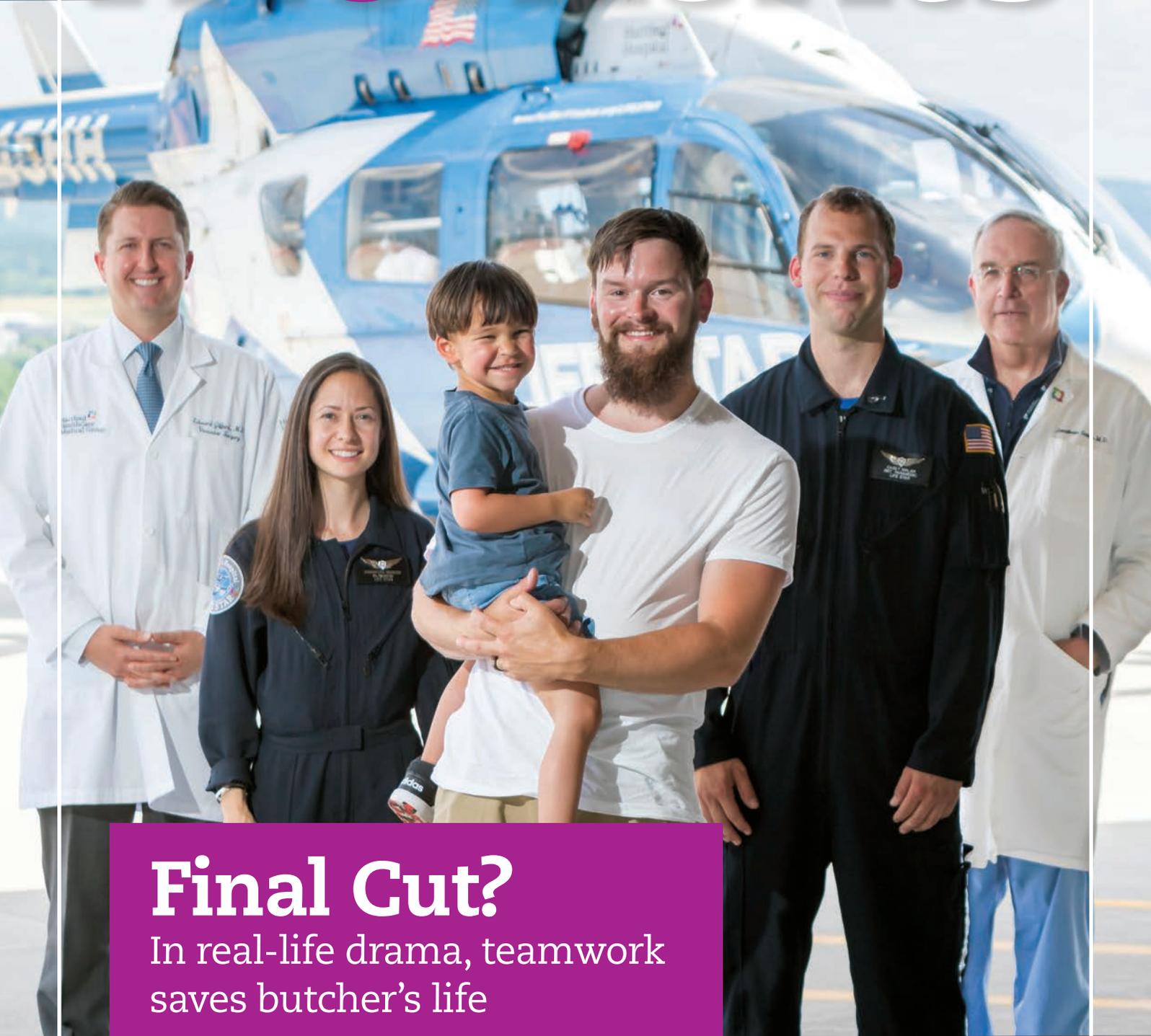


Summer
2021

A publication for Hartford HealthCare colleagues

moments



Final Cut?

In real-life drama, teamwork saves butcher's life

Also in this issue:

- CCC fought COVID from the foxhole
- A peek at the office of the future
- Pets enhance medical treatment

Hartford
HealthCare 



Breastfeeding-friendly employer

By Emily Perkins

Believing strongly in the bond between a breastfeeding mother and her baby, Kara Giroux, a nurse and lactation consultant in Hartford HealthCare's East Region, envisioned making accommodations for colleagues with newborns to pump breastmilk while at work.

Giroux's efforts leading a breastfeeding workgroup comprised of East Region colleagues was one reason Backus Hospital Birthing Center earned designation as a Baby-Friendly Hospital in 2019. Her team worked on making policies, spaces and work environments more comfortable for working, nursing mothers.

This past January, Backus, joined by Windham Hospital, also earned recognition as Breastfeeding-Friendly Employers by the Connecticut Breastfeeding Coalition. The

designation recognizes organizations that proactively support employees who choose to breastfeed their infants by providing time, space and other benefits to help colleagues maintain breastfeeding after they return to work.

Much of the recent designation hinges on the Break Time for Breastfeeding Mothers policy. The East Region put this into effect in January, with help from the breastfeeding workgroup. Both campuses now feature lactation rooms for breastfeeding colleagues.

As part of the project, Backus also received a Mamava, a freestanding lactation pod located by the visitor elevators. Mothers gain access to the pod by using a mobile locator app that allows them to see when the pod was last in use. The pod features two spacious benches, a fold-down table and power outlets as well as a door with a lock ensuring privacy.

Hartford Hospital is also designated a Breastfeeding-Friendly Employer.



The passion of Kara Giroux, pictured above, the lactation consultant for the East Region, helped earn Backus and Windham hospitals designation as Breastfeeding Friendly Employers.

Photo by Jeff Evans

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Moments is a quarterly magazine produced by Hartford HealthCare. Please send suggested story ideas for *Moments* to susan.mcdonald@hhchealth.org.

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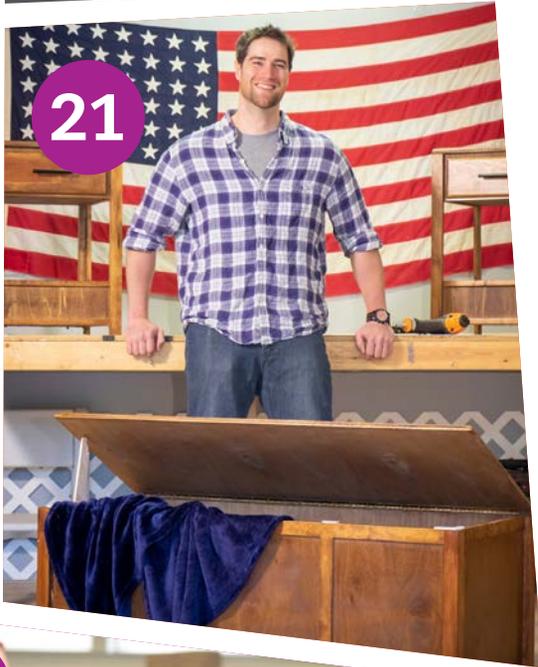
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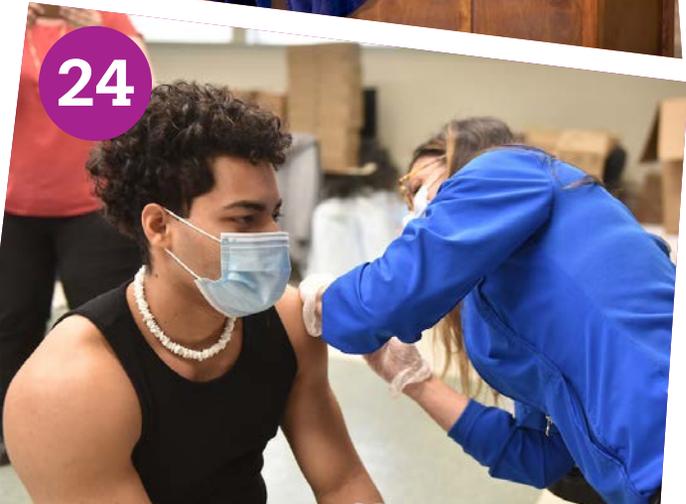
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Pet therapy

Bringing extra TLC to patients' bedside

By Susan McDonald

It's almost instantaneous, the reaction patients have when a Hartford HealthCare pet therapy animal trots into their hospital rooms.

Even the sickest — like Marc Sintes on Hartford Hospital's Bliss 11 ICU — light up. Sintes caught sight of Lily Rose, lifted up to snuggle closer by her owner, Ken Jurs, whose wife, Joanne, is an Ayer Neuroscience Institute administrative assistant.

Six-year-old Lily is a Cavalier King Charles with what Joanne Jurs calls "a wonderful disposition." Every week, the couple brings her to visit patients and staff, with Ken lifting her to eye level with those in a bed.

"Everybody seems to get a lot out of it," she says, adding, "I have seen ICU patients who are really struggling. The caregiver takes the patient's hand to pet Lily and I see a smile. It just chills you."

Visiting with Lily, who sometimes dons

costumes, cheers the Nurses too.

"It brings us a lot of joy to see her make them happy. It puts your own pain in perspective. Some days, we shed a lot of tears," Joanne Jurs says.

Research touts the benefits of animals for mental and physical health, according to Jeremy Driscoll, a retired Charlotte Hungerford Hospital social worker who visits regularly with his 5-year-old Standard Poodle, Theo.

"There are profound results to pet therapy," he says, quoting the study "Creating a Healing and Therapeutic Environment with a Pet Therapy Program" which demonstrated how patients experienced "significant decreases in pain, respiratory rate and negative mood state and a significant increase in perceived energy level" after pet therapy.

Driscoll, who visits staff and patients on the fourth and fifth floors, says he often chats with patients about present and past pets.

Continued on page 8

Can your Fido be a therapy dog?

Not every pet is suited as a therapy animal. Volunteer services coordinators at different HHC facilities offer insight into what makes a good candidate. Pet therapy animals should be:

- "Playful when cued but who also can be calm and gentle," according to Linda Simses, volunteer services coordinator at St. Vincent's Medical Center
- Affectionate
- Obedient to the handler
- Gentle
- Friendly and enjoy human contact
- Able to be around noise and distractions
- Able to tolerate hospital-like smells
- Eager to be petted

Laura Libby, manager of volunteer services in the Central Region, stresses that pet handlers need to also be extroverted and people-oriented individuals who respect all types of people.





Benefits of pet therapy*

- Lowers blood pressure, improves cardiovascular health
- Releases endorphins that have a calming effect, even reducing the amount of medication needed
- Diminishes overall physical pain
- Improves depression, feeling of isolation and loneliness
- Encourages communication and socialization
- Provides comfort
- Decreases anxiety

*Per PAWS for People, which has been providing pet therapy visits since 2005.

Backus Pet Therapy Volunteer Karen Eberl, who works for Information Technology Services at Hartford HealthCare, greeted staff and patients at Backus during a recent pet therapy session with her massive Irish Wolfhound, Jake. Karen has done pet therapy work for more than 20 years, always with Irish Wolfhounds, which she calls her “heart” animals.

Photo by Jeff Evans

“One man was so awestruck because he’d had that kind of dog. Whatever was going on for him fell away,” he recalls.

Theo, who Driscoll says “works a room like a Vegas entertainer,” captures people with his gaze.

“It’s a look that says ‘You have intimate worth and so do I.’ It’s important for people to bask in that moment and it helps one’s outlook on the next moment,” he says.

That emotional connection is what Bowser, a 6-year-old Newfoundland, shares with clients at Rushford, where his owner Christina McCoy brings him to visit. He hangs around her office, visiting with clients and sits in on group therapy sessions she runs.

McCoy says as she watched Bowser’s personality develop as a puppy, she saw an animal that “genuinely loves to be around people all day.”

“There are so many benefits to bringing Bowser in. He is a great ice-breaker — I can talk to clients about their own dogs. It’s a great way to build rapport and ease clients into talking,” she says.

He also provides great comfort and support for clients with anxiety or who are down or having a bad day. Spending time with Bowser, she says, “generally brightens their mood which, in turn, helps them engage in treatment.”

A large dog, Bowser says hello to each person in a group and sometimes picks one person and lies on their feet. One client told McCoy that Bowser went right to him on a particularly bad day and stayed with him as if he knew the man needed support.

“Clients often don’t remember my name but they remember Bowser!” she says, laughing.

Maybe it’s the size or soulful stare, but



1. Backus patient *Tori Clark* greets *Jake* on one of his visits.
2. Pet therapy dogs *Mugsly*, left, owned by *Lynn Snyder*, and *Bella*, right, owned by *Judy Pepin*, were a big hit at the *Backus Cancer Survivors Day*.
3. *Lily Rose*, a certified *Hartford HealthCare* therapy dog, and her owner, volunteer *Ken Jurs* (right) visit patient *Marc Sintes* (left) in *Hartford Hospital’s Bliss 11 ICU*.
4. *Theo*, a comfort dog, and his owner *Jeremy Driscoll* at *Charlotte Hungerford Hospital*.

Photos by Jeff Evans and Chris Rakoczy

patients at Backus Hospital always remember visits with Jake, too. The 3-year-old Irish Wolfhound stands beside the bed and connects eye-to-eye with sick patients, according to owner Karen Eberle, a CareConnect analyst in Farmington.

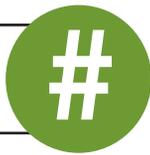
“He literally pulls me to people,” she laughs, adding that while patients pet him, she’ll talk to them about their dogs.

“It’s a nice diversion for them. They usually light right up!” says Eberle, who has been visiting different healthcare agencies with her dogs since 1995 and at Backus since 2011. “It almost feels selfish because it makes your heart feel so good to know you made someone feel good. You can just see the stress come off them. It’s a distraction and their smiles come back, even for just a few minutes.”



HHC pet therapy facts

- Hartford HealthCare has 53 registered pet therapy animals: 52 dogs and one donkey.
- Pet therapy animals are registered through each hospital’s volunteer office and wear a badge like any other volunteer.
- Mary Brown, head of volunteers at Backus, says they “explored other possibilities” such as cats and rabbits, but they carry diseases humans can contract.
- Qualified animals must have recent vet assessments and be groomed, their nails trimmed and fur brushed before each visit.
- Most animals visit a few times a month, some come in weekly.
- All animals must be trained and certified for pet therapy.
- Pet therapy animals must always be leashed and accompanied by their handlers, who must be at least 18 years old.
- Pets are “interviewed” and tested by things, like dropping bedpans to see if they’re too jumpy for the job. Brown says she also likes to see that animals have visited other community facilities, such as skilled nursing homes or schools.
- Some hospitals restrict animals from patient beds, but Brown says smaller dogs are allowed on beds at Backus on special pads.
- Eileen Pelletier, director of volunteers at Hartford Hospital, says “Welcome Waggers” are often deployed to the main lobby to greet staff, patients and visitors. Her office will soon be adding pet therapy teams to the Manchester Cancer Center and Community Care Center on Jefferson Street.
- Volunteer offices also field special requests. Last year, Pelletier says a patient who was actively dying wanted a last visit with a dog. She called the teams and two handlers brought their dogs in that day and one the next, right before the patient passed away. “The family was very appreciative. They knew how much it meant to her,” she says.
- At St. Vincent’s, pets are “enthusiastically” welcomed to the rehabilitation floor where they get patients moving.



Teaching future generations

Part of our role at Hartford HealthCare is to share knowledge. Our providers explain conditions, procedures and treatment to patients and their families. We welcome medical residents and fellows each year for clinical training, and our providers go to continuing education classes to stay abreast of advancements in their fields. Trainings at the Center for Education, Simulation and Innovation (CESI) draw “students” from industry and local and federal government agencies. And, the Behavioral Health Network offers primary- and secondary-level programs for students facing learning or behavioral issues.

As another school year launches, here’s a look at some of ways we impact the lives of others with educational programs:

565
RESIDENTS
 Hartford Hospital
 July 1, 2020-June 30, 2021

77
RESIDENTS
 The Hospital of Central Connecticut
 July 1, 2020-June 30, 2021

115
FELLOWSHIPS
 Hartford Hospital
 July 1, 2020-June 30, 2021

7
FELLOWSHIPS
 The Hospital of Central Connecticut
 July 1, 2020-June 30, 2021

9
BEHAVIORAL HEALTH NETWORK SCHOOLS

<p>Natchaug:</p> <ul style="list-style-type: none"> • Joshua Center Northeast (Danielson) • Joshua Center Thames Valley (Norwich) • Joshua Center Shoreline (Old Saybrook) • Joshua Center Enfield (Enfield) • Joshua Center Green Valley (Franklin) 	<p>IOL:</p> <ul style="list-style-type: none"> • The Grace S. Webb School (Hartford) • The Webb School in the Valley (Avon) • The Webb School in Cheshire (Cheshire) <p>Rushford</p> <ul style="list-style-type: none"> • Rushford Academy (Durham)
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2,140
 CESI program classes in fiscal year 2020



What you found binge-worthy

Streaming services sizzled during the pandemic as many of us grabbed a remote and popcorn to binge-watch shows. We asked for your favorite shows and this, in no particular order, is what you said:

“Queen’s Gambit”

“The Crown”

“Schitt’s Creek”

“Ozark”

“Married at First Sight”

“Bridgerton”

“Firefly Lane”

“Breaking Bad”

“Yellowstone”

“Gilmore Girls”

“Sons of Anarchy”

“The Office”

“NCIS”

“Great British Bake Off”

“Grey’s Anatomy”

“Escape to the Chateau”

“Midsummer Murders”

“The Undoing”

“Law and Order SVU”

“A Different World”

“Game of Thrones”

“DC Legends of Tomorrow”

“The Kitchen”

“Ginny and Georgia”





SSO teams making it matter

This spring, for the first time since the Every Moment Matters (EMM) program launched, colleagues at the System Support Office were recognized for the extra effort they show in their work. Let's hear it for the honorees:

Every **moment** matters.



Carolyn Bousquet
Manager
Community Care Center (CCC)

Carolyn smoothly adapted the CCC to meet ever-evolving needs — from answering COVID questions to providing testing and, finally, to scheduling vaccinations.



Linda Brannan
Manager
Executive services

Whether you're a visitor or a colleague, Linda will do whatever it takes to make sure you have an exceptional experience, thanks to her commitment and can-do attitude.



Quian Callender
Health equity champion

As an advocate for people who haven't always had equal access to healthcare, Quian uses his voice to represent theirs, helping us provide more care in more communities across Connecticut.



Allan Choiniere
Senior systems engineer
Technology Services

Besides everything he brings to the table as a senior systems engineer, Allan is also much appreciated for keeping his department's break room fully stocked with snacks, candy and even frozen meals.



Clare Cryar
Manager
COVID central scheduling

When COVID testing and vaccinations created new process and technical challenges, Clare helped operationalize and standardize our IT systems to help our efforts run smoothly and efficiently.



Salvatore DiNino
Graphic designer

From the biggest billboards to the smallest design details, Sal is always ready to bring our brand to life, using his creativity and an always cooperative and collaborative attitude.



Susan Gagliardi
Senior contracts administrator

Susan makes every one of her team members feel special and thought of by always remembering and recognizing birthdays and special occasions with fresh-baked cookies and flowers.



Alysia Gibbs
Manager
Financial clearance

Alysia continually models H3W leadership behaviors with her constant focus on making improvements based on constructive feedback from her team.



Melinda Lodge
Project coordinator
Mobile vaccination clinics

Bringing COVID testing and vaccinations out into the community isn't easy, but Melinda made it happen, constantly adapting and evolving to different environments and new challenges.



Melissa Morgera
Director, Quality and Patient Safety, BHN

Melissa ensures the highest levels of quality for our patients, both through her own actions and by being a mentor to her team members. She's always ready to step up when needed.



Abdul Musa
Senior project manager

Abdul makes the most of every meeting, identifying issues and risks with his team and figuring out the best ways to move projects forward — all with a positive, can-do attitude.



Roshni Patel
Director of operations

Roshni is always looking for ways to add value at every moment, and it shows in her attention to detail, personal accountability and commitment to service excellence. She truly makes a difference.



Elizabeth Purcell
HR quality assurance analyst
Employee Service Center

Elizabeth is passionate about improvements — from processes to personal ones. She constantly contributes ideas and her trademark kindness that has benefitted many community events.

—Shawn Mawhiney



Exoskeleton paves walk to ‘normal’

David MacDonald loves being outdoors, enjoying nature and hiking the woods and hills of western Connecticut.

A stroke, however, left him unable to move his left arm and leg. He knew he had a long road ahead, beginning on Hartford Hospital’s Inpatient Rehabilitation Unit (IRU). Part of his therapy was using an EKSO Bionics exoskeletal suit, a wearable robotic exoskeleton designed to help patients with stroke, traumatic spinal cord and acquired brain injuries relearn to walk by correcting step patterns, assisting with proper weight shifting and improving posture.

The device, purchased with a Hartford Hospital Auxiliary grant, is one of only three in the state and the only one currently used for inpatient rehab.

“Recovering the ability to walk is often the patient’s number one goal after an injury,” said Shantel Szymanski, Neurological Rehabilitation Program manager for Hartford HealthCare Rehabilitation Network. “The therapists on the IRU are very excited to use this innovative tool to get people up and walking earlier and further, and help them achieve their goals.”

“The device helps promote early mobilization and can help improve gait speed and distance, which are critical factors for optimal recovery,” added Dr. David Monti, IRU medical director. “We



Student Kelsey Kremnic, left, and Shantel Szymanski, PT, Neurological Program manager, right, help David MacDonald relearn how to walk properly with an exoskeletal suit.

Photo by Chris Rakoczy

feel fortunate to offer this technology to patients and it helps position us further as the leading option for inpatient rehabilitation in the area.”

After two weeks, MacDonald was cleared to go home, something he believes wouldn’t have been possible without the IRU team’s expert care and technology like the EKSO.

“I can see the light at the end of the tunnel and know I can get back to normal again,” he said.

—Ken Harrison

A tree grows in the ED

Colleagues at St. Vincent’s Medical Center joined forces earlier this year to have a majestic piece of artwork called the Tree of Life strategically displayed in the hospital’s Emergency Department to provide a sense of hope and strength to family members of patients there.

A symbol of strength and beauty, the Tree of Life represents our personal development, uniqueness and individual beauty. Just as the branches of a tree strengthen and grow upwards to the sky, so, too, do we grow stronger, striving for greater knowledge, wisdom and new experiences as we move through life.

—Danielle Swift



Photo by Anne Rondepierre-Riczu

From left to right, Teresa Peterkin, Izzy Marrero, Ann Gorton and Andy Moore stand beside the beautiful Tree of Life on display outside the family bereavement room in the hospital’s Emergency Department.

St. Vincent's welcomes new leader



Most working in healthcare in Fairfield County know the name William Jennings, who served eight years as CEO of Bridgeport Hospital and executive vice president of Yale New Haven Health.

During his tenure, Bridgeport grew production by 66 percent with a dramatic decrease in safety events.

Jennings now brings that record of growth and excellence to St. Vincent's Medical Center (SVMC).

"I want to grow points of access in Fairfield County and improve the standard of care," said the incoming president of Hartford HealthCare's Fairfield Region. "I want to connect with the community in a more intimate way, in all aspects of community service. I want to completely transform and improve the organization's service excellence."

Jennings comes from Tower Health, a seven-hospital system in southeastern Pennsylvania, where he was an executive vice president and president/CEO of the flagship 714-bed Reading Hospital. The move from Bridgeport to Pennsylvania, he said, was for the opportunity to help grow a fledgling system. Having done so, the time is right to return to Connecticut.

"We look forward to getting down the beach, coincidentally Jennings Beach in Fairfield," said Jennings, including his wife. "Lots of restaurants we love, lots of walking spaces that we love. We are looking forward to the new Hartford HealthCare Amphitheater. But, the thing we really missed the most is the people, and we are already reconnecting with some of those folks."

Part of the Fairfield community for nearly a decade, Jennings knows the quality and talent of SVMC colleagues, for whom he hopes to be more than just a manager.

"My function is leadership, to lead the efforts of Hartford HealthCare, the medical staff, the colleagues and the community to improve the health of the community," said Jennings. "Leading is very different from managing. We have a distinguished group of physician leaders, managers and vice presidents at the hospital. My responsibility is to lead the vision and ensure we execute it to satisfaction of the community."

For Jennings, it's not about fixing what's wrong, but finding out what's possible.

"I am devoted to the patient and the community. We are going to live in Fairfield, again, and I know the area very well so there will be no learning curve. My message is we are here to improve the standard of care and access for the entire community," he explained.

—John Tejada

Setting a new care standard for orthopaedics at St. Vincent's

Bringing together some of the state's best orthopaedic surgeons, Hartford HealthCare opened a new Connecticut Orthopaedic Institute location at St. Vincent's Medical Center (SVMC) in May. Modeled after the highly successful institute at MidState Medical Center, the SVMC site involved a complete revamping of the entire program, making patient outcomes and experience the top priority.

Two areas of SVMC were renovated and modernized to bring a concierge experience to orthopaedic patients in the area and their guests. Located on the third floor, the 2,700-square-foot amenity-filled galleria features new patient- and family-friendly check-in and

Continued on page 16



Orthopaedic patients are welcomed to bright new space and 21 private rooms at the new Connecticut Orthopaedic Institute location at St. Vincent's Medical Center.

Photo by Rusty Kimball



Setting new care standard *Continued from page 15*

waiting areas, private registration, and private consultation rooms.

The seventh floor Inpatient Unit was also updated and now features 21 private rooms and bathrooms, a full private kitchen, nourishment station, physical therapy center and other special amenities.

“Every acute care hospital in the country is providing orthopaedic surgery. What makes

this approach so unique is the physician-led oversight of the program and a concierge approach to the patient experience,” said Fairfield Region President Vince DiBattista. “We have created a destination center for comprehensive care resulting in superior experience and higher quality outcomes for both the patient and physician.”

—John Tejada

**Caregivers in cornettes:
A SVMC fashion statement**

Until 1964, the hallways of St. Vincent’s Medical Center were crowded with headpieces, specifically the starched white cornettes donned by the Daughters of Charity working there.

Members of the Roman Catholic religious order, created in France to minister to the poor and sick, started wearing the cornette as part of their habits in 1685, and the piece eventually became the nun’s most recognizable mark.

In its origin, the headpiece was smaller, resembling a veiled piece of fabric that had actually been designed to reflect the peasant dress style common in 17th-century France. Over time and with much added starch, the cornette evolved to a headpiece that was often referred to as “wings” and which earned the Daughters of Charity the nickname “butterfly nuns” in Ireland.

As decades passed and the reality of the sisters’ lives changed, so did their habit. In the middle of the 20th century, sisters began driving cars more regularly and found themselves working as surgical nurses. There was a desire to simplify the attire and, today, Daughters of Charity wear a simple blue dress or a blue skirt and blouse. They can also choose to wear a coiffe, or veil, or not.

—Anne Rondepierre-Riczu



Submitted photo



Photo by John Tejada

The cornette, seen in this archival photo, was worn by the Daughters of Charity, who founded St. Vincent’s Medical Center (SVMC) in 1903. Today, in the hospital lobby, a display of cornettes greets patients, visitors and colleagues. It was a dedication to SVMC President and CEO Susan L. Davis upon her departure in 2013.



System strength saved a Salem butcher



Patient Adam Ritchotte (center) stands with some of the team that saved his life after a traumatic workplace accident; (left to right) Dr. Edward Gifford, Samantha Mercer, Adam Ritchotte, Casey Malan and Dr. Jonathan Gates.

Photo by: Chris Rakoczy

By Elissa Bass

March 7 was a regular Sunday at Salem Prime Cuts. The retail shop was closed, and butchers Sean Kelley and Adam Ritchotte were working on a customer request.

Ritchotte, 28, who lives in Baltic and has worked at the popular butcher shop for three years, had a beef shoulder on the stainless steel table. With a six-inch boning knife to separate meat from bone, he made one long, smooth cut from the top, down toward him.

As he neared the bottom, the knife slipped and

plunged directly into his groin, near the right hip, almost to the hilt. Without thinking, he pulled it out and clamped his hand over the wound.

“I have to go to the hospital,” Ritchotte thought, making his way out to the parking lot, where Kelley was grilling chicken for their lunch.

Once outside, he paused to unhook his knife belt. As soon as he removed his hand from the wound, blood shot out. A lot of blood. And it was coming fast.

“This is a slaughterhouse,” Kelley said, “so you know what arterial spray looks like. I knew this was really serious.”

Continued on page 18

They yelled to coworker Sarah Hill to call 911. Ritchotte laid down on his back on a nearby platform, and told Kelley to put his knee on the wound.

“Bear down as hard as you can,” he told his friend, who laced his fingers through the platform’s grating and, using all his strength, held himself there, knee pressing down until help arrived.

First Responders Answer

Hill actually called 911 twice because those minutes felt like a lifetime. Arriving almost simultaneously were Salem and Gardner Lake fire department crews. American Ambulance paramedics were close behind.

Ritchotte drew from his Army training to have Kelley use his knee for pressure. He served in the infantry from 2012 to 2015, including six

months in Afghanistan. He had learned how to stop bleeding from a penetrating wound, which is often seen on the battlefield and, more recently, became more mainstream because of the nation’s mass shootings.

Salem firefighter/EMT Ronald Prezch Jr. took over for Kelley, keeping pressure applied while EMT Cheryl Philopena grabbed all the Quikclot wound-packing materials they had in the ambulance.

Philopena, who turns 66 this summer, has been a Gardner Lake volunteer EMT for 46 years, and credited Kelley with being the first of many that day who saved Ritchotte’s life.

“If it weren’t for Sean, we wouldn’t have had anything to work with when we got there. Adam would’ve died,” she said.

American Ambulance paramedics Patrick Gauthier and Charlie Weinstein arrived on scene

When seconds count, ‘Stop the Bleed’

When Adam Ritchotte suffered a deep knife wound to his groin, he immediately knew what needed to happen.

In combat training while deployed in Afghanistan, he learned how to stop bleeding from a penetrating wound. He lay on his back and told his co-worker, Sean Kelley, to put his knee over the wound and push down as hard as he could. That action saved his life.

“If Adam hadn’t known to tell Sean to do that, we would have nothing to talk about today,” said Gardner Lake EMT Cheryl Philopena, a first responder that day, at a presentation during National EMS Week in May.

“Stop the Bleed” is a national public education program born of the Sandy Hook school shootings in 2012. Dr. Lenworth Jacobs, then director of the Hartford Hospital Trauma Institute, was motivated by the tragedy to create a program training bystanders in basic first-responder skills — bleeding control and tourniquet use. That led to recommendations by the American College of Surgeons known as the Hartford Consensus, and then led to the creation of “Stop the Bleed.”

Stop the Bleed basics

If wounded, in a shooting or accident, always call 911 first. If you see an injured person before first-responders arrive, taking these actions as prescribed by the federal Stop the Bleed program can save a life:

- **Compress.** Find where the blood is coming from and apply firm, steady pressure to the bleeding site with bandages or clothing.
- **Tourniquet.** If the bleeding doesn’t stop, place a tourniquet two to three inches closer to the torso from the bleeding. Tourniquets may be applied and secured over clothing. Pull the strap through the buckle, twist the rod tightly, clip and secure the rod with the clasp or the Velcro strap.
- **Compress again.** If the bleeding still doesn’t stop, place a second tourniquet closer to the torso from the first. Pull the strap through the buckle, twist the rod tightly, clip and secure the rod with the clasp or the Velcro strap.

after Ritchotte was in the ambulance. Weinsteiniger took over for Prezch, applying intense pressure and more clotting gauze. Gauthier started an IV and pain meds. Both kept talking to Ritchotte, keeping him awake for the ride to Backus Hospital.

Weinsteiger, a trained combat medic in the Connecticut Army National Guard, became an EMT in the Guard, and has only been a paramedic since December. On this Sunday, he was precepting with Gauthier, still in his probationary period. He told Ritchotte he was a “68 Whiskey,” putting him visibly at ease.

“When he told me he was a 68 Whiskey (68W is military code for Army combat medic), I knew I was going to be OK,” Ritchotte said later.

stop the blood flow. This stopped the bleeding and stabilized Adam, but “there was no way to get the blood out of his leg,” Dr. Gifford said.

“When this happens, the muscles begin to swell and, if the flow isn’t restored, the muscle starts to die.”

Two Emergencies

LIFESTAR was called. In 45 minutes, Ritchotte was at Hartford Hospital. Dr. Gifford was waiting for him in the OR with Dr. Jonathan Gates, trauma surgeon and medical director of the Hartford trauma program.

“His leg was massive, and hard as a rock. We knew if we didn’t release the pressure, the muscles would die and he could lose his leg,” Dr. Gifford said.



You build a system that works so when that call comes in, everyone is ready.



ED Head’s Up

Gardner Lake brought Ritchotte to Backus, a Level 3 trauma center. Jeffrey Way, Backus’ EMS coordinator, said ambulances transport patients to the nearest, most appropriate facility for the situation.

Meanwhile, Dr. Edward Gifford, a vascular surgeon on staff at both Backus and Hartford hospitals, was on call that weekend in Hartford. Dr. David Coletti, a trauma surgeon on call at Backus, called to give him a head’s-up that they would be sending a patient suffering from “torrential bleeding” via LIFESTAR helicopter. First, however, the patient needed surgery to stabilize him for transport, he said.

“There are very few patients who are injured so severely that cannot be temporarily stabilized and transferred to another hospital,” Dr. Gifford said, understanding that Ritchotte’s bleeding was undoubtedly life-threatening.

While the entry wound was small — probably about an inch — the damage the knife did inside was great. The common femoral vein, which carries blood out of the leg as part of the body’s circulatory system, was severed. Without it, all the blood the femoral artery was pumping into Ritchotte’s leg had nowhere to go.

Dr. Coletti brought Ritchotte into the OR for “damage control” surgery. He made an incision above the wound and tied off the femoral vein to

While he made an incision below the knife’s point of entry to reconstruct the tied-off vein, the trauma team began fasciotomies on both sides of the leg — one at the thigh and the other at the calf — to relieve that pressure. Three months later, Ritchotte’s right leg looked like a road atlas of scar tissue. But he can walk and drive, and should eventually regain full use.

The repair Dr. Gifford faced was tricky because the common femoral vein is large in diameter and there aren’t many options in the body for grafting. In addition, because the injury was caused by a butcher knife that had been cutting raw beef, he said, “I didn’t want to use a prosthetic because of the risk of infection we already had.”

An injury of this type isn’t new to the surgeon who has been practicing about four years after residency training at the Harbor-UCLA Medical Center, a Level 1 trauma center in Los Angeles.

“We had a lot of penetrating wounds, a lot of gunshots and knife wounds,” he said.

Using that West Coast training, he decided on a panel graft which involved taking a piece of a smaller vein, splitting it open and sewing two halves together to be wide enough to reconstruct the severed vein.

Meanwhile, the trauma surgeon made long incisions on both sides of the leg, relieving the pressure and allowing the muscles “to breathe.”

Continued on page 20

Ritchotte went to the Critical Care Unit with open wounds on both sides of his leg that wouldn't be closed for a couple days.

When the swelling finally subsided, Dr. Akhilesh Jain, one of Dr. Gifford's partners, took Ritchotte back to the operating room to close the incisions on his calf and thigh. Typically, with swelling this severe, patients might require a skin graft to cover an open area. But, the Hartford Hospital team used a technique they had learned recently from orthopedic trauma surgeons in online medical forums. Known as "pie crusting," the technique allowed Ritchotte's skin to relax and come together so he could ultimately leave the hospital with a more normal, functioning leg.

The story "is a great example of how you build a team to give each patient exactly what they need," Dr. Gifford said. "You build a system that works so when that call comes in, everyone is ready. You can't underestimate what everyone did along the way. His co-worker, the first responders, the surgeons at Backus, Hartford Hospital. Each time, those involved recognized the seriousness of the injury, controlled the injury, and got him to us."

May Reunion

Way decided to use the incident as a teachable moment for the community and organized a "Stop the Bleed" class at Gardner Lake firehouse in May. He invited everyone involved in Ritchotte's case to attend as a reunion of sorts.

"It's really infrequent that we see the patient after the recovery," Way said. "Usually, our relationship ends at the hospital door. To put this together feels significant, because everyone had to work perfectly together for us to even be having this conversation about Adam."

Philopena, the Gardner Lake EMT, estimated that at least a dozen people are directly responsible for Ritchotte being alive today.

"The stars all lined up for Adam that day," she said.

Ritchotte, who is married with a 3-year-old son and a second son born in late June, fully understands the effort that went into saving him. When asked about whether it was good to have a co-worker like Kelley save your life, he replied, "One hundred percent. One hundred percent."

First responders honored

Kevin Ferrarotti, Hartford HealthCare's EMS system director, presented the Medical Director Clinical Excellence Award to the nine first responders who worked to save Adam Ritchotte's life on March 7 when he suffered a near-fatal knife wound working at Salem Prime Cuts.

Ferrarotti made the certificate presentations at the Gardner Lake Firehouse on May 20.

"This is the first time this award has been given in the East Region," Ferrarotti said. "It is given when the level of care provided goes above and beyond."

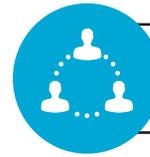
The awards were presented to:

- Charles Weinstein, American Ambulance paramedic
- Patrick Gauthier, American Ambulance paramedic
- Ronald Prezch Jr., Gardner Lake firefighter/EMT
- Cheryl Philopena, Gardner Lake EMT
- Ben Mattingly Gardner Lake firefighter/EMT
- Stephanie Philopena, Gardner Lake EMT
- Deborah Cadwell, Gardner Lake EMT
- Alex Blais, Gardner Lake firefighter/EMT
- Kevin Fifield, Gardner Lake firefighter/EMT



Standing with the patient Adam Ritchotte, fourth from right, and his co-worker Sean Kelley, third from right, are, left to right, Stephanie Philopena, Gardner Lake EMT; Ben Mattingly, Gardner Lake firefighter and EMT; Cheryl Philopena, Gardner Lake EMT; Deborah Cadwell, Gardner Lake EMT; Charles Weinstein, American Ambulance paramedic; and Patrick Gauthier, American Ambulance Paramedic.

Photo by Jeff Evans



Hartford HealthCare might be where we work, but when we asked you where you find fun, relaxation or deeper meaning in your lives, we were astonished at the variety of hobbies and activities you pursue in your spare time. Here are a few of those stories, and we'll have more in upcoming issues of Moments. [To share your hobby, email susan.mcdonald@hhchealth.org.](mailto:susan.mcdonald@hhchealth.org)

Finding new purpose for old pieces

Marlo Toce
*Health Information Management,
Hartford HealthCare*

Marlo Toce has worked in Hartford HealthCare Health Information Management (HIM) for 36 years, starting as a teenager when the department was called Medical Records and was located on the main floor of the Bliss Wing at Hartford Hospital. She's currently an HIM analyst. Repurposing old furniture and items is a hobby that helps redecorate her home and brings her joy.

What is your hobby and why did you start doing it?

My hobby is refinishing and up-scaling old furniture. I started doing this because the home I was living in was part of the historic era. I wanted the furniture to fit with the age of the home in a fashion sense. I can't say it wasn't stress-free, but it did give me peace of mind.

What is your favorite piece so far and why?

My favorite piece is the Louis Vuitton trunk I turned into a coffee table. I loved it so much that I made one for both of my kids. It's a timeless piece that is hard to find and afford. I bought the material from Etsy.

Where do you find pieces to repurpose and how do you come up with the ideas?

The pieces of furniture I have redone were found curbside or have been given to me by friends and family. My ideas come from magazine cuttings I have saved over the years and also from Pinterest.



Marlo Toce likes up-scaling old furniture finds into new treasures like this trunk she refurbished.

Photo by Chris Rakoczy

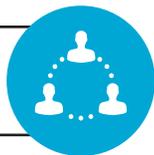
Do you sell your items or gift them to people and keep some yourself?

I have gifted many of my projects to my family and friends. I like to see them when I visit their homes. I've only kept a few pieces for me that I could not part with.

What's your favorite part about this hobby?

My favorite part is seeing the end piece and being in shock that I actually made it.

—Susan McDonald



Cardiac nurse/pilot flies wayward pelican home

Laurie Strand, APRN
Cardiac ICU, Hartford Hospital

Laurie Strand, APRN, works in the Cardiac ICU at Hartford Hospital, where life can be intense and invigorating at the same time. Outside of work, she enjoys the adrenalin rush of flying over Connecticut and beyond, having held a pilot's license for 30 years. It's a hobby she shares with her daughter, Arianna. Last winter, the two had the flight adventure of their lives when a wayward pelican wound up in Connecticut and needed safe transport back to warmer climes.

A pelican? How did this adventure begin?

On January 28, a brown pelican was discovered in a cove on the Connecticut River in Essex, far north of its natural habitat. Suffering from pneumonia and frostbite, the bird was rehabilitated at A Place Called Hope in Killingworth and plans were made to transport it to Busch Wildlife Sanctuary in Jupiter, Florida.

We were selected among a field of several volunteer pilots. Soon, Arianna and I were packing up and flying the pelican to Florida — our longest journey to date.

What was the mode of transportation?

I am part owner in an RV-12, an aircraft built by a group of high school students at Wilcox Technical High School in Meriden. Arianna and I named the pelican "Arvy," which is a nod to the plane that would bring it back home.

Cargo space in the plane is limited to 50 pounds, so other than Arvy, we were only able to pack a change of clothes and toothbrushes.

How did the trip go?

The weather on the journey south complied for us. We made three stops for fuel in Chesapeake, Virginia; North Myrtle Beach, South Carolina; and Amelia Island, Florida, before touching down at

North Palm Beach County Airport. In all, the trip was just more than 10 hours in-flight time. Arvy handled the flight well and, upon landing, was on its way to the Busch Wildlife Sanctuary.

Your adventure continued, though, didn't it?

Yes! We ultimately had to fly home on a commercial airliner after the forecast prevented us from piloting our own plane back. We later traveled back to Florida to retrieve the plane.

What's Arvy's status?

Arvy, who we found out was a female, has settled in nicely at the sanctuary. After multiple surgeries on her frostbitten feet, they determined she cannot return to the wild. She will live out her days at Busch Wildlife, where she is enjoying the attention from being the little pelican who wound up in Connecticut and hitched a ride with a nurse from Hartford Hospital!

—Brenda Kestenbaum



When this brown pelican, left, found its way too far north in January, Laurie Strand, below, right, and her daughter Arianna flew him back to Florida.

Photos submitted



Sean Halloran, furniture maker

Sean Halloran

**Supply Chain Management,
Hartford HealthCare**

Sean Halloran, MBA, is the ePro/PO lead with the Hartford HealthCare Supply Chain Management team. As such, he helps support colleagues across the system with their material and service needs. In his spare time, he rolls up his sleeves and turns on the power tools in his workshop where he creates one-of-a-kind pieces of furniture.

How long have you been building furniture and what inspired you to start?

I started about 10 years ago with small wood-working projects and that evolved into larger pieces that took functional roles within the house. I had developed a skillset building impromptu fixtures or displays at my job which led to a desire to progress to pieces that I could enjoy or share with friends and family.



How did you learn the craft?

My father was a carpenter during the years he worked to put himself through school and so there were always projects growing up where I assisted. My grandfather was a pediatrician but kept a pretty impressive workshop that I used to love playing in as a child. I also learned skills and knowledge from YouTube and other social media outlets where I found detailed resources readily available.

What type of furniture do you build and why?

I have many interests and have done Shaker-style pieces, pyrography (wood burning) and modern/modern-industrial pieces. One of the most recent projects I completed was a six-foot live slab bar top table to finish off a room renovation that included a barn wood wall. I've sold a few pieces over the years, but now that I'm done with grad school and have some more free time, I'd like to spend more time working on the craft.

What are some of your favorite things about furniture building?

I find it to be extremely relaxing. When you build things yourself, you have the opportunity to come up with an idea, whether it's something you've seen before or a combination of inspiration and ingenuity, and then make it a reality.

What advice would you give others interested in this craft?

Start small and focus on fundamentals as it's important to learn the basics. Understanding joinery, wood carving, measuring and the use of hand tools ensures that, once you start taking on larger projects and incorporating power tools into the equation, you will have a solid foundation. These resources will make the job easier, not simply do a better job. Most importantly, have fun!

—Tim Lebouthillier

Sean Halloran poses with a few of the pieces he crafted in his home workshop.

Photo by Chris Rakoczy



Creating a VacciNation

If 2020 was the year of COVID-19 testing, 2021 is the year of vaccinating. Across Hartford HealthCare, self-dubbed VacciNation, efforts to get vaccines from various manufacturers into arms have been massive. The system opened vaccination mega sites at the Connecticut Convention Center, empty performance halls and casinos. Two mobile units did pop-up

vaccine clinics across the state. And system leaders built or strengthened relationships with a wide variety of community partners to reach underserved populations at homeless shelters, places of worship and schools. Here are some visual highlights of VacciNation in action.

—Susan McDonald



A vaccine clinic at Windham Heights Apartments in Willimantic was arranged as part of a collaborative effort between Hartford HealthCare and other local organizations. Joseph Nales gets his vaccine from Joanne Kombert, RN.



Hartford HealthCare partnered with the Mashantucket Pequot Tribal Nation to launch a COVID-19 mega vaccine site at the Foxwoods Resort Casino. Yolanda Negron gets her first vaccine.



Eddie Torres, a teacher in the New London school system, gets his vaccine at the Foxwoods Casino. Mary Colpoys, MD, administered the vaccine.



Top: Joanne Kombert, RN, Hartford HealthCare, administers a vaccine at the “Shots and Sneakers” mobile COVID-19 vaccine clinic.

Middle: Hartford Police Officer Jim Barrett describes his outreach program for the city’s homeless population at the “Shots and Sneakers” mobile COVID-19 vaccine clinic.

Bottom: At a mobile vaccination clinic in East Hartford, in partnership with Anthem, a Hartford HealthCare nurse administers a COVID-19 vaccination to patient Ana Lemus in her car.

Several interpreters were available at the Foxwoods vaccine clinic to translate directions and questions into sign language as part of a Hartford HealthCare initiative to help vaccinate deaf people in the area.

Photo by Jeff Evans



One thousand teachers from the region were able to get their first COVID-19 vaccine during a dedicated session at the Hartford HealthCare vaccine mega-site located in the Rainmaker area of the Foxwoods Casino. Pharmacist Simi Chandy prepares the Pfizer vaccine for the next round of recipients.

Photo by Jeff Evans

Navigating college on a post-COVID campus

By John Tejada

College can be challenging enough — trying to be independent and forge a life apart from family and all that is familiar — but COVID-19 only posed more of a challenge for students, some of whom will return to campus this fall for the first time since the pandemic struck.

Add heightened pandemic-related anxiety to any existing struggles with substance abuse or mental illness and some college students may need more help than ever.

“We see a lot of stressors related to campus living, even pre-COVID. A lot of peer pressures regarding partying, as well as academic stressors like how can they maintain themselves in a socially healthy way while still

maintaining their good academic standing,” said Dr. Carrie Pichie, regional director of ambulatory services at Natchaug Hospital.

Such needs prompted creation of the Mansfield Young Adult Program-College Track at Natchaug. The intensive outpatient program takes place three hours per day, three times per week for students at the University of Connecticut and Eastern Connecticut State University. Treatment is designed for those struggling with mental health and substance abuse issues, when meeting with a college counselor isn’t enough.

According to Dr. Pichie, the pandemic doubled

the struggle for students in treatment who had to leave campus and study at home, then leave home and return to school.

“For many of them who lived on campus and were forced to move back home, there is the feeling of missing their college experience, having to transition from collegiate independence back to living with their parents and feeling some isolation,” she said.

“With the return, there is already the stress of fitting in socially, pressure if you want to study but your friends are having a party. It becomes hard to say no.”

Although treatment is positive, Dr. Pichie said many students fear classmates finding out.

“For those who suffer with behavioral health issues or substance abuse, there’s still a stigma attached with it, discrimination toward individuals



Dr. Carrie Pichie helps students adjust to campus life by addressing any substance use or mental health issues that might prevent their success.

Photo by Jeff Evans

struggling. If there were students who didn’t want their peers to know they were receiving this treatment, we realized we would be better off providing it at one of our locations,” she said.

The setting allows students to feel more comfortable working with their provider and participating openly in group sessions.

“I think it’s a really good resource. We have seen students at the point of almost failing out because their mental health issues are interfering so much. Then, they’re getting back on track through our program, working with their teachers and dean. I think it’s a valuable resource,” Dr. Pichie said.

Integrative Healthcare Specialist Carol Wright helps Ronda Drew from Food and Nutrition at Backus with a relaxation session and hand massage during a recent visit by the Time Out Cart team.

Photo by Jeff Evans



Caring for the caregivers

By Elissa Bass

After spending 2020 in a near-constant state of high alert, many Hartford HealthCare colleagues forgot what life was like before the COVID-19 pandemic, and needed to refocus some attention on their own physical and emotional needs.

“The first surge was bad, but, at that time, there was all the fanfare for healthcare workers and acknowledgment of what we were doing,” said Mary Horan, director of spiritual care and integrated therapy for the East Region. “With the second surge, there came this sense of invisibility because, in addition to COVID, we had all gone back to doing our ‘regular’ jobs, and people were exhausted. Plus, there was still no getting together with friends, no vacations, just no balance in our lives.”

Now, with many of the state’s eligible population vaccinated, “normalcy” is trying to make a comeback. How does that happen here? With kindness.

Impossible situation

The pandemic presented a perfect storm of stress for all 33,000 HHC colleagues. A University of Utah Health study suggests more than half of doctors, nurses and emergency responders who cared for COVID-19 patients are at risk for mental health problems like acute traumatic stress, depression, anxiety, problematic alcohol use, and insomnia. The risk is comparable to that following 9/11 and Hurricane Katrina.

“As healthcare workers, we value caring for others over ourselves. In the pandemic, the need to care for others far outweighed our capacity to meet our personal needs,” said Dr. Jennifer Ferrand, HHC director of well-being. “We were completely overwhelmed and overtaxed, and it became an impossible situation.”

There are psychological phases to a disaster and we are currently in what Dr. Ferrand called the “reconstruction phase.”

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“This is the time when we can begin to breathe, and to process and grieve the losses we’ve sustained,” she said. “This is when we can begin to recover enough energy to think about self-care.”

And it’s needed. Pandemic-imposed isolation cost colleagues the ability to gather with friends and family for decompression, Dr. Ferrand noted.

Continuing to take action

While the Well-Being Department provided a variety of resources for leaders and colleagues throughout the pandemic, the efforts didn’t end when the COVID census started to decline.

“We took feedback from colleagues and pivoted our approach to better address the changing needs of the organization,” Dr. Ferrand noted. “We re-organized to include support for leaders and teams, and connection to resources for self-care.”

Prioritizing excellent patient care is aligned with our values as an organization, but she added that adjusting our thinking and culture to include tools and skills of self-care will have a significant long-term impact.

“The way to honor the sacrifices made by so many people during the pandemic is to learn from the opportunities COVID presented,” Dr. Ferrand said. “One way is to commit to change. During or after a crisis, we’re in control of the care and kindness with which we treat ourselves and our colleagues.”

Time Out Cart

Horan can attest to that. Returning to work after having COVID herself, she saw Backus and Windham hospital colleagues struggling emotionally. To help, she resuscitated a Nurses’ Week concept from a few years back — the “Time Out Cart.”

“I had done some research and found this concept where a chaplaincy visits a unit going through a crisis and offers support,” she recalled. “I knew that, after the last surge, everyone was really starting to come apart. We needed to actively encourage them to engage in their own wellness.”

Horan assembled a team and outfitted the cart with chocolates, mints, teas, warmed facecloths and lavender neck wraps, essential oils, scented candles and soft music. They began visiting departments, providing emotional, spiritual and physical support, and an opportunity to discuss feelings, coping mechanisms and resources.

“Initially, everyone would say, ‘Too busy, can’t do it, don’t have time, thanks but no thanks,’” Horan said.



Top: Nicole Porter gives a little massage therapy to Windham Hospital Patient Care Technician Crystal Badeau.

Bottom: Backus Public Safety officer Craig Getter benefits from some massage therapy from Integrative HealthCare Specialist Carol Wright.

Photo by Jeff Evans

Her team started alerting departments a few days in advance so people knew they were coming, and Horan asked managers to set an example by participating. It worked.

“The response has been overwhelming,” she said of the stops made twice weekly at Backus and weekly at Windham. “One nurse said, ‘Last week after you were here, I did the rest of my shift feeling like everything was going to be alright.’”

They’re all steps Dr. Sharon Kiely, HHC’s chief wellness officer, contribute to becoming “better than normal” after the pandemic.

“We adjusted our approach to set HHC up for success and post-traumatic growth. To help leaders, individuals and our system recover, we began to emphasize self-care and decompression as necessary,” she said. “Healthcare workers are resilient by nature and the Well-Being Department is committed to creating a workplace culture supporting that inherent strength.”

For resources, go to the Well-Being Department’s page on the intranet at Colleague Health and Wellness under Colleague Support on HHC Connect.



HHC embraces the ‘OFFICE OF THE FUTURE’

David Casale, senior director of facilities planning and construction (left) and Thomas Vaccarelli, VP Facilities, Construction, Real Estate (right) looks over plans for build-out of new offices in the Pearl Street location in Hartford. Changes in office layout and design have resulted from evolving infection control concerns and space utilization trends.

Photo by Chris Rakoczy

By Susan McDonald

Well before a pandemic sent most office workers home with their laptops to avoid virus spread, Hartford HealthCare took steps to make workplaces as safe as possible.

Dave Casale, senior director of facilities planning and construction, was months into developing new office space in adjoined buildings at 600-700 Pearl St., in downtown Hartford. Departments are gradually relocating into space designed to leave teams happy and healthy.

It's part of creating the “office of the future,” a process, Casale said is becoming more detail-oriented every day.

“There is more rigor and intensity on the planning side,” he said.

When working in “live” patient care areas, for

example, stringent guidelines ensure patient and colleague safety. Building space for the state's first proton therapy center, he continued, demanded understanding complex technology.

Pearl Street houses non-clinical teams, so demands differ, influenced heavily by infection control concerns COVID-19 highlighted.

“The pandemic changed everything,” Casale said. “We have to consider whether we are still putting 150 people on a floor as we thought, or plan for the next thing.”

Safe-guarding colleague well-being has always been considered but he said the focus sharpened after the pandemic. Considerations include:

- **Air circulation.** “We strongly considered infrared filtration like you may see in a clinical environment,” Casale noted.
- **How people use space.** Pandemic guidelines

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demanded six feet of space between people. How does that impact walking through an office, or using shared restrooms and kitchens?

- **Effective cleaning tactics.**

“Some degree of anxiety is normal, but it’s about educating people about the environment they’re in,” Casale said. “It’s about finding that comfortable ground between social distancing and efficiency.”

Today’s offices are moving more toward arranging teams in open, collaborative areas instead of offices. This can mean cubicles which “separate people but are not specifically designed to protect them,” he said.

While much-maligned, standard cubicles, when reimaged with features like glass panels, can allow a space to feel larger and colleagues to enjoy light flowing through while being protected.

The Marketing, Communications and Planning departments are planning a move to the Pearl Street complex, and Casale said curving cubicles will carve out space for team members. Colleagues will face different directions, too, increasing privacy, sound efficiency and protection against the spread of germs.

At the Connecticut Orthopaedic Institute’s (COI) new St. Vincent’s Medical Center location, leaders turned to colleagues who will use the space to help decide what it would look like.

“We mocked up a patient room and asked

colleagues from nursing, physical therapy, the PAs – everyone who would use the space — to go in and tell us where they’d want the glove dispenser, the white board, the sharps container,” said Elizabeth Maselli, COI operations manager. “We went back to the teams several times to review plans and let them see the progress. It’s their space — they’re the end-users.”

The approach is standard work at the COI, added Andrew Turczak, senior regional director of operations, who noted that physician leadership and doctors “think about every level of the detail, which is truly unique.”

The collaboration yielded requests for motivational artwork on the floors, attention to the proper height of patient chairs and toilets, and signage highlighting the path for patients through the hospital lobby to the COI.

“They put their touch on this project,” Turczak said of the doctors.

The connection has improved staff engagement, according to Maselli.

“We’ve gotten rave patient reviews, but the staff also loves the space. It’s new and they have what they need,” she said.

Adds Karen Platt, COI program manager and a nurse, “A lot of the team has been with orthopaedics for a while and this is a gift as a nurse to have this space to work in. It’s bright and spacious.”

Fresh approach creates fun, inviting work environment

The job can be stressful — helping often distraught callers find needed services across Hartford HealthCare — but what is not stressful is the Access Center environment itself.

It’s no accident — leaders of the new department deliberately cultivated an upbeat, supportive and even fun work life.

“It’s a different culture — I can comfortably speak with my managers. They focus on the work we do, but also on us as people,” said Chyquan Williams, a patient service liaison (PSL) with the Access Center. “Everyone is one here. I’m really happy to go to work every day, even though I have a one-hour commute. That says something!”

Amber Weed, who is also a PSL, added, “It’s

fun coming to work — everyone is always happy and comfortable. We all get along and everyone is helpful. It’s like a second home for me — I’m as comfortable here as I am at home.”

They are part of the equation Dr. John Foley, HHC associate vice president of medical affairs and Access Center medical director, crafted for success.

“We have been purposeful about creating an environment where people want to come to work,” he explained. “We ‘hire for smiles’ — patients on the phone know when you’re not smiling. Every potential colleague is interviewed by multiple people. It’s labor intensive, but you can’t take someone who’s not nice and make them nice.”

He spoke from his windowless office while Weed, Williams and other PSLs fielded phone calls in cubicles bathed in sunshine from floor-to-ceiling windows. Office assignments, he said, represent a team investment.

“The most important asset we have is our champions. People should have a good experience here. That’s part of the overall plan,” he said

That plan is tended daily by Access Center Director Michael O’Malley and Manager Theresa Gentile, recruited to start operations August 24, 2020. They oversee about 120 PSLs, with a goal of adding many more.

Access leaders created an open floor concept with larger desks and guidelines protecting those working in person through the pandemic. Working with the building owner, there are limits to the number of people in elevators, break rooms and restrooms, with designated overflow areas on each floor, O’Malley explained.

“The design makes you feel very comfortable — there are lockers that lock, a quiet room and lactation room for new moms,” Gentile explained. “These are not things you have in a traditional office. Everything has been done very mindfully.”

The quiet room helps colleagues regroup after challenging moments on the phone.

“They are often having heart-breaking conversations with people that can knock you out. The room has big, comfy chairs with low lights. Our people need things like that,” Gentile said.

The supportive culture includes fun activities like a birthday club, monthly breakfasts and celebrations when new colleagues finish orientation, she added.

“We do things above and beyond. It’s called ‘The Journey to Yes.’ We’re not allowed to say no, and we’re always approachable,” Gentile said.

Much of it stems from Dr. Foley’s fascination with Walt Disney, an organization known for creating positive work environments. Establishing similar practices helps create a workforce in which colleagues feel valued and value each other, a goal of the system-wide #123 initiative.

The Access Center environment is so positive that when some colleagues worked from home in the pandemic, Dr. Foley said they felt they were missing something. So,

he, O’Malley and Gentile brainstormed ways to keep them involved in the fun.

“We have an integrated care team that comes up with ideas to implement. It’s great that they’re willing to do that and make things better,” Williams said.

—Susan McDonald



Patient service liaisons Chyquan Williams, above left, and Amber Weed said the new Access Center is an ideal place to work. The space on Pearl Street, below, is brightly lit and includes a quiet room for colleagues to decompress, right.

Photos by
Chris Rakoczy



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Medical office traffic flows more smoothly after revamp

COVID rearranged everything that is familiar, including the traffic flow of people through hospitals and medical practices.

While many facilities closed, making visits virtual, hospitals could not and people like Fred Bailey were tasked with maintaining access without endangering the health of colleagues and patients. The East Region director of the Cancer Institute, Bailey tackles planning in the region's incident command hierarchy.

"It was a big assignment but it was fun and I like a change, especially when it's for the best," Bailey said. "We were making a better experience for patients and families, but also for our team, who felt safer."

As part of pandemic physical distancing guidelines, Bailey's assignment was to eliminate areas where groups of people congregate, such as when waiting to be seen by a healthcare provider. Instead of waiting in rooms lined with furniture, Bailey's team tapped LEAN principles to streamline the

check-in process for patients. Furniture with upholstery that couldn't be wiped down was removed, the number of chairs reduced and Plexiglas shields installed.

"They are now more of a 'greeting room' than a waiting room," he said. "It helped us remove that stigma of going to the doctor's office and having to wait forever in the waiting room. There is no wait."

A new workflow had to be developed to make this happen. Patients now call or text office staff to announce their arrival. When the office is ready, they are asked to come in. They are met at the door by a practice representative who takes their temperature and brings them into an exam room to be joined by the provider for the visit.

"There were a lot of technical things we had to do — outfit some computers with necessary equipment, teach staff the workflow, collaborate with environmental services and facilities on repurposing chairs. We tried to be fiscally responsible relocating the chairs and created a grid to show what went where," Bailey explained.

The project involved creating and placing signage, visual cues, elevator posters and floor markings to help people navigate with pandemic restrictions. The efforts touched all offices at Backus and Windham hospitals, as well as the region's larger off-site locations.

"It was a lot of work but everyone understood it was for their and our safety. The pandemic forced us to be more efficient and some of these changes will be permanent. This is our new normal," Bailey said.

—Susan McDonald



Frederick Bailey III, PTA, MBA. East Region director of the HHC Cancer Institute, was instrumental in helping with the process of social distancing and signage in waiting room areas during the COVID-19 pandemic.

Photo by Jeff Evans



‘Special kind’ of team stays to the end

By Ken Harrison

“Dying is a normal part of the human experience, and it’s our job to help guide patients and their families through that experience.”

That’s how Karen Lemieux, LCSW, a social worker with the Hartford HealthCare at Home (HHCAH), explained the hospice team’s work, although it is more of a calling than a job, born from innate compassion and a desire to help those when they need it most.

The HHCAH hospice program consists of an interdisciplinary team providing physical, emotional, social and spiritual support to terminally ill patients, their families and loved ones as they cope with end-of-life issues. The team includes social workers who play a vital role in ensuring patients and families understand the hospice process.

“It takes a special type of person to do this work,” said Marcia Figowy, LCSW, clinical manager of Hospice Social Work Services for HHCAH. “You never really know what type of situation you are going into, so you have to be able to adapt quickly to make sure you are providing the best care possible in the best possible way.”

The hospice social worker’s primary role is interacting directly with patient and family, providing a level of support and information other medical staff might not be able to offer. This includes acting as a de-facto interface between the patient and their doctors and other medical staff.

Social workers also ensure patients and families have access to available resources addressing the patient’s social and physical needs no matter where they receive care. In addition, because a hospice social worker is the person with whom family might share very private information, they must be able to navigate different, and sometimes



Kirsten Sorenson, a social worker for HHC at Home, talks with a family member of a terminally ill patient.

Photo by Rusty Kimball

difficult, family dynamics and situations.

“A lot of people assume that being put on hospice means death is imminent when, in reality, it is something that can last for longer than two years in some cases,” Lemieux said. “That is why it is so important for us to develop a relationship with those we treat and their families because having that trust is extremely important.”

It’s a role Marie Lisieski, LCSW, finds herself called to do.

“This can be an emotionally taxing job, but it is also very much a calling,” she said. “It helps that we have an amazing team with excellent leadership, and everyone is very supportive of each other. We know we can make a real difference for people during a difficult time.”



Parish nurse coordinator bridges gap with area churches

By Elissa Bass

In churches around Fairfield County – Catholic, Protestant, Haitian, Hispanic and Russian Orthodox — nurses are tending to patients.

Since 1992, the St. Vincent’s Medical Center (SVMC) Parish Nurse Program has brought healthcare into places of worship, touching the lives of many who might be hard to reach otherwise. Each participating nurse from SVMC practices in his or her own parish in outreach that emphasizes “intentional care of the person’s spirit.”



Marilyn Faber, RN, coordinator of the St. Vincent’s Medical Center Parish Nurse Program, center in white, performs a “blessing of the hands” ceremony for program participants.

Photo submitted

Marilyn Faber, RN, HN-BC, CHTP, coordinates the program that is also called Faith Community Nursing. It is one of only two in the state, and the only one affiliated with Hartford HealthCare. She has 220 nurses practicing in 80 parishes as “unpaid professionals.” Many are retired, and do this as a way to stay involved in their community and healthcare.

“These nurses are part of their own churches, their own church families,” Faber said.

Typically, they provide healthcare education to the parish, as well as such services as blood pressure screenings, referrals to medical, social service or community resources. They run health fairs and include health news in church bulletins.

The program needed to refocus when the coronavirus pandemic arrived in 2020, closing places of worship.

“It was difficult because so many of the nurses were doing monthly blood pressure screenings, and they had a lot of people who went every month,” Faber said. “In addition to the pressure check, it was a chance to have a conversation, for the nurse to be a listener for these people. After the shutdown, we had to figure out how to stay in touch, and many did direct outreach, making regular phone calls to check in.”

The team collaborated with the CT Faith Leaders Collaborative which was advising the governor and producing guidelines for the safe reopening of churches. The parish nurses were tasked with ensuring the latest COVID information went into church bulletins so parishioners had the facts. They also helped places of worship meet guidelines and safety protocols.

When vaccine rolled out, parish nurses again provided information to their communities, helped parishioners get appointments, and, in some churches, scheduled vaccine clinics to reach vulnerable populations.

The challenge going forward, Faber said, will be reconnecting.

“We have not physically been with these people for more than a year,” she said. “We need to, once again, be that listening ear, spend time and let them know someone cares.”

Anchoring the IOL with a friendly smile

By John Tejada

The layout and architecture of the Institute of Living (IOL) campus offers a feeling of community, that when passing someone on a path, they'll know your name and be quick with a hello. This is especially true when standing next to Michael Mathews.

"Hey, Mike," said one.

"Hi, Mike, how's it going?" asked another.

This pattern gets repeated over and over. Strolling with Mathews is like walking with the school's star quarterback. Who is he? His title is unit leader supervisor, although he's not even sure what that means.

"The only things I don't handle are the clinical aspects of operations," he said. "When I started here, we didn't even have computers in our department, and now I spend all my time on it with a lot of HR functions. It's hard to describe, there's a lot of variety."

Mathews has been part of the IOL fabric for 21 years. When he started, he thought he landed his dream job, turning the floundering greenhouse into a functional horticultural program.

"I wanted to be a landscaper and run my own business, but realized it wasn't the easiest or most profitable way to make a living. Initially, it was just running the greenhouse. They wanted to have it operational, and it was a mess," he said.

Soon, Mathews had it up and running, initially as a therapeutic setting for clients before he turned it into a retail greenhouse that, with administration's help, yielded a vocational program for those in treatment to work on and off campus.

"We took youth from the community after-school programs to have them maintain plants and such around the city. I had to recruit students and talk to teachers," Mathews said.

Despite such success, an inconsistent labor pool and economic downturn meant the



Mike Matthews is a friendly, familiar face on the grounds of the Institute of Living.

Photo by Chris Rakoczy

greenhouse was on its way to being shuttered again. But, for Mathews, that's not how the story ends. He finished a bachelor's degree and MBA, and took a position in IOL operations, quickly becoming the right hand of the person in charge.

"He's operations. He goes back and forth with everything from grounds to buildings to furniture to phones to broken computers," said Annetta Caplinger, VP of clinical operations at the IOL. "A lot of times, people will call about something that has to be taken care of, and I say 'I will send you to Mike.' He makes it so."

Caplinger isn't the only one who tells people to "ask Mike" when in need. The simple phrase resonates across the IOL. The challenge for Mathews is being able to juggle it all.

"The role really is to support administration. It doesn't have a ton of decision-making, but it's the glue that holds everything together, like the man behind the curtain," he said. "I handle all the stuff that doesn't have a process, or there isn't someone else to do it."

If the IOL truly is a family, Mathews is the uncle you lean on. As long as there are people like Mathews keeping everyone grounded, the family stays intact.

"That's what we are all here for. Whether you are doing it in one role or another, you are doing it. I don't have patient contact anymore but I am still supporting what everyone else does and that's the part that keeps me going. I can't imagine leaving. I would be broken up," Mathews said.



Clients find clothes, comfort in transformed closet

After seeing a new client at Natchaug Hospital's Older Adult outpatient program wear the same outfit for every visit, office manager Logan McNamara and Andrea Reischerl, APRN, approached her privately.

They learned the woman, who is blind, had no money to buy clothing and struggled to get to places where free clothes were offered. The news prompted the Natchaug colleagues to bring an idea to their director.

"We got the okay to take in donations of clothing to provide to clients who needed them," McNamara said.

The Older Adult program works with people 55 and older with mental health and/or substance abuse issues. Clients come three to five days a week, staying for three or more hours each time for therapy and programs.

McNamara posted on her personal Facebook asking for donations, and items flowed in. A friend

shared the message on the Windham Buy & Sell Facebook group, and the flow became a deluge, filling McNamara's garage with bags of clothes, including nearly new winter coats and shoes.

She has spent free time sorting, laundering and getting items ready for clients. Items that were a little worse for wear were donated to the Windham Area Interfaith Ministry, which provides free clothing to those in need.

At Natchaug, the maintenance staff helped transform a supply closet into the Comfort Closet, adding racks and shelving to accommodate piles of clothing for men and women.

The goal is to have each Natchaug outpatient programs create a Comfort Closet, including those for children.

—Elissa Bass

Want to help?

To make donations of seasonally appropriate clothing, call Logan McNamara at 860.456.6793.



Logan McNamara, office manager at the Hartford HealthCare Senior Services at Windham Hospital, shows some of the clothing available for clients who use the services at the center.

Photo by Jeff Evans

Hydration stations make waves in Northwest

Drink more water for a healthy life! That's the message of the latest collaboration between Charlotte Hungerford Hospital (CHH) and the City of Torrington's Sullivan Senior Center to help keep area seniors hydrated throughout the year.

Just before the COVID-19 pandemic began, CHH donated two new filtered water fountain/bottle filling stations to the center. With the easing of restrictions recently restrictions, seniors are experiencing the benefits of the resource.

"Drinking healthy amounts of water is great for senior health, and these state-of-the-art fountains also track the amount of plastic bottles that are saved, which also helps our environment," said Joel Sikorsky, director of Torrington's Services for the Elderly. "We've made great progress on this

initiative and look forward to working with the Hospital to continue our outreach."

Center staff initiated an awareness campaign that includes encouraging hydration and eliminating excess use of plastic water bottles with the purchase of reusable cups.

"We are very pleased to join our community partners at the Senior Center and contribute to their efforts to highlight the benefits of drinking water and make it more accessible for their members. As healthcare providers, we continually look for ways foster good health and wellness in the communities we serve," said Joyce Germano, CHH's community development coordinator.

—Tim Lebouthillier

CESI skipper honored at graduation

Collaboration with corporations and the U.S. government brings a wide assortment of "students" through the Hartford HealthCare Center for Education, Simulation and Innovation (CESI) each year.

For the past 15 years, groups of medical personnel from the U.S. Naval Sub Base in Groton have come to CESI for part of their training in the prestigious Independent Duty Corpsman (IDC) program. Every Navy sub has an IDC, a medical person who is not a doctor but has gone through rigorous training to manage all traumas, acute and chronic illnesses they may encounter while out on a mission.

The role CESI plays in this training has grown over the years under the oversight of Director of Operations Steve Donahue. Because of his efforts,

Donahue was honored by this year's graduating class in Groton with an award presented every year to someone who is "most influential in their development and training." Typically, that is an individual considered within the U.S. Navy "circle." Donahue was also invited to speak at graduation.

—Brenda Kestenbaum

Steve Donahue was honored by the U.S. Navy this year during graduation at the U.S. Naval Submarine Base in Groton for helping to train seamen at the Hartford HealthCare Center for Education, Simulation and Innovation.

Photo submitted





Every day, our colleagues do amazing things to benefit patients and the community. Email your moments that matter to susan.mcdonald@hhhealth.org.

Regular training keeps CPR skills sharp

Cardiopulmonary resuscitation (CPR) — a life-saving tool if someone’s heart or breathing stops — is part of the Basic Life Support skills many Hartford HealthCare colleagues need to know as part of their job. However, research shows these vital skills can begin to deteriorate just three to six months after training if not used often. So, how do you stop that from happening?

Hartford HealthCare partnered with Resuscitation Quality Improvement (RQI), part of the American Heart Association on a program that allows colleagues to strengthen their skills and retain life-saving techniques by going through training more frequently. Re-certification is now done every three months instead of every two years.

“This will enhance our skills and give us that confidence to show up at the bedside in the event of an emergency,” said Nancy Clements, RN, in the PACU at MidState Medical Center. “My advice to everyone is don’t be overwhelmed with change, change is good. Keep in mind that as you go through this it’s teaching you and training you to become more competent and confident in an emergency situation.”

Clements began using RQI when it launched at MidState Medical Center last winter and it didn’t take long for her to notice benefits for both colleagues and patients. “I think my colleagues will find that once they get going with this, the re-certification process will be much more simplistic,” she said.

There are two main elements to RQI. First, colleagues needing certification in BLS, ALS and PALS complete online training through HealthStream every quarter. BLS certification goes a step further with hands-on training on RQI’s Simulation Station with an adult and infant mannequin. The training guides users through the process and ensures hand placement and techniques are up to standards. If they are not, the computer prompts the user to make corrections.

“Coaching through the computer will let

you know if the depth of your compressions is enough, if you’re compressing at a fast rate, if the breaths are enough to provide oxygen,” Clements explained.

RQI is being launched in a staggered manner across Hartford HealthCare. Colleagues began using RQI in April at The Hospital of Central Connecticut and Rushford. Windham Hospital, Backus Hospital and Natchaug started in June. The rollout will take place at Hartford Hospital, St. Vincent’s Medical Center and Charlotte Hungerford Hospital over the remainder of the year.

—Brian Spyros



Nancy Clements, a nurse in the PACU at MidState Medical Center, participates in a recertification class.

Photo by Rusty Kimball

Passion helps Webb teacher pick Golden Apple

Assistant teacher Dawn Judson arrives early to her classroom at the Webb School in the Valley to prepare for the day ahead. She places morning worksheets on desks spread several feet apart. She turns on her Chromebook and logs into Zoom, ready to greet a remote learning student.

Five students trickle in, asking questions about the day ahead and counting down the minutes until favorite elective activities. After morning breakfast and bathroom breaks, Judson turns off the lights and begins 10 minutes of guided meditation.

She is a second-year teacher at the school, part of the Institute of Living's special education programs offering therapeutic and educational experiences to students who may require individualized approaches to help them succeed in public school. Webb School in the Valley has 23 elementary/middle school students in classes of four to eight, and an Attendance/Credit Recovery program for high school students.

"I was hired last year as an assistant teacher, and then the classroom teacher went on maternity leave," Judson said. "I was only the classroom teacher for three weeks before COVID. Everything I had learned, I had to figure out how to do on Zoom. It was a completely new way of teaching."

Instead of lesson planning for the week ahead, she was planning for the month ahead. She was visiting students' homes to drop off binders of worksheets, and helped colleagues develop binders for their classes. It comes as no surprise that such dedication during her first year of teaching was recognized with the Connecticut Association of Private Special Education Facilities Golden Apple Award and induction into the Happiness League, sponsored by LG Electronics.

Judson said she always knew she wanted to be a teacher, inspired by her teachers growing up.

"I was in special education when I was in elementary school for three years," she said. "I had awesome teachers. They supported me and helped me get through everything."

Her journey to special education began after teaching in a behavioral program at a public



Dawn Judson earned a statewide award for her efforts as a first-year teacher at the Webb School in the Valley.

Photo by Chris Rakoczy

school and realizing her true passion.

"I loved seeing how students grew from day to day and excelled in the program and, eventually, would return to the regular community," Judson said. "I love seeing the difference we make. Sometimes, these students get pushed aside and it's not realized how many things they are good at."

In her current classroom, she works alongside Mark Frigo with sixth- and seventh-graders, one of whom is completely remote. Teaching in person and remotely simultaneously takes an extra level of care and planning.

"Everything has to be modified for the remote learner," she said "Not every day is easy, but we want to meet all of our students at their level."

Judson continues to pursue her passion as a candidate for a master's degree in special education at the University of Hartford.

"My amazing co-workers pushed me to go back to school and are now supporting me through my classes," she said. "Without my team at school, I'm not sure how much longer I would have waited to go back."

—Robin Stanley



Chance encounter changes two lives

Dr. John Satterfield always had an appreciation for hospital colleagues working behind the scenes, especially since his wife, Anna, began as a volunteer at New Britain General Hospital (NBGH) at 14 years old and then moved into food services.

“I feel like the people who often make the hospital run as efficiently as it does, like food and environmental services, don’t always get the appreciation and recognition they deserve,” he said.

After meeting in 1985 when Dr. Satterfield was a resident doing rotation on the NBGH ICU where Anna had become a nurse, the couple married. They’re both now at Southington Surgery Center, he as director of anesthesia with North American Partners in Anesthesia and she overseeing preoperative screening.

In May 2020, Dr. Satterfield had an acute illness requiring hospitalization at The Hospital of Central Connecticut (HOCC), where he met Walter Taylor, a housekeeper in Environmental Services.

“Walter is a very pleasant person. He was most enjoyable to talk to. I sincerely appreciated his kindness and the attention with which he addressed his work.” Dr. Satterfield said.

Taylor recalled talking speaking about plans to further his career or education as a pharmacy technician.

“I told Dr. Satterfield I was looking to move up in the hospital and that I had been homeless for about nine months, traveling between East Hartford and New Britain. I was having to take two buses to get to work,” Taylor said, adding that the job would help him support his young daughter and stepson.

The Satterfields were so touched that they started a Non-Clinical Employee Continuing Education Support Fund at HOCC to help other non-clinical HOCC staff, similar to Taylor, who wanted to advance their personal and professional growth but needed help making it happen.

“We want to support people and provide them with a greater degree of access to educational opportunities,” explained Dr. Satterfield, who enlisted the help of Dr. Jeff Finkelstein, vice president of medical affairs in the region, and Tina Fabiani, manager of philanthropy.

The first person to receive a scholarship was Chastity Rivera, a 43-year-old biomedical engineering secretary at HOCC who has been



Dr. John Satterfield, right, and his wife, Anna, left, created a scholarship program for non-clinical staff at The Hospital of Central Connecticut. The first two recipients, Chastity Rivera, second from left, and Walter Taylor, are currently enrolled in college.

Photo by Rusty Kimball

wanting to further her education since she was 19. When she graduated from high school, Rivera was asked to temporarily care for a friend's two small children. She then had two children of her own. Before a second attempt at college, she was asked to care for her cousin's children, who she then legally adopted.

Thanks to the Satterfield scholarship, Rivera started school in January 2021 at Tunxis Community College, working toward an associate's degree in business administration.

"Mr. and Mrs. Satterfield are very thoughtful and kind for considering others and offering these scholarships. I am extremely appreciative because my husband and I live paycheck to paycheck to take care of our children. This scholarship will allow me to advance my opportunities and increase my pay," Rivera said.

Taylor was awarded the second scholarship to attend Manchester Community College, and will soon receive certification as a pharmaceutical technician. He credits God for putting him in the right place at the right time.

"They gave me a shot, not looking at me as a housekeeper or just a young kid. He took the time to listen to me and see me. He didn't judge me. I will forever be grateful for what they did," he said.

The Satterfields plan to continue with the scholarship program.

"The non-clinical staff at HOCC work very hard to support themselves and their families. They deserve an opportunity to advance their education and my wife and I want to help make that dream a reality," Dr. Satterfield said.

—Brian Spyros

Saving lives and the planet

Even as snow fell, an enthusiastic team from the Hartford Hospital Emergency Department gathered on Earth Day to do their part and plant two young trees.

The group, led by Sarah Wheeler, RN, planted a Japanese maple and flowering dogwood tree — donated by Prides Corner Farm in Cromwell — around the hospital's flagpole.

After planting the trees, about a dozen colleagues drove to Pope Park, where they fanned out and bagged several loads of litter.

The activities were part of a larger initiative of environmentally friendly practices organized by Wheeler, who started a sustainability study in the ED to adopt greener habits and reduce waste.

"We got recycling bins in the ED and worked to get them used correctly," she explained. "Now we have several bins that are at 100-percent correct utilization."

The positive response is encouraging to Wheeler, and other departments have joined the efforts, recycling batteries and other materials.

The ED team hopes to explore the possibility of reducing plastic usage, finding ways to "choose to reuse" products.

—Brenda Kestenbaum



About a dozen colleagues from the Hartford Hospital Emergency Department spent part of Earth Day cleaning up litter in Pope Park.

Photo by Chris Rakoczy



Bienvenido to the Emergency Department

Having a loved one receiving emergency medical care can be stressful and frightening, a situation exacerbated by pandemic-related visitor restrictions.

To help, the Hartford Hospital Emergency Department (ED) team implemented an Ambassadors Program in which a designated staff member serves as contact for patients' loved ones, providing updates from the care team when necessary.

The ambassadors, all fluent in Spanish, work directly with families and visitors of patients being seen in the ED. Located at the registration desk, they greet them with a business card listing a direct line where they can receive information at all hours of the day. The program, which started as a pilot, includes two full-time and two part-time ambassadors on first and second shifts, seven days a week.

ED Assistant Manager Macclerly Rios, RN, said communication with the patient's care team is always a top concern cited in patient surveys. Having fluent Spanish speakers, she said, is also critical to the program's success.

"The Emergency Department is a little unique. Patients are already scared. When a patient or

their family isn't fluent in English, that only heightens the anxiety," Rios said. "Having that person right at the front desk, available from the moment the patient steps through the door, reassures them that we are going to take care of them."

Along with improving patient and visitor experience, Yajaira Diaz, unit leader supervisor, said ambassadors enhance the department's efficiency, taking the task of communicating with visitors off the hands of public safety officers and other care team members.

"Communication and the comfort of our families and visitors are crucial to the overall care of each ED patient. Our ambassadors provide this valuable service during what is usually a very difficult time for patients and their loved ones," said Patty Veronneau, RN, MSN, ED nurse director.

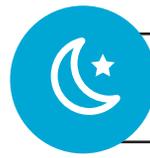
As part of the program, a physically-distanced waiting area has been designated on Bliss 5 for families to meet with their ambassador or care team.

—Steve Coates



Maria Rodriguez, center, is one of four welcome ambassadors who now greet all those visiting someone in the Hartford Hospital Emergency Department. Pictured with her, from left, are Emergency Department Assistant Manager Macclerly Rios, RN, and Yajaira Diaz, unit leader supervisor.

Photo by Steve Coates



Trauma heats up on the night shift

By Elissa Bass

Accidents, crime and illness don't keep regular business hours; in fact, nighttime is often busier for the members of the St. Vincent's Medical Center trauma team.

The team is activated when a patient arrives with any number of potentially life-threatening issues, from gunshot and stab wounds to respiratory distress to injuries from a car crash. It's more than doctors and nurses responding, too. Such severe emergencies often bring a host of social issues that need attention from trained staff as well.

"It can include social work, case management, the chaplaincy and more," explained Dr. Matthew Carlson, a trauma surgeon and medical director of the SVMC trauma team for seven years. "There can often be complicating social issues. This can be a challenging patient population."

The full team may be needed, or a subset of that team, depending on the case being brought in by Emergency Medical Services. They supplement and complement the Emergency Department staff as needed.

In addition to caring for patients in the emergency department, trauma team members also do public education programs like "Stop the Bleed," teenage drinking and driving awareness, and fall prevention for the elderly. Before the onset of the COVID-19 pandemic, they would go out into the community to run programs and host them in the hospital, said Trauma Program Manager Chayelle McKay.

Team members need to be able to deal with the ebb and flow of trauma cases — Dr. Carlson noted that they never know when all hell will break loose.

"Nicer weather does bring more trauma cases because more people are out. But, otherwise, you don't ever know. Certain days of the week, holidays, full moons don't correlate to cases. At times, it seems we are bursting at the seams and, at other times, it's thankfully really quiet. We can go from super-saturated to very slow. It's that ebb



St. Vincent's Medical Center Emergency and Trauma Care Team includes, from left to right: Dr. Imran Baig, DO; Dr. Shawna Kettyle, MD; and Dr. Matthew Carlson, MD.

Photo by Chris Rakoczy

and flow that helps you mentally recuperate."

During COVID, Dr. Carlson and McKay were redeployed to focus on the virus since trauma cases were significantly down during the peak of the surge. Instead of wounds and car crash victims, patients were arriving in the emergency department "with oxygen saturation levels in the teens to the 30s. They had been suffering at home until they were so sick that they finally came in," Dr. Carlson recalled.

Working on the trauma team has always been emotionally taxing for staff, he noted, because "we can see some pretty tough stuff. We do have formal debriefs for really difficult cases, like a pediatric drowning or something really severe. In those, we gather all the members of the team who were involved and, in a very thoughtful way, we talk about it. That helps significantly."

COVID was just as hard for staff, he noted. In the aftermath, he said he believes colleagues will find it easier to acknowledge when they are struggling and ask for help.

"It made us all more aware of how we were feeling," he said. "We are more cognizant of the need to take care of ourselves and of each other. Trauma can be traumatic for the patient and for the provider."



Many refer to their units, departments or hospital as “one big family.” Maybe it’s because we spend so much time together, or because some invite relatives to apply because it’s a great place to work. This section is about those connections. We want to hear your story. Email susan.mcdonald@hhchealth.org.

Old trees never die, they become legacy furniture

By Hilary Waldman

Last summer, when a fierce tropical storm destroyed a famed pecan tree on the grounds of the Institute of Living (IOL), Theresa Buss, the Hartford HealthCare vice president, employee benefits and services, called her dad.



Bill Buss poses in the workshop where he turned pieces of a pecan tree damaged in a storm into a beautiful table.

Photo by Chris Rakoczy

Bill Buss, who retired in 2010 after a 35-year career in patient care at the IOL, is a master woodworker who’d already given new life to several of the institute’s venerable trees that fell victim to lightning, wind or old age.

A black walnut coffee table gracing the living room of his Somers home was hewn from a tree cut down in 1980, after a doctor heard it creaking and feared it would fall in a storm. An Adirondack bench on the 35-acre campus was created by Buss from a fallen maple.

The IOL grounds are shaded by rare or unusually large tree species, many dating to the 1860s, when the grounds were re-designed by noted landscape architect Frederick Law Olmsted. Olmsted is famous for helping design New York’s Central Park, the Boston park system and U.S. Capitol grounds in Washington, D.C.

While Buss credited Annetta Caplinger, IOL vice president, clinical operations, with the idea of preserving the legacy of the trees, he added that his ideas are a bit more ambitious than hers.

“It all goes back to Annetta,” Buss quipped. “Any wood that comes down, she’d say, ‘We’ll have to make salad bowls,’” he says. “I said, ‘Annetta, it’s pecan. This is a tree planted in the 1860s!’”

His plan for the pecan: A Butler’s Tray table he hopes will be displayed in an IOL building.

Last summer, Buss drove his pickup to Hartford and retrieved five huge logs cut by grounds crews after the pecan fell. The wood spent the winter drying in his basement workshop before it was ready to be cut and planed into pieces for the table.

Pecan trees are rare in New England, because few are hardy enough to survive the brutal winters. Buss said it's the hardest wood he's ever worked with. Even unfinished, its color is striking, almost white with small dark knots creating a speckled appearance, and he plans to use clear stain to bring out the natural beauty.

To Caplinger, the old pecan tree was a symbol of resilience. Not only did the southern beauty survive for almost 200 years, its trunk was split by a lightning strike years ago, and yet it endured. The new table will be "such a great

tribute," she said.

As a surprise, Buss saved a few round chunks of the pecan to turn into salad bowls for Caplinger, and carved salad servers to go with them.

A perennial jokester, Buss also has a gag planned for the table presentation. On top, he'll rest a carved ashtray and a realistic-looking carved cigar butt as reference to the days when he was a smoker working in patient care and Caplinger had to enforce hospital smoking regulations.

Buss legacy continues at HHC

You could say Theresa "T" Buss was born into Hartford HealthCare.

Her father, Bill, signed on as an Institute of Living (IOL) patient care technician after graduating from the University of Connecticut with a science degree. It was the mid-1970s and the economy was terrible. With few options, he figured he'd stay at the IOL until something better came along. He retired 35 years later, after a varied career in mental healthcare.

At UConn, Bill met Stasia, who lived in the same quadrangle. They went on a date and knew it was meant to be. After graduation, Stasia got a job in Hartford Hospital's labs, where she spent 30 years in microbiology and 10 in transplant immunology, retiring in 2012. Her 40-year commemorative chair has a place of honor in the couple's living room.

Their eldest daughter, T, graduated from UConn with a history degree and started in human resources at Backus Hospital which, at the time, was not affiliated with HHC. Fate intervened and, when HHC added Backus to the system in 2013, she became part of the family tradition.

For the past seven years, T has been responsible for employee benefits and services, including payroll and timekeeping. She leads a team that designs and administers benefits for more than 27,000 colleagues and another 7,000 members of our workforce. T credits her parents for her success and that of two younger siblings.

"I am not sure that my sister, brother or I would have the same work ethic if it wasn't for the way my parents raised us. They helped develop the integrity that guides us in the right direction. It's what drives me in doing the 'right thing for our colleagues,'" she said.



William Buss (center) with his wife Stasia (right) and daughter Theresa "T" (left). All have worked with Hartford HealthCare.

Photo by Chris Rakoczy



Council paves the way for HHC equity journey

By Anne Rondepierre-Riczu

In November 2019, the Behavioral Health Network (BHN) formed Hartford HealthCare's first regional Diversity, Equity and Inclusion (DEI) Council to cultivate a more inclusive workplace culture.

The Council is committed to providing effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

Examples of Council accomplishments over the past year include:

- Conducting "Let's Talk" and "Courageous Conversation" forums to discuss events at work, in our communities and across the nation that may have an impact on our lives. Topics include "Workplace Experiences of Discrimination" and "The Impact of Current Events on the Wellbeing of Staff and Patients."
- Initiating BHN-wide training and staff support for meeting the National Culturally and Linguistically Appropriate Services Standards.
- Updating and educating colleagues, leadership and the community through presentations on diversity topics.
- Supporting changes in the physical appearance of work and treatment spaces to reflect the diverse communities we serve.
- Celebrating diverse cultures in our work areas with food, decorations and cultural information.
- Promoting policy updates to reflect a more inclusive work culture, such as adding Dr. Martin Luther King Jr. Day as a recognized HHC holiday, adding preferred pronouns to



The BHN DEI Council held a T-shirt design contest fundraiser in 2020 and this design by Dan Adamki, mental health counselor and member of the Rushford Diversity Equity Inclusion Council, won first place. Proceeds from t-shirt sales were donated to CTCORE Organize Now!, a racial justice platform dedicated to building communities of racial justice freedom fighters to dismantle systemic and structural racism in Connecticut.

the approved email signature template, and working to create guidelines for responding to verbal aggression such as hate speech in the workplace.

- Researching best practices for diverse and inclusive workplaces through interviews with industry representatives from various backgrounds, presenting recommendations to leadership.
- Performing community outreach with Foodshare to collect and distribute food for people in need.
- Participating in the HHC DEIB Council and Colleague Resource Groups.
- Researching and piloting mentorship initiatives.
- Adding DEI as a BHN balanced scorecard goals.

Members of the BHN DEI Council are: Sarah Lewis, HHC; John Santopietro, BHN; Starlin Astacio, Charlotte Hungerford Hospital; Joanna Chaurette and Lamirra Simeon, Natchaug; Tonisha Cohen-King and Chelsea Gilyard, St. Vincent's Medical Center; Mara DeMaio, Kimesha Morris, Dana Shagan and Aieyat Zalzal, Institute of Living; Mui Mui Hin-McCormick and Michelle Voegtler, Rushford; and Heidi Sandling, Lean.

Why We Do What We Do

Patient looks to pay it forward

Victoria first noticed her depression when she was 12. By the time she reached her 15th birthday, the feelings of anxiety turned darker.

“I was having a lot of suicidal thoughts. I had been in therapy before, but was never able to open up with anybody,” she said. “I let everything pile up inside for a while until I finally decided to open up to somebody, and I got sent to the hospital. It needed to be done.”

The high school sophomore spent almost a month at St. Vincent’s Behavioral Health Center where fear of opening up and talking about her self-loathing kept her isolated. All this did was extend her stay.

“I remember the first week I just sat in the corner and wouldn’t speak to anybody. Nobody was able to talk to me. I wouldn’t respond. It took a while, but they were very patient with me,” Victoria remembered.

Patient-centric care takes many forms. For patients into music, behavioral health colleagues might find a guitar. If they enjoy exercise, they might set up a small yoga class. When it came to Victoria, her passion was art.

“They had a really nice art therapy program (with) groups that would meet two or three times a week. That was the first time I had heard of art therapy,” she said. “I just thought it was so cool (and) definitely an effective thing for a lot of people. Just to be able to express themselves, and really gain a healing at the same time.”

Over the next two years, Victoria returned to St. Vincent’s six more times. Sometimes, there was only a two-week break in between stays. As her feelings of anxiety continued, so, too, would the desire to express herself through art. Eventually, something clicked and she realized art was a gateway toward recovery.

Now, at age 19, Victoria is ready for a new adventure — college and a degree in art therapy.

“College was one of my biggest motivators to get better and improve. It was a good way to say ‘I am done with this chapter of my life,’” she said. “I always wanted to work with people, to help them in some way. I considered going to school for



Victoria, who’s now in college studying art therapy, helped paint a mural at the St. Vincent’s Behavioral Health Center when she was a patient there.



Photos submitted

psychology, but, ultimately, art therapy was the perfect blend of everything I wanted to do.”

Depressed, anxious, suicidal – that’s how Victoria saw herself on her first admission to St. Vincent’s. Four years later, she is not only working on her own recovery but looking to help others with theirs. Victoria found her calling, forming a special bond with the Westport team.

“They all know me so well. I honestly considered them family, and can say I am so grateful to them,” she noted.

The gratitude swings both ways.

“Hearing such a success story makes a job I already love that much more rewarding,” said Linda Scillia, BSN, charge nurse Child/Adolescent Psychiatric Unit. “Having the opportunity to make a difference in children’s lives while they are going through a difficult time is what motivates me every day. Seeing her success, and knowing I played a part in encouraging her to help others in a similar way as a future career completely warms my heart!”



Hotline veterans reflect on life in the foxhole



Kathleen Race (left), Elizabeth Ciotti (center), and Dr. Daniel Kombert (right) in the recently decommissioned COVID Call Center.

Photo by Chris Rakoczy

By Hilary Waldman

They haven't been to war, but after the Hartford HealthCare Community Care Center (CCC) closed May 21, leaders of our rapid-response COVID-19 hotline said they may better understand how soldiers sometimes feel when returning home from battle.

They're happy to be returning to normal, but the adrenaline rush, camaraderie and feeling like a team united against a common enemy — well, that's just hard to leave behind.

In the aftermath of COVID-19, they said there are moments when it feels almost like the pandemic never happened, like the 24/7 rush to help a terrified nation understand this new viral threat was just a dream. Other times, they are eager to process the 14 months that consumed their lives.

Just doing their jobs

On March 5, 2020, Beth Ciotti, Kathleen Race and Dr. Daniel Kombert were doing their jobs leading our Care Logistics Center, including overseeing the Newington command center, where nurses and others monitor and regulate patient flow in, out and through HHC's acute-care hospitals.

A transport crew might need to wheel a MidState patient to the CT scanner. A stroke patient in Backus' emergency room might need to be transferred to Hartford Hospital. An elderly patient with a severe respiratory infection might be admitted to The Hospital of Central Connecticut ICU.

It's important work, stressful at times. But, nothing like the frenzy of a global pandemic that would soon envelop them.

By March 6, 2020, it was no longer a question of whether a patient with COVID-19 would turn up in Connecticut, but when. The Care Logistics Center phones started ringing off the hook — emergency room staff asking what to do if a patient arrived with COVID-19 symptoms; a surgeon wanted to know if he should proceed with the operation; a primary care provider left a patient with suspicious symptoms in an exam room to call for guidance.

Card tables, a notepad and phone

Responding to the need for information, Ciotti, Race and Dr. Kombert hastily set up a few tables in an empty conference room, plugged in phones and started answering questions as best they could. Care Logistics Center staff worked overtime to help.

By March 7, 2020, HHC publicly announced the opening of a 24/7 hotline called the COVID-19 Clinical Command Center (CCC). A bed was set up in Ciotti's office so a doctor could be on call overnight. Almost 100 calls came in the day the center officially opened.

"When you Googled COVID and hotline, our number and the CDC came up and the CDC didn't have anyone answering phones," Ciotti said, referring to the federal Centers for Disease Control and Prevention.

During the first week, almost 16,000 calls came into the phone bank, which was still largely staffed by Ciotti, Race and Dr. Kombert, on 16-hour shifts, seven days a week. By the time the hotline closed, it would handle more than 600,000 calls.

"Our job was to manage the fear in the community and help people understand the truth about the virus and its implications," Dr. Kombert said. "Some of the questions we received clearly uncovered a true lack of understanding in the community. Our job was to educate and calm the community which represented the whole country at the beginning of the pandemic."

Reinforcements arrive

Their big break came when HHC suspended elective procedures, doctors' offices closed and outpatient services were curtailed. Instead of laying off staff, HHC preserved jobs and income by redeploying idled colleagues to answer CCC phones.

"We didn't interview people," Ciotti said. "We had people come in, get oriented for 10 minutes and never want to leave. We were fighting a common enemy, and that enemy was COVID-19."

The center that started with six tables, phones, pads and paper ended up with 23 tables, each equipped with a computer and phone, to answer calls around the clock.

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“We told everyone who worked at the CCC, you made a difference. You may not have been at the patient’s bedside, but you made a huge difference in the lives of hundreds of thousands of people,” Dr. Kombert said. “That’s pretty impressive.”

COVID’s calling card

When COVID-19 was still very much a mystery, the CCC became a sentinel, helping epidemiologists and infectious disease specialists identify symptoms that could diagnose the virus even before test results came back.

The CCC was among the first to notice many patients with suspected COVID-19 reported a loss of taste and smell, Race said. It’s become a tell-tale sign of infection but, before then, doctors were looking mostly for cough and shortness of breath.

By March 16, HHC opened its first drive-up COVID-19 testing center and the CCC’s name changed to Community Care Center. Over the course of the next 14 months, the CCC team would be responsible for scheduling testing

appointments, providing colleague health and wellness advice, and offering behavioral health support and referrals to an exhausted public.

Finally, on Dec. 14, 2020, HHC received its first vaccine shipment and, ultimately, the CCC’s focus shifted to scheduling vaccine appointments.

Return to normal

The room is empty and quiet now. The team returned to their desk jobs, pretty much back to ensuring our patients are moved around the system seamlessly to get the right care in the right place at the right time.

But, get them together in the old quiet space and war stories tumble out. Remember when we crashed the system? Remember the boxes of Gatorade and food? It’s like yesterday, and as we take off our masks and prepare for more normal times ahead, it’s almost hard to process what happened.

Ciotti shook her head. “We were basically in the foxhole together.”

631,335

Total number of calls to the CCC

March 6, 2020-June 21, 2021

389,505 calls to CCC *(not related to vaccine scheduling)*

247,824 calls related to vaccine appointments
March 8-May 21, 2021

6,090 calls on the highest volume day
November 16, 2020

31,161 calls on highest volume day for vaccine
March 19, 2021

thank you



THANK YOU NOTES

I suffered a sudden cardiac arrest while in the Backus Emergency Department awaiting transport to Hartford. For 25 minutes, a team of what I consider to be angels worked to bring me back to life....I lived because of the quick-acting and knowledgeable staff on shift that day. I lived because the people who responded to my collapse were committed to performing CPR for the 25 minutes it took for me to come back... There are no words to express my sincere gratitude for giving me a second chance at life.

—Backus Hospital patient

Alice (Lennon) was the nurse who welcomed me and made me feel good about being here. She also kept me optimistic, telling me I only had five minutes of pessimism per day and I'd just used up two of them. She always pointed out improvements I was making. She was caring from day one, she made me feel important. She did everything she said she would and went above and beyond. She truly is a good nurse.

—Behavioral Health Network patient at St. Vincent's Medical Center, 9 East

The hospice team that took care of my wife in her final days was the most considerate and caring group I could have hoped for to take care of my wife at the end of her life on earth. God bless them all.

—Hartford HealthCare hospice patient's husband

I developed a medical need initially assessed by Dr. Collin Swales. He was approachable and compassionate and introduced me to Dr. Oscar Serrano. I had an endoscopy with Dr. Michael Karasik. Again, my experience was positive. Due to pain following the endoscopy, I ended up in the emergency department where Dr. Karasik saw me almost immediately. Every single person I encountered went above and beyond my expectation. Unbeknownst to me, I lost a necklace in the bed sheets. Only when two women from housekeeping came to my room to deliver the heirloom necklace did I know it was missing. The evening nurse brought my husband a lounge and a lovely man from housekeeping brought him warm sheets.

I (later) had surgery with Dr. Serrano and the pre-op and OR staff were phenomenal. My nurse in recovery, Agala, was so incredible I was hesitant to leave the comfort of her care.

My family has used Hartford Hospital since the early 1900s and we will continue to do so whenever the need should arise.

—Hartford Hospital patient



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