

Autumn 2015

Nursing

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



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Hartford Hospital's Nursing Professional Practice Model



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

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On the cover:

Heather Carroll, RN-BC, BSN, BA, left,
and Anna-Rae LeClaire, RN, BSN, championed
a campaign to individualize patient care.



Messages From Executive Leadership



Why We Are Here

A large, tertiary-care medical center is a complex organism. Those of us who are part of it can sometimes become caught up in its intricate functions

and focused on our own, admittedly weighty, responsibilities. That's why we need to remind ourselves every day that we are here for only one purpose: to meet the needs of our patients and their families.

As healthcare providers, are we important? Absolutely. We possess expertise and specialized knowledge acquired through rigorous study, hard work and years of practice. But we are not the reason this hospital—or this system—exists. It exists for patients and families. That's why it's important that we look at the hospital experience through their eyes rather than our own.

Over the past several years, our hospital has taken many steps to hard-wire practices proven to improve the patient and family experience. Hourly rounding, white boards, color-coded uniforms and patient healthcare journals are some of them. But it's also critical that as we go about our work each day we base everything we do on how it will affect our patients. If every action is filtered through the lens of empathy, our patients and families experience less fear, stress and confusion and, most important of all, better healing.

Like any complicated enterprise, a hospital is a sum of its parts. It is up to you and me and each of our colleagues to make Hartford Hospital an entity that truly puts patients first.

Stuart K. Markowitz, MD, FACR

President, Hartford Hospital
Senior Vice President, Hartford HealthCare



The Person Who Is Our Patient

Please take a look at the Nursing Professional Practice Model on the facing page. You've seen it before, but stop for just a moment and

think about the fact that the center of that image—the overarching focus of everything we do—is the experience of the human beings in our care. This is important to keep in mind. At Hartford Hospital, we offer the most advanced treatments, the finest technology and proven protocols. Those are all critical to the human health experience. But there's another dimension that's equally important: understanding who each patient is as a person and tailoring care to that patient's unique needs. This individualization of care is the idea explored in this issue of *Nursing*.

It's easy to lose sight of this important dimension. As clinicians, we're highly educated and experienced. When there's illness or injury, we know how to treat it. We have a vast array of therapies, medications and procedures available to us, and we know how to bring them to bear. Plus, we see hundreds of patients every year. We know the drill.

The fact is, though, that each patient who comes through our doors is different from any other. Each time we care for a patient, it is a unique experience. Our responsibility to each person is to get to know him or her, not as a patient, not as a room number or a diagnosis, but as a person. We need to appreciate patients' backgrounds, their fears, their lives outside the hospital and what they expect from their time with us, as well as engage them and their families as partners in care. In doing this, we will enhance the patient's experience and contribute to a better health outcome.

I hope you'll enjoy reading about some of the initiatives underway to ensure that we get to know our patients, that we care for them as individuals and that we see their experience through their eyes. When we integrate these goals into quality care, we are practicing nursing at its best.

Cheryl Ficara, RN, MS, NEA-BC

Vice President, Patient Care Services
Hartford HealthCare Hartford Region



Through The Eyes Of The Patient

Viewing the hospital experience from the perspective of patients and families results in a better experience for everyone.

You've probably heard the old saying that to truly understand someone, you have to "walk a mile in his shoes." If this is true, every healthcare professional could probably benefit from spending a few days as a patient in a hospital. Because that's not really practical, nurses and their colleagues must use their minds, hearts, skills—and, yes, imaginations—to put themselves in the patient's place and then filter their actions through the prism of how those actions will affect the patient and his or her family. This shift in perspective, this ability to empathize with patients, is a critical factor in improving the patient experience.

Improving the patient experience has been a strategic goal for Hartford Hospital since 2009. It led to the creation of an HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) H3W action group and then to Team EXCEED (Extraordinary Care Experienced Every Day). Team EXCEED worked with the Nursing Professional Practice Council to implement practices that research shows contribute to a positive patient experience, such as hourly rounding, the use of white boards in patient rooms, more-legible ID badges, color-coded uniforms and the Patient Guide and Healthcare Journal.

The innovations made a difference. "After implementing those changes, our HCAHPS scores went from 54 percent for the overall experience in 2009 to about 67 percent in 2013," says David Fichandler, regional director for the patient experience for Hartford HealthCare's Hartford Region.

Still, there was more to do. "At 67 or 68 percent, we're still not at the national average for benchmarking," Fichandler says. Achieving consistency—making sure that every patient's experience was excellent—was the key. To achieve this, he says, the hospital has "enhanced expectation and rigor around the patient experience." Every meeting begins with a patient story. Staff performance reviews include patient experience goals. And new practices have been adopted to monitor the patient experience "live," rather than relying solely on HCAHPS scores, which are retrospective, to tell the organization how it's doing. One such practice is manager rounding.

Manager Rounding

Fichandler and Michael Davis, RN, MBA, NE-BC, director of nursing for Medicine, Oncology and IV Therapy, led this effort, which got underway in mid-2014. Managers have protected time in which to visit units and talk with patients. Davis points out that the hospital does a variety of types of rounding, but "I think of manager rounding as the most essential piece of all those roundings because it puts the nurse manager directly in touch with the patient, who is our 'customer,'" Davis says. He adds that manager rounding is recognized as a best practice in healthcare today.

Managers aim to see each patient within 24 hours of admission. They introduce themselves and place their

phone numbers and business cards in the patient's healthcare journal. They talk with the patient and ask if there's anything the patient needs or is concerned about. "It puts the nurse manager in touch with what the patient's needs and thoughts are, and the manager can connect with staff, so early intervention can be done," Davis says. "If you don't know what's happening in the rooms and don't intervene right away, things spiral out of control, and we only hear the patient's concerns when we get survey results back."



During simulation-based patient experience training at CESI, Ashley DaVila, RN, practices a conversation with a "patient," played by respiratory therapy manager Sam Sharofi, RRT.

Simulation Training

Under Davis's leadership, the medical nursing leadership team partnered with the staff of the Center for Education, Simulation and Innovation (CESI) to implement another initiative aimed at increasing consistency in practices that make for a good patient experience. Davis arranged for the approximately 450 staff members from Medicine, Oncology and IV Therapy to take part in simulation-based patient experience training at CESI.

"The goal was to link key communication tools, such as bedside handoffs, daily plans of care, the patient white board, the healthcare journal and proactive patient rounding, as a unified strategy to improve communication and care," Davis says. "This experience was designed to enhance the caregiver-patient connection and empower the patient to truly be a partner in care."

The Medical nursing leadership team laid the groundwork for the training well in advance, discussing it at H3W meetings, creating a comprehensive PowerPoint presentation for staff to review in advance and having staff members take the HCAHPS survey as if they were patients or family members. The CESI training ran from March until May 2015.

During the training session, each staff member entered a simulated patient room where a volunteer served as a patient. The idea was for the staff member to do everything he or she would do when treating a patient on the unit and incorporate all the patient experience-

oriented practices. The simulated experience created a safe environment for staff to interact with other team members to reflect on practice, debrief on experience and create personal best-practice strategies to integrate at the bedside.

“It was a great opportunity for teaching, coaching, mentoring and recognition,” Davis says. The result has been consistent improvement in use of the patient communication tools. “The quality of the information on the white boards has greatly improved, patients have the journal and understand what it’s for and the patient care plans are more patient centered,” Davis says. “Things are very much improved observationally, and we have some data to show it’s improving overall, particularly with respect to HCAHPS-related patient perceptions of nursing communication.”

This past summer, physicians, APRNs and PAs in the Department of Medicine also took part in simulation training based on expectations of what they would do to enhance the patient experience.

More Than a Patient; a Person

“You can only enhance the patient experience if you know who that patient is,” says Cheryl Ficara, RN, MS, NEA-BC, vice president of Patient Care Services for Hartford HealthCare’s Hartford Region. Initiatives underway at Hartford Hospital and the Hartford HealthCare system are encouraging nurses and other staff members to get to know patients and individualize their care.

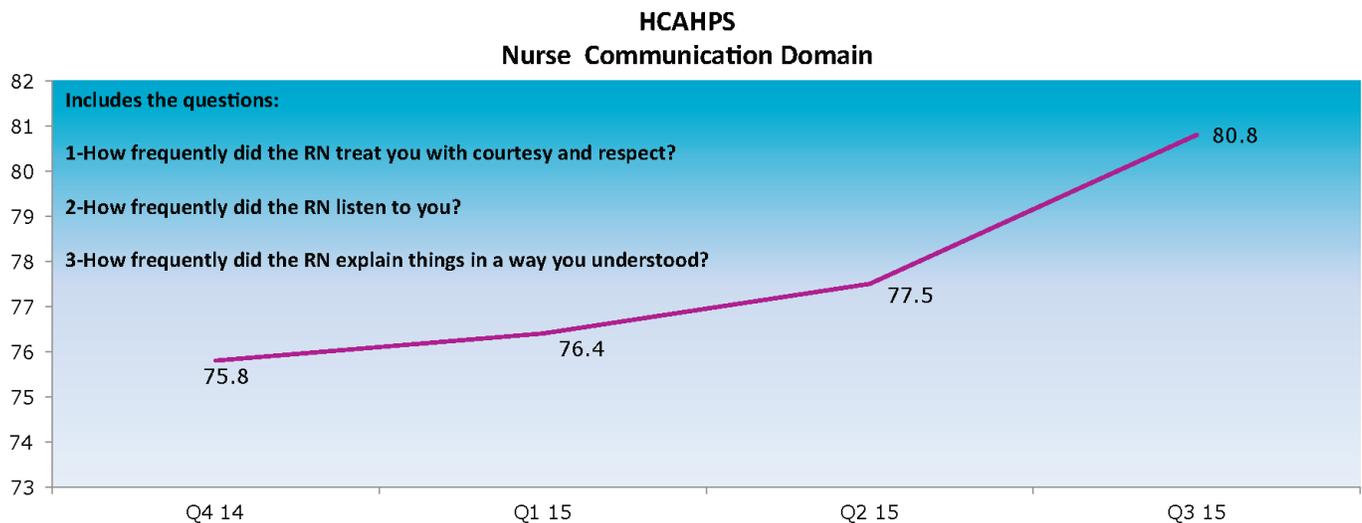
“Hartford HealthCare Cares About Me,” for example, is a new program that uses a poster format to help nurses and other providers learn more about patients’ backgrounds and preferences and their lives outside the hospital (see related story, p. 5).



Anna-Rae LeClaire, RN, left, and Heather Carroll, RN, help a patient complete a Hartford HealthCare Cares About Me poster.

Few things are more personal than one’s name. When Anne Cronin, RN, BSN, nurse manager of Bliss 9E and Bliss 9 stepdown, came to Hartford Hospital several years ago, she noticed that nurses and PCAs typically referred to patients by bed number, rather than name, when talking with each other. After an incident occurred that could have affected patient safety, she decided it was time for a change. “I said to the staff, ‘We need to refer to patients by name.’ I became very structured with it,” Cronin says. Staff were happy to do it. When someone would slip and use a room number, Cronin would prompt them for the patient’s

continued on p.4



Patients’ perceptions of how well Hartford Hospital nurses communicate with them are improving, according to responses on HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) surveys.

Through The Eyes Of The Patient

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name. Now staff members use the patient's name both when speaking to the patient and to each other.

"When I hear staff use patients' names, I know they have an understanding of who their patients are," Cronin says. "They're not referring to a bed number, but to an actual person."

Cronin believes that using patient names consistently makes subtle but important changes in staff members' attitudes toward patients.

At the Institute of Living (IOL), a best-practices model for providing psychiatric inpatient care that was implemented several years ago places a strong emphasis on individualizing care. It starts with admission.

"On every admission, nursing does individual assessments of the patients' coping skills, what makes them feel better when they're agitated and what we can do in the hospital to help them," says Ellen Blair, APRN, NEA-BC, nurse director, Psychiatry. On the adolescent unit, a unique star on each young patient's door tells staff what helps that particular patient when they begin to feel anxious or upset.

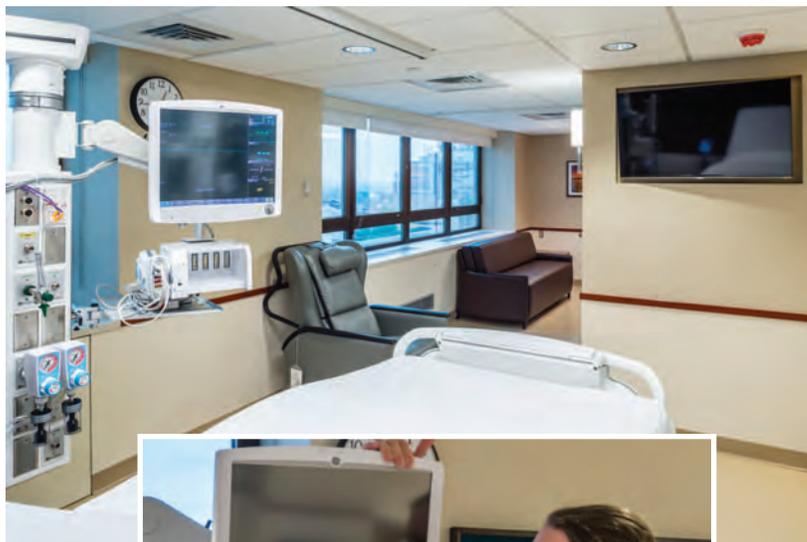
More recently, the IOL developed and introduced a Wellness Journal, which is given to each patient on admission. It's designed to help them both during and after their inpatient stay. The journal lists the patient's treatment team, medications, things he or she needs to work on and what helps the patient when he or she is feeling down. For after discharge, it has emergency numbers and information about support groups.

"Patients love it," Blair says. "It's kept in their rooms, so staff can use it to break the ice, engage the patient, form a therapeutic relationship and encourage the patient to take responsibility."

Listening to Families

When families offer suggestions on how to improve the patient and family experience, it's important to listen and respond. Several years ago, a family whose daughter had been a patient on Bliss 111 said that while they were grateful for the excellent care she received, they wished ICUs would provide better accommodations for families, such as extra space, chairs and even a place to sleep.

"They decided to make a large donation to help improve the patient, staff and family environment in critical care areas," says Davis. When it came time to create a new ICU on Center 8, he says, "We wanted to accommodate that request as best we could and use it as a guiding principle for designing a unit that would offer serenity for families and patients and a nice working environment for the staff."



At top, the new Center 8 ICU features expanded space for families. Above, Matthew Rivers, RN, brought the nurse's perspective to the new unit's design.

The result is a 14-room ICU that features both state-of-the-art technology and, in six of the rooms, expanded accommodations for families.

Matthew Rivers, RN, a staff nurse on Bliss 111, heard about the project and offered to take part in the planning to bring the critical care nurse's perspective to the design process. Reflecting on the new ICU, which opened in spring 2015, Rivers says, "I can envision Center 8 changing the way we practice critical care at Hartford Hospital. We'll be integrating families into care more. Bodies of evidence are emerging that say it's of benefit to patients."

The new unit "was designed for family-centered care," says Nurse Manager Jessica Winkler, RN, MSN. "Having the family in the room is an important part of what we do. Sometimes they require more attention than the patient. Providing emotional support to families is a key aspect of what we do." •

Individualizing Care: Hartford HealthCare Cares About Me

A creative initiative designed to promote individualized care and patient satisfaction is now being implemented throughout the HHC system.

“Hartford HealthCare Cares About Me” uses a colorful, specially designed poster to help nurses and other members of the care team gather and integrate personal information about each patient to enhance the hospital experience. Knowing more about the patient—likes, dislikes, preferred name, favorite activities, etc., helps staff establish relationships with patients and tailor care to each individual.

Jeanne Kessler, RN, of the Department of Geriatric Medicine, brought the idea to Hartford Hospital from a NICHE (Nurses Improving Care of Health System Elders) conference last year, where the Pennsylvania State University system showed a similar poster. Kessler and Chris Waszynski, APRN, who jointly lead the Geriatric Resource Nurse Program, shared the idea with geriatric resource nurses (GRNs) at the hospital, who then ran with it.

“My GRNs introduced it to patient populations on North 11 who were suffering from dementia or delirium,” says Yarelis Wilson, RN, BSN, NE-BC, nurse manager on North 11. “Within a week on North 11, the nursing staff suggested we use it for all patient populations—that all would benefit from a poster that individualizes the patient experience.”

After getting feedback and refining the poster over time, the team introduced the final version in April 2015. The poster won first place in the innovation category at the Hartford HealthCare Patient Experience Symposium held in April 2015.

Heather Carroll, RN-BC, BSN, BA, then a staff nurse on North 11, was an early champion of the initiative. She supported it, she says, because “it would be a useful tool to help us get to know our patients better on a one-to-one basis—to personalize how we care for them and individualize their experience, so they’d feel as if we knew them and they weren’t just a number.”



Hartford HealthCare Cares About Me patient information poster.

Anna-Rae LeClaire, RN, BSN, another champion, says the poster aligns well with the practice of nursing.

“Nursing is very holistic,” LeClaire says. “To provide holistic care, you can’t just know the patient’s lab values. You need to know something about who they are.”

LeClaire says this is important even if patients can’t communicate. Caregivers can still talk to them, and families feel more comfortable leaving their loved ones in the hospital’s care.

Several patient stories illustrate how the posters can help. Wilson recalls a patient with dementia who was very anxious. Wilson noticed on her poster that the patient had a dog at home. In talking with the patient about her dog, Wilson discovered that the patient was concerned that no one was taking care of it. Wilson contacted Social Work, and they arranged for someone to care for the dog, which reduced her anxiety.

Carroll relates the story of a PCA assigned to bathe an elderly female patient. He noticed on the poster that she liked the Boston Red Sox. He brought up the subject, and the two talked about sports throughout the bath, which made the experience more comfortable for the patient.

Soon, a dry-erase version of the Hartford HealthCare Cares About Me poster will be in every patient room in the system. Those who have seen how useful it is hope other nurses will welcome it, too.

“It’s tough, as a busy nurse, to have one more thing to do, but this is worth the time,” says Carroll. “It’s one of those situations where you don’t realize how important the tool is until you start to use it. Once you do, it’s amazing the things you learn about your patients and the connections you create with them.”



Accepting the award for the Hartford HealthCare Cares About Me poster at the April 2015 Patient Experience Symposium are, from left, Sara Guzze, RN; Nicola Davis, PCA; Laurie Dewey, RN, clinical leader; Anna-Rae LeClaire, RN; Heather Carroll, RN; Cynthia McGarvey, RN, clinical leader; and Ryan Young, PCA.

Tailoring Care To Unique Needs

Creatively engaging patients who are older, confused or agitated improves safety, supports healing and enhances the experience of patients and their families.

Approximately 60 percent of the adults in hospital beds today are over 65, according to the Hartford Institute for Geriatric Nursing, and that figure is expected to increase as the population ages. These older patients, as well as others who have behavioral, emotional or cognitive challenges, often require specially tailored, individualized care to keep them safe and give them and their families peace of mind. Every day, Hartford Hospital nurses and their patient care associate (PCA) colleagues bring the art of nursing to bear to create a better, safer experience for this group of patients.

Older Patients Are Special

Hartford Hospital launched its Geriatric Resource Nurse (GRN) program more than 10 years ago in recognition of the fact that geriatric patients, just like pediatric ones, have healthcare needs unique to their age and developmental stage. Spearheaded by Geriatric Nurse Practitioner Chris Waszynski, APRN, the program's goal was to prepare a cadre of nurses and PCAs at the unit level with special expertise in caring for geriatric patients, so they could be a resource for other nurses on the floor. Today, the hospital has approximately 150 GRNs and 125 Geriatric Patient Care Associates (GPCAs).

"Part of their role is to identify and focus on older patients who could benefit from extra attention," says Waszynski. These patients may have cognitive impairment, delirium, or vision or hearing problems that make communication difficult. Some are depressed or isolated. "By identifying them upfront, we can get to know them as people—to find out what they're normally like so we can make a better connection with them throughout their hospitalization."

Jeanne Kessler, RN, who works closely with Waszynski and teaches GPCA classes, says getting to know older patients is critical. "It's all about the patient and what's personal to them," Kessler says, "especially in geriatrics. Personalized care applies to everyone. It's just a little more emphasized with older adults."

Therapeutic Activities

Some older patients have dementia, but even those who don't are at risk for delirium when hospitalized. Unfamiliar surroundings, illness, medication, lack of sleep and other factors can induce delirium. When patients are delirious or chronically restless, not only are they suffering, but they're also more likely to try to get out of bed, fall or



From left, Jeanne Kessler, RN, shows Michaela Morse, RN, and Winsome Bromley, PCA, some of the items available on the therapeutic activities cart.

remove IVs, so safety is a major concern. And some patients who are hospitalized for long periods are distressed by the tedium. One approach that helps calm and distract such patients is using therapeutic activities.

Waszynski and Kessler keep an activity cart well stocked with items that can be used to engage patients in therapeutic activities. The cart includes items such as playing cards, puzzles, music CDs, arts-and-craft supplies, stuffed animals, dolls and large Legos. It's also stocked with things patients might need, such as reading glasses, hearing enhancers and magnifying glasses.

Susan Mullin, RN, a nurse on Bliss 10I, a cardiac intensive care unit, is known for taking full advantage of the items on the cart and in the geriatric closet on her unit.

"In the ICU, it's very different from the floors," Mullin says. "People are very critical and limited in physical ability. They have lots of wires and IVs. And many of them spend a long time in the ICU."

Mullin makes use of whatever therapeutic activities she thinks might benefit patients, and she's especially inclined to provide music as therapy. "It's a matter of individualizing it and getting them whatever they need," Mullin says.

One of the goals of using therapeutic activities is to prevent delirium before it begins. "The key is to catch it early," Mullin says. "If they're having mental status changes, we stay on top of it and use diversional activities to help mitigate those changes."

Mullin recently engaged Pastoral Services in offering therapeutic activities to patients. Pastoral Services volunteers, she says, spend a good deal of time on the

unit. “Sometimes they’re the primary source of comfort and emotional support.”

By preventing or at least limiting delirium, “You do see a big difference in someone’s outcome,” says Mullin, who recently received certification in gerontological nursing.

A study by Waszynski and five nurse colleagues, which recently was published in the *American Journal of Nursing*, demonstrated the effectiveness of individualized therapeutic activities. In the study, continuous observers used a specially designed tool to identify a patient’s abilities and interests and then offer appropriate activities to the patient. Data were collected using a scale that measured patient agitation before, during and after these activities. Results showed that during the activities, 73 percent of patients had decreased levels of agitation compared with baseline, and 64 percent remained less agitated for at least one hour afterward.

COIN: Continuous Observation and Engagement

Certain patients, such as those who are confused, extremely agitated or suicidal, just can’t be left alone. That’s where Hartford Hospital’s COIN (Continuous Observation in Nursing) program plays a key role. COIN provides for specially trained PCAs, under nursing supervision, to provide continuous, one-on-one monitoring of such patients. COIN observers provide care and, whenever appropriate, engage patients in therapeutic activities.

COIN originated with a multidisciplinary committee

formed in 2011 under the leadership of co-chairs Ellen Blair, APRN, NEA-BC, director of nursing at the Institute of Living; and Karen Habig, RN, MS, nurse director of cardiovascular services. The program has been continually refined over time. Since launching COIN, says Habig, “We have been on a trajectory of incremental and progressive measures to enhance safety for this specific patient population.”

An important innovation was the creation of the COIN rounder role. Jessica LeRoux, RN, MSN, has been in the role since late 2013. “The role involves rounding daily Monday through Friday on patients who require one-on-one observation,” LeRoux explains. “This is to make sure we’re utilizing the COIN observer effectively and that the observer is engaging with the patient—maybe reading a book or accessing the therapeutic activities cart. At the same time, I evaluate whether or not the patient is still appropriate for that level of care.”

The focus is always on individualizing care. “When a patient has a one-on-one observer and we’re doing therapeutic activities, we gear those activities to what’s going to best help the patient at that moment,” LeRoux says.

Habig says that COIN’s evolution is continuing, with the next step being the introduction of videomonitoring for patients who meet certain criteria. •

For related stories, see p. 8.



Therapeutic activities can relieve the tedium of hospitalization. Here, Susan Mullin, RN, helps a patient enjoy his favorite activity: listening to music.

Tailoring Care To Unique Needs

Appreciating the Value of COIN

When 97-year-old Anne Moy was admitted to Hartford Hospital's North 10 unit last June after a mild heart attack, her daughter, Alma Kruh, of Avon, was concerned about how her mother's unique needs would be met. Like many older patients, Moy has hearing problems and uses a walker. Because of her acute health issue and the medication required, she was agitated and intermittently unresponsive. Kruh and her sister felt that for their mother's safety and peace of mind, a caregiver had to be by her side around the clock.

"My sister and I couldn't arrange to be there 24 hours a day," Kruh says. "We thought we'd have to hire a private-duty nurse." Then Kruh learned about Hartford Hospital's COIN (Continuous Observation and Intervention by Nursing) program, and her worries evaporated.

Kruh says she was delighted with the care the COIN staff provided to her mother. "They were dedicated just to her," Kruh says. She adds that COIN had many advantages over an independently hired caregiver, too. "I could not have had as much peace of mind with an outside person as I did with the COIN staff," Kruh says.

Kruh appreciated COIN so much that she decided to make a \$1,000 gift to the program, a contribution that was matched by her employer, Bank of America Merrill Lynch. "I know my mother is not the only person who needs this care," Kruh says. "If my small gift can make a difference and keep the program going for other people, that's my intent. If other families can see the value of this program and make targeted gifts to the program, we'll be able to pay it forward."

At a formal check presentation on Aug. 4, 2015, Kruh personally thanked several of the PCAs who provided COIN care to her mother.



Shown at the Aug. 4 check presentation are, from left, Noreen Brown-Samuels, PCA; Maria Barker, PCA; Ellen Blair, APRN, NEA-BC; Blanca Hernandez, PCA; Colleen Guinan, PCA; donor Alma Kruh; Karen Habig, RN, MS; Jessica Leroux, RN, MSN, and Carolyn Bousquet, BSN, MM. PCAs unable to be present were Janice Centeno, Tamara Gilbert, Melissa Hugh-Kong, Atia James and Milanye Rosario.

Caring Through Art



Rhushae Ingram, PCA, left, and Carmen Travisano, PCA, center, work on an art therapy project with a patient.

Carmen Travisano and Rhushae Ingram, PCAs on Bliss 11E, team up to give their patients the focus, joy and satisfaction that comes from creating art.

Travisano, who has been with Hartford Hospital since 1994, has a background in early childhood development. She knew from her experience running a day care program that art engaged and calmed children and even appealed to their parents.

"So I thought bringing art to our patients would be helpful," she says. "If patients are antsy, we'll ask if they'd like to paint or color."

"Many of our patients are confused," says Ingram. "We find if we give them material for drawing, it's a really calming activity for them."

Travisano recalls one patient in his 90s who was alert and on comfort measures only. When she offered him paper and paints, he did a high-quality self-portrait, signed it, and gave it to his family. "You could see on his face how happy he was," says Travisano. "He was very proud of it."

The patient died two days later. His daughter told Travisano that her father's self-portrait was the best gift she'd ever received.

Travisano has routinely used her own money to purchase the art supplies, but she recently applied for and received \$500 from the Hartford Hospital Auxiliary to purchase items for future use.

Individualizing Goals Of Care

Nurses help ensure that patients and the care team are on the same page when it comes to goals of care.

Twenty-first century medicine can offer patients a remarkable constellation of medicines, procedures and other therapies aimed at curing or slowing the progress of disease. But it's only recently that the medical community has begun to ask whether all patients actually want the full complement of therapies medical science can offer. Some do. Some don't. And the answers are as varied as the individual patient in the bed.

Nurses play a critical role in learning what each patient hopes to gain from his or her care and at what point the patient considers a treatment to be more than he or she is willing to tolerate. The aim is to ensure that everyone involved—the patient, the family and the medical team—understands an individual's goals of care.

Establishing goals of care begins with ensuring that the patient understands what is medically possible and what the side effects and outcomes of treatment are likely to be. It's up to the patient, with help from the care team, to weigh the benefits and burdens of treatment and decide if he or she wishes to undergo the treatment. The patient's own values figure prominently in the equation.

The idea of establishing goals of care originated with the hospice movement and the development of the field of palliative medicine. Early on, the process was used only with patients who were very seriously ill and perhaps at end of life.

"But we also understand that many of the components of palliative medicine are important for all patients," says Colleen Mulkerin, MSW, LCSW, director of Palliative Medicine and Social Work at Hartford Hospital. Mulkerin and the Palliative Care team work closely with bedside nurses on how to help patients decide what they really want from their care. "Every nurse needs the skills to have those important conversations around who the patient is—to get to know the patient on a personal level so we can be sure we're individualizing patient care, not assuming one size fits all, but that care is as patient-specific as it can be."

Patients who have chronic illnesses, are undergoing aggressive therapies or facing higher-risk surgeries are examples of those who can benefit from the process of clarifying goals of care.

Knowing the Patient

"The first thing you have to do is get to know the patient," says Joslyn DiPaola-Tromba, RN, of Bliss 10I. She begins with the basics, such as where the patient is from, his or her occupation and favorite foods. Gradually she begins to try to draw patients out, asking them if they've thought about what they would want to happen if their condition worsened suddenly. "It's not easy asking these tough questions. You have to be honest and sympathize. You can't rush. You have to sit and take time with the patient," DiPaola-Tromba says.

"I try to make sure that patients really understand what the treatment plan is and that they are in

agreement," says Susan Smith, RN, CHPN, ONC, of Conklin Building 2. "Some want quality of life. Some are interested in quantity of life. You start talking about treatment and side effects, and then take the time to listen to them. You have to be a really good listener."



Susan Smith, RN, discusses a care plan with a patient.

Nurses as Advocates

DiPaola-Tromba says advocating for patients "is a huge part of what we do as nurses." Part of this role is helping patients and families understand the treatment plan the physician has proposed. If the patient seems reluctant to have a planned procedure, she'll suggest to the patient's doctor that he or she talk further with the patient about the plan.

Sometimes the patient has one goal and the family has another. Both DiPaola-Tromba and Smith say that in that situation it's best to enlist the help of a multidisciplinary team—the Palliative Care team, case coordinator, social worker and chaplain, for example. Once the patient has made a decision, Smith says, it's important to offer support to family members who might be struggling. "You have to be very open-minded," she says. "This is not about me. My job is to support both patients and families and be an active listener."

Drawing on Resources

Smith says nurses shouldn't hesitate to bring in the Palliative Care team. "Getting the Palliative team involved does not mean you're dying," Smith says. "They help patients get things in order so if things go bad and the patient is very sick, it's not left up to the family. It's just a great support and a wonderful thing we have at our hospital."

DiPaola-Tromba agrees. "I work very closely with the Palliative Care team," she says. "They're here to organize family meetings, talk with patients and families and provide education. I don't hesitate to call them. They're in my back pocket." •

Nursing News & Notes

We congratulate these Hartford Hospital nurses on their recent achievements.

Cardiology/Cardiovascular Services

Jennifer Blum, RN; Kellie Ford, RN; and Lauren Pulaski, RN, were licensed as APRNs.

Michael Pac, RN, received his BSN from the University of Hartford.

Case Coordination

Maureen M. Zukauskas, MS, BSN, RN, ACM, CPHM, nurse manager, coordination; and Lisa Skowronek, BSN, RN, ACM, IQCI, case coordinator-instructor, presented a session at the American Case Management Association National Case Management Conference in Phoenix in April 2015 titled "Creating Case Managers: Examining a Training Program for New Case Management Staff." Zukauskas and Skowronek also published a companion article in the July 2015 issue of *Collaborative Case Management*. Maureen M. Zukauskas, MS, BSN, RN, ACM, CPHM, was elected to the American Case Management Association National Board of Directors as a member-at-large. She will serve a two-year term from May 2015 to April 2017.

Emergency Department

Stacey Cormier, RN, received her BSN from Goodwin College.

Shannon Curtis, RN, received her MSN from Sacred Heart University.

Anna Howat, RN, received her BSN from the University of Hartford.

Karen Teixeira, RN, received her BSN from Chamberlain College of Nursing.

Institute of Living

Shadana Smith, RN, received her MSN from the University of Saint Joseph in its Family Nurse Practitioner Program in May 2015.

Jeanne Kessler, RN, achieved national certification as a gerontological nurse through ANCC in July 2015.

The IOL was selected as one of 20 mental health organizations across the country and internationally to attend the Zero Suicide Academy. As the nursing representative, Ellen Blair, along with colleagues Dr. Linda Durst, Nancy Hubbard and Patricia Graham, attended this academy, held June 24 and 25, in Baltimore.

Medicine, Oncology, IV Therapy

Xuquin Wang, RN, was certified in vascular access, VA-BC, June 2015.

Junseng Hou, RN, was certified in vascular access, VA-BC, June 2015.

Sarah Babcock, RN, was certified as a CCRN, June 2015.

Michelle Nai, RN, achieved national certification as a gerontological nurse through ANCC, March 2014.

Ruth Amador, RN, BSN, MSN, received the second Elms College School of Nursing Distinguished Nursing Alumni Award.

STAR Team

Jessica LeRoux RN, MSN, received certification in gerontological nursing from ANCC.

Surgery/Transplant/ Neuro-Trauma

Lisa Talit, RN, achieved national certification as a gerontological nurse through ANCC in July 2015.

Susanne Yeakel, RN, MSN, NEA-BC, CNML, was recently appointed to the AONE Foundation Education Committee. This past year, Yeakel served on the AONE Strategic Planning Committee and was an item writer for the ANCC Nurse Executive Advanced Certification Exam.

Kera Anderson, RN, earned CCRN and medical surgical certification.

Laurie Domanico, RN, earned CCRN.

Neal Galeota, RN, earned TNCC.

Lidia Lima, RN, earned TNCC.

Kevin Lok, RN, earned CCRN.

Brittany Owen, RN, earned CCRN.

Bliss 8 nurses who graduated this summer:

Matthew Brunelle, RN, MSN, Grand Canyon University

Jaclyn Wenzell, RN, MSN, Western Governors University

Nicole Brasfield, RN, BSN, Western Governors University

Marlene Graham-Folkes, RN, BSN, Western Governors University

Lorie L'Etoile, RN, BSN, Western Governors University

Women's Health

Amy Schroder, RN, nurse manager, received the Gold Medal Manager Award and was recognized for her leadership qualities at the quarterly Hartford HealthCare Leadership Forum on July 22, 2015.

Deborah A. Gingras, MS, RN, CNS, presented a poster at AWHONN in June 2015 titled "Development of a Collaborative Partnership to Improve Communication and Access to OB and Pediatric Patient Care Information for High Risk Referrals."

Lisa Enslow, RN, nurse educator, obtained certification as a certified lactation counselor (CLC).

Congratulations to nurses who completed the LEAN Training and graduated on June 29, 2015 at Hartford Hospital: Jenifer Ash, Mary Babcock, Ellen Blair, Abbi Bruce, Janice Cousino, Lynn Deasy, Trisha DePietro, Cheryl Ficara, Maggie Hanbury, Donna Handley, Jamie Houle, Kristy LaChance, Julie Michaelson, Gail Nelson, MaryAnn Pappas, Sherry Stohler, Lynn Thompson, Jessica Winkler, Cathy Yavinsky and Susanne Yeakel.



From The Alumnae Association President



Remember the days at Hartford Hospital when there were no fitted sheets and rubber and draw sheets were used? Sometimes people would leave the bed crank out and, golly, that hurt your shinbone! Everything was recycled, and every utility room had autoclaves. Fire safety involved going out to the tennis courts and watching as a mattress was

set on fire and then extinguished. Those clip-type metal charts are gone. Wow, have we come a long way! We did not even dream that a computer, a cell phone or EPIC would be part of nursing care.

Today Hartford Hospital is striving for individualized care or, in modern terms, mutuality. Keeping in Touch, a volunteer program at the hospital, is helping to individualize care for patients with dementia and soon will be available on all units. Individualized care must also encompass standard, evidence-based care. We must be more cognizant of patient preference and their goals while including the family in their care. This, in turn, will make patients feel part of their plan of care without loss of control of their being.

Hospitalized patients have typically had to submit to the daily routine ingrained in us as nurses—to eat meals at hospital-scheduled times, and bathe, change clothing and get out of bed by lunchtime. Unfortunately, staffing is also geared to this schedule. Nurses are caught between advocating for their patients and avoiding conflict with the system, as well as being the link between physicians and patients. The stress may lead to nursing turnover, which decreases employee morale and the hospital's bottom line.

Individualized care is a nurse's dream and, along with administration, we need to find a way to support valuable caregivers as more demands are placed on them. By doing so, we will enhance patient satisfaction and safety, maintain staff and achieve better healthcare outcomes.

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

P.S. Canvas tote bags with our shield on them were given out at the June banquet and some remain. If you would like one, please notify Pat Ciarcia.

The Board Of The 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.

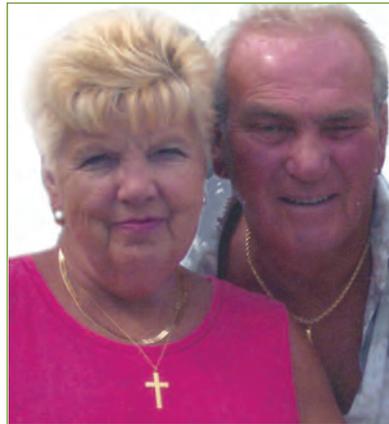
STAY CONNECTED! If your email address changes, please notify Pat Ciarcia.

Like One Big Family

Like many graduates of the Hartford Hospital School of Nursing, Anne Carlson Boettger '57 went on to work at Hartford Hospital. What makes her story a little different is that every member of her family also worked at the hospital at some point in their lives.

Anne's husband, Ed, whom she married shortly before graduating from HHSN, worked at the hospital as a high school student from 1946 to 1948. "Ed worked in Brownstone delivering the large tanks of oxygen," Anne recalls. She calls attention to several of his pay stubs from 1947 showing he was paid 55 cents an hour.

When her children were young, Anne did private duty at the hospital. In 1971, she was hired to work 3 to 11 p.m. in the recovery room (where, incidentally, she earned \$4.68 an hour). She remembers that after 6 p.m. on weekends, she was the only RN on the unit. She left that position in 1976 when she was asked to be the recovery room supervisor at the new Hartford Surgical Center.



Anne Carlson Boettger '57
with husband, Ed

Anne and Ed's sons and daughter kept up the family tradition. At age 16, their son Mark was hired as an operating room aide, transporting patients to and from surgery. Mark continued to work at the hospital through high school and college. Younger son David also became a transport aide in high school and, as a senior, worked with an illustrator on the hospital's staff. Anne and Ed's daughter, Lori, became a nurse. In the '70s, she worked in several areas of Hartford Hospital, including the delivery room, postpartum, newborn nursery and women's health high risk.

"In the '50s, '60s and '70s, the hospital was so much more contained, and you knew all the head nurses on each unit, most of the doctors, the supervisors and ancillary personnel," Anne says. "It was like one big family."

Recalling those years, Anne says "I loved every minute of it, and we are all proud that we were all employed there at one time or another." •



The Hartford Hospital School of Nursing class of 1957.
Anne Carlson Boettger is in the third row, fifth from the left.

A Lifetime Of Nursing Leadership



Geraldine Labecki, HHTS 1939.

Geraldine Labecki, HHTS '39, is described by her niece, Barbara Villeco, as a “fiercely independent woman” who dedicated her life to nursing and to elevating the status of the nursing profession.

Born to young Polish immigrants in 1918, Gerry, as friends called her, grew up in then-rural Roxbury, Connecticut. She graduated from high school in 1935. It was the height of the Great Depression, and Gerry’s family was poor. College was out of the question. But after spending a great deal of time with a nurse who was recovering from an illness, Gerry decided she wanted to be a nurse. She applied to the Hartford Hospital Training School for nurses and was accepted, graduating in 1939.

Barbara recalls that her aunt “felt that nurses did not receive the respect that they deserved. It was a feeling that turned out to be a driving force in her life.” Gerry also believed that nurses needed a foundation in liberal arts, as well as in science, “in order to understand and provide care to meet human needs.”

Determined to make a difference in how nurses were prepared and treated, Gerry earned her Bachelor of Science from Columbia University. She became educational director of the nursing school at Mary Fletcher Hospital in Burlington, Vermont. She also earned her master’s degree at Columbia.

After 12 years in Burlington, Gerry accepted a position at Vanderbilt University and went on to become its assistant dean of nursing. In 1963, Clemson University invited her to start a baccalaureate degree program in nursing. She raised a remarkable \$3.5 million to launch the program and was involved in every aspect of it, designing everything from the curriculum to the cap and pin.

In 1965, Gerry was named dean of Clemson University’s School of Nursing, becoming the first woman to be a collegiate dean at the university. She held the position until her retirement in 1980, when she was given the title of dean emerita.

Gerry retired to Black Point Beach Club in Niantic, Connecticut, to be near her two sisters and their families. She lived there, in a house she had designed herself, until 2005, when she moved to a continuing care community in Essex. Given her independent streak, her niece says, it was “with great reluctance” that in January 2013, at age 95, she relocated to a skilled-nursing unit. She resided there until her death in May 2015 at the age of 97.

Gerry encouraged her nieces and nephews to pursue education. She loved cats and dogs. She sewed beautifully. She also had high standards for nursing. In later years, recovering from hip surgery at a rehabilitation facility, she grew impatient with what she saw as “shortcuts” in practice. After just one day, she called a relative for a ride, checked herself out and went home. “She tottered right off into the rain,” Barbara recalls. “She wanted things done the right way.” •



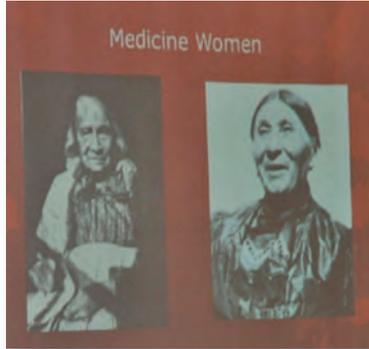
Geraldine Labecki on her 96th birthday.

Alumnae **The Pillbox**

IN THE TRADITION OF HEALERS

Lynn Roberge Malerba, class of 1974 and lifetime chief of the Mohegan Tribe, was the guest speaker at the June 2015 Alumnae Banquet. Her topic was "In the Tradition of Healers."

In honor of our speaker and all the Native Americans throughout Connecticut and the entire country, we chose a Blessing of Thanksgiving from a *Native American Book of Prayer and Blessings*.



The excerpt reads: "With one mind, we turn to honor all the Medicine Herbs of the world. From the beginning, they were instructed to take away sickness. They are always waiting and ready to heal us. We are happy there are still among us those special few who remember how to use these plants for healing. With one mind, we send greetings and thanks to the Medicines and to the keepers of the Medicines."

Guest Speaker at the June 2015 Alumnae Banquet



Lynn Roberge Malerba, class of 1974 and chief of the Mohegan Tribe

2015 SCHOLARSHIP RECIPIENTS



Eleven nursing students received a total of \$40,000 in scholarships from the Alumnae Association. Awardees who were at the banquet included, left to right: Alicia Whiting, Sarah Visser, Courtney Benham, Anika Delaire, Julianne Houghton, Julie Michaelson, Michael MacDonald, Angela Lenginer and Nicole Szpiski. Not present: Lisa Pizzoferrato and Matthew Rivers.



Scholarship recipient Michael MacDonald with his HHSN grandmother, **Frances Simmons Jenkins '50**



Marilyn Miller '73, banquet photographer.

A big thank you to Marilyn for taking the wonderful photos at the banquet. Enjoy her photo show on the HHSN website: www.hhsنالumnae.org.

CLASS OF 1938



Stephanie Druzolowski Kaminski '38, who recently turned 98 years old, is seen here celebrating her 77th nursing anniversary. Pictured with her is her daughter **Patricia Kaminski Robertson '62**.

Class of 1944



Celebrating 71 years since graduating from HHSN are classmates **Avis Warren Butler** and **Jean Landon Smith**.

CLASS OF 1950



Barbara Johnson Voskowsky celebrates her 65-year anniversary.

CLASS OF 1955



Celebrating 60 years is **Lorraine Ottavi Florio-Olson**.

CLASS OF 1960 CELEBRATING 55 YEARS



Seventeen members of the class of 1960 celebrated 55 years at the alumnae banquet. Back row, from left: **Marjorie Ashman Page**, **Carolyn Bickford Calhoun** and **Peg Tucker Garrison**. Front row, from left: **Carole Peterson Freeman**, **Virginia Owen Chandler** and **Fran Pappalardo Gorynski**.

CLASS OF 1960

Members of the class of 1960 also celebrated at a special Hartford Hospital luncheon and tour, generously sponsored by Hartford Hospital Nursing Administration.



Back row, from left: **Fran Pappalardo Gorynski**, **Joanne Barry Wilson**, **Joanne Leonard Campominosi**, **Peg Tucker Garrison**, **Pat Tenza Reig**, **Eleanor Palau Jacobs**, **Dorothy Pouch McDermott**, **Carolyn Ingalls** and **Carole Peterson Freeman**. Front row, from left: **Marion Brooks Muschell**, **Carolyn Bickford Calhoun**, **Betty Luginbuhl**, **Virginia Owen Chandler** and **Marjorie Ashman Page**.

CLASS OF 1961



By pure chance, these three women who are HHSN graduates were on the same trip to Italy. What are the chances? Left to right: **Irene Cardin Smith '59**, **Christine Johnson '61** and **Lois Sharp Pabst '61**.

Alumnae The Pillbox

CLASS OF 1962



Fourteen members of the class of 1962 celebrated at the banquet. Pictured left to right: **Mary Ann Comen Bertini**, **Ginny Marth Wickersham** and **Pat Borden Silva** share memories.

CLASS OF 1965



Celebrating their 50-year milestone at the banquet. Back row, from left: **Toni DeRosa McGovern**, **Karen Schweiger Perugini**, **Cathy Henderson Bantley**, **Linda Howe Rielly**, **Ruth Odenkirchen Lascari**, **Mary Ellen Jackson Doblecki**. Front row, from left: **Carol Louchunas Ross**, **Judy Goolsby Gorski**, **Barbara Carlson Maheu**, **Kathy Archer Klaus**.

CLASS OF 1965

Members of the Class of 1965 enjoyed a luncheon/tour at Hartford Hospital in honor of their 50th reunion.



Front row, left to right: **Carol Louchunas Ross**, **Karen Schweiger Perugini**, **Mary Ellen Jackson Doblecki**, **Kathy Archer Klaus** and **Diane Lizotte Neri**. Back row, left to right: **Ruth Odenkirchen Lascari**, **Carol McGrath Sala**, **Cathy Henderson Bantley**, **Linda Howe Reilly**, **Barb Carlson Mahue**, **Dianne Cull Litchfield** and **Karen Nielson Story**.

THE GOLDEN BEDPAN



The passing of the "Golden Bedpan" from **Barbara Carlson Maheu '65** and **Judy Goolsby Gorski '65** to next year's holders, **Alfie Plikaitis Junghans '66** and **Gail Pendleton Rapoza '66**.

CLASS OF 1970



Anne Marie Pelletier Nadeau, class of 1970, celebrated 45 years.

CLASS OF 1971

Donna Schlosser Cavaleri '71 recently retired from Hartford Hospital after 40 years. She worked in various roles at the hospital, including ICU and management.

CLASS OF 1974



John Ham, one of HHSN's few male graduates, celebrates with his class of 1974.

CLASS OF 1975



Twenty-four members of the class of 1975 gathered to celebrate their 40th reunion.

CLASS OF 1976

Ann Lambert Minor '76 is a holistic nurse and qualified therapeutic touch teacher.



IN MEMORIAM

Margaret Hall Carpenter '40
Rita Cashman Marcolini '41
Arlene Richardson Sears '41
Irene Asselin Rosa '49
Mary Wollenberg Dexter '50
Sylvia Lundberg Vargo '50
Nan Parsons Dahlstrom '51
Eileen Doyle Jackson '51
Lucille Gould Temple '58
Jean Chapman Addy '59
Susan Rossi Fitzgerald '61
Maureen "Moe" Somers Smith '65
Maureen Bigelow Sullivan '66

PHYSICIANS

Bradford Blanchard, MD – Internal Medicine
Cleveland Denton, MD – Dermatology
Sara Knuth, MD – Emergency Internal Medicine
Robert Rosson, MD – Gastroenterology
William Tripp, MD – OB GYN
Edmund Welch, MD – Anesthesiology



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

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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The Hartford Hospital Training School class of 1939.