

Autumn 2014

Nursing

Hartford Hospital
A Hartford HealthCare Partner

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



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Hartford Hospital's Nursing Professional Practice Model



The Nursing Professional Practice Model was developed by nurses from across Hartford Hospital. It is a visual representation of the scope of nursing practice and nursing's role in enhancing the human health experience.

Hartford Hospital

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Nursing

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On the cover: Nurse Managers Carol L. Ghergurovich, MS, RN, left, and Kim LaCroix, BSN, RN-BC.

Photo by Cill Russo



Messages From Executive Leadership



A Model for Moving Forward

The H3W model that was introduced several years ago has enabled Hartford Hospital

to improve its performance in many key areas. H3W has been successful because it engages the talents, insights and energy of every member of our hospital community, and it empowers people to both identify opportunities for improvement and bring about positive change.

Now we're taking this concept to the next level, with the implementation of Operating Model 2.0. This new model is a way of helping all of us at Hartford HealthCare achieve and sustain improvements critical to our patients and to our future.

Operating Model 2.0 focuses on daily continuous improvement that is aligned with strategic goals. It uses lean approaches to streamline processes and establishes standard work to ensure consistently high performance. It provides for cascading of information up and down throughout the organization to enhance communication and focus on common goals. It incorporates leadership behaviors designed to improve our interactions with patients, families and one another. Under Operating Model 2.0, senior leaders are more engaged with staff on a daily basis so they can hear staff members' concerns and suggestions, take action to solve problems, and provide coaching and mentoring to support excellence.

Nurses at all levels are essential to our hospital's achieving the superior outcomes Operating Model 2.0 is designed to deliver. I look forward to your bringing to this effort the same dedication you show to your patients and colleagues every day.

Stuart K. Markowitz, MD, FACR

President, Hartford Hospital
Senior Vice President, Hartford HealthCare



Sustaining the Highest Standards

A great deal of discussion is taking place at Hartford Hospital about concepts related to Operating

Model 2.0, such as "lean" methodologies and "standard work." As with any relatively new ideas, these will be better understood and appreciated as we put them into daily practice and discover for ourselves the benefits they offer. And they do offer many benefits—to patients, to nurses and to the great hospital we all choose to be part of.

Lean is a way of assessing and then revising processes to eliminate anything that wastes time, duplicates effort, allows errors or causes other problems. Once the best, most streamlined version of the process is identified, that way of performing it becomes standard work. In essence, we identify the very best way to do something, and then do it that way all the time. Even standard work, though, isn't carved in stone. Through continuous improvement, standard work can be modified to make the process even better over time.

When we translate these principles into nursing, we foster the best patient outcomes by ensuring that every patient receives the safest, highest-quality care, every day, on every unit, from every nurse. We achieve best practice levels in hand hygiene and prevention of falls and pressure ulcers. We increase patient satisfaction by always doing things that we know contribute to a superior patient/family experience, such as hourly rounding, bedside shift report and use of the Patient Health Care Journal.

For nurses, standard work and lean processes mean more time to do what we entered this profession to do: take excellent care of patients. They also make our days more predictable and, therefore, less frantic, less frustrating and far more rewarding.

Just as important, employing these practices reduces the cost of care—something every hospital must do to survive in today's challenging health care environment.

In this issue, we look at how these transformative approaches are already being put into practice at Hartford Hospital. I hope you'll enjoy reading the articles, and I welcome your comments.

Cheryl Ficara, RN, MS, NEA-BC

Vice President, Patient Care Services
Hartford HealthCare Hartford Region



Achieving Excellence Through Standard Work

Standardizing best practices means better outcomes, more-satisfied patients and families, and nurses better able to focus on doing what they love.

This summer, Hartford HealthCare Executive Vice President Jeffrey Flaks introduced a new model for achieving sustained excellence throughout the HHC system. “Operating Model 2.0” calls for changing the way work is done by establishing a system of standard work that hard-wires excellence into daily actions. Nursing plays a critical role in this initiative, and many of the model’s elements have already been pioneered at Hartford Hospital.

“The goal is to reduce variation, improve our performance and improve patient outcomes, including patient satisfaction,” says Gail Nelson, RN, MS, NEA-BC, nurse director for regulatory readiness and nursing operations at Hartford Hospital.

The operating model’s components include using “lean” concepts to improve the quality and safety of patient care by reducing errors, delays, wasted motion and other undesirable elements that detract from patient care. “Lean is a way to fix problems, not work around or hide them,” says Kim LaCroix, BSN, RN-BC, nurse manager on C12. “Through lean and standard work practices, we can improve patient safety and quality and reduce costs, while also improving employee engagement and satisfaction.” One of the principal benefits of streamlining and standardizing processes, LaCroix points out, is freeing nurses to do what they most want to do: spend more time at the bedside taking care of patients.

A Structured Day

Nurse managers play a special role in ensuring that nurses have the knowledge, support and resources they need to perform at the highest levels for their patients every day. Managers now have a standard structure for the beginning of each day. The structure aims to enhance communication and give managers more time to be on their units, talking with nurses and seeing patients.

The standardized portion of the manager’s day begins at 7:30 a.m. with the Patient Safety Action Group meeting, where participants discuss any safety issues that have come up and any steps needed to address concerns. At 7:45 a.m., managers take part in the “bed huddle.” Here, they learn about the outlook for the hospital for the day,

how many patients are in the ICU, how many OR procedures are scheduled, how many discharges are expected and more. “Between PSAG and the bed management meeting, we get a quick snapshot of the bigger picture of what’s going on that day in the hospital so we can carry that information to the front line staff on the unit,” LaCroix says.

Managers share that information with staff in the unit huddles on patient floors immediately following the bed huddle. This way, any critical issues raised at the earlier meetings will immediately cascade to unit staff, so everyone has the same understanding. Unit huddles are

STANDARD WORK IN PERSPECTIVE

“The changes introduced to the ‘standard work’ for managers and staff to date represent important first steps in standardizing work in our new Operating Model 2.0,” says Dr. Jamie Roche, vice president of operational excellence for Hartford HealthCare. “The model will continue be refined through a systemwide design process we will initiate this December.”

Kim Barnas of the ThedaCare Center for Healthcare Value will meet with HHC leadership in early December to share lessons ThedaCare learned during its “lean” journey. Those best practices will be incorporated into the design process.

Ultimately, Roche says, HHC’s model will produce three major results: continuous improvement will be integrated formally into the daily workflow, there will be a shared understanding that improving the work is the work, and leaders will be actively engaged with staff in the workplace.

“We will demonstrate our success through active engagement of our staff, improved organizational outcomes and an enhanced patient experience,” Roche says.



Members of hospital leadership debrief after a weekly session of Rounding to Influence.

brief but important. As Carol L. Ghergurovich, MS, RN, NE-BC, NEA-BC, nurse manager of transplant on CB3, explains: "In the huddle, we discuss pressing patient care issues, new initiatives and what's happening at Hartford Hospital and Hartford HealthCare. It gives us a sense of unity to hear what's being said by everyone while engaging the team."

Restructuring their morning meetings means that managers now have time built into their days to do patient rounds on their respective units every day. "The most important benefit of rounding is being present for the patient," LaCroix says. "It allows the nurse manager to resolve issues in a timely manner and provide immediate feedback to the staff." In addition, she says, it's "an opportunity to provide honest feedback—to teach, coach and mentor them, as well. This, hopefully, will translate into improved patient satisfaction."

Earlier this year, the hospital instituted leadership rounding, a standard plan to bring senior administrators onto units and into patient rooms. During leadership rounds, vice presidents, directors and others meet with staff to learn about any safety issues, barriers to care or other concerns. They also meet with patients to gain their perspective. Leadership rounding gives nurses on the units an opportunity to speak directly with top administrators about factors that affect patient care, and gives administrators a better understanding of the real-life challenges nurses face.

A Tale of Two Managers

Carol L. Ghergurovich is one example of a nurse manager who has committed to Operating Model 2.0. To foster continuous improvement, she chose to be trained as an H3W leadership behaviors trainer. Ghergurovich is one of 20 volunteer instructors providing customized leadership behavior training to HHC staff, nurses, patient care associates and physicians. The training is based on 10 leadership behaviors (see sidebar) originally identified by Mark Sasscer, an author and the founder of LeadQuest Consulting Inc. Ghergurovich participated in the training herself several years ago when it was presented at Hartford Hospital, and knew she wanted to share the leadership behaviors with others.

"You can apply these 10 leadership behaviors in any aspect of your life," Ghergurovich says. "So much of it is about building great relationships, being honest and open and creating a culture in which we always do our best for patients, coworkers and anyone we deal with professionally or personally."

Ghergurovich, who has been a nurse manager for 13 years, says the leadership behaviors she teaches mesh with her own philosophy of leadership, which entails being knowledgeable, providing continual feedback to staff to help them improve, truly caring about people and communicating effectively.

"My team knows what to do and what the expectations are in regard to patient care," Ghergurovich says. "My role is to oversee and support them by teaching, coaching and mentoring. Our goal, collectively, is to provide the best patient experience. When you hear your own passionate words about patient care coming out of their mouths, you know you are making a difference."

Kim LaCroix is a newer manager, having been in her position on C12 only since fall 2013. She too has embraced

standard work as a means of achieving excellence. Her introduction to standard work was through a lean project, a kaizen rapid improvement process focused on how to accelerate the process of transporting telemetry patients from the ED to the units. "We did a five-day kaizen and developed standard work to solve the problem. That experience confirmed for me that I wanted to go into management," LaCroix says.

LaCroix is conducting a pilot patient experience study on her unit to assess the link between standard nursing practices and patient satisfaction. She looks at how her unit performs in terms of standard practices such as white boards, hourly rounding, bedside reporting, patient health care journals and the patient daily care plan. She then surveys patients and feeds data into a program that generates a report. LaCroix displays the reports on the unit so staff can track progress. She hopes the findings will help other units progress, too.

LaCroix's years as a staff nurse inform her approach to management. "I know what it's like to be in the trenches," she says. "Now I have a more global view, and see things that weren't apparent to me as a staff nurse. I try to mesh that global view with the view of the staff nurse to help staff understand why things need to be a certain way."

LaCroix says that, while change is always difficult, she recognizes that it must take place if the organization as a whole is to succeed.

"We have to remember why we come to work every day," LaCroix says. "It's for the patients. We need to be open to anything we can do to help improve their experience." •

Hartford
HealthCare

H₃W Leadership Behaviors

A Commitment to Continuous Improvement

- 1. Be In The Moment**
- 2. Be Authentic & Humanistic**
- 3. Volunteer Discretionary Effort Constantly**
- 4. Model High Performance -
Desired Behaviors that Drive Desired Results**
- 5. Respect & Leverage Separate Realities**
- 6. Be Curious vs. Judgmental**
- 7. Look in the Mirror First - Be Accountable**
- 8. Have Courageous Conversations**
- 9. Provide Timely, Clear & Specific
Performance Expectations & Feedback**
- 10. Teach, Coach & Mentor -
Spend at Least Half of Your Time
Developing Others**

Remember, "It's about progress, not perfection!"

The Progress Patients Deserve

A system of standard work is helping to ensure that every patient's care is not only excellent, but well coordinated and timely.

More than 40,000 patients are admitted to Hartford Hospital every year. Making sure that each of them progresses appropriately from admission to discharge is a challenge. Yet it's one that must be met for the sake of all patients who turn to Hartford Hospital for care, says Beth Lawlor, RN, MS, CCM, CPHM, NEA-BC, nurse director of case coordination.

"When we talk about 'patient throughput,' we're talking about meeting the needs of all patients—not just the one in front of me, but also the patient I have not yet met," Lawlor says. She stresses that patients have a right to expect not only high-quality medical care, but timely access to tests and procedures, regular updates on their progress and efficient discharge processes. "When we don't provide those things, we hear about it in patient surveys," she says.

Several initiatives now in place at Hartford Hospital are designed to support appropriate patient progression and, in doing so, ensure that patients do not stay in the hospital longer than they need to. Many have been in place for some time, but they are now structured as standard work to enhance predictability, accountability and integration. Nurses at every level are essential to the success of these initiatives.

Clinical Progression Rounds

Clinical progression rounds are now held every weekday on every unit and are co-led by each unit's nurse manager and case coordinator. The team discusses each patient's goal for the day and the steps needed to facilitate the patient's progress toward discharge. While clinical progression rounds aren't new, they were recently structured as standard work. The idea was to make them

regular and predictable, so nurses could build them into their day.

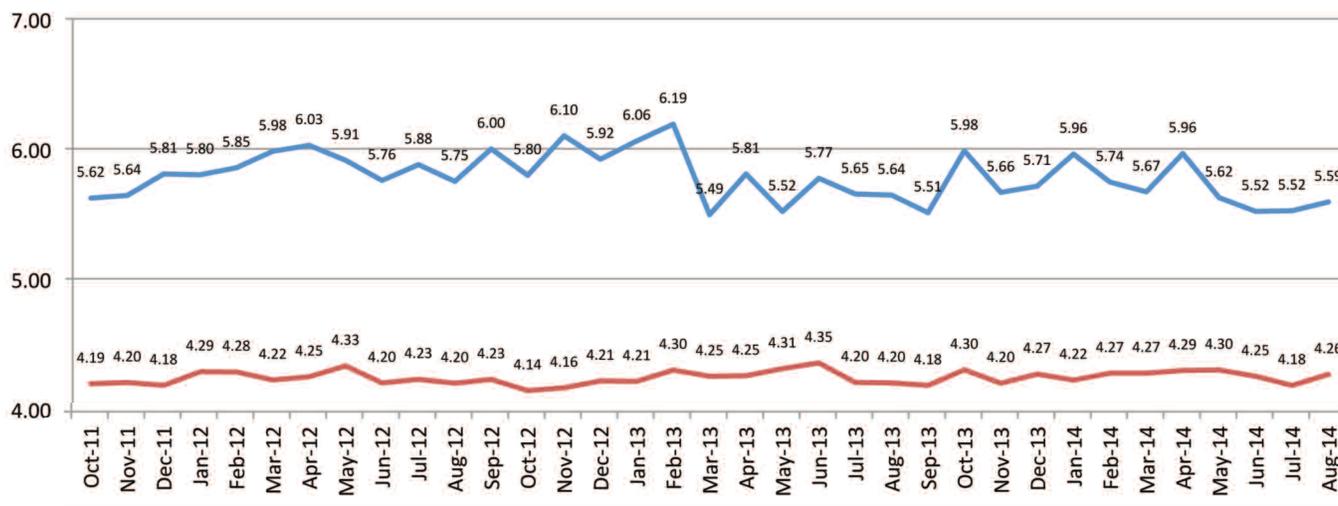
"Once you create standard work, the expectation is that this will occur on every unit," Lawlor says. "In the beginning, staff members were concerned about how they'd find an extra 30 to 50 minutes in their day to do this. The team eventually realized that this was the same work they were already trying to do, but in an uncoordinated way. They found that, on those rare days when clinical progression rounds didn't occur, it made the day far more confusing."

One of the aims of clinical progression rounds is to engage every staff nurse in planning for his/her patient's discharge right from the time of admission. "Historically, it's been the doctor who has done this, but we wanted to be sure that nursing is engaged at the unit level," Lawlor says. She adds that "we're looking to partner as effectively as possible with physicians—to work with them to prepare everything completely so there is no delay in the patient's transition."

In collaboration with the clinical progression rounds team, every nurse is expected to determine his/her patient's expected discharge date within 24 hours of the patient's admission. During clinical progression rounds, the nurse caring for the patient reviews the patient's progress against the patient daily care plan to assess whether the anticipated date is still accurate. "We integrate those assessments in conversations with the patient and family," says Lawlor. "No patient should be surprised on the day of discharge. They should be informed that they're meeting medical milestones and what those milestones are."

Electronic patient status boards installed in ICUs allow members of the clinical progression rounds team to readily see updated clinical information about each patient and to add comments.

Inpatient Units LOS Trends FY12 to FY14 YTD August



Average inpatient length of stay has decreased steadily since early 2013.



Participants at the weekly progression meeting review the previous week's metrics.

In addition to seeing all patients during daily rounds, unit-based case coordinators round weekly with Maureen M. Zukauskas, MS, BSN, RN, ADM, CPHM, nurse manager of case coordination. Together, they see patients with a length of stay of five days or more and give these cases the intensive attention needed for resolution.

Weekly Progression Meeting

Every Tuesday at 4 p.m., dozens of hospital leaders gather for a weekly progression meeting. Cheryl Ficara, vice president of patient care services, and Dr. Jack Greene, Hartford HealthCare regional vice president for medical affairs, lead the meeting. In addition to Beth Lawlor, participants include nurse managers, nurse educators and clinical chiefs, as well as representatives from bed management and environmental services.

Patient progression and length of stay are the main topics of the meeting, as Lawlor explains: "We review each unit's metrics for the previous week, and leaders report any challenges they faced. We look at average occupancy for that week, total admissions, total discharges—both observation discharges and outpatient discharges. We also look at the anticipated discharge accuracy by patient and discharges anticipated within 24 hours."

The weekly meeting is in keeping with the goal of sustaining shared accountability for patient progression and length of stay. It also relates to Operating Model 2.0, which calls for continual cascading of information across all levels of the hospital.

One of the things the group has been looking at is the time between when a patient's discharge is ordered and when the patient actually leaves. The average discharge time is about 2:30 p.m. Lawlor says a subgroup is working on ways to streamline the process so a larger percentage of patients are discharged before 11 a.m.

This past spring, a Complex Case Management Team was created. The team includes a case coordinator and medical social worker. On referral, they step in to help with patients who have medical, social or financial issues that may be barriers to transitioning to the next level of care.

Why Length of Stay Matters

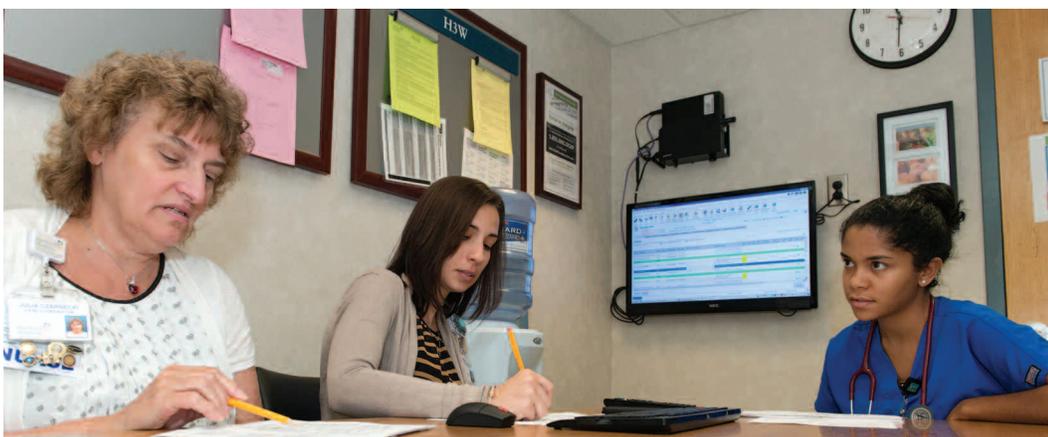
One important reason to ensure patients stay hospitalized only as long as necessary is to increase patient and family satisfaction. But there are many others. The longer the patient is in the hospital, the greater the risk of infection. A bed occupied by a patient able to transition to the next level of care is a bed that's not available to a sicker patient who needs it. Unnecessary lengths of stay tax the hospital financially, because typically the extra time is not reimbursed. This siphons off dollars that could go toward equipment, programs, salaries and more.

Most importantly, says Beth Lawlor, "Ensuring the right length of stay is all about doing the right thing for the patient—responding to their needs in a timely way. They're entitled to that."

GETTING THE WORD OUT ABOUT LOS

Nurse Manager Kim LaCroix, BSN, RN-BC, and Case Coordinator Julia Czarniecki, RN, BSN, ACRN, have been active in efforts to ensure the optimal length of stay for each patient. But they recognized that the emphasis on managing LOS might be perceived as "pushing patients out." So LaCroix and Czarniecki put together materials and a presentation to give at unit-based H3W meetings.

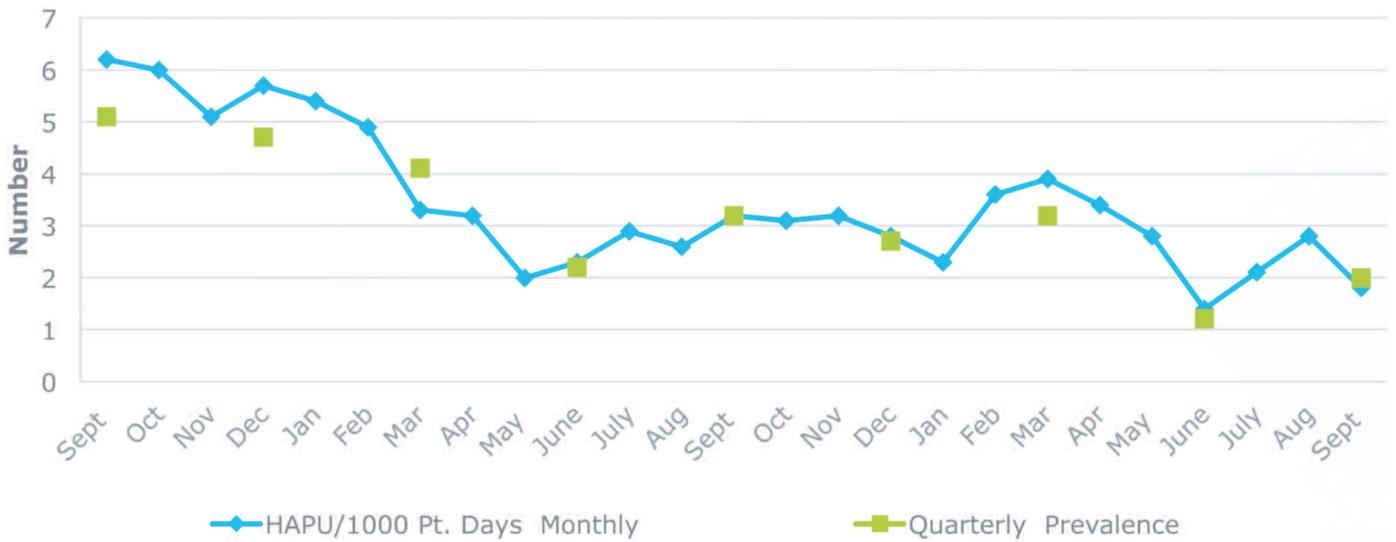
The presentation focuses on how proper LOS increases patient, staff and physician satisfaction.



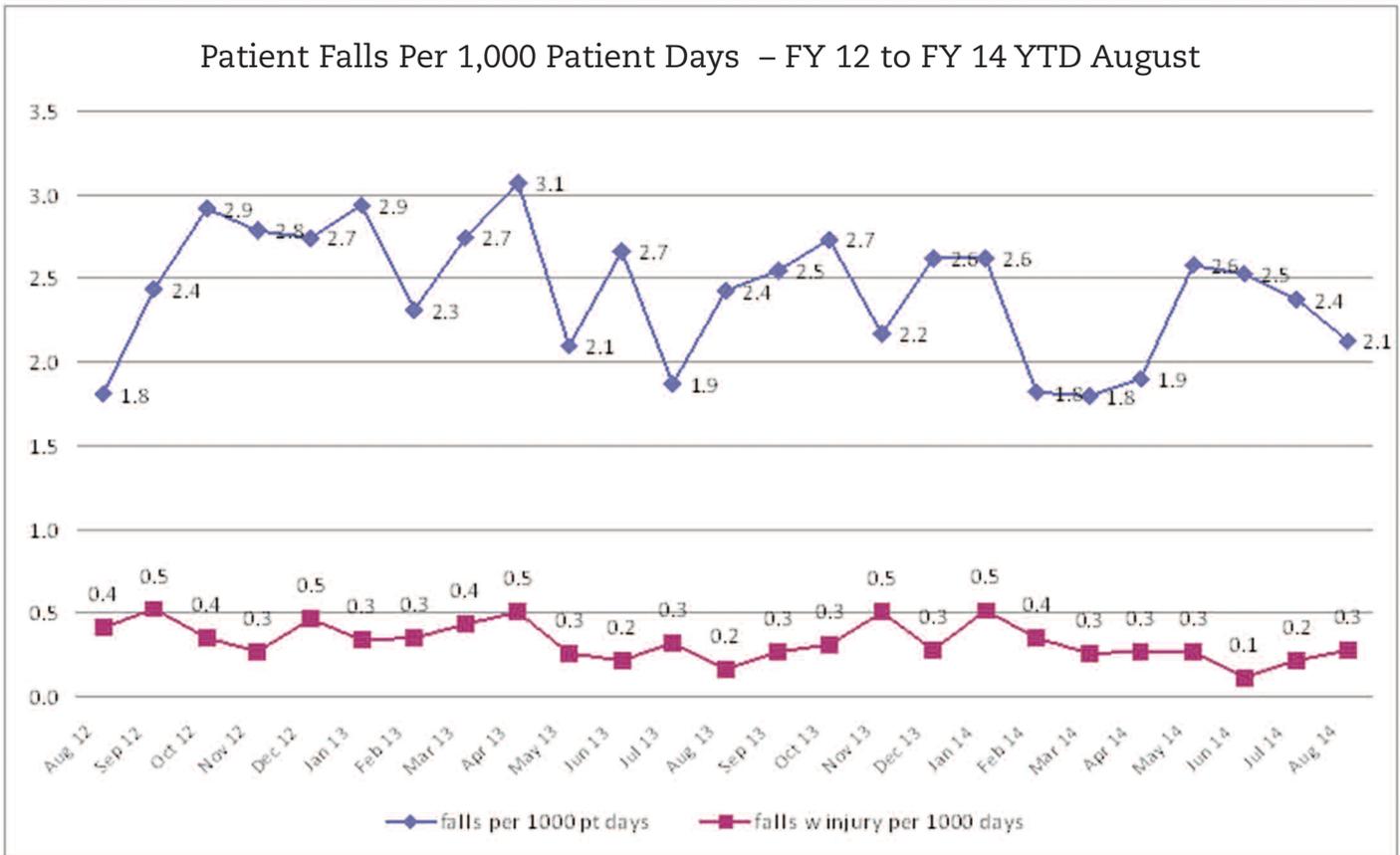
Case Coordinator Julia Czarniecki, left, and Nurse Manager Kim LaCroix, center, review a patient's progress toward discharge with Lauren Gripp, RN, BSN, right.

Nurse-Sensitive Indicators Are Positive For The Year

Hospital-Acquired Pressure Ulcers/1,000 Patient Days
FY 2013-14



Hartford Hospital achieved a substantial decline in pressure ulcers in fiscal year 2014.



Patient fall rates have improved since early 2013.

Lean And Clean

Bliss 5 became Hartford Hospital's first "clutter-free" unit, thanks to a motivating nurse manager, a dedicated team and the H3W process.

In spring 2013, both the Department of Public Health and the Joint Commission suggested that Hartford Hospital take steps to eliminate clutter in the corridors of patient units. That feed-back prompted a decisive response from Carol L. Ghergurovich, MS, RN, NE-BC, NEA-BC, nurse manager of the transplant unit, then located on Bliss 5.

"I knew it was time to declutter," Ghergurovich says. "So my staff and I met as a group in an H3W meeting to decide what to do."

Clutter in hospital corridors is a problem because it interferes with patient mobility, poses a safety hazard and can be life-threatening in emergency situations, such as cardiac arrest or fire, by blocking critical equipment.

The team began by brainstorming what a clutter-free unit would look like. They looked at all the items—equipment, furniture, refuse containers and laundry—that took up space and discussed how each related to the needs of the unit.

Once the items were identified and prioritized, the team set up and labeled storage areas to hold items such as scales, walkers, cots and commodes. Linen carts were moved into patient rooms. Electrical outlets were added so workstations on wheels (WOWs) and other pieces of



Carol L. Ghergurovich,
MS, RN, NE-BC, NEA-BC

equipment could be stored in "parking" areas when they weren't being used. By the time the team finished, the only items in corridors were night tables and trash receptacles outside isolation rooms and WOWs that were in use. Before-and-after photos (below) showed that corridors appeared larger and cleaner with the clutter removed.

Patients, Ghergurovich says, found it much easier to walk around on the unit. This was important because patients need to move and ambulate to help recover from surgery. So the open corridors not only improved safety but helped with length of stay.

The unit also saw an increase in its HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) scores for cleanliness.

Ghergurovich says the project's success—and its ongoing sustainability—were due to the team. "The decluttering initiative involved staff engagement with every level of detail and total buy-in on their parts. They were the drivers of the project, had a sense of teamwork and commitment and were excited about the outcome." They had good reasons to be so dedicated, she says. "It's all about providing the best, safest patient care and the best patient experience."

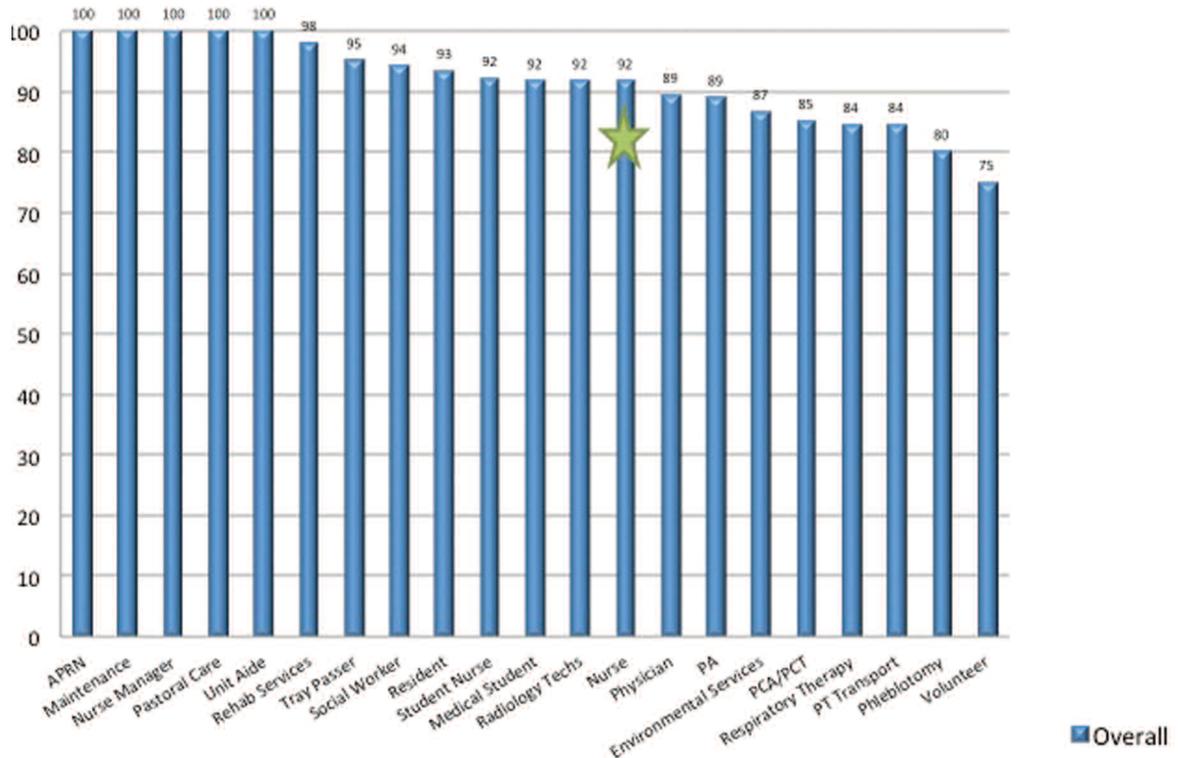


Bliss 5 before decluttering ...



... and after

Hartford Hospital Hand Hygiene Compliance By Role



Patients Have High Praise For Hartford Hospital Nurses!

More Than 1,000 Positive Comments Received This Year Alone.



Nursing News & Notes

We congratulate these Hartford Hospital nurses on their recent achievements.

Cardiology

Emily Asselin, RN, and Matthew Nucci, RN, became Certified Critical Care Registered Nurses.

Jean Richards, RN, received ANCC certification in medical-surgical nursing.

Renee Pavlovich, RN, and Sophie Stec, RN, passed their advanced nursing certification examination for their APRN licensure last spring.

Barbara Nowak, RN, presented a poster at the 18th Annual Evidence-Based Practice Conference in October 2014 called "Early Extubation: A Nurse's Challenge."

Karen Freed, MSN, APRN; Cherie Case, BSN, RN; Laura Johnston, RN, BSN; Cheryl Simons, BSN, RN; JoAnn Thompson, RN, and Alicia Whiting, RN, BSN, presented a poster at the 18th Annual Evidence-Based Practice Conference in October 2014 called "Dress Rehearsal for the Opening Act: Restructuring Simulation Training to Sustain Competence."

Michele Kolios, RN, BSN, MS, nurse manager, presented a poster at the 18th Annual Evidence-Based Practice Conference in October 2014 called "Standardizing Post-operative Medications: Impact of an Analgesia-based Sedative Regime on Extubation Times in the Cardiothoracic-ICU."

Emergency Department

Sarah Bradbury, RN, received her Certified Emergency Room Nurse certification.

Sarah Chadbourne, RN, received her BSN from Chamberlain College of Nursing.

Davi-Ann Francis, RN, graduated from the University of Hartford with her BSN.

Monica Ronaghan, RN, graduated with her MSN in Family Practice from the University of Connecticut.

Sarah Martin, Sarah Wheeler and Alissa Zalewski, received their RNs.

Medicine, Oncology, IV Therapy

Shenika Carroll, RN, MSN, earned her MSN-ED

Mary Kate Eanniello, RN, MSN, OCN, CHPN, was a finalist for the Nursing Spectrum, Clinical Care, Inpatient Award (New England Region). She received her ONS/ONCC Chemotherapy Biotherapy Certificate on Sept. 11, 2014.

Mary Kate Eanniello, RN, MSN, OCN, CHPN; Marcia Caruso-Bergman, APRN, CNS; Liza Nowicki, RN, MSN; Holly DeFeo, MSN, RN-BC; Melissa Dibble, RN, MSN, CAPA; Renee Ambos, RN, MSN, CRNI; Kathy Barta, RN-BC,

MS, MSN, PCCN-CMC, CCRN; Pat Zikorus, RN, MSN, and Melanie Long, BS, RN, ONC, presented a poster at the 18th Annual Evidence-Based Practice Conference in October 2014 called "A System Wide Nursing Initiative to Improve Early Recognition and Implementation of Evidence-Based Treatment of Sepsis in Cancer Patients."

Lauren Frazao, RN, MSN, CCRN, received her Critical Care Registered Nurse certification and her MSN in February 2014.

Nina Grabon, RN, MSN, CCRN, AGACNP-BC, received her APRN.

Shelby Perillo, RN, BSN, earned her MSN. She also had an article accepted by Advance for Nurses. The article is titled "Early Ambulation Rehabilitates Lives (EARL) in the MICU." EARL is a customized walker that contains all the equipment needed to ambulate intubated patients.

Lauren Poston, BSN, RN-BC; Gwen Redler, RN, MSN, RRT, and Agatha Szczubelek, BSN, RN-BC, earned certification in medical-surgical nursing in July 2014.

Bianca Sharp, BSN, RN, earned her BSN.

Nursing Administration

Danette Alexander, DNP, RN, NEA-BC, nurse director, emergency services, graduated with her doctorate in nursing practice from The George Washington University. In October 2014, she presented a poster titled "Sensitivity and Specificity of the Triage Nurses' Prediction of Patient Admission" at the 18th Annual Evidence-Based Practice Conference.

Ellen W. Blair, APRN, NEA-BC, director of nursing at the Institute of Living, was selected to receive the prestigious 2014 American Psychiatric Nurses Association APRN Excellence in Practice Award. She has been invited to the association's annual conference next October to receive this award. The award recognizes an APRN-PMH member who has made significant contributions to psychiatric mental health nursing practice through practice and research. She made two poster presentations in May 2014 at the Annual American Psychiatric Association Meeting in New York City:

1. Blair EW, Woolley SB, Szarek BL, Mucha TF, Dutka O, Schwartz HI, Goethe JW, Wisniowski J: "Evidence of the Success of Interventions to Prevent Violence and Reduce Use of Seclusion and Restraint in an Inpatient Psychiatric Setting."
2. Blair EW, Woolley SB, Szarek BL, Mucha TF, Dutka O, Schwartz HI, Goethe JW, Wisniowski J: "Action Research: Testing Interventions to Prevent Violence in Inpatient Psychiatric Settings."

Christine Waszynski, RN, MSN, GNP-BC, DNP-C, has been elected to the board of directors of the American Delirium Society in the position of secretary.

continued

Nursing News & Notes continued

Surgery/Transplant/Neuro-Trauma

Lisa Q. Corbett, APRN, CWOCN, was the recipient of the Doris Armstrong Leadership Award at Hartford Hospital, May 2014. Publications:

Moore, Z., Butcher, G., Corbett, L. Q., McGuinness, W., Snyder, R.J., van Acker, K. AAWC, AWMA, EWMA
Position Paper: Managing Wounds as a Team. J Wound Care 2014; 23 (5 Suppl.): S1-S38.

Barbara Falkowski, RN, BSN, CWCN; Lisa Q. Corbett, APRN, CWOCN; Rebecca Morton, RN, BSN, CWCN; Nancy Ough, LPN, and Beverly Styles, RN, MSN, CWOCN, presented a poster at the 18th Annual Evidence Based Practice Conference in October 2014 called "Let's Get Personal: Sustaining Pressure Ulcer Prevention Improvement."

Sarah Hickey, RN, BSN, BC, and Susanne Yeakel, RN, MSN, NEA-BC, CNML, nurse manager, presented their poster on "Increased Patient Satisfaction Through Post Op Phone Calls" at the Patient Experience Summit, Cleveland, Ohio, in May 2014.

Kevin Lok, RN, BSN, and Stacey Susienka-Hayward, RN, have received their Critical Care Registered Nurse certifications.

Women's Health

Sara Garcia, RNC-OB, C-EFM, BSN, presented a poster at the 18th Annual Evidence Based Practice Conference in October 2014 called "Implementing Skin-to-Skin in the Operating Room ... Overcoming Staff Resistance and Shifting the Focus to Family Centered Care."

Jennifer Moller, MSN, RNC-OB, presented a poster at the 18th Annual Evidence Based Practice Conference in October 2014 called "Improving Our Team Response to Shoulder Dystocia."

Jen Hemingway, RN, nurse manager, graduated this past spring with her MSN in nursing management from the University of Hartford.

Lisa Enslow, RN MSN, RN-BC, nurse educator, had a publication and oral presentation at the Annual AWHONN Convention held in Orlando, Florida, in June. The article was published on OBGYN.net on June 10 and titled "Take the Challenge Out of Managing the Complex Obstetric Patient." The article was co-authored by Lynn Razzano, MSN, RN, ONCC, from Physician-Patient Alliance for Health & Safety. The AWHONN presentation was titled "Closing the Gap Between Evidence and Practice in Preventing VTE in Maternal Patients."



Nurses Week Raffle Benefits Our Community

Lisa Enslow, RN, MSN, RN-BC, at left, and Rosemary Aiello, RN, CNOR, staff the gift basket raffle table during Nurses Week 2014. The annual gift basket raffle raised more than \$10,000 this year, according to Aiello, who coordinates the activity. Half the funds were donated to the Hartford Hospital Employee Disaster Fund, and the other half went to support the Hartford Public High School Academy of Nursing and Health Sciences. Many thanks to the departments and units that created theme baskets.



From The Alumnae Association President



While designing a flier about the Hartford Hospital School of Nursing for the American Association for the History of Nursing's convention held in Connecticut last September, I read many references and became more aware of the education we received as students. Of great interest to me was a booklet titled "The Nurses of HHSN," edited by Mary Tobits Crelin, Class of

1969, containing stories, experiences, fond memories and reflections from those who graduated between 1933 and 1976.

The "practice of nursing" actually began with Florence Nightingale, although the terminology might not have been used at the time. I do not actually remember being taught this concept per se in my three years of training, but our education certainly fulfilled the definition. The practice of nursing requires specialized knowledge, skill and independent thinking. Our profession is focused on the care of individuals, families and communities so they

may attain, maintain or recover optimal health and quality of life. Our diploma gave us confidence in our ability to achieve this goal. In the above-mentioned booklet, one thing particularly stood out. It was our actual training in Hartford Hospital and not the books that made us great nurses. Our directors, instructors, receptionists and house mothers were molding us by example, unbeknownst to us, into well-rounded women with a profession we would be proud of and the ability to be valuable wherever life led us. We all remember daily afternoon tea served elegantly, making us feel special and respected.

Nursing travels widely divergent paths, as evidenced by our alumnae. We have some remaining as staff nurses, yet others have continued their education to become doctors, lawyers, artists, professors, directors of education and a chief of the Mohegan Tribe! Yet we are all proficient in the practice of nursing, thanks to HHSN and its leadership.

Betty Ann Fusco

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

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Join Your Alumnae Association

Become one of the more than 600 HHSN graduates who belong to the Alumnae Association of the Hartford Hospital School of Nursing. Membership dues are only \$10 per year and include membership in the Alumnae Medical Fund. Members are eligible to apply for scholarships.



To join, simply mail your \$10 non-tax-deductible check (payable to the Alumnae Association of HHSN Inc.) to the address below, along with your full name, class year, mailing address, telephone number and e-mail address.

For more information, please contact Betty Ann Fusco, president, at bafusco@cox.net; Pat Ciarcia, executive director of alumnae affairs, at patciarcia@snet.net; or visit www.HHSNalumnae.org. You can also write to the Alumnae Association of the Hartford Hospital School of Nursing, 560 Hudson Street, Hartford, CT 06106.

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

“The Most Wonderful Profession”

Laura Carmanica, PhD, RN, CENP, FACHE, FAAN, didn't have a burning desire to become a nurse when she graduated from high school at age 17. But her guidance counselor and her mother were excited about the idea, so she enrolled in the Hartford Hospital School of Nursing, graduating in the class of 1972. “I'm so happy I made that decision,” Caramanica says. “It's the most wonderful profession, and offers so many blessings and opportunities.”



Laura Carmanica, HHSN
Class of 1972



Laura Carmanica, PhD,
RN, CENP, FACHE, FAAN

Sacred Heart University. She's also working to develop a strong partnership between the WellStar School of Nursing at Kennesaw State University and the hospital system. She is also active in research and has published numerous papers and articles over her career.

Advancing the nursing profession always has been important to her. She served on the boards of the

Caramanica has embraced those opportunities over a career that has spanned more than four decades. After beginning her career as a staff nurse at Bridgeport Hospital, she took on positions of increasing responsibility there and at several other Connecticut hospitals before coming to Hartford Hospital in 1994. In 1999, Caramanica was named Hartford Hospital's vice president of nursing, a position she would hold for eight years. Under her leadership, Hartford Hospital achieved the coveted Magnet designation in 2004.

“Being the chief nurse at Hartford Hospital was the highlight of my career,” she says. “It was such a memorable time in my life, and I still think the world of the leaders, physicians and staff there.”

Today Caramanica is vice president and chief nurse officer at WellStar Kennestone Hospital in Marietta, Georgia. Kennestone is part of a five-hospital system that has 11,000 employees, approximately 5,000 nurses and a 1,300-member medical staff. It offers a full range of services and is the region's only Level II trauma center. Next year, it will be a full academic teaching hospital, and Caramanica is working with the chief medical officer on that initiative. She has other goals, too.

“One reason I came here was to help them get to Magnet status,” Caramanica says. “The standards have changed, and it's gotten harder, but we're going to do it.”

Always a teacher, Caramanica serves on the adjunct faculty at Kennesaw State University and teaches online courses for Walden University and

Connecticut Nursing Association and the Connecticut chapter of the American Organization of Nurse Executives (AONE) in the late 1980s, eventually serving as president of the national association of AONE from 2010 to 2012. In 2013, she was named a fellow of the American Academy of Nursing, an honor bestowed on only about 1 percent of nurses and one that recognizes those who have made significant contributions to nursing and health care during their careers.

Caramanica stresses that she owes a great deal to more-senior nurses who mentored her along the way. They include Rhonda Anderson, who was chief operating officer and chief nursing officer at Hartford Hospital during Caramanica's tenure, and Jeannette Lewin, who was her first supervisor and mentor at Bridgeport Hospital where she began her role as a professional nurse and nurse leader. “These nurse leaders, along with the nurses and nursing students I mentored, all contributed to my own success, and hopefully I contributed to theirs as well,” Caramanica says. “I'm mentoring several nurse leaders right now, and I take the responsibility very seriously.”

Reflecting on her HHSN years, Caramanica says, “I still draw from my education there, mostly because I've stayed close to practice. I love empowering the nurse at the bedside and cultivating a professional practice environment, as well as developing future nurse leaders.” Looking back, she says, “While I might not have intentionally chosen nursing as a career, I'm so very glad I did choose to stay in nursing.” •

Nursing's Timeless Elements

By Avis V. Warren Butler, HHSN '44

Editor's Note: Speaking at a June Alumnae Association banquet, Vice President of Patient Care Services Cheryl Ficara invited HHSN graduates to share their memories of situations that exemplified elements of the hospital's Nursing Professional Practice Model (see inside front cover). 1944 HHSN graduate Avis Butler responded with this piece, which recounts events that occurred in the 1940s.



A young man, age 26, married, with a young baby, came to my ward from emergency. The ward was male orthopedics on the first floor (EB1), and I was the charge nurse. We were primarily an orthopedics ward but had a mix of patients come to us, and many, many patients came with delirium tremens. We had an end, private room at the edge of the hospital used for patients who were experiencing DTs. Basically, the room was bare but secured with heavy doors and heavy screens on the big windows.

This young man had been crushed against a telephone pole by a car. He had multiple broken bones, as well as crushed organs, so he was in traction and post-op. His condition was critical, and he was not expected to live.

He also was an alcoholic and had come to us with hallucinations from DTs. As head nurse, along with my assistant head nurse, we decided that the primary care would be provided by my assistant, instead of the student nurses. I would cover the rest of the ward. My assistant was in the patient's room most of the time while I covered her duties as well as my own with the assistance of the student nurses.

The patient was in very bad physical shape and was also having active hallucinations—seeing rats running across his bed and spiders in the corners of the rooms. So, in an effort to comfort and support him, along with his physical care, my assistant did things such as use a broom to get the rats off his bed and sweep the spiders from the corners of the room.

He was in the hospital for months—weeks on our ward. When he was finally ready for discharge, he was thanking the doctor, and the doctor said to him, "Don't thank me. It was the nursing care that saved you!" •

Alumnae The Pillbox

2014 Nursing Scholarship Recipients Alumnae Association of the Hartford Hospital School of Nursing



Left to right: Monika Kieltyka, Alex Yeakel, Alicia Whiting, Matthew Rivers, Michael Pace and Aaron Kuvent. Missing from photo: Lisa Pizzoferrato, Samantha Realejo, Zofia Stec, Joanna Szczawinski and Kristen Zapatka. A total of \$34,000 was distributed this year to the scholarship recipients.



Matthew Rivers, 2014 Scholarship Recipient, with his 1972 HHSN graduate mom, Sarah Scribner.

CLASS OF 1941

Margaret Buckridge Bock enjoyed the spring edition of the *Nursing* magazine, where the late **Lauretta Slate Schultz '41** was highlighted in the "A Look Back" article. Margaret remembers when she and Lauretta worked together for the Hartford Visiting Nurse Association. She says that Lauretta always kept them laughing with her tales of trips to dude ranches and other outings.

CLASS OF 1944 – 70 Years



Mary Ambrose Marianella, Jean Landon Smith and **Avis Warren Butler** celebrate 70 years.

CLASS OF 1937

Miriam "Mim" Hausman Nichols, who died in October 2012, left a bequest for a new Dial-A-Ride bus for the town of Simsbury. Miriam was generous during her life and continued that generosity after her death.

CLASS OF 1940



Miriam Sihvonen celebrates 74 years since graduating from HHSN.

CLASS OF 1949 – 65 Years



Muriel Williams Lessner and **Jean Anstett Butterfield** celebrate 65 years.

CLASS OF 1950

Sally Tuttle currently lives in Venice, Florida, with her wonderful caregiver and her small shiatsu-poodle Sugah. She enjoys gardening and planting in the spring and fall. Sally especially enjoys reading the *Nursing* magazine.

CLASS OF 1954



The class of 1954 had a mini-reunion luncheon on Sept. 13, 2013. It was their 59th year after graduation, and there were 10 classmates present: **Marion Elinskas Warren, Arlene Hunt Dorgan, Valerie Gillow Orefice, Jocelyn Khinoy Simpson, Claire Gworek Eddy, Carol White Lord, Joyce Woods Sadlak, Lois Roden Dragone, Joyce Lanz Gross** and **June Perret Noble**. The committee also planned the big 60th anniversary, which was held Sept. 11-12. Interesting note: Their actual graduation date was Sept. 11, 1954!

CLASS OF 1959 – 55 Years



Class of 1959 celebrates its 55-year HHSN graduation anniversary.

CLASS OF 1960

Joan Aggard Newth is a senior citizen living independently in a Friendship Village cottage in Arizona with her husband of 50 years. She is retired from her wonderful nursing and political career, is healthy and enjoys her time in "paradise."

CLASS OF 1962



Linda Duval Arle, Patricia Conforti Masucci, Sandra Agud Trifiro, Carol Fafard Pagano and **Rosemary DeAngelis** sharing lasting friendships.

CLASS OF 1964 – 50 Years



Class of 1964 celebrates 50 years since graduating from HHSN.

CLASS OF 1965

Barbara "Bonnie" MacPhail Haupt started HHSN in 1961 and graduated in 1965. She had taken a year's absence because, as a student, she had her eldest daughter, Maria. Today Maria lives in Kayseri, Turkey, where she is on the tourism faculty of Erciyes University in Kayseri. This summer, Maria, her husband and daughter visited Bonnie.

CLASS OF 1966

Alicia “Alfie” Plikaitis Junghans is a member of the Connecticut Multiple Myeloma Fighters Support Group. The Alumnae Association of the Hartford Hospital School of Nursing recently made a donation to the association. This donation is to support the Black Swan Research Initiative in finding a cure for multiple myeloma.



Alicia “Alfie” Plikaitis Junghans, at left, with Robin Touhy, Connecticut Multiple Myeloma Fighters Support Group leader, is pictured with a stuffed pig named “Hope.” Alfie made and donated Hope. The sweater that Hope is wearing shows the black swan insignia that Alfie knitted.

CLASS OF 1969



Barbara Lindner holding a cat with the HHSN shield logo on the sweater. The cat was made by **Alicia Plikaitis Junghans '66** and given to Barbara in honor of her 45th HHSN reunion.

CLASS OF 1969 *continued*



Doreen Hary Bradley and **Serena Day Steele** celebrate their 45-year anniversary. Serena is wearing her student nurse HHSN cap.

CLASS OF 1974 - 40 YEARS



Class of 1974 members pose for their 40-year reunion picture.



IN MEMORIAM

Alwina Wittenzeller O'Brien '39
Gertrude Stickney Lilliendahl '40
Lois Pinney Harmon '46
Janice Merrill Spydell '49
Nancy Beers Wincander Johnson '51
Lois Schurmann Barlow Cox Query '52
(corrected year)
Carol Borden Holleman '58
Carol Doyle Torry '58
Barbara Ann Wright '62
Nancy Chomko Anderson '64
Leslie Odess Newman '65

Lloyd Glasson
Sculptor of the HHSN Student Nurse Statue



PHOTO BY LANNY NAGLER

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. Because they are no longer made, the only way we can get a pin is if an alum is willing to donate one to the Alumnae Association. We would then give the pin to the requesting alum. If you are interested in donating your pin for this purpose, please contact Pat Ciarca at 860.563.2005 or 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.

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In this photo from the mid-1960s, a graduate nursing instructor teaches basic nursing arts to a group of freshmen in the Hartford Hospital School of Nursing.