

Autumn 2018

Nursing

Hartford Hospital
Connect to healthier.™

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



Nicole Hall, BSN, RN

Nicole Seymour

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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: Providing an excellent patient experience is paramount at Hartford Hospital's Bone and Joint Institute. Here Assistant Nurse Manager Nicole Hall, BSN, RN, shares a moment with patient Nicole Seymour of Manchester following elective knee surgery.



Messages From Executive Leadership



Nurses Lead Progress Toward Achieving “Triple Aim”

I am deeply proud of Hartford Hospital and incredibly thankful to our nurses who make a difference every day. The secret ingredient to their success is a shared spirit of compassion that binds their clinical excellence with genuine caring. This is visible in every special moment they create, every patient they encounter and every

improvement they make. Simply put, nurses enhance everything we do.

This magazine will arrive just after the end of our fiscal year, a time when we reflect on the progress we made toward the goals on our Balanced Scorecard. We intentionally included goals in our 2018 Balanced Scorecard that echoed each dimension of the “Triple Aim,” a well-regarded framework for optimizing healthcare systems by improving experience, enhancing population health and reducing costs. The goals aligned to the Triple Aim included better coordinated care across our continuum, higher patient experience scores, lower rates of hospital acquired infections, reduced lengths of stay and more. Of course, our nurses played a leading role in helping us achieve many of these goals.

Last year, nurses proved what we know to be true: leaders are defined by actions, not titles. In addition to enriching every patient and family experience, our nurses led the delivery of safe, high-quality care. They did more than participate in the many successful process improvement projects this year; they took the lead in these patient-focused efforts and continually raised the bar for quality outcomes. Our downward trend in the rate of serious safety events is just one example of the impact their leadership made in reducing patient harm.

Looking ahead to 2019 and beyond, we are confident that our nurses will continue to lead. We are relying on them to bring the advocacy, art, ethics and science of nursing to #123, an initiative designed to help us become #1 for patient experience in the Northeast by 2023.

We will be counting on our nurses for this and much more, and we know they count on us to cultivate a positive culture where they are empowered to do the right thing. That’s why we are expanding the Triple Aim concept to include another key dimension: employee support and engagement. We want nurses to know they truly belong here, and we will hold ourselves accountable by making this ‘fourth aim’ a goal in our 2019 Balanced Scorecard. It is our duty to support nurses as they provide the exceptional care our patients have come to expect.

We are honored to have compassionate nurses on the front lines caring for the people we serve. Grateful for their service and inspired by their commitment, we are pleased to report that their work continues to make a lasting impact on our patients, neighbors and communities.

Bimal Patel

President, Hartford Region
Senior Vice President, Hartford HealthCare



Nurses Lead The Way By Balancing Safety, Caring And Quality

Our nurses are the core of bedside care. They make minute-by-minute connections, both clinical and personal, that help them see each patient as an individual with unique needs. And they translate those needs into a plan of care that addresses the human experience in the care environment.

The fundamentals of our work haven’t changed. We live up to the promise of the Hippocratic Oath while providing deeply personal and compassionate care. Yet, as we dig deeper into the art and science of nursing, we always look at our practices through the lens of continuous improvement—blending the human experience with a constant focus on safety and quality.

Every moment matters. Our cover story highlights the Hartford HealthCare Bone & Joint Institute at Hartford Hospital, which progressed from ordinary to extraordinary with our nurses leading the way. Using best care practices, high reliability and Lean principles, our team created more positive patient and family experiences that resulted in measurably higher patient satisfaction.

Every infection matters. Quality is at the forefront of what we do. Nurses in our medical ICU led efforts to reduce ventilator-associated pneumonia (VAP), the second-most-common infection in hospitals. Our bedside experts came together to re-emphasize proven ventilator care interventions that significantly lowered the risk of developing VAP. By adhering to best practices, they reduced the incidence of hospital-acquired conditions, likely saved lives while reducing the overall hospital length of stay for many patients.

Every dollar matters. As patients with high-deductible health plans shoulder more of their healthcare costs, our nurses have found innovative ways to relieve the burden. One way is reducing the cost of care by reducing length of stay. Nurses responsible for care coordination, management and bedside care worked to rigorously create and execute on care plans. They also worked with other providers to ensure each patient transitions to the appropriate healthcare setting when they leave the hospital. By coordinating care from arrival to departure, these nurses improved outcomes and helped patients get back to their lives faster.

Each story shows how nurses own their clinical practice and lead the systems that support exceptional care. Our managers work hard to grow our culture of engagement so their teams can enhance the human health experience through the advocacy, art, ethics and science of nursing. Our nurses personally organize each strategy for improving care and hold themselves accountable for making each plan come to fruition. The result is nurses improving the health and healing of our patients by striking the perfect balance of compassion, safety and quality.

Cheryl Ficara, MS, RN, NEA-BC

Vice President, Patient Care Services
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Nursing Vigilance Reduces VAPs In Critically Ill Patients

The nurses of Hartford Hospital's medical intensive care unit celebrated an impressive medical milestone in July, marking 365 consecutive days without a case of ventilator-associated pneumonia (VAP).

A VAP is a serious lung infection that occurs after endotracheal intubation and mechanical ventilation. It greatly increases the risk of morbidity and mortality among critically ill patients. According to a recent study of Health Care-Associated Infections that appeared in the *Journal of the American Medical Association Internal Medicine (JAMA)*, VAP is the second most common hospital-acquired infection behind central line-associated bloodstream infections.

Signs of VAP include fluid in the lungs, fever, altered white blood count, changes in sputum characteristics and the detection of a causative pathogen. Early studies showed the mortality rate among patients who develop VAP to be as high as 50 percent but that figure has been reduced significantly through the use of antibiotics and development of preventive strategies. VAPs increase ventilator days, critical care use and lengths of stay in hospitals.

The hospital's five intensive care units – surgical/trauma, cardiovascular surgical, neurosurgical, medical cardiology, and medical – handle roughly 1,800 patient-ventilator days each month. A patient using a mechanical assist device for any length of time during a 24-hour period is counted as one ventilator day. Hartford Hospital's medical ICU averages 200 ventilator days monthly.

Considering the large number of patients on ventilators at any given time and the severity of their conditions,

a VAP occurrence would not be unexpected. Preventing VAPs for more than a year was monumental.

"This is a landmark accomplishment," said Michele Kolios, MS, BSN, RN, nurse director for critical care. "This is a medical unit, so the number of patients on ventilators is large."

Kolios credits Yarelis Wilson, BSN, RN, NE-BC, the nurse manager of B11-I, the provider leadership team, and the staff of B11-I for their adherence to the measures for VAP prevention in this vulnerable population.

Among the strategies used by nurses in the ICUs at Hartford Hospital is strict adherence with the ventilator bundle, a set of proven ventilator-care interventions that when implemented together significantly lower a patient's risk for developing a VAP. These include: elevating the head of the bed, daily "sedation vacations" while assessing the patient's readiness for extubation, rigorous oral hygiene using the antiseptic chlorhexidine gluconate, oral and endotracheal suctioning and deep vein thrombosis prevention.

The nurses on the medical intensive care unit "reinvigorated" the VAP prevention bundle after the formation of a hospital-wide steering committee. According to Diane Pomarico, BSN, RN, CIC, system director for infection prevention at Hartford HealthCare, the committee re-emphasized the importance of adhering to nursing best practices to reduce the incidence of hospital-acquired conditions including VAPs.

"We were very aggressive when we started out with our VAP steering committee," Pomarico said. "We needed to impress upon the nursing staff the importance of adhering



The nursing staff of Hartford Hospital's medical intensive care unit, Bliss 11-I, reached an impressive milestone in July with a run of 365 consecutive days without a case of ventilator-associated pneumonia. Seen here celebrating their accomplishment left to right are: Senija Hamza, EVS; Gina Vagnini, BSN, RN; Samantha Carucci, BSN, RN; Bianca Sharp, BSN, RN, clinical leader; Sandra Dumbuya, PCA; Christina Wood, BSN, RN, clinical leader; Chantal St. Laurent, BSN, RN; Paige Baccaro, BSN, RN; Marlena Garza, PCA; Brooke Camden, PCA; Lauren Damiano, BSN, RN; Yarelis Wilson, BSN, RN, NE-BC, nurse manager; and Abigail Moore, BSN, RN.

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Nursing Vigilance Reduces VAPs In Critically Ill Patients

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to those bundle items.” Pomarico said. “We brought it home to the nursing staff and the PCAs (patient care assistants) that these are the tools” needed for better patient outcomes.

Best practices examined by the committee led to the acquisition of endotracheal (ET) tubes fitted with suction attachments for easier removal of mouth secretions that accumulate around the cuff holding the tube in place. Those secretions can leak past the cuff and be silently aspirated into the lungs resulting in pneumonia.

“These ET tubes allow for secretions to be removed above the cuff on a continuous basis to prevent silent aspiration,” Kolios said, adding that nurses must maintain a high level of exactness when caring for critically ill patients.

Pomarico credited the renewed emphasis on the VAP prevention bundle with the unit’s success. She credited Kolios with stressing the importance of strictly following best practices in nursing. The importance of the VAP bundle is reinforced as standard work in the unit’s daily huddle – part of Hartford HealthCare’s culture of Lean daily management.

Hartford Hospital also has taken the principles of the VAP bundle and incorporated them into a “transport bundle,” that is used every time an intubated patient is moved to another service area, such as diagnostic imaging.

“For intubated patients you obviously need to maintain that rigor of care throughout the transport process,” Kolios said. “Your general rule of thumb is to maintain the ICU standard of care no matter where the patient is.”

The transport bundle for moving critically ill patients is coordinated by nurses and includes an initial assessment of the patient’s stability. The patient is then moved on a transport ventilator with oxygen saturation and EKG monitoring, access to portable suction and a defibrillator and the presence of a respiratory therapist, Kolios said.

Adding to the impressiveness of the VAP-less run in the medical ICU is the makeup of its patient population.

“There are a lot of pulmonary patients, but patients with multiple organ failures are a primary focus, too,” said Bianca Sharp, ICU, BSN, RN, a clinical leader on the unit. “We have patients with sepsis and a lot of renal failure and liver failure.”

“It’s always a challenge, especially when you have compromised immune systems and multi-factorial problems,” Sharp said. “It requires really diligent nursing care, and we talk about it every day.”

“Considering we’re a level one trauma center and that’s our medical ICU, they’ve done some pretty tremendous work,” Pomarico said. •

•• The ADVOCACY Of Nursing

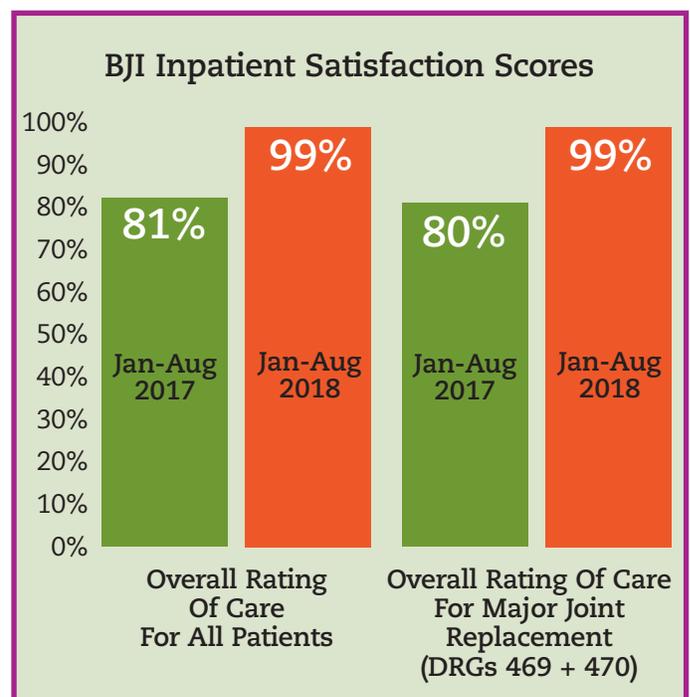
Nurse/Patient Connection Helps Bone And Joint Institute Earn Top Patient Satisfaction Scores

Hartford HealthCare’s Bone and Joint Institute (BJI), a cooperative venture of Hartford Hospital and Orthopedic Associates of Hartford, is a premier destination for orthopedic patients. Since its inception in January 2017, BJI has been focused on providing leading orthopedic care and extraordinary patient experiences.

The nursing team and leadership are using best care practices and management techniques to create these experiences for patients and their families. Their success has been shown through a dramatic increase in BJI’s Press Ganey patient satisfaction scores for the first half of 2018.

Because two-thirds of BJI patients have elective procedures that can be performed at competing hospitals, high scores for joint replacement surgery are important. But even more important is providing an exceptional experience, said BJI Nurse Director Carol L. Ghergurovich, MS, BSN, RN, NEA.

Ghergurovich leads the nurse management team at the BJI that includes: Acting Nurse Manager Elizabeth Duzant, BSN, RN and Assistant Nurse Managers Nicole Hall, BSN, RN; Eliana Rico, BSN, RN and Steven Dumas, BSN, RN. Collectively, they oversee a staff of 52 nurses, 25 patient care associates, eight patient administrative assistants and two aides, who staff three shifts, 365 days a year.



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Nurse/Patient Connection Helps Bone And Joint Institute Earn Top Patient Satisfaction Scores

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“Our patients come in with high expectations of care and recovery,” Hall said. “So we need to be on top of our game.” Along with providing clinical expertise, making an immediate and meaningful connection with our patients is a top priority.

Although many patients have elective joint and ortho-spine procedures, the BJI team also provides care to podiatry and trauma patients with fragility fractures. Caring for all patients requires a collaborative team including hospitalists, surgeons, therapists, dieticians, pharmacists, and ancillary departments.

The nursing team puts all the pieces together to orchestrate best patient outcome.

To improve the patient experience, leaders and the nursing team examined every aspect of patient care. They adjusted nurse-aide-to-patient ratio so that, “we can provide more quality time to the patients, such as ambulating, post op,” Rico said.

Purposeful, hourly rounding was implemented. This involves nurses and patient care associates (PCAs) rounding on patients proactively, addressing their concerns and needs. This includes assistance with pain medication, a bathroom visit or simply answering a question.

The BJI leadership team also conducts daily rounds to respond to patient concerns.

“With our rounding, we really get that immediate feedback from patients, while attending to concerns and needs, Duzant said. “If there’s something we can fix, we fix it.”

“We make it a priority every day to get into patients’ rooms and get firsthand accounts about what we’re doing right and could do better or differently,” Hall said, adding that something as simple as salt and pepper being left off a meal tray can alter a patient’s perception about the care.

Another action taken to improve on the patient

experience is tracking scores and sharing that information during huddles displayed on a visual management board.

At staff huddles, team members begin with team recognition and sharing comments from patients. Delivery of immediate patient feedback to the team daily promotes staff engagement and ownership of patient care.

“During evening and nights, patients especially like to chat about their experiences, which are shared during off-shift huddles.” Rico said.

Other key elements of patient care are discussed in huddles, including clinical challenges, safety, fall prevention, hand-hygiene compliance and what’s going on at Hartford Hospital and Hartford HealthCare.

During the day shift, an interdisciplinary team conducts clinical progression rounds, reviewing patient plans and barriers to transition. The focus is on the patient’s progress and providing the best, safest transition to the next level of care. For most BJI patients, the next step is home.

Building a process to provide an extraordinary patient experience is hard work. Sustaining it is even harder. Understanding the value of their work keeps the team going.

“We fix people and make them better than before their joint surgery,” said Hall.

“Knowing the value we add to a person’s life is part of why our scores have increased,” Dumas said. “We know what we do improves lives. Knowing that our nursing care contributes to a great patient experience jazzes us.”

“This realization also adds to our commitment and continued success in patient care,” said Rico. “It’s a win-win.” “Our ultimate goal is for people to get better and transition to the next level,” Ghergurovich said. “We strive to give our patients excellent medical care and an extraordinary experience here so they can get on with their lives.” •



Staff members at the Bone & Joint Institute have earned some impressive Press Ganey inpatient experience scores. First row: Dr. Mandeep Kumar, Glynis (Gigi) Flores, PCA; Michelle Malz, BSN, RN; Jenn Vonick, PCA; Elsie Ingles, PAA; Jessica Kmetz, BSN, RN; Dawn Scott, PCA; Theresa Canale, Unit Aide; Nurse Director Carol Ghergurovich, MS, BSN, RN, NEA; Sandra Byfield, EVS; Sharon Morris, EVS.; second row: Emily Hallighan, BSN, RN; Nicole Hall, BSN, RN; Elizabeth Duzant, BSN, RN; Charles Johnson (CJ), BSN, RN; Marzena Femiak, RN; Tyra Cooper, PCA; Eugene King, food & nutrition; Allison Dutton, BSN, RN; Melania Lindberg, DPT, PT and Mackenzie Cooke, PCA.

Compassion And Early Intervention Lowers The Use Of Seclusion And Restraint At The IOL

Controlling patients with restraints or locking them in seclusion has been used more often than truly necessary through the years in hospitals and other healthcare settings.

The consensus among mental health professionals today is that restraint and seclusion (S/R) should be a last resort, not first. Current trends in psychiatric care suggest that stress reduction techniques can help keep an agitated patient's behavior from escalating to violence throughout the healthcare system.

Ellen Blair, DNP, APRN, PMHCNS-BC, NEA-BC, nurse director of psychiatry at Hartford Hospital's Institute of Living (IOL) has spent the past decade working to reduce S/R by modeling best practices of nursing.

This year, prevention of seclusion and restraint has been focused on child and adolescent patients across Hartford HealthCare's Behavioral Health Network. This work has been anchored both by the IOL and Natchaug Hospital in Mansfield, which provides mental health and addiction services in eastern Connecticut.

"Being restrained or secluded is very difficult for any patient, especially a child or teen," said Blair, noting that these interventions can exacerbate the trauma which many children and adolescents have previously experienced.

Blair's tenure at the Institute has paralleled a cultural shift in psychiatric care that saw greater emphasis being placed on preventing psychiatric crises rather than reacting to them, often with force.

"The reduction of seclusion and restraint has to be led by nursing, the culture of that unit and from leadership," Blair said.

Modeling Best Practices

More compassionate and proactive approaches to treatment including sensory modulation, de-escalation and prevention of suicide and violence are now central elements of the best practices model for patient care followed by nurses at the IOL.

These strategies and the addition of a rapid-response, consultative Innovative De-Escalation Emergency Assistance (IDEA) team, have reduced the use of seclusion and restraint among all patients, including children and adolescents. While nursing comprises most of the IDEA team, there are also psychiatrists, APRNs and rehabilitation staff on the team fostering a true interdisciplinary approach.

Nurses at the IOL are also using sensory modulation techniques to help reduce patient anxiety levels, particularly among children and adolescents. These techniques reduce the likelihood of the need for secluding or restraining a patient. They also use comfort rooms, therapeutic milieu/community therapy and the Brøset violence checklist, an evidence-based tool used to predict violence.

Sensory modulation helps ground patients using a method of manipulating their sensory experience through touch, taste, smell, sound and more. Sometimes it's music. Sometimes they are given a warm blanket to snuggle in.



Staff members of the Institute of Living's Child and Adolescent Unit display some of the sensory modulation items contained in its "sensory backpack," a mental health version of a medical crash cart that's available for emergency use in a behavioral crisis. Seen here left to right are: Deb Williams, PT; Amanda Watkins, BSN, RN, nurse manager; Ellen Blair, DNP, APRN, PMHCNS-BC, NEA-BC, director of nursing; Kathryn Delaney, BSN, RN, (front center); Mitchell Larrion, PT; Klarise Dudley, BSN, RN and Wendy Castano-Arbelaez, BSN, RN.

"When words aren't helping we are trying to stimulate the other senses to hopefully get them balanced," said Amanda Watkins, BSN, RN, nurse manager for the IOL's child and adolescent unit.

"Every unit has a sensory room, developed as part of our best practices model in 2010," Blair said. "These rooms have soft lights, comfy chairs and music piped in; they are very safe. They are used a lot."

The unpredictable nature of psychiatric emergencies also led Watkins and others to develop a mental health version of the medical, in-hospital crash cart they named the "sensory backpack."

The backpacks hold an assortment of markers, crayons, stress balls, coloring pages, music, wireless headphones and such that can be used to distract agitated children and adolescents heading for a crisis.

"They contain anything that we feel a patient might need in the moment to avoid a restraint or seclusion," said Watkins. "It's all right there."

These emergency response kits contain mostly single-use items that encourage patient-staff interaction, Watkins said. Often this distraction is all that's needed to calm a patient.

"The staff often ends up sitting with the patient and talking," Watkins said. "Really what the patient wants is someone to talk to them and someone to spend time with. It's really that time that helps them the most."

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Compassion And Early Intervention Lowers The Use Of Seclusion And Restraint At The IOL

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Thanks to a grant from the Hartford Hospital Auxiliary, the child and adolescent units are also equipped with soothing weighted blankets and vests that can provide additional comfort. The Auxiliary has also provided blanket warmers and exercise equipment for the adolescent units.

Nurses at the IOL have tailored agitation reduction plans to the needs of each patient, weighing personal preferences, age and cognitive function. By knowing the sensory queues that help patients remain calm, all members of the nursing team can work effectively with a patient.

An Ounce of Prevention

On the child and adolescent unit, the nurses noticed an increase in the use of seclusions and restraints around bedtime. As is common with children at home, the kids had trouble settling, demanding another story, another drink of water, another warm blanket, on and on until someone said no and someone became upset.

“Every time we put our hands on a patient we risk injuring them or ourselves but also re-traumatizing them,” Watkins said. “We try our best not to put our hands on these patients. A lot of these kids have had really rough lives prior to coming to us.”

Hoping to avoid the blowups, Watkins and the staff developed a system in which a child is given two “golden tickets,” each of which can be traded for something they want.

“Like most kids, they have a lot of requests but when coupled with a psychiatric illness, they really don’t have the ability to make those decisions,” Watkins said.

The tickets served as a physical queue that helped them decide what they wanted more, Watkins said. “It really helps them make that decision and helps them settle a little bit easier.”

Since the program started, seclusions and restraints have been reduced by 26 percent, Watkins said.

“Staff nurses also develop a behavior enhancement plan for those patients considered to be high risk,” Watkins said. The plan is presented to interdisciplinary colleagues in the department of psychology and the administration for input and suggestions.

Measuring success

The use of seclusion and restraints is tracked closely and is a quality driver on the visual management boards on every unit at the IOL. Records are kept for each patient’s triggers and best interventions to improve future response. Blair notes “Our goal is to continue to prevent the use of seclusion and restraint, striving for zero events each and every day.” This requires constant vigilance and close collaboration on an interdisciplinary level.

Staff Education and Collaboration

Nurse managers at the IOL are working to diffuse these best practices across the behavioral health network.

All new psychiatric nurses at the IOL and Natchaug are introduced to the best practices model at orientation. Every month, nurses from both meet to discuss what’s working well.

“If we are finding good results from one site,” Watkins said, “we’ll try it at the other that way we are evolving and looking at new ideas.”

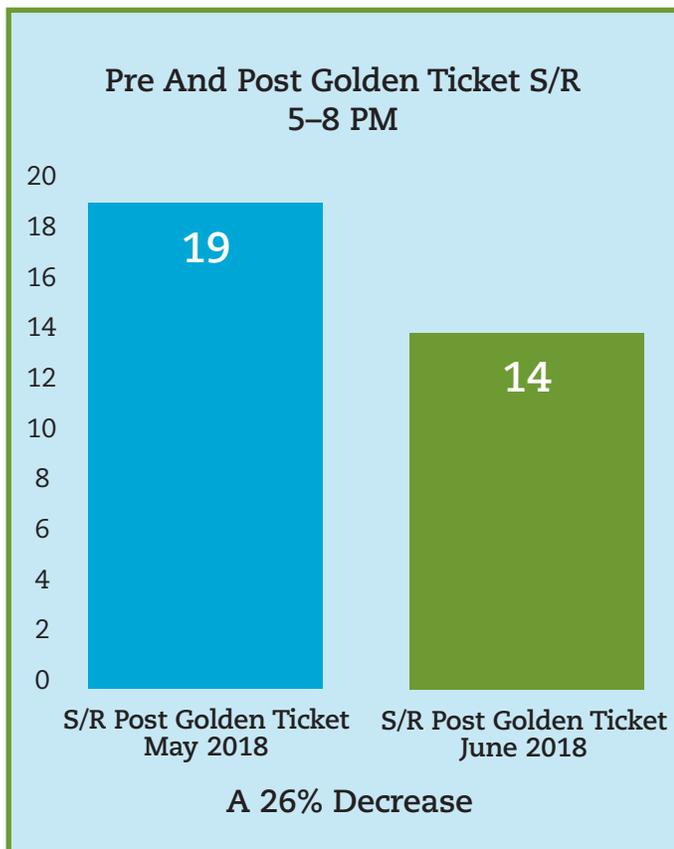
The staff of the psychiatric hospitals receives crisis prevention training, Blair said. Workers are taught how to protect themselves but 99 percent of the training is education about de-escalation and how to prevent violence in the first place.

“It’s evidence-based and it’s been shown to be very effective in training staff to be more confident in addressing and managing violent behaviors,” Blair said adding that every staff member is trained and receives refresher crisis prevention training annually.

Blair said the staff receives crisis prevention training because they should never be waiting for a de-escalation team to arrive to handle the emergency.

“That should never be the case,” Blair said. “Everybody on all seven units has to know how to address violence.”

As with all quality improvement initiatives, no one discipline works in isolation; each discipline compliments the work of the other in driving results, Blair said. “As we continue to work towards reduction and prevention of seclusion and restraints, we stand very proud of our nursing staff’s unique contribution to this effort.” •



Proactive Care Prevents Pressure Injuries In Hartford Hospital's Cardiology Unit

In keeping with the Hartford Hospital Nursing Model, preventing a hospital acquired pressure injury (HAPI) is one of the key elements reflecting the Science of Nursing. Nursing plays an important role in this quality of care metric.

A hospital acquired pressure injury should be prevented whenever possible. However, sometimes they do occur. HAPIs occur typically in critically ill patients who are immobile and whose weight, pressing on their skin, especially at a bony protuberance such as the back of the head, scapula, sacrum, hips, knees, ankles and heels, significantly reduces or stops blood flow to that area. With diligent nursing care, these injuries are preventable.

The nursing team in Hartford Hospital's cardiology unit, Bliss10East, under the leadership of Nurse Manager Ann Vale, MSN, RN, made HAPI prevention a daily focus. Through this cardiology nursing team's efforts, there were zero HAPIs in a 14-month period. "A hospital acquired pressure injury is preventable," Vale said. "It is most often related to nursing care and it is up to the nursing team to focus and implement measures to prevent patients from developing a pressure injury."

Nurses at Hartford Hospital follow the pressure ulcer prevention protocol, a series of proven interventions that, when implemented, should eliminate pressure injury

occurrence by eliminating the cause. The steps include ongoing assessment of skin of at-risk patients, routine repositioning and turning to promote blood circulation and use of pressure reducing devices for patients confined to a bed or chair. In a perfect world, following this protocol should have eliminated the occurrence of hospital acquired pressure injuries on Bliss10East at Hartford Hospital. The protocol, however, was not sufficient enough to reduce the HAPI rate.

"We were using the pressure ulcer prevention protocol, but, that was often not proactive enough in our patient population," Vale said. Advance recognition of the underlying health issues facing their cardiology patients was a start.

"Sometimes the longer a patient is in the hospital, the weaker they become and, consequently, there is potential for a decrease in their mobility," Vale said. Recognizing this was an important step in anticipating problems before they occurred.

"We use this as a daily quality driver," Vale said, adding that re-enforcement of shared expectations is also important.

"If we have a miss or we did not do what we should have, I will talk about it in our huddles every day for a period of time," Vale said. •



Ann Vale, MSN, RN Nurse Manager of B10E reviewing the driver for hospital acquired pressure ulcer/injury during the lean daily huddle with staff on B10E

Nurses Break Down Barriers To Reduce Length Of Stay At Hartford Hospital

The goal of hospital care is for the patient to get better and go home.

The challenge has been to figure out how to deliver the right care in the appropriate amount of time and with the best outcome for the patient.

The roughly 1,000 nurses at Hartford Hospital are taking a leading role in reducing length of stay and improving outcomes by coordinating patient care starting when the patient is admitted to the hospital.

“What we owe all our patients is timely access to the care and services they need,” said Elizabeth Lawlor, MS, RN, nurse director of case coordination at Hartford Hospital.

“Patients don’t really want to be in the hospital,” Lawlor said. “They count on us to coordinate all the care they need in the least amount of time.”

Hospital administrators nationwide have long recognized that a lack of coordination among doctors, nurses and others in patient care roles can result in hospital stays that are longer than necessary.

“Here we observed that there was not a consistent, standardized approach to managing the patient flow across every unit. We concluded that we lacked standard work and this was contributing to a progressive increase in the length of stay over time,” Lawlor said.

This year, nursing practice changes modeled by nursing and senior leadership have helped to significantly reduce patient lengths of stay across the hospital.

“We engaged nursing very early on in the length-of-stay reduction work, and it was nursing that took the lead in creating the standard work across all units. These nurses engaged other disciplines in all opportunities related to managing patient flow; in collaboration with the physician and nurse case coordinator, the nurse identifies expected transition dates upon admission, enters them into the medical record and partners with patients and their families to coordinate the experience,” Lawlor said. “Nursing stepped up in an exceptional way and continues to lead this work,”

The hospital’s acuity adjusted, average length of stay target for May, June and July of this year was 2.6 days, Lawlor said. “We actually exceeded the goal and the result was 2.55 days, which was an all-time low.”

Lawlor also noted that the non-acuity adjusted average length of stay for the same period was 5.28, the lowest in more than three years.

“Ultimately, doctors determine when patients leave the hospital,” Lawlor said. “But we worked with nursing staff to leverage their critical thinking skills, look at a given diagnosis, look at the treatment plan and then predict about how long they believe the patient may need to be in the hospital. The expectation is that the nurse, the case coordinator and the physician work together to ensure that this date is accurate and updated daily as the patient’s condition changes. Nursing takes the lead in updating this same date on the patient white board in the patient’s room.”

The expected-date-of-discharge entry in the record is the task. “The intent was to get the entire team talking about it from the time the patient is admitted to the hospital,” Lawlor said.

“Every day, every shift, there is a nursing huddle. At the beginning of the morning huddle, all of the day’s expected transitions are discussed,” Lawlor said.

Any delays to transitions are reviewed to discover ways to overcome them. The nursing huddle includes the nurses, the nurse case coordinator and a nurse manager or resource nurse. Ideally, a physician or other provider is present to confirm the expected transitions for that day and to identify whether the patient will leave in the morning or the afternoon.

Transitions, which average roughly 3,500 a month, are also a topic during daily patient progression rounds, Lawlor said. Progression rounds focus on why the patient is in the hospital, the acuity of their condition, the necessary outstanding tests and treatments, their prognosis and ultimately when they are leaving.

Among the nurse’s responsibilities is identifying any barrier to a patient being transitioned timely to home or to another care facility, and escalating accordingly until it’s resolved.

“We have created a culture of zero tolerance for any unnecessary delays to efficient patient flow,” Lawlor said. “This is what our patients deserve and is the minimum they expect.”

Patients at Hartford Hospital are now getting the care they need in a more efficient and timely manner. While patient length of stay is just one outcome measure, it reflects an operating model anchored by best practices.

As a tertiary care center, Hartford Hospital must always be prepared and have the necessary capacity to receive patients who need specialized care. With a daily census of roughly 650 patients, unnecessarily long patient stays can lead to gridlock that keeps acutely ill patients waiting even longer for access to the care they need.

“When patient flow is not efficient, there may be no room for the next patient who needs us and who is now boarding in the emergency room or in a community hospital waiting to come to us,” Lawlor said.

“Being efficient in our flow not only helps the patient who is in front of us, but it helps the patient we’ve not yet seen and who really needs our care and attention.” •



Ruth DeLallo, BSN RN, left, and Judy Charneski, RN, case coordinator lead the daily huddle on B11-I discussing patient length of stay. Listening are Bianca Sharp, BSN, RN; Emily Conca, BSN, RN and Jeanne Condon, RN.

Nursing News & Notes

We congratulate these Hartford Hospital nurses on their recent achievements.

Nursing Administration

• The Connecticut Nurses' Association has named Hartford Hospital's **Maria K. Tackett, EdD, RN, CEN, TCRN, CCRN**, nurse director of professional practice and **Christine M. Waszynski, DNP, APRN, GNP-BC**, geriatric nurse practitioner, as Diamond Jubilee recipients. Each has received the Mary Jane M. Williams Award for Lifetime Achievement in Nursing. The awards were presented at the association's 112th annual convention in Cromwell on Oct. 10.



Maria K. Tackett, EdD, RN, CEN, TCRN, CCRN



Christine M. Waszynski, DNP, APRN, GNP-BC

Cancer Institute

• **Ashley Sheldon, RN**, from radiation oncology and **Shannon Pindar, RN**, from the infusion center have earned Oncology Certified Nurse (OCN) status from the Oncology Nursing Certification Corp.

Cardiology

• **Simona Prescott-Spencer, BSN, RN**, from B9E, earned a BSN from Grand Canyon University in Arizona in May.
• **Joanna Borek, BSN, RN**, from B10E received BSN from Western Governors University in Salt Lake City, Utah.
• **Kelly Skarzynski, RN, LPN**, with the Center for Advanced Heart Failure, passed her National Council Licensure Examination for Registered Nurses (NCLEX-RN).

Institute of Living

• **Ellen W. Blair, DNP, APRN, PMHCNS-BC, NEA-BC**, nurse director of psychiatry and **Jamie L. Santaniello, APRN**, were among the authors of (2018) "Is it safe? "The restraint chair compared to traditional methods of restraint: A three hospital study," which was printed in the Archives of Psychiatric Nursing, (32) 5:723-728. The hospitals in the study were the Institute of Living in Hartford, McLean Hospital in Massachusetts and Eleanor Slater Hospital in Rhode Island.

Medicine/IV Therapy

• **Amie Ouellette, BSN, RN, OCN; Susan Smith, RN, OCN; Jennifer Dupuis, RN, OCN** and **Brianna Lynes, BSN, RN, OCN**, have been certified as oncology nurses by the Oncology Nursing Society.
• **Elena Mascia, BSN, RN-BC; Emily Lewis, BSN, RN-BC, Alex Girgenti, BSN, RN-BC, and Ashley Barnard, BSN, RN-BC**, have been certified as medical-surgical nurses by the American Nurses Credentialing Center.
• **Kyle Malan, BSN, RN, VA-BC** and **Joe Baczewski, BSN, RN, VA-BC**, have been certified as vascular access nurses by the Vascular Access Certification Corp.
• **Rebecca Laut, MSN, RN; Kimberly M. LaCroix, MSN, RN-BC**, were among the authors who published an article: *Leading the Nurse Within: Developing Confident Leadership Skills for New Graduates*, in The Journal of Continuing Education in Nursing – Vol 49, No 8, 2018.
• **Anna-Rae Montano, MS, BSN, RN-BC**, from B7E, earned her MS degree from the UCONN School of Nursing in May.
• **Lee Steere, BSN, RN, CRNI**, gave an oral presentation: *Creating Value Using a Vascular Access Team and a Best Practice Bundle Study*, at the Association for Vascular Access Annual Scientific Meeting 2018 in Columbus, Ohio, in September. Steere was also an author of *Lean Six Sigma for Intravenous Therapy Optimization: A Hospital Use of Lean Thinking to Improve Occlusion Management*, that was printed in March in the Journal of the Association for Vascular Access.

Women's Health

• **Jessica Kelsey, RN; Saby Jerez-Colon, RN; Anylen Ruiz, RN** and **Myrtha Acevedo, RN**, having completed the smoking cessation counselor program are now certified as tobacco treatment specialists.
• **Mary Marshall-Crim, MS, RN, IBCLC** and **Deborah A. Gingras, MS, RN, CNS**, presented a poster: *Early pumping of NICU breastfeeding dyad*, at the 21st National Mother Baby Nurses Conference, New Orleans, in September. The conference was organized by the Academy of Neonatal Nursing.

Congratulations to those who presented posters at the 22nd Annual Evidence-Based Practice Conference on October 12 at Hartford Hospital:

• Using LEAN Methodology to Decrease Hospital Acquired Pressure Injury on an Inpatient Heart Failure Unit. **Ann Vale, MSN, RN**
• Chronic Disease Management Champions: An Interprofessional Care Model Supporting Best Practice, Quality Outcomes and Patient-Family Engagement. **Anne McNeil, BSN, RN and the Chronic Disease Management Team**
• Closer to Zero: Early Post-Op Assessment and Repositioning Protocol to Reduce HAPU in Cardiothoracic Intensive Care Unit. **Laura Johnston, BSN, RN; JoAnn Thompson, RN**

continued on page 10

Nursing News & Notes

continued from page 9

- *Orthotic Related Pressure Injuries: An Inter-professional Team Employs Lean Methodologies to Close the Gaps.* **Michelle Malz, BSN, RN; Margaret Whalen, BSN, RN; Kathryn Iamonoco, BSN, RN; Donna Jones, MSN, RN; Rebecca Morton, BSN, RN; Sherry Stoler, MSN, RN; Eliot Hughes; Lisa Corbett, DNP, APRN**
- *Using a Four Phase Back-to-Basics Peri-operative (OR) Audit to Reduce Total Knee Arthroplasty (TKA) Surgical Site Infections (SSI).* **Kim Hayes, MS, RN; Kim Ward, MSN, RN; Matthew Bell, BSN, RN; Tracy Gonzalez, BSN, RN; Ashley Stovall, BS; Sherry Stohler, MSN, RN; Jannat Gill, BDS, MPH; Julie Lecco, BS**
- *Does an opioid exit plan (OEP) reduce 60-day opioid use in total knee arthroplasty (TKA) patients: A Historical Control Comparison.* **Sherry Stohler, MSN, RN; Donna Jones, MSN, RN; Jannat Gill, MPH, BDS; William Nolan, PharmD; Ilene Staff, PhD; Ashley Stovall, BS; Julie Lecco, BS; Courtland Lewis, MD; Matthew Girgis, PharmD**

- *The Impact of Extending the Acute Stroke Triage Criteria to 24 hours from Last Known Normal.* **Dawn K. Beland, MSN, RN, CCRN, ACNS-BC, CNRN, SCRn; Amre Nouh, MD, FAHA**
- *Implementing Enhanced Recovery after Cardiac Surgery to Minimize Undesirable Sequelae.* **Cherie Case, BSN, RN; Karen Freed, MSN, APRN; Michele Kolios MS, RN**
- *Using the Lean Process to Increase the Number of Mothers Breast Pumping within 6 hours of Birth for Babies Requiring NICU.* **Mary Marshall-Crim, MS, RN IBCLC; Deborah A. Gingras, MS, RN, CNS**
- *CIWA vs. MINDS: Use of Alcohol Withdrawal Tools Within Inpatient Settings.* **Samantha Dibbern, RN; Breanna Gagnon, RN; Jennifer Weigold, RN**
- *Incorporating Breastfeeding Education into Nursing Curriculum.* **Monika Costa, RNC, MSN, IBCLC; Joan Kuhnly, DNP, NNP-BC, APRN, IBCLC, CNE; Tammy Lampley, PhD, RN, CNE**

- *Interventions to Reduce Heart Failure Readmissions.* **Stacey Martel, MSN, BSN, RN, ACM-RN**
- *Using an Interdisciplinary Approach to Decrease Patient Length of Stay on High 12.* **Lindsey Kinel, BSN, RN; Gwen Redler, MS, RN-BC, RRT**
- *Using Simulation Learning To Increase Nurses' Accuracy of Identification and Documentation of Delirium in Hospitalized Patients.* **Michelle Nai, MSN, RN, GRN-BCI; Christine Waszynski, DNP, RN, GNP-BC; Mary Kate Eanniello, DNP, RN, ONG**
- *A Collaborative Performance Improvement Initiative to Reduce the Low Risk Cesarean Section Rate: Efforts to Align with Healthy People 2020.* **Jennifer Moller, MSN, RN; Elizabeth Deckers, MD**

Graduates of Hartford Hospital's Nurse Residency Program



A cohort of 23 nurses seen here from throughout Hartford Hospital who were hired in August of 2017 mark their completion of the hospital's 12-month Graduate Nurse Residency Program with a ceremony on Sept. 27. The program's focus is on evidence-based leadership, patient outcomes and professional development.

- Front Row, left to right: **Luke Lamarre, BSN, RN; Maura Kenny, BSN, RN; Emily Boucher, BSN, RN; Blaire Herter, BSN, RN; Kara Lydell, BSN, RN; Jay Maltz, BSN, RN; Kayon Yi, BSN, RN**
- Middle Row: **Agnes Arhin, ADN, RN; Hannah Kluger, BSN, RN; Amanda Terranova, BSN, RN; Priscilla Franco, BSN, RN; Shannon Fusco, BSN, RN; Haley Wagner, BSN, RN; Taylor Riggio, BSN, RN; Roberto Sandoval, RN**
- Back Row: **Mekha Jacob, BSN, RN; Hayley McDonald, BSN, RN; Michaela Gaudet, BSN, RN; Maggie Whalen, BSN, RN; Kathryn Iamonaco, BSN, RN; Kaitlin Gillespie, BSN, RN; Nathan Tyson, ADN; Nicole Lefurge, BSN, RN**



From The Alumnae Association President



Taking the helm as president of our Alumnae Association of Hartford Hospital School of Nursing is both an honor and a privilege for which I am most grateful. I accept it as an opportunity to serve the membership so that we may strengthen and preserve the legacy of our beloved alma mater.

Hartford Hospital has always been a vital part of my life story: I was born here in 1948 (along

with my twin brother), and after graduating in 1969, stayed for nearly 25 years to build upon my solid nursing education. I obtained my BA from Central Connecticut State University in 1975 and my MS from Rensselaer at Hartford in 1991. My career path at HH took me from general medicine, to being chosen as the head nurse of the first medical ICU (C8W), to then doing five years of pulmonary research, leading me to accepting the position of nursing director of the emergency department, and finally to supervising on the off shift while attaining my graduate degree. I left HH in 1991 to begin my next career of nearly 23 years in long-term care and rehab nursing, retiring in 1993.

My long and varied nursing career, along with my 10 years serving on the alumnae board, will give me a strong foundation upon which to set and achieve our associations' outcomes. That which I love most about nursing is that everything we do is measured against basic standards of care so that we are all on the same playing field and can strive to reach predetermined outcomes. As an alumnae organization, we also strive toward attaining nursing

outcomes. Our first will be to continue to work together to support and grow membership and the Alumnae Bed Fund. Last year we assisted 89 members with \$200,000 towards their medical expenses and have had an addition of five new members. Our second outcome will be to support our community and beyond through charitable giving. Our donations last year to six local, national and international charities and not-for-profit agencies totaled \$14,000. Our third outcome will be to support and strengthen the nursing profession through our Scholarship Fund. Last year we assisted three nurses in furthering their nursing education through the disbursements of scholarships totaling \$15,000.

We look forward to your participation in the upcoming years in helping us to grow in all of these worthy areas and for fresh ideas in adding to the list. In addition to the aforementioned outcomes, we will continue our membership in the CT Nurses Association and to bringing the Nightingale Pledge to nurses who have passed and await the opening of the Springer garden and the unveiling of the new fountain for which we have a vested interest. I look forward to a very exciting and active year ahead!

Taken from a poem written by Frank M Gillespie from my 1969 Nursing Yearbook,

*"It matters not from where you came,
It matters greatly, your worthy aim"*

I promise to work hard and aim high and together with each of you and our outstanding board will try and make the outcome of our alumnae association felt not only today and tomorrow, but long after we are gone.

Mary Jane Densmore, MS, BA, RN (HHSN '69)
President, Alumnae Association of the Hartford Hospital School of Nursing

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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 allowed 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. Include your full name, class year, mailing address, telephone number and e-mail address.

For more information, please contact Pat Ciarcia, executive director for alumnae affairs, at: patciarcia@snet.net or visit: www.hhsnalumnae.org.

You may also write to the Alumnae Association of the Hartford Hospital School of Nursing, 560 Hudson St., Hartford, CT 06106.



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

Alumnae Spotlight

Her Grandmother's Need For Care And Her Love Of Teaching Merge To Create A Distinguished Career In Nursing Education



*Joanne Perham Anfinson, Ph.D.
Class of 1971*

The Connecticut League for Nursing in June honored Joanne Perham Anfinson, Ph.D., for her 30-plus years of dedication to nursing and nursing education.

But Anfinson might not have been among the honorees at the CLN's 65th Jubilee Luncheon June 1 at the Aqua Turf Club in Plainville had it not been for a family medical emergency that happened some 50 years ago.

Anfinson, then known to all as Joanne Perham, was a sophomore in high school when her grandmother had a stroke and her family needed someone to help with her care. At the time, she was thinking about a career in teaching. Her role as a care provider for her grandmother led her to nursing. But her first love, teaching, was never far away.

After high school, she enrolled in Hartford Hospital School of Nursing and graduated as a registered nurse in June of 1971. That September, she married Lynn Anfinson, an engineer with RCA. They have been together since.

Anfinson, now 68, began her nursing career at Mount Sinai Hospital in Hartford, working as a primary nurse in the medical/surgical unit. Two years later, she transferred to a cardiac intensive care unit. Then came the move south, where she earned her BSN at the University of North Carolina, working in the cardiovascular unit. There she developed standardized nursing care plans for aortic valve and septal defect repairs.

Returning to Connecticut in 1979, she taught part time as a clinical instructor at Greater Hartford Community College and worked as a staff nurse at Mount Sinai while earning a masters degree in medical-surgical nursing at the University of Connecticut. With a master's in hand, she accepted a faculty position at the community college and then went back to UCONN to earn her doctorate in higher education administration with a minor in multicultural education and counseling.

Anfinson spent 33 years teaching nursing students at Greater Hartford Community College that was renamed Capital Community College in 1992.

Throughout her career, Anfinson remained committed to strengthening associate degree programs in nursing. She helped organize and implement the curriculum of the Capital Community College Nursing Program and was instrumental in developing the nursing curriculum now used at six community colleges across Connecticut. She has also served as a National League for Nursing accreditor and has mentored nursing educators.

Anfinson said classroom educators must remain current and relevant if they want to maintain good working relationships and develop trust with staff nurses in the clinical settings their students must learn in.

"That was a strength of mine," Anfinson said. "I was able to develop those relationships.

Anfinson said her youthful lack of confidence led her to apply to five nursing schools, all of which accepted her.

"I decided to go to Hartford Hospital because I liked their attitude and how they responded to you as a new person at the school," Anfinson said.

Anfinson retired from full-time teaching at Capital this year but hasn't quit teaching and mentoring.

"I still work part time at the school a couple of days a week," said Anfinson, who in her spare time enjoys sewing, making clothes and gardening.

"It was really working with my grandma, taking care of her when I was a young woman that got me into wanting to help people," Anfinson said. "You kind of become altruistic."



Joanne today

A Look Back

A Full And Happy Life Shared With Family And Friends

Dorothy Dwyer Cloughsey became active in the Hartford Hospital School of Nursing Alumnae Association the same way she got involved in many other volunteer activities: she stepped up.

Whether leading her daughter's scout troop, guiding a homeowners association in Charlestown, R.I., or performing as an extra in the Connecticut Opera's 1982 performance of Puccini's *Turandot*, Cloughsey was a presence.

"When I was a little girl growing up in Bloomfield, I just thought my mother knew everybody in the whole town," said Christine Gregorio who followed in her mother's footsteps and is now a nurse at The Hospital of Central Connecticut in New Britain. "I seriously believed that because she talked to everyone like she knew them. If you talked to her she would get your whole life story."

Perhaps that's why Cloughsey, a member of Hartford Hospital School of Nursing's Class of 1946, was such a good nurse and mother.

"My mom was very friendly, very outgoing and that makes you warm to other people," Gregorio said.

Dorothy Dwyer was born in Manchester in 1925 and graduated from Manchester High School in 1943. With few career paths open to women as World War II raged on, she chose nursing and enrolled in Hartford Hospital School of Nursing, graduating in 1946, a year after the war ended.

While on a double date with a friend, nursing school classmate Elsie Janis Simpson and her date Albert Paul Yates, she met Charles Cloughsey, the man she would marry in 1949 for life. They lived in Boston, Mass., where she worked as a nurse while he studied at the New England College of Optometry. After he graduated they returned to Connecticut and settled in Bloomfield where they lived for many years, raising their two



The late Dorothy Dwyer Cloughsey, Class of 1946, who passed away in April.

children: Christine and Charles, aka Chip.

As their children grew, Cloughsey worked part time as a registered nurse at Mt. Sinai Hospital in Hartford while her husband maintained a private optometry practice in Bloomfield. She worked the floors and the post-operation recovery room. Cloughsey, also known as "Dot," worked briefly as a school nurse before retiring in 1981. Charles retired in 1987.

Gregorio, who lives in Middletown, said her mother, an only child, had many lifelong friends that included her classmates at HHSN. "Her friends were her family."

After Gregorio and her brother grew up, the Cloughseys bought a cottage in Charlestown, R.I., to be nearer to the beach. They spent a lot of time there in retirement but sold it after Charles died in 2003.

It was then that Cloughsey decided she wanted to be nearer to family and moved back to Bloomfield to the Seabury Retirement Community where she resided until her death on April 23. She was 92.

Gregorio said her mother enjoyed gardening along with needlework,

listening to operas and spending time with family and friends.

Gregorio said her mother never told her why she had become a nurse.

"In the 40s when she was in school it was during World War II," Gregorio said. "I think there were not a lot of options for women. I hope that on some level it is kind of a calling."

After graduating in 1946, Dorothy worked in the operating room doing neurosurgery.

"I think her affinity was always for the operating room," said Gregorio who is also an operating room nurse.

"My mom and her classmates were very close and she was always active with the alumnae," Gregorio said. "Of course, she was president of that, too."

She was also head of the cottage owners association in Charlestown.

"She would take her turn if it was her turn to be in charge," Gregorio said. "She didn't just sit there, she would step up."

Perhaps this is why at age 57 Cloughsey signed on as an extra in the Connecticut Opera Association's production of Giacomo Puccini's *Turandot* at the Hartford Civic Center.

"She was so proud of that and did a lot of needlework based on the opera," Gregorio said.

"She had a big kimono that she hung at the top of the stairs," Gregorio said.

Gregorio said her mother was friendly and outgoing later in life and yes everyone at Seabury seemed to know her. This is why Gregorio's brother, dubbed her the *Mayor of Seabury*. "It just seemed to fit."

She leaves her son, Charles, and his wife, Susan, of Windsor; her daughter Christine Ann and her husband, William Gregorio, of Middletown; five grandchildren and nine great grandchildren.

Alumnae The Pillbox



CLASS OF 1966

Betty Ann Vose Fusco recently stepped down as president of the Hartford Hospital School of Nursing Alumnae Association after three terms (six years) as head of the organization. As president, Betty Ann was instrumental in updating the association's by-laws and was meticulous in upholding the Constitution of the Alumnae Association. She supported and performed many Nightingale Tributes for our deceased alumnae. Always approachable and a challenger for change, she will be missed. The alumnae association board and its members appreciate and thank Betty Ann for her kindness and efficiency she displayed during her presidential years.

2018 Scholarship Recipients

This year the alumnae association awarded three nursing scholarships for a total of \$15,000.



Scholarship recipients: **Cheryl Simon** (left) and **Cheryl Mitchell** (right), pictured with alum **Barbara Biel Novak '73** (center). Missing from photo is recipient **Jean Bocaccio**.

CLASS OF 1938



Stephanie Druzolowski Kaminski celebrated 80 years since graduating from HHSN. The actual day of this year's banquet, June 10, was Stephanie's 101st birthday.

CLASS OF 1944



Jean Landon Smith, a WWII veteran and 1944 HHSN graduate, celebrated her 74th year anniversary.

CLASS OF 1953



Anna Jablonski Oleasz was the only member from her class present to celebrate 65 Years.

CLASS OF 1958



Members of the Class of 1958 jubilantly celebrate their 60th anniversary.

CLASS OF 1963



The Class of 1963 celebrated their 55th anniversary

CLASS OF 1965



Seven members of the Class of '65 gathered for their "almost" annual mini reunion in York, Maine, in May. They have maintained their friendship since their first days as students at HHSN 56 years ago.

Pictured left, from left to right: (front) **Marge Cinciva Herr** and **Sandra Nelson Blessing**. (Back) **Dianne Cull Litchfield**, **Linda Schmidt Kimmelman**, **Barb Patrick DeFrance**, **Peg Crosbie Seneca** and **Andrea Nowicki Nardi**.

CLASS OF 1968



Seventeen members from the Class of 1968 (15 shown here) celebrated their 50-year anniversary at the Banquet.



The traditional “Golden Bedpan” was passed from **Linda Samuelson '68**, on the right, to **Kathleen Boyd Didier '69**. The Class of 1969 will keep it until next year when it will be passed on to the Class of 1970.

CLASS OF 1969

Laurie Lombardo has retired and relocated to Vero Beach Florida. Although retired she has chosen to keep her nursing license active.

CLASS OF 1971

Joanne Perham Anfinson was recently recognized by the CT League for Nursing for her nursing contributions in Connecticut and beyond. The Campaign was titled “65 Over 65 – *Leaving Your Nursing Legacy in Connecticut.*”

CLASS OF 1973



Twenty-seven members of the Class of 1973 (23 shown here) were present at the banquet to celebrate their 45th class reunion.

CLASS OF 1973

Patricia Benevento Mead recently retired from Hartford Hospital after 40 years of continuous service. She worked her first year at Hartford Hospital on neurosurgery C7L and C7W then moved to St. Louis, Missouri, when her husband was in graduate school. She worked in the emergency room as a staff nurse there, then returned to Hartford Hospital in 1978. Her first 15 years back were in neurosurgery and 1979-1980 as assistant head nurse on neurology unit C9W. She recently had been working in GI-Endoscopy for the past 25 years as staff nurse. In March, she received her 40-year pin and the Hartford Hospital Commemorative Chair. She retired in May and enjoys the next chapter of her life that includes: gardening, cooking, skiing, reading, traveling and more frequent visits to her two grandchildren in the Boston area. She says nursing has been a great career, but now is the right time for her to move on.

Deborah Janty Fortin recently was recognized for her 45 years of service at Hartford Hospital.

CLASS OF 1976



Ann Lambert Minor recently retired and surprised everyone at her retirement tea by wearing her nursing school uniform & cap! She said she was able to zip it up half way – hence, the lab coat!



IN MEMORIAM

Ola Krasnoselsky Ferla '40
Eleanor Dickson Nelson '41
Anita Gousdinos Apostalon Bernstein '42
Edith Newell Buckley '45
Barbara Flynn Aas '46
Dorothy "Dot" Jane Dwyer Claughsey '46
Nancy Metrelis Alusitz '47
Marilyn Warzocha Perkowski '51
Helen "Honey" Riker Dyar '52
Mary Beth McAdams McDowell '55
Dorothea Shrope Myers '56
Margaret MacDonald Scattolini '56
Patricia Blair Meisterling '57
Marion Brooks Muschell '60
Harriet Borajkiewicz Morris '61
Carol Szatkowski Carlson '64
Kathleen Driscoll '74
Gina Krzeminski Isom '74

PHYSICIANS

Bruce F. Bower MD – Endocrinology
Donald F. Bradley Jr. MD – Surgery
Carol Goldenthal MD – Internal Medicine
and Cardiology
Peyton Hoge Mead MD – Surgery
William E. Sherpick MD – OB/GYN
Jolyon Simeon Tucker MD – Neurology

Alumnae Comments

“I was unable to be present to hear this year’s banquet speaker, Ellen Blair, director of nursing at the Institute of Living, so I wanted to share my experiences. I did my three-month, psychiatric affiliation at the institute in 1953. During this time, I remember that patients were treated with Thorazine, lobotomies, electrotherapy, and insulin therapy – it was a historic time.”

– **Mary Ann Rice Okhuysen '54, Houston TX**



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 patciarciar@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.

80 Seymour Street
P.O. Box 5037
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1940 GRADUATION CLASS AND POEM



This is the start. Behind us we have left
Three years of training, learning, fun.
Three years we finish. Now begun
Is life anew. A way to do
The things which we have wanted to
Is ours. Remember as you go
Your own misdeeds, your own success.
Remember others, too,
Are in this field. And will, like you,
Want kindness, patience, sympathy, help –
Be possessed of these, don't crowd them out
Of your new life. Retain ideals
For which you've fought, and you will find
Yourself in others' hearts. A happiness in life complete.
O life of service, kindness, love.

Jeanne Gilbert '40

(Photo courtesy of The Hamilton Archives at Hartford Hospital)