

HARTFORD HOSPITAL

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Nursing



Hartford Hospital Nursing

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Two Hartford Hospital Angels:

(L-R) Angel Morales, ADN, CGRN, GI

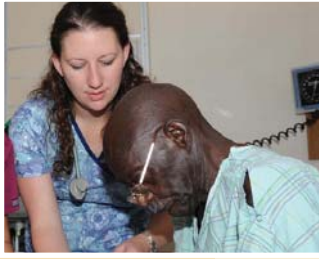
Endoscopy, and Angel Rentas, MSN, APRN,

Cardiac Electrophysiology.

(Photograph by Joy Miller)



Ashley Giantonio, RN, of Hartford Hospital's inpatient heart failure unit.



Hartford Hospital Nursing

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

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To Our Readers

Through the Eyes of a Patient

If anyone had asked me a year ago if I totally understood and appreciated nurses, I would have answered “yes” right away. After all, I’d been a health care executive for more than 30 years. I’d worked closely with nurses almost daily. My daughter is a cardiac intensive care nurse, and I’d experienced nursing through her eyes during countless dinner-table conversations. But it wasn’t until early 2009, when I became a patient at Hartford Hospital, that I truly came to understand the full breadth of the nurse’s role and the profound effect nurses have on the lives and health of their patients.

My realization began on the very first day, when I stepped off the elevator onto the oncology unit. Suddenly, I felt the full weight of my diagnosis. It was a nurse who instantly understood the incredible emotion of that moment and stayed to talk with me in my room as I came to grips with my reality.

In the weeks that followed, nurses continually amazed me. My nurses were giving me excellent care. But I wasn’t their only patient. I knew they were providing the same outstanding care to all their other patients. They were expert in the science of nursing—managing technology, medication and more, and making critical decisions. But at the same time, they showed compassion and provided essential emotional support.



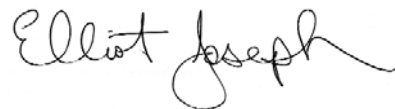
Elliot Joseph, President and Chief Executive Officer, Hartford Hospital and Hartford Healthcare Corporation

Throughout my treatment, the support and encouragement of nurses carried me over the threshold from one day to the next and helped me believe in my ability to recover.

My nurses were unfailingly caring toward my family, as well. They went out of their way to include my family in all discussions and decisions and to make sure they understood everything that was happening with me as a patient. I was struck by their keen intuition when it came to understanding family dynamics.

It was eye-opening to get to know my nurses as people. As amazing as nurses are, they’re human beings like the rest of us. They have lives and responsibilities outside the hospital that also place great demands on them.

Today, I’m well and back at work, but with a whole new perspective on nurses. I understand more fully how much is asked of them, how much they give of themselves, and what a difference an excellent nurse makes in the lives of patients and families. I find myself thinking about how we can care for and re-energize our nurses so they can not only provide skilled care but also sustain that all-important passion for what they do.



Genuine Caring Is at the Heart of Nursing

“Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around.” – Leo Buscaglia

As nurses we already know intuitively the power of those words. They are the basis of true caring—the area we specialize in—and exemplify the best meaning of nursing.

In this milestone edition of *Nursing*, which is celebrating its fifth anniversary, you will read about nurses who have demonstrated the power extolled by the late author, Buscaglia—nurses who have made a real difference, playing a major role in our growing success.

Looking back on the past year, the heartfelt caring shown not only by the nurses but also by the rest of the staff has impressed me greatly. That day-to-day thoughtfulness is the basis of what we call the caring concept. And it is that genuine caring, I believe, that provides the cement for the pillars of our organization.

Martha Rogers, a nurse, researcher and scholar who wrote extensively about nursing, once said, “Nursing is the science of humanity.” The key word in that statement is humanity. And who better to show humanity than the bedside nurse? This is the nurse who doesn’t just come into the room, nod hello and begin checking monitors. It’s the nurse who looks directly into the eyes of patients and—with an open, caring heart—connects with them;



Linda Spivack, RN, MSN, Vice President, Patient Care Services

the nurse who listens not only to the patient’s words but also to his or her feelings.

As we move forward this next year, we will be facing challenges brought on by changes in the medical industry, health care reform and the economy. But we have to remain steadfast. As Kristin Baird suggested in her book *Reclaiming the Passion*, we need to focus on the ideals that inspired us to enter the nursing profession—a sense of accomplishment, fulfillment and self-importance that comes from knowing that we have helped someone truly in need.

Nurses are the frontline caregiver—and the bedside nurse, in particular, is critical. There isn’t a place in the hospital where a patient isn’t touched in some way by nursing. Because of that

we need to embrace the idea of collaborative governance, for it not only empowers nursing but also helps us meet our key goal, and that is to give quality care to our patients.

To accomplish that we also need to be transparent and honest, using experiences to achieve improvement for the sake of our patients and our own sense of self-worth. With the benefit of experiences and leadership, we can strengthen quality and safety and thereby bring caring to a higher level. And with the dedication that we all felt when we entered this proud profession, we will meet our goals and find renewed fulfillment in the art of caring.



Emergency Department

Sue Tubbs, BS, RN; Terry Kinsley, BSN, RN; Sonya Sellers, RN; and Melinda Dolan, BSN, RN, have achieved certification in Emergency Nursing.

Darlene Burlock, BSN, RN, and Terry Kinsley, BSN, RN, have received their baccalaureate degrees in nursing from the University of Phoenix and are enrolled in the Master of Science in Nursing program.

Anna Meyer, MSN, RN, has received her master's degree in nursing from the University of Hartford.

Danette Alexander, MSN, RN, Nurse Manager, has earned certification as Nurse Manager, Advanced, from the American Nurses Credentialing Center. Ms. Alexander is a 2009 American Organization of Nurse Executives Fellow.

Karri Davis, BSN, RN, recently received special recognition from Dr. Barbara Aronson, Dean of the Southern Connecticut State University School of Nursing, for her work in precepting one of the school's students last semester.

Cardiac Catheterization Lab

Lisa Moriarty, RN, has received her Master of Science in nursing from Quinnipiac University. She passed her APRN board exam in June.

Beverly Mendes, APRN, has earned her PhD in nursing science from Rocky Mountain University of Health Professionals.

Women's Health

Sara Young, MSN, has received recertification as an International Board Certified Lactation Consultant. The certification is valid for five years.

Four staff members were presented with Breast Feeding Awards during the World Health Organization's Breastfeeding Awareness Month. They are **Nancy Barrow, RNC,** North 8; **Penny Romano, RN,** Bliss 6; **Meredith Cantin, RN,** North 6; and **Damaris Rodriguez,** Unit Leader, First Steps program.

Radiation Oncology

The registered nurses in Radiation Oncology have received their first Pediatric Advanced Life Support (PALS) certification. The nurses take care of a small population of children with cancer, both inpatient at Connecticut Children's Medical Center and on an outpatient basis. Manager **Kathleen Burns, RN, BSN,** says she and the other two nurses decided to pursue PALS certification in order to be better able to anticipate and respond to emergencies. Those earning PALS certification were **Diane Ward, RN, BSN; Anne Hart, RN, BSN; and Kathleen Burns.**

Transplant Program

Bethanie Stone, BSN, RN, and Kari Horton, BSN, RN, both of North 11, were presenters at the 4th Annual Interdisciplinary Transplant Symposium held on Oct. 13 in the Education and Resource Center. Their presentation was titled "Nursing Measures to Improve Adherence Post Transplant."



Bethanie Stone, left, and Kari Horton prepare their presentation.

West Hartford Surgery Center

OutPatient Surgery Magazine named the West Hartford Surgery Center as national runner-up for excellence in patient satisfaction. The article was published in the September issue of the magazine.

Featured in Nursing Spectrum



Christine Waszynski, APRN, of the Geriatric Program, was featured in a Notable Nurse article in the September issue of *Nursing Spectrum* for having been named by the Connecticut Hospital Association as one of 10 Healthcare Heroes.

Award-Winning Program Features HH Nurse

Ellen Blair, APRN, Unit Director of Donnelly 1 North, was a member of a panel of RNs interviewed on the Connecticut Public Television program, "Code Blue: Calling All Nurses." The program, which focused on the nursing shortage, aired on May 19. The Connecticut Nurses Association presented director and producer Virginia Fisher with an award for the program at its 103rd General Convention on Oct. 22.

We're Tobacco-Free!

As of Nov. 19, 2009, Hartford Hospital is a completely tobacco-free campus. The hospital decided to eliminate sales and use of all tobacco products in order to provide a safe, clean and healthy environment for patients, visitors and staff. The policy applies to everyone and affects hospital-owned buildings and grounds, parking lots, parking garages and ramps, all hospital-owned or -leased vehicles, and all personal vehicles located or parked on hospital property.

The Inside Story

From routine colonoscopies to the most sophisticated endoscopic procedures, nurses in Hartford Hospital's GI Endoscopy Unit are up to the challenge.

With more than 14,000 procedures performed each year, Hartford Hospital's GI Endoscopy Unit is one of the busiest in the region. The hospital's Gastroenterology Division is a leader in embracing cutting-edge technology to enhance diagnosis and treatment of GI disorders. Some of the advanced procedures performed here are available at only a very few facilities in the state.

Nursing is integral to every endoscopy procedure and to every patient's experience of care. Nurses educate patients about the procedure; assess patients, reviewing their medical history, medications and risks; and anticipate individual needs in order to plan for their episode of care. Nurses implement safety precautions during the procedure, care for patients recovering from anesthesia, provide discharge education, and follow up by phone after discharge. Nurses perform certain procedures independently. They are a critical part of teams on call 24/7 for emergencies such as GI bleeds or removal of foreign objects lodged in the esophagus.

Cindy O'Brien, BS, RN, Manager of the GI Endoscopy Unit, says the unit's team of two dozen nurses has to be ready for any patient need and requirement.

"We care for a wide range of patients, from inpatients who are the sickest of the sick to outpatients who choose to come to Hartford Hospital for their procedures," says Ms. O'Brien. "Nurses have to wear a couple of different hats."

People considered to be at high risk typically come to the unit for outpatient procedures. This includes those with cardiac, respiratory or kidney problems; people who are obese or elderly; and patients taking painkillers or narcotics. For these patients, the hospital is the safest place.

As in other areas in the hospital, Ms. O'Brien says, "The rising acuity of patients is pushing our nurses into a level of broad expertise. We're all working through this situation and looking at how patient acuity affects what we do—always staying focused on patient safety and staff expertise."



PHOTO: JOY MILLER

Michelle Day, RN, BSN, prepares equipment for an endoscopic retrograde cholangiopancreatography (ERCP) procedure.

An Expanding Specialty

GI endoscopy began decades ago, but has expanded rapidly in recent years, says Angel Morales, ADN, CGRN, who's been with the GI Endoscopy Unit for 16 years.

"We've gone from basic colonoscopies and upper endoscopies to having several different specialties," Mr. Morales says. "The technology is always improving, and the scopes keep getting better and better, so we can see into more areas and see the tiniest changes."

Before choosing to specialize in GI endoscopy, nurses need substantial experience in medical, surgical and critical-care nursing. Once hired, nurses have a two-month orientation, rotating through various roles to learn general GI procedures, including upper endoscopy, colonoscopy and enteroscopy. After a year, nurses select a GI endoscopy sub-specialty, which requires additional training and experience.

ERCP

One of the sub-specialties nurses may pursue is endoscopic retrograde cholangiopancreatography, or ERCP. ERCP is used to diagnose and treat problems of the liver, gallbladder, bile ducts, and pancreas. It is performed under fluoroscopy. The endoscope is guided through the esophagus, stomach, and duodenum until it reaches the spot where the ducts of the biliary tree and pancreas open into the duodenum. Dye is injected into the ducts to make them visible on the screen. Using this procedure, the ERCP team can locate strictures in ducts, insert stents, remove gallstones, diagnose cancer and more.

"During the procedure, I provide the nursing care, assist with the patient and anticipate the needs of the patient and physician," says Clinical Leader Michelle Day, RN, BSN, who specializes in ERCP. "Because this is therapeutic and complex, you need to know the pancreatic and biliary system and be able to anticipate what to do next. Will we leave a stent? Should we take biopsies? Do we need a different wire? You have a lot of equipment, and you need to know what to use in each situation. It's a very high skill and takes several months of training."

Last year, the unit did nearly 700 ERCPs, and the number of procedures is up 77 percent this year. Patients are referred here from throughout the state.

A new procedure called SpyGlass is used in combination with ERCP to allow clinicians to look directly into the pancreatic and bile ducts, rather than looking at a radiographic image. The enhanced visibility, color and detail allow earlier detection of tumors and more accurate therapeutic interventions.

Endoscopic Ultrasound

Another sub-specialty, endoscopic ultrasound (EUS), is similar to upper endoscopy, but uses ultrasound technology to look at the body from inside the GI tract. EUS lets clinicians see the pancreas, gall bladder, kidneys, liver, spleen, blood vessels and more. It can be used to stage pancreatic or esophageal cancers or, performed rectally, to judge the invasiveness of rectal tumors. It can also be used to

inject medication into the celiac nerve plexus to relieve pain from chronic pancreatitis or pancreatic cancer in non-surgical patients.

The procedure uses a four-foot-long, thin, fiberoptic tube with a camera and a small balloon at the end. Once the physician has the tip at the desired location, the balloon is inflated with water. When the balloon is pressed against the target area, it sends an ultrasound image that is displayed on a screen.

EUS is often used in conjunction with radiological procedures to obtain a more definitive diagnosis, and it can be used to do biopsies. EUS findings help surgeons and oncologists determine the optimal treatment for the patient.

"During the procedure, I monitor the patient's abdomen to make sure it's not becoming too distended, communicate with the doctor, assist with biopsies and equipment, and help maintain the patient's emotional and physical comfort," explains Jen Chicoine, RN, BS, a staff nurse who specializes in EUS.

Like other nurses on the unit, Ms. Chicoine stresses that each procedure is a team effort among nurses, physicians and technicians.

Hartford Hospital is one of very few hospitals in the state that perform EUS, and Ms. Chicoine is one of only a handful of nurses who specialize in it. The unit has one of the highest volumes for the procedure, sometimes doing as many as seven or eight a day. There can be a waiting list, but if a patient urgently needs the procedure, Ms. Chicoine says, "The doctors will extend their schedules or rotate patients. In some cases, other hospitals have told patients they'd have to wait a month and we've done them the next day."

Capsule Endoscopy and BARRX

Even with advances in scopes, some sections of the GI tract—notably the small intestine—are difficult to visualize. That's where capsule endoscopy, or PillCam, is valuable. PillCam is a vitamin-sized capsule containing a camera and light source. The patient may simply swallow the capsule, or it may be placed during an endoscopic procedure. As it travels through the GI tract, the camera takes 60,000 pictures. The pictures are transmitted to a computer and the images are later downloaded to create a short video. By studying the video, physicians can find problems such as tumors, ulcers, strictures or sites of bleeding, and diagnose conditions such as Crohn's disease and inflammatory bowel disorder.

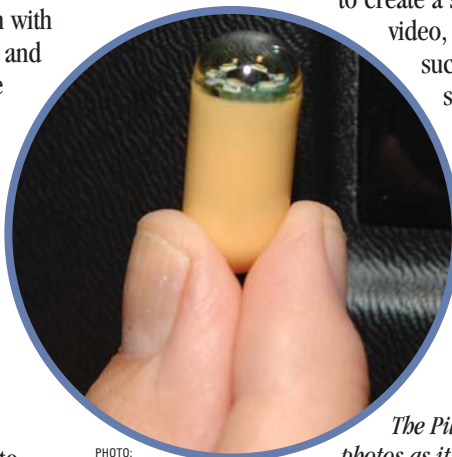


PHOTO:
JOY MILLER

The PillCam capsule takes 60,000 photos as it travels through the GI tract.

The number of PillCam procedures performed on the unit has increased 58 percent since last year.

Angel Morales has specialized in PillCam for some time. Recently, he and Magda Capo-Channbunna, RN, have begun to learn another procedure called BARRX. BARRX is used to treat Barrett's esophagus, a precancerous condition caused by chronic gastroesophageal reflux disease (GERD). The physician guides an endoscope into the esophagus and cauterizes the surface of only those areas containing abnormal cells. Eliminating the abnormal cells reduces the patient's risk of developing cancer of the esophagus.

Mr. Morales says the role of the nurse is critical to these and other GI endoscopic procedures. "You have to be very well-versed in both the endoscopy aspect and the particular subspecialty in order to be able to anticipate what will come next and help the doctor during a critical time in the procedure," he says. "You have to keep up with the new equipment and new demands. You have to know exactly what to do, especially in an emergency."

Motility Studies

Two nurses, Mary Schwab, RNC, and Frances Schwarzhaupt, RN, specialize in procedures that measure esophageal and anal motility. The measuring process, called manometry, helps determine whether the muscles in those structures are contracting effectively. It also reveals whether the lower esophageal sphincter (LES) is opening and closing properly. Patients may have esophageal motility studies performed if they have swallowing difficulties, unexplained chest pain, asthma or chronic GERD, or are being considered for gastric bypass or banding. Anal-rectal manometry is performed in cases of constipation or fecal incontinence. Findings assist physicians in determining the best treatment.

Esophageal manometry is done by putting a probe through the patient's nose and into the stomach and measuring pressure in the esophagus. The patient then takes sips of liquids of varying viscosity. The instrument tracks how the fluid moves

through the esophagus and reveals whether the LES acts as it should. The same approach is used in anal-rectal manometry to learn whether those muscles are functioning properly.

Ms. Schwab traveled to Colorado to study with Donald Castell, MD, who first developed the esophageal manometry equipment and who has published books on the subject. She also studied anal-rectal manometry with doctors at Cedars-Sinai Medical Center in Los Angeles and the University of Iowa Medical Center. She shares all she learns with Ms. Schwarzhaupt. They are the only two nurses designated as motility specialists.

"Motility studies are the only procedures we do in GI that are completely nurse-driven," says Ms. Schwarzhaupt. "We interview the patient, do the procedure, analyze the study afterward, then collaborate with the doctor when he comes in to read the studies."

The nurses are busy. The number of motility studies is up 74 percent from last year.

Ms. Schwab and Ms. Schwarzhaupt also do pH manometry to detect GERD. If GERD is suspected, a pH probe is placed to learn more about the number of reflux episodes in a 24-hour period and whether it is acid reflux or non-acid reflux. They use biofeedback with patients who need to "retrain" their rectal area for better functioning.

Staying Current

Many of the nurses in the unit have earned certification as gastroenterology nurses through the Society of Gastroenterology Nurses and Associates (SGNA). Mr. Morales is President of the Connecticut Chapter of SGNA, and Ms. Day is a Past President. The organization provides conferences, seminars and materials to help GI nurses stay educated and informed on developments in their field.

"Our team here at Hartford Hospital is phenomenal," says Ms. Day. "We work well together, and we're always looking for ways to do things even better. If you're coming here, you're going to get the very best care." ■



PHOTO: JOY MILLER

Frances Schwarzhaupt, RN, left, and Mary Schwab, RNC, examine findings from a motility study.



PHOTO: JOY MILLER

VAD Coordinator Nicki Hubn, APRN, right, talks with patient Patricia Bauman in the Heart Failure Infusion Center as Kelly Skarzynski, LPN, monitors the treatment.

Keeping the Beat

Cardiovascular nurses at Hartford Hospital provide expert care in a challenging and rapidly changing environment.

It was 25 years ago this fall that Hartford Hospital made history by performing Connecticut's first successful heart transplant. Today, Hartford Hospital's Henry Low Heart Center is one of the country's premier centers for comprehensive cardiovascular care, and nursing is at the heart of it.

Hartford Hospital is a regional referral center that provides state-of-the-art therapies in all cardiovascular specialties and cares for even the most complex patients. It is the only hospital in Connecticut certified to implant ventricular assist devices (VADs) as destination therapy and one of only two in the state certified as a Chest Pain Center with percutaneous coronary intervention. It is a national leader in advanced therapies such as ultrafiltration for treatment of congestive heart failure and hypothermia for treatment of patients who've experienced cardiac arrest. Its 24/7 Cardiac Catheterization Laboratory is one of the busiest in the state.

Having a program of this caliber requires an extraordinary nursing team, says Karen Habig, RN, MS, Nurse Director of Cardiovascular Services.

"This is a fast-paced, high-acuity environment, with complex patients and cutting-edge technology," Ms. Habig says. "In a tertiary care center such as ours, innovative technology and evidence-based practice create a dynamic clinical environment

that necessitates ongoing education and advanced skills for nursing. Cardiovascular nurses have to perform at an expert level."

Comprehensive Care for Failing Hearts

Roughly 5 million people in the United States have congestive heart failure (CHF), and CHF contributes to 300,000 deaths each year. Hartford Hospital's Heart Failure and Transplant Program offers a range of services to treat this common and debilitating disease, and nurses are part of it every step of the way.

Patients having an exacerbation of heart failure symptoms such as fluid retention, shortness of breath or swelling of the extremities are admitted to Center 10, the hospital's inpatient heart failure unit. They are treated with a combination of IV medications such as diuretics, ace inhibitors and beta blockers, then weaned to oral medications. Nurses closely monitor patients' responses to treatment, as well as heart and kidney function, lung status, electrolytes and more.

"Nurses need to be specially trained in the management of this disease," says Ann Vale, RNC, MSN, Nurse Manager of C10.

Ashley Giantonio, RN, one of 25 staff nurses on the unit, says that communication and education are significant parts of the nurse's job, too.

“From the beginning of your shift to the end, you have to have good communication with patients, families, doctors, your peers and other departments, and you have to pass vital information along to the next shift,” she says.

During hospitalization, nurses teach patients and families about diet, exercise and medication management. At discharge, they reinforce these points, go over the need to keep follow-up appointments and have blood work done, and explain when to seek medical attention.

Patients who are awaiting heart transplant but are not stable enough to be at home are also admitted to C10. Some may be there as long as six months waiting for a heart to become available. Nurses do all they can to help make the long-term patient’s stay as pleasant as possible. They arrange for special meals and encourage patients to bring items from home. In nice weather, they’ll arrange for a staff member to take the patient outside for some fresh air.

“They’re little things, but they’re huge to the patient,” says Ms. Vale.

Infusion Center and Ultrafiltration

Once stabilized on C10, many patients can go on to receive intravenous therapy as outpatients, thanks to Hartford Hospital’s new Heart Failure Infusion Center, managed by Lynn O’Bara, APRN. Nurses in the Infusion Center administer medications, check lab results, monitor patients and provide ongoing education to help patients avoid future exacerbations. They also regularly follow up with patients by phone after treatment is completed to assess how the patients are doing.

For appropriate patients whose condition no longer responds to oral or intravenous therapy, Hartford Hospital now offers a leading-edge therapy called ultrafiltration—also called Aquapheresis—which is performed in the Medical Cardiology ICU, Bliss 10I. The patient’s blood is put through a filtering machine that extracts sodium and water from the blood and returns the filtered blood to the body. Nurses monitor patients throughout the process, which can take hours to days to achieve adequate fluid removal.

Ventricular Assist Devices and Transplant

Some heart failure patients decompensate to the point where medications are not enough. These patients may be candidates for VADs—machines that help the weakened heart pump more effectively—or for heart transplantation.

VADs have been used historically to sustain a patient until he or she either recovers or receives a transplant. But, as noted earlier, Hartford Hospital recently became the first hospital in Connecticut, and only the fifth in New England, certified by the Joint Commission to implant VADs as destination therapy, that is, in patients whose hearts will not recover from acute injury and who are not candidates for transplant.

VAD Coordinator Nicki Huhn, APRN, sees patients in the hospital or in the outpatient Heart Failure Infusion Center to begin the exacting process of evaluating them as candidates for device support. The ultimate recommendation, either for VAD or transplant, is made by a multidisciplinary team that meets



Laura Johnston, BS, RN, left, and Quita Hall, RN, BSN, assist patient Julius Stevenson with his ventricular assist device.

regularly. The team includes physicians, the VAD and Transplant Coordinators, nurses, nurse managers and educators, a dietician, perfusionists and representatives from Physical Therapy and Social Work.

“This multidisciplinary approach helps ensure that we’re selecting the right patients and doing the best thing for them,” says Ms. Huhn.

After the VAD implant, Ms. Huhn sees the patients daily while they’re in the hospital, then continues to manage them as outpatients.

Post-Operative Care

As soon as they leave the OR, patients who’ve had any type of heart surgery—VAD implantation, transplant, bypass or valve—proceed directly to the 12-bed Cardiothoracic Surgical ICU, Bliss 9I. These patients can be very unstable at first and are at risk of complications. They require a high level of nursing care.

“A patient’s condition can change dramatically in seconds,” says Laura Johnston, BS, RN, a Clinical Leader who’s worked on the unit for 20 years. “Nurses must have good assessment skills, be very attuned to subtle changes and be able to act on them. It’s a huge responsibility; our patients are very acute.”

Ms. Johnston obtained advanced training in VADs to become a VAD resource nurse, one of several in the Department of Nursing. She teaches other nurses about VAD technology, how to adjust the devices and how to care for patients who’ve had VADs inserted.

Bliss 9I nurses must be expert in the use of sophisticated technology, including balloon pumps and continuous veno-venous hemofiltration equipment (for continuous dialysis).

"It's very high-tech, but at the same time we try to maintain a holistic view of the patient—to calm the patient and offer comfort, compassion and education to both the patient and family," says Ms. Johnston.

As post-surgical patients improve, they move to the step-down unit and then to Bliss 9 East, but the level of care they need remains high. Nurses monitor patients' heart rhythms via telemetry, manage the chest tubes placed to drain fluids, help manage pain and observe for signs of the arrhythmia that often occurs after surgery.

"A large part of the nurse's job is keeping the rest of the health care team up-to-the-minute on any changes in the patient's condition," says B9E Clinical Leader Quita Hall, RN, BSN. "Our goal is to catch a problem when it's small and provide early intervention."

Hypothermia

Hartford Hospital is pioneering hypothermia, one of the most exciting innovations in treatment for post-cardiac-arrest patients.

"Hypothermia has been shown to often improve neurological outcomes after cardiac arrest in patients who meet inclusion criteria," says Michele Kolios, Nurse Manager of Bliss 9I and the B10I Medical Cardiology ICU where the procedure is performed.

At Hartford Hospital, hypothermia's overall success rate among patients whose cardiac arrest was due to ventricular fibrillation or ventricular tachycardia is 63 percent, significantly higher than that reported in other studies.

Hypothermia involves reducing the patient's core body temperature to between 32 and 34 degrees Celsius within four to six hours of arrest, maintaining it for 18 to 24 hours, and then gradually raising the body temperature. Cooling is done by connecting the patient to a machine that circulates iced saline centrally through the body. Nurses set up and operate the hypothermia machine and monitor the patient for the many physiological responses the process can induce, including

bradycardia, hypotension, electrolyte and potassium fluctuation and shivering. They also perform the care needed for any status-post-cardiac-arrest patient. All nurses on B10I have been trained in hypothermia, and new nurses gain this competency over time.

Interventional Procedures

The hospital's Cardiac Electrophysiology and Cardiac Catheterization Laboratories perform thousands of life-saving, life-improving and diagnostic procedures every year, and nurses care for patients before, during and after each one.

The Electrophysiology Lab does radiofrequency cardiac ablations to treat arrhythmias and implants sophisticated devices such as internal cardiac defibrillators (ICDs). Nurses prepare patients, assist in the procedure and, after the procedure, provide care and monitor device performance. The lab's volume has increased roughly 25 percent in the last two years.

Angel Rentas, MSN, APRN, sees patients before and after procedures and collaborates with physicians in the care of arrhythmia patients in the hospital. As Outpatient Services Coordinator, he also follows patients in the outpatient clinic, performing diagnostic tests and adjusting ICDs and pacemakers to optimize the effectiveness of the patient's heart.

"There's a large technological component to our work—a lot of decision-making and programming," Mr. Rentas says, "I like patients, and I like helping people, but I think all of us here also have a geeky side that makes this very appealing work."

The Cardiac Catheterization Lab performs about 3,500 angioplasties, stent placements and diagnostic procedures a year, giving it one of the highest volumes in the state. It consistently meets national guidelines for door-to-balloon time. A new arrangement with EMS services allows for an EKG to be performed and transmitted to the hospital en route, so the patient can go directly to the lab on arrival. During procedures, specially credentialed nurses administer IV conscious sedation and do patient assessment.

"Nurses also care for the patient pre- and post-procedure," says Cath Lab Manager Jeanne Bodett, MBA, BSN, "and that patient can range from an outpatient to a critical-care-level patient."

Going Forward

Late last year, the Cardiovascular Service launched the Cardiac Surgery Redesign Project. This major initiative is part of the hospital's Balanced Scorecard for both 2009 and 2010, indicating its level of strategic priority. The project is being spearheaded by a team co-chaired by Karen Habig, RN, MS, Nurse Director, Cardiovascular Services, and Wendy Elberth, Vice President, Administration. Throughout 2009, the team designed initiatives reflecting best practices, and those will be implemented in 2010.

"Our goal is the creation of a seamless, patient-centered system for delivery of cardiac surgery care from the first encounter through discharge and follow-up," says Ms. Habig. "Improvements in process, resources and capacity will prepare us to meet the growth in demand for cardiac services." ■



Renee Sandon, RN, left, and Angela Leininger, RN, prepare patient Mary Bolduc for a procedure in the Cardiac Electrophysiology Lab.

PHOTO: JOY MILLER

Research

Focus on Pressure Ulcers

Nurses at Hartford Hospital are at the forefront of efforts to prevent pressure ulcers in hospitalized patients. They're focused on identifying and implementing evidence-based standards, performing assessments, sharing specialized expertise, and gathering and monitoring data. This data is evaluated and used to identify opportunities to improve care and evaluate patient outcomes.

"New regulatory focus says that most pressure ulcers are preventable," says Lisa Corbett, APRN, a certified wound care nurse who is spearheading the hospital's efforts. "To drive down the incidence, we've realigned resources, reassessed our program and are working to put evidence-based strategies into practice."

The Pressure Ulcer Action Group, an interdisciplinary, hospital-wide team, deals with policies, products and protocols related to preventing skin breakdown. The Inpatient Wound Team has been expanded. In addition to Ms. Corbett, it includes Becky Morton, RN, BSN; Barbara Hoak, RN, MS; and Nancy Ough, LPN. Thomas Banever, MD, is the team's physician collaborator. A network of 77 nurses who serve as unit-based "Skin Champions" is the core of the program. These specially trained staff nurses identify issues specific to their units, provide bedside care, serve as resources to peers and request Inpatient Wound Team consultations when appropriate.



Barbara Falkowski, RN, left, and Judy Mulhaul RN, B111 Skin Champions, examining a patient.

The admitting nurse screens all patients for pressure ulcer risk potential by using a national standardized, validated assessment tool called the Braden Tool. The score on this tool triggers nursing prevention interventions such as special beds and incontinence barrier cream application.

"The Inpatient Wound Team sees every patient who's admitted with a pressure ulcer," says Ms. Corbett. "We make sure there's a plan of care set up, including the right bed, a nutrition consultation, the right dressing and protocols for prevention. Then we re-evaluate the patient weekly."

The general standard for hospitals is to measure the incidence of pressure ulcers quarterly and enter the information into a national data base so each hospital can benchmark itself to its peers. Hartford Hospital continues this practice and has enhanced its efforts by tracking daily, "real-time" incidence, as well, in order to monitor the situation more closely. The Inpatient Wound Team is also working to identify specific risk factors that may predispose a patient to pressure ulcers.

"There's no quick cure," says Ms. Corbett. "Our challenge is to identify high-risk populations, examine root cause of occurrences and implement evidence-based strategies for individualized care."

13th Annual Evidence-Based Practice Conference

The vital role of nursing in quality and patient safety was the central theme of the 13th Annual Evidence-Based Practice Conference held on Oct. 8 at Hartford Hospital's Education and Resource Center.



Barbara L. Mackoff, EdD

More than 300 nurses, nursing faculty and students attended the event, which was presented by the Institute for Health Care Education and the Connecticut Nursing Research Alliance.

The full-day event, entitled "Raising the Voice of Nursing in Quality and Patient Safety," featured nationally known speakers, skill-building sessions and poster presentations.

The keynote speaker was psychologist, educator and author Barbara L. Mackoff, EdD, the principal investigator of the Robert Wood Johnson Foundation's nationwide research project on nurse leadership. An acclaimed expert in the psychology of effective leadership, Dr. Mackoff spoke on "Nurse Manager Engagement: The Power of Positive Deviance."

Dori Taylor Sullivan, PhD, RN, Associate Dean for Academic Affairs at the Duke University School of Nursing, gave the plenary address. She provided an update on the national initiative, Quality and Safety Education for Nurses, which seeks to prepare future nurses with the knowledge, skills and attitudes necessary to continuously improve the quality and safety of health care systems in which they work.

Education

Bliss 8 Joins Virtual Learning Community

Hartford Hospital's Bliss 8 surgical unit has been selected to participate in the nationwide Transforming Care at the Bedside (TCAB) project. The project was created by the Robert Wood Johnson Foundation in partnership with the Institute for Healthcare Improvement and has been embraced by the American Organization of Nurse Executives. The foundation describes the project as a "learning laboratory for change with a focus on improving the delivery of care in medical-surgical units—where most of the nation's inpatient care is delivered." Roughly

60 hospitals across the country participate in TCAB and share information on best practices. Bliss 8 will concentrate on pressure ulcer prevention. It aims to:

- Strengthen the link between frontline nursing and improved clinical outcomes by facilitating staff nurse cultural transformation that internalizes the importance of nursing care to pressure ulcer prevention
- Build on previous pressure ulcer prevention work by streamlining wound care workflow so as to increase RN time at the bedside
- Facilitate innovation by refining the Pressure Ulcer Program for specific patient populations on this unit (bariatric, cancer, bowel surgery).

Focus on Alumnae

Message from the President



A Community of Classmates

2009 was a very special one for my graduating class of 1969. We celebrated our 40th reunion the weekend of the Annual Banquet in June. Classmate

Marilyn Godlewski McKeown and I spent many long hours compiling information, developing spreadsheets and contacting our classmates. Linda Sorensen Clougherty managed to put together a wonderful booklet sharing information about the lives, families, education and careers of our classmates. It is still surprising to me that we were able to obtain so many names, addresses, phone numbers and e-mail addresses after so many years! Most responded positively to our outreach, and we were able to assemble 32 of our original 73 graduates for the weekend celebration. Highlights included a luncheon sponsored by Hartford Hospital, a hospital tour, a visit to the student nurse statue in the Meditation Garden, a trip down the Connecticut River on the Hartford Belle and, of course, the Alumnae Banquet, featuring a presentation by Hartford Hospital Archivist Steve Lytle. It was a memorable occasion.

For next year's banquet, we will encourage attendees to wear their nursing caps and pins as reminders of the pride we have in our school and our profession.

On another note, the Hartford Hospital Alumnae Association remains an active and growing organization. New members continue to join the association and the Bed Fund. In fact, our Bed Fund requests have increased this year, probably as a result of more publicity and the changes we have made in fund distribution.

Vice President Betty Fusco's Scholarship Committee has been diligently enhancing the application for 2010. We hope that providing a scholarship will, in some small way, support the profession of nursing. For more information on the scholarship, see the Alumnae Association's Web site: hhsnalumnae.org

Karen Stinson Mazzarella

Karen Stinson Mazzarella, RN, BA (HHSN '69)

Let Us Hear from You!

Are you an HHSN graduate doing innovative work in the field of nursing? Then we want to hear from you! Your work may be featured in a future issue of the Hartford Hospital *Nursing* magazine. As you'll see on the inside back cover, this issue features a description of a research project by Barbara Sundell Aronson, PhD, RN, CNE (HHSN '76). To share your story, just contact Alumnae Association Executive Secretary Patricia Ciarcia at (860) 563-2005 or patciarcia@snet.net.

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

To join, simply mail your \$30 non-tax-deductible check (payable to the Alumnae Association of HHSN Inc.) to the address below, along with your full name, class year, mailing address, telephone number and e-mail address.

For more information, please contact Karen Stinson Mazzarella, President, at kmazzar@ccmckids.org; Pat Ciarcia, Executive Secretary, at patciarcia@snet.net; or visit our Web site at www.HHSNalumnae.org. You can also write to the Alumnae Association of the Hartford Hospital School of Nursing, 560 Hudson Street, Hartford, CT 06106.



“You’re Always a Nurse”

For many people in the Hartford Hospital community, Patricia Andreana Ciarcia, RN, MSN, is someone who needs no introduction. A 1962 graduate of the Hartford Hospital School of Nursing, Pat enjoyed a 43-year nursing career at Hartford Hospital, largely in high-profile management and leadership roles. Today, she continues her involvement with the school and the hospital as Executive Secretary of the Alumnae Association.

Like so many nurses, Pat was initially drawn to the profession by getting to know a nurse who became a role model.

“When I was in junior high school, I joined the Future Nurses Club. Our school nurse was so caring and competent, I thought she’d be great to emulate,” Pat says. “She was an HHSN graduate, and because of that, I wanted to go to HHSN, too.”

At first, the training was a little overwhelming for 18-year-old Pat, but she rose to the challenge.

“There was a lot of on-the-job, hands-on training, and we became very competent,” she recalls. “By the time we were seniors, we’d often work alone at night on the major medical floors.”

Pat was a senior and on duty on Dec. 8, 1961, when the famous Hartford Hospital fire occurred. It was an event that would strongly influence her career.

“I was at the opposite end of the building from where the fire started, but heavy smoke came all the way to our unit,” Pat says. “We put washcloths over our faces and the patients’ and evacuated patients down the stairwells. We thought we were going to die that day.”

The emergency inspired Pat to get involved in disaster planning. She was active on the hospital’s Disaster Planning Committee and chaired several subcommittees. In 2004 she represented the Department of Nursing at a week-long regional Emergency Management Institute sponsored by the Federal Emergency Management Agency.

Pat worked as a nurse manager on medical units for several years following graduation. After her daughters were born, she returned to work part time as a Nursing Coordinator, a role she held for the rest of her career. In this position, she represented nursing and hospital administration on the off-shift. She made



Patricia Andreana Ciarcia, 1962

rounds, dealt with any issues that arose, and helped nurses to make effective decisions.

“I enjoyed mentoring newer nurses, and it was very rewarding, not to make the decision for them, but to walk them through the thought process and help them arrive at the appropriate decision,” says Pat.

As time went on, she found herself mentoring new nurses who had bachelor’s degrees, so she decided to go back to school, ultimately earning her BSN from St. Joseph College in 1993. But she didn’t stop there. In 1997, she was awarded a master’s degree in nursing administration from the University of Hartford.

Pat had been active in the Alumnae Association from the time she graduated from HHSN. In 2004, after her retirement, she agreed to serve as its Executive Secretary. She’s responsible for the organization’s legal documents, membership roles and correspondence. But her biggest job is planning the annual Alumnae Banquet, which typically attracts 200 people and often has tours and other events associated with it. Pat also serves on the editorial board of this magazine and compiles the *PILLBOX* information.

Pat is an active member of the Wethersfield/Rocky Hill Professional Nurses Association, a group of about 50 nurses who meet monthly to discuss current nursing issues. Included in each monthly meeting is an educational program given by a nursing professional. They also volunteer at flu and blood-pressure clinics, provide nursing scholarships and perform other service work in the community. Patti Rinaldi (HHSN ’58), who was profiled in the spring 2007 issue of Hartford Hospital *Nursing*, is President of the association.

“It’s a great way for nurses to get together,” Pat says. “Nurses are nurses, whether they’re retired or not. It never changes; you’re always a nurse.”

Pat and her husband travel a good deal and enjoy being the center of family functions and holidays. She loves to cook and garden, and always has a good book going.

Reflecting on the evolution of her profession, Pat says, “We’ve certainly moved far ahead in terms of technology. But as far as actual caring, that hasn’t changed. Caring about people, empathizing with patients and families and wanting to help—those things are still at the core of nursing.”



Pat today

Dressed for Success

Over the 99-year history of the Hartford Hospital School of Nursing, generations of students took pride in wearing the uniform of their school. The uniform was more than an outfit. It was a mark of professionalism. It underscored the discipline—intellectual and personal—that characterized the training. And it fostered a sense of community among classmates. While the uniform changed with the times, it remained a badge of honor for all those who wore it.



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The class of 1976

7

(1) Caroline House, one of five students in the very first class (1879) of the Hartford Hospital Training School, wears the uniform of the day.

(2) It's 1898, and the uniform still features the ankle-length skirt and pinafore, but now includes fashionable leg o' mutton sleeves.

(3) Students in the nursery in 1920. The pinafore continues, and cuffs have been added to keep the uniform blouse's long sleeves tidy. The cap more closely resembles the style that continued to be worn into the 1970s.

(4) A student in the 1940s prepares nutritious foods. The pinafore and cap are nearly unchanged. Cuffs are still worn, but on short, more practical sleeves.

(5) By 1962, detachable cuffs are eliminated in favor of simple, short sleeves. The pinafore's practicality accounted for its longevity.

(6) 1973 was the first year students were allowed the option of wearing a pants uniform. Hemlines were up, too.

(7) The Class of 1976 was the last to graduate from the school. Here, graduates assembled on the steps of Hartford's St. Joseph Cathedral sport short uniform dresses their predecessors probably never imagined.

The Annual Banquet of the Alumnae Association of the Hartford Hospital School of Nursing was held on Sunday, June 7, 2009, at the Crowne Plaza in Cromwell, Conn. There were 240 alums present for the celebration. Steve Lyle, Archivist for Hartford Hospital, presented a historical slide show of old photos of Hartford Hospital and our School of Nursing. The alumnae thoroughly enjoyed the banquet and presentation.

The day before, Saturday, June 6, 2009, about 60 members of the combined classes of 1959 and 1969 enjoyed a lovely buffet luncheon, followed by a tour of Hartford Hospital. Some alums had not been back to Hartford Hospital since they graduated, so it was quite an eye-opener for them to see the changes that have occurred over the past 50 years. In addition, Martha Rogers, Spinal Center Coordinator, gave the group an informative overview of the Spine Center. The Alumnae Association wishes to extend a thank you to Linda Spivack, Vice President of Patient Services, for sponsoring this event. Also, we would like to thank Patty Veronneau (HHSN '74) Nursing Coordinator, and Angie Mollica, Administrative Assistant, for planning the luncheon and tours.

PHOTOS OF LUNCHEON HELD AT HARTFORD HOSPITAL
Saturday, June 6, 2009



Class of 1959 celebrating 50 years



*Combined Class of 1959 and 1969 posing in the lobby of Hartford Hospital with tour guide **Patty Veronneau '74***



Class of 1969 celebrating 40 years



Class of 1959 in front of the HHSN nurse statue in the Meditation Garden at Hartford Hospital

Class of 1935

Our "oldest" graduate at the Alumnae Banquet (She looks wonderful!)



Edith More Hardman '35 celebrates her 74-year HHSN anniversary



Edith More Hardman at HHSN graduation in 1935

Class of 1943



Edythe Blumenthal Greenspon '43 and Harmony Ovitt Bolstridge '43 enjoy the festivities

Class of 1944



Class of 1944 celebrating 65 years since graduating from HHSN

Class of 1947



Members of the Class of 1947 include: (l-r) **Barbara Wilson Laitinen**, **Johanna Deutsch Meisterling** and **Audrey Carter Dunham**.*

Class of 1949



Class of 1949 celebrates its 60-year HHSN anniversary

Class of 1950



MaryLou Healy Condon '50 is serenaded by **Sam Pasco's Band**

Class of 1954



"55 years for Class of '54!"

Members present included: **June Perret Noble**, **Lois Roden Dragone**, **Joyce Lanz Gross**, **Carol White Lord**, **Rosemary Riester Carlson** and **Marion Elinskas Warren**.
Not pictured: **Ruth Campbell Thayer**.

Class of 1956



Pat Audet '56 past president (1970-1974) of the Alumnae Association

Class of 1959

Carol Milligan Charest '59 continues her nursing career part time as an independent health consultant, a role begun in the 90s. Other positions she held include that of professor, BSN nursing, supervisor, and home care nursing. Her clients included elders with long-term case-management needs, Connecticut child day care centers seeking program excellence, and nurses in role transitions. Current endeavors as Nurse Leader, Sigma Theta Tau, are career planning events for high school students and promotion of transcultural health care. Her doctoral dissertation focused on transcultural innovations. As nursing professor at American International College, she authored its initial MSN program proposal and served as co-chair of a task force entitled Statewide Campaign for Safe Care in Community Health. She gives much credit to HHSN for establishing the firm foundation for practice and global vision that has enabled her career fulfillment. Through it all has been her husband of 47 years and their four children whose births span five and one-half years. Two grandsons are added blessings. All but one son live close by. Travel has been extensive, sometimes as a family, throughout Europe, four Asian countries and across America. The house on Cape Cod is still a favorite. Retirement? Looking good!

Ardell Patterson '59 and **Irene Smith '59** organized their class's 50th anniversary celebration. Thirty-six classmates traveled from far and near—including Ohio, Texas, California, Florida and Connecticut—to celebrate. Festivities for the weekend began with a celebration as guests of Hartford Hospital with a luncheon and tour of their "old stomping grounds." They visited the Memorial Garden and bronze HHSN nurse statue, which was particularly enjoyable. Their festivities continued at the Crowne Plaza with a wine and cheese party, followed by a lovely dinner in the Garden Dining Room. Many classmates stayed at the hotel, where conversations continued late into the night and then resumed at breakfast. The activities culminated with the Alumnae Banquet.

Lee Shumway Tonet presented the famous decorated gold bedpan to the Class of 1960. The overall anniversary celebration was terrific, and they found that relationships formed in their youth have endured.



Lee Shumway Tonet '59 presents the famous decorated gold bedpan to **Carolyn Bickford Calboun**, Class of 1960. The bedpan is filled with a globe documenting various nursing positions held by members of the Class of 1959 and, surrounding the globe, are chocolate kisses and bugs. **Faye Palmer Daley '59** gave a poetic rendition of the true meaning of the ceremonial bedpan.

Joyce Slocum Stengel '59, after graduating from HHSN, obtained a BA and MA in English and began writing for newspapers and magazines. Her work included medical articles and doctor interviews. She has written and published five children's books for ages 5 to 12 and recently published her first children's picture book, *St. Patrick and the Three Brave Mice*, published by Pelican Publishing Company Inc.

Class of 1960

Patricia Tencza Reig '60 has been married for 49 years and is now retired from Hartford Hospital after 35+ years working in the OR and on the Dialysis Unit. She now enjoys pastel painting and has turned out some great paintings.



Class of 1960 celebrate 49 years since graduation

*Editor's note: Mrs. Dunham passed away in September 2009

Class of 1962



Rosemary DeAngelis, Rose Ann Dandurand, Pat Conforti Masucci, Carol Drumm Ferik, Linda Arle Duval, Fran Bidorini Ganguli, Pat Andreana Ciarcia. Missing from the photo: **Mary Ann Comen Bertini, Pat Lepito Karwoski, Gail Mansolillo Twarkins, Pat Borden Silva, Sandy Agud Trifiro and Gail Paterno Williams.**

Class of 1963 and 1964



Antoinette DeNicolo Ellzey '64 and Muriel Gladue Hermann '63

Let Us Hear from You!

We would love to receive photos and news from HHSN alumnae. Please mail information to the Alumnae Association of the Hartford Hospital School of Nursing, 560 Hudson Street, Hartford, CT 06106 or e-mail patciarcia@snet.net.

Request for HHSN Nursing Pins

We often receive requests for a replacement HHSN nursing pin. Since they are no longer made, the only way we can get one is if an alum is willing to donate her pin to the Alumnae Association. We would then give the pin to the alum who is requesting it. If you are interested in donating your pin for this purpose, please contact Pat Ciarcia at (860) 563-2005 or patciarcia@snet.net.

Class of 1969



Karen Stinson Mazzarella '69 and Marilyn Godleuski McKeown '69 enjoy the Hartford Belle boat ride down the Connecticut River

The Class of 1969 had a total of 32 classmates who were able to attend at least some of the events celebrating their 40th anniversary. Twenty-seven members attended the Hartford Hospital luncheon, and it was a great meal (much better than the old cafeteria mystery meat!). Besides an update on the latest and greatest that Hartford Hospital has to offer, they were able to tour different areas of the "new Hartford Hospital." Next came a visit to the statue of the nurse in the Meditation Garden with photos and placement of flowers in memory of deceased classmates **Vickie Zajak, Jan Wippert, Kathy Walton and Lynn Cebelius.** The boat cruise on the Connecticut River on the Hartford Belle was wonderful. The sun was shining, the sky was blue, the water was calm and the singing ... oh my gosh, the singing!!!!

Needless to say, they had a great time talking and reconnecting. Afterward, at the hotel, 31 class members noshed on cheese, crackers and fruit (and drinks, of course), while waiting for their catered buffet dinner. Post-dessert awards were distributed to those deserving folks who showed up!

The group shared Sunday breakfast at the hotel (some members in their PJs) in the Governor's Suite. By noon they were assembling in the hotel ballroom for the annual HHSN Alumnae Banquet. One of the largest turnouts—240 alums—attended, including 23 from the class of 1969. The trip down memory lane was encouraged by Steve Lytle's presentation and discussion of old photos from the Hamilton Archives at Hartford Hospital. A good time was had by all, followed by pictures of the "Special Classes." This was truly a memorable weekend as class members shared feelings, experiences and dreams.

Class of 1974



Carol Hancock '74 and Karen Voskowsky Hamley '74

Alumnae Banquet Photos compliments of **Marilyn Miller '74**



In Memoriam

We honor the memory of alumnae of the Hartford Hospital School of Nursing who have passed away and others who have touched our lives.

1933 Beatrice Wheeler Swikla	1943 B. Lauriel Moodie Giantonio	1948 Dorothy Madsen Allen Virginia Peterson Shea
1934 Margaret Bannister Anderson	1944 Alice Medbery Sorant	1952 Florence Patch Cox
1935 Nellie Lund Hellijas Helen Higbie	1946 Muriel Shaw Fields Margaret Clark Therrien Eleanor Kelly Wesson	1959 Ann Skelly
1940 Marian Allen House	1947 Catherine Shepherd Davis Audrey Carter Borrrup Dunham	1965 Janet "Lee" Hitchcock Bezanson
1941 Ellen Curtis Kolodney		1974 Michelle Haslam McGuire

Alumnae Accomplishments

HHSN graduates have gone on to do important work in their field. Below is a summary of a research project conducted by Barbara Sundell Aronson, PhD, RN, CNE (HHSN '76), and her colleague, Lisa Rebesch, RN, MSN, CNE.

Assessment of Nursing Students' Learning Outcomes and Employment Choice after the Implementation of a Senior Capstone Course

Many health care institutions, including Hartford Hospital, collaborate with nursing programs to offer end-of-program clinical immersion experiences for senior baccalaureate nursing students. Typically, these capstone experiences utilize a preceptor model of instruction, with preceptors and clinical faculty working together to provide clinical supervision for students. Educators, nurse managers and administrators are well aware of the considerable amount of planning and personnel these types of experiences require, and the demands they place on already overloaded staff nurses. However, the benefits of this type of teaching model for students, clinical agencies and nursing programs have not been well described in the literature. Faculty members at Southern Connecticut State University conducted a multi-method research study after a new capstone course was developed at their university (Rebesch & Aronson, 2009). The study examined student learning outcomes, student perceptions, and post-graduate employment choice and retention. Results indicated that a capstone course does not necessarily significantly improve scores on achievement exams, increase program satisfaction or NCLEX-RN pass

rates. However, qualitative content analysis of a focus group interview with capstone students revealed the themes of integration, autonomy, confidence, authority and advocacy. Students reported positive learning relationships with their preceptors and improved competence in the nursing role. It is reassuring for clinical agencies to know many students in this study secured employment at their capstone site and in their capstone specialty after graduation, and the majority were still employed at this site two years later. Further research is needed to determine the effect of this finding on student orientation time and potential cost savings to institutions. The authors of this study conclude that the capstone course is a welcome addition to our undergraduate program of study and are currently developing an instrument to more accurately reflect the true value of the capstone experience and its impact on student learning.

Barbara Aronson is Associate Professor and Undergraduate Coordinator in the Department of Nursing at Southern Connecticut State University. She has been a member of the Connecticut Nursing Research Alliance since the beginning.

"The Caregiver," a bronze statue of a student nurse, stands in the Meditation Garden on the campus of Hartford Hospital. The statue honors the 99-year history (1877-1976) of the Hartford Hospital School of Nursing. University of Hartford professor Lloyd W. Glasson of New York City and Cromwell, Conn., sculpted the statue, which was made possible by the efforts of the Alumnae Association of the Hartford Hospital School of Nursing.



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 cgarlic@harthosp.org.

Address Service Requested



HAMILTON ARCHIVES AT HARTFORD HOSPITAL

HHSN students in uniforms from various eras surround “Mrs. Chase,” the school’s early training mannequin, in this 1976 photo.