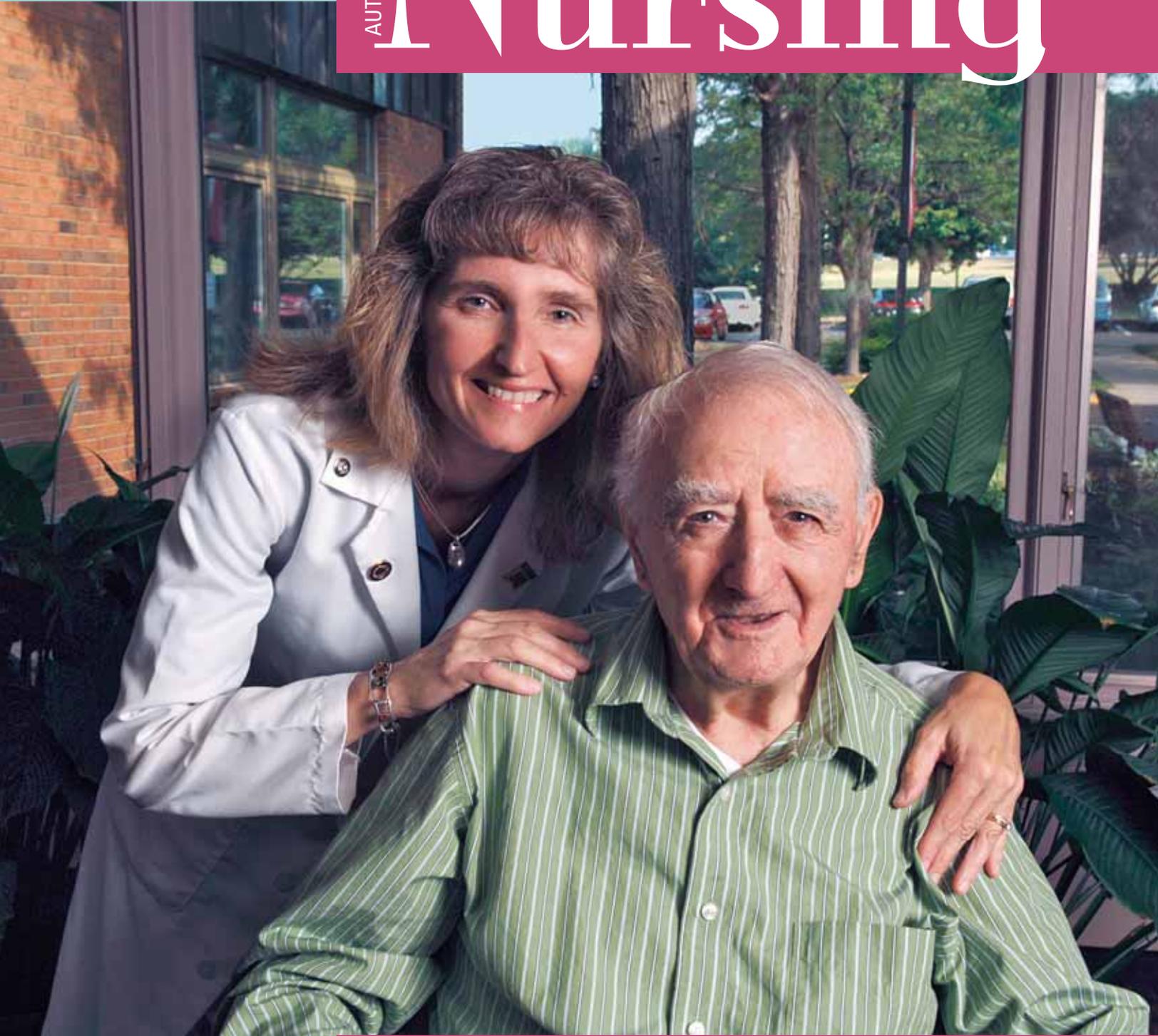


HARTFORD HOSPITAL

AUTUMN 2005

Nursing



FOR HARTFORD HOSPITAL NURSES AND
ALUMNAE OF HARTFORD HOSPITAL SCHOOL OF NURSING



Hartford Hospital Nursing

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Cover Photograph:

Chris Waszynski, APRN, a certified geriatric nurse practitioner in Hartford Hospital's Division of Geriatrics, shares a warm moment with Anthony Marchetti, a resident of Jefferson House. (Photo by Joy Miller.)



*Jeré Dittrich, RN, MSN, CS, unit
director of Adult Inpatient Services
at the Institute of Living.*



Hartford Hospital Nursing

For Hartford Hospital Nurses and Alumnae
of the Hartford Hospital School of Nursing

Volume 1, Issue 2, Autumn 2005

CONTENTS

- 2 To Our Readers
Messages from Hartford Hospital's CEO and its vice president of Nursing
- 3 Nursing News and Notes
Nurses assume leadership roles
- 4 New Approaches to Older Patients
Nurses play a vital role in addressing the unique health care needs of geriatric patients
- 7 Mending Minds
Behavioral health nurses bring a special perspective to making people better
- 10 Research
Nationally known geriatric care specialist addresses conference
- 10 Education
Hartford Hospital trains South Korean ANP students
- 11 Focus on Alumnae
A message from the Alumnae Association president
- 12 Alumnae Spotlight
A leader in bloodless care
- 13 A Look Back
A family tradition of caring
- 14 The PILLBOX Alumnae News
News from HHSN graduates
- 16 In Memoriam
Honoring departed classmates

To Our Readers

Collaborating for a Lifetime of Care



John Meehan, President and Chief Executive Officer, Hartford Hospital

One of the most significant achievements in modern medicine has been a substantial increase in life expectancy. With more people living longer, however, we have a better understanding of the importance of addressing the unique needs of older adults.

As you'll read in Alumnae Association President Gail Rapoza's message, Hartford

Hospital has a long tradition of caring for the elderly. Today, the hospital provides a full range of services for older adults, and nurses are essential to all of those services. Geriatric Resource Nurses bring specialized expertise to the care of geriatric patients in our acute care units. Nurses are an integral part of care in our Geriatric Psychiatry program. At Jefferson House, our rehabilitation and long-term care facility in Newington, nurses enrich both the health and the lives of patients they often come to know well.

From acute care at Hartford Hospital's main campus to independent- and assisted-living at Cedar Mountain Commons to intermediate and skilled care at Jefferson House, Hartford Hospital provides a continuum of high-quality care for the elderly.

Collaboration among staff at all locations is one of the factors that ensure a high quality of care. Patients frequently move among all three organizations, and constant communication among our staff is critical to providing optimal care. Jefferson House staff, with their expertise in geriatrics and their personal knowledge of patients, provide invaluable insights when residents are admitted to the hospital. The hospital, on the other hand, provides a wealth of resources—specialists, educational opportunities, library and more—that Jefferson House staff can readily tap into to enhance care.

Each of the three facilities has a special role to play in caring for older patients. But providing expert health care to elderly patients and seeing to their unique social, emotional and psychiatric needs is the responsibility of every one of us. It is a responsibility that will only increase as more and more of us join the ranks of senior citizens.

John Meehan

Taking Action to Advance Our Profession

*If not now, then when? If not you, then who?
If not this, then what?*

—Dr. Peter Provost

The holidays are upon us! Another year comes to an end and a new one unfolds. This year we have seen disasters like hurricanes Katrina and Rita bring horror and destruction to our neighbors. We also have seen our nation once again pull together, with health care workers among the first responders. This is certainly something we can be very proud of and something we will remember.

If not now, then when?

Other memorable events include that, on a national nurse satisfaction survey, Hartford Hospital nurses expressed a high degree of satisfaction in working with their physician colleagues. On their own satisfaction survey, physicians gave high marks to the overall quality of nursing care at Hartford Hospital. This is something to celebrate! Having such excellence and teamwork makes Hartford Hospital a desirable place to practice. Now is the time to be sure that there always will be enough qualified registered nurses (and physicians) at our hospital.

If not you, then who?

Often, we read something and we think, "I'm going to get involved. I'm going to work toward making things happen." Then we get busy and we forget how important the issue was to us. If you believe it is important that there are enough registered nurses in the future, here are some things **you** can do: 1) Take care of yourself and your fellow nurses. 2) Commit to your own professional development. It is never too late to go back to school and become a nurse or, if you're already a nurse, to get that advanced degree. 3) Contribute to either the Hartford Hospital Nursing Education Funds or the Alumnae Association of the Hartford Hospital School of Nursing (envelope enclosed), which provides funding for nursing education.

If not this, then what?

Hartford Hospital supports the growth and development of its employees in numerous ways. It offers generous tuition reimbursement, opportunities to adjust your schedule to attend formal and informal classes, and many on-site courses that frequently award continuous education credit. But what happens to ensure that there will be enough qualified registered nurses in the future is in part up to you. Do what you can **now!**

I wish all of you a safe and happy new year.



*Laura Caramanica, RN, PhD
Vice President, Nursing, Hartford Hospital (HHSN '72)*

Laura Caramanica



Stevens Elected to Lead Professional Society

Carol Stevens, BSN, RN, CGRN, has been voted president-elect of the Society of Gastroenterology Nurses and Associates (SGNA). Stevens, who has been with Hartford Hospital for nine years, has served for the last five years as manager of the GI Endoscopy Unit. She has been a member of SGNA since 1988 and has served two, two-year terms on its board of directors. Her recent election involves a three-year commitment: one as president-elect, one as president, and one as past-president. SGNA is a professional organization of approximately 8,000 members—80 percent of them registered nurses—that is dedicated to the safe and effective practice of gastroenterology and endoscopy nursing.

Stevens says that her involvement with SGNA, including attendance at its annual conference and leadership programs, has helped her substantially in her leadership role as manager of the GI Endoscopy Unit. “It involves some time away from work,” notes Stevens, “but everything I learn can be applied directly in the workplace when I get back.” Stevens adds that she appreciates the fact that the administration has supported her involvement and encouraged her to accept her new appointment.



Beland Appointed to Content Expert Panel

The American Nurses Credentialing Center Appointments Committee recently appointed Dawn Beland, RN, MS, to the Clinical Specialist in Medical-Surgical Nursing Content Expert Panel for 2005 to 2009. Beland is the acute stroke coordinator in the Neurovascular Clinic of the Stroke Center at Hartford Hospital.

In her role with the Content Expert Panel, Beland works with five other content experts to review questions that will appear on the next version of the exam that will be taken by nurses applying for clinical nurse specialist certification. The panel will go through thousands of questions to make sure questions are still relevant to current practice and are worded appropriately, and they will develop new questions that reflect current practice.

The group has already helped prepare a new version of the test, which was field-tested among current CNS's in October. In January, Beland and other panelists will convene to review responses to determine whether test questions are on target.



New Approaches to Older Patients

Nurses play a vital role in addressing the unique health care needs of geriatric patients.

*There's no doubt about it: **America is getting older.** Not only have improvements in medicine, nutrition and other factors increased overall life expectancy, but millions of Baby Boomers are about to enter their golden years, further swelling the ranks of senior citizens. In fact, the number of Americans over 65 is expected to triple by 2050 to more than 90 million, while the number of those over 85 will increase fourfold to 20 million.*

The impact on health care will be profound, as the head on the pillow in hospital beds everywhere is increasingly likely to be gray.

Chris Waszynski, APRN, a certified geriatric nurse practitioner in Hartford Hospital's Division of Geriatrics, sees this firsthand right now.

"At any one time, up to 40 percent of Hartford Hospital's inpatients can be over 65," she says. "And on certain units, such as medicine, it can be as high as 80 or 90 percent."

Today, the medical community recognizes that geriatric patients, just like pediatric ones, have health care needs unique to their age and developmental stage. At Hartford Hospital, several innovative nursing initiatives are designed to ensure that those needs are met.

Older Patients, Special Needs

"Geriatrics really is a specialty," says Chris Waszynski. "Taking care of older adults is not at all like taking care of middle-aged patients."

Older patients often present differently. It's entirely possible, for example, for an older patient to have an infection without either running a fever or having an elevated white blood cell count, because their immune responses tend to be slower and weaker. A large percentage of older adults experiencing conditions such as myocardial infarction, pneumonia, urinary tract infection and stroke present atypically. Often, the only symptom of these and other problems is acute confusion, otherwise known as delirium.

Elderly people with health problems are at heightened risk for delirium. It may be triggered by interaction of multiple prescription drugs, chronic conditions, a fall, dehydration, the trauma of surgery, or even the hospitalization itself. Many older patients who are ordinarily mentally clear may become

confused when taken out of their familiar environment and put into an unfamiliar one like a hospital.

"Data show that up to 40 percent of older adults can experience delirium during hospitalization," says Waszynski. "But it can be hard to detect. It's estimated that up to 80 percent of people who are delirious are not identified."

It is important to recognize delirium because it is so often a symptom of an underlying medical condition that needs to be addressed. Untreated delirium is associated with prolonged hospitalization, rehospitalization, morbidity and death.

"Delirium is often just the tip of the iceberg," Waszynski says. "If a patient, for example, keeps getting out of bed, you can't just medicate the patient; you need to find out why they're doing it."

Geriatric Nursing Initiatives

Hartford Hospital is engaged in a hospital-wide initiative to ensure exemplary care for all geriatric patients. Education is at the core of this effort.

All newly hired nurses and patient care attendants attend a special educational session on caring for the elderly. The session explores a wide range of topics, including atypical presentation of disease, delirium assessment/management, fall prevention, depression, skin integrity and pharmacology. Each nurse must demonstrate age-specific competencies at the time of hiring and then annually. There's also a special hands-on educational session for patient care attendants.

A keystone of the initiative is the Geriatric Resource Nurse (GRN) program. This program provides specialized training in geriatrics to nurses who work in acute care units of the hospital and at Jefferson House, the hospital's long-term care and rehabilitation facility in Newington. The program is also offered to nurses at affiliated extended-care facilities in the area. The



Executive Director Alan Laites and members of the nursing staff of Jefferson House.

GRN program's overarching goal is to develop and apply best practices in geriatric nursing care. It is based on materials developed by the NICHE (Nurses Improving Care for Healthsystem Elders) program at the John A. Hartford Foundation Institute for Geriatric Nursing. Hartford Hospital is an official NICHE site because of its excellence in geriatric care.

Chris Waszynski heads and instructs in the GRN program and was part of the team that was instrumental in starting it.

"We sought to do this in order to try to increase the level of care we provide to older adults by educating nurses at the unit level who have an interest in geriatrics," Waszynski says. "Many hospitals have implemented this model, and the literature shows that it plays an important role in achieving positive outcomes for elderly patients."

Trained GRNs on acute care units work with the nursing staff to address the needs of geriatric patients and work with geriatricians and Waszynski on geriatric consultations.

Sally Lundberg, RN, OCN, is a staff nurse on the Oncology and Medical Unit who chose to become a GRN.

"Oncology patients have special needs to begin with," Lundberg says, "but a growing number of them are geriatric patients. I decided that the more I knew about geriatric patients, the better I'd be able to serve them."

GRNs make it a point to see any patients who, based on their characteristics—age, medications, frequency of admission, etc.—may benefit from a geriatric consult. The GRN will identify any specific problems that need to be addressed. If the case is complicated, the GRN will request that a geriatrician and/or Chris Waszynski do a full geriatric consultation.

GRNs also select specific areas to focus on to bring about unit-based change. Examples of project topics include delirium assessment and management, enhancing rest by rescheduling vital sign checks and administration of medications, restraint reduction and fall prevention.

"GRNs are intended to be unit-based experts for the care of geriatric problems," says Robert Dicks, MD, FACP, chief of the Division of Geriatric Medicine. Dicks and Barbara A. Dicks, APRN, pioneered the Geriatric Consultation-Liaison service and pilot programs that led to the creation of the GRN program. "When we started these programs, it was with the recognition that the greatest impact on care of geriatric patients could be made on the nursing level. The pilot program, with the enthusiastic cooperation of nurse leadership, demonstrated significant enhancements in geriatric care and supported the value of a hospital-wide program," Robert Dicks adds.

One of the goals of the GRN program is to prepare and encourage nurses to pursue certification in geriatrics.

All Elderly, All the Time

Jefferson House, in Newington, is a department of Hartford Hospital devoted exclusively to the care of older patients. Like its neighboring Hartford Hospital facility, Cedar Mountain Commons—which provides independent and assisted living—Jefferson House is licensed to accept only those 60 and older. So expertise in geriatrics is essential for everyone. Jefferson House

Medical Director Karen Magnuson, MD, is a geriatrician, its consulting pharmacist is certified in geriatrics, and nearly every one of Jefferson House's roughly 35 nurses is a GRN.

"Our goal is to have all of our nurses go through GRN training," says Associate Director for Education Robyn Beaulieu.

Beaulieu notes that the level of acuity in rehabilitation and long-term care facilities has increased significantly. Ten years ago, some of the patients now in rehabilitation would have been in a med/surg unit.

"As people come from the hospital sicker, nurses are expected to provide a much higher level of care," Beaulieu says. "Their assessment skills must be fine-tuned."

"The nursing staff at Jefferson House is very committed to this population," says Director of Nursing Nancy Dempsey, RN, MSN. The unique demands, she says, mean that "you have to want to be here. You have to have a driving desire to take care of the elderly. These nurses have said, 'This is where I want to be, and this is what I want to do.'"

Jefferson House regularly draws on the broad range of expertise at Hartford Hospital in providing care for residents. Conversely, because long-term care is such a regulated environment, some of the geriatric care protocols now in use at Hartford Hospital were originally developed and refined at Jefferson House.

Volunteers Keep in Touch

Part of Hartford Hospital's geriatric nursing initiative is the Keeping in Touch program. Research shows that the cognitive and functional decline the elderly often experience during hospitalization can be minimized if patients are engaged and stimulated. Under the Keeping in Touch program, volunteers are specially trained to visit with high-risk elderly patients and provide that stimulation. Sometimes it's just chatting about the patient's life, or it may involve simple games or other activities.

Patricia Rinaldi, RN, was a nurse at Hartford Hospital for 34 years. Now she volunteers in several hospital volunteer programs, including Keeping in Touch, and trains other Keeping in Touch volunteers. She has seen the positive effects regular visits have on elderly patients, and she says volunteers meet an important need.

"We're able to spend one-on-one quality time with the patient, which neither the physician nor the nursing staff is able to do," Rinaldi says. "Many of these elderly patients don't have families. Many are here from nursing facilities. Our visits are a nice diversion for them."

Research for Better Care

A major component of nursing's geriatric initiatives is to conduct outcome studies that will result in best practices for continuously improving care of elderly patients. Results of the studies will be out sometime next year. They are expected to show a decrease in falls, complications, delirium and restraints, as well as increased detection and treatment of delirium and greater competence among staff to provide excellence in geriatric care.

Mending Minds

Behavioral health nurses bring a special perspective to making people better.



For some patients, healing requires something other than sutures, dressings or even medications. For those patients, the Institute of Living, Hartford Hospital's Division of Psychiatry, offers a range of programs and services. And nurses are critical to all of them.

The Institute's behavioral health program is structured primarily by age group, with children and adolescents, adults, and geriatric patients receiving care tailored to their developmental stages. Levels of care for each group include both inpatient and outpatient. Outpatient care includes day treatment programs of varying intensity and duration. A Consultation-Liaison service provides psychiatric support to Hartford Hospital and Connecticut Children's Medical Center. The Grace Webb School, now at three locations, offers integrated educational and clinical programs for children with emotional, behavioral and academic problems. The Institute's Assessment Center performs crisis intervention and serves as a single point of entry to the mental health care system.

"In all the programs, nurses are part of a collaborative, interdisciplinary approach to treatment," says Psychiatric Nursing Director Gail Nelson, RN, CNA, BC. "The role of the

psychiatric nurse has always been to develop a therapeutic relationship with the patient. Part of the healing that occurs is within the context of that relationship."

A Therapeutic Relationship

Psychiatric nurses, Nelson points out, must get to know patients very well. This knowledge is key to helping the patient understand and cope with his or her illness, to developing appropriate treatment plans and to identifying effective interventions.

While all nurses use various "tools" to care for patients, says Jeré Dittrich, RN, MSN, CS, unit director of Adult Inpatient Services, "When you're a psychiatric nurse, you *are* the tool. The way that you interact is the therapeutic tool for patients."

But this unique relationship also presents challenges for nurses who work in behavioral health, because they must walk a fine line between empathy and objectivity. That's why, as

Photo (left to right): Roberta Wood, RN, BA; Jeré Dittrich, RN, MSN, CS; and Heidi McCloskey, RN, MSN, CS.

Gail Nelson points out, one of the qualities necessary to be a psychiatric nurse is “the ability to maintain good boundaries between yourself and the patient. It’s important not to over-empathize with the patient and to be objective when you need to be.”

As a nurse educator, Heidi McCloskey, RN, MSN, CS, works with psychiatric nurses to help them maintain that balance. She provides clinical group work review sessions where nurses and other clinicians discuss what they’re doing with their patients and how they are relating to them.

McCloskey explains that, on the one hand, behavioral health nurses are objective professionals who use evidence-based research information to make scientifically based decisions. At the same time, though, “you’re working with this human connection. No matter what happens externally, that kernel of connection between the psychiatric nurse and the patient remains necessary and critical to the work. You’re always asking yourself, ‘Am I close enough? Am I objective enough?’”

McCloskey works with nurses to help them set aside personal stresses or concerns when they come on duty.

“When you use yourself as the therapeutic tool,” she says, “it’s important to monitor how the self is doing, because you bring your own mental status to bear when you’re working with a patient.”

Evolution in Care

As unit director of Adult Inpatient Services, Jeré Dittrich’s responsibilities are a mix of administrative and clinical. A large part of his role is providing clinical support to treatment managers, who are social workers, APRNs and psychologists. Dittrich and the team meet regularly to review cases, share ideas and suggestions and solve problems.

Patients on The Institute’s adult inpatient unit have a variety of diagnoses. They include affective disorders such as major depression and bipolar, anxiety and personality disorders, as well as thought disorders such as schizophrenia. Many of the patients also have medical issues.

In 22 years in the field, Dittrich has seen tremendous changes in care and treatment of people with mental health disorders.

“We have a plethora of new medications,” Dittrich says. “We have better symptom control, better ways of dealing with aggression, less restraint and less seclusion. We have a better understanding of chemicals and how they affect the brain. The Institute has a huge schizophrenia research program, and we’re learning more every day, so we have better approaches and tools we can use to help patients. In another 20 years, we’ll look at psychiatric illness very differently. We’re really on the forefront of so many things.”

Despite the advances, he says, there is still a lot of stigma and fear surrounding psychiatry. He sees this when he teaches in nursing programs or works with nursing students who come to the unit for their psychiatric rotation. He tries to impress upon students that there is no reason to fear the illnesses or



Donna Jean Eno, RN, BSN (left), and Laura Murphy, RN, BC, BSN, participate in one of the regular interdisciplinary meetings that give staff members the opportunity to share ideas.

the patients, and he encourages them to consider a career in psychiatric nursing.

“I tell them that they will walk away from this experience with a skill that will be invaluable to them wherever they go: They will learn how to actually *hear* what patients are saying to them,” Dittrich says.

Psychiatric patients, he notes, may say one thing with words, but be saying other things with body language. Psychiatric nurses must have excellent listening skills, as well as keen observation and assessment skills.

“If a nurse is a good listener, he or she will meet patients’ needs so much better,” Dittrich says.

Helping Young Patients

Melissa Matolina, MSN, CS, APRN, is director of Inpatient and Ambulatory Services in the Child and Adolescent Division. She oversees a 24-bed inpatient unit and ambulatory services that include an outpatient child guidance clinic and an extended day treatment program.

The children and adolescents in Matolina’s programs typically have a history of psychological trauma such as physical, sexual or emotional abuse or exposure to violence in the home or community. Some are being treated with medication. All the children are evaluated by a psychiatrist upon referral.

Matolina is a liaison to community agencies and the state Department of Children and Families and provides overall clinical supervision to nurse managers and clinicians in the programs. Nurses on the unit do admissions, facilitate groups, assess how children are doing, develop and implement treatment plans and work with children to help them develop coping skills.

Matolina says a chief challenge is finding appropriate care for children who no longer need inpatient care but need a higher level of care than the ambulatory programs have the resources to provide. Clinicians begin discharge planning at the time of admission, searching for an appropriate plan, which often may be a residential care program.

What does Matolina look for in a nurse or clinician? “We want people who have a real passion for working with children and adolescents,” she says. “It is a challenging population, because you’re working with kids who have a traumatic history as well as a complex clinical presentation. But because we’re providing the services they need at a much younger age, the staff sees that there’s greater hope for the children to understand their problems and make changes so they can have bright futures.”

The Older Generation

As unit director of a 28-bed inpatient geriatric unit, Ellen Blair, APRN, oversees both a general geriatric psychiatry area and a special care unit for older patients with behavior disturbances arising from dementia.

“Our mission every day is to help patients in the geriatric age group get back to feeling well and to achieving the highest level of functioning they can,” Blair says.

Treatment is individually tailored to each patient after a complete psychiatric and physical diagnostic assessment.

“We try to look at the whole person,” Blair says. “The reason they come in is psychiatric, but many have co-morbid illnesses, and many medical problems can contribute to psychiatric issues. We need to make sure the patients are physically stable, because it can make a big difference in mental status.”

Depression, bipolar disorder, substance abuse and schizophrenia are common problems that bring patients to the geriatric unit. Those in the special care unit, because of their dementia and behavior disturbances, require more nursing care.

Approximately 16 nurses work in the geriatric unit, and many, including Blair, are geriatric resource nurses (see article in this issue). Many are particularly skilled in managing schizophrenia, depression and other disorders, while others are especially strong in dementia work.

“What all the nurses have in common is that they love geriatric patients,” says Ellen Blair. “We find our work incredibly rewarding because we know that, with our team’s strong sense of caring and our state-of-the-art medications and therapies, we can really help older people have a better quality of life.”

A Variety of Roles

Behavioral health offers nurses a wide array of roles, all of which ultimately result in better mental health for patients.

Irene Wawrzyniak, APRN, provides psychiatric consultation in the ambulatory primary care clinic at Hartford Hospital. In her role, she works with physicians and APRNs to aid in treating medically ill patients that also have psychiatric issues.

“The beauty of this is that people’s charts are right here, and the providers are right here,” says Wawrzyniak. “It makes for excellent communication and an excellent care model for patients.”

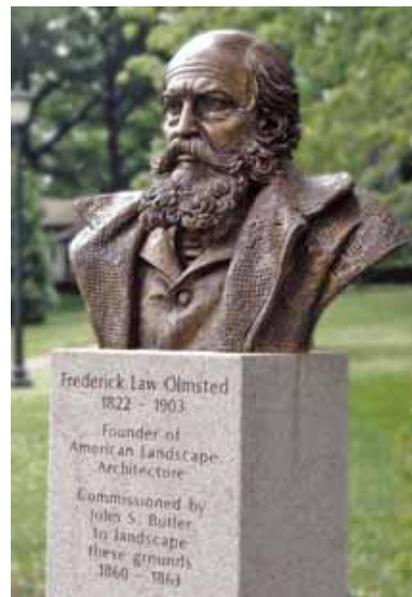
Cindy Belonick, APRN, a nurse educator with The Institute, focuses on ensuring that staff in the Department of Nursing meet competency standards.

“It’s important that we are driven by competency and evidence-based practice instead of intuition,” Belonick says, “and that everyone is trained and acting in accordance with the highest standards of care.”

Nurses are also involved with leading-edge therapies. Penny Barnum Young, BSN, RNC, is the coordinator for Dialectical Behavioral Therapy at The Institute. Developed by Marsha Linehan, PhD, in the early 1990s and based on the principles of Cognitive Behavioral Therapy, DBT is a treatment strategy emphasizing skills training to help patients cope with emotions and enhance interpersonal skills. It is often used to treat patients who self-harm or who have borderline personality disorders. In addition to working with patients herself, Young has trained a cadre of nurses to use the technique.

“People who work in DBT get very excited about its efficacy,” Young says. “They feel as if they have some tools to use with difficult patients, and they can really see change taking place.”

While the tools they use may be different, behavioral health nurses share the same goal as nurses in every other specialty: bringing comfort, compassion and healing to the patients entrusted to their care.



The Institute of Living’s gracious campus, designed in 1861, was intended to enhance patient mental health. It was designed by Frederick Law Olmstead, who is now recognized as the founder of landscape architecture. A bust commemorating Olmstead was installed on the Institute’s grounds last summer.

Research

Nationally Known Geriatric Care Specialist Addresses Conference



Elizabeth Capezuti, PhD, RN, ARNP-BC, FAAN.

“Evidence-Based Practice: Living Well and Aging Well” was the topic of the 9th Annual Nursing Research/Research Utilization Conference held on Oct. 28 at Hartford Hospital. The event is presented by the Institute for Health Care Education and the Connecticut Nursing Research Alliance.

Keynote speaker for the event was Elizabeth Capezuti, PhD, RN, ARNP-BC, FAAN, associate professor in the Division of Nursing at New York University’s Steinhardt School of Education. Dr. Capezuti’s program of research focuses on the development and testing of interventions aimed at improving care of frail elders. She has published extensively in the areas of fall prevention, restraint and side-rail elimination, elder mistreatment and legal liability issues. She was the 2001 recipient of the Otsuka/American Geriatrics Society Outstanding Scientific Achievement for Clinical Investigation Award and is a Fellow of the American Academy of Nursing, the Gerontological Society of America and the New York Academy of Medicine.

Plenary speaker at the event was Barbara A. Mark, PhD, RN, FAAN, holder of the Sarah Frances Russell Distinguished Professorship in Nursing Systems at the University of North Carolina at Chapel Hill. Dr. Mark’s research has focused on work environments, hospital performance and patient safety.

More than 300 people attended the event.

Education

They Came a Long Way to Learn



Visiting South Korean students and faculty with UConn instructor Chanyeong Kwak (front, far left), Hartford Hospital Vice President of Nursing Laura Caramanica (front, third from left), UConn School of Nursing Dean Laura Dzurec (front, fourth from left) and Hartford Hospital Student Nurse Placement Coordinator Debbie Tetreault (back row, fourth from left).

Nursing education at Hartford Hospital took on an international flavor in June when 24 adult nurse practitioner (ANP) students and two instructors from South Korea’s Sungkyunkwan University arrived for a 10-day clinical observation experience.

The students were matched primarily with advanced practice registered nurses and clinical nurse specialists in various services, including Intensive Care, Emergency Department, Women’s Health, Transplant and Behavioral Health. Thanks to the cooperation of countless people throughout the hospital, the visitors were able to have a wide variety of experiences. They observed open-heart surgery and dialysis, participated in Sim-Man simulations, and toured the flight program. The

cooperative initiative was arranged by Debbie Tetreault, BSN, MEd, CRNI, coordinator for student placement at Hartford Hospital, and Chanyeong Kwak, BS, MSN, PhD, an instructor at the University of Connecticut School of Nursing.

The idea was to let students see firsthand the role of the APRN in an ICU. Because of the large number of students, Tetreault matched them with APRNs in other areas, as well.

“Hartford Hospital has so many intense patients that following an APRN on a regular med-surg unit fulfilled the observations,” says Tetreault. “Our med-surg units are like many ICUs in hospitals even here in the United States.”

Honoring a Commitment to the Elderly

Greetings! Since geriatrics is a main focus of this issue, I thought it appropriate to write about a related topic. Jefferson House, Hartford Hospital's rehabilitation and long-term care facility, has been located on the Newington campus for 25 years. Cedar Mountain Commons, an assisted living community, has been in Newington for seven years. However, many readers may recall the Old People's Home, which was built long before either of these. It was located adjacent to the Barney Building—now the Education and Resource Center building—and directly across the street from the old HHSN nursing residence. The student nurses each had an "adopted" grandparent to visit, and both generations looked forward to spending time together.

The three-story brick building, completed in 1884, was created out of the hospital's sense of responsibility to the elderly. An annual report from the late 1880s notes, "their needs form a necessity and humanity demands that some provision be made for it." At that time, there were 15 incapacitated, aged patients in the hospital who needed extended care and had no other home.

The "inmates," as the residents were called, initially paid a weekly fee of \$4, but this was changed to a one-time sum of \$400, payable on admission, which provided care for life. This fee was raised to \$1,000 in 1895, and was never increased again until 1953, when the Old People's Home was renamed Jefferson House. The charge then became based on the amount of care required.

Because of the need for costly repairs, and a long-range plan to change the site into a school of nursing complex, the decision was made to demolish the building. The 57 residents were moved in January 1965 to live among the nursing personnel housed in the Brownstone Building. When the Continuing Care Unit (now the Conklin Building) was completed, the 25 remaining residents were moved to the sixth floor. The last resident died there in September 1978.

Hartford Hospital honored its obligation to the residents of the Old People's Home. And today it remains committed to meeting the challenging needs of the elderly with dignity and respect. Because our alumnae are aging, and it is highly likely that we will need services at some point (whether it be rehabilitation, assisted living, or skilled nursing), it is comforting to know that!

Many thanks to Steve Lytle, hospital archivist, who provided me with a copy of *Highlights from the History of Jefferson House 1884-1984*, an oral history he compiled with John Stewart (aka Mr. Jefferson House). It provided the background information for this article).



Gail Rapoza, RN, President, Alumnae Association of the Hartford Hospital School of Nursing (HHSN '66)

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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 \$30.00 per year. Members are eligible to apply for the Alumnae Bed Fund and scholarships.

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For more information, please contact Gail Rapoza, president, at grapoza@harthosp.org; Pat Ciarcia, executive secretary, at patciarcia@snet.net; or visit our Web site at www.HHSNalumnae.org. You can also write to the Alumnae Association of the Hartford Hospital School of Nursing, 560 Hudson Street, Hartford, CT 06106.



A Leader in Bloodless Care



Suzanne Russell, RN, (HHSN '70)

Reducing or eliminating the need for blood transfusions in surgery is becoming the standard of care nationwide. Hartford Hospital is a leader in this area, having established the state's first formal program for bloodless surgery in 1996. Suzanne Russell, RN, (HHSN '70) played a key role in founding the hospital's Center for Bloodless Medicine and Surgery, and today serves as its coordinator. Russell's efforts have helped build widespread acceptance and use of bloodless techniques throughout the hospital, eased the way for patients unwilling to accept blood, and contributed to better outcomes for all patients.

Kevin Hagan photo

Russell decided to become a nurse when she was 13 and her sister was hospitalized for several months. "I saw firsthand how nurses could make a big difference in how people were cared for and in how they coped with illness," she says. She enrolled in the Hartford Hospital School of Nursing in 1967, becoming part of the first class to use the new facility on the corner of Hudson and Jefferson Streets.

Today, she recalls that the training model was excellent. "As we were learning, we could apply what we learned clinically at the same time," she says, "instead of learning in class and then, months later, meeting a patient who had one of the conditions we had studied."

After graduation, with the exception of a short stint working at a community hospital, Russell worked in labor and delivery at Hartford Hospital. In 1995, she volunteered to serve on an interdisciplinary team developing a bloodless surgery program. Many patients requesting bloodless surgery did so because of religious beliefs. A Jehovah's Witness herself, Russell felt she could help others better understand the religious convictions underlying patients' refusals of blood.

Once the center was up and running, Russell was chosen to lead it. She has been a tireless advocate for bloodless surgery, not only for those who request it, but for all patients.

"The bloodless medicine and surgery program benefits all the patients in the hospital, not just a select group of patients who don't want blood," she notes. "The advantages of bloodless surgery are well documented. Patients do better. And the techniques used conserve the limited supply of blood."

Numerous blood conservation techniques are now used in the hospital.

Minimal-draw tubes and a device called i-STAT enable lab tests to be performed using tiny amounts of blood. This is especially important to critical-care patients and infants in the NICU.

In the operating room, a technique known as hemodilution draws off and stores some of the patient's blood just before surgery. The volume of the remaining blood is increased with saline, so the patient bleeds diluted blood. During surgery, the saved blood is gradually returned to the patient. This is especially helpful in heart surgery, because it spares the blood from the effects of the heart-lung machine, so the patient ends up with more good-functioning platelets.

Another device, used frequently in orthopedic and heart surgery and recovery, captures the blood the patient loses during the procedure, washes, filters and concentrates it, then returns the red blood cells to the patient. The machines are so small that they can even go with the patient to the recovery room, where much blood loss occurs.

Other techniques involve using more laparoscopic procedures and stimulating the patient's own production of red blood cells before and after surgery to reduce the chances that a transfusion will be needed.

Because of Hartford Hospital's prominence in the field, Russell frequently gets calls from physicians and hospitals all over New England, asking for guidance or inquiring about transferring a patient to Hartford.

"This is a rapidly expanding field of medicine," Russell says, "and this hospital is on the leading edge of developing this approach."

A Family Tradition of Caring



Three generations of caring. Top photo: Barbara Anne Felletter (HHSN '42, bottom row, far right) with Hartford Hospital's Dramatic Club. Middle photo: Aida Salmon (top row, far right) and Marie Salmon (second row from top, far left) with their 1913 HHSN graduating class. Bottom photo: Dr. Richard Bagnall and his daughter, Anne Bagnall Pelow, served at Hartford Hospital.

Aida Harriet Salmon and Marie Salmon weren't twins, but they were as close as two sisters could be. Not surprising, then, that they graduated together from Hartford Hospital's School of Nursing in 1913. That event launched a family tradition that would see at least three generations involved in learning and caring at Hartford Hospital.

Marie Salmon met and married a pioneering Army aviator and went on to travel the world with him and their son. Aida stayed on to work at Hartford Hospital. That was when she met Dr. Elmer S. Bagnall, a Tufts Medical School graduate who was doing his internship at the hospital. The two eventually married and settled in Massachusetts. And although Aida left nursing to raise her family, she returned to the profession to instruct nurses during World War II.

Elmer Bagnall established a medical practice in his home in Groveland, Mass. Aida and Elmer's son Richard grew up idolizing his dashing aviator uncle and dreamed of a military aviation career. Ultimately, though, he decided to pursue a career in medicine. He entered Harvard Medical School.

When Dick Bagnall arrived at Hartford Hospital in 1943 for his internship, he didn't know that history was about to repeat itself. It was then that he met Barbara Anne Felletter. Barbara (HHSN '43) was assistant head nurse on East Building 2. Dick and Barbara married in January 1945.

World War II intervened, and Dick entered the military, after all, serving in the Army Medical Corps. Barbara continued on the nursing staff at Hartford Hospital.

After the war, Dick returned to Hartford Hospital for a two-year residency in internal medicine, then, in 1949, established a private practice in Bloomfield. He maintained the practice until 1972, when he became medical director at The Hartford Insurance Group. Although Barbara stayed home when their children were young, she would later return to her profession, working part time and serving as a school nurse.

Dick and Barbara's daughter Anne—now Anne Bagnall Pelow—grew up drawn to the medical field, as well. The Hartford Hospital School of Nursing had closed by the time Anne was ready for nursing school. She earned her Bachelor of Science in nursing from St. Joseph College in 1982 and joined the nursing staff at Hartford Hospital. Anne first served as a clinical II RN on Bliss 5, then spent 18 years working in the PACU in the hospital's Ambulatory Day Surgery. Anne was active in nursing leadership, chairing the Education Council, serving on the Shared Governance Council and working to achieve Magnet status for the hospital. When a professional opportunity outside the hospital arose in 2004, Anne's decision was a difficult one. But she decided to accept it, and she is now the clinical manager of an orthopedic surgery center.

Now a resident of Seabury, Dick Bagnall is a wealth of information about earlier days at Hartford Hospital. He was an intern in the Emergency Room at the time of the 1944 Hartford circus fire, and vividly recalls the overwhelming crush of burn victims, the pervasive smell of Air Wick, and rushing to Hartford's North End to administer morphine to the injured.

The family has a rich tradition in medicine, and it may very well continue. Anne's daughter, a student at the University of Massachusetts at Amherst, is considering a nursing career.

1936

Edith Tychsen Nilson and her husband have adjusted to a new way of living since they both developed vision problems. They primarily use their peripheral vision as well as a one-inch magnifying glass. There is an optilac machine in their library, which is of some help. She sends her best to everyone.

1937

Miriam Houseman Nichols has recently moved into the McLean Home in Simsbury. Her husband passed away in May 2005.

1943

Corinne Cote Meyer lives in Pennsylvania and is able to travel around her local area. Despite some breathing and eyesight problems she manages well.

1944

Jean Landon Smith entered the Army Nurse Corps after graduating from HHSN. After basic training in Fort Devens, Mass., she served in many parts of the world as a member of the Army Nurse Corps. She nursed in World War II during the Japanese invasion. Her hometown boyfriend had been drafted and sent overseas. Miraculously, they met up in Panama and became engaged. They ultimately married and have three sons. As a civilian, Jean worked at Yale New Haven Hospital doing private duty. Later she worked in the Pediatric Specialty Center as head nurse. Currently, she works with the American Red Cross on disasters and has been involved from Guam to Puerto Rico.

1948

Louise Ost has a prayer ministry through her church prayer chain and receives correspondence from missionary prayer letters, The Alliance Life Magazine, and the e-mail at the church. Although she has had some health issues recently, she helps facilitate a small Bible class in her complex, making calls and visits. Her nephew from Morocco visited this past year. Friends take her to different church activities and also help with her housekeeping and shopping. Her philosophy is to "pray without ceasing."

Norma Salley Lundquist is a hospice volunteer in a nursing home and loves it.

1950

Mary Roth Burns is the executive vice president of the Pulmonary Education and Research Foundation in Lomita, Calif. She has received numerous awards for excellence in pulmonary education, including the California Medal of the American Lung Association. Mary has lectured extensively on Pulmonary Reha-



Members of the Alumnae Class of 1955 celebrated their 50th year class reunion.

bilitation in the United States, Argentina, Hungary, Italy, Japan, Norway, and Sweden. She is also the editor of a publication called *Second Wind*.

1951

Mary Sagnella Russell has recently "downsized" to a two-bedroom, two-bath house in Seminole, Fla., and loves it. She and Cricket, her bichon frise, are very comfortable there. Mary enjoys playing tennis three times a week and sings with the Sweet Adeline Chorus. She is also active in the Seminole Woman's Club.

1953

Lois Wood Russell has had some health issues and is recuperating after coronary bypass surgery. She will have hip surgery in the fall but is able to walk short distances with a walker. Physical therapy has been very helpful. She is thankful for HHSN's training throughout her medical ordeal and is continually amazed at the changes in nursing since she graduated in 1953. Lois is thankful for being a part of a wonderful profession. She and her husband are both retired.

1955

On Saturday, Sept. 16, 2005, Hartford Hospital provided a luncheon and tour for the Hartford Hospital School of Nursing Alumnae Class of 1955 who are celebrating their 50th year class reunion. An estimated 40 guests and nine members of the hospital's nursing leadership team enjoyed a wonderful lunch provided by the hospital's Dietary Department in the Special Dining Room. John Meehan, president and CEO of Hartford Hospital, welcomed the group, along with *Gail Rapoza, RN*, HHSN Alumnae Association president, and *Laura Caramanica RN, PhD*, vice president for nursing. Attendees enjoyed a very interesting presentation on Nursing Education Today given by *Ann Russell, RN, MSN*, nurse educator at Hartford Hospital. Memory Packets—a collection of selected photos—created with the assistance of Steve Lytle, hospital archivist, and hospital library staff members Ed Donnal and Dan Small, were distributed to the alumnae. Tours were given in Women's Health Services, Medical/Surgery, Neuro/Emergency Services and the Henry Low Heart Cen-

ter. Special thanks for conducting those tours goes to *Susan Maxwell, RN, MBA*, *Susan Yeakel, RN, MSN*, *Betty Ann Fusco RN*, *Eileen Hermann, RN, MSN*, and *Ann Cronin, RN, MSN*.

1960

Betty Luginbuhl, *Judy Welch Friend*, *Peg Tucker Garrison* and *Carolyn Bickford Calboun* organized their 45th anniversary and celebrated in style. Twenty members had a wonderful time renewing old friendships, reminiscing and being treated royally by our alma mater. A delicious luncheon was held in the private dining room at Hartford Hospital, hosted by Vice President of Nursing *Laura Caramanica, RN, PhD*, and her staff. The class was welcomed by *Laura*, Hartford Hospital CEO *John Meehan*, and Alumnae Association President *Gail Rapoza, RN*. Nurse Educator *Nancy Bafundo, RN*, spoke on "Nursing Shortage and History." Attendees were also presented with a wonderful booklet of pictures from their student years, compiled by Hartford Hospital Archivist *Steve Lytle*. After lunch they toured the hospital and saw that things have certainly changed in the last 45 years. Later, they all met at the beautiful home of classmate *Judy Welch Friend* and had a wonderful evening sharing so many memories of their years spent at HHSN. It was really hard to leave, as they were having so much fun. Sunday they attended the Annual Alumnae Banquet at the Marriott in Rocky Hill. It was a wonderful weekend. They realized what a wonderful education they received at Hartford Hospital and how proud they are to be known as "HHSN grads."

The Class of 1960 spent their 45th reunion reconnecting with old friends and enjoying a delicious luncheon.



1961

Jean Reynolds Lucia is still working as the director of clinical operations at the Dominion [psychiatric] Hospital, and serves as a docent at the National Gallery of Art in Washington, DC. She and Bruce (retired) have a house in Canaan, Conn., and two grandchildren. Jean has done extensive traveling in the last years, and headed to Peru for two weeks in October.

Nancy Miller Bailey, from Houston, Texas, announces her fifth grandchild, and both Jean and Nancy are looking forward to our 45th reunion.

Pat Torrey August has compared the Red Hat Society to a potential White Cap Society for Nurses. Everyone recognizes the group called "The Red Hat Society," which began as a result of the poem, "Warning," which begins, "When I am an old woman I shall wear purple/With a red hat. ..." Pat has a different take on the same theme. This would be a way to get older, perhaps retired, nurses together for lunch or dinner three or four times a year, just to laugh, share, and support our group. The price to pay is to wear your nursing cap and maybe a white smock (she has assorted pins on hers), and then to be able to talk (which is limited at the banquet). She is basing "The White Cap Society" on a poem by Edgar A. Guest called "The Nurse," which she memorized years ago. It begins:

*The cap the nurse on duty wears
Is costlier than bonnets gay;*

*Worn by the wives of millionaires
Regardless of the price they pay;*

*'Tis something she herself can make
A bit of linen trimmed and turned;*

*The right to it, for mercies sake
Was with three years training earned.*

Pat knows it is rather silly/serious, but thinks such a society could be started here, another in Florida and so forth.

1962

Carol Drumm Ferik was unable to attend the June Banquet this year because she attended a ceremony for her daughter who just completed her OB/GYN Residency in Michigan. Carol has a lawyer son who passed the bar and is working in the Stamford Court. Carol enjoys her beautiful 2-year-old granddaughter. Carol has two other sons, Ray, a nuclear medical technologist, and Stephan who enjoys the leisure life. Her

husband Bob is retired and she looks forward to retiring in two years.

Patricia Conforti Masucci has a new grandbaby, Javin Masucci Parker, born July 23, 2005. The only problem is that he lives out of state and she doesn't get to see him often enough.

1965

Dianne Cull Litchfield organized a high tea luncheon in celebration of her class's 40th anniversary. The tea was held at the former school of nursing, which is now known as the Education and Resource Center. Classmates attending the tea included: *Marge Cinciva Herr, Sue Pederson Mullen, Elke Starecky Labossier, Judy Goolsby Gorski, Linda Howe Reilly, Mary Ellen Jackson Doblecki, Peg Crosbie Seneca, Barb Carlson Mabue, Linda Schmidt Kimmelman, Marti Bruggestrat Richmond, Andrea Nowicki Nardi, Diane Lizzotte Neri, Marti MacDonald Benz, Lennie JohnsonHenderson, Karen Nielson Story, Maureen Somers Smith and Dianne Cull Litchfield.* Dianne had prepared a "Legacy" for the Class of 1965 which included:

The class of 1965 scored highest on State Boards of any large nursing school in the U.S. There are four members who have master's degrees, nine who have bachelor's degrees, and one who has an associate degree. They hold certifications in case management, women's ambulatory health, oncology, oncology and chemotherapy, nephrology, emergency nursing, and advanced certification in cardiac care. One member has become a physician, another is an ordained elder in the Methodist Church, and another is a missionary in South Africa.

The tea was a great success and they had fun sharing memories.

1966

Lillian Rund Tibbles retired in April 2005 after working 38 years in nursing. She taught in the HHSN nursing program from 1968 to 1970 and from 1972 to 1976. She had a private psychiatry practice, as psychiatric nurse practitioner, in Naples, Fla., where she lives with her husband, Ken.

1968

Judy Seavey Billingsley recently accepted a position as clinical project manager, oncology, at Boston Scientific Corp, in Marlborough, Mass.

Joyce Wroblewski Sweet has recently moved to a lovely adult community in Blufton, S.C., just outside of Hilton Head Island. She currently works at home for CIGNA Health Care where she has been a case management supervisor for 10 years. Her husband, Rick, works for Hall Marine doing what he loves—selling boats and yachts. Her son Shawn is in the Navy and is stationed in Key West, Fla. Shawn and his wife, Sheila, have one son, Sebastian, who is just a delightful 4-year-old.

1976

Barbara Arson, PhD, CS, APRN, is an assistant professor and the undergraduate coordinator in the Department of Nursing at Southern Connecticut State University. She recently successfully defended her dissertation, which was entitled, *Assessing the Feasibility of a Theory Driven Self-Management Intervention to Promote Short-term Antibiotic Adherence in College Students.* While in the doctoral program at the University of Massachusetts (Worcester) she was selected to receive the Lillian Goodman Award for outstanding achievement as a doctoral student.

Thank You!

The Alumnae Association wishes to thank the graduates who contributed their HHSN pins so that other alumnae may use them. Many thanks to:

- Miriam Hausman Nichols '37
- Jean Smith Stoddard '44
- Annamay Jolie Potocki '46
- Mildred Blaszkowski Aukstols '47
- Irene Sakmar O'Day '50
- Dorothy Danner '51

A high tea luncheon marked the 40th anniversary of the Class of 1965.



The Annual Alumnae Banquet of the Hartford Hospital School of Nursing Alumnae was held on June 5, 2005, at the Rocky Hill Marriott. One hundred seventy-two alums attended the banquet. Sam Pasco and his band provided wonderful “oldies” for the group to enjoy. It was a great time!



Members of the Hartford Hospital School of Nursing classes of 1935 and 1940 celebrating their 70th and 65th anniversaries, respectively, at the Annual Alumnae Banquet in June 2005.



Class of 1950.



Class of 1975.

In Memoriam

We honor the memory of alumnae of the Hartford Hospital School of Nursing who have passed away.

1933

Arlene Lyon Levine

1935

Ruth Holbrook McDonough

1936

Alice Strecker Jahnke

1938

Miriam Doherty Harrison

1941

Dorothy Lane D'Addario

1944

Ruth Cornish Daniels
Lydia Sawin Perry

1946

Arline Egleston Bole

1948

Elaine King Collier
Ann Leamy Larson

1951

Barbara Priesser Blanchard

1952

Sara Tierney Otto
Phyllis Glabou Petersen
Frances Luchina Zera

1958

Diane Nelson Wattenmaker

1963

Norma Ponzi Brandt

1967

Lois Bristol Diehm

Praise for Nurses

When Hartford Hospital physician Christopher Speer, MD, passed away earlier this year, the Alumnae Association of the Hartford Hospital School of Nursing made a gift in his memory. Dr. Speer's widow, Sally, responded with kind and heartfelt words. A portion of her message reads:

"My husband's greatest joy was the satisfaction he derived from his work caring for and curing the sick. To have achieved that goal without the capable nursing staff at Hartford Hospital would have been impossible."

Working with physicians and others to care and cure is at the heart of our calling as nurses.



Give a Lasting Gift

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.



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