

Spring 2018

# Nursing

Hartford  
Hospital  
Connect to healthier.™

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



Delaney Lancor, RN, BSN

Clayton Richard, RN, BSN

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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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Hartford Hospital Nursing is a publication of  
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and the Alumnae Association of the Hartford  
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### On the cover

Perioperative nurses Delaney Lancor, RN,  
BSN, left, and Clayton Richard, RN, BSN.



## Messages From Executive Leadership



### Nurses Are At The Forefront Of Patient Safety

Greetings! It is my honor and pleasure to serve our organization along with you. This past October I returned to Hartford Hospital to serve as president after leading Hartford HealthCare's East Region for almost two years. My time serving the East Region was rewarding. While I miss the East Region, I am

excited to be back at Hartford Hospital where I spent the prior six years. This is a place with a long history of superb medical care and exemplary service to others.

Since 1854, nurses have helped make this a destination for caring. Nurses provide 24/7 care, 365 days a year. Nurses make sacrifices large and small to improve the health of our community. As a profession, they are the face of healthcare and the vital link between physicians, advanced practitioners, patients and their families. It is one of the most difficult professions, and can also be one of the most fulfilling.

Through it all, nurses have to find ways to stay balanced. They must continually replenish their well of caring and compassion, and often it is done by leaning on a support system of family, friends and colleagues. We are grateful for their role and sacrifices.

It's important to us that we help our nurses find a balanced work approach by providing a supportive foundation at our organization. We accomplish this work through our daily huddles and using the strategic planning tools that are part of our operating model. This guides our entire team in a single direction, channeled by our core values. It also helps build a common platform and unified approach, as well as much needed collaboration and communication.

Safety is fundamental in healthcare. Our culture of safety is driven by the principles of high reliability. Our outstanding team of nurses is committed to these principles: questioning the status quo, making sure patient safety is valued above all else, empowering nurses to question decisions and stop the line, and do the "safe thing."

We constantly reaffirm our commitment to safety by seeking and integrating evidence-based principles. Together, combined with our culture of continuous improvement and H3W Leadership Behaviors, we are speaking a common language.

Healthcare is a calling for our nurses who dedicate their lives to others. Each of us can recall a moment when a nurse's expertise and compassion mattered and made a difference in our lives. Hartford Hospital would not be the place it is today without their dedication and commitment. We thank them for their devotion and do all we can to support their work. Once again, it is my absolute honor to serve the hands that are serving our patients.

**Bimal Patel**

President, Hartford Region  
Senior Vice President, Hartford HealthCare



### Empowering Nurses With High Reliability Principles

As we observe National Nurses Week 2018, I reflect on a year that delivered some unprecedented challenges for bedside nurses at Hartford Hospital. I am gratified by the professionalism, abilities, and resilience of our nurses who ensured patient safety through evidenced-based practice. Regardless of the challenge, the

nursing team was empowered to respond to the needs of the patients who rely on them.

Several years ago, Hartford Hospital committed to becoming a high-reliability organization. High-reliability organizations adhere to principles that promote safety and reduce the incidence of patient harm. We coupled these principles with our safety behaviors, which we refer to by the acronym CHAMP. (You will find a description of CHAMP behaviors on Page 3.) In this issue, you'll read stories about how nurses at Hartford Hospital are using high-reliability and CHAMP behaviors to improve patient outcomes.

In our commitment to continuous improvement and respect for people, I am proud of how far we have come in adopting these important principles and practices as part of our standard work. Our evolution as a high-reliability organization is evident in these stories reflecting our commitment to safety, a commitment that has saved lives.

In the cover story, you will meet two young operating room nurses who exemplify the high-reliability principle "Deference to Expertise." It means decisions are made by those who are most qualified, regardless of years of experience. In their early 20s and at the start of their careers, these nurses are empowered to call a time-out if they believe their patients' well-being might be in jeopardy.

You will also read the harrowing story of three quick-thinking labor and delivery nurses who saved the life of a mother and her baby when a routine delivery turned into a life-threatening emergency at a moment's notice. Their response was driven by our foundational principles of safety.

At no time was the commitment to high reliability more evident than in January, when an aggressive and widespread flu outbreak brought an unparalleled number of patients in need of care to Hartford Hospital. The nursing team was able to meet every patient's needs while maintaining a focus on safe outcomes.

Under incredible pressure, our nurses demonstrated all five high-reliability principles consistently: Preoccupation with Failure; Reluctance to Simplify; Sensitivity to Operations; Deference to Expertise; and a Commitment to Resilience.

These stories are true testaments to our belief that when we empower nurses with the principles of high reliability we are prepared for the many challenges of the high risk environment in which we work.

**Cheryl Ficara, RN, MS, NEA-BC**

Vice President, Patient Care Services  
Hartford Region, Hartford HealthCare



## •• The ART Of Nursing

# Operating Room Nurses Focus On Patient Safety During Surgery

*In this high-reliability environment, nurses advocate for patients who cannot advocate for themselves.*

Perioperative nursing has long been a challenging yet rewarding specialty within the nursing practice.

Yet the fast-paced dynamics of a hospital operating room are often overlooked by students considering a career in nursing. Hartford Hospital has joined the growing number of healthcare organizations nationwide seeking to raise awareness and to offer training in operating room nursing.

“We are opening our doors to nursing students and surgical technology students here at Hartford Hospital” says Janice Hahn, RN, MSN, CNOR, nurse educator for perioperative services. One of these opportunities is a senior nursing student capstone program dedicated to the role of the intraoperative nurse.

The capstone students complete the Association of periOperative Registered Nurses (AORN) Periop Fundamentals course, a 10-module online curriculum designed to provide nursing students with foundational knowledge of perioperative nursing practice. Hahn uses the simulated operating room in the hospital’s renowned Center for Education, Simulation and Innovation (CESI) as an introduction to the real thing.

“We practice hard skills and we talk about theory; why we’re doing what we’re doing and the safest way to practice based on evidence. It’s blended learning,” Hahn said. “They have set of a skills that they perform in the room alongside a seasoned nurse. At the end of the semester they’ve got a certificate from AORN that says they’ve passed the Fundamentals course and they’ve typically spent 120 hours in the operating room in addition to time in the classroom and the simulation center.”

Hartford Hospital also offers an eight-week, summer perioperative nursing fellowship for nursing students entering their senior year of college. Hahn and Maria Tackett, RN, BSN, MS, MSN, Ed.D, nurse director of professional practice developed this program to provide a broad based understanding of the role of the professional perioperative nurse.

“There’s a myth out there that you have to have OR experience to start up a career in the operating room,” Hahn said. There is opportunity for licensed nurses with no previous operating room experience to transition to the OR. These nurses enter a six to eight month orientation that includes AORN’s 26 module *Periop-101*, and one-on-one time with Hahn discussing theory. They become familiar with institutional policies and procedures and practicing skills in the Center for Education, Simulation and Innovation OR. Throughout the orientation the novice OR nurse works closely with surgical technologists and learns the role of circulating nurse under the watchful eye of a seasoned RN preceptor.

Delaney Lancor and Clayton Richard, both registered nurses with Bachelor’s degrees, are new nurses who have chosen to pursue careers in the operating room. Each took



*Delaney Lancor, left, and Clayton Richard, both RN, BSN, are among new wave of nurses choosing to launch their careers in the operating room.*

a different path into the field.

Lancor, 24, was attracted to operating room work while a nursing student at Central Connecticut State University in New Britain. She did a capstone clinical project at The Hospital of Central Connecticut before joining Hartford Hospital after graduation.

Even though she came to Hartford with some experience, Lancor said she appreciated the support she got during her orientation. By the time she was on her own, Lancor said she felt comfortable in her role in the operating room as a patient advocate.

During orientation she was taught the importance of practicing a questioning attitude and with the trust of her colleagues in the room, she feels comfortable speaking up on behalf of the patient if she needs clarity or she feels that something is not right.

“You do three months of circulating with a preceptor and you build a good relationship with them and they teach you how to function on your own as a circulating nurse,” Lancor said. “It really was a good program.”

Richard, a 2016 graduate of American International College in Springfield, Mass., said his first exposure to an operating room was a brief job-shadowing opportunity during nursing school.

It stuck with him and after taking a job in another nursing specialty that left him feeling dissatisfied he

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# Operating Room Nurses Focus On Patient Safety During Surgery

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applied for a job in the Hartford Hospital OR. He was pleasantly surprised that he was hired despite his lack of experience.

Richard said the extensive orientation offered at Hartford Hospital prepared him well.

When she mentors novice nurses, Hahn incorporates how Hartford Hospital's Nursing Professional Practice Model and high-reliability behaviors apply in the operating room.

For example, she said, to advocate effectively for their patients operating room nurses must communicate clearly, handoff effectively and pay close attention to detail. She talks to them about empathy and caring and the importance of being humanistic.

To Richard, that means putting himself in the mindset of his patient, even if that person is asleep for most of the time they're together.

"We have people that have a new diagnosis of brain cancer or have brain tumors or have had a stroke. It's a really tough point in their life," Richard said. They may sleep peacefully in his care, but he tries to keep in mind that "in reality those patients don't know what's going to happen to them after surgery."

While he cannot control what comes later, Richard said his job is to make sure things go as smoothly as possible during the surgery. "Surgeons are great, but they are human," Richard said. "It's our job to check them."

Operating room nurses maintain "that sense of humanity, that sense of always looking out for what's best for your patient," said Maggie Hanbury, RN, MPA, CPHQ and Hartford Hospital's perioperative quality and safety coordinator.

"One of the best parts of working in the OR is being the advocate for the patient when they are asleep," said 23-year-old Richard. "Very rarely do you have the opportunity to be someone's voice 100 percent of the time when they don't have a voice for themselves."

Not only are Lancor and Richard excellent operating room nurses, they are both actively involved as members of their professional teams. Each has been active in research and playing leading roles in process improvement projects in their respective areas.

"Delaney and Clayton are great exemplars of nurses who've made the transition to the role of the OR nurse," Hahn said, "they have become well respected members of our team and it has been a pleasure to see them grow professionally."

**Hartford Hospital**  
A Hartford HealthCare Partner

## BE A SAFETY "CHAMP"

Do the **safe** thing... for every patient every time

- 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% accountability
- Practice a Questioning Attitude**
  - Stop the Line "I need clarity" to ask for clear and specific expectations
  - Validate and Verify

## •• The ETHICS/ART Of Nursing A January Like No Other

### *Continuous Readiness And High Reliability: Concepts That Empower Hartford Hospital Nurses*

The winter of 2018 brought a severe flu outbreak to the area, the magnitude of which had not been seen in recent years. Influenza drives up the patient census every winter. This year decreased vaccine effectiveness against the pre dominant strain caused a huge spike in the number of people needing acute care at Hartford Hospital. In January alone we had 129 flu patients needing inpatient care and 152 flu patients seen in our emergency department and receiving outpatient treatment. There were 30-40 in-house flu patients per day for 6 to 7 weeks; twice as long as is usual.

“It was a January like no other. The census was beyond anything I have ever seen in my entire 26-year career at Hartford Hospital,” said Cheryl Ficara, vice president, patient care services for Hartford HealthCare’s Hartford Region. Ficara said key to the hospital’s response to the surge was the leadership’s decision to embrace the principles of high reliability, a persistent state of mindfulness used to maintain safe operations. While these principles are important during normal operations, Ficara said, they are even more so when the hospital is managing an outbreak of a contagious illness or a surge in census.

Hartford Hospital, one of the largest hospitals and tertiary care centers in New England, operates in a state of continuous readiness and adjusts to meet changing patient and community needs. We have hardwired, standard structures and processes to support our patients and to align ourselves with the essential elements of high-reliability organizations that operate in complex and potentially hazardous settings.

We focus our day-to-day operations with high-reliability principles in mind. Here is how these principles guided us through the surge:

#### **Sensitivity to operations – Seeing the big picture**

As the patient census climbed, the need to execute our surge plan, which is part of our standard work, grew. We separated opinion from fact and took objective measures. Leaders increased the frequency of daily meetings, known as huddles, to review the census, patient acuity and placement. Nurses working with colleagues system-wide adapted locations like the Post Anesthesia Care Unit (PACU) to expand capacity for seriously ill patients. The huddles were also a means for staff to share information about emerging issues.

Starting early each morning, nurses worked with providers to prepare patients for discharge as soon as possible, further expanding the hospital’s capacity for admissions said, Beth Lawlor, RN, BSN, MS, CCM, CPHM, NEA-BC, director of care continuum at Hartford Hospital. Lawlor cited the resilience of the Hartford Hospital team noting that patient safety was consistently maintained. In a well-orchestrated manner, the right resources were brought to patients at the right time. Hand offs to next shift were thorough and included the administrator on call, the Care Logistics Center (CLC) and the nursing coordinators. The teams built bridges and managed up as needed.

The CLC, a centralized bed-coordinating system, provided real-time information on bed availability at all of Hartford HealthCare’s hospitals. The center arranged patient transfers across the system further expanding bed capacity at Hartford Hospital. The CLC enabled Hartford HealthCare’s community hospitals to selectively and appropriately send critically ill patients to Hartford.

“We did a lot of focusing on making sure that we were only accepting patients that truly needed our level of care,” said Michele Kolios RN, BSN, MS, director of critical care nursing at Hartford Hospital who was the administrator on call during the first week of January. “There was a lot of effort around facilitating, prioritizing, and organizing the influx of these patients.”

The entire system aligned to have the right patient at the right place at the right time. Hartford Hospital was focused on meeting needs of patients with the highest acuity across the system and state. The effectiveness of sharing accurate information and coordinating levels of care and patient admissions are examples of how nurses managed the complexity of the surge. These functions were met through an appreciation for the interconnectedness essential to operating a Level I Trauma Center and tertiary referral hospital.

#### **Resilience – Controlling and learning from errors**

Of the tenets of high reliability that were demonstrated during this period, resilience was probably the most impressive. We continually focused on patient safety, as well as staff well-being. Nurse directors and nurse managers changed routines to optimize support and oversight on patient care units. Standard rounding was increased to strengthen staff communication with leadership focusing on potential risks to patients. The nursing team was continuously adapting to the shift’s needs getting patients to the most appropriate unit for their care.

“As a team we listened to each other and respected one another’s expertise and perspectives,” said Ficara. The nursing team’s rapid assessments and response during this critical period enhanced patient well-being and safety. Volunteers were dispatched to add small but meaningful comforts: additional pillows, blankets, and access to telephones.

Resilience is the capacity to recover quickly from difficulties; the ability to bounce back. The staff demonstrated resilience by caring for their patients and each other. Resilience was also evident in maintaining normal operations and continuing with large-scale renovation and construction projects on units designed to meet future needs of patients.

#### **Deference to expertise – Front-line decision-making**

Hospitals are complex organizations and at the core are our bedside nurses. Nurses are the professionals closest to patients during times of challenge. We count on them to demonstrate a questioning attitude; drawing upon their education and training in high-reliability principles and

# A January Like No Other

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Gail Nelson, RN, MS, NEA-BC, director of regulatory readiness and nursing operations, at Hartford Hospital, right, (back to camera) leads the daily Patient Safety Action Group huddle during the flu-related patient surge in January 2018.

CHAMP behaviors to advocate for their patients. Their constant focus on patient safety and best practices during the surge produced favorable outcomes and prevented errors. The bedside nurse, the clear expert in patient care, was relied on more than ever, for keeping patients safe and advancing positive outcomes.

In addition to our hospital-wide cascading huddles, sharing minute-to-minute information in a standard way, allowed us to improve as we evolved hour-by-hour, and day-by-day through the surge. The voice of the nurse, evidence-based practices and our standard work assured safety and quality.

Speaking up requires knowledge, trust that you will be listened to, self-confidence and courage. We saw this demonstrated continuously from the nurses at Hartford Hospital. Our staff is our most valuable asset and their engagement was imperative and impressive.

### **Reluctance to simplify – Develop complete information**

The Specialty Training And Responsiveness (STAR) float pool is an example of the flexibility of the nursing team. The hospital's ability to adjust resources to match a sudden change in patient volume is central to the concept of reluctance to simplify, a hallmark of high reliability. During a normal patient census, Hartford Hospital's nursing float pool provides highly trained nurses and patient care associates to any patient care unit where staff is needed.

During the surge, a decision was made to open an overflow unit so the patients waiting in the emergency department could get the level of inpatient care that would ensure their safety.

"The patients that I picked up from the ED were just so grateful to be settled and their family members so appreciative that they could finally leave and go home and get some rest because they felt that their loved ones were actually where they needed to be," said Kimberly Johansen, RN, BSN, float pool manager.

What began as a focus on the emergency department census, evolved into a complex coordination of hospital functions. Nursing leaders across the hospital worked to coordinate patient care and implement a surge plan.

According to Lawlor, who served as an administrator on call (AOC) during the surge, all requests for patient admissions were met and elective surgeries continued on schedule. The AOCs rotated covering late into the evening and collaborating with nurse coordinators and the staff.

### **Preoccupation with failure – Patient Safety Action Group meetings**

A commitment to patient safety requires a constant focus on best practices to prevent errors or other harm. When the hospital is at maximum capacity, reliance on the high-reliability principles is even more important. Patient Safety Action Group meetings continued with the same attention to reducing errors and other hazards as on a normal census day.

In this daily 15-minute meeting, nurses, together with other colleagues, identified potential threats in the hospital (drug shortages, equipment breakdown) as well as potential external threats (snowstorms, road closures). During this meeting near misses and adverse events were reviewed with a focus on learning from these situations and preventing a recurrence.

Nurses at Hartford Hospital never wavered in their focus on our patients, never wavered in their practices of reviewing near misses, never wavered in studying adverse events which are hallmark practices of a high-reliability hospital.

In the face of adversity they rose above the challenges, embraced the changes, and engaged in the learning opportunities. As a result, Hartford Hospital became a stronger and safer place in January 2018.

## •• The SCIENCE Of Nursing

# Seeking A Better Way For Nurses To Assess Nerve Function In Spinal Injury Patients

## *Addressing A Problem On His Unit, Nurse Finds A Universal Need For Standardized Assessments*

As a neurologic intensive care nurse Mark Larson, RN, BSN, CNRN, SCRN, spends much of his time caring for people with spinal injuries and assessing their conditions by examining their muscle function.

“Show me your bicep,” he and his fellow nurses will ask a patient, prompting the person to flex an elbow. The strength of that flexion can reveal a lot about nerve function and is noted in the chart on a scale of 0 to five.

“Most nurses have been here for a long time and have a lot of experience,” Larson said. “Most have a good understanding of anatomy. We check the biceps, the triceps, how well the fingers move and the hand grasp, but are we checking the strength in the correct muscle groups? Should we be checking hand grasp? Do spine surgeons check hand-grasp strength or something more specific to correlate with a specific spinal nerve?”

With no standard list of muscles for nurses to evaluate muscle strength and associated nerve function in spinal injuries, it’s anyone’s guess. Larson has set about to change that.

Larson has proposed a new assessment tool that looks at nine muscle groups, each associated with a nerve or nerve group on the spinal column.

Trouble flexing your elbow? The issue may be located at cervical nerve five in the neck. Having a problem with hip flexion or knee extension? Consider the lumbar one and two nerves as a possible trouble site.

Now, nurses use their best judgment to assess nerve condition by looking at the way various muscles function. These highly subjective assessments are left to the next shift to interpret without any standardized documentation.

Larson’s tool accomplishes the first three tenets of the CHAMP behaviors. The tool will allow nurses to:

- Communicate clearly by standardizing the way nurses assess spinal nerve function.
  - Hand-off effectively by allowing nurses to provide consistent assessment data to the next shift and to physicians.
  - Pay close attention to details by isolating and identifying spinal nerves based on muscle function.
- The result will improve patient safety and care.

Larson is a nurse on C-9 I, a neuro-surgical and trauma intensive care unit at Hartford Hospital, which is part of Hartford HealthCare’s Ayer Neuroscience Institute. He brought the idea for a standard assessment scale to his manager, who encouraged him to pursue it. His original plan was to post the scale in the EPIC electronic health record system, where nurses could use it as part of standard patient documentation.

Next he checked with Rebecca Morton, BSN, RN, CWCN, of the EPIC team, who suggested he conduct a literature review to see if such an assessment tool existed elsewhere. Why reinvent the wheel. What Larson found was there was no wheel.



Mark Larson, RN, BSN, CNRN, SCRN, left, demonstrates the spinal surgery patient evaluation tool he developed to fellow nurse Danielle Gonzalez, RN.

“I discovered a huge gap in the global literature,” Larson said. “No one ever put together an assessment tool for nurses to document [nerve innervation].”

Larson found lots of literature regarding the excellent spinal nerve assessment tool used by doctors and advanced practitioners, a tool produced by the American Spinal Injury Association. This tool details which specific muscle groups correlate with very specific spinal nerves, but this tool has never been streamlined for use by nurses at the bedside.

Larson presented his idea for a standard assessment tool at the annual educational meeting of the American Association of Neuroscience Nurses in San Diego in March.

“Nurses from Maine, to Florida to Oregon said they are desperate for this. There is nothing in their computer systems,” Larson said. He said a nurse from the Walter Reed Army Medical Center in Bethesda, Md., told him such a tool would be particularly valuable in assessing combat-related spinal injuries.

The next step for Larson and his team is to validate the tool through research. He is working with the Hartford HealthCare Nursing Research Council and Hartford Hospital Senior Research Scientist Anne Williamson, PhD., to explore external funding sources to support the project.

Larson also credits two more key Hartford Hospital employees who are guiding the project moving forward, Donna Avanecean, DNP, FNP-BC, APRN in neuro-oncology and Lisa Corbett, DNP, APRN, CWCN, chairman of Hartford Hospital Nursing Research Council.

“It’s a tremendous amount of time and effort to complete this work,” said Michele Kolios, RN, BSN, MS, director of critical care at Hartford Hospital. “Mark has

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## Seeking A Better Way For Nurses To Assess Nerve Function In Spinal Injury Patients

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been a leader on this unit for years and this work is so specialized.”

Larson said he's received overwhelming support for the project. In addition to his nursing colleagues, spine surgeons Drs. Brendan Killory and Joel A. Bauman have been frustrated by the lack of consistency of spinal assessment data and have encouraged Larson to pursue the project.

Larson said he is excited that his project could improve the treatment of spinal injury patients around the world. The tool could pick up on problems that might indicate low oxygen, inflammation or structural problems in the spine.

“I found out it's a universal problem,” Larson said of the variability in assessing nerve function following spinal injury. It's not just my little unit.”

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## •• The **ADVOCACY** Of Nursing Trusting High-Reliability Principles

### Quick Action By Labor And Delivery Nurses Saves Lives When A Routine Birth Goes Wrong

The nurses and staff of Hartford Hospital's Childbirth Center, where some 4,000 babies are ushered into the world annually, have a lot of experience delivering healthy babies. Yet they must remain ever vigilant for those instances when an otherwise routine birth suddenly spirals into a life-threatening emergency.

Three labor and delivery nurses demonstrated that adherence to key safety principles – in this case attention to detail, communicating clearly and mentoring and coaching – saves lives.

#### **“My Wife Can't Breathe!”**

The unit was quiet on a recent early morning. There were only two patients in house. Nurse Izabella Sierra, RN, BSN, who was finishing her three-month orientation in labor and delivery, had just assisted a resident in breaking a patient's water to help induce labor. She had moved on to her next patient, a postpartum mother who was learning to breastfeed.

Everything felt calm, but the nurses remained keenly aware of the possibility that something could go wrong at any moment. In fact, it did.

Just four minutes after the first patient's labor was induced, she was gasping for air and her terrified husband came out into the hallway screaming: “My wife can't breathe!”

Registered nurses Kathy Tuley, who was Sierra's preceptor, and Lisa Laporte, the charge nurse, ran to the patient's room.

“As soon as we got there, we could see her face was dark red and her eyes were bulging,” Tuley said. “She was mouthing to me: ‘I can't breathe’.” At the same time, the baby's slowing heart triggered an alarm.

With the husband in a panic and the situation obviously grave, Tuley relied on her STAR training to take control and calmly figure out what might be going on – Stop. Think. Act. Review.



Izabella Sierra, RN, BSN, (left), and Lisa LaPorte, RN (right) rush a "patient" with a life-threatening amniotic fluid embolism down the hallway in Hartford Hospital's Labor & Delivery unit on North 6 from her room to an operating room..

“What did play a really good role is we all kept our heads. We all did what we needed to do and implemented it as fast as we possibly could.”

Placing a pulse oximeter on the patient's finger, Tuley quickly determined her pulse and oxygen levels were dangerously low. Though everything had been normal minutes before, the nurses realized they were likely witnessing an amniotic fluid embolism. This is a relatively rare, frequently fatal occurrence in which a pregnant woman's body starts to shut down after amniotic fluid from the placenta is drawn into her bloodstream. Laporte said that in 33 years at Hartford Hospital, 28 of them in labor and delivery, she had never experienced it before.

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An amniotic fluid embolus reaction is one of those potentially devastating events that nurses never expect but must always be ready for.

If their patient's life and that of her baby were to be saved, a lot had to happen and quickly.

**A call went out for OB-STAT**

Responding to the monitor alert and commotion in the hall, Sierra, the nurse-in-training, saw a scene that was familiar from her recent rotation on a cardiac unit – a patient with a failing heart. She knew they had to move quickly and almost instinctively unplugged the bed.

Amniotic fluid emboli occur in about one in every 40,000 pregnancies. Laporte said you know what's happening from the pieces: the falling heart rate and oxygen levels, the recently broken water. "It's just instinct. It kicks in. Collaborating with the residents, we all knew kind of what was happening," Laporte said.

The nurses communicated the patient's symptoms and the severity of the situation, ensuring that the right team was in place and an operating room ready. A senior resident concurred with the nurses' assessment. The nurses quickly administered high-flow oxygen and intravenous fluids to help stabilize her. Pushing their patient's bed, the nurses raced to the operating room where the team was waiting.

Here the patient was sedated and placed on a ventilator to stabilize her heart. The surgical team then delivered her baby, the couple's first child, by cesarean section.

**Attention to Detail and Being in the Moment Pays Off**

Though none of the nurses had seen a case involving an amniotic fluid embolus, their training, experience and a clear course of high-reliability behaviors, including the Safety CHAMP model, (see Page 3) enabled them to respond in a way that saved a mother, her baby and a new family. Being in the moment allowed them to focus on the life-threatening incident as it unfolded before their eyes.

Following the delivery, the baby was cared for in the Neonatal Intensive Care Unit (NICU) and the mom was stabilized quickly and returned to the labor and delivery unit. Sierra took care of her for the rest of the night.

It was a happy ending to a story that frequently doesn't end well. It was also a learning moment for the entire team.

The attending physician, the residents, nurses and others gathered later to review the case with an eye toward the next one. "You talk about what you could have done better; what you could have done differently," Laporte said.

As a teacher, Tuley made a special effort to review the case with Sierra, her trainee and Sierra felt empowered to ask questions.

"I was learning," Sierra said, "and I actually asked the attending how we would know if this was really an amniotic fluid emboli." The resident told her the only way to be certain would be to find it during an autopsy. Otherwise, "you just know by sensing," Sierra was told.

•• **The SCIENCE Of Nursing**

**The Middle Of An Emergency Is No Time To Learn**

*Virtual Crash Cart Exposes Nurses To Life-Saving Equipment Before They Need To Use It*

When he started working as a nurse at Hartford Hospital in 2015, Christopher Mann, RN, BSN, didn't believe in those "black clouds" that some say follow us. But after a year on Bliss 8, a post-surgery recovery floor, he was having doubts.

"I always seem to get the patients that have issues," Mann said. Often those issues required use of the crash cart and Mann learned the hard way that a life-threatening emergency is not the best time to learn your way around it.

Mann devised a way to enable nurses to perform better during these emergencies by preparing for them in advance.

A crash cart carries the equipment and medicine typically needed to treat a patient experiencing a cardiac or respiratory emergency.

The problem is that while the carts are found in hallways all over the hospital they are locked. So it's rare that anybody can look inside until the pressure is on.

The middle of an emergency is "not a good learning time," he said.

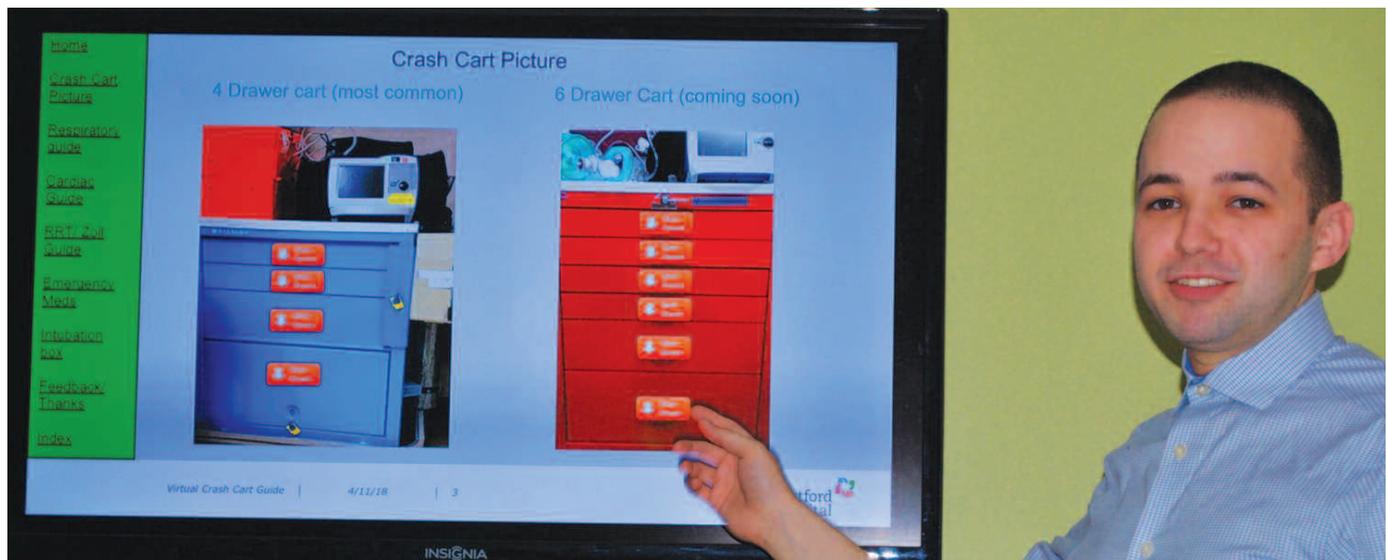
**A Virtual Guide to a Crash Cart**

So Mann came up with an idea. He created a detailed PowerPoint guide that allows medical professionals to take a virtual tour through a crash cart when they have time to study its intricacies.

Mann, 27, graduated from UConn School of Nursing in December 2014 and did his clinical on Bliss 8 before joining the staff in 2015. After only three years on the staff, Mann felt comfortable about speaking up about what he perceived a potential safety threat, and his supervisors were receptive.

"It's just amazing what he's done," Susanne Yeakel, RN, MSN, NEA-BC, CNML, director of surgical services, wound care and ostomy, said of Mann's project. A veteran nurse, Yeakel said she relies on millennials to come up with fresh ideas. In this case, technology is the playground of the young and she defers to their expertise.

*continued on page 9*



Christopher Mann, RN, BSN, demonstrates his Virtual Crash Cart Guide, a PowerPoint tutorial that explains the inner workings of the hospital's many crash carts.

Mann's PowerPoint – Virtual Crash Cart Guide – can be found on Hartford HealthCare's internal website. It begins with an introduction and a picture of a crash cart. Click on a drawer and up pops a photo of what's inside. There are also detailed guides for every piece of equipment along with "how to" instructions.

In the respiratory guide, for example, you will find "How to suction" and how, when and why to intubate.

The cardiac guide includes a detailed table showing normal and abnormal heart rhythms, the cause of various arrhythmias and how to treat each.

There's a picture of the medications found in the medication box. There's a separate section just on what's in the intubation box and how to use it.

The PowerPoint comprises 107 slides that users can browse through at their leisure and delve into topics and details as time and interest allows.

#### Technical Help from CESI

Mann considered the idea for about a year and discussed it with supervisors before he took it to Liza Nowicki, RN, MSN, nurse-educator at CESI – the Center for Education, Simulation and Innovation at Hartford Hospital. Nowicki is also co-leader of the multi-disciplinary, safety-coach team. Coaches are peer-to-mentors providing constructive feedback when they see behavior that is inconsistent with CHAMP safety habits.

By this time, Mann had become a Safety CHAMP on his unit and was working with a safety coach to promote safe behaviors. It seemed obvious to Mann that nurses would be better prepared for a medical emergency if they had more thorough knowledge of the crash cart before they needed to use it.

Working with Nowicki and Christopher Madison, simulation technology developer at CESI, they developed a PowerPoint presentation. Madison focused on the technology while Nowicki advised on the medical information that would be included.

Mann has shown the crash cart PowerPoint to several nursing councils and has received an enthusiastic response. The tool is posted in the nursing education section of the intranet. He said he hopes it will become part of the formal nursing-education curriculum at Hartford Hospital.

Mann said he hopes to develop similar PowerPoints for the Institute of Living and for Women's Health, which use different crash carts.

Orienting nurses to the crash cart prior to an emergency exemplifies the high-reliability principle of commitment to resilience. Resilience is rooted in the understanding that even the best systems may fail. Mann recognized that nurses who were unfamiliar with the crash cart could not provide the safest care to their patients.

While things may go wrong, Mann's guide gives nurses the knowledge they need to respond in a way that ensures patient safety.

Mann has also converted a lengthy, post-surgical, patient-care guide to a PowerPoint to make the information easier to digest. The roughly 20-page guide contains typical nursing expectations for various surgeries and patient safety. Mann reworked the information into a PowerPoint presentation.

Yeakel said Mann's project exemplifies the 2018 National Nurses Week theme:

NURSES: INSPIRE, INNOVATE, INFLUENCE

## •• The **ADVOCACY** Of Nursing

# Empowered Nurses Collaborate To Improve Safety And Experience For Cardiology Patients

### *TEE Procedure Patients Share New Recovery Area*

When a new pre- and post-op unit opened in the Heart & Vascular Institute at Hartford Hospital last summer the space was reserved for electrophysiology patients undergoing invasive procedures.

But nurses caring for patients in the older nuclear medicine/noninvasive cardiology unit, just steps away, noticed a log jam in their area, while there is some availability in the new section.

In a culture that continuously encourages employees to identify problems and to speak up about potential improvements, the nurses devised a plan that enhanced the experience and safety of their patients.

It was not architects or engineers who noticed shortcomings in the design, rather it was the nurses closest to the problem that flagged a disparity in services and proposed a solution.

The problem identified by nurses was that the area being used for noninvasive TEE cardioversion therapy was too small. In addition, the procedure room was also the recovery area, making it impossible to efficiently clear space for the next patient.

“There were a lot of inefficiencies there,” Noreen Gorero, MA, BSN, RN, CNML, senior director of operations for the Heart & Vascular Institute, said of the cardioversion lab.

The nurses working in both sections – the non-invasive cardiology and nuclear medicine section, managed by Thomas Morneau CNMT, and the new pre- and post-op recovery– noticed the discrepancy in service. TEE cardioversion patients were being treated in dreary, closet-

like confines. The electrophysiology section was new and spacious and often had beds available. And the nurses spoke up.

The nurses in both sections met and collaborated on plan through which some TEE cardioversion patients could share the pre- and post-op area with electrophysiology, Gorero said.

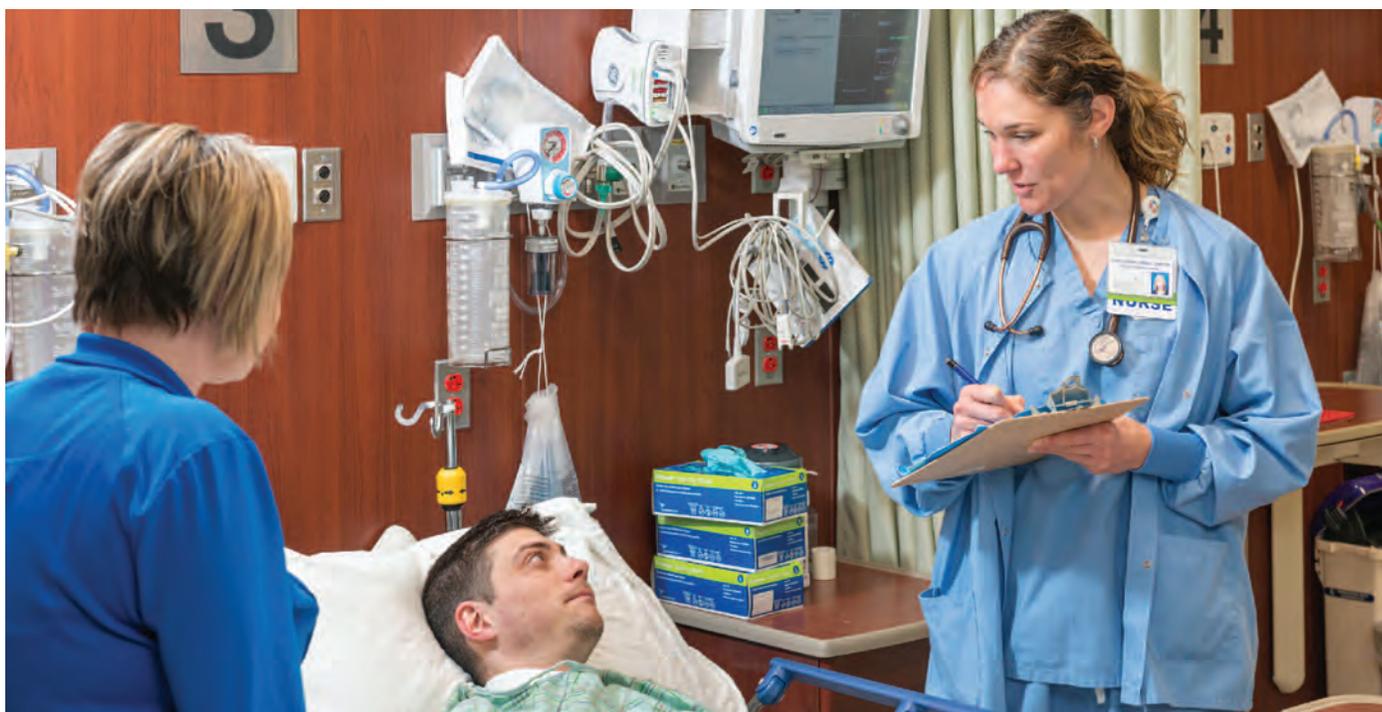
“They were close to each other and you could just see the disparity in care,” said Gorero who was manager of the electrophysiology section when the new recovery area was added. “The two teams merged together to think of ways to better the care of patients undergoing cardioversion.”

One solution they’ve been trying since January, Gorero said, is moving post-procedure TEE cardioversion patients to recover in the new electrophysiology recovery unit.

Nurses in the nuclear medicine unit are transferring the post-cardioversion patients by wheelchair – a journey of a few steps – to the electrophysiology recovery area where they are monitored by nurses until they are ready to go home or be transferred back to the floors.

“The nurses in both areas talk about the work flow and how they are going to handle it,” Gorero said. The nurses decide which patients will be transferred and which will stay put.

“If you look at a situation and then you step back and see it in terms of quality, safety and best patient experience and you let the staff who are on the ground figure it out,” she said, the best, safest solution will almost always be found.



Lisa Buckle, RN, BSN (left) and Christina Bray-Smith, RN (right) discuss a procedure with “patient” Sean Boyle in the Cardiac Electro-physiology Department’s new pre- and post- op holding area. Patients who have had a TEE (transesophageal echocardiogram) procedure in the cardioversion procedure room also share this recovery space.

# Nightingale Awards

Please join us in congratulating Hartford Hospital's 2018 Nightingale Award recipients.

These Hartford Hospital nurses will be among the honorees at the 16th Annual Hartford Regional Nightingale Awards for Excellence in Nursing Gala. The event, hosted by Hartford HealthCare at Home, will be held on Thursday, May 10, at 5:30 p.m., at the Connecticut Convention Center in Hartford.



Marion Beucler, RN, BSN, CCRN, SCRNP  
Critical Care



Debra Hernandez, MSN, APRN, BC  
Medicine



Paul Paseos, RN  
Institute of Living



Maria Brahm, RN  
Transplant



Renee Lemay, RN  
Women's Health



Sara Small, RN-ASN, BS  
Women's Health



Evgeniya Brokin, RN, BSN, BA  
Surgery



Emily Lewis, RN, BSN  
Medicine



Beth Willadsen, RN  
Cardiology



Sebastiano Golino, RN, BSN  
Critical Care



Laurie Manzolillo, RN, BSN, BA  
Cardiac Arrhythmia



Megan Woodruff, RN, BSN, HNB-BC  
Medicine



Janice Hahn, RN, MSN, CNOR, CST  
Perioperative Services



Sharon Nelson, RN, MSN, OCN  
Oncology

# Nursing News & Notes

We congratulate these Hartford Hospital nurses on their recent achievements.

## Cancer Institute

Silvia Willumsen, RN, BSN, our bone marrow transplant coordinator, presented a poster: "Improving Access to Bone Marrow Transplant Care By Building a Shared Care Model: Memorial Sloan Kettering and Hartford HealthCare," at the American Society for Bone Marrow Transplant annual meeting.

## Institute of Living

Ellen Blair, DNP, APRN, PMHCNS-BC NEA-BC, nurse director of psychiatry; Jyoti Chhabra, PhD, AHC, RYT; Cynthia Belonick, APRN, BC; and Maria Tackett, EdD, RN, CEN, TCRN, CCRN-K, will publish "Non-Psychiatric Nurses' Perceived Self-Efficacy After an Educational Intervention on Suicide Prevention and Care," in the Journal of Psychosocial Nursing and Mental Health Services, online. It's scheduled to appear in June 2018.

An oral presentation, "Non-Psychiatric Nurses' Perceived Self-Efficacy After an Educational Intervention on Suicide Prevention and Care," was given at the CT Research Alliance Conference in October 2017 by Ellen Blair, DNP, APRN, PMHCNS-BC NEA-BC, nurse director of psychiatry.

A poster, "Benefits of the restraint chair vs. 4-point leather or Velcro restraints vs. locked door seclusion (LDS) during psychiatric emergencies in the inpatient hospital setting," was presented at the American Psychiatric Nurses Association's APNA Annual Conference in Phoenix, Ariz., in October 2017. Among those participating in the project were: Jamie Santaniello, MSN, APRN, PMHNP-BC; Ellen Blair, DNP, APRN, PMHCNS-BC NEA-BC, nurse director of psychiatry.

## Medicine/IV Therapy

IV Therapy Team and Pharmacy – were published in the March edition of The Journal of the Association for Vascular Access, a peer review publication. Title: "Lean Six Sigma for Intravenous Therapy Optimization: A Hospital Use of Lean Thinking to Improve Occlusion Management."

Lee Steere, RN, CRNI, VA-BC, did an oral presentation at the Association for Vascular Access annual national conference in September of 2017. Title: "Creating Value with the Development of an IV Patency Bundle Using Lean Healthcare Six Sigma Methodology."

Jodi Pinkus received her MSN as a Family Nurse Practitioner. The following oncology nurses have been certified by the Oncology Nursing Society: Amie Ouellette, Susan Smith, Jennifer Dupuis, Brianna Lynes.

Elena Mascia has received her medical-surgical certificate by the American Nurses Association through the American Nurses Credentialing Center.

## Perioperative Services

The following nurses have successfully completed the Fall 2017 and Spring 2018 Association of periOperative Nurses (AORN) *Periop 101* program.

Veronica Debkiewicz, RN, BSN; Aubrey Barry, RN, BSN; Brittany Barrett, RN, BSN; Tashay Bemby, RN, BSN; Izabella Sendrowski, RN, BSN; Jenna Lankford, RN, BSN; Tracie Mitchell, RN, BSN; Jay Maltz, RN, BSN.

## Women's Health

Maria Segarra, BS, RN, has assumed the role of Women's Health Services Clinical Leader for the night shift. She has enrolled in the University of Hartford's Masters of Nursing Education program.

Monika Costa, MSN, RN, IBCLC, has enrolled in Southern Connecticut State University's Doctorate of Education program.



## From The Alumnae Association President



Change is good and a necessary component of life. It opens the entrance for new thoughts and ideas, perhaps a different focus or an emphasis on different outcomes allowing growth.

After six years as your president, I've decided that it is time for a change.

I have enjoyed serving as president and feel honored that you entrusted me to uphold our constitution and

bylaws. At a time when many associations and organizations are dissolving, Hartford Hospital School of Nursing Alumnae Association remains strong and active. This is due to the commitment and service by the officers and board and no words can express my appreciation for their assistance.

Unfortunately, our society is finding it harder and harder to find people willing to volunteer their time. This is partly due to today's economy and the necessity of both parents working to just live, even when frugal, plus the need to

ration "free" time. The association also finds few members willing to volunteer their time and due to the school of nursing closing in 1976 our pool of members is declining.

I hope our association can remain active and not follow in the footsteps of dissolution like St. Francis Hospital School of Nursing Alumnae Association. I am happy to announce that Mary Jane Densmore, Class of 1969, has agreed to accept the presidency of our alumnae association. I know she will keep our association active and visible and that she will continue to push forward on projects we have not been able to complete during my term in office. I know you will welcome her and I do hope some members will be willing to help start a list of members willing to serve on the board in the future.

Thank you again for all your support.

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

#### President

Betty Ann Vose Fusco, RN '66

#### Vice President

Mary Jane Pappalardo Densmore,  
MA, RNC '69

#### Recording Secretary

Alicia Plikaitis Junghans, RN '66

#### Program and Publicity

Gail Pendleton Rapoza, RN '66

#### Nominating

Karen Stinson Mazzarella, BA, RN '69

#### Scholarship

Christine Johnson, MS, RN '61

#### Directors

Phyllis Weiner DeMaine, MSN, RN '67

Kathleen Boyd Didier, RN '69

Lesley Prentice McGrath, RN '61

Jerri Saltus Sicaras, RN, '63

#### Executive Director of Alumnae Affairs

Patricia Andreana Ciarcia,  
MSN, RN '62

#### Board Treasurer

Jane Wallace Lasher, BSN, RN '74

#### Vice Treasurer

Theresa Gwozdz, APRN '76



### 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](mailto:bafusco@cox.net); Pat Ciarcia, executive director of alumnae affairs, at [patciarcia@snet.net](mailto:patciarcia@snet.net); or visit [www.HHSNalumnae.org](http://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.

## A Dedication To Coordinating Care



Phyllis Weiner DeMaine,  
HHSN 1967

While working as a discharge planner for Hartford Hospital, nurse Phyllis DeMaine saw firsthand the challenges of America's fractured healthcare system.

How do you connect an uninsured patient with follow-up care? Will a patient have the money or transportation to fill a prescription after leaving the hospital? Is help available at home? If not, is a nursing home bed available?

But of all the challenges Phyllis remembers after more than 40 years of patient care in Connecticut, the toughest was that of patient in failing health who wanted to return home to Hawaii, some 5,000 miles away, to spend his final days with family.

"He just wanted to go home where he had brothers and sisters who were more than willing to take care of him," Phyllis said. "I had to figure out how to get somebody who was on a continuous IV drip of a drug that kept his heart going back to Hawaii."

For her effort, she received a Nightingale Award.

But for Phyllis, nursing is

not about the awards, it's about the rewards that come from helping others.

"It's just such a rewarding profession," said Phyllis, now 71, who retired four years ago after a career of more than four decades. "What you give you get back in the relationships with patients."

Phyllis said her first thoughts about nursing developed while growing up in Boston when her sister developed juvenile rheumatoid arthritis. "I just knew that caring for people was important," she said.

Phyllis chose Hartford Hospital School of Nursing and earned her RN in 1967. Upon graduation, she was hired as a med-surg nurse at Hartford Hospital where she worked briefly before returning to Boston for a year. Yet as the world turns, she had already met Ronald DeMaine, the man whom she would marry in 1969. "He dragged me back to Hartford," she said.

Phyllis worked two years as an instructor at HHSN. She returned to staff nursing and worked in the cardiac intensive-care step-down unit for more than 20 years. Along the way, she developed an informal set of classes through a grant from the American Heart Association for patients in the cardiac unit.

She earned a BSN, summa cum laude, at the University of Hartford in 1995. In 2000, she took on case management in the congestive heart failure unit, where she did discharge planning, helping patients and their families navigate the future that sometimes included palliative care and nursing

home placements.

Even though she's "officially" retired, you wouldn't know it. She volunteers at Jefferson House, the hospital's long-term care and rehabilitation center in Newington. She also works with Malta House of Care, a free health clinic, staffed by volunteer doctors and nurses, for people with no health insurance.

Phyllis said that while working as a discharge planner, she often referred patients with no health insurance to Malta House of Care that helped her find free medications and doctor visits for her patients.

"They really did help me so I'm just paying it forward by going back and working for them," she said.

Phyllis and her husband still live in the house in Wethersfield they moved into after they were married. They have three sons and four grandchildren. In her spare moments, she likes reading and caring for her grandchildren.

"I just loved what I did and missed it when I decided I would retire to babysit," she said. "It's a new job, but you get paid in hugs and kisses only." •



## A Look Back

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Edythe Blumenthal Greenspon sent this story to the Alumnae Association on May 4, 2017. Three months later, on August 9, she passed away at the age of 95. She wanted her story shared so we are highlighting it in the featured article "A Look Back." Edythe graduated from Hartford Hospital School of Nursing in 1943. She also had a passion for art and at the age of 71 received her Masters of Art degree.

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## A Christmas Vacation To Remember

One extremely cold winter my husband and I decided to take a trip to Israel. The thought of going to a warmer climate really was exciting. We made all necessary arrangements, passports and reservations, packed up and off we flew to Kennedy Airport to meet the El-Al Airlines. Security at the time was astonishing with all the news about hijacking and violence. They couldn't be more careful about luggage and passengers.

When we arrived in Israel we were greeted cordially and guided to our hotel. Each day we got into an unheated bus and visited all the biblical sections: Jordan, Galilee, Bethlehem, Jerusalem and Haifa. One afternoon while traveling toward Jerusalem we heard loud cries and our tour bus stopped. We heard screaming and crying and our tour guide asked if there were any doctors or nurses on the bus. My husband was an optometrist and I was a registered nurse so we both got up and asked what the problem was.



*Edythe Blumenthal Greenspon*

Our guide pointed to an Arab girl who was lying in the mud having a baby. The crowd around her didn't know what to do. My husband, Ben, a vision specialist, had absolutely no training in obstetrics and it had been years since I had worked in a labor room. However, since I was the only one with any experience in such matters I took charge. I asked those on the tour bus to look for scissors, towels or blankets. The guide brought out a bottle of whisky and someone handed me a

shredded rope which I could use to tie the baby's cord. The woman was lying in the mud and it was cold. We quickly covered her with a blanket while the baby was coming. While I guided the baby, someone washed the scissors with the whisky. Soon the baby was there crying and kicking, all red and healthy looking. I tied the cord and wrapped the newborn in a heavy towel and handed him to the father. The mother was carefully placed in the Arab Red Cross truck and was sent to the hospital.

After this incident was over, a group of Arabians spoke to the guide and asked him to thank us and to show their appreciation they wanted to invite us to their home for a drink. The guide graciously refused and we proceeded on our journey. Although it had been years, my Hartford Hospital School of Nursing training in labor and delivery had provided me with the necessary skills to help this woman. •

## Alumnae **The Pillbox**

### CLASS OF 1960



**Patricia Tencza Reig** continues her pastel painting. See above. She is retired but says she wishes she could work again and be age 40!

### CLASS OF 1962



**Linda Arle Duval**, pictured above, with three generations of her family. The children keep her busy, happy, and loved.

### CLASS OF 1966



**Alicia "Alfie" Plikaitis Junghans** of Ellington displays her recent creation "Lavender," the handcrafted doll she donated to the International Myeloma Foundation for its annual fundraising auction. Alfie said the doll's "body and shoes are filled with lavender; she carries a bag of lavender and a basket of lavender flowers when she is not posing for pictures - and she smells so good." Junghans, who has multiple myeloma, has made several dolls that she has donated to raise money for the fund-raiser. "This is just my way of giving back," Junghans said.

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### CLASS OF 1966

**Patricia "Tisha" Kenny** recently published a book titled: *Shifting Branches, Shifting Thoughts/Ikebana Art and Healing*. The book is "about health, the power of creativity and beliefs applied to personal and social healing." Tisha is not only a nurse but also an artist. She has a Masters of Public Health degree. In 1989, she founded "Health Through Art," an award-winning, health project of the Health & Human Resource Education Center in Oakland, Calif. The project promotes community health through submitted artwork. She also has written about women living with breast cancer. She is a founding committee member of Art.Rage.Us - the art and writing of women living with breast cancer.



### CLASS OF 1967



**Doris Uzanis** was browsing through an antique store when she came upon this old Hartford Hospital postcard. The inscription reads: "Hartford Hospital Founded 1854 - New Building 1948."

### CLASS OF 1968

**Shirley Girouard** received the Mary Jane Williams lifetime achievement award from the Connecticut Nurses Association in October 2017.

### CLASS OF 1973

**Cathy Matuszak Jeffery** hopes to see many of her classmates at the alumnae banquet on June 10 to celebrate the 45th anniversary of their graduation from HHSN. She would appreciate any contact information on classmates and is looking forward to seeing everyone. She can be contacted at [cmjeff@cox.net](mailto:cmjeff@cox.net).

## CLASS OF 1974

**Betsy Gaudian** has been named diabetes nurse specialist for Hartford HealthCare's Central Region that includes The Hospital of Central Connecticut, Bradley Memorial Hospital and MidState Medical Center. She oversees delivery of standardized nursing care to patients with diabetes.

**Nancy Bober Holyst** and her husband took a cross-country Amtrak ride last fall to San Francisco and then cruised to and from Hawaii.

## CLASS OF 1976

**Elaine Bailey McDunnah** recently retired from MidState Medical Center after more than 30 years of service, the last 20 in the OR. Her husband retired last year and they now plan to enjoy retirement visiting their daughter and her husband in Rochester, N.Y. and will spend spring, summer and fall at their lakeside cottage in North Stonington. She and her husband have been blessed with two wonderful daughters who they enjoy spending time with, and they also have their furry, four-legged grand-dog Bella to keep them entertained. Their dog Ginger loves running around in the backyard with Bella. Elaine finds it hard to believe that it's been 41 years since she graduated from HHSN as a member of its class. She enjoyed her nursing career and now looks forward to relaxing and enjoying what life brings.



### IN MEMORIAM

Eleanor Nestor Vick '40  
Mary Perzanowski Shepard '42  
Jean Morgan Alford '44  
Laurel Schmid Wheeler '45  
Irma Spencer Johnston '46  
Dolores Cagenello Martocchio '48  
Ruth Lovejoy Davis '49  
Mildred Rose Barker '50  
Rodell Kirsche Macfarlane '50  
Irene Sakmar O'Day '50  
Barbara Houston Duell '51  
Marilyn Erickson Moore Osborne '53  
Jean Mocarsky Russo '58  
Barbara Curtiss Dicks '60  
Marilyn Joy Hubbard Hull '61  
Mary Judith Harrison Kaplan '66  
Marcia Talbert Wilson '68

### PHYSICIANS

Raymond C. Bartlett M.D. – Pathology  
Edward J. Conway M.D. –  
Allergy and Immunology  
Kenneth M. Godlash M.D. –  
Hartford Hospital Primary Care  
Director

## Alumnae Comments

“I enjoyed the Autumn 2017 “Nursing” magazine – cover to cover. I especially liked the tribute to Sam Pasco in the “A Look Back” article.”  
– **Johanna Deutsch Meisterling '47**

“After I lost my HHSN pin in 1997 you sent me the pin of Gladys Hamilton, Class of 1919, to wear. Thank you for allowing me to wear it, but now I would like to have the Alumnae Association assume the responsibility of this treasured pin now that I am nearing 84 years. Thank you for all the work that the alumnae board does. My three years at Hartford Hospital School of Nursing were the best years of my life. – **Dorothea Sullivan Silvestre '59**

*Editors Note: If anyone is interested in acquiring a donated HHSN pin, please contact Pat Ciarcia at: patciarcia@snet.net*



### 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.





Student nurses from 1964 are pictured in the Nursing Arts lab at Hartford Hospital where safe practices were learned. The black stripe on the instructor's cap indicates she is an RN and graduated from Hartford Hospital School of Nursing. The students with no stripes on their caps are freshmen. The caps worn by juniors and seniors had light blue stripes. The caps of HHSN graduates had the black stripe as shown. In the early 1970s the nurse's cap became optional but all members of HHSN's Class of 1976, the school's last, wore them at graduation.

*Photo Courtesy of The Hamilton Archives at Hartford Hospital*