

Summer
2022

A publication for Hartford HealthCare colleagues

moments

Eye on Equity

Also in this issue:

- Surgeon Leaves It All on the Field
- Tech Transforms Supply Chain Management
- Windham Hosts Four Generations of Nurses

Hartford
HealthCare



In February, Hartford HealthCare colleagues were asked to reflect on the meaning of Black History Month. More than 1,800 responded. Some of the words and phrases they offered are depicted below.



Photo by Chris Rakoczy.



Skier: Horrific Accident Made Me a Better Nurse

By Elissa Bass

In March 2021, Katie LaPierre crashed down a steep embankment skiing in the Berkshires, leaving her body essentially broken.

Her back, neck, pelvis and both scapulas were fractured; her liver and spleen lacerated; and her left kidney no longer functions. Knocked unconscious, she was transported to Hartford Hospital for pelvic reconstruction.

What remained intact, however, was the 25-year-old nurse's resolve to walk and be independent again, walk down the aisle at her wedding, and return to the Backus Hospital Emergency Department where she works overnight shifts.

Missions accomplished — LaPierre returned to light duty at Backus last August, married in October and returned full-time at the end of 2021. She works three 12-hour overnight shifts weekly and regularly garners rave Press Ganey reviews from patients.

"I think I am more thoroughly empathetic now."

"In all the times I have been to Backus in any department, nurse Kathryn LaPierre was the best I ever had. If there was a rating for EXCELLENT, it would not be enough," wrote one.

Being injured, undergoing major surgery, seven weeks of inpatient rehab and more at home, LaPierre said, made her a better nurse. It also made her a great patient, said Michael Liguore, site supervisor at Hartford Healthcare Rehabilitation Network, Enfield.

"Katie was a rock star," Liguore said. "She brought an infectious positive energy to each session, and pushed herself past each barrier she encountered. You could tell nursing is in her



Kathryn LaPierre returned to the Backus Hospital Emergency Department after a horrific skiing accident.

Photo by Jeff Evans

DNA as she wanted to help those around her. She encouraged other patients to be motivated and optimistic about their recovery, creating an environment of success and drive."

What LaPierre said she now brings to her job is "a different understanding of all the little things that really go a long way. Being the patient was very eye-opening. When a nurse takes the time to talk to someone who might be feeling lonely or is in pain, that goes a long way."

In the ED, she also better understands how confusing it can be for patients.

"It can be a whirlwind," she said. "Now I know to really explain to patients how things work, what will happen and what will happen next. I think I am more thoroughly empathetic now."

A nurse for a only few years, LaPierre isn't slowing down. She is currently enrolled in a nurse practitioner program through Elms College. And, asked if she plans to ski again, her answer was fast: "Yes!"

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Workplace Diversity Through Your Eyes

The employee engagement survey in November 2021 included a new module examining how Hartford HealthCare colleagues view diversity in the workplace. Scores on specific questions all demonstrated improvement over a pulse survey conducted six months earlier. Separate surveys were conducted for colleagues and providers.

Examples of scores, which are based on a high score of 5, include:	Colleagues	Providers
My organization values employees from different backgrounds	4.16	4.17
My organization demonstrates a commitment to workplace diversity	4.18	4.13
All employees have equal opportunity for advancement	3.96	4.02
My coworkers value individuals with different backgrounds	4.18	4.23
The person I report to treats all employees equally	4.31	4.36

**Special thanks to Shawna Jaworowski for supplying the data.*

THE POLL



How Does Your Garden Grow?

As spring pokes through the earth throughout the state, we asked about your favorite flower. This is what you said:

Sunflowers

40%

Roses

26%

Lilies

16%

I prefer veggies

12%

What my neighbor plants

6%





Screenings Program Makes Sure Community is A-OK

At a health screening clinic at the St. Vincent de Paul meal center in Norwich, East Region Community Health nurse Michele Brezniak gave 16 people free diabetes and blood pressure screenings.

Of those, seven had elevated blood pressure and four showed higher than normal levels of A1C levels, a measure for diabetes. Many did not realize they had potential health issues.

The screenings were part of A-OK with HHC, an outreach program designed to bring important health screenings to at-risk individuals who may not have access to regular healthcare. Brezniak created the program last fall, launching it first in Norwich and then at the Covenant Soup Kitchen in Willimantic.

“We also do a basic health risk assessment by asking a series of questions, and we provide education based on their results, including how they can access a primary care provider or follow up care, regardless of their insurance or immigration status,” she said.

The program has materials in Haitian Creole, Mandarin, English and Spanish. Brezniak works with Hartford HealthCare’s Colleague Resource Groups (CRGs) to provide accurate information

in multiple languages while addressing cultural sensitivities and protocols.

“The CRGs have been great to work with,” she said. “It’s so nice to have this resource as we put this together, and then be able to go back and share information and data with them.”

Outside HHC, Brezniak works with United Way of Southeastern Connecticut as well as students from Three Rivers Community College, University of Connecticut and the Health Education Center in Norwich, an organization that recruits and trains health professionals from diverse backgrounds to serve marginalized communities.

The program had trial runs at Jennings School in New London and Wequonnoc School in Taftville, both in conjunction with United Way mobile food pantries. Moving forward, Brezniak wants to provide “pop up” screenings at mobile food pantry sites to reach even more people.

Giving 16 people important information about their health and working with them to make sure they receive follow up care made it a “great day,” Brezniak said. “The people were grateful to have the opportunity to be screened, and it was great to connect with them.”

—Elissa Bass



Michele Brezniak, right, the community health nurse in the East Region, talks to Salem Village resident Deborah Hegre as she checks her blood pressure during a health and nutrition clinic.

Photo by Jeff Evans





CHH Participating in CT Olmsted Landscape Project

Charlotte Hungerford Hospital (CHH) participated in a special statewide project documenting historic landscapes designed by the firm of famed Frederick Law Olmsted Sr., in commemoration of the 200th anniversary of his birth this year.

The report is being prepared by the nonprofit group Preservation Connecticut, in partnership with the State of Connecticut Historic Preservation Office. Last fall, teams were sent to the locations of Olmsted's work to view and document the grounds and learn more about the special features created at each location. The Institute of Living is another Olmsted landscape design.

The founders of CHH hired Olmsted's firm in 1915 to create the hospital's entrance, walls and long driveway to give the grounds the look and feel of an estate, a popular approach in the day. The firm was again commissioned in the late 1920s to grade and build roads on the Torrington campus and create the front circle sidewalks, curbs and plantings to complement the construction of the Tower Building, completed in 1930.

For the recent research project, CHH shared photographs and documents from its archives, including a copy of the original Olmsted telegram received by the hospital's Building Committee, detailing the proposed work. The estimated project cost was \$17,250, the equivalent of more than \$275,000 today.

Preservation Connecticut intends to make the entire study available online and is planning a series of events, including talks and tours of historic landscapes. Visit <https://preservationct.org/olmsted> to learn more.

Olmsted also did landscape design work for the grounds of the Institute of Living in 1861. This year, the IOL celebrates 200 years of operation, the same year as the 200th anniversary of Olmsted's birth. He was known for designing Manhattan's Central Park, the grounds of the U.S. Capitol, and several mental health hospitals throughout America including locations in Boston and Buffalo.

—Tim Lebouthillier



In the early 20th century, landscape work designed by Frederick Law Olmsted Sr. was commissioned at Charlotte Hungerford Hospital. The hospital is participating in a state-wide project documenting Olmsted's work.

The Ridge to Offer Inpatient Substance Abuse Treatment

Healthcare providers continue to sound the alarm about a growing crisis in behavioral health, and Connecticut lawmakers prioritized legislation to increasing access in 2022.

Against this backdrop, Hartford HealthCare will open a new residential substance use disorder treatment and recovery program in Windham in the fall. The Ridge Recovery Center will be at 289 Windham Road, site of the former Immaculata Retreat House, a Catholic Church retreat and meeting center that closed in 2018.

The facility will offer multiple private suites featuring a single room, private bathroom and living space to complement larger gathering areas, private meeting rooms, a comfortable dining room, a fitness gym and offices.

The site also includes peaceful outdoor spaces and walking trails, ideal for outdoor therapy sessions, yoga, expressive arts and other adjunctive therapies and leisure activities.

The Ridge will operate under Rushford, a leader in substance use prevention and treatment for more than 40 years. The facility will treat alcohol, opioid and all other substance use disorders.

“The Ridge will offer a private, healing space at a level of care not currently easily available in Connecticut,” said Justin Sleeper, RN, vice president of clinical operations. “The Ridge will allow people to get a higher level of care in a private, professional atmosphere they can be comfortable in. People have few choices when it comes to residential treatment for substance use disorder. We are eager to open our doors and offer people a choice close to home.”

Dr. J. Craig Allen, vice president of addiction services at the Behavioral Health Network (BHN) and medical director of Rushford, said there is



The Ridge Recovery Center will be the only facility of its kind in eastern Connecticut.

Photo by Jeff Evans

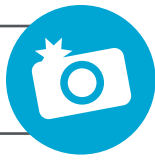
a definite need for residential treatment in eastern Connecticut.

“Across the state, we have seen a 14.6-percent increase in opioid overdose deaths,” Dr. Allen said. “The stress and isolation of the pandemic has had a significant impact on alcohol use, with many people crossing the line from risky use to a full-blown disorder, while others who had achieved sobriety may have returned to use.”

Services at The Ridge will be for adults, 18 and older, and include withdrawal management (detoxification) and residential treatment. Psychiatric expertise will be available for patients with co-occurring psychiatric disorders.

After stabilizing in residential care, clients can transition to Rushford or other BHN outpatient programs and continue treatment. Both Natchaug and Backus have programs nearby, and other BHN services are spread throughout the state.

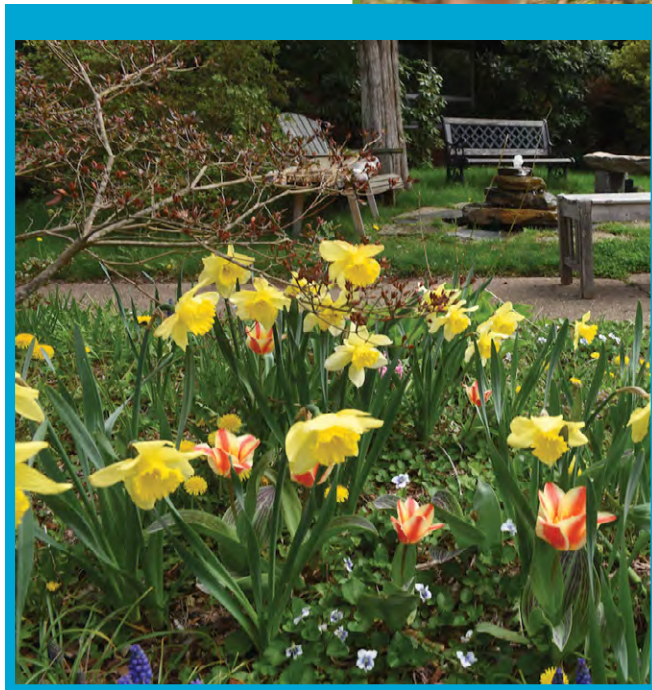
—Kate Carey-Trull



Spring has Sprung

After a long, cold winter, teams have been fanning out across the grounds at all Hartford HealthCare buildings to clean gardens and greenscapes for all to enjoy.





Photos by Jeff Evans, Rusty Kimball and Chris Rakoczy



Scott Mickelson brought his love of cooking and sharing delicious meals with him to the kitchen at Backus Hospital.

Photo by Jeff Evans

Five-Star Chef at Backus Believes ‘Food is Medicine’

By Elissa Bass

Back when he was chef de cuisine at Paragon in Foxwoods Casino, Scott Mickelson would get late-night calls to hold the kitchen open because the cast of “The Sopranos” wanted dinner. Or the E Street Band. Or BB King.

For 23 years, Mickelson had to know on a daily basis where to find European white truffles, Grade A foie gras or whatever else a celebrity’s palate was craving.

These days, wearing chef whites in the Backus Hospital kitchen means Mickelson has to cater to 140 different diets a day,

ensuring that recipes and ingredient lists are meticulously followed because “it can mean life or death for a patient.”

He arrived at Backus in March 2020 as the pandemic was shutting down restaurants and he was out of a job for the first time in 40-plus years.

“I got a call from a recruiter who said, ‘I see there’s no healthcare on your resume.’ I was a little surprised I got the call, because honestly I had zero qualifications to step into a hospital kitchen. But they made me an offer and I stepped into the biggest learning curve of my career,” he remembered.

"What our patients eat can help get them healthy and back home."

Mickelson started his culinary journey where most chefs in southeastern Connecticut did in the early 1980s — the Harborview Restaurant in Stonington. From there, he had a distinguished career in many of the region's finest restaurants, from Skipper's Dock to Lighthouse Inn to most every restaurant at Foxwoods.

There, he made a tableside Caesar salad for Frank Sinatra and Tony Bennett would call to put in special orders before arriving for his shows. Then Mickelson's wife passed away, and he left the casino to spend time with his children.

He returned to work for many restaurants along the shoreline, including M Bar, Bravo and Go Fish. When the pandemic started, he was working for JTK Management, which did catering at the Mashantucket Pequot Museum and ran restaurants like Steak Loft and Go Fish.

When Mickelson arrived at Backus, "I knew I had to immerse myself in the environment and understand the needs and protections that are in place. The menus are all created at the system level to meet the needs of each patient. My creativity in the kitchen does not hold any water in this job."

A staff of 85, with 10 cooks, puts out meals for patients and staff every day. Staff can

require 150 to 200 meals for each of the three shifts. There's the cafeteria and a wide array of "grab and go" foods. Everything has to be fresh, taste good and appeal to the clientele.

For the patients, "We batch cook everything fresh. The myth of hospital food is they back the truck up to the loading dock, take all this frozen food and dump it in the steamer. Not anymore. As healthcare has become more mindful of patient needs, we have become so much better at what we do."

These days, instead of creating dishes like squid ink pasta tossed in lemon-saffron oil with fresh lobster, roasted shallots, scallions and enoki mushrooms,

Mickelson focuses on recipe compliance.

"We have to be absolutely correct with the specific ingredients for each recipe," he said. "The slightest change in ingredients can throw the nutrition off and then the wheels fall off the bus. It's life or death sometimes."

And, instead of leaving the kitchen to visit patrons tableside, Mickelson does weekly rounding to ask patients about the food.

"Patient safety and satisfaction are equally important to me," he said. "What our patients eat can help get them healthy and back home. Food is medicine."





Technology Helps Supply Chain Management Pros Track Life-Saving Supplies

By Hilary Waldman

On any given day, supply room shelves at Hartford HealthCare's seven hospitals are stocked with more than \$30 million in supplies for procedures that improve and save lives.

You'll find stainless steel needles, flexible tubing and more plates and screws for bone and joint repairs than in the aisles of Home Depot. Supplies are as simple as sterile drapes and sponges and as complex as implantable pacemakers and heart stents coated with blood-thinning medication.

If you end up with too much inventory, a device might expire, sending a \$45,000 heart pump or \$5,000 stent into the trash. Every year, disposing expired products tallies \$1.3 million in wasted money.

When a needed item is out of stock, expensive overnight delivery can also drive up costs and risk delaying or canceling a procedure.

It's a delicate balancing act, played out daily and orchestrated by supply technicians and clinical coordinators from Supply Chain Management teams. Most of the time, they use old-fashioned paper logs and multi-colored stickers to track what comes in, what goes into a patient and what supplies might be nearing the end of their shelf life.

This summer, HHC will introduce an advanced inventory tracking system called Tecsys to replace

paper and stickers with hand-held scanners in procedure and perioperative supply rooms across the system. This technology will interface with the current Peoplesoft and Epic systems.

When supplies are delivered to the periop and procedural areas, technicians will use the hand-held devices to scan bar codes on each box or bundle. The codes will track quantities of each item on the shelves and their expiration dates. It can also flag users if an item has been recalled, improving patient safety.

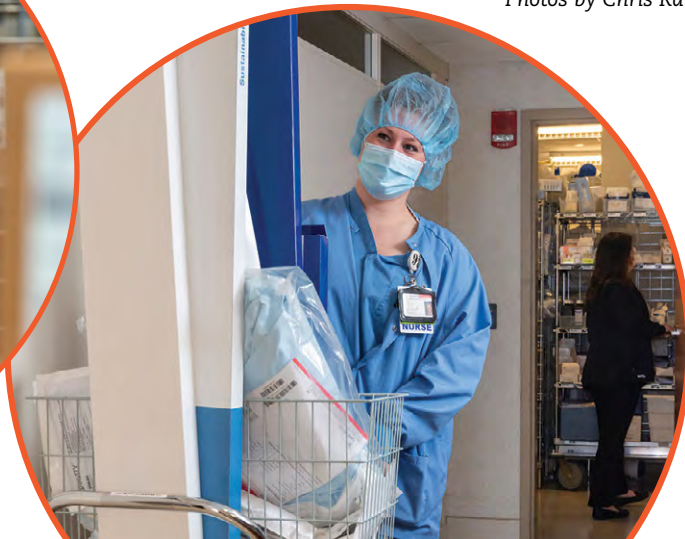
The automated system will give supply coordinators a view across the system, so if, for example, Hartford Hospital has an item nearing expiration and St. Vincent's needs one now, it can be shared, avoiding waste, said Angela Hinman, RN, liaison to supply chain for the Heart & Vascular Institute.

The scanners will also help with billing, making it easier for nurses to document in the patient's medical record every supply used during a procedure. This ensures Hartford HealthCare is reimbursed fully by payers.

"Tecsys is going to be a new tool in our toolbox that's going to improve the efficiency of our organization," said Sean Halloran, procurement lead for Supply Chain Management. "It's going to have an incredible downstream effect."

A new advanced inventory tracking system will replace the paper and stickers that has been used to record supplies across Hartford HealthCare.

Photos by Chris Rakoczy



Army of One Female Mechanic Works on LIFE STAR Helicopters

By Brian Spyros

To put it simply, Erica Holland has a really important job — she makes sure the LIFE STAR helicopter based at MidState Medical Center is ready to go at a moment's notice to help those in need of life-saving care.

As if that's not impressive enough, she's the only female aviation maintenance technician for Air Methods Corp., the company that manages and operates LIFE STAR.

"Growing up, my dad was an aviation buff and did a lot of mechanical work on cars," Holland explained. "I decided to follow in those footsteps and thought what better way to get into aviation then with the armed forces."

Holland started basic training in 1992 right out of high school. From there, her hands-on training took her to South Korea at the age of 19, working on a U.S. airbase on Black Hawk helicopters. She was later stationed on an aircraft carrier in the Atlantic Ocean as crew chief with the 10th Mountain Division, assisting troops as they flew into Haiti on peacekeeping missions.

"At that point, I realized I had the best job in the Army. I wasn't just on the ground fixing aircraft and waving to them as they flew away. I was going with them," Holland said.

Her military career advanced and she rose to the rank of master sergeant. The Army brought her all over the world fixing Black Hawks and supporting transport of ground troops in places like Germany, Kosovo and the California desert, where she was heavily involved in military exercises.

The Massachusetts native eventually came to Connecticut, stationed at Sikorsky

in Stratford to help in the purchase of Black Hawk helicopters for the military. She was then redeployed overseas to Iraq, Afghanistan and back to South Korea. Through it all, she was surrounded by men but made a name for herself due to her expertise and knowledge.

"I never felt like I didn't belong," Holland said.

Retiring from the army in 2013 after 20 years, her skill set would only continue to grow. She became certified to fix civilian aircraft and began working for an aviation company in Wallingford as the only full-time mechanic. There, she fixed countless types of aircraft. In 2020, she began at her current job.

"The thing I enjoy about this job is that it kind of brings me back to where you're doing work for a larger purpose," she said. "My work with LIFE STAR supports the community and is impactful. It's a sense of purpose you lose when you leave the Army."

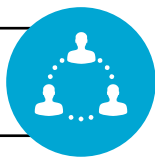
Holland added that when she left the Army, she was seeing a gradual increase in female service members. She encouraged young women to follow their dreams.

"Absolutely try. You have a place and you belong as long as you work hard and prove your worth," she said.

Erica Holland learned her trade in the Army, and continues to break stereotypes as a helicopter mechanic at MidState Medical Center.

Photo by Rusty Kimball





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).

Player Turned Coach Taps H3W on the Sidelines

Stefanie Bourassa, DPT
Sports Medicine Program Manager
Bone & Joint Institute, Hartford Hospital
Rehabilitation Network

Stefanie Bourassa, Sports Medicine Program manager, has been with Hartford HealthCare for a decade. She began playing soccer at age 5 and continued through college, playing Division I for the University of Hartford. After graduation, she transitioned to coaching, which allows her to give back to the sport that helped her become who she is today.

What made you want to coach?

The day before my tryout for the national team, I tore my ACL, MCL and medial meniscus. Although I had a good chance of making the team, I, unfortunately, did not get to try out. My injury sidelined me enough that I needed to retire from playing. However, I still had a big passion for soccer. Coaching was an opportunity for me to continue to be involved in the sport.



A college injury may have ended Stefanie Bourassa's bid for the national soccer team, but she finds it rewarding to coach teams these days.

Photo by Chris Rakoczy

What do you enjoy most about coaching?

I enjoy many things from being outdoors to sharing leadership journeys with young athletes. Seeing the impact you can make on a kid's life is gratifying. Many of the goalkeepers I trained have gone to play anywhere from Division III to Division I level soccer. It is great to see, especially coming out of a public school.

What are your core values as a coach?

My three main values are caring, integrity and compassion. To lead your team in the right direction you have to care about the players, the sport and the rules. I teach my players about the integrity of the sport, their teammates and their opponents. Instead of focusing on a win or a loss after a game, I encourage them to think about what they did well and what they learned from their opponents.

I have even taken the "How Hartford HealthCare Works" leadership behaviors and transformed them into team-building exercises. It shows both great communication and negotiation styles from the players.

What advice would you give a new coach?

The same coaching style does not work for everybody. As a coach, you have to recognize both the strengths and weaknesses of every single player, in every single team as a unit. You have to adapt and learn what works best for your players, although it might not be the same style of coaching done the year before. Take everything as an opportunity, especially players' weaknesses. Too many new coaches put all their focus on the wins and losses without developing their players first. If you have a good, cohesive team and work on both skill development and team building, the game itself will come.

—Maggie Werner

Neurosurgeon Goes to Church Every Sunday, In Cleats

Dr. Pedro Coutinho

Neurosurgeon, Ayer Neuroscience Institute

Dr. Pedro Coutinho is a neurosurgeon with the Ayer Neuroscience Institute, specializing in minimally-invasive and complex spine surgery. Originally from Brazil, Dr. Coutinho moved to the United States to improve his clinical skills and joined Hartford HealthCare in 2020. When he is not in the operating room, he's just as laser focused on the soccer field where he plays in men's leagues.

When did you start playing soccer?

I have been playing soccer since I was four years old. I usually play as a left wing.

Is this a hobby or are you on any teams?

Both. I play pick-up games with friends on Thursday nights and an over-40s state league on Sundays..

What is your favorite part about playing?

I love all aspects of playing soccer, including picturing the game in my mind the night before, getting ready early in the morning and meeting my teammates on the field to discuss tactics before the game starts. I love playing, and discussing the game with my teammates while we have a few beers after the game.

Do you have any favorite memories from your time playing?

I was playing in an over-30s league at a Portuguese club located in Bridgeport called Vasco da Gama and we made it to the State Cup finals in 2019. It was a tough game against the team from Danbury. Although we were the underdogs, we ended up winning the game and becoming state champions! It was a fun day!

Are there any skills you learned from soccer that you apply to your everyday life?

Competitive soccer, just like other collective sports,



Dr. Pedro Coutinho has played soccer his whole life, and now plays for various men's leagues.

teaches you how to work as a team, about humbleness when you lose or disappoint your teammates, and how good it is to win after working hard. It shows you how important it is to hear supportive words when you underperform.

Do you worry about injuries or take steps to avoid them since you are a neurosurgeon?

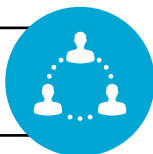
I simply do not. It is what I like doing the most after being with my family. I have broken both ankles playing on different occasions when I was already a fully trained neurosurgeon. Being a neurosurgeon has never stopped me from resuming playing after recovering from any kind of injury, even after the serious ones. I guess I'll play until I'm elderly.

Was soccer a big part of your family life growing up?

Soccer is like religion where I come from. We play and talk about it all the time. Every time I talk to my father on the phone, even nowadays, we always touch base about what's going on in the soccer world. We always ask each other about our games. Yes, he still plays every week. He's going to turn 68 years old this September.

—Robin Stanley

Continued on page 18



Therapist Taps into Sticky Sweetness

Kristen Luthy, PT, DPT

Physical Therapist

Hartford HealthCare Bone & Joint Institute

For six years, Kristen Luthy has been a physical therapist on the inpatient unit in the Bone & Joint Institute at Hartford Hospital. When she is not at work, she can be found harvesting maple syrup in her sugar shack.

How did you start harvesting maple syrup?

Eleven years ago, my husband, Spencer, and I got involved with a friend of ours whose father introduced it to us. We instantly fell in love with the process. After getting married and buying our own house, we realized we had enough land to make our own sugar shack. It just grew from there. We started with just one or two taps and a bucket for each tree, which quickly turned into more than 400 taps across multiple locations with lines and tanks. This all now takes place at our farm, Maplewood Farm, in Harwinton.

Can you explain the process from start to finish?

We start by tapping the trees. In order to get the sap flowing, the nights have to be below freezing. The lines and tanks collect all of the sap. We then

bring it all back to the tanks behind our sugar shack, where it gets stored.

We transfer the sap into a deep pan, where it's boiled down to a syrupy consistency. There is no way it all fits in the pan at once, so we slowly add more as the sap boils. It takes a while to get the sap down to a syrup consistency. The ratio of sap to syrup is about 40 to 43 gallons to one.

After the syrup boils, we bottle it up. It must reach 180 degrees Fahrenheit in order to be appropriately bottled. From there, we sell it from a little stand at the end of our driveway and at some local places in town. We made 60 gallons of syrup last year and sold around 50 gallons, saving the rest for family, friends and ourselves.

What do you enjoy most about harvesting maple syrup?

Staying connected to nature and trying to stay outside in a very fast-paced, electronic world. The process cannot be electric. So, rain or snow, we are still out tapping trees. It is also a great family activity for us because everybody likes something different about the process. My husband enjoys teaching our 4-year-old, Hunter, about it and seeing how interested he is. It gets him very involved, especially because he loves tapping the trees. We also just welcomed 7-month-old twins, so this will be their first year.

What's your favorite way to enjoy maple syrup?

Definitely on pancakes. We have it on pancakes, sweet potatoes and on vanilla ice cream. We have included it in recipes; it is a good sugar substitute. If you do not have white sugar, it is a one to one ratio — one cup of white sugar to one cup of maple syrup, but it must be the pure stuff. Most of all, I just love tasting the syrup. Fresh, right out of the pan, is usually the best. Something fun to do when there is snow on the ground is to toss the hot syrup right on the ice-cold snow. It cools down and makes a taffy-like candy, a fresh treat right from the pan.

—Maggie Werner

Spencer and Kristen Luthy pose with their son, Hunter, with one of the 400 trees they tap for maple syrup on their Harwinton farm.

Photo by Chris Rakoczy





Central Region Team Doesn't Mind Freezing for a Reason

By Brian Spyros

Would you willingly jump into the bone-chilling water of a lake in the middle of winter for a good cause? For a large group in the Central Region, the answer is simply yes.

For the past three years, leaders and clinical colleagues from The Hospital of Central Connecticut and MidState Medical Center have taken part in the Annual Sloper Plunge organized by the Southington-Cheshire Community YMCA, raising money for local kids to go to camp.

"During the pandemic, camp became critical for children and it allowed them to socialize with others," said Karen Fasano, vice president of Patient Care Services for the Central Region. She is familiar with Camp Sloper as her triplets attended the camp for the past 12 years.

In February, Central Region once again assembled a team of 23. Together, they raised nearly \$10,000. Then for the finale, everyone gathered at Camp Sloper to jump in the frigid water. Hartford

HealthCare has also served as a sponsor for the event.

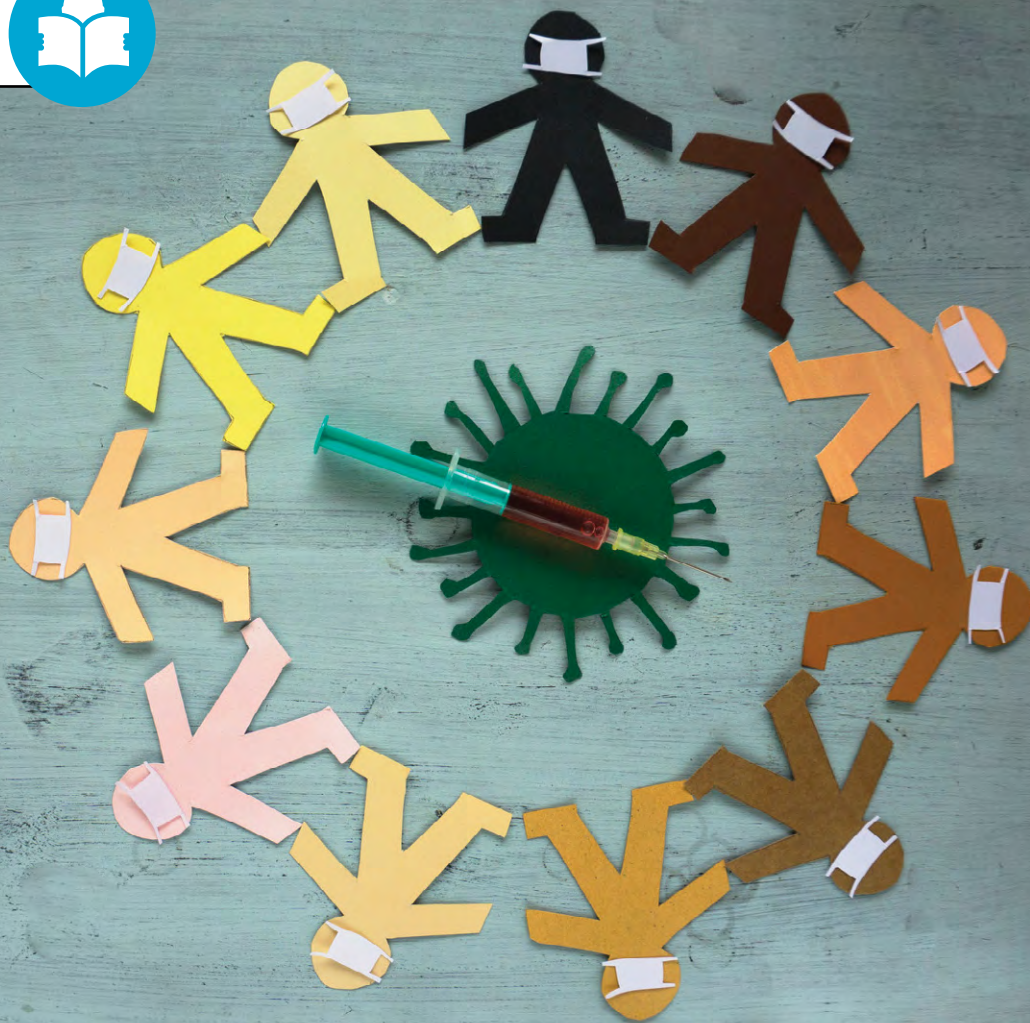
"We have a very strong relationship with the YMCA and we're providing support to a community we serve," Fasano said. "For Hartford HealthCare, it's also about collaboration and teamwork. Taking part in this event has done a tremendous amount of team-building. In the process, we are impacting the lives of children in a positive way."

This year, the YMCA raised \$92,000. Fasano said the goal is to continue making HHC's participation a yearly tradition.

"We want to increase our presence, our fund-raising goal, and even open it up to people outside the region. Yes, the water is cold, but it's for a cause that warms your heart and that's all that matters," Fasano said.

Karen Fasano, vice president of Patient Care Services for the Central Region, second from left in the front row, organized a large team of Central Region colleagues to help her raise funds for a cause that's close to her heart.





Looking Ahead After 'Racial Reckoning'

Just months before the COVID-19 pandemic highlighted the many ways quality healthcare was not equally available to all members of our communities, Hartford HealthCare accelerated its Diversity, Equity, Inclusion and Belonging journey in earnest with the creation of a department and recruitment of a dynamic senior leader. What followed through the pandemic was a broad array of work — done mostly via Zoom — that will improve the way we interact with our patients and

each other. As we begin our second year on this journey, we are sharpening the focus on why this is important work. There are bumps in the road locally and nationally — the Buffalo supermarket shootings, while hundreds of miles away, reminded us just how far we have to go. Read on and hear about the vision and the personal hopes of some of the colleagues who are involved.

—Susan McDonald

‘Promises to Keep, and Miles to Go Before We Sleep’*

By Susan McDonald

When COVID-19 hit, organized health equity, diversity, and inclusion (HEDI) efforts at Hartford HealthCare were just beginning to gel; the pandemic not only underscored the need for this work but helped chart a course.

“We had to build while reacting to the crisis,” said Sarah Lewis, vice president of health equity, diversity and inclusion who started in July 2019. “Now we’re looking at how to transform beyond COVID.”

HEDI work spans the system, with region-specific councils forming and colleague resource groups (CRGs) drawing members from all over. In addition, some colleagues were included in a climate assessment survey commissioned to gauge where we are and where we can go.

“COVID was happening so we were limited on observation, but the consultants asked questions about our culture and organization,” Lewis explained. “Without this survey, we couldn’t start this in such a holistic way.

“We have been very fundamentally focused on how things should be, while being very aware of how things were during COVID. I call it the ‘racial reckoning’ of COVID.”

The pandemic, she said, highlighted differences in the access populations have to quality health-care due to race, income, residency and language. Understanding these discrepancies and wanting to eliminate them was the impetus for creating her department.

“I think about us as setting the gold standard regarding expectations about providing care that is excellent and equitable in all instances. I see us measuring equity like we measure quality and safety,” Lewis said.

The department, she continued, works to embed these practices into the HHC infrastructure so colleagues feel comfortable challenging inequities they see or experience.

“When colleagues feel safe to speak up and provide meaningful contributions, it enhances our capacity to provide equitable care,” she said.



Sarah Lewis, VP of Health Equity, speaks at the Supplier Diversity Summit this spring.

As a result, things can improve for marginalized and disenfranchised groups, although Lewis said the work will never be completely done.

“Like quality and safety, you’re never done — you’re constantly putting your shoulder to the wheel,” she said. “People will evaluate their care based on this, so we need to demonstrate that we’re doing it. It’s right and people expect it.”

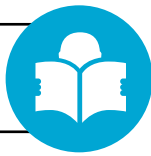
Health, Equity, Diversity and Inclusion Journey

Core objectives include:

- **For colleagues:** Build trust and a sense of belonging among colleagues through a safe, diverse and inclusive work environment.
- **For the organization:** Evolve the structure and sustainability of Health Equity Diversity and Inclusion at HHC.
- **For patients:** Advance health equity and improve care for all patients by improving data collection, stratification and analysis.
- **For the community:** Build trust and loyalty with patients and communities through social impact, community engagement and anchor strategies.
- **For all:** Communicate the “why” of our commitment to equity and inclusion.

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*Title paraphrases the Robert Frost poem “Stopping by Woods on a Snowy Evening.”



She used an example from a meeting of the LGBTQ+ CRG, when gay and transgender colleagues admitted they sought care outside HHC because the system didn't offer services they needed.

"We have not been a provider of choice for a group of our employees and that's just wrong," Lewis said, adding that the work being done now will pay off even more when payers begin requiring equity metrics for reimbursement, as they do now for quality and safety. "It's a moral imperative."

HHC leaders have started taking ownership of the HEDI work — something Lewis called "particularly transformational" — and CRG members have identified and initiated projects tied to the system's strategic priorities. It's part of "creating a cycle of feedback" Lewis said makes people "feel seen" and improves organizations as a whole.

"There is a human call to action that is healthcare. People come into the field because they really want to help," she said. "We're tapping into that."

In one year, there has been tremendous growth and the DEIB Councils and CRGs have become valuable resources for all colleagues, she said.

"It's a place to discuss the most important issues the group cares about at that moment in a psychologically safe place," Lewis said. "I've seen colleagues engaged in a way that feels good for them."



Time Out for Racial Equity Achievements

Despite the pandemic, fiscal year 2021 experienced many DEIB accomplishments, including:

1. Establishing a system-level DEIB Council.
2. Creating Colleague Resource Groups.
3. Requiring bias awareness training for all colleagues.
4. Conducting CEO roundtables to listen, engage and hear concerns and suggestions.
5. Establishing a Supplier Diversity Council.
6. Engaging an external firm to conduct an equity and inclusion assessment and culture audit.
7. Creating the Fair Chance Program to provide employment and career advancement opportunities for those with criminal records.

Projects carried into fiscal year 2022 include:

- Expanding the Health Equity Department.
- Expanding recruitment and career development programs for leaders from underrepresented backgrounds.
- Making strategic investments to advance racial equity in the communities we serve.
- Participating in the Institute for Healthcare Improvement Pursuing Equity Learning and Action Collaborative
- Joining the Healthcare Anchor Network and declaring racism a healthcare crisis.

Hartford Hospital's Inpatient Rehabilitation Unit staff stand with red lanterns displayed for Lunar New Year created by the Asian American and Pacific Islander Colleague Resource Group. (Left to right) Akeem Green, RN; Emily Nguyen, Nurse Manager; Jessica Niggebrugge, Recreational Therapist; Kristy Gest, PCA; Merva Dixon, Nurse Practitioner; and Catherine Thresher, Nurse Educator.

From Flat-Lining to Flourishing: Successfully Stretching Skills at Work

By Susan McDonald

Tasha Roberts said that, at one time, word in the local African American community once was that if you wanted to get a job at Hartford HealthCare, you either had to know someone or start as a temp and hope for the best.

Indeed, Roberts started as an administrative assistant temp with Hartford HealthCare at Home (HHCAH) in 2018 but how she got to where she is today involved more than "hoping for the best." Her skills and friendly, get-it-done approach earned her the position full-time, which gave her more security, but not the challenge she knew she needed to thrive.

"I was flat-lining. There was no room for growth and I found myself wanting to leave," Roberts said.

That's when she read an invitation to apply to join HHCAH's newly-forming Diversity, Equity, Inclusion & Belonging Council and, later, the Black and African-American Colleague Resource Group (CRG). An inaugural member of each group, Roberts saw an opportunity to push herself and provide opportunities for others who may be experiencing similar frustrations.

She proposed creating a "Stretch Assignment Program" to offer minority colleagues an opportunity to showcase their talents, develop new skills, gain exposure to other departments and stretch beyond their comfort zones. This was the stretch Roberts imagined others longed for as much as she did. Her entry-level position didn't allow her to use her experience or knowledge, but applications for jobs across the system didn't yield opportunity.

"I was applying for all sorts of jobs. Most times, I never heard back," said the 54-year-old Hartford mother of two.

She took her idea for the Stretch Assignment Program — a Sharepoint listing of challenging projects currently available to HHCAH colleagues — to Laurie St. John, vice president of HHCAH, who listened and, with Roberts' mentor, Laurel Regan, served as sounding boards as the project

evolved simultaneous to her daily tasks.

The work also gave her the exposure she needed to earn the position of project specialist at Hartford HealthCare Medical Group (HHCMG) where she can finally "utilize skills I felt like I was losing."

Roberts is convinced the struggle to find her niche is rooted in her race. Before joining HHC, she worked in other corporate environments, usually the only African American in meetings. She remembered a job that required overnights in Boston for meetings. White colleagues were given corporate American Express cards to pay for their stays.



Tasha Roberts turned her temporary job into a fulfilling full-time position at Hartford HealthCare with her brainstorm "Stretch Assignment Program."

Photo by Chris Rakoczy

"My card wasn't approved even though I have good credit, better credit than some. I couldn't figure it out — it's a corporate card, not personal, and something I'd had at other companies. Why didn't I get one there?" Roberts said.

Reactions to her at work at HHC are generally welcoming and collegial, but Roberts has a knack for identifying people whose behavior suggests

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they're uncomfortable or worse.

"The workplace isn't keeping pace with the world around us," she noted. "If I'd had a different kind of personality, I probably would have left."

She is heartened, however, by work being done by DEIB councils and CRGs. She enjoys sharing "fun facts" from DEIB newsletters in huddle, and is getting used to operating outside her comfort zone, having developed and presented the Stretch Assignment Program to HHC's Executive Leadership Team.

Her presentation skills and desire to grow so impressed Sue Barrett, an HHCMG executive, she suggested Roberts apply for the job she now holds.

"I use all these opportunities to gain exposure, make connections and network," she said. "You have to determine what you want and create a village to help you get there."

She keeps an eye on the Stretch Assignment Program, which has helped six colleagues to date. Assignments include program development, virtual huddle board design and work for five candidates in HHCAH's DEIB Mentoring Program.

"From an African-American perspective in the workplace, it always seems that everyone is connected except us," she said. "Networking is what created an opportunity for me."

With the CRGs, people of all backgrounds make connections and find opportunities to use their stories and experiences to change business as usual, she continued.

"We are as smart and innovative as any other race," she said. "Some people may look at me as aggressive and outspoken, which is a stigma for African-Americans. The biggest difference between you and me is the history."

Emboldened by her success, Roberts wrote a letter to HHC President and CEO Jeff Flaks, summarizing her experience. Her words so impressed him, he shared the letter with the Board of Directors. In part, she wrote, "I learned the level of patience it takes to develop a program which required constant feedback and approval, creation of Standard Work and the confidence needed in presenting to ELTs. Presenting to leadership was one of the many challenges that stretched me out of my comfort zone."

"Had I not joined the DEIB Council for HHCAH as well as the BAA CRG, I honestly believe I would've posted outside of HHC and gained employment elsewhere. So, thank you, Mr. Flaks, for making Diversity, Equity, Inclusion and Belonging one of the top priorities at HHC. It's truly making a difference for all of us."

From Immigrant Struggling with English to Leader

By Susan McDonald

There's a scene in the ABC sitcom "Modern Family" in which the Spanish-speaking mother, played by Sofia Vergara, is frustrated that her son doesn't want to study her native language in school.

Her dismay runs deeper than merely wanting someone to chat with freely, but hints at feelings of inadequacy and knowing people assume she's not intelligent because she can't always express herself well in English.

"You have no idea how smart I am in Spanish!" she exclaims.

That, according to Jose Garcia, is the immigrant experience in a nutshell.

Garcia, business program manager with Digestive Health & Surgery for the Hartford HealthCare Medical Group, immigrated to the United States from Mexico with his family when he was 15 and understands how Vergara's character felt.

"English proficiency is not a measure of intellect."

That's a huge component for Hispanic people, and I know my accent has made me self-conscious about professional interactions," said Garcia, who is co-chair of the system's Hispanic and Latinx Colleague Resource Group (CRG).

Even though he had studied English in school in Mexico, it was more proper use of the language so he didn't initially fit in with his new high school peers in the Texas border town where his family settled so his father could continue practicing medicine in Mexico.

"I could not hold a conversation. It sounded so scripted and if they veered from the script, I was lost," he remembered. "There was a kid in the lunch line once who commented on my shoes. I didn't know how to respond, so I left the line.

"I didn't know how to have an organic conversation."

The move to Texas was to improve the family's life, especially as Mexico faced a challenging and uncertain political climate, but Garcia remembered hearing comments that "this is America, speak English" in the hallways at school.

His parents still struggle with the language — his father speaks some English but his mother speaks none, although she can understand the language.

Adjusting to his new country took a while for Garcia, who chose a smaller college where he could have closer relationships with professors and feel comfortable asking more questions when needed.

"It was a period of significant adjustment and you're always adjusting. Even moving from Texas to Connecticut required adjustment. When I first moved to the U.S., I needed to find a niche, make friends and assimilate to a different culture," he said.

After graduating, when it came time to apply

for jobs, Garcia still experienced overwhelming feelings of self-consciousness about speaking English with an accent.

"You're translating everything in your head all the time. I would be the new guy at work, very quiet and not speaking up because I was worried that if I couldn't find the words or if I stumbled upon certain words, people would think I wasn't smart," Garcia relayed.

At home, he watched videos to help him stop rolling his Rs, a characteristic of Spanish speakers, even as he continued to speak Spanish with

his parents and a mixture he called "Spanglish" with his wife and 7-year-old daughter.

"At the end of the day, it's who I am," Garcia noted. "I keep it with me and choose to not see it as a detriment. What was once seen as a weakness is now a strength."

His fluency, in fact, helps him working with Spanish-speaking patients and colleagues. He remembers a time working at a hospital in Texas a patient cried because they were so happy for help in a language they understood.

He's also found a new level of collegiality in the CRG, which meets monthly and has targeted several projects to help others feel more comfortable working at HHC and coming to HHC providers for care.

"That's what's invigorating about the CRG," he said, "you find people with shared

experiences, coming together to be vulnerable and wanting to drive systemic change. It's priceless."

As they tackle things and identify opportunities to address he promised the group's work will be revolutionary.

"It's only just beginning. We're just getting started!" he said.

"You find people with shared experiences, coming together to be vulnerable and wanting to drive systemic change."



Jose Garcia, a Mexican immigrant, is co-chair of the Hispanic and Latinx Colleague Resource Group.





What's in a Name? A Whole Lot

By Susan McDonald

Smart, successful, law-abiding, healthy, polite – those are adjectives commonly used to describe Asian-Americans, and while they may seem positive, the results of painting an entire race with a broad brush of any kind can be detrimental.

Mui Mui Hin-McCormick, clinical director of adult residential services at Rushford and a member of the Asian-American and Pacific Islander Colleague Resource Group (CRG), said the practice “model minority myth” phenomenon can stand in the way of Asian-Americans receiving the support they might need.

“This has been haunting us for some time. It profiled us as racial success story as early as the 1960s,” Hin-McCormick said.

While many Asian-Americans are successful, grouping them into one category is not healthy or helpful, she continued. In addition, the practice ignores the innate diversity between various Asian-American cultures and can pit one against another if some are positioned as better.

“The model minority myth also places unrealistic expectations on us, and we place that on ourselves, causing stress,” said Hin-McCormick, a Chinese American.

Perhaps most importantly, she said the myth leaves many believing Asian-Americans do not need the help of social, economic or educational resources and programs. As a result, she said there are no social services tailored to the group’s specific needs.

Part of one of the few Asian-American families in her community growing up, Hin-McCormick remembered being bullied for having a different name and bringing Asian foods for lunch.

“I was the target of a lot of criticism and the teachers always expected us to be high achievers,” she said.

Teachers also urged her to ignore the bullies, and a language barrier at home meant her mother didn’t fully understand what was going



Mui Mui Hin-McCormick, second from left, celebrates Chinese New Year with her family, some of whom are dressed in traditional attire.

on at school. The treatment caused “a host of impact,” which, like many Asian-Americans, she internalized until she got older and realized the value of talking about it.

“It was a struggle for me until I found an avenue to have these conversations,” Hin-McCormick said, noting that conversations at CRG meetings further help her address the challenges.

Talking — and starting the discourse with children early — can help dispel model minority myth and mediate its effects, she continued. In addition to chatting with her 12-year-old daughter, Hin-McCormick strives to provide role models “who look like her” to help her feel confident and capable.

“It’s wonderful to have a CRG that you can share experiences in, where people understand about the culture you came from because they came from a similar culture and understand,” she said. “For example, I am not the only one that has a different name that might be difficult to pronounce in this CRG.”

Members of the Asian-American and Pacific Islander CRG even created a video called “What’s in a Name?” (https://youtu.be/3dCcQJS_AcM) to address the negative impact of mispronouncing people’s names and provide strategies to help create a more inclusive work environment.

“Not only does it feel like I belong, but it validates that I am not alone and I do have support from my colleagues. It also reinforces that I can support others,” Hin-McCormick said.

Waving the Flag for Authenticity

By Susan McDonald

Being LGBTQ+ can feel isolating, but for two Hartford HealthCare colleagues, the opportunity to bring about change with the formation of a new Colleague Resource Group (CRG) came with the chance to make friends.

Joanna Cotto has worked in the medical field for about 20 years, two years as office coordinator with Women's Ambulatory Health Services at Hartford Hospital, and is usually the only openly gay person in her work area. Many colleagues through the years have been surprised to learn she is gay.

"I don't fit the common stereotype. They tell me things like 'You're so feminine, I would have never known' or 'You're just like us!' For many of them, I'm the first colleague they've known who's out, maybe the first person they've known at all," said the Hartford resident who was 30, married to a man and raising a daughter when she came out. "I think I kind of always knew, but people said I needed to wait because it was about my daughter.

"I figured if I'm unhappy, my daughter would feel it. It was time to be my authentic self."

A similar search for authenticity went on in Heather Pierzchala's Simsbury home, where her young child was asking to shed the identity assigned at birth to wear the dresses and jewelry she admired. Teachers suggested the preschooler was going through a phase. The pediatrician suggested allowing girl clothes at home but not school. The boundaries, however, did not appeal to the child, now a 7-year-old second-grader named Leah (her choice!).

"She had a lot of anxiety that manifested into violent outbursts. She would bang her head against the wall, pull her hair out in clumps and say things like 'I hate myself. I'm just a stupid

boy!'" Pierzchala recalled. "It was very apparent that this was a deep, intrinsic thing in her."

When she



Heather Pierzchala and her young daughter have navigated challenges to feel whole.

Joanna Cotto is office coordinator at Women's Ambulatory Health Services.



and her ex-husband decided to allow Leah to dress herself for school — after teachers explained the change to her classmates — "everything started leveling off."

On their unique journeys, both women were interested in an opportunity to impact the journey of others in the LGBTQ+ community. They applied to join the LGBTQ+ CRG and have enjoyed sharing stories and planning for a future that includes enhanced healthcare services for gay, lesbian, transgender and gender neutral people.

"I had zero experience dealing with anything transgender related before. I just knew I wanted my daughter to be herself and to be happy," noted Pierzchala, who worked until recently as a lean sensei for the Community Network and Supply Chain. "Like her pediatrician said, 'I don't really know, but we're going to go through this together.'"

"This is a way I can help inform other people because there's so much misinformation out there. And, I can help create better care that my daughter will ultimately benefit from."

For Cotto, joining the CRG is a chance to feel like she fits in.

"I've never had a group, so to speak," she said. "I was so excited when I first saw it and I feel I can represent people on a larger scope instead of being the only one in the clinic."

Participating in events like Pride Fest with the CRG has also been a way to make connections with people, often patients.

"It's nice to be in the community. It makes people feel more comfortable and welcome when they come into the office and know I'm a lesbian," Cotto said. "It makes them less afraid to ask questions."

Working with colleagues who understand the feelings of fear, frustration and uncertainty that can plague people in the LGBTQ+ community — or those raising them, in Pierzchala's case — fosters strength.



New Movement Disorders Clinic Opens Care to More Hispanics

During her career, movement disorders specialist Dr. Maria L. Moro-de-Casillas has witnessed health inequities in the Hispanic/Latinx community.

Working at Hartford HealthCare's Chase Family Movement Disorders Center, she realized native Spanish-speaking patients did not have access to the state-of-the-art care other patients receive due to language, socioeconomic and cultural barriers. She raised her concerns to Dr. J. Antonelle de Marcaida, Chase Family Movement Disorders Center medical director, and Maria Shimer, director of Hartford HealthCare Ayer Neuroscience Institute specialty programs.

"Health inequity is a reality," Dr. de Marcaida said. "We have a moral obligation to recognize and address health inequity towards our historically underserved and marginalized communities with the same passion and strength we have shown in bringing the highest standards and innovations in care to all our patients."

This despite the fact that Parkinson's is more prevalent in Hispanics than other ethnic populations.

"That told us right away that this was important. We should have been seeing more Hispanic/Latinx patients than we were," said Shimer, adding they identified three major barriers for this population: language, culture and transportation. "None of our existing centers had a fully integrated Spanish-

speaking staff, and none are in urban centers, so public transportation was pretty much nonexistent."

The planning group decided to open their new program in the Brownstone Clinic at Hartford Hospital, which is fully staffed with native Spanish speakers and located in the center of the city. In October 2020, Dr. Moro-de-Casillas started seeing Spanish-speaking patients there on the first Wednesday of every month. Since opening the clinic, the only one of its kind in New England, more than 100 patients have come in for Parkinson's disease, Huntington's disease, essential tremor and other conditions.

Dr. Moro-de-Casillas, a native of Mexico, said, "It's not just overcoming the language barrier. It's embracing the patient in a cultural environment where they are comfortable. It's being in a place where the patient and provider understand each other."

That was exactly what 70-year-old Carmen Lopez Guzman and her daughter, Dorymar Perez, needed. After discussing different treatment choices and understanding her options, Guzman chose botulin toxin injections to help control her tremor. The injections have left her feeling "a lot better," she told her doctor.

"She understands me very well," Guzman said. "I can communicate with her, instead of having to have my daughter translate everything for me."

As the patient roster grows, the hope is to expand the clinic to more days, Shimer said. The fact that it was less than a year from concept to reality, she said, makes this project "a best practice example of what we can do. It was not without its hurdles but it really resonated with people and we were able to make our case with data and facts. This is really revolutionary. Dr. Moro-de-Casillas is so passionate, she made everyone feel invested."

—Elissa Bass

Dr. Maria Moro-de-Casillas sees Luis Muniz, a 73-year-old from Hartford, at the Spanish-language Movement Disorders Center in Hartford.

Photo by Jeff Evans



Feeding the Soul of Behavioral Health Clients

Home-cooked meals can be a comfort or necessity, but some find it overwhelming to shop and prepare the food.

To reduce stress, ensure healthy meals and show support, the Behavioral Health Network's Purple Light Project offers its clients meal vouchers through My Local Chefs.

Erica Moura, director of human-centered care at the BHN, said the project funds the purchase of dignity items such as wigs, clothing, multi-cultural hygiene products, blankets and creative therapy objects. Donations also helped a woman get her car back when it was impounded while she was in the emergency department.

Moura developed a partnership with My Local Chefs after asking for a donation for a silent auction fundraiser for the Purple Light Project. Owner Vanessa Sena wanted to be more involved.

"The Purple Light Project purchased 600 meals for behavioral health patients in the form of vouchers," she explained. "There really is a ton of potential to be humanistic in our care."

My Local Chefs brings together diverse chefs

and farmers from around the state. Chefs create menus and Sena's team handles the website, facilitating orders and delivery of meals and food boxes.

"We talked about a budget and I worked with my chefs to get different menu items to fit within the budget, while including healthy proteins and vegetables," Sena said. "We want these to be nutrient-dense meals."

Many chefs wanted to be a part of the project, so menus were created specifically for the Purple Light Project. Clients get a voucher for three meals and can pick items they like from a limited menu. One delivery is included to anywhere in the state, including shelters.

"Seeing how Erica cares about her patients and their recovery made me want to get involved," Sena said. "I have had family members who have been hospitalized. I know it can be hard to cook for yourself. Being able to offer healthy meals for a few days to help people get back on their feet is amazing."

—Kate Carey-Trull

Run 5K for the Purple Light

Proceeds benefit the Purple Light Project, helping provide basic comfort and humanistic aid that promotes mental health and addiction recovery.

Saturday, August 27, 2022, Institute of Living, Hartford
Registration begins at 8:30 a.m., race at 9:30 a.m.

To register: <http://www.lightboxreg.com/iol-purple-light-project-5k-2022>. Contact Erica Moura at Erica.Moura@hhchealth.org for more information, to volunteer or donate.





APRN's Patient Ends Eight-Year Battle with Pain



Patricia Bozeman

For eight years, Kevin Jones lived with terribly swollen legs and pain, in and out of doctors' offices, urgent care clinics and hospitals, and on and off antibiotics.

The 62-year-old owner of a Storrs metal fabrication business, Jones was ready to give up. Bouts of cellulitis grew more severe and frequent, and it seemed no one could help.

An old football injury exacerbated by a 2013 accident started the roller coaster of swelling, pain and medical visits. The initial diagnosis was a blood clot that badly damaged a vein in his right leg, causing fluid to build up repeatedly in both legs.

"No one could get the fluid down," he said. "It was not controllable. Then, the cellulitis started and kept coming back. A couple of times, I was almost septic."

Cellulitis is a common bacterial skin infection causing redness, swelling and pain. If untreated, it can spread and cause serious health problems.

Frustrated, Jones told his primary care doctor, Dr. William Spector, "I want the best vascular surgeon there is, even though I had already been to several vascular surgeons. He sent me to Patty."

Patty Bozeman, APRN, CVN, is with the Hartford HealthCare Heart & Vascular Institute.

"I told him I'm not a surgeon," she said of their initial visit in April 2021. "But I also told him 'We can fix you. It's not going to be easy, but we can.'"

Bozeman diagnosed Jones with lymphedema, the build-up of fluid in soft body tissues when the lymph system is damaged or blocked, and referred him for lymphedema therapy.

Jones' occupational therapist, Allyson Rossi, wrapped his legs tightly for two weeks as part of Complex Lymphedema Therapy (CLT), a multi-faceted treatment consisting of manual lymph drainage and compression therapy.

At home, he used special socks and a pneumatic pumping device for which he wore special garments on both legs and his torso. Hooked to the pump, the garments inflated and deflated, making his lower body feel like it was in a blood pressure cuff.

Using the equipment five to seven days a week for about an hour, Jones' legs — and life — have returned to normal.

"As a former athlete and a runner, to not be able to do anything, well, you will do anything to make it right," he said. "This has been a game-changer for me. I haven't felt this good in eight years."

—Elissa Bass

New CampusCare Leader to Grow Support for Area College Students



Dr. Ralph Todd

As the CampusCare program brings behavioral health services onto more local college campuses, it became imperative to have a clinician leading the way.

Filling the new role of regional director of collegiate counseling for the Hartford area will be Ralph Dodd, PsyD, a long-time clinician at the Institute of Living.

"We are very happy to have an internal candidate

with as much expertise, experience and enthusiasm as Dr. Dodd. He has been an invaluable asset at the IOL for 20 years and he will help us strengthen and grow our impact through CampusCare," said Dr. James O'Dea, senior vice president of the Behavioral Health Network.

Dr. Dodd, a Newington resident, had been clinical coordinator at all three locations of the Grace Webb School, where he supervised treatment providers and provided direct support. In addition, he is a major in the Connecticut Army National

Guard, serving as one of two clinical psychologists in the state and conducting behavioral health screenings as part of soldiers' annual physicals, pre- and post-deployment assessments and fit-for-duty evaluations. He is also an adjunct professor at Central Connecticut State University and the University of Hartford.

Dr. Dodd earned his doctorate from the University of Hartford and completed an internship and post-doctoral fellowship in health psychology, both at the IOL.

In his new role, he oversees collegiate counseling provided at the universities partnered with Hartford HealthCare through CampusCare, including Quinnipiac University, Trinity College, University of St. Joseph and Connecticut College.

"I enjoy the work I do. I enjoy working with

people and the human aspect. I am excited about this role and enthusiastic for the potential that this position has," Dr. Dodd said.

CampusCare professionals oversee the Student Health Services on each campus and help coordinate additional services within Hartford HealthCare when needed. Behavioral health counseling, according to Dr. O'Dea, is more critical than ever on college campuses where students can struggle with social, emotional and academic demands.

"Dr. Dodd will supervise the clinical counseling offered on campuses, filling a great need among the students," he said, adding that Dr. Dodd's appointment is a major step toward establishing a Center of Excellence for Collegiate Counseling at the BHN.

—Susan McDonald

Paramedics Train Local Firefighters to Monitor Glucose

When it comes to learning the latest in medical technology and reporting, members of Torrington Fire Department have a friend in Charlotte Hungerford Hospital Emergency Medical Services (EMS) Coordinator and Paramedic Trish Wain.

Firefighters look forward to monthly training sessions with Trish and members of the CHH Paramedic Intercept Service because it's a unique opportunity to learn and practice the latest techniques to save lives every day.

"Spending time with our local first responders is very rewarding because we are able to train together and share expertise and experiences when it comes to emergency care," Wain said.

In one session, she reviewed the basics of the new Contour blood glucose monitor, an effective tool with patients who are known diabetics, unresponsive, suspected stroke or with altered mental status. The training involved understanding signs and symptoms of high and low blood sugar, and practicing use and maintenance of the monitors.

All patients with type 1 and about a third of patients with type 2 diabetes require insulin for glucose control. The limiting factor in insulin use remains low blood sugar or hypoglycemia. Severe hypoglycemia can be life-threatening.

"The use of finger stick blood glucose monitoring by first responders enables them to rapidly recognize this complication in an unconscious person with

diabetes and administer lifesaving glucose," said CHH Endocrinologist Dr. Egils Bogdanovics.

"The CHH paramedic team helps us enhance our skill sets so we can better respond to the needs of the people we serve. This has had a great impact on the community and is paying huge dividends for all involved," said Assistant Fire Chief Robert J. Shoppey. "(They) are always so helpful and available when we need them. I cannot say enough about the training they provide as our community partner and the positive effect it has on our patient care at the scene of an emergency."

—Tim Lebouthillier



Charlotte Hungerford Hospital paramedics held training sessions in glucose monitoring for local firefighters. Participating from the hospital are: Fred Rosa, standing, EMS manager and paramedic; and Tricia Wain, EMS coordinator and paramedic.

A Flood of Bad Memories, But Hope for the Future

By Shawn Mawhiney



Dr. Javeed Sukhera

When Dr. Javeed Sukhera first heard news of May's mass shooting in Buffalo, it shook him to the core; he has experienced this kind of violence on a personal level.

Less than a year ago, a hate-motivated attack in Ontario, where Dr. Sukhera lived, killed four Muslims and severely injured a young boy. All were family friends. The connections between the Buffalo and Ontario incidents were stark.

In Buffalo, the 10 victims were killed because they were Black. In Ontario, the senseless deaths occurred because they were Muslim.

In Buffalo, the gunman was 18 years old. In Ontario, the suspect was 20.

Both allegedly subscribed to racist ideologies, and both drove in from out of town, seeking victims of a certain race.

In both cases, victims were parents, grandparents, husbands, wives, outstanding members of the community and innocent humans.

"He killed three generations of one family," said Dr. Sukhera, chair of psychiatry at the Institute of Living and chief of psychiatry at Hartford Hospital.

"The Buffalo shooting re-traumatized me. I couldn't sleep, there's a lot of numbness, a lot of compartmentalization. But it's very important that we acknowledge it and talk about it," he said.

The Buffalo shooting occurred when Dr. Sukhera was on call at the IOL. During the usual shift change check-in, no one mentioned the massacre so he did, ending with: "I just want to say that I'm struggling with what happened and I hope to send love to whoever might also be struggling."

Talking about these things, he said, is important. He hopes others across Hartford HealthCare feel free to identify racism and stereotyping when they see it. Highlighting racism is especially important in healthcare, where people from many backgrounds come together to help people. Unfortunately, racist incidents against providers is also increasing and he said there needs to be recognition and redress at those moments and colleagues need to know they are supported.

This helps with healing and keeping the issue alive so things can change.

"We can't pretend it didn't happen," Dr. Sukhera said. "We have to heal.

That's what communities and organizations do. We have to talk about being authentic. No one should be afraid to go to the supermarket or to be ourselves, to live our lives. At the same time, we have to fight as hard as we can so no one has to ever experience this again."



Racist Conspiracy Theories Move from Fringe to Mainstream

By Shawn Mawhiney

The Buffalo supermarket gunman subscribed to the “great replacement theory,” a racist ideology suggesting there is a plot to reduce the influence of white people.

Some may believe these hate-ridden diatribes exist in the dark reaches of the internet, experts say that’s no longer the case.

“These views are not just within the fringes,” said Dr. Javeed Sukhera, psychiatrist-in-chief at the Institute of Living and Hartford Hospital’s chair of psychiatry. “There is a mainstream belief that some members of our communities should not be in America, and there are mainstream voices that peddle these kinds of ideas. Division and hatred sell. They appeal to people, especially people experiencing pain. History is rife with examples of this.”

In a rambling 180-page manifesto posted days before the rampage, the 18-year-old shooter included ideas from the “great replacement theory.” This includes beliefs that white

people are being replaced by non-white immigrants and low birth rates in a plan masterminded by Jewish people. At the deadly Charlottesville march in 2019, people chanted, “You will not replace us!” and “Jews will not replace us!”

Dr. Paul Weigle, associate medical director at Natchaug Hospital, chair of the Media Committee for the American Academy of Child & Adolescent Psychiatry, and a member of the scientific advisory board for Children & Screens: Institute for Digital Media and Child Development, said research indicates recent increases in bias in youth based on ethnicity, race and gender.

Teens surveyed reported that bias is increasingly a reason for bullying and cyberbullying. Anti-Asian and Anti-Muslim assaults have also been on the rise. The Southern Poverty Law Center, Dr. Weigle added, tracks more than 700 hate groups across the United States.

“There is discourse out there that is demonizing us rather than humanizing us,” Dr. Sukhera said.

What can be done?

“We have to talk about it,” Dr. Sukhera said. “We can’t pretend like it didn’t happen. There is a tendency to do that with gun violence and racist crimes. That’s retraumatizing for people and communities to just go on like nothing ever happened. We need to name the problem, look in the mirror and make sure people who foster and perpetuate demonizing narratives and stereotypes are held accountable.”





Self-Care Survival Guide: Your Well-Being is Worth It!

By Hillary Landry

As the well-being manager for Hartford HealthCare, I try to walk the wellness talk as much as possible. As frontline and sideline players, both during and after the pandemic, we all need a time-out for ourselves. Here are some of my favorite self-care treats:

- **I start and end my day outside.** Spending time outdoors in the fresh air and daylight, even for a few minutes, does wonders for my mood.
- **I leave work at work.** I wash my hands and say, “Enough is enough for today.” There will always be one more thing to do. Allowing yourself to be ok with what you accomplished for the day can help you enjoy your down time.
- **I check in with my squad.** Group text or Face Time with friends. We all have a basic human need for connection with those who share our experiences. Supporting each other in small ways helps us feel cared for and understood, even in difficult times.
- **I move.** Even if it is only for five or 10 minutes, exercise or movement can help boost my energy, help me feel less stressed and sometimes get the creative juices flowing to generate new ideas. Take a quick walk around the office, climb the stairs, stand up and stretch or do a few jumping jacks in place. I try to do something every hour if I can.
- **I say no.** Many of us “Yessers” out there have a hard time saying no. Creating healthy boundaries and delegating when appropriate can feel freeing. Having too many commitments or too much on your plate can take a toll on your well-being.
- **I read.** A book with pages! Particularly fiction or mystery. It’s a way to be transported to a different world and it takes my mind off of

day-to-day stressors. Audiobooks are a great alternative if you have a long commute or prefer to listen to the story.

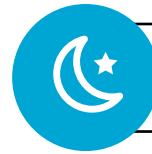
- **I drink water.** A lot of water. Staying hydrated helps my whole body, especially my energy and joints. Plain water isn’t always my favorite so I add fruit, veggies and sometimes herbs. Lemon, cucumber and mint is my favorite combination. Divide your body weight by two and that’s how many ounces you need per day.
- **I am my own cheerleader.** I write words, phrases or lyrics down on post-it notes and put them on my bathroom mirror, my computer monitor or I share them on my huddle board. We all need positive reinforcement.
- **I use the End-of-Day checklist.** It helps me bring closure to my day and be more present with my family. The checklist includes: looking in the mirror and being proud of the work I did; considering three things that went well; acknowledging one difficulty and, without judgment, letting it go; asking myself if I am okay; and choosing to switch my attention to home to rest and recharge.

Self-care isn’t selfish. It’s necessary. We need it to take better care of each other and our patients. Practice it, role model it, support it!

Hillary Landry leads a group of Natchaug employees in gentle stretching.

Photo by Jeff Evans





Providing Comfort in the Darkest Hours

By Bonnie Tormay

While many of us settle in for a quiet evening at home, Iris Simon, an experienced registered nurse at Hartford HealthCare at Home (HHCAH), is often heading out into the night to comfort someone in their darkest hours.

Simon has been in healthcare for 42 years, starting as an OR trauma nurse and later transitioning into home care and hospice.

Now, she works per diem at HHCAH and the third shift on call from 4 p.m. to 8 a.m. As soon as the office closes, she is the sole provider for the hospice team. Unlike other third-shift nurses, Simon can work from home, but she's ready to visit hospice patients in person when they need her most.

Hospice is an as-needed service which makes Simon's shift different every night. Sometimes, she has scheduled calls or visits depending on the patient. Other times, an unexpected turn for the worse might require her to respond to a call when least expected.

Although Simon works by herself at night, she said she can do her job efficiently because of the team with the patients during the day.

"Hospice involves a team approach to care," she explained. "Nurses, social workers, chaplains, music therapists and medical directors all play a role in the scariest time of someone's life — facing death."

The role of a hospice nurse is not easy. Dealing with end of life is often a frightening experience for both patient and family. It takes a unique person with strength and expertise to manage the situation — and Simon is just that. Her naturally calm and compassionate presence becomes a true gift.

"A lot of the time, it's just how you talk to and treat people," she said.

Her impact can be seen in the letters she receives from patients' families, thanking her for helping them during the most difficult time of their lives.

"Kindness and listening to people will take you a long way," she advised. "Plus, plenty of rest during the day for what could be a long night!"



Iris Simon takes over hospice care at night after her colleagues spend the days with patients and their families.

Photos by Rusty Kimball

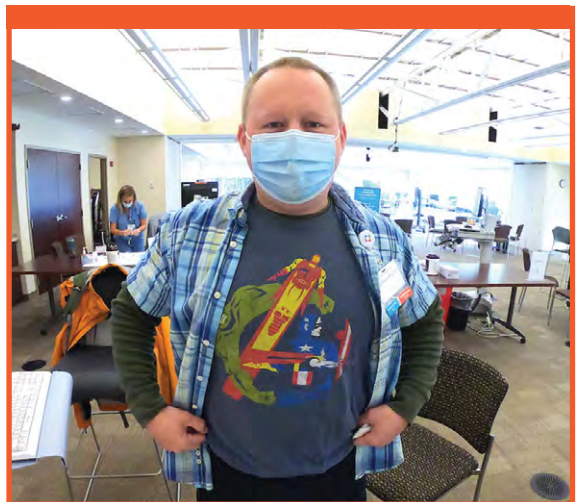




Everyday Heroes Among Us

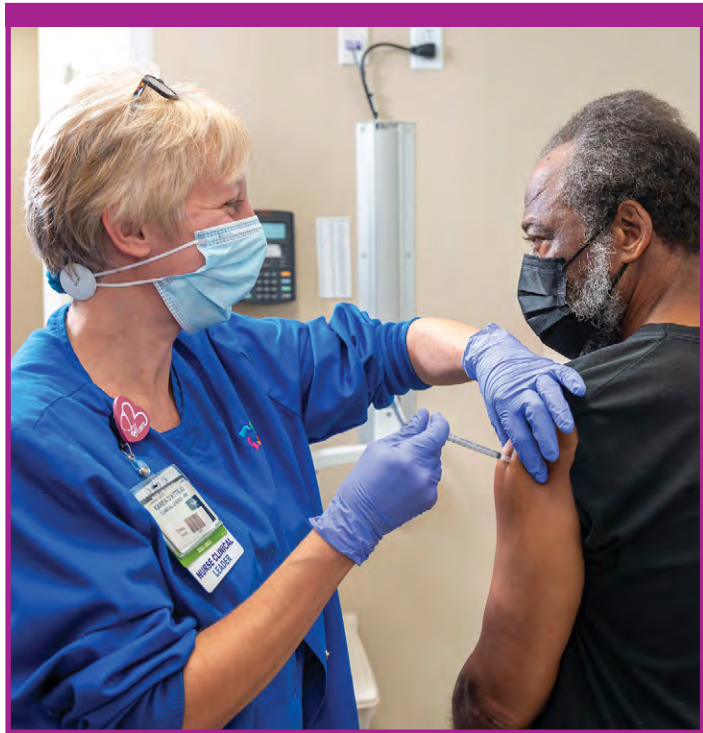
The pandemic only highlights what we already knew — on every hallway, in every department and office, beside every patient bed at Hartford HealthCare is a hero. As we celebrate HealthCare Heroes Month, our photographers provide visuals of our heroes at work across the system. We also pay tribute to the Hartford HealthCare Nightingale Award winners with a photo spread on the intranet at <https://hhcmoments.org>.





Photos by Jeff Evans, Rusty Kimball and Chris Rakoczy

Continued on page 38





Three Strikes and He's Still Out There Hiking

By Elissa Bass

Glass-half-empty people might think 72-year-old Louis Tafuto is unlucky because he's had cancer three times: colorectal in 2014, prostate in 2018 and liver in 2021.

Glass-half-full people — that's Tafuto and his wife, Yvonne — consider the West Hartford man lucky because he's survived all three.

"It's been a long road but I am feeling pretty good now," Tafuto said. "My prognosis is guarded, but we are optimistic. We are very blessed — we have had good people taking care of us every step of the way."

Routine blood work ordered by primary care provider Dr. Jack Schmetterling of Hartford HealthCare Medical Group revealed the liver cancer.

"He told me, 'Your results are all good except your liver panel,'" Tafuto said. "He ordered more tests."

An ultrasound, MRI and CT scans confirmed there was a large mass on his liver and a biopsy confirmed cancer. Tafuto was referred to Dr. David Curtis of the Hartford HealthCare Cancer Institute for surgery.

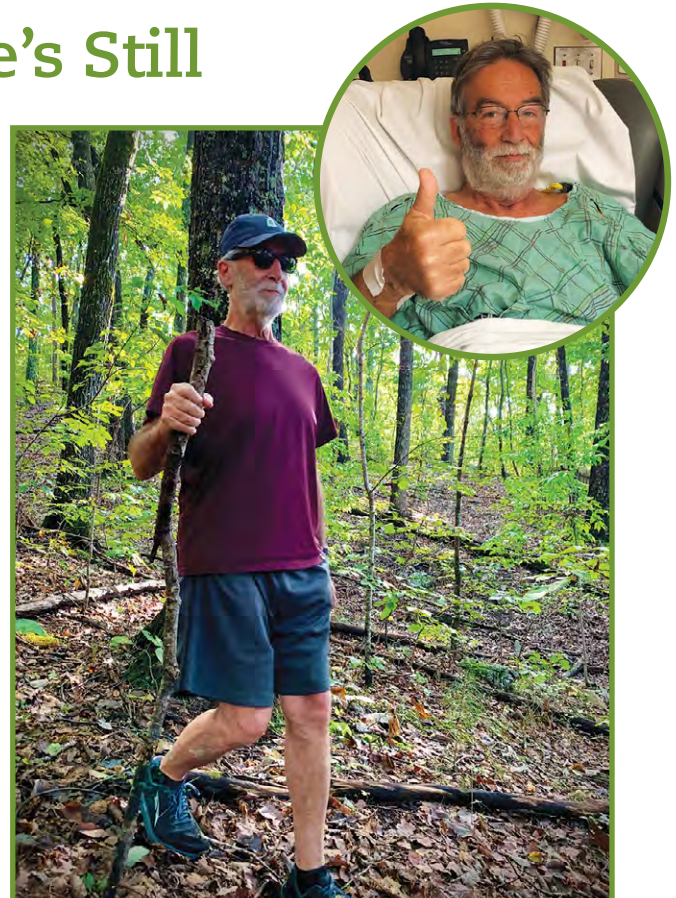
"Dr. Curtis walked us through what he wanted to do," Tafuto said. "I was a good candidate for the surgery so we said let's go ahead."

In an 11-hour procedure at Hartford Hospital, Dr. Curtis removed 70 percent of the liver and the gallbladder, while reconstructing the left bile duct.

"We have had good people taking care of us every step of the way."

"When I woke up, Dr. Curtis came in, put his hand on my shoulder and he told me, 'Today was a wonderful day,'" Tafuto remembered. "I am extremely grateful. Dr. Curtis is a genius, a miracle worker."

The length of the surgery was a good thing, Dr. Curtis said, because "if I had discovered the



Louis Tafuto still enjoys hiking after surviving bouts with colorectal, prostate and liver cancer.

cancer had metastasized, spread beyond his liver, we would've been done in under an hour. We want to work a long day. We want to carefully get all the cancer out and give him the best chance for remission."

Typically, liver cancer doesn't present symptoms until it is far along, making it difficult to treat.

"It's a testament to sticking to a regular blood work schedule even during COVID that the cancer was detected this early," Dr. Curtis said.

In chemotherapy under the care of HHC oncologist Dr. Timothy Hong, Tafuto may need radiation but, regardless, he and Yvonne are not slowing down.

"We walk three to four miles several times a week. We travel to see our sons and grandsons," he said. "Dr. Hong told us to live our lives."



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

Sweating at a Wedding Saved a Woman's Life

At her son's 2015 wedding, Sharon Corlette was having a good time on the dance floor when her sister noticed something.

"She said I was sweating profusely. I didn't even realize it or think it was anything abnormal," the 68-year-old Plainville resident explained.

After the wedding, Corlette began noticing a strange feeling while exercising. "After one or two minutes, I would feel a funny sensation — almost like a hole in my chest."

She told her primary care provider who immediately referred her to Dr. Heather Swales, a cardiologist with the Heart & Vascular Institute (HVI) at The Hospital of Central Connecticut.

Dr. Swales put Corlette through a series of tests and procedures which revealed a serious situation with her heart.

"You only have five coronary arteries and four

of mine were blocked," Corlette said. "I knew I had high blood pressure and my cholesterol wasn't good, but I never ever thought something was that wrong with me."

She would eventually undergo quadruple bypass surgery, and now feels great at 75.

Dr. Swales said the sweating and chest discomfort was because Corlette's heart was struggling to get oxygen due to the blockages in her arteries.

"Over time, she would've developed symptoms of congestive heart failure or she would've had a heart attack," Dr. Swales explained. "She could've had cardiac arrest, which is sudden death, and might not have made it to the hospital."

Corlette had high praise for the HVI team that helped save her life and a message for all women.

"Never hesitate. Never wait. Go to the doctor if you notice something isn't right. You only have one heart. You have to take care of it," she said.

—Brian Spyros



Doctors uncovered a serious heart condition after Sharon Corlette experienced profuse sweating at her son's wedding.

Oncologist Delivers Donated Blankets to Those in Need

Dr. Madhavi Gorusu, medical director of the Hartford HealthCare Cancer Institute at Charlotte Hungerford Hospital, took time to treat the human spirit in the community when she donated and delivered blankets to several partner organizations serving members of the community in need.

Dr. Gorusu reached out to Friends in Service to Humanity Northwest and The Gathering Place on behalf of her work with the Connecticut Association of Physicians of Indian Origin (CAPI), which encourages its members to take part in education and charitable and philanthropic activities.

—Tim Lebouthillier



Dr. Madhavi Gorusu donated and delivered blankets to organizations in Northwest Connecticut.

Strokes of Purple, Red and Blue Liven Walls at SVMC

A collaborative mural adds a little color to the walls on the Level 6 inpatient cardiology unit at St. Vincent's Medical Center.

After seeing a unit nurse using a coloring app as a stress reducer, Nurse Manager Nicole Simpson purchased several large coloring sheets to hang on the unit. The staff slowly add color to the sheets in an activity that serves as a great way for them to pause and decompress.

"We hung it up one Monday morning and we watched as people went by and started to notice the posters," Simpson said. "Other departments would stop and add to it, and we even had some patients add color to it. I honestly never thought people would love it as much as they do. It is really amazing how something so small can bring a smile to people's faces."

The unit purchased more coloring sheets and other departments, such as Rehab, were thinking about where to place ones of their own.

—Robin Stanley



Maria Pires, who works in EVS at St. Vincent's Medical Center, pauses for a few minutes to add some colors to the mural on the wall on the inpatient cardiology unit.

Photo by Bill Jennings

Making a Domino Connection

Severe illness and a language barrier were the challenges facing Megan Rock, a social worker and behavioral health clinician at the Institute of Living, when a patient was transferred to her unit after being hospitalized in a catatonic state for four months.

The patient was receiving electroconvulsive therapy (ECT), and was not engaging in or answering questions when Rock would visit him on her regular rounds. She persisted, however, and after a few weeks, the patient began to respond. She would converse with him through an interpreter.

After finding out the patient could speak English, they talked about his life before hospitalization. Rock learned the man, who worked as a school janitor, had a busy social life and would regularly meet friends to play dominoes. Eventually, he started venturing into the unit's social area to play games and teach her to play dominoes.

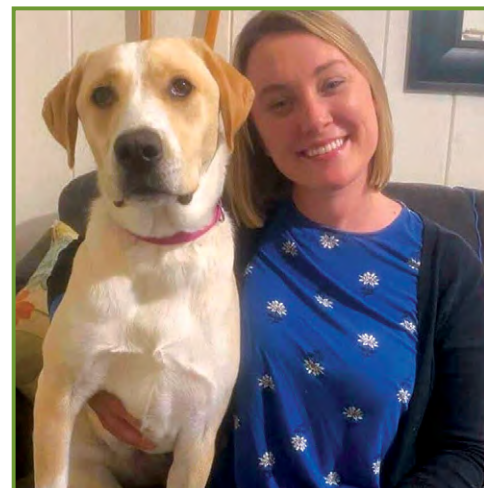
"This was huge for him because he went from

not responding to any human interaction for over four months to teaching me how to play an entire game!" Rock said. "It quickly became a daily routine for us to play games together."

Several months after the man was discharged, his family reached out to Rock to let her know he was thriving.

"I'm so grateful to be part of his success story. This was truly one of my favorite patient experiences," she said.

—Kate Carey-Trull



Megan Rock, pictured here with her pup, learned to play dominos as part of a patient's recovery at the Institute of Living.



Helping Colleagues with Hands-On Approach

Leslie Cifone is the Central Region director of philanthropy and volunteer services, and her team will tell you she's a dedicated, hands-on leader who goes above and beyond.

"Hands-on" has new meaning.

When the Central Region began implementing wellness events for colleagues after a surge of COVID-19 last winter, Cifone wanted to help and was more than qualified.



"I've been a massage therapist for the past 13 years. I know our colleagues have been under a lot of stress in recent weeks and months and I wanted to do something to help," Cifone explained. "I inquired about offering massages occasionally to colleagues, and was readily encouraged to do so."

Cifone offered massages during the winter at HOCC and MidState, and said she hopes to do more when she can because the experience is just as rewarding for her as it is for recipients.

"Our colleagues are doing everything for everyone and are so deserving of this," Cifone said. "Many of our colleagues never get a break at home or at work. Something as simple as a massage offers them a few moments of respite and they leave feeling good. I feel grateful that I can do this and greatly appreciate the opportunity."

—Brian Spyros

Leslie Cifone stepped away from her work as director of philanthropy and volunteer services to offer massage to a colleague.

Photo by Rusty Kimball

Breaking Bread and Bringing Managers Together

When the Hartford HealthCare Medical Group Human Experience Team began Chat & Chew virtual sessions in October 2021, the goal was to create a collegial platform for practice managers with content and discussion driven by participants.

In a few short months, the casual format and invaluable content led the bi-weekly virtual meeting to be one of the most popular at HHCMG.

Chat & Chew is an informal 30-minute gathering of primary and specialty care practice managers to connect personally and share best practices for common office issues. An average of 50 collaborate with peers while eating lunch.

A manager is nominated by colleagues to present

a practice-related topic which has been impactful to their team and/or patients. Topics have included team-building, new patient-centered workflows and practice process improvements. Presenting managers share a little about themselves personally before presenting on the topic and initiating discussion.

It's no surprise that these sessions have been wildly successful and embraced by managers. Not only do they tear down silos and bring practices together, they offer an opportunity to get to know one another on a personal level. By recognizing others for their accomplishments, colleagues feel more supported, connected to one another and are more likely to have a greater sense of well-being.

“As new manager to HHC, these calls have allowed me to meet many of my colleagues across the medical group. It has also been a valuable resource to see how other managers work various aspects of the day-to-day operations. I have been able utilize many of the tricks and tips learned on these calls. The continual peer support has helped me transition smoothly into my role here,” said Jeanine Rudd.

In December, the Chat & Chew sessions received the “Commitment to Clinician Experience” award at the annual Clinician Experience Project national client meeting. The Project is an online commu-

nity with more than 50 healthcare organizations, providing resources for challenges providers and practices face every day. As part of the award, HHC received a \$1,000 donation that will be used to support and recognize clinical teams.

When it comes to the success of their practice, managers have found the Chat & Chew meetings to be time well invested. Many shared that the 30 minutes they spend together can dramatically improve both their operational workflow, patient experience, and personal well-being.

—Chris Wojcik

The Wind Began to Switch, The Cat to Pitch

As a newborn kitten, Toto survived a tornado — so it makes sense that he’s cool with his adult life being a whirlwind.

In June 2011, an F3 tornado struck western and central Massachusetts, leaving a 37-mile path of destruction. Brimfield was particularly hard hit, with 140 homes destroyed or damaged.

As crews cleared debris, they found a tiny newborn kitten. Brought to the Brimfield fire station, the kitten met Jonathan Hall, a paramedic on duty who, with other EMS personnel, cared for the kitten they named Toto, feeding him milk through a syringe. The Animal Rescue League of Boston was in town to help with displaced animals, and the first responders turned Toto over to them for care.

But, that kitten had squirmed his way into Hall’s heart. Six weeks later, his wife adopted Toto and brought him home to Brimfield.

Hall, a paramedic at Windham Hospital in addition to his work in Brimfield, decided Toto’s story was worth sharing. In 2012, he wrote a children’s book called *Toto the Tornado Kitten*. He received a grant from a local bank to publish the book, and found Vermont illustrator Carol Ruzicka through Craigslist to do the drawings.

Hall’s plan was to sell the book for \$10 a copy and

donate all the money after expenses to the Animal Rescue League of Boston and the Foundation for TJO Animals. To date, he has donated more than \$70,000 after selling more than 12,000 copies of the book and its 2015 sequel, *Oh Toto, Where Did You Go?*

Hall and Toto travel around New England to libraries, fire stations, schools, nursing homes, even a meteorologists’ convention, telling their story and selling books.

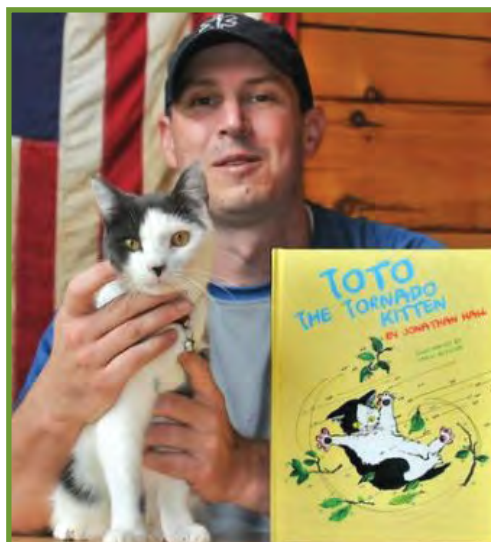
“I thought this would be a silly, fun little project,” Hall said. “I thought I would sell a few copies to people in town and it would help us heal after all the trauma Brimfield went through. I printed 200 copies. They sold right away and it’s been crazy ever since.”

Toto, who has more than 6,000 followers on

Facebook, loves the crowds, Hall said. He wears a harness and leash when they go out, and loves to hang around the fire station or spend time with Windham paramedics.

“He’s kind of like a dog,” Hall said. “Nothing fazes him. He loves the kids.”

—Elissa Bass



Windham Hospital Paramedic Jonathan Hall wrote a children’s book about the adventures of his cat Toto.



MidState Public Safety Officer Saves Couple from Burning Car

The saying “Where there’s smoke, there’s fire” took on new meaning for MidState Medical Center Public Safety Officer Fabian Aguirre.

On a February morning, the 27-year-old was working an overtime shift, standing at the entrance to the MidState Emergency Department, when something in the front parking lot caught his attention.

“I thought sand was being swept up into the air, but all of the sudden I realized it was actual smoke,” Aguirre explained. “I immediately went out to the parking lot and saw smoke coming from an SUV that belonged to an elderly couple.”

The wife was standing outside the car trying to open the hood as smoke billowed from underneath, he said. Her husband was still sitting in the driver’s seat.

“I was in shock that they both were still near the car. As I got closer, I could see flames starting to come through the hood and said, “Let’s go, you need to get out of here,” Aguirre said, moving them away from the vehicle. “I think they both were in shock.”

He radioed for dispatch to call the Meriden Fire Department as flames and smoke intensified. Public Safety Officer Garrett Silverman arrived to help.

“He came with a fire extinguisher and attempted to stop the fire. It didn’t do much, but it helped until the fire department arrived,” Aguirre said, adding that Sgt. Scott Dargan directed traffic away from the burning car.

Meriden firefighters put out the fire, possibly caused by an animal’s nest under the hood. The couple was uninjured, thanks to Aguirre’s quick response.

“If we weren’t able to get out there to them as quickly as we did, the two of them could’ve gotten badly injured by the flames or breathing in the smoke,” Aguirre said. “Everyone jumped in to help. Teamwork makes the dream work.”

—Brian Spyros



Public Safety Officer Fabian Aguirre rushed to help people when he spotted a car fire in a MidState Medical Center parking lot.

Photo by Rusty Kimball



Doctor Brings Mass Casualty Training to Ukraine

As the conflict with Russia raged, a Hartford Hospital doctor shared his emergency medicine skills with medical staff in Ukraine.

A member of Team Rubicon since 2018, Dr. Stanley Chartoff from the hospital's Emergency Department, traveled to western Ukraine for three weeks on a medical support mission. Initially, the mission was to provide medical care for displaced people at shelters, but because of the strong Ukrainian medical system, that wasn't a high need. Instead, they instructed physicians, nurses and paramedics about chemical warfare and trauma training for a mass casualty event, such as Stop the Bleed and triage methods.

"Most of it was new to them," said Dr. Chartoff, chairman of Hartford Hospital's Disaster Preparedness Committee who has 30 years of military experience. "They may have had superficial exposure, but this type of training was very much needed."

He taught large groups at various hospitals, including Lviv Regional Clinical Hospital where 110 people attended the training in a teaching theater.

"People were very appreciative and asked a lot of questions," he said.

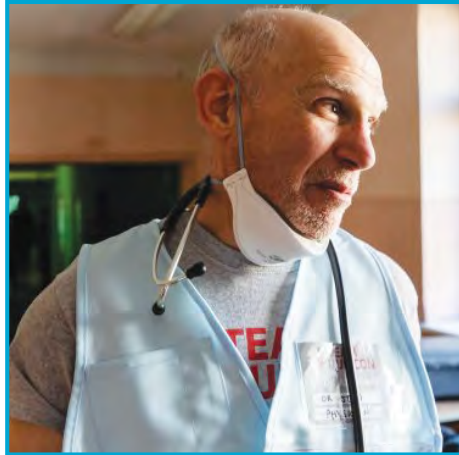
The group of 18 also traveled to cities within a two-hour radius, speaking with people at shelters and injured soldiers. The nightly air raids and bombings weren't in the area of the city where they stayed.

"I was extremely impressed with the Ukrainian people. Several I spoke to had relatives from further east that were more affected by the conflict," he said. "They tried to keep a sense of normalcy, going out to dinner, walking their dogs. It was a part of their resilience."

During the height of the COVID pandemic in 2021, Dr. Chartoff spent three weeks with Team Rubicon offering medical care in Navaho Nation, Arizona, and he has responded to disasters like hurricanes. Staff at Hartford Hospital and Chief of Emergency Medicine Dr. Kenneth Robinson were very supportive of the mission.

"I was gone for a month and had to get my shifts covered. My co-workers were very helpful with that, as they have been in the past," he said.

—Kate Carey-Trull



Dr. Stanley Chartoff confers with other members of Team Rubicon, a medical mission group, in Ukraine.





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.

Fourth Generation Cares for Patients

By Hilary Waldman

When Beth Cheney steps on to the grounds of Windham Hospital, where she is a family nurse practitioner, she’s walking in the footsteps of a nursing dynasty that has cared for patients at what is now Hartford HealthCare for almost 100 years.

Cheney’s grandmother, mother, sister-in-law and niece have been or are nurses, mostly in what is now the East Region.

Her paternal grandmother Arleen Whitham Cheney graduated from the Hartford Hospital School of Nursing in 1927. Her nursing cape and other historical memorabilia now hang in a display case in the hospital lobby. When she died in 2002 at the age of 97, she was the oldest living graduate of the now-closed school.

Beth’s mother, Verna Cheney, worked nights in the Windham Hospital Emergency Department for 35 years, eventually becoming head nurse.

Beth’s sister-in-law, Pam Cheney, is now a fixture of the Windham ED, where she has practiced nursing for 21 years.

Generation four of the Cheney clan is Alexa Cheney, who earned her doctor of nursing practice in anesthesia last year and is now a certified registered nurse anesthetist (CRNA) at Backus Hospital.

“My mom was the reason I became a nurse,” Alexa Cheney said. “She can take somebody’s worst moment and make it better.”

Pam Cheney gets a little choked up when

asked about Alexa’s decision to follow her career path. “It’s a wonderful feeling,” said the veteran nurse who is otherwise rarely at a loss for words.

The family connection is strong.

“I know my grandmother is looking down on us,” said Beth Cheney, gathering with Pam and Alexa in Windham lobby for a photo.

Beth also credited her mother as inspiration. Verna Cheney raised five children while working nights. Somehow, she found time to sew her children’s clothing, make quilts, tend a garden and orchestrate magical holiday celebrations. As a nurse, she was a legend for calm and compassion even in the midst of chaotic emergencies.

Now director of Primary Care Advanced Practice for Hartford HealthCare Medical Group, Beth divides her time between administrative work and patient care. She still approaches her practice with the small town values infused in her by her mother and grandmother.

“I just really value the relationship I have with my patients,” she said. “Every day you come in, you can really make a difference for people.”



Beth Cheney, center, poses outside Windham Hospital with her sister-in-law Pam Cheney, left, and niece, Alexa Cheney. All are in nursing, carrying on a four-generation family tradition.

Photo by Jeff Evans



thank you

Our deepest thanks to all the people at the Emergency Room in Plainfield. My mother-in-law was brought there and the care she was given was exceptional. She had an especially compassionate nurse, Stephanie, who not only gave my mother-in-law extraordinary care, but was absolutely wonderful with the family. She was so informative and caring.

—The Family of Anne Livernoche

I had a scheduled outpatient catheterization which led to the installation of two stents. From admission to discharge, my experience was exceptional. All of the nurses on the unit were outstanding — attentive, professional, well versed in the planned procedure, warm and caring. They carefully explained everything they were doing, provide accurate expectations for the day, and patiently answered all of my questions. Christina was the nurse assigned to me...and I cannot say enough about the quality of the care she provided. The team in the lab was terrific, personable, reassuring and fast — a well-oiled machine!

—Rey Purtell, Hebron

Dr. Alan Falkoff is a caring doctor who always listens to what I have to say and addresses each concern. He went above and beyond when he kept at it to diagnose a rare condition that was making me sick. You are lucky to have him in your organization.

—Lorraine Smith, Stamford

I want to commend the high level of care, concern, medical treatment and comfort I received from nurses and nursing assistants on Bliss 5. There were about 10 who ministered to my specific needs during my stay and they all did so with professionalism, empathy and pleasant dispositions. They truly connected with me on a personal level which helped tremendously in getting me through post preoperative and postoperative issues. You should be very proud of the wonderful organization.

—Ray Welnicki, Manchester



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