

Spring 2014

Nursing

Hartford
Hospital 
A Hartford HealthCare Partner

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

A Framework For Nursing Practice

- Transforming Care Systemwide
- Best Practices In Breastfeeding
- New Council Promotes Research

Plus: Nightingale Awards • A Look Back



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Nursing

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On the cover:

Ryan Reinsch, RN, a nurse in the emergency department's behavioral health unit – the "purple pod."

Photo by Cill Russo



Messages From Executive Leadership



Nurses And The Future Of Hartford Hospital

It's a privilege to share some thoughts with you in this publication for the first time since assuming my position last fall. I've seen Hartford Hospital's *Nursing* magazine many times over the years, and have found

it to be a great vehicle for spotlighting the invaluable contributions nurses make to the well-being of patients and families and to the organization as a whole.

Those of you I've had the chance to work with know that I have the greatest respect for nurses. A skilled, knowledgeable, caring nurse by the bedside is one of the greatest advantages a patient can have. It is the bedside nurse who sees the patient most often, gets to know the patient and family, administers treatments and monitors progress. You are their advocate, their voice, the one who listens to their concerns and helps them understand the often confusing language and process of medical care. When patients and families reflect on their experience at Hartford Hospital, what they tend to remember most clearly is the nurse who gave them care and comfort at the bedside.

As a physician, I've always considered nurses my partners in clinical care. Close collaboration between physicians and nurses has been one of the most positive developments in medicine in recent decades. Together with our colleagues from a variety of disciplines, we form a highly effective team—one able to obtain the best possible outcomes for patients.

Today, Hartford Hospital, like hospitals nationwide, is facing unprecedented challenges. Nurses play a pivotal role in our ability to meet those challenges and remain a solvent, viable organization. Success depends on you—on your commitment to discovering and adopting best practices, your willingness to break down "silos" and collaborate across disciplines and departments, and your eagerness to evolve and change as circumstances demand.

I look forward to celebrating nursing's contributions to health care during Nurses Week 2014 and to working with you over the months ahead to shape a successful future for Hartford Hospital.

Stuart K. Markowitz, MD, FAGR
President, Hartford Hospital
Senior Vice President, Hartford HealthCare



Evidence-Based Care Is The Best Care

Why did you decide to become a nurse? If you're like most of us, you wanted to help heal or comfort people who were sick or injured. So, if you learned that something could benefit your patient, you'd naturally embrace it wholeheartedly in your own practice. That is what evidence-

based practice is all about: doing what is best for our patients. And that's why employing best practices on every unit, every day, for every patient, must be a top priority for all of us.

Best practices are discovered through research, which is related to the science element of our Nursing Professional Practice Model. Yet best practices exist in every aspect of nursing, including art, advocacy and ethics. Our responsibility as nurses is to learn what those best practices are so we can use them to benefit our patients. The way we've always done something might not be the best way. It's vital that we question the status quo, discover what the evidence says works best for patients, and then put that knowledge into practice at the bedside.

The new Council for Innovation and Transformation will help us do this. The CIT's mission is to help nurses connect with research, identify best practices and then incorporate those practices in their daily care. The council will play a key role in stimulating nursing's spirit of inquiry—the spirit that will help ensure that we take our practice to the very highest levels.

We know from experience that implementing best practices benefits patients. Adopting evidence-based practices has helped us dramatically reduce patient falls and the development of pressure ulcers, for example. As we work together to employ best practices in other respects, I'm confident we'll enhance patient outcomes in those areas, as well.

In nursing, as in life, balance is key. The facts and statistics drawn from research are important, but so are the more intangible qualities of an excellent nurse. We see this in nurses who help patients and families decide whether to continue high-tech interventions. We see it in the creative collaboration among nurses and others who recently re-envisioned and redesigned the purple pod to ensure more compassionate, dignified care for behavioral health patients in crisis. The examples are endless.

The beauty of our Nursing Professional Practice Model is that it illustrates the critical integration of all aspects of nursing—the essential balance that translates into a better human experience for everyone whose life is touched by a nurse.

Thank you for all you do.

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



A Framework For Nursing Practice

The Nursing Professional Practice Model is a visual symbol of the complex undertaking that is nursing.

Hartford Hospital nurses introduced the hospital's current Nursing Professional Practice Model in early 2013. The model was the result of months of work by nurses from many areas throughout the hospital. Their goal was to develop a visual representation that defined the scope of nursing practice and that would enable consistency of practice across all specialties.

Hartford Hospital's four core values of excellence,

integrity, caring and safety form the foundation of the model. Enhancing the human health experience is at the center, because this is the focus of all nursing practice. Four interrelated elements surrounding the center show the various aspects of nursing: advocacy, art, ethics and science. The breadth of these elements underscores the broad background, knowledge, talent and skill that nurses draw on in providing care.

The six stories on the following pages show how nurses at Hartford Hospital are putting the model into practice every day, whether it's providing direct care to patients or developing new processes and approaches that will benefit all patients, now and in the future.

Nursing Professional Practice Model



•• The **ADVOCACY** Of Nursing

Innovation In Patient Flow

A new system for transferring ED patients to inpatient units proves highly successful.

How can we expedite the flow of patients through the emergency department while continuing to provide excellent care? That's the question that nurses and others sought to answer when they formed the interdepartmental Emergency Department-Inpatient Medical Nursing Patient Flow Team last fall. "We wanted to redesign the flow, improve overall response to patients who were waiting, reduce the number of patients leaving without being seen and expedite all patients to the appropriate level of care," says team co-leader Michael Davis, RN, MBA, NE-BC, director of medical nursing. "By expediting care, we are advocating for the health and well-being of our patients."

Mr. Davis and team co-leader Danette Alexander, RN, MSN, NEA-BC, nurse director of emergency services and LIFE STAR, assembled a team that included staff nurses from N11, CB5 and the ED; nurse managers; patient support staff; a clinical informatics specialist and H3W facilitators. The group used "lean" methodologies and a five-day rapid-improvement process known as "kaizen" to diagram patient flow and identify ways of improving it.

The team found that patient flow was often hindered by delays in transporting ED patients with telemetry monitors up to inpatient units. Such patients must be monitored by a nurse during transport. ED nurses were performing that role, but that meant they were out of the ED for 15 to 20 hours each day, which contributed to a backup of patients in the ED. The solution? Change the process so that, when

the patient was ready to go up, the unit nurse would meet the patient in the ED and accompany him or her to the inpatient unit.

Janet Smith, RN, of CB5, one of the nurses on the team, says she was skeptical about the plan at first, but soon realized it worked well for all concerned. "Patients are really happy to meet their nurse in the ED," she says. "It reduces anxiety in patients and families because they're meeting the nurse ahead of time." She adds that "it opens a window for you to focus on this admission. Before, you might not have had a chance to go through their plan of care right away. Now, you can dedicate yourself to the patient."

Jennifer Parkington, RN, of N12, was among the first to learn about the new process. She soon became a champion for it, explaining it to other nurses on her unit. Several raised concerns about taking time to leave the floor. "But it's not wasted time," Ms. Parkington says. "You can start your assessment right in the ED." She adds, "Quite honestly, I think it helps a floor nurse plan her admission a little better. Before, you could be in the middle of a med pass or a family crisis and not be prepared to take an admission. This way, we have a window of time to plan for the admission."

After the process was implemented on two inpatient units, the ED saw reductions in length of stay, number of patients leaving without being seen, time from patient arrival to first ED location, and time between bed assignment and arrival on admitting unit.

The most important effect of the change, Jennifer Parkington says, is that "Ultimately, it benefits the care of that patient." •



Jennifer Parkington, RN, of N12, prepares to accompany a patient from the emergency department to her unit. Transporting the patient is Royan Johnson, transport aide.

•• The **ADVOCACY** Of Nursing

Transforming Care Systemwide

Nurses are contributing their clinical expertise to CareConnect.

Hartford HealthCare Senior Vice President and Chief Medical Officer Rocco Orlando, MD, may have summed up the importance of the CareConnect project best when he said, “CareConnect is the largest and most ambitious system-wide effort ever at Hartford HealthCare and it will have a huge impact on our patients and families.” This wide-ranging undertaking seeks to transform patient care by creating an electronic system that will ensure safe, coordinated, evidence-based care that is consistent across all HHC entities. It’s a tall order—one that’s drawing on the expertise of hundreds of people from throughout the system. Many of them are nurses at Hartford Hospital.

Susan Marino, RN, CPHIMS, Hartford HealthCare’s chief nursing informatics officer, says that nurses are crucial to the success of the initiative. “Nurses coordinate care at the bedside,” Ms. Marino says. “They understand the complexities of managing and planning care in collaboration with every discipline. Nurses are keenly aware of and can articulate workflow challenges, safety issues and transitions of care—elements important to our future systems design.”

By taking part in the CareConnect process, Ms. Marino says, “Nurses are advocating for nursing practice and for patient care.”

Nurses serve on HHC’s Clinical Informatics Team and the CareConnect Core Team—groups that are spearheading the overall effort.

A number of Hartford Hospital nurses have been tapped to take part in a series of validation sessions where they will provide input on the design of the system. They will also serve as subject matter experts when CareConnect is implemented, training others and providing support during the rollout.

Melissa Hernandez, RN, BSN, clinical leader of the medical ICU, and Jamie Houle, RN, BSN, of the cardiothoracic ICU, are two of these subject matter experts.

Both took part in a recent validation session.

“It’s great to have input into how we’ll integrate this into care, since we are the end users,” Ms. Hernandez says. “Our goal is to have the system reflect what we do in nursing care, how we make decisions and what we do every day for our patients.”

“It’s nice to be able to say, ‘This is what I would like to see,’ as opposed to having somebody who doesn’t sit at the bedside say, ‘This is what you’re going to do,’” Mr. Houle says. “It’s really empowering, especially knowing that this is going to impact your day-to-day job.”

Commenting on the future implementation of CareConnect, Mr. Houle says that, while change is often difficult, “People should keep in mind that this is a terrific thing for our patients, and we will be there to help them. I think it’s a tremendous step in the right direction and will have a good impact on everybody involved.” •



Nurses Melissa Hernandez, RN, BSN; and Jamie Houle, RN, BSN; with Julie Michaelson, RN, consulting analyst with the clinical informatics department. They’re among scores of nurses involved in the CareConnect initiative.



Nurses and other team members who participated in a CareConnect validation session in March 2014.

•• The ART Of Nursing

Collaborating For Better Care

Multidisciplinary collaboration is enhancing care in the emergency psychiatric unit.

Unprecedented collaboration between Hartford Hospital's emergency services and the Institute of Living has transformed care in the emergency department's behavioral health unit, known as the purple pod. The collaborative effort, called the Emergency Department Behavioral Health Initiative, was launched in June 2012 with the goal of enhancing the quality of care.

"The leadership from both specialties agreed it was time to create a physically and emotionally safe environment for these patients and transform the way care is delivered," says Danette Alexander, RN, MSN, NEA-BC, nurse director of emergency services and LIFE STAR.

An H3W team was formed with executive sponsorship from Cheryl Ficara, RN, MS, NEA-BC, vice president of patient care services, and Hank Schwartz, MD, vice president of behavioral health and psychiatrist-in-chief of the IOL. The group included physicians, nurses and administrators from both departments, as well as representatives from security and facilities.

"One of the first things we discovered was the need to disrupt the 'us' versus 'them' mentality," says Mrs. Alexander. "Inside the purple pod, we have emergency nurses and psychiatric clinicians. The biggest hurdle was keeping the patient in the center—saying 'What does this patient need?' rather than 'What do the separate disciplines need?'"

The initial conversations centered on whether these were ED patients or IOL patients. The group ultimately decided that, while these patients have mental health issues, they are in crisis just like any other patient coming into the ED and therefore should be managed in the ED. Once this was established, participants could begin the work of determining how to integrate best practices into care of patients in psychiatric crisis.

Over the course of the initiative, team members improved communications and developed strong, collaborative working relationships. Mrs. Alexander explains, "We had to learn each other's realities—to have psychiatry staff understand what was going on in the ED and ED staff understand what behavioral health patients needed."

To further increase understanding of the behavioral health patient in crisis, IOL Nurse Director Ellen Blair, APRN, NEA-BC, arranged for psychiatric educators to provide regular educational sessions for ED staff.

The team went on to recommend sweeping physical changes that would create a state-of-the-art facility designed to enhance patient safety and privacy and preserve each patient's dignity. "The overarching impetus for everything was to maintain dignity of the patient," says Mrs. Alexander.



Psychiatric Nurse Educator Ruth Reiser, APRN, discusses a patient with Ryan Reinsch, RN.

The renovated purple pod features 23 treatment areas. Spaces are designed to facilitate quiet, dignity and safety. Many of the rooms have special lighting that helps patients feel calmer. The flow of patients from the main ED to the purple pod is streamlined and promotes safety. The enclosed nurses' station allows clinicians to discuss patients or give report without being overheard.

"The difference is night and day," says Ryan Reinsch, RN, a nurse in the ED purple pod. Psychiatric patients, he adds, are typically already suffering from a loss of control. "You want them to be safe, but you want to give them back some control and try to build trust and a therapeutic rapport. This new environment helps us do that."

Kathryn Delaney, RN, who also works in the ED purple pod, has noticed a dramatic reduction in the number of patients who need to be restrained. In the former, cramped purple pod, where patients could see and hear one another, one patient's acting out often escalated to others. "It would be like a domino effect," she says. "Now restraints are rare."

The redesigned unit also promotes continued collaboration and better patient care, Ms. Delaney says. "Now we and the psychiatry clinicians share the same space instead of having separate areas. We're more in the loop, and interventions are made more quickly because clinicians are out among the patients."

The process of transferring patients from the purple pod to the appropriate level of care at the IOL has also improved, says Mr. Reinsch. "It takes the cooperation of the purple pod and psychiatry staff. It's a team approach. Like anything else, you can't be effective without a team." •

Best Practices In Breastfeeding

Encouraging breastfeeding draws on the nurse's art and use of evidence-based practices.

Hartford Hospital is proud to have earned the prestigious Baby-Friendly designation for the last 14 years. Baby-Friendly status is awarded to hospitals that demonstrate they use best practices to encourage new mothers to breastfeed their babies. The designation is awarded by Baby-Friendly USA, a nonprofit group that advocates for the use of breastfeeding guidelines developed by the World Health Organization and UNICEF. Those guidelines are aimed at encouraging breastfeeding worldwide to promote child health and reduce infant mortality.

Winning the Baby-Friendly designation is challenging. Through a site visit and comprehensive documentation, hospitals and birthing centers must demonstrate that they follow the Ten Steps to Successful Breastfeeding (see sidebar), and the multiple, detailed steps within each one.

Mary Marshall-Crim, FNP/BC, IBCLC, APRN, unit leader of Hartford Hospital's Lactation Program, says the hospital is constantly enhancing its efforts to meet and maintain Baby-Friendly's criteria of 75 percent of mothers choosing to breastfeed exclusively, as well as the Joint Commission's goal of 80 percent. Recent innovations include renovations to the postpartum unit that will allow mothers and newborns to be together as much as possible—something known to encourage breastfeeding. The hospital also provides a constellation of educational and other services to promote breastfeeding. It recently expanded its services to include outpatient lactation consultations, available by appointment, and a weekly support group.

But postpartum nurses also bring the art of nursing to bear every day, Ms. Marshall-Crim says, through education and sensitivity to each new mother's needs. "It is an art to teach that mother and to support her in what she knows," Ms. Marshall-Crim says. "It's a very sensitive, vulnerable time for her, and we try to make her feel confident and not undermine what she may already know."

The nurses on the unit, all of whom have extensive training in lactation education and breastfeeding management, take special care to understand what each mother and baby needs and to provide information and support tailored to those needs. "We try to give them factual information, but also support the intuition they may have," Ms. Marshall-Crim says. "That's the challenge



Mary Marshall-Crim, APRN, helps Melissa Mathieu breast-feed her twins.

every postpartum nurse struggles with at some point."

The nurses also constantly assess what they can do to help feedings go well. Is the mother in pain and therefore not ready to breastfeed right now? Is the baby fussy and in need of comfort before he or she can nurse? Weighing issues such as these also requires art, Ms. Marshall-Crim says.

That art extends to being sensitive to individual needs. Although "rooming in" is the standard of care, for example, some mothers may have a medical or special need to spend time alone.

The use of evidence-based practices, combined with the art nurses bring to their roles has achieved positive results, both in

rates of breastfeeding and in the responses of patients. "Mothers who come to a Baby-Friendly hospital have certain expectations," Ms. Marshall-Crim says. "Overwhelmingly, we find patients appreciate what we offer in terms of postpartum care." •

The Ten Steps to Successful Breastfeeding

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in the skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breast-milk, unless medically indicated.
7. Practice rooming in – allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.

Source: www.babyfriendlyusa.org

•• The ETHICS Of Nursing

Honoring The Patient

Critical care nurses balance advanced therapeutics with patients' wishes.

As a certified critical care nurse in Hartford Hospital's Cardiac Intensive Care Unit, Carolyn Tschummi, RN, BSN, BA, CCRN, is well-acquainted with the many technological resources available to patients who are extremely ill. "We've clearly crossed a threshold in medicine—a technological threshold—where we're often capable of replacing the function of a damaged organ or system with a machine or a medical intervention," she says. The question that nurses and their colleagues wrestle with, she says, is whether providing these advanced therapies is right for an individual patient. "Although these therapies are available, they're not always going to improve the quality of life for someone long term. And quality of life is different for every person."

Advanced therapeutics such as VADs (ventricular assist devices), ECMO (extracorporeal membrane oxygenation), CVVH (continuous veno-venous hemofiltration) and therapeutic hypothermia are invaluable, often life-saving, resources, but their use must be tailored to each patient's needs and goals.

Deciding whether to offer a patient advanced therapies or to recommend discontinuing them is a complex process involving multiple specialties. One example of such a systematic screening process is that of the VAD team. This group, which meets weekly, includes physicians, advanced practice nurses, nurses, palliative care specialists, social workers, occupational therapists, physical therapists and dietitians.

"Each patient being considered for a VAD is evaluated by each discipline," says Michele Kolios, RN, BSN, MS, nurse manager of the Coronary Care Unit and Cardiothoracic ICU. "When you create a situation where the patient is evaluated at all of these levels, you're better able to determine the best possible scenario for the patient—one that's reflective of their personal goals."

Nursing plays a unique role in the process, says Evelyn DeJesus, RN, BSN, CCRN, nurse manager of the Surgical Trauma Intensive Care Unit. "The anchor is nursing. We are the ones there advocating for the patient and being the medium to coordinate all the different specialties. We're the one entity that doesn't change. We stay with the patient."

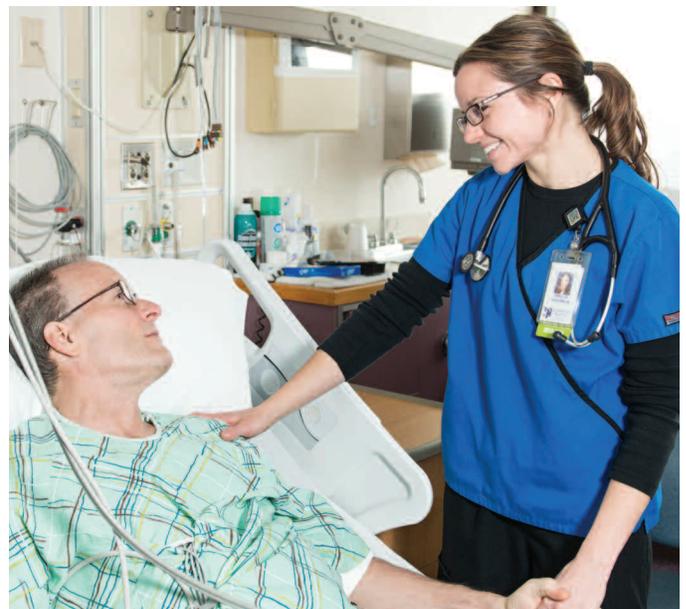
Nurses are in a unique position to understand and convey the wishes and goals of a critically ill patient. "We usually have just one or two patients, so our conversations with them often grow deep," Carolyn Tschummi says. "You get to know the person—not just the sick person in the bed, but the person they've been their whole life."

Getting to know the patient, Ms. Tschummi says, builds a foundation of trust and establishes a therapeutic relationship. "Once you establish that foundation, you have a starting point for helping them with decisions that might be difficult," she says.

Those decisions become especially difficult at the end stages of illness. And, again, the nurse's role is critical. "Sometimes, when I'm alone in the room with the patient, holding their hand and having that emotional connection, and with their knowing I'm their advocate, they may express that they're tired and don't want to carry on. When something like that happens, we definitely become the voice of our patients."

Whether it's through speaking with the patient directly or learning about the patient from the family, nurses bring the patient's perspective to the medical team's deliberations. Ms. Tschummi says, "In these conversations, whether it's about using technology or withdrawing care, the goal always should be: Would this honor them? Is this what they would want? It isn't about us, the family or the technology. It's only about the person in the bed."

Michele Kolios says that advanced therapeutics have created a new dimension in terms of the demands on ICU nurses, both in the expertise they must have and their level of commitment. "It is incredibly hard work," Ms. Kolios says. "I look at them with such admiration and pride as I see them manage these patients." •



Carolyn Tschummi, RN, BSN, BA, CCRN, talks with patient George Petro in the Cardiac Intensive Care Unit.

New Council Promotes Research

The Council for Innovation and Transformation helps bring evidence-based care to the bedside.

Research is key to learning what constitutes evidence-based care. That's why Hartford Hospital nurses have created a new nursing council, the Council for Innovation and Transformation, or CIT. The CIT's stated mission is "To promote an evidence-based culture where nurses use scholarly and academic resources to innovate and transform practice and enhance the human health care experience."

The CIT grew out of a desire to more fully develop the research component of Hartford Hospital's Nursing Professional Practice Model (see page 2). Initially, a steering committee was formed that included Deborah Gingras, MS, RN, CNS; Ruth Zafian, MS, RN, CNS; Research Scientist Karyl Burns, PhD; Ethics Committee Director Barbara Jacobs, PhD; and Nurse Director Cathy Yavinsky, RN, MS, CNE-BC, who served as mentor.

One of the steering committee's first steps was to survey Hartford Hospital nurses to assess the current state of nursing research. Results showed that nurses want support and mentoring resources, direct involvement of bedside nurses, education about research, dissemination of results back to the bedside nurse, and help in identifying research questions. With this information in hand, the CIT steering committee invited staff nurses to the council's first formal meeting, which was held in October 2013.

Janice Wilson, RN, BSN, CNOR, an operating room nurse, is one of those who joined the CIT. "Andrea Hagstrom and I are representatives from perioperative services," Ms. Wilson says. "But there are nurses from all the different areas of the hospital, and they're very diverse in terms of roles and

levels of experience. I feel really excited to interact with nurses from so many areas of practice."

Each monthly meeting of the CIT includes an educational presentation, followed by a business meeting. At each meeting, guest speakers provide information keyed to helping participants become more familiar with finding and evaluating research and developing their own research questions.

Clinical Librarian Lisa Carter, MSLIS, one of the first presenters, went on to create a system to help Hartford HealthCare nurses stay abreast of research in their specialties through a program called Netvibes. By logging in to netvibes.com and entering a password, nurses can view the tables of contents of prominent journals in their fields that provide RSS feeds, then obtain full text copies of selected articles from their medical libraries. A link to the site is on the Nursing Research page. "Existing electronic table of contents services clog up email boxes," Ms. Carter says. "This source is organized so nurses can access the information when they're ready."

Janice Wilson emphasizes that the CIT has a dual goal. "It aims to enhance our understanding of how to obtain evidence through literature searches, but also to inspire and empower nurses to conduct their own research—to cultivate a desire to learn more."

Nurses participating in the CIT are advocates for research among their peers. Ms. Wilson, in collaboration with Andrea Hagstrom, has introduced a journal club in her unit to encourage colleagues to read and evaluate research and apply it in their practice. "You break down the fear and let people know that research is not beyond their scope," Ms. Wilson says. "All nurses, no matter what level of education, can participate in the research process." •



The CIT concept in action. CIT member Janice Wilson, BSN, RN, CNOR (third from left), started a journal club on her unit. Participants read a published research study, then meet to discuss it. Shown at a recent meeting are Linda Motyl, RN; Diana Norman, RN; Ms. Wilson; Nurse Educator Andrea Hagstrom, MSN, RN, CNOR, CNL; Kris McGrath, BSN, RN; Cristin Haines, BSN, RN, CNOR; David Chicoine, RN; and Auria Mercado, CST. Absent from the photo: Mayra Matos, BSN, RN; Carmen Melo, BSN, RN; Theresa Christians, BSN, RN; and Conni Levesque, CST.

Nightingale Awards

Congratulations to Hartford Hospital's 2014 Nightingale Award Recipients!

We salute these 15 nurses who were chosen by their colleagues as exemplars of nursing excellence. They and other award recipients will be honored at the 12th Annual Hartford Regional Nightingale Awards for Excellence in Nursing Gala hosted by VNA HealthCare on May 8, 2014, at the Hartford Marriott Downtown.



Keith Bergeron, RN, ASN, ACM
Case Coordination



Eileen Hermann, RN, PhD
Perioperative Services



Mary Clare Robinson, RN, BSN
Perioperative Services



Paul Campbell, RN, BSN
Institute of Living



Meghan Link, RN, BSN
Women's Health



Christine Rooney, RN, MSN
Medicine



Mary DelCiampo, BSN, NCC
Women's Ambulatory Health Services



Brittany Andrews Odackal, RNC, BSN
Cardiovascular



Renee Sandone, BS, RN
Cardiovascular



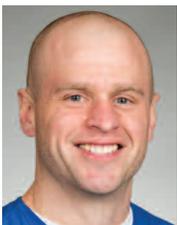
Karen DePasquale, RN, ASN
Bone & Joint Institute



Julie Purzycki, RN, BSN
Neuro/Trauma



Marlene Silvis, RN, MPH, OCN, CHPN
Oncology



Neal Galeota, RN
Surgery



Regina Radikas, APRN
Transplant



Sarah Wheeler, RN, BSN, CEN
Emergency Department

Nursing News & Notes

We congratulate these Hartford Hospital nurses on their recent achievements.

Case Coordination

Tara Thompson, RN, earned her Accredited Case Manager certification.

Medicine

Ruth Amador, RN, MSN (C12), was the keynote speaker at a symposium, Disaster Training: Empowering Our Elderly, which was held on Feb. 22, 2014. The symposium was organized by Hartford Hospital members of the National Association of Hispanic Nurses-Hartford Chapter and the Hartford Hospital Center for Emergency Preparedness.

Caroline Kaminski Ferrara, RN (B11I), earned her Certified Critical Care Registered Nurse designation.

Loren Frazao, RN, earned her MSN.

Melissa Hernandez, RN; and Nina Wright, RN (B11I), earned their BSNs.

Neuro-Trauma

Frederick Gluszek, II, BSN, RN, CCRN (C9I), earned his Certified Critical Care Registered Nurse designation.

Nursing Administration

Amy Albano, RN, MBA, FACHE, presented a poster at the American College of Healthcare Executives' March 24, 2014, Congress on Healthcare Leadership. The poster title was "Managing Staffing Expense by Monitoring Productivity."

Oncology

Lisa Solari, PCA (CB4), will graduate from Central Connecticut State University in May 2014 with her BSN.

STAR Team

Colette Keise, RN, and Debbie Ann Ellington, RN, passed their advanced nursing certification examination for their APRN licensure.

Congratulations to those who earned nursing degrees:

Lucy Boccacio (OR), Molly Ough (B9E), Lindsey Whalen (N8), Christina Weaver (ED), Maggie Holmes (ED), Elizabeth Onyebuchi (B5), Lisa Mistenti (B5) and Elizabeth Gineo (N12).



Nurses were among participants at the CareConnect validation session in March.



From The Alumnae Association President



I saw my first robin of the season yesterday, and an immediate feeling of well-being came over me. How sad that some people with mental illness cannot feel that joy. Hartford Hospital this year is addressing mental illness with a campaign called "Stop The Stigma" to help modify the public's reaction to mental illness and reduce the shame and isolation that one in four

Americans endure. At least 7,000 people have taken the pledge, and I encourage you to join if you have not done so already. I remember driving by the Institute of Living as a child in the 1950s. As student nurses at Hartford Hospital School of Nursing, my classmates and I had to complete a three-month rotation at either the Institute of Living or Norwich State Hospital. It was amazing sharing with classmates how these two hospitals differed in their treatment of mental illness. In retrospect, psychiatric care has certainly improved, but it is an ongoing process. Perhaps with more acceptance and openness, people will venture out of their isolation and seek treatment. We cannot do what we have always done and expect different outcomes. Hospitals are now being measured and reimbursed by clinical outcomes and patient satisfaction.

We must be creative and efficient as well as caring, yet adhere to budget, time and staffing constraints. What a gigantic task!

The Alumnae Association is also striving to encourage wellness within its membership. The Medical Fund has been used more this year than in previous years for assistance with physical and occupational therapy, hearing aids, dental procedures and medications, just to mention a few. We have donated money to the Children's Advancement Fund, aiding children with special needs, the International Rett Syndrome Foundation, and the Philippine Disaster Relief Fund. The board is working on a dissolution clause to add to our bylaws. Our Annual Banquet and Meeting with election of board members will be June 1, 2014, at the Crowne Plaza in Cromwell. Anyone interested in running for office should contact Karen Mazzarella, nominating chairman.

Looking forward to spring and hoping to see you at our Annual Banquet. Your board continues to strive to serve its membership and welcomes your comments and suggestions.

Betty Ann Fusco

Betty Ann Vose Fusco, RN (HHSN '66)
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 and include membership in the Alumnae Medical Fund. Members are eligible to apply for scholarships.

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

For more information, please contact Betty Ann Fusco, president, at bafusco@cox.net; Pat Ciarcia, executive director of alumnae affairs, at patciarcia@snet.net; or visit www.HHSNalumnae.org. You can also write to the Alumnae Association of the Hartford Hospital School of Nursing, 560 Hudson Street, Hartford, CT 06106.

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

Inspired By Opportunity

Seeking and seizing opportunity is a theme that runs through the long nursing career of Christine Johnson, RN, MS (HHSN '61).

"I was always willing to take opportunities and challenges," says Christine Johnson. "I never got so fixated on one area that I didn't ever want to do anything else. By heeding the counsel of exceptional mentors, I realized change is always happening, and you need to be prepared for the future."

Ms. Johnson began her career in Hartford Hospital's emergency department. After a brief stint as a staff nurse in San Francisco, she returned to the ED as a unit manager. It was the mid-1960s, and one of the emerging innovations in medicine was the development of coronary intensive care units. When Hartford Hospital opened its first CICU in 1968, Ms. Johnson was its head nurse. The unit provided leading-edge care for heart attack patients. It also provided nurses with opportunities they had never had before.

For the first time at Hartford Hospital, nurses in the CICU were going to be able to do their own IVs, perform CPR and initiate therapies such as defibrillation without having to wait for a physician's order. The goal was to increase patient survival rates by taking immediate action.

"We were so excited about it, because it was cutting-edge at the time and offered an opportunity to do something to improve patient care," Ms. Johnson says.

Ms. Johnson adds, "It was the type of unit where nurses were becoming more independent, but working collaboratively with physicians. It was a very collaborative approach to how we all functioned."

After earning a bachelor's degree in 1972, Ms. Johnson returned to Hartford Hospital as a clinical specialist in cardiology—another brand-new role for nurses. She educated new staff about interpreting arrhythmias and performing CPR, and taught patient education classes, as well.

Soon, Ms. Johnson was back in school, earning her master's degree at the University of Connecticut. A practicum she did as part of her studies resulted in her being offered a position on a

new community research project called Triage. The innovative project focused on enabling the elderly to stay in their homes by providing services specific to their needs. The project was funded through Medicare and run by nurses in collaboration with social workers. The chance to learn about funding, payment systems and other financial matters, Ms. Johnson says, "was a cutting-edge opportunity for me."

Her fiscal experience was helpful when she returned to Hartford Hospital in an administrative capacity as director of medicine and rehabilitation. In this role, she was responsible for millions of dollars in salaries and supplies. She was also in a position to help bring about changes that she knew from her clinical experience needed to be made, with much of the focus being on nurse/physician collaborative practice.

In 1987, she became vice president of nursing and then of patient care services at New England Baptist Hospital in Boston. During her 12 years there, she spearheaded major changes in its nursing school and in nursing practice, all focused on enhancing the quality of patient care.

"You always start by focusing on the patient," Ms. Johnson says. "If you focus your thoughts and reasoning on the best interests of the patient, your satisfaction and success will be rewarding."

In the late 1990s, hospitals were beginning to develop rehabilitation or "transitional" units. Ms. Johnson was responsible for getting New England Baptist's unit up and running. In the process, she learned all about long-term care. So when she sought a new opportunity, it was as director of nursing at a long-term care facility back in Connecticut. Seven years later, she retired from that position, but went on to teach for several years in the master's program of the University of Connecticut School of Nursing.

Now truly retired, Ms. Johnson says, "I feel as if I had three separate careers: clinical, administrative and academic. There's no other profession I can think of where you can have so many opportunities. And there was no better place to build the foundation for my career than the Hartford Hospital School of Nursing." •



Christine Johnson, RN, MS

A Woman Of Many Talents



Laretta Slate Schultz (HHTS '36) celebrating her 82nd birthday in 1998 with her daughter, Nancy.

The 1936 yearbook of the Hartford Hospital Training School for Nurses has a personality all its own. Embellishing several of its pages are charming pen-and-ink drawings by class member Laretta Slate Schulz. Mrs. Schulz, who died in April 2013 at the age of 98, was a woman of many talents, including a gift for art. "I think she could have had a good career as an artist," says Mrs. Schulz's daughter, Nancy Schulz Winter of Burlington, Conn. Mrs. Schulz's interests ranged from art and theater to gardening, animals and literature. Nursing, though, remained her chief passion and her life's work.

After graduating, Mrs. Schulz worked for the Visiting Nurse Association before enlisting in the U.S. Army. During World War II she served as a first lieutenant in the Pacific Theater of Operations. She was stationed in the Philippines, New Guinea and Australia and on a tramp steamer that had been converted into a hospital ship. "On land, she was in a base camp created to help wounded soldiers," Mrs. Winter says. "But at sea, she was in the line of fire. They were surrounded by Japanese submarines on several occasions." Mrs. Schulz and her fellow nurses underwent rigorous training so they'd be better prepared in case of enemy occupation or being taken prisoner.

Mrs. Schulz's daughter recalls some stories her mother would tell from her days as a young nurse in wartime. Once, when shipments of supplies were delayed because of the fighting, Mrs. Schulz and her fellow soldiers subsisted for a month on almost nothing except beet greens and canned grapefruit juice, which they referred to as "battery acid." While camped on land in tropical New Guinea, the nurses would hang their uniform tops outside to dry overnight. One morning, crossing the encampment after breakfast, Mrs. Schulz felt something odd and looked down to see a red,



Sketches by Laretta appear in the 1936 yearbook.

eight-inch-long millipede inside her shirt. She screamed and tore off the shirt, drawing cheers from nearby soldiers.

After the war, Mrs. Schulz attended college on the G.I. Bill, earning her Bachelor's Degree from Saint Joseph College (now the University of Saint Joseph) and her Master's Degree from Hillyer College (now the University of Hartford). She became a school nurse and health educator in the West Hartford school system, where she developed a health curriculum, led the Future Nurses of America club and published a health newsletter. The job was an ideal one for a now-single mother, because she and her daughter had similar schedules.

During the summers, Mrs. Schulz worked as the camp nurse at prestigious summer camps across New England, and her little girl was one of the campers. The arrangement enabled Mrs. Schulz to give her daughter a foundation in music, art, dance and other fields that would shape her life and career.

Mrs. Schulz often returned to Hartford Hospital part time throughout the 1970s and '80s to work as the head nurse on Center 10 and Center 11. "She'd work the night shift on holidays so the head nurse on the floor could be with her family," Mrs. Winter recalls.

Mrs. Schulz made her home with her daughter and son-in-law in her later years. In 1986, the 50th anniversary of her graduation, the family hosted a party for Mrs. Schulz's classmates who had returned for the annual banquet. "We figured out that we had one-sixteenth of the graduating class there," Mrs. Winter says. "It was a thrill for her to have her friends together. She was very proud to be a nurse." •

Alumnae The Pillbox

The Alumnae Association of the Hartford Hospital School of Nursing held its final annual meeting on Oct. 20, 2013, at Jefferson House. In the future, the annual meeting will be incorporated into the annual June banquet. Because the annual meeting has been held at Jefferson House for several years, we wanted to thank the residents for their hospitality in hosting this event. Sam Pasco and His Band entertained 17 alumnae members and 50 Jefferson House residents and staff. The band played songs from Irving Berlin, George Gershwin, and Rogers and Hammerstein. The residents and alums sang along and all had a wonderful time. The silver tea set that we all used at our school of nursing was on display and brought back wonderful memories!



June Perret Noble '54 singing "God Bless America" with Sam Pasco and His Band.



Jefferson House residents enjoying the sing-along.



Alumnae members sing along with the Jefferson House residents. Front: **Lesley Prentice McGrath '61, Theresa Gwozdz '76, June Perret Noble '54, Mary Jane Pappalardo Densmore '69, Christine Johnson '61.** Back: **Karen Stinson Mazzarella '69, Joan Gage Haines '61, Gail Pendleton Rapoza '66.**

CLASS OF 1933



Faith Barnes Salomone '33, one of Hartford Hospital School of Nursing's remaining centenarians, passed away in January 2014 at the age of 102. At the age of 7 Faith had decided that she wanted to be a nurse, and she fulfilled that dream when she graduated

from Hartford Hospital Training School in 1933. Her family describes Faith as one who "nursed the whole neighborhood" and, as a result, "everyone loved her." At the time of her death, her family says, Faith was "sharp as a tack."

CLASS OF 1950



Irene Sakmar O'Day '50, a breast cancer survivor, gave a presentation to the Shoreline League of Democratic Women on the Dr. Susan Love Research Foundation campaign to eradicate breast cancer. This is the largest online research effort to find the cause of and cure for breast cancer.

CLASS OF 1951

Carolyn Bunning Clarke '51 lives in a retirement community in Canada and is happy to be relieved of all the details of caring for a house. Her children and grandchildren are doing well. She still enjoys traveling and would love to hear from her classmates at: carolynclarke@rogers.com.

CLASS OF 1953

The Class of 1953 celebrated their 60th HHSN reunion at Cugino's Restaurant, Farmington, Conn., on Sept 18, 2013.



Front Row: Jean MacDougall Doll '53, Irene Nesteruk '53, Marilyn Erickson Osborne '53, Marion Sabonis O'Leary '53, Jean Miles Scanlon '53.
Back Row: Nancy Rolick Powell, MD, '53, Jean Canfield Hill '53, Anna Jablonski Oleasz '53, Nancy Bowers Lack '53, Gay Bradbury Mahder '53, Joyce Gifford McGovern '53.



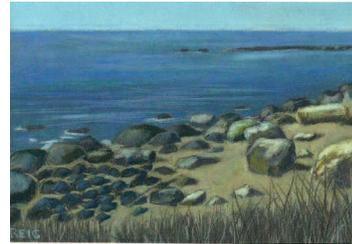
Front Row: Cynthia Erickson Griggs '53, Ethel Carlson Lavieri '53, Edith Kuehn Zimmerman '53, Evelyn Redlich Russ '53.
Back Row: Elaine Coyne Saunders '53, Nancy Choma Noel '53, Ann Knibloe Minatti '53, Rosemary Ross Stewart '53, Georgia Clark Erickson '53, Barbara Quilitch Gordon '53.

CLASS OF 1959

Ardell Schmidt Patterson '59 and Irene Cardin Smith '59 are making plans for the Class of 1959 as they celebrate their 55th reunion this year. The activities will take place prior to the Alumnae Banquet on Sunday, June 1, 2014, and anyone wishing more information may contact Ardell at: ardellpatterson@gmail.com or Irene at: icsmith@cox.net.

CLASS OF 1960

Patricia Tencza Reig '60 has created these two pastel paintings and says that nurses do other things besides taking care of loved ones and patients.



Pastel paintings by P. Reig.

CLASS OF 1962

Linda Arle Duval '62 and her husband Bill celebrated their 50th wedding anniversary this year.

CLASS OF 1966

The Class of 1966 is gearing up for its golden anniversary, which is only two years away. If any classmates have ideas about how to celebrate this milestone, please contact Betty Ann Vose Fusco, Gail Pendleton Rapoza or Alfie Plikaitis Junghans.

Betty Ann Vose Fusco '66, president of the Alumnae Association, cruised Alaska this past June with her family and enjoyed the orange Creamsicles® on Punta Cana for a week with Eunice French Ecker '66. Her next adventure is a cruise to the Caribbean.

Alicia "Alfie" Plikaitis Junghans '66 has, in her words, "kissed the Angel of Death" and is now lucky enough to be participating in a country-wide clinical study of multiple myeloma. The study is sponsored by the Mayo Clinic.

Patricia "Tisha" Kenny '66 retired from running the nonprofit, Health & Human Resource Education, which she started with two other people in 1984. She is now a full-time artist, painting and creating cards from her art. Her website is: www.tishakenny.etsy.com.

Sue Hilton Latulipe '66 has relocated from New Hampshire to Texas to be closer to her family.

Dr. Lee Turlis Phares '66 continues to teach and is very active in the Rotary Club, frequently traveling for them.

Carolyn "Kitty" Kirtland Phillips '66 is at her winter home in Daytona Beach, Fla., enjoying the not-so-nice weather this season.

Gail Pendleton Rapoza '66 is sunbathing in Cancun and this summer is off on a Rhine River cruise.

Lillian Rund Tibbles '66 has just published her first book. It is available in bookstores and on Amazon.com. The title is *Learn to Video Call with Kids: A Beginner's Guide to Skype, Face Time and Video Call with Children*. Although she has published articles in nursing journals about the use of computers, this is a fun book that she thinks may be of interest to HHSN grandmothers. It is free, fun and easy to use. After a wonderful career in nursing, Lillian is finally retired. She lives in Naples, Fla., with her husband of 43 years, Ken. They have a daughter who lives in Wyoming, a son in South Carolina, two grandsons and a granddaughter.



Lillian Rund Tibbles' first book.

The Class of '66 Lunch Bunch will resume their fun-filled luncheons once the weather improves. All are encouraged to attend. Notifications will be sent out once the date is set.

CLASS OF 1969

Jean Bajek '69 continues to work at CVS Pharmacy in Panama City Beach, Fla. She uses her vacation time to visit her teenage grandchildren in Connecticut and her two grandsons (ages 1 and 4) in Kentucky.

CLASS OF 1972



Dr. Laura Caramanica '72 is pictured with **Dr. Eileen Breslin '75** at Laura's induction ceremony into the Academy of Nursing.

Laura Caramanica '72 was inducted as a Fellow in the Academy of Nursing on Oct. 19, 2013, at the academy's 40th annual meeting. Her sponsors were **Dr. Eileen Breslin '75**, dean of the University of Texas School of Nursing in San Antonio, Texas, and Dr. Rhonda Anderson, former chief operating officer at Hartford Hospital and current chief executive officer of Banner Children's Hospital in Arizona.

The academy serves the public and the nursing profession by advancing health policy and practice through generation, synthesis and dissemination of nursing knowledge.

Laura also completed a certificate in the Fundamentals of Magnet, a course certification program.

CLASS OF 1974

Deborah Carson '74 would like to remind her classmates that this year is their 40th HHSN anniversary. She is asking that they make a special effort to attend the Alumnae Banquet on June 1 to celebrate this event.

Betsy Gaudian '74 is the inpatient diabetes nurse clinician at the Center for Diabetes and Metabolic Care at St. Francis Hospital in Hartford, Conn. Previously, Betsy worked in community health as a registered dietitian and a certified diabetes educator.

CLASS OF 1975

Gail Bonney Castonguay '75 lives in Hebron, Maine, with her husband, Leon. She has just celebrated her 30th year at Androscoggin Home Care & Hospice, where she is a clinical supervisor. She received her BSN from St. Joseph's College in 2005. She and Leon have five children and six grandchildren.

CLASS OF 1976

Ann Lambert Minor '76 is a holistic nurse, a therapeutic touch teacher, and a hospice and palliative care nurse. She received the 2012 selection for excellence in her field by the End of Life Nursing Education Consortium. Ann is the Tranquill Passages director at Southington Care Center and the holistic care coordinator at Southington Care Center and Jerome Home in New Britain, Conn.



IN MEMORIAM

Faith Barnes Salomone '33
Margaret Hammond Lintelmann '40
Yetta Horowitz Rutchik '41
Lois Schurmann Barlow Cox Query '48
Dorothy Peterson Humphrey '48
Marjorie Shields '48
Gertrude Petersen Tyrol '50
Joanne Fletcher '51
Elaine Schultz Cihocki '54
Nedra Leach Caccamo '56
Arline Warner Titus '57
Ann Ambrose Fryer '59
Susan Avery Gilmartin '61
Carol Boyce Goedert '64

Physician

Dr. Edward Fredericks – Neurology



PHOTO BY LANNY NAGLER

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

Give A Lasting Gift

Your contribution today will make a difference to our nursing education program. Mail your gift to Hartford Hospital, Fund Development, 80 Seymour Street, Hartford, CT 06102. You can act now and show your commitment to nursing education forever by including Hartford Hospital and/or the Alumnae Association of HHSN Inc. in your estate plans. For more information, please contact Carol S. Garlick, vice president, philanthropy, at 860.545.2162 or Carol.Garlick@hhchealth.org.



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Address Service Requested



"Affiliate" nursing students at the Institute of Living circa 1940. Students from schools across the state regularly joined Hartford Hospital School of Nursing students at the IOL for the psychiatric portion of their training.