Nursing
FOR HARTFORD HOSPITAL NURSES AND ALUMNAE OF THE HARTFORD HOSPITAL SCHOOL OF NURSING
AUTUMN 2013
Hartford Hospital’s Nursing Professional Practice Model was created by nurses, for nurses. Introduced in spring 2013, it is a visible symbol of the complex undertaking that is the practice of nursing. The model serves as a guide to nursing practice for nurses throughout Hartford Hospital.

On the cover:
Case Coordinator Lisa Skowronek, BSN, RN, ACM
Photo by Lanny Nagler
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At Hartford Hospital—and throughout the Hartford HealthCare system—we’re continuing our transformational journey to higher quality, better outcomes, lower costs, greater patient satisfaction and evidence-based care. It’s critical that we make this journey together, not only because today’s health care environment demands it, but our patients and their families deserve it.

As administrators, my colleagues and I are responsible for ensuring that Hartford Hospital and HHC partners do everything necessary to adapt to the sweeping changes taking place in the larger universe of health care. Yet we recognize that each hospital’s overall success actually boils down to individual human interactions—the experience of each patient and each family member.

Nurses are at the heart of the human experience. Each of you is in a unique position to make a difference in the lives of our patients and those who care about them. It’s clear that you take your role seriously. Your commitment is evident in a quantitative way when I see the tremendous strides we’ve made in quality measures. It’s evident in a personal way when I walk through units and see you give your very best to each patient and family and to each other. Increasingly, it is evident in the vital role nurses play in ensuring that patients receive appropriate, coordinated care across the continuum.

In this issue, you’ll read about some of the ways nurses are enriching the human health experience at Hartford Hospital. Their stories could be multiplied many times over. So thank you—for all you do to help, heal and guide our patients and for being leaders in this all-important journey.

Jeffrey A. Flaks
Chief Operating Officer
Hartford HealthCare

It was just about a year ago that the new Nursing Professional Practice Model was introduced throughout Hartford Hospital. The first model of its kind, it was the product of the time, energy and insights of many nurses. As we mark this one-year milestone, I’m delighted to say that the model has received broad acceptance and validation, both here at Hartford Hospital and among nurses at other Hartford HealthCare partners.

The strength of the model lies, I think, in the way it distills into a clear image the complex undertaking that is nursing. Based on the values we all agree upon and with the human health experience at its core, the model shows how different aspects of nursing contribute to the overall experience.

Among all professions, nurses are in a unique position to affect the human health experience. Our outstanding partners in other disciplines are crucial to our patients’ care. But while their roles require them to leave the bedside, we are always there. We are the ones partnering with patients directly, developing relationships, and advocating for patients and their families, all while providing exemplary care. Nurses are also the linchpins in the care continuum. Our case coordinators, navigators and case managers collaborate with bedside nurses and other disciplines to link patients to proper levels of care and to needed services.

Nurses are also critical to helping the hospital transition to a new era in health care. When I entered the nursing profession, a hospital’s role was simply to treat the sick. Now and in the future, all hospitals must focus on helping people maintain optimal health. Nurses, in their roles as educators, communicators and coordinators, can make all the difference when it comes to helping patients understand how to preserve their own health. And that’s yet another way to enhance the human health experience.

Thank you for your spirited response to the Nursing Professional Practice Model. I hope you’ll enjoy reading in this issue about how some of our nurses are exemplifying the model in their own practice.

Cheryl Ficara, RN, MS, NEA-BC
Vice President, Patient Care Services
Nursing News & Notes

We congratulate these Hartford Hospital nurses on their recent achievements.

Case Coordination
Keith Bergeron, RN; Dan DiTommaso, RN; Mary Vanessa Evans, RN; Sharon Sideranko, RN; Lisa Skowronnek, RN; and Michelle Wallace, RN, earned their ACM (Accredited Case Manager certification).

Michelle Berube, RN, and Janis Vannais, RN, earned their CPHM (Certified Professional in Healthcare Management) certification.

Beth Lawlor, RN, BSN, MS, CCM, recently earned her NEA-BC and CPHM (Certified Professional in Healthcare Management) certifications.

Fonnie Montero, RN, earned her MSN from the University of Hartford

Maureen M. Zukauskas, RN, MS, ACM, CPHM, was elected president, American Case Management Association, Connecticut Chapter, in May 2013, and earned her CPHM (Certified Professional in Healthcare Management) certification.

Medicine, Oncology, IV Therapy
Sonia Alves, RN-BC; Heather Dibble, RN-BC; Julian Forbes Samuels, RN-BC; and Donna Shaw, RN-BC, from CB5 and Dana Saccomani, RN-BC, from BSE have earned ANCC Certification in Medical-Surgical Nursing (RN-BC).

Melissa Hernandez, RN, from B11I and Tasha Thomas, RN, and Renata Zukowski, RN, from CB5 earned BSN degrees.

Yarelis Wilson, RN, BSN, NE-BC, from N11 earned certified nurse executive designation from ANCC.

Gwen Redler, RN, from CB5 received her MS in August from Excelsior College, Albany, N.Y. As part of her MS preparation, she completed a “Self-Learning Packet for ABGs,” which will be posted on the Hartford Hospital Nursing Intranet page.

Multidisciplinary
Christine Waszynski, RN, MSN GNP-BC; Julie Michaelson, RN; Elizabeth E.C. Udeh, PharmD, BCPS; Lanetta Gann, RN-C; and Mary Kate Eanniello, RN, MSN, OCN, GHPN, presented the workshop session, “A Multidisciplinary Approach to Implementing a Hospital-Wide Delirium Prevention and Management Program” at the American Delirium Society’s Third Annual Conference, June 2-4, 2013, Indianapolis, Ind.

Samantha Wilson, BSN, and Christina McGurl, RN, earned their ONC (Orthopedic Nurse Certification).

Publications
Danette Alexander, RN, MSN, NEA-BC, and Christine Waszynski, RN, MSN, GNP-BC, published an article, “Journey to a Safe Environment; Fall Prevention in an Emergency Department at a Level 1 Trauma Center,” in the Journal of Emergency Nursing.

Ellen Blair, APRN, NEA, BC, and Christine Waszynski, APRN, MSN, GNP-BC, were recently published in the April 2013 edition of Advances for Nurses. Their article was entitled: “A Multidisciplinary Approach to Fall Prevention in an Inpatient Psychiatric Hospital Setting.”

Jennifer Moller, MSN, RNC-OB, C-EFM, was recently published in the Journal of Obstetrics, Gynecologic & Neonatal Nursing. Her article was entitled “Leadership, Accountability and Patient Safety.”

Christine Waszynski, RN, MSN, GNP-BC; Patricia Veronneau, MSN, RN; Karyn Therrien, MSN, RN; Melissa Broussseau, BSN, RN; Angela Massa, BSN, RN; and Sarah Levick, BSN, RN, were recently published in the October 2013 edition of American Journal of Nursing. Their article was entitled “Decreasing Patient Agitation Using Individualized Therapeutic Activities.”

STAR
Jessica LeRoux, MSN, RN, earned her MSN in education and published an online article, “Patient Assignments for Float Nurses,” in Advance Healthcare Network for Nurses.

Violet Moses, RN, BSN, earned her MSN in education from Elms College.

Surgery
John Vanjah, CCRN, (B7I) earned his Certified Critical Care Registered Nurse designation.

Neuro, Ortho, Trauma
Samantha Wilson, BSN, and Christina McGurl, RN, earned their ONC (Orthopedic Nurse Certification).

Women’s Health
The OB OR Reorganization Team leaders, Sara Garcia, RNC; Carrie Ferrindino, RNC; and Deb Gingras, MS, RN, CSN, gave an oral presentation about their research and experience on “Staffing Levels in the OR” at the 2013 AWHONN National Convention in June.

Congratulations to those who earned nursing degrees:

Mariah Barrows, Jenelle Bourgault, Jakell Burgess, Chelsea Burns, Melanie Bush, Missy Dannhauser, AnaBolena De LaCruz, Jennifer Dowe, Katherine Farrell, Siobhan Givens, Lauren Lahickey, Nicole Lambrano, Lorraine Moustakakis, Elizabeth Onyebuchi, Molly Ough, Matthew Spilka, Anna Tincopa, Christina Weaver and Mary Zunino.
Schwartz Center Rounds®

Nursing is instrumental in planning innovative programs that allow caregivers to discuss sensitive issues.

Kathy Burns, MSN, RN, OCN, nurse manager of Radiation Oncology at the Helen & Harry Gray Cancer Center, works closely with Evan Fox, MD, director of Liaison Psychiatry/Consultation and Psycho-oncology, to coordinate Schwartz Center Rounds® for Hartford Hospital. The gatherings give nurses and others an opportunity to explore the emotional and ethical aspects of health care in a safe, non-judgmental, open environment.

The Schwartz Center, which developed the “rounds” concept, was founded by Ken Schwartz, a Boston health care attorney, who was diagnosed with lung cancer at age 40. While he could have died a bitter man as he was a non-smoker who exercised regularly, he used his 10-month illness to establish an organization to celebrate the compassionate care he received and produce a forum in which caregivers could share. The mission: “promote compassionate care so that patients and their caregivers relate to one another in a way that provides hope to the patient, support to caregivers and sustenance to the healing process.”

Hartford Hospital became a member of The Schwartz Center for Compassionate Healthcare in 2007 and follows its established format to conduct its six annual Schwartz Center Rounds®. While topics are suggested by the Schwartz Center, Hartford Hospital’s topics have been generated from the field. Ms. Burns makes a point of talking with nurse managers and visits the units to talk with nurses to solicit ideas. Ms. Burns says, “I really want topics that represent the bedside nurse.”

Ms. Burns describes the next crucial step: “Once the topic is selected, Dr. Fox and I meet with the topic contributors and discuss, ‘What about this topic makes it an ethical dilemma to be explored?’ This process refines the topic, helps the audience frame their questions, and assists us in developing the questions that we ask the audience to respond to with their clicker.” The “clicker” Ms. Burns refers to is the audience response system that allows all attendees to participate. She adds, “This gives everyone a voice when there’s never enough time or people are hesitant to speak in the large group.”

The format of the Schwartz Center Rounds® is that two or three people from different disciplines or opposing views introduce the topic by sharing their experiences, followed by participation by any attendee. As Ms. Burns explains, “First, credit must be given to the people who have been through something and are willing to share, since it’s a time of vulnerability. Then, credit must be given to attendees who adhere to the ground rules of confidentiality and mutual respect. You’re not lectured to; you get to explore an issue.” Dr. Fox concurs, “This is probably the only setting within health care where we’re not focused on a solution.”

Ms. Burns feels that Schwartz Center Rounds® have helped everyone focus on the patient while validating their own feelings. She states that, “One of the biggest advantages to Schwartz Center Rounds® is that no matter what you’ve dealt with or how you feel, you figure out very quickly that you’re not alone with those feelings, and the interaction helps you connect with patients.”

Past topics have included taking care of a dying colleague; comparing the differences and similarities in how nurses and physicians react to a situation such as a medication error; when the use of humor in providing care is appropriate or inappropriate; and when a patient and family member(s) disagree on a plan of care. Ms. Burns says, “The hospital administration has been extremely supportive of the program. In fact, [then-president and CEO] Jeffrey Flaks attended a Schwartz Center Rounds® to facilitate a discussion about the decision-making process for the hospital in a time of limited resources. Needless to say, it was a pretty lively session.” The most recent Schwartz Center Rounds® was coordinated with the Institute of Living during Suicide Prevention Week. Staff shared their experiences of when a patient, family member or friend committed suicide.
While Ms. Burns does not have much spare time these days as she completes the nurse practitioner program at UConn and volunteers for the Hole in the Wall Gang Camp, she remains committed to coordinating the Schwartz Center Rounds®. She states, “Dr. Fox and I have created an efficient process for triaging ideas and setting up the conferences. And the program is so important to both caregivers and patients.”

Since health care is 24/7, one of the biggest challenges is scheduling the sessions to maximize the number of staff members who can attend. Currently, topics get brought back to the nursing units and self-generate additional ideas or conversation, so nurses who weren’t able to attend do benefit. But Ms. Burns is looking at additional formats, such as a mini-topic Schwartz Center Rounds® on the units, to accommodate more staff.

Hartford Hospital participates with 300 other institutions throughout the U.S. (19 in Connecticut) and the U.K. An independent evaluation has found that participation in Schwartz Center Rounds® promotes compassionate care, improves teamwork and reduces caregiver stress and isolation. The Schwartz Center Rounds® break down the silos that have contributed to fractured health care. The program has also led to more patient-centered health care practices and policies in many health care institutions.

Ms. Burns sums up those findings by saying, “Nurses don’t get a lot of time to process, reflect or deal with certain situations, and to be able to talk with or listen to other disciplines contributes to our well-being, which translates to good patient care.”

The Schwartz Center for Compassionate Healthcare has started to conduct conferences and webinars. The most recent webinar was “What Does it Take to be Compassionate in Today’s Healthcare Environment?” and they will have another in January 2014, “Yes, Empathy Can be Taught.” Visit www.theschwartzcenter.org for additional information.
Pieces of the Heart

Cancer Center staff nurse Donna Trott, RN, was disappointed when Hartford Hospital adopted its color-coded uniform policy last year. And she wasn’t alone. “We weren’t happy about giving up our colorful tops and ones with holiday themes. We liked the individuality, and the patients liked the colors and patterns,” Ms. Trott says. But once the plan was in place, Ms. Trott came up with an idea for making “lemonade out of lemons”: collect old scrub tops from Cancer Center nurses and turn them into a quilt.

With the OK from her nurse manager and department head, Ms. Trott launched the project. She approached a professional quilter, Karen Strid, who agreed to donate her time to design and fabricate the quilt, which would feature a cancer ribbon at its center. Cancer Center nurses happily donated their tops to the project. It wasn’t long before the 3-foot by 5-foot quilt was complete.

“All of us were really excited about it,” Ms. Trott says. “It means a lot to us. Because we wore these tops so much, we could identify which pieces were ours. The quilt is a tie to our patients who have been cured or who are in remission and to patients who have passed away. It’s a tribute to our patients past and present. When we saw the quilt completed, it brought an emotional response to all of us.” Many nurses, she says, “associated a particular top with a particular patient.”

Today, the quilt, framed and with an explanatory plaque under it, hangs in the Cancer Center’s Family Lounge, where patients and families will be able to enjoy it for years to come. Ms. Trott sees it as celebrating nurses and all they do for their patients.

And the negative attitude toward the new uniforms? It’s evaporated. “Now we wear the blues very proudly,” Ms. Trott says. “When several of us are together, it looks quite impressive, and patients know who’s a nurse.” She now believes that the uniforms enhance the patient experience. Still, she says, “It’s the people in the uniforms that make the biggest difference.”

Quilter Karen Strid, left, with Donna Trott, RN.

Patients Are Positive About Our Nurses!

“Wonderful nursing staff. All were very friendly, helpful and attentive!”

“Attentive, professional nursing/CNA staff. Well-groomed and dressed in clean, well-fitting scrubs (noted this isn’t the case in all hospitals). The entire nursing staff provided excellent care.”

“Kind, gentle, caring.”

“Excellent! The nurses were very caring, kind, and attentive to my needs.”

“All the nurses treated me with respect. You have the best nurses.”

Highlights of comments from HCAHPS surveys, January through September 2013.
Completing the Circle

As a member of Hartford Hospital’s Palliative Medicine Consult Service, Carol Strycharz, RN, BSN, MPH, is always seeking ways to ease the physical and emotional discomfort of patients who are seriously ill or approaching the end of life. Early this year, Ms. Strycharz was caring for a 77-year-old woman who was dying as a result of severe lung disease. The lady was surrounded by loving family; yet Ms. Strycharz sensed that her patient was troubled, unable to feel at peace. Some gentle conversation uncovered the problem: The patient had a tradition of making baby blankets for each of her grandchildren when they married. Because she was so ill, she’d been unable to crochet blankets for the last two of her eight grandchildren.

“We were all standing at her bed, and I said, ‘What if I could have your blankets made for you? Would that make it better for you?’” Ms. Strycharz recalls. “She said, ‘If someone could make my blankets, I could die in peace.’”

The patient’s family purchased yarn and brought it to the hospital for the patient to see. Ms. Strycharz gave the yarn to her own mother who, with some help, crocheted the last two blankets. The patient, meanwhile, changed her goals of care from Full Code to Allow a Natural Death. She died peacefully on Jan. 27, with her family by her side. Her daughter, Sharon Seegobin, returned to the hospital to pick up the finished blankets, which Ms. Strycharz had boxed and wrapped. “She was thrilled to have them,” says Ms. Strycharz. “She said, ‘My mother is at peace. The circle is complete.’”

Recalling her thoughts as she sought to discover the source of her patient’s anxieties, Ms. Strycharz says, “I knew there had to be some way to help her—to give her what she needed. I knew I had to find a way.”

“I could not have been treated with more care or respect. They were wonderful!”

“Nurses were exceptional. They were kind and listened to our concerns.”

“Nurses were outstanding, kind and there was nothing they wouldn’t do for me. Hartford Hospital has the best nurses on the planet, both on N8 and in PACU!”

“The staff at all levels exceeded my expectations and made my stay comfortable and safe.”
Hartford Hospital had already been working to decrease the incidence of pressure ulcers when the Centers for Medicare and Medicaid Services issued its regulation in 2008 that hospitals would not be reimbursed for caring for a patient who acquired a pressure ulcer while hospitalized. This gave the hospital opportunity and motivation to accelerate its efforts.

Lisa Corbett, APRN, CWOCN, who was working in the Wound Center at the time, became the team leader for the reorganized hospital-wide Wound Care Program. Ms. Corbett describes one of the first issues addressed: “This wasn’t just a nursing problem. We needed an interdisciplinary approach for these patients.”

Ms. Corbett turned for insight to The Core Competencies for Interprofessional Collaborative Practice: Report of an Expert Panel. The report had been published by the Interprofessional Education Collaborative, an initiative sponsored by a group of national medical education organizations. “The report was an invaluable tool for a project of this magnitude,” explains Ms. Corbett. The publication assisted teams of the different disciplines involved with interactive learning. “It helped us set up the collaborative process with physicians, Rehabilitation, Supply Chain Management, Nutrition, Biomedical Engineering and Information Technology Services. We needed an end result that would enhance our processes to benefit the patient,” she continues. “And of course, this all aligns perfectly with our safety value.”

Implementation has involved several steps: establishing a strong team of board-certified wound/ostomy nurses and physician collaborators, led by surgeon Thomas Banever, MD; identifying unit-based “skin champion” RNs; using electronic documentation and product revisions; and conducting continuing education and skills training. Methods of learning include hands-on practice using wound models, bedside mentorship and a “physician boot camp” at Hartford Hospital’s Center for Education, Simulation and Innovation (CESI) to train all new surgical residents.

While the team feels they are still in developmental stages, they have several interprofessional successes upon which they can build: monthly Critical Care Committee case reviews of hospital acquired pressure ulcers; required standardized wound education for
Representatives from Nursing examined their protocols and incorporated evidence-based recommendations from several professional organizations as benchmarks. One of the quality organizations for wound management produced the “top ten checklist” which has been put into practice (see next column for a summarized list). The checklist tracks the status of each recommendation as “in place,” “not done,” “will adopt,” and “notes,” which includes who is responsible and the timeframe for completion.

The CMS regulation requires that an institution report the number of worst (deepest) pressure ulcers for the hospital. The team decided that monitoring all pressure ulcers in real time—present on admission and hospital acquired—would give them information upon which they could act and truly impact care. Drilling down and tracking pressure ulcer data to specific units and patients, in conjunction with protocol evaluation continued on page 10

Hospital Acquired Pressure Ulcer (HAPU) Checklist – Top Ten Evidence-Based Interventions

- Implement head-to-toe skin evaluation and risk assessment tool.
- Develop and implement an individualized plan of care.
- Assess skin and risk at least daily and incorporate into other routine assessment.
- Avoid skin wetness by protecting and moisturizing as needed.
- Set specific timeframes or create reminder systems to reposition patient.
- Monitor weight, nutrition and hydration status. For high-risk patients generate an automatic registered dietician consult.
- Use special beds, mattresses, and foam wedges to redistribute pressure (pillows should only be used for limbs).
- Cover operating room tables with special overlay mattresses for long cases (>4 hours) and high-risk patients.
- Use breathable glide sheets and/or lifting devices.
- Involve licensed and unlicensed staff in HAPU reduction efforts.
and modification, resulted in the data being utilized for care improvements by bedside nurses. And there is an additional benefit: Successful interventions are continued and a spike in incidence receives immediate attention via the Plan-Do-Study-Act model.

Ms. Corbett points to two examples where evidence-based interventions guided by data were instituted. The first example involves cardiac surgery patients. They were shown to be at risk for pressure ulcers. So patients now have a protective sacral dressing applied preoperatively, they are placed on new surfaces in the operating room, and they are immediately placed on a low air-loss mattress postoperatively. Early mobility regimens and chair cushions are in place as standards.

The second example involves examining the life of medical items—beds in this case. Because the bed surface is so important to a patient who has or is at risk of developing a pressure ulcer, the team has a Bed Planning Committee to specifically look at bed mattresses. Mattresses are considered a therapy and they do lose their therapeutic value, a fact not easily confirmed with the naked eye. The committee, comprising nurses, physicians, physical therapists and biomedical engineers, evaluates mattresses and budgets for their replacement on an ongoing basis.

Another population being addressed is the 4 to 5 percent of patients arriving at Hartford Hospital with a pressure ulcer. Ms. Corbett explains, “The majority of these patients are coming from home with a profile of being elderly, having no services at home and living alone or with an elderly spouse. This patient profile automatically triggers a nutrition consult in addition to addressing the pressure ulcer and other medical needs.” This particular scenario is of special interest to Ms. Corbett, and she plans to examine this issue and develop appropriate interventions in her DNP studies at Yale.

A Hartford HealthCare system-wide wound group, consisting of the acute care hospitals, home care and wound centers, has been formed. The group shares ideas, discusses educational initiatives and identifies system and community resources. For example, the group is identifying pertinent questions on which their primary care partners can focus during an exam.

Ms. Corbett summarizes the efforts by saying, “We’re eliminating silos to learn together about these patients, collect data and vigorously attack the problem of pressure ulcers.”

![Patient Falls per 1000 Patient Days](image)

Data source: Peminic Event Reporter, filtered to include Inpatients & ED patients
The Advocacy of Nursing

As more medical care shifts to ambulatory and outpatient settings, patients who get admitted to hospitals today tend to be very complex. Beth Lawlor, RN, BSN, MS, CCM, CPHM, NEA-BC, director of Case Coordination at Hartford Hospital, has seen the effects of this evolution in her department over time.

Every Hartford Hospital inpatient benefits from a case coordinator’s advocacy from admission, with the first interaction often occurring in the Emergency Department. The comprehensive admission assessment, which begins the dialog with the patient, family and health care team, is considered an entitlement of all admitted patients. The case coordinator manages and organizes all of the demographic, clinical and psychosocial information. “All of this information is then translated into the most appropriate care transition plan that meets each patient’s individual needs,” states Ms. Lawlor.

Ms. Lawlor continues, “Involvement at the time of discharge used to be the main event, and it signaled the end of our relationship with the patient.” A focus throughout Hartford HealthCare is to keep the patient “in the middle of a circle,” surrounded by linked organizations and services across the continuum. Ms. Lawlor states, “When we focus on the patient, optimal clinical outcomes and financial stability follow.”

Depending on the number of beds and patient acuity, each hospital unit has one or two unit-based case coordinators, with each carrying an average caseload of 22 patients every day. There are eight administrative assistants supporting the 40 case coordinators. Ms. Lawlor credits the team’s exceptional work for their high patient perception scores. Not surprisingly, as an ever-increasing focus is placed on patient throughput and patient length of stay decreases, the burden of work for each case coordinator actually increases.

Case Coordination staff members have completed a number of projects. They updated the comprehensive case coordinators’ patient assessment documentation tool, which contains a standard set of elements addressed with every patient. When ongoing assessments are documented, key elements appear in all subsequent notes. Any care provider can then review the most recent note.

A major project related to a length-of-stay reduction initiative resulted in a successful trifecta of interventions: Clinical Progression Rounds, the Patient Daily CARE Plan and Patient Status Boards. Clinical Progression Rounds occur on every patient, every day, on every nursing unit. These rounds are co-led by a case coordinator and a nurse manager and include the patient’s nurse, a social worker, other disciplines...
such as pharmacy or rehabilitation as necessary, and often an APRN or physician assistant. “The purpose is to discuss the patient’s current clinical status and identify the goals and throughput milestones for each day,” says Ms. Lawlor.

The successful implementation of Clinical Progression Rounds led to the development of the Patient Daily CARE Plan (see page 13). To complement Clinical Progression Rounds and the Patient Daily CARE Plan, Patient Status Boards have been installed on 10 units. This electronic board, which pulls the patient’s clinical information from the medical record, is used during Clinical Progression Rounds. All attendees can see the same information, hover over the various fields to view the most recently updated patient information, and comment in the free text area.

Case Coordination is positioning itself for health care of the future. Several years ago, Ms. Lawlor, Michael Lindberg, MD, and a core team began to examine post-acute opportunities with heart failure readmissions that occurred within 30 days of discharge. The team has provided several APRN-led educational sessions, some at CESI, to advance evidence-based practice and core competencies at multiple post-acute facilities.

With the Affordable Care Act and the continued development of Accountable Care Organizations, further advancing care coordination services into the community will be imperative. “This will require even more collaboration across multiple settings and necessitate the advancement of our current partnering efforts within our system. This is coordinated care,” Ms. Lawlor observes.

“Transitioning a patient’s care between health care practitioners and care settings is complex and involves numerous issues,” Ms. Lawlor says. “The foundation of care coordination across the care spectrum, however, is the unwavering focus on patients.”

Lisa Skowronek, BSN, RN, ACM, case coordinator, describes the role as “being the consistent advocate for the patient from the time of admission until transition to the next level of care.” Ms. Skowronek says, “The case coordinator’s role has evolved over time. It is now a collaborative and fully integrated process that must be organized around the needs of patients.”

When the case coordinator’s role is analyzed into its component parts, it is apparent what a significant responsibility case coordinators have to their patients. The core functions include clinical assessment, care coordination, patient education, counseling, case monitoring and/or clinical pathway management, discharge planning, resource management and patient advocacy.

Ms. Skowronek’s relationship with a patient usually starts within 24 hours of admission. The “collaborative and fully integrated process” she describes includes the patient and family, primary care physician, medical specialists, Pharmacy, Social Work and any other involved disciplines. She describes the progression: “Once a thorough assessment of each patient has been completed, a patient-centered plan is developed. The case coordinator follows the clinical progress of the patient during the hospitalization and adjusts and communicates the discharge plan accordingly. A
carefully designed transition plan ensures a safe and efficient hand-off across the continuum for every patient."

The transition plan involves interacting and coordinating services with another facility, home care and/or other community providers. Ms. Skowronek says, "With the support of our administrative team, we communicate with many different resources to transition the patient to the appropriate care setting. If a patient's plan is to go directly home we'll also do a 'continuity-of-care assessment' which includes consideration of the home environment, caregiver status and the ability of the patient to perform ADLs [activities of daily living]."

Hartford Hospital’s case coordinators are all registered nurses who are specially trained in discharge planning and utilization management (UM). In addition to the medical aspects of case coordination, Ms. Skowronek says, "We also need to be well-versed in UM as another facet of our role."

The case coordinators bring a wide variety of experience to the department. Ms. Skowronek is a graduate of the University of Connecticut School of Nursing and has a background in home care, intensive care and oncology nursing. She is based on B10I, a cardiac ICU with 12 beds, so her experience serves her well. She has also taken on a new role in the department as an instructor/trainer. She trains new staff and works with current staff in new processes, including Clinical Progression Rounds, collecting information on avoidable delays, documentation requirements and attending and assisting with the weekly Patient Progression Meeting with hospital leadership.

"Case coordinators serve as a catalyst for a collaborative approach to patient care," Ms. Skowronek says. "In other words, it's like a giant puzzle, and working together, we put all of the pieces together to get the best outcome for the patient. It's quite a task – and pleasure – to get that best outcome!"

The Patient Daily CARE Plan

The Patient Daily CARE Plan was developed in response to the 2013 Balanced Score Card initiative to improve communication between our patients and every discipline with which they come in contact.

Elissa Ford, BSN, RN, clinical analyst on the Nursing Informatics team, along with N12 nurses Marcia DeCarli, RN; Erika LaPointe, RN; and Rebecca Laut, RN, designed the plan. They first pilot ed it on paper and then, with Information Technology Services’ assistance, they piloted the electronic version.

The patient’s nurse gives the plan to the patient and communicates its purpose, as a tool to help the patient gain an understanding and knowledge of his/her care plan and interact with any discipline of the care team.

Information on the Patient Daily CARE Plan includes:
- anticipated date of discharge
- daily goals in patient-friendly language
- tests ordered
- treatment times
- diet
- activity
- medications
- questions (a place for the patient or family to jot down their questions for the team)

Patients are encouraged to keep their plans filed in their Health Care Guide and Journal. The plan is also integrated with the bedside report as nurses change shift.

Caregiver, patient and family response has been overwhelmingly positive, and the plan is now in use on 10 nursing units with the remainder of the units coming on board shortly.

Nurses involved in developing the Patient Daily CARE Plan included (l-r) Rebecca Laut, RN; Erika LaPointe, RN; and Elissa Ford, RN. Not pictured: Marcia Decarli, RN.
Working per diem at Hartford Hospital gives me the opportunity to see changes firsthand. Enhancing the experience at Hartford Hospital for patients, visitors and staff is the driving force for many of the changes taking place. When one approaches the main hospital someone is now there to offer a greeting or answer a question. Informational signage has been improved. Food service has been improved and an electronic care plan introduced. Patients are now able to see their plan of care for the day. The staff has access to a gym to improve their well-being. Communication on all levels has improved, with monthly staff meetings facilitated by a knowledgeable person from a different area. Hartford Hospital is one of the first hospitals in the world to try out “Google Glass” to enhance patient care, and our Center for Education, Simulation and Innovation is expanding. The validity of our core values is reflected in outside recognition: Healthgrades named Hartford Hospital one of America’s 100 best hospitals, the Stroke Center received Gold Plus Recognition for 2013, and U.S. News & World Report ranked Hartford Hospital #1 in the Hartford Region for 2013-2014.

Your Alumnae Association has also been making changes and contributing to the enhancement of the human health experience. Our bylaws have been updated. The fall annual meeting agenda will be included in the June banquet starting in 2014. To show our appreciation for being able to use Jefferson House for this meeting over many years, we celebrated with a tea for residents on Oct. 20, which included a sing-a-long with Sam Pasco and his band. Alumnae members helped transport patients and served refreshments. The association donated money to purchase activity carts for each unit, along with a lending library of iPads and Kindles with large-print capabilities and audio books for the sight-impaired.

More than 200 alumnae attended our June banquet, and five of the seven nursing scholarship recipients were introduced. A total of $31,000 was awarded. Plans for a possible donation of a fountain for the hospital grounds were announced. The Alumnae Medical Fund remains available to all association members, and I encourage you to use it. This year we made donations to the Ovarian Cancer Association; Convent of the Abbey of Regina Laudis in Bethlehem, Conn., for repairs; Connecticut Community Care Inc. to help the elderly remain in their own homes; the International Myeloma Foundation; the Wethersfield-Rocky Hill Professional Nurses Association for their nursing scholarship fund; and to support publication of this magazine.

Both Hartford Hospital and the Alumnae Association continue to work vigorously on the core values of excellence, safety, caring and integrity.

Betty Ann Vose Fusco, RN ‘66
President, Alumnae Association of the Hartford Hospital School of Nursing
Barbara Aronson, PhD, RN, CNE, a 1976 graduate of the Hartford Hospital School of Nursing, remembers clearly the moment she decided to become a teacher of nursing. She had considered teaching ever since she began practicing. But one night, working in a local hospital’s trauma unit, she made up her mind to pursue the advanced degrees that would enable her to achieve her goal. “I knew it was going to be a long trajectory from beginning to end,” Dr. Aronson says. “It was about 16 years of school, but I enjoyed every minute of it.”

She went on to teach nursing at Capitol Community College and then at Southern Connecticut State University, where she served as coordinator of the BSN program for seven years. Today, she is a professor in Southern’s Department of Nursing and coordinator of its EdD in Nursing Education Program, a new doctoral program being offered in collaboration with Western Connecticut State University. “It’s a great program,” Dr. Aronson says. “Nursing programs in Connecticut have had a lot of trouble finding qualified nurse faculty. Other doctoral degree programs prepare nurses for research or practice. This prepares nurses to be academic educators.”

The EdD program is largely taught online. Dr. Aronson says she gets to know her students very well through online interaction, videoconferencing and residencies. “Students at this level continuously challenge my thinking. They’re so bright and so motivated,” she says. In addition to the doctoral class, Dr. Aronson teaches both an undergraduate and graduate course each semester. “Teaching across all levels is a joy for me,” she says.

Dr. Aronson is also an accomplished researcher who has published her findings and presented her work at local and national research conferences. She has a particular interest in simulation and has done substantial work exploring simulation as an effective teaching strategy in nursing. Her goals for the future include becoming recognized as a simulation researcher nationally and internationally.

In 2012, Dr. Aronson received the Connecticut Nurses’ Association’s prestigious Diamond Jubilee Virginia Henderson Award, the highest honor that can be bestowed on a nursing professional in Connecticut. The award recognizes outstanding contributions to nursing research. Dr. Aronson says she was “surprised and honored” to be chosen.

Dr. Aronson remains connected to Hartford Hospital. She has been a member of the Connecticut Nursing Research Alliance since it was founded 16 years ago. She has served on many of the organization’s committees, most recently chairing the Abstract Review Committee. Her work with the Alliance, she says, “has kept me in touch with old friends and is a way for me to give back to the institution.”

Dr. Aronson has kept in touch with several of her HHSN classmates. Recalling her experience at the school, she says, “I loved the Hartford Hospital School of Nursing. I thought it was a great education, with a lot of clinical experience.”
For more than 38 years, Steven Lytle served as a vital link between Hartford Hospital’s past—including its School of Nursing—and its present. As the sole archivist in the T. Stewart Hamilton, MD, Archives, Mr. Lytle managed a vast and varied collection of documents, photos and artifacts spanning more than 150 years of Hartford Hospital history. Today, Mr. Lytle is enjoying retirement, but he looks back on his career with fondness and pride. “Working with people who needed information or photographs that I could supply gave me the greatest thrill and the greatest satisfaction,” Mr. Lytle says.

Mr. Lytle had an especially close association with the Hartford Hospital School of Nursing and its graduates. When an HHSN graduate was applying to an academic program or a new position and needed an official transcript, Mr. Lytle was the one to call. With the school no longer in existence, all of its records were in his care. Mr. Lytle says that providing graduates’ transcripts was, to him, “a sacred and vital thing.”

Many other items in the collection he oversaw related directly to HHSN and its predecessor, the Hartford Hospital Training School. Mr. Lytle had student uniforms dating back to the 1800s. Nurses could borrow them for special celebrations. He also had textbooks, lists of graduates, hundreds of historic photos, and every yearbook and Alumnae Association bulletin back to 1922. The historic photos published in Nursing magazine over the years were provided by Mr. Lytle, who gave generously and graciously of his time and expertise to locate and identify images.

One HHTS/HHSN-related item from the archives now stands in a display case across from the Administration offices: a Wedgwood vase donated by the school’s first graduate, Carrie House. The vase had been a gift to her from the school’s first matron, Frances Tuttle.

Mr. Lytle contributed extensively to key Hartford Hospital projects. Originally hired in 1974 as a media librarian, in 1979 he was tapped to found the archives to mark the hospital’s 125th anniversary. He was the archives’ first and was to be its only curator. He also became archivist for the Institute of Living in the 1990s, when the IOL became part of Hartford Hospital. He served on the IOL’s 175th Anniversary Committee, chaired by Lee Monroe. That committee commissioned exhibit designer Harrison “Whitey” Jenkins and historians Bruce Clouette and Paul Deslandes to develop the Myths, Minds and Medicine exhibit still on display in the Commons Building. He was a member of the team, also chaired by Ms. Monroe, that created The Healing Triangle, a book commemorating Hartford Hospital’s 150th anniversary. He supplied the book’s author, Bruce Clouette, with most of the historical information and photographs used in the book.

More recently, Mr. Lytle contributed photos, artifacts, text and captions for historical exhibits throughout the hospital that were commissioned by then-Hartford Hospital President Jeffrey Flaks.

An oral history program was one of Mr. Lytle’s projects. Today, the collection includes more than two dozen recordings and transcripts of interviews with key people from the school’s and the hospital’s past. Among those interviewed were Lillian Bozenhard, RN, a 1933 HHTS graduate who went on to serve impoverished people in Newfoundland and Labrador, and Doris Armstrong, RN, MEd, who served for many years as the hospital’s director of nursing.

Looking back over his long and remarkable career, Mr. Lytle says, “It was a pleasure working with everybody, especially the School of Nursing alums. The graduates of the school were just the nicest people.”
The Hartford Hospital School of Nursing Annual Alumnae Banquet was held on Sunday, June 2, 2013, at the Crowne Plaza in Cromwell, Conn.

Karen Mazzarella ’69, outgoing Alumnae Association president, was presented with flowers at the banquet in appreciation of her many years of exemplary service.

2013 Scholarship Recipients

The Alumnae Association of the Hartford Hospital School of Nursing awarded seven nursing scholarships totaling $31,000 to the students shown below. The awards were presented at the annual banquet in June.

Nursing scholarship recipients: Joanna Szczawinski, Zofia Stec, Monica Kieltyka, Henry Christensen, and Courtney Benham. Missing from photo are Stacey Nemchick and Lisa Solari.

Over 100 Years of combined service to the Alumnae Association

Sam Pasco and Bob Starr (and Bob's father before him) have served the Alumnae Association for over 50 years each. In appreciation for their service, the Alumnae Association presented each of them with a gold HHSN shield tie tac.

Sam Pasco, band leader, and Bob Starr, accountant, with wife, Edie.

CLASS OF 1938 – 75 Years

Stefanie Druzolowski Kaminski ’38 celebrated her 75 year HHSN anniversary. She had the honor of being the oldest alum at the banquet – and the cutest!

CLASS OF 1942

Julia Melnick Nelson ’42 represented her class at the banquet and celebrated 71 years since her graduation.
CLASS OF 1944

Jean Landon Smith '44 and Avis Warren Butler '44 at the annual banquet, where they celebrated 69 years since graduating from HHSN.

CLASS OF 1953 – 60 Years

Ethel Carlson Lavieri '53 and Georgia Clark Erickson '53 celebrate their 60th year HHSN anniversary.

CLASS OF 1958

Carol Moss Meehan '58, Pat Rinaldi '58 and Irene Skinner Barter '58 at Monet’s Garden in Giverny France, May 2013. Below is a picture of Monet’s Lily Pond.

CLASS OF 1962

Still friends – after all these years! Fourteen members of the Class of ’62 gathered to celebrate 51 years since graduating from HHSN.

CLASS OF 1963 – 50 YEARS

Thirty-nine members of the Class of 1963 celebrated their 50 year HHSN anniversary.

The Class of ’63. As the motto above them says: Pioneers Then – Pioneers Now.

The traditional year-to-year passing of the Golden Bedpan.

Jerri Saltus Sicaras '63 passes the beautifully arranged “Golden Bedpan” on to Caryl Hockenberry Donovan '64.
Class of 1967

Phyllis Demaine ’67 was a recipient of the 2013 Nightingale Award at Hartford Hospital. In June 2013, after working 43 years at Hartford Hospital, she retired.

CLASS OF 1968 – 45 Years

Nine members of the Class of 1968 celebrate 45 years since graduating from HHSN.

CLASS OF 1973 – 40 Years

Twenty members of the Class of 1973 celebrated their 40th HHSN reunion at the banquet.

Marilyn Miller ’73 and Lorraine Maheu Gagnon ’73 – still friends!

CLASS OF 1976

Kathleen Shea Villano ’76 was awarded the prestigious Girl Scout Appreciation Pin for delivering outstanding service. Under her leadership the Girl Scouts have learned lifetime skills and values.
IN MEMORIAM

Lauretta Slate Schulz ’36
Mildred Lovell Bush ’38
Ruth A. Thompson ’42
Barbara Wilson Laitinen ’47
Gunver Erickson Lindquist ’47
Margaret Marco Galiette ’48
Glenna Miller Frigon ’49
Mary Ann LeBlanc Henry ’50
Jeannette Berger Reese ’57
Martha “Marty” Bruggestrat Richmond ’65
Lynne Bernardi Post ’71

Dr. Henry Bonney - Anesthesiologist
Dr. Thomas Kugelman - Dermatologist

Let Us Hear from You!
We would love to receive photos and news from HHSN alumnae. Please mail information to the Alumnae Association of the Hartford Hospital School of Nursing, 560 Hudson Street, Hartford, CT 06106 or e-mail patciarcia@snet.net.

Request for HHSN Nursing Pins
We often receive requests for a replacement HHSN nursing pin. Since they are no longer made, the only way we can get a pin is if an alum is willing to donate one to the Alumnae Association. We would then give the pin to the requesting alum. If you are interested in donating your pin for this purpose, please contact Pat Ciarcia at 860.563.2005 or patciarcia@snet.net.

Give a Lasting Gift
Your contribution today will make a difference to our nursing education program. Mail your gift to Hartford Hospital, Fund Development, 80 Seymour Street, Hartford, CT 06102. You can act now and show your commitment to nursing education forever by including Hartford Hospital and/or the Alumnae Association of HHSN Inc. in your estate plans. For more information, please contact Carol S. Garlick, vice president, philanthropy, at 860.545.2162 or cgarlic@harthosp.org.
Address Service Requested

Traditional afternoon tea in Heublein Hall in the original School of Nursing.