

Spring 2016

Nursing

For Hartford Hospital nurses and alumnae of the

Hartford Hospital School of Nursing

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Hartford Hospital's Nursing Professional Practice Model



The Nursing Professional Practice Model was developed by nurses from across Hartford Hospital. It is a visual representation of the scope of nursing practice and nursing's role in enhancing the human health experience.

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Nursing

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On the cover:
Christina Collins, RN, of Center 10.



Messages From Executive Leadership



Building A Culture Of Safety

At Hartford Hospital today, we can do amazing things to heal, cure and comfort our patients.

Yet our most fundamental responsibility continues to be one as old as medicine itself: keeping our patients safe from harm. That's why safety is enshrined as one of Hartford Hospital's four core values and why we dedicate abundant resources to building a culture of safety.

Sustaining a safety culture requires the dedication and commitment of every one of us. As a leadership team, we strive to do our part. A safety culture can exist only where everyone has a voice and opportunities to express concerns and offer suggestions. The H3W model provides that vital forum.

A safety culture requires trust. By emphasizing just culture, transparency and a nonpunitive reporting environment, we encourage everyone to call attention to systems or policy issues that stand in the way of best practices.

Leadership must demonstrate its commitment to a safety culture in tangible ways. That's why it's important that we get personally involved with safety issues. We arrange training to help staff practice safely and mentor colleagues. When safety concerns are raised, we respond, committing resources to everything from safer equipment to the time and materials teams need to analyze safety events, discover root causes or overhaul a suboptimal process.

As the people closest to our patients, nurses are vital to these efforts. Thank you for partnering with us to help ensure that no patient is harmed while in our care.

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



Safety Starts With You

The theme for national Nurses Week 2016 is "The Culture of Safety: It Starts with You." As nurses, you and I know that

statement to be true. Nurses function at what some have called the "sharp end" of care—where the many people, systems and components that make up modern healthcare actually touch the patient. Professional nursing is uniquely positioned to influence patient safety. We must embed evidence-based practice in our nursing care and stay alert to potential sources of harm.

The cover story in this issue focuses on the role of nurses who are safety coaches. On their units, coaches serve as resources and support their colleagues in using the CHAMP behaviors proven to reduce risk. We also look at how the Performance Management Decision Guide and the Patient Safety Event Review Team help create a nonpunitive reporting environment that encourages nurses to report safety events and near misses. Keeping the environment and the care safe for our patients is the primary goal. But equally important, as we journey toward a culture of safety, is the commitment to learning and influencing each other toward a safer practice. The story that focuses on safe transfer of behavioral health patients illustrates the power of Lean methods to improve safety and shows how an innovative nursing role impacts patient care.

Patients in a hospital are always at risk simply by virtue of being patients. Florence Nightingale famously wrote in 1863 that the very first requirement of a hospital is "that it does the sick no harm." Nurses play a pivotal role in managing those risks. And the job never ends. A patient's condition can change in an instant. Potential risks are introduced in just the normal course of patient care. Factors that are harmless in themselves may suddenly align with others to create a potential for harm. Safety is a continuous process.

Vigilance, mindfulness and the willingness to speak out must be a part of every nurse's commitment as a thoughtful patient advocate.

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



Coaches In Your Corner

All nurses want to keep their patients safe. Safety coaches are dedicated to helping them do that.

If we're lucky, we all have coaches in our lives. Whether they're helping us kick a soccer ball, hit a high note, master a subject or pursue a career, coaches are people who help us be the best we can be at whatever we undertake. At Hartford Hospital, specially trained safety coaches from Nursing and other areas are working to help their peers excel at the most important skill of all: keeping patients safe.

The hospital's multidisciplinary safety coach team was formed in fall 2014. Its members—called safety coaches—come from both clinical and nonclinical areas. Each of the approximately 80 safety coaches currently on the team has received extensive training for the role through the Connecticut Hospital Association.



Christina Collins, RN, right, discusses the Center 10 safety board with Rachel Davis, RN.

Safety coaches work to enhance patient safety by serving as peer-to-peer mentors. They encourage colleagues to use the CHAMP behaviors proven to reduce risk to patients, and they provide constructive feedback in real time when they see behavior inconsistent with CHAMP.

Coaches observe others' actions and log their observations, both positive and negative, in an online tool. Data gathered through the tool is used at the group's monthly meetings to help gauge how consistently the hospital is practicing the CHAMP behaviors. The team also discusses any serious safety events that have been reported through Quantros (an online system for logging and tracking patient safety events) and discussed by the Patient Safety Event Review Team.

Safety coaches act as liaisons between the team and their own areas. Nurses who are coaches, for example, share the data and stories discussed at the meetings with colleagues on their unit, pointing out strengths and areas that could use improvement. The goal is to keep getting better all the time.

A Passion for Safety

Christina Collins, RN, a staff nurse on Center 10, co-leads the safety coach team with Liza Nowicki, RN, MSN, nurse educator at the Center for Education, Simulation and Innovation, or CESI. Collins had been out of nursing school

and working at Hartford Hospital only a short time when she developed a special interest in patient safety.

In the course of doing research, she says, "I learned that medical errors are one of the leading causes of death in America. I was shocked to discover that, statistically, each day in the U.S., the equivalent of a Boeing 747 full of patients die as a result of preventable medical errors."

Collins created a "safety board" on her unit to raise her colleagues' awareness of the issue. On the board, she highlighted cases discussed at congressional hearings on the topic, posted statistics showing the breadth of the problem and gave examples of well-known people affected by medical errors.

Why did the subject strike such a chord with her? "It scared me to think that so many folks can be injured or die from things we can collectively help to prevent," Collins says. "I just wanted to help make Hartford Hospital a safer, better place and have better patient outcomes. I wanted to make a difference. I figured if I could prevent even one person from boarding that flight, I should."

When Hartford Hospital decided to form a hospital-wide safety coach team, Collins's manager, Valerie Neary, RN, MSN, asked Collins to become a safety coach. Soon, Collins was tapped to serve a two-year stint as co-leader.

Nowicki, a veteran nurse educator, has high praise for her co-leader, who, among other things, prepares an informative PowerPoint presentation for each monthly meeting.

"As a nurse with three years under her belt, she's been impressive to work with," Nowicki says. "Christina is very dedicated."

Changing the Culture

The overarching goal of the safety coach team is to make CHAMP behaviors an integral part of the hospital culture. Although the group has been operational for more than a year, there's still work to be done so that more and more people embrace and practice CHAMP behaviors—becoming Safety CHAMPs themselves—and understand how the safety coaches on their units can help them.

Nowicki incorporates CHAMP behaviors in CESI training sessions with nurses. She says she's lucky because, working in a simulated environment, she can "pause life." As nurses are practicing patient handoff, for example, she can stop them, offer suggestions and ask them to try it again, perhaps focusing more on their ISBAR handoff format.

"The biggest impact I can have is to keep linking the CHAMP behaviors to what I'm seeing them practice here," Nowicki says. "If they're struggling with it at CESI, I know they're struggling with it on the floor."

Providing Feedback

Safety coaches use immediate feedback to commend colleagues when they employ safety behaviors well and offer suggestions when they notice a behavior that could be improved. Providing corrective feedback isn't easy, especially for a relatively new nurse such as Collins, but it's intended to be positive.



Safety coach team co-chairs Liza Nowicki, RN, MSN (standing, at left), and Christina Collins, RN (at podium), make a presentation at a monthly meeting of the interdisciplinary group.

When coaches give constructive feedback, Collins says, “It’s not meant to be punitive or confrontational. It’s simply meant to provide education, with the best interests of the patient in mind. I’m not perfect. No one is. So if someone has observations or teaching they want to share with me, I’m more than open to that. Every day is an opportunity to learn something new.”

Nowicki also stresses the positive role coaches play.

“The most important thing I want nurses to know about safety coaches is that our mission is to help keep

our patients safe. Coaches are resources to you. They don’t want to get anyone in trouble. We just want to standardize the way we practice so we keep our patients safe.”

Now well into its second year, the safety coach team is seeing progress in the way colleagues practice CHAMP behaviors. Changing the culture isn’t easy, but the safety coaches are working on it.

“I’m sure this group will make a difference,” says Collins. “It won’t happen overnight, but in time this will make a difference in patient outcomes.”

● Safety “CHAMP” Behaviors

● Communicate Clearly

- Read back/repeat back
- Phonetic and numeric clarification

● Handoff Effectively

- Use **ISBAR** (Introduce yourself and role, **S**ituation, **B**ackground, **A**ssessment, **R**ecommendation)

● Attention to Detail

- Look in the mirror first and be in the moment
- Self-check using **STAR**: **S**top-**T**hink-**A**ct-**R**eview

● Mentor and Coach Others

- Speak up for safety using **ARCC**: **A**sk a question, make a **R**quest, voice a **C**oncern, use **C**hain of command
- Cross-check and coach teammates
- 200 percent accountability

● Practice a Questioning Attitude

- Stop the line. Say “I need clarity” to ask for clear and specific expectations
- Validate and verify

Teaming Up For Safety

An initiative launched on Bliss 8 several years ago has enhanced teamwork, improved nurses’ job satisfaction, reduced overtime costs and contributed to a safer environment for patients.

The TRUE Buddy initiative—TRUE stands for Trustworthy, Respectful, Understanding and Empathetic—was begun by Ashley Hadden-Sanzo, RN, BSN, BC, and Sarah Hong, RN, BSN, BC, in 2012 in response to an employee satisfaction survey showing that nurses on the unit felt they didn’t have sufficient time to provide the best care to their patients. Under the program, the resource nurse pairs two nurses who will be each other’s TRUE Buddies for that shift. If a nurse is busy or in an isolation room, that nurse’s Buddy can respond to the needs of other patients. Each ensures that the other takes proper meal breaks. They help each other when questions arise, and more.

Nurse Director Susanne Yeakel, RN, MSN, NEA-BC, CNML, notes that improved patient safety is one of the benefits of the practice.

“If nurses don’t take care of themselves and get breaks, there’s a greater chance of errors,” she says. “Also, while the nurse is able to take time to rejuvenate, her patients are still safe, because another nurse is watching over them.”

Hadden-Sanzo and Hong presented their findings at the American Nurses Association annual conference in Florida in February 2015.



Bliss 8 nurse Ashley Hadden-Sanzo, RN, BSN (left), hands Tulant “Landi” Proko, RN, her unit phone as part of the TRUE Buddy system of nursing staff support.

Examining Events To Heighten Safety

The Patient Safety Event Review Team scrutinizes actual and potential safety events to try to prevent future problems.

Every Thursday afternoon, nine professionals from multiple Hartford Hospital areas come together to discuss errors over the previous week that could have—or did—adversely affect a patient. On the surface, this might seem like discouraging work, but its purpose is overwhelmingly positive. The group is using what they learn from reported errors to continually make the hospital an even safer place for patients.

The group is the Patient Safety Event Review Team, or PSERT. It was formed in 2013 as part of Hartford Hospital's journey to becoming a high-reliability organization—one that maintains consistent excellence in quality and safety for every patient, every time.

PSERT reviews safety events and near misses reported in Quantros, the software system the hospital uses to document and track quality and safety performance. The team strongly encourages reporting.

"Ironically, we want reported errors to go up," says the group's leader, Marybeth Scanlon, RN, MS, JD, director of risk management and patient safety. "We want people to report any deviations so we can catch problems before they cause an actual event and harm a patient."

Scanlon points out that staff nurses are critical to this effort.

"They're the ones who have close contact with patients and often can see trends before we know about them," Scanlon says.

A Scientific Approach

The team reviews all reported events and classifies them based on their severity. Events in which a deviation from performance standards reaches the patient and results in harm are categorized as serious safety events, or SSEs. The rate of SSEs is one of the measures of high reliability. Reported events deemed less severe than SSE may be categorized as either precursor or near miss safety events. The team also categorizes events into types, such as procedural, environmental or device-related. Each category includes several subcategories.

After categorizing events, the group looks at failure modes. For example, if it was an individual failure, was it related to skills? Attention to detail? Critical thinking? Compliance? They explore whether it was a system failure, such as insufficient equipment, or a failure arising from problems related to communications, policies, procedures, technology or other areas.

"We're trying to identify trends and patterns that could lead to the occurrence of safety events," Scanlon says.



The Patient Safety Event Review Team. From left: Dr. Joseph Portereiko, director of patient safety and associate director of surgery; Maria Tackett, RN, EdD, CEN, CCRN, director, professional practice; Michael Rubino, MS, RPh, FASHP, director of pharmacy services; Aimee McDaniel-Laut, RN, quality coordinator; Maggie Hanbury, RN, quality and safety coordinator, perioperative services; Laura Kushner, RN, MS, CPHQ, director of quality management; Marybeth Scanlon, RN, MS, JD, director of risk management and patient safety; and Gail Nelson, RN, MS, NEA-BC, director of regulatory readiness and nursing operations. Not pictured: Valerie Neary, RN, nurse manager, Center 10.

ICU HUDDLES: A THOUGHTFUL REVIEW

Hartford Hospital's critical care units recently restructured the way they seek to identify root causes of any hospital-acquired conditions.

Quality huddles have been in place for years. But now, "instead of having individual meetings about isolated quality and safety metrics, we meet monthly to discuss any condition that occurred in the previous month," says Michele Kolios, RN, BSN, MS, director of critical care nursing.

Each month, representatives from each ICU—physician, nurse manager, nurse educator, advanced practice staff, staff nurses and others—come together to discuss any case in which a patient developed a bloodstream infection, ventilator-acquired pneumonia, venous thromboembolism, catheter-associated urinary tract infection or reportable skin condition. The conditions are also entered into Quantros, a computer system used for reporting and tracking patient safety events and near misses.

A week prior to each unit's huddle, quality leaders send them the name and medical record number of any patient whose case will be discussed.

The scientific approach supports that effort. "We have a clear algorithm we use to categorize events," says PSERT member Laura Kushner, RN, MS, CPHQ, director of quality. "We can see trends because we look at everything using the same definitions. We can see when events in particular categories begin to creep up."

Depending on the factors that contributed to the event, the team may request that other expert groups look at systems to come up with a solution.

For certain SSEs or occurrences that constitute "sentinel events," that is, errors that did or could have caused serious harm or death, the group will arrange a root cause analysis. RCAs seek to identify the underlying factors that gave rise to the event. A number of nurses, physicians, administrators and others have had special training in conducting RCAs. Findings from RCAs are reported to PSERT.

Addressing the Issues

PSERT shares its knowledge and action plans with others across the hospital in an effort to address underlying problems and avoid future safety events. The team shares information with the Patient Safety Action Group, directors' safety huddles and safety coaches, who share it during unit huddles. Information also is disseminated in internal newsletters and at division meetings.

Depending on trends they identify, the group may reinforce the importance of certain CHAMP behaviors, such as clear, effective communication or following proper procedures for patient identification or handoff. PSERT also makes regular reports to the board of directors.

Kushner says that what the group most wants nurses to know is that "we're here to help. We want to use what we find to make it easy for them to do the right thing and to do it safely."



ICU safety huddle

"The purpose is not to look at who or what is at fault, but to say, 'Did we do everything we know to be best practice to try to prevent it?'" says epidemiology clinician Diane Pomarico, BSN, CIC.

"I feel very passionate about conveying that this is a constructive process, an open dialogue," says Kolios. "It's been incredibly eye-opening to speak with people who are at the bedside. They point out ideas that allow us to take it to the next level."

Was the patient's compression treatment delayed because a pump wasn't available? Additional pumps are ordered. Were insertion procedures not perfectly followed because checklists were missing? A supply of checklists is made readily available.

"We try to remove any barriers and make it easier for people to do what they need to do to prevent these conditions," says epidemiology clinician Susan Malo, RN, MPH, CIC.

The scheduled, monthly huddles help everyone involved delve deeper into the matter, understand factors that contributed to the condition and determine how to prevent future events. The process works because it focuses on facts, not blame.

"Because people present information in a thoughtful and nonjudgmental manner, everyone speaks freely, and we get to the heart of what we have to do to keep making things better and better," says Kolios.

•• The ETHICS Of Nursing

A Path To Just Decisions

When safety events occur, applying a practical algorithm helps ensure fairness and uncover the true source of the problem.

One of the key requirements for building a culture of safety is an environment in which people can rely on fairness and justice. If people fear they'll be punished for reporting actual or potential errors, they're much less likely to bring them to light. This may prevent the organization from getting to the underlying cause of the problem and addressing it before it can result in patient harm. A fair and just culture focuses not on blame and punishment, but on learning from mistakes and improving system flaws that may contribute to patient safety events.

One of the ways Hartford Hospital is fostering a fair and just culture is by using a Performance Management Decision Guide. Nurse managers, in collaboration with the hospital's Human Resources Department, adopted the guide after participating in high reliability training through the Connecticut Hospital Association. The guide is considered a best practice in creating a safety culture.

"The guide leads us through steps to determine if we can learn from the incident and what our response to the employee should be," says Gail Nelson, RN, MS, NEA-BC, nurse director of regulatory readiness and nursing operations.

The Performance Management Decision Guide is essentially a decision tree. In reviewing a safety incident,

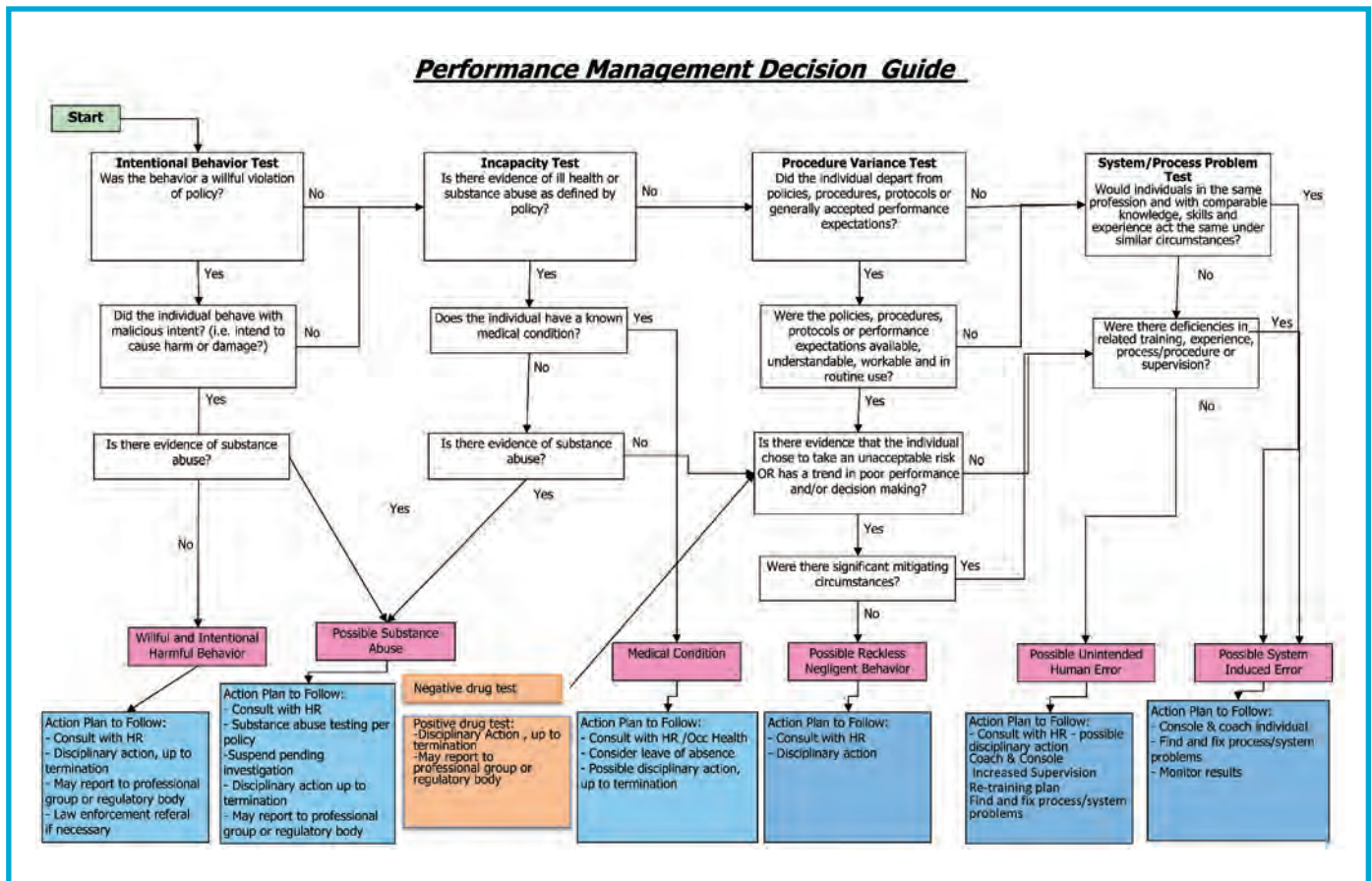
managers go through an orderly series of questions, with the answer to each one leading to the next and ultimately to a recommended action plan. Working through the algorithm helps managers determine the degree to which an individual should be held accountable for the safety incident.

The process is especially important for nurses, because they are the interface between patients and the vast, complex healthcare system. The standardized, probing process the guide represents helps prevent an individual nurse from being held 100 percent accountable for an incident whose causes are rooted elsewhere in the system.

"People are accountable for their decisions, but they're not responsible for systems issues," Nelson says.

Using the guide helps ensure that the organization's response to error is fair and reasonable. It also supports consistency across different hospital areas, so responses to similar incidents are the same, regardless of the unit where it occurred.

"Now everybody uses the same steps," says Maggie Hanbury, RN, MPA, CPHQ, quality and safety coordinator of perioperative services. "It enables everyone to provide standardized, equitable decisions when things happen."



The Performance Management Decision Guide provides a framework for ensuring equitable responses to safety events.

FIXING THE ROOT CAUSE

It began with an incident every surgical team dreads: a sponge retained in a patient after surgery. The item was removed promptly, and there was no harm to the patient, but the Perioperative Services team was eager to find out what had gone wrong and how to keep it from ever happening again. Andrea Hagstrom, RN, MSN, CNOR, CNL, nurse educator, and Maggie Hanbury, RN, MPA, CPHQ, quality and safety coordinator, both of Perioperative Services, took a “fair and just” approach by using information gained during a root cause analysis to identify opportunities to address the systems issues the analysis revealed.

In 2012, Perioperative Services had implemented the SurgiCount Safety-Sponge System to enhance staff’s ability to ensure an accurate count. The system uses sponges with bar codes that are scanned when they go into the surgical field and again when they are returned to the system. The electronic count serves as a backup for the surgical team’s manual count.

The team seeking the root cause of the 2015 incident determined that the source of the problem was that one particular type of sponge being used did not have a bar code. The team hadn’t known there was any other option. They researched the matter, found that a bar-coded sponge already on hand could be substituted and, by the end of the week, had switched over to the new, bar-coded sponge.

Hagstrom and Hanbury, along with staff members, worked through the Performance Management Decision Guide and came to the conclusion that the incident was a “System Induced Error.” By changing the system, the team further reduced the chance of a similar incident occurring in the future.

“By going through the process, staff realize they’re part of the decision-making process and part of the resolution to issues that come up,” says Hagstrom. “We involve them and make sure their ideas are heard. This has changed the culture in a very positive way. Staff realize, number one, that we listen and, number two, that we know they are at the grassroots and are the ones policies and procedures affect.”

“Knowing that there’s a tool like the fair-and-just decision guide,” says Hanbury, “staff feel more supported. They all take pride in caring for patients.”



Nurse Educator Andrea Hagstrom, RN, MSN, CNOR, CNL (right), shows Manu Jose, RN (left), and Mayra Matos, RN (center), the SurgiCount Safety-Sponge System used in the Bliss 4 operating room.

•• The ART Of Nursing

Improved Transitions For Behavioral Health Patients

Stakeholders held a weeklong kaizen to redesign the transfer process to improve safety, timeliness, and the experience of patients and families.

A multidisciplinary team came together last summer to achieve an essential goal: improving the process of transitioning Hartford Hospital inpatients with behavioral health needs to the Institute of Living (IOL) or other psychiatric facility. The method they used was a kaizen, which is a short-term, intensive effort to dramatically improve the performance of a limited-scope process through a rapid, team-based, scientific approach to problem-solving. Key stakeholders came together to analyze the current state of the process and implement necessary improvements.

Team members identified “symptoms” indicating that the existing process was flawed. Data showed that patient transfers were taking place late in the day, many after 6 p.m., and rarely on weekends. A general lack of clarity around the care transition of behavioral health patients to the IOL led to multiple redundancies and rework, ultimately delaying patients’ transitions. Most troubling of all, delays and late-day transfers made the experience hard on a fragile patient population and created potential safety risks as patients’ frustrations mounted.

The kaizen convened in August, co-led by Lori Johnson, APRN; Beth Lawlor, RN, MS; and psychiatrist Dr. Evan Fox. Participants included representatives from Psychiatry, the Department of Medicine, Case Coordination, Nursing, Social Work, the IOL’s Assessment Center, Information Technology and Human Resources. The team mapped out the existing process to understand what was happening.

“We looked at the entire flow,” Lawlor says. “We identified some things we were doing simply because it was the way we’d always done them. Our kaizen team recognized 25 countermeasures to the process defects, which, once implemented, would lead us toward a best-practice model. The goal was to create standard work, redefine the process, and ensure that the patient was at the center of everyone’s decision-making in facilitating a safe and timely transition.”

The team also determined that success required the creation of a new role: a case coordinator dedicated exclusively to transitioning patients to behavioral healthcare.

“We needed a point person who would be the liaison between campuses—a patient advocate responsible to assist the patient in getting to the behavioral health setting in a timely way,” Lawlor says.

Behavioral Health Case Coordinator

In just a few hours of work, the kaizen team was able to do everything necessary to develop this new role. And before long, Institute of Living veteran Laura O’Connor, RN, BSN, occupied the position.



Behavioral health case coordinator Laura O’Connor, RN, BSN, (second from left) discusses a patient transfer with (from left) Lanetta Gann, RN; Victor Duraó, RN; and Kimberly Silverman, RN.

O’Connor works with the Consultation Liaison Team, unit case coordinators, hospitalists and others to learn of any patient who will need to be admitted for behavioral healthcare. Once the patient is medically cleared, she coordinates transfer from the medical side to the Institute or another partner in the community. Standard work plays a major role.

“I have a protocol to follow to make sure nothing critical to safe transition is missed,” O’Connor says.

She also provides a report tool to the patient’s Hartford Hospital nurse. The tool ensures that all critical information about the patient is conveyed to the accepting facility so staff there are fully prepared to admit the patient. When the transition goes smoothly, it’s better—and safer—for everyone.

“A timely transition, with clear communication of the patient’s needs, minimizes unnecessary stress for the patient,” O’Connor says. “Less stress means they are less likely to be extremely anxious or agitated or experience a feeling of loss of control. This helps make the transition experience as safe and positive as possible for the patient.”

Lawlor notes that follow-up is a vital step to sustain improvements made by a kaizen, and that’s what O’Connor’s role ensures.

“Laura’s role is significant in terms of the post-kaizen follow-up,” Lawlor says. “Without follow-up, regression is a risk, but Laura monitors and tracks all process steps to ensure that we do not encounter any relapse to the ‘old ways.’ Laura is there to make sure that the new process remains aligned with what our patient needs, every step of the way.”

Nightingale Awards

Please join us in congratulating Hartford Hospital's 2016 Nightingale Award recipients!

These Hartford Hospital nurses and others from the region will be honored at the 14th Annual Hartford Regional Nightingale Awards for Excellence in Nursing Gala. The event, hosted by Hartford HealthCare at Home, will be held on Thursday, May 5, at 5:30 p.m. at the Connecticut Convention Center in Hartford.



Judith Charneski, MS, BSN, RN,
CCM, CPHM
Case Coordination



Wioletta (Violet) Chrostowski,
RN, BSN
Critical Care / Cardiac



Susie Citro, RN, BSN
Transplant



Rose-Marie Curtin-Clarke,
RN, BSN
Women's Health



Kathryn DePucchio, BSN, RN
Institute of Living



Deborah Fischer, RN, BSN
Women's Health



Sara Garcia, RN, BSN
Women's Health



Barbara Gaughan, RN
Oncology



Jeannine Landry, RN
Surgery



Jessica Hite LeRoux, RN-BC, MSN
STAR Team



Liza Nowicki, MSN, RN
Center for Education, Simulation
& Innovation (CESI)



Nancy Reklaitis, RN
Perioperative Services



Melissa Strange, RN, BSN
Neuro / Trauma



Stephanie Wills, RN, BSN
Critical Care / Cardiac



Diane Mendez Wilson, RN, MSN
STAR Team

Nursing News & Notes

We congratulate these Hartford Hospital nurses on their recent achievements.

Cardiology/Cardiovascular Services

Julie Alverado, RN, received PCCN certification.

Case Coordination

Jasmine Rivera, RN, readmission navigator, has obtained her Accredited Case Manager (ACM) certification.

Critical Care

Sharon Salesky, APRN, earned Stroke Certified RN (SCRN).

Tammy Glynn, APRN, earned Stroke Certified RN (SCRN).

Amber Robinson, APRN, became a Certified Critical Care Nurse (CCRN).

Jarad Goldberg, RN, became a Board-Certified Emergency Nurse (BCEN).

Jeff Alger, RN, earned the Trauma Nursing Core Course (TNCC) designation.

Julian Castaneda, RN, earned the Trauma Nursing Core Course (TNCC) designation.

Alison Couture, RN, became a Certified Critical Care Nurse (CCRN).

Monika Kieltyka received her Advance Practice Registered Nurse (APRN) degree.

Abstract accepted to the American Association of Critical Care Nurses National Teaching Institute and Critical Care Exposition: "Reducing Pressure Ulcers in the Delayed Sternal Closure Patient."

Members: **Karen Freed, MSN, APRN; Michele Kolios, RN, BSN, MS; Lisa Q. Corbett, APRN, ACNS-BC, CWOCN.**

Institute of Living

Jamie Santaniello, RN, was awarded the Macrae Nursing Student Leadership Award from the Sigma Theta Tau nursing honor society at the University of Saint Joseph. Research paper accepted for publication 2/1/16: "Reduction of Seclusion and Restraint in an Inpatient Psychiatric Setting: A Pilot Study," 2016, *Psychiatric Quarterly*, in press. Authors: **Ellen W. Blair, APRN, PMHCNS-BC; Stephen B. Woolley, DSc, MPH; Bonnie L. Szarek, RN; Theodore F. Mucha, MD; Olga Dutka, MSN, MBA; Harold I. Schwartz, MD; Jeff Wisniewski, MPH; and John W. Goethe, MD.**

Medicine, Oncology, IV Therapy

Kayla LaFountain earned Med-Surg certification, December 2015.

IV Team participated in an ePoster presentation at the Association for Vascular Access annual National Conference, Dallas, Texas, September 2015. ePoster title "Reduction in Central Venous Catheters Infection and Occlusions: Examining the Clinical Impact of a Pressure-Activated Anti-Reflux Connector."

Perioperative Services

Kim Ward, RN, BJI, perioperative manager, received her Master of Science in Nursing (MSN) degree.

Leah Goldberg, RN, BSN, earned her Certified Nurse Operating Room (CNOR) designation.

STAR Team

Jennifer Kuzyk, MSN, received her Advanced Practice Registered Nurse (APRN) degree.

Women's Health

Oral Presentation: **Sara E. Garcia, BS, RNC-OB**, labor and delivery perioperative coordinator: "Implementation of Skin to Skin in the Operating Room," Neugarten Birth Center, Northern Dutchess Hospital, Rhinebeck, New York.

Monika Costa, RN, received her Master of Science in Nursing in nursing education, December 2015.

Natacha Vigna, RN; Janna Zempsky, APRN; Heather Nordmark, BSN, RN; and Monika Costa, MSN, RN, all passed the exam to become International Board Certified Lactation Consultants (IBCLC).

Shantae McGee MSN, RN, and **Laura Piscionari, CNM**, passed the exam to become Certified Lactation Counselors (CLC).

Brittany Holzhauer, RN, graduated from Central Connecticut State University with her Bachelor of Science in Nursing (BSN) degree.

Joan Kuhnly, DNP, APRN, NN-BC, IBCLC, CNE, recently published an article in the *Journal of Perinatal Education* titled "The Development and Implementation of a Prenatal Education Program for Expectant Parents of Multiples." She also has three other articles that have been accepted for publication.

Congratulations to these nurses, who successfully completed Epic Certified Credentialed Training at Hartford Hospital in February 2016: Rosemary Aiello, Jane Aliff, Ivella Almodover, Sarah Amenta, Denise DePasquale, Ginger Goddu, Melissa Hernandez, Marlene Harris, Chao Huang, Kayla LaFountain, Rebecca Morton, Jessica Nuzzo, Kimberly Rauch, Ann Russell, Darren Tan, Sarah Visker, Alexandra Westen, Diane Wilson, Tracey Young and Ruth Zafian.



From The Alumnae Association President



Dear Nursing Colleagues,

June is just around the corner, and I am looking forward to seeing everyone again at our annual meeting and banquet. This is a special year for me and my classmates as we celebrate our 50th reunion.

Unbelievable! Thinking about writing this report, I began contemplating the changes that have been made over the

last 50 years to ensure patient safety. Many quickly came to mind.

Remember the old med closet with all frequently used meds in bottles on shelves? Counting narcotics and checking the level on multidose Demerol bottles? The Pyxis System certainly has made medication errors less likely. Suction catheters were reused on the same patient and stored at the head of the bed in open jars filled with Zephiran solution for cleaning. Ashtrays and green, water-filled, cigarette-butt bowls have disappeared in a nonsmoking environment, preventing burn holes in sheets and unhealthy air quality. Bed cranks have disappeared, replaced by electric beds that can weigh the patient and

sound an alarm when a patient is trying to get out of bed, thus helping to prevent falls. Paper slippers have been replaced with treaded socks. "Ticket to Ride" alerts other hospital areas of pertinent information when a patient is transported off the unit for testing, and ISBAR (identify, situation, background, assessment, recommendation) is used when transferring a patient to a unit. Our patients are indeed safer in so many different areas when hospitalized.

Hospital administrations everywhere are recognizing the important role nurses play in keeping patients safe. They are working to ensure nurses have the support and resources necessary to provide excellent patient care in the safest possible environment. The role of the bedside nurse is incredibly demanding. He or she must juggle numerous priorities while striving to provide optimal patient care. Supporting nurses in their work is one of the best ways to ensure patient safety and a positive patient and family experience.

I hope you have a great summer, with time for rest and relaxation.

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 more than 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.

Drawn to Holistic Healing

As a new nurse on Hartford Hospital's Kidney Transplant Unit in the mid-1970s, Ann Lambert Minor, RN-BC, HN-BC, CHPN, QTTT (HHSN '76), had never heard of holistic nursing. Yet she intuitively complemented her high-technology skills with holistic techniques: building relationships with patients, massaging their feet—in effect, performing reflexology—and, whenever possible, moving a patient's bed to the window.

"I knew that if they could see the sky, they would heal faster," Ann says.

Over the next two decades, as she worked in several capacities at Hartford Hospital and then Bristol Hospital, her interest in holistic nursing grew. She studied Therapeutic Touch, an evidence-based therapy to promote relaxation and healing and reduce pain, and joined the American Holistic Nurses Association. In 1995, Ann was one of 19 AHNA members chosen to travel to China to share their expertise with Chinese nurses and doctors at Beijing Medical University.

"They were excited at how we had taken their healing methods and adapted them to our system," says Ann. "I learned more about their traditions, which were the foundation of Therapeutic Touch."

When she returned Connecticut, she decided to launch her own holistic nursing practice.

"I was so inspired that I wanted to give all my time and attention to teaching people how to help themselves heal," Ann says.

She provided complementary therapy to her patients, most of whom had cancer, teaching them breathing techniques and stress management and performing Therapeutic Touch.

As Ann was preparing to do a fellowship in holistic nursing, she accepted a part-time position as a staff nurse at Southington Care Center, a long-term care and rehabilitation facility that is now part of Hartford HealthCare. She planned to work there just for the summer, but her plans changed.



Ann Lambert Minor, RN-BC, HN-BC, CHPN, QTTT (HHSN '76) at graduation and today

"After two weeks, I realized I wanted to do more," Ann says. "I went to the administrator and director of nursing and proposed that they let me start a holistic nursing program there."

Ann devoted the next two years to teaching staff, patients and families at the facility about complementary therapies and how to integrate them into traditional nursing and

medical care. Sensing a need to ease the way for patients approaching the end of life, she then became board certified in hospice and palliative care nursing and started a program at Southington Care Center called Tranquill Passages.

"People don't die cured, but they can die healed," Ann says. "Being both a holistic nurse and a hospice and palliative care nurse, I can teach people things they can use as their bodies transition so they can die peacefully and comfortably."

In addition to her work at Southington, she teaches holistic nursing and integrative therapies at the Jerome Home in New Britain and teaches Therapeutic Touch and hospice and palliative care nursing at The Orchards at Southington, both Hartford HealthCare affiliates. She's also working toward board certification in meditation.

Ann was a member of the last class to graduate from the Hartford Hospital School of Nursing before it closed. She says that she and her classmates felt both special and sad to be the last. But she notes that the school prepared her well for her career and inspired her love of learning.

"I believe in certifications and in higher education," Ann says. "It makes you learn and grow and stay on top of research. Everything I do is research-based. We may not know exactly how a therapy works, but we can tell that it does work."

What would Ann say to today's new nurses?

"I would ask them to be open—open to the unseen, open to the unexplained, open to the healing power of nature." •

An Independent Spirit



Patricia Audet, HHSN 1956

Patricia Audet, a 1956 graduate of the Hartford Hospital School of Nursing and active member of the school's Alumnae Association, died in September 2015 after a long struggle with Alzheimer's disease. People who knew Pat describe her as "self-assured," "direct" and "independent." But they also use words such as "caring," "compassionate" and "generous." Pat's niece, Beth Ann Stefanik, perhaps sums up Pat's personality most creatively.

"She was like a baguette: crusty on the outside, but soft inside," Beth Ann says. "She came across as direct, but she was very compassionate and kind. She loved animals and children and was very kind to people."

After graduating from HHSN, Pat worked at Hartford Hospital, eventually becoming the head nurse on the pediatric unit that cared for premature infants. She went on to earn her BSN from the University of Connecticut and a master's degree from Rensselaer Polytechnic Institute. She taught in the hospital's Practical Nurse Education Program and later in the nursing program at Asnuntuck Community College. She retired from state employment in 1990.

Pat was active in the Alumnae Association of HHSN and served as president and director. She began and wrote *Pillbox*, a newsletter that was mailed annually to members. *Pillbox* continues today as a section in Hartford Hospital's *Nursing* magazine. Pat wrote extensively on the history of the Alumnae Association, and her work can be found today in the "About Us" section of the group's website (www.hhsنالumnae.org).

Beth Ann, the daughter of Pat's sister and fellow nurse Barbara Audet DeRosa, describes her aunt as a "lifelong independent" who was an enthusiastic photographer and traveler. Pat visited destinations around the world, including Africa, Russia, Europe and many places in the United States.

"She was very proud of her Irish heritage," says Beth Ann. "She took us [Beth Ann and her siblings] to Ireland when we were young."

In later years, just as Pat was beginning to have symptoms of Alzheimer's, Beth Ann and her siblings returned the favor, taking their aunt to Ireland to visit the town her ancestors came from and meet the parish priest and others.

Pat was an integral part of Beth Ann's family. "She was always there," Beth Ann says. Among other things, Pat taught the children to bake. Whenever there were family events—parties, graduations, musical performances, sports—Pat was there with her camera to document the occasion.

Beth Ann notes that Pat's friends from the Alumnae Association were very good to her during her illness, and she's glad that they will remember Pat.

"I want people to remember that she was a very compassionate, crusty-caring and accomplished person," Beth Ann says. "She had a long, storied career as a nurse and was a good nurse and worked hard at it. It was her life and her passion." •



Pat Audet

Alumnae **The Pillbox**

NURSES PROMOTE EDUCATION AND COMMUNITY OUTREACH

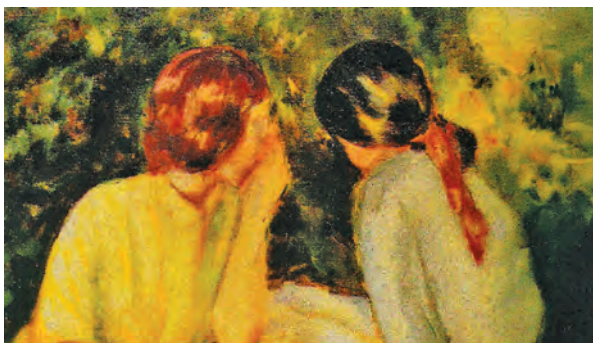
The Wethersfield-Rocky Hill Professional Nurses Association, which includes many HHSN alumnae, will be celebrating 75 years of community service on Oct. 8, 2016. The association remains true to its original goals of enhancing the health of the communities by administering annual flu and pneumonia vaccines, participating in local health fairs and disaster drills and providing free loan of medical equipment to Wethersfield residents. In addition, each year, the association awards scholarships to students in accredited nursing programs and provides six educational programs for area nurses. Membership is open to all Connecticut nurses. For information: President Pat Rinaldi, 860.563.4150.



Wethersfield-Rocky Hill Professional Nurses Association board members who graduated from HHSN include: **Patricia Rinaldi '58**, president; **Betty Ann Vose Fusco '66**, vice president; **Patricia Andreana Ciarcia '62**, secretary; **Jerri Saltus Sicaras '63**, chaplain; **Beth Duffy Sager '56**, cheer; **Gail Pendleton Rapoza '66**, membership and equipment; **Joan Gage Haines '61**, hospitality; **Linda Samuelson '68**, nominating; 75th anniversary committee chair **Phyllis Weiner DeMaine '67**; **Eunice French Ecker '66**; and **Justine Poltorak Bedlak '72**.

CLASS OF 1943

Edythe Blumenthal Greenspon enjoys artwork and painting.



Painting by **Edythe Blumenthal Greenspon**

CLASS OF 1944

Avis Warren Butler has written several articles reminiscent of her years as a student or young nurse at Hartford Hospital. Her writings include "Dealing with Death as a Young Nurse," "A Premie with No Name," "A Special Visitor to the Premie Nursery," "A Brief Encounter with a Famous Visitor to Hartford Hospital" and "The South Seas Military Patient." She also writes about two occasions where she encountered Katherine Hepburn and Ted Williams when they visited patients at Hartford Hospital. Avis has a tremendous memory, as she relates to her daughter Jayne Marsh all of these nursing experiences.

CLASS OF 1950

Sally Tuttle lives in Florida and would love to visit her home state of Connecticut but has no plans to travel. She fondly remembers her youth and trout fishing when the season opened in April. She has a dog and is able to "walk" her using her power scooter. Sally is unable to attend the June banquet but wishes her classmates well.

CLASS OF 1951

Carolyn Brunning Clarke is doing well and enjoys being with her family. She says there has not been much snow up in Canada this winter.

CLASS OF 1957

Jill Ghi has started to contact her class to prepare for their 60th anniversary in 2017.

CLASS OF 1960



Painting by **Patricia Tencza Reig '60**

Pat Tencza Reig is busy with her paintings and had an art show on Feb. 4, 2016, in the center of Wallingford, where all of her paintings in pastel were displayed. There was also a reception that Pat was looking forward to. She and her husband have two granddaughters, aged 20 and 18. One goes to Stony Brook and is the head of the feminism movement. The second one is a freshman at Rhode Island College and loves it.

Joan Aggard Newth and her husband have moved to a continuing-care retirement community in Tempe, Arizona, where she keeps very busy. She also has started a group for nurses.

Margie Ashman Page moved from her longtime home in Lebanon to a condo in Colchester.

Judy Welch Friend has moved from Cromwell to Rocky Hill. She lost her dear husband, Jim, last summer.

CLASS OF 1962

Linda Arle Duval spent the winter relaxing in Florida and enjoying a nice break from her home routines. The temperatures were cool but pleasant. She and her husband, Bill, celebrated their 52nd wedding anniversary.

Carol Drumm Ferik and her husband, Bob, are enjoying their granddaughters, Kayleigh, 12, and Nina, 10, who are at fun and helpful ages.

Patricia LePito Karwoski and her husband, John, were in Naples, Florida, for the winter months visiting their daughter Karen and family. Their grandson John is a first-year plebe at West Point. He has made the debate team and has been the only plebe selected to represent West Point in Rome, Italy. Their daughter Karen has just been named executive director of a not-for-profit in Naples. Both of her sons are still working in the Midwest. Michael is in Indiana, and Christopher is in Sewickley, Pennsylvania. Pat and her husband have many opportunities to travel and visit with them. Pat hopes all her nursing classmates are healthy and happy.

Patricia Conforti Masucci and her husband, Donald, had a memorable year as they celebrated their 50th wedding anniversary. Their children had a gathering of family and friends in their honor at the home of their son, Paul. Pat and her husband count their blessings each day.

Rosemary DeAngelis was just elected president of the board of directors for the Wallingford Committee on Aging and the Senior Center.

CLASS OF 1965

Susan Smolski recently retired after a 50-year career in nursing. HHSN was the first step in her nursing education. She continued her education and went on to become an APRN. She is most grateful and appreciative for the privilege to care, which she describes as the essence of nursing.

CLASS OF 1966

Betty Ann Vose Fusco and the class of 1966 are anticipating a fantastic 50th reunion in June. It will be great to reconnect with classmates, some of whom have never attended any reunions! The class is looking forward to the luncheon provided by Hartford Hospital and to touring the "old stomping grounds." Sunday will bring back memories of their very first alumnae banquet, with some surprises to liven up the day before saying their goodbyes.

Lillian Rund Tibbles is on a mission to help parents and grandparents discover video call, using apps like Skype and FaceTime to stay connected to their families. Her latest venture is an e-book titled **100+ Fun Activities for Skype with Children**. The activities can also be used with FaceTime and Google Hangouts. With video call, families can see and interact with the person they are calling. It's much more fun than a telephone call. The book became available on Amazon.com in March. Lillian is looking forward to traveling from her home in Florida to attend the HHSN class of 1966 50th reunion in June and hopes to see many of her classmates there.



Cover of **Lillian Rund Tibbles'** electronic book

Alumnae **The Pillbox**

Class of 1968

Mimi Carpenter Raffetto would love to hear from her classmates. She is living in upstate New York and has spent most of her life working in maternity nursing at a rural hospital there. When she retired (after 30 years), she started to teach LPN students at her local Board of Cooperative Education Services. She plans to retire again after this school year. She has loved being a nurse, which makes it hard to leave, but says it's been quite an adventure on so many levels! Mimi and her husband get together with **Barbara (Marshall) McCarthy '68** at least twice a year—a friendship she has treasured. Barbara and her husband are residents of Tennessee. Mimi is very glad to have this venue to be able to connect with other HHSN alumnae.

Judith Seavey Billingsley recently returned to the United States after living abroad and serving as a missionary in Israel for the past two years.

CLASS OF 1974

Fran Pandolfo Cox lives in Glen Head, New York, and is doing well. She has been working at the same facility, Winthrop University Hospital in Mineola, for 42 years. She worked in the hospital as a certified wound care nurse and in homecare for the past 21 years. She is married and has one son, Wayne, who recently graduated from law school. Fran is not yet ready to retire and still enjoys working in the community doing wound and ostomy consults! She would love to hear from other classmates.

Betsy Gaudian, along with Dr. Latha Dulipsingh, facilitated obtaining the Joint Commission's Gold Seal of Approval for Advanced Certification in Inpatient Diabetes Care for Saint Francis Hospital and Medical Center, effective Nov. 21, 2015. St. Francis Hospital is the second hospital in Connecticut (after Greenwich Hospital) and the 84th in the nation to achieve this certification.

Nancy Bober Holyst, MD, loved every minute of her HHSN experience except ... the OR. She swore she would never go back once she made it through nursing education. Then, as she told her children, she got in the wrong line one day and ended up in medical school! So another 12 weeks in the OR and associated places, like ICU, anesthesia, etc. Once again she swore she would never go back. Then she started her resident training at Hartford Hospital in pediatrics, and the people in charge were SO excited that they started a new rotation in pediatric surgery for all residents (only four weeks this time).

Nancy says she has never met friends along the way who were more supportive and nurturing than her nursing buddies—in school and since! She still hosts a gathering once or twice a year for all the wonderful nurses she worked with since medical school. She recently retired from private medical practice in Plainville. Nancy and her husband, Jeff, are planning to make their winter home in Ave Maria, Florida, and their summer home in Niantic, Connecticut. Their daughter, Danni, got married in August 2015, has a 4-year-old son and is expecting in June 2016. Their son Ethan is married and currently lives at Nancy's former address in New Britain. Their youngest daughter, Briar, has completed two years at community college and will start at UConn in Storrs in January 2016.

CLASS OF 1975

Elizabeth McCarthy Lawlor was recognized for 25 years of service at Hartford Hospital, where she works as a case coordinator.



IN MEMORIAM

Virginia Backus Davis '37
Phyllis Orłowski Zatkowski '41
Annamay Jolie Potocki '46
Virginia Defelice '49
Wilma Jeanne Martin Dorgan '49
Barbara Smulski Dowjat '51
Thelma Peterson Youngs '52
Adelaide Bzullak Labraico '54
Patricia Audet '56
Frances Andrews Fesco '57
Beverly Dickinson Hewitt '57
Joyce Hadfield Levesque '57
Jean Hargreaves Reil '57
Joanne Bruno Gamelli '61
Katherine Rees Forner '72



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 replacement HHSN nursing pins. 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 at Carol.Garlick@hhchealth.org.

80 Seymour Street
P.O. Box 5037
Hartford, CT 06102-5037

Address Service Requested

Reproduced from Hartford Hospital's 1866 Annual Report:

**RULES OF THE HARTFORD HOSPITAL
Patients.**

1. Patients, upon admission to the Hospital, shall deposit money and valuables with the superintendent, who will, if desired, give receipts therefor.
2. Patients shall not leave the premises without permission from the superintendent, and they shall report to him on their return.
3. Patients shall not enter the kitchen, cellar, yard, or any of the domestics' apartments, unless by direction of the superintendent or matron.
4. No ardent spirits, or other stimulating drinks, shall be brought into the Hospital by the patients or their friends—neither shall patients be furnished fruit, or any article of food, without the knowledge and permission of the superintendent.
5. There shall be no loud talking, no profane or vulgar language, and no unnecessary noise or disturbance in the building or on the grounds.
6. Spitting on the floor or other practices inconsistent with neatness, must be avoided, and a proper regard must be observed for cleanliness.
7. No patient shall smoke tobacco in the Hospital.
8. Before lying on their beds, patients must take off their boots and shoes, turn down the outer spread, and each patient will be responsible for the neatness of his bed when not occupied during the day.
9. All convalescents who are able, shall assist in their respective wards, when requested by the nurses.
10. The patients shall be in their respective places during the visits of the attending physician and surgeon.