

Nursing

FOR HARTFORD HOSPITAL NURSES AND ALUMNAE OF THE HARTFORD HOSPITAL SCHOOL OF NURSING SPRING 2012



On the cover:

Rebecca Joiner, BSN, RN, Med/Surg-BC, of the Bliss 5 transplant team

This page:

Showing off Hartford Hospital nurses' new uniforms are, from left, Jessica Alemar, RN, Geneva Beresford, RN, Jamie Houle, RN, and Dana Matos, RN.

Photos by Lanny Nagler



Hartford Hospital Nursing

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

Volume VIII, Issue 1, Spring 2012

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**Hartford
Hospital**

A Hartford HealthCare Partner

Nursing

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Exemplifying Values

Hartford Hospital aspires to the highest levels of performance, and nurses are critical to our success. Nurses are the face of Hartford Hospital for the tens of thousands of patients and families who come through our doors each year. By providing excellent medical care, communicating effectively and showing compassion for people at their most vulnerable moments, nurses play a direct role in enhancing the patient's experience.

Hartford Hospital nurses are energetically engaged in creating the culture of excellence that is becoming the hallmark of this hospital. In H3W teams and workgroups, at the bedside and in unit gatherings, nurses are applying their knowledge and unique perspectives to identify ways to enhance care and improve outcomes. They are the embodiment and exemplars of our values of integrity, caring, excellence and safety.

In this issue, you'll read about some of the exciting, nursing-driven innovations under way right now. For patients, these innovations mean improved health and satisfaction. For nurses, they mean a more rewarding professional life. And for Hartford Hospital, they mean an ever-growing culture of excellence—a standard we must uphold every day to advance to our goal of attaining top-tier status among American medical centers.

Jeffrey A. Flaks
President and Chief Executive Officer



From Knowledge to Practice

A distinctive feature of Hartford Hospital's *Nursing* magazine is that it both honors the history of nursing and spotlights the leading-edge practices of nursing today. While looking over this issue, I was struck by how fortunate we are to be nurses in the 21st century.

Certainly, we face the challenges of our era. Patients are sicker, technology is more complicated, the number of medications has expanded exponentially and societal pressure to improve care while controlling costs is enormous. But we have one unique advantage over our professional ancestors when it comes to the practice of nursing: We *know* what works. We have available to us a vast body of evidence that guides us in choosing practices proven to improve patient care and safety, streamline processes and help us do what we entered the profession to do—ease the suffering and promote the health of our patients.

Today at Hartford Hospital, we are in the process of “hardwiring” evidence-based practices into what we do every day. The goal is to have these practices—hourly rounding, whiteboards, bedside hand-off and others—become standard procedure for every unit throughout the hospital. In doing so, we will ensure that every patient has the best experience possible while they are in our care.

It's an exciting time to be a nurse at Hartford Hospital. And it's an honor for me to serve in a leadership role among all of you—the outstanding nurses of Hartford Hospital.

Cheryl Ficara, RN, MS, NEA-BC
Vice President, Patient Care Services



Nursing News & Notes

Nightingale Winners

Fifteen Hartford Hospital registered nurses have been named the 2012 winners of the prestigious Nightingale Awards for Excellence in Nursing. They and other winners will be honored at an event hosted by VNA HealthCare on Thursday, May 10, at the Hartford Marriott Downtown. Congratulations to these exceptional Hartford Hospital nurses!



Gretchen Bacaoco, RN, BSN
Jefferson House



Julia Czarnecki, RN, BSN, ACRN
Medicine



Kelly Kuschman, RN, BSN
Cardiac Surgery



Jason Pitkin, RN, BSN
Perioperative Services



Theresa Schneider, RN, BSN
Women's Health



Ana Caceres, RN, BSN
Cardiology



Jennifer Dupuis, RN, OCN, CHPN
Oncology



Janice Montano, RN, BSN
Orthopedics



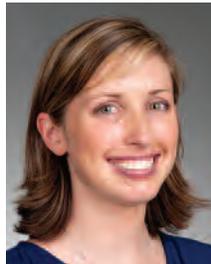
Kathleen Rich, RN, BSN
Institute of Living



Laurie Shakun, RN
Prenatal Testing Center



Deborah Cofrancesco, RN, BSN, CNN
Dialysis



Sarah Hickey, RN, BSN
Surgery



Mary Murphy, RN, MSN, CCRN
Neuro/Trauma



Katie Scharoff, RN, BSN
Emergency Department



Lisa Skowronek, RN, BSN
Case Coordination

We Congratulate These Hartford Hospital Nurses on Their Recent Achievements

Emergency Department

Anthony Ruggiero, RN, was promoted to lieutenant in the University of Connecticut Fire Department.

Medicine, Oncology, IV Therapy

Bliss 11 I

Nina Musaelian, RN, earned her BSN and CCRN recertification.

Kerry Ann Dudley, RN, earned her BSN.

Polina Melamud, RN, earned her APRN.

Nina Grabon, RN, earned CCRN certification.

Kathi Karp, RN, received WCC (wound certification).

Harriet Brooks, RN, obtained AAMAS Nurse Auditor certification and became a Lamaze Certified Instructor (for ICU patients in labor).

Bliss 11 East/SD

Katie Olson, RN, earned specialty certification in Med-Surg.

Roxann Robinson, RN, earned her MSN as well as recertification in Med-Surg. She published an article, "Why Public Health Matters," on April 21, 2011, on NurseWing.com (<http://www.nursewing.com/nursing-articles/why-public-health-matters.htm>).

Merva Dixon, RN, earned her MSN.

Jennifer Ureta, RN, and Becky McQuade, RN, earned recertification in Med-Surg.

Christine DeForge, RN, published "Necrotizing Enterocolitis in the Premature Infant" (*Advances in Neonatal Care*, Vol. 11, No. 3, pp 155-164).

continued on page 10



Computers in the corridor allow Bliss 5 nurses to stay close to their patients. Here, Kari Horton, BSN, RN, left, Kevin Lok, BSN, RN, and Bethanie Stone, BSN, RN, chart their patients' progress.



Transplant Team “Scores” a Success

Bliss 5 transplant team nurses have improved HCAHPS scores, reduced falls and created a more positive work environment by implementing key changes.

In October 2010, nurses on the Advance Organ Support and Transplant Unit, then located on North 11, received an unwelcome surprise. The unit’s HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) scores measuring patient satisfaction were the lowest they’d ever been. The nurses knew they were skilled, caring and hardworking. So why weren’t patients’ perceptions more positive? Determined to get to the root of the issue, the nurses, led by Unit Manager Carol Ghergurovich, MS, BSN, RN, decided to take action.

“We sat down and said, ‘There are no excuses. This has to change. We know we can do better,’” Ms. Ghergurovich says.

The team brainstormed the problem in H3W meetings and developed a plan for turning their HCAHPS scores around. The first step they took was to go directly to the source.

“We did a survey of our patients,” says Clinical Leader Lindsey Campbell, BSN, RN. “We asked them what we could do to create a great patient experience.”

Several themes emerged. Patients wanted to see members of the nursing staff more frequently. They wanted more information on plans for their daily care. And they wanted themselves and their families to feel welcome and valued.

“We took what we learned from them and ran with it,” says Ms. Campbell. They initiated a series of changes rooted in Hartford Hospital’s core values and aimed at making the patient experience the best it could be.

Changing Practice

The team focused on increasing contact with patients and improving communication, both with patients and with each other. They began charting and reporting at bedsides and in corridors, rather than behind the desk.

“Getting into the halls was our first big change,” says Clinical Leader Kari Horton, BSN, RN. “That was huge,” says fellow Clinical Leader Rebecca Joiner, BSN, RN. “Being more visible in the hallways and at the bedside soon became part of our culture. Even before there was a big hospital push for this, we saw it as a solution to a lot of our problems.”

Benefits of the change went beyond what they’d anticipated. The unit’s fall rate plummeted by approximately 50 percent once nurses were out and about more. It was a direct result of being closer to patients. “You sit right there near your patients, so you’re in the room the second the alarm goes off,” says Lindsey Campbell.

The team instituted huddles at every change of shift to discuss plans for the shift and any special patient needs. They adopted the hospital’s hourly rounding initiative and stressed the importance of practicing the “Five P’s” of patient care—proactive toileting, pain, personal items, positioning and posing the question of how they might be helpful (see page 8). To the hospital’s Five P’s, Bliss 5 added a 6th: practicing out loud—telling the patient what care was being given and why, so patients and families would better understand what was happening and what to expect.

Taking responsibility for patients’ problems was an important aspect of the patient improvement initiative. As Kari Horton says, “If a patient isn’t satisfied with something—whether it’s the food or the care—you don’t say ‘It’s not my problem.’ You say you’re sorry it happened, and you offer a solution.” If a patient complains about an earlier problem, Kari says, “You never say ‘I don’t know; I wasn’t here.’ You tell the patient you’ll find out about it.”

continued

Good communication skills are essential to winning the trust of patients and their families and creating a positive hospital experience. Everyone on the unit reviewed the basics of good communication, including making eye contact, smiling, listening well, using a friendly tone of voice and more. Unit staff was encouraged to answer patient call bells immediately, addressing the patient by name and assuring the patient that his or her nurse—also mentioned by name—would be told of the patient’s request.

While integrating these and other changes into daily practice, the team reviewed the unit’s HCAHPS scores bi-weekly to monitor their progress.

The results were striking. By March 2011, the transplant unit had the best HCAHPS scores of any unit in Hartford Hospital. Such outstanding scores, Carol Ghergurovich says, “are almost unheard of on a medical floor. We did the improbable.”

Rising to a Challenge

Just as nurses and staff members were celebrating the transplant unit’s skyrocketing HCAHPS scores, they were faced with a new challenge: moving to a much larger space on Bliss 5 and nearly doubling their average daily census to 35. The team worked hard to maintain patient satisfaction levels while operating with temporary staff and recruiting the approximately two dozen nurses needed to care for the additional patients.

“It was stressful to move to a big floor, and the patient acuity can be really high,” says Clinical Leader Bethanie Stone Markowski, BSN, RN. “But there was a lot of unity. The floor stuck together. Everyone had each other’s back. We became more of a team.”

Educating and orienting new nurses—most of whom had less than a year’s experience—and ensuring they embraced Bliss 5’s philosophy were also challenges. But with the example and support of leadership and more experienced nurses, new recruits quickly became part of the team. “We had lots of new nurses, because we grew so fast,” says Rebecca Joiner. “Our job was to support the new grads through the process and make them great nurses.”

Leaders provided constant feedback to help Bliss 5 nurses remain energized and committed to top performance. A “Feedback is a Gift” board on the unit tracks key measures such as the unit’s fall rate, 11 a.m. discharge rate and HCAHPS scores for all to see. The “Voice of the Patient” recordings provide direct feedback from patients surveyed. Principles are reinforced in every change-of-shift huddle. And Ms. Ghergurovich writes a bi-weekly e-newsletter, “News @ 5,” to report performance measures and update staff on relevant issues.

Despite the challenges—high patient acuity, working with 50 percent temporary staff who supported the unit until it was sufficiently staffed, a larger space, an increased census and the need to assimilate many new staff members—Bliss 5’s HCAHPS scores today continue to be among the best.

Success Factors

Bliss 5 clinical leaders credit Carol Ghergurovich with the unit’s success, citing her clarity of direction, enthusiasm and perseverance. Her leadership has made an impression. Lindsey Campbell says that, whenever she is dealing with a patient, “I hear Carol’s voice in my head.”

PHOTO BY LANNY NAGLER



Jonavi Perado, BSN, RN, left, and Lindsey Campbell, BSN, RN, conduct the bedside hand-off that evidence shows enhances care and patient satisfaction.

Ms. Ghergurovich, on the other hand, credits her nurses. “So much of it is hiring the right people. This is the staff of my dreams,” she says, noting that all team members have a say in who is hired. “These folks are always popping with ideas for improvements. The brain train is always moving!”

Once the right people are on board, Ms. Ghergurovich says, “You need to support and coach them, always being really clear with them about the hospital’s culture and our four values—Integrity, Caring, Excellence and Safety of patient care.”

Rebecca Joiner says an important success factor is “holding people accountable for their practice. We’re a team of caregivers on the floor—nurses, PCAs, secretaries. We all need to do whatever is necessary to progress the patient toward the goal of leaving.”

Asked what advice she would offer other units wishing to boost their HCAHPS scores, Lindsey Campbell says, “These initiatives—H3W, hourly rounding—they work! We can prove that, not just by our numbers, but by talking to our patients.”

A Win-Win

Rising scores provide objective evidence that Bliss 5 patients are more satisfied. But nurses also sense a positive difference.

“Our patients seem happier and calmer,” says Ms. Markowski. “Maybe it’s because we’re now anticipating their needs better.”

Bliss 5’s experience shows that nurses also benefit from the changes in practice.

“There’s definitely a sense of pride,” says Ms. Joiner. “You have more control over what you’re doing. You’re always in the rooms, and you know what the issues are.”

Ms. Horton feels as if she has “more time to get to know the patients better, to talk to them and their families.”

Ms. Campbell sums up her experience this way: “I’m proud to tell people I work on Bliss 5.”

— Noreen S. Kirk

A Sea of Blue

A hospital-wide initiative to improve the patient experience has produced some colorful results.

Led most notably by the Professional Practice Council and Team EXCEED (EXtraordinary Care Experienced Every Day) nursing has recently made changes in its approach to patient care. Patients and their families have responded favorably to all the changes. The most visible and welcome change, however, has been the implementation of color-coded uniforms. Since Jan. 1, 2012, patients and visitors to Hartford Hospital have been able to readily identify nursing staff members by their royal blue uniforms.



Joanna Repaci, RN, talks with a patient about the Hartford Hospital Healthcare Guide and Journal.

"It's a sea of blue," says Maria Tackett, RN, EdD, Director of Neuro/Trauma and Orthopedics and Professional Practice Council team member. "It's quite interesting to be able to walk onto the unit and see a whole team dressed in the royal blue. It gives you a sense of just how many nurses there are."

Having worked closely with Karen Habig, RN, MS, Director of Cardiovascular Services, and the entire Professional Practice Council team, Ms. Tackett stresses the changes in Hartford Hospital's nursing image were brought about by a lengthy and thoughtful process.

"Based on our patient satisfaction input and also feedback from our

patient advisory board," Ms. Tackett says, "many patients and their families reported they couldn't easily identify the registered nurse."

The council initiated a research project to learn what was being done at other benchmark centers to help patients easily differentiate among all the different health care provider roles. The uniform color-coding met their objectives.

"We felt that as a tertiary care center, and as an institution that others look to," Ms. Habig says, "we really needed to proceed in this manner."

The council started the color-coding project by outfitting nurses in royal blue scrub uniforms. All other

categories of Hartford Hospital health care workers will eventually be outfitted with uniform colors specific to their group.

"We have at least 1,700 RNs," Ms. Tackett says, "and we saw it as a key component in raising the image of nurses. It was an opportunity to start a comprehensive review of appearances in line with the kind of image Hartford hospital wants to project."

Working with vendors, the council committed to searching for styles and colors that would be attractive on both men and women. Sessions were held on all shifts for staff members to view uniform samples. Critiques and suggestions were noted by the council and shared with hospital administrators.

"The royal blue seemed to be the choice," Ms. Habig says. "Additionally, there was a request from the RNs to be able to match the royal blue scrub tops with royal blue scrub pants and also black scrub pants as an option."

That request was approved, and a vendor was found with a line of royal blue scrub tops with a black piping accent for an additional option. Hartford Hospital provided three sets of uniforms for each nurse. Additional uniforms were available for purchase by nurses.

"Hartford Hospital provided generous initial support," Ms. Tackett says. "We don't know of any other institution around the country that has done that. We wanted everyone to look good."

Tania Wedderburn, RN, was easily identified as a nurse in her blue scrubs while at work on 10-East.

"It's nice," Ms. Wedderburn says. "It took some getting used to, but it's nice to all be in one uniform."

continued

Wearing the blue scrub top with the black piping, Ms. Wedderburn says, "It's a nice style. A little change from the blue top: a twist!"

Vice President of Patient Care Services Cheryl Ficara, RN, MS, says she was pleased so many nurses welcomed this opportunity to enhance the patient experience.

"They look beautiful and professional," she says. "When I see them in the halls, I thank them for their support of the patient. They're all still individuals, but now the blue uniform identifies them to the patient as a nurse."

The new professional attire speaks volumes about Hartford Hospital's core values of Integrity, Caring, Excellence and Safety—without saying a word.

Although the royal blue uniforms easily identify nurses, identification badges themselves will also be transformed. A program piloted in the Emergency Department during the summer of 2011 resolved issues patients were having with the old badges.

Through Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys and direct patient feedback, the hospital learned that patients were frequently unsure of which staff members were actually health care workers able to help them with their medical needs. Patients and family members found the badges difficult to read and understand.

A new badge will provide clarity on the staff member's role by enlarging the font 300 percent and avoiding abbreviations. The word NURSE will be visible on the badges even by patients with low-vision capabilities. The new, improved badges will be issued throughout the hospital this year.

Visibility

The royal blue uniforms have certainly increased the visibility of the nurse around the Hartford Hospital campus. Hourly rounding and a standardized shift-to-shift hand-off process have also increased the nurse's visibility at the bedside.

Embracing hourly rounding at the patient's bedside, nurses and patient care associates have been able to predict the needs of their patients rather than just respond to them.

Nurses, alternating the rounds with PCAs, are expected to ask patients

about the "five P's." One of the five P's involves asking a patient about the level of pain they may be experiencing. Using the Universal Pain Assessment Tool, a patient rates their level of comfort on a scale from 1 to 10. A "6" indicated by a patient that reported a "2" at the last rounding requires further investigation. Repositioning or proactive toileting might be all that's needed, but it's also an opportunity for the care provider to reassure the patient their pain medication will arrive on time.

This proactive approach has had measurable positive results. David Fichandler, PT, Director of Rehabilitative Services and co-leader of Team EXCEED, worked closely with his team, representing all areas of the institution, to monitor patient responses to their care via HCAHPS scores and through patient and family representation on the Executive Patient Advisory Board.

"They've driven a lot of what we're doing in terms of projects," Mr. Fichandler says of the former patients and family members who attend the advisory board meetings. "They come and talk about their experience; about what they liked and didn't like. They're a sounding board to offer up change and to see if we're moving along the right path. It's incredible to listen to how they see, think and feel about their care."

Patients said a priority was having frequent access to staff members able to address their needs. Team EXCEED worked with the Professional Practice Council to incorporate hourly rounding into the health care provider culture at Hartford Hospital.

"The purpose was to target how patients perceived our responsiveness to their needs," Mr. Fichandler says, "specifically around toileting and answering of call bells. In the areas where hourly rounding occurs 24 hours a day on all shifts and includes both the nurse and the PCA, our responsiveness score, our outcome score, has gone up by almost 6 percent in two years."

On the units where hourly rounding is practiced, the outcomes include significant reduction in patients' use of call lights, patient falls and skin breakdowns. The patient approval rate is soaring.

Fichandler says the hourly rounding process is still evolving in some areas of the hospital. The goal is to eliminate

variability in how the rounding is performed and have hourly rounding in place on all patient care units soon. "We're not 100 percent there yet," he says, "but we're close."

In the spring 2010 issue of *Hartford Hospital Nursing* magazine, Sarah Hickey, RN, BSN, talked about how Bliss 8 nurses initiated a Transforming Care at the Bedside project. The bedside shift-to-shift report they began has evolved into a standardized "hand-off process" today.

Nurses utilize the mobile computer to review the patient's care at the bedside and report on the patient's progress. It's a chance for the patient to ask questions. The family is involved whenever possible.

Giving report at the bedside allows the patient to meet the caregivers for the next shift. Caregivers take care of immediate needs and anticipate future ones and patients experience continuity of care.

Improved Patient Experience

Many aspects of health care are foreign to patients and their families, but most people are familiar with journaling. Even those who've never "journalled" before can relate to "to do" lists and jotting down things they want to remember. The *Hartford Hospital Healthcare Guide and Journal* encourages patients to partner in their care by writing down their thoughts and concerns.

Five P's

The Five P's of Hourly Rounding

- 1. Pain**
Ask patients to rate their comfort level on a 1-to-10 scale.
- 2. Proactive toileting**
Ask patients if they need assistance before they need to run to the bathroom and risk falling.
- 3. Positioning**
Help patients change their positions hourly for comfort and to avoid skin breakdowns.
- 4. Placement**
Scan the room. Make sure basic items are within reach.
- 5. Pose the question**
"Is there anything else I can do for you before I leave? I have the time."



Nurses get acquainted with the new uniforms.



New badges clearly indentify roles.

Co-leader of Team EXCEED Lynn Deasy, RN, BSN, MPH, said the journal was developed to meet Joint Commission requirements for providing patients with specific hospital and personal care information and to involve patients in their own care.

“When patients are engaged as active participants in their care,” Ms. Deasy says, “they have a safer, more satisfying experience.”

The guide begins with important information pertaining directly to the patient, such as safety, infection control and fall prevention. Next, it review the goals of hourly intentional rounding by nursing staff members.

Integrative medicine, pastoral services and interpreter aid for non-English-speaking, deaf and hearing-impaired patients are listed among the services people new to the hospital might not be aware of.

The journaling section follows information on patients’ rights and responsibilities. A pen tucked into the back page enables patients and their families to begin the communication process immediately.

“We were truly looking at it as a journal,” Ms. Deasy says, “but we also wanted to use it as a daily care plan.”

With the patient’s consent, nurses can use the journal, as well. They might note expectations for the day, such as the need to ambulate three times or that a test has been scheduled for a particular time.

This written communication serves as a reminder to the patient. Family members not present when this information is given can also check the journal to help their loved one meet those expectations.

Early morning physician rounds often find patients groggy and unable

to recall the questions they wanted to ask. Encouraging patients to write their questions down in the journal can help. Patients can grab their journal, ask questions and conveniently write down the information they receive.

Physicians, APRNs and physician assistants are being educated about the use of this journal. By asking their patients, “Did you write down any questions you wanted to ask me in your journal?” they foster an exchange of information that leads to increased patient satisfaction.

Health care providers who leave business cards can insert them into the page reserved for that use. That helps patients remember who was in to see them that day and convey the correct information to their families.

“We’re still in our infancy with the journal,” Ms. Deasy says. “But when one of the APRNs I know saw it, she said it was awesome.”

Joanna Repaci, RN, on Bliss 8 agrees with that assessment. She expects the journal to fulfill its key goal of enhanced communication among the physician, patient and health care team.

“It’s new, and we’re trying to get people to be aware of what it is and what it’s used for,” Ms. Repaci says. “It tells you everything and anything you would ever want to know about Hartford Hospital.”

During the admission process Ms. Repaci gives the journal to her patients and explains how it can be used. She points out highlights from each section, but tailors her review of the journal based on the patient’s questions.

“It’s supposed to be a personal thing for the patient,” she says. “It’s their handwritten journal, their questions, their concerns and their feelings about their stay at the hospital.”

Ms. Repaci expects the journal will

be utilized somewhat differently on other units of the hospital as patients’ needs and lengths of stay vary. Some patients may choose to use it as an open means of communication, while others may prefer to keep it as a private journal.

Patients with special needs may require unique approaches to the use of the *Healthcare Guide and Journal*. The journal is available in Spanish. Hearing-impaired patients benefit from written information, and low-vision patients may need help writing in their journals when family members aren’t available.

Twice a week, Ms. Repaci works in the patient discharge process. While reviewing discharge instructions with her patients, she asks them for their journal.

“I have prescriptions, diet information, discharge paperwork and other information sheets,” she says, “so I ask if I can tuck it all into the back page to keep it all together, in one place.”

Keeping all the patient’s information in one place benefits patients long-term by encouraging them to keep up the practice at home.

“I like to tell my patients about the journal,” Ms. Repaci says. “When I know about something and I’m excited about it it’s easy for me to talk about it. I tell them I have time to answer any questions. Everybody’s happy when you take the time.”

Taking the time to be visible to the patients, in their rooms and on the units, easily identified in royal blue, and meeting their needs through enhanced communication and care has set a new standard for an improved patient experience at Hartford Hospital.

— Deidra Bish, RN, MS

Medicine, Oncology, IV Therapy

IV Therapy

Kathleen Iacoboni, RN, earned recertification in Nurse Infusion.

Karen Bement, RN, and Debbi Sanchez, RN, achieved certification in Vascular Access.

Lee Steere, RN, achieved certification in Nurse Infusion. He was also guest speaker last fall at meetings of the Connecticut Infusion Nurses Society and the Virginia Infusion Nurses Society.

Other

Michael Davis, RN, received recertification as Nurse Executive (NE-BC) and earned his MBA.

CB 5

Victor Durao, RN, earned his BSN.

CB 2

Jennifer Dupuis, RN, and Susan Smith, RN, received OCN (oncology) certification.

Sharon Nelson, RN, received OCN recertification.

Mary Kate Eanniello, RN, renewed OCN certification and earned ELNEC Geriatric Trainer Certification in October 2011. She has made several presentations: "Challenges in Cancer Care for Elderly" at the Chemotherapy Foundation Symposium, November 2011, New York, N.Y.; "The Aging Baby Boomers: Addressing the Unique Needs of the Older Adult with Cancer," Oncology Nursing Society 36th Annual Congress, May 1, 2011; "Empowered GRNs on the Front Line of Change" (pre-conference workshop), NICHE National Conference, Las Vegas, Nev., April 2011.

Lynn Thompson, RN, MSN, was awarded the first annual Pamela Vecchiarino Leadership Award by ONE-CT.

Cancer Research

Karen Cuddy, RN, MSN, received her SOCRA (Society of Clinical Research Associates) certification and CCRP (Certified Clinical Research Professional).

Collaborative

Sandy Monteiro, RN, BSN, of Center 10 and Susan Smith, RN, of CB 2 spearheaded the hospital's first-ever bone marrow donation drive, with facilitation by Mary Kate Eanniello, RN.

Neuro-Trauma ICU – C9i

Ashley Didonna, RN, Kerri White, RN, and Stefanie Dennis, RN, earned CCRN certification.

Nursing Administration/Patient Care Services

Susan Marino, RN, Director of Clinical Informatics, received her CPHIMS (Certified Professional in Healthcare Information and Management Systems).

Patricia Veronneau, RN, BS, MSN, Karyn Therrien, RN, MSN, Melissa Brouse SN, PCA, and Angela Massa, SN, PCA, presented "Implementing Therapeutic Activity During Constant Observation" at the Hartford Hospital 10th Annual Geriatrics Conference, 2011.

Christine Waszynski, RN, MSN, APRN, Patricia Veronneau, RN, BS, MSN, and Karyn Therrien, RN, MSN, presented "Implementing Therapeutic Activity During Constant Observation" at the 15th Annual NICHE Conference, 2012.

Perioperative Services

Andrea Hagstrom, RN, Perioperative Services Educator, was a presenter at the Annual Nursing Research and Evidence-Based Practice Conference. She addressed the conference on "Reducing the Incidence of Pressure Ulcers in the Cardio-Thoracic Patient Population" and "Patient Fire Risk Assessment: Reducing the Risk for Fire in the Operating Room."

STAR Team

Sara Damiano, RN, received her CCRN.

Women's Health

Lisa Enslow, RN, received her MSN in November 2011 from the University of Phoenix and was inducted into Sigma Theta Tau.

Libby Brinkley, RN, was accepted into the AONE Nurse Manager Fellowship program.

Amy Schroder, RN, was a member of the 2011 Clinical Support Team of the Year, Team EXCEED.

Janice Cousino, RN, served on the Discharge Process Action Group, which was a finalist for the 2011 Clinical Team of the Year Award.

Pam Gregg, RN, Elizabeth Carey, RN, and Penni Romano, RN, spearheaded the B6 Bundle our Babies Infant Clothing Drive Initiative. Ms. Gregg coordinated the effort.

Tanya Riddick, RN, Hattie Grant, RN, Sue Ekwall, RN, Joanne Auger, RN, Carolyn Bauer, RN, Terri Schneider, RN and Deb Gingras, RN, had a poster presentation at the 2011 Nursing Research Conference.

Jennifer Hemmingway, RN, earned certification in Electronic Fetal Monitoring.

Daileann Hemmings, RN, published an article titled "The Female Condom, Teaching the Teachers" in *Advance for Nurses* magazine and gave a poster presentation on it at the 2011 Nursing Research Conference. She also earned her MSN from the University of Hartford.

Mary DelCiampo, RN, Sherry Strimike, RN, and Margaret Powell, RN, received a Breast Feeding Award, "The Gold Ribbon Award."

Jane Wilson, RN, received the Linda Richards/June Long Award and earned certification in Electronic Fetal Monitoring.



From the Alumnae Association President



Our Alumnae Association continues to grow. We now have 592 members, and we reinstate members at every board meeting. The benefits of belonging to the Alumnae Association include being able to connect with classmates and support our many charities. In 2011 we made several donations, including supporting the Hartford Hospital *Nursing* magazine, the Alzheimer's Association, National Multiple Sclerosis Society, Interval House (shelter for battered women), Red Cross Japanese Recovery and the Echo Lab at Connecticut Children's Medical Center.

As a member of the Alumnae Association, you are eligible to apply for financial aid to pay for courses or conferences that you attend.

We have reduced our annual dues to \$10, which includes membership in the Bed Fund. The Bed Fund provides financial assistance above any insurance coverage for medical care for Alumnae Association members. The application is available at

www.HHSNalumnae.org. We encourage you to apply for assistance with co-pays or non-insurance-covered services. In addition, this fund is available to provide assistance for inpatient and outpatient services anywhere in the country. This past year, 18 members utilized the Bed Fund, which is an increase from the previous year. Please remind your fellow Alumnae Association members to think of the Bed Fund if they have any need.

At our annual June Alumnae Banquet, our board presented Hartford Hospital President and CEO Jeff Flaks and Vice President of Patient Care Services Cheryl Ficara with a \$50,000 gift for nursing at Hartford Hospital. In December I met with Cheryl Ficara to deliver the actual donation check. Cheryl reiterated the administration's commitment to recognizing the importance of nursing at Hartford Hospital. She thanked the Alumnae Association profusely and said that the donation would be used wisely in the spirit of the wishes of our organization. I would like to add my personal thanks to the board of our Alumnae Association who so clearly understand our power to advance changes in attitude and process in nursing.

Recently, Connecticut Public Television rebroadcast the story of the Hartford Hospital fire of 1961. We all learned about this tragic episode as new student nurses. Some of you were even there. Lives were lost that day, including a physician, a nurse and a number of patients and visitors. There were also many acts of heroism.

Hartford Hospital administration dealt with this tragic event admirably. T. Stewart Hamilton, CEO of Hartford Hospital at the time, invited the press to witness the devastation on the 9th floor. The publicity that surrounded the event was the catalyst for changing the way hospitals across the country provided safety measures to help ensure that such a tragedy could never happen again.

Our annual Alumnae Banquet will be held this year on June 3 at the Cromwell Crowne Plaza Hotel and Conference Center. We hope to see you at this celebration.

Karen Stinson Mazzarella, RN, BA (HHSN 1969)
President, Alumnae Association of the
Hartford Hospital School of Nursing



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 nearly 600 HHSN graduates who belong to the Alumnae Association of the Hartford Hospital School of Nursing. Membership dues are only \$10 per year. Members are eligible to apply for the Alumnae Bed Fund and scholarships.



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

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

Alumnae Spotlight

Inspired to Act



Irene Sakmar O'Day today

Irene Sakmar O'Day (HHSN '50) has spent her 83 years rising to new challenges, embracing new ideas and taking action to make a positive difference in the world. "Through it all," Irene says, "what drew me to nursing and what has inspired and sustained me was Florence Nightingale."

The Nightingale philosophy was incorporated into every aspect of education at the Hartford Hospital School of Nursing, Irene says, and she made it her own. She also took to heart a commencement address that charged members of her graduating class to "go out and make a difference, to explore new things. We weren't supposed to stay stuck where we were; we were to reach out to improve the health of the general public." These ideas proved to be the foundation for Irene's life.

After graduating, Irene worked on a post-surgical unit at Hartford Hospital until 1954, when she left to start her family. While rearing her children, she occasionally did private-duty nursing and part-time school nursing. She went to Central Connecticut State College and became certified to teach health occupations in Connecticut secondary schools. While teaching a nurse's aide course at a nearby high school, she was invited to serve on the board of the American Lung Association. Before she knew it, she was asked to testify before a committee of the Connecticut General Assembly, which was attempting to pass anti-smoking legislation. "I was scared to death, but I testified," says Irene. "I kept thinking of Florence Nightingale and all the challenges she faced. It was a big step for me, but it made me think I could do other things, too."

She interned with Dr. Bernie Siegel of Yale in his Exceptional Cancer Patients program and says it was a pivotal time in her life.

For eight years, until she retired at age 64, Irene was the school nurse at Mount Saint John School in Deep River. The school serves at-risk adolescent boys. "It was the best job I ever had," Irene says. "I looked forward to going to work every day and came home feeling good." The boys, who were generally healthy, were also rambunctious—as teenage boys are. "But having raised four children was good preparation for that."

All this was just prelude, it seems. "After retirement, I started another whole new life," says Irene.

With grants from HHSN funds, she studied the then-new techniques of Therapeutic Touch (Kreiger-Kunz Method), music therapy, guided imagery and Herbert Benson's Relaxation Response. The Mercy Center at Madison invited her to teach these techniques to others, and she did. "I hadn't done a lot of public speaking, so that was a stretch for me—like cultivating a new personality," Irene says.

She also became what she calls a "kitchen activist," using the Internet to work for causes she believes in. During the build-up to the war in Iraq, she joined with others to form the Shoreline League of Democratic Women and got involved in advocating for health care for all. Through the American Nurses Association, she supports, online, causes important to the profession. She has become a lay associate of the Sisters of Mercy, working to promote social justice and improve the lives of women, children and the underserved. Irene was asked to join the Mercy prison ministry and participated in programs for men and women inmates at the Connecticut Correctional Institute in Niantic.

After being diagnosed with early-stage breast cancer in early 2011, she got involved in the Dr. Susan Love Research Foundation's efforts to generate support for breast cancer research.

In 2008, Irene wrote a chapter for a book titled *A Nurse's Guide to Presenting and Publishing: Dare to Share* by Kathleen Heinrich, PhD, RN. In her chapter, Irene reflects on her decades as nurse, teacher, learner, activist and, above all, one who has always answered the call to compassion.

"The foundation we got at the Hartford Hospital School of Nursing was just priceless," Irene says. "My classmates and I talk about this often. So many from my class went on to achieve great things that contributed to the nursing profession."



Irene Sakmar (O'Day), in 1950

THE HAMILTON ARCHIVES AT HARTFORD HOSPITAL

A Look Back

A Class Changed by Fire

It started with a burning cigarette discarded in a trash chute. It ended in an explosion, a fireball and a conflagration that took 16 lives and ravaged the 9th floor of Hartford Hospital's High Building. The effects of the Dec. 8, 1961, fire rippled around the world, changing hospital design and construction forever.

The fire made an indelible impression on the students at the Hartford Hospital School of Nursing and became the central event for the class of 1962.

Many members of the class were on duty that afternoon. "At that time, it was largely students who staffed the hospital," says Patricia Andreana Ciarcia, RN, '62.

"I Was Sure I Was Going to Die"

Pat was on duty on the north end of the 9th floor on Dec. 8. The fireball had burst through the trash chute door on Center 9. Staff immediately closed the fire doors but, Pat recalls, "Smoke—so thick and black—came over the fire doors to the north end, where I was. I was sure I was going to die."

Fear didn't stand in her way, though. She and other staff members put wet towels over their noses and mouths and sprang into action. They walked patients down a side stairwell to the safety of the 8th floor. For patients too sick to get out of bed, they carried the whole bed down the narrow stairs. "I remember lifting a bed and trying to angle it to get it down the staircase and to the 8th floor," says Pat.

Pat recalls that her parents were "beside themselves" with worry until she was able to call them. "They wanted to pick me up and take me home," she says, "but I stayed."

"The Fire Was Right behind Us"

Linda Arle Duval, RN, '62 was on duty on Center 9 when the signal for fire was announced. "The head nurse and I went down the hall to close all the patient doors and tell them to stay in their rooms," she remembers. "By the time we got to

the end of the hall, the fire was right behind us. We went into the last room, and we knew we had to stay there."

One of the patients in the room had been in a mine fire. He had Linda and the nurse stuff wet towels under the door and had everyone cover their noses and mouths with wet washcloths. The room filled with smoke, yet everyone was calm.

"It's so odd when I think about it," Linda says. "We saw the fire trucks from the window, and we heard on the radio that they couldn't reach the 9th floor. But we felt OK. We felt safe. I remember thinking we'd just need to stay and clean up. But when we left the room, we were shocked by what we saw. It didn't even look like a hospital; it looked like a coal mine."

"We Did What Needed to be Done"

Patricia Lepito Karwoski, RN, '62 was working on the pediatric floor that afternoon. She was packed and ready to leave for a rare weekend off. "I remember looking at the clock at 2:15 [about a half-hour before the fire] and thinking I'd get off on time and get the bus," says Pat.

When the "Dr. Rover" call went out, Pat thought it was a drill. Then she saw a patient coming down the stairs from the 9th floor with an IV and Foley bag. The woman said there was a fire. Pat carried the woman to a bed. Next, an intern appeared, telling her to evacuate everyone.

In a croup room on the 6th floor, Pat assisted two doctors who opened the chest of a woman who had stopped breathing due to smoke inhalation.

"We carried pediatric patients on our backs and discharged them through the South Building," Pat says. "We discharged any patient we could to make room for sick patients from the 9th floor. No one had to tell us what to do. We did things I can't believe. We did what needed to be done."



Linda Arle (Duval) '62 helps transport a patient after the fire.



Pat had been on duty since 7 a.m. Friday. At 3 a.m. Saturday, a supervisor found her and told her she was on a "missing" list and that her distraught parents were at the residence. "I just didn't think about myself," Pat says. "I just kept working and trying to take care of patients."

50 Years Later

"I've been thinking about the fire a lot lately," says Pat Ciarcia, "maybe because of the 50th anniversary." She hadn't given it a great deal of thought over the intervening years. "If something is too hard to deal with, you just push it back in your mind somewhere," she says.

Ironically, after Pat graduated, she became the head nurse on North 9, which by that time had been completely refurbished. She thinks her experience also contributed to her decision to join the hospital's emergency preparedness team.

The experience has lingered with Linda Duval. "To this day, whenever I smell smoke, I have to know where it's coming from and if it's OK."

Pat Karwoski says the fire made her and her classmates better nurses. "Our ability to work under pressure in a crisis and make assessments and judgments quickly was refined that day," Pat says. "We had much more confidence in our ability to become good nurses because of the intensity of what we experienced. We grew up in one day."

DEDICATION

In Loving Memory of
Katherine R. Korfel

May 3, 1953 – June 24, 2011



The Alumnae Section
of this issue of Hartford Hospital's
Nursing magazine
is dedicated to

Katherine Reut Korfel, RN

Hartford Hospital School of
Nursing Class of 1974

Mentor to neurosurgical staff,
family and friends

**ALUMNAE ASSOCIATION PRESENTS GIFT
TO HARTFORD HOSPITAL**



On behalf of the Alumnae Association of the Hartford Hospital School of Nursing, the board presents Cheryl Ficara, Vice President of Patient Care Services, and Jeffrey Flaks, President and CEO of Hartford Hospital, a check for \$50,000 to be used to support and promote education, recognition and program development for nurses.

2011 SCHOLARSHIP RECIPIENTS

The Alumnae Association of the Hartford Hospital School of Nursing has awarded scholarships to four nursing students:

- Stacey Nemchick
- Nora Liz Santa-Grondin
- Marina J. Syrax
- Marissa Wnuk



Scholarship recipient
Marissa Wnuk with her
mother, Laurie Chsanek



Scholarship recipient Nora
Liz Santa-Grondin with
husband Shawn Grondin

**HARTFORD HOSPITAL SCHOOL OF NURSING ALUMNAE
RECOGNIZED FOR YEARS OF SERVICE
TO HARTFORD HOSPITAL**

40 Years of Service

- Janet Gore Bernacki, Class of 1971
- Donna Schlosser Cavallari, Class of 1971
- Nancy Golas Kelly, Class of 1971

35 Years of Service

- Karen Buscarello Bement, Class of 1976
- Kathleen Shea Villano, Class of 1976

CLASS OF 1927

Marion Gledhill Farnsworth '27 is 105 years old—the oldest member of the Alumnae Association.

CLASS OF 1933

Faith Barnes Salomone '33 recently celebrated her 100th birthday with an afternoon open house.

CLASS OF 1940



Eleanor Nestor Vick '40, left, and **Margaret Hall Carpenter '40** celebrate 71 HHSN years.

CLASS OF 1942



Helene Perzanowski '42 at June Alumnae Banquet celebrating 69 HHSN years.

CLASS OF 1943



Edythe Blumenthal Greenspon '43 celebrates 68 HHSN years.

CLASS OF 1946



Geraldine Carini Garcia '46 celebrates 65 HHSN years.

CLASS OF 1951



Marilyn Warzocha Perkowski '51 celebrates 60 HHSN years.



Mary Sagnella Russell '51 lives in Florida, where she is surrounded by her loving family. She enjoys many activities, including sing-a-long groups, shows at local theatres, games and puzzles.

CLASS OF 1956



Elizabeth Wallace Knight '56, left, and **Ann Howe Snow '56** celebrate 55 HHSN years.

CLASS OF 1960

Patricia Tencza Reig '60 recently celebrated her 50th wedding anniversary. She and her husband have one daughter and two teenage granddaughters. She worked at Hartford Hospital in the operating room for seven years and then went to dialysis for 20+ years prior to her retirement. Her hobbies include pastel painting, as seen below.



Pastel painting by Patricia Tencza Reig '60

CLASS OF 1961



The Class of 1961 celebrates their 50th HHSN anniversary. Many of the 38 alums who attended the banquet came decked out in their HHSN caps!

Stephanie Wasseluk Palmer '61 is retired from nursing and moved from Cape Cod to Rangeley, Maine. She and her husband live in the western mountains of Maine, 30 minutes from the Canadian border.

Jean Bajek '61 was a contributor to the book *Miraculous Moments*, by Elissa Al-Chokhachy. In March, she and the author had book signings at the library and local bookstores in Florida. She has three children and grandchildren who visit her in Panama City and enjoy the nearby beach.

CLASS OF 1962



The Traditional "Golden Bedpan" was presented to the Class of 1962 by **Joan Haines, Class of 1961**, left, and accepted by **Patricia Andreana Ciarcia** on behalf of the Class of 1962.

Diane Grande Schiers '62 works part time as a CRNA. She is an independent contractor of anesthesia services so works in several hospitals doing relief services or picking up another CRNA's overflow of cases, usually one to four days per week.



Gail Mansolillo Twarkins '62, left, and **MaryAnn Comen Bertini '62** enjoy the festivities!

CLASSES OF 1965 AND 1968



Martha Bruggestrat Richmond '65, left, and **Linda Samuelson Lyons '68** share a happy moment at the Alumnae Banquet.

CLASS OF 1966



Class of 1966 celebrates their 45-year HHSN anniversary.

CLASS OF 1969

Dear Sister HHSN Alums and Nurses of Hartford Hospital, A year ago I was diagnosed with Stage IIa breast cancer. Once reality set in, I reached out to Karen Mazzarella, who asked what she could do. "Tell the girls for me?" Of course, she did, and your response was so kind and supportive. Over the long haul of chemo and radiation, I saved all your cards and emails, which I carried in a calendar book to each treatment. Because of you all, I never felt alone or afraid. As I go through follow-up appointments, I reread those messages of loving care. What an incredible gift! I doubt there is a better group of women friends than nurses. My heartfelt gratitude to all of you.

– **Marilyn Godlewski McKeown '69**

Irene Midura Giguere '69 is enjoying her recent retirement.

CLASS OF 1971



Karen Swanson Midwood '71, left, and **Jean Burns Gudlewski '71** celebrate 40 HHSN years.

CLASS OF 1972

Laura Caramanica has accepted the position of Chief Nurse Officer at WellStar Kennestone Hospital in Marietta, Ga.

CLASS OF 1976



Theresa Gwozdz '76, left, and **Kathleen Shea Villano '76** celebrate 35 HHSN years. Theirs was the last graduating class from HHSN, prior to the school's closing.



IN MEMORIAM

Anna Tuttle Zimmerman '29
Luvia Ingham Cables '38
Margaret Hammond Lintelman '38
Hazel LaRoche Zazzaro '38
Louise Hitchcock Ost '40
Dorothy Bittner Crigger '42
Natalie Russell Fletcher Icken '42
Dorothy Wikman Samuelson '42
Ethel Anderson Whalen '42
Frances "Shady" Kashady Jones '43
Elvia Griffith Sowpel '48
Joan Belcher Behrend '52
Mary Gardner Reig '56
Sally Baxter Beck '59
Nancy Johnson Carlson '59
Lois E. Daly '59
Marsha McConville Stevenson '64
Katherine Reut Korfel '74

PHYSICIANS

Dr. Robert Livingston
Dr. Chester Weise

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.

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 HAMILTON ARCHIVES AT HARTFORD HOSPITAL

Hartford Hospital School of Nursing Class of 1962 students scheduled for the 3 p.m. shift rush to the hospital during the fire of Dec. 8, 1961.