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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.
Dear Colleagues:

The Year of the Nurse has been like no other year in our history. COVID-19 has challenged us like nothing before it. Despite the barriers and hardships caused by the pandemic, I’m certain history will show the virus was no match for the outstanding nurses at Hartford Hospital.

Despite the uncertainty and ever-changing twists and turns earlier this year, the resolve, resilience and expertise of the nurses has been an example for us all. The greater community took great solace and comfort in the grace exhibited by the nursing profession. That appreciation was exhibited through thousands of paper hearts taped to windows, signs of gratitude placed on lawns and thoughtful donations delivered to the hospital.

The battle is not over and the threat looms in the air as Connecticut works to retain its position as one of the safest states in the nation, recording low COVID numbers as other states struggle to contain the virus. We must maintain our resolve to keep COVID at bay with attention to detail, patient care and healing, asserting the same momentum as we did when the pandemic emerged and entered our community uninvited. I know you’ll continue to set the bar very high in the coming months, leading the nursing community in the fight against COVID.

I am so proud of the focus, expertise and agility of the nurses at Hartford Hospital. Day in and day out, you have shown the world what it means to be a nurse. It is a calling and a gift, and we are all better for it.

Sincerely,

Bimal Patel
President, Hartford Region
Senior Vice President, Hartford HealthCare

COVID-19 is arguably the greatest healthcare challenge of our generation and prophetically it happened during the Year of the Nurse. Throughout history, nurses have responded to the needs of their communities. The 1918 flu, TB, polio, HIV-AIDS, smallpox, H1N1 and Ebola each saw nurses on the forefront of care. But the widespread threat and spread of COVID-19 was different and the lifesaving work of nurses was seen and appreciated like never before.

During the pandemic, the role of nurses was not limited to the bedside and clinical areas at Hartford Hospital. Consistent with our nursing Professional Practice Model, nurses at Hartford Hospital never wavered from demonstrating the elements of the model – science, advocacy, ethics and art of nursing. Nurses were involved in emergency management, developing new treatment protocols, redesigning units, and countless other facets of the activation.

Guided by the most current knowledge of the pandemic and professional nursing practice standards, nurses rapidly and continuously learned and adapted, initiating therapies such as high-flow oxygen, proning and Remdesivir.

All the while, you were human, too – balancing and navigating personal stress. Many of you were immersed in home schooling, acquiring childcare and meeting the needs of your own families and loved ones. You were processing the uncertainty of the pandemic along with the rest of the nation at home – and at work.

Every day you responded to the needs of our community and came in to work, leaving one crisis at home and heading into another. Your attention to patient care was without equal. When patients were isolated from their families, you were the conduit and lifeline between the two, comforting and consoling both sides. You delivered care and compassion to both the sick and the bereaved, making phone calls and facilitating FaceTime visits while administering vital medical assistance.

You are the standard bearers of Hartford Hospital, leading the charge against an invisible foe. Your story will be told for generations to come. The knowledge, compassion and resilience you displayed will be remembered and revered. No doubt, you’ve inspired future generations of nurses and entire communities, and for that you should be proud. I know I am.

Thank you for your selfless contributions to our hospital and community. Thank you for your work ethic and compassion. I am inspired and grateful beyond words.

Cheryl Ficara, MS, RN, NEA-BC
Vice President, Patient Care Services
Hartford Region, Hartford HealthCare
At the beginning of the year, no one could have predicted we would be facing the extraordinary challenges of a global pandemic the likes of which we’ve never seen before. As the threat of COVID-19 gripped the world, Hartford Hospital was well prepared to respond to the crisis with the discipline, focus, and training of its Incident Command Center (ICC) team. COVID-19 was declared a pandemic by the World Health Association March 11th. On March 13, a national emergency was declared and soon after the U.S. government mandated that hospitals setup their emergency management centers. The Hartford Hospital ICC team set up and began day-to-day coordination for the hospital.

Hartford Hospital nurses with training in emergency preparedness, serve as members of the Incident Command Center. They are an integral part of a multi-disciplinary team prepared to provide leadership and coordination of services in response to an emergency. The ICC team consists of 25 members who had been working together for more than a year before the COVID crisis. In March 2019, team members traveled to Anniston, Alabama, where they trained for a week at the Federal Emergency Management Agency’s (FEMA) Center for Domestic Preparedness.

FEMA was a bonding experience, and weekly meetings brought the team closer. “The team gelled and works so well together,” said Valerie Neary, MSN, RN, Nurse Manager, Center 10. “We’re so compatible and capable. During the COVID emergency, we were doing what we were trained to do, with good common sense. It was important to stay cool, calm, and collected. We were prepared to mobilize.”

Margaret Hanbury, RN, MPA, CPHQ, Nurse Director, Quality and Safety Perioperative Services, echoed the sentiment. “Thank goodness for FEMA training. I cannot say enough about what our team did. Everybody found where they could best be supportive of the process and at the same time bolster each other’s spirits.”

Kim Hayes, MS, RN, CNOR, Director of Nursing, Bone and Joint Institute, recalled, “At FEMA we had different scenarios we were trained in—mass casualties, gas leaks, fire, etc. We were not expecting a pandemic that went on for months, but we did cover infectious diseases to some degree. A year later, we had a ‘trial by fire’ with COVID-19.”

The ICC was instrumental in containing the coronavirus, protecting patients and staff, and ensuring capacity. It also provided centralized information about COVID-19 and allowed the system to allocate resources and redeploy staff where they were needed the most. In addition, the team created and implemented plans for
patient intake, drive-through testing, PPE distribution and other critical processes.

The command staff rotated their roles weekly, providing experience, training and flexibility within the group. Roles include incident commander, public information, safety officer, operations section chief, planning, logistics, a liaison who interacts with responding agencies, plus finance and medical technical section chiefs.

Nurses filled key leadership positions in the emergency command center, leading the coordinated response to patient care and hospital operations, monitoring outbreaks on the local, state and national levels and anticipating Hartford Hospital needs. They advised the logistics team and supply chain management in areas including management of personal protective equipment (PPE), testing supplies, employee screening. They identified and anticipated additional areas for care of deceased and temporary overflow, as well as assessing personnel, space and equipment needs. In addition, nurses on the team facilitated staff assignments, PPE and equipment needed for special procedures including peri-operative and all surgical procedures adapting processes to maintain safety in hemodialysis. They supported the development and operation of staff screening and designed, trained and operationalized swabbing teams to ensure standard quality.

ICC nurses served as consultants to the development of alternate treatment areas at the CT Convention Center, Southern CT State University and Central CT State University. They reached out to nursing leaders, reached out to other hospitals, both within the system and competitor agencies, to discuss mutual concerns, and to share and support as professional colleagues. In addition, nurses in the Command Center consulted with national organizations including the Organization of Nurse Leaders and Emergency Nurses Association.

“During COVID you had to respond and get things done,” said Maria Tackett, RN, EdD, CEN, TCRN, CCRN-k, Nurse Director, Trauma & Professional Practice. “The structure and science of an ICC prevents chaos. It’s based on the National Model of Incident Command created after 9/11 with direction from FEMA and Homeland Security, with coordinated responses around the country.”

During the height of the pandemic, the ICC was in constant contact, met formally twice a day, and reported to hospital staff via telephone conference calls at 8:15 am and 4 pm, with as many as 400 people on the line. In the morning, team members gave a report and the incident commander would go over objectives and announce the daily plan. In the afternoon, the team reviewed the day and updated the staff on such things as the number of patients currently being treated, the number discharged, the number of deaths that occurred, continued on page 4

Before the mask requirement, members of Incident Command in a COVID-19 planning meeting in early March 2020, left to right: Susanne Yeakel, MSN, RN, NEA-BC, CNML; Margaret Hanbury, RN, MPA, CPHQ; Jennifer Costanzo MA, CG (ASCP), DLM (ASCP); Giuseppe Mignosa, MBA, MT (ASCP); Valerie Neary, MSN, RN; Gervacio Pangilinan, MS
where patients were located and the levels of care, as well as COVID statistics within the state, the nation, and the world. The conference calls were interactive, and anyone with a question had the opportunity to ask it.

Delivering the right care, in the right place at the right time, is a strategic priority to safe healthcare, even during a pandemic. Enhanced levels of coordination were required to ensure that all units could adjust to the changing demands of patient care. In addition, all ongoing vital services including emergency surgery and infusion, among many others, called for continuous reevaluation, reliable interdepartmental communication and seamless implementation of plans. One of the most complex challenges was to provide the continuous availability of treatment for patients undergoing dialysis.

Dialysis units across the country were particularly challenged by COVID as the virus affects the kidneys. The ICC played an integral role in reassigning staff to the Hartford Hospital dialysis unit, ensuring that every patient received the dialysis treatments they needed.

“Dialysis competency is vital,” said Susanne Yeakel, MSN, RN, NEA-BC, CNML, Nurse Director, General Surgery, Inpatient Rehab, Dialysis, Wound Care, Ostomy Program. “During COVID, scheduling was a 24/7 program.”

Jarrett Lautier, MSN, RN, Clinical Leader, Inpatient Dialysis, said, “Working through Susanne, I was able to get nurses from other areas of the hospital who had some dialysis experience, give them a brief orientation, and get them up and working. It was impressive to see so many nurses wanting to help!”

The dialysis unit successfully responded to the increasing demands for treatment during the COVID crisis. The unit has eight stations so patients without COVID could be dialyzed in the suite at the same time. In addition, there are six dialysis travel machines which made it possible for unstable or COVID positive patients to be dialyzed at the bedside.

“A large number of COVID patients had to be dialyzed at bedside so as not to infect other patients,” said Alex Ilchenko, BSN, RN, Nurse Manager, Inpatient Dialysis.

“During COVID, there was a 260 percent increase in bedside treatments. Collaborating with a multidisciplinary team, we were able to designate a COVID positive shift allowing for a decrease in the number of bedside treatments. We would not have been able to do what we did without help from the Command Center in getting us additional, experienced support staff.”

When a patient had COVID or was suspected of being COVID positive, the nurses had to stay in a private room with them, with the door closed, throughout the four hours of treatment. “The exposure to COVID is a lot greater in that circumstance,” explained Ilchenko. “But because PPE was used properly, our nurses were able to stay healthy—no one contracted the virus.”

“We saved a lot of lives with dialysis,” said Yeakel. “It was a big accomplishment that not one single patient was denied dialysis treatment—we provided it to every patient who needed it.”

During this “Year of the Nurse,” RNs have been instrumental in dealing with COVID. “It’s great so many nurses are represented in the Command Center,” said Margaret Hanbury, nurse director. “The life experience each nurse brought to the table allowed us to do some great things.”

“Our great-great-grandchildren will be learning about the COVID pandemic years from now,” says Yeakel. “It’s hard to imagine that we would ever face this in our lifetime, but nurses stepped up—and will continue to step up.”

Throughout Hartford Hospital’s history, nurses, along with colleagues worldwide have responded to the needs of their communities. The 1918 flu, TB, polio, HIV-AIDS, smallpox, H1N1, Ebola – whatever the threat may have been, nurses have been in the forefront of the care and protecting of patients.

The pandemic serves as yet another time when nurses at Hartford Hospital made visible the essential relevance of their profession. “The Incident Command Center is an example of nursing leadership at its finest,” says Cheryl Ficara, RN, MS, NEA-BC, HHC Regional Vice President, Patient Care Services, Hartford Region. “The participation of nurses and the voice of nurses from all levels and specialties in the pandemic assured decision making from those professionals consistently and directly providing care to our patients and their families. Nurses are uniquely qualified and positioned at the forefront to respond to any crisis to ensure safety and quality for our patients and our communities.”
Communication And Collaboration With Nursing Homes
By Case Coordinators Eased Transitions During COVID

During normal times, Hartford Hospital case coordinators play a vital role in optimizing throughput. But when the COVID pandemic struck, “They were exceptional,” says Cheryl Ficara, RN, MS, NEA-BC, HHC Regional Vice President, Patient Care Services, Hartford Region.

Supported by administrative assistants, case coordinators on every hospital unit perform assessments to identify patient transition needs in order to leave the hospital. What are their post-acute care needs? Can they go home? Do they need home care services or support services, such as a visiting nurse, or do they need rehab? Or is their hospital stay best followed by admission into a nursing home or long-term acute care hospital.”

“It’s a very dynamic process,” says Beth Lawlor, RN, BSN, MS, CCM, NEA-BC, Nurse Director, Case Coordination, Hartford Hospital. “The plans change constantly, with ongoing assessments necessary to ensure that the transition plan continues to meet the patient’s needs.

“In collaboration with the patient and family, we work to develop the best plan that meets the patient’s post-acute care needs early in the patient’s hospitalization; every day we review that plan for any necessary modifications. During the morning nursing huddle, those plans are reviewed, and adjusted accordingly, and then later in the day, the physicians, nurses, case coordinators, and administrative assistants get together to review the current plan for transition for every patient, to be sure we have the best plan in motion.”

Hartford Hospital saw its first COVID-19 patient on March 13th. One of many challenges the pandemic presented was the need to limit the number of people on the unit to maintain social distancing. By the end of March the case coordination administrative assistants were moved off the nursing unit to a centralized area, and the RN Case Coordinators remained on the unit to facilitate patient flow. With the number of cases growing exponentially in a short period of time, the case coordinator, while still on the patient care units, began to manage all transition planning activities through the primary nurse, and via phone with patient and/or families (who were no longer allowed to visit).

Every day, both the administrative assistants and case coordinators were supported by their department leadership through daily rounding touch points to discuss patient flow and identify the most challenging cases in order to facilitate throughput on an ongoing basis. The biggest threat was the difficulty in managing the output, and every day presented new challenges to the front line case coordinators. Even with the first surge of COVID-19 patients, some patients still required a skilled nursing facility, those with COVID-19 and those without. “We have

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developed collaborative relationships with the nursing home community over many years; we spoke every day to nursing home leaders to see how many beds might be available that day, so we could plan accordingly,” said Lawlor. “Our concern was how to get these patients into a nursing home bed safely, as they tend to be our most fragile patient population.”

Fortunately, in time, the nursing homes were able to cohort patients in their buildings, placing COVID positive patients in one area and COVID negative patients in another, and some even created COVID positive buildings. It was important that a facility have the ability to separate positive patients from the healthy population, as hospitals had to continue to ensure that every transition was safely orchestrated.

“We saw very little decrease in expected transitions, and at no point did we believe we needed alternative settings to manage those transitions,” says Lawlor. “We were in constant communication and collaboration with local nursing homes to determine how and where to place patients. Sometimes we felt like we had our finger in the dike, the battle required all-day, everyday focus!”

During the height of the pandemic, Case Coordination leadership shared daily data with the team so everyone would know what the overall hospital picture looked like. There were also ongoing updates regarding which nursing homes were accepting COVID patients, and how many beds were available at any given time.

“We had to also change our mindset,” said Lawlor. “We needed to consider the risk/benefit of every patient recommended for nursing home care, and think about what would be needed to get the patient home instead with a supportive care plan; sometimes nursing home was the only option, and thus we had to ensure this could be facilitated safely.”

Since no visitors were allowed in the hospital, case coordinators were often the lifeline to the patients’ families. “It was a very scary time for patients and their families as they were separated from one another,” said Lawlor. “Because the patient did not have their personal connections in place, the nurses and case coordinators frequently served as family surrogates, the liaison for the family and the patient.”

And when the plan for the more complex patient was to transition home, there was often training that needed to take place to do this safely, and without having the opportunity to provide training face to face. This required creative planning using virtual tools to prepare caregivers to take the patient home. This included home infusion, use of specialty equipment etcetera, to prepare them to take proper care of the patient. Many COVID positive patients were discharged to home. My team had to determine the home care needs as well as accessing and providing latest CDC guidelines to patients and their families regarding home quarantine recommendations and avoiding additional exposure,” said Lawlor.

During the pandemic, some peripheral work was done on HHC’s corporate level. They worked in collaboration with other Connecticut hospitals to set up a mobile field hospital with help from the National Guard and the Department of Public Health. It was installed in Hartford Convention Center’s large banquet hall and could accommodate hundreds of patients. Patients could be transitioned from the hospitals to the field hospital for nursing home level care if that became necessary and if we experienced a sudden and sustained surge in patient volume.

“We did a phenomenal job setting it up quickly should the bottom drop out and we needed it, but fortunately that was not the case,” said Lawlor. “With our continued daily, ongoing collaboration with nursing homes and home health, and being able to transition patients in a timely fashion, we ultimately did not need the mobile unit—which was very impressive!”

In addition to the actual hands-on work related to transition plans for the patients we serve, early on we had to figure out how to easily collect data to assist us in that planning. We made a temporary enhancement to our Complex Case Management Team and added additional case coordinators redeployed from the front line to assist in a critical data collection effort. The intent was aimed at understanding the population of patients coming in to the hospital, so we could, at any moment in time, know the admission source, expected discharge planning needs, and volume of people coming in with COVID-19. At the same time we needed to collect data on all non-COVID-19 patients, (a much larger group of people) as we needed to understand their needs too. This data collection assisted department leadership to make critical decisions regarding all transition planning, which augmented and supported the front-line case coordination team.

“Because of our team work and close relationships with local nursing homes and our home care providers, we were able to manage many of the extreme challenges related to patient throughput during this pandemic, and provide patients with the best of care options across the continuum.” said Lawlor.

“Thankfully, hospital activities are closer to normal now than they have been since March; we have learned so much, and certainly are even better prepared should we be challenged in this way again.” •
For Emergency Department personnel, sometimes thinking outside the box requires building boxes to think outside of. One type of box is for healthcare workers to occupy. Others are for patients.

Torrey Trzcienski, MSN, RN, CEN, Nurse Manager, Emergency Department, found herself facing a potential shortage of personal protective equipment (PPE) when COVID-19 began its invasion. Concerns included whether or not there would be enough protection available for the duration of the pandemic, and how PPE could be conserved. “I went home on a Friday and didn’t want to wait until Monday to address the issue,” she said. “I felt like I had to do something!”

Trzcienski ended up looking online at pictures of isolettes for inspiration. “I got this crazy idea I could make something similar for our healthcare workers, which would encase them and provide infection protection,” she said.

To gather ideas and materials to build an isolation box for healthcare workers, Trzcienski walked around Home Depot, where a young employee helped her select $150 worth of plexiglass, cardboard, duct tape and several other items. She also had a pair of kitchen gloves and Solo cups, so that the hands of the providers could have safe contact with patients on the other side of the plexiglass divider. Trzcienski then took all the materials to the house of a friend who is a contractor and whose wife is an APRN.

“When using the device, we needed to be able to assess people, see them, have contact,” Trzcienski said. “We had to be able to take their temperatures, listen to their lungs, and put a blood pressure cuff on, all the while staying protected. We hammered out some ideas about what it needed to do and how to do it, like putting a stethoscope on the outside of the protective division.”

Working in the garage for less than four hours, the team had built a prototype of the new invention. “Necessity was the Mother of Invention!” Trzcienski exclaimed.

On Monday, Trzcienski took the mockup to the Engineering Department at Hartford Hospital. Within 10 days, engineering constructed five or six units out of more durable materials.

Meanwhile, the ED faced other concerns. Patricia Veronneau, MSN, RN, Nurse Director, Emergency Department, Leah Philipp, MS, RN, CEN, Nurse Educator, Emergency Department, and Trzcienski were also tasked with conceiving and implementing a forward triage process: evaluating patients for COVID-19 before they entered the building.

As it turned out, the solution also involved a “box.” The ED team gathered together in a room to come up with a plan. Members included the ED’s two lead doctors, Dr. Kenneth Robinson and Dr. Fred Tilden, plus Veronneau, Philipp, Trzcienski, and assistant nurse managers. “There were hours and hours of planning,” said Veronneau. “We shot ideas off, did process mapping, revamped, and revised as we went along.”

Emergency Department nurses stand together to rise to the challenge.
Veronneau explained that the staff used their “Lean” training to successfully innovate and accomplish the necessary changes. Of Japanese origin used in the Toyota production system, “Lean” is a structured method of problem-solving and eliminating inefficiencies. “The Lean system helped us to efficiently and effectively map ideas, such as what to use the trailer for, what it would look like, how to use tents, and how to change the process to triage,” she said.

The final solution was to create an external front triage before allowing patients inside the building. The team designed a trailer positioned outside the entrance, which enabled staff to keep COVID and non-COVID patients separated. “We designed the trailer, built it, and determined how to use it,” said Veronneau. “It was a different way of organizing the emergency room. In the ER you never know who is going to come in the front door. Adaptability is a way of life, and so is resilience. We rose to the challenge!”

“In forward triage, instead of patients screened within our normal triage area, we started screening in the trailer,” said Leah Philipp, nurse educator. “We immediately separated any patient who we suspected was COVID positive and isolated them from the other patients. We had a COVID area and a non-COVID area. “We had to manipulate staffing to accommodate the changes. The staff managed it well.”

As the flow of patients and their acuity fluctuated, other changes were made within the department. The ED had just completed a new 19-room observation unit, which was turned into an ICU unit during the pandemic starting in March. After the surge, the observation unit reverted to its originally intended use. “It’s a blessing, as it gives us more room in the ER,” Veronneau said.

Post-pandemic, the trailer is no longer used for triage but can be utilized quickly. “It’s right in front of our Emergency Department,” Philipp said. “We keep it in position, so it’s there if we need it again.”

“COVID changed the way we think and how we approach daily situations,” said Trzcienski. “It has even changed our internal operations, the way we go about interviewing job candidates, hiring, orienting people. We have to look at everything in a whole new way.”

Thinking outside the box and responding to challenges is a way of life in the ED. “We’re adaptable, resilient, and responsive,” said Veronneau. “We love challenges and doing things for our patients.” •
Step-down nurses were stepping up. And so were hundreds of other healthcare professionals as Hartford HealthCare cross-trained, trained up and redeployed staff in response to COVID-19.

When the giant wave of COVID-19 cases was on the horizon in mid-March 2020, Kimberly Johansen, BSN, RN, Nurse Manager, STAR Team, raced the clock to fill critical positions. “The tsunami was coming. How best to prepare?” she said.

“I had to look at where we had staff, their home addresses, and whether or not they worked at home,” she said. “I had to identify who was in the building and who was off site and still working or recently retired.”

Sandy Nemet, Business Systems Analyst, worked alongside Johansen, trying to determine where staffing changes would be needed, especially in the hospital’s ICU units. “Kim and I collaborated with the System Support Office team at Hartford HealthCare,” she said. “It became apparent during conversations that some people, while they had critical care backgrounds, had been out of critical care more than a year and needed refreshers,” said Johansen.

“Lori A. Postemski, MSN, RN, CCRN-K, Nurse Educator, and Ann Russell, MSN, RN, CCRN-K, Clinical Consulting Analyst, worked with educators to create classes to develop and hone nurses’ abilities,” said Johansen. “Most of the procedural staff did not have access to our Epic electronic health record platform and needed refreshers on charting.”

The CareConnect Training Team mobilized to create abbreviated versions of Epic training e-learnings in all applications so that nurses with Epic experience in one application could learn how to use another. Training is required to gain security access to the Epic application. They made training available in HealthStream and on the Epic Learning Home dashboard so that staff could complete them on their own schedule.

Recordings of live critical care classes, as well as classes offered by the American Association of Critical Care Nurses, and other reference materials were uploaded to a site on the intranet for staff to access refresher education at any time.

“Besides Epic, nurses were trained on medical management, ventilation and more, and then shadowed experienced nurses on the floor,” added Nemet. “We ended up redeploying over 100 clinical nurses.”

The training up of step-down nurses, who treat patients less sick than ICU patients but sicker than those on floor level of care, became a priority. “The nurses knew it would be a great experience and they would learn a lot,” said Kirsten Fazzino, RN, MSN, NE-BC, CPA, Director of Nursing, Ayer Neuroscience Institute.
During this time, a nine-bed step-down unit was transformed into an ICU unit. “All 22 of our step-down unit nurses were given ICU classes, and our 15 floor nurses were given step-down classes,” said Jessica Nieszczezewski, MSN, RN, NE-BC, Nurse Manager, North 9.

RNs without critical care experience were paired with experienced care nurses to become cohesive units. The care teams in B7I and B11I and nurses who went through the ICU core programs shared how much they enjoyed the teamwork and camaraderie.

Typically, it takes six weeks for a floor nurse to transition to step-down capabilities, and two months for a step-down nurse to become oriented to ICU-level skill. “Accelerated classes brought skill levels up much quicker,” explained Nieszczezewski. “Between the classes, shadowing, and the ‘Care Pair’ side-by-side team work of ICU nurses and re-educated step-down nurses, they gained a wealth of experience. And they loved it.”

Deborah Bass, RN, Nurse Educator, was able to train floor nurses to be proficient in step-down roles after only one day of training.

Educators from Hartford Hospital’s Center for Education, Simulation and Innovation helped accommodate all the nurses while still social distancing. In addition, they taught the nursing staff about mechanical ventilation.

Ed Parsons, respiratory therapist, made a video demonstrating the Drager ventilator. Educational videos by Judith M. Tartaglia, MSN, RN, CCRN, CMC, TCRN, Nurse Educator, and Stephanie Tomaino, BSN, RN, Nurse Educator, were posted on the COVID Resources page.

The CareConnect team, nursing informatics and Epic staff worked tirelessly to provide abbreviated documentation via the “Disaster Navigator.”

“We trained up to 60 step-down nurses to critical care support,” said Johansen. “A newly trained step-down nurse was able to provide critical care to COVID patients, which enabled us to treat more patients and keep up with the surge. “We were diligent,” she added. “We were in constant communication, with twice-a-day meetings, staying transparent about who we were taking on and where they were going.”

Elizabeth Teixeira, Manager, Central Staffing Office and labor pool assistant, said many non-critical offices were closed but acute facilities were hitting capacity. “How do we deploy staff? How do we transition?” she wondered. With a mobile staff moving from one facility to another, details like ID badges, Epic access, housing, travel and more needed to be addressed.

“Needs could change daily,” Teixeira said. “For example, we may get a call from one facility saying they’re doing great, and the next day they may say we need 10 nurses.”

In the end, the Centralized Staffing Office—which was in place from March 18 through May 29—filled over 300 needs for staffing. “An amazing number of recent retirees, school nurses, and others with clinical or medical backgrounds were willing to come back and ‘put on their running shoes,’” Teixeira said.

Eight RNs who had been redeployed from floor or step-down roles helped ICU recruitment efforts by transferring to critical care during the May and July ICU core programs.

ICU nurses told Johansen the trained-up step-down nurses were “phenomenal to work with and stepped up to the plate to provide healthcare to critical care patients within their areas of competencies.”

“Having COVID patients during the pandemic was a stressful time,” Nieszczezewski said. “It was emotionally challenging caring for these critically ill patients who cannot have visitors. But our nurses did an amazing job and should feel proud!” •
A young patient in the medical ICU had been struggling with all of the complications of COVID, including a condition called acute respiratory distress syndrome (ARDS). ARDS is a life-threatening complication of coronavirus infection that manifests with shortness of breath and profound hypoxemia, requiring the patient to be on a ventilator. The ICU team decided to use our newly developed proning guideline to optimize the distribution of ventilation and perfusion in this patient’s lungs. Proning is a team effort that requires carefully turning the supine patient onto his abdomen. This allows the organs to move anteriorly decreasing lung compression and promoting lung expansion resulting in improved lung perfusion and oxygenation.

The team leader is an RN who is stationed at the foot of the bed, carefully leading each of five staff members throughout the process. A respiratory therapist manages the patient’s airway and the ventilator while an additional RN monitors the IV lines and drains to prevent them from kinking and disconnecting. After this young man was proned, the team saw significant improvements in his oxygenation and secretion clearance – evidence of the difference proning can make in a patient’s clinical condition.

Prior to the pandemic, Hartford Hospital had begun exploring different ventilation processes in anticipation of the flu season. It was determined that proning was the best new protocol to add to our complement of therapies and staff quickly began to receive intensive training on the process. “A great set of leaders owned it,” said Yarelis Wilson, BSN, RN, NE-BC, Nurse Manager Bliss 11I & Bliss 11SD. “Nurses, providers, leadership at all levels worked together to make it happen.” Christine Rooney, BA, MSN, RN Nurse Educator, said the staff practiced the technique on people of all sizes and shapes. “We practiced on each other in the staff lounge,” she explained. “When the team started doing it, it went like wildfire.” We were then ready and in a unique position to quickly begin using proning with our COVID patients.”

As Christina Wood, RN, Clinical Leader in Bliss 11I noted “it was a coincidence that we were already learning to do proning, and then COVID came along…it gave us a leg up being further along in the process.”

Saimir Sharofi, RRT, MMA Director of Respiratory Services & Pulmonary Lab/Rehab Services said the Bliss 11I unit was the first ICU to treat mechanically ventilated COVID patients in Hartford HealthCare. “Eighty-five percent of COVID patients were eventually proned and we saw improved clinical outcomes,” he said. “In just one month, between March and April, we decreased mortality by 12 percent. That is huge.”

As home care and outpatient visits were limited during the height of the epidemic, therapists were quickly trained and redeployed to assist nursing staff with proning duties. Thirty-one physical therapists, occupational therapists, physical therapist assistants and athletic trainers soon formed the core of our ICU and floor prone teams.

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Kaitlin Lembo, PT, DPT, Physical Therapist and Surgical Team Leader explained that she was initially contacted by Christine Rooney for assistance in the ICUs. She noted that “this collaboration relieved nurses of their proning duties and allowed them to focus on the complex nursing care needs of their patients.” The ICU team quickly expanded to include a team focused on conscious proning for the non-ventilated, floor level patient as well. Liz Robitaille, a physical therapist at the Vernon Outpatient Clinic, volunteered for six weeks, along with Charlotte Hillery, a homecare Physical Therapist. “Halfway through the crisis we realized, ‘We are on the front lines!’” said Robitaille. “It’s not something that you’re conscious of immediately.”

In assessing our success in implementing this new process, Michele Kolios, BSN, RN, MS Nurse Director Critical Care & Bliss 11SD noted “It was perfect timing…the team did a great job and people rose to the occasion.”

Our frontline teams continue to use vigilance and work hard to care for our patients – we will continue to arm them with tools and best practices to ensure we are able to meet all patients’ needs.
The versatility of the advance practice role to meet the changing needs of our patients during the COVID-19 pandemic cannot be underestimated. During these unprecedented times, the hospital community was challenged but rose to meet the ever changing needs of care. Some of these modalities include telemedicine, peer support and members of the healthcare team redeployed as bedside caregivers. To assist in this transition, the hospital leadership provided the structure, support and tools needed.

Lisa Q. Corbett, DNP, APRN, CWOCN, Program Manager, Wound Ostomy Continence Programs. When nurses reported unusual wounds in COVID patients, she consulted with colleagues and national wound organizations and determined the wounds were caused by thrombosis and infiltration of inflammatory proteins as a result of COVID. She reached out to other APRNs to help develop treatment protocols. “These are not pressure wounds,” Corbett explained, “it’s a different beast.”

In addition to wound care, Corbett spearheaded plans to maintain staffing during the surge. “Out-patients with chronic wounds were less able to come into the hospital for treatment, so outpatient wound nurses managed patients by phone and were also cross trained to work on inpatient units,” she said. “If family members were capable and had the right supplies, they were coached to carry out treatments at home.”

Building an infrastructure to support the diverse needs of providing care during this pandemic was essential. Virtual health visits commenced after much collaboration with an interprofessional team. Deanne Rendock, APRN, ACNP-BC, is a pulmonary and critical care specialist and was accustomed to interacting personally with patients, family members and other caregivers. It was different during the surge as she worked alone, behind closed doors, social distancing and most appointments with patients were virtual. “It was quite a change in practice.”

However, Rendock quickly discovered the benefits utilizing telemedicine. “APRNs and doctors are realizing telemedicine is a valuable tool,” she said. “It opens up more opportunities for working with patients and their families who could now participate from their home setting without having to travel.”

Agility was key to revise, update and integrate best practices and protocols to address the specific needs of the COVID-19 pandemic. Monica Rae Cluff, DNP, APRN, NP-C, RCIS, Cardiology Critical Care AP Service, is part of a 19-member team. Taking a collaborative approach, she reached out to experts around the country and around the world. She and her team stayed informed with up-to-date reports by care providers from New York City to overseas, which helped them anticipate possible developments. “We considered what we were told and could start to plan our strategy,” she said.

“Thank God we did not get to the extreme that some of these other places did, but in the beginning we did not know what would happen or when things would change.” Some of the tools used to accomplish the education, training and standardization of care include educational videos, ordersets, policies and procedure, and real-time dashboards of COVID numbers and ICU capacity.

“One nurse practitioner made over 60 surgical hats out of different fabrics, customized to personalities and interests,” Cluff said. “So even though we had layers of masks and shields, people recognized you by your hat.”

Creativity, peer support, and interpersonal sensitivity were at the forefront of the teams. We were in this together.

Christine Waszynski, DNP, APRN, GNP-BC, FAAN, Coordinator of Inpatient Geriatric Services, Hartford Hospital, focuses on delirium, a serious concern usually affecting 30 to 50 percent of adults, especially geriatric patients, during acute hospitalizations. “During COVID,” she said, “the delirium rate for patients with COVID was up to 90 percent. We saw delirium in patients of all ages during COVID.”

When released from ICU, many COVID patients exhibited hyperactive delirium, which put them in an agitated state and stimulated hallucinations. Connections with family members helps dementia patients reconnect, but during COVID patients could

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Six Advance Practice Professionals Talk About COVID

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not engage with their loved ones. However, previous studies had shown that 96% of patients with hyper delirium calmed down when they saw a family video. So Waszynski and her team worked with the patients’ families to create videos. “We did as much as we could to connect the patients to their families, keep them calm, and meet their needs,” she said.

Critical care was in high demand at the peak of pandemic and we redeployed teams to provide this needed critical care coverage. Christine Rouleau is a certified registered nurse anesthetist (CRNA) at Connecticut Children’s Medical Center. When COVID struck, she was one of more than a dozen CCMC volunteers to help in ICUs at HH. “We were in a non-COVID unit, but all had experience in critical care,” she said. “We became ICU nurses at the bedside rather than CRNAs in the operating room.”

“We did our best to help out, and stepped into our roles easily,” Rouleau continued. “We supported each other. I am proud to be a part of the outreach of CRNAs who transitioned to the bedside role when needed.”

Laurie Scarpo, MSN, APRN, FNP-BC, OCN, Gynecologic Oncology Department, said “The thing that really changed for me once COVID hit was the increase in patient counseling. I found myself spending more time ensuring our patients were coping safely through these crazy times and were aware of the resources that were available to help them. They liked talking about their feelings and knowing they were not alone.”

These advanced practice nurses and their teams rose to the challenges of the pandemic with professionalism, agility and positivity. Cluff summed up their spirit when she said, “You have to bring your mind outside of it, bring light to a bad situation.”

“Outpatients with chronic wounds were less able to come into the hospital for treatment, so outpatient wound nurses managed patients by phone and were also cross trained to work on inpatient units.”

– Lisa Q. Corbett, DNP, APRN, CWOCN, Advance Practice Program Manager, Wound Ostomy Continence Programs

Outpatients with chronic wounds were less able to come into the hospital for treatment, so outpatient wound nurses managed patients by phone and were also cross trained to work on inpatient units.”

– Lisa Q. Corbett, DNP, APRN, CWOCN, Advance Practice Program Manager, Wound Ostomy Continence Programs
The ART Of Nursing

IOL: From The “CARES Unit” To A “COVID Isolation Unit” For Behavioral Health Patients In Five Days

When a behavioral health (BH) patient is also a COVID-19 patient, Hartford Hospital knows how to spring into action.

As the COVID pandemic evolved—leading to an increase in patients who tested positive or were under investigation for the infection—in March, the Institute of Living (IOL) a part of Hartford HealthCare’s Behavioral Health Network (BHN), made the important decision to transform a unit into a six-bed COVID isolation unit.

Founded in 1822, the IOL was one of the nation’s first psychiatric hospitals. It became a division of Hartford Hospital in 1994, treating behavioral, psychiatric and addiction disorders. IOL leadership quickly mobilized when the pandemic hit, turning its Child and Adolescent Rapid Emergency Services (CARES) unit into a COVID isolation unit for medically stable BH patients in Hartford Hospital as well as the Behavioral Health Network.

The CARES unit was ideal for conversion as it has private rooms, making it easy to isolate the patients from the rest of the population. As a plus, each room had a television set, which gave the patients something to enjoy during their stay.

“It was amazing!” said Ellen Blair, DNP, APRN, PMHCNS-BC, NEA-BC, Director of Nursing, Institute of Living. “With the support of IOL Nurse Educators and Infection Prevention Nurses, the behavioral health CARES staff learned everything they needed to know to care for patients with COVID, or those who were under investigation for the virus, and were able to open the unit safely in five days.” It opened March 23 and transitioned more than 20 patients, from teens to people in their 90s, in and out of the hospital safely.

“Psychiatric patients with COVID need even more support. In addition to suffering from conditions like anxiety, depression and psychosis, the physical discomfort that often accompanies this illness adds a whole other dimension to their condition.” Blair said.

“The nursing staff, working closely with the interdisciplinary team, knew how to help patients with behavioral health illnesses remain calm, helping them develop coping strategies to manage both their physical and psychiatric symptoms.”

The COVID treatment did not interrupt psychiatric treatment. When COVID treatment was successfully completed, patients transitioned back to another inpatient unit or became an outpatient and went home, leaving a bed open for another BH COVID patient.

Ryan Reinsch, BSN, RN, Nurse Manager of the CARES unit, has been a registered nurse at HH since 2013. He was excited to discuss those 95 days in IOL’s COVID isolation unit.

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CARES nursing staff called to action to stand up COVID-19 unit at the IOL
“With COVID, nobody really knew what to expect. We had heard that a patient with COVID could be medically stable one minute and very ill the next.” That was an uneasy feeling for psychiatric nurses who primarily focus on behavioral management and safety, using the therapeutic milieu to design the patient’s treatment plan. Since the patient on the COVID unit was on strict isolation and could not participate in the milieu, therapeutic programming had to be brought to the patient. Recreational therapy activities were designed for patients to do in their rooms and telehealth was used to provide individual and group therapy sessions.

“The organization gave us what we needed,” We had proper PPE and support from leadership. When you don’t have what you need, it causes stress, and stress causes mistakes. Hartford Hospital made us feel secure and confident, which put us in a good position to do what needed to be done.”

– Ryan Reinsch, BSN, RN, Nurse Manager of the CARES unit

Healthcare professionals want to do the job to perfection. However the staff had to let go of some of the control and trust their training instincts and their team.

“Initially there were fears, mostly of the unknown. But mostly those fears proved unfounded. It was a great journey after all,” Reinsch commented. Behind it all is a sick human being who we are here to care for. When we put the patient and family first, we do the right thing.

“We had huddles and communicated very well, and there was ongoing transparency. Infection Prevention leadership had earned my trust, my staff trusted me, and we trusted the organization,” Reinsch said.

Reinsch and his staff followed a two-fold philosophy. First, they could either run from the problem or run toward it, and since they knew it wouldn’t go away on its own, they ran toward it. Secondly, although efficiency and productivity are important, the team knew they could not rush, as rushing increases the chances of making mistakes.

Safety measures were quickly put into place, such as having to buzz in to enter the unit, performing extra hand sanitizing, having extra isolation carts with PPE and extra trash cans.

“The organization gave us what we needed,” Reinsch said. “We had proper PPE and support from leadership. When you don’t have what you need, it causes stress, and stress causes mistakes. Hartford Hospital made us feel secure and confident, which put us in a good position to do what needed to be done.”

Reinsch continued, “Nurses and techs demonstrated great character. You don’t know someone’s character unless they’re under adversity. We threw ourselves into the work.”

When the COVID population was reduced, the unit reverted back to its usual function as the CARES unit.

“We could convert back if we had to deal with COVID again,” Reinsch said.

Blair said, “We were able to manage and keep up with the flow of patients who needed behavioral health and COVID care.” She credits executive leadership, Ryan Reinsch, his nursing staff, and the thought process that empowered everyone.

“I am so proud of Ryan and his staff,” she said. “They were totally “We can do this!” And they did!”

IOL: From The “CARES Unit” To A “COVID Isolation Unit” For Behavioral Health Patients In Five Days

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Nursing News & Notes

We congratulate these Hartford Hospital nurses on their recent achievements.

Nursing Administration

• Dr. Ellen W. Blair, DNP, APRN, PMHCNS-BC, NEA-BC, Director of Nursing at the Institute of Living was selected for Fellowship in the American Academy of Nursing.


• Victoria Freed, MSN, RN, Nursing Coordinator received her MSN in May of 2020 from the Pennsylvania State University.

• Susanne Yeakel, MSN, RN, NEA-BC, CNML, Nurse Director General Surgery, Inpatient Rehab, Dialysis, Wound Care, Ostomy Program and Emily Nguyen, MSN, RN-BC, Nurse Manager of Inpatient Rehabilitation submitted an abstract on behalf of IRU entitled I Am Safe, You Are Safe: A Multidisciplinary Approach in Response to COVID-19. The abstract has been accepted as one of four proposals to be included in the COVID-19 & The Rehabilitation Hospital Impact Panel at the American Medical Rehabilitation Providers Association Educational Conference & Expo to be held in virtually on October 4 – 8, 2020.

• Susanne Yeakel, MSN, RN, NEA-BC, CNML presented with Mary Kate Eanniello, DNP, RN, OCN and Karen Wexell, MSN, RN, HNB-BC, CHC, “Finding Your Voice; Sharing your Ideas to Promote Change”, a Webinar for Connecticut Nurses’ Association in August 2020.

Nursing Education

• At left, Diane Bagioni, MSN, RN, Cardiovascular Nurse Educator received her MSN in May of 2020 from the University of Hartford. In addition, Diane’s article “The Perfect Storm: Enhancing Preceptor Preparation with the Five Minute Preceptor” will be published in Nursing 2020!

• Lisa J. Enslow, MSN, RN-BC, CLC, Nurse Residency Coordinator was elected CT Section Chair for the Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) for a two-year term.

• Catherine Thresher, MSN, RN-BC, PCCN, CBIS, CB6/N11/C11 Epilepsy Nurse Educator achieved certified brain injury specialist (CBIS).

Ayer Neuroscience Institute

• Lauren Kirmes, BSN, CNRN and Joseph Fetta BS, RN, CNRN, from North 11 completed the Certified Neuroscience Nurse Certification study course and achieved CNRN certification.

• Elayna Lindblom, MSN, APRN, FNP-C, from North 11 graduated from the University of Saint Joseph with a Master of Science in Nursing in May 2020.

• Melissa Strange, RN, from North 9 achieved CNRN certification.

Cardiovascular Services

• Megan Perucki, DNP, FNP-BC, from B10E finished her Doctorate in May 2020.

• Lauren Arnold, MSN, RN, from B10E received her Master’s in Education in May 2020.

Case Coordination

• Judy Charneski, MS, BSN, RN, CCM; Rachel Jennings, BSN, RN; Angela Luba, BSN, RN; Michelle Wallace, BSN, RN, ACM-RN; and Maureen M. Zukauskas, MS, BSN, RN, ACM-RN, completed the End of Life Nursing Education Consortium Program (ELNEC), earning their certificate.

Critical Care

• At left, Roxana Murillo, MSN, RN, CCRN, TCRN, Clinical Leader in C8I, became the first nurse in the unit to become Trauma Certified (TCRN) in 2019. She recently received the TUMI USA Award for Excellence, which honored those who fought in the front lines against the COVID-19 pandemic. TUMI USA is an organization that recognizes Peruvian professionals and students throughout the United States.

• Ashley Burek, MSN, RN, Clinical Leader in C8I, graduated from Elms College in December 2019 with a Master of Science in Nursing Education.
• Stacey Roy, APRN, FNP-C, from C8I graduated from the University of CT Family Nurse Practitioner Program in May of 2020.
• Brian Thalheimer, RN, from B9I obtained CCRN certification.
• Courtney Binnington, BSN, RN, from C9I obtained her EMT certificate in the summer of 2020.
• Taylor Corsini, BSN, RN, from C8I obtained CCRN certification.
• Karen Leung, RN, from B9I obtained CCRN certification.
• Kara Messina, BSN, RN, SCRN, from C9I Clinical Leader C9I received her stroke certification in September 2019.

Emergency Services
• Matt Warner, RN, obtained his certification in emergency nursing (CEN).
• The following nurses completed APRN programs: Audrey Caiaze, RN, Lataya Hewitt, RN, and Katelyn Kujawski, RN.

Medicine/IV Therapy
• Shytasia Williams, PCA, on CB5 transitioned to RN.

Perioperative Services
• Congratulations to Enkelejda Ago, BSN, CNOR; Cassandra Eilers, BSN, CNOR; Tiffany Lucas, BSN, CNOR (Manager of JB-4); Shelley Uthgenannt, BSN, CNOR; and Shannon Stangle, BSN, CNOR on completing the Certified Perioperative Nurse Certification (CNOR) study course and achieving CNOR certification.

Specialty Services
• The following nurses from CB2 received Oncology Certified Nurse (OCN): Brittany Dumont, RN, Maura Kenny, RN and Amy Neumann, RN.
• Anna-Rae Montano, PhD, RN-BC, Oncology Nurse Educator, earned a Fellowship to complete her PhD at Rhode Island VA Hospital.

Surgical Services / Dialysis / Inpatient Rehab / Wound
• Jarrett Lautier, RN, from Dialysis received Clinical Nurse Leader (CNL) Certification through Commission Nurse Certification (CNC).
• Juan Liz, Patient Care Tech from Dialysis graduated Nursing School after working as a PCT for 10 years!
• Lourdes Quiroz, RN, and Roberto Sandoval, RN, from CB6 achieved Language Proficiency Assessment in Spanish.
• Fiona Molloy and Windry Candelario from CB6 transitioned from PCA to RN.
• Margie Araujo RN, Ryan Gannon RN, and Roberto Sandoval, RN, from CB6 advanced to Clinical Leader role.
• Carlyn Esposito, AGACNP-BC, from Bliss 8 achieved Advanced Practice Nurse.
• Guilherma Vierira, MSN, FNP-BC, from Bliss 8 achieved Advanced Practice Nurse.
• Stacy Ann Wallen and Kaitlin Diepietro, PCAs on Bliss 8 graduated nursing school with a Bachelor of Science in Nursing (BSN)

Women’s Health
• Jessica Bancroft-Davis, RNC-OB, RNC-Fetal Monitoring Labor & Delivery.
• The following nurses from Labor & Delivery received their BSN: Margaret Court, RN, Denise DePasquale, RN, Michelle Falanga, RN, and Kristin Hardy, RN.
• Deborah A. Gingras, MS, RN, WHS, Clinical Nurse Specialist and Britney Zappala, RN, from North 8 completed End of Life Nursing Education Program (ELNEC) in January/February 2020.
• Nicole Kent, RN, Labor and Delivery: Received her NCC certification in Inpatient Obstetrics.
• Cheri Cronin, RN, Manager, Women’s Health Education received her MSN.
• Maria Segarra, RN, Manager, North 8 received her MSN.
• Heather Portereiko, CRNA, Department of Anesthesia, received her Doctorate of Nursing Practice.
• Melissa Bengtson, RN, from Bliss 6 received her Master’s in Nursing Education.
• Cheri Cronin, MSN, RN; Sarah Quadrato, MSN, RN, C-EFM; and Tetyana Svystun, BSN, RN, had a poster accepted in November 2019 for the upcoming AWHONN 2020 Convention on November 1, 2020 titled "Raising Awareness of Maternal Mortality: Using Digital Education to Save Lives in the 4th Trimester."
The year 2020 had long been designated by the World Health Organization to be “The International Year of the Nurse and Midwife” in honor of the 200th Birthday of Florence Nightingale. This year the celebration was to stretch beyond the first week in May to include the entire month, each week celebrating and elevating the accomplishments of nurses worldwide with an assigned theme. The unfortunate arrival of COVID-19, carrying with it the theme of suffering and death, stopped nursing celebrations in their tracks. But in an ironic twist of fate, the year 2020 will forever be known as the Year of the Nurse, not through celebrations, honors and awards but through the blood, sweat, and tears that were shed by nurses of every rank, and in every setting. They became the courageous warriors who selflessly fought against COVID-19, risking their own lives and the lives of their loved ones to battle this invisible enemy. They unwittingly stole the spotlight and grabbed every headline in media outlets worldwide, not to give credit to themselves or to honor Florence Nightingale, but to do what they were trained to do, and what they pledged to do, as stated in the closing line of the Nightingale Pledge “to devote themselves to the welfare of those committed to their care.”

As I write this, the COVID war rages on, in different cities but with the same reckless ferocity that demands the strongest, and most resilient soldiers. Luckily these brave warriors are called nurses.

For those of you who are directly participating in this tenacious fight, we thank you. For those of you who are contributing indirectly and are isolated at home, we thank you. Our thoughts are with you all and we pray for you and your loved ones for continued good health and safety.

The need to cancel our beloved HHSN Alumnae Banquet in May was a heartrending decision but a necessary one and we all will look forward to May 16, 2021 when we can, hopefully, celebrate twice as heartily.

The 2019-20 year was a productive one and our main focuses of charity, medical fund and scholarships were fulfilled. We donated $33,000 to 13 organizations, we gave $275,000 to 99 alums to assist with medical expenses, and we awarded $52,500 in scholarships to 16 nursing student recipients. We are proud of our ability to support so many worthy people.

As I close I ask you all to remember that our spirit is strong and we will move forward as we always have, holding one another’s hand, knowing we are stronger together. Until next time....
A graduate of Hartford Hospital School of Nursing class of 1966, Lillian Rund Tibbles, PhD, is highly accomplished. An author, researcher, retired psychiatric-mental health nurse practitioner, and family therapist, she received both a master's degree and PhD from the University of Connecticut. Although Dr. Tibbles is "retired" and living in Naples, Florida, she stays active and says, "I am never bored!"

While hospitalized at the age of seven with a severe case of poison sumac, Dr. Tibbles was so impressed with the nurses who took care of her that she knew she wanted to become a nurse, too. She credits her education at Hartford Hospital for giving her a solid foundation in the sciences and an appreciation for continued learning and research. Dr. Tibbles explains, "I felt challenged during my time at the School of Nursing, and the combination of the course work and hands-on experience gave me the confidence I needed to believe I could competently solve problems and find solutions."

After graduation, Dr. Tibbles joined the staff at the Institute of Living, where she worked as a nurse manager and later as a hospital supervisor. She completed her bachelor's degree at Central Connecticut State University, then returned to the HHSN in 1969, where she taught nursing and served as a department chairman until 1976 when the school closed.

While teaching at Hartford Hospital, Dr. Tibbles completed a master's degree in nursing at the University of Connecticut. "I will be forever grateful to the wonderful tuition reimbursement program that Hartford Hospital had for their employees and the scholarship I received from the Alumnae Association for my under graduate studies," she says. "The HHSN will always have a special place in my heart."

Classmates will remember Dr. Tibbles’ sweetheart, Ken Tibbles, whom she married in 1970. The couple—who will be celebrating their 50th wedding anniversary this year—had two children, both of whom were born at Hartford Hospital. Daughter Lynn is a CPA in Jackson Hole, Wyoming, and has a daughter age six and a son who will soon be 10. Son Christopher has a seven-year-old son and followed in his father’s footsteps, working as a realtor in Naples, Florida.

Dr. Tibbles became a computer enthusiast when she enrolled as a doctoral student at the University of Connecticut, and received her PhD in 1983. She later worked in the Education and Research Department at the UConn Health Center. While there, Dr. Tibbles coordinated the work of a National Institute of Health Research Grant team which developed and implemented computer and video education programs for adult surgical patients.

Dr. Tibbles became an author when her first book was published in 2013, entitled Learn to Video Call with Kids. “With my three grandchildren all living in other states, I became interested in video chat, and how it affects family relationships,” she explains. After finding that it was a delightful way to stay in touch with my children and grandchildren, I wrote my book to help other grandparents learn about this great technology.”

Dr. Tibbles second book, 100+ Fun Activities for Skype with Children, was published in 2016. It presented specific activities that were interactive as research has shown that interactive activities are more affective in building relationships than just talking.

Dr. Tibbles’ latest book, How to Have Fun with Kids and Grandkids Using Video Chat was published earlier this year. “Because technology changes so quickly I had almost completed a major update of the information when the coronavirus struck,” she says. “It was a perfect opportunity to help families connect during a time when social distancing is important.”

As an author, Dr. Tibbles credits her nursing background for helping her identify a problem and work to solve it, then share the information with others through her books. “Video chats bring families together,” she says. “With Skype, FaceTime, Google Duo, Facebook, Zoom, or other video call apps, you can see the person you are calling as well as hear their voice. Now no one has to miss the smiles, first steps, and other special occasions. I wanted grandparents to realize that video chats are easy and fun—and children love it!”

Dr. Tibbles books are available on Amazon. And you can keep up with her tips and insights on her blog, https://videocallwithkids.com/
A Look Back

The COVID-19 epidemic is terrible, especially for those in the medical profession. I know, I too worked in an epidemic.

In 1950 I was a student nurse on a Communicable Disease affiliation when Polio struck Hartford.

We used the Sister Kenny method on our patients. Beds next to washing machines had flannel cloths in hot water, squeezed out by hand-cranked rollers, then wrapped around spasms, over and over, as we sweltered in gowns over uniforms.

There were no empty beds or cribs. A heavily-padded bathtub held a toddler covered with pustules from a scratched smallpox vaccination. Vaccinia Smallpox epidemics must have been scenes from hell.

Children with bulbar polio were in iron lungs, now called ventilators. An overworked doctor frantically tried starting an IV, over and over sticking the thrashing arm. The child was soundlessly screaming, face twisted in agony, looking like the Munch painting “The Scream.”

There were not enough ventilators. Once emptied, and cleaned, they filled with another patient. An RN shoved me with a cleaning cloth into a utility room, then into the ventilator, pushing me all the way in, arms forward tight against my head. One final shove. All portals slammed shut! Laughing loudly, she turned off the lights, slamming the door as she left, leaving me alone.

Squeezed in too tight to bang, my only opening was the tight rubber neck seal. Had I pushed my head through that seal to get air? I don’t remember. Finally, the door burst open. People swarmed in, lights went on. Staff surrounded me, opening up the ventilator and finally, pulling me out. I don’t remember much after that. The drama was over. It must have been back to work.

The nurse that trapped me inside that ventilator was put in an ambulance and laughed all the way down the highway to the Middletown Psychiatric Hospital.

As months went by I realized I had a problem. I couldn’t tolerate turtle neck t-shirts or sweaters. I almost became frantic if I tried one on, or got anything snug around my neck. I also couldn’t stand trying on clothes that squeezed my upraised arms tight against my head. I was always careful. One day in a department store dressing room, trying on a dress, I misjudged. The dress I tried on was too tight around my upstretched arms, reaching up over my head. I was stuck! I couldn’t breathe! I had a full-blown panic attack! Someone pulled the dress off of me as I collapsed in a chair.

I saw a psychologist. Why would trying on clothes make me panic? Neither of us could figure it out. I can now. Can you?

This event has a take-home message. If you are working in this COVID epidemic do you think, as I always did, “I can handle it.”?

Are you sure?
I was twenty when that epidemic hit. I am now ninety. I still can’t wear turtle necks, or tolerate anything snug pulled over my head.

Mary Roth Burns, Hartford Hospital School of Nursing Class of 1950

Mary Roth Burns today
“I worked at Hartford Hospital on the vascular access (IV) team during the COVID-19 crisis. It was overwhelming and stressful for our staff as we treated patients hospital wide, sometimes being in contact with 20-30 patients a day when placing and assessing IV sites and central lines. Besides donning and removing PPE safely, we also had to sanitize our ultrasound machine between each patient. We placed many PICC lines in positive patients in the ICU’s, wearing sterile gowns and gloves over our PPE’s. Three of our staff members were triaged to Step Down and ICU units due to their past experience. Three of our staff were stricken with the virus. It left our team quite understaffed. I recently retired after working 47 years at Hartford Hospital – it was a bitter sweet day.”

– Karen Buscarello Bement, Class of 1976

“At the end of March and beginning of April, due to the COVID-19 pandemic, my unit was quickly halting as it was mostly an elective outpatient procedural unit. We needed a crew to manage emergent cases and 24/7 coverage so most of the staff was sent to COVID areas to do various work tasks. Our hospital started a drive-through COVID-19 screening tent. I was offered the opportunity to work in the screening tent and I jumped at the chance. It was in its infancy but well thought out for staff safety and the safety of our drive-through and walk-in patients. I swabbed babies, children, teenagers, adults and many elders. Many were very sick and I worried for their well-being. At times, I would scan the obituaries so I could send patients and families my prayers. Three weeks in I was furloughed with many others. I was sad with survivors’ guilt but I kept in touch with my “buddies” at work. I was invited back early from my furlough to, again, work in the screening tent. The evolution of our screening is amazing. We now have many mobile sites and have a more stable team that travels and comes to a site immediately if there is a backup for any reason to keep the flow moving. We are all bonding and it’s a great feeling and I have made many new lifelong friends. The hospital is cautiously opening now and we are seeing mostly healthy people who need to get swabbed a day or so before their procedure or surgery. We are doing oral swabbing for this. I saw very scared/ terrified people come through the tent. I feel grateful and proud to be able to, at least, validate but not completely eliminate, their fears. The Art of Nursing I learned from you all, came in handy, science hasn’t been helpful, yet. I was cultivating my professional maturity for 47 years and more if you count my candy striper years, and it took a pandemic to test me. I am content and gratified so I definitely will enter a new stage of retirement living in peace and can return to being a hellion, again.”

– Marilyn Miller, Class of 1973

“Through this COVID-19 pandemic Caryl Hockenberry Donovan has been making masks for first responders, family, friends and neighbors. Her daughter Bethany’s nursing team at Boston Medical Center (surgical ICU) has been so appreciative of the community support.”

– Caryl Hockenberry Donovan, Class of 1964

Homemade masks by Caryl Hockenberry Donovan ’64

Caryl Donovan’s daughter and peers who were recipients of Caryl’s masks
Polio - Another Epidemic 1940’s – 1950’s

“I was a Hartford Hospital School of Nursing student during the Polio epidemic. One pediatric unit was turned into an area to treat patients in Iron Lungs. We as students cared for these patients. It was an amazing and unforgettable experience. Fortunately, since there was no Polio vaccine at the time, none of us contracted Polio. The coronavirus brought back memories of this time in my nursing career. My children and grandchildren have no idea what an Iron Lung is when I spoke about this time in my life.”
– Dorothy Hartley Fazzina, Class of 1956

2020 Scholarship News
The Alumnae Association awarded the following Nursing Scholarships to 16 recipients for a total of $52,500, our largest group of recipients and largest disbursement since the fund’s inception in 2010!
Andrew Smith
Susan Donovan
   (niece of Christine Johnson ’61)
Emily Capozza
Michael MacDonald
   (grandson of the late Frances Simmons Jenkins ’50)
Cheryl Mitchell
Danielle Wagner
Steffi Francis
Jean Boccaccio
Deborah Bass
Hannah Janis
Suzana Kalanica
Krystine Oliveira
   (granddaughter of Diana Woodward Oliveira ’57)
Roxan Noble
Alexis Ghi
   (granddaughter of Jill Stackpole Ghi ’57)
Janet Sadler
Julia Pearlingi

We extend our sincere congratulations to all of these most deserving recipients and wish them continued success as they complete or continue their educational journeys.

CLASS OF 1941

Margaret Buckridge “Bucky” Bock was born over 100 years ago and lived through the Great Depression. A birthday party was recently held to celebrate her 100 years. After graduating high school in 1938 she enrolled in the Hartford Hospital Training School and became a member of the last February class to graduate. She worked at the Hartford VNA during her nursing training and upon graduation was hired by them. She also worked as a private duty nurse. Later in her career she worked as a school nurse and enrolled in CCSC and received her BSN and became a certified school nurse-teacher. Although she loved nursing, she went on to receive her master’s degree and 6th year certificate in speech and language pathology. She is also recognized as an authority on lighthouses and wrote several books including Memories of a Lightkeeper’s Daughter.
CLASS OF 1962
Patricia Lepito Karwoski’s grandson recently graduated from West Point. As president of their Model UN Debate Team he traveled all over the world where his debating skills were widely recognized.
Pat’s granddaughter is a junior at University of Denver and will study in China next year. Her other two grandchildren are in Middle School in Pennsylvania. Because her children are so far away, she and her husband travel a lot.

CLASS OF 1966 and 1961
Betty Ann Vose Fusco, Alicia Plikaitis Junghans, and Lesley Prentice McGrath spent the day at Misquamicut, RI, where they drove around Weatogue and Watch Hill to see the mansions and later ate lunch on the Veranda at Ocean House.

CLASS OF 1973
Catherine Drexler Chance recently celebrated her 50th year working at Hartford Hospital. She presently works per diem at the Institute of Living.

Fountain History
Following the Alumnae Banquet in 2006, the Class of 1966 met to discuss a gift to present to Hartford Hospital at their 50th Reunion. A fountain similar to “Hepatitis,” located in Heublein Courtyard of the old school of nursing, was their goal. The original egret fountain for the courtyard was donated in 1920 and included a donation to build the Heublein Hall addition to the school of nursing located on Jefferson Street. The students called the fountain “Hepatitis” since the water formed a rust color before cleaning. Due to cost, the Alumnae Association voted to take on this project. Over the past years, there have been many discussions regarding placement and design of the fountain. Finally, in 2012, the hospital decided to make the courtyard in the ERC on Hudson Street a Memorial Garden in memory of John Kelley Springer, Past President of Hartford Hospital. “Hepatitis” had a home and ground breaking took place in October 2019. The garden is nearing completion, in spite of weather, financial restraints and COVID-19. A dedication ceremony will be planned and announced when the fountain and surrounding garden are complete.

The John Kelley Springer Courtyard and The Hartford Hospital School of Nursing Fountain
UPDATE
Fountain awaiting the installation of the spouting water heron – similar to “Hepatitis”
Alumnae Comments

“

I recently read my Hartford Hospital Nursing Magazine from cover to cover. I found it really interesting, especially the IOL article “Important Issues of Burnout.” In my day when nurses had burnout, they stopped being nurses. I can understand the rationale for keeping nurses working as well as all the ways that administration is trying to do better with this issue. After working in nursing for 56 years I believe the best education I received was from Hartford Hospital School of Nursing.

– Anita Resnick Gold, Class of 1961

I loved the “A Look Back” article about my mom Ola Krasnoselsky Ferla. The writer did a great job bringing all the different information together as well as including my off-the-cuff quotes! At 101 years of age mom was the last living member of the class of 1940. There was a lot of practice, wisdom and humor in her story. It’s not easy to bring someone to life on the page but you accomplished it.

– Susan Ferla, daughter of Ola Krasnoselsky Ferla, Class of 1940

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.

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.

 محمود محمدية

IN MEMORIAM
Ruth Zungola Curtis ’44
Jean Landon Smith ’44
Mildred Blaszko Aukstolis ’47
Betty Lois Carlson Benson ’48
Alma Carini Doak ’48
Marjorie Smith Olson ’48
Frances Simmons Jenkins ’50
Carol Binheimer Kibbe ’59
Frances Bidorini Ganguli ’62
Sally Gustafson ’62
Nancy Bissell Ofiara ’62
Catherine Sandelin Brown ’64
Karen Amaio Hudson ’65
Sharon Turgeon Kurpen ’65

PHYSICIANS
William B. Henry MD
Pediatrician
Richard Kates MD
OB/GYN
Robert Mueller MD
Pulmonologist
Nursing students at Yale learn how to operate an iron lung respirator in 1949. Photo Credit: The New Haven Hospital