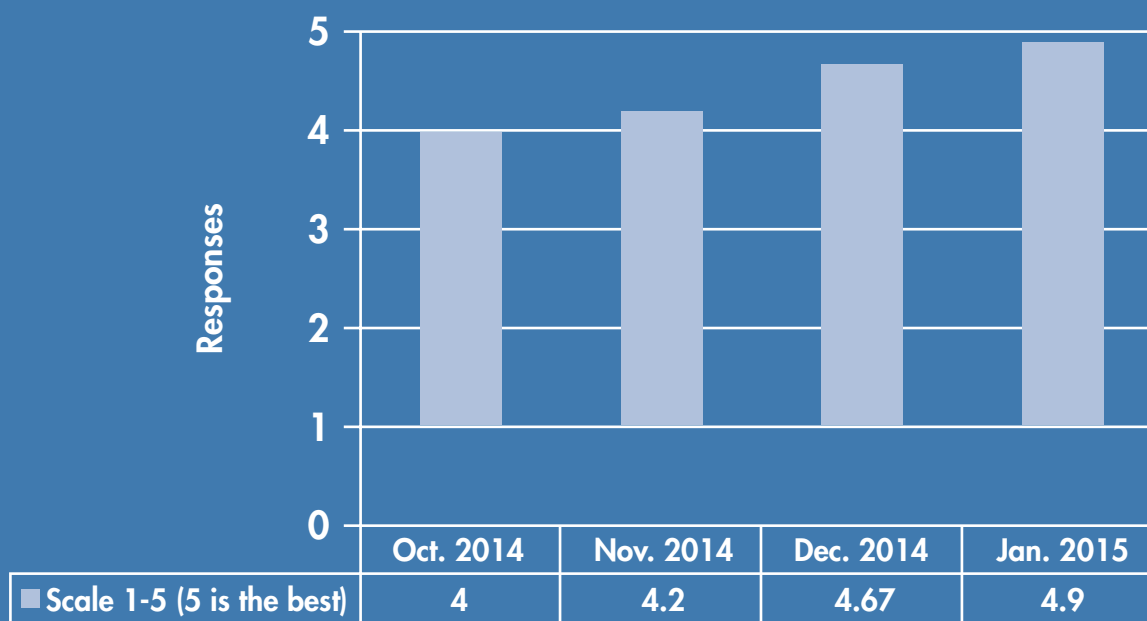
Being a mentor comes with responsibility. Mentors want to model professionalism to the new nurses. The mentors learn how to be resourceful and find answers. They become stimulated and challenged to improve their teaching skills and competencies. In addition, they receive support from the mentorship program, including training materials and advice on what makes a good mentor.

One of the many positive outcomes of the program is that mentees report increased feelings of support,

more creative thinking and academic growth, as well as a decrease in stress levels. In response to the question, “How useful do you feel the mentoring program has been?” the average score from the mentees and mentors has risen each month (see graph below).

Together, Verret and Lin presented the program at the 2014 National Magnet Conference, the 2015 Society of Pediatric Nurses Conference and the 2015 National Mentoring Institute Conference, among other venues. The program has received recognition since its inception, and its success is felt by all participants—new graduates and both peer and veteran mentors. Verret says it best: “Everyone improves by being in the program.” 🦋

How useful do you feel the mentoring program has been?







Structural Empowerment

Our nurses' service and professional development go beyond their job descriptions, both inside and outside the walls of the organization. We are proud to have an ensemble of extremely dedicated nurses, and we recognize them for their extraordinary efforts.

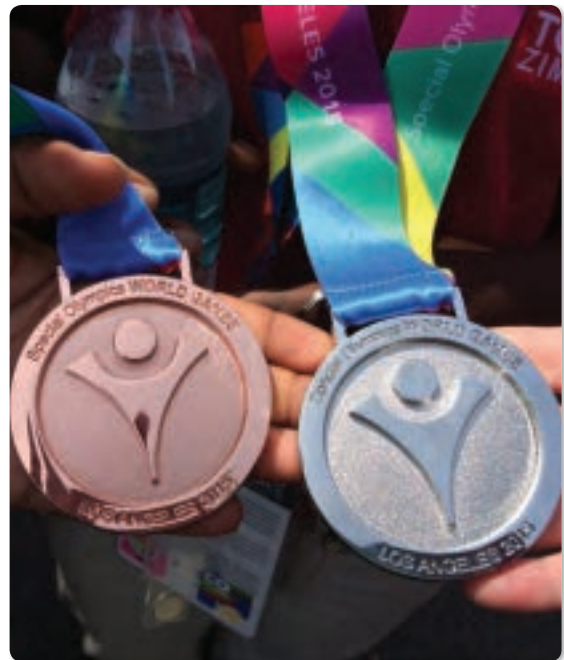
Lending a Hand: Special Olympics World Games

Los Angeles was the host city for the 2015 Special Olympics World Summer Games, which took place July 25-Aug. 2, 2015, and were billed as “the largest sports and humanitarian event in the world.” Children’s Hospital Los Angeles served as the backbone of the Games’ health care support—providing and coordinating volunteer medical services for the 7,000 competing athletes at venues across the Greater Los Angeles area.

This undertaking was no small feat. Leading CHLA’s efforts were Lee Pace, MD, director of the Sports Medicine Program in the Children’s Orthopaedic Center, and Nancy Blake, PhD, RN, CCRN, NEA-BC, FAAN, director of Critical Care Services. Pace served as medical director for the Special Olympics venue, while Blake was the Games’ lead venue administrator.

Blake began coordinating the hospital’s involvement in the spring of 2014. She says she knew her initial email seeking medical volunteers for the Games would generate interest from CHLA staff, but she didn’t realize just how quickly her inbox would be inundated with messages from nurses. “I received more than 100 emails within the first 24 hours,” she notes.

Other CHLA leaders eagerly pitched in too. Athletic trainer Dawnell “Dawnie” Nishijima, the new coordinator of the Sports Medicine Program, organized nearly 140 clinical volunteers to triage care. And Anna Kitabjian, BSN, RN, CPN, PHN, a clinical nurse on 6 East, coordinated the scheduling of volunteer nurses representing all areas of the hospital, including the Emergency Department, Surgical Services, Ambulatory Services and Float Pool. The nurses provided first aid to athletes participating in the Games.



“Some worked six hours, and others did eight-hour shifts, depending on the venues, which hosted golf, equestrian and soccer,” says Kitabjian.

In addition to giving their time during the Games, CHLA volunteers attended orientation and information sessions to review protocols and procedures, likely injuries such as sprains, strains and contusions, and potential medical challenges, including seizures and cardiac issues. While all the Special Olympics athletes have intellectual disabilities, many also have medical issues. “We had to be prepared for anything,” says Blake.

Kitabjian adds, “It was great to have so many nurses participate. I’m overwhelmed by our nurses’ compassion and willingness to serve. It meant a lot to the athletes and the Special Olympics organization to have us there.” 🦋

"It was great to have so many nurses participate. I'm overwhelmed by our nurses' compassion and willingness to serve. It meant a lot to the athletes and the Special Olympics organization to have us there."

—Nancy Blake, PhD, RN, CCRN, NEA-BC, FAAN, director of Critical Care Services

2015 SPECIAL OLYMPICS WORLD GAMES



7,000
ATHLETES



177
COUNTRIES



25
OLYMPIC-
STYLE
SPORTS



27
VENUES



500,000
SPECTATORS



40,000
VOLUNTEERS



MORE THAN 100
CHLA NURSES STAFFED
FIRST-AID STATIONS AT THE
WILSON AND HARDING GOLF COURSE
IN GRIFFITH PARK, THE LOS ANGELES
EQUESTRIAN CENTER IN BURBANK, AND
THE BALBOA PARK SPORTS COMPLEX IN ENCINO

SOUTHERN
CALIFORNIA
ATHLETES WERE
AWARDED A TOTAL OF
55 MEDALS
IN **8 SPORTS**

New Transition RN Residency Program



The inaugural cohort of the Transition RN Residency Program

The Versant™ RN Residency is proud to announce its new Transition RN Residency Program. The program is designed to help nurses who have nursing experience in other fields to transition into the role of CHLA pediatric specialty nurses. On Aug. 3, 2015, the program welcomed its first cohort of 22 nurses, who had prior experience in such roles as home care nursing, skilled nursing care and adult intensive care. The nurses participated in a 12- to 16-week residency to gain the competence and skills needed to practice as CHLA nurses. Cohorts will convene twice a year, in February and August. 🦋

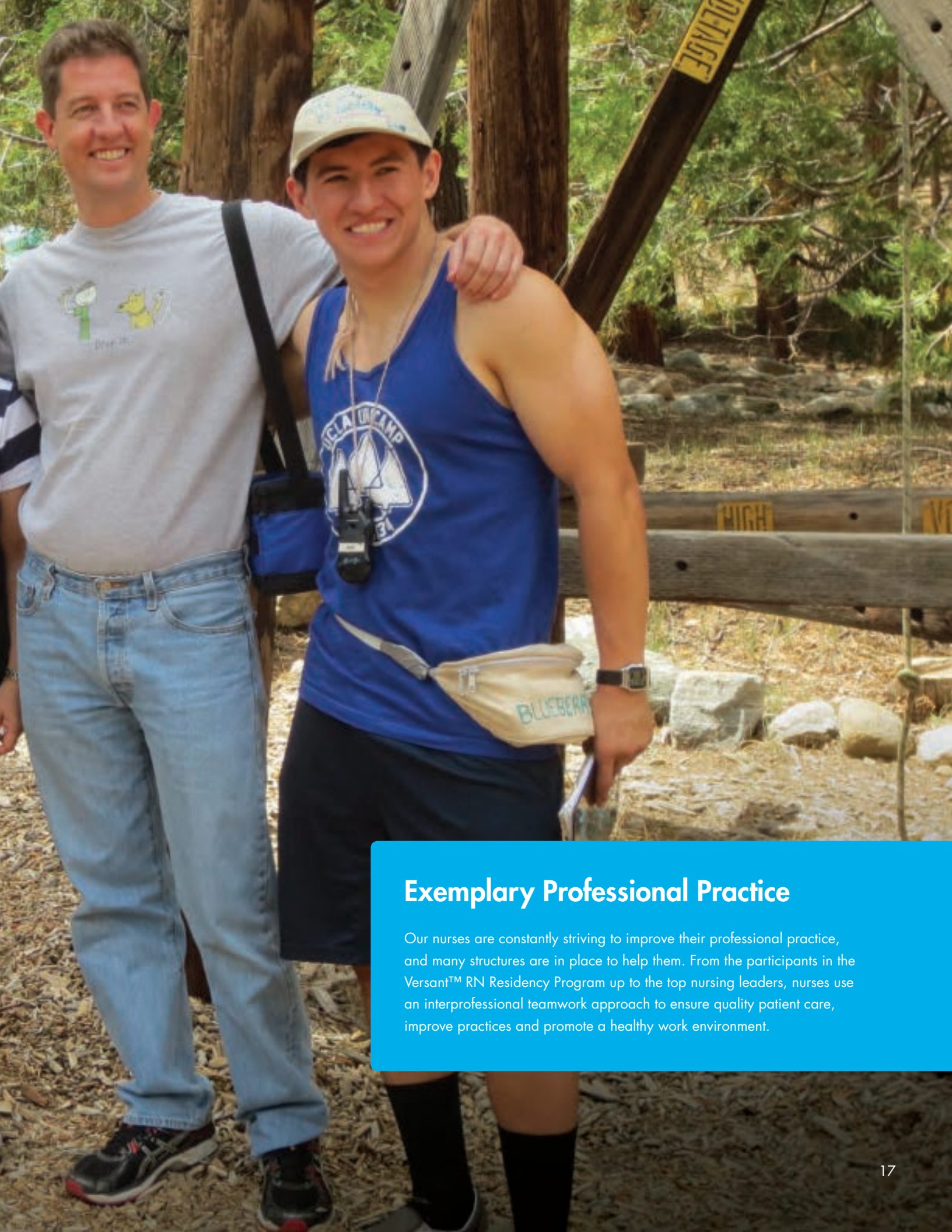
“The Transitional RN Residency Program helped me foster new skills and reduced stress while working on the floor. It was extremely helpful to learn the fundamentals of 6 West before being on the unit, thus making it an easy transition as a new pediatric nurse.”

—Tahira Fazli BSN, RN





*Nancy Chang, PhD, FNP, RN (second from left), and
Steven Mittelman, MD, PhD (second from right),
with two UniCamp counselors*



Exemplary Professional Practice

Our nurses are constantly striving to improve their professional practice, and many structures are in place to help them. From the participants in the Versant™ RN Residency Program up to the top nursing leaders, nurses use an interprofessional teamwork approach to ensure quality patient care, improve practices and promote a healthy work environment.

Diabetes and Obesity Program Teams With UniCamp

UniCamp is the official student charity of the University of California, Los Angeles, and it has been providing a unique outdoor camping experience for at-risk children from underserved neighborhoods for more than 80 years. The summer camp promotes the value of education, builds self-confidence and self-reliance and helps campers become successful in life. Recently, camp leaders came up with the idea for a health- and fitness-themed camp week. To implement the idea, the camp leaders called upon the Diabetes and Obesity Program at Children's Hospital Los Angeles to help design and implement this new, weeklong session.

The partnership created a camp that hosted 125 campers, ages 10-17, during the week of July 26-Aug. 6, 2015. For many of these children, it was their first time at camp and their first time away from home. They resided in open-air cabins in the wilderness, a setting far different from their familiar urban environment. Campers were exposed to swimming, biking, archery, yoga and meditation, dance and hiking.

The camp experience was relatively new to the Diabetes and Obesity Program. The major themes and concepts for UniCamp were the result of a true interprofessional collaboration with members of the Diabetes and Obesity Program, who provided input and guidance throughout the process. Steven Mittelman, MD, PhD, and Cassandra Fink, MPH, CCRP, facilitated the communication and collaboration between the two groups. In addition:

- Sarah Todd in the CHLA Foundation secured funding to support camp subsidies for qualifying campers, including CHLA patients in the EMPOWER Weight Management Clinic, Type 2 Diabetes Clinic, Kids N Fitness (KNF) and our community outreach programs, among others.



Partners from the Type 2 Diabetes Mellitus Clinic and UniCamp: Eunice Im (left); Byron Lutz; Nancy Chang, PhD, FNP, MPH; Patrice Yasuda, PhD; and Vanessa Guzman

- Megan Lipton, MA, and Emily Millen, MPH, provided their physical education expertise by adapting KNF exercise programs to fit the camp setting and integrating pedometers into track campers' activities.
- Linda Heller, MS, RD, CSP, CLC, FAND, offered her nutritional expertise to help guide revisions to the camp menu that included whole grains, more fruits and vegetables, and less sugar—while still keeping the menu child-friendly.
- Nancy Chang, PhD, FNP, RN, provided medical oversight at the camp and set up protocols for managing the care of campers with type 2 diabetes.

Other program members included Claudia Borzutzky, MD; Ellen Iverson, MPH; Valerie Ruelas, MSW; Jamie Wood, MD; Patrice Yasuda, PhD; and Mari Radzik, PhD.

The major themes and concepts for UniCamp were the result of a true interprofessional collaboration with members of the Diabetes and Obesity Program, who provided input and guidance throughout the process.

The following outcomes resulted in a promising future for the health and fitness camp:

- Diabetes and Obesity Program members led trainings in their areas of expertise for UniCamp staff during the months leading up to camp. These training sessions helped camp counselors learn to make healthy choices that lead to a healthy lifestyle.
- Type 2 diabetes patients saw huge improvements in their blood sugar levels while at camp.
- EMPOWER patients attending camp experienced large weight losses in just one week.
- Campers provided positive feedback on the new and healthy mealtime foods.
- Campers learned healthy eating habits, such as how to determine where they are on the “hunger scale” and how to maintain a healthy diet when eating out.

Inaugural DAISY Team Award

CHLA’s Patient Care Services Recruitment and Retention Council selected the Diabetes and Obesity Program to be honored with the inaugural DAISY Team Award in November 2015. This interprofessional recognition is awarded to a team that demonstrates effort above and beyond its traditional role to meet the needs of patients and their families. 🦋

125
CAMPERS

AGES
10-17

1 WEEK

2 1 3

**CAMPERS PARTICIPATED IN
SWIMMING, BIKING,
ARCHERY, YOGA AND
MEDITATION, DANCE
AND HIKING**



MARGIE AND
FOUNDATION

TIME
10:00
YOUR
REHAB SAFARI
ADVENTURE
IS NOW
BEGINNING

Rehabilitation Services moves into the new Margie and Robert E. Petersen Foundation Rehabilitation Center.

DR. ROBERT E. PETERSEN REHABILITATION CENTER



New Knowledge, Innovations and Improvements

The culture of evidence-based clinical practice is ingrained into the minds of CHLA nurses, who are on a constant quest for better patient-care practices. Breakthrough information is acquired through professional organizations, nursing research and literature review. The wonderful outcome of this knowledge-seeking culture is that it stimulates innovations and improvements in practice, technologies and work environments.

A New Home for Rehab Patients



The new rehabilitation gym

The Children's Hospital Los Angeles Rehabilitation Unit has long been recognized for its exceptional care in helping patients recover from traumatic injuries and life-threatening illnesses. On Sunday, March 29, 2015, the Division of Pediatric Rehabilitation Medicine's inpatient center on 6 North moved to its new location on Duque 6: the Margie and Robert E. Petersen Foundation Rehabilitation Center honoring Bobby and Richie Petersen.

This state-of-the-art, 22,000-square-foot acute pediatric inpatient facility offers greater therapeutic amenities and a more comfortable, safari-themed environment to promote healing. The center is the largest of its kind in the country, with 22 patient beds, including 16 private rooms, three semiprivate rooms and two medical isolation rooms for patients with fragile immune systems. Every room includes a family sleep area, bathroom and shower.

The space also includes a 1,750-square-foot rehabilitation gym for physical and occupational therapy; occupational therapy craft rooms; speech and recreation therapy rooms; a Child Life playroom; ceiling-mounted systems to safely move patients within the Center; a therapeutic kitchen; and a community dining room for patients and families.

As the first dedicated pediatric rehabilitation center in the region, the unit had been in its previous location since opening in 1973. The Rehabilitation team treats about 200 patients a year with a range of complex and diverse diagnoses, including brain and spinal cord injuries, bone and brain tumors, seizures, and spinal and rheumatologic disorders. The reaction to the new Center has been overwhelmingly positive.

"Everyone loves our new home. It's very bright and happy, but calming and welcoming," says Duque 6 Education Manager Yvonne Hughes-Ganzon, BSN, RN, CPN, CRRN. "Patients don't want to leave." Duque 6 Operations Manager Phan Leopando, BSN, RN, adds, "Patients and families are happy to be here because of the private rooms and bigger disability-approved bathrooms, not to mention being in a very new, cheerful and spacious environment. Our nursing and therapy rehabilitation teams feel more united because we are in one area and share a lounge."

Relocation planning for the unit took three years of hard work from teams across the organization. The job was formidable and involved identification of the best location, business plan development, the design of the space, fundraising, construction permits and licensing, and the moving of patients. Every person involved in this project demonstrated remarkable dedication and teamwork and deserves to be commended.

Moving patients to the new Center was an important component of the planning. Preparations began several months in advance and involved teams from across the hospital, including Pediatric Rehabilitation Medicine, Information Services and Security, and Quality and Materials Management.

"Basically, it was everyone who was involved in the Marion and John E. Anderson Pavilion move, but on a smaller scale," explains Sharon Chinn, RN, CRRN, director of Patient Care Services. Rehabilitation staff also received training to help patients and families transition to the new facility. Leopando adds: "It's great to be in a new home that's closer to the Anderson Pavilion, with more advanced equipment and inviting accommodations for patients and families." 🦋



From back left: Arthur Ybarra, care partner; Perlita Guillermo, care partner; and Phan Leopando, BSN, RN, Duque 6 operations manager

"Patients and families are happy to be here because of the private rooms and bigger disability-approved bathrooms, not to mention being in a very new, cheerful and spacious environment. Our nursing and therapy rehabilitation teams feel more united because we are in one area and share a lounge."

*—Phan Leopando, BSN, RN,
Duque 6 Operations Manager*

CV Acute Unit: Improving the Patient Discharge Process

The nurses at Children’s Hospital Los Angeles constantly strive to improve the way we deliver patient care. Nurses in the Cardiovascular Acute (CV Acute) Unit are no different, and they look for ways to better care for complex cardiothoracic patients. One challenge these nurses recently aimed to improve was the discharge process.

Although patients and families were being discharged at a satisfactory pace, the CV Acute nursing team knew that changes could improve time and efficiency. The team looked at several pieces of data, including average unconditional response time (AURT). This is the amount of time it takes for a patient to leave the unit after the discharge order is written. The AURT was generally over 2.5 hours. The goals of the program were to decrease that time while improving caregiver understanding and parental satisfaction.

To find solutions, CV Acute Managers Kay Gilmore, MSN, RN, CPN, and Melanie Guerrero, MSN, RN, CPN, analyzed every component involved in the discharge process and utilized their external resources. They were involved in high-level interprofessional meetings to address the discharge data and challenges. They queried health care research journals and attended a national conference presentation, collecting best practices. They collaborated with the Work Area Leadership Team (WALT), a unit-based governance group made up of select CV Acute staff, to develop a survey to assess the current practice of discharge and identify staff needs. The managers also utilized their “Monday Rounding for Outcomes” process, in which they walk through the unit and round with staff to get input on current issues.

Creating a new role: DRN

In November 2014, Gilmore and Guerrero facilitated a retreat with the lead nurses to present the information they had collected about discharge



CV Acute Managers Kay Gilmore, MSN, RN, CPN, and Melanie Guerrero, MSN, RN, CPN

practices over several years. The group created the role of the “discharge registered nurse” (DRN), with an innovative new staffing model to accommodate the position.

The DRN would be responsible for assisting in patient discharge up to 72 hours prior to the anticipated discharge date. This exciting role would relieve clinical nurses from having to carry out comprehensive education with patients and families and allow them to focus on providing clinical care. Patient and family education is a huge component of a nurse’s role in the discharge process. Typical instructions for a family in preparation for discharge include well-baby care, CPR education, medication education, medical device care and medical equipment training. Thus, any necessary clinical interruptions—such as medication administration, communications with the health care team and bedside procedures—delay nurses’ ability to discharge patients in a timely manner and result in an increased AURT.

Increasing staffing over budget was not an option for Gilmore and Guerrero; they had to maintain existing levels and create an innovative answer. To include the DRN but still stay within budgeted hours, nurse-to-patient ratios varied based on patient acuity. Having one nurse assigned to the role of DRN—relieved of providing clinical care to patients and responsible exclusively for discharge education and planning—altered the workload and allowed some nurses to be assigned an additional patient.

This innovative new staffing model also enabled the unit to keep the existing role of the resource nurse, who is also not assigned to patients. The resource nurse serves as benevolent support for CV Acute nurses, handling new admissions, clinically worsening patients and escorts for patient transport, as well as relieving nurses for breaks.

The retreat group members also developed an internal application process for the DRN role, along with a four-hour training day. They wanted the role to be filled by their own CV Acute nurses, who are passionate about patient education and care coordination. As part of their training, four of the DRNs were trained as CPR instructors. This enabled them to teach CPR to patients and families at the bedside prior to discharge, without waiting for a certified instructor.

The new model was implemented in August 2015. Since then, the DRN has evolved from its initial vision and purpose and now fills a role that achieves remarkable patient-care efficiency and quality. The DRNs have regular meetings as a group to provide further support, development and training for their new role. They also regularly attend an interprofessional team meeting, called Care Progression Rounds, to communicate discharge plans and barriers to the CV Acute patients and families.

In addition, DRNs have arranged their schedules to be more available for families, including working until 9 p.m. This is extremely helpful for families who need to come after work or who travel long distances to the hospital. Another benefit to the new scheduling is that it enables DRNs to provide support for night-shift nurses.

“The results clearly show that the new staffing model with the use of a DRN has sped up discharge times, provided parents with a better understanding of discharge instructions, increased family satisfaction, and improved the relationship between nurses, patients and families.”



*Discharge Registered Nurse
April Punsal, BSN, RN, PHN, CPN*

(continued on next page)

Achieving results

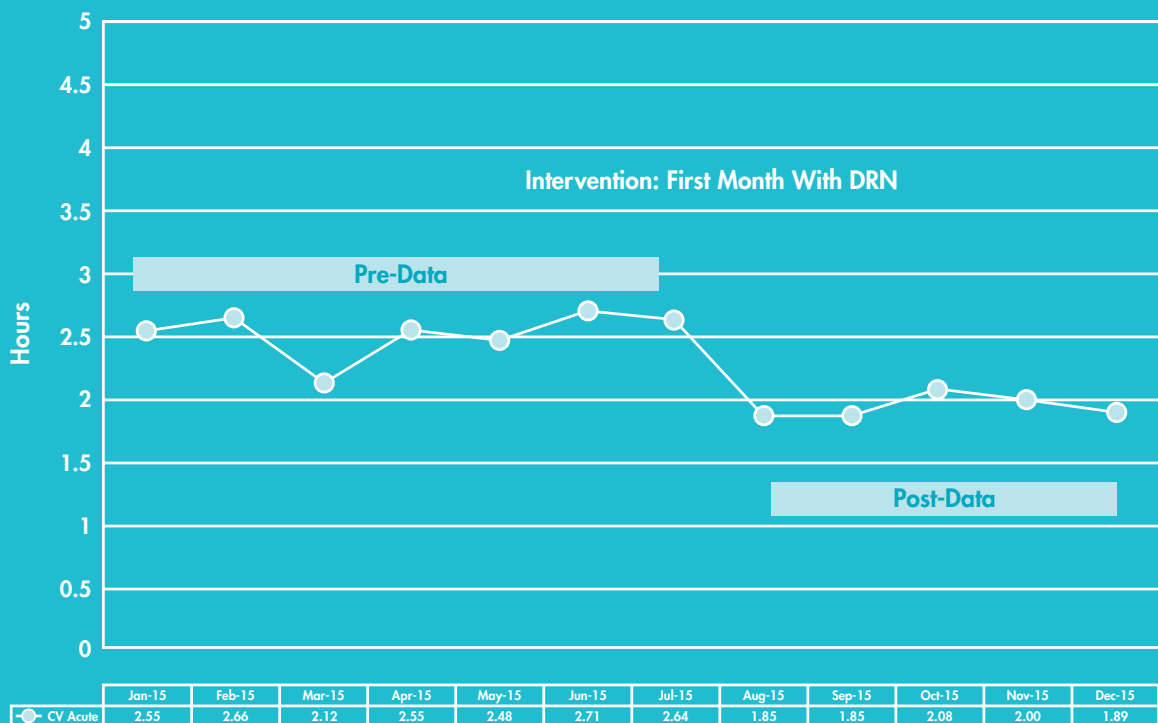
This innovation resulted in great outcomes. The AURT decreased to 1.85 hours in the first month of implementation and has stayed under two hours most months since then (Figure 1). Families expressed increased satisfaction with the new model and stated that they appreciated having consistent and dedicated people to help them through the discharge preparation process. Patient satisfaction scores regarding discharge, via the National Research Corporation (NRC), demonstrated significant improvements, placing well above the NRC's 75th percentile benchmark. Notable increases were seen in such areas as explaining information that is easy to understand for parents (up from ninth to 87th percentile) and what symptoms to look for after discharge (up from 72nd to 87th percentile).

In addition, before the DRN staffing model, charge nurses would receive frequent phone calls after discharge from families who had questions about

information they did not understand. Today, these phone calls have been reduced substantially, as families are better educated and prepared for their discharge. The data showed a decrease in post-discharge parental calls from 63 percent to 37 percent. Those families who do call with questions are now directed to the DRN. A future goal for the DRN will include making routine phone calls 24 to 48 hours post-discharge to address any questions or concerns prior to the patient's first return appointment.

The results clearly show that the new staffing model with the use of a DRN has sped up discharge times, provided parents with a better understanding of discharge instructions, increased family satisfaction and improved the relationship between nurses, patients and families—all while staying budget-neutral. This is a perfect demonstration of the meaning of CHLA's Core Values, especially how we achieve our best together. 🦋

Average Unconditional Response Time (AURT)





Our Certified Nurses

4 East

Irene V. Aberin	CPON
Lilibeth L. Aguado	CPHON
Shannon Elizabeth Arredondo	CPHON
Dania Marisa Bourque	CPON
Staci A. Castillo	CPON
Beata B. Chmielewski	CPHON
Michelle E. Criger	CPHON
Dawn Marie Dunkin	CPHON
Renee A. Flores-Garcia	CPON
Diane M. Grade	CPON
Anne C. Halili	CPHON
Barbara M. Huerta	CPHON
Jacqueline Denise Marroquin	CPHON
Heather Joy Mehl	CPON
Johanna Navia	CPON
Alexandra Ornelas	CPHON
Marifel Pagkalinawan	CPHON
Andrea Jean Petty	CPHON
Veena Punyanussoranee	CPHON
Jenine Michele Raffaniello	CPHON
Luzmarie Barron Ramirez	CPHON
June Nicole (Palacio-Bhojwani) Rees	CPHON
Sacha Lauren Reis	CPON
Hilda Rodriguez	CPN
Afshid Roozrokh	CPON
Sirinan Srilanchanarak	CPON
Allison Christine Taylor	CPHON
Kelcie Tice	CPHON
Kerry S. Vancura	CPON
Maria L. Velasco	CPON
Sonya L. Williams	CPON

4 West

Melissa (Stewart) Aguirre	CPON
Diane Rita Altounji	CPON
Michelle D. Castle	CPON
Sona Daldumyan	CPON
Lizzele J. Dulay	CPON
Anoush Mary Essajanian	CPHON
Libertad Garcia	CPHON
Monica Grover	CPHON
Renita Arlene Joseph	CPHON
Jamie Lee	CPHON
Swati Harshad (Vyas) Saiben	CPHON

Kimberly Nicole Schenk	CPHON
Don Stewart	NE-BC
Deborah K. Weiss	CPN
Cara Suzanne Wise	CPHON

5 East

Ana Borde	CPN
Stephanie Kate Bedsworth Brewis	CPN
Emily Clark	CPN
Jessica Damasco	CPN
Nora A. Delgado	CPN
Hoo Lynn Everson	CPN
Lorena Maria Ferrer-Pyorala	CPN
Giuliana V. Fiore	CPN
Geraldine Fonacier	CPN
Amy Jean Girguis	CPN
Natalie Goldman	CPN
Michelle M. Karlu	CPN
Jolene Marie Knapp	CPN
Monica Chea Lopez	CPN
Angela Adriana Madrid	CPN
Susan (Sue) Martinez	CPN
Janet Mooney	CPN
Sherry Nolan	CPN
Ruth Paul	RN-BC
Sarah G. Ramirez	CPN
Ria Sanchez	CPN
Erin Schmidt	CPN
Ani Simonoff	CPN
Marcela M Solorio	CPN
Irina V. Tarasova	CPN

5 West

Lesley Navea Abcede	CPN
Linda B. Allen	CPN
Arnie B. Banez	CPN
Aimee Caipang	CPN
Marlene Julasavee Cox	CPN
Margaret-Ellen Frankel	CPN
Matthew Fountain	CPN
Susan L. Gonzalez	CPN
Trisha Hao	CPN
Susan D. Jensen	CPN
Katherine Leonardo	CPN
Cheska Mae (Francis) Mombay	CPN

Jahmela June Pech	CPN
Judith A. Tighe	CPN
Rachel Troost	CPN
Diana H. Vaughn	CPN
Donna Lee Vanca	CPN
Michelle Ann Ventura	CPN
Sharlene C. Odhner Williams	CPN/CPEN
Polin Yousefzadeh	CPN

6 East

Jennifer Mae Antin	CPN
David Miller Barrios	CPN
Robert Clarke Briscoe IV	CPN
Anne A. Casale	CPN
Monica Ann Coles	CPN
Lorraine Devine	CPN
Eileen R. Duncan	CPN
LaVonda R. Hoover	CPNP-PC, CPN
Leslie Carol Friedman	CPN
Evelyn Sofia Garcia	CPN
Kristine N. Gawley	CPN
Elaine C. Iwamoto	CPN
Kelsey Alder Jepsen	CPN
Erin Kelly	CPN
Catherine D. Kissinger	NE-BC
Anna Kitabjian	CPN
Stephanie Martinez	CPN
Margaret McCormick	CPN
Samar Mroue	CPN
Soon Kim Perez	FNP-BC
John Randall Rutland	CPN
Caroline Kelton Sanborne	CPN
Lindsay Schaeffer	CPN
Kristine Tom (Sanchez) Tapia	CPN
Talya Weiss	CPN
Flora W. Yuen	CPN

6 West

Johanna Camille Aguino	CPN
Tiffany Michelle Allen	CPN
Olivia Banuelos	CPN
Jesibelle Perpetua T. Bernardo	CPHON
Shannon Brantley	CPN
Gene Rainier Calderon	CPHON
Christina Annamaria Cerda	CPN
Terri Lynn Cole	CPN
Maya Cox	CPN
Kelley J.H. Dobard	CPN
Sabrina Agustina Escalante	CPN



Ping Ping Shu, BSN, RN, CPHON

Diana Hong	CPN
Christiane Marie Lieu	CPHON
Vicky Chi Lin	CPN
Lynette Maria MacFarland	CPN
Diana Montano	CPN
Marites Rapanot Narciso	CPHON
Kristen Lee Owen	CPHON
Kathleen Sanborn Palas	CPN
Caroline Maria Ross	CPN
Michael Harry Ross	CPN
Melonee Silagon Sanchez	CPON
Monica Schoifield	CPN
Linda Sy	CPHON/CPN
Theresa Ann Tostado	CPN
Gloria N. Verret	CPN
Nicole Carolyn Westrick	CPN

Abdominal Diseases

Jennifer L. Baldwin	CPN
Stephanie A. Johnson	CCTC

Access and Transfer Center

Barry Libed	RN-BC
Janice Cameron McKenzie	CPN
Nancy O'Gorman	CPN
Erin Ashley West	CPN, CPNP

Adolescent and Young Adult Medicine

Bianca M. Salvetti	CPNP, CCRN
Nanora M. Thompson	CNP

Anesthesiology

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
Joseph Ng	CRNA
Salvador Tafoya	CRNA
Shinny Thomas	CRNA

Anesthesiology Critical Care Medicine

Allan Cresencia	CPN
Corey Fritz	CPNP-PC, CPNP-AC
Jennifer M. Huson	CPNP-PC
Mary Evelyn McCulley	PPCNP-BC, CPNP-AC
Rica Sharon Prospero Morzov	CPN
Dara Nunn	CPNP-AC
Lindsay Quirk	CPNP, CPN

Blood Bank and Blood Donor Center

Brian J. Cook	CFNP
Andriana Pavlovich	CPN

Bone Marrow Transplant Unit

Kristel Nneka Alleyne	CPHON
Ann Moaje Alvarez	CPHON
Mikaila Elizabeth Becker	CPHON
Kristina L. Brown	CPON
Gail Alicia Covington	CPHON
Stephanie Margaret Davis	CPHON
Dannielle Eramia	CPHON
Vilma L. Evangelista	CPON
Janet Hoa	RN-BC
Gwendolyn M. Kimball	CPON
Dawn P. Landery	CPON
Kristin Ann Malicse	CPHON
Shabana Wadalawala Mather	CPHON
Mary F. Moses	CPON
Sarah Toba (Zanella) Mutia	CPHON, BMT
Anna Lauria Pasquarella	CPHON
Donna M. Quiroz	CPON
Vanessa Rios	CPN
Sarah (Robison) Schneider	CPHON
Aeroshikha Rose Wolf	CNL
Leticia Valdiviez	CPHON

Cardiology

Imelissa Blancas	CPN, NEA-BC
Shelly Dyer	CPN
Lindsay Medal Thatcher	CPN



Stephanie Serna, BSN, RN, CPN

Cardiothoracic Intensive Care Unit

Andrea R. Aguilar	CPN, CCRN
Kathleen Anticevich	CCRN
Madeleine Cabalitan Ayllon	CCRN
Carol E. Cadaver	RNC-NIC
Virginia A. Culla	CCRN
Elizabeth Suzanne Daley	CCRN
Norma Alice Dansak	CCRN
Jessica Lorraine DeVreese	CCRN
Ashley Dunser	CPN
Samantha Alice Filicetto	CCRN
Sylvia Gomez	CCRN
Juliet Christine Goss	CCRN
Elizabeth Katherine Hahn	CCRN
Kelli M'Sean Kleyhauer	CCRN
Josephine B. Lee-Razon	CCRN
Lois E. Lingayon	CCRN
Hai Thanh Ly	CCRN
Jennifer Lynn Ly	CCRN
Aristole Visperas Marasigan	CCRN
Charmaine Sy Marin	CCRN
Melinda Martinez	CCRN
Jill Marie Palechek	CPNP
Amy (Nash) Parker	CCRN
Lisa A. Rizzi-Wagner	CCRN
Ivo Rajagukguk	CCRN

Nicole Leanne Rohr	CPN	Michelle Andrea Sullivan	CPN
Samantha Soriano	CCRN	Kristin Marie Tayo	CPN
Gloria E. Trejo	CCRN	Stephanie Ann Vandehey	CPN
Jill Marie Whittey	CCRN	Ashley Vieira	CPN
Victoria J Winter	CCRN	Brittany Michelle Warren	CPN
Elizabeth Ann Zlotorynski	CPN	Elysia M. Weiner	CPN
		Annie Yeremian	CPN
		Nubia Zuniga	CPN

Cardiothoracic Surgery

Mariesa Y. Buhl	CPNP-AC
Jo-Ann Marilyn Casenas Castanares	CCRN
Debra Ann Dechant	CCRN
Ellize Nickole Ergina	CPNP-AC
Pamela Michelle Faire	CPNP-PC/AC
Kay M. Gilmore	CPN
Melanie A. Green	CPNP-AC
Melissa Sue Green	CPNP
Donna J. Guadiz	CCRN/CCTC
Melanie A. Guerrero	CPN
Monica V. Horn	CCRN, CCTC
Flerida Imperial-Perez	CCNS-P, CNS-BC
Carolyn Kleu	CPNP-AC
Erika Ko	CPN
Ruth E. Lemus	CCRP
Erin Messing	CPNP
Elizabeth Ann Miller	CPNP-PC
Carol A. Okuhara	FNP-BC, CPNP-AC
Dione Dela Cruz Paras	CPNP-PC
Pahnthea Pedoeim	CPNP-PC
Nancy Ann Pike	FNP-BC, CPNP-AC
Lillian Vicky Rosu	FNP-BC, CPNP-AC
Nhu N. Tran	CCRN, CCRP
Sharon A. Wagner-Lees	RN-BC

Cardiovascular Acute Unit

Michelle Marie Beato	CPN
Leonilyn Castillo	CPN
Carmelita Clark	CPN
Aileen Yanga De Guzman	CPN
Darcey Lynn Diaz	CPN
Jamie Lynelle Duly	CPN
Tanisha Holman	CPN
Emily Jean LaNovara	CPN
Charles Mai	CPN
Marcia Lachelle Massey-Norfleet	CPN
Andrea Kathleen Moore	CPN
Nubia Ruth Newsome	CPN
April Punsal	CPN
Graciela Garcia Ruiz	CPN
Sofya Noreen Sadiq	CPN

Care Coordination

Cynthia Burrola	CPN
Harry Alexander Ford	CCRN
Martha Jarquin	CPN
Terece Jones	CPN
Marisa Martinez	CPN

Clinical Education and Professional Development

Marcella Christine Bernstein	RNC-NIC
Frances Blayney	RN-BC, CCRN
Margaux Cecile Lozada Chan	CPN
Debbie L. Reid	CPON, RN-BC

Clinical Programs and Professional Services

Deborah A. Noble	CLC
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Emergency Department

Mercedes Alonso	CPEN
Sheila Ann Anulao	CPN
Teresa Marie Archuleta	CPEN
Monica Andrea Calfa	CPN
Joel Cel	CPN
Yolanda Chartan	CPEN
Anabel Enriquez Costa	CPN, CPEN
Katrina De La Cerda	CPN
Sheah Marie DiLuigi	CPEN
Laura Elise Du Four	CPN, CEN
Monica El Shaddai	CPN
Mariella Flores	CPN
Robin L. Goodman	CPEN
Armstrong Hao	CPN
John Hulse	CPEN
Nicole Marie Magni	CPN
Claire J. Meyer	CPN
Inge M. Morton	CPN, CPEN
Phaedra Lynn Nguyen	CPEN
Sharon L. Noonan	CPN, CPEN
Jamie Orellana	CPEN

David Pichardo Jr.	CPEN	Kimberly Dodson	CNOR
Catherine Shijo	CPN	Barbara P. Gross	NEA-BC
Amanda Lynn Silver	CPN	Mary Dee Hacker	NEA-BC
Christi Ellen Stegman	CPEN	Rita L. Secola	CPON
Gina Marie Terrazzino	CPN	Suzanne L. Taylor	RN-BC
Valorie M. Tripoli	CPN		
Graham Aaron Valley	CPEN		
Stephanie D. Watchler	CPN		
Kimberly Wheatley	CPEN		

Emergency Transport Program

Susan L. Cesinger	C-NPT
Arvin Clavio	C-NPT
Tara L. Cook	C-NPT
Russell A. Gill	C-NPT
Geri H. Gregorczyk	C-NPT
Sarah Grey	C-NPT, CPNP
Haley Jelletich	C-NPT, RN-NIC
Jenifer Ann Meyers	C-NPT
Marilou De Guzman Millares	CPN, C-NPT, CCRN
Margaret Teresa Reen	C-NPT
Judith A. Sherif	CPN
Terri E. Stambaugh	CPN, C-NPT
Rachel M. Terhaar	C-NPT
Yolanda Andalon Won	CPNP

Employee Health Services

Elsie Alfaro	CFNP
Melanie T. Moya	CFNP
Roy Villena Tatlonghari	CANP

Endocrinology and Metabolism

Anna Gastelum Bitting	CDE
Louise Brancale	CDE
Lessette Cetto	PNP
Eulalia Carcelen	CDE
Kailee Rene Gaffny	CPN, CDE
Mary Halverson	CDE
Christine Hertler	CDE
Barbara K. Hollen	CDE
Mary T. McCarthy	CDE
Debra Dee Miller	CDE
Maria De Jesus Nuques	CDE
Cassie Song	CDE
Kalia Torosian	CDE

Executives and Directors

Nancy T. Blake	CCRN, NEA-BC
Sharon Chinn	CRRN

Gastroenterology

Kim Rinauro	CNSC
Zulema Vega	CPN

General Pediatrics

Marcia Jean Lee	CPNP-PC, PMHS
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Hematology-Oncology

Chelsea Marie Balian	CPNP
Stana Bogojevic	CRNI
Margaret S. Bottcher	CPON, CPNP-PC
Lauren Bristow	CPHON
Jennifer Buitrago	CPON, CPNP
Sherri Lynn Carcich	CPON
Susan M. Carson	CPNP
Angela Cha	CPNP
Shanna Christoffersen	CPON
Kei Yun Chung	CPON
Christina Izumi Cruso	CPON
Sabrina Cummings	CPHON
Melissa Parra Doyle	CPNP
Aissa Duey	OCN
Anna Christine Evans	CPNP-PC, CPHON
Michelle Marie Garcia	CPNP
Jennifer Gravette	CPNP
Jonelle Beth Gray	CPNP, CPHON
Sarah Green	CPNP
Barbara Habell	CPNP
Deborah G. Harris	CPNP-PC/AC
Nancy S. Hart	CPON
Dee Imai	CPON
Megan H. Javidi	CCRN
Makensie Johnson	CPON
Jacquelyn Keegan	CPON
Maria-Theresa Lapinid	CPON
Wendy Seto Leung	CPNP
Yvonne K. Lindsey	ONC
Kellie A. Loera	CPON
Catherine Macpherson	CPON
Deborah Marino	CPON
Meghan T. Meehan	CPON
Mary Baron Nelson	CPNP
Jacqueline Marie O'Connell	CPNP

Tina M. Patterson	CPON	Katherine M. Meyer	CPNP-PC/AC
Paola I. Pederzoli	CPNP	Jenese Morris-Rubottom	CPN
Patricia A. McMahon Peterson	CPNP		
Geraldine Pira	CCRP		
Kasey Rangan	CPNP	Andree R. Mulia	CHCR
Ma Luz Reyes	CPON		
Susan L. Rhoads	CPHON		
Patricia Rios	CPON	Rebecca Dahl	CIP
Elizabeth Robison	FNP-BC		
Yael L. Rosenthal	CPNP		
Kathleen Ruccione	CPON	Evelyn Lai	PNP
Gina Marie Santangelo	CPNP, CPON	Mary Virgallito	CIC
Belinda P. Sia	CPON		
Shinyi Tang	CPON		
Susan E. Tatoy	CPHON	Pamela Lynn Costa	NNP-BC, RNC-NIC
Laura J. Vasquez	CPON	Sandra Luz Espinosa	NNP-BC, RNC-NIC
Jessica A. Ward	CPNP	Bonnie Solim Lee	NNP-BC, RNC-NIC
Tanea Dwan Washington	CPNP, CPHON	Karen Elizabeth Helt Rapoport	NCC-NNP
Jami Vander Wielen	CPNP	Tiffany Lynne Restelli	NNP-BC



Geraldine Fonacier, BSN, RN, CPN

Hematology-Oncology Clinical Research

Armi F. Bui	CPON, CCRP
Scarlett Vasiliki Czarnecki	CPHON, CCRP
Haley Kelley	CCRP
Renna G. Killen	CCRP
Anne Nord	CPON, CCRP

House Supervisors

Sherry Cauley	CCRN
Deann E. Dover	CPN
Jeanette M. Goggins	CPN

Human Resources

Andree R. Mulia	CHCR
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Human Subjects Protection Program

Rebecca Dahl	CIP
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Infection Prevention and Control

Evelyn Lai	PNP
Mary Virgallito	CIC

Institute for Maternal-Fetal Health

Pamela Lynn Costa	NNP-BC, RNC-NIC
Sandra Luz Espinosa	NNP-BC, RNC-NIC
Bonnie Solim Lee	NNP-BC, RNC-NIC
Karen Elizabeth Helt Rapoport	NCC-NNP
Tiffany Lynne Restelli	NNP-BC

Kidney Transplant

Gwen (Green) Brown	CNP
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Knowledge, Information and Decision Support (KIDS) – Clinical Informatics

Maria Ganon	RN-BC
William C. Kenny	RN-BC
Florence Orpilla	RN-BC
Patricia A. Tejada	CPN

Las Madras Simulation Research Laboratory

Caulette Young	CCRN
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Nephrology

Evangelista Austria	CDN
Alicia N. (Sanchez) Bertulfo-Sanchez	CPHON

Neurology

Shawna Winans	CPN
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Newborn and Infant Critical Care Unit

Sonja Ann Alli-Casella	RNC-NIC
Kolette Bruckner	RNC-NIC
Susan V. Bugsch	RNC-NIC
Suzanne Y. Cuano	RNC-NIC
Sally Ruth Danto	RNC-NIC
Beverly S. Drummond	RNC-NIC
Marta A. Dubon	RNC-NIC

William Duong	RNC-NIC	Kerri Michele York Hunter	CPN
Sharon Fichera	NNP-BC	Megan Marie Jensen	CPN, CCRN
Jennifer Lee M. Flores	RNC-NIC	Kathy Kelly	CPN
Judith Foote-Merryman	RNC-NIC	Ruth Ellen Klinsky	CPN
Lauren Formentini	RNC-NIC	Rebecca Rose Kvamme	CPN
Johanna Constance Gaeta	RNC-NIC	Katrina Lazo	CPN
Brenda Gallardo	RNC-NIC	Chrystal Light	CPN
Jacquelyn Marie Gayer	RNC-NIC	Linda S. Loiselle	CPN
Robert Fred Giesler	RNC-NIC	Gayle C. Luker	CPN
Anne B. Gleeson	RNC-NIC	Mary Ann Macaspac	CPHON
Dolores M. Greenwood	RNC-NIC	Jeanne M. Marshall	CPN
Amy Leigh Griffey	RNC-NIC	Christopher L. May	CPN
Robert Hett	RNC-NIC	Patricia Mueller	CPN
Audrey Rose (Arndt) Jamora	RNC-NIC	Christina Anne Ng-Watson	CPN
Alexandra Kasioumis	RNC-NIC	Amy Marlene Omuse	CPN
Karin Kessler	RNC-NIC	Kimberly Hodge Pandora	CPN
Misun Kim	RNC-NIC	Joan Marie Flom Pritchard	CPN
Laura A. Klee	RNC-NIC	Velma Leon Guerrero Reyes	CPN
Kimberly Kyle	RNC-NIC	Corina Rico	CPN
Jennifer Wing-Yee Leong	RNC-NIC	Vanessa Rios	CPN
Michelle Costabile Machado	CCRN	Karen Denise Rivas	CPN
Mikoto Nakamichi	RNC-NIC	Jocelyn Robinson	CPN
Alisa Nelson	RNC-NIC	Martha Samuel	CPN
Maxine Orijei Ogbaa	RNC-NIC	Joannie A. Stoker	CPN, CCRN
Lorie J. Pagado	RNC-NIC		
Valerie Lynn Phillips	RNC-NIC		
Victoria Pniel	RNC-NIC		
Alma Veronica Ramirez	RNC-NIC		
Diane E. Real	RNC-NIC		
Michael Franklin Rokovich	RNC-NIC		
Lisa Marie Rosik	RNC-NIC		
Brooke Nicole Sanders	RNC-NIC		
Elizabeth Bothwell Schaub	RNC-NIC		
Suet Ching Sham	RNC-NIC		
Patricia Lopez Villanueva	RNC-NIC		
Shu Yin Wang	RNC-NIC		
Diana Marie Williams	CCRN		
Judith Wood	RNC-NIC		

Nursing Resources

Sharon Elizabeth Burdick	CCRN
Dolores A. Buslon	CPN
Monica Ciccarelli	CPN
Paul A. Ciriacks	CPN
Kimberley De La Cruz Collantes	CPN
Kirsten Costea	CPN
George Dennis Cruso	CPN
Monique Rene Gateley	CPN
Lynne Charlotte Harris	CPNP-PC/AC



Rita Secola, PhD, RN, CPON, FAAN, nursing director of the Children's Center for Cancer and Blood Diseases, with patient Charlie Robin Libowsky

Operating Room

Katharina Becker	CNOR
Norma M. Corona	CNOR
Usha Bhulla Desai	CNOR
Melinda R. Dizon	CNOR

Verzhine Fodolyan	CNOR	Jonathan Taylor Foley	CCRN
Paula E. Guzman	CNOR	Emily Fu	CPN
Angela M. Hartley	CNOR	Kari Leeann Gleason	CCRN
Angel Holzschuh	CNOR	Zeamari Villanueva Jacinto	CCRN
Sohee Hwang	CNOR	Sarah Kelsey	CNL
Jingdong (Kenny) Kou	CNOR	Fereshteh (Feri) Kiani	CCRN
Rodrigo S. Lopez	CNOR	Jisu Kim	CCRN
Renee A. Lucci	CNOR	Jessica Klaristenfeld	RN-BC
Andrea Carole McMonigal	CNOR	Krichelle Ann Larson	CCRN
Jessica Belle Reyes	CNOR	Nikola Andrew Lazovich	CCRN
Florence E. Rivera	CNOR	Nancy Lavoie	CCRN
Nur S. Abdullah Saldivar	CNOR	Sandra Lee	CCRN
Adriana Savadjan-Smith	CNOR	Tiffany Li	CCRN
Cheryl Michelle Smith	CNOR	Ing Chiv (Jamie) Lin	CCRN

Ophthalmology

Kathleen J. Anulao	FNP-BC, CPN	Kimberly Aimee Linstadt	CCRN
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Orthopaedics

Elaine Butterworth	CPN	Teresa L. Loera	NE-BC
Phyllis J. D'Ambra	CIP	Louis M. Luminarias III	CCRN
Ann M. Wakulich	ONC	Teresa Mahgerefteh	CCRN

Pain Management and Palliative Care

Heidi D. Haskins	CFNP	Agnes Jung Maruyama	CCRN
Susan Marie Hunt	CPNP-PC	Elizabeth Ann McQuinn	CCRN
Deborah L. Jury	CPNP-AC, CNS	Caitlynn Meldvedt	CNL
Meghan Sullivan Middleton	CPNP-PC/AC, CNS	Monica Lee Nuss	CCRN

Pediatric Intensive Care Unit

Ashley Marie Andrew	CCRN	Rebecca Perez	CCRN
Danielle Brianna Attanasio	CCRN	Christopher A. Price	CCRN
Debra Lynn Barnes	NE-BC	Emily K. Reganis Rebar	CCRN
Meredith Anne Blackburn	CCRN	Ciana M. Reschman	CCRN
Alejandra Briseno	CCRN	Kristen Roman	CNL
Sonya Brooks	CCRN	Cynthia Nelson Rowlett	RN-BC
Agnes E. Bundac	CCRN	Miki Cheng Sato	CPN
Jesusa Cabilolo	CCRN	Hui-Wen Sato	CCRN
Evelyn Yip Chan	CCRN	David Schmidt	CPNP, CCRN
Ellen M. Choe	CCRN	Tabitha Maria Schwartz	CCRN
Katelyn Marie Clark	CCRN	Kieran Meltvedt Shamash	CCRN
Natalie Cole	CCRN	Sanci Beth Solis	CCRN
Corinne M. Costley	CCRN	Suzette Dee Sweeney	CCRN
Susan Crandall	CCRN	Linda A. Topper	CCRN
Tana DeLaurentis	CNL	Sarah Underkofler	CCRN
Tracye Dohzen	CCRN	Samantha Wilson	CCRN
Eva Marie Dunbar	CCRN	Amina Ruth Naef Winter	CPN
Victoria Joanne Duncombe	CCRN	Karen Noleen Young	CCRN
Heather Noel Favret	CCRN	Linda C. Young	CCRN
Kristi Ficek	CCRN		

Pediatric Surgery

Irene Austria-Ramos	CPNP
Linda Camacho	CPNP
Catherine Goodhue	CPNP
Elizabeth A. Harrison	CWOCN
Donna E. Nowicki	CPNP
Teresa Lynn Renteria	CWOCN
Naola Miller Vershey	WOCN

Perioperative Services

Nancy Bridges CNOR

Plastic Surgery/Craniofacial

Kamala K. Gipson-McElroy CPNP

Karla Aurine Haynes CPNP

Chi Kim Phan CPNP

Post-Anesthesia Care Unit

Melanie K. Forne CPN

Jennifer Lord CPN

Jennifer Meyer CPN

Elizabeth Nakamura CPN

Stephanie Serna CPN

Jason Vargas CPN

Pulmonary

Lindsay Hayes Barr CCRN

Josephine Ellashek CPN

Sheila Siu Ho Kwok Kun CPN

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Rhonda Sue Filipp CPN

Marvin Mangahis CPN

Rachelle Christine Rogan CPN

Edahrline J. Salas

Radiology Nursing

Margo W. Coon CPNP

Aliza Fink CFNP

Vanessa L. Guerrero CPN

Dianne Mitsuko Ito CFNP

Denna S. Jung CPNP-PC/AC

Julie A. Makin CPN

Susanne M. Matich CPNP-PC/AC

Marilyn Deon Mills CRN, RN-BC

Claudia M. Restelli CPN

Ginny Than CPNP

Veronica Wallace CPN

Holly Hurley Marie West CPN

Rehabilitation Center

Yolanda Amador CRRN

Tabitha Bell CRRN

Lisa Betesh CPN

Betsy Bohuslavsky CPN

Lori L. Chan CRRN, CPN

Lucy Kathleen Culwell-Kanarek CRRN

Belinda Duran CRRN

Minette Luna Galam CRRN

Rosalia S. Guzman CPN

Yvonne M. Hughes-Ganzon CPN, CRRN

Christie Anne Dacuycuy Laciste CRRN

Analisa Niedbalac CPN

Vannga Nguyen CPN

Nadia Erika Pasillas CPN, CRRN

Amanda Esther Price CPN, CRRN

Audrey Joy Santos CRRN

Michelle Sather CRRN

Lou Ellen Stallworth CRRN

Cindy Varela CRRN

Rheumatology

April Lyn Anderson PNP

Shirley Jean Parks FNP

Risk Management

Karen Prommer CPHRM

Sedation Services

Jessica Lawson Garcia CPN

Erin Lowerhouse CPN

Laurie Newton CPN

Spina Bifida

Laura Monica Bala Fernandez CCRN

Surgical Admitting

Jocelyn Andrea Ablian CPNP-PC

Leticia R. Boutros CPNP

Natalie D. Cheffer CPNP

Beatrice L. Chun CPNP

Debbie L. Hand CPN

Jessica Luong PNP-AC

Yvonne J. Olive FNP-BC

Stefanie Ann Proia CPNP

Debra A. Rannalli CPNP

Patricia Ann Rodriguez CPNP

Paula Patricia Rosales PPCNP-BC

Lisa Smalling FNP-BC

Trauma Services

Maria Bautista-Durand CFNP

Elizabeth Ann Cleek CPNP-PC



Hoolyn Everson, BSN, RN, CPN (left), Stephanie Gill, BSN, RN, CPN, and Ria Sanchez, BSN, RN, CPN

Urology

Nicole Jennifer Freedman	CPNP-PC
Valerie Jean Gordon	CGRN
Marissa J. Krupowicz	RNC-NIC

Vascular Access Team

Joann Barreras	CPN
Terrie T. Ballard	CPN
Maria Angelica Castro	CPN
Tom Cottrell	CPN
Emma A. Clark	CPN
Du Thanh Vo	VA-BC

Versant™ RN Residency in Pediatrics

Stephanie Brady	CPN
Sandra L. Hall	RN-BC

Total Number of Certified Nurses:

688

Disclaimer: To the best of our knowledge, this is an accurate listing of certified nurses at CHLA, as of November 2015. It is based on reports from nurse leaders to Human Resources and Doris Lymbertos in Pharmacy. For any questions about this list, please contact the Magnet Program Office.

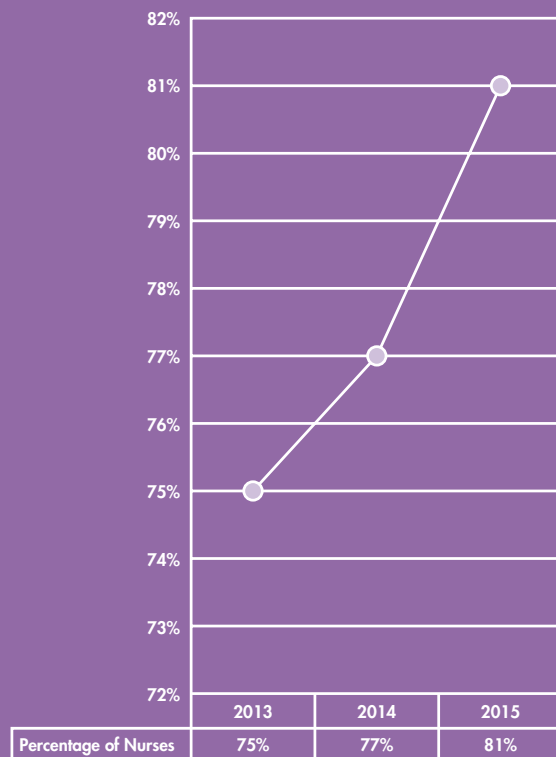
Advanced Degrees

Children’s Hospital Los Angeles is committed to supporting and encouraging our nurses to pursue their professional development by advancing their education. 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.

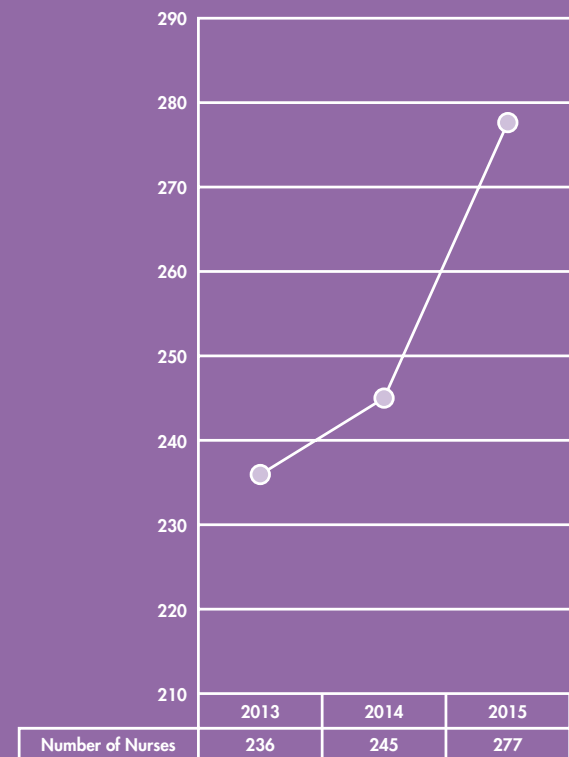
CHLA offers:

- A tuition assistance program
- An RN-to-BSN tuition reimbursement program
- Scholarships 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 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

Percentage of nurses with a BSN degree or higher



Number of nurses with MSN and doctor of nursing practice degrees



New Advanced Degrees in 2015

Bachelor of Science in Nursing (BSN)

Melissa DeLeon, RN

(Bone Marrow Transplant Unit)

Paolo Jugo, RN

(Cardiothoracic Intensive Care Unit)

Alma Ramirez, RN

(Newborn and Infant Critical Care Unit)

Judy Ulloa, RN

(Bone Marrow Transplant Unit)

Master of Science in Nursing (MSN)

Nicole Ainsworth, RN

(Newborn and Infant Critical Care Unit)

Theresa Alquiros, RN

(Cardiovascular Acute)

Destinee Harris, RN

(Hematology-Oncology)

Deeba Kazempoor, RN

(5 West)

Kimberly Kyle, RN

(Newborn and Infant Critical Care Unit)

Nona C. Martin, RN

(4 East)

Jennifer Hyojin Min, RN

(5 West)

Inge Morton, RN

(Emergency Department)

Grace Sekayan, RN

(Cardiothoracic Intensive Care Unit)

Ria Yeh, RN

(Nursing Supervisors)



Grace Sekayan, RN

Doctorate

Bethaney Kaye, RN

(Palliative Care)

Doctor of Nursing Practice

Gwendolyn Kimball, RN

(Hematology-Oncology)

Doctor of Nursing Practice

Suzanne Taylor, RN

(Clinical Education and Professional Development) Doctor of Education

Publications

Stacey Boyer, RN (Heart Institute): "Current Practices in the Monitoring of Cardiac Rhythm Devices in Pediatric and Congenital Heart Disease," *Pediatric Cardiology*, April 2015.

David Davis, RN (Quality Improvement and Patient Safety): "Going Beyond Benchmarks: Zero Harm for Every Patient, Every Time," *Journal of Nursing Administration*, April 2015.

Catherine Goodhue, NP (Pediatric Surgery): "Academic-Community Partnership to Develop a Novel Disaster Training Tool for School Nurses," *NASN School Nurse*, April 2015. "Should All Severely Injured Pediatric Patients Be Treated at Pediatric Level I Trauma Centers? A National Trauma Data Bank (NTDB) Study," *The American Surgeon*, October 2015. "Admission Hematocrit Predicts the Need for Intervention Secondary to Hemorrhage in Pediatric Blunt Trauma Patients," *Journal of Trauma and Acute Care Surgery*, October 2015. "Mixed Methods Pilot Study: Disaster Preparedness of Families With Children Followed in an Intestinal Rehabilitation Clinic," *Nutrition in Clinical Practice*, October 2015.

Donna Guadiz, RN (Heart Institute); **Monica Horn, RN** (Heart Transplant Program); and **Debbie Dechant, RN** (Heart Institute): "Do Pain and Withdrawal Issues Significantly Affect the Post-Transplant Recovery of Pediatric Ventricular Assist Device Recipients?" *The Journal of Heart and Lung Transplantation*, Vol. 34, Issue 4, April 2015.

Monica Horn, RN (Heart Transplant Program): "Single Ventricle Babies: The Fontans Have Come of Age," *International Society for Heart and Lung Transplant Links Newsletter*, Vol. 6, Issue 10, February 2015. "It's Child's Play," *Child Life Therapy for Pediatric Heart Transplant/VAD Patients*, *ISHLT Links (International Society of Heart and Lung Transplant Newsletter)*, September 2015.

Florida Imperial Perez, RN (Cardiothoracic Intensive Care Unit); **Melanie Guerrero, RN** (Cardiovascular Acute); **Liz Daley, RN**; **Nida Oriza, RN**; and **Victoria**



David Davis, RN

Winter, RN (Cardiothoracic Intensive Care Unit): *Guidelines*, *Society of Pediatric Cardiovascular Nursing*, published online March 2015.

Lori Marshall, PhD, RN (Patient Care Services); **Gloria Verret, RN** (6 West); **David Davis, RN** (Quality Improvement and Patient Safety); **Samar Mroue, RN** (6 East); **Tere Jones, RN** (5 West); and **Marifel Pagkalinawan, RN** (Hematology-Oncology): "Mastering Patient and Family Education: A Handbook for Success," *Sigma Theta Tau*, September 2015.

Sue Matich, RN (Interventional Radiology): "The Value of the Radiology Nurse and a Pre-sedation Questionnaire," *Journal of Radiology Nursing*, September 2015.

Gloria Verret, RN, and **Vicky Lin, RN** (6 West): "An Innovative Triad Mentorship Program for New Graduate Nurses," *People's Choice Poster Award Winner*, *Journal of Pediatric Nursing*, September/October 2015.

Presentations

Sharee Anzaldo, RN (Surgical Admitting), and **Marvin Mangahis, RN** (Post-Anesthesia Care Unit): “Addressing Barriers in Handoff Communication in the Pediatric Perioperative Setting,” poster presentation, Society of Pediatric Nurses 25th Annual Conference, April 2015.

Sharee Anzaldo, RN (Surgical Admitting): “Parenting a Child With Autism: Filipino American Beliefs and Perceptions,” Western Institute of Nursing Conference, April 2015; “Poop, Pee, and Pedialyte: The Ins and Outs of Gastrointestinal, Genitourinary and Renal Disorders,” lecture, UCLA School of Nursing, July 2015; “School of Nursing Course Management and Learning Programs: An Overview for Teaching Apprentices,” lecture, UCLA School of Nursing, September 2015; “Pediatric Health in the United States: A Nursing Perspective,” Mie Prefectural College of Nursing, Tsu, Mie, Japan; and “The Art and Science of Pediatric Nursing: Chronic Illness and Families,” lecture, Kitasato University College of Nursing, Sagamihara, Japan, September 2015.

Brenda Barnum, RN (Newborn and Infant Critical Care Unit), and **Grace Sekyan, RN** (Cardiothoracic Intensive Care Unit): “The Use of Preventive Ethics Triggers (PETs) in the NICCU to Affect Ethical Climate and Moral Distress,” poster presentation, National Nursing Ethics Conference, March 2015.

Brenda Barnum, RN (Newborn and Infant Critical Care Unit), “Consent as a Reflection of Respect” and “Conflicting Goals in Clinical Care,” MEDS 260 Challenges in the Forefront of Biomedical Ethics, University of Southern California, March 2015.

Stacey Boyer, RN (Heart Institute): “Current Practices in the Monitoring of Cardiac Rhythm Devices in Pediatric and Congenital Heart Disease,” Best Clinical Practice Poster; Society of Pediatric Nurses (SPN) 2015 Annual Conference, April 2015.

Jennifer Buitrago, RN, and **Jonelle Gray, RN** (Bone Marrow Transplant Unit): “Spontaneous Recovery of Immune Function in a Patient Identified as SCID by TREC Testing via Newborn Screening for Primary Immune Deficiency Diseases,” poster presentation, Primary Immune Deficiency Treatment Consortium, April 2015.

Susan Carson, RN (Hematology-Oncology): “Current Concepts in Chelation—Treating Iron Overload Today,” national webinar, Association of Pediatric Hematology/Oncology Nurses (APHON), April 2015.

Susan Carson, RN, and **Anne Nord, RN** (Hematology-Oncology): “A Case Report of Patients Affected by Dominant Beta Thalassemia Mutation,” poster presentation, 10th Cooley’s Anemia Symposium, October 2015.

Allan Cresencia, RN (Anesthesiology Critical Care Medicine): “Let’s Play Pediatric Jeopardy!” and “Pediatric PACU Nursing: Are You Competent?” podium presentations, American Society of PeriAnesthesia Nurses 34th National Conference, April 2015. “Pediatric Syndromes and Their Conundrums,” poster, Society of Pediatric Nurses (SPN) 2015 Annual Conference, April 2015. “Pediatric P.O.I.N.T.S. to Ponder,” International Conference for PeriAnesthesia Nurses, Copenhagen, Denmark, September 2015.

David Davis, RN (Quality Improvement and Patient Safety): “Going Beyond Benchmarks: Zero Harm for Every Patient, Every Time,” podium presentation, American Nurses Credentialing Center, Magnet Commissioners Spring Meeting, March 2015, and National Magnet Conference, October 2015; “Goal Setting and Change Management,” guest lecturer, Health Sciences Healthcare Administration Graduate Program, California State University, Northridge, April 2015.

David Davis, RN (Quality Improvement and Patient Safety), and **Lori Marshall, RN** (Patient Care Services): "Get (and Stay) Connected: A Health System Plan for Cross-Continuum Interactive Patient Care." GetWellNetwork's GetConnected 2015 Conference, April 2015.

Catherine Goodhue, RN
(Pediatric Surgery):

"Home Disaster Planning for Children With Special Health Care Needs," abstract, and "Development of an Intestinal Rehabilitation Disaster Survival Toolkit for Families With Special Health Care Needs," abstract, National Association of Pediatric Nurse Practitioners (NAPNAP) 36th Annual Conference, March 2015; "Earthquake Preparedness for Families With Special Health Care Needs," lecture, California Association of Nurse Practitioners 38th Annual Educational Conference, March 2015; "Pediatric Abdominal Trauma," lecture, 14th Annual Pediatric Trauma Conference, April 2015; "Biliary Atresia Day: Education and Networking," American Pediatric Surgical Nurses Association Scientific Conference, April 2015; "Mixed-Methods Application to Develop a Novel Disaster Training Tool for Schools," abstract, Pediatric Academic Society; and "Development of an Intestinal Rehabilitation Disaster Survival Toolkit," Patient Care Services Research Day, April 2015. "Pediatric Sneezers and Wheezers and the PNP," lecture for pediatric nurse practitioner students, Azusa Pacific University, September 2015; "Should All Severely Injured Pediatric Patients Be Treated at Pediatric Level I Trauma Centers? An NTDB Study," abstract, American College of Surgeons, October 2015; "CT Chest In the Evaluation of Pediatric Thoracic Trauma," abstract, Pediatric Trauma Society; "Development of an Intestinal Rehabilitation Disaster Survival Toolkit for Families With Special Health Care Needs," Advance Practice Nurse Day, Children's Hospital Los Angeles; "Pediatric Abdominal Trauma," lecture, Southwest National Association of Pediatric Nurse Practitioners Regional Conference, November 2015.



Catherine Goodhue, RN (Pediatric Surgery); **Elizabeth Cleek, RN** (Trauma Services); **Inge Morton, RN** (Emergency Department); and **Linda Young, RN** (Pediatric Intensive Care Unit): "Impact of Simulation-Based Training on Perceived Provider Confidence in Acute Multidisciplinary Pediatric Trauma Resuscitation," abstract, Pediatric Trauma Society, November 2015.

Donna Guadiz, RN (Heart Institute); **Monica Horn, RN** (Heart Transplant Program); and **Debbie Dechant, RN** (Heart Institute): "Do Pain and Withdrawal Issues Significantly Affect the Post-Transplant Recovery for Pediatric Ventricular Assist Device Recipients?" abstract and poster, International Society for Heart and Lung Transplant Annual Meeting, April 2015.

Sandy Hall, RN (Versant™ RN Residency); **Diane Altounji, RN** (4 West); and **Rita Secola, RN** (Hematology-Oncology): "Sharing Your Success: Writing Effective Abstracts and Designing Professional Posters," Organization of Healthcare Educators, April 2015.

Sandy Hall, RN (Versant™ RN Residency): "Evidence-Based Practice Projects to Engage New Graduate RNs in Quality and Safety," Quality and Safety in Education Nurses (QSEN) National Forum, May 2015.

Mary Halvorson, RN (Endocrinology Research): "One Hundred Years of Type I Diabetes Management Leading to the Development of an Artificial Pancreas," NAPNAP Annual Regional Conference, April 2015.

LaVonda R. Hoover, RN, and **Samar Mroue, RN** (6 East): "How Real-Time Patient Feedback Supports the Magnet Journey," panel discussion, GetWellNetwork's GetConnected 2015 conference, April 2015.

Sheila Kun, RN (Pediatric Pulmonology): "Rapid Response Team and Code Events on a Non-Intensive Care Ward for Children on Home Mechanical Ventilation: A Root Cause Analysis," and "Optimizing Responses to Pediatric Respiratory Unexpected Events in an Ambulatory Setting—Strategies and Outcome," Patient Care Services

Fourth Annual Research Day, April 2015. The latter was also presented at the American Thoracic Society International Conference, May 2015.

Ruth Jacobson, RN, and Sanje Woodsorrel, RN (Float Team): "Prep for Success: How to Best Prepare Skin Before Capillary Blood Glucose Checks," Evidence-Based Practice Poster Award and People's Choice Poster Award, Society of Pediatric Nurses (SPN) 2015 Annual Conference, April 2015.

Emily LaNovara, RN, and April Punsal, RN (Cardiovascular Acute): "Use of Theory-Based Teaching Strategies to Improve Education in a Clinical Setting," presentation, QSEN National Forum, May 2015.

Sandra Mintz, RN (Rheumatology): "Question and Answer Time with a Nurse and Social Workers," "Stop and Listen to the Music: a Pediatric Doctor and Nurse Answer Your Questions," and "Looking Through the Weeds: Social Media and the Web," speaker and co-program developer, Scleroderma Foundation Annual Patient and Family Conference, July 2015.

Sarah Mutia, RN, Lara Doraiswami, RN, and Jennifer Trotter, RN (Bone Marrow Transplant Unit): "Reintroducing, Revitalizing and Revamping Primary Relationship-Based Nursing in BMT," presentation, Society of Pediatric Nurses (SPN) 2015 Annual Conference, April 2015.

Mary Baron Nelson, RN, and Anna Evans, RN (Hematology-Oncology): "Nutritional Status of Children with Brain Tumors During Auto Transplant," poster; and **Anna Evans, RN, and Jessica Shipp, RN** (Hematology-Oncology): "The Implications of Genomics in Pediatric Oncology Nursing Care," presentation, 8th Annual Sickle Cell Disease Educational Seminar, Charles Drew University of Medicine and Science, September 2015.

Trish Peterson, RN (Hematology-Oncology): "Pediatric Sickle Cell Disease—An Overview," lecture, 8th Annual Sickle Cell Disease Educational Seminar, Charles Drew University of Medicine and Science, September 2015.

Kathleen Ruccione, RN (Hematology-Oncology): "Health Communication: Words Are Powerful Drugs" (keynote address); "In Their Own Words: Blogs Written by Parents of Children With Cancer;" and "Iron Toxicity and Cancer: What We Need to Know Now," lectures as visiting scholar, Canadian Oncology Nursing Day at SickKids Hospital, Toronto, April 2015.

Salvador Tafoya, CRNA (Operating Room): "Anesthesia and Congenital Heart Disease," lecture, California Association of Nurse Anesthetists biannual conference, October 2015.

Association of Pediatric Hematology/Oncology Nurses, Annual Conference, September 2015.

Imelissa Blancas, RN; Mary Baron Nelson, RN; Kasey Rangan, RN; Laura Vasquez, RN; Barbara Britt, RN; and Anna Evans, RN (Hematology-Oncology): "Establishing a Neuro-oncology Nursing Research Program," poster; **Laura Vasquez, RN; Mary Baron Nelson, RN; and Anna Evans, RN** (Hematology-Oncology): "Nutritional Status of Children with Brain Tumors During Auto Transplant," poster; and **Anna Evans, RN, and Jessica Shipp, RN** (Hematology-Oncology): "The Implications of Genomics in Pediatric Oncology Nursing Care," presentation.

Gloria Verret, RN, and Samar Mroue, RN (6 East): "Consistency Is Key: Teaching Families GT/CVC/PICC Home Care," Nurse Week Education Day, May 2015.

Gloria Verret, RN, and Vicky Lin, RN (6 West): "Easing the Transition: An Innovative Triad Mentorship Program for New Graduate Nurses," People's Choice Poster Award, Society of Pediatric Nurses (SPN) 2015 Annual Conference, April 2015, and the National Mentoring Institute Conference, 2015.

Mary Virgallito, RN (Infection Prevention and Control): "Bugs, Drugs and Emerging Infections: Practical Advice on Managing and Preventing Infections," NAPNAP Los Angeles chapter, April 2015.

Awards and Recognition

Nurses.com Giving Excellence Meaning (GEM) Awards



Kathleen Ruccione, PhD, MPH, RN, CPON, FAAN

Our very own **Kathleen Ruccione, PhD, MPH, RN, CPON, FAAN** (Hematology-Oncology), won Nurse.com's California Regional Giving Excellence Meaning (GEM) Award on June 5, 2015, in Universal City—and then won the National GEM Award Sept. 19, 2015, in Chicago. Both awards were in the category of Advancing and Leading the Profession.

Mary Dee Hacker, MBA, RN, NEA-BC, FAAN, says, "Kathy has dedicated her professional life to CHLA and children with cancer. The last several years have been focused on survivorship. This concentration has truly served as an example of Kathy's contribution to the profession of nursing and the quality of life for those we care so much about. Kathy is an excellent recipient for this national award for advancing and leading the profession. All of us at CHLA are honored to work with her."

At CHLA, Ruccione created the HOPE Resource Center, keeping it funded with research and philanthropic grants, and led a team of content and media experts and patient families in the creation of an award-winning web portal that helps patients and families navigate to vetted online resources.

Ruccione founded CHLA's LIFE Survivorship & Transition Program and co-authored a book for childhood cancer survivors and their families. She also is conducting pioneering research on iron toxicity in childhood cancer survivors.

She stands out for her stellar ability to teach, mentor, role-model and attract outstanding people to nursing. As the first Children's Oncology Group (COG) nursing chair, she provided leadership for thousands of nurses involved in the care of children participating in clinical trials. She has a broader role nationally and internationally as the incoming president of the Association of Pediatric Hematology-Oncology Nurses.

California Regional GEM Finalists

Nurse.com also recognized two exceptional CHLA nurses as California Regional GEM finalists. The following is a Nurse.com summary of these nominations.

Clinical Care Inpatient category

Susan Walker,
BSN, RNC-NIC RN II
(Newborn and Infant
Critical Care Unit)



Walker has long been a Newborn and Infant Critical Care Unit (NICCU) preceptor for new graduates of the Versant™ RN Residency at CHLA. In this role, she has taken great responsibility in preparing new nurses and is kind, caring and extremely knowledgeable. What makes her special is the way she creates a trusting and judgment-free atmosphere for both her students and colleagues. She provides direct patient care and serves as a backup charge nurse, an extracorporeal membrane oxygenation specialist and, on many occasions, one of the unit's main resource nurses.

She is described as someone who goes above and beyond the call of duty in all of her interactions with patients and parents and is professional and caring at the same time. She is viewed as the person who can be approached at any moment for help and support or as a clinical resource. Walker always makes sure to take care of the families who need the most assistance—bringing compassion, dedication and kindness to each interaction. Her nominator, for whom Walker was a preceptor, says, “I could not have asked for a better preceptor. She made me feel so confident, knowing she was there to help in any way she could.”

**Education and
Mentorship category**

Shirley Hammers, RN
(Clinical Analyst,
Information Services)



As part of a team of approximately 20 clinical analysts, Hammers works within a larger team of subject-matter experts from every department in the hospital. She sets herself apart by being accessible and generous with her knowledge, experience and time, and she makes herself available around the clock. Hammers has a wealth of knowledge about the electronic medical record and its development history. She extends herself to every newbie and goes out of her way to mentor and nurture newcomers in their roles. She seems to know everyone on campus and takes a genuine interest in their jobs and lives. She is able to leverage these connections to facilitate system changes.

She is described as a remarkable analyst, and her breadth of nursing knowledge proves she continues to strive to learn, grow and excel. Her colleagues recognize that Hammers has never forgotten what it means to be on the frontlines and remains a fierce advocate for nurses and patients. She actively participates in the organization’s monthly super users’ meetings, and when a bedside nurse presents an issue, Hammers will take responsibility for making sure the issue is channeled properly and prioritized in the queue. Known as someone who is encouraging, caring and attentive to detail, she

often performs in-services for hospital staff. She has been a regular committee member for the Employee Giving Campaign, and she is an ambassador at large for the hospital. Her professionalism and dedication are truly exemplary.

CHLA GEM Award Nominees

In addition, the following three nurses were recognized as CHLA GEM nominees:

Fran Blayney, MS, BSN, RN-BC, CCRN RN
(Pediatric Intensive Care Unit)
for Education and Mentorship

Noreen Clarke, MSN, RN
(Craniofacial and Cleft Center)
for Education and Mentorship

Maria Gannon, MSN, RN-BC
(Information Systems-KIDS Core)
for Advancing and Leading the Profession



Noreen Clarke, MSN, RN

Great Catch Awards

To embrace a culture of safety and reporting at Children's Hospital Los Angeles, the Quality Improvement and Patient Safety team created the Great Catch Award. The award recognizes individuals whose commitment to patient safety is most reflected in their vigilance, diligence and adherence to utilizing the event reporting system (iReport) specifically for events that have the potential to cause harm to our patients.

October 2015 winner **Shannon Brantley, BSN, RN, CPN**, is a wonderful example of these diligent individuals. During the discharge process, Brantley discovered a discrepancy between the medication her patient was taking as an inpatient and the one included in her discharge orders. Brantley contacted the patient's physician, and then contacted the outpatient pharmacy to ensure that the correct antibiotic was dispensed. She verified with the patient's father that the appropriate prescriptions were filled, and then made the corrections on the discharge instructions. As a result, the patient was discharged with the appropriate medicines.

The following nurses were recognized for a Great Catch Award in 2015:

Mary Abero, BSN, RN
(Infusion Center)

Anna Kitabjian, BSN, RN, CPN
(6 East)

Erin Grade, BSN, RN
(6 West)

Emily Emminizer, BSN, RN
(CTICU)

Laura Tice, MSN, RN, CPHON
(5 East)

Heather Lloyd, BSN, RNC-NIC
(NICCU)

Shannon Brantley, BSN, RN, CPN
(6 West)

Jennifer Meyers, BSN, RN, CPN
(PACU)

Virginia Lopez, BSN, RN
(5 West)



Shannon Brantley, BSN, RN, CPN (third from right), with her Great Catch Award certificate

2015 DAISY Awards

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 1999 in memory of their son, J. Patrick Barnes, who died of complications from idiopathic thrombocytopenic purpura at age 33. In tribute to and in appreciation of the nurses who cared for their son, Bonnie and Mark established the DAISY Foundation to honor nurses who positively impact the lives of their ill patients and coping families.

CHLA is one of more than 2,000 hospitals across all 50 states and 15 countries that have partnered with the DAISY Foundation. Recipients of the DAISY Award receive a certificate, a DAISY pin, Cinnabon cinnamon rolls and a unique hand-carved statue called “The Healer’s Touch,” created by artisans in Zimbabwe, Africa.

January



Staci Castillo, RN, CPON
(4 East)

February



Karena Schneider, BSN, RN
(5 West)

March



Christina Cerda, RN, CPN
(6 West)

April



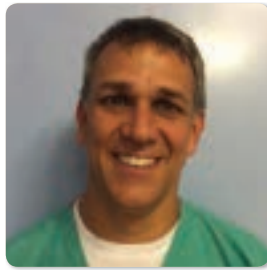
Lisa Costantino, MSHA, BSN, RN
(Surgical Clinics)

May



Melissa Aguirre Stewart, BSN, RN, CPON
(4 West)

June



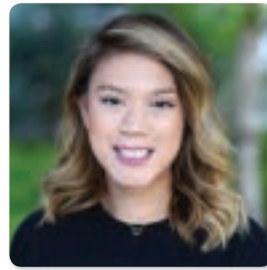
George Cruso, BSN, RN, CPN
(Nursing Resources)

July



Deborah Robertson, BSN, RN
(PACU)

August



Rachel Aquino, BSN, RN
(BMT)

September



Pamela Thomas, BSN, RN
(House Supervisor)

October



Brian Cook, BSN, RN, CDE
(Blood Donor Center)

November



Marla Sabicer, BSN, RN
(5 West)

Circle of Excellence Award

In May 2015, two Children's Hospital Los Angeles nurses received the prestigious 2015 Circle of Excellence Award: Nancy Blake, PhD, RN, CCRN, NEA-BC, FAAN, and Florida Imperial-Perez, MSN, RN, CNS-BC, CCNS-P.

Circle of Excellence awards recognize and showcase excellent outcomes in the care of acutely and critically ill patients and their families. The awards program is sponsored by the American Association of Critical-Care Nurses (AACN) and is designed to align with the association's mission and vision: focusing on outcomes responsive to professional and environmental issues in acute and critical care nursing.

Nominations are evaluated by a panel of volunteer reviewers and rated on the basis of how well a nominee meets the following criteria:

- Relentlessly promotes patient-driven excellence
- Models skilled communication, true collaboration, effective decision-making and meaningful recognition
- Transforms thinking, structures and processes to address challenges and remove barriers to advancing patient-driven excellence
- Furthers AACN's mission and key initiatives at influential forums
- Enriches own and other organizations by influencing and mentoring others in achieving excellence
- Achieves visible results that validate the impact of individual leadership contributions to organizational excellence

Congratulations to both nurses on this well-deserved honor!

Nancy Blake, PhD, RN, CCRN, NEA-BC, FAAN

Nancy Blake has been involved in the care of critically ill children since 1980. During her tenure as director of Critical Care Services at



Children's Hospital Los Angeles, Blake has pushed her units to consistently provide excellent patient outcomes and be recognized for them.

Her expertise in disaster management resulted in an invitation from the Centers for Disease Control and Prevention to participate in setting standards for pediatric critical-case mass casualty events. Under her direction, the Pediatric Intensive Care Unit at CHLA earned the Gold AACN Beacon Award, the ECMO program achieved Center of Excellence designation from the Extracorporeal Life Support Organization in 2010, and the Emergency Department received the Emergency Nurses Association's Lantern Award from 2013-2016.

Blake also guided CHLA's road to Magnet designation. She brought the idea forward and tirelessly lobbied the hospital's executive leadership for its support. In 2013, Blake was selected for fellowship in the American Academy of Nursing.

Florida Imperial-Perez, MSN, RN, CNS-BC, CCNS-P

As clinical manager of the Cardiothoracic Intensive Care Unit (CTICU) at Children's Hospital Los Angeles,



Florida Imperial-Perez led the implementation of the patient-centered medication administration system in her unit. The CTICU was the first to implement this system in the hospital—specifically because of the unit's track record of positive outcomes in implementing new systems.

Imperial-Perez has coordinated with multiple teams and organizations to influence positive change for patients—from integrating staff nurses as champions for change to collaborating with product manufacturers in the design of an IV pole that could meet the weight specifications of multi-module infusion pumps.

Always driven to improve patient and staff safety, she has served as a mentor on the Patient Care Services Clinical Practice Council Committee and implemented the Performance Improvement Process in the CTICU. This process has become a model for the Heart Institute and is used as a framework throughout the hospital.

Recognitions

Mary Dee Hacker, MBA, RN, NEA-BC, FAAN (Patient Care Services): Ray Cox Award for lifelong commitment to advancing nursing in California, American Nurses Association, April 2015.

Bill Kenny, RN (Information Systems-KIDS Core): One of 10 “Breakaway From Cancer Champions,” 10th annual AMGEN Tour of California, May 2015.

Nida Oriza, RN, and Victoria Winter, RN (Cardiothoracic Intensive Care Unit): Honorable mention, ADVANCE for Nurses 2015 Best Nursing Team, May 2015.

Laura Vasquez, RN (Bone Marrow Transplant Unit): Extraordinary Healer Award of 2015, Oncology Nursing Society, April 2015.

The **Pediatric Intensive Care Unit** was awarded the American Association of Critical-Care Nurses (AACN) Gold-Level Beacon Award 2015-2018.



Representatives from the Pediatric Intensive Care Unit, awarded the AACN Gold-Level Beacon Award for 2015-2018

CHLA’s Going the Extra Mile (GEM) Awards

February	Marla Sabicer, BSN, RN (5 West)
March	Susan Crandall, BSN, RN, CCRN (PICU/Magnet Office)
May	Nida Kan-Ari, BSN, RN (Nursing Resources)
July	Emily Emminizer, BSN, RN (CTICU)
August	Nickie Kost, BSN, RN (CV Acute)
October	Armstrong Hao, RN, CPN (Emergency Department)

Nurse Week Essay Winner

Nursing at CHLA: Going Above and Beyond

By Barbara E. Britt, MSN, RN

“Bravery beyond an adult comprehension. That was the hallmark of an 11-year-old girl about whom superlatives rose readily to the tongue of anyone trying to describe why she has touched their hearts.”



Abella Wyss

What does going above and beyond look like in a normal course of a “normal” day at work at CHLA? How does one differentiate excellence and EXCELLENCE? This is how.

Bravery beyond an adult comprehension. That was the hallmark of an 11-year-old girl about whom superlatives rose readily to the tongue of anyone trying to describe why she has touched their hearts. Even in an environment where all know how unique each child is, Abella Wyss represented the special nature of a certain child we witness in our work who embodies the hopefulness that says to us, “This is the one, this child will make a difference in this world.” Her journey had been long, at times unbearably hard, but in the midst of the fight she never asked for, yet handled so ably, she had had moments and days and weeks of laughter, and new, joy-filled experiences all artfully arranged by her mother, who was determined that her daughter, despite the shadow that hovered behind her, would have every opportunity to experience all the joys of childhood no matter how creatively they had to be organized at times. She had legions of friends, for no stranger to her remained a stranger for more than the first few moments of their meeting, and many of those legions of friends were her nurses. She had that quality in her that would bring out the best in us, that would make us listen better, assess faster and problem-solve with greater creativity, make every nursing action we performed be above and beyond what we have come to expect of ourselves, even within the extraordinary context of our CHLA workdays.

This was a child who was raised in the tradition of helping others, of giving her time, effort and self because, of course, that is what one does. In the midst of her medical struggles she found pleasure and fulfillment in going to the bank with mom to deposit the monies she raised for other kids with cancer by selling her lemonade at kids’ soccer camps her parents organized. When at the time of tumor reoccurrence her parents had asked what she would want if she could have anything in the world, she said she wanted all the other kids in the hospital to be able to go home. In the statement of that wish she showed her skill as an ambassador for all children with cancer. She understood the



Barbara E. Britt, MSN, RN, and Abella Wyss

fundamental importance of home for all children. Her last and amazing gift was her participation in a clinical trial searching for a new, effective method of treating the tumor that was the cause of her death, which originated from the rare syndrome that had also taken the life of her little brother. The trust in her parents was absolute; she knew when they were together she would always be safe by her own internal definition of “safe.” Thus, on this day when her parents met with her most trusted doctor, who had been with them through all that had come previously, and they learned that the therapy that had briefly halted the progression of her tumor was no longer working, Abella knew her parents would now fulfill her greatest wish. Abella wanted to go home. She wanted to be with Toffee, her kitty. She wanted to see her ocean.

And so started the most challenging discharge process I have ever experienced. We had five days to prepare. Once the way was cleared by all the medical teams, her many nurses moved into action. Both brain and heart were engaged, and all worked to pull off this impossible feat. “Get our daughter home as soon and as safely possible” was the parents’ directive, and the team responded. Her parents had told me the moment they knew the medical community had no more

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ability to stay the course of her illness, they would take her home. In this regard her parents trusted us as she trusted them: Both mom and dad knew that if getting Abella home was what they needed us to accomplish, we would do it, no matter how many obstacles stood in the way. And obstacles there were, in great abundance. To get Abella home, it all came down to figuring out what she had to take with her, who would most safely get her there, who would be there to take over for us when the family arrived at home and how it would all be paid for.

The complexity of the task before us was directly affected by the amount of technology that had been employed in Abella's battle in the previous weeks. In our ICU, at times she had as many as six IV pumps delivering medications and blood products, and hemodialysis to pull off huge amounts of fluid overload that had caused the respiratory arrest she'd experienced at home several weeks earlier that was her body's response to the new agent that was trying to halt the tumor. Intubated and on a vent for periods of time, she was now finally extubated and on BIPAP around the clock. To go home the BIPAP must go with her, plus an oxygen concentrator and humidifier. She could no longer move: The tumor had eroded her spine and caused compression on her spinal cord. She was in a specialized bed to prevent any more hurt to her skin, which had developed pressure sores caused by her body brace to stabilize her spine, and she was on continuous IV pain meds because this awful tumor had invaded her bones and caused many fractures. Any movement of her body was painful, but lying still she was OK. Her IV nutrition was placed by a nasogastric tube and some of her IV meds could be given by this route. To go home, she would need a special mattress and hospital bed. To go home, she would need IV pain medications running continuously with the ability to give her more, and quickly, should the pain break through the medications already on board. The effort of her breathing was too exhausting for her to be able to spare any energy or effort for anything other than sips of water carefully spaced out by her parents, so oral nutrition wasn't an option.



Abella and her cat, Toffee

Even as these disasters had occurred in her body, her mind was as sharp as ever. She said "please" and "thank you" and meant it. She could still transform a room with her smile. SpongeBob was her constant companion as her dad helped her position her DVD player so she could see her favorite character at the bottom of the sea. But it was easy to see the fatigue in the smile and the weariness in this young warrior. Her mother and father would have so much care to do for her when she was at home, and both of them had already been at their daughter's side for weeks on end. The prospect of two parents picking up all the care needs currently being delivered by the full force of the ICU nursing and ancillary staff was staggering. But they never wavered in their determination. To go home, someone very, very skilled would need to transport her there and someone very, very skilled would need to provide support in the home to guide the parents in their home journey. The nursing calls went out from us to our in-house and community partners: "Let's make this happen."

The home team was set in motion by the parents, who called their point person for their network of family friends who were always there to rally to any Abella need. The word went out: Abella is coming home! The house was decorated, the Christmas tree put up with wrapped presents underneath, the lights on the house, and the polar bear in the yard. Friends staffed the home to receive the deliveries of equipment, set up a hospital bed in the living room, brought Abella's bed downstairs so she would always have someone sleeping next to her. Mom and dad packed up Abella's ICU room, which had served as a refuge for six weeks. The carefully secreted espresso machine went into a bag; the accumulated litter of long weeks on high alert was sifted through, packed and taken to the car. That momentous day had arrived and the final piece to this discharge rolled smoothly into place as staff arrived at her room, without fanfare, to make an extraordinary thing happen. The ICU nurse that had her that day had geared her care for the hour the Transport team was to arrive. In the usual damped-down, energetic calm of our ICU, no one from the outside would have known of the miracle in that little girl's room. But everyone knew, everyone watched, everyone hoped. Let it all work, please.

The final piece of the discharge puzzle was getting Abella out of her bed and onto the gurney, and doing it all with precision that would minimize the pain of movement. I watched transfixed as my longtime RN colleague from the Transport team quickly talked to Abella, explained to the parents what her plan was, compared strategy with the bedside RN and her Transport team, then took 45 methodical minutes to check absolutely every line/tube/piece of equipment, explaining as she worked, all in preparation to seamlessly slide the precious cargo from her bed to her journey home. Abella's mom watched every move, double-checked every connection, took nothing for granted. Forty-five minutes of prep ended in 15 seconds of the smoothest movement of patient to gurney that could possibly occur. Abella didn't feel any pain. Her dad whispered softly in her ear "Abella, you're going home. You never have to come back here again."

We left the ICU, made this amazingly tranquil trip to the ambulance bay, my role only as shepherd to this journey, ready to add support if needed but actually in total awe of all I was witness to. Abella was ever so carefully loaded into the ambulance; mom accompanied her, dad brought his car to follow. My colleague reassured dad that if "anything should happen on the trip home," the ambulance would pull over so he could join his daughter and wife. I watched anxiety ease in him as she gave voice to the worry he just couldn't utter. The doors were shut and secured, the van moved out on its way to Orange County with part of our hearts riding with it, on the way to a most-longed arrival home.

I took out my cell phone and called my RN hospice colleague, who would be waiting at their home. "They just pulled away. They are yours now." Inside, her ICU nurse got ready for her next admission. And I cried. This is above and beyond. I watched it, lived it and breathed it. My colleagues. Ever so grateful these parents will be that this beautiful child had six days home with Toffee, her cat. 🦋

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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.





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