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# Nursing

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For Hartford Hospital nurses and alumnae of the Hartford Hospital School of Nursing



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## 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.

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## Nursing

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### On the cover:

Allyssa Dion, RN, (left), and Maria Brahm, RN,  
of Conklin Building 3.



# Messages From Executive Leadership



## Our Lean Journey Continues

Lean management originated years ago in the auto industry and proved so successful that it has been applied in many other businesses and industries. Today, Lean is transforming healthcare across America and right here at

Hartford HealthCare. Identifying waste, increasing efficiency and redesigning processes while improving quality and safety are critical to making high-quality healthcare affordable for everyone. Thanks to you, we have created an organizational culture that understands the need for change and is receptive to the principles of Lean thinking.

Staff at Hartford Hospital have used Lean's structured approach to make positive improvements in many areas. Anyone who's taken part in a Lean activity, from a daily huddle to a formal kaizen, will tell you that the approach is effective in improving quality, health outcomes and the patient experience. Lean's key concepts—continuous improvement and respect for people—provide a foundation for engaging everyone in fine-tuning our work and improving performance.

"Everyone" is a key term. Even the best methodologies can make a positive difference only if all of us adopt them and work together to realize their potential. As you'll see in this issue, more and more members of our Hartford Hospital family are engaging in Lean practice and discovering the benefits. Our goal, of course, remains to bring increasing value to those we serve.

Huddles among staff at different organizational levels now occur across the campus. They ensure communication and help align goals. Senior management is operationalizing our Tier 4 and Tier 3 "visibility rooms," which will allow us to visualize and monitor progress in all our initiatives and ensure that we are all working with a common purpose.

Thank you for the amazing work you have done on this journey.

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



## The Power Of The Bedside

Our Nursing Professional Practice Model, developed by Hartford Hospital nurses at the bedside, makes it clear that the goal of nursing is to achieve the optimal human health experience. Process improvements developed through Lean methodologies help us attain that goal. Adopting Lean has

allowed nurses, in partnership with other members of the healthcare team, to transform our patient care strategies. Moving from isolated tactics to a systematic plan of action has engaged many and reinvigorated a hospital.

For years, nurses have been actively engaged in decision-making through shared governance. Lean practices, including daily huddles, cascading communication and structured problem-solving activities such as kaizens and A3s, interface nicely with the work of shared governance. This is especially important to the nurse who works most closely with our patients. Lean empowers the bedside nurse to introduce changes that improve patient outcomes, elevate the patient experience and decrease redundant work.

Lean is about respect more than anything else. It says to all of us that we matter. Our commitment to thinking deeply about what our patients need most is our strength.

Lean enhances our Nursing Professional Practice Model. Lean supports science through the use of metrics. It upholds advocacy by helping nurses devote more time to direct care, eliminating inefficiencies that detract from the patient experience and ensuring the community has a fiscally sound health care system. It reflects art by empowering nurses to create innovations that benefit patients. Lean supports ethics by providing objective ways to ensure that everything we do is in the best interests of our patients.

This issue of *Nursing* spotlights some of the ways Lean is transforming our work and enhancing the human health experience at Hartford Hospital. As always, I welcome your comments.

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



# Targeting Priorities Together

*Tier 2 huddles help nurse directors, managers and leaders maintain shared focus on key quality-improvement efforts.*

Amy Schroder, MSN, RN, CNML, knows exactly where she will be every Monday at 1 p.m.: in the Women's Health conference room with her unit managers, leaders and others, holding her division's Tier 2 Lean huddle.

Nurses at Hartford Hospital are familiar with the Tier 1 Lean huddles held on every unit on each shift and including all unit nursing staff. These are part of H3W Daily Management, which employs Lean principles. Tier 2 huddles have the same goals—communication, focus on priorities, problem-solving and so on—but participants are unit leaders, managers and directors.

Schroder, nurse director of Women's Health and Ambulatory Services, began leading weekly Tier 2 huddles last spring. The Lean huddles replaced the weekly staff meetings she and her team had held previously.

"A staff meeting tends to be very one-way, with most information flowing from the leader to the team," Schroder says. "It didn't always have the purpose of active problem-solving, which is a major component of a Lean huddle."

Like Tier 1 huddles that long have been held on individual units, Tier 2 huddles are very structured. The huddle begins with recognition of recent achievements by individuals or teams. It may include a patient story. The next part is announcements, where Schroder updates the group on anything new they need to know. Then it's on to discussing performance and process improvements underway on each unit. Each unit has three drivers it's working on. On North 8, for example, a driver is to discharge patients before 11 a.m. or within two hours of the physician releasing them. Performance is tracked on the unit's Lean visual board every day. Managers present their units' results at the Tier 2 huddle, showing graphs of how many days their units hit their targets. Each manager reviews each of the three drivers and action plans for further advancing performance.

"This is an opportunity for other leaders to see what performance improvements others are working on and offer input," Schroder says. "I think this is the richest part of the huddle—where leaders share experiences and support each other in problem-solving."

Each unit's performance is logged on the "dashboard," a year-long report card for how the unit is performing against metrics in areas such as falls, complications, lengths of stay and patient satisfaction.

Each leader then talks about any in-depth quality projects—known as A3s—that they're working on. Each leader reports on progress and any barriers they're encountering. Others may share how they overcame similar barriers.

Schroder, two educators and a clinical nurse specialist report on the unit huddles they've observed during the week. They share their observations and any coaching they offered.

The Tier 2 huddle ends with a celebration of achievements from the previous week. These are written on sticky notes and added to a spreadsheet kept on display in the conference room



*Making a presentation at the Women's Health Services Tier 2 huddle are, from left, North 8 Manager Betsy Martin BSN, RN; Bliss 6 Manager Sarah Quadrato MSN, RN; and Unit Leader, Lactation, Mary Marshall-Crim, MSN, FNP-BC, IBCLC.*

"The clarity and line of sight to the organization's set priorities and how each unit is aligned, engaged and contributing to them has been remarkable to watch," says Mohamed Saleh, senior sensei for Hartford HealthCare and director of the Lean Office.

## **Rounding out the Team**

Original Tier 2 participants were managers and unit leaders from Women's Health, Maternity and Labor & Delivery. Schroder says that after about six weeks, she and her team realized it would be helpful to include others who could add depth to the gathering. They invited nurse educators, quality staff, the division's medical director and others.

"We went from having just managers to truly having the leadership team. Having people from a broader range of roles take part has enhanced our huddles significantly," Schroder says.

She notes that Kimberly Montero, a facilitator from the Lean office, has been especially helpful. "She's amazing," Schroder says. "We could not do this without her." Montero acts as the team's coach and guide. For example, she helps them identify drivers, select the most effective Lean tools and collect data to measure progress toward outcomes. She also catalogs the team's progress toward bronze certification, a recognition that the team understands and applies Lean principles.

## Seeing Results

When the division made the change from a staff meeting to a Tier 2 huddle, getting used to the vocabulary of Lean and the process used was challenging for some. Leaders at first felt vulnerable when they had to stand up and present their drivers every week. But Schroder says she saw them grow in confidence with each passing week. And that's not the only change.

"The purpose of Lean is to become experts at problem-solving," Schroder says. "I've seen leaders grow in their ability to problem-solve, identify waste or opportunity for improvement and engage their staffs in finding solutions."

"Tier 2 huddles have given the team the tools to focus on their most important initiatives and move forward in a meaningful way," says Montero.

The huddle also plays a vital role in the cascade of information up and down the organization, so everyone is focused on the same goals.

"It's all about engaging people in continuous improvement," Schroder says.

## Medicine's Experience

Michael Davis, MBA, RN, NE-BC, nurse director of the Medicine service line, initiated biweekly Tier 2 huddles last spring. The leadership team includes representatives from Respiratory Therapy, IV Therapy, Oncology and Medicine. Like Schroder, Davis credits the use of the Lean board with keeping everyone on the same page and focused on the same goals.

The structured huddle, Davis says, "supports team alignment, keeping focus on priorities and working together to engage everyone in achieving goals."

The nursing units in his service line all have the same drivers. Everyone understands the objectives, and performance is audited at the unit level and shared at the Tier 2 huddle. As a group, the units have made gains in a number of key quality areas.

"It's a work in progress, but the Lean structure definitely helps us stay focused on the priorities we've established instead of trying to fix everything at once," Davis says.

Huddles—both at the Tier 1 and Tier 2 levels—have created more focus and alignment among the staff, enhanced staff engagement and fostered buy-in by unit leaders.

Vivian Pereda, the Lean Office facilitator who supports Medicine, says "Mike's large inpatient units often face similar challenges. The Tier 2 board has allowed the team to visualize problems, overcome barriers rapidly and align their efforts to resolve them."

"Tier 2 and Tier 1 are closely linked. This has created a lot of consistency, focus and predictability of how information flows on the unit," Davis says.

One of the challenges is that some members of the leadership team have not yet had Lean training, so some of the approaches and terminology are new to them.

"But we're working on bringing them up to speed in the coming months," Davis says.

Saleh says that "Amy's and Mike's abilities to maintain problem awareness; listen and be in the moment with the team's performance barriers, concerns and discoveries; and teach, coach and mentor the team to problem-solve together have helped the team reach its full potential and advanced our H3W Lean culture."



Michael Davis, MBA, RN, NE-BC, nurse director of Medicine (gesturing), speaks with his team during the service line's Tier 2 huddle.

## Kaizen Yields Solutions

*An interdisciplinary team got to the root of problems on one medical unit and implemented effective solutions—all in a single, intense week.*



*Participating in the B7E Throughput Kaizen are, from left, Kathleen Race, BSN, RN, nurse manager, Care Logistics; Padmanabhan Premkumar, MD; and Julie Michaelson, RN, nurse manager, Clinical Informatics.*

Bliss 7 East was having patient-flow problems. Although it is a teaching unit, patients admitted through the Emergency Department as teaching service patients often ended up on other units because of a lack of available beds on B7E. As a result, doctors had to go to many different locations every day to see their patients. This contributed to delayed discharges, patient dissatisfaction and longer lengths of stay. And it compounded the throughput problem that created the bed-capacity issue in the first place.

“It’s challenging to manage patient flow and bed capacity when physicians are spending much of their day traveling to many different units,” says Beth Lawlor, MS, BSN, RN, CCM, CPHM, NEA-BC, nurse director of Case Coordination. The problem was not new, but “we recognized that unless we developed a better structure and standard work, we would continue to do the same things and get the same suboptimal results.”

It was time for a formal kaizen event. Kaizen is a Japanese word that means “to take apart and put back together again, only better,” and it describes a philosophy of respect, empowerment and continuous process improvement. The kaizen is one of the pillars of Lean. In practice, it is a rapid-cycle improvement event where people come together to identify the root causes of

a problem and implement changes—called countermeasures—to address it, rather than leaping to solutions that mask the symptoms.

“Perhaps no method has been more effective in generating significant results than kaizen,” says Hartford Hospital sensei (executive Lean expert) Connie Flores.

The B7E Throughput Kaizen took place the week of July 17. Lawlor and Padmanabhan Premkumar, MD, of Hospital Medicine, co-led the project. Team members included B7E Manager Laurie Dewey, BS, RN-BC, as well as a nurse, a PCA/PAA, a medical resident and representatives from the Emergency Department, Case Coordination, Bed Management, Clinical Informatics, Transport and more. Because of the issue’s complexity, the team was supported by two senseis—Connie Flores and Mohamed Saleh—and three lean facilitators, Vivian Pereda, Seth Bernier and Barbara Moser.

The team was to meet every day for one week. By the end of the week, they were to have implemented countermeasures that would bring about positive change. They got to work.

### **Step by Step**

The kaizen began with an overview by Lean facilitators and senseis. The goals were clear: increase capacity and improve throughput. Objectives were to reduce patient

## Kaizen Yields Solutions

wait times, improve intentional placement of teaching patients to the B7E teaching unit, decrease lengths of stay, increase the percentage of patients transitioned by 11 a.m. and improve the patient experience.

The team's first task was to "map" the current state, that is, create a visual illustration of how things were being done at the time.

"This was challenging, because we had to consider the patient's journey from the decision to admit, to arrival on the unit, to the hospital stay and through to transition or discharge. It's truly a complex process," Lawlor says.

They identified where the issues were in the process and proposed countermeasures. Then the team split into three groups—admissions, throughput and discharge—and used a specific process to identify the most critical countermeasures. In a step called "Go see, go do," the groups went to the unit to experiment with different ideas and gauge their effectiveness.

### Implementing Change

A number of changes were made as a result of the kaizen. Intentional placement was improved. All patients admitted to B7E would now be teaching service patients. B7E would be a secondary, rather than primary, overflow unit for nonteaching patients.

The group launched a pilot in which ED providers would write holding orders, and the receiving attending on the floor would complete the history and physical and enter a full set of admission orders once the patient arrived on the unit.

"Our thought is that if doctors stayed on the unit rather than going to the ED, it would improve efficiency," says Premkumar.

The pilot was conducted for a limited time and assessed. As of this writing, the team plans to expand the pilot and continue to work out details.

Some members of the team suggested that delayed discharges could be improved by having progression rounds earlier in the day. But after mapping the process, they realized that the root of the problem was that the attending doctor and residents were not included in the morning unit huddle. Now, the entire team—including physicians—assembles for the first five minutes of the daily nursing huddle, and a color-coded system identifies when each patient will be ready for transition that day.

"It's very efficient," says Dewey. "After those first five minutes, we're all on the same page, and everyone knows what to do. Communication to patients is much clearer because we're all focused on the same things. The nurses and physicians seem to like it, too."

The team also changed the format of progression rounds. Residents now present patients at these rounds using a script that addresses throughput milestones and barriers only. This change has cut the length of progression rounds from an hour or more to just 30 minutes.

One process change the group piloted was so successful that it's become standard work hospital-wide. The idea was to take advantage of the window of time between bed availability and patient arrival on the unit. Patients are now assigned to a "dirty" bed. While the patient is being transported to the unit, the bed is cleaned so it's ready when the patient arrives. This decreases patient wait times and "cold-bed times," or the time between one patient's departure and the next patient's arrival.

The countermeasures implemented as a result of the kaizen are getting good results. But all process improvements are being closely monitored, measured and refined over time.

"The saying is that a kaizen is 'five days and forever,' Lawlor says. "When you're part of a kaizen, you will continue to monitor and track your countermeasures that were put in place, but the idea is that you modify the new processes further over time, rather than starting over."

### The Kaizen Experience

Lawlor has participated in four kaizens. This one was the most complex, because it touched every aspect of the patient's stay.

"What excites me about leading a kaizen is being able to effect the right change in a very short period of time," she says. "Intentional placement and colocation of physicians—these are things we've struggled with for years, but we know they're key to managing throughput and creating capacity."

Kaizen's emphasis on identifying root causes allows participants to implement the right countermeasures to address the actual problem.

The beauty of a kaizen, Lawlor says, is that it empowers the staff who are actually performing the work and is a real-life example of H3W in action. Titles are "left at the door," everyone has a voice, and all ideas are considered. Participants are gratified to see their ideas validated and changes made so rapidly. When people are given the opportunity to suggest changes, they become fully engaged and often come up with ideas that were never thought of before.

People who take part in a kaizen for the first time typically come away with a new appreciation for the process.

"This was a very enlightening experience," says Premkumar. "So often, we work in silos. It was fantastic to sit in a room working with people from so many parts of the organization." He adds, "This allowed us to truly understand the complexity of all that happens as a patient comes into the ED, goes to the floor and then eventually leaves the hospital. The details are tremendous."

This was also the first kaizen for Case Coordinator Lori Schuppe, BSN, RN, CPN. She describes it as a "great example of interdisciplinary teamwork at its best."

One important thing she learned from the kaizen was that "your first assumption is not always the right one."

*continued*

## Kaizen Yields Solutions

Like others, she had thought originally that changing the time of progression rounds was the “magic bullet” that would solve the late-discharge problem. As mentioned earlier, more in-depth probing found that the real solution was something different.

A kaizen may originally focus on a single unit, as this one did. But, Lawlor says, “Whenever there’s a kaizen, there may be opportunities that can be scaled across an entire organization and sometimes even an entire

healthcare system.”

“I’ve been supporting kaizens for years,” says Flores. “This team’s ability to tackle complex issues, challenge the status quo and surpass expectations was remarkable.”

Reflecting on her experience with the kaizen, Dewey says, “It’s an honor to be involved in a project that helps us do the best thing for our patients and improve their experience while increasing our capacity to treat more patients.”

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## •• The SCIENCE Of Nursing

# Bringing Home The Bronze

*Conklin Building 5 is one of the first units to earn bronze certification for its use of H3W Daily Management.*



Participating in the Lean huddle on Conklin Building 5 are, from left, Julian Forbes-Samuels, BSN, RN-CNL; Kristy Lachance, BSN, RN-NM; Mary Caputo, BSN, RN, case coordination; Kurt Segelbacher, BSN, RN; and Brooke Gibb, BSN, RN

Two years ago, Conklin Building 5 began using the Lean concepts contained in H3W Daily Management. This year, CB5 became the first Medicine unit to earn bronze Lean certification.

Bronze is the first level of certification in Lean. Teams earn it by demonstrating a solid understanding and application of Lean principles, concepts and methods.

“These concepts and methods increase a unit’s stability,

establish systems to identify waste and lay the foundation for problem-solving,” says Lean facilitator Vivian Pereda.

“With bronze certification, we look at different ways we can make the unit better, create standard work and still allow people to be individuals,” says CB5 Nurse Manager Kristy Lachance, BSN, RN. “We want improvements that nurses find meaningful and that make their jobs easier and better for them.”

*continued*



## Bringing Home The Bronze

Lachance explains that her unit began by using the basics of the Lean board—recognizing people and having a “daily playbook” discussion about what was coming up that day on the unit.

“Then we started looking for drivers that could make our unit better,” she says.

### Standard Work: Reducing Variability

The team decided to target falls as their driver. They started tracking falls on the board, noting the circumstances surrounding each one so they could all focus on factors that contributed to the falls. One way to reduce fall risk was to ensure that every bed alarm was connected. So they created standard work: At the end of each shift, PCAs would go around to make sure all beds were connected.

“Getting them to do it at every shift was a challenge at the beginning, but then it became part of their standard work. When it’s part of standard work, it’s not a task. And we knew it would lead to positive outcomes for patients,” says Lachance.

### The A3 Streamlines Discharges

An A3 is a Lean problem-solving template used to solve problems that require significant time, analysis and study. It’s based on the model of plan, do, study, act, which allows staff to propose process improvements, try them out, gauge their effectiveness and then make them the standard. The CB5 team decided to use an A3 to make the discharge process more efficient and less time-consuming. This would increase patient satisfaction and enhance throughput.

Again, Lachance asked the nurses on the unit how they thought the discharge process could be improved. As a result of their work, communication among consultants, attendings, nurses and patients was improved, as was the process for completing discharge paperwork. Instead of taking five to six hours, the process now takes about two, and patients are happier.

### A 5S Improves Organization

Another Lean tool the team used was a 5S. This is a systematic, methodical approach to organizing the workplace so it’s efficient and so the materials needed to do the work are always at hand. It gets its name from five elements of the process: sort, straighten, shine, standardize

and sustain.

Because the unit too often ran out of necessary forms, the team decided to tackle the unit’s form storage room. Lachance charged staff nurses with doing this “because they live it every day, and they know what they need to do their jobs.” Soon, every shelf was clearly labeled with the name of each form and how many should be there. A large, colored piece of paper placed in the stack alerts a user when the supply is getting low and the item needs to be reordered. Reordering instructions are clearly printed on the shelf below the form. Problem solved.

### Additional Concepts Applied

The team leveraged other Lean concepts for bronze certification. An inventory replenishment system known as a kanban was established to ensure an optimal level of supplies. A proactive maintenance system called total productive maintenance was set up to ensure availability and proper functioning of equipment. Leader standard work around coaching and rounding was established to ensure sustainability of gains the unit made and enhance patient outcomes.

“Leader standard work is one of the hardest things to hardwire,” says Hartford HealthCare Lean Sensei (expert) Mohamed Saleh. “Lachance’s leadership and her ability to perform standard work observations, interact with patients and staff, observe huddles, conduct waste walks and coach her team have driven success and sustainability on her unit.”

### Nurses’ Views of Lean

In earning bronze certification, CB5 has reached a milestone. But how do the nurses really feel about using Lean practices?

“The nurses love it because they see their ideas being brought forward and affecting how the unit flows,” says Lachance. “It’s not leadership telling them what to do; it’s their own ideas that are making improvements.”

Staff now “work smarter” and have less frustration, because instead of trying to create “workarounds” to solve problems, they can get to the source of the problem and address it.

Asked what advice she would give to those at earlier stages of implementing Lean, Lachance says “You have to be very open-minded. In the beginning, many people see it as busywork. But once you see you’re making changes that are positive for staff and patients, you’ll see all its benefits.”

## Leading The Off-shift Huddle

*Two nurses on Conklin Building 3 have enthusiastically embraced leading the midnight huddle.*



*Allyssa Dion, RN, at center, discusses Lean board content during Conklin Building 3's off-shift huddle.*

Maria Brahm, RN, and Allyssa Dion, RN, work alternating overnight shifts on CB3, so they don't often encounter each other. One has been at Hartford Hospital for five years; the other for 29. One has a new baby and the other's children are nearly grown. But Brahm and Dion have at least one thing in common: They've seen firsthand how using the Lean board to structure the 12:30 a.m. huddle benefits nurses, patients and themselves. So when they're in charge, they enthusiastically lead the Lean huddle.

"I like it a lot," says Brahm, referring to the Lean-board-based huddle. "It helps me be more organized. And we can focus on specific problems."

"I used to feel that the day shift knew so much more than the night shift. But now everything is all in one place on the board so it's very transparent," says Dion.

All nurses and patient care assistants on the unit attend the huddle, and it doesn't start until everyone is present. The huddle begins with a communication segment, which includes recognition of staff achievements and any hospital or unit news or announcements. Then they discuss "The daily playbook," where they talk about issues such as staffing, patients requiring COIN (continuous observation and intervention by nursing), patients at high risk for falls, any patient concerns, expected admissions and more.

The group discusses how the unit is doing with regard to its drivers. In this case, drivers are preventing falls, ensuring patients wear intermittent pneumatic compression boots and striving for high patient satisfaction scores. One nurse graphs the unit's performance in these areas and presents the information to the others. They review progress on A3 process-improvement projects that may be underway and review any items on the "Just Do It" section of the board. These may include reminders to staff to be consistent in, for

example, labeling tubing correctly or doing oral care.

Finally, there's time for open discussion, when anyone can raise concerns or offer a suggestion. The entire process takes about 15 minutes.

"When we finish and go to the floor, we know exactly where we should concentrate our work," says Brahm.

Rebecca Joiner, BSN, RN-BC, CB3's interim manager, appreciates Dion's and Brahm's efforts.

"Having Maria and Allyssa engaging in Lean and running a very organized huddle has made me feel like I'm present on the unit when I'm not physically there," Joiner says. "They engage in projects on the unit, are very involved and demonstrate great leadership skills. They've adapted very easily to Lean." Joiner adds that Lean huddles "organize the busy, chaotic environment we live in."

Both Dion and Brahm say the Lean format has made their jobs easier, because everyone understands priorities and everyone is working on the same things. That translates into better care for patients, because everyone is consistent in their practice.

Dion says that when her team first started using the Lean board for huddles, it seemed overwhelming.

"But once you do it, it's great," she says. "You get a lot of information, and everyone is up to date."

"Like every change, there was a little resistance at first," Brahm says. "But after a few days, it was accepted." She stresses the importance of providing frequent positive feedback and of making sure PCAs are involved.

Joiner is continuing to take part in Lean training, and she shares her new knowledge with her staff whenever possible.

"We're here to provide an exceptional patient experience," she says. "A key to that is increasing efficiency and eliminating waste. That's what Lean helps us do."

## A Better Way To Keep Families Informed

*Nurses on Bliss 8 used a Lean methodology to develop a process that meets families' needs and reduces interruptions that could present safety risks.*

When a loved one is hospitalized, family members are understandably concerned and eager to learn how their loved one is doing. Often, this means phone calls to the patient's nurses. On Bliss 8, a 42-bed surgical unit, nurses became concerned about the frequency and effects of these calls.

"They were getting multiple calls during critical times of the day," says Nurse Manager Ifeoma Mogor, MSN, RN-BC. "There were so many interruptions that they couldn't get their work done."

In addition, studies show that interruptions and multitasking in the healthcare setting increase risks of errors that could affect patient safety.

Mogor suggested to her nurses that they use a Lean methodology known as an A3 to find a solution. An A3 is a systematic way of thinking about and solving problems to improve quality. Pearl Hawkins, RN, stepped up to champion the project. The team also included Nurse Educator Marlene Harris, MSN, RN, and Performance Improvement Consultant Nancy Aker, MBA. Mogor provided mentoring and coaching throughout the project.

Using the A3's model of plan, do, check, act, the team developed a solution they believed would meet families' need for information while reducing interruptions to nursing care.

### A Proactive Approach

The team decided to offer families the option of receiving phone calls from the nurse at 6 a.m. and 6 p.m. every day. Families in need of additional support or reassurance are identified during the Lean huddle. Families identify one primary member to receive the calls. During the phone call, the nurse reviews the patient's progress and provides an opportunity for the family member to ask questions or mention concerns.

Mogor says that families and patients express high levels of satisfaction with the process, and nurses report fewer interruptions during medication pass time and other critical times of the day. Mogor recalls one family member who was so anxious that she was afraid to leave her loved one's bedside. Mogor suggested the twice-daily call. Before long, the family member felt comfortable with the arrangement—so comfortable that she said the morning call wasn't necessary if everything had gone well with the patient overnight.

"It's created a greater sense of trust between families and the nursing staff," Mogor says.



Bliss 8 won Hartford Hospital's Full Circle Award for its A3 Lean process improvement project. Shown at the award presentation are, from left, Cheryl Ficara, MS, RN, NEA-BC, vice president of Patient Care Services; Marlene Harris, MS, RN, nurse educator; Pearl Hawkins, RN; Ifeoma Mogor, MSN, RE-BC, nurse manager; and Stuart Markowitz, MD, FACR, president of Hartford Hospital.

## Taking Action In The Community

In an effort to benefit the wider community, nurses in Hartford Hospital's Medicine cluster raised more than \$1,000 for the nonprofit Connecticut Community for Addiction Recovery. CCAR promotes recovery from alcohol and other drug addiction through advocacy, education and service. Approximately 75 nurses took part in CCAR's annual Recovery Walks! event at Hartford's Bushnell Park on Saturday, Sept. 23.



*Celebrating the backpack project are Nicole Dunn, APRN (at front, kneeling), and (standing, left to right) Samantha Lyman, PA; Stephanie Case, PCA; Dr. Leslie Torres Rodriguez, superintendent of Hartford Public Schools; Shelimar Ramirez, Families & Youth in Transition, Hartford Public Schools; Christina Case, APRN; and Alyssa Case, PCA.*

## Project Benefits Hartford Schoolchildren

Nurses and physician assistants in Hartford Hospital's Office of Advanced Practice teamed up this summer to stuff backpacks with school supplies that will benefit local children in need. The group met its goal of donating 100 backpacks by putting donation boxes on patient care units and holding a local comedy night where the admission fee was a backpack. Nurses dropped off the backpacks at Hartford Public Schools' Welcome Center, which links families to community resources. The effort was spearheaded by the Office of Advanced Practice's Volunteerism and Philanthropy committee.

# Nursing News & Notes

## Connecticut League For Nursing Honors Maria Tackett



Maria Tackett, EdD, RN, CEN, CCRN

Maria Tackett, EdD, RN, CEN, CCRN, nurse director of professional practice at Hartford Hospital, has been named one of the Connecticut League for Nursing's "65 Over 65," a group of distinguished nursing leaders whose careers are leaving a legacy for others in the profession. She and her fellow nominees will be celebrated all year and recognized at the organization's 65th Jubilee Luncheon on June 1, 2018.

Tackett has been a nurse for 45 years. In her current role, she oversees Hartford Hospital's Nursing Education Department and the Nurse Residency Program. She has held leadership positions at Hartford Hospital as director of the Neuro-trauma ICU and Neuro-trauma unit and as director of the Emergency Department. She has held clinical staff nursing positions at Hartford Hospital and William Backus Hospital.

From 1990 until 2010, Tackett also served in the U.S. Army Reserves,

rising to the rank of lieutenant colonel. In 2007, she was deployed to Anbar Province, Iraq, for nine months. There, she was in charge of the Emergency Department at a Combat Support Hospital treating thousands of wounded military personnel. Her military responsibilities included developing standards for trauma, field training exercises and mass casualty incidents and training military nurses and medics.

Tackett received her BSN in 1972 from the University of Connecticut School of Nursing. She earned a master's degree in education from Central Connecticut State University and a master's degree in nursing administration from the University of Connecticut. She received her doctorate in educational leadership from the University of Hartford. Tackett is currently a member of the adjunct faculty at the University of Connecticut School of Nursing.

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## Susanne Yeakel Seeks AONE Leadership Role



Susanne Yeakel, MSN, RN, NEA-BC, CNML

Susanne Yeakel, MSN, RN, NEA-BC, CNML, nurse director of Surgical Services, Wound Care, and Ostomy Program, is running for a seat on the board of directors of the American Organization of Nurse Executives. The position oversees the national, 10,000-member organization's Region I, which includes all of New England.

Those interested in the position first submit an application, resume, biography, photo and 100-word statement on the challenges AONE will face in the future. AONE then selects the nominees. As one of two nominees chosen, Yeakel was required to submit a 90-second video. All materials are posted on the AONE website, and members cast votes online.

Whether or not Yeakel receives the most votes, her aspiration shows her dedication to leadership in nursing. She has been a member of AONE since 2002. She participated in the

inaugural Nurse Manager Fellowship Program. As nurse manager on Bliss 8, she was involved in the Transforming Care at the Bedside initiative sponsored by AONE. She served on the board of the local chapter in Connecticut and was asked to serve on the national organization's strategic planning committee. She has served on multiple AONE committees at both the local and national levels.

Yeakel has been featured in several AONE videos, one of which was shown at the organization's 2016 annual meeting this year.

Yeakel says she is excited about the possibility of serving on the AONE board because of the opportunity to shape nursing and healthcare policy and effect positive change. If she accepts the board seat, she will still continue to serve in her current role at Hartford Hospital.

# Nursing News & Notes

We congratulate these Hartford Hospital nurses on their recent achievements.

## Critical Care

An abstract by **Mark A. Larson, CNRN, SCRN**, called “Muscle Strength Nursing Assessment of the Spinal Cord Injured Patient in the Neuro-Trauma Critical Care Unit” was accepted to present at the AANN 50th Annual Educational Meeting in March 2018.

## Institute of Living

**Ryan Reinsch, RN**, received his BSN in May 2017 from the University of Hartford.

**Ellen W. Blair, DNP, APRN, PMHCNS-BC, NEA-BC**, received her Doctorate in Nursing Practice from the University of Saint Joseph on May 13, 2017. Her doctoral project was entitled “Non-psychiatric Nurses’ Perceived Self-efficacy after an Educational Intervention on Suicide Prevention and Care.”

## Medicine/IV Therapy

**Chelsea Malinowski, RN**, graduated from UConn with an MSN in Adult Gerontology Primary Care Nurse Practitioner (AGNP) in May 2017.

**Sengphet Chatark, RN**, passed the VACC exam and became Vascular Access Board Certified in June 2017.

**Megan Woodruff, RN**, received Holistic Nursing certification in April 2017.

• Degrees received in May:

**Michele Nai, C12, MSN**

**Sue Ribeiro, C12, BSN**

**Kim Silverman, CB5, BSN, Agatha Gilberto, N11, MSN**

**Kim LaCroix, RN, C12 nurse manager, MSN**

**Maggie Depieza, CB5, BSN**

• **Medicine PCAs, BSN in May, starting as RN:**

**Lauren Arnold, B10E**

**Jocelyn Cruz, B7E**

**Omayra Diaz, CB6**

**Elizabeth Ezirike, B11I**

**Lindsey Hermann, N10**

**Blaire Herter, CB2**

**Jessica Hutchinson, CB6**

**Mekha Jacob, B5E**

**Alexandra Markowitz, ED**

**Meghan McParland, CB4**

**Andrea Morrell, B7E**

**Nicole Mrowka, B7E**

**Luke Lamarre, CB2**

**Maura Kenny, CB2**

## Perioperative Services

Congratulations to the spring 2017 Association of Perioperative Nurses “Periop 101” graduates! This program combines a standardized, evidence-based online curriculum and textbook readings with hands-on skills labs and a clinical practicum for nurses new to the operating room.

**Delaney Lancor, BSN, RN**

**Genevieve Britto, BSN, RN**

**Brittany Wooster, BSN, RN**

**Tiffany Salguero, BSN, RN**

**Clayton Richard, BSN, RN**

**Janice Hahn MSN, RN, CNOR**

**Paul Yeomans, BSN, RN**

**Kate Friday, BSN, RN**

**Karen Davis-Huggan, BSN, RN**

**Shelley Uthgennant, RN**, completed

Association of Perioperative Nurses (AORN) Online Preceptor Course.

## STAR Team

**Rebecca Laut, RN**, received her MSN from the University of Hartford in May 2017.

## Surgery/Dialysis

**Roberto Sandoval, PCA** on Bliss 8, graduated from Capital Community College in May 2017 and now works as an RN in Dialysis.

## Women’s Health

Women’s Health Services’ inpatient units, including Labor & Delivery, Postpartum and N8, have created a “Blended Role” for RNs who wish to practice in two distinct areas. Six RNs have completed cross-training and will begin to work 25 percent of their scheduled hours on a secondary unit. Blended Role RNs include **Meghan Killian, BSN, RN (N6)**; **Lindsay Collins, BSN, RN, CLC (N6)**; **Christina Jenkins, BSN, RN (B6)**; **Melissa Castelli, BSN, RN, C-EFM, C-OB (B6)**; **Michelle Johnson, BSN, RN (N8)**; and **Molly Montano, BSN, RN (N8)**. This new role provides a growth opportunity to a new specialty area and supports staffing levels when one unit has a surge in census or low staffing. This creative solution was inspired by the Advisory Board Company Nursing Executive Center’s Best Practices for retention of nurses.

# National Nurses Week 2017

Hartford Hospital celebrated National Nurses Week, May 6 to 12, 2017, with a host of activities highlighting nurses' vital contribution to healthcare. The theme of this year's observance was Nursing: The Balance of Mind, Body and Spirit. National Nurses Week is an initiative of the American Nurses Association. Instituted in 1991, the event is held on the same dates each year. May 12 is significant as the birthday of Florence Nightingale, the founder of modern nursing.



*continued on page 14*







## From The Alumnae Association President



Thinking about change recently, I realized that over my years at Hartford Hospital, many new terms came into use. The latest is “kaizen” or improvement. Do you remember “paradigms,” “pyramids,” “RACE,” “ISBAR,” “SOAP notes” or “COWS” that became “WOWS”? How about “HIPPA,” “PHI,” or “wallaroes” for chart racks? PAS stockings became sequential stockings.

Feeding pumps became kangaroo pumps. Patients to be transferred needed “tickets to ride,” and so on.

Change is a necessity and inevitable no matter the setting. Years ago, when the hospital challenged employees to contain costs, I decided that through education we could save money on my unit. I called the storeroom weekly and posted the cost of items I thought we wasted at times. Fellow workers were amazed at the cost of these items. For example, many silver trach sets were returned incomplete, and the missing part had to be charged to the patient or the unit. The cost of the obturator or inner cannula was an eye-opener. Everyone was asked to bring back the Hartford Hospital pens they had inadvertently taken home. Wow, what a pile of pens!

Disposable blue pads, plastic med cups instead of paper, sterile bottles of water that had to be discarded because not dated when opened—it all added up. It was amazing how we became frugal with no detriment to patient care. It is possible to improve when everyone cooperates in working toward these goals.

Our annual banquet in June was successful, with 230 attending, including nine of our 10 scholarship recipients and their guests. Sam Pasco, leader of the band, was certainly missed, as well as Chubby on the clarinet. We are thankful that Joe and his band will continue our traditions. Change will be evident at our next banquet, which will be held on Sunday, June 10, at the Radisson. Sadly, due to the death of June Noble, our closing songs will be missed at the banquet. The Nightingale Tribute was given at her memorial service.

Your board continues to work and recently voted to donate \$4,000 to AmeriCares for Hurricanes Harvey and Irma relief.

Best wishes for the holidays and the New Year.

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

### The Board Of The Alumnae Association Of The Hartford Hospital School Of Nursing

*President*

Betty Ann Vose Fusco, RN '66

*Vice President*

Mary Jane Pappalardo Densmore,  
MA, RNC '69

*Recording Secretary*

Alicia Plikaitis Junghans, RN '66

*Program and Publicity*

Gail Pendleton Rapoza, RN '66

*Nominating*

Karen Stinson Mazzarella, BA, RN '69

*Scholarship*

Christine Johnson, MS, RN '61

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Kathleen Boyd Didier, RN '69

Lesley Prentice McGrath, RN '61

Jerri Saltus Sicaras, RN, '63

*Executive Director of Alumnae Affairs*

Patricia Andreana Ciarcia,  
MSN, RN '62

*Board Treasurer*

Jane Wallace Lasher, BSN, RN '74

*Vice Treasurer*

Theresa Gwozdz, APRN, '76



### 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](mailto:bafusco@cox.net); Pat Ciarcia, executive director of alumnae affairs, at [patciarcia@snet.net](mailto:patciarcia@snet.net); or visit [www.HHSNalumnae.org](http://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.

## The Excitement Of Challenge



Theresa Gwozdz in 1976

When Theresa Gwozdz, HHSN '76, thinks back to her early days at the Hartford Hospital School of Nursing, she says the experience was “scary at first, but also exciting.” This combination of feelings would remain consistent over the years as she overcame fear to seek challenges that would keep her excited about her career.

Theresa worked at Hartford Hospital for two years after graduation, but then fulfilled a lifelong dream by relocating to California. It was there that she gained experience working in an intensive care unit. What she learned in that role, she says, “was the beginning of my advancement later in nursing.”

When she returned to Connecticut in 1980, she accepted a position in the intensive care unit at the University of Connecticut Health Center.

“I liked the excitement,” she says. “Things could be quiet or someone could have an emergency I had to attend to. You increased the use of your skills because you were learning new things and could use them to help patients.”

After 10 years in that role, Theresa wanted a new challenge. Having seen staff from Anesthesiology intubating patients in the ICU, she thought their job looked exciting. So she decided to go back to school and become a certified registered nurse anesthetist.

The 24-month program at the New Britain School of Nurse Anesthesia, conducted in affiliation with Central Connecticut State University, was very demanding.

“We had a lot of clinical and classroom work and had to take advanced courses in chemistry, pharmacology, physiology and more,” Theresa says. “You had to focus and put your whole mind and heart into

it. And you had to maintain a B average. I put all my energies into it.”

Theresa completed the program in 1986, earning a Master of Science degree in biology with a specialty in anesthesia and becoming a CRNA. She worked in the Anesthesiology Department at Saint Mary’s Hospital in Waterbury for nine years, and then returned to Hartford Hospital and worked with Hartford Anesthesiology Associates for 20 years. She then worked per diem for two years, retiring in 2016.

“I loved anesthesia,” Theresa says. It was exciting and challenging—a very rewarding career.”

Today she remains active, serving as vice treasurer of the Alumnae Association of HHSN, managing the association’s Medical Fund and volunteering at her church and the local senior center.

What advice would Theresa give to newer nurses?

“Follow your heart and desires, and don’t let fear get in the way,” she says. “Don’t be afraid of challenges; they’re stepping stones that can bring you to a higher level.” •



Theresa Gwozdz today

## Goodbye To A Dear Friend



*Sam Pasco*

The Alumnae Association of the Hartford Hospital School of Nursing lost a beloved member in March 2017 when Sam Pasco passed away at the age of 89.

Pasco was a gifted musician and orchestra leader whose outgoing personality endeared him to generations of people whose lives he touched. For 50 years, he played at the alumnae association's annual banquet, to the delight of members.

"He would stroll from table to table and play and sing whatever song each class requested," recalls Pat Ciarcia '62. "Everyone loved his happy, pleasant personality. He was kind and generous and will be dearly missed."

Members showed their affection for Pasco in 2013 by making him an honorary member of the Alumnae Association. They presented him with a tie tack in the form of the school shield and a commemorative chair.

"He loved people," says Pasco's daughter Mindy Pasco-Anderson. "It just made him happy to share his talent with others. As a master of ceremonies, his personal ability to engage with a crowd made him a fixture at events for years."

Pasco was widely known throughout central Connecticut, playing for appreciative listeners at weddings, bar mitzvahs, parties and a host of other events, including the Greater Hartford Open (now the Travelers Championship). For more than 30 years each fall, he performed holiday concerts at hospitals, nursing homes, schools, libraries, a convent and other places, supported by funds he solicited from both the Jewish and Christian communities.

"He believed strongly in giving back to the community," says Pasco-Anderson. "He always said that if there's some way you can contribute to others, you should just do it."

Pasco was born in Hartford, the youngest of three boys. His father died when Pasco was just a baby. At an early age, he taught himself to play four different musical instruments. He played his first gigs at age 16 for injured veterans returning from combat in World War II.

"Although his early years were difficult, the love of his family propelled him to work hard, live honestly and keep moving forward," Pasco-Anderson says.

It's notoriously difficult to make a living solely by being a musician, but Pasco, his daughter says, "took his native talents and turned them into business ideas." In addition to working gigs, he started a booking agency and an advertising firm. He took his wife and two daughters on vacations to a resort in the Berkshires every year in exchange for providing musical entertainment.

The Pascos were West Hartford residents for many years. Several years ago, Pasco and his wife, Shirley, decided to move to The McAuley retirement community in West Hartford. He went on playing music, playing 50 gigs the year he was 88. His final gig was in his home community, The McAuley, on New Year's Eve 2016. When he died, the 2017 HHSN Alumnae Banquet was on his calendar.

Pat Ciarcia had written a thank-you note to Pasco after the 2016 banquet. He wrote back saying, "I enjoyed knowing all my sisters continue to be very pleased with our music."

"He thought of us as sisters," Ciarcia says, "which is an example of how he was." •

## Alumnae **The Pillbox**



### 2017 SCHOLARSHIP RECIPIENTS

The Alumnae Association of the Hartford Hospital School of Nursing distributed a total of \$46,000 to 10 Nursing Scholarship recipients at the Annual Alumnae Banquet.

Pictured from left: Maria Sladja, Elizabeth Lazo Singh, Simona Prescott, Casey Kelley, David Ecker, Lori Caetano, Jean Boccaccio and (in front) Molly Swanson. Not present for photo: Cheryl Mitchell and Kathy Rudzki.

### CLASS OF 1938

*A Century Later*



**Stefanie Druzolowski Kaminski '38** celebrated her 100th birthday and 79th HHSN anniversary.

Stefanie and her daughter **Patricia Kaminski Robertson '62** have been faithful alumnae members and attendees at the annual Alumnae Banquets.

### CLASS OF 1947



**Catherine Allen Thomas** was the only alum from the Class of 1947 present to celebrate 70 Years since graduating from HHSN.

### CLASS OF 1944



**Jean Landon Smith** represented her class as she celebrated 73 HHSN years.

### CLASS of 1951



**Marilyn Warzocha Perkowski '51**



**Marilyn Warzocha Perkowski** had her nail done in the shape of our HHSN shield. Everyone at the banquet was enthralled with the exact intricacy of it!

## CLASS OF 1952



**Ethel Mlynar Tomolonis** celebrates 65 years.

## CLASS OF 1954



**June Perret Noble '54**, pictured at our June 4, 2017, banquet.

1932 – 2017

It is with great sadness that we announce the sudden passing of our colleague and friend **June Perret Noble** on Aug. 9, 2017. June was our singer at the Annual Alumnae Banquets for years, including this year. We will sorely miss her wonderful personality and beautiful voice as she sang “May You Always,” “God Bless America” and “Auld Lang Syne.” The board members of the Alumnae Association read the Nightingale Tribute at her memorial service.

The Class of 1954 donated a substantial amount of money to the Cancer Society in memory of their classmate and long time banquet attendee **Joyce Lanz Gross**, who passed away in November 2016.

## CLASS OF 1957



Nineteen members of the Class of 1957 celebrated 60 years since graduating from HHSN.



**Karen Rinas Veselka '73** and **Cynthia Johnson Pavano '57**

**Cynthia Johnson Pavano '57** started one of two CNA courses at a public high school in New Britain, Connecticut, in 1968. Karen Rinas Veselka was a student in her class. Karen says that Cynthia was her inspiration to go into nursing school, and she ultimately graduated from HHSN in the Class of 1973. Forty-seven years later, in March 2017, Cynthia received a call from Karen to tell her she was nominated to receive the Florence Nightingale award for excellence in nursing and asked that Cynthia attend the ceremony. Cynthia was thrilled and deeply touched. In a card Karen gave to Cynthia, she wrote very loving thoughts. Cynthia describes the ceremony as “a blessing from God for each of them.”

## CLASS OF 1962



Twelve members from the Class of 1962 celebrated 55 years since graduating from HHSN.

Pictured above, from left: **Pat Andreana Ciarcia**, **Linda Palmer Haberern**, **MaryAnn Comen Bertini**, **Pat Borden Silva**, **Linda Arle Duval**, **Roseanne Dandurand**, **Pat Kaminski Robertson**, **Rosemary DeAngelis**, **Sandy Agud Trifiro** and **Gail Mansolillo Twarkins**. At the banquet but not in picture: **Carol Fafard Pagano** and **Joan Beebe Specht**.

## Alumnae **The Pillbox**

### CLASS OF 1966



Pat Ciarcia '62, left, was given this HHSN "supervisor" doll created by **Alfie Junghans '66**.

### CLASS OF 1972



The Class of 1972 cheer for their 45th HHSN anniversary.

### CLASS OF 1967



The Class of 1967 celebrated their 50th anniversary with 30 members representing their class. A lovely luncheon and Hartford Hospital tour on the Saturday prior to the banquet was hosted by Cheryl Ficara, vice president of patient care services.

## Alumnae Comments

“I loved the Spring edition of the “A Look Back” article about my mother **Hazel Arnold Mather**, class of 1928. Please pass along my thanks to the author! She was very kind over the phone and managed to get just the right feeling out of my mom’s story ... loved the photos as well! Thanks so much for sharing her story.” – **Susan Mather Falvo, daughter**

“Thank you for putting my pictures in the Spring edition of the *Nursing Magazine*. It was so nice of you to include them. I am proud of my paintings and it feels good to share them.” – **Patricia Tencza Reig '60**

“I wish to thank the Alumnae Association for my 50-year HHSN shield charm. I love and will cherish the charm and I also love the Magazine. I have so many special memories of those treasured three years at HHSN and the lifelong friendships forged there. With love and gratitude.” – **Barbara Hickey Wilcox '61**

“It was a nice surprise to see “Hope” (my elephant doll, crafted for multiple myeloma charity), in the Spring edition of the *Nursing Magazine*. “She” is one of my favorites. Thank you for doing that.” – **Alicia “Alfie” Plikaitis Junghans '66**

“I received the Spring *Nursing* magazine with the Alumnae Spotlight on me. I wish to express my gratitude in considering me for the spotlight article and acknowledge the wonderful outcome of the article thanks to writer, Noreen Kirk.” – **Betsy Gaudian '74**



### IN MEMORIAM

Alice Jansen '39

Isabel Warley Baldauf '41

Edythe Blumenthal Greenspon '43

Esther Olsen Viets '44

Betty May Bancroft Coburn '46

Adelaide Koczera Corcoran '47

Patricia Barnes Crawford '48

Faith McClelland McGugan '49

Sally Tuttle '50

June Perret Noble '54

Victoria Carrozzella Mangiafico '56

Bonnie Scudero Robinson '65

### PHYSICIANS

Myron Shafer, MD – Orthopedics

### 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](mailto: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](mailto: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](mailto:Carol.Garlick@hhchealth.org).

80 Seymour Street  
P.O. Box 5037  
Hartford, CT 06102-5037

Address Service Requested



In this 1899 photo, student nurses, a nurse superintendent and a physician collaborate on the care of a patient at Hartford Hospital.

*Photo courtesy of The Hamilton Archives at Hartford Hospital*