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Nursing



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

Hartford Hospital Nursing

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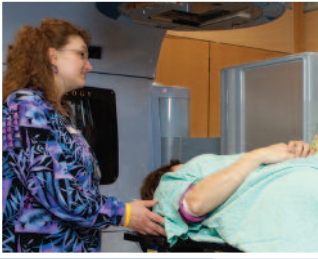
Cover Photograph:

Karlene Parker-Nunes, RN, of the Bliss 5
oncology inpatient unit.

(Photo by Joy Miller.)



Emergency Department Clinical Nurse Leader Steve O'Donnell, RN



Hartford Hospital Nursing

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

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CONTENTS

- 2** To Our Readers
Nursing's role in transformation; the art of caring
- 3** Nursing News and Notes
Nightingale winners, certifications, honors and more
- 4** When the Issue is Cancer
The many facets of oncology nursing
- 7** From Door to Discharge
The ED Redesign project is a transformative, hospital-wide initiative
- 10** Research
Nurses' research and poster presentations shed new light on fall prevention, delirium
- Education
Rapid Response Teams make a difference
- 11** Focus on Alumnae
Message from Alumnae Association President
- 12** Alumnae Spotlight
She led the effort to erect a monument to HHSN
- 13** A Look Back
The earliest days of nursing education at Hartford Hospital
- 14** The PILLBOX Alumnae News
News from graduates

Tenacity and Transformation

What are some of the words that come to mind when you think about nurses? Intelligence, certainly. Compassion, of course. How about problem-solving? Or creativity? Among these and the many other words I associate with nurses is a particularly strong one: tenacity. I looked it up the other day. Turns out it comes from a Latin term meaning “to hold fast.”

It's no wonder that I associate “holding fast” with nurses. People who pursue nursing as their profession have to be tenacious to begin with in order to master the rigorous educational and training process involved. Then they have to be tenacious in constantly expanding their knowledge and skills as they practice. The best nurses are tenacious in advocating for their patients and continuously coming up with innovations that improve care. Sometimes, as you'll read on page 12, they apply this tenacity to nonmedical causes they believe in, overcoming countless challenges and not giving up until they've achieved their goal.



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

All of this underscores why nursing is so critical to the success of the hospital-wide initiative begun late last year called How Hartford Hospital Works, or H3W for short. This initiative aims to make dramatic changes in the way we work and how we think about our jobs, our hospital and each other. It seeks to transform our culture so we are better able to identify opportunities and implement changes quickly to achieve better outcomes for our patients and their families.

Nurses are the backbone of H3W. They have a unique understanding of patient needs. They have the open minds and inventiveness to come up with better ways of doing things. And they have, of course, tenacity—the ability to hold fast to their goal, stay on the path they know is right and overcome any obstacles along the way. Nurses are natural leaders in the drive to ensure unsurpassed excellence in patient care.



The Art and Science of Care

Today more than ever, nurses play a critical role in shaping the future of health care in a complex delivery system. In this issue of *Nursing*, we celebrate the achievements of our colleagues and their commitment to our profession. From the expertise and resources we have brought to the Emergency Department redesign project to the array of services our oncology nurses provide, our contributions are immense.

We find ourselves at a turning point in the future of Hartford Hospital. We see so many exciting changes happening around us. As we continue our focus on patient care, there is an evolution taking place in our culture; the H3W initiative is undoubtedly moving us toward an environment in which our voices and feedback are not only sought out, but are expected and valued.

It's a difficult task to define what a nurse does. On any given day, patients look to us to fulfill so many needs. And while the technical science of nursing is certainly important, it's the art of care that really makes us who we are. As Dr. Jean Watson, a distinguished author and professor of nursing, wrote, nurses provide a “timeless gift of offering informed, moral, knowledgeable, compassionate human caring-healing services to sustain humanity in our daily work and in the world.” What makes us so special is not just what we do, but how we do it and what it means to our patients.

When I think about what we do in our profession, I think about how we as nurses can create a healing environment for our patients—one that supports their basic human needs, one that



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

protects them, and just as important, one that fosters their spiritual healing.

We develop relationships with our patients and can earn their trust. Think about it: Patients look to us to be so much to them—their teachers, their nurturers, and even their advocates. They place themselves in our care at their most vulnerable points, and we can make all the difference in their time of need.

We must take advantage of the momentum within the hospital and re-energize ourselves as nurses. We must work on developing teams and listening to our patients. In doing so, we can find innovative ways to be more responsive and address the changes we need to make as caregivers.

As I celebrate my first anniversary at Hartford Hospital and we celebrate our profession during National Nurses Week, I continue to be proud not only of the care we provide to our individual patients, but also of the contributions we make to our profession from a global perspective. In order to provide the best care for our patients, we must also take care of ourselves as professionals. In this next year, as we continually strive to enhance the patient experience, we must also dedicate ourselves to recharging and rebuilding ourselves. I appreciate your continued feedback and enthusiasm. With your ideas, together, we can continue to enhance the art of care.

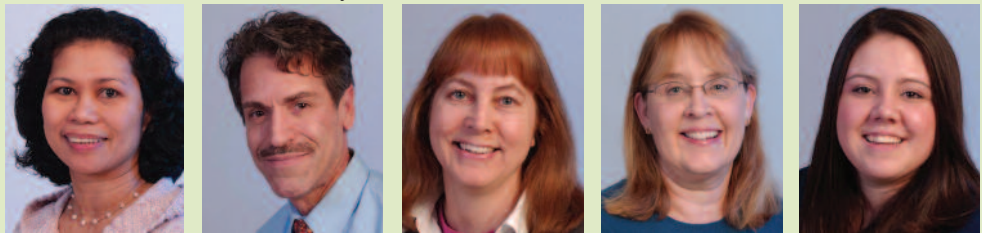


Hats off to Our 2009 Nightingale Award Winners!

These fifteen Hartford Hospital nurses were selected by their peers to receive the prestigious Nightingale Award for Excellence in Nursing. This is the seventh year for the award, which was founded by the Visiting Nurse Association of South Central Connecticut.



(l to r) **Laurie Williams, RNC, Bliss 6**; **Melissa Mikulski, RN, North 8**; **Iraci Barros, RN, Adult Ambulatory Primary Care**; **Erin Mangano, RN, BSN, Clinical Leader, North 9**; **Roberta Wood, RN, BA, Donnelly 3 North**



(l to r) **Flor Velasco, RN, Operating Room**; **Angel Morales, RN, GI Endoscopy**; **Roxann Robinson, RN, BSN, Bliss 11E**; **Anne Hart, RN, BSN, Bliss 5**; **Carissa Napoli, RN, North 10**



(l to r) **Joann Thompson, RN, Bliss 9I**; **Christine Leffler, RN, Bliss 7I**; **Marlene Harris, RN, MS, Surgical Division**; **Anne Howley, RN, BS, Emergency Department**; **Maryanne Senecal, RN, BSN, Jefferson House**

Nurses Achieve Certification in Cardiology

Congratulations to these Hartford Hospital nurses who recently passed the ANCC certification exam in cardiovascular nursing: **Julie Alvarado, RN-BC**; **Jean Boccaccio-Malave, RN-BC**; **Purvi Desai, RN-BC**; **Michelle Dickinson, BSN, RN-BC**; **Linda Feldman, MSN, RN-BC**; **Rebecca Foote, BSN, RN-BC**; **Arthur Fuller, RN-BC**; **Antonio Katigbak, RN-BC**; **Debbie Kirkman, RN-BC**; **Quita Hall, BSN, RN-BC**; **Laura McKinnon, RN-BC**; **Amie Miron, RN-BC**; **Sandy Monteiro, BSN, RN-BC**; **Mary Kate Parker, MSN, RN-BC**; **Colleen Peruta, MSN, RN-BC**; **Jean Richards, RN-BC**; **Denise Sailor, RN-BC**; **Arlene Scarlett, BSN, RN-BC**; **Sophia Stec, RN-BC**; **Beth Willadson, RN-BC**; and **Stephanie Woina, BSN, RN-BC**.

Transplant Program News

At the 25th Anniversary Salute of the American Liver Foundation's Connecticut Chapter, transplant program nurses **Kim Alleman, APRN**; **Karen McHugh, RN**; **Debi Palmeri, RN**; and **Gina Rocca, RN**, were honored for their volunteer efforts and service on the Associate Medical Advisory Committee. **Kim Alleman** also recently became a Certified Nephrology Nurse Practitioner.

Women's Health Nurses Certified

Numerous Women's Health Services nurses recently achieved certification from the National Certification Corp. (NCC). NCC External Fetal Monitoring, subspecialty: **Lisa Enslow, RNC**; **Megan Ruppenicker, RNC**; **Susanne Brown, RNC**; **Deborah Fischer, RNC**; **Elaine**

Bernier, RNC; **Jennifer Moller, RNC**; **Susan Ekwall, RNC**. NCC Inpatient Obstetrics: **Susan Ekwall, RNC**; **Nicki Larrabee, RNC**; **Jennifer Moller, RNC**. NCC Maternal Newborn Exam: **Marcia Gunther, RNC**; **Eileen Burr, RNC**; **Tetyana Svystun, RNC**. **Denise Bourassa, RNC**, earned Clinical Nurse Leader certification.

Gerontological Nursing Certifications

Hartford Hospital nurses certified in Gerontological Nursing by the American Nurses Credentialing Center are: **Edith Belanger, RN**; **Ellen Blair, APRN**; **Antonio Katigbak, RN**; **Sherri Storms, RN**; **Christine Waszynski, RN, MSN, GNP-BC**; and **Doris Williams, RN**.

Continued on page 17

When the Issue Is Cancer

Nurses in Hartford Hospital's Cancer Program are there for patients and families every step of the way.

With a diagnosis of cancer, patients and families begin a challenging journey into what is often a strange, new world. Fortunately, at Hartford Hospital, a team of skilled and compassionate nurses who've chosen to devote their professional lives to cancer care are there to guide them throughout their experience.

"Nurses have such a wide variety of roles throughout the Cancer Program," says Pamela Vecchiarino, RN, MSN, Nurse Director, Medicine, Oncology and IV Therapy Services. "They're very passionate about what they do, and they touch people's lives in important ways, from diagnosis and treatment to research, palliative care and survivorship programs."

The Place for Cancer Care

Hartford Hospital is known for excellence in cancer care. Its expertise, innovative approach and commitment to comprehensive care led to its selection as a National Cancer Institute Community Cancer Center.

People may come to the Helen & Harry Gray Cancer Center for radiation therapy or chemotherapy. Others may become inpatients on Bliss 5, the hospital's oncology unit. Patients for whom cure is no longer possible will receive superb end-of-life care there. And, throughout the process, patients will have the opportunity to participate in cancer clinical research trials with potential benefits to them and to future cancer patients.

Nurses are an integral part of every aspect of cancer care at Hartford Hospital, and they are exceptionally well qualified. Approximately 70 percent of nurses in the Cancer Program are certified oncology nurses. Many are also certified in palliative and hospice care. In 2007, Hartford Hospital received the Oncology Nursing Certification Corp.'s Employer of the Year award for its support of nurses' obtaining certification.

Because oncology nurses often see patients over time, they develop close relationships with patients and families—relationships that enhance the superb clinical care they provide.

"A hallmark of oncology nurses is that they are very holistic in their approach to care," says Lynn Thompson, RN, MS, Unit Manager of the Oncology/Palliative Care Unit and of Outpatient Hematology/Oncology. "They care for the whole patient *and* for the family."

New VP Brings Nursing Background



Donna Handley, RN, BSN, MA, was recently named Vice President of Hartford Hospital's Cancer Program. Formerly Vice President of Clinical Services at St. John Hospital and Medical Center,

Ms. Handley has firsthand nursing experience in oncology, medical oncology and radiation oncology.

"Having a nursing background gives me an exquisite insight into the needs of patients and the needs of staff as they provide nurturing, holistic, compassionate care to those patients," Ms. Handley says. "I'm proud to be a nurse, and I'm proud of the nursing profession."



Members of the Cancer Program nursing leadership team include (L-R) Kathy Burns, RN, MSN; Mary Kate Eanniello, RN, MSN; Lynn Thompson, RN, MS; Pamela Vecchiarino, RN, MSN; Sherri Storms, RN, BSN-BC; and Camille Servodidio, RN, MPH.

Ready for Anything

“Radiation oncology nurses have to be able to treat all kinds of patients,” says Kathy Burns, RN, MSN, Nurse Manager of Radiation Oncology. “Our patients may be adult or pediatric, ambulatory or critical, curable or end-of-life, newborn or 96. You have to be ready for everything.”

In addition to being able to care for many different kinds of patients, radiation oncology nurses must be adept at coordinating patients’ care and educating patients, families and even other health care professionals about radiation therapy.

“There are a lot of myths out there about radiation, and it’s the nurse’s job to dispel those myths,” Ms. Burns says.

Twice a year, Ms. Burns and Mary Kate Eanniello, RN, MSN, Nurse Educator in the Cancer Program, teach an eight-hour course in radiation oncology for health care professionals. It covers radiation biology, side-effect management and the various technologies involved.

While most people think of radiation as a way to attempt to eradicate cancer, it is frequently used to reduce pain, bleeding or other conditions in patients for whom a cure is no longer possible. The department often treats inpatients from the ICU or Bliss 5.

Radiation oncology nurses regularly interact with nurses on other units, advising them on side effects their patients may exhibit after therapy and how to care for them. They must be skilled in anesthesia care, too, because children too young to remain still for treatment must be anesthetized.

Hartford Hospital’s Radiation Oncology unit is a busy place, often seeing 100 patients in a day. Many patients come in daily for several weeks.

“We get a lot of great continuity and develop a rapport with them and their families,” Ms. Burns notes.

An Exacting Role

Patients whose treatment plans call for outpatient chemotherapy obtain it in the Hematology/Oncology unit located in the Helen & Harry Gray Cancer Center. The unit is staffed by four RNs. They educate patients and families about what type of chemotherapy they’ll be receiving and what to expect following each treatment. Nurses also administer the chemotherapy.

“Administering chemotherapy is a high-level skill set,” says Ms. Eanniello. “A nurse has to work here at least a year, and then take the Oncology Nursing Society’s Chemotherapy and Biotherapy Course.”

The course is taught by four specially trained Clinical Leaders: Nancy Discenza, RN, Anne Hart, RN, Tammy Ratcliffe, RN, and Darcie Shewokis, RN.

After passing the course, the nurse must work under the supervision of a trainer and demonstrate competency before administering it independently.



Radiation Oncology nurses Shelley Goralski, LPN; Anne Hart, RN; and Diane Ward, RN, explain to a patient what to expect during treatment.

LANNY NAGLER PHOTOGRAPHY

“Administering chemotherapy is very exacting,” says Ms. Thompson. “The physician writes the order. Two nurses and a pharmacist double-check it. It’s mixed in the pharmacy and brought up here for the nurse to administer. In some cases, nurses need to use special safeguards—gloves, gowns and goggles—to protect themselves.”

Nurses in the outpatient Hem/Onc unit also establish strong relationships with patients, who typically come in for chemotherapy and other infusion treatments regularly over a long period of time.

Caring for Inpatients

Patients with cancer may be admitted to Bliss 5 for a variety of reasons. They may be newly diagnosed and in a workup phase, or come in for various types of chemotherapy protocols or for symptom management. Some may be neutropenic as a result of chemotherapy and need to remain hospitalized to be protected from infection. If a patient’s disease progresses, he or she may transition to end-of-life care. The unit has 30 beds, four of which are designated for palliative care and hospice care.

In addition to providing clinical care, nurses on the unit serve as liaisons to patients and families.

“When the patient has been diagnosed with cancer, the physician talks with patients and families and explains the treatment plan. But sometimes, understandably, people can’t take it all in,” says Ms. Thompson. “The nurse is there to reinforce what the doctor is saying.”

Some patients, such as those with lymphoma or leukemia, stay on the unit for quite some time, and family members often spend the night with patients who are approaching the end of life. So, again, nurses get to know patients and their families quite well.

A unique feature of the unit is a daily huddle led by Ms. Thompson. During the huddle, she and the nurses review patient care needs, discuss nurses’ assignments and share any new information. Either Ms. Thompson or Ms. Eanniello selects an inspirational quotation for the day. One staff member reads the quote, which is then copied and distributed to patients on the unit.

Ms. Eanniello says that the program’s Collaborative Management Team—Cancer Program Director Andrew Salner, MD, and Vice President Donna Handley, RN, BSN, MA—sets a positive tone by empowering nurses to propose and pursue initiatives.

“It’s great as a nurse to feel as if you’re being listened to,” she says.

Last year, Ms. Eanniello teamed up with the hospital’s Fitness Center and Department of Rehabilitation to establish a three-times-a-week Wellness Workout on the unit. With a doctor’s order, patients can come to the lounge to do gentle stretching and light weight-lifting.

“It’s great to see. People feel better, and they feel as if they have some power,” Ms. Eanniello says.

Pursuing Research

As Director of the Cancer Clinical Research Office, Camille Servodidio, RN, MPH, heads a team of four nurses who work with patients participating in the hospital's many clinical trials. Right now, 42 such trials are under way.

Research Office nurses meet with prospective participants and discuss the protocol that might be appropriate for them. They review informed consent and any special requirements. After enrolling patients in a trial, the nurses follow them closely, tracking progress, managing symptoms, monitoring chemotherapy agents, and more. They stay in touch with patients throughout treatment, and they follow up with them once treatment is complete.

"One of the things we do very well is provide seamless care," says Ms. Servodidio. "Our nurses coordinate care with chemo nurses, so patients don't have to have multiple blood draws. If they get a call from a treating nurse about one of our patients, they'll drop what they're doing and go down. We're very connected to the rest of our program, and we'll do whatever we need to do to take care of the patient."

Hartford Hospital recently received two grants that will enhance cancer clinical research activities. Both are from the Connecticut Clinical Oncology Trials Network. One grant will identify culturally appropriate educational approaches to enhance clinical trial participation by underserved populations in Greater Hartford. The second grant will support the placement of research nurses directly in private physician practices to determine if this strategy will enhance clinical trial accrual.

Reaching Out

People with cancer need good information and strong support, both during and after treatment. That's where Sherri Storms, BSN, RN-BC, comes in. As the Cancer Program Project Coordinator, Ms. Storms' responsibilities include the innovative CHES program. Developed by researchers at the University of Wisconsin Madison, the Internet-based CHES program makes sound, well-organized information and online support available 24/7 to patients from their home computer.

CHES already has Web sites for patients with breast cancer and prostate cancer, and Ms. Storm has been overseeing studies aimed at creating similar sites for patients with lung cancer and patients who are survivors of colorectal cancer.

Ms. Storms is also responsible for overseeing a grant the hospital recently received from the Lance Armstrong



LANNY MAGLER PHOTOGRAPHY

Hematology-Oncology nurses Tammy Ratcliffe, RN, BSN, (center) and Andrea Raymond, RN, (right), educate a patient prior to chemotherapy.

Foundation. The grant will establish a Survivorship Patient Navigator Program for patients treated for breast cancer at Hartford Hospital. She is seeking a nurse to be the navigator in this program.

Learning and Caring

The number of Cancer Program nurses who are certified in specific fields reflects the high premium the program places on education. Nursing leadership helps ensure that staff new to the program are trained and oriented and that education is an ongoing process for all nurses. Support and encouragement toward certification is embedded in the program.

"We stress the nursing model that, if you want to work here, you have to be a lifelong learner," Ms. Eanniello says.

Educating staff and patients is a key role of a new addition to the Cancer Program staff, Clinical Nurse Specialist Milady Mortimer-Oragwu, MSN, APRN. She will also facilitate inpatients' clinical progression and establish a Genetics Counseling Service.

In addition to being knowledgeable and skilled, Cancer Program nurses have the special qualities needed to ease what can be a harrowing journey for patients and families affected by cancer.

"I'm so proud of every person who works in this whole program," says Ms. Thompson. "They are so caring and so patient-centered. It's just a natural part of who they are."

Ms. Vecchiarino notes, "Our nurses go above and beyond in both their day-to-day roles and in volunteering their time to support groups, fund-raising events, the annual remembrance service and the yearly Celebrate Life event, where staff and survivors reunite to celebrate what they meant to each other along their journey together." ■

Palliative Medicine Consultation Service

Hartford Hospital's Palliative Medicine Consultation Service began almost four years ago. It was born of clinicians' desire to offer patients with life-limiting illnesses greater support, comfort and empowerment during treatment or as the end of life approached.

Today, the service is a resource for the Cancer Program—half of all patients the team sees have cancer—and for other units throughout the hospital.

The team consists of Co-Directors Sharon Diamen, MD, and Colleen Mulkerin, MSW, LCSW; Patricia Gleason, APRN; Patricia Frasier, RN; and Maryann Steed, RN. Their goal is to alleviate the whole burden of suffering patients and families experience and to make sure the patient's wishes and goals are respected and valued. As part of their role, they help patients understand their prognosis and do advanced care planning. One of the concepts the group has introduced is that of "goals of care." Once a patient has identified his or her goals of care, treatment is guided by the degree to which it supports those goals.

"Nurses have been great advocates for the service and in identifying cases where patients could benefit from it," says Ms. Mulkerin. "Nurses see us as supporting their wisdom about patients and joining them in advocating for patients."

From Door to Discharge: *Redesigning the Process*



The ED Redesign project is transforming processes hospital-wide to ensure a superior patient experience.

Working together at the Feb. 9 process mapping session are ED Clinical Leaders Joanne Gouin, RN, and Stephen O'Donnell, RN (center), with Emergency Department physician Kenneth Robinson, MD.

Hospitals across America are struggling with a major challenge: how to provide timely, high-quality patient care in the face of an ever-increasing number of Emergency Department visits. According to the American Hospital Association, the number of ED visits nationally grew by 36 percent between 1991 and 2007, rising from 88.5 million to 120.8 million. Hartford Hospital is no exception. Last year, the hospital saw more than 83,000 patients in the ED, and the volume increases every year. Given the skyrocketing figures, it's no wonder that overcrowding and long wait times have become endemic in EDs everywhere.

Hartford Hospital is determined to meet this challenge. Reducing wait times in the ED is an important first step in a complex process, and it's a top priority of the hospital's 2009 Balanced Scorecard, which lays out the chief organizational goals for the year. The scorecard calls for at least 50 percent of ED patients to be seen within 30 minutes of arrival by the end of September.

To meet this goal, the hospital last fall launched a major initiative called the ED Redesign project. The project is a systematic undertaking that involves people and departments in every area of the hospital. It seeks to transform procedures and practices so as to improve patient throughput while upholding the highest standards of care.

"By improving our processes, we will improve our ability to deliver the superb service we want to deliver to our patients,

safely, effectively and efficiently," says Linda Spivack, RN, MSN, Vice President of Patient Care Services.

The project is an ideal opportunity to increase patient satisfaction and the quality of care overall. Because the ED is such a high-volume area, a huge number of patients and families will be affected. The speed with which patients are treated in the ED affects outcomes. Many patients who come into the ED are ultimately admitted, and the patient's experience in the ED sets the tone for his or her entire stay. For these reasons and more, the ED Redesign project is vitally important to the entire hospital community.

A Strategy for Success

The ED Redesign project began with the creation of an interdisciplinary steering group. ED physicians Kenneth Robinson, MD, and Michael Drescher, MD, co-chair the group, which includes physicians, nurses and representatives from numerous hospital departments, including Administration, IT, Pharmacy, Bed Management, and more. The interdisciplinary approach was critical, because long wait times and overcrowding are not just ED problems.

"Hartford Hospital recognizes that, until everyone in the hospital works together, we won't be able to improve patient throughput," says Jonathon Brown, RN, MBA, MSN, Director of Emergency Services.

The steering group explored the literature to identify best practices at other hospitals. In fall 2008, they visited Sarasota Memorial Hospital to learn firsthand how the hospital had gone about achieving its 30-minute service guarantee.

The team then decided to create 14 subgroups to focus on specific aspects of patient throughput and how each one tied into the others.

“To meet the 30-minute guarantee, you have to dissect every process that intersects with the ED process. It’s not just about the ED; it’s about how we manage patient flow, everywhere, all the time,” says Beth Lawlor, RN, BSN, Director of Case Coordination.

Working with internal facilitators, teams mapped the process of how a patient currently moves from arrival to departure so they could see opportunities for streamlining. They then mapped out what they thought would be the ideal process.

ED Clinical Nurse Leaders Steve O’Donnell, RN, and Joanne Gouin, RN, took responsibility for the subgroup examining the nursing process within the ED. They involved about 50 other staff members, including unit secretaries, patient care assistants and equipment technicians.

“We held meetings over about six weeks to look at the process,” says Mr. O’Donnell. “We discussed what could be changed, and how a change in our process would affect another subgroup’s process. We came up with what we thought was the ideal process.”

Other subgroups examined other aspects of the process, including the patient’s first stop, registration and triage. Over the years, that step alone had grown into a lengthy assessment, largely because of government regulations that expanded the number of questions patients had to be asked.

“By the time you’ve done all that, you’ve already used up 15 or 20 minutes, and you haven’t yet done anything to get the patient treated,” says Mr. Brown.

In addition to looking for ways to shorten triage time, teams explored efficiencies related to laboratory tests and imaging studies, medications, physicians’ roles and other factors

affecting how long it takes to arrive at a treatment decision. One of the avenues they’ve been exploring is making better use of information technology to increase efficiency.

Getting “Upstairs”

A key to reducing back-ups in the ED is getting patients who require admission into an inpatient bed quickly. Subgroups are tackling this issue, too. Bed Manager Beth Ciotti, RN, MHA, and others are exploring more efficient ways to assign beds. Pamela Vecchiarino, RN, MSN, Nurse Director, Medicine, Oncology and IV Therapy Services, heads up a subgroup focused on reducing the time it takes to move a patient from the ED to the nursing units.

“The process involves Bed Management, Transport, Housekeeping, Nursing and others tackling issues to improve hand-off report, the physical transportation of the patient, ensuring the rooms are clean and more,” Ms. Vecchiarino says.

Her subgroup is exploring ways to streamline the handoff from the ED to the unit. Staff from both areas are collaborating to create a report template that may be completed online, so nurses from the two areas don’t have to spend time trying to connect by phone. Every step in the process is being analyzed, and staff remain focused on efficiencies and process outcomes that will positively impact the patient’s experience.

Heading Toward Home

The ability to move patients quickly from the ED to inpatient beds is directly tied to the ability to facilitate patient throughput and discharge. So the team created an action subgroup on the discharge process.

One of the metrics the Discharge Process team monitors is “avoidable days.” These are days the patient might not have to remain in the hospital if certain things were done in a more timely way—an ordered test conducted and results read and reported to the provider, for example. This translates into more efficient patient flow. ➤



PHOTO: JOY MILLER

(L-R) Daryl Rockwell, RRT, Jonathon Brown, RN, Debra Pachucki, MD, Ingrid Drozdal, MT, and Rosemary Renouf, CPT, discuss possible innovations at the Feb. 9 process mapping workshop.

One of the most effective innovations in reducing length of stay is the practice of conducting daily Clinical Progression Rounds. A case coordinator and a nurse review each patient on the unit for current status and outstanding tests and procedures, and they establish goals of care for that day. The rounds help ensure that patients' care is progressing as it should, so they can be discharged in a timely way, making beds available for incoming patients.

"This has had a significant impact on reducing length of stay," says Ms. Lawlor, of Case Coordination.

Another innovation designed to make beds available as soon as possible is the recently created Discharge Services Area. When a patient has been discharged and is awaiting transportation to home or a facility, he or she waits in this staffed area until a family member arrives to pick them up.

Making Changes

In early February, all the subgroups came together to share the ideal processes they had mapped out and to recommend changes that, if implemented, would move the process toward the ideal one they envisioned. Participants used a prioritization matrix to identify changes with the potential to provide the greatest benefit in the shortest amount of time. Subgroups will be testing changes on a small scale, measuring results, then rolling out successful changes more broadly.

"We need to radically change our policies," says Mr. Brown, "in order to give the patient what he or she wants from us: to be seen quickly, have their pain or other issue taken care of and, if they don't need to be admitted, to quickly be on their way."

Mr. O'Donnell sees benefits to nurses from the process, too.

"I want Hartford Hospital's ED to be the place where nurses love to work," he says. "The ED Redesign process is going to help us get there."

Transfer Center Smooths the Way

Patients arrive at Hartford Hospital's ED from many places, including other hospitals. To facilitate the process of bringing in patients from other emergency rooms, Hartford Hospital last summer launched the Transfer Center.

"The Transfer Center makes all the tertiary care we do at Hartford Hospital available to all community hospitals with just one call," says Bed Manager Beth Ciotti, RN, MHA, who heads the center.

Staffed 24/7 by RNs with critical care experience, the Transfer Center takes calls from physicians at other hospitals, triages the patient and connects referring physicians with accepting physicians at Hartford—either in the ED or a specialty. If a patient is critical, the center can activate LIFE STAR.

"This is an easy-to-use process that gets patients into the process more efficiently and facilitates a smoother flow through the ED," Ms. Ciotti adds.

The Transfer Center can be reached at (860) 545-1233 or toll free (866) 993-BEDS.



LANNY NAGLER PHOTOGRAPHY

Nursing team members in the ED assess a patient and implement nursing interventions. (L-R), Gina Uguccione, student nurse; Mary Cummings, BSN, RN; Katherine Zilich, student nurse; John Eaton, patient care assistant; Sue Tubbs, BS, RN; and Justin Blain, paramedic student. Facing patient is Christopher Desmond, BSN, RN.

Research

Poster Presentation Wins Award

Christine Waszynski, RN, MSN, GNP-BC, and Lynn Jansky, RN, MSN, garnered a first-place award at the 2008 annual Nursing Research Conference for their poster presentation, “Can Safety Volunteers Help to Prevent Falls in Hospitalized Patients?” Their poster was selected for the award by conference attendees.

The two nurses’ research project grew out of Fall Prevention Committee discussions of how to find out if fall prevention protocols were being followed and how to improve compliance. The project began in May 2008.

“We decided to train volunteers to go to the units and check to see whether certain fall protocols were in place,” says Ms. Waszynski. “If they found that protocols were not in place, they’d fix the situation, but notify the staff and manager of the omission. All patients with a high fall risk score were reminded not to get up without staff assistance. Our first goal was auditing; our second goal was patient service.”

The trained volunteers went to specified units and reviewed each patient’s fall risk screen. If the patient’s score reflected a high fall risk, the volunteers would check to see that the green triangle was on the patient’s door. The volunteer would then go into the room and, after introducing him/herself, check to see that the patient had a green bracelet, the bed and chair alarms were activated and all cords were plugged in. They’d also make sure that all personal items were within reach and that the patient could reach—and knew how to operate—the call bell.

The volunteer completed a form noting the unit’s compliance with the protocols and gave it to the nurse manager, who would then give feedback to the staff.

“We found that fall compliance rates dramatically improved because of these rounds,” says Ms. Waszynski. “The majority of units responded to a once-a-week rounding. Some units became competitive with each other—in a good way!”

The result? The hospital had a 40 percent decrease in falls with injury.

Delirium Study

What percentage of patients on a medical oncology/palliative care unit experience delirium? How long does it last? What form does it take? Is it more likely to occur at nighttime or during the day? These were some of the questions Christine Waszynski, RN, MSN, GNP-BC, and Nurse Educator Mary Kate Eanniello RN, MSN, set out to explore with their research project, “Delirium in Patients on a Medical Oncology/Palliative Care Unit.” The two nurses presented their findings at the annual Nursing Research Conference.

Their month-long study determined that 45 percent of patients experienced delirium at some point and that, in many, it lasted for several days or even weeks. Hypoactive delirium was more common than hyperactive. Delirium occurred on all three shifts almost equally.

“The goal is to anticipate that these patients are at high risk for delirium so we can take steps to try to prevent it,” says Ms. Waszynski. “The next study will be to trial different interventions to see if we can prevent delirium from occurring.”

Education

Nurses Train for Rapid Response

Hartford Hospital’s Rapid Response Team initiative is making a positive difference in patient outcomes. Begun as a pilot program in Cardiology in late 2007, the program is now hospital-wide.

“The whole goal of the program is to prevent cardiac arrests on the floors and improve the mortality rate,” says Jason Hamm, RN, BSN, of the Bliss 10 I medical cardiac ICU, a member of the Rapid Response Team Task Force that initiated the program.

An RRT is on call 24/7. It includes a nurse, a physician and a respiratory therapist. Nurses from various hospital ICUs are assigned to the team on a rotating basis. Floor nurses throughout Hartford Hospital are encouraged to call the RRT if a patient exhibits signs of deterioration, such as respiratory, hemodynamic or neurologic changes or if the nurse has a sense that the patient is in difficulty.

When the team is called, the appropriate ICU nurse, the physician and the respiratory therapist immediately converge on the unit to provide intervention.

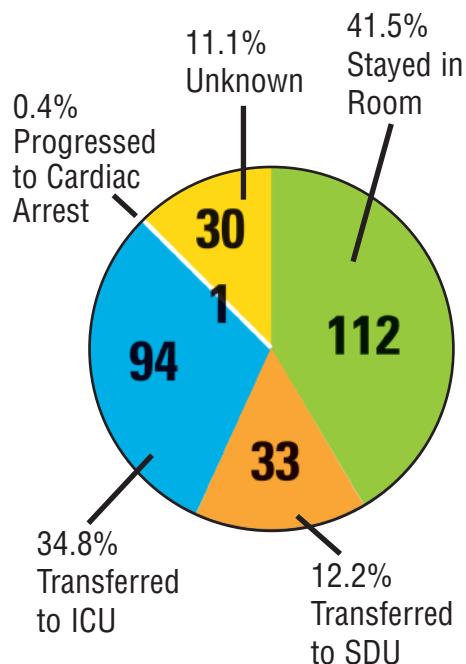
To date, only .4 percent of patients the team responded to have progressed to cardiac arrest.

“The mortality rate is 13 percent to 14 percent, compared to 80 percent if someone had cardiac arrest,” says Mr. Hamm.

Nurses and others serving on the RRT are asked to be ACLS certified. They also take part in special training sessions in the Simulation Center, engaging in scenarios involving typical emergencies, such as flash pulmonary edema and hypoxia.

“In addition to clinical training, simulation training helps build team cohesiveness,” Mr. Hamm notes.

Outcome from Rapid Response Audit – All Teams



Focus on Alumnae

Message from the President



Education That Has Served Us Well

It is difficult to think about a time when Hartford Hospital did not exist. According to *The Healing Triangle: Hartford Hospital's First 150 Years*, the first realization that there was a need for a medical facility came in response to the boiler explosion at the Fales and Gray railroad-car factory in March 1854. Nineteen people died, and 23 were seriously injured. The event rocked the Hartford community. The effort to create Hartford Hospital was successful because of the tremendous outpouring of support from local businesses, religious institutions, the Hartford Medical Society and the community at large. The medical care the hospital provided to the community was far superior to what had been available previously. Records indicate that the most common ailments treated at the new Hartford Hospital included orthopedics (fractures), medical (TB, typhoid fever, measles) and geriatric care (strokes, cancer). The use of anesthesia lessened the pain associated with amputations and other surgery. While crude by our present standards, medicine was actually improving.

By 1870, Hartford Hospital had two live-in “nurses” with other “attendants” available to care for patients under the supervision of physicians. It was becoming increasingly apparent that more training would be necessary in order to care for the growing volume of patients. This ultimately led to the establishment of the Hartford Hospital Training School for Nurses. It wasn't long before the Hartford Hospital program's reputation for excellence was being recognized throughout the country.

The founders of Hartford Hospital could have had no conception of the huge improvements and technological innovations to come. However, the basic clinical nursing preparation and education that we experienced as students equipped us to provide comprehensive care to patients, and it's still needed today. We were well trained!

As members of my Class of 1969 prepare to celebrate our 40th anniversary this June, we reminisce about the “good old days” as nursing students. We have many fond memories of the “old dorm” on Jefferson Street, as well as the move to the “new dorm” on Hudson Street. The bonds of friendship have been maintained for many of us through the years. Although some of our class members have not been located, we have been able to be in touch with many who plan to attend the Saturday festivities, as well as the annual Alumnae Banquet. It will be a wonderful chance to get together and reconnect once again.

Karen Stinson Mazzarella

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

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

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Join Your Alumnae Association

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

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

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



Honoring a Century of Excellence: 1877-1976

In Hartford Hospital's Meditation Garden, just off Seymour Street, stands a life-size statue of a student nurse. Strong yet graceful, her hand outstretched, the statue stands as a permanent tribute to the Hartford Hospital School of Nursing and its 4,715 graduates. But this moving memorial might never have been created without the imagination and leadership of Marilyn Godlewski McKeown, RN, MPA, HHSN '69.



Marilyn Godlewski (Bassford) McKeown in 1969.

From the time she was 5 years old, Marilyn knew she wanted to be a nurse. While visiting her Polish grandmother on Hudson Street, she'd been enthralled by the sight of the student nurses in their capes and caps. When it was time to apply to nursing school, she applied only to HHSN.

In the years following her graduation, Ms. McKeown traveled to far-flung places and pursued a variety of

opportunities. As a 23-year-old new graduate, she served as a Mobile Medical Team leader in Vietnam, caring for refugees in camps near Saigon. Returning stateside, she began a career in heart disease prevention and health promotion. She coordinated the cholesterol clinical trial at George Washington University Medical Center. In 1980, she earned a master's degree in public administration from American University, Washington, DC. As a consultant to the Portuguese Cardiology Foundation in Lisbon, she designed and implemented "May Is Heart Month," Portugal's first nationwide heart health education campaign, which continues to this day. Later, she worked as a public-health educator in Jakarta, Indonesia.

While on home leave in June 1994, she saw a news report on the unveiling of the Vietnam Nurses Memorial in Washington, DC. Like so many HHSN graduates, she'd been dismayed by HHSN's closing in 1976. Seeing the footage, she immediately conceived of a monument to immortalize the school.

"I thought, 'If they can do it, we can do it,'" Ms. McKeown recalls. "I'd had a hole in my heart since the school closed. I didn't want HHSN to end with its grads. The school's contribution was too significant."

She broached the idea that week at the Alumnae Banquet, to enthusiastic response. Soon, she and a group of graduates had formed a Memorial Project Committee (see back cover). Because of her experience in multimedia campaigns, public relations and fund raising, Ms. McKeown chaired the committee. The team researched sculptors, organized a design competition, generated publicity, raised \$50,000 for the project and saw it to its completion.

On Sunday, April 16, 2000, Ms. McKeown's idea became reality and the committee's hard work was rewarded as nearly 500 alumnae, family, distinguished guests and hospital representatives gathered in the Meditation Garden for the unveiling ceremony of sculptor Lloyd W. Glasson's statue, "The Caregiver."

It had been a rainy weekend, but the sun broke through just in time to shine on the statue and the inscription the Memorial Project Committee had composed for it: "A century of excellence and leadership in nursing, with service to the community of Hartford and the world beyond. Hartford Hospital School of Nursing, 1877-1976." Ms. McKeown notes that the ceremony "successfully filled the hole in our hearts while renewing pride and a sense of honor in the hundreds of alums who had gathered on that cloudy Palm Sunday."

Today, Ms. McKeown continues to be interested in both nursing's history and its future.

"I would like to end my nursing career as a student nurse recruiter, bringing talented young people, who are desperately needed, to the profession I love so much."



Marilyn today.

A School Is Born

In 1876, the Executive Committee of Hartford Hospital decided to create a training school for nurses in order to “select, and educate, an efficient class of women, that the Hospital may have a high order of nursing.” When it opened on March 22, 1877, the Hartford Hospital Training School for Nurses was only the fourth training school for nurses in the United States based on the Nightingale Plan developed by Florence Nightingale during and after her experiences in the Crimean War.



Frances A. Tuttle

Frances A. Tuttle was the first Lady Superintendent of the school. She oversaw the students’ education, which involved textbooks, lectures from visiting physicians and experience on the hospital’s wards. Students learned to apply leeches, bandage wounds, prepare medications, prepare nutritious meals and monitor patients’ conditions. The school began with a two-year program,

but later extended it to three years. Ms. Tuttle served as the head of the training school for 13 years, resigning in 1890.



Linda A.J. Richards

Among those who held the position of Lady Superintendent after Ms. Tuttle’s departure were two of the country’s leading nurses. Flora Macrae, who served from 1890 to 1892, had helped establish the Johns Hopkins School of Nursing in Baltimore. Linda A. J. Richards served from 1895 to 1897. She was one of America’s first trained nurses, having been the first student to enroll in the first

class of the first American training school for nurses, at the New England Hospital for Women and Children.

In her memoirs, Ms. Richards describes HHTS as “one of the pioneer schools of the country” Seeking to incorporate the newest methods—what today might be called “best practices”—into the school’s program, Ms. Richards brought in graduates of some of the best schools in New England. “Today,” she wrote in 1911, “I know of few schools superior to that of the Hartford Hospital.”



The Nurses Residence, 37 Jefferson Street, in 1910.

For several years, nurses were housed and educated at various locations in the hospital—wherever a space could be found. As the hospital and the school continued to grow, however, the need for a building to house student nurses became evident. Funds were raised for it and, in June 1900, the Nurses Residence opened at 37 Jefferson Street. Its 65 rooms allowed each student to have her own room and provided a library, a sitting room, a dining room and a classroom.

Commenting on innovations in the program in her report of that year, Lady Superintendent Elizabeth Friend wrote, “The course of training for the pupil nurses has been changed from two to three years, and the standard of education raised. By these changes we expect to give the nurses a more thorough training, and so supply the public with more efficient nurses.”

Editor’s Note: Resources for this article include “A Long Way: The Hartford Hospital School of Nursing,” by Ethel A. Brooks, The Healing Triangle: Hartford Hospital’s First 150 Years, by Bruce Clouette and Brian Lever, and Reminiscences of America’s First Trained Nurse by Linda A. J. Richards. All photos are courtesy of the Hamilton Archives, Hartford Hospital.

In keeping with the historical theme of this *Nursing* alumnae section, we have included some interesting photos/information from the Hamilton Archives at Hartford Hospital. A special thanks to Archivist Steve Lytle for providing much of this historical information.

CLASS of 1879

Carrie House Keeney, one of five graduates of the first class of the Hartford Hospital Training School for Nurses (two-year program at that time).



CLASS of 1923



The nurse in the dark uniform is Robina Stewart, Principal of the Hartford Hospital Training School for Nurses from 1920-1924.

CLASS of 1937

Harriet Steed is retired and resides in Vermont. She was a diligent and dedicated military nurse in World War II and later worked at Bristol Hospital in Connecticut.

CLASS of 1940



The D. Newton Barney Educational Building, which included a swimming pool and gymnasium. The name of the nursing school was changed from the Hartford Hospital Training School for Nurses to the Hartford Hospital School of Nursing by a vote of the Hartford Hospital Board of Directors on Jan. 29, 1940.

CLASS of 1948

Norma Brundage Marshall still lives in Biddeford Pool, Me., and *Doreen Beatson McGuckin* lives in Arizona. *Carol Ryder Beatson* recently moved from Arizona to Southington, Conn., to live with her daughter.

CLASS of 1950

Mary Roth Burns just returned from a two-week hike through New Zealand with her daughter Linda and son-in-law David. She currently lives in Lomita, Calif., has traveled extensively and continues to keep physically fit and active.

Merle Brogard Miller recently lost her husband of 55 years. He had been a well-known weatherman at NBC affiliate KY3TV. They have two daughters: Janice, a teacher, and Candace, a nurse. They also have three grandchildren.

Sally Tuttle recently celebrated her 81st birthday. She continues to be active, driving around town and playing croquet several times a week.

Combined CLASSES of 1888 and 1889



These students would have been in training during the infamous Blizzard of 1888. Snow totals in Connecticut were estimated between 36 and 52 inches, with wind velocity of 60-70 mph. A total of 400 people died due to the blizzard.

CLASS of 1900



First class to graduate from the "old" School of Nursing Building. The HHTS transitioned from a two-year program to a three-year program this year.

CLASS of 1954

June Perret Noble has a lovely soprano voice and earned her degree in music while working as a nurse in the nursery at Hartford Hospital. She also worked as charge nurse at Newington Children's Home (now Connecticut Children's Medical Center). Her career also included being an instructor in the Licensed Practical Nursing Program at Hartford Hospital.

CLASS of 1959

Ardell Schmidt Patterson and **Irene Cardin Smith** are looking forward to their 50th anniversary reunion in June of this year. They have a full weekend of festivities planned that should reunite their class and encourage old friendships. Classmates will be coming from near and far, and they hope to hear from others who have been out of touch. It should be fun and meaningful for everyone. They hope everyone will help pass the word. Their class will also need to pass the Golden Bed Pan on to the class of 1960. Classmates should contact Irene and Ardell, being sure to provide e-mail and postal addresses. Irene Cardin Smith: (860) 646-2175, icsmith@cox.net. Ardell Schmidt Patterson: (603) 823-8190, arpat@surfglobal.net.

CLASS of 1960

Joan Aggard Newth had her "theatrical debut" at a dinner theatre in Mesa, Ariz., where she played Miss Wulla Jean in "The Best Little Whorehouse in Texas."

CLASS of 1962

Judy Starr McLaughlin recently lost her husband Charles from complications related to exposure to Agent Orange during his Vietnam army service. Judy and Charles had been married for 45 years and had two children, Charles IV and Catherine, and two grandsons, Ian and Michael. With their family they enjoyed a rich and eventful life, living around the world while keeping a family anchor at their summer residence in Maine.

CLASS of 1964

Karen Smilnak Hollandsworth received her BSN from California State University in Sacramento and her MSN and Ob/Gyn Nurse Practitioner Certification from the University of California, San Francisco. She lives amongst the beautiful redwoods in Boulder Creek, Calif., with her husband Roger. Karen retired after a great career as a Woman's Health Care Nurse Practitioner and now enjoys traveling, oil painting and photography. Her husband is involved with the Hubble Telescope Servicing Mission, and they are looking forward to attending the Shuttle Atlantis Launch in May 2009. They have a daughter Kristy who is a third-grade teacher in Tucson, Ariz..

CLASS of 1965



(L-R) **Marge Cinciva Herr, Barb Patrick DeFrance, Linda Schmidt Kimmelman, Dianne Cull Litchfield, Peg Crosbie Seneca, and Sandy Nelson Blessing** celebrated their first reunion since graduating in 1965. The event was held in York, Me., on Oct 1., 2008.

CLASS of 1968

Mary Gulvas Christopher retired from nursing in March 2008 after 40 years of practice. She always believed she could do any type of nursing based on the strong foundation the Hartford Hospital School of Nursing provided. Her practice included more than 10 years of critical care, as well as hospice, ER, and healthy baby nursery. In later years she worked in offices and clinics. She loved every aspect of her nursing career.

CLASS of 1969

Marilyn Godlewski McKeown attended the 25th Anniversary Conference of the American Association of the History of Nursing, hosted by the University of Pennsylvania School of Nursing. It was a great opportunity to learn about the increasing interest in research and preservation of the history of nursing education and practice in the U.S. and abroad. Several attendees recognized the HHSN shield pin, which she wore on her ID tag. One nurse said, "I have a friend who is very close to a Hartford Hospital alum and goes to the Rhode Island shore with her." That would be our Alumnae President, **Karen Stinson Mazzarella '69**. Her colleague, Eleanor Herrmann, UConn nursing professor, noted that she had been at the unveiling of the Memorial Statue and that "HHSN has an incredibly active and loyal Alumnae Association." Another nurse offered to buy Marilyn's shield for his nursing pin collection. Marilyn's response: "Not gonna happen!" Classmate **Linda Sorensen Clougherty '69**, an early member of the Bates Center, generously donated her HHSN cap to their display. For any HHSN alum interested in learning more about or joining either organization, here's the contact information: American Association for the History of Nursing: www.aahn.org; Barbara Bates Center for the Study of the History of Nursing: nfriends@ben.dev.upenn.edu.

CLASS of 1970

Ronny Ann Del Gaudio Bohrer, after being out of nursing since 1985 (with the exception of two years as a substitute school nurse), landed a job in a psychiatric hospital, working with adolescents. She was delighted to be offered this position after her 60th birthday!

CLASS of 1971

CORRECTION: In the fall edition of the *Nursing* magazine, we printed incorrect information for **Louise Wasilewski Honiss**. We apologize for this inconvenience. The article should have said:

Louise Wasilewski Honiss received her master's degree in critical care nursing in 1991. She is on the PACU staff at Hartford Hospital and is also adjunct faculty in the nursing division of St. Joseph College, West Hartford, where she works with senior students doing clinical rotations at Hartford Hospital.



Let Us Hear from You!

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

Request for HHSN Nursing Pins

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



In Memoriam

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

1934 Nellie Whitney Cyr	1944 Marjorie Herr Skinner	1957 Sigrid Heland Svensen
1935 Phyllis J. Jones	1951 Barbara White Briggs Bernice Quint Olson	PHYSICIANS G.W. Anderson, MD Roger W. Davis Jr., MD Edward "Ned" Jaroszewski, MD Ian MacKinnon, MD
1941 Marjorie Hotchkiss Overbaugh	1953 Margaret Graham Dunbar	
1942 Jennie Kaplan Gruber	1954 Claire Davis Johnson	
1943 Henrietta Kevorkian Jason	1956 Joan Francum Andrews	

The Alumnae Bed Fund for the Alumnae Association of the Hartford Hospital School of Nursing

History

The Alumnae Bed Fund dates back to 1923, when graduates of the Hartford Hospital Training School bequeathed monies to Hartford Hospital. These donations were specifically for use by nursing alums who needed financial assistance to meet their medical expenses. The fund was held and administered by Hartford Hospital.

In 1938 the Board of the Alumnae Association of the Hartford Hospital Training School decided to allow any member of the association to contribute a one-time-only fee to become a lifelong member of the Alumnae Bed Fund.

In 1940 the name of the school was changed to the Hartford Hospital School of Nursing, and the bed fund continued to serve alumnae members who paid their one-time fee. At that time, the fund paid for Hartford Hospital hospitalizations only.

Today

The Alumnae Bed Fund is now solely under the control of the Alumnae Association. This positive change increases the scope of the Bed Fund, as it now can be used at any health care facility within and outside of the continental United States.

Note: The use of these funds is NOT based on financial need. The funds are to be used for medical expenses incurred by alumnae of the Hartford Hospital School of Nursing. These funds can also be used for medical necessities previously not covered by medical insurance or Medicare. Some examples include coverage of dentures, eyeglasses, hearing aids, physicals, and flu shots.

Rules Governing the Alumnae Bed Fund

1. You must be a member of the Alumnae Association of the Hartford Hospital School of Nursing.
2. You must have paid the one-time \$50 fee for the Bed Fund.
3. Any income from your medical insurance must be applied to the bill prior to payment from the Bed Fund.
4. To utilize the Bed Fund, please contact either: Terry Gwozdz, Assistant Treasurer, (860) 257-3171, or Patricia Andreana Ciarcia, Executive Secretary, (860) 563-2005, patciarcia@snet.net.

More Certifications and Distinctions

Karen Burnham, RN, of the Cancer Clinical Research Office has received her OCN (Oncology Certified Nurse).

Kimberley Coplit, RN, has earned her CHRN (Certified Hyperbaric Nurse).

Carolyn Bousquet, RN, of the STAR Team has achieved ACLS (Advanced Certified Life Support) and TNCC (Trauma Nurse Core Course) certification.

Rebecca Morton, RN, and **Barbara J. Hoak**, RN, have completed certification for wound care.

Mark Larson, RN, of the Neuro-Trauma ICU, has earned his CNRN (Certified Neuroscience Nurse).

Ann Hooker, RN, of the Neuro-Trauma ICU, was the RN finalist for Hartford Hospital's 2009 Employee of the Year award.

Janice Lepore, RN, of Case Coordination, received the Gerontological Nurse of the Year award in November.

Just Published

Ruth Zafian, APRN, Clinical Nurse Specialist for Cardiovascular Services, authored a chapter in *Clinical Nurse Specialist Toolkit: A Guide for the New Clinical Nurse Specialist*, a book published in March by Springer Publishing Co.

Poster Accepted

Andrea M. Hagstrom, RN, Nurse Educator in Perioperative Services, presented a poster at the Association of periOperative Registered Nurses' 56th Congress, held in Chicago in March.

Award Received

Ellen Blair, APRN, Unit Director of Donnelly 1 North, was presented with Hartford Hospital's 2008 Excellence in Conduct of Nursing Research Award late last year.

Emergency Department Distinctions

Tammy Barbagallo, RN; **Heidi Heim**, MSN, RN; **Theresa Mack**, RN; **Claudia Ouellette**, RN, **Mark Scalzi**, RN; and **Sonya Sellers**, RN, have earned board certification in emergency nursing.

Heidi Heim, RN, and **Theresa Brown**, RN, have received their Master of Science degrees in nursing from the University of Connecticut.

Leonie Rose, RN, has been accepted into the PhD in Nursing Program at Yale University.

Agnes Nalepa, RN, has been accepted into the Doctor of Nursing Practice Program at the University of Connecticut.

Anna Meyer, RN, has advanced to MSN candidacy status at the University of Hartford and been inducted into the Iota Upsilon Chapter of Sigma Theta Tau, the National Honor Society of Nursing.

Karin Grann, RN, received special recognition by the nursing faculty at Southern Connecticut State University for her outstanding teaching abilities as a Senior Practicum Instructor.

Leadership Roles

Cancer Program nurses **Diane Ward**, RN, and **Rhea DeBari**, RN, have completed the Oncology Nursing Society's Leadership Development Institute. Nurses are selected for participation through a competitive process.

New Certified Nurse Manager/Leader

Susanne Yeakel, RN, MSN, Nurse Manager of the Bliss 8 general surgery unit, recently passed the Certified Nurse Manager and Leader examination, a new certification test offered by the American Organization of Nurse Executives. Last year, she was a fellow in the AONE Nurse Manager Fellowship Program, a yearlong professional development program for potential nurse leaders.

APRN Group Honors Waszynski

The Connecticut Advanced Practice Registered Nurse Society has named **Christine Waszynski**, RN, MSN, GNP-BC, as one of two recipients of its APRN of the Year Award. Citing, among other things, Ms. Waszynski's achievements in fall prevention and research into delirium, the group commended her for her dedication to clinical practice.

Give a Lasting Gift

Your contribution today will make a difference to our nursing education program. Mail your gift to Hartford Hospital, Fund Development, 80 Seymour Street, Hartford, CT 06102. You can act now and show your commitment to nursing education forever by including Hartford Hospital and/or the Alumnae Association of HHSN Inc. in your estate plans. For more information, please contact Carol S. Garlick, vice president, philanthropy, at (860) 545-2162 or cgarlic@harthosp.org.



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

A Labor of Love

The Memorial Project Committee whose work resulted in the memorial to the Hartford Hospital School of Nursing and its graduates included **Marilyn Godlewski McKeown '69** (chairperson), **Mary Jane Pappalardo Densmore '69**, **Karen Stinson Mazzarella '69**, **Patricia Andreana Ciarcia '62**, **Jane Wallace Lasher '74**, **Theresa Gwozdz '76**, **Mary “Mal” Handfield Manion '57**, **Della Pappalardo Usher '69**, **Patricia Audet '56** and **Elizabeth Wallace Knight '56**. Advisors to the committee included the Executive Director of the Vietnam Women’s Memorial Project, Archivist Steven Lytle of the Hamilton Archives at Hartford Hospital, and several other Hartford Hospital staff members.

