



HARTFORD HOSPITAL Nursing

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FOR HARTFORD HOSPITAL NURSES AND
ALUMNAE OF HARTFORD HOSPITAL SCHOOL OF NURSING



Hartford Hospital Nursing

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Cover Photograph:

*Sue Marino, RN, a clinical analyst in Hartford
Hospital's Information Services Department,
helps ensure that the CPOE system meets the
needs of physicians and staff.
(Photo by Joy Miller.)*



*Jeanne Bodett, RN, BSN, manager of
the Cardiac Catheterization Lab.*



Hartford Hospital Nursing

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

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To Our Readers

Creating Safer Systems of Care



John Meehan, President and Chief Executive Officer, Hartford Hospital

Every year, tens of thousands of patients entrust Hartford Hospital with their care. Our patients and their families deserve to know that they are not only receiving the best possible medical care, but that they are in the safest possible environment.

Patient safety is a major focus in health care today. A 1999 report by the Institute of Medicine entitled "To Err is Human: Building a Safer Health System," called attention to the fact that hospitals

nationwide needed to develop ways to ensure the safety of hospitalized patients. The fact is that medicine today is more complicated than ever before. The same sophisticated technologies and complex medical procedures that provide unprecedented benefits to patients also create increased risk of error.

That's why, the report pointed out, health care institutions need to create "systems of care"— processes and procedures that facilitate correct action and decrease the chance of incorrect action.

Hartford Hospital is committed to patient safety. That's why we are engaged in efforts to implement systems that ensure safety. One of the most important is the computerized provider order entry (CPOE) system you'll read about in this issue of *Nursing*. Among other things, the system eliminates risk of error at several points in the process. With CPOE in place, the chances of human error going on to have an adverse effect on a patient are significantly reduced.

Implementing CPOE is a prodigious undertaking. Nursing has been critical in developing the system, putting it into practice and helping others learn to use the system.

Although it's new and perhaps a little unsettling right now, in the foreseeable future using CPOE will be second nature to physicians, nurses and other staff. Most important, the system will help ensure that we protect the safety of our patients.

Technology Supports Excellence in Nursing

This issue of Hartford Hospital Nursing holds important information on how the professional practice of nursing is being transformed by advances in clinical and information technology. The essence of nursing is still caring and the therapeutic use of self. But today the registered nurse operates in a world that has transformed her/his practice into that of a knowledge worker. Many of the tasks that were once performed only by a registered nurse—such as the performance of activities of daily living when these cannot be done by the patient—are performed by others under the direct supervision and guidance of the nurse.

The registered nurse's role as a knowledge worker begins with the nursing assessment he or she performs with adjunct support from clinical and information systems. It is vital for the nurse to synthesize her/his clinical assessment with hard data found in these information systems and to track progress based on these data. Nurses work with other members of the health care team to use this information, along with other means of evidence-based practice, in the performance of their roles and responsibilities. It is still critical for the nursing assessment to be performed in a timely manner based on the anticipated length of stay of the patient (sometimes as little as eight hours) using data available in our clinical and informational systems and for this to be documented and signed by the nurse using her/his full name and title.

Clinical and information systems that are now available enable the nurse to manage the course of a patient's care and

treatment in a way not possible just a few years ago. Our new computerized provider order entry (CPOE) system and electronic medication administration record (eMAR) have not only changed the way the nurse receives and records information; they have transformed the workflow processes of physicians, nurses, pharmacists and other staff at the point of care. When used effectively, these systems, with their new required workflow changes, provide for timely information to providers with enhanced patient safety measures built in.



*Laura Caramanica, RN, PhD
Vice President, Nursing, Hartford Hospital (HHSN '72)*

Other new modalities are soon to come. They include an electronic nursing assessment and the adjunct use of knowledge-based charting, a means of accessing evidence-based protocols and standards for clinical care while completing an electronic nursing assessment tool.

Hartford Hospital is advancing the use of clinical and information systems to support nurses in their efforts to provide the very best patient care.

Congratulations to Hartford Hospital's 2006 Nightingale Award Winners!

Fourteen Hartford Hospital Nurses have been named winners of the fourth annual Nightingale Awards for Excellence in Nursing program. Founded by the Visiting Nurse Association of South Central Connecticut, the Nightingale Awards program aims to encourage retention, attract young people to nursing, focus public attention on nurses' contributions and prompt licensed nurses to return to practice. Winners of the Nightingale Awards are nominated and chosen by their peers.



(1 to r) Ellen Ciccarello-Clarke, RN, BSN, GRN, Cardiac Catheterization Lab; Diane Bonin, RN, BSN, Care Coordinator, Center 12; Francine Mikulski, CNRN, Medicine Neurotrauma ICU; Tammy Barbagallo, RN, Emergency Department; Elizabeth Adams, RN, Surgical ICU



(1 to r) Michael Gilgenbach, RN, BSN, CNOR, Operating Room; Trish Balcom, RN, BSN, CCRN, Medical ICU; Rhea DeBari, RN, MSN, CCRP, Cancer Program; Amy Schroder, RNC, MSN, Nurse Educator, Women's Health; Esther Richardello, RN, BSN, Labor and Delivery



(1 to r) Brenda Madison, RN, BSN, Cardiology ICU; Jaime Houle, RN, Cardiac Surgery Telemetry/Stepdown; Jeanne Kessler, RN, BSN, Psychiatry; Carmelita "Lita" Olivares, RN, Jefferson House



Nursing Stars in New Videos

Now showing at a theater—or, rather, a Web site—near you: professionally produced videos featuring Hartford Hospital nurses. The videos were commissioned to spotlight nursing career opportunities at Hartford Hospital, particularly in the hospital's Centers of Excellence. The clips are available for viewing on the Hartford Hospital Web site, www.harthosp.org.

More than 30 Hartford Hospital nurses were interviewed for the eight clips, which explore nursing's multidisciplinary approach to patient care, the nurse's work with high-technology equipment, job satisfaction, educational opportunities and more. The clips run between two and four minutes each and are introduced by a welcome message from Vice President of Nursing Laura Caramanica, RN, PhD.

"Our goal with these videos was to show why Hartford Hospital is a great place to pursue a nursing career," Laura notes. "They say to nurses, 'If you want to provide excellent patient care, continuously gain new skills, and work in an environment where nurses are respected and empowered, explore the opportunities at Hartford Hospital.'"

CPOE: Technology for Better Care



Nurses are helping Hartford Hospital become a national leader in implementing computerized provider order entry (CPOE)—a system designed to enhance patient safety.

Medication errors are every health care provider's nightmare.

When you've dedicated your life to making people well, the idea of inadvertently harming a patient is devastating. Yet, statistics show that more than 1 million serious medication errors occur every year in U.S. hospitals and that medication errors contribute to 7,000 patient deaths annually.

Photo: Wireless computers installed on rolling carts give nurses such as Amy Nelson, RN, fast, convenient access to the computerized provider order entry system and patients' clinical data.



Elissa Ford, RN, BSN, selects medications from the Pyxis unit. Medications ordered through the CPOE system are automatically delivered to Pyxis machines on each unit, so the medications patients need are always readily available.

Fortunately, at Hartford Hospital and its affiliated institutions, that nightmare scenario is far less likely to become a real-life catastrophe, thanks to a technological innovation known as computerized provider order entry (CPOE).

CPOE 101

CPOE systems are electronic prescribing systems that catch errors where they're most likely to occur: when the medications and patient testing are ordered. The systems also eliminate other potential risk points, such as those associated with illegibility, transcription, drug interactions, dosage errors and patient allergies.

With CPOE, physicians, APRNs, PAs and other practitioners enter orders directly into a computer, rather than writing them on paper. System software then checks the order against the patient's condition, other medications, lab results and allergies and compares the order to recommended dosages for the prescribed drug. Automatic alerts pop up if anything about the order is questionable. The provider can overrule the alert, but only by taking a series of steps designed to make sure that's really what he or she intends to do.

Besides protecting the patient's safety, CPOE streamlines the process of getting the medication to the patient. Orders entered into the system are automatically sent simultaneously to nurses' medication administration records (MARs) (now also electronic) and to the pharmacy. This eliminates the time lag that used to occur when orders had to be copied by hand and sent to the pharmacy separately. The new process saves time for unit staff, nurses and pharmacists and increases the satisfaction of patients who appreciate receiving their prescribed medications—especially if they're for pain—without undue delay.

Studies show that CPOE can reduce error rates dramatically. For example, a study at Brigham and Women's showed CPOE reduced serious medication errors by 88 percent. It's no wonder

that CPOE is fast becoming the standard in the health care industry.

Hartford Hospital Leads the Way

Implementing CPOE is a major undertaking at any institution, requiring, among other things, complex system design, careful selection and deployment of hardware and software, extensive training and the actual transfer of information from paper to the new system, all while continuing to provide quality care for patients.

This summer, Hartford Hospital will complete its rollout of CPOE after a multiyear process that has involved a host of people from a variety of units, departments and disciplines. But CPOE is just one step, although a major one, in moving toward the ultimate goal: a fully electronic health record (EHR).

"The whole industry is headed toward eliminating the paper record," says Stephan O'Neill, vice president of information services for Hartford Hospital. "The ultimate goal is to automate all paper that exists in taking care of patients. It will take a lot of work to achieve that."

Hartford Hospital is at the forefront of the process, however. "Only about 4 percent of hospitals in the country have CPOE to the level we do," O'Neill says. "Probably not more than a handful of hospitals have anything even close to an electronic health record. We are early adopters of this technology, and we expect to be an early site for the fully electronic health record."

Nurses are the Bridge

Hartford Hospital began its drive to CPOE in earnest in 1999, driven by a growing national awareness of patient safety issues. Information Services formed an Electronic Health Record Team to pursue the initiative. Marc Palter, MD, a practicing physician, became its medical director and Pat Montanaro, RN, became the team's director.

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By 2001, Information Services' EHR Project Team had selected a system (Sunrise Clinical Manager by Eclipsys) and taken all the steps necessary to be able to pilot CPOE in one area, the Neurosurgical ICU. Over time, and applying what they learned in each unit to the next, the team rolled out CPOE in additional units. They expect to have all units house-wide using the system by this summer.

Nurses have played a critical role in the process. The 30-person EHR Team is organized into smaller teams. While all the smaller teams work together, each one focuses on a particular unit within the hospital or a "cluster" of units that have similar patient populations and needs. Each team includes a clinical analyst who has a clinical background and strong links to the particular patient-care services he or she is supporting. Of the eight clinical analysts, six are nurses, one is a registered dietician and one is a physician.

Sue Marino, RN, has been a practicing nurse for 18 years. She worked in various areas, including ICU and surgical ICU, until eight years ago when she had the opportunity to get involved with Information Services. She became the hospital's first clinical analyst.

"IS had several projects going on in clinical units, and they needed someone to 'translate'—to be the bridge between technology and clinical practice," Marino says.

One of the first projects she worked on was one that automated medication delivery on the units using a system called Pyxis. She was also involved in nursing scheduling systems. Today she is the lead analyst for the EHR team's implementation of CPOE on med/surg units.

Like the other clinical analysts on the team, Marino works closely with nurses, physicians and others on the units to help ensure that the CPOE system meets their needs and that they receive the training they need to use it effectively. She and her fellow analysts bring a critical clinical perspective to planning technology-oriented projects.

"You always have to think about what you're doing with clinical practice when you bring these technologies to the bedside," she says. "The number of things we have to take into consideration is massive."

Peg Moynihan, RN, MSN, serves as the lead clinical analyst for the EHR team's medical cluster and for implementing the eMAR—the electronic medication administration record, which is now linked directly to the CPOE system. Moynihan notes that "One of the biggest challenges is that you're changing a workflow that's very comfortable for both physicians and nurses and introducing a tool that has a learning curve. People are naturally out of their comfort realm for a period of time. But the process is going very well."

Nurses working on the units are enthusiastic about CPOE. Nicole Mailloux, RN, was involved in it during the initial pilot program on the Neurosurgical ICU. She says the change was a little daunting at first but that, "Now we'd be lost without it. It has been a godsend, especially since it was linked directly to the pharmacy."

"Nurses are ready to embrace anything that makes their patients safer," says Carol Ghergurovich, RN, MS, unit manager of the transplantation unit. "So naturally nurses have embraced CPOE."

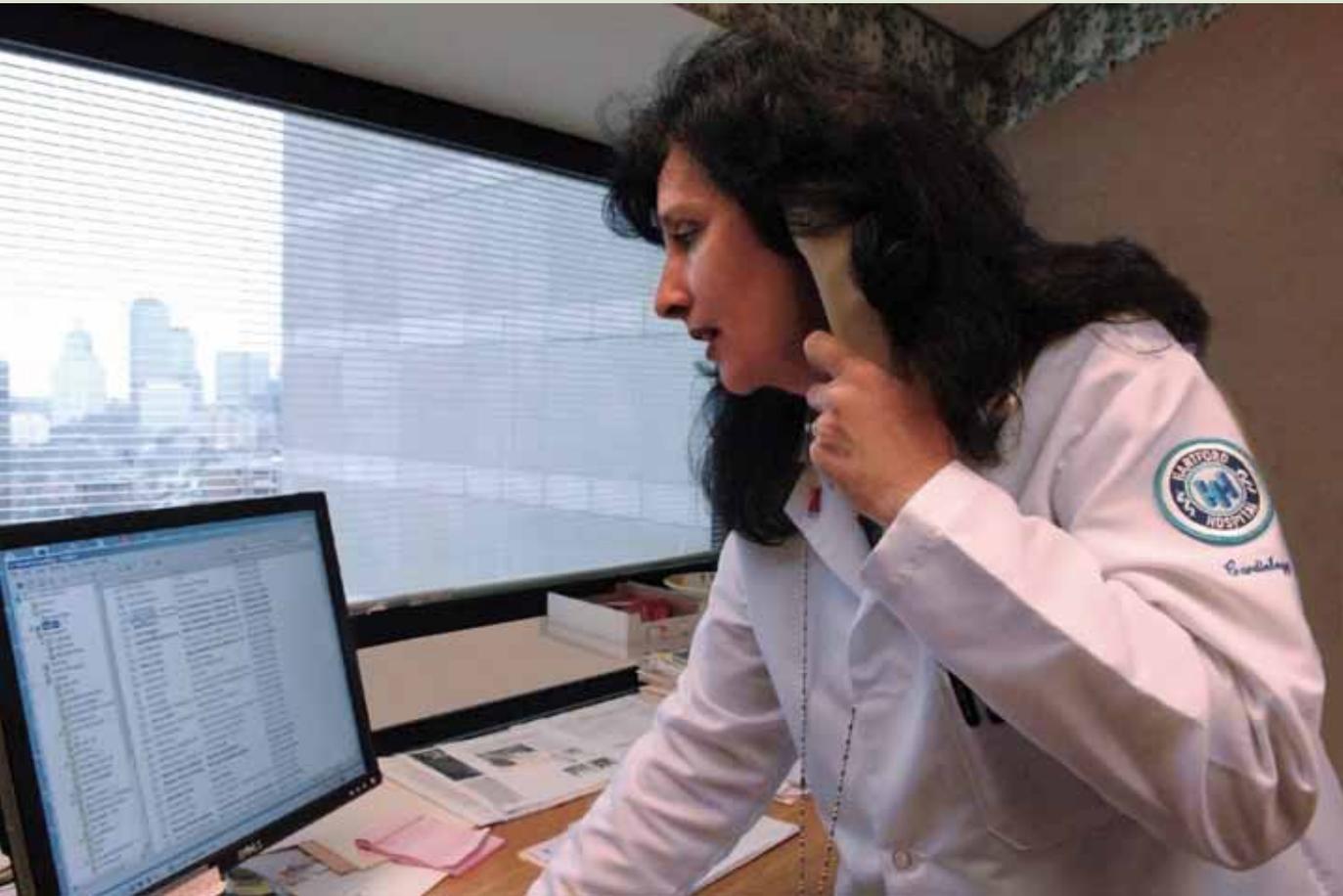
"About half of the team's analysts are nurses now," says Stephan O'Neill. "We have reached out to bring more clinical people of all kinds into the process. Our experience has shown that, when implementing a technology program, it's helpful to have a nurse talk to a nurse. I believe this is one of the reasons we've had such a smooth rollout of CPOE and eMAR."

Nurses have been essential to training unit staff, unit nurses, physicians and other providers, and to providing the 24/7 support after each rollout. They've worked closely with providers to develop "order sets"—groups of medications, laboratory tests, imaging studies and so on that providers are most likely to order in a given patient-care area. Order sets save busy providers precious time and present residents and novice practitioners with a more manageable menu of choices.

Although CPOE changes the way work is done, it can never take the place of good, solid nursing skills, says Peg Moynihan.

"CPOE is simply a tool that nursing will benefit from. It doesn't take away the need for critical thinking or nursing process," Moynihan asserts. "All the great qualities and skills that nurses learn and practice with are still necessary. Just because an order is in the computer instead of on paper doesn't mean you shouldn't question it. You still need to ask the questions you asked before."

Collaborating for Optimal Care



When a Hartford Hospital unit identified a problem, nurses from a variety of areas collaborated to solve it. In the process, they created a whole new model for providing excellent care more efficiently.

*Photo: Sharon Thum-Gebrian,
RN, manager of Arrhythmia and
Interventional Electrophysiology.*

Nurses are natural problem-solvers. No matter what difficulty they encounter, they typically overcome it with a combination of practicality, creativity and the conviction that you can solve any problem if you put your mind to it. So it should be no surprise that when Hartford Hospital's Interventional Electrophysiology Lab identified some operational concerns recently it was a group of nurses who developed a solution in very short order.

The EP Lab provides atrial and ventricular ablations of complex arrhythmias, device implantation and arrhythmia management. While few physicians nationwide have the expertise to perform these sophisticated procedures, Hartford Hospital is fortunate to have three doctors practicing in this area. And demand for their services is high.

"The EP Lab is the fastest-growing area in the Cardiology Division," says Sharon Thum-Gebrian, RN, manager of Arrhythmia and Interventional Electrophysiology. "Research shows that patients who undergo these procedures receive significant benefits."

Because of that growth, the unit found last summer that it could not accommodate the number of procedures it was being called upon to perform. A third physician had just come on board, theoretically allowing for more procedures to be done. But prepping the patient, performing the procedure and monitoring the patient during the lengthy and complex recovery meant that each case tied up the lab for many hours. Patients and physicians alike had to wait too long. The challenge was to increase patient throughput while continuing to provide excellent care.

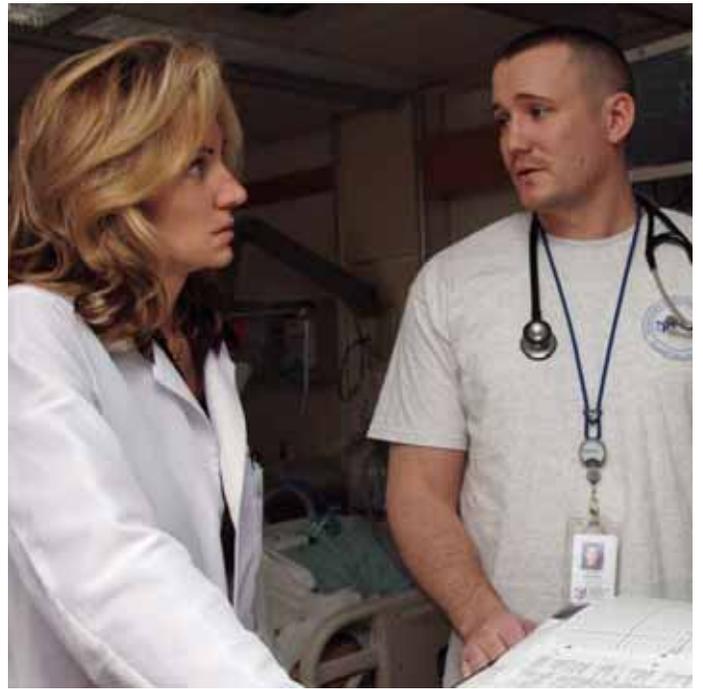
Plus, it was the peak of the vacation season. Sharon Thum-Gebrian was concerned about nursing staffing levels. In addition to being thoroughly knowledgeable about the very exacting procedures, EP nurses must have other specialized skills. For example, since patients typically receive heparin during the procedure, nurses must be able to perform activated clotting time (ACT) tests. Since patients have conscious sedation or general anesthesia, nurses must be skilled in recovering such patients.

At a meeting of the Cardiology health care team, Jeffrey Kluger, MD, program director of the Heart Rhythm Management Program, identified a two-pronged need: to increase patient throughput in the EP Lab and ensure appropriate nursing coverage during a temporary staffing shortage.

The team swung into action, brainstorming and thinking "outside the box" to come up with a workable solution.

Bringing Down the Boundaries

Like any organization, hospitals are structured into various departments based on function. Although departments may have overlapping competencies, people are usually working so hard in their own areas that they rarely have the chance to step back and see how departments might interact. But that's



Michelle Kolios, RN, BSN, MS, and Jason Hamm, RN, BSN, helped develop a plan to provide EP patients with necessary care.

exactly what happened as the cardiovascular nursing leadership team tackled the EP issue.

As Karen Habig, RN, MS, nurse director of Cardiovascular Services describes it: "We pulled together corresponding unit and departmental leadership to discuss the standards and competencies required for this specialized population. Our challenge was to create a system and process which would cross over our traditional functional boundaries to meet patient needs pre-, intra- and post-procedure."

Through a series of meetings and discussions and involvement of several different areas, the group came up with a plan by which units in both Cardiology and Radiology would collaborate in new ways. To make the EP Lab more available for actual procedures, one solution was to prep and recover EP patients in other units with the necessary competencies.

The team determined that some EP patients could be prepped in BW-2R, a Radiology prep and post-procedural holding area with the required nursing skills. Patients who had not been anesthetized could be recovered there, as well. Sharon Thum-Gebrian worked with BW-2R Unit Leader Richard Hurley, RN, to arrange this.

"The point was to clear the procedural room so a \$2 million room and staff were not sitting idle," says Robert Rice, MS, DABR, director of Cardiovascular Imaging. "The collaboration with Radiology was critical. It trimmed a seven-hour procedure to three or four hours."

For other EP patients, including those who had had general anesthesia, a different plan was needed. That involved the Cardiac Intensive Care Unit on B10-I.

"Because EP patients have had general anesthesia, have large bore central catheters and are arrhythmia patients, there

are restrictions on where they can be recovered because of the frequency and expertise required,” says Michele Kolios, RN, BSN, MS, unit manager of B10-I. “We were part of the plan because we were definitely suited to provide the necessary care. We agreed to take EP Lab patients for post-procedure sheath removal and recovery from anesthesia.”

To care for those patients, though, B10-I nurses had to obtain the necessary equipment and skills to perform ACT tests. Jason Hamm, RN, BSN, worked with the hospital’s laboratory to obtain the testing equipment and arrange training. Within 48 hours, half a dozen B10-I nurses learned to perform ACT testing.

The post-anesthesia care unit also pitched in. The PACU nursing staff, already skilled in recovering anesthetized patients, also acquired ACT testing proficiency so they could care for post-procedure EP patients.

Having skilled nurses in two areas able to do ACT testing and sheath removal means doctors in the EP Lab no longer have to wait two hours to begin another procedure. It also benefits patients, because they are intubated for shorter periods of time.

The Right Nurses for the Job

Collaboration among nurses in different departments solved the EP Lab’s short-term staffing problem, as well.

Jeanne Bodett, RN, BSN, manager of the Cardiac Catheterization Lab, and April Mann, CNMT, NCT, RT, manager of Non-invasive Cardiology, worked closely with Sharon Thum-Gebrian. Together with the Cardiac ICU, they created a plan whereby nurses from the other areas would provide coverage for the Arrhythmia Services area as needed. Thanks to this collaboration, nurses skilled in EP procedures could remain dedicated to those, while nurses from the Cath Lab, Noninvasive and B10-I filled in other roles. When Cath Lab nurses covered the Arrhythmia Service, Noninvasive Cardiology nurses covered the Cath Lab. Representatives from each area met daily to discuss staffing needs.

“We came up with a matrix that enabled us to put the right people in the right spots to fill in gaps until people returned from vacation,” says Jeanne Bodett. “All the different specialty areas worked together.”

Side Effects

The collaboration among departments and units has done more than meet an immediate need and provide benefits to patients. It has created positive new patterns of interaction that will support further collaboration.

“We did this because of a crisis originally, but we all pulled together and out of a crisis developed a whole new process for getting things done,” says Sharon Thum-Gebrian.

“Staffs from the different areas have gotten to know each other,” says Michele Kolios. “As issues come up, they can work them out together, and not have to bring them to management.”

“The collaboration with BW-2R is a real highlight,” says Sharon Thum-Gebrian. “We can all move between Cardiology and Radiology and always feel welcome.”

Cardiology and Radiology have another link in the new 64-slice CT scanner they share. This collaboration underscores an evolution that’s occurring between the two fields. Robert Rice sees a “thought evolution” under way that breaks down traditional boundaries between cardiology and radiology and between nursing care and procedural areas.

Karen Habig says of the recent collaboration: “Nursing leadership was able to look beyond existing departmental structure and collectively develop a process whereby they could work together as a team to meet patients’ needs. Literally within a couple of days, we established a process to be able to manage any patient and any procedure using skills from all departments and the competencies of their respective nursing staffs. In health care, new challenges arise all the time. Successful strategies and outcomes can be directly related to our ability to look beyond our traditional methods and be creative in our problem solving.”

EP Lab Keeps the Beat

Hartford Hospital’s Interventional Electrophysiology Lab, which opened in 2003, is the first lab in the area to do atrial fibrillation radiofrequency ablations and laser lead extractions.

“This is the most state-of-the-art lab in the country,” says Christopher Clyne, MD, director of Interventional Electrophysiology. “We ablate every arrhythmia you can think of and use an advanced heart-mapping system to discover the mechanism and location of the arrhythmia.”

The system can map 3,000 points in a heart-beat and create a real-time template of the heart. Using this template, the physician can place catheters precisely in order to ablate the source of the arrhythmia. Nurses are essential to the procedure. They must monitor vital signs and medications, position electrodes, select catheters, program computers, operate the ablating system—and make suggestions.

“These nurses are smart, experienced people,” says Dr. Clyne, “and we listen to them.”



Camille Servodidio, RN, MPH, CRNO, OCN, CCRP, (right) and Stacy Nerenstone, MD, (center) with a patient.

Nurses Vital to Clinical Research

One of the many things that set Hartford Hospital apart from other community hospitals is the exceptional amount of clinical research performed here. Last year alone, researchers at Hartford

Hospital were awarded \$10.8 million in external funding from government, industry and foundation sources. Dozens of clinical research projects are under way, involving hundreds of patients throughout the hospital.

Nurses play a key role in these studies. At the Stroke Center, Coordinator Dawn Beland, RN, MSN, CCRN, CS, CNRN, points out that nurses perform a variety of functions crucial for proper conduct of the study.

"We'll come in, for example, and do study-specific clinical tasks such as in-depth neurological exams," Dawn says. "These

need to be done consistently by the same people over time so the results have meaning and so we can track changes in the patient's status."

Martha Ahlquist, LPN, CCRP, who coordinates the stroke trials, notes, "Part of the nurses' job is to educate nurses in the ICU, on the floor or in the Emergency Department about the study. Those nurses are our bridges to the patients."

Camille Servodidio, RN, MPH, CRNO, OCN, CCRP, nurse manager of the Cancer Clinical Research Office, points out that, for patients enrolled in clinical trials, "Nurses are the face of the study."

"We get the referral from the physician, educate the patient about the trial, the process and what to expect and explain the informed consent form," Camille says. "We answer patients' questions during the study and contact them when the results come out. We get to know patients very well."

Nurses involved in research also focus on ensuring patient safety and on advocating for patients, connecting them to other resources they might need, such as a nutritionist or social worker.

Through it all, says Camille, "We always remember that caring for the patient is the most important thing we do."

Education

Staying up to Date in Psychiatric Nursing

A lecture series called Contemporary Issues in Psychiatric Nursing is one of the ways nurses at The Institute of Living continually expand their knowledge of behavioral health.

The series, which is coordinated by Nurse Educator Cindy Belonick, APRN, BC, features six presentations each year—three each in the fall and spring—that focus on selected topics in psychiatric nursing.

"The topics are drawn from a learning needs assessment we conduct annually among nurses on all our units," says Cindy. "The presenters are either faculty from our affiliated schools of nursing or graduate students doing their clinical rotation here at The Institute."

"The series benefits our nurses in a number of ways," says Psychiatric Nursing Director Gail Nelson, RN, CNA, BC. "It gives them the opportunity to critically examine current issues in psychiatric nursing and has provided our own staff the opportunity to present in a small group setting."

Lectures are typically held on Wednesdays from 1:15 to 2:30 p.m. in

the dining room of Donnelly 3 South and attract 15 to 20 nurses. Other interested people are welcome, too. Nurses who attend earn 1.2 contact hours through the American Nurses Credentialing Center.

Lectures scheduled for this spring include: April 12, "Post Traumatic Stress Disorder and Borderline Personality Disorder: A Cut from the Same Cloth?"; May 24, "Coping with Mental Illness in the Family: How Providers Can Assist Family Members"; June 14, "Evaluating Your Treatment: Steps in Developing Outcome Tools."

Another educational opportunity this spring is the Nursing Grand Rounds that will be held on May 10 from 8 to 9:15 a.m. in the Hartford Room of the Commons Building on the IOL campus. Paul Clements, PhD, of Old Dominion University will discuss teaching families to deal with agitation and violent outbursts in the home setting.

Information on these and other courses is included in Hartford Hospital's Nursing Continuing Education Catalog at <http://www.harthosp.org/nursing/education/courses.asp>.



Penny Barnum Young, BSN, RNC, will discuss outcome studies for program evaluation on June 14.

Change is Constant. So Is Caring.

As you have read in this issue of the Hartford Hospital Nursing magazine, the hospital is gradually phasing in a computerized provider order entry system that will enhance our communication capabilities.

Our documentation process may have changed over the years since we began our nursing careers, and new ideas are introduced all the time. But our primary focus continues to be the well-being of our patients, and everything we do is aimed at providing them with the best possible care.

Documentation in the record has long been the primary means of communication among those caring for the patient in the hospital. Over the past several years, Hartford Hospital has made strides in improving communication, not only while the patient is hospitalized, but across the continuum of care as well. From a personal perspective, as a primary nurse in the outpatient setting of the hospital, it has been most helpful to be able to download the electronic copy of the patient's discharge summary so it will be available for a hospital follow-up appointment.

We also now have the capability of viewing online a patient's Emergency Room encounter form and any pertinent consults. This provides more efficient care for the patient and avoids time delays in requesting the document from Health Information Management.

Innovations in technology are valuable tools that enhance our ability to carry out our mission of caring for our patients.



Gail Rapoza, RN, President, Alumnae Association of the Hartford Hospital School of Nursing (HHSN '66)



We're Looking for Long-Time Nurses

Are you a nurse who's been practicing continuously for 50 years or more? Then Hartford Hospital's Nursing magazine would love to hear from you! Just send a note or e-mail about your career so far to: Pat Ciarcia, RN, MSN, Executive Secretary, Alumnae Association of the Hartford Hospital School of Nursing, 560 Hudson St., Hartford, CT 06106 or e-mail Pat at patciarcia@snet.net. You could be featured in a future issue of the magazine.

We look forward to hearing from you.

The Board of the Alumnae Association of the Hartford Hospital School of Nursing

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Become one of the more than 600 HHSN graduates who belong to the Alumnae Association of the Hartford Hospital School of Nursing. Membership dues are only \$30.00 per year. Members are eligible to apply for the Alumnae Bed Fund and scholarships.

To join, simply complete the information on the enclosed envelope and mail it with your check.

For more information, please contact Gail Rapoza, president, at grapoza@harthosp.org; Pat Ciarcia, executive secretary, at patciarcia@snet.net; or visit our Web site at www.HHSNalumnae.org. You can also write to the Alumnae Association of the Hartford Hospital School of Nursing, 560 Hudson Street, Hartford, CT 06106.



A Passion for Her Work

Dianne Bronkie, RN, CCRN, CNRN (HHSN '72), began working at Hartford Hospital 36 years ago. She was a 19-year-old student nurse at the Hartford Hospital School of Nursing, and the program allowed students to work part-time as nurse aides while pursuing their studies. Today Dianne is a staff nurse in the hospital's Neurotrauma ICU. She was recently notified that she has been chosen to receive the American Association of Critical Care Nurses' prestigious national award for Excellence in Clinical Practice.

Dianne was nominated for the award by her colleagues on C9WI. In preparing the nomination materials, her peers stressed the excellent clinical care she provides to patients, the sensitive caring and support she provides to families and the many ways she helps newer nurses acquire or hone the skills necessary in this very demanding environment.

"This is in some ways a hard place to work, because we see so many devastating injuries," says Dianne. "The outcomes are not always good. You have to be a mature nurse to deal so much with death or severe disability."

Her unit provides complete nursing care for patients whose typical conditions include post-operative brain tumors, head injuries, motor vehicle accidents, stroke, aneurism and spinal cord injuries. Most patients are on ventilators. Many are monitored for pressure in their heads.

Yet Dianne seems perfectly suited to her work. "I have a passion for being a bedside nurse," she says. And the compassion and caring she lavishes on her patients extend to their families as well.

"The fact is that every single family member that walks into our unit has a loved one with a very serious, often life-changing injury," Dianne says. "It's a very traumatic time in a family's life, and they need a lot of support. I find I'm good



Dianne Bronkie, RN, CCRN, CNRN (HHSN '72)

at helping families get through this. Maybe it's because I've done it for so many years."

Right after graduating from HHSN, she worked for about five years on a surgical floor, N5A. She worked part-time after her two daughters were born, and floated to many different units. When she

was ready to return to full-time nursing in 1986, she wanted to work on just one unit, and the nurses in the Neurotrauma ICU, where she'd floated in the past, convinced her to come and work with them. She's been there ever since.

Over the years, she has continued her education, pursuing rigorous courses of study and taking exams to become a certified critical care registered nurse and a certified neuroscience registered nurse. She's also gotten involved in important hospital initiatives. For example, she served on the committee that developed the electronic medication administration record (eMAR), which is associated with the hospital's computerized provider order entry system and the drive toward an electronic health record.

But she clearly recalls the Hartford Hospital of her earlier days, when student nurses wore caps and pinned-up hair at all times, most patient rooms had four beds, air conditioning wasn't in place everywhere, and items left on windowsills in the winter would freeze solid.

"I wear my Hartford Hospital School of Nursing pin every day," Dianne says. "I'm proud of my pin. Sometimes visitors come up to me and see it and tell me that they graduated from Hartford Hospital too."

Dianne Bronkie's award includes free attendance at the AACCN's National Teaching Institute in California in May, where the awards presentation will be held, and a \$1,000 honorarium.

"I'll use the honorarium to pay for my air fare," she says.

An Inspiring Nurse



Harmony Twichell (right), later Mrs. Charles Ives, with Edna Titus.

Harmony Twichell was a 1900 graduate of the Hartford Hospital Training School (as the Hartford Hospital School of Nursing was then known). Her father, Rev. Joseph Twichell, minister of the Asylum Hill Congregational Church in Hartford, was a dear friend of writer Samuel Clemens, who is better known to us as Mark Twain.

Harmony grew up on Woodland Street, close to Nook Farm, one of Hartford's most exclusive neighborhoods, where Twain, author Harriet Beecher Stowe and a number of other distinguished citizens had homes. Because of her exposure to this community, she developed a love of literature and a passion for poetry.

After graduation, Harmony worked as a settlement house nurse. Settlement houses had grown out of the social reform movement of the late 19th century. Workers in settlement houses lived among the urban poor to help provide them with the tools to improve their lot in life. The profession of social work was an outgrowth of this movement to fight poverty and social injustice.

In 1905, Harmony met the love of her life, American composer Charles Ives. They were married in 1908, and it is said that she immediately sparked her husband's creative genius. Her nurturing and serenity inspired him to compose his greatest works. In his later years he stated, "One thing I am certain of is that, if I have done anything good in music, it was, first, because of my father, and second, because of my wife."

In 1915, Harmony and Charles adopted their only child, Edith, and divided their time between New York City and their home in West Redding, Conn. In 1918 Charles suffered a major coronary. That event, combined with diabetes, left him in frail health until his death in 1954. In the mid 1920s he stopped composing new works and spent his time revising past compositions. Harmony assisted in keeping his works before the public by publishing and disseminating his music.

Although she spent only a few years in nursing after graduation, Harmony applied her nurturing skills to everyday life by encouraging her husband to reach his potential as an artist and by caring for him after his heart attack. In part because of her efforts, Charles Ives remains one of America's greatest composers 50 years after his death.

Let Us Hear from You!

We're eager for updates from HHSN graduates. Share your news about your career, family, leisure activities, educational pursuits, achievements and more with other alumnae by dropping a note to **Pat Ciarcia**, Executive Secretary, Alumnae Association of the Hartford Hospital School of Nursing, at 560 Hudson St., Hartford, CT 06106 or via e-mail to patciarcia@snet.net.

1937

Miriam Haussman Nichols is a resident in assisted living and at 89 years of age is in pretty good health except for eye problems.

1944

Jean Landon Smith spent five weeks working in Alabama for Hurricanes Katrina and Rita and three weeks for Hurricane Wilma. Hurricanes have been her "usual thing" for the past 13 months.

1951

Dorothy Danner and the Class of 1951 are making plans to get together to celebrate the 55th anniversary of their graduation from the Hartford Hospital School of Nursing.

1954

Marcia Lord Zubretsky looks forward to the new Hartford Hospital Nursing Magazine. She considers it a top-notch, informative publication, which is well needed for nurses and alumnae of Hartford Hospital. At her 50th reunion last year she was impressed with all the changes that have occurred over the years, including the awarding of Magnet status to Hartford Hospital nurses. Her years at Hartford

Hospital were memorable and fulfilling, and she loves the nursing profession.

1956

JoAn Healy Boehm, Marion Kobler Miller, Pat Audet, Vicki Carrozzella Mangiafico, Ann Louise Mortensen Swanson, Nedra Leach Caccomo, Linda McKee Wohlgemuth, and Elizabeth Wallace Knight are on the 1956 Class Reunion Committee. This class will be celebrating 50 years on the weekend of June 3 and 4. Activities include a complimentary luncheon and tour of Hartford Hospital on June 3 and the Annual Alumnae Banquet on June 4. This class has been very active in the Alumnae Association and has produced three presidents, one assistant treasurer, and numerous committee members and directors for a grand total of 100-plus years of service to the Alumnae Association of Hartford Hospital School of Nursing.

1960

Margie Ashman Page recently retired from her position in an allergist's office. Looking forward to traveling to visit her daughter in England in the spring.

Mary Clementino Moreau is recovering from bilateral total hip replacements. Almost back to her tap dancing. Gets together occasionally with *Judy Ryan Lebman, Bobbi Curtiss Dicks, and Barbara Wood Wunsch*.

Bobbi Curtiss Dicks is getting ready for a five-week trip to South America.

Joan Aggard Newth is keeping busy with her family, trips abroad and volunteering.

Lea Howarth McCurry is keeping busy volunteering, traveling and keeping up with her seven grandchildren.

Dottie Pouch McDermott is working part-time for the Hospice that she retired from this past summer. She recently spent a week in Barcelona, Spain.

Tep Yale Klaber has started a new career working for the Carmon Funeral Homes in Avon, Conn.

Carolyn Bickford Calboun is keeping busy as a Red Hat "Queen." She recently received the Audrey Hepburn Award for the most elegant outfit at the PJ Party that was sponsored by an Enfield red hat group. What fun being kids again. She is

also having lots of fun with her grandchildren.

Betty Luginbuhl has recovered from disc surgery.

1961

Christine M. Johnson, lecturer, works in the UCONN School of Nursing Tri-Campus Master's Program as course coordinator. She is doing a reading in a student production that is being done to make people aware of violence against women, with the proceeds going to Safe Haven, a women's shelter in Waterbury.



Carolyn Bickford Calboun, from the Class of 1960, models her award-winning Red Hat Society outfit.



Left to right: Ginny Owen Chandler, Margie Ashman Page and Carolyn Bickford Calboun from the Class of 1960 celebrate at Margie's Retirement party.

Lesley Prentice McGrath is retired from Hartford Hospital and travels extensively with her husband. Between them they have 12 grandchildren: five boys and seven girls.

1962

Linda Arle Duval has retired and spends winters heading south with the "snowbirds." She enjoys the warm sun, flowers, and beaches on the Gulf in St. Petersburg. Family and friends visit and add to the enjoyment of her extended vacation. She and her husband find plenty to do in their retirement. Linda volunteers in the ER at the local hospital, works out at Curves and has redecorated her kitchen and two bathrooms. She and her husband are also very involved with their church. In addition to all this, much enjoyable time is spent with their grandchildren who keep them active.

Carol Drumm Ferik is working in a nursing home and plans to retire in a couple of years. She was surprised this past year with the birth of her second granddaughter, Nina, who weighed in at 2 pounds, 4 ounces, but otherwise in good health.

Patricia Conforti Masucci recently retired, and she and her husband now have more time to visit with their grandchildren.

Jean Barnes Rusben retired July 31, 2005, after working nearly 43 years in the Emergency Department at Hartford Hospital. Her final day of work was extremely busy as she cared for multiple patients who were involved in a devastating car crash. She will be missed!

Sandra Agud Trifiro is working as a clinical research associate at Hartford Hospital. Her favorite hobby is making jewelry with beads.

Gail Paterno Williams is retired and lives with her husband in Cromwell.

1963

Janice Beebe England retired August 31, 2005, on her 62nd birthday. She worked at Memorial Hospital (now UMass-Memorial Health Care) for close to 37 years, mostly in IV therapy. (We all remember those 18 gauge, long steel needles we used to put in the antecubital space and those awful armboards!) Fortunately this institution still has IV teams, which are very necessary and important for satisfied patient care. She is very happily married to Stanley England for 13+ years and they live in Auburn, Mass., just outside Worcester. Her daughter, Julie Hansen, lives in Fort Collins, Colo., and teaches art in a middle school. She plans to be married June 24, 2006. Her son John Hansen lives nearby, is married to Alyssa and they have a daughter, Delaney Clara Hansen. Jan never knew being a grandparent was so wonderful! Her days are filled with quilting, for herself and for her church, Wesley United Methodist Church in Worcester, Mass. Her family are active participants in "Prayers and Square," a prayer ministry for those in need of prayer.

1964

Joan Peetz Corkery lives in Watertown, Mass., and has been married for 36 years. She is a full-time school nurse at Watertown High School and has two married daughters and two grandsons.

1966

Dianne Pronovost Antos works in case management serving the elderly without families. She had her first grandchild in October and is active in church with the Prayer Shawl Ministry.

Diana "Didi" Holford Butzgy is semi-retired and has three sons and two grandchildren. Her hobbies include birding and gardening. She is also active in mountain biking and water rafting.

Sally Hersey Cassarino worked part-time in a skilled nursing and assisted living facility in Connecticut and now in California. She has a daughter and son who live in California.

Betty Ann Vose Fusco works at Hartford Hospital in the Neurosurgical/Neurology/Trauma/ENT unit. She has two children and three grandchildren.

Marion Curtiss Girasek works part-time but is enjoying retirement and working on crafts.

Marilyn Nacsin Johnson is retired and has established a bed and breakfast in a historical house built in 1830. She has one son, who is an architect.

Bernadette Howard O'Donnel received her master's degree in community health nursing in 1995. She worked more than 20 years as a Hospice nurse and travels extensively. She has visited all seven continents.

Carolyn Kirtland Philips has been married 38 years and has three children and four grandchildren. She has worked at Mid-State Medical Center for 38 years and is currently working there on a surgical/oncology unit.

Myrtle Staples retired in 2000 after 30 years in the public health field. She currently works part-time in a clinic as a nurse health practitioner in South Carolina. She is also active in the local APRN group.

Charlotte Baribault Steele recently retired after working 17 years as a school nurse in Longmeadow High School. She has two children.

Dawn Arens Stone has retired from Rockville Hospital after

working for 30 years. She has five grandchildren.

Donna Sheldon Szymanski works in the Outpatient Medical Unit at Manchester Memorial Hospital. She has two children and five grandchildren.

Mary Ellen Dalton Tomeo is a staff nurse in a med/surg unit as well as a pediatric preceptor to new staff and student nurse interns at Day Kimball Hospital. She is the grandmother of three girls.

Alicia Plikaitis Junghans works in the GI Lab at Manchester Memorial Hospital. She has three children, one of whom is in Germany, and five grandchildren.

1972

Laura Caramanica, vice president for Nursing at Hartford Hospital, received a \$10,000 grant from the Hartford Hospital Research Department to pilot a study on nursing practice. The study is under way at Hartford Hospital and will be finished in 2006. Laura is also completing her second year on the American Organization of Nurse Executives' (AONE) board. She chairs the group's Professional Practice Committee and the Advisory Board for the AONE Institute for Nursing Research and is a member of the Strategic Planning Committee.

1973

Mary Chester Rushton lives in San Diego, Calif., with her husband Ric, who recently retired from the Navy after 30 years. Her mom, *Margaret Hartung Chester*, class of 1944, was also an alumna of the Hartford Hospital School of Nursing.



The silver tea set used by generations of student nurses for afternoon tea.

In Memoriam

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

1930 Mildred Chesterfield Bonfoey	1947 Edna White Browning Kushwara
1933 Elizabeth McGuire Murphy	Lillian Hallinan Sabel
1934 Evelyn Haskell Clementino	Patricia Ann Vibert
1936 Grace Wagner Callahan	1948 Jean Turcott Lammert
1937 Jennie Rogalewski Storrs	Rhoda Groobert Winneg
1938 Gertrude Gleason Alberti	1949 Marion Patinsky Jacko
1940 Gladys Peterson Paquin	1951 Margaret Backus Cafro
1941 Marie Sonstrom Werner	1953 Patricia Welch McEnaney
Mayrose Trudeau Fleisch	1955 Valerie Jablonski Thompson
1944 Clare Lavey Naylor	1962 Sandra Barraclough Zele
1945 Harriet Swanson Atwood	Physicians
	Michael T. Ergin, MD
	Alexander Menzer, MD

A Heroic Nurse, a Grateful Friend

One evening late last year, a 42-year-old father of two was having dinner with his wife at an area restaurant, when he suddenly found himself choking on a piece of steak. Not realizing at first that the food was obstructing his windpipe, he headed outside to try and cough it up. As he did, a young woman approached him and asked if he could breathe. By that time, he was feeling the effects of oxygen deprivation, and couldn't respond. But she could see what was happening, so she immediately performed the Heimlich maneuver, dislodged the meat and saved the man's life.

Shaken but intensely grateful, he asked the young woman her name, but she said only that she was a nurse at Hartford Hospital. She mentioned how important it was for everyone to know CPR, and she told him that if he had gone outside alone, he most likely would have become one of the 3,000 people who die in choking incidents in the U.S. every year.

The man called the hospital the next day to again express his gratitude. He said that, in honor of the nurse whose alertness and decisive action saved his life, he would be sending Hartford Hospital a check for \$5,000. The money will go to nursing education funds.

The nurse's identity remains a mystery. But because of her, a young father and husband is alive today, and the story of how she intervened to avert a tragedy will undoubtedly be handed down through his family for generations to come.

The Nurse in Verse

In our last issue, alumna Pat Torrey August mentioned in her PILLBOX entry a poem she had memorized years before entitled, "The Nurse." Others wrote to ask about it, and Pat provided the full text, which we share here.



The Nurse

*The cap the nurse on duty wears
Is costlier than the bonnets gay
Worn by the wives of millionaires
Regardless of the price they pay.
It's something she herself can make.
A bit of linen, trimmed and turned
The right to it (for mercy's sake)
Was with three years training earned.*

*That uniform of spotless white
Was costlier than a lady's gown;
T'was bought with care by day and night
For those with illness stricken down.
The royal robes show royal birth
But every nurse's simple pin
Is emblematic of her worth;
A symbol she has toiled to win.*

*Oh gracious spirit love imbues
That can such tender care accord,
Perhaps it is that gratitude
Must always be her best reward.
The tribute done in simple verse
Unto the dedicated years
Of all who choose to be a nurse.*

—Edgar A. Guest ©1953

Give a Lasting Gift

Your contribution today using the enclosed gift envelope will make a difference to our nursing education program. You can act now and show your commitment to nursing education forever by including Hartford Hospital and/or the Alumnae Association of HHSN Inc. in your estate plans. For more information, please contact Carol S. Garlick, vice president, philanthropy, at (860) 545-2162 or cgarlic@harthosp.org.



Student nurses caring for babies in the nursery, 1921.



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