

HARTFORD HOSPITAL

SPRING 2005

# Nursing



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

# Hartford Hospital Nursing

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Paul DeVeau, *Graphic Designer,  
Hartford Hospital*

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yearly publication of the Hartford  
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Hartford Hospital School of Nursing.*

Send correspondence to:

### **Hartford Hospital Nursing**

80 Seymour Street

Hartford, CT 06102-5037

Attention: Laura Caramanica, RN, PhD

Vice President, Nursing

e-mail: [lcarama@hartosp.org](mailto:lcarama@hartosp.org)

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

560 Hudson Street

Hartford, CT 06106

Attention: Pat Ciarcia, RN, MSN

Executive Secretary

e-mail: [patciarcia@snet.net](mailto:patciarcia@snet.net)

### **Cover Photograph:**

*Tammy Sajkovicz, RN, BSN, in B101, Hartford  
Hospital's Cardiac Intensive Care Unit.*

*(Photo by Joy Miller.)*

## MISSION

The mission of *Hartford Hospital Nursing* is to highlight the activities and achievements of the Hartford Hospital nursing staff and alumnae of the Hartford Hospital School of Nursing. Their stories will be told through a variety of articles and news items focusing on key areas: practice, education, leadership and research.



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

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

Volume 1, Issue 1, Spring 2005

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*John Meehan, President and Chief Executive Officer, Hartford Hospital*

### Nursing is Key to Service Excellence

One day well over a century ago, a nurse, for the first time, provided care to a patient at Hartford Hospital. That nurse could not have foreseen all that would spring from that first act of caring. In the years that have followed, thousands of nurses have carried on the tradition begun that day. And nursing itself has evolved into an essential pillar of health care, both at Hartford Hospital and around the world.

Because of the vital role nurses play in this hospital, they are critically important to the success of an institution-wide initiative we launched this year, one that focuses on service excellence.

“Service excellence” is a simple term, but it is a complex undertaking that involves every aspect of what we do. The goal of the service excellence initiative is to ensure that the experiences of patients, families, physicians and staff are as positive as possible and, therefore, result in a high level of satisfaction.

Earlier this year, we formed a Service Excellence Committee made up of representatives from all areas of the hospital. Naturally, it includes several representatives from Nursing. This interdisciplinary group has developed a comprehensive plan for integrating service excellence into every facet of our daily lives together.

Excellence isn't new to Hartford Hospital. We've always valued it, strived for it and, in countless ways, achieved it. We have much to be proud of. But this initiative takes our commitment to excellence a step further. It takes a tacit vision and makes it explicit. It transforms general ideals into specific objectives. It replaces impressions with facts. And it lets us measure our performance so we can celebrate our successes and better target any shortcomings.

Like that first nurse, this initiative is a very positive innovation, one with the potential to make hospital life more satisfying and rewarding for our patients, clinicians and staff for years to come. Personally, I am excited about being involved and have great expectations for this initiative.

*John Meehan*



*Laura Caramanica, RN, PhD  
Vice President, Nursing, Hartford Hospital (HHSN '72)*

### Meet Hartford Nursing's Newest Voice

It is my pleasure to introduce to you *Hartford Hospital Nursing*, a new publication designed just for you. It is a joint effort of the current nursing staff at Hartford Hospital and the Alumnae Association of the Hartford Hospital School of Nursing. The idea for this magazine grew from celebrations held during Hartford Hospital's 150th anniversary in 2004. Over the course of that landmark year, events, activities and publications showcased many hospital, medical and nursing staff contributions. But there are many more stories still to be told about the present, past and future of Hartford Hospital nursing. This publication's mission is to continue to recognize Hartford Hospital's nursing staff and the HHSN alumnae for their outstanding contributions to health care in the areas of practice, education, leadership and research.

In January 2004, Hartford Hospital was honored to be awarded Magnet status by the American Nurses Association Credentialing Center. But the excellence for which this hospital was recognized was of long standing. Hartford Hospital has a rich history of many firsts, including being the fourth hospital in the world to follow Florence Nightingale's Plan for Nursing Education and to develop a hospital-based diploma program for nurses. In the 19<sup>th</sup> century, it was a novel idea for a hospital's administrator to believe in the benefits of providing education for nurses. It was just as novel for a medical staff to collaborate with nurse leaders to achieve this objective. But the leadership of Hartford Hospital had the vision to see the benefits of such actions, and this type of vision and collaboration continues today.

I hope you enjoy reading about the many contributions of Hartford Hospital's nurses and members of the HHSN alumnae. Nursing is a noble profession. All of us recognize that our ultimate goal is to serve the needs of patients, especially those who are among the least served in our communities. The stories told in this publication about the knowledge, skill and caring of nurses are bound to warm your heart and renew your respect for these dedicated professionals who form such an integral part of today's collaborative health care teams.

*Laura Caramanica*

## *Congratulations to Hartford Hospital's 2005 Nightingale Award Winners!*

Sixteen Hartford Hospital Nurses have been named winners of the third annual Nightingale Awards for Excellence in Nursing program. Founded by the Visiting Nurse Association of South Central Connecticut, the Nightingale Awards program aims to

encourage retention, attract young people to nursing, focus public attention on nurses' contributions and prompt licensed nurses to return to practice. Winners of the Nightingale Awards are nominated and chosen by their peers.



(1 to r) **Lynn Caparasso**, RN, Post Anesthesia Care Unit; **Sally Lundberg**, RN, OCN, Oncology; **Louise Reagan**, APRN, MS, GS, Adult Ambulatory Primary Care; **Pauline Redfield**, RN, Dialysis; **Martha Richmond**, RN, Neurosurgery; **Iwona Staniewski**, RN, Rehabilitation; **Beverly McKoy**, RN, BS, Operating Room; **Becky Keparutis**, RN, BSN, General Surgery



(1 to r) **Donna Cavallari**, RN, Medical Intensive Care; **Eugenia Soucie**, RN, Medical/Surgical; **Sue Ekwall**, RN, BSN, Labor and Delivery; **Colleen Mellen**, APRN, MSN, Urogynecology Division; **Geraldine Flynn**, RN, Cardiology; **Beverly Mendes**, APRN, Cardiac Catheterization Laboratory; **Marilyn Newman**, RN, AD, Clinical Leader, Psychiatry; **Krystyna Swit**, RN, AS, Jefferson House

## Donnelly One North Honored

The American Psychiatric Nurses Association (APNA) has presented Donnelly One North's Special Care Unit with its 2004 "Best Practice Award for the Treatment of the Behavioral Disturbances of Dementia." The award is given to programs providing exemplary programming and care for such patients.

Unit Director Ellen Blair, APRN, was instrumental in bringing Donnelly One North's Special Care Unit to the attention of the APNA through an abstract she submitted. As part of the award, APNA has presented the unit with a \$1,000 gift for program development.



**The Donnelly One North Special Care Unit Team**  
 Front Row: (seated) Bruce Olson, Julia Osei, Ellen Lesiak, Pamela McKenzie, Kim Fuke; Second Row: Brendalee Taylor, Lynn Roberts, Barbara Fanning, Laverne Halliday, Ellen Blair, Dr. Joanna Fogg-Waberski, Adelle Lewis; Third Row: John Kissi-Yaboah, Ann Gunberg, Dr. Joseph Nesta, Warnie Walker, Nancy March, Yolanda Diaz, Catherine Clark; Fourth Row: Craig Thibodeau, Catherine Sberwood, Robert Smith, Gary Smith, Steven Sklar, Anna Kinghorn, Sandy Marcinzyck

## Veteran Nurse Featured



*Ruth Rumley, RN (left) was nominated by Unit Director Ellen Blair, APRN, to be featured in a publication on experienced nurses.*

Ruth Rumley, RN, a per diem staff nurse on the inpatient geropsychiatry unit at The Institute of Living, was recently featured in a monograph published by the Center for American Nurses. Entitled *Standing on the Shoulders of Giants*, the publication spotlights mature nurses. Now 78 years old, Rumley graduated from nursing school in 1947 and, in 1950, earned her certification as a nurse anesthetist, a career she pursued for 20 years. She then worked as a Nurse Supervisor at The Institute of Living for 25 years. After a brief retirement, Rumley returned on a per diem basis and now works several days each week.

In nominating Rumley, Ellen Blair, APRN, Unit Director of Donnelly One North, noted that she brings numerous assets to her role, including up-to-date skills, a caring manner, and wisdom and experience that make her an excellent mentor for newer nurses. Blair added, "In this era of technology and fast-paced practice, Ruth keeps many of the basic tenets of nursing alive, dealing with patients in a holistic, therapeutic manner."

For her part, Rumley just loves her work. "It keeps you mentally and physically alert," she says.

# A Safe Place to Learn

The Simulation Center at Hartford Hospital is enhancing patient safety by offering practitioners a powerful learning experience.

In many ways he's the perfect patient. He's happy to let you take his vital signs, administer his meds, place an intravenous line or intubate him. In fact, you can do almost anything to him—except harm him. And that's why "Sim-Man" is the ideal patient for nurses, physicians, students and clinical staff to learn from and practice on.

SimMan is actually the name used for each of three highly sophisticated mannequins that are the stars of the Simulation Center at Hartford Hospital, an innovative, 2,500-square foot training facility that opened in July 2004 on South 5. It is the only center of its kind in Connecticut.

"The creation of the Simulation Center underscores Hartford Hospital's exceptional commitment to patient safety and outstanding patient care," says Stephen Donahue, BS, RRT, who, under the direction and leadership of Thomas Mort, MD, helped launch the center. The two now serve, respectively, as Director and Medical Director of the Simulation Center at Hartford Hospital.

Ann Russell, RN, MS, Critical Care Nurse Educator at Hartford Hospital, points out that the simulated setting better prepares doctors, nurses and others to provide excellent care when the patient, the problem—and the risks—are real.

"Health care is a practice-based profession," Russell says. "Practitioners need to learn the physiologic components of patient situations, develop the necessary motor skills, acquire equipment knowledge and work effectively in a team. Used in conjunction with theoretical background, simulation offers the opportunity to gain proficiency in all these areas."

## A Real-Life Setting

Thomas Mort first proposed the creation of a Simulation Center at Hartford Hospital. He had seen simulation used in resident



*Student nurses respond to a simulated cardiac arrest in the trauma room of the Simulation Center at Hartford Hospital. Pictured (l to r) are Linda Howey, Amy Bessette, Wayne Rolling and Britten Horper.*

education and recognized its value as a teaching tool. "We wanted to make the hospital safer for patients and make residents, attending staff, nursing staff and allied personnel more confident and competent," says Dr. Mort. "The way to achieve this is through training, education and practice. Thanks to simulation, the days of practicing on human patients alone as

a training mechanism will now be supplemented with patient care and training on high-fidelity, computer-driven mannequins."

The program began with just one mannequin and a cart. But, with funding from the Medical Staff, the Auxiliary, the Mead Fund, the Pyrtex Fund and the Hartford Hospital Administration, South 5 became a full-fledged center.

Today, the Simulation Center features exact replicas of three clinical environments: an operating room, a trauma room and a patient room in an intensive care unit. Each room is realistically outfitted. The OR's equipment, for example, includes an authentic anesthesia machine, bronchoscopy equipment, and a difficult-airway cart, while the ICU room's equipment includes an IV pump, a defibrillator and an ICU ventilator. Functioning computers in each room allow Intranet access for looking up resources and protocols.

The mannequins, made by Laerdal, can be configured to be either male or female. Affectionately known as Witold, Homer and Pat, the mannequins are eerily human-like. They talk. They breathe. They have pulses and bowel sounds and exhibit airway changes and oxygen saturation. Most important, they can manifest a wide range of health problems and react to interventions and treatments exactly the way a real patient would.

All this realism is made possible by sophisticated software controlled from a panel in a booth adjacent to the simulation rooms. Using the software, an operator can program the

mannequin for a particular scenario—give him, for example, symptoms of cardiac arrest or respiratory distress. Once the software is programmed for the scenario, the mannequin will automatically register responses to treatment. The system also records all the data, so students who participate in a learning scenario can review the timing of their actions, as well as how the patient responded.

In a typical training session, the instructor decides what the learning objectives are and the appropriate scenario for teaching them. The operator then programs the scenario and the students deal with the situation as if it were real.

Practicing nursing skills on an effigy isn't a new concept. Students at the Hartford Hospital Training School for Nurses and, as it was later known, the Hartford Hospital School of Nursing, practiced basic skills on a series of dolls they called Mrs. Chase from the early 1900s until the school closed in the 1970s. But the sophisticated capabilities of SimMan and the highly realistic experience the Simulation Center and its mannequins offer provide a much broader, richer range of learning opportunities.

The center's staff makes every effort to approximate the actual conditions specific teams might find themselves having to work in. When the LIFE STAR team trains, for example, surround-sound noise and low light are introduced. For Emergency Department staff, SimMan can be made to suffer cardiac arrest anywhere in the hospital—fully clothed, so responders can practice accessing the chest to affix defibrillator pads. A team conducting a bioterror drill recently had to perform its tasks in full protective gear.

## A Safe Learning Environment

In her role as Critical Care Nurse Educator, Ann Russell teaches the Critical Care Core, an intensive, three-week training program for nurses new to the ICU. She recognized early on the important dimension the Simulation Center could add to her students' learning experience.

"It offers a whole new medium and another whole way of learning," Russell says. "The program used to be lecture-based,



*HHSN students in 1956 with a simulated patient affectionately dubbed Mrs. Chase. Generations of Hartford nursing students worked with various versions of Mrs. Chase from the early 1900s until the school closed in the mid-70s.*



*Clinical Nurse Educator Christina Case, RN, explains a scenario taking place in the simulated ICU patient room.*

and students would take a test at the end. With the Simulation Center, they can practice psychomotor skills, actually use the equipment and perform the procedures."

"Now, we can help ensure that students aren't just 'book smart,' but clinically skilled, as well," says Steve Donahue.

Whether the learners in the center are students, nurses, residents or attending physicians, Russell and Donahue point out, the goal is always to make it clear that this is a learning experience, not an exercise designed to embarrass or punish people for things they may do incorrectly. In fact, the center is exactly where any mistakes *should* be made, so that gaps in knowledge, skill or communication can be discovered and addressed before they can affect a real patient.

Advanced audiovisual equipment in the center allows instructors to record simulated sessions. Afterward, participants gather in the center's classroom to review their actions and discuss what went well and what should be done differently. Russell says they always try to have participants leave the discussions feeling positive about what they've learned, rather than feeling bad about themselves for any deficiencies.

The Simulation Center is also valuable as a way to let people practice things they could never practice with a real patient—such as responding to a cardiac arrest.

Mary Murphy, RN, MSN, Nursing Educator in the Neuro-Trauma Units, says nurses in her area approached her about refreshing their skills in dealing with cardiac emergencies. Her experienced nurses, she says, know the concepts well, but will benefit from practicing with the equipment and working as a team. Newer nurses need to develop their ability to assess a patient's symptoms and think critically.

"The great thing about the Simulation Center is that it lets them put all the pieces together, and put what they know into practice, so they're well prepared," Murphy says. "It's the same idea that's behind airline pilots' regularly simulating plane crashes. A crash is a worst-case scenario for a pilot. The worst-case scenario for a nurse is a patient in cardiac arrest. You have to know before you're ever faced with the situation exactly what you're going to do."

Murphy says the center also encourages learning by freeing her nurses to make mistakes. "These are very responsible people, and they're afraid to make a mistake," she says. "But



*Ann Russell, RN, MS (left), Critical Care Nurse Educator, works with Andrea Scafuri, RN (center), and Jana Backus, RN, on airway management and respiration in the simulated ICU patient room.*

fearing to make a mistake is actually a barrier to learning. The Simulation Center helps break down that barrier and let learning take place.”

David D. Bennett, RN, BSN, who has been a nurse for 22 years, recently participated in Ann Russell’s Critical Care Core program, and found the simulation sessions very valuable. “This lets you replicate things that happen to people that require you to think quickly and act fast,” Bennett says. “Because it’s not a real situation, you can slow it down or speed it up and guide the critical thinking process, which prepares you to deal with real life.”

Instructors can use the simulation sessions to bring out leadership qualities in more reticent people. They often assign a quieter person to a leadership role in the scenario. While that person may not welcome the opportunity, afterward he or she is usually happy that they had to rise to the occasion, because they discovered new capabilities and gained more confidence.

## A Typical Session

One of the scenarios Ann Russell uses in the Critical Care Core program involves a patient with cardiomyopathy. She begins by dividing the class of 12 into three teams. Students remain in those teams throughout the program. One person will be assigned the role of the patient’s nurse; others will have different tasks.

The session begins with another educator giving report. Supposedly, the patient, who is postpartum, had complained of weakness and fatigue, then collapsed, and now has been sent to the ICU. The trainees work together to admit the patient. They examine her to determine her level of consciousness. They put her on a monitor and find she is in sinus tachycardia. She has low blood pressure and low oxygen saturation. As they check vital signs, they find she has a heart murmur and rales in her lungs. They must prepare anticipatory orders and contact the “physician,” who orders oxygen and a positive inotropic medication, dobutamine. Then they must obtain and set up the oxygen device, get premixed dobutamine and calculate the intravenous pump rate for that dose.

If they calculate the dose correctly, they should see oxygen saturation, blood pressure and possibly the rales improve. If the dose is incorrect, the mannequin’s condition reflects that, and the team has to deal with the problem. Sometimes, the instructor will arrange it so that an error has been made on one “shift,” but not discovered. The error may be a drip error. The patient was supposed to receive 2mg per minute of lidocaine, but the earlier shift has inadvertently programmed the IV pump to give 4mg per minute. The next team coming in gets report on the patient.

“The incoming team should check the pump to be sure that what was ordered for the patient is actually what he is receiving,” says Ann Russell. “If they don’t check it, we put the patient into lidocaine toxicity.”

The students should notice the symptoms, detect the error and contact the physician. Afterward, Russell brings the students together to discuss everything that must be done in the event of a medical error so that, if it ever happens again, they know the correct reporting and documentation procedures.

## A Busy Place

Practitioners throughout Hartford Hospital are taking advantage of the Simulation Center’s unique capabilities. It’s currently used by residents in Toxicology, Emergency Medicine, Trauma and Anesthesia; fellows in Critical Care; nurses in Cardiology and Intensive Care; respiratory therapy students; the flight team; and patient care assistants in training. Women’s Health, Surgery and Dialysis have also expressed interest.

“In the near future,” says Steve Donahue, “simulation will be the standard of training for a host of disciplines.”

## Nurse Leaders Obtain Certification



*Ten nursing leaders from Hartford Hospital recently earned their certification in Nursing Administration by passing exams administered by the American Nurses’ Credentialing Center. Pictured left to right are (seated): Cathy Yavinsky, RN, CNAA, BC, Nurse Director, Ambulatory, Transplant and C12; Susanne Yeakel, RN, CNAA, BC, Manager, B8; Maria Tackett, RN, CNAA, BC, Nurse Director, Ortho/Neuro, Trauma Rehab, ED, Flight Program; (standing) Susan Maxwell, RN, CNAA, BC, Nurse Director, Women’s Health Services; Pamela Vecchiarino, RN, CNAA, BC, Nurse Director, Medicine; Cheryl Ficara, RN, CNAA, BC, Nurse Director, Surgery; Janet Speas, RN, CNA, BC, Manager, ED; Anne Vale, RN, CNA, BC, Manager, C10. Not shown are Ellen Blair, APRN, CNAA, BC, Unit Director, IOL, and LuAnn Maboney, RN, CNA, BC, Manager, B111.*

# Transforming Intensive Care

Hartford Hospital nurses are playing a key role in an innovative initiative that is bringing best practices to every bedside in the ICU.

Over the last four years, intensive care units at Hartford Hospital have been engaged in a project that is producing positive, far-reaching results for critically ill patients, their families and hospital staff members. The project, known as TICU (for Transformation of the Intensive Care Unit) seeks to ensure that evidence-based best practices are used consistently in the care of each

and every patient in the ICU. The program was developed by the Voluntary Hospitals of America (VHA), originally in collaboration with the Institute for Healthcare Improvement.

TICU is a multidisciplinary effort involving nurses, physicians, pharmacists, midlevel practitioners, respiratory therapists, social workers and other professionals. Team members collaborate to ensure each patient receives the type of care research has shown to enhance patient safety and produce the best outcomes. Nurses are critical to the process.

“TICU is heavily nurse-driven. Without nurses, it just wouldn’t happen,” says Eric Shore, MD, an intensivist who is the Director of Hartford Hospital’s Medical Intensive Care Unit (MICU), one of the first ICUs to undertake the project. “Nurses are still the keystone of care in the hospital—period. TICU is just a tool that allows them to provide the absolute best, most up-to-date care all of the time.”

TICU is based on a seemingly simple concept: Identify the practices that have proven to get the best results, then apply them every day to every patient. The challenges lie in developing a process for achieving this goal, persuading all the professionals involved to employ the identified practices, and diligently tracking and analyzing data to be sure that the measures are being taken and producing the desired results.



Thanks to the commitment of the clinical team and the strong support of administrators, Hartford Hospital’s ICUs have risen to these challenges, and the results have been outstanding.

“TICU demonstrates in a powerful way how much good can be accomplished through interdisciplinary collaboration and a more rapid cycle of change,” says Laura

Caramanica, RN, PhD, Vice President of Nursing.

“I think the value of this program is its ability to fundamentally change the culture of an ICU,” says intensivist Eric Dobkin, MD, Medical Director of the Surgical-Trauma Intensive Care Unit (SICU), which also piloted the program at Hartford Hospital. “Because of this profound cultural change, which focuses on patient safety, staff empowerment and an intensivist-led team approach, I am confident that improvements will continue to evolve long after the formal TICU project has come to a close.”

## TICU in Practice

The overarching goal of TICU is to promote patient safety and optimal outcomes. Units continuously strive to do this by making changes in practice that are based on evidence.

“TICU is a change process that empowers nurses,” says Cheryl Ficara, RN, Nurse Director of the Surgical-Trauma Intensive Care Unit (SICU). “It used to be that making changes took a very long time. With TICU, we can make an evidence-based change on a small scale, then test it. If it proves successful, the change can be implemented more broadly. We no longer have to go through a series of committees to do things that lead to better patient outcomes.”

Many evidence-based innovations recommended by VHA have been implemented in the ICUs since TICU got underway. These fall into four broad areas or “domains”: clinical, patient and family satisfaction, financial and work force.

One of the first clinical innovations focused on improving outcomes for patients on ventilators. Being on a ventilator puts a patient at risk for additional problems, especially ventilator-associated pneumonia, peptic ulcer disease and deep vein thrombosis. To reduce these risks, VHA looked at research to see what evidence showed produced the best outcomes. They then identified best practices. These included keeping the head of the bed elevated at least 30 degrees, taking prophylactic measures to reduce risk of peptic ulcers and deep vein thrombosis, tightly controlling blood glucose levels (to between 80 and 110), keeping sedation to a minimum, and weaning the patient from the ventilator as soon as possible. They called the collected practices the “ventilator bundle.”

Hartford Hospital ICUs have made the ventilator bundle part of an overall checklist the care team reviews during daily morning rounds. The checklist ensures that nothing is inadvertently overlooked, that evidence-based practices are applied consistently, and that all practitioners are on the same page with regard to practice and care goals for the patient.

The team has applied the same strategy to other risks facing ICU patients. For example, in collaboration with VHA, they’ve implemented a sepsis bundle, again, using evidence-based medicine, aimed at increasing the percentage of patients who survive. This bundle includes ongoing review and monitoring of line placement procedures, prompt blood cultures and timely administration of vancomycin. It also includes screening 100 percent of ICU patients for all components of the sepsis bundle. This, too, is now part of the checklist that is reviewed every day.

These practices have significantly improved patient outcomes. In one ICU alone, ventilator-associated pneumonia has been reduced by 50 percent and rates of bloodstream infection are lower than at 87 percent of ICUs in the country. The mortality rate has been reduced by 20 percent, even though the patient population has remained the same.

## Nursing is Pivotal

Nurses are essential to improving patient safety, so it’s vital that they be champions for evidence-based practices. Nurses who have been active in TICU say it has enhanced them professionally.

“Nurses at the bedside are always identifying new ways to provide better care for their patients,” says Pamela Vecchiarino, RN, Nurse Director of the MICU, the other ICU that piloted TICU. “They may see an article or go to a conference or review the literature, then bring an intervention to the team’s attention. We’ll try it for a week and watch the patient’s response. Once everyone sees that the outcome is better, they’ll buy into it. The process gives nurses more freedom and more decision-making ability.”

Patti Gleason, RN, Clinical Leader in the SICU, describes the TICU process as “little changes with a big impact. The whole thing comes down to evidence-based practice—having a good reason for doing something the way you’re doing it.”

## Hartford Hospital Takes the Lead

TICU originated with the Voluntary Hospitals of America (VHA), a national association of more than 2,000 not-for-profit hospitals, of which Hartford Hospital is a member. Hartford Hospital Vice President of Medical Affairs, Alfred Herzog, MD, who is involved with a VHA national physician leadership group, first proposed that Hartford Hospital implement TICU.

“We were looking for a way we could have a major impact on patient safety,” Herzog says. “If we could take the TICU concept and put it into practice in our ICUs, we could not only maximize safe delivery of that kind of care, but extend it to other areas of the hospital, as well. We started in the ICUs because that’s where most of the exchanges occur between nurses and patients, nurses and physicians, physicians and pharmacists, and so on.”

Herzog proposed the idea to Eric Shore, MD, Director of the Medical Intensive Care Unit (MICU), and to Eric Dobkin, MD, Medical Director of the Surgical-Trauma Intensive Care Unit (SICU). Nurses in both units and Vice President of Nursing Laura Caramanica, RN, PhD, responded enthusiastically.

Hartford Hospital was one of only 13 hospitals in the country to pioneer TICU projects. Since then, it has become a national model.

TICU has now been adopted by every ICU in Hartford Hospital and will eventually expand to other areas.

Donna Cavallari, RN, Co-chair of the MICU Performance Improvement Committee, has been an ICU nurse for 32 years. When she first got involved with TICU, she was skeptical. But now, having seen the results, she recognizes how it benefits patients and enhances nurses' performance.

"We used to leave patients lying flat, for example, in order to keep them comfortable, not realizing that we were setting them up for pneumonias," Cavallari says. "Now we're basing decisions on things that have been studied, and we're reducing our patients' risks. This enhances our autonomy, because we have more information to base our decisions on."

Nurses also provide an important degree of continuity, says Joan Lacey, APRN, of the MICU. "Nurses are the gatekeepers for improving care. Since we are a teaching hospital, with interns changing every month, we count on the nurses to identify those patients who need Xigris® or have not had prophylaxis ordered." She adds, "These small evidence-based changes have decreased our ventilator-associated pneumonia, time on ventilator and length of stay."

## Communication and Compliance

Communication is an important component of TICU. Meetings are held regularly to make sure everyone on the unit is informed about new developments and practices. Representatives of all the ICUs in the hospital get together monthly to share ideas and compare notes. Those who attend national conferences typically make presentations to the others on what they learned there.

Documentation is important, too. One pilot ICU developed a "safety pledge" all nurses sign at hire and annually. By signing, they pledge to follow practices supported by evidence and mandated by JCAHO (Joint Commission on Accreditation of Healthcare Organizations).

The checklist or "short-term goals" form is prepared for each patient daily and posted where practitioners and families can see it. This ensures that everyone involved with the patient knows at all times what the goals are for that patient.

A team member reviews the checklists intermittently to get a "snapshot" of the degree to which the critical care staff is adhering to given practices. If compliance is low in a particular area, team leaders try to learn why and take steps to improve it.

## Serving Families, Saving Money

As part of the TICU initiative, teams also focus on improvements that will enhance patient and family satisfaction with the ICU experience. Innovations in this area focus on keeping families involved, informed and reassured.

Immediate family members can visit almost anytime, and are invited to be present for morning rounds. Families can also bring in items for a "biography board" that's located in the patient's room and designed to let families better acquaint the team with their loved one.

One of the most popular innovations so far is the "family voice mail" system. A project spearheaded by social worker



*TICU's attention to patient and family satisfaction led to the placement of "biography boards" at each patient's bedside.*

Colleen Mulkeren, MSW, the system lets family members call a special number to get a recorded update on the patient's condition.

Keeping patients and families comfortable—physically, mentally and emotionally—is the goal of a palliative care bundle that teams have been working on. This bundle includes elements such as ensuring the team knows each patient's advanced directives and code status, managing symptoms, and considering emotional and spiritual needs of patients and family members.

Hospitals everywhere are under severe financial pressure. TICU is helping Hartford Hospital continue to provide the finest medical care while reducing costs and enhancing revenue. Reducing illness and infection reduces costs by shortening the average length of stay and eliminating the need for additional tests and treatments. One of the pilot ICUs lowered the average length of stay by a full day. This enabled the unit to increase throughput from 700 to 900 patients annually, increasing revenue without adding resources.

In any hospital unit, patients benefit when the work force is stable and job satisfaction is high. Statistics on overtime, turnover and more show TICU has made a positive difference in this domain, as well.

## Caring at the Core

The TICU initiative takes a very scientific, data-driven approach to ICU practices. But its aim is what the aim of nursing has always been: the relief of human suffering.

"Our whole goal is to make sure our patients get the care they need, the safest way possible and the most comfortable way possible," says Donna Cavallari. "We're nurses. That's the reason we got into this in the first place, because we wanted to take care of patients."

# 8<sup>th</sup> Annual Nursing Research Conference Held



Joan MacRae, RNC, MS, Nurse Educator at Hartford Hospital (center), was honored for her efforts on behalf of the annual Nursing Research Conference. With MacRae are Jack Lylis, PhD, Vice President of Education, and Laura Caramanica, RN, PhD, Vice President of Nursing.

The Institute for Health Care Education and the Capital Area Alliance for Research and Research Utilization held its 8<sup>th</sup> Annual Nursing Research Conference on Oct. 1, 2004. The event drew more than 260 nurses and nursing students from throughout the state.

The theme of the conference was “Evidence-Based Transcultural Research in Cyberspace.” Discussions and presentations centered on transcultural research and the application of informatics in practice settings (e-health). Participants had the opportunity to hear from two nationally recognized speakers and learn from a selection of 13 presentations and eight poster sessions. They earned 5.3 contact hours from the AANC Commission of Accreditation/Connecticut Nurses Association.

Joan MacRae (HHSN ‘67) earned special thanks for her outstanding work in making the conference such a success over all these years. Joan retired this year after 37 years of service to Hartford Hospital.

Thanks also go to GE HealthCare and Eclipsys for their sponsorship and exhibits; Elsevier Science for the book display and donations; Carol Albert and her staff at Buds ‘n’ Blooms for the lovely decorations; Wayne Oden and his staff from Hartford Hospital Food and Nutrition for the great refreshments; and the Alliance agencies and members of the planning committee. For more information, visit [www.ctnursingresearchalliance.org](http://www.ctnursingresearchalliance.org).

## Education

# Educating the Nurses of Tomorrow

When Hartford-based Capital Community College (CCC) sought to offer an evening nursing program, Hartford Hospital helped make it possible by providing the clinical faculty for the program.

Ellen Leighton, RN, MS, Director of Intravenous Therapy at Hartford Hospital, and Dorothy Fishman, RN, EdD, FAAN, a nurse educator engaged by the hospital as CCC clinical faculty, taught a group of about 30 students in the Nursing 101 course that began in August 2004.

“We taught the students all the fundamental skills,” says Ellen Leighton. “We spent about six weeks in the lab, and then moved to a clinical setting at Jefferson House [Hartford Hospital’s long-term care and rehabilitation facility in Newington] where the students applied what they’d learned.”

Students learned skills such as how to calculate and administer medications, do dressings, take blood pressure and pulse, count respirations, do catheterizations, give injections and more. But Leighton and Fishman also worked with the students to help



Dorothy Fishman, RN, PhD (left), and Ellen Leighton, RN, MSN (far right) with students from the Capital Community College.

them understand the more subtle aspects of patient care.

“The biggest challenge was getting them to understand what nursing is all about, how you deal with somebody who is ill, how they’re different from people who are healthy,” says Dorothy Fishman.

The two also focused on teaching critical thinking and decision-making. This was another challenge because each person learns and reacts differently, so it was important to interact with each student individually.

“A nurse must also understand the patient’s medications and lab values in order to make a nursing assessment producing high-quality patient care,” says Fishman. “It is critical how a student reacts and how well they can put theory into practice.”

For Dorothy Fishman, a former associate dean and professor of nursing, it was a familiar experience. For Ellen Leighton, a seasoned nurse of 34 years, teaching the class “was a new challenge. It was as much a learning experience for me as it was for the students.” But, she adds, “The faculty at Capital were wonderful in providing support and mentoring me in my role.”

# The Legacy Lives on



*Gail Rapoza, RN, President, Alumnae Association of the Hartford Hospital School of Nursing (HHSN '66)*

I would like to welcome you to the first issue of the first magazine dedicated exclusively to nursing at Hartford Hospital. It is exciting to be a part of this new venture. Although the Hartford Hospital School of Nursing has been closed since 1976, we remain an active Alumnae Association. We should be proud of the school's legacy and try to preserve it. This publication affords us that opportunity by sharing our stories from an era in which ours was one of the finest diploma nursing schools in the nation (of course we all felt it WAS the finest). It also permits us to spotlight the accomplishments of current alumnae and all nurses who are part of the Hartford Hospital community today.

Our Class News and In Memoriam sections of the magazine will provide a means of keeping in touch with and informed about classmates. We spent a great deal of time together over the course of three years and shared many laughs and tears. We would enjoy hearing from you with an anecdote or two about your nursing school years that we would consider for publication. To update us, or to inquire about how to become a reinstated member of the Alumnae Association, I ask that you e-mail me at [grapoza@harthosp.org](mailto:grapoza@harthosp.org), visit our Web site at [www.hbsnalumnae.org](http://www.hbsnalumnae.org) or write to:

Alumnae Association of the Hartford Hospital School of Nursing  
560 Hudson St., Hartford, CT 06106  
Attention: Pat Ciarcia, RN, MSN, Executive Secretary  
e-mail: [patciarcia@snet.net](mailto:patciarcia@snet.net)

This is a special opportunity for us as alumnae of HHSN to share with others the fine tradition of nursing at Hartford Hospital. I welcome your comments.



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

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Gail Pendleton Rapoza '66

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## **Join Your Alumnae Association**

The Alumnae Association of the Hartford Hospital School of Nursing currently has more than 600 members. As a member, you can apply for the Alumnae Bed Fund and scholarships. Membership dues are \$30.00 per year.

If you are interested in joining, please contact Gail Rapoza, President, at [grapoza@harthosp.org](mailto:grapoza@harthosp.org) or Pat Ciarcia, Executive Secretary, at [patciarcia@snet.net](mailto:patciarcia@snet.net).

You can also write to the Alumnae Association of the Hartford Hospital School of Nursing, 560 Hudson Street, Hartford, CT 06106 or visit our Web site at [www.HHSNalumnae.org](http://www.HHSNalumnae.org) for a printable reinstatement application.



## A Lifetime of Learning



*Eileen Breslin  
(HHSN '75)*

**E**ileen Breslin, RN, PhD, says she's the type of person who likes to stay busy. Considering all she's done in the course of her career, that's quite an understatement.

A 1975 graduate of the Hartford Hospital School of Nursing, Breslin is now Dean of the School of Nursing and Interim Dean of the School of Public Health and Health Sciences at the University of Massachusetts at Amherst. Her current position is the most recent achievement in a professional life distinguished by a continuous quest for new challenges and ever-increasing knowledge.

Breslin has positive memories of her HHSN days. "What stands out most in my mind are the dedication of the faculty and the camaraderie among the students," she recalls. "The faculty provided a strong foundation of excellence. They made it clear that we were always to do our best in delivering patient care that really made a difference."

After graduating from HHSN, Breslin moved to Arizona, where she worked in the Women's Health unit at Flagstaff Medical Center and earned her baccalaureate degree at Northern Arizona University.

"I knew early on that I would need to have more knowledge in order to practice the way I wanted to," Breslin says. She applied to NAU because it offered one of the few RN completion programs available. An NAU faculty member responded, asking her to come to Arizona. "She said, 'I know the quality of nursing education you got at the Hartford Hospital School of Nursing.'"

In Arizona, Breslin worked among the Navajos and immersed herself in the region's Hispanic culture. Soon, she was sponsored to attend a year-long women's health care nurse practitioner program at the University of New Mexico School of Medicine.

"That program prepared me to provide primary care to women across the lifespan. I worked in family planning clinics all over Arizona," she says.

In 1982, while earning her master's degree at the University of Arizona, Breslin served as a teaching assistant in a women's health care course. It was then she realized that she loved teaching. She supported herself while in school by working as a nurse practitioner, teaching a course, and working at Tucson's world-famous Canyon Ranch fitness resort, focusing on disease prevention and holistic approaches to health.

After earning her master's in maternal and newborn nursing, she was recruited by Northern Arizona University, where she was to serve on the faculty of the Department of Nursing for 15 years. By 1992, she had earned a doctorate in nursing and was working at NAU. Then, in 1998, came the invitation from the University of Massachusetts to consider a deanship. UMass was interested in her experience in cultural diversity issues and distance education. Breslin was excited by the opportunity to work with UMass's "exceptional faculty and students," and accepted the new challenge.

As Dean, Breslin facilitates the process of educating students and ensures that the schools provide the resources necessary to deliver the curriculum. Much of her role involves being active in national organizations. She serves on the board of the American Association of Colleges of Nursing. In 1998, then-Secretary of Health and Human Services Donna Shalala appointed her to the National Advisory Council for Nursing Education and Practice, where she served for four years. She has also been President of the Primary Care Fellowship Society and been lead author of a textbook, "Women's Health: Toward Evidence-Based Practice," which was published in 2003.

As an experienced nurse and a seasoned educator, Breslin has a unique perspective on her profession. "The technology comes and goes, but the nurse's judgment about when and how to use it remains key," Breslin says. "Critical thinking and communication skills are essential. We have to teach nurses to have exquisite assessment skills and the ability to interpret evidence and make decisions based on evidence and data."

For her part, Eileen Breslin has enjoyed every aspect of her busy nursing career. "Every day is another learning opportunity," she says. "I think we have the greatest profession. We touch so many people at such important times in their lives. It really is a sacred trust we have."

# In Service to the Community



*Edna L. Foley  
(front row, fourth  
from left) with her  
1904 graduating class.*

**E**dna L. Foley was a 1904 graduate of the Hartford Hospital Training School (as the school of nursing was then known). Today she is remembered as a highly respected leader who, throughout her distinguished nursing career, worked for social reform as a way to improve the lives of countless people.

Miss Foley was born in Hartford, Conn., in 1879. Prior to attending HHTS, she graduated from Smith College, an unusual achievement for that time. After graduating from nursing school, she went on to complete postgraduate studies at the Boston School of Social Work.

Miss Foley and B. L. Smith wrote an interesting article that appeared in *The American Journal of Nursing*, Vol. 10, No. 5, May 1910, entitled "Nursing as a Profession for College Women." In the article, they questioned why women college graduates overlooked a career in nursing (a field mainly open to women at that time). They wrote, "The college girl replies that the work is not interesting, that it is all drudgery, leading to nothing but reddened hands and aching feet." The authors' reply was, "To help save a human life, to assist at the birth of a new-born soul, to make the going out of a tired life easier, to get into close touch with the realities, the mysteries of life, to be able to help rather than to hinder at times like these, is more than sufficient recompense for hours of study and hard work." These words are certainly relevant today as well.

Miss Foley was a visionary in recognizing the need for public health nursing and was a founder and later President of the National Organization for Public Health Nursing. During her years as Superintendent of Chicago Municipal Nurses of Tuberculosis

and as Superintendent of the Chicago Visiting Nurse Association (1912-1937), she was well known as an advocate for patients and their rights. She held her nurses to a high standard and, if they could not meet those standards, asked them to leave. Because of her leadership with the VNA, she won national acclaim, and a large substation of the Chicago VNA was named the Edna L. Foley Substation in her honor.

Miss Foley was also actively involved with the American Red Cross Nursing Service. From 1919 to 1920, during a leave of absence, she served as Chief Nurse of the American Red Cross Tuberculosis Commission to Italy. She remained involved for many years on the National Committee of the Red Cross Nursing Service and was recognized for her efforts in 1937 with the Florence Nightingale Medal. Other honors included an honorary Doctor of Sciences from Smith College in 1928 and the first "citizen fellowship" from the Institute of Medicine in Chicago in 1934, which recognized her service to the people of Chicago.

She was well read on many subjects and her home was filled with books that she often shared with other nurses who visited with her at her Sunday teas. As a matter of fact, much of the rare book collection of the Hartford Hospital School of Nursing was donated by Miss Foley.

On Aug. 4, 1943, Miss Foley died suddenly in New York City after suffering a stroke. We are honored by the life and work of this alumna of the HHTS who devoted herself to the welfare of others and to the nursing profession itself.

*Submitted by  
Gail Rapoza, RN*

**1935**

*Wilhelmina Kania Curran:* Lives in an assisted living complex in West Hartford, Conn. She has Parkinson's disease but is doing quite well.

*Edith Lucille (More) Hardman:* Still lives in the home she came to as a bride 65 years ago, in South Hadley, Mass. Her daughter lives with her, and they enjoy traveling, theater and family gatherings. She is still active as a life deaconess in her church.

*Nellie Lund Hellijas:* Lives in Pinellas, Fla. She attended the 2004 June Banquet and spent time visiting with her children and grandchildren in Connecticut.

*Phyllis Jones:* Lives in an assisted living complex in Florida with her cousin Marie. She is in general good health and enjoys card games as well as interesting activities at the complex.

*Ruth Holbrook McDonough:* For several years she has lived in a nursing home in Manchester, Conn.

*Doris Buteau Odenkirchen:* Lives in New Mexico and is doing well. She recently celebrated her 90th birthday with a party at her daughter's home. There were flowers, food, fun and lots of people.

**1940**

*Gertrude Stickney Lilliendahl:* Her class is celebrating its 65th anniversary. Her class had 67 young ladies and two divisions, February and September. Some members went into the service after they graduated. Currently there are several members who are physically well, all in their 80s.

**1942**

*Helene Perzanowski:* A joyous occasion occurred when 15 nurses from the Class of 1942 celebrated their 60th anniversary at the Inn at Chester in Chester, Conn., in September 2002. *Betty Cole Sangster, Jo Orlando Bombaci, and Marie Bombaci Bonanno* dressed a mannequin in the student uniform, complete with black hose and shoes, hairnet and cap. The graduate nurses' uniform and cape were also displayed. Memorabilia included letters from nurses unable to attend the reunion as well as snapshots of earlier days. *Betty Cole Sangster* provided each member with programs, bookmarks, and an abridged version of *A Century of Caring: A Story of Nursing and the People Served by Hartford Hospital School of Nursing*. In addition, there was a Hartford Courant account of the June 1942 graduating class. The Hartford Hospital Auxiliary donated complimentary gift mugs. *Helen Heywood Sayers, Julia Melnick Nelson and Helene*

*Perzanowski* were responsible for printing and correspondence. Other members in attendance included *Mary Bergstrom* (deceased '04), *Polly Carpino Kosar, Audrey London Grundt, Charlotte Lane Mack, Dawn Merrihew Morse, Bernice Pawelcik DeMaio* (deceased '04), *Caroline Rubin Skerker, Ruth Thompson and Pearl Wanic Wallace*.

**1943**

*Harmony Ovitt Bolstridge:* Has a large family of seven children, 17 grandchildren and 15 great-grandchildren. Her husband Russell passed away in 1996. Most of her nursing career was part time. With the class of 1943, *Ethel Brooks* changed the student uniform to include short sleeves and white shoes and stockings.

*Edythe Blumenthal Greenspon:* After her husband passed away she went back to Central Connecticut State University and received a master's degree in art. She is currently preparing an art show for sometime this year.

*Henrietta Kevorkian Jason (Korky):* Lives in her home in Manchester with her husband.

*Frances Kasbady "Shady" Jones:* Lives in South Windsor and doing well. She has five grandchildren.

*Irene Kartsounis:* Lives outside of San Francisco. Prior to her retirement, she was in the army and worked at the Port of Embarcation in California.

*Ruth Barry Payne:* Lives in Texas with her husband, Rev. John Payne.

*Eleanor Beers Van Deusen and Doris Van Deusen Southbergill:* Both live in Great Barrington, Vt., and despite some recent health issues are doing well.

*Betty Williams Wright:* Is active and well and still driving.

**1946**

*Annamay Jolie Potocki:* After graduating from HHSN, she received her BS degree in public health nursing at UConn. As a student she and her class were involved in the notorious Hartford circus fire in 1944 as well as World War II. She retired in 1997 after working in several nursing capacities including hospital nursing, school nursing, private duty, public health, and nursing homes. She also volunteered for the Red Cross. About 30 of her classmates still meet yearly.

**1947**

*Barbara Wilson Laitinen:* She began her student days in August of 1944 with 99 classmates. During those years a

close bond was formed and in 1947 there were 70 students who graduated. Now, in 2005, she has addresses of 47 classmates. *Peggy Eldredge Folgman* was an Assistant Nursing Arts Instructor who has kept in touch. She attends reunions and shares wonderful stories with the 1947 class members. The class is looking forward to their 60th reunion in 2007.

**1949**

*Roberta Johnson Gilbert and Muriel Williams Lessner:* Members of their class are doing pretty well despite problems common to that age group – hip, knee, and elbow replacements; chronic illnesses; ailing family members, etc. Some classmates have lost husbands and others have lost children. Sadly, nine members of the class of 1949 have died.

**1950**

*Lois Johnson Coleman:* Lives in Southport, Conn., and volunteers at Bridgeport Hospital in an outpatient exercise unit.

*Mary Lou Condon:* Is still chairing the boards at Jefferson House and Cedar Mountain Commons and served on the 150th Anniversary Campaign committee of Hartford Hospital. She also volunteers in an elementary school and serves at the Newington Historical Society Museum. She has recently become a great-grandmother.

*Irene Sakmar Oday:* Is associated with the Mercy Retreat Center in Madison, Conn. She provides Florence Nightingale retreats for nurses as well as programs on therapeutic touch, imagery and healing. She also volunteers in the chaplain program at the state prison in Niantic.

*Sally Tuttle Williams:* Volunteers her skills in a resident living community in Florida. In May she is moving to a retirement home in Venice, Fla. On her last birthday, Sally went hang gliding.

**1951**

*Dorothy Danner:* At last count the Class of 1951 is represented in 14 states and British Columbia. They have kept in touch with a reunion every five years as well as small luncheon get-togethers once or twice a year with classmates from the Connecticut/Massachusetts area. They have many fond (and a few not-so-fond) memories of their student days at HHSN. In 2006 they will be celebrating 55 years since graduating from HHSN.

**1954**

*Jayne Kenefick:* The Class of 1954 celebrated their 50th class reunion. Out of 52 classmates, 36 were present at the reunion. A wonderful luncheon was held at Hartford Hospital and they also toured the Simulation Center. The day was most memorable, and we plan to have another reunion in three years. Thanks to *Laura Caramanica, Vice President of Nursing, and Gail Rapoza, President of the Alumnae Association,* for helping with this endeavor.

**1955**

*Joan Scotta Duell:* The Class of 1955 will hold its 50th class reunion on Sept. 17, 2005. Plans include a tour of Hartford Hospital and lunch at the hospital. There will be a dinner at the Rocky Hill Marriott that evening. The committee has been meeting over the last year to plan the reunion and to contact classmates.

**1959**

*Jean Addy:* Retired from nursing after spending 21 years in various capacities at Masonic Health Care. After that she worked for four years in allergy, doing testing and immunizations at an office in Meriden. Since graduation she has worked in various hospital settings in Connecticut and Pennsylvania. She and her husband Hal have a combined family of seven. They have 16 grandchildren and two great-grandchildren, with another on the way. (Some of these are from stepchildren and some of them have stepchildren as well.)

*Nancy Johnson Carlson:* She and her husband Dave retired to Freedom N.H., three years ago and love it in the "North Country." They are expecting [as of this writing] their third grandchild (a boy) in March. Their grandson, Kurt, is 10½ years old and granddaughter, Emma, is 7 years old. Nancy keeps busy with church work, volunteering at the Lutheran Church Camp & Conference Center, and taking care of the grandchildren.

*Carol Milligan Charest:* Lives in Wilbraham, Mass., with her husband Ronald. Three of their four children live in this area. Their oldest son, the fourth, lives in Florida. She enjoys her two grandsons, ages 5 and 6. Carol is active as an independent LTC case manager. She ended her full-time faculty position at American International College, Springfield, Mass., last year. She earned her EdD at UMass in 1992. She was a Level Coordinator at Baystate Medical Center School of Nursing, Springfield. Positions held in Connecticut include: Supervisor, VNA, Inc., Hartford Branch; Director, Nursing Division at Mohegan

Community College (now Three Rivers), Norwich; and Instructor/Coordinator of Practical Nursing Education (the first program in Norwich).

**Maryann Fricker:** Retired in 2002 having previously obtained her MSN. She has worked as a consultant with the Alzheimer's Association as well as with the UCSF diagnostic clinic. She has been busy caring for her 93-year-old Mom. She and her spouse keep reasonably well. They continue to travel worldwide but hope next year to spend time seeing more of the USA.

**Dana Zwicker Luther:** Retired after almost 35 years at Newport Hospital, Newport, R.I. She lives in Portsmouth, R.I., and is mother of one and grandmother of a 3-year-old boy. She has lots of fun babysitting for him. She still knits, oftentimes for shelters and agencies.

**Barbara Bedlow Matthews:** Is happy in retirement, which means that she finally has time to enjoy quilting and genealogy hobbies. She and her husband have been blessed with good health and have more time now to enjoy their four grandsons, who range from 10 years old to 4 weeks old. Their second home, on Cape Cod, is a great place for all of the family to gather all year long.

**Sue Jones Renelt:** She and her husband Parke share time between their homes in Maine and South Carolina. She retired in 1997 and is busier than ever. She volunteers in several arenas and enjoys every minute of her retirement. Some of her classmates visited her in Maine: *Irene Smith, Nancy Carlson, Paula O'Shana, Barb Matheus, Arlene Knight, Ellie Bourdon, Faye Daly and Ardell Patterson.* They had a great time. They ALL looked exactly the same as they did at HHSN!!

**(Janet) Gai Thomas Rader:** Most of her nursing career was at the Veteran's Hospital in Rocky Hill, Conn., where she was Director of Nursing Services for 15 years. Although currently retired, she still enjoys an occasional per diem at a local facility. She had been their Director prior to completing a master's degree at UConn. She and her husband Bob enjoy extensive travel, lots of volunteer work, theater, and spending time with their family. Daughter Laura is an Assistant Professor at SUNY and son Russ is Senior Marketing Representative for an insurance company.

**Lee Tonet:** Is happily remarried and living back in Northampton, Mass. She has four children who live in Maine, Vermont, Pennsylvania and France, and two grandchildren in Maine. She completed an MS in rehabilitation counseling from the University of Southern Maine and is now retired. She still does some consulting work and enjoys

life and moments spent with classmates from HHSN.

**Joyce Wheeler Bernard:** She and her husband Bob are 100 percent retired and loving every minute of it!!!! She lives in Venice, Fla., November through May and in Huletts Landing on Lake George, N.Y., June through October. She recently sold her house in Hawthorne, N.Y., after 44 years. Her sons and three grandchildren are all surviving the trauma of her escape to the world of retirement. She wonders how she found time to go to work every day.

## 1960

**Judith Christensen Brown:** Lives in Coventry, Conn., and works part-time for Mansfield Convalescent Home as well as for Dr. Babcock, a Hartford Hospital plastic surgeon.

**Carolyn Bickford Calboun:** Lives in Granby, Conn., is retired and enjoys two lovely grandchildren. Carolyn has worked hard to keep in touch with the addresses of most classmates.

**Ginny Owen Chandler:** Lives in Seabrook, N.H., where she works part-time in a nursing home. She also babysits for her grandchildren.

**Linda Hall Christensen:** Lives in Woodstock, Ill., and works full-time as a pre-admission nurse in a local hospital. She has three children and three grandchildren.

**Judith Penney Fredericks:** Lives in Avon, Conn., and is married to Dr. Ed Fredericks, Hartford Hospital neurologist. She also enjoys her large family.

**Judith Welch Friend:** Lives in Cromwell, Conn., and winters in Florida. Her husband, Dr Hugh Friend, passed away several years ago. Judy occasionally works part-time.

**Peggy Tucker Garrison:** Is an APRN at Hartford Hospital and works in the Department of Psychiatry in Crisis Intervention. She developed and implemented a support group in the Department of Urology.

**Elsie Pearson Hall:** Lives in Centre Hall, Penn., where she worked for 23 years in a pediatrician's office. She has four children and eight grandchildren. She is also busy with church activities.

**Joanna Laskus Hamby:** Lives in Cromwell, Conn., and has become a real estate broker.

**Stephanie Yale Klaber:** Lives in Simsbury, Conn., and is retired from the South Windsor Public School System, where she coordinated health education (K-12). She was widowed in 2000. She has two sons, four grandchildren, and eight stepgrandchildren.

**Judith Arkoette Labadie:** Lives in Kalamazoo, Mich., and works one day a week in a pediatric clinic. Prior to that, she worked for 25 years in obstetrics. She has five children and 13 grandchildren.

**Elizabeth Luginbuhl:** Lives in Ellington, Conn., is retired and currently volunteers at Connecticut Children's Medical Center. Most recently she has been a volunteer for the American Red Cross as well as a member of the Heroes Awards Committee. Her Bernese mountain dog, "Hanni," is a member of the Pet Therapy Program at CCMC.

**Lenore Howarth McCurry:** Lives in Surprise, Ariz., and plans to come east for the Alumnae Banquet.

**Mary Clementino Moreau:** Is retired from her Nursing Home Surveyor position with the state of Connecticut. She is into tap dancing and senior Olympics.

**Delores Tarr Morissette:** Lives in Pomfret, Conn., and is a school nurse. She is busy with her grandchildren.

**Joan Aggard Neuth:** Lives in Mesa, Ariz. She is retired but busier than ever. She travels a lot and is interested in politics.

**Mawreen Kucbinsky Ney:** Is married and lives in West Hartford, Conn.

**Marjorie Ashman Page:** Lives in Lebanon, Conn., and works in an allergist's office. She travels frequently to England to see her grandchildren. She was widowed several years ago.

## 1961

**Priscilla (Pat) Torrey August:** The Class of 1961 is beginning to collect current addresses and retirement information in planning for their 45th reunion next year. This is a time of transition as most of them will have 65 candles on their cake this year and the joy of working is a little less glamorous. *E-mail class information to Pat August (pagust@snet.net) or Joan Haines (petvet1@cox.net).*

## 1962

**Patricia Andreana Ciarcia:** Retired from Hartford Hospital after working 42 years in leadership roles in the Department of Nursing. She remains active as the Executive Secretary for the Alumnae Association of the Hartford Hospital School of Nursing.

**Rosemary DeAngelis:** Has worked in various nursing settings, including rehabilitation at Gaylor Hospital, the military, physicians' offices, operating room, clinics, public health and as a Nurse Consultant at Aetna Insurance Co. She served two years in active duty in the USAF during the Vietnam War, followed

by nine years in the Connecticut Air National Guard, and 12 years in the U.S. Army Reserve. After serving 23 years in the military, she retired with the rank of Lt. Colonel in 1993. She is still active in military organizations such as the Reserve Officers Association and is currently president of her local chapter of the Military Officers Association of America. In the civilian world she settled in the position of Nurse Case Manager at Aetna Insurance Company in Hartford, Conn., retiring in December 2003 after 18 years. Other interests include reading, tap dancing, and YWCA activities.

**Jean Barnes Rusben:** Has worked in the Emergency Department since graduating. She recently received a Hartford Hospital Hitchcock chair for 40 years of service.

## 1964

**Mary Finch Byrd:** Lives in Mt. Airy, Md. Her husband is still working for NBC, and they have two darling grandchildren.

**Judy Alling Cogswell:** Lives in Dennis, Mass.

**Sandy Perugini Crosby:** Lives in New Hampshire. Her husband is now retired and they spend a lot of time traveling.

**Caryl Hockenberry Donovan:** Lives in Glastonbury, Conn. She is planning to retire after 41 years of pediatric nursing. She has thoroughly enjoyed her career and hopes to continue to work with children in some other capacity after retirement. She has seven grandchildren, and they will receive the bulk of her attention.

**Joan O'Connell Guntulis:** Lives in Manchester, Conn., and works full-time as a school nurse. She spends her summers with her five grandchildren, all under the age of five.

**Carol Eastman Hankard:** Lives in New Hampshire.

**Chris Brusick Johnson:** Lives on Cape Cod and works in the OR.

**Judy Prescott Koblekt:** Lives in Manchester, Conn., and is retired from Hartford Hospital. She loves retirement and keeps busy doing all of the things she never had time to do—sewing, walking, and moderating a weight loss message board. Her daughter is a nurse working as a nurse educator.

**Frances Bazzano Lund:** Lives in South Windsor, Conn., and works at Jefferson House. She hopes to retire once she gets her last daughter through college. She is busy planning her older daughter's May wedding. Fran is still affiliated with Hartford Hospital, and last year, as

a 40-year employee of the hospital, she received a Hartford Hospital chair!

**Sue Wells Manship:** Lives in Clearwater, Fla.. She has remarried and has a grandson.

**Hilda Moura Merolli:** Lives in Poughkeepsie, N.Y., and works in nursing education. One son married this year and lives in the Washington, D.C., area, and the other son is a lawyer in the Boston area. She splits her time between New York and their summer home on Cape Cod.

• Living in California: **Jane Scheidel, Karen Smilnak** • Living in Connecticut: **Ann Bartolomeo, Patty Carbone, Norma Greenbalgh, Claire LaMarche, Sue Lyons, Marsba McConville Stevenson, Barbara Cooper Swanson, Lillian Vail, MaryAnn Vosper, Sandra Vosper, Nancy Wahlberg, Janet White, Betty Zimowski** • Living in Massachusetts: **Ginny Midura, Joan Peetz, Kathy Walsh** Living in New York: **Mary Louise Gentile Diaz-Matos** • Living in Texas: **Carol Szatkowski**

## 1965

**Barbara Carlson Mabeu:** She and her classmates will be celebrating 40 years since graduating from HHSN. Diane Cull Litchfield is organizing a reunion at the former School of Nursing on Hudson Street. They anticipate much catching up with their classmates.

## 1967

**Beverly Bramball Armstrong:** Retired from Windham Hospital after 27 years. She and her husband have moved to Florida.

**Joan Oppelt MacRae:** Retired from Hartford Hospital after 37 years in the Department of Education.

## 1968

**Linda (Sam) Samuelson Lyons:** Is enjoying her third year of early retirement after 34 years of full-time work at Hartford Hospital. Currently she works per diem at JHADC in East Hartford and loves it. She has many fond memories of her experiences at Hartford Hospital and continues to remain in touch with many coworkers. She also enjoys teaching a 5th grade Sunday school class and has been active in the Parish Nurse program. Her 3-year-old grandson is a priority in her life, and being a grandmother is the greatest!

## 1969

**Jean Bayek Wasielak:** Retired from Mt. Sinai Hospital and lives with her son in Panama City Beach, Fla., while her new home is being built.

## 1972

**Laura Caramanica:** Vice President of Nursing at Hartford Hospital, she was elected to represent Region I (New England) for the American Organization of Nurse Executives for 2005-2007.

**Lynn Deubert Caparaso:** Works in the PACU at Hartford Hospital.

**Suzanne Locke:** Is the Director of Nurses at the Hospital of St. Raphael, New Haven, Conn..

**Wendy Daly:** Is a pediatrician practicing in Louisville, Ky.

**Judith Graves:** Works in the OR at Hartford Hospital.

**Deborah Osborne:** Just celebrated 32 years of nursing at Danbury Hospital.

## 1973

**Julia Benton:** After graduation she worked as a certified OR nurse and also as a private duty nurse. She stopped working after her son was born with cerebral palsy. She cared for him until he died at the age of 3. Presently she works in a large multispecialty practice in Altoona, Penn., as a clinical research coordinator. She recently became

certified in this field and enjoys her work. Her oldest daughter is a special education teacher in Dove, Del., and her youngest daughter is attending the nursing program at the University of Pittsburgh.

## 1974

**Nancy B. Holyst RN, MD:** Went back to school after working in nursing for a number of years and graduated from New York Medical College in 1988 with her MD. She did a pediatric residency at Dempsey Hospital in Farmington (rotated through HH during those three years too) and worked in a group practice for 10 years. Three years ago she left to start a solo practice in Plainville, Conn. Her practice brochure always includes her nursing career information. She loves what she does but always goes back to her nursing roots when planning care for patients and their families.

## 1975

**Terry Francis:** She worked at Hartford Hospital for 18 years in Labor & Delivery until moving to Maryland. She then worked in Labor & Delivery at Shady Grove Adventist Hospital for 10 years.

This past year she has been the QS System Administrator (electronic documentation) for Perinatal Services at Shady Grove Adventist Hospital.

**Patricia Friedman:** Since graduating HHSN, she has been a staff nurse, Nurse Manager, Clinical Nurse Educator and Executive Recruiter, and was most recently involved in nursing informatics. Her current position is Nursing Systems Analyst at the Chester County Hospital in West Chester, Penn. She is responsible for directing and guiding the Nursing Department toward computerized nursing documentation.

**Elizabeth Sandberg Todaro:** She and her classmates are looking forward to celebrating their 30th class reunion at this year's June Banquet.

*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. Attention: Pat Ciarcia, RN, MSN, Executive Secretary, or e-mail it to [patciarcia@snet.net](mailto:patciarcia@snet.net).*

## In Memoriam

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

1927

Elsie Spielman Bancroft

1928

Laura Howard DeVoe  
Alta Monro

1930

Marjorie Belden  
Frances Denison Johnson

1932

Arlene Swenberg Roberts

1933

Hazel Anderson Cowell  
Antoinette Jamroga

1934

Regina Zysk Clementino  
Janet Stuart Hitchcock  
Lillian George Sperry

1936

Inga Kosik Lingeman  
Flora Peterson Spencer

1938

Dorothy Brand Carvey  
Jane Barker Montgomery  
Dorothy Elliott Robinson

1939

Julia Richards Nole  
Bertha Helfand Schulman

1940

Marian Strickland Gibson

1941

Phyllis Chadwick Curtiss  
Ethelyne (Eppie) Ingraben  
Ferree

Alice Cowles Franklin

1942

Dorothy Chandler Burnham

1943

Elizabeth Tapley Williams

1945

Margaret Curtis  
Jean DeWolf Steinberg

1946

Jane Converse French

1950

Marjorie Hollister Atwood  
Genevieve Smolenski Schaniel

1952

Joyce Marshman Bertrand  
Sara Tierney Otto

1953

Barbara Jean Goff Rolfe

1957

Carolyn Abrahamson Krohn

1960

Marjorie Platt Skoglund



“To help save a human life, to assist at the birth of a new-born soul, to make the going out of a tired life easier, to get into close touch with the realities, the mysteries of life, to be able to help rather than to hinder at times like these, is more than sufficient recompense for hours of study and hard work.”

*Edna L. Foley  
Hartford Hospital Training School  
Class of 1904*

*“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.*



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