Contents

1 Messages From Executive Leadership
2 The SCIENCE Of Nursing
   Nurses Drive Clinical Transformation
5 The ADVOCACY Of Nursing
   Ensuring Glycemic Management
6 The ETHICS Of Nursing
   Timely Care For Every Patient
8 The ART Of Nursing
   Collaborating Across The System
10 Nursing News & Notes
11 A Message From The President
   Of The Alumnae Association
12 Alumnae Spotlight
   A Life In Medicine
13 A Look Back
   A Loving Gift
14 The PILLBOX Alumnae News
   News And Photos From Our Graduates
17 In Memoriam

Hartford Hospital’s Nursing Professional Practice Model

The Nursing Professional Practice Model was developed by nurses from across Hartford Hospital. It is a visual representation of the scope of nursing practice and nursing’s role in enhancing the human health experience.
Nurse Empowerment And Engagement Drove EHR Success

Hartford Hospital’s transition to the new Epic EHR was far and away the largest and most challenging change initiative Hartford Hospital has carried out in its 162-year history. Its rollout this past summer was a quantum leap forward in our ability to provide patients with safe, effective and coordinated care. Nurses were vital to its success.

From the beginning, nurses took ownership of the massive undertaking that led to the EPIC “go-live.” We shared insights across the system, became certified trainers, determined best-practice protocols, attended training, and provided support to each other, all while continuing to put the patient first by providing exemplary care.

Consistent with the pillars of our Nursing Professional Practice Model and our sheer grit, nursing demonstrated a willingness to embrace change for the benefit of our patients. Our commitment to H3W and lean daily management carried us through this electronic transformation. Our cascading structure enabled us to keep Epic front and center. By building the topic of Epic implementation into daily work and huddles, we maintained our all-important focus on keeping our patients safe.

In this issue of Nursing, you’ll read more about our EHR initiative, including the emerging specialty of nursing informatics, which integrates clinical knowledge and workflow with information technology. You’ll also see examples of how nurses’ empowerment, engagement and leadership drove the success of our transition.

The nurses of Hartford Hospital amaze me every day. But your wholehearted dedication to this transformative journey stands out even among your many other achievements. Thank you for all you have done and continue to do. I am so proud to serve among you.

Cheryl Ficara, RN, MS, NEA-BC
Vice President, Patient Care Services
Hartford Region, Hartford HealthCare

A Powerful Shared Experience

It would be difficult to describe to someone who didn’t live through it the staggering scope of our transition to the Epic electronic health record. Thanks to you and your colleagues, we succeeded. In fact, representatives from Epic and our consulting firm, Optimum, said they had never witnessed such a smooth transition. You can take great pride in this.

Why did our transition go so well? I believe it was because we built on a strong foundation that was years in the making. Throughout this process, I witnessed people upholding our leadership behaviors and our core values of caring, safety, excellence and integrity. I saw nurses exemplifying the core aspects of their profession. Most of all, I saw staff everywhere giving selflessly of their time, knowledge and energy to ensure that we navigated the transition successfully while continuing to put our patients and families first.

I won’t repeat here all the ways that the new EHR will benefit patients, clinicians and the hospital itself. You’re well aware of those. But since its implementation, I’ve realized that the project provided an additional benefit: a special bond of the kind that often forms among people who share a challenging experience. Staff have told me that the Epic experience led them to interact with other disciplines in ways they never had before. Some said that being “in the same boat” trying to learn and use the new system erased distinctions between roles. Many gained a new appreciation for the skills of colleagues. This added benefit from our shared experience can only make us stronger going forward.

I feel privileged to have lived this experience with you. For this and for all you do every day, you have my thanks and admiration.

Stuart K. Markowitz, MD, FACP
President, Hartford Hospital
Senior Vice President, Hartford HealthCare

Messages From Executive Leadership

Editor’s note: In August 2016, Hartford Hospital transitioned to a new electronic health record, or EHR. The software for the EHR is provided by Epic, a company serving healthcare institutions worldwide. Throughout this publication, “Epic” and “EHR” are used to refer to the new system implemented at Hartford Hospital.
When Hartford Hospital went live with its new Epic electronic health record on Aug. 20 this year, it was the culmination of years of work. Building and implementing the new EHR was the most complex and far-reaching undertaking in Hartford Hospital’s 162-year history. It was worth the effort. The system will enhance patient safety, improve the patient and family experience and ensure more coordinated care across the continuum. Clinicians will have ready access to all the information they need to provide efficient, top-quality care. Data from the system will help ensure that the care is effective and evidence-based.

Nursing played a lead role in the initiative from the beginning. Nurses’ involvement in adapting the generic Epic system to Hartford Hospital’s unique needs and workflow was crucial. As the clinicians most constantly and directly involved in patient care, nurses have unique insights into how a system must be designed to make it effective in the real world. Nursing leaders have the experience and skills to lead change and inspire collaboration. Nurse educators have the ability to make new knowledge clear and meaningful.

The Epic undertaking put a spotlight on an increasingly important nursing role: the nursing informatics professional. Susan Marino, RN, MBA, CPHIMS, Hartford HealthCare’s chief nursing informatics officer, explains that these specialists “are the translators between operations, our clinicians and information technology.” Their mission is to see to it that software design matches workflows “to be sure it represents efficiencies and meets the needs of nursing practice.”

Julie Michaelson, RN, clinical informatics manager for HHC’s Hartford Region, spearheaded Hartford Hospital’s transition to Epic. She, too, sees her role as a “translator.” “You need clinical informaticists to help design best practices and workflows to support better outcomes,” Michaelson says. “We translate the understanding of what is needed and put it into Epic terms.”

Building and implementing Epic for Hartford Hospital, Michaelson stresses, “is not an IT project; it’s a clinical transformation project. Having the new EHR will help us provide safer, higher-quality patient care. It’s about clinical decision-making and pushing our EHR to support it.”

Years in the Making
Hartford Hospital’s rollout of Epic was, by all measures, a success. Both Epic representatives and consultants engaged to facilitate the process were impressed with how smoothly the transition occurred. Much of that had to do with the two full years of planning that took place; the work of the informaticists and the employee advisory group, CareConnect; support from hospital leadership; and, of course, the involvement of nurses throughout the process.

“Having nursing at the table was instrumental in the entire clinical transformation project,” Michaelson says. “We are responsible for care 24/7, so we’re impacted by every decision that’s made. Being at the table has allowed us to make better decisions up-front.”

The hospital’s long-established culture of patient safety and quality contributed to success. So did the lean management and communication structure that was already in place, where every day begins with patient safety and progresses through other key issues, with information cascading in an orderly way to every staff member.

“Because this infrastructure was already in place, it helped in the clinical transformation process,” Michaelson says. “We camped onto what everyone had already embraced and advanced.”

Michaelson was a bedside nurse when, in 2004, she was invited to join the EHR team as a clinical consulting analyst. She accepted. “I loved bedside care. It wasn’t about leaving the bedside. It was about helping bedside nurses every day—improving workflows and providing solutions that help them do their jobs more efficiently,” Michaelson says. “I’m still impacting patient care by improving the quality, safety and efficiency of the care we provide.”

She accepted her current position in 2014. In the run-up to implementation, she found herself speaking to gatherings such as the monthly Hartford Regional Leadership Forum and the Hartford Hospital Clinical Practice Council. Although she was nervous at first, she says she’s grateful for how groups made her feel so valuable to the hospital. While she was usually the face of the project, she gives credit for the successful rollout to her team of four clinical consulting analysts: Michelle Bartunek, MS, RN; Rebecca Morton, BSN, RN, CWCN; William Weidmann, BS, RN; and Alexandra Westen, BSN, RN.

“We couldn’t have done it without them,” she says. “They understand the clinical environment and are specialists in workflow analysis.”
Beyond Software: Evidence-Based Content

The move to the Epic EHR is a key step in HHC’s journey to ensuring that all non-physician disciplines at all five HHC hospitals use the same, most up-to-date and evidence-based plans of care. Evidence-based content for HHC’s Epic EHR is provided by Elsevier, one of the world’s leading providers of medical information. Content is based on analysis of most current research and is updated regularly. “It was a philosophical commitment from our chief nursing officers that we would have at our fingertips the best content available,” says Michaelson. “When we went to Epic, a critical part of the project was getting people to understand the importance of evidence-based content and why Hartford HealthCare chose to incorporate Elsevier’s content.”

In addition to spearheading the IT aspects of Epic implementation, a huge part of Michaelson’s job for the last two years has been driving adoption of evidence-based content at Hartford HealthCare’s acute-care hospitals—Backus, Hartford, Hospital of Central Connecticut, MidState Medical Center and Windham—and standardizing the way clinicians practice so that all are working from the same care plan. She has conducted educational workshops with interprofessional leaders at all the hospitals and worked with the HHC Nurse Executive Council, the Clinical Practice Council and Nursing Education leadership to build consensus. It is work that will continue as remaining hospitals move to the new EHR.

Michaelson notes that following most current, evidence-based practices gives nurses what they want: the confidence of knowing they’re advancing practice and ensuring better safety, quality and outcomes for their patients. The transition to Epic, she says, “is more important than software; it’s about delivery of patient care.”

A New Scope of Nursing Practice

The process of building Epic and preparing for its rollout introduced nurses to the new world of clinical informatics. “Many didn’t know there were nurses who did this,” says Michaelson. “They saw this whole new scope of practice, and it was interesting to many nurses. Many wanted to be credentialed trainers or be superusers and help make decisions around workflow.”

Kayla LaFountain, RN-BC, BSN, then a staff nurse on N11, was one of those who took the opportunity to become a credentialed trainer and help tailor the Epic software. She went on to become a subject-matter expert for CareConnect (the employee team that helped tailor the Epic software). She became a subject-matter expert for CareConnect (the employee team that helped tailor the Epic software). She went on to become a subject-matter expert for CareConnect (the employee team that helped tailor the Epic software). She served as a liaison between end-user departments and CareConnect before, during and after go-lives at MidState, Windham, Natchaug, the Institute of Living and Hartford. To ease anxiety among her N11 colleagues, LaFountain organized small classes dubbed “Epic with Kayla,” where one to four staff members could ask questions and practice typical N11 scenarios in Epic’s Playground environment.

LaFountain says she got involved with Epic for the same reason she chose to be a nurse. “I really enjoy helping others, and I wanted to try to reduce the stress of the staff, be a resource for colleagues and help facilitate the change,” she says.

Now on B11I, LaFountain hopes that Epic will eventually mean that nurses will be able to spend less time at the computer and more time at the bedside, “which is every nurse’s dream.”

Nicole Miller, RN, BSN, of B10E, also volunteered to become a credentialed trainer and went on to train others throughout the hospital in ClinDoc. She says she chose to do it because “I like a challenge, and I like to keep myself engaged. And the more I know, the more my floor knows.”

Miller is excited about the capabilities Epic offers, especially the scanning of medications. “This is a massive safety feature that can only help you,” she says.

Miller thinks that nurses will maintain that all-important patient contact once they become more familiar with the EHR.

“As you get more comfortable with the computer, you realize you can still make eye contact and be present with the patient as you capture data,” she says.

Ruth DeLallo, RN, BSN, of B11I, agrees. Also a certified trainer, DeLallo says that the focus going forward must be to “smooth out the kinks” so that the system matches practice.

continued on page 4
Nurses Drive Clinical Transformation

continued from page 3

Kelly Motowidlak, RN, MSN (left), and Kathleen Race, RN, BSN, of Bed Management/Transfer Center, consult the monitor showing bed capacity.

“The end goal is to spend more time at the bedside,” DeLallo says. She thinks that will happen “once we get things ironed out.”

Both Kelly Motowidlak, RN, MSN, and Kathleen Race, RN, BSN, of Bed Management/Transfer Center were active in Epic preparations and training. When they found that Epic didn’t have a transfer center module, they arranged to become part of a multi-hospital “brain trust” working with Epic to create such a component. Members meet telephonically monthly to discuss what Epic’s transfer center upgrade should look like.

Looking Ahead

One of the developments the future holds, Michaelson says, is the establishment of a closer partnership between Nursing Education and the CareConnect training team. “We have to bridge the gap, so that when we train people on the technology, we do it in a way that makes sense for nursing,” Michaelson says.

The two areas already are working together on a curriculum that will be used in orientation to educate new hires about Epic. This and other initiatives will build on the success of Hartford Hospital’s EHR implementation, a success that, Michaelson says, would not have been possible without the commitment of people at all levels.

“It took a village to make this happen,” she says. “There were some scary times, but we have a ‘can-do’ attitude in this hospital. We say, ‘We’ve got this. We can do this.’ And we do.”

Making the Move to Informatics

After 20 years at the bedside, Becky Morton, RN, BSN, CWCN, is taking her career in a new direction. In August she became a clinical consulting analyst with Hartford Hospital’s Clinical Informatics team.

Morton had been an ad hoc member of the informatics team for years and enjoyed the work. In early 2016, with the support of her supervisors, Nurse Director Susanne Yeakel, RN, MSN, NEA-BC, CNML, and Team Leader Lisa Corbett APRN, ACNS-BC, CWOCN, Morton became an Epic credentialed trainer, then divided her time equally between teaching and clinical work. Ultimately, she decided to make the move to informatics.

“In my new role, I can help streamline clinical documentation to help nurses at the bedside spend more time with their patients,” Morton says. “Being from the bedside, I know the challenges they face every day.”

Morton notes that while many institutions are just beginning to recognize the importance of nursing informatics, Hartford Hospital has had an informatics group for a long time, and she’s “happy to be joining such a strong team.”
As Hartford HealthCare began the intensive, years-long process of preparing to implement the new Epic electronic health record, HHC’s multidisciplinary Inpatient Glycemic Task Force identified a looming challenge. A protocol for glycemic management that had been created in Sunrise Clinical Manager would be going away when Epic was implemented, and there was not another program ready to take its place.

“Epic didn’t have the capacity for glycemic management,” says Jenifer Ash, APRN, MPH, nurse practitioner for Inpatient Care Services at Hartford Hospital. “That would have been a risk to patients, so we had to look elsewhere. We had to ensure that we had a process in place to manage patients who are diabetic, have a new diagnosis of diabetes, have hyperglycemia or have undiagnosed diabetes.”

Ash points out that glycemic control is critical to quality inpatient care. Research shows that one in every four patients over age 65 has diabetes, whether diagnosed or undiagnosed. The disease can cause an array of complications. She and her colleagues were eager to put advanced technology to work for the good of their patients.

Choosing the Product

The task force began searching for a product that would meet the system’s needs.

“We had looked at Glucommander years ago, but couldn’t get the IT structure to work at the time,” says Sherry Adams, MSN, RN, a nurse educator and clinical lead for Glucommander at Hartford Hospital. “That would have been a risk to patients, so we had to look elsewhere. We had to ensure that we had a process in place to manage patients who are diabetic, have a new diagnosis of diabetes, have hyperglycemia or have undiagnosed diabetes.”

Ash points out that glycemic control is critical to quality inpatient care. Research shows that one in every four patients over age 65 has diabetes, whether diagnosed or undiagnosed. The disease can cause an array of complications. She and her colleagues were eager to put advanced technology to work for the good of their patients.

We looked for a product that would help nurses help their patients to maintain good glycemic control while in the hospital.”

The task force ultimately chose to acquire Glytec’s eGlycemic Management System™, commonly referred to as Glucommander.

Patient-Specific Insulin Dosing

Glucommander provides integrated glycemic management and surveillance to help hospitals reduce the frequency, risk and costs of hyperglycemia and hypoglycemia and provide superior care to patients. It is integrated with the EHR and uses data from it to calculate proper insulin dosing based on algorithms. These algorithms take into account not only the patient’s blood glucose levels, but a host of other factors, such as height, weight, comorbidities and medications. Glucommander provides patient-specific insulin dosing for all patients over age 2. This includes intravenous mealtime dosing, subcutaneous transition and subcutaneous insulin dosing.

The surveillance component is one of Glucommander’s newest features. It interfaces with the hospital’s laboratory information system to detect patterns in a patient’s glucose history.

“We know every patient who has high glucose,” says Ash. “This is a snapshot we’ve never had before. We can be more proactive. If I see that a patient has a blood glucose of 300 and isn’t being managed, we can have the patient evaluated, talk with the care team and discuss what we can do to improve the patient’s glycemic management.”

The system also provides recommendations on transitioning a patient to a home regimen, based on the patient’s lab values.

Ash says Glucommander helps bedside nurses better educate patients and “begin the process of chronic disease management across the continuum.”

Before these and other benefits of Glucommander could be realized at Hartford Hospital, though, the team faced another challenge: training thousands of providers and nurses in its use.

Educating Users

Adams had been trained as a Glucommander instructor even before MidState Medical Center and Windham Hospital had gone live with Epic and Glucommander. She and Ash collaborated to determine how best to educate staff at Hartford Hospital.

“We looked at what would be best practice and what would be best for patients and came up with a curriculum for the best way to educate our staff,” Adams says.

Adams began with the curriculum that had been developed for MidState Medical Center and Windham Hospital, which had already gone live with Epic and Glucommander. She modified it to reflect Hartford Hospital specifics and the newer version of Glucommander.

continued on page 6
Ensuring Glycemic Management

continued from page 5

Adams and other specially trained nurse educators trained the entire nursing staff at Hartford Hospital and the Institute of Living—about 4,000 people in total—over last summer. It was a tall order, but everyone pulled together.

“That’s how we got so many people trained,” Adams says of the collaborative effort. “You set a task, and you have to accomplish it. There are always barriers, but we did what we needed to do for good outcomes.”

Feedback from learners was positive. With Epic still so new to them, they appreciated the hands-on approach that gave them an opportunity to actually use the system.

Adams, Ash and Nicole Dunn, APRN, who joined Hartford Hospital’s Department of Medicine in July, were members of a core team that guided the transition to Glucommander. They made site visits to MidState Medical Center. They identified some technical issues related to Glucommander’s integration with Epic and worked with Susan Marino, RN, MBA, CPHIMS, chief nursing informatics officer for HHC, and Julie Michaelson, RN, clinical informatics manager for HHC’s Hartford Region, to resolve them.

Results Coming in

As of press time, Ash says that preliminary outcomes show great results. Patients treated using Glucommander have less incidence of hypoglycemia, and a greater number of patients are within the target range for blood glucose.

“I want to congratulate our nurses,” Ash says. “There was a learning curve, but they’ve done a phenomenal job.”

“Jenifer and I are both extremely proud of our nurses,” says Adams. “Being able to take on Glucommander along with Epic is remarkable. The nurses are very open to feedback and are able to provide safe patient care while maintaining glycemic management in the acute care hospital.”

Timely Care For Every Patient

Nurses drove an intensive effort to align the EHR with patients’ case management needs and prepare staff for go-live.

Patients are entitled to timely access to necessary care, and every care setting must be appropriately reimbursed for the services it provides. Achieving these goals is the work of the Case Coordination team, and its nurses played key roles in shaping the new EHR to meet its needs.

The Case Coordination team at Hartford Hospital is involved with nearly every one of the more than 39,000 inpatients Hartford Hospital cares for every year. From the time a patient comes into the hospital, through their transition to home or the next level of care, this team works to ensure that the patient progresses in an appropriate and timely way and that regulatory and payer requirements are consistently followed. Achieving these objectives is crucial to creating a positive, seamless experience for patients and their families. The work is quite complex and encompasses many aspects of a patient’s stay. So Beth Lawlor, MS, BSN, RN, CCM, CPHM, NEA-BC, nurse director of Case Coordination, was concerned when she and her team identified shortly before the Epic rollout that the system would not adequately support Case Coordination’s integrated workflow.

Raising Issues

Lawlor and her colleagues had planned well ahead for Hartford Hospital’s Epic EHR rollout. They spent time in discussions with staff at Windham Hospital and MidState Medical Center, where the EHR was already live, and obtained invaluable feedback. When they shadowed experienced case managers at MidState, they found that those managers already had developed some “workarounds” to compensate for shortcomings in the EHR system’s case management design. The additional work required didn’t yet seem to be an overwhelming problem at MidState or Windham because of their smaller patient volumes, but Lawlor and her colleagues identified issues that would have a significant impact at Hartford Hospital.

Case management teams from all three HHC hospitals worked closely through Hartford Hospital’s Epic go-live and beyond.

“Making sure our existing workflow was uninterrupted was critical to patient flow, appropriate reimbursement and the overall patient experience,” Lawlor says. “Our other hospitals identified for us the issues that were problematic for them, recognizing that those same issues could be potentially crippling for a large hospital like Hartford.”

The Case Coordination team took what they’d learned at MidState and worked with the CareConnect team to address a number of critical issues. A case coordinator’s work generally focuses on patient throughput, care transitions and reimbursement. EHR tools needed to be built properly to support that work. Otherwise, consequences could include increased length of stay.

•• The ETHICS Of Nursing
delays in timely access to care, and interruption in the revenue cycle due to reimbursement problems.

“We needed to be sure Epic was finely tuned in terms of how it supported our work,” Lawlor says. “The tool will be enhanced on an ongoing basis, and as we continue to learn more of what is available to support our work, we will be looking to leverage every functionality that may enhance the patient experience, ensure appropriate reimbursement and help facilitate timely care transition.”

**Learning to Use the Tool**

As Lawlor and her department’s case coordinators and administrative assistants were completing Epic training in early August, they came to a stark realization.

“We were well prepared only on Epic’s basic functionality and where to find information,” Lawlor says. “But we were not prepared for how the tool would be used in our work. A week before go-live, we realized that if we went live that day, we would not know how to document that work. We needed to further explore how to adapt the tool to our existing workflow.”

Lawlor and other nurses rose to the challenge. Lisa Skowronek, BSN, RN, ACM, IQCI, coordinated a week-long Epic training lab that included one-on-one sessions with case coordinators to ensure they knew how the tool would be used to perform their work. She also hosted a comprehensive “day-in-the-life” demonstration for all Case Coordination staff. The intensive educational experience was invaluable.

“The sense of reassurance that staff felt when we got to go-live was immeasurable,” says Lawlor. “The anxiety had been palpable the week before, but there was absolute calm on go-live day.”

Everyone pulled together. Many of the nurses and administrative assistants worked extra hours to support the go-live. Additional nurses were on hand to assist with other tasks so primary case coordinators could focus on using Epic. Lawlor’s team identified issues with Epic as they arose and used a centralized system to submit them to the CareConnect team for resolution. Superusers, including Lawlor and Nurse Manager Maureen Zukauskas, MS, BSN, RN, ACM, CPHM, worked every day for the two weeks surrounding go-live.

“Epic isn’t the work; it’s just the tool we use to document the work,” Lawlor says. “I wanted to be sure my team wasn’t so focused on the documentation aspect that it took their eyes off their patients. Epic should, over time, improve the efficiencies surrounding their work. But even a perfect tool requires staff to continue to work toward proficiency and to ensure standard work in how it is used.”

**The Work Goes on**

In the weeks following the Aug. 20 go-live, the Case Coordination team continued to work with CareConnect and Epic to address concerns and further enhance the system to meet workflow demands. A challenging area to understand was the workflow and design surrounding patient classification into inpatient, observation, and outpatient levels of care. Epic presented many more classification options than the former system, creating some confusion that might have resulted in patients not being classified correctly, thus affecting reimbursement.

“If we don’t identify a classification error—inpatient versus observation, for example—both the patient and the hospital could be negatively impacted financially,” says Michelle Berube, BS, RN, CPHM, IQCI, Utilization Management’s team lead.

Berube and her team mounted a focused effort aimed at ensuring appropriate patient classification for every patient’s hospital stay to ensure that neither the patient nor the hospital would incur any undue financial burden and that services would be billed appropriately.

Berube, along with Lawlor, Skowronek, Zukauskas and EHR lead Chao Huang, MSN, BSN, RN, worked to resolve this issue and many others. Berube notes that the unfailing support of executive and departmental leadership was a key factor in ensuring problems were addressed quickly and that solutions were identified. She remains positive about the new system.

“I’m very excited about Epic,” Berube says. “Once fully implemented, it will enhance our ability to have the most accurate and up-to-date information possible across the entire network—physicians, nurses, hospitals, laboratories and other clinical areas. Having this information at our fingertips will facilitate safer, more efficient patient care across the entire continuum—and that’s exceptional.”

---

From left, Beth Lawlor, MS, BSN, RN, CCM, CPHM, NEA-BC; Michelle Berube, BS, RN, CPHM, IQCI; Maureen Zukauskas, MS, BSN, RN, ACM, CPHM; and Dawn Tranter, RN, of Case Coordination.
Years before the rollout of the Epic electronic health record at Hartford Hospital, nurses from the five Hartford HealthCare acute-care hospitals came together in two systemwide councils to achieve a critical prerequisite: consistency in policies, practices and protocols across the system. The work of the Hartford HealthCare Nurse Executive Council and the Hartford HealthCare Clinical Practice Council determined the order sets that would be built into Epic and ensured that patients could count on a single, high standard of care at any HHC hospital.

**The Hartford HealthCare Nurse Executive Council**

The Hartford HealthCare Nurse Executive Council was launched in late 2013 under the leadership of Cheryl Ficara, RN, MS, NEA-BC, vice president of patient care services in HHC’s Hartford Region.

“The idea was to bring together nursing leaders from HHC’s Central, Eastern and Hartford regions to begin to work on the nursing aspects of creating a unified system,” says Ficara. Council members included senior nursing leaders and staff from the three regions.

In the beginning, the council focused primarily on bringing all the system’s hospitals into a more standardized operation from the nursing perspective. One aspect of this involved extending to the other hospitals the Nursing Professional Practice Model that had been developed by Hartford Hospital nurses.

“It was easy to see how the model could be adopted by other hospitals and integrated into daily practice to help form the foundation of unified practice,” says Maria Tackett, RN, EdD, CEN, CCRN, director of professional practice at Hartford Hospital.

The council also worked to better align nursing councils with one another, ensure consistency in nursing roles across the system and develop instructional materials to support the eventual implementation of the Epic EHR.

Planning for the EHR soon became a major focus of the group.

“Nursing would be the largest group of staff who would be involved in learning about the EHR and who would have such a far-reaching effect on patient care,” Tackett says. “The Hartford HealthCare Nurse Executive Council became the place where issues about implementation were brought forward.”

The Epic EHR would work the same way at every hospital. So the council sought to develop policies that would standardize clinical practice systemwide. They developed pain policies consistent with Joint Commission standards. They aligned procedures for urinary catheter insertions—including adopting an evidence-based checklist—that have resulted in a decline in catheter-associated urinary tract infections (CAUTIs). The council’s development of a standard report for CAUTIs and for central line-associated bloodstream infections has resulted in reliable data across the system. Another systemwide initiative is exploring skin-care devices that promise to achieve cost savings and reduce readmissions.

To prepare nurses for the sweeping changes that would result from EHR implementation, the council embraced a change-readiness model that had been developed by Gerry Lupacchino, HHC’s vice president for leadership and organizational development. The council charged nursing leaders to use the model as a framework to help themselves and staff adjust to the changes and achieve

---

**The ART Of Nursing**

Collaborating Across The System

**Nurses from all Hartford HealthCare hospitals collaborated to forge standards of care that laid the groundwork for the new electronic health record.**

Hartford HealthCare Clinical Practice Council Co-Chair Mary Kate Eanniello, DNP, RN, OCN, leads a meeting of the group. System Nursing Practice Council Co-Chair Mary Kate Eanniello, DNP, RN, OCN, leads a meeting of the group.
a successful transition. Tackett says everyone performed exactly as hoped.

“Nurses across the system worked to prepare for the EHR implementation, support each other as colleagues and share lessons learned,” Tackett says.

**The Hartford HealthCare Clinical Practice Council**

The Hartford HealthCare Clinical Practice Council, co-chaired by Chief Nursing Informatics Officer Susan Marino, RN, BSN, MBA, CPHIMS, and Nurse Educator Mary Kate Eanniello, DNP, RN, OCN, played a significant role in preparing for Epic. Members included approximately 40 nurse managers, educators, administrators, clinical nurse leaders and bedside nurses.

“Bedside nurses, who are the foundation of all good clinical care, had a voice in a way I’d always dreamed of,” says Eanniello. “It was great to have them at the table, contributing to policy, being subject-matter experts and more. The council was a great vehicle for us to get everyone’s voice heard and let the bedside nurses’ clinical knowledge shine.”

The council met monthly at Hartford Hospital at first, but the frequency of meetings increased as the EHR go-live date grew closer. The team reviewed a vast array of policies and protocols.

“The work was fast and furious. We looked at the individual policies and protocols of all five hospitals,” says Eanniello.

After examining and discussing each policy or protocol and evaluating them based on best practices, the team recommended which ones would become the standard that would be built into order sets in Epic. In the process, they sought input from individual hospital councils and collaborated with teams from a number of other disciplines, such as pharmacy and provider groups.

Naturally, practice sometimes differed from one hospital to another. Eanniello says council members made a point of being respectful to each other and listening to what others had to say. If they were unable to reach agreement, the issue would be referred to the chief nursing officer in each HHC region. But that was rare, because members shared a common goal.

“We would come to an agreement using best practice as our standard,” Eanniello says. “If you keep what’s best for the patient and family as your focus, it’s harder to cling to ‘That’s how we’ve always done it.’”

Council members from the various hospitals gladly shared their knowledge with each other and cooperated to resolve any issues that came up.

“The project showed the power of having a system and all of us working together on one vision,” says Eanniello.”

Nurses participate in a team-building activity during the kickoff of the Hartford HealthCare Clinical Practice Council early last year.
We congratulate these Hartford Hospital nurses on their recent achievements.

Bone and Joint Institute
The following nurses completed their advanced degrees:
- Vrunda Shah, APRN, CB6
- Dina Conley, APRN, CB6
- Nikki Wagner, APRN, CB4
- Krista Mahoney, APRN, BJ PACU

Cardiology/Cardiovascular Services
- Tim Guernsey, RN, CCRN, earned Critical Care Certification.
- Margaret Panek, RN, received her BSN in May 2016.
- Mary Leggett, RN, received her BSN in May 2016.
- Emily Capozza, RN, from B9E had a poster accepted at the 110th Annual CNA Convention. The title is “Amiodarone Administration: An Evaluation of Guideline Changes.”

Case Coordination
- Lisa Skowronek, RN, nurse educator, presented a poster titled “Moving Toward a Safer Journey: Improving Transitions of Care for Behavioral Health Patients from Inpatient Medical to Inpatient Behavioral Health Settings” at the 20th Annual Nursing Research & Evidence Based Practice Conference sponsored by the Connecticut Nursing Research Alliance, Oct. 14, 2016, at Hartford Hospital’s Education Resource Center.
- Maureen M. Zukauskas, MS, BSN, RN, ACM, CPHM, nurse manager, is serving the second year of a two-year term (through April 2017) as national board member-at-large/board liaison for American Case Management Association (ACMA), as well as, continuing to serve on the ACMA Connecticut Chapter board as immediate past president (until April 2017) and nominating committee chair.

Critical Care
- Rosy Beucler, RN, received Stroke Certification (SCRN) in September 2016.
- Julian Castaneda, RN, received Critical Care Certification (CCRN) in March 2016.
- Jarad Goldberg, RN, received Board Certification in Emergency Nursing (BCEN) in March 2016.

Institute of Living
- Jamie Santaniello, RN, received her MSN from the University of Saint Joseph in August 2016.

Surgery
- Ilona Sapieha, RN, received her BSN in May 2016.

Women’s Health
- Jennifer Smith, RN-BC, N6, was certified in inpatient obstetrics.
- Amy Schroder, MSN, RN, CNML, was certified by AONE as nurse manager and leader.

Congratulations to these Hartford Hospital nurses who presented posters at the 20th Annual Nursing Research and Evidence Based Practice Conference on Oct. 14, 2016:
- Jonathan Nyez, MSN, RN
- Karyl Burns, RN, PhD
- Ellen Blair, APRN-BC
- Jamie Santaniello, RN, BSN
- Catherine Chance, RN, BS
- Kathryn DePucchio, RN, BSN
- Cynthia Belonick, APRN-BC
- Kaitlin Olson, MSN, RN
- Lina Garcia-Pinzon, BSN, RN
- Monika Costa, RNC, MSN, IBCLC
- Lisa Q. Corbett, DNP, APRN, ACNS-BC, CWOCN
- Maria K. Tackett EdD, CCRN, CEN, TCRN
- Enkelejda Ago, BSN, RN
- Allyson Bouchard, BSN, RN
- Leah St. Pierre, BSN, RN
- Janice Wilson, MSN, RN, CNOR
- Andrea Hagstrom, MSN, RN, CNOR, CNL
- Leah Goldberg, BSN, RN, CNOR
- Danette Alexander, DNP, RN, NEA-BC
- Leah Phillip, MS, RN
- Ryan Reinsch, RN
- Torrey Trzcinski, BSN, BA, RN, CEN
- Krista Atwell, BSN, BA, RN
- Robert Edwards, BSN, RN
- Tammy Barbago, RN, Paramedic, CEN
- Susanne Yeakel, RN
- Jennifer Ash, APRN
- Donna Shaw, RN
- Marion Beucler, RN
- Stephanie Kasek, RN
- Mary Kate Eanniello, RN
- Gwen Redler, RN
- Liza Nowicki, MSN, RN
- Jason Hamm, RN, BSN
- Michele Kolios, RN, BSN
- Joyce Sauve, RN, BSN
- Michaela Morse, RN, BSN
- Karen Freed, MSN, APRN
- Laura O’Connor, MSN, BSN
- Lisa Skowronek, BSN, RN, ACM, IQCI
- Amanda Salicki, RN, MSN
- Alyssa Dion, RN
- Sherry Adams, MSN, RN
- Jennifer Ash, APRN, MPH
- Michael Davis, MFA, RN-NE-BC
- Mary Kate Eanniello, PhD, RN
- Gwen Redler, MSN, RN-BC, RRT
- Christine Rooney, MSN, RN

“Epic” greetings to one and all! Another two years have gone by, and I have been elected to serve as your president again. Thank you for your vote of confidence.

Your board and your alma mater, Hartford Hospital—now under the umbrella of Hartford HealthCare—continue to work on many projects. In August, Hartford Hospital transitioned to a new electronic health record developed by Epic. The change required enormous preparation. While many, including myself, dreaded it, the rollout went quite well.

The new Bone & Joint Institute continues to advance toward completion. So does the Center for Education, Simulation and Innovation, located where Barney Library and the pool used to be. The puzzle pieces are all coming together for the “2020 Plan” Hartford Hospital proposed a few years ago. Your board committees, on a much smaller scale, continue the tradition of offering assistance to alumnae, scholarships for nursing students and help to community programs, as well as contributing toward disaster relief throughout the world.

The annual meeting and banquet in June was attended by many alumnae, thus preserving the tradition of roll call and camaraderie. Our “hepatitis fountain,” which will be located in the John Springer Memorial Garden, is becoming more than a vision from five years ago when we assisted with our donation to the project. The Friends of Heublein Tower will begin renovations of a room to be dedicated to Hartford Hospital. One of our members, Barbara Fitzpatrick Andres, class of 1957, donated her cape to our association, and it will be on display in that room.

Our alma mater closed 40 years ago, and our “littlest sisters” are nearing retirement age. Yet, thanks to your participation and the dedication of the board, we continue to be a viable association. Your board members are always open to your comments and suggestions and look forward to hearing from you.

Betty Ann Vose Fusco, RN (HHSN ’66)
President, Alumnae Association of the Hartford Hospital School of Nursing

Join Your Alumnae Association
Become one of the more than 600 HHSN graduates who belong to the Alumnae Association of the Hartford Hospital School of Nursing. Membership dues are only $10 per year and include membership in the Alumnae Medical Fund. Members are eligible to apply for scholarships.

To join, simply mail your $10 non-tax-deductible check (payable to the Alumnae Association of HHSN Inc.) to the address below, along with your full name, class year, mailing address, telephone number and e-mail address.

For more information, please contact Betty Ann Fusco, president, at bafusco@cox.net; Pat Ciarcia, executive director of alumnae affairs, at patciarcia@snet.net; or visit www.HHSNAlumnae.org. You can also write to the Alumnae Association of the Hartford Hospital School of Nursing, 560 Hudson Street, Hartford, CT 06106.

STAY CONNECTED! If your email address changes, please notify Pat Ciarcia.
Alumnae Spotlight

A Life In Medicine

Nancy Bober Holyst, MD (HHSN ’74), says that she always wanted to be a nurse. As a young girl, she admired an aunt and a neighbor who were nurses. She devoured books about Clara Barton and the fictional student nurse, Cherry Ames. In high school, she served as a nursing aide at New Britain’s Hospital for Special Care. And in 1971, she pursued her dream by entering the Hartford Hospital School of Nursing.

“The thing I liked best about the HHSN experience was that, from the beginning, you were in the hospital doing something at the bedside,” she says. She also enjoyed unique aspects of HHSN life, such as afternoon tea—complete with silver tea service—and monthly birthday celebrations.

“It wasn’t easy,” Nancy says. “I still quake when I think about nutrition classes with Miss Sullivan. She would call your name and look you right in the eye and always ask you the one question you didn’t know the answer to.” Nancy also disliked the operating room experience; she had a tendency to faint under the hot lights.

After graduating from HHSN, Nancy worked in the pediatric unit at the Hospital for Special Care until the early 1980s, when she had her first child and began taking courses at Central Connecticut State University. When an advisor in the science program suggested Nancy consider going to medical school, she was shocked. “I had the impression that I wasn’t smart enough—that I couldn’t get in,” she says. She took the courses necessary to prepare for the MCAT exam and applied for admission to the New York Medical College in Valhalla, New York. She told no one about it so she wouldn’t be embarrassed if she weren’t admitted. But she was accepted, and in 1984, at the age of 30, she became a first-year medical student. Four of the students in her class were nurses.

The next seven years of medical school and then a residency in pediatrics were filled with hard work, long hours, precious little sleep and constant learning, not to mention the births of two more children. But Nancy persevered.

“You can do anything one day at a time, one week at a time, one month at a time,” she says. “Never look down the road, because if you do, you become overwhelmed by what’s ahead.”

Her training at HHSN helped her tremendously as a medical student and resident. She knew how to plan effectively, be organized and focus on priorities. She also was comfortable caring for patients, whereas many of her fellow students had never worked in a hospital.

During both medical school and residency, Nancy found nurses to be the most supportive and enthusiastic people she worked with.

“They would do whatever they could to help you out or give you a heads-up about something you might not know,” she says.

Nancy finished her residency in 1991 and became board certified in pediatrics. For the next 23 years, she worked in private practice, first with a group and then in her own practice in Plainville. She retired in December 2014.

An incident Nancy relates may offer insights into the path her career took. She recently discovered a long-forgotten essay she had written in middle school in which she said that once a woman married and had children, it would be impossible for her to be a doctor. In the margin, young Nancy’s teacher had written, “This is not necessarily true.” Nancy is living proof that her teacher was right.
A Look Back

**A Loving Gift**

Janice LaBelle Bartholomew ’56 treasured her pin from the Hartford Hospital School of Nursing. She had always told her granddaughter Shannon Bartholomew Mann, now also a nurse, that she wanted to be buried with her pin. But 18 years ago, Janice was heartbroken to find that her pin was lost, apparently having fallen out of the change purse where she always kept it. She returned several times to the place where she’d last had it, thinking the pin would turn up. But it never did.

Janice had a long, full nursing career, working in labor and delivery in a Springfield Hospital for 20 years, then as a nurse in the Connecticut prison system for another 20 years. Even after retirement, she did flu clinics with the Visiting Nurses Association until she was 79.

In the meantime, her granddaughter Shannon set out to find an HHSN pin to replace her grandmother’s. Shannon searched the internet for years hoping to find one for sale. She ultimately contacted the HHSN Alumnae Association, following up every so often to see if anyone had donated a pin to the group. Finally, last winter, the association’s executive director of alumnae affairs, Pat Ciarcia ’62, had good news. The family of Joan L. Roberts ’70, had donated her pin to the association, and Shannon was welcome to it. Shannon was thrilled and began thinking about a special way to present the pin to her grandmother.

Shannon also had learned that Janice had never had a pinning ceremony. Married as a student, Janice was five months pregnant with her first child at the time of the ceremony, so wasn’t allowed to attend.

When Janice’s large family planned an 80th birthday party for her this past spring, Shannon saw her opportunity. After all the gifts had been opened, she asked all the family members to quietly gather around. She told Janice she had one more present for her, and then presented her with the HHSN pin.

“I was shocked and overwhelmed and very emotional,” Janice recalls. “It was a very moving moment, no two ways about it.”

But there was more. Shannon had planned a pinning ceremony, too. Together, they read the Nightingale Pledge, and Shannon pinned her grandmother. “She just lit up,” Shannon says, “and there were lots of smiles and hugs all around.”

Today, the treasured HHSN pin sits in a place of honor in a shadow box in Janice’s living room. Janice has asked her family to return it to the Alumnae Association after her death. Reflecting on her life, she says “I can’t tell you how happy I am to have been a nurse. It’s the most wonderful thing.”

Janice is deeply grateful to her granddaughter for the lovely gesture. “I’m so proud of Shannon,” she says. “Her generosity of spirit brought me this wonderful gift of a nursing pin from Hartford Hospital.”

Janice LaBelle Bartholomew ’56, left, is honored with a pinning ceremony organized by her granddaughter Shannon Bartholomew Mann at Janice’s 80th birthday celebration.
SCHOLARSHIP RECIPIENTS 2016
The Alumnae Association of the Hartford Hospital School of Nursing awarded a total of $34,500 in scholarships to nine nursing students.

Left to right: Lori Caetano, Leonie Jackson, Barry Johnson, Jennifer Peck, Renee Simone, Angela Leininger, Julie Michaelson and Sarah Visker. Not pictured is awardee Kathy Rudzki.

CLASS OF 1938
Stefanie Druzołowski Kaminski celebrates her 78th anniversary since graduating from HHSN in 1938. She will be celebrating her 99th birthday this year!

CLASS OF 1946
Janet Prager Dunn was the only member present from the Class of 1946 to celebrate 70 years since graduating from HHSN.

CLASS OF 1951
Irene Breton Lehan enjoyed celebrating 65 years with her classmates.

CLASS OF 1956
Members of the Class of 1956 celebrate their 60th HHSN anniversary.

SOCIAL HOUR
The Alumnae Association provided a social hour reception for alums to enjoy prior to the luncheon.

Chris Johnson ’61, board director and scholarship chairperson, is pictured with her nephew and scholarship recipient Barry Johnson.
CLASS OF 1957

Diana Woodward Oliveira recently earned her HHSN gold shield charm for 50 years of membership in the Alumnae Association. She was thrilled to receive it and will add it to her charm bracelet and wear it to next year’s banquet where she will celebrate 60 years since graduating.

CLASS OF 1958

Patty Rinaldi has been a volunteer at Hartford Hospital for 24 years. She has been a patient advocate and volunteered in multiple areas and programs throughout the hospital. If any alum is interested in volunteering at Hartford Hospital, please contact Patty for further information at 860.563.4150.

CLASS OF 1961

The Class of 1961 celebrate 55 years since graduating HHSN.

CLASS OF 1962

Twelve members of the Class of 1962 singing “We’re the Class of ’62.”

CLASS OF 1965

Dianne Cull Litchfield and six of her classmates spent three days in New York and Maine to enjoy each other’s company. It had been a couple of years since they had been able to get together. It was a special gathering, as two of them had lost their spouses in January, just two weeks apart. This group has shared their life’s journey for many years. Somehow it seems like they have never been apart.

CLASS OF 1965 continued

Left to right: (front row) Marge Cinciva Herr, Linda Schmidt Kimmelman and Andrea Nowicki Nardi; and (back row) Peg Crosbie Seneca, Barb Patrick DeFrance and Sandy Nelson Blessing.

From left: (front row) Dianne Cull Litchfield, Marge Cinciva Herr and Andrea Nowicki Nardi; and (back row) Peg Crosbie Seneca, Barb Patrick DeFrance and Sandy Nelson Blessing.

Judy Gooslby Gorski ’65 enjoying the festivities at the Alumnae Banquet.
CLASS OF 1966

The Class of 1966 celebrated 50 years with several displays. Included in the displays were student and graduate nurse uniforms, cookies in the shape of our HHSN shield, and “hepatitis” inserted into the golden bedpan.

“Hepatitis” spouting water was inserted into the golden bedpan.

Student nurse uniform and freshman cap, on the left, and, at right, a graduate nurse uniform and cap.

Carolyn "Kitty" Kirtland Phillips and Alicia "Alfie" Plikaitis Junghans gave these HHSN shield cookies to the Class of ’66 in commemoration of their 50 years.

CLASS OF 1971

Lesley Reardon Buckley celebrates her 45th HHSN anniversary.

CLASS OF 1973

Janis Waine Vannais, case coordinator, celebrated 45 years of service at Hartford Hospital.

CLASS OF 1974

Lynn Roos Salowitz, surgical nurse, celebrated 20 years of service at Hartford Hospital.

CLASS OF 1976

Karen Buscarello Bement, who works in IV Therapy, celebrated 40 years of service at Hartford Hospital.

The Class of 1976 is the youngest and last class to graduate from HHSN. This year, they celebrated their 40th anniversary. Pictured above, from left, are Deborah Mozden Salerni, Nancy Grabelski Merrow, Terry Gwozdz, Robin Rier Giroux, Karen Buscarello Bement, Carolyn Schittina Pollack and Kathleen Shea Villano.

NEWS TO SHARE IN ‘THE PILLBOX’?
Please contact: Pat Ciarcia patciarcia@snet.net patricia.ciarcia@hhchealth.org 860-563-2005
IN MEMORIAM
Avis Warren Butler ’44

Avis Warren Butler ’44, pictured here at the June 2016 Alumnae Banquet, was a faithful member of the Alumnae Association and attended the banquets annually. Avis passed away unexpectedly in July. Her daughter wanted us to know that HHSN was very dear to her mom and Avis and her family had expected she would be attending the reunion for years to come. Avis wrote several memoirs highlighting her nursing experiences at HHSN. Her daughter shared with us that she put into her mom’s hands her first nursing cap, because this was such an important part of her life and something she was always proud of. She will be missed!

IN MEMORIAM
Anne Crosby Peterson Jennings ’59
June 16, 1938 - Sept. 28, 2016

Anne Crosby Peterson Jennings made history as the first African-American admitted to the Hartford Hospital School of Nursing. Anne’s nursing career spanned three decades. She worked at Hartford Hospital and other area health care institutions, then as a school nurse in Hartford for 19 years. Anne was one of the first school nurse practitioners on the Eastern Seaboard and was a consultant to the Test Development Committee of the American Nurses Credentialing Center.

IN MEMORIAM
Christine Palmer Whitlock ’41
Mary Kurzel Fidrych ’42
Avis Warren Butler ’44
Evelyn Deming Green ’46
Marion Brigham Ruff ’46
Edith Humphrey Hungerford ’48
Gloria Catalina Mariotti ’52
Joyce Gifford MacGovern ’53
Anne Crosby Peterson Jennings ’59
Doris Goyette Munn ’65
Aleta Thergesen Begley ’68
Gina Krzeminski Isom ’74
Nancy Lukens Etienne ’75

PHYSICIANS
John Cannon, MD – Internal Medicine
Geoffrey Coley, MD – Surgery
Robert Flescher, MD – Gastroenterology
Herbert Silver, MD – Transfusion Medicine

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 replacement HHSN nursing pins. Because 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 at Carol.Garlick@hhchealth.org.
Student nurses in the Hartford Hospital School of Nursing Class of 1976 chart using the Kardex card-filing system, paper and pens—a sharp contrast from the Epic electronic health record system recently introduced at Hartford Hospital.