

HARTFORD HOSPITAL

AUTUMN 2008

# Nursing



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

# Hartford Hospital Nursing

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### **Cover Photograph:**

Vicie Brooks, RN, BSN,

Nurse Manager, N9SD and North 9

*(Photo by Joy Miller.)*



*Laura Greenberg, RN, BSN, with the new fall-prevention cart*



### ***Hartford Hospital Nursing***

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

Volume IV, Issue 2, AUTUMN 2008

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# To Our Readers

## A Tradition of Excellence in Nursing

I'm pleased to have this opportunity to share some thoughts with you in this first issue of *Nursing* to be published since my arrival at Hartford Hospital this past spring.

Over the past few months, I've had the opportunity to meet hundreds of people here at Hartford Hospital and see firsthand their talent, their dedication to patients and their commitment to excellence in every respect. These qualities are certainly evident in our nursing staff. It's clear that Hartford Hospital has successfully recruited and retained nurses who are the finest in their profession. They are skilled, accomplished and caring, to be sure. But they are also eager to learn, eager to lead and eager to embrace initiatives that will mean better care and greater safety for their patients. You'll read about some of these initiatives in this issue.

As both a health care administrator and the father of a nurse, I have a deep appreciation for the profession of nursing and its long and distinguished history. The statue of the student nurse in

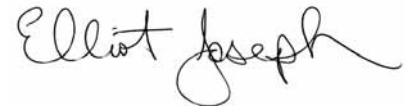


*Elliot Joseph, President and Chief Executive Officer, Hartford Hospital and Hartford Healthcare Corporation*

the Meditation Garden is a daily reminder to me of the generations of nurses who graduated from the Hartford Hospital School of Nursing and went out into the world well prepared to care for those in need.

Today, the school is a cherished memory, but Hartford Hospital's tradition of excellence in nursing lives on in you, and I want you to know how much this hospital and this community appreciate the exceptional work that you do.

As members of the Hartford Hospital community, you and I are on a journey together. I look forward to working with you to meet the challenges of the future and to achieve our goal of providing an extraordinary experience for every patient, every day.



## Moving Forward Together

This is an especially exciting time to be a nurse at Hartford Hospital. As you know if you're on staff here, Hartford Hospital has embarked on a transformational initiative to even further enhance the quality and safety of patient care. In this issue of *Nursing*, you'll read about how people from all hospital departments are coming together to develop a comprehensive, systematic approach to ensuring unsurpassed excellence in care.

Nurses play a pivotal role in this undertaking. We nurses have always been the patient's protector, as well as the patient's caregiver. I often think of nursing as creating a cocoon around each patient. That cocoon is permeable. Care and comfort pass through it to reach the patient, and the patient's needs and wants pass through it to reach the caregiver. But the strong protective shell of the nurse's expertise and vigilance always envelops the patient. This comes through clearly in the article about our neuro-trauma nurses.

Today our colleagues throughout the hospital contribute actively and recognize that everyone has a role in patient safety, and they are looking to nurses for insight and leadership. Nurses



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

have an unprecedented opportunity to help Hartford Hospital achieve its goal of being the national leader in patient safety and quality.

There are many other reasons why this is an exciting time to be a nurse at Hartford Hospital. In just my short time here, I've seen the almost boundless opportunities open to nurses for continuing education, leadership, research and more. I've seen how nurses at Hartford Hospital are respected and valued by the administration and Medical Staff. And I've been impressed with the caliber, dedication and potential of all our nurses. I have enormous appreciation for the incredible legacy of nursing at Hartford Hospital, and I know we are going to continue to achieve great things in the future.

Many thanks for welcoming me so warmly and for helping me "learn the ropes" in my first few months here. It is a privilege to be part of this outstanding organization.



## Vale Wins *Nursing Spectrum* Award

**Ann Vale**, RN, MSN, CNA-BC, Nurse Manager of C-10, a cardiovascular unit, recently received a *Nursing Spectrum* Excellence Award in the category of Management. *Nursing Spectrum's* Excellence Awards recognize extraordinary contributions nurses make to their patients, each other and the profession. Three staff nurses, two nurse colleagues and a physician nominated Ms. Vale, describing her as a “phenomenal leader” who leads by example. Ms. Vale, they said, creates an environment of continual learning, mentoring and collaboration that yields strong teamwork and clinical excellence for cardiovascular patients.



## Magliato Garners Award

**Bettina Magliato**, MS, RN, CIC, CWCN, CHRNC, Wound Center Manager, won the Excellence in Presentation Award at the 2008 National Undersea and Hyperbaric Medicine Society (UHMS) Annual Meeting. The award was for her presentation on Implementing an Effective Infection Control Program in a Wound and Hyperbaric Center. The UHMS meeting was held June 26 – 28 in Salt Lake City.

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## Nurses Achieve Certification

**Sharon Davis**, RN, CWCN of the Wound and Hyperbaric Center, and **Becky Morton**, RN, BSN, CWCN, a Wound Specialist who serves on the Pressure Ulcer Prevention Action Group, were recently certified by the Wound, Ostomy and Continence Nursing Certification Board.

Several Hartford Hospital Geriatric Resource Nurses have earned certification as Gerontological Nurses from the American Nurses Credentialing Center. They are: **Edith Belanger**, RN, Donnelly 1 North; **Ellen Blair**, RN, MSN, Donnelly 1 North Unit Director; **Sherri Storms**, RN, Cancer Program Project Coordinator; and **Doris Williams**, RN, Jefferson House.

**Amie Miron**, RN, and **Debbie Kirkman**, RN, of Center 10; and **Quita Hall**, RN, and **Julie Alvarado**, RN, of Bliss 9E recently completed the Cardiovascular Certification Exam.

**Debbie Ann Ellington**, RN, BSN, Clinical Leader on North 9, has earned certification as a Progressive Care Certification Nurse.

**Laurie Manzolillo**, BA, RN, CDN, recently passed the examination to become a Certified Dialysis Nurse (CDN). CDN certification is through the Nephrology Nursing Certification Commission, which is recognized as a certifying body by the American Board of Nursing Specialties. Laurie has been with the Dialysis Unit for three years and is proficient in both peritoneal and hemodialysis. She is also working toward her BSN.

## LIFE STAR Nurse Addresses Conference

LIFE STAR Flight Nurse **Susan Thibeault**, APRN, recently presented a lecture at the national Air Medical Transport Conference in Minneapolis. Her lecture, entitled “You Won’t Remember a Thing ... Or Will You?” addressed pathophysiology and strategies to assure adequate sedation/analgesia beneath neuromuscular blockade.

## North 9 Well Represented at UHAR

Four nurses from the same unit, North 9 neuro-trauma, are enrolled in the University of Hartford’s Master of Science in Nursing program. They are: **Debbie Ann Ellington**, RN, BSN; **Mandy Delgado**, RN, BSN; **Nicole Martina**, RN, BSN; and **Jennifer Sakowski**, RN, BSN.

## Nurses Go the Extra Mile

Nurses in the Cancer Clinical Research Office don’t allow either time or distance to keep them from meeting with people who might benefit from participating in a clinical trial. **Edie Clark**, RN, OCN; **Diane Neri**, RN, OCN; **Karen Burnham**, RN, BSN; and **Susan Zahorodni**, RN, BMus “all have made a huge effort to go to our off-site satellites to meet potential cancer clinical research study patients who may not be comfortable coming into Hartford to discuss a trial,” says Director Camille Servodidio. Towns they’ve traveled to include Avon, Wethersfield and Windham. They also schedule meetings outside of business hours, so patients don’t have to miss work. Equipped with wireless laptops, the nurses can perform informed consents anywhere.



*Justyna Czubaj, RN, and C9I Nurse Manager, Gretchen Wolf, RN, MSN, CNRN, CCRN, care for a patient in the Neuro ICU.*

# “Head” Nurses

**Being a neuro-trauma nurse demands superb skills, continuous learning and a gift for dealing with families in crisis.**

Tremendous advances in the field of neuroscience in recent years have revolutionized care for people with stroke, traumatic brain injury and other disorders and created a demand for nurses with the specialized skills to care for these patients.

At Hartford Hospital, neuro-trauma patients are admitted to one of three units on the ninth floor: C9I, the Neuro-Trauma ICU; North 9 Step-Down, a unit for patients needing an intermediate level of care; or North 9, the largest unit, which provides ongoing care for these complex but more stable patients.

“Just a few years ago, many of the patients on C9I, N9SD and North 9 would not have survived,” says Maria Tackett, RN, MSN, CCRN, CEN, Nurse Director, Neuro/Trauma/Orthopedic Services. “Due to advances in pre-hospital care and emergency care, these patients are surviving to reach the ICU. Their complex care continues through the ICU and step-down unit to stabilize them. Then, on North 9, we work toward optimizing their recovery and their capabilities for rehabilitation. All of these advances require very specialized nursing care.”

## *A Continuum of Care*

A person’s need for neuro-trauma care usually begins without warning and is a medical emergency. The person may suffer an ischemic or hemorrhagic stroke, an auto accident, a gunshot wound or other sudden event.

Education has raised public awareness of stroke symptoms, and improved treatments help minimize their damage. As a primary Stroke Center, Hartford Hospital receives stroke victims from across the region. Today, stroke victims often receive the “clot-busting” drug, tissue plasminogen activator (tPA) at the referring hospital, and the infusion continues as the patient is en route to the Hartford Hospital Emergency Room via ambulance or the hospital’s LIFE STAR emergency air medical transport service. Treatment for other traumatic injuries begins en route, as well. Arriving at the hospital’s ER, the most acutely ill patients are taken to the “Red Pod,” where a team of specialists works quickly to stabilize the patient, assess his or her condition and perform diagnostic procedures such as a CT scan or MRI.

A patient having an ischemic stroke may be taken to the Interventional Radiology Suite, where physicians can insert a catheter into an artery in the groin, maneuver it to the brain and remove the clot using a MERCI device pioneered at Hartford Hospital. Or, for patients whose condition precludes receiving intravenous tPA, they may administer tPA intra-arterially—right at the site of the clot—in order to dissolve it.

Patients with traumatic brain injury may be taken to surgery where, among other possibilities, surgeons may perform a hemicraniotomy, removing a section of the patient's cranium in order to relieve the intracranial pressure that follows TBI and can lead to brain death.

Once the patient has received immediate treatments such as these and others, he or she may be admitted to C9I, the Neuro-Trauma Intensive Care Unit.

### ***In the Neuro ICU***

With 18 beds, the Neuro-Trauma Intensive Care Unit is the largest ICU in Hartford Hospital, and it cares for some of the sickest patients.

"This is one of the most challenging ICUs in the hospital," states the unit's Nurse Manager, Gretchen Wolf, RN, MSN, CNRN, CCRN.

The unit cares for patients with a range of neurological issues, including stroke, open and closed head injuries, spinal cord injuries, known aneurysms and resection of brain tumors. These patients require extensive, complex care. The ratio of nurse to patients is one to two, and can even be one to one, depending on the patient's needs.

Because serious head injuries can lead to brain death, the unit is often involved in organ transplant. However, Ms. Wolf says, organ donations are down because advances in treatment have, fortunately, reduced the number of patients who progress to brain death.

Controlling intracranial pressure is critical. The team now uses hypertonic saline, rather than Mannitol, to reduce the

pressure, and nurses monitor intracranial pressure using fiber optic-monitoring devices. However, Ms. Wolf points out, it's now recognized that a patient may have acceptable intracranial pressure, but still have insufficient flow of blood and oxygen to the brain—a condition that could lead to brain death. So nurses monitor cerebral oxygenation using a Licox monitor, which reports oxygenation levels from a probe in the patient's brain tissue. A fiber optic ventricular catheter is also used to drain cerebral spinal fluid from the patient's head. Monitoring the patient's cardiac output and volume used to require inserting a Swan-Ganz catheter through the heart and into the pulmonary artery. Today, an esophageal Doppler monitor is used to obtain that information in many patients while avoiding the potential complications of the earlier approach.

Deep vein thrombosis, which can lead to a lethal pulmonary embolism, is a risk for these patients. All are fitted with antiembolic stockings to inhibit DVT. Some receive subcutaneous anticoagulants or have a Greenfield filter placed in their inferior vena cava to trap clots before they can cause harm.

Neuro-trauma patients are also at risk of fever, which can cause brain-cell death. The Licox monitor reports brain temperature. If the patient's brain temperature climbs, the team uses intravascular cooling devices that, inserted through the subclavian vein, cool the patient's blood as it passes by a balloon containing cool saline.

"There has been an explosion of technology to treat neuro-trauma patients," says Ms. Wolf, "and they all must be monitored in a tight manner after a procedure."



*Maria Tackett displays her Hartford Hospital spirit outside the triage tent of the 325th Combat Support Hospital in Anbar Province.*

## **Back from Iraq**

Maria Tackett, Nurse Director, Neuro/Trauma/Orthopedic Services at Hartford Hospital and a Lieutenant Colonel in the U.S. Army Reserve, recently completed a nearly year-long tour of duty in Iraq. Her unit was assigned to the 405th Combat Support Hospital, a complex of tents and trailers set up in a dry riverbed in a remote area of Iraq. Ms. Tackett was in charge of the emergency room and worked as an ER nurse. Her unit's primary mission was to support the military, but they were also allowed to care for civilians with life-threatening conditions.

"Over the nine months we were there, we cared for 3,000 patients," Ms. Tackett says. "They included patients with multiple trauma from IEDs, gunshot wounds and vehicular accidents. We were also challenged by diseases such as dengue fever, leishmaniasis and malaria. We also cared for people with a range of other conditions, such as appendicitis, kidney stones and dehydration."

The military is doing extensive research on trauma treatment and outcomes and is developing a large database focused on head injuries. All this research, Ms. Tackett says, is going to lead to findings that will ultimately change the way trauma patients are treated.

This was Ms. Tackett's first time in a combat area, and she was impressed how well systems could operate even in such a remote environment. One thing that struck her during her time there was that "It really helped to have had a lot of experience. I felt better prepared to do this now that I would have earlier in my career."

But Ms. Wolf also notes that all the technology can't take the place of a good nurse's ability to assess a patient's condition through observation.

"The most important thing for an ICU nurse to be able to do is look, not just at the machine, but at the patient," she says. "No matter how many things you have hooked up to the patient, you still have to focus on the patient. You need to be a strong ICU nurse and be very astute to the subtle changes in neurostatus that patients can display. It takes years for nurses to get really good at that."

Roughly 60 nurses work in the Neuro-Trauma ICU. All nurses must be certified in either critical care or neuroscience within five years of joining the unit.

Patients who progress to the point where they no longer require the level of care provided on the ICU are transferred directly to either N9SD or North 9.

### **Next Steps**

Six years ago, the hospital opened a six-bed Neuro-Trauma Step-Down Unit on North 9.

"We created this unit to better transition patients from ICU to regular floor care," says Maria Tackett. "While these patients are more stable than those in the ICU, they still require more concentrated care to move them along in their progress."

The concept proved beneficial to patients and to the hospital.

"We found that, because of the step-down unit, patients' conditions can be aggressively treated so they don't deteriorate to the point where they need ICU care," Ms. Tackett adds.

Vicie Brooks, RN, BSN, is the Nurse Manager of both N9SD and the 28-bed North 9. She and her team care for a wide range of patients, including those with strokes; multiple trauma, including traumatic brain injury; seizure; spinal cord injuries; craniectomy for brain tumors; and repair of aneurysms. On the step-down unit, the nurse to patient ratio is one to three. On North 9, it's typically one to five. On N9SD, cameras in patient rooms allow observation from the nurses' station. On both units, some patients' conditions require them to be observed constantly at close range. For this, Ms. Brooks assigns "sitters"—patient care associates who literally stay by the patient's bedside at all times.

Nurses on these units need exceptional, specialized skills, because, as Ms. Brooks notes, "These patients require a tremendous amount of care."

All nurses on the unit must be able to perform a complete neurological assessment. Nurse educators provide training in this, and new nurses work with preceptors to become proficient.

Patients frequently have swallowing impairments that carry a high risk for choking, aspiration and pneumonia. So Ms. Brooks' nurses are specially trained to perform swallow screenings. Every stroke patient receives a swallow screening on admission to the unit.

"The findings from this procedure tell you what to start with in feeding the patient—what the patient can safely consume,"

says Ms. Brooks. "Patients may get puree or thickened liquids or may have a feeding tube to provide adequate nutrition until they can swallow safely."

Other risks facing these patients include skin breakdown and falls. Ms. Brooks and her team have been leaders in fall prevention efforts (see story, this issue), because their patient population is at especially high risk for falls. Many are disoriented. Many are elderly. Some may be unaware that they can't walk, and so will attempt to get out of bed. Others have lost their sense of balance due to a stroke.

"I did a study and found that more than 50 percent of my patients are fall risks because of their diagnosis," Ms. Brooks says.

### **Always Learning**

Caring for neuro-trauma patients is complex, and knowledge in the field is always expanding, so education is a constant in the lives of these nurses. They receive special training in assessing patients for neurological changes, preventing aspiration, redirecting patients with impulsive behaviors and more. They take the Trauma Nurse Core Course, and ongoing education is provided by nurse educators and experienced preceptors. Nurses also participate in weekly neurology rounds with Stroke Center Director Isaac Silverman, MD, and Coordinator Dawn Beland, RN, MSN, CCRN, CS, CNRN. Many take advantage of educational opportunities through the American Association of Neuroscience Nurses.

"This is a nursing specialty that requires lots of skills to stabilize patients in the acute phase and then to support restoration of as many capabilities as possible and prepare them to get into rehab quickly," says Ms. Tackett.

### **Families in Crisis**

Having a family member suffer a sudden stroke or traumatic injury puts families under enormous stress. Their loved ones—usually with no warning at all—are extremely ill. Many patients will never be the same again. Some may die. All too often, patients are young, the victims of accident or violence. The effects on families are devastating.

Nurses play a key role in helping families deal with these challenges. They explain the goals of treatment and why the patient's behavior may be altered. They facilitate communication between physicians and families and coordinate with pastoral care providers and social workers. They explain what the patient's needs may be in the future. When the need arises, they work with families in the organ donation process.

"The neuro-trauma nurse must have excellent skills in crisis intervention and the ability to provide support to families and work with families through grief," says Maria Tackett.

It's not surprising, then, that Vicie Brooks says that, in addition to having excellent nursing skills, neuro-trauma nurses "have to be patient, flexible and kind." ■

# Partnering for Patient Safety



*Dr. Jamie Roche, MD, Linda Spivack, RN, MSN, and nurses at a Patient Safety Action Group meeting*

Every weekday from 7:30 to 9 a.m., roughly 30 people from disciplines throughout Hartford Hospital gather in a conference room in the Conklin Building. They are nurses, doctors, administrators, environmental services staff, biomedical engineers, pharmacists, purchasing officers and others. They're busy people. They have important work to do. So, what's important enough to make them carve out time every single day for a meeting? The answer is: patient safety.

Across the nation, hospitals, regulators, government agencies and advocacy groups are placing unprecedented emphasis on keeping patients safe. The greater focus arises from a recognition that the demands on today's health care systems, combined with the increased acuity and complexity of today's hospitalized patients, elevates the risk of inadvertent harm to patients. Working to drive down that risk for all patients of Hartford Hospital is the Patient Safety Action Group (PSAG). This multidisciplinary team gathers daily to review performance, hear suggestions, discuss solutions and implement rapid changes that will deliver desired results.

*The Patient Safety Action Group is acting quickly and decisively to make innovations that will protect patients.*

PSAG (commonly called "PEA-sag") was launched in January 2008. It is co-chaired by Jamie Roche, MD, Vice President for Patient Safety and Quality, and Linda Spivack, RN, MSN, Vice President, Patient Care Services.

"Safety is a core element of every professional nurse's education and practice," says Ms. Spivack. "Patient safety is not new to nursing. What is new is that we now have more opportunities to partner with everyone else who plays a role in creating a safe environment for patients."

"Promoting patient safety requires a multidisciplinary approach," says Dr. Roche, "but nurses are at the bedside, at the interface, delivering the care. If you're going to talk about patient care, you have to talk to nurses."

Dr. Roche notes that patients are already benefiting from changes made because nurses raised issues that were then addressed in a multidisciplinary way through PSAG. He also points out that, while care is delivered by individuals, excellent systems are essential. PSAG, he says, "is all about getting processes and systems in place to support talented, well-intentioned individuals to allow them to perform at the highest level."

"I've been at Hartford Hospital for 23 years, and this is the first time anything like this has been done," says Lynn Deasy, BSN, MPH, RN, Nurse Director of Women's Health Services, who regularly attends PSAG meetings. "This is a real culture change. We're not going to be reactive; we're going to set up a system that's going to succeed."

### Getting It Done

One of the strengths of PSAG is its focus on taking fast, appropriate action when issues are identified.

"Because everyone is in the room, we can facilitate rapid-cycle improvement," Ms. Spivack says. "We try to solve problems in real time, and not get caught up in a drawn-out, analytical approach. It's a get-it-done approach to improvement."

Pepper Sobieski, RN, MSN, CCM, a manager in the hospital's Quality Management Department and a member of PSAG, points to two examples of how quickly the group can respond when individuals raise concerns. In one case, a nurse expressed concern about Foley bags falling to the floor, creating a fall hazard. She suggested the hospital purchase clips to attach the bags to the IV pole. The clips were quickly obtained and affixed, and they worked like a charm. Problem solved. The nurse received PSAG's first Full Circle Award, which recognizes someone whose suggestion results in the implementation of a solution.

In another case, a nurse expressed concern about look-alike medications being next to each other in the Pyxis medication station. Pharmacy looked into it, made the change and eliminated the risk.

PSAG publishes a weekly electronic newsletter to keep everyone informed about PSAG activities and accomplishments, raise awareness of safety issues, and invite suggestions and feedback. Users can offer comments immediately, simply by hitting the "Reply" key.

PSAG's approach includes creating action groups to focus on global hospital concerns. Action groups formed early in the year are concentrating on five areas: medication management, infection control, clinical documentation, prevention of falls and prevention of pressure ulcers. Progress made in the last two areas illustrates what can be accomplished when people work together for a common goal. And nurses are key.

"Prevention of falls and pressure ulcers are nursing-sensitive projects," says Clinical Quality Specialist Sue MacArthur, RN, CIC, CPHQ, MPH, who manages both projects. Despite all the technological advances in medicine, Ms. MacArthur says, "It really gets back to basic nursing care. If you're providing appropriate nursing care, patients won't fall, and they won't get pressure ulcers."

### Falls Reduced

The Fall Prevention Action Group (FPAG), which first formed in late 2006, has seen dramatically increased visibility, administrative support and buy-in throughout the hospital since the advent of PSAG, according to FPAG Co-chair Christine Waszynski, RN, MSN, GNP-C.

Ms. Waszynski says that the multidisciplinary FPAG, which includes representatives from numerous hospital departments, has three main areas of focus: to increase everyone's awareness of fall prevention and change the culture so that falls are seen as preventable, rather than inevitable; to improve nurses' access to fall-prevention products and equipment; and to monitor compliance with the hospital's existing fall-prevention protocol. The protocol includes performing a fall-risk assessment on each patient, placing a green triangle outside the room of an at-risk patient, placing a green band on the patient's wrist, and ensuring the proper use of bed and chair alarms.

The efforts of FPAG, nurses and patient care assistants throughout the hospital have produced positive results.

"Our fall rates have decreased dramatically," Ms. Waszynski reports. "Between May and June, we had a 35 percent decrease in falls and, from June to July, a 30 percent decrease in falls with injuries." The July number was the lowest on record at Hartford Hospital.

### What's Being Done

Actions contributing to reduced falls include regular post-fall "huddles." When a fall occurs, nurses and staff gather immediately afterwards to do a mini root-cause analysis. They discuss what led to the patient's fall and what steps they can take to prevent similar occurrences. On North 9 and N9SD, Nurse Manager Vicie Brooks, RN, BSN, took the concept a step further by instituting pre-fall huddles. At the change of shift, nurses and PCAs come together to discuss each patient who is at risk of falling and make sure all steps have been taken to prevent the fall. It's working well.

"In May, we had nine falls," says Ms. Brooks. "After doing the huddles for a month, we had only one fall in June."

Several innovations have been made to reduce the risk of falls. Bed cords have been marked to ensure that alarms are properly plugged in. When a bed alarm sounds, it's treated like a code, and everyone rushes to the room. "Y" connectors have been installed to prevent patients' having to reach too far for a call bell. Sensor pads are available for specialty beds, which typically come without alarms. Floor strips were installed to keep beds away from walls, so the bed alarm would function properly. Volunteers have been trained to visit each unit regularly to check on fall precautions and alert staff to any deficiencies. ➤



*CB5 staff nurse Sanjean Abrams, RN, BSN, and Wound Specialists Becky Morton, RN, BSN, CWCN, and Barbara Hoak, RN, MS, CWCN, examine a patient's wound.*

On Bliss 11E, nurses piloted a “fall cart.” The cart was the brainchild of Laura Greenberg, RN, BSN. Mrs. Greenberg noted that, while many devices were available to nurses to help prevent their patients from falling, they were usually stored in several locations and took time to obtain. The fall cart, on the other hand, contains everything the nursing staff needs, all in one place.

“If I admit a patient who could fall, I can go to the fall cart and get everything I need in 30 seconds or less, walk back to the room and put all those things in place,” Mrs. Greenberg says. “Now the patient is protected.”

The FPAG team tracks data and keeps unit managers up to date on their units’ performance. Mostly, the news is excellent.

“Every unit in the hospital is approaching 100 percent compliance” with fall prevention protocols, says Ms. Waszynski.

### Preventing Pressure Ulcers

The Pressure Ulcer Prevention Action Group is a task force launched by PSAG. The multidisciplinary group, which meets monthly, includes a registered dietician, a staff nurse, nursing leadership, a Material Management representative, a long-term care educator and supervisor, a nursing educator and two wound care specialists, Barbara Hoak, RN, MS, CWCN, and Becky Morton, RN, BSN, CWCN.

“Our goal is to prevent pressure ulcers from ever occurring and to change the mindset that they are inevitable in a certain patient population,” says Ms. Hoak. “We know that with good care, they can be prevented or minimized.”

The team has developed a cadre of 50 nurses who are Skin Care Champions. Skin Care Champions take a special, four-hour class initially, and then receive

additional education quarterly. They are a unit-based resource for peers regarding prevention and treatment of pressure ulcers, documentation and skin-care supplies. Ms. Hoak and Ms. Morton publish a bi-monthly newsletter containing information and skin care updates for Skin Care Champions.

Ms. Hoak says that she and her team are working to educate nurses on how to identify pressure ulcers early on and ensure proper care, including implementation of the hospital’s Skin Care Treatment Protocol, which includes turning or positioning; placement on a specialty bed, if appropriate; and collaboration with nutritionists, physical therapists and others to meet the patient’s needs.

### Getting Results

The work of the task force, combined with nursing efforts on the units, is significantly reducing the hospital’s prevalence and incidence of pressure ulcers. The team conducts quarterly prevalence and incidence studies in which they look at the chart of every patient in the house on a given day and check for documentation and outcomes. They then submit this data to a national database, where Hartford Hospital is compared to other hospitals of similar size.

“We’re doing great,” says Ms. Hoak. “For June 2008, we had 9.4 percent prevalence and 6 percent incidence, while comparable hospitals nationally averaged 11 percent prevalence and 8 percent incidence.”

Ms. Hoak notes that “Within the past few months, Administration has allowed us to purchase additional special beds and bring in supplies that, in the past, had to be specially ordered. In a short amount of time, we’ve made great strides in preventing and healing pressure ulcers, and the support from Administration has been invaluable.” ■

## Research

### Nursing Research Conference Draws a Crowd

More than 300 nursing professionals, including clinical nurses, faculty and students, gathered at Hartford Hospital's Education and Resource Center on Oct. 3 for the 12th Annual Nursing Research Conference. The full-day event was presented by the Institute for Health Care Education and the Connecticut Nursing Research Alliance.

The keynote speaker at the event was Linda Burnes Bolton, DrPH, RN, FAAN, Vice President for Nursing, Chief Nursing Officer and Director of Nursing Research at Cedars-Sinai Medical Center in Los Angeles, Calif. Dr. Bolton is one of the principal investigators at the Burns & Allen Research Institute. She also chairs the National Advisory Committee for the Robert Wood Johnson Foundation initiative to Transform Care at the Bedside (TCAB), and is the principal investigator of the American Academy of Nursing Technology Drill Down research project. Dr. Bolton discussed Transforming Care at the Bedside as a strategic safety, quality, service and value initiative.

Deborah Gingras, MS, RN, CNS, and Adam Borgida, MD, Co-Leaders of the Crew Training Initiative at Hartford Hospital, addressed the plenary session of the event, describing the use of the Crew model in transforming care in Labor and Delivery.

The conference also featured multiple breakout sessions, poster presentations, awards and a luncheon.



*Linda Burnes Bolton,  
DrPH, RN, FAAN*

PHOTO: KEVIN HAGAN

"We try to have something for everyone at this event," says Amy Schroder, RNC, MSN, who, with Janice Cousino, RN, MSN, CNS-BC, co-chairs the planning committee for the event.

### Hospital Participating in Innovative Biospecimen Research

Hartford Hospital has received a \$3 million grant from the H. Lee Moffitt Cancer Center to fund a study that may radically transform cancer treatment. The study, Total Cancer Care, will examine how molecular and genetic information can help diagnose and treat cancer. Hartford Hospital is the only institution in the Northeast to be selected to participate. Moffitt is one of the country's leading comprehensive cancer centers, and the biospecimen program is one of the most innovative programs of its kind nationwide.

"The goal is to look at the genetic makeup of thousands of tumors in order to develop targeted therapies," says Susanne Morrill, MS, Project Manager at Hartford Hospital.

The funding has enabled the hospital to hire a staff of six to enroll patients, collect specimens and medical and treatment information, track data, process tumor tissue samples and transmit them to Moffitt for analysis. Ms. Morrill says the team expects to enroll more than 2,000 patients in Hartford. Moffitt's plan is to follow the patients for life.

"The future of cancer care and treatment lies in collecting specimens and analyzing their genetic and molecular characteristics so we can give patients drugs that are appropriate to them as individuals," says Camille Servodidio, RN, MPH, CRNO, OCN, CCRP, Director of the Cancer Clinical Research Office of Hartford Hospital. "This will really provide designer care."

## Education

### Knowledge-Based Charting Arrives

Hartford Hospital is rolling out Knowledge-Based Charting, and nurse educators are busy teaching nurses, patient care assistants and others how to use this sophisticated and highly effective system.

"Knowledge-Based Charting is an important patient-safety initiative," says Cathy Yavinsky, RN, MSN, CNEA-BC. "It provides a complete electronic patient record and makes it available—all in one place—to every member of the patient's health care team."

One piece of the system, the electronic flow sheet, was implemented over the

summer. It allows the patient's blood pressure, intake/output, weight and other information to be recorded electronically using computers rolled right to the bedside. Nurses, physicians and others can then see the patient's history and current clinical status at a glance.

Two features are particularly valuable in promoting patient safety. One is that the Braden Scale, which measures a patient's potential for pressure ulcers, is entered daily, rather than weekly, heightening the nurse's awareness of possible skin breakdown.

The system also provides a clinical summary that enables a safer, more effective hand-off from one shift to the

next, from one department to another or from one level of care to another.

Educators and Information Technology staff have trained all 2,000 nurses and PCAs to enter patient data into this new electronic system. Educators have held group classes, worked one-on-one with staff and done on-site education on individual units for night staff.

"It's been a major, hospital-wide initiative, but well worth the effort," says Ms. Yavinsky. "Staff have embraced the technology, as they see the benefits to patient safety and communication that a computerized system achieves."

## Focus on Alumnae

### Supporting Future Nurses



The Alumnae Association of the Hartford Hospital School of Nursing has been active in many areas. One of the most exciting additions to our Alumnae Association is the development of a formal Nursing Scholarship. The motivation for the development of this scholarship was mainly the nursing shortage, as well as the decline in financial assistance available to the potential pool of future nurses and nursing educators. Under the chairmanship of Betty Ann Fusco (HHSN '66), Vice President of the Alumnae Association, criteria were developed for this much-needed assistance.

Eligibility for the scholarship includes being either an HHSN graduate or immediate family member of an HHSN graduate. Preference is to be given to HHSN Alumnae members or graduates of Hartford Hospital School of Nursing. The student must be matriculated in an accredited nursing program, and must be a student in good standing. In addition, applicants must have already completed a significant portion of their nursing education. Details are described on the Alumnae Association's Web site, [hhsنالumnae.org](http://hhsنالumnae.org). The scholarship will be available to both graduate and undergraduate nursing and nursing education students.

The Nursing Scholarship Application Form, the notarized Verification of Student Status Form, and the two professional references must be submitted by Feb. 15 of the year of application starting in 2009.

The amount of the scholarship will be based on available funds and the number of scholarships awarded. Each applicant will be notified of the Scholarship Committee's decision, which will be final. The scholarship awards will be made to recipients at the annual HHSN Alumnae Banquet in June.

Another important change that has occurred is that the Alumnae Bed Fund has been removed from the Hartford Hospital account and is now being managed by a financial company chosen by the HHSN Board. This transfer of funds can potentially allow the Board greater flexibility in providing an expansion of financial assistance to more members no matter what their geographical location. The HHSN Board is in the process now of developing additional guidelines for services that can be covered by the HHSN Bed Fund. Additional information and the new guidelines will be provided as they become available. The application for joining the Bed Fund is also available on the Web site so that members of the Alumnae Association who previously had not joined because of geographical issues may reconsider this option for a one-time fee.

New members and reinstatement of former alumnae continue to maintain our membership at well over 600, once again confirming the vitality of our nursing organization.

*Karen Stinson Mazzarella*

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

### YEARBOOKS NEEDED!

Do you have a yearbook from the early days of the Hartford Hospital Training School/ Hartford Hospital School of Nursing? The Hamilton Archives at Hartford Hospital is seeking several yearbooks to complete its collection. The archives are an invaluable source of the history of nursing education at Hartford Hospital and they are preserving that history for future generations. Yearbooks needed are the ones from: 1911 through 1920, 1924 through 1929, 1931, 1933, 1936 through 1938, and 1943. If you would like to donate a yearbook, contact Archivist Steve Lytle at (860) 545-2421 or [lytle@harthosp.org](mailto:lytle@harthosp.org).

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

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### **Join Your Alumnae Association**

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

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

For more information, please contact Karen Stinson Mazzarella, president, at [kmazzar@ccmckids.org](mailto:kmazzar@ccmckids.org); Pat Ciarcia, executive secretary, at [patciarcia@snet.net](mailto:patciarcia@snet.net); or visit our Web site at [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.



### *An Officer and a Nurse*

As a student at the Hartford Hospital School of Nursing in the early 1960s, Rosemary DeAngelis (HHSN '62) didn't expect she'd later join the armed services. But the comprehensive experience she gained during training helped prepare her for the wide-ranging responsibilities of being a nurse in the military.

PHOTO COURTESY OF THE HAMILTON ARCHIVES, HARTFORD HOSPITAL



*Rosemary DeAngelis, HHSN '62*



The time together proved precious. Just a year later, Richard, a combat medic, was deployed to Viet Nam. Only weeks later, on Oct. 16, 1968, he was killed in action. He received both bronze and silver stars for gallantry in action.

"He was truly a hero," Ms. DeAngelis says. "Since

then, when I've encountered something that was difficult, I've thought of him and the other soldiers and how they didn't shirk their duty, and I'd think, 'I can do this!'"

Switching from the Air National Guard to the Army Reserve, Ms. DeAngelis earned bachelor's degrees in health science and nursing at the University of Hartford. While in school, she worked weekends for the Meriden VNA and the military.

She also continued her education in the military, completing several rigorous programs, including Squadron Officer School, Army Medical Department Officer Advanced Course and the Army Command and General Staff College. Just after the first Gulf war, she was sent for training to the Regional Army Medical Center in Frankfurt, Germany, serving in outpatient emergency and air evacuation. In 1992, she retired from the military as a Lieutenant Colonel with 23 years of service.

Ms. DeAngelis spent the last 18 years in the private sector working as a nurse consultant and case manager for the Aetna. She retired in 2003.

Today, Ms. DeAngelis remains very active in military organizations, including the Military Officers Association of America, which has numerous programs to help soldiers and their families. She recently served as President of the local chapter. A regular at the HHSN Alumnae Banquet, she notes that, "I'd love to see more classmates attend. It's a great get-together!" She also travels, enjoys line and tap dancing and is active in her local senior center.

"Retirement is not the end of the world," Ms. DeAngelis states with conviction. "It's really a new beginning."

"Training at a major city hospital, we felt secure in our knowledge, because we were exposed to everything, including emergency and neuro-trauma," Ms. DeAngelis says. "Ours was one of the first classes to work in the new neuro-trauma ICU. In the OR, we were seeing some of the first open heart surgeries. We had excellent instructors and a lot of responsibility."

Two years after graduating, Ms. DeAngelis was working in rehabilitation at Gaylord Hospital when, in November 1963, President John F. Kennedy was assassinated. The event was to change her life. In his inaugural address, the charismatic young president had called on young people to serve their country. When he died, she says, she felt a surge of patriotism and wanted to take positive action. She decided to join the Air Force.

Entering the Air Force as a Second Lieutenant, Ms. DeAngelis was soon stationed at Reese Air Force Base in Lubbock, Texas. With so many pilots-in-training on the base, the social life was great, but, Ms. DeAngelis says, "We worked hard!"

She explains that, "In the military, nurses have a great deal of responsibility. I was doing things nurses weren't allowed to do at a hospital. At the hospital, we had a whole IV team. In the Air Force, I started my own IVs, placed all the nasogastric tubes and so on."

Her broad training at HHSN served her well at Reese. She worked in every area of the hospital, including obstetrics, med-surg, the operating room, the emergency department and the clinic. When her discharge date arrived after two years of service, Ms. DeAngelis decided to stay in Texas. She took a position in a private physician's practice and enjoyed the novelty of working days.

She returned to Connecticut—and to Hartford Hospital—in 1967 to be close to her family, including her brother, Richard.

### *“It Had to Be Hartford Hospital”*



*Faith Barnes Salomone  
HHSN '33*

When Faith Barnes Salomone (HHSN '33) was a little girl growing up on the family farm in Bristol, Conn., she'd sometimes see a neighboring family's oldest daughter come home for a visit.

“She was a Hartford Hospital graduate who worked at Bristol Hospital,” Mrs. Salomone recalls. “She'd come to visit her parents wearing her uniform, cape and cap. I was quite impressed. From then on, all my dolls became patients.”

Young Faith maintained her interest in nursing through her high school years, and when it was time to apply to nursing schools, “It had to be Hartford Hospital.”

Because her birthday fell late in the year (she has the notable birth date of 11/11/11), and students had to be 18 in order to enter training, she enrolled in HHSN in February 1930.

“Rachel McConnell was the director at the time, and she was very strict,” Mrs. Salomone says. “She was a former Army nurse, and we went by Army rules. We stood for our elders. We held doors for them. It was very strict.”

She has fond memories of instructor Eva Crowdis, whom she describes as a “very kind person.”

Students began their training in the classroom, practicing skills on mannequins and each other. But there soon came a day—usually a Sunday morning—when each student worked on a ward for the very first time. Mrs. Salomone found herself assigned to a ward full of children. She felt overwhelmed and confused. When her parents came to pick her up and drive her home for dinner, she was exhausted and dismayed.

“All I could do was lie down on the back seat of the car,” she says. “I thought I hadn't done anything right. My father said, ‘You don't have to stay [in training] if you don't want to.’ But I knew I was going back. All the others felt the same way.”

The Sunday visits home were a welcome break in a busy schedule. Students worked eight hours a day on open wards that could have as many as 40 patients.

“There was usually just a head nurse on the ward, and sometimes there would be an assistant,” Mrs. Salomone says. “Then there would be a senior to do meds, intermediates to do treatments and first-year students to do direct patient care.”

When students weren't on duty, there were still classes to attend and studying to do. Students had one weekday afternoon off and six hours of free time on Sundays. But they still managed to have fun. Mrs. Salomone, who played the violin, teamed up with other students to form a musical group that accompanied the Dramatics Club productions. Somehow, they found time for all the rehearsals.

As her training progressed, Mrs. Salomone found that she loved surgery, although she recalls that some surgeons weren't shy about showing their temper. One of the surgeons she worked with was Dr. Thomas Hepburn, head of the hospital's Urology Department.

During surgical procedures, students were usually in the background, setting out instruments. Although most surgeries were done in the morning, students were busy during the afternoons washing and preparing gloves for sterilization and boiling the surgical instruments needed for upcoming cases.

Students had to make up any time they missed from training. Because she had several health issues—including strep throat and acute appendicitis—that kept her away from school for periods of time, Mrs. Salomone had to work hard in order to graduate with her class. Her efforts paid off. She finished her requirements on the very day of graduation: May 23, 1933.

After graduating, Mrs. Salomone married and started a family. But she continued to pursue nursing, doing private duty and working in a convalescent hospital and the infirmary of Avon Old Farms school. She retired from nursing in 1968.

If she had it to do over again, would she have gone into training? “Definitely!” she says. “I was never sorry.”

Mrs. Salomone was married for 69 years. Today she shares a home with her daughter, Bette McKenney, in South Carolina. At 96, she says her hearing and vision aren't all they used to be, but she still starts every day by doing the puzzles in the newspaper. Along with Bette and a grandson, she recently traveled to Arizona to visit her son and family, including two great-grandsons. And she still manages to get out to the garden every day because, as she says, “I just love to dig in the dirt.”



*Faith Barnes Salomone  
today*

*The entire photo album of this year's Alumnae Banquet can be seen on the HHSN website: [www.hhsnalumnae.org](http://www.hhsnalumnae.org). Thanks again to Marilyn Miller '73 for a superb job!*

**Researcher Seeks Participants**

*Donna Shields Caplin '74 is conducting research on American war veterans who have served in Iraq and Afghanistan. She is interested in recruiting Connecticut veterans to take part in this qualitative study. For further information contact Donna at: [caplin@hartford.edu](mailto:caplin@hartford.edu) or (860) 875-5279.*

*People in all photos are identified left to right.*

**CLASS of 1935**

*Edith More Hardman '35 celebrates 73 years since graduating from HHSN.*



*Gertrude Stickney Lilliendahl '40 and Edith More Hardman '35*

**CLASS of 1938**



*Stefanie Druzolowski Kaminski '38 celebrates her 70-year anniversary*

**CLASS of 1940**



*Mim Sihvonen '40*

**CLASS of 1941**



*Justine Maher '41*

**CLASS of 1942**



*Helene Perzanowski '42 and Pauline Carpino Kosar '42*

**CLASS of 1943**



*Harmony Ovitt Bolstridge '43 and Jennie Worobel Ireland '43*

*Edythe Blumenthal Greenspon, is a member of the Canton, Conn., Artist Guild. This summer she had a special show of Japanese Designs and Kimono Prints on display in The Gallery on the Green in Canton.*

**CLASS of 1945**



*Miriam Shapiro Cohen '45*

**CLASS of 1946**

*Sally Tuttle recently turned 80 and continues to be active. She uses a tricycle, scooter, and walking stick and plays croquet.*

**CLASS of 1948**



*The class of 1948 celebrating their 60-year anniversary*

**CLASS of 1950**

*Marjorie Zenobi Spitzel and Mary Roth Burns have shared a letter they received from Irene Sakmar O'Day, who wrote a "Dare to Share" chapter in a recently published book. At the annual dinner of the Shoreline League of Democratic Women, Irene was honored with the lifetime achievement award for her service in nursing, prison ministry and political activism. She received a certificate from Attorney General Richard Blumenthal, another from State Comptroller Nancy Wyman and one from State Treasurer Denise Nappier.*

**CLASS of 1951**

*In September, 17 members of the class of '51 and their guests enjoyed a great get-together at Sea Crest Resort in Falmouth on Cape Cod. The weather was beautiful, the ocean view was delightful and the chatter was constant! Classmates came from Canada, Florida, Missouri, Maine, New Hampshire, Maryland, and of course Massachusetts and Connecticut. We had such a good time we've decided to try to get together more often at the Alumnae Banquets.*

**CLASS of 1952**



*Class of 1952 celebrate 56 years since graduating from HHSN*

**CLASS of 1954**



*June Perret Noble '54 sings at the Banquet, a lovely version of "May You Always."*

**CLASS of 1956**



*Pat Audet '56 and Marion Kohler Miller '56, pictured above, recently met for lunch with Carolyn Calhoun '60 to discuss old times.*

**CLASS of 1958**

*The class of '58 celebrated their 50th reunion on the weekend of the Alumnae Banquet in June. On Saturday they enjoyed a delightful luncheon with a program on the Joint Replacement Center and a tour at Hartford Hospital. That evening they gathered at the Marriott for a gourmet dinner and an evening of reminiscing. At the Alumnae Banquet they waved the grand old flag during roll call and passed the gold bedpan on to the class of '59. Classmates attended from Florida, New Hampshire, New York, Massachusetts and all corners of Connecticut. It was great to see everyone looking so well, to relive student days and to reconnect once again!*



Class of 1958 celebrate their 50-year anniversary

### **CLASS of 1959**

The class of 1959 had a great turnout for this year's Alumnae Banquet. Eighteen members gathered together for a "fun time" and of course received the "golden bedpan" from the class of 1958. The class is looking forward to next year when they will celebrate their 50th anniversary. Plans for the reunion have begun, and they are looking forward to seeing their classmates. They hope to have a large turnout and to rekindle relationships of old. Eleven members of the class visited *Ellie Linonis Bourdon* at her home in Jamaica this May. They enjoyed beautiful Jamaica where the weather was delightful and they had a great time. The group consisted of: *Barbara Bedlow Matthews, Irene Cardin Smith, Paula Gill Oshana, Faye Palmer Daley, Carrie Hewitt Plank, Nancy Johnson Carlson, Sue Jones Renelt, Tina Pappalardo Merz, Lee Shumway Tonet, Ardell Schmidt Patterson* and of course *Ellie Linonis*. The class of 1959 is asked to make plans to attend the reunion on June 7, 2009.

### **CLASS of 1960**

*Carolyn Bickford Calhoun* and eight members of the class of 1960 met for a luncheon get-together in July at *Mary Clementino Moreau's* family cottage at Columbia Lake.



Class of 1960 celebrate 48 years

### **CLASS of 1961**



*Lesley Prentice McGrath '61* and *Eileen Gormley Santiglia '61*

### **CLASS of 1962**

*Patricia Lepito Karwoski* is working as a Clinical Consultant at the Hospital for Special Care. She loves working in her present position and plans to continue working as long as possible. She and John, her husband of 44 years, travel between their condos in Calabash, N.C., and Farmington, Conn. They have three married children who live with their spouses and children in the Midwest. Pat and her husband keep busy traveling and visiting their children and grandchildren.



Class of '62



*Patricia Conforti Masucci '62* had a lovely get-together at her lakeside home this past summer. Those present were: *Frances Bidorini Ganguli, Patricia Conforti Masucci, Rosemary DeAngelis, Patricia Andreana Ciarcia, Linda Arle Duval, and Carol Drumm Ferik*. All enjoyed friendship, great conversation, a lovely boat ride and delicious buffet lunch.

### **CLASS of 1963**



*Marilla Senior Anderson '63* and *Pamela Mott Early '63* celebrate 45 years.

### **CLASS of 1968**



*Barbara Marshall McCarthy '68* and *Mary McDonald Avedisian '68* celebrate 40 years.

### **CLASS of 1969**



*Karen Mazzarella '69* President of the Alumnae Association, and *Linda Spivack*, Vice President of Patient Care Services at Hartford Hospital.

Seven members of the Class of 1969 were able to get together at the beach in Matunuck, R.I., this past August. *Karen Stinson Mazzarella* once again organized the annual event. Alumnae guests included *Sue Jane Barron Cavaliere, Kathy Boyd Didier, Dory Hary Jordan* from Maine, *Marilyn Godlewski McKeown* from Virginia, *Renie Day Steele* and *Della Pappalardo Usher*. Plans for their 40th anniversary at the 2009 Banquet were discussed over an intricate jigsaw puzzle. Despite a forgotten suitcase, lost glasses, misplaced sunglasses and an unfortunate cell phone loss, a GREAT time was had by all.

### **CLASS of 1970**

*Ronny Ann Del Gaudio Bohrer*, after being out of nursing for many years, returned to work as a substitute school nurse. This past May she worked as an RN on an adolescent psychiatric unit of the Brattleboro Retreat in Brattleboro, Vt. She was able to use much of the education she learned in the '80s but was also delighted to be challenged to learn new ways. She was especially happy to have gotten a job after turning 60 years old in April!

**CLASS of 1971**



*Louise Wasilewski Honiss '71 and Suzanne Russell '70*

Louise Wasilewski Honiss this spring received her master's degree in nursing at the University of Connecticut in Storrs, with a specialty in critical care nursing. She recently worked at Hartford Hospital in the Post-Anesthesia Care Unit (PACU).

**CLASS of 1973**



*Christine Beshara Cushman '73 and Dale Rogoff Greer '73 celebrate 35 years.*

Catherine Drexler Chance '73 works at the Institute of Living and is the recipient of the Arne Welhaven Memorial Award. This award is given to a staff member in the Department of Psychiatry who exemplifies excellence in mentorship and education as well as concern, respect, and generosity toward patients.

**CLASS of 1974**



*Jane Wallace Lasher '74, Treasurer of the Alumnae Association.*

Donna Shields Caplin and a group of nurses have had their abstract, "Sharing Knowledge, Creating Alliances: Crossing Borders to Improve Public Health," accepted for an oral presentation at the American Public Health Association conference in California this fall. This topic is a comparative analysis of public health capacity in Canada vs. the United States, and the

importance of developing alliances among public health professionals to improve disease management efforts.

Sally Gurecki Marzi earned Certified Emergency Nurse (CEN) in May 2008.

**CLASS of 1975**



*Barbara Seavey Gelinis '75 and Mary T. Dalton '75*

Dorothy Foster '75 and Susan Miner Purinton Geetersloh '75 grew up together in western Massachusetts and, after graduating from HHSN, each married men from Maine. Thirty years later, they still make Maine their home and live three hours away from each other. Dorothy lives "on site" at the Maine Wildlife Park in Gray, Maine, where her husband works as the gamekeeper. She works with him one weekend a month at the park

and has done chest percussions on a post-op coyote, cast changes on a bobcat, and post-surgical care on birds with amputations! She also works in the health offices of the three elementary schools in her district and is a per diem float RN for Intermed, which is a multidisciplinary physician-owned practice out of Portland. Dorothy and Susan have great memories of their days at HHSN, where they received a top-of-the-grade nursing education that has served them well as they've traveled on with their lifelong careers.

Susan Miner Purinton Geetersloh is an APRN who practices at Acadia Hospital in Bangor, Maine.

**CLASS of 1976**



*Kathleen Shea Villano '76 and Theresa Gwozdz '76*

**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 email patciarcia@snet.net.

**Request for HHSN Nursing Pins**

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



**In Memoriam**

*We honor the memory of alumnae of the Hartford Hospital School of Nursing who have passed away.*

- |                                   |   |
|-----------------------------------|---|
| 1931<br>Ethel Anderson Cross      | 1951<br>Carmela Calabrese Caruso<br>Bonnie Gray Vomacka |
| 1941<br>Ruth Case                 | 1959<br>Ona Coach Riter                                 |
| 1945<br>Beverly Carlson Soderberg | 1961<br>Virginia Scola                                  |
| 1948<br>Alice Hawksworth Breen    | 1976<br>Gayle Sanders Nicolay                           |

## ***What Nursing is All About***

*Here is an excerpt from a letter written by the wife of a recent patient at Hartford Hospital, commending his nurses and patient care assistants.*

“It is with heartfelt gratitude and warmth that I remember each of you. It is extremely unusual to find a whole team of people so dedicated and genuinely concerned for a patient’s well-being.

“It is difficult to find enough words to say thank you for taking such good care of the man that I have loved for 35 years.

“You all embody what the nursing profession is truly about—caring. We both feel privileged to have known and dealt with all of you.”

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



### **Give a Lasting Gift**

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

PHOTO COURTESY OF THE HAMILTON ARCHIVES | HARTFORD HOSPITAL



**Lillian Bozenhard, second person from the right in back row, was a graduate of the Hartford Hospital Training School in 1933. She continued her training at Hartford Hospital and became a nurse anesthetist. During World War II she worked as a nurse anesthetist in the 39th General Hospital/Yale unit in New Zealand. Her rank was Captain.**



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