Making Connections: Community & Colleagues

INSIDE:
- A Conversation With Nurses Across the Generations
- Building Community Connections
- Graduate Nurse Residency Program
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Hartford Hospital’s Nursing Professional Practice Model

The Nursing Professional Practice Model was developed by nurses from Hartford Hospital to reflect our current values. 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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Connections come from authenticity, vulnerability and meeting someone where they are. Our world continues to change and evolve, challenging us to adapt and rebuild a culture of connection and belonging that is vital to our growth and success both as individuals and as an organization.

The past few years have revealed pressure points and areas where we can better recognize and validate the cultures, insights and contributions of our colleagues, patients and families alike.

Here at Hartford Hospital, we are fortunate to have multiple generations of nurses from across the globe, each bringing a unique and meaningful perspective to the work we do together. Those perspectives are amplified when they are valued, supported and encouraged. Each of us has a responsibility to foster an inclusive culture to enable more meaningful contributions, innovation and engagement.

Committing to a culture of inclusion, respect and trust, we unleash untapped energy that is sure to bring out the best in all of us and improve nurse retention and recruitment, in the name of patient care.

We emerged from the challenge and turmoil of COVID strengthened and yet vulnerable. The pandemic and societal events of the past few years have had a profound impact on our profession. However, through it all, we as nurses were steadfast and adapted while the landscape changed around us.

Now, more than ever, it’s incumbent on us to maintain and renew our commitment to our core values and each other. We need to recenter, reset and reconnect with our profession.

In our jobs, success is grounded in connection — our ability to communicate, empathize and understand each other and our patients. We can only advance the profession of nursing by engaging and working together. We can’t afford to lose nurses due to a lack of connection. That very connection is what drives positive (and negative) outcomes, from team coordination to patient care to nurse retention.

Within this magazine you’ll read about the experiences and work being done by a wide array of nurses — some with decades of experience under their belts, and some young graduates with new and unique perspectives. The thread from page to page highlights the broad spectrum of the magnificent work that is being done, none of it possible without thoughtful, intentional connections.

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The Great Communicators of Periop Services

Within every operating room and procedure center at Hartford Hospital is an expertly-specialized team of professionals who represent Perioperative Services. They are focused on each detail, with a finger on the pulse of pre-operative workups, post-operative care, plus surgical intervention and procedures. From start to finish, periop nurses are caring and advocating for patients along every step of their journey.

Stopping the line
Periop nurses are always aware of the myriad details that converge during a procedure. And with each detail comes a risk of error. The periop nurse has an eye on all the moving parts, quick to stop the line for safety. “If something doesn’t seem right, they are right there,” says Perioperative Services Director of Quality and Safety Maggie Hanbury, RN, MPA, CPHQ. “Every step of the way, we are asking pertinent questions and making sure things like IV medications and paperwork are correct. We make sure that the patient is optimized for the procedure.”

“A good periop nurse is not afraid to speak up, has an attention to detail and ability to communicate in an interprofessional environment across a broad variety of roles.”

Professional development for life
The work of the periop nurse is ever evolving and keeping apprised of standards and practices is paramount to success. Manager of Professional Development, Perioperative Services Sarah Hirx MSN, RN, CNOR, NPD-BC, explains just how much goes into keeping colleagues abreast of periop trends and protocols. “Employing standards put forth by the American Society of Perianesthesia Nursing (ASPN), periop nurses are learning and growing with the assistance of new online learning modules that will soon be part of the standard onboarding practice,” she shares. “We also use Mosby’s Orientation to Perianesthesia Nursing. It’s a program that provides didactic content designed to build competencies and knowledge.”

Another tool for learning is Periop 101, an OR nurse training program which incorporates online modules plus classroom simulation work at the Center for Education, Simulation and Innovation (CESI).

Hartford Region’s Director of Perioperative Services Michael Gilgenbach, MS, RN, CNOR is proud of the forward momentum Periop Services is experiencing. “Opportunities for improvement in policies and procedures were identified a couple of years ago. Since then, we have implemented new protocols, including a weekly system quality call,” he
reports. Hirx echoes that sentiment, saying, “Themes that come out of Riskonnect reporting help us focus on competency needs and opportunities.” The group consistently evaluates near-miss events like surgical counts and considers actions to improve outcomes.

Building a pipeline to periop
In Gilgenbach’s mind, Periop Services stands out because colleagues have been empowered to do innovative and creative things in an effort to draw nurses to the perioperative field. This includes branching out beyond the confines of the department and connecting to nursing students where they learn.

Periop nurse educators are also busy in the academic community. They serve as faculty members at the nursing schools of Fairfield University, UConn and Quinnipiac University. Historically, these schools didn’t have faculty with perioperative knowledge. Nurse educators are now on the faculty, imparting knowledge and helping build skills.

Nursing students in their senior year come to Hartford Hospital to do their capstone clinical rotations in periop each spring. Once a year, nurses head to Quinnipiac and run a perioperative nursing day at the school’s simulation center, building a pipeline of interest in periop specialties.

Hartford HealthCare runs a systemwide fellowship program, where students between their junior and senior years of nursing school spend eight weeks immersed in the OR and PACU. Once compete, students have an option to continue per diem and often join the workforce upon graduation with more experience under their belts.

So, what makes a successful periop nurse? Maggie Hanbury sums it up. “A good periop nurse is not afraid to speak up, has an attention to detail and ability to communicate in an interprofessional environment across a broad variety of roles,” she details. “He or she is a good team player and has a desire for continued learning and education.”

Editor’s Note: Since the time of this interview, Sarah Hirx has taken on a new role within Hartford HealthCare, currently serving as director of nursing professional development and practice excellence at St. Vincent’s Medical Center in Bridgeport.

From New Grad to Nurse Educator
Cassandra Eilers, MSHCM, BSN, RN, CNOR is a nurse educator of quality and informatics for Perioperative Services, leading large hospital and systemwide initiatives guided by a nurse’s perspective. Having completed all her clinical rotations at Hartford Hospital, she proudly says, “I grew up as a nurse in Hartford Hospital. Everything I have done is here!”

Eilers is a member of the hospital’s shared governance council, contributing a periop nursing perspective on best practices in patient care. She is a co-chair on the professional development council, working to identify and refine nurse advancement processes in the organization. She also serves as the Connecticut chapter president of the Association of periOperative Registered Nurses (AORN).

As a nurse educator, Eilers is passionate about helping nurses achieve their goals. Her advice to nurses is simple. “I used my managers as a sounding board, looking to them for guidance. There are so many people who can help you get to where you want to be. You, your educator and manager can work together to develop steps to success.”

For highlights of the AORN Connecticut chapter conference, see page 21.
It may not be a scenario we often think about. An expectant mother learns that her fetus has spina bifida and the best chance for the baby’s survival is to perform surgery before it is born. So, who coordinates this highly specialized procedure? In Hartford, a strategic alliance between Hartford HealthCare and Connecticut Children’s is connecting experts in obstetrical care and experts in pediatric care to improve outcomes for the tiniest patients and their mothers.

“There are two patients in the operating room. Children’s cares for the babies, we care for the mother,” says Director of Nursing Women’s Health Services Amy Schroder, MSN, RN, CNML, CCE. “Most centers that provide fetal care have OBGYNs under one roof. Everyone is part of the same organization. Our situation is unique. We are separate, but at the same time we are partners and collaborators with distinct specialties.”

Fetal care is practiced at Children’s and being a hospital that specializes in pediatrics, they require obstetrical nursing expertise when comprehensive care for this unique population is necessary. Enter Women’s Health Services at Hartford Hospital.

Women’s Health Services encompasses a variety of maternal care. Maternal fetal medicine is staffed by perinatologists and nurses who specialize in high-risk pregnancies and surveillance of fetal anomalies. Labor and Delivery cares for mothers before, during and immediately after birth, as well as providing high-acuity care to mothers who need it. North 8 cares for high-risk expectant mothers, mothers diagnosed with postpartum conditions and female surgical patients.

Just outside Hartford Hospital, Women’s Ambulatory Health Services serves women in the community and cares for more than a quarter of the estimated 4,000 annual deliveries at the hospital.

How does the Pediatric Care Alliance support the complex needs of both mom and baby? If an expectant mother arrives to Children’s and it is...
determined that her fetus has a condition, like spina bifida, the fetal team convenes and offers options for care. If she so chooses, the Children's surgeon performs the surgery, but it is Hartford Hospital OB nurses who admit the patient preoperatively, monitoring the baby and working side-by-side with Children's nurses in the operating room. Once the surgery is complete, the mother is transported to Hartford Hospital for her recovery on its labor and delivery and high-risk obstetric floor.

In a time where nursing shortages are national news, you might think that filling these nursing positions would prove difficult. In fact, the opposite has occurred. “They are so engaged,” reveals Schroder. “Dr. Timothy Crombleholme is a pioneer in fetal surgery and his work is groundbreaking. Our nurses are amazed and interested in learning this new technology.”

Allie Madden, BSN, RN, C-EFM is the program's dedicated obstetric coordinator. She helps plan the procedures and is in the operating room, serving as a lead and the liaison for a majority of cases. In this hybrid role, Madden provides nurse navigation, direct patient care and serves as a liaison between Hartford Hospital and Children’s. This allows her to be embedded and in tune to the needs of both teams and both institutions.

Madden is joined by several Hartford Hospital nurses who are trained to assist in these surgeries. While there have been fewer than 20 surgeries this first year, the hospitals expect that number to grow substantially in the next couple of years. In the future, Hartford Hospital's own maternal fetal medicine specialist Dr. Erica Hammer will also perform fetal surgery in support of the burgeoning caseload.

The partnership has presented challenges. While the two hospitals are collaborators, they each have their own versions of Epic. That can create some obstacles for the teams and underscores the importance of effective communications. But Schroder says the benefits far outweigh the challenges. “When the two teams connected to form a relationship, the result was tremendous,” she remarks. “We may be on two separate teams, but it’s successful because the people at the table care so much about the patients and we built a collaborative relationship that works.”

Allie Madden, BSN, RN, C-EFM and Amy Schroder, MSN, RN, CNML, CCE

“After being in Labor and Delivery for almost nine years, I’ve been given an opportunity to learn about fetal diagnoses and it’s a whole new world. I am privileged to learn how babies are getting diagnosed early in pregnancy before they arrive to us in labor and delivery.

One of the first surgeries I was able to observe was for a spinal bifida diagnosis and the surgeon was fixing the baby's lesion with open surgery. I remember sitting and watching the screen, with procedures that were similar to a c-section, like opening the uterus, but seeing the spinal column coming to the surface — the complexities and care being put into this tiny, little repair were astounding. This baby was two to three pounds. It’s really a miracle that we can perform these services that can give babies a better outcome.

I knew the moment I did my OB rotation in nursing school that I wanted to pursue women’s health. This opportunity has made it possible for me to continue my passion caring for moms and babies. World class services and care that would otherwise be available in New York or Boston are accessible right here in Hartford. I am able to help mothers during their pregnancy and if I’m lucky enough I can see them through delivery. It’s been a great way to explore and learn new things while still remaining in what I believe is my nursing “home,” where I belong.”

Allie Madden, BSN, RN, C-EFM and Amy Schroder, MSN, RN, CNML, CCE
The Hartford Hospital workforce spans the generations, with each demographic bringing unique skills and attributes to the job. So, how can nurses draw from a variety of experiences to enhance the profession? The Nursing magazine advisory board sat down with three such nurses, who reflect on how their perspective can dovetail with those of their peers to improve patient outcomes.

**Nursing Magazine (NM): What do you think each generation brings to nursing?**

**Marie Fleischer (MF):** The new nurses bring youth and vigor. Their energy instills the energy in us. The more seasoned nurses bring experience and compassion and hold the key to longevity — we know what it takes.

**Katie McDonald (KM):** Each generation of nursing brings their own special element. The younger generation brings technologically-savvy minds while the seasoned generation comes with all their years of experience.

**Yaa Owusu (YO):** My generation is more used to the computer, internet and technology and they use it to their advantage in many ways. They are very fast typists, searching for information on those devices and that is helpful in the health sector. Older nurses have experience and ideas that can guide and teach us.

**NM: What do you think is the importance of generational nursing (having teams with an array of nurses’ levels of expertise?)**

**MF:** Multigenerational nursing helps by giving us a chance to pass on our nursing experience and share the little tricks. What I experienced straight out of nursing school was very different than what today’s nurses are experiencing after graduation. Older nurses can help them adapt.

**KM:** Having a diverse team of multigenerational nurses helps to provide better care to patients by bringing different energy levels, practices and compassion.

**YO:** The variety spices things up! Our differences all come together to make the work much more efficient and effective.
NM: What are the connections between the generations and how do they drive your practice?

MF: It helps me want to continue learning new material and expanding my knowledge. Younger nurses drive me to want to keep up with them! I know I can do it — it’s self-driven and I like to keep up with my practice. Things have changed so much during the years — if I am going to be the person they turn to, I need to be up to the task.

KM: The thing that connects all the generations is the patients. We are here for the patients. They need us and we care for them. The patients come first.

YO: We are a team, working together. We are relying on each other and depending on each other. The older generations may have done things their way, and younger nurses sometimes bring newer methods. We should be open to learning ways that may be helpful to all of us.

NM: How do you utilize each generation in professional development?

MF: The younger generation is more tech savvy. They can give me a different perspective and perhaps a different outlook. I teach the trauma course here and in order to teach it, I have to continually take the test they take. That helps me continually learn.

KM: We brainstorm on a daily basis, drawing ideas for each generation of nurses to provide the best care possible for our patients.

YO: The older generation is a wonderful resource. They are our leads, our educators and some are our managers. We have so much to learn from them and their experiences.

NM: How can each generation help and support each other in daily practice?

MF: I am a mentor to nurses — they come to me to learn how I approach different facets of the job. I am there for them whenever and whatever they need me. My advice is that the only stupid question is the one that isn’t asked. It’s our responsibility to show new nurses how to be the best nurse they can be for the patient. Their energy instills the energy in us.

KM: Support is reciprocal — going to an older generation to draw from their experiences or going to the newer generation for fresh eyes and evidence-based practices.

YO: Just work together as a team and share ideas. If you need help, ask for help. Nobody should think they are perfect and know it all. We must support each other and learn from each other.
Not too long ago, bedside nurses toted paper and pen from room to room, documenting patient data. To say we’ve come a long way since then is an understatement. Times have changed and Hartford Hospital nurses are leading the charge into the future with communications technology that might soon become a systemwide standard.

In a project that has been years in the making, a multidisciplinary team, with nurses front and center, has been tasked with developing advancements that transform hardwired and heavy platforms and making them available on mobile, handheld devices. Nurses on telemetry units began using iPhones in June that better connect them with resources and providers. The process was a painstaking one, but worth every minute to develop a system that will give nurses much-needed connectivity and ultimately improve the quality of the bedside experience.

In a nutshell, the initiative turns the tide on Epic, the system’s electronic health record, and makes it more efficient and workflow based, rather than having its technology drive the workflow, which can be burdensome and create extra work for nurses.

Manager for Clinical Informatics Becky Morton, BSN, RN, is one of the key players in the initiative and explains the success of the rollout hinged on input from nurses and colleagues. “We brought together nurses, PCAs and providers, making sure all stakeholders were involved,” she shares. Before any elements were incorporated, the frontline staff who would be using the devices had a chance to examine and troubleshoot the details.

Cardiology Nurse Educator Deb Bass, MSN, RN, PCCN, notes that nurses were not asked to adapt to the technology, rather, the team was challenged to make the technology work for them. “Going to the bedside, asking nurses what’s working, what’s not — we find ways to make the applications better. Now we can ask, ‘Can Epic do this for us?’” As a nurse educator, Bass was very involved in the process and notes the importance of having nurses’ voices at the table during development sessions.

“We have been very thoughtful about having the nurses represented during the process,” she says. “Steps haven’t been taken until nurses have an opportunity to weigh in. Nurses can trust the process knowing they have a voice and seeing change happen because of their insights. We have tried our best to listen and deliver a great product.”

Historically, nurses had to rely on Workstations on Wheels (WOW) for inputting and accessing information. By making applications available on mobile devices, nurses are unencumbered from bedside to bedside and can readily find and document
important data. Morton says, “We are giving nurses the tools to streamline not only communications but documentation and patient safety elements like barcode medication administration, secure messaging, all from the phone, as opposed to multiple phones and devices.” This results in more time to spend at the bedside with patients, for nurses, PCAs and clinicians alike.

One of the most notable takeaways of the rollout was the strong collaboration between Clinical Informatics (CI), Education, Operations and Information Technology (IT). Nurse educators represented the voice of 2,000 nurses and worked hand-in-hand with the team to ensure the products were checking all the boxes for functionality. Great care was taken to train everyone in methods that were accessible to all.

Preparations leading up to the rollout in June were comprehensive, with daily communications and continual feedback that would drive tweaks in the processes. Morton says preparing colleagues was imperative to the project’s smooth release. “We rounded at the bedside and got immediate feedback, which we used to improve and implement. We worked with people ahead of the go-live, by having them log in days in advance, so that on Day One, they were prepared.”

Currently, 500-600 phones are in use on inpatient telemetry units. While no timeline is in place at the moment, the goal is to activate devices hospital-wide, with an eye on a systemwide rollout in the future.

“This project was cohesive because of the teamwork,” notes Morton. “We have challenged each other, challenging what we do and challenging how we can make this better. We have had to study and adjust. Having the connections and open communications between teams have allowed us to learn a lot.”

<table>
<thead>
<tr>
<th>Epic – From WOW to Now!</th>
<th>Other fun facts!</th>
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<tbody>
<tr>
<td>• Handheld devices make communications portable and easy</td>
<td>• Translator feature for language barriers</td>
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<tr>
<td>• Epic’s Rover allows nurses to enter documentation by phone</td>
<td>• Kronos available on phones</td>
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<tr>
<td>• All Rover shared devices have Secure Chat, allowing for communication between nurse and provider</td>
<td>• Popular five-digit extensions available at a touch</td>
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Based on information gathered through engagement surveys and other forums, nursing assistants systemwide expressed a desire to receive more recognition and responsibility in their jobs and, above all, opportunities to advance in the field. That feedback has resulted in a major initiative that standardizes the acute Patient Care Technician (PCT) roles across Hartford HealthCare, highlighting the importance of employee professional development and reinforcing our system’s commitment to providing growth opportunities for all.

The Patient Care Technician role at HHC refers to direct patient care nursing assistants who work in acute care/hospitals. Patient care associates, student nurse technicians, patient care administrative associates, comfort associates and dialysis technicians currently at Hartford Hospital are

**PCT Clinical Ladder to Success**

**PATIENT OBSERVER**
- Patient sitter role
- Position only used in certain HHC hospitals
- No prior experience required
- BLS cert within 60 days

**PCT 1**
- Assists the RN with basic patient care duties
- No prior experience required
- BLS cert within 60 days
considered ‘in scope’ and are eligible to participate in the new PCT ladder.

The initiative launched on Sept. 24 and all ‘in scope’ titles have been standardized across the system to one of the following positions:

- Patient Observer
- Patient Care Tech 2
- Student Nursing Technician
- Patient Care Tech 3
- Certified Patient Care Tech 4

### Designing the Details
The PCT project team, which included Marlene Harris, MS, RN, Ifeoma Mogor, RN-BC, and Maria Segarra, MSN, RN, collaborated for a year and half focusing on the enhancement of the PCT workforce holistically to align with the Center for Nursing Excellence. To support the new clinical ladder, they developed and standardized several items across Hartford HealthCare, including the ladder’s titles and job descriptions, curriculums for orientation and preceptors, competency documents and standard work for processing promotions. The team also identified an automated system to assist in tracking PCT qualifications.

<table>
<thead>
<tr>
<th>Title</th>
<th>Duties</th>
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<tr>
<td><strong>PCT 2</strong></td>
<td>• Core PCT role &amp; job duties. Must be fully competent in PCT core duties such as obtaining vital signs, specimen collection, POCT, and more</td>
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<tr>
<td></td>
<td>• Acute care nursing assistant experience required</td>
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<td></td>
<td>• BLS cert within 60 days</td>
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<td></td>
<td><em>(Student Nursing Technician: Same duties as PCT 2, but is currently enrolled in an Accredited Nursing Program)</em></td>
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<tr>
<td><strong>PCT 3</strong></td>
<td>• Same duties as PCT 2 + completed HHC PCT preceptor training, fully competent as a preceptor, and identified as a ‘Unit Champion’</td>
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<td></td>
<td>• Certified Nursing Asst. required + BLS cert</td>
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<td></td>
<td>• 1-year acute care nursing assistant experience required</td>
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<tr>
<td></td>
<td>• Portfolio application to move from level 2 to 3</td>
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<td></td>
<td>• Internal candidates only</td>
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<tr>
<td><strong>PCT 4</strong></td>
<td>• Same duties as PCT 2 + expert resource on unit, trains and assists new PCTs</td>
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<tr>
<td></td>
<td>• Must have completed an accredited program &amp; be certified/licensed as a CPCT/A, Certified Medical Assistant, or EMT</td>
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<td></td>
<td>• BLS cert within 60 days</td>
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<tr>
<td></td>
<td>• 1-year acute care nursing assistant experience required</td>
</tr>
<tr>
<td></td>
<td>• Internal and external candidates accepted</td>
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<tr>
<td></td>
<td>• No portfolio review required</td>
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**CPCT 4**

- Same duties as PCT 2 + expert resource on unit, trains and assists new PCTs
- Must have completed an accredited program & be certified/licensed as a CPCT/A, Certified Medical Assistant, or EMT
- BLS cert within 60 days
- 1-year acute care nursing assistant experience required
- Internal and external candidates accepted
- No portfolio review required

**PCT 2**
- Core PCT role & job duties. Must be fully competent in PCT core duties such as obtaining vital signs, specimen collection, POCT, and more
- Acute care nursing assistant experience required
- BLS cert within 60 days

**Student Nursing Technician:** Same duties as PCT 2, but is currently enrolled in an Accredited Nursing Program

**CPCT 4**
- Same duties as PCT 2 + expert resource on unit, trains and assists new PCTs
- Must have completed an accredited program & be certified/licensed as a CPCT/A, Certified Medical Assistant, or EMT
- BLS cert within 60 days
- 1-year acute care nursing assistant experience required
- Internal and external candidates accepted
- No portfolio review required

**PCT 3**
- Same duties as PCT 2 + completed HHC PCT preceptor training, fully competent as a preceptor, and identified as a ‘Unit Champion’
- Certified Nursing Asst. required + BLS cert
- 1-year acute care nursing assistant experience required
- Portfolio application to move from level 2 to 3
- Internal candidates only
Neighborhood Health: Connecting with the Community

When Hartford HealthCare Neighborhood Health launched in August 2021, the team had its work cut out for them. Many residents in the community were hesitant about strangers offering vaccines, health checks and basic toiletries. Neighborhood Health System Manager of Operations, Safety, Quality and Program Development Dawn Filippa, MSN, RN, MHA, RRT, EMT-P remembers that time well.

“One of our first locations was Mi Casa on Park Street. We were all set up and ready to go, but nobody was coming in,” she recalls. “Once we walked down the streets and introduced ourselves, we were able to build relationships and people started to come in.”

Neighborhood Health has come a long way since those early days on Park Street, and now fans out across the state, bringing vital services and resources to unsheltered, underserved and underprivileged individuals who don’t have access to affordable care.

Lori Postemski, MSN, RN, CCRN-K, has been a nurse at Hartford Hospital since 1984 and joined the Neighborhood Health team in March. She is drawn by the nomadic style of delivering healthcare to the community. “I enjoy the physicality of the job — setting up and breaking down clinics every day in different settings and walking the neighborhoods to help those in need,” she says. “This experience has introduced me to a population I had never met before in my work in critical care. I hear their stories, what they’ve been through and what has brought them to this point in their lives. It makes you want to get up and go to work every day.”

What Postemski describes is the routine that the team employs every day. Gear is packed up at the Educational Resource Center (ERC) on the Hartford Hospital campus and the Care Van and cargo vehicle travel to their destination, which can be a senior center, shelter or soup kitchen, just to name a few. Once there, they administer a variety of services, from blood pressure and glucose checks to vaccines and complete metabolic panels. But the services aren’t just medical in nature.

“We are focused on caring for the whole person,” says Filippa. “We offer clothing, socks and underwear. Basic toiletries, snacks and water. We have the ability to take our time with our patients. They feel heard. We talk about far more than the complaint they come in for.”

Has the level of trust and connection improved over the past two years? No question, say Filippa and Postemski. Filippa recalls a story that illustrates that point, saying, “One day a woman was unresponsive right outside the clinic. Passersby rushed into the clinic to tell us. We ran outside to help and community members created a circle facing outward around us, to ensure our and the patient’s safety. It was quite a moment.”

The Neighborhood Health Team:
- Provider (physician’s assistant or nurse practitioner)
- Nurse
- Medical Assistant
- Care manager
- Registrar (2)
- Public Safety Officer
Graduate Nurse Residency Program: Professional Growth, Personal Connection

Any nurse can tell you, entering a hospital as a brand-new graduate can be daunting. Undergrad education and clinicals are one thing, but clocking in on a floor for the very first time as a new hire is an entirely different ballgame. It’s the goal of the Graduate Nurse Residency Program at Hartford Hospital to best prepare and support new nurses during that very vulnerable first year.

“The program is designed to engage nurses in their first year as an extension of onboarding,” shares Nurse Residency Coordinator Diane Bagioni, MSN, RN. “Our hope is that we can support and ultimately retain them during a very challenging time in their career.”

Nurses are in the program for 12 months, participating in a variety of sessions once a month that expose them to evidence-based research, departments within the organization and perhaps most importantly, peers and mentors in their cohort.

“I remember being overwhelmed as a new nurse. Nursing school didn’t truly prepare me for what I was going to be seeing and doing,” recalls Bagioni. “Here, they get to know different people throughout the hospital in every session — nurses, clinical leaders. They get a chance to connect and gain a global awareness with exposure to so many experiences.”

One of the most meaningful components of the program is the reflection exercise. Nurses are encouraged to share trouble points, emotions or an experience from their workweek. In that moment, their insights are validated, supported and echoed by their peers and mentors. A prompt like “What surprised you most in this first year of nursing?” can elicit any number of reactions, setting the stage for valuable introspection and connection.

Each session is four hours in duration and includes reflection time, presentation of a topic of interest and continuing work on an evidence-based project. And while the nurses develop connections with their peers, they are also building relationships with experienced nurses in the hospital. “Mentorship comes out of the program, too, and is so valuable,” says Bagioni.

Nurse Educator Karen Venice, MA, RN, CCRN, served as interim residency coordinator of the program before Bagioni. She acknowledges that the program helps with the “culture shock” of being a new nurse. “It’s the reconciliation of what they thought nursing would be and what the reality is,” she says. “The program helps them not be discouraged. It’s a learning and growing process to be a nurse and this program is recognition of that journey.”
Hartford Hospital Welcomes New Cohort of Jennings/Brooks Fellows

The Jennings/Brooks Fellowship Program supports professional opportunities for registered nurses from underrepresented backgrounds, facilitating growth while advancing diversity, equity, inclusion and belonging. The program was developed in partnership with Capital Community College. Participants begin working as part-time registered nurses and receive extensive mentoring, ensuring participants are holistically supported in their aspiration of continuing their education and obtaining their Bachelor of Science in Nursing (BSN). Hartford Hospital is pleased to provide this opportunity which supports nursing careers at Hartford Hospital, advances diversity for our communities and promotes education in our profession.

This year’s cohort of fellows includes:
Jaelah Butler, RN, CB3
Omar Khan, RN, B9E/B9SD

Omar Khan, RN shares his experience as a Jennings/Brooks Fellow

I am having a great experience. My coworkers are all very supportive and kind. I feel like I’ve made connections with people I can call friends outside of work. When I joined the unit, they all helped me immensely and continue to help me.

One of my responsibilities as a nurse on B9E/B9SD is monitoring post-operative patients. About 90% of our patient population is post-surgical and during this time they may have pain, respiratory and cardiac issues. It’s my duty as a nurse to address the issues and promote recovery. My patients went through surgery and it’s my goal to make them as comfortable as possible and tend to their needs.

Simona Dowdy, BSN, RN is my mentor from the Jennings/Brooks Fellowship. She has been so helpful in guiding me to becoming a better nurse. She listens to what I have to say, checks in on me, answers my questions and much more. She’s also helped me through the fellowship process and made everything easy to navigate. My manager Janet Lowrie-Johnson BSN, RN has been extremely caring and helpful. She not only makes sure I’m OK professionally but also makes sure I’m OK personally. "Editors note: Lowrie-Johnson and Dowdy are both proud graduates of Capital Community College!"

I didn’t know exactly what to expect from a nursing career when I started school. I’ve learned that while this job is very hard and taxing mentally, it brings me joy that what I do makes a difference in patients’ lives. I have a love for nursing and my goal is to get my masters. I’d like a chance to give back to a place that’s helped me become the person I am today.

I recently started an RN to BSN program at University of Bridgeport. I plan to complete it by February 2024. Without the Jennings/Brooks Fellowship, I would have not been able to start my RN to BSN journey so early. I feel more than blessed to be in the position I am in to receive not only financial aid from the fellowship, but more importantly a family within that community that I can rely on.
Photos & Fabrics: Creative Nurses

Samantha Garesio, RN
Labor & Delivery

How long have you had this hobby? I have been sewing longer than I can remember. My mom sewed and I used her fabric scraps to sew little crafts with a needle and thread.

How did you get started? I learned how to use a sewing machine when I was a teenager and then figured out how to read sewing patterns.

What do you enjoy about it? I have a completely self-made wardrobe. My best piece is definitely my wedding dress, which I created by blending two different sewing patterns. It took me a year but it was worth it!

Are there any parallels between your hobby and your job as a nurse? Both foundations are scientific and strategic. There is an evidence-based method for caring for a patient on pitocin and a geometric reason for easing in a sleeve cap. The art and creativity make the process enjoyable and exciting.

Christina Tardi, RN
Labor & Delivery

How long have you had this hobby? I developed my hobby in 2015 and I started my business in 2019. I specialize in family and motherhood photography.

How did you get started? I’ve always had a love for art since I was a little girl. I had a love for drawing, pottery and photography which developed over time.

What do you enjoy about it? I enjoy capturing authentic feelings and love between people and being able to freeze those moments in time.

Are there any parallels between your hobby and your job as a nurse? In my job, you have to give comfort to families during a very vulnerable time. I have a knack of making people feel at ease while in uncomfortable situations.
Leadership Awards

Please join us in congratulating the following nurses in recognition of the Leadership and Professional Practice Awards that were presented during Nurses Week this spring!

**Cheryl Ficara Teaching, Coaching and Mentoring Award**

**Victoria Freed, MSN, RN**

Cheryl Ficara MS, RN, NEA-BC has been with Hartford Hospital since 1990, serving as Vice President of Patient Care Services from 2011 until the fall of 2020, when she assumed the role of Senior Vice President of Operations in the Hartford Region. The award is presented in recognition of a Hartford Hospital nurse leader for exceptional skill and effort in teaching, coaching and mentoring.

**Doris Armstrong Excellence in Nursing Leadership Award**

**Jennifer Moller, MSN, RNC-OB, C-ONQS, C-EFM**

Named for Doris M. Armstrong, RN, M.Ed., Vice President for Nursing at Hartford Hospital from 1976–1990, this award recognizes a Hartford Hospital Registered Nurse for outstanding contributions in a leadership role both at Hartford Hospital and in the community.

Victoria Freed, MSN, RN (center) receives the Cheryl Ficara Teaching, Coaching and Mentoring Award

Jennifer Moller, MSN, RNC-OB, C-ONQS, C-EFM (center) receives the Doris Armstrong Excellence in Nursing Leadership Award
Professional Practice Awards

These peer-driven awards recognize the contributions made by a nurse that are reflective of the model by which nursing care is delivered at Hartford Hospital. The model includes the Science, Advocacy, Ethics and Art of Nursing, with Equity woven throughout.

The Science of Nursing
Matt Brunelle, RN
Izabela Burzynski, RN
Brady Cooper, RN
Katelin Doucette, BSN, RN
Jennifer Gnitzcavich, MSN, RN, CCRN
Rebecca Hassel, RN
Alison Iaiennaro, RN
Emma Madden, BSN, RN
Jennifer McCarthy, BSN, RN
Sheila Prendergast, MSN, RN
Kimberly Silverman, BSN, RN
Lisa Slowkowski, BSN, RN, ONC

The Advocacy of Nursing
David Alarcon, RN
Colleen Carrol, RN
Jessica Dupont, BSN, RN
Rachel Jennings, BSN, RN
Kathy Kalfik, RN, ASFA
Danielle Miller, RN, CCRN
Caitlyn Napierkowski, BSN, RN
Ellen Ramos, RN
Melissa Reynolds, BSN, RNC
Kristen Thibodeau, BSN, RN, CNOR
Alex Thomas, RN

The Ethics of Nursing
Samantha Calhoon, BSN, RN
Maria Frazao, RN
Kaitlin Gillespie, RN
Madeline Honeyford, RN
Jenna Hovey, BSN, RN, SCRN
Lynn Kierstead, BSN, RN
Halynton Moreno, RN
Sophia Pirro, BSN, RN
Elizabeth Reeve, RN
Agnes Reynolds, RN
Kerri Ybarra, RN

The Art of Nursing
Jennifer Daviau, BSN, RN, CWCN
Lauren David, BSN, RN
Manpreet Kaur, RN
Michelle McKain, BSN, RN
Anne McNeil, BSN, RN
Adriana “Bella” Morrone, RN
Rachel Parks, RN, CCRN
Sherry Strimike, BSN, RN
Agata Szopa, RN
Laurie-Anne Templeton, RN
Cailynn Velleca, BSN, RN, ONC
We congratulate these Hartford Hospital nurses on their recent achievements.

The 27th Annual Connecticut Nursing Research Alliance Conference took place on Oct. 19 and attendees were happy to convene in person for the first time since before the pandemic. Hartford Hospital nurses again represented proudly with oral and poster presentations. Congratulations to Emily Boucher, MSN, RN, OCN; Christina Nadeau, DNP, RN, OCN, CHPN; Mary Kate Eanniello, DNP, RN, OCN; Holly DeFeo, MSN, RN, OCN, NPD-BC; and Sabra Dunn, MSN, RN, OCN, who were awarded first prize for their poster titled “Shaping the Future of Oncology Nursing Through Specialty Content and Resilience Building: An Oncology Nurse Residency Pilot Program.” For a complete list of participants, visit ctnursingresearchalliance.org or scan the QR code.

**Medicine Department**

- Elena Mascia, MSN, RN, MEDSURG-BC obtained her Masters of Science in Nursing with a concentration in Public Health Nursing from the University of Hartford in May, 2023. Elena is the assistant nurse manager on B7E/SD.

- LaToya Harris, BSN, RN completed her bachelor’s degree in Nursing.

- Lauren Ostrover, RN and Faith Mancuso, RN Bliss 2 North PACU promoted to Clinical Nurse Leader

- Matthew LaBombard, BSN, RN, CCRN received promotion to Level 3 Expert in the Professional Nurse Advancement Program

**B7E/SD (Medicine)**

- Promoted to Clinical Leader role:
  - Maggie McGeary, BSN, RN
  - Julia Merrifield, BSN, RN
  - Gina Pedrolini, BSN, RN

- Promoted to RN3:
  - Trisha Signorello, BSN, RN

- The following RNs completed Geriatric Resource Nurse (NICHE) training:
  - Laura Bellemare, BSN, RN
  - Anna Cronin, BSN, RN
  - Vennada Lou, BSN, RN
  - Julia Merrifield, BSN, RN
  - Karly Pedbereznak, BSN, RN
  - Gina Pedrolini, BSN, RN

- The following PCAs completed Geriatric PCA training:
  - Daynaisha Cruz
  - Raymonde Paul
  - Maria Perez

**Wound Center**


- Lisa Q. Corbett, DNP, APRN, CWOCN is an invited speaker at the Symposium on Advanced Wound Care in Las Vegas, NV Nov. 4, 2023. Podium presentation on “Rapid Fire: Dressing Selection”.

- Roxanne M. O’Sullivan, BSN, RN, CWOCN; Kellie Buccetti, BSN, RN, CWOCN; Kimberly Cheney, BA, BSN, RN, CWOCN; Barbara Falkowski, BSN, RN, CWCN; Suzanne Miller, BSN, RN, CWCN and Lisa Q. Corbett, DNP, APRN, CWOCN presented a poster “Implementation of an Infrared Thermography Scanning Protocol in Acute Care” at the Symposium on Advanced Wound Care, Las Vegas, NV Nov. 3-5 and at the Connecticut Clinical Nursing Research Alliance Conference, October 19-20, 2023, Hartford, CT.
Inpatient Rehab Unit

- Congratulations to our new graduate nurses who will be completing their 1-year residency:
  Julia Sayasith, RN
  Angie Bello, RN
  Claudia Rodrigues, RN
  Reevo Raganit, BSN, RN
  Soleybe Diaz, RN

- Kerri Ybarra obtained CRRN certification (Certified Rehabilitation Registered Nurse)

- The following nurses earned NICHE certifications:
  Lucia Petrolito, RN
  Candice Devizio, PCA
  Karon Spain, PCA

Department of Geriatrics

- 2022-2023 Conference Presentations by Anna-Rae Montano, PhD, RN MEDSURG-BC, OCN and Michelle Nai, MSN, RN, GER-BC:
  Robinson R, Montano A. Delirium Education for Nurses in the Hospital Setting. Poster Presentation at the 26th Annual Nursing Research and Evidence Based Practice Conference. (October, 2022).
  Montano A., Robinson R. Delirium Education for Nurses in the Hospital Setting. Poster Presentation at the 2023 American Delirium Society Meeting; Providence, RI. (June 2023).
  Nai M. Non-Pharmacological Delirium Interventions. Pre-Conference Presentation at the 2023 American Delirium Society Meeting; Providence, RI. (June 2023).

- 2023 Publications

Inaugural Periop ConneCT Conference

In September, attendees from across New England gathered for the first Periop ConneCT conference, jointly hosted by the Connecticut Chapter of The Association of Perioperative Registered Nurses (AORN) and OR Today. Perioperative professionals networked, learned and visited the exhibit hall which featured more than 25 vendors. From evidence-based practice sessions to hands-on product demonstrations in the exhibit hall, attendees left with a richer understanding of their craft.

Hartford Hospital’s Perioperative Nurse Educator of Quality and Informatics Cassandra Eilers, MSHCM, BSN, RN, CNOR currently serves as the AORN CT chapter president. Leah Goldberg, BSN, RN, CNOR works at the Bone & Joint Institute (BJI) and serves as the AORN CT chapter treasurer and was this year’s event planning chair. BJI Nurse Scientist Jennifer Hehl, PhD, RN, CNOR, ONC presented Frisky Fractures & Hidden Problems – Nursing Care of the Orthopedic Trauma Patient. BJI’s Quality Education Program Development Coordinator Sarah B. Cruz, CSPDT, CRCST, CHL, CIS presented Career Fatigue: Reinvigorate Professional Development.

Next year’s conference takes place on Oct. 25-26, 2024. For more information, visit Aornct.nursingnetwork.com

BJI team members are all smiles at the AORN Conference
Hartford Hospital School of Nursing, founded in 1877, was one of the first nursing schools in the country, coming four years after The New England Hospital for Women and Children (NEHWC) in Boston, which graduated its first class of five nurses in 1873. Included in this class was Linda Richards, who is considered to be the first trained nurse in the United States. Linda completed the required one-year of courses and clinical work at NEHWC and was the first to receive a diploma.

Linda went on to become lady superintendent of The Hartford Hospital Training School for Nurses from 1895-1897. Our prestigious school of nursing continued on for nearly a century, growing in both size and reputation, turning out highly-trained nurses of the finest caliber. All good things must pass and our esteemed school closed its doors in 1976.

The Alumnae Association was born many years later. AAHHTS was first conceptualized at a tea party in March of 1892 and on June 1 of that year, a formal dinner was held at the Allyn House with graduates from across the country, as well as doctors and administrators in attendance. At this point in time there had been 99 nurses to graduate from HHSN and nearly all of them attended this event. This was their first opportunity to meet their sister nurses socially and to share their stories. The gathering was so successful that a permanent association was formed with 35 members and Mrs. Francis A. Tuttle, first superintendent of the school, elected as its President.

AAHHSN has continued to memorialize and honor our acclaimed school and the successes and achievements of its many nurses throughout the world. But after 131 years, we must begin the process of saying good bye. This was a heart-wrenching decision made by the board of directors but one we know to be the right one. A letter was recently sent to all of our alumnae members explaining our reasoning and our plan. Our last celebration will be in September of 2026 and until then we will continue to carry on with pride, love and appreciation for all that HHSN has given us.

John F. Kennedy once said, “Change is the law of life. And those that look only to the past and present are certain to miss the future.”

We look forward to the next few years with love and gratitude and will celebrate our annual banquets with more happiness and joy than ever before.

In gratitude and friendship,

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

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

Give A Lasting Gift
Your contribution today will make a difference to our nursing education program. Mail your gift to Hartford Hospital, Fund Development, 80 Seymour Street, Hartford, CT 06102. You can act now and show your commitment to nursing education forever by including Hartford Hospital and/or the Alumnae Association of HHSN Inc. in your estate plans. For more information, please contact Lynn Rossini, Vice President, Philanthropy, at 860.972.6282 or at Lynn.Rossini@hhchealth.org.
In her childhood home in the Wooster Square neighborhood of New Haven, young Georgianna Bakshys was a nurse through and through, setting up a first aid station for her family and any visitors who might need it. “For as long as I remember, I wanted to help people,” she says. That early interest in health and safety would follow Georgianna through her teenage years and after careful research, she zeroed in on the Hartford Hospital School of Nursing (HHSN) and its highly-regarded diploma program.

Georgianna remembers her time at HHSN as a wonderful and influential period in her life. “We started clinicals the first month. By the time we were seniors, we were performing as staff nurses. My last rotation was in Surgical ICU and that’s when I knew I wanted to specialize in ICU nursing.” She was an active student, elected vice president of her class, and helped plan social activities.

Upon graduation, Georgianna started her nursing career at St. Raphael Hospital in New Haven, where she was lured by a new four-bed pulmonary ICU and the offer of a special critical care course. It was there that Georgianna built bonds and relationships with what she calls “my second family.”

Three years later, Georgianna left the hospital to take a position in an oral surgery practice and subsequent position as Nurse Associate for the Cardiothoracic and Vascular Group of New Haven. But before long, she felt the tug of the ICU and returned to St. Raphael, where she would spend the rest of her career in several capacities, including patient care manager in Surgical ICU/Post-Anesthesia Care Unit and Case Manager. As a Case Manager, Georgianna was instrumental in the development of a Patient Flow Coordinator position, coordinating patient logistics and patient flow. She subsequently transitioned to the role of Patient Flow Coordinator, holding the role for six years until 2012, when Yale-New Haven Hospital acquired St. Raphael. After the acquisition, she served as a Clinical Bed Manager, where she remained until her retirement in early 2022.

While managing her career as a nurse, Georgianna also enlisted in the Army Reserves, serving for seven years and achieving the rank of Captain. She notes that while she was never deployed, she was very proud to serve her country.

Love came to Georgianna a little later in life, and after a seven-year courtship, she and George Hull announced their engagement to the delight of family and friends. Just nine months into their marriage, George passed away after a cancer diagnosis. Georgianna reflects, “He blessed my life for the time he was with me. He was treated at St. Raphael and I am so grateful for the care we received. They were truly a second family to us.”

These days, Georgianna’s days are full with community service. She has volunteered for more than 20 years with the Make-A-Wish Foundation of Connecticut as a wish granter, interacting with children and their families. She is also an active volunteer at the Ronald McDonald House. She is a proud member of the Connecticut Nurses Honor Guard, which personally pays tribute to local nurses upon their passing. And if that wasn’t enough, she is also active in the Sons and Daughters of Italy North Haven chapter, and enjoys her book club, too!

Of her volunteerism, Georgianna boils it down to her career as a nurse. “Once a nurse, always a nurse. We all go through trials and tribulations. We need that support. We should be here for one another, give back and support one another.”
Young Elsa Bozenhard didn’t have to look far to find her nursing role model. Her aunt, Lillian Bozenhard, was a graduate of the Hartford Hospital School of Nursing (HHSN) class of 1933. Aunt Lillian was a nursing pioneer in the field of anesthesia and is one of the primary reasons Elsa pursued an education at HHSN.

By all accounts, Elsa could be the life of the party. Recalling the woman who would become the love of his life, husband Dave Hornfischer, then a sophomore at Trinity College, says with a smile, “My first impression was — boy, this girl talks a lot!”

Their first date, arranged by friends, was at the Brownell Club at Trinity College. Climbing into a car jammed with dating couples, Elsa sat on Dave’s lap and they hit it off immediately. “I loved her right from the beginning,” Dave says with a wave of emotion. Elsa and Dave enjoyed a two-year courtship and were married in 1965.

Caring for patients and community
Elsa was well-suited for nursing, caring, very careful and detail oriented, with the personality and ability to take care of the business at hand.

In 1961, Elsa was working on the seventh floor of Hartford Hospital when a fire broke out on the ninth floor, resulting in the deaths of 16 people. True to form, Elsa kept a cool head under pressure and got out of harm’s way safely. She never forgot her experience on that fateful day, an event that led to national reforms in hospital fire safety standards.

As a newlywed, Elsa worked as a night nurse at Salem Hospital in Massachusetts. Their firstborn, future historian James, kept the family busy and it wasn’t long before Dave’s job took them to Amherst, Massachusetts, where Elsa would earn her B.A. in psychology at UMass. She then worked at an adult day care center and subsequently a nursing home. While in Amherst, the couple expanded their family with the adoption of daughter Amy.

It was during their time in Amherst that Elsa became more involved in town and community affairs, an interest that would be an important part of the rest of her life.

A great believer in spreading good news
The family would make two more moves, ultimately settling in Framingham, Massachusetts, where Elsa would live out her days. In addition to honing her skills in photography, quilting and stained glass, and while nursing at the New England Center for Autism, she immersed herself in her community, holding several roles and writing a newspaper column focused on local arts and culture. Dave says, “She went from repairing people as a nurse to repairing the community with her passion for spreading good news.”

Elsa began experiencing memory issues in her 70’s and was diagnosed with Alzheimer’s disease. Although frustrated with the loss of her physical and cognitive ability, Elsa continued to connect with friends at the Framingham Senior Center. Just six weeks before her passing, she was still active there, enjoying its musical and other programs.

Elsa passed away on May 7, 2023, leaving behind a legacy of caretaking, both of people and the world around us. She will be remembered for her compassion toward others, her creativity and genuine interest in making the world a better place.
CLASS OF 1933 – A Look Back Connection

Lillian Bozenhard was the aunt to Elsa Bozenhard Hornfischer, Class of 1963, who is highlighted in this edition of “A Look Back”. Lillian served impoverished people in Newfoundland and Labrador where she made rounds in snow shoes or by dog sled. She also pioneered anesthesia in these countries as well as being a nurse anesthetist at Yale. In World War II she was a captain in the 39th General Hospital Yale Unit serving the Southwest Pacific area. After the war she worked in the Anesthesia Department at Hartford Hospital. It’s no surprise that Elsa was inspired by her beloved aunt Lillian as she followed in her footsteps at Hartford Hospital School of Nursing.

Lillian Bozenhard, back row, second from right, was a graduate of the Hartford Hospital Training School in 1933. She continued her training at Hartford Hospital and became a nurse anesthetist. During World War II she worked as a nurse anesthetist in the 39th General Hospital/Yale unit in New Zealand. Photo courtesy of the Hamilton Archives of Hartford Hospital.

CLASS OF 1943

Jennie Worobel Irelan recently relocated to Ohio. She is in an assisted living facility, happy and content and doing well. Last year Jennie celebrated her 100th birthday with many relatives and friends. Her daughter Peggy said that Jennie always brags about Hartford Hospital School of Nursing!

CLASS OF 1951

Arlyne Moske Peck is 93 years old and lives alone with family help.

CLASS OF 1962

Beverly Toomajian Christie has 15 grandchildren and one of them is expecting a baby this fall. Soon after that, one of her grandsons is getting married. She wishes happiness to all.

CLASS OF 1966

Betty Ann Vose Fusco relayed that when she was President of the HHSN Alumnae Association and working at Hartford Hospital, she would periodically check on our HHSN memorial statue in the hospital lobby. Sometimes the statue needed a little dusting and Betty Ann often found some coins in the “nurse’s” hand. Several times over the years she found coins but recently upon visiting, out of habit, she checked the statue’s hand and to Betty Ann’s surprise, found a shiny new penny and a coin shaped medal engraved with The Ten Commandments. Betty Ann states that, “our statue’s outstretched caring hand still “gives” to our visitors”. Note: The HHSN nurse statue is pictured on the back inside cover of this magazine. Notice her outstretched hand.

CLASS OF 1967

Doris Uzanas is a hospice volunteer for Hartford HealthCare.

CLASS OF 1969

Mary Jane Pappalardo Densmore is the recipient of the 2023 St. Joseph Medal of Honor for Christ the King Parish in Wethersfield, CT and the Archdiocese of Hartford. Mary Jane’s leadership ability is evident as
a member of the Social Action Committee where she has been very active in many areas including racism, hunger, poverty and human trafficking.

Mary Jane Densmore with Father Nick Mello who presented her with the St. Joseph Medal of Honor.

CLASS OF 1973

Carol Morgan Chirico, who resides in San Jose, CA and classmate Diane Bolduc Szlachetka had a wonderful visit in beautiful Hyde Park, Vermont this past June.

Jane Paradise has recently published a book called “Dune Shacks of Provincetown” which includes some 100 photographs. Jane explains that these photos reveal the rustic, isolated, and beautiful dune shacks of Provincetown, MA. Accompanying quotations share stories of the eclectic people who lived in and cared for these hand-built structures.

Dune shack as pictured in Jane Paradise’s book. The Shack was created by 94-year-old artist Sal De Deo.

Alumnae Comments

I was honored to be featured in the spring edition of the “Alumnae Spotlight” article. I would like to clarify that I volunteered 8,000 hours at Hartford Hospital.

Ethel “Corky” Carlson Lavieri
Class of 1953

I was a dear friend to Donna Urso Kennedy who was featured in the spring edition of “A Look Back” article. Donna was always ready with a smile, a fun time and much laughter. Her giggle was infectious. She was a blessing to her nursing career, her family and her friends.

Judy Seavey Billingsley
Class of 1968

The article about my wife Donna Urso Kennedy brought tears to my eyes. I hope the article rekindles some memories of Donna among her many friends. I’m comforted by that thought. I also spent time reading most of the magazine. My impression? A collection of wonderful testaments as to why nurses are so special. Kudos to all who contributed to its past, present and future publications.

Mike Kennedy
Husband of Donna Urso Kennedy
Class of 1968
In Memoriam

Jeanette Petersen St. Peter ’48
Jean Anstett Butterfield ’49
Rita Husarik Tsokalas ’51
Anna Jablonski Oleasz ’53
Claire Gworek Eddy ’54
Jill Stackpole Ghi ’57
Janice Laskas Houston ’57
Diana Woodward Olivera ’59
Elaine Hennig Stebbins ’61
Elsa Bozenard Hornfischer ’63
Diane Santaus Trumble ’64
Lorraine Helms ’68
Barbara Mae Lindner ’69
Kathleen Boyd Didier ’69
Bonnie Allard Lewandowski ’71
Lesley Reardon Buckley ’71
Barbara Chiariollo D’Amore ’72

Physicians

Michael J. Rinaldi, MD, Cardiology
Robert S. Martin, MD, Medical Oncology
Over tea and crackers, students share nursing stories with their peers. Circa 1954.

Photo courtesy of the Hamilton Archives of Hartford Hospital