Also in this issue:
• Tending peppers and pumpkins
• Keeping sports neurology in the family
• Minding the medical mission at home
Where to find us

**BACKUS HOSPITAL**
1. Inpatient Unit (D-1)
   326 Washington St., Norwich
   860.889.8331

**CHARLOTTE HUNGERFORD HOSPITAL**
2. Inpatient Behavioral Health
   540 Litchfield St., 7th Floor, Torrington
   860.496.6795

3. Behavioral Health Center (BHC)
   294 Main St., Winsted
   860.379.7509

4. CHH Center for Youth & Families/Charlotte’s Place/Connections
   50 Litchfield St., Torrington
   860.489.3391

**On the cover:** The Institute of Living (IOL) team looks back on the facility’s first 200 years, including these scenes of treatments and amenities like the tree-lined paths that are features on the Hartford campus. The man at the top left is Dr. Eli Todd, founder of the IOL.

Historic photos provided by the IOL archives. Special thanks to Lori Hayes for her help. Other photos by Chris Rakoczy.
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<tr>
<td>5</td>
<td>New Britain General Campus Inpatient</td>
<td>100 Grand St., New Britain, 860.224.5804</td>
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<tr>
<td>6</td>
<td>Outpatient Psychiatry &amp; Behavioral Health</td>
<td>73 Cedar St., New Britain, 860.224.55267</td>
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<td>7</td>
<td>The Counseling Center</td>
<td>98 Main St., Suite 300, Southington, 860.276.3970</td>
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<td>8</td>
<td>Community Residential Services</td>
<td>2936 Main St., Bridgeport, 475.210.3920</td>
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<td>9</td>
<td>Outpatient Behavioral Health Bridgeport</td>
<td>2400 Main St., Bridgeport, 203.362.3900</td>
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<td>Outpatient Behavioral Health Norwalk</td>
<td>1 Lois St., Norwalk, 203.221.8899</td>
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<td>11</td>
<td>Inpatient Behavioral Health Westport</td>
<td>47 Long Lots Road, Westport, 203.227.1251</td>
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<td>12</td>
<td>Inpatient Services (Child)</td>
<td>200 Retreat Ave., Donnelly 1 South, 860.545.7600</td>
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<td>13</td>
<td>The Webb School (Cheshire)</td>
<td>725 Jarvis St., Cheshire, 203.272.8395</td>
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<td>14</td>
<td>The Webb School (in the Valley)</td>
<td>150 Fisher Drive, Avon, 860.284.0055</td>
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<td>15</td>
<td>ISHC Independent School Health Check</td>
<td>200 Retreat Ave., Hartford, 860.989.8286</td>
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<td>16</td>
<td>Inpatient Psychiatric and Substance Abuse</td>
<td>189 Storrs Road, Mansfield Center, 860.456.1311</td>
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<td>17</td>
<td>Joshua Center Enfield</td>
<td>72 Shaker Road, Suite 7, Enfield, 860.749.2243</td>
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<tr>
<td>18</td>
<td>Joshua Center Northeast</td>
<td>934 North Main St., Danielson, 860.779.2101</td>
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<td>19</td>
<td>Joshua Center Shoreline</td>
<td>5 Research Parkway, Old Saybrook, 860.510.0163</td>
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<td>20</td>
<td>Joshua Center Southeast</td>
<td>1353 Gold Star Highway, Groton, 860.449.9947</td>
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<td>21</td>
<td>Joshua Center Thames Valley</td>
<td>11A Stott Avenue, Norwich, 860.823.5320</td>
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<td>22</td>
<td>Older Adult Program (at Windham Hospital)</td>
<td>112 Mansfield Avenue, Willimantic, 860.456.6793</td>
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<td>23</td>
<td>Quinebaug and Young Adult Program</td>
<td>11 Dog Hill Road, Dayville, 860.779.0321</td>
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<tr>
<td>24</td>
<td>RiverEast and Young Adult Program</td>
<td>428 Hartford Turnpike, Vernon, 860.870.0119</td>
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<td>25</td>
<td>Sachem and Mansfield Young Adult Program</td>
<td>151 Storrs Road, Mansfield Center, 860.465.5960</td>
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<td>26</td>
<td>Middletown (Residential)</td>
<td>1250 Silver St., Middletown, 877.577.3233</td>
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<td>Stonegate &amp; Rushford Academy (Residential)</td>
<td>459 Wallingford Road, Durham, 877.577.3233</td>
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<td>Stonehaven (Residential)</td>
<td>325 Main St., Portland, 877.577.3233</td>
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<td>29</td>
<td>35 Tower Lane, Avon</td>
<td>877.577.3233</td>
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<tr>
<td>30</td>
<td>680 South Main St., Suite 204, Cheshire</td>
<td>877.577.3233</td>
</tr>
<tr>
<td>31</td>
<td>110 National Drive, Glastonbury</td>
<td>877.577.3233</td>
</tr>
<tr>
<td>32</td>
<td>883 Paddock Ave., Meriden</td>
<td>203.630.5280</td>
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Graphic Design: Karen DeFelice Graphic Design
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Medical Mission at Home

Every year, St. Vincent’s Medical Center organizes more than 240 volunteers to offer a free assortment of health screenings and other services for the needy in the area. Here’s a snapshot of the day, by the numbers. For more about the Medical Mission at Home, see page 12.

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
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<tr>
<td>Patients served with point-of-care testing and medical examinations</td>
<td>211</td>
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<tr>
<td>Volunteers</td>
<td>240</td>
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<tr>
<td>Primary care follow-up visits scheduled</td>
<td>48</td>
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<tr>
<td>Outpatient behavioral health visits scheduled</td>
<td>7</td>
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<tr>
<td>Dental follow-up visits scheduled</td>
<td>6</td>
</tr>
<tr>
<td>COVID-19 vaccines administered</td>
<td>22</td>
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<tr>
<td>Influenza vaccines administered</td>
<td>85</td>
</tr>
<tr>
<td>TDAP vaccines administered</td>
<td>5</td>
</tr>
<tr>
<td>Pneumonia vaccines administered</td>
<td>5</td>
</tr>
<tr>
<td>Prescriptions filled</td>
<td>75</td>
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<tr>
<td>Canes provided by Rehabilitation Services</td>
<td>7</td>
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<tr>
<td>Walkers provided by Rehabilitation Services</td>
<td>7</td>
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<tr>
<td>Foot washings provided</td>
<td>125</td>
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<tr>
<td>Home blood pressure machines distributed</td>
<td>40</td>
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<tr>
<td>Pairs of shoes provided</td>
<td>150</td>
</tr>
<tr>
<td>Winter coats distributed</td>
<td>250</td>
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<tr>
<td>Nutritional counseling sessions provided</td>
<td>175</td>
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<tr>
<td>Boxed meals provided</td>
<td>275</td>
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THE POLL

What’s your favorite way to boost your spirits during the dark winter months?

- Getting outside: 27%
- Other: 24%
- Reading: 19%
- Hanging with friends: 16%
- Shopping: 14%
The Connecticut Orthopaedic Institute (COI) at MidState Medical Center is the first in the country to earn Advanced Certification in Spine Surgery from The Joint Commission (TJC).

“This achievement demonstrates the commitment of our surgeons and staff at the Connecticut Orthopaedic Institute to high-quality patient care,” said Dr. John McCallum, COI medical director. “As the first in the country to receive this distinction, combined with our advanced certification in hip and knee replacement, our program provides a destination, right here in Connecticut, where patients have access to some of the best care in the entire country.”

Certification followed a rigorous two-day, in-person review by TJC, an independent organization dedicated to improving healthcare for the public. The evaluation validated COI’s pre-operative care and education; standardization of practices, procedures and care for patients; and emphasized everything from pre- to post-operative consults with the spine surgeons to communication and collaboration between clinicians.

TJC’s team determined COI met rigorous standards of care based on data collection guidelines, and participates, as required, in the American Spine Registry, which measures clinical complications and outcomes. To be eligible for the certification, COI must have served at least 200 spine patients.

“Our first-in-the-nation achievement of this certification is a testament to the exceptional, patient-centered, coordinated care for spinal surgery patients,” said Dr. Joel Bauman, chief of neurosurgery for Hartford HealthCare’s Central Region. “Our first-class multidisciplinary team has led the way to improved spine surgery experiences and outcomes. We look forward to the continuous improvement journey in care of our spine surgery patients in the years to come.”

—Helayne Lightstone

Dr. John Beiner, center, holds the plaque designating the Connecticut Orthopaedic Institute (COI) at MidState Medical Center the first in the country to earn Advanced Certification in Spine Surgery from The Joint Commission. He is joined by other members of MidState’s COI team.

Photo by Rusty Kimball
The Anxiety Disorders Center expanded its state coverage with the opening of a new satellite clinic at 680 South Main St., Cheshire.

Three psychologists at the clinic offer group and individual outpatient therapy for adults, adolescents and children with anxiety disorders, obsessive-compulsive and related disorders, PTSD, and children with school refusal issues.

“Having another location allows us to be able to offer more services to those in need,” said Dr. Scott Hannan, clinical psychologist and program manager. “We also are doing research, which enables us to advance the work we do. We currently do our research primarily in Hartford, but are looking into doing different studies in the future there as well, and the information we gather helps us improve our treatments.”

Most therapies are short term, typically with 15 to 30 sessions, Dr. Hannan said. The clinic offers some intensive therapy as well, which may start with daily sessions.

“We offer coping strategies to help people face their fears and challenge their anxious thoughts,” he said. “It offers long-term change to how the body reacts to anxiety and helps them engage in activities they might fear.”

Next door, Rushford’s Medication Assisted Treatment Close to Home (MATCH) Cheshire location has relocated to a larger space, offering adults partial hospitalization program, intensive outpatient program and outpatient programs for mental health and substance use disorders. In addition, MATCH has a dedicated recovery support specialist trained as a certified yoga instructor.

“Yoga, meditation and mindfulness skills are integrated into each of our programs, and it has helped our clients learn how to manage their symptoms in a different way. We now have a beautiful wellness room where clients can access these services,” said Meagen Yacobino, program manager.

The program, she said, has been able to have most clients back for in-person care while continuing to offer virtual treatment to meet the community’s access needs.

“We have gotten a lot of great feedback about the new space and how comfortable it is,” she said.

—Kate Carey-Trull
From the start, Dr. Anthy Demestihas, Hartford HealthCare Medical Group, stood out from the pack, with exceptional surgical skills and devotion to the most vulnerable, leading her to develop a breast program at St. Vincent’s Medical Center. Her spunky nature helped her forge new paths for surgeons, especially women.

After 30 years addressing the needs of patients and hundreds of surgeons and medical students, Dr. Demestihas will retire in February.

While she began as a general surgeon in 2007, she answered the call to consult on breast health and breast cancer cases at the Family Health Center. Her first patient made such an impression, she recalls every detail.

“She was only 32 with a suspicious lump in her breast. She had a newborn so my colleagues thought it was likely postpartum-related. But, after reviewing the images, I knew in my gut it was something more serious,” Dr. Demestihas said.

The woman, in fact, had triple-negative breast cancer and was terrified. The developing breast team, however, intervened and she remains in good health.

Before they were common, Dr. Demestihas nurtured this seedling idea for a breast services program at the Family Health Center. Components were added each year until the program grew to a preeminent Breast Health Center. Little did she know that she would benefit from the program when she faced a breast cancer diagnosis, surgery and radiation in 2013.

“I could have gone anywhere for care but this team had cared for my family and cares for me. I knew I was in good hands,” she said of the experience that changed her. “It made me even more compassionate with patients. I could relate to the emotions.”

Named chairperson of the Department of Surgery a year later, Dr. Demestihas was one of just 13 women in the country holding the title, and the first in Connecticut.  

—Danielle Swift

Karen Fasano Named “Leading Lady”

Central Region Vice President of Patient Care Services Karen Fasano, RN, MSN, MBA, received the 2021 Southington Leading Ladies Award.

The award celebrates women in the Southington community who make a difference through their job, politics or volunteerism. Fasano was recognized for her commitment to The Hospital of Central Connecticut (HOCC) Bradley Campus, especially for tapping campus resources during the COVID-19 pandemic.

“Karen was one of the people who was instrumental in utilizing Bradley’s resources when we saw surges in COVID-19 cases. She worked closely with nursing managers to help increase inpatient capacity, which proved invaluable. Bradley was able to care for COVID patients who were sick, but not critically ill,” said Stephanie Armelin, director of Strategic Planning and Business Development for the Central Region, who nominated Fasano for the award. “This methodical utilization of resources proved extremely beneficial because it helped free up space at HOCC New Britain and MidState Medical Center, where colleagues were seeing a high volume of COVID-19 patients.”

Fasano oversees nursing operations at the Bradley campus, a place with special meaning to her because she worked there as a supervisor.

“Karen is a role model and her heart is deeply immersed in nursing and providing exceptional, high-quality care to our communities,” Armelin said.

—Brian Spyros
In an effort to help train the next generation of physical therapy clinicians, researchers and scholars, the Hartford HealthCare Rehabilitation Network (HHCRN) and University of Hartford Physical Therapy Department began an Orthopedic Physical Therapy Residency Program in 2021.

The hybrid residency model capitalizes on the expertise of the highly-trained clinicians, faculty and staff from both organizations. Residents are educated and mentored in orthopedic physical therapy, scholarly activity and instructing entry-level DPT students.

The program is focused on experiential learning and mentoring, supplemented by didactic education. Mentoring is provided by board-certified physical therapy specialists and collegiate faculty in office, classroom and clinical settings.

Other goals of the residency program include:

- Advancing the profession of physical therapy, specifically orthopedic physical therapy, by developing clinicians and promoting a commitment to lifelong learning, teaching and scholarship.
- Recruiting and retaining motivated physical therapists committed to advancing their orthopedic clinical reasoning and leadership skills.
- Improving patient access to highly-qualified orthopedic physical therapists.
- Preparing graduates to meet the requirements to test for national certification.

“We are very excited about this opportunity, Thanks to Clinic Program Director Jon Sylvain and Vice President of Clinical Services Cindi Delaurentis for setting a vision of best practice, high-quality rehab programming,” said Chris Carlin, HHCRN vice president. “It will assist us in attracting top talent in the field of physical therapy, which, in turn, helps us provide high-quality, best practice rehab programming.”

—Ken Harrison

Physical therapy residents, from left to right: Jackie McGuire, Jacob Smith, Ian Hazelton, Mike Gans, Brian Swanson, Seth Hagymasi, Jon Sylvain, Daya Constance, Kathy Andres and Joe Grabicki.

Photo by Cindi Delaurentis
By Brian Spyros

In 1995, Sharon Faucher found herself on the receiving end of a breast cancer diagnosis at the age of 39. She then underwent a mastectomy, based on the recommendation of her doctor.

“Back then, some breast cancer patients referred to the surgery as a drive-through mastectomy,” Faucher explained. “Women would go in, get the surgery and, in less than 24 hours, they were sent home with no support whatsoever. It felt barbaric.”

After her recovery, Faucher was asked to travel with a group of women to the White House in Washington, D.C., in hopes of changing the mastectomy process for others moving forward.

“We met with President Bill Clinton and First Lady Hillary Clinton and every woman shared their story,” Faucher said.

The meeting prompted considerable change. The Women’s Health and Cancer Rights Act of 1997 required insurance companies to allow women to stay in the hospital as long as necessary after a mastectomy, based on their doctor’s recommendation.

“It was a big deal. I felt that I fought for other women,” Faucher said.

Fast forward to 2021, and she, like so many other women, had put off her annual mammogram during the pandemic. When she went in May, the mammogram revealed three areas of concern. She was eventually diagnosed with breast cancer for a second time.

“The emotion was so different than the first time. Back then, I was scared. This time, I was not only scared, but I was angry,” said Faucher, who opted to seek care from the team of dedicated professionals at the Hartford HealthCare Cancer Institute at The Hospital of Central Connecticut.

Her experience would be much different the second time around, thanks to her efforts to bring about change more than two decades earlier.

“Hartford HealthCare was phenomenal. From the moment of my diagnosis until my post-surgery follow-up appointments,” said Faucher, crediting the process, guidance and encouragement of Dr. April Duckworth, Hartford HealthCare Medical Group, her team and beyond.

While she didn’t want to go through such a difficult diagnosis for a second time, Faucher said she was able to see what it’s like to experience a personal diagnosis with dignity.

“Everyone was incredible and I was in a better place emotionally and mentally compared to what I had to experience 26 years prior,” she said. “This is the way every woman should be treated when faced with a breast cancer diagnosis. That care and compassion makes a world of a difference.”
Medical Mission Returns at SVMC

The St. Vincent’s Medical Center Medical Mission at Home returned for its seventh year in November, providing a variety of health screenings to the community.

While “medical mission” refers to volunteer caregivers who travel to other countries to provide medical services, Medical Mission at Home is designed to deliver healthcare, social and support services to neighbors in need right in our own community.

More than 200 volunteers from St. Vincent’s, as well as student nurses from Sacred Heart University, provided medical exams, vaccinations, cholesterol screenings, behavioral health services, foot washing, and donated coats and shoes to local community members.

“You don’t have to travel far to find people in need of medical services,” said Bill Hoey, vice president of mission integration at St. Vincent’s Medical Center. “The concept of Medical Mission at Home resonates with staff and the community that we’re helping our neighbors. We’re helping people who live right here in the community with us.”

—Robin Stanley
Hartford HealthCare’s photographers are all over the place, documenting momentous occasions and small, meaningful snippets in the life of our system. We asked them to look back at 2021 and share their favorite images. From the hundreds they take, these are they ones they chose and why.

**THE PIX!**

**The Year in Pictures**

**Sisters’ Story**
Sisters Betty Hebert and Margaret Plocharczyk, from left, can just walk down the hall at Arbor Rose to chat. During a visit, Betty showed one of her paintings while Margaret explained how she makes dolls like the one she’s holding.

**Boost for Research**
It was all smiles at the dedication of the Beverly Buckner Baker Research and Innovation Center at the Bone & Joint Institute (BJI). A multi million-dollar gift from Baker, center, will propel BJI’s research program, fueling innovation that will change the lives of our patients.

**Painting the Park Pink**
A familiar face from The Hospital of Central Connecticut took part in the Connecticut Breast Health Initiative’s (BHI) virtual Celebration of Survivors event in New Britain in May. At left, Tina Fabiani, Central Region philanthropy manager, walks with Marsha Goldstein, a board member at the BHI.
Nailing it Down
David Casale, System Director of Construction (left), and Thomas Vaccarelli, VP Facilities, Construction, Real Estate (right), review construction progress at 100 Pearl St. in downtown Hartford. The site will house hundreds of system employees, including senior leadership, when complete.

Training Tactics
The Connecticut State Police Tactical Unit trains at Hartford HealthCare’s Center for Education, Simulation, and Innovation at Hartford Hospital.

Introducing Life-Saving Vaccine
Eric Arlia, System Director of Pharmacy, presents a vial of Pfizer COVID-19 vaccine.
Almost Made It
Backus Hospital Emergency Department physician Theresa Adams, MD, center, carefully wraps a newborn baby girl in blankets before quickly carrying her into the hospital during a snowstorm. Kaitlyn Vacchina and her husband David of Lebanon made it as far as the Backus parking lot but the baby was born in their car as staff rushed out of the hospital to assist.

Good Dog
Backus Hospital Public Safety Officer Craig Plante trains the newest member of the public safety team — Remi. The three-year-old black female lab will assist the department at Hartford HealthCare facilities around Backus and act as an ambassador. The reward system for a good job is a chance for Remi to play with a toy and chase a ball, something that both she and Plante seem to enjoy.

Congratulations, Graduates!
Four high school graduates were honored during the 2021 Joshua Center Thames Valley Graduation Ceremony at the East Region System Support Office in Norwich. Graduate Sanye Taylor gets a big hug from her father, Richard Taylor.
Q: What do Hartford, Minneapolis and Cleveland have in common?
A: It’s really, really hard to find a direct international flight to any of these metro area airports.

And, that’s why Chibueze Okey Agba, Hartford HealthCare’s new executive vice president and chief financial officer, thinks the future is so bright for our growing healthcare system.

Cleveland Clinic in Ohio, Mayo Clinic in Minneapolis — each is a top-shelf name in global healthcare, located in a mid-size U.S. city. What’s to stop Hartford HealthCare from competing in their arena?

“Hartford is an hour and half from Boston or New York City [by car]. That location gives Hartford an advantage that Cleveland and Mayo can’t compete with,” Agba said. “I think we have the opportunity to think bigger.”

Born in Nigeria, Agba came to the United States to attend college. He majored in business when his father, a state police official, objected to his original plan to study law. His father thought he should be a doctor.

Now 58, Agba went on to a distinguished career in healthcare finance that has included top executive positions with the Cleveland Clinic, Tufts Medical Center, Brigham and Women’s Hospital and Harvard Medical School.

Before his father passed away, he told his son he was proud of his accomplishments in healthcare finance, saying Agba was “as close as he could ever be” to a career in medicine. Soft-spoken with the lilt of his Igbo accent, which he has worked hard to maintain, Agba said he was drawn to Hartford HealthCare by our culture and commitment to equity.

“I felt like this is a place where I could make an impact, bring care closer to people and reduce health disparities across the region,” he said.

While aspiring to become a healthcare hub similar to Cleveland or Mayo, Agba also said it’s time to advocate for changes to healthcare financing systems so providers are paid to keep people healthy, in addition to treating them when they are sick. He wants to ensure everyone who needs it gets world-class care.

Married with four sons, Agba said he looks forward to settling in Connecticut and putting his stamp on Hartford HealthCare.
East Region
Colleagues Answer the Call for Help

By Elissa Bass

When the recent Omicron wave of the COVID pandemic resulted in significant numbers of hospital staff out with illness, on top of a flood of inpatients, it was clear that help was needed.

Rebecca Durham, senior director of clinical and operational integration for the East Region, put out the call. Managers, directors, administrators, System Support Office team members, nurse navigators — all were asked if they could pitch in on care floors at Backus and Windham hospitals.

“Within a day, I received replies from everyone. Within three days, we had a schedule out,” Durham said. “There was just a tremendous outpouring, and people are continuing to offer. It’s been so great.”

A spreadsheet of areas needing help contains everything from hourly rounding to lunch break relief and from respiratory therapy couriers to people to help turn patients as needed. The schedule was filled through the end of January. The plan was to extend as needed.

“I want thank all of you for continuing to exemplify an unwavering resilience in the midst of this relentless pandemic,” said East Region President Donna Handley. “Because of your selfless efforts and incredible teamwork, we continued to provide the best and safest care possible for our patients by coordinating as a region to leverage all available care locations.

“All of our departments stepped up to help one another as team members continued to be out sick throughout the region. We could not be more proud of everything you have been able to accomplish.”

Catherine Bolles, a risk manager for region, did doing hourly rounding at Backus.

“My experience rounding has been great,” she said. “I have introduced myself to many people, both providers and nursing staff. I get the opportunity to thank them individually for all their hard work and dedication and ask, ‘How can I help you or your patients?’ I am met with many smiling faces from the staff members as well as patients. Even if it just means providing tissues or drinks, or restocking gloves in a room, it matters to them.”

Bolles said, “As a nurse, I want to help the staff in any way I can. They have worked exhaustively through the pandemic and my hope is that all individuals who are rounding provide the staff with the sense that we are here to support them. Working with patients at the bedside is a very rewarding feeling. I am grateful to hear patients tell me what a great care team they have.”
Community health nurse Michele Brezniak worked as “helping hands” on the Backus patient floor where she worked for 14 years before switching jobs last fall.

“I helped pass meds, assist the nurses and PCTs, do hourly rounding, answer phones and help the unit coordinator, transport patients, bring specimens to the lab, cover lunch breaks, answer call bells, bring patients to the bathroom — whatever the need was, I helped to fulfill it.”

When she heard help was needed, she said, “Going back was something I felt I needed to do, to help with how busy I know they are. If there is one thing COVID has shown us it’s that we are all in this together and I was happy to do my part to help.”

Glenn Stadnick, a regional compliance and internal audit manager in the East Region’s Office of Compliance and Integrity, took part in the daily safety huddle.

“I was regularly hearing the challenges associated with the volume and acuity of patients and the toll that was taking on the staff, so I thought if I could support the frontline staff and help with patient experience I would do what I could,” he said.

For Scott Vezina, radiology manager at Windham, rounding there was “a meaningful experience for me being able to actually help in small yet big ways. Knowing that it’s appreciated — hearing that over and over again — made me feel good about the extra time given. I’m not sure who got more out of it, them or me!”

New faces could be seen around the East Region as colleagues filled pandemic-related care needs. Among them were, above, Tania Kosmo and Aimee Watters, and, below, Michele Brezniak.

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

Patience, Good Soil Yield Great Pumpkins

Wendy Gardiner  
Patient service coordinator  
Ayer Neuroscience Institute  
Headache Center, Cheshire

Wendy Gardiner spends her weekdays helping ensure patients coming into her Cheshire offices for treatment of their headaches have access to everything they need to improve their health. In her spare time, she offers nurturing of a different sort, coaxing life from the ground as a cultivator of award-winning giant pumpkins.

How did you get the idea to start growing giant pumpkins?
We always had a fascination viewing the giants at our local fair. We started this as a hobby, as most do. We are now addicted! In 2019, a local grower and friend gave us a giant pumpkin plant. We didn’t know what we were doing, and we failed.

That winter, we did a lot of reading, research and watching YouTube videos. We were determined.

What is the secret to growing big pumpkins?
Growing pumpkins requires sun, warm weather, lots of water, organically rich warm, evenly moist soil, fertilizer and room to grow.

Do you grow anything else?
We love to grow a lot of things, hence the last name, “Gardiner!” We also grow field pumpkins, tomatoes, corn, peppers, gourds, flowers and sunflowers. We harvest all the seeds from everything we grow to use for the years to come.

What awards did you win at last year’s fair?
I came in 10th place for my 523.5-pound pumpkin. My husband won fifth place for his 950.5-pound pumpkin and the Howard Dill Award for the prettiest pumpkin. We also received other ribbons at this year’s fair, including first place for my chicken eggs, third place for the tallest sunflower at 13 feet, and first place for my gourds.

What do you do with the pumpkins once they are fully grown or after you enter them into a competition?
After the fair competitions, we display our pumpkins in the yard for the neighbors to see. They have been following our growing journey and we love when they stop by to ask questions. At the end of October, we cut them up to harvest the seeds. We feed some to the deer and our chickens and use some to create compost for our pumpkin patch.

Do you plan to enter your pumpkins for competition in 2022?
We will enter again at the Durham Fair. We are hoping to grow more giants to enter other weigh-offs throughout New England. Fingers crossed!

—Emily Perkins
Random Present
Sparks Life-long Hobby

Terry Manning
H3W lean sensei
System Support Office

Terry Manning has worked at Hartford HealthCare since 2019 as an H3W lean sensei in the Operational Excellence Department of the System Support Office, supporting St. Vincent’s Medical Center and Integrated Care Partners (ICP). For nearly 30 years, he has been honing his craft as a bagpiper, including participating in bagpipe bands and competing in Highland Games, becoming a Grade 2 Level bagpiper.

When did you start playing the bagpipe and why?
I started playing the bagpipes after my mom gave me a practice chanter for Christmas back in 1991. I didn’t know what it was when I opened it, and never really had any intention of learning the bagpipes until that moment. I have played the piano all of my life, so I already knew how to read music, and thought, “How hard could it be?” It’s hard.

Is this just a hobby or do you play professionally?
This is only a hobby, but one I continue to do despite no longer being involved in a bagpipe band. I was a member of the Celtic Cross Pipes and Drums in Danbury between 1992 and 2001, and the Manchester Pipe Band between 2002 and 2015. I have been competing in solo bagpipe contests at Highland Games since 2016 all over the East Coast. I’ve reached a Grade 2 Level, and will continue to pursue a Grade 1 Level in the years ahead.

What does Grade 2 Level mean?
Grade 2 is one of six grade designations earned through competing in sanctioned solo competitions hosted in the United States. All pipers start at Grade 5 and, through placing in solo contests, points are earned to move up. Top-ranked pipers in each grade are eligible to move upward in their grade at the end of the season. The goal is to earn a Grade 1 or “Open” status.

What is your favorite part about playing? Favorite song to play?
I enjoy playing jigs, reels and hornpipes, but also enjoy playing “big music” called Piobaireachd (pronounced “Peeb-rock”). Some call this type of music a form of “classical bagpipe music.” My favorite tune – there are so many — might be a tune called “Paddy’s Clam House,” which I wrote for my friend Dr. George Cohen, whose grandfather owned and operated Paddy’s Clam House in downtown Manhattan back in the 1930s.

What advice would you give others who are interested in playing?
My advice to those interested in learning to play the bagpipes is to find an instructor and be prepared to spend at least a year on a practice chanter practicing rudiments and a few easy tunes.

Any memories that stand out during your time playing?
I have piped at many interesting occasions, including memorial services, weddings and corporate events. One memory that stands out is piping with a Grade 2 pipe band at the North American Championship in Maxville, Canada, against so many outstanding bands. We took second in piping and first in drumming that day. It is so fun to be standing in the circle of outstanding musicians making such great music.

—Robin Stanley
Continued on page 18
Donald Simonides
Facilities project manager
East Region

Donald E. Simonides, a facilities project manager for real estate and construction who has worked for Hartford HealthCare for 26 years, grows tomatoes, squash and eggplant in the summer but he will be the first to tell you that “my passion is peppers.” What he creates with them wows family, friends, and judges at the county fair.

What do you grow?
I’ve been growing more than 20 types of peppers — mostly hot — since around 2008. What started with a few pots in my backyard in Kensington morphed into an operation that utilizes a sizable portion of my neighbor’s garden and my entire back deck.

The hottest variety of pepper I grow is the Carolina Reaper, which can score as high as 2.2 million Scoville Heat Units (SHU). SHU is a way of quantifying how spicy a pepper is by measuring the concentration of capsaicinoids. Capsaicin is the chemical responsible for the spicy sensation within a pepper. For comparison, the jalapeno scores about 5,000 SHU.

While I do grow those scary hot ones, they aren’t my favorites. I like the peppers that have heat and flavor. They give you that kick, but they don’t make you feel like you’re going to die.

How did you get started?
My neighbor gave me vegetables from his garden one year and that actually got me started growing my own. It became a labor of love. Actually, it’s almost like an addiction. The garden is a great stress reliever, and even more so during the pandemic. I’m outside, I’m active, it’s gratifying.

With my father-in-law, I started drying and canning the peppers. Then, we branched out into sauces and jellies.

What do you make with the peppers?
From the hundreds and hundreds of peppers I harvest each summer and fall, I make a variety of hot sauces, jellies and relishes. My prize-winning relish recipe is from a cardiac rehab patient I met while working at Bradley Memorial Hospital (now The Hospital of Central Connecticut, Bradley campus). The patient would grab a coffee with me in the morning, and we got to talking about peppers. He gave me his recipe, and I tweaked it and worked on it, and eventually it became the recipe I use today.

I make three varieties of hot sauce, including a red one similar to Frank’s Red Hot that uses Thai chilis. The green sauce is a jalapeno/smoked poblano, and the orange one uses my favorite pepper, the Scotch bonnet, for an almost fruity hot sauce with Jamaican undertones.

I give most of the bottles and jars — labeled with my brand name “Donny Boy’s” — to my friends, family and colleagues.. And, every fall, I enter area fairs.

Do you win?
Well, this year, I pretty much swept all the categories at the Berlin Fair. I won 16 prizes, but I couldn’t do it without my family, friends and neighbors who help me. There are people who do what I do. It's a friendly competition.

Are there growing tips?
Peppers’ heat is never uniform — a rainy season can “mild the peppers down” because of the extra water content. The beautiful colors of the peppers depend on the heat of the summer sun.

—Elissa Bass
BEHIND THE SCENES

Charlotte Hungerford Pioneer Retires

By Tim Lebouthillier

Anyone spending any time at Charlotte Hungerford Hospital in the last 46 years most likely ran into Judy Baldwin, either giving directions or helping find a document or office — and it was always with a smile, because she has a lot of those to go around.

A humble Baldwin retired at the end of August, as happy and content on her last day as she was on her first, and excited for her next chapter. She’s something of an expert at change, among many other things.

An administrative associate, Baldwin was happiest and most productive helping people, projects and systems run efficiently, following the prediction in her sixth-grade autobiography, when she pronounced she wanted to “help people do their job.”

To do that, she earned a degree in medical assisting, and a bachelor’s in office administration with a minor in human services.

Hired by CHH in 1975 to do medical transcription for radiology with a state-of-the-art Dictaphone, Baldwin recalled her excitement when she the hospital bought electronic typewriters. She mastered the machines and became a reliable resource for just about everything.

That helpfulness and ability to evolve with technology continued when, by 1985, word processors and saving data to floppy disks came along. Voice recognition was introduced, and Baldwin helped with that and many other new technologies, including Meditech for patient records. She would use that until it was replaced with EPIC in 2018. She lived through the digitalizing of X-ray films and the introduction of ultrasound, PET scans, MRI, mammography, and interventional radiology.

For decades, Baldwin was to go-to person for data and volume statistics. She was always steady and calm during times of change, rapid growth, economic downturns and even chaos.

Through it all, she claimed she never wanted to be anywhere else.

“I’ve been able to do what I love for so long. My best is all I could give and I’ve tried to do that. I’ve survived a lot of change because I adjusted my sails to the way the wind was blowing and my faith took it from there,” Baldwin said, adding that the people at CHH were always her favorite part of her job. “All along my hospital journey, wonderful people I needed were placed along my path.”

Judy Baldwin saw her job as helping people.

Photo by Tim Lebouthillier
Two Centuries of Caring

Two hundred years ago, care for the mentally ill dramatically changed with the founding of the Hartford Retreat for the Insane, now known as the Institute of Living (IOL). The institute’s legacy will be highlighted by a two-year anniversary celebration commemorating its 1822 founding and 1823 opening. Here, we take a peek at the rich history of the IOL, suggest a visit to its verdant grounds planned by internationally-acclaimed landscape architect Frederick Law Olmsted, and, with today’s leaders, look to a future marked by research and ever-expanding treatment options.

—Susan McDonald

Institute of Living Revolutionized Care for Mentally Ill

By Susan McDonald

Note: This history of the IOL is abbreviated. For the full version, go to https://hhcmoments.org/.

In the early 19th century — when the Institute of Living (IOL) became one of four facilities of its kind in the nation — care for people with mental illness was largely inhumane and many were locked away and treated as though they were criminals or somehow possessed.

The IOL could accommodate 40 to 60 patients segregated by “sex, nature of disease, habits of life and the wishes of their friends.” A week’s hospitalization cost $3 for Connecticut residents, $4 for out-of-staters and $12 for a suite with a personal attendant.

From the first patients — a 36-year-old man with “fanaticism” and a 26-year-old woman “broken down from overtaxing the intellect with difficult studies” — the IOL forever changed the treatment and care of the mentally ill.

At the time, medicine was distinguishing itself from religion, and the IOL was the first in the country founded with donations from a state medical society.
“While our understanding of mental illness and ability to treat it have significantly advanced since then... many of the founding principles that governed the practices of this remarkable institution in its earliest years remain relevant,” wrote Dr. Harold Schwartz, psychiatrist-in-chief emeritus, Institute of Living, in the foreword of Mad Yankees: The Hartford Retreat for the Insane and Nineteenth-Century Psychiatry by Lawrence B. Goodheart.

The IOL experienced waves of immigration during the 19th century, and poor Germans, Irish and others stressed its ability to care for those unable to pay for services, until the state established public hospitals in the late 1860s.

Periods of success and struggle ensued. In 1867, renowned landscape designer and Hartford native Frederick Law Olmsted designed a park-like environment, featuring a wide variety of special specimen trees, which still attract visitors today.

The look of the campus again evolved, becoming more resort-like as some patients were hospitalized for years. Politicians and Hollywood stars, such as Gene Tierney and Clara Bow, could be spotted on the grounds and leaders tried to accommodate the various needs and desires of patients.

This included adding residential cottages, a nine-hole golf course, indoor and outdoor pools and tennis courts, all of which are gone today. In addition, a patient educational program offered workshops on homemaking and woodworking. Each summer, patients were taken to a nearby lake and staff took others on New York City shopping trips.

The expansion of programming and research continued through the 1980s, as the healthcare industry welcomed managed healthcare. In the late 1980s, the IOL staffed 450 beds and many patients stayed months and years. Managed care forced the facility to downsize nine times in three years, to 150 beds in the early 1990s, with a 28-day average length of stay.

The solution to the challenge at the IOL was merging with Hartford Hospital’s Department of Psychiatry in 1994. By blending programs, staffs, ideals and goals, the IOL could accept Medicaid patients, which private psychiatric hospitals in the United States cannot do.

Dr. John Santopietro, senior vice president Hartford HealthCare, arrived after Dr. Schwartz’s retirement in 2018, becoming the first Behavioral Health Network physician-in-chief. His arrival — and the 2021 hiring of Dr. Javeed Sukhera, chair of psychiatry at the Institute of Living and chief of the Department of Psychiatry at Hartford Hospital — sets the pace for the future of mental healthcare in the system. Both focus on creating an atmosphere that considers the dignity and humanity of people with mental illness, eliminating stigma and ensuring that equal care is available for people of all backgrounds and geographic locations.

“The IOL stands like a beacon for the dignity and humanity of people suffering with mental illness. It is also like an incubator — there has always been fertile soil here for ideas. People came with an idea, planted it in the soil and it grew,” Dr. Santopietro said.
By Susan McDonald

In the labs, offices and patient rooms across the Institute of Living campus, researchers perform cutting-edge work every day to help improve diagnosis and treatment of mental illness.

Three main hubs of research on the campus — the Olin Neuropsychiatry Research Center, Anxiety Disorders Center and Clinical Trials Unit — work with government, industry and private foundation funding totaling about $80.6 million since 2007.

Major research focuses at the IOL include:
• Psychosis, including schizophrenia and bipolar disorders
• Attention Deficit Hyperactivity Disorder (ADHD)
• Marijuana and driving
• Alcoholism
• Anxiety disorders
• Autism spectrum
• Depression
• Obesity
• Alzheimer’s disease
• Compulsive hoarding and Obsessive-Compulsive Disorder (OCD)
• Substance abuse
• Clinical trials of new medications

In Olin alone, there are six distinct research labs headed by individual investigators and their teams, many of whom tap the advanced technology on campus to test their hypotheses. Available technology includes structural and functional MRIs, diffusion tensor imaging and spectroscopy, plus fully-equipped electrophysiology and transcutaneous magnetic stimulation labs and a DNA repository, said Dr. Godfrey Pearlson, director of the Olin Center.

“What distinguishes us is the fact that we’re studying the neurobiology of serious mental illness, from the point of view of electrophysiology, functional and structural brain measurements and genetics, and combining those with epidemiology to try and translate those discoveries into new treatments,” he explained.

Recent discoveries by IOL researchers include:
• Biologic measures to classify psychotic illnesses into novel categories to connect patients with specific treatments.
• Intranasal ketamine to reverse treatment-resistant depression and suicidal thoughts.
• Distinct biological subtypes of ADHD.
• Use of brain response to alcohol cues in 18-year-olds to predict future dysfunctional drinking.
• Connection between heavy alcohol use in 18-year-olds over two years with brain hippocampal shrinkage, lower academic grades and lower memory scores.
• Identification of hoarding as a distinct disorder, not a variant of OCD.
• Biological overlap in the brain between Autism Spectrum Disorder and schizophrenia.
• Ability to predict 60 percent of 12-month bariatric surgical weight loss by examining pre-surgical brain patterns.

“We focus on translating research directly into patient care,” Dr. Pearlson said. “We embed our research organizations into our clinical programs, so the people delivering care are getting the information, learning about the developments as they’re happening.”

Dr. Jimmy Choi investigates how the movement of a person’s pupils can provide a unique connection to psychosis.

Photo by Chris Rakoczy
By Robin Stanley

The Commons Building at the Institute of Living (IOL) contains a treasure trove of historical information on mental healthcare and the IOL, collated as the exhibit “Myths, Minds and Medicine: Two Centuries of Mental Healthcare” to celebrate the institute’s 175th anniversary in 1997.

The museum-quality exhibit, the brainchild of former Public Relations Director Lee Monroe, was the result of years of research by historians hired through a grant from the Connecticut Humanities Council.

Documents, artifacts, items of interest, letters and old photos were gathered from the IOL’s archives, attics, basements and offices to form the basis for the exhibit. Over the years, it has served as an educational resource to local schools and the community and helps dispel some of the myths and stereotypes around mental illness.

Twenty-five years later, the exhibit will be upgraded to reflect advances in mental healthcare and the technology used in its visual displays.

“Imagine state-of-the-art of museum exhibits 25 years ago, and the quality of some of the kinds of visual displays,” said Dr. Harold “Hank” Schwartz, IOL psychiatrist-in-chief emeritus. “In the version built 25 years ago, there was a TV screen where you could press a button and it played a video of patient activities. Well, it looks like a television screen 25 years ago, and today, of course, it’s all beautiful digital displays.”

Programs and treatments at the IOL also have evolved in the past 25 years.

“We are a major neuroimaging center,” Dr. Schwartz explained. “We had static images 25 years ago. Now, we will have digital video displays on contemporary monitors of neural imaging of the brain with explanations.”

Transcranial magnetic stimulation and esketamine, both treatments for major depressive disorder not offered 25 years ago, will also be featured.

“This exhibit is important for the IOL because of the pride we take in our own history and also learning about some of the stumbles,” Dr. Schwartz said. “Psychosurgery was not our proudest moment, for example, but we can’t just dismiss it. We need to talk about it and learn from it.”

“Myths, Minds and Medicine” is expected to reopen in the fall of 2022. In addition to the exhibition reopening, the Commons Building façade is being renovated and renamed in honor of Dr. Schwartz’s distinguished leadership of the IOL.
By Susan McDonald

The 200-year existence of the Institute of Living is full of interesting milestones, stories and advancements, including many that are quirky but lesser-known tidbits. Here are a few. Go to the online version of Moments (hhcmoments.com) for more.

- The Staunton Williams Auditorium on campus was named after the president and CEO of Capewell Manufacturing Company, who served on the IOL board from 1951 to 1962, including as its 16th president.

- The Elizabeth Chapel was donated by Dr. Gurdon Wadsworth Russell in memory of his first wife. Built of Westerly granite in 1875, the chapel was designed by George Keller using a variation of the plan he created for Grace Episcopal Church in Windsor.

- The website Connecticut Historic Buildings (www.historicbuildingsct.com) has great facts about the structures on the IOL campus.

- Visit the IOL in the 1960s through photos archived by JSTOR (https://www.jstor.org/action/doBasicSearch?Query=Institute+of+Living).

- Before changing the name from the Hartford Retreat for the Insane to the Institute of Living in 1943, the facility was known as the Neuro-Psychiatric Institute of the Hartford Retreat.

- Mid-century patients had access to a fleet of chauffeur-driven Packards, Lincolns and Cadillacs for shopping or short day trips.

- Plug “Institute of Living” into the search engine on the Connecticut Historical Society website (www.Connecticuthistory.org) and you’ll find a wealth of cool information.

- Ground was broken on April 24, 1967 on the Gengras Adult Outpatient Clinic, named for E. Clayton Gengras, a local car dealer and self-made millionaire who was on the IOL board. The building replaced Bidwell Cottage and Jennings Hall, which were demolished.
Well-known 20th-century sculptor Frances Laughlin Wadsworth was one of 40 instructors teaching art classes at the IOL in the mid-1930s as part of the new Department of Educational Therapy. The program was designed to teach patients skills they might use when discharged.

The eight-story Burlington Research Building, named for Dr. Charles Burlingame, IOL superintendent from 1951-1965, was designed by architect Irving W. Rutherford and built in 1948. The tower atop the building features the Cadeceus symbol, believed to protect physicians, on four sides, and a gold dome. According to a 1949 Hartford Courant article, the fourth floor was “unique in the hospital world,” featuring classrooms where surgical patients regained social, vocational and recreational skills in classes like home economics and accounting.

Architect Frederick Law Olmsted, who designed the IOL grounds, believed in the healing powers of nature, writing, “The enjoyment of scenery employs the mind without fatigue and yet exercises it, tranquillizes it and yet enlivens it; and thus gives the effect of refreshing rest and reinvigoration of the whole system.”

Keller also designed White Hall, built in 1877 as for laundry, carpentry shop, vegetable cellar and coal storage. An indoor swimming pool and squash courts were later added. When they closed, the building was vacant until being revived for the Olin Neuropsychiatry Research Center.

Check out Dr. Hank Schwartz give an overview of the IOL mission https://www.youtube.com/watch?v=-aSU-APZ6Gs
Faces of the Institute of Living

By Susan McDonald

Special thanks to Lori Hayes, library assistant in the Hartford Hospital/IOL archives, for her help with researching the biographical information. The IOL history is rich with influential people who advocated for the humane care of the mentally ill. Here are a few immortalized on buildings and others who made their mark on the institution. For the full list of IOL notables, go to Moments (hhcmoments.com) online.

Dr. Eli Todd
The first IOL superintendent (1823-1833) became interested in mental illness after caring for a sister who suffered from depression and eventually committed suicide. He championed the concept of mental illness as a disease and promoted the focus on addressing patients’ individual needs, known as “moral treatment.” “The great design of moral management,” he said, “is to bring those faculties which yet remain sound to bear upon those which are diseased.”

Gideon Tomlinson
Namesake of Tomlinson Cottage, Tomlinson was a lawyer and state representative who served as IOL president from 1827 to 1836. He left to serve as Connecticut’s 25th governor, resigning when appointed to the U.S. Senate. He is also known as one of the first railroad presidents in the nation, at Housatonic Railroad Company.

Dr. Silas Fuller
Appointed physician and superintendent in 1833, he was a native of Columbia, CT, and served as a surgeon in the U.S. Army. He served at the IOL until 1840.

Dr. Amariah Brigham
Third superintendent and founder of the country’s first psychiatric journal (now the American Journal of Psychiatry), he was among the first neuroscientists and “the father” of social psychiatry, laying the groundwork for what is now called the “biopsychosocial model” of care. He helped shepherd the IOL from a custodial to a curative facility.

Dr. John Butler
Presiding over a large influx of patients, many who could not pay, he was superintendent for 30 years beginning in 1843. Before the state hospital was built to ease overcrowding, he instituted key property upgrades, including shifting from fireplaces to boilers for heat, introducing gas lighting and adding wings.

William Buckingham
President from 1868 to 1875, he owned a Norwich dry goods store, where he served several terms as mayor from the Whig party. He was also manager and treasurer of Haywood Rubber Company. From 1858 to 1866, he served as governor, managing the economic panic from the Civil War and using his own money to finance war efforts. He also served in the U.S. Senate from 1869 to his death in 1875. Buckingham Hall is named for him.
Dr. Henry Putnam Sterns
Named superintendent in 1874, he requested time to travel to familiarize himself with European medicine and, specifically, how doctors there treated the insane. The Civil War veteran, who saw action at Bull Run, developed an interest in helping people with “mental disease.” Before stepping down in 1905, he oversaw an expansion of patient rooms to meet increased demand and introduced modern amenities like radiators.

Annie Goodrich, RN
Inducted into the American Nurses Association (ANA) Hall of Fame, Goodrich served as consulting director of nursing at the IOL from 1938 to 1941, after overseeing healthcare for soldiers in World Wars I and II. Granddaughter of IOL founder Dr. John Butler, she is remembered as a crusader and nursing diplomat, led the ANA and Association of Collegiate Schools of Nursing as their president, and served as the first dean of the Yale School of Nursing. The IOL has a Nurse Practitioner Fellowship named in honor of her spirit and dedication to the field.

Dr. C. Charles Burlingame
Named superintendent in 1939, he focused on transforming the IOL to equal parts hospital, university/educational environment and resort to appeal to the wealthy. While this meant adding indoor and outdoor pools, tennis courts and a nine-hole golf course, he’s also credited with expanding research in a dedicated building featuring state-of-the-art equipment.

Stella Netherwood
A nurse and secretary at the IOL, she was mentored by Anne Goodrich, the nursing superintendent. Recognized for her impactful positions on committees and boards prior to 1940, she was memorialized with the Netherwood Building.

Dr. John Donnelly
The English native arrived at the IOL in 1949 as a psychiatrist, and advanced to medical director in 1956 and, in 1965, psychiatrist-in-chief and chief executive officer, serving until retirement in 1979. He was active nationally as co-chair of an American Psychiatric Association committee investigating concerns that Russia was using psychiatry as punishment.

Dr. Francis Braceland
Chief psychiatrist of the IOL from 1951 to 1965, the prominent wartime physician is credited with shifting the IOL reputation from posh sanitarium for the rich and famous to highly-respected psychiatric hospital. He oversaw creation of the IOL Professionals Program helping people address their illness without losing their job.

Dr. Henry “Hank” Schwartz
Arriving from Hartford Hospital in the 1980s and working for 29 years as psychiatrist-in-chief, he is credited with reshaping the clinical landscape by creating services like the Schizophrenia Rehabilitation Program, Anxiety Disorders Center, Early Psychosis Program, and LGBTQ offerings. Existing research programs were reinvigorated and new ones, like Olin, were created, along with the reestablishment of independent residency programs.
As the Institute of Living as it celebrates its past, its leaders are looking at the state of the world and the potential for the organization to lead into the future.

“We’re doubling down on the heart. We look regularly at where we are as a globe. Humanity needs us right now,” said Dr. John Santopietro, senior vice president, Hartford HealthCare, physician-in-chief of the Hartford HealthCare Behavioral Health Network, which includes the IOL.

“Depression rates are three times what they used to be. I’m worried about us if we keep going the way we’re going.”

Embracing positive change, is a vision he shares with Dr. Javeed Sukhera, chief of psychiatry at the IOL and chief of the Department of Psychiatry, Hartford Hospital.

“This place was founded on new ways of thinking that centers on the dignity of those we serve,” Dr. Sukhera said. “We are co-creating the future with patients, and will need to build systems that honor lived experience as expertise, embed patient voices in our work, and encourage people working here to bring their full humanity to everything they do.”

The steps to get there, he added, might be perceived by some as loss.

“Overall, health services have drifted toward a mindset that people who come in for help are somehow lacking something. This is a characterization we must reject. Instead, let’s emphasize that all of us have strengths and vulnerabilities, and the only way to heal is to work together,” Dr. Sukhera explained of the patient-provider partnership.

“People come in here not seeing their strengths, and we need to remind them that they are stronger than they know,” Dr. Santopietro added.

The evolution will involve tapping technology and research to provide the tools and skills patients need for success, while continuing to create services that meet the community’s needs. Recently, these have included services for peripartum mood disorders, different tracks for treatment of psychosis, services specifically for the LGBTQ community, a Family Resource Center that organizes about 150 activities a year, and modification of national initiatives like Zero Suicide to include a Suicide Assessment Model.

The work done on the campus continues in a supportive manner when patients leave. The Schizophrenia Rehabilitation Center, for example, helps people live in the community, lowering the mortality rate in this population. The Vocational Rehabilitation Program provides job training skills in the IOL gift shop, greenhouse and cafeteria to help patients transition successfully to jobs in the community.

“We are building our system to meet the challenge — IOL 2.0. Doing things based on the old game plan doesn’t work. When people call for help, it takes forever to get them in,” Dr. Santopietro said. “We don’t have the answers, but we will find them together.”
For two centuries, the Hartford HealthCare Behavioral Health Network (BHN) — which includes the Institute of Living, Natchaug and Rushford at inpatient and ambulatory sites statewide — has connected children, teens and adults to a myriad of behavioral health and addiction services.

“Hartford HealthCare is sitting on one of the most comprehensive and strong behavioral health networks in the country,” said Dr. John Santopietro, BHN physician-in-chief. “With 3,000 colleagues and four campuses, we have more horsepower than any other hospital system in the nation.”

As the demand for services has increased during the COVID-19 pandemic, the BHN has continued to grow and find ways to embed programs, services, technology and providers where they are needed most. Over the past year, new or expanded research and treatments that have garnered recognition includes:

- The **Esketamine Treatment Center**, where a nasal-spray form of the anesthesia medication ketamine for treatment-resistant depression.
- **Research by the Olin Neuropsychiatry Research Center** into the influence of marijuana on drivers and the impact of cannabis on memory in people ages 18-22.
- **Expanded MATCH partnerships** with local law enforcement and EMS to address the opioid crisis by offering opioid users addiction services instead of criminal punishment.
- A **Professionals Program** for employed individuals seeking support for emotional, psychiatric and addiction recovery issues.

In 2022, the BHN will continue to expand services with development of The Ridge Recovery Center, a 38,605-square-foot building in Willimantic that will be home to a new, state-of-the-art treatment center for individuals with substance use disorder. More services are being added to facilities in Westport as well.

“We are growing, innovating and ready to meet the challenges,” Dr. Santopietro said.


**Struggling with Wintery Darkness? Help is Here**

By Emily Perkins

Nearly 1 in 5 adults in the United States admit to struggling with their mental health, and the global pandemic, political unrest, remote learning, isolation and soaring unemployment in the past few years have heightened awareness of the need for more mental health services and programs in our country.

This time of year — with the colder temperatures and earlier nightfall — brings its own sort of mental health challenges. The lack of sunlight exposure can cause Seasonal Affective Disorder. Dr. Ila Sabino from the Behavioral Health Network offers the following tips for keeping your mood up during the winter:

- **Get sunlight when you can.** Take a break midday for a short walk, or move your desk near a window to get the benefits sunlight offers. Artificial sources like a light box can help, too. Always remember to wear sunscreen to protect against damaging rays.
- **Keep up your exercise.** It may be harder to run or bike ride outdoors with dipping temperatures and snowy surfaces, but indoor exercise can keep the endorphins high to keep your mood happier. Take advantage of the weather and try something new like ice skating or snowshoeing. Even sledding with the kids can get the blood pumping.
- **Get your ZZZzs.** Your mind and body both need the restoration of a good night’s sleep. Sleep helps repair and reset the mind, helping you ward off depression.
- **Mind your meals.** We may find temporary comfort in carbohydrates and sugary foods, but those can add unnecessary pounds and drag you down in the long run.
- **Try relaxation exercises.** Yoga, meditation or even keeping a positivity or gratitude journal can boost your mental outlook.
- **Stay connected.** If you can’t gather in person, FaceTime and Zoom are great options to stay in touch with friends and family.

If you’re still struggling, go to [https://intranet.hartfordhealthcare.org/colleague-support/colleague-well-being](https://intranet.hartfordhealthcare.org/colleague-support/colleague-well-being) for help.

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**Head’s Up for Nature’s Grandeur**

By Robin Stanley

Even the trees at the Institute of Living have a story thanks to vision of landscape architect Frederick Law Olmsted who designed the grounds to feature dozens of rare and novel species. The park-like landscape offers meandering walkways and quiet, shady corners. Arborists often take tours of the property to marvel at the specimens.

You can take your own self-guided walking tour of the property, following the directions and learning about the trees detailed here ([https://instituteofliving.org/File%20Library/Unassigned/NotableTrees-web.pdf](https://instituteofliving.org/File%20Library/Unassigned/NotableTrees-web.pdf)). Please respect the privacy of patients by avoiding photos on the grounds and exploring quietly. The trail is meant to provide a peaceful place for all to roam.
State Exhibit Examines History of Mental Health

By Kate Carey-Trull

The Connecticut Historical Society is hosting a unique exhibit focused on the history of mental health treatment in Connecticut and nationwide, including displays about the Institute of Living. Hartford HealthCare colleagues can get a free ticket to “Common Struggle, Individual Experience: An Exhibition about Mental Health,” which is on display through Oct. 15, 2022, in the group’s Hartford galleries.

The exhibit explores how society has sought to care for the mind and mental health. Letters, photographs and other artifacts help showcase the experience from the past, and oral history interviews, recorded in 2020 and 2021, share modern perspectives. During the course of exhibit, Behavioral Health Network experts will join panel discussions and community education events.

“This is a natural partnership,” said Dr. John Santopietro, senior vice president, Hartford HealthCare, physician—in—chief of the Behavioral Health Network, which includes the Institute of Living. “The fact that the Institute of Living is celebrating its 200th anniversary at the same time that the Connecticut Historical Society is offering this exhibition is such an extraordinary confluence of events. The Institute of Living is a big part of the history of mental health, and a big part of this exhibition.”

On the IOL campus, Annetta Caplinger, vice president of operations, said anniversary plans include partnering with the Hartford Symphony Orchestra, producing a podcast series, and a variety of forums and events.

To get your free ticket to the exhibit, just show your HHC badge at the entrance.

Steve Coates from Marketing Communications toured the exhibit and created a podcast on it at https://hartfordhealthcare.org/media/podcasts.

Extra! Extra! On the Intranet

Sometimes, there’s so many aspects to a story that one magazine cannot fit them all. We’ve always had issues of Moments available to read on our Hartford HealthCare intranet (www.hhcmoments.com), but with the Winter 2022 issue. We’ll be adding longer versions of some stories and videos that you’ll want to check out. Bookmark the page, too, because we’ll be adding content in between issues and you won’t want to miss it!
Nurse Shares Peace and Positivity

By Kate Carey-Trull

Rattikarn D’Amico, or Ratti to friends and colleagues, shares her positive attitude with patients and coworkers, helping them reduce stress through breathing exercises, stretching and yoga.

A psychiatric nurse at St. Vincent’s Medical Center Behavioral Health Unit in Westport, D’Amico has practiced yoga for more than 20 years and said it started as exercise. Now, she practices it mindfully as a meditation, and began teaching out of her home to interested friends and colleagues. She also works on stress-reducing stretching exercises with colleagues.

Stress and depression hit her during the pandemic.

“When we first had lockdown, I was studying from home, my son was doing virtual learning and my husband was working from home. It was really hard not to have your own space. It was a lot of stress,” she said. “There are so many things we aren’t able to control and we have to let it go. That is why it is so important to be happy and healthy and spread positivity.

“Depression can be a silent disease, making it hard for me to focus. I had a lack of motivation, but then I found a meditation program. I put it into practice, using stretching and breathing exercises. It helped me improve my focus and coping skills.”

In the last year, she connected yoga with breathing, practicing mindful breathing to better understand why it is so important. Because it’s working well for her, she wanted to share her strategies.

“We learn in nursing school that when people have anxiety and breathe too fast, it can cause a release of cortisol and increase the heart rate and stress,” she said. “If you can control your breathing, it can help you control your stress.”

She finds it interesting that an anti-anxiety medication can take 30 to 45 minutes to work, but breathing exercises can help calm a patient in just a few minutes. When interviewing patients in triage, she said she sees many dealing with anxiety and depression.

“They often don’t have coping skills, and start drinking and using drugs because they don’t want to deal with the reality and pain,” D’Amico said. “It is important to put it into everyday practice, she said of mindfulness and yoga.

“We all deal with stress and anxiety every day, but there are ways to turn it into positive energy and get through the day,” she said.
Posed for Success

Yoga can improve strength, balance and flexibility, benefit heart health, help you sleep better and reduce stress. You can make it part of an overall healthy lifestyle, especially in the winter when it may be too cold to get outside regularly.

Rattikarn “Ratti” D’Amico said when taking a class or watching a video, people should consider the relationship of the poses and move through them at their own pace, making deep breathing part of the exercise. These are the top four poses she suggested anyone can try.

End your yoga practice, she added, by sitting still and breathing to center yourself.

Standing strong, legs stretched-out, this pose is good for quads and thighs. Extend one leg and bend the other, making sure your back foot faces straight, and the foot where the leg is bent faces to the side. Stretch both arms out straight.

Spread legs apart, lower your back knee and take a deep breath as you raise arms up in the air. Then exhale. This is good for releasing tightness in the lower back.

Bend one knee and tuck the foot up against the other leg. This is good for balance and helps with focus.

Place one hand on the floor and stretch one leg out while the other knee is bent. Beginners can modify the pose by placing one hand in front of the leg and reaching for the floor. More experienced yogis can reach the hand behind the leg, staying balanced, for a different stretch.
Tony Marenna knows a thing or two about what it takes to prepare food for a hospital full of patients, visitors and colleagues. He’s been doing it since 1983.

“It takes a lot of organization and experience,” said Marenna, a cook with Food Services at MidState Medical Center.

He’s in the door at 4:30 every morning, before the first rays of light start to peek along the horizon, as one of a few people tasked with making food for patients who will soon be waking hungry for a hot meal.

“Breakfast during the week includes pancakes, French toast, omelets, hash browns and hot cereals,” Marenna explained. “We cook for patients in five different pavilions and the Emergency Department. The goal is to start serving the food at 7:15. Timing is critical because you need to make sure the food is nice and hot when it gets to the patient. Patients also have dietary restrictions so our batters and mixes need to follow very specific recipes.”

It’s the same at The Hospital of Central Connecticut, where Jeff Ouellette is the breakfast cook coming in at 4:30 a.m. to begin making the most important meal of the day for patients.

“I’ve been doing this for 23 years, so nothing fazes me. Every day is totally different, whether it’s making 240 pancakes or mini quiches,” Ouellette said.

Work in the kitchen at both campuses also involves a lot of prep — getting all the supplies and ingredients ready ahead of time to make sure they have what they need for not only breakfast, but lunch and dinner as well. Breakfast preps start the day before — so when the early morning crew comes in the following day they can get right to work.

“Amounts will vary depending on census, but we’ve become very good at forecasting what we will need and how much based on the number of patients in our care,” Marenna said. “A big misconception is that everything we have comes pre-packaged and that’s not true. A lot of our stuff is made from scratch, from the entrees to the desserts. We take a lot of pride in what we make.”

Both Marenna and Ouellette said they enjoy working the early morning shift and kicking off the first food service of the day, understanding how important it is for everyone.

“My favorite part of the job is making sure everyone is happy with the food. Even though we are in a hospital, it still makes a big difference. If people are eating good food, they feel better. It goes a long way, I think,” Ouellette said.
Lights, Camera, Action

By Susan McDonald

While Hartford HealthCare’s holiday television commercial lingers on screens for just 30 or 60 seconds, it took weeks to coordinate, create and distill the brand into a moving story.

“These continue to elevate and tell our Hartford HealthCare story,” noted Reem Nouh, senior vice president of healthcare marketing at Adams & Knight, HHC’s agency partner. “Big national brands use holiday messages to connect with people, and we thought Hartford HealthCare could do the same.”

The first holiday ad, focused on mask wearing, came in 2020, during the second COVID-19 wave, said Helayne Lightstone, HHC’s senior director of marketing and branding. This year, she said the goal was to reinforce the importance of vaccination against the virus and how it helps people gather safely.

Concept in hand, Nouh said ad development followed basic steps, including:

- **Drafting a script.** This ad has no words, but all movement in the story must be outlined.
- **Determining location.** A location scout finds the perfect setting. In this case, it was a regular ranch home in Connecticut.
- **Casting actors.** To resonate with the least vaccinated population, the team enlisted Hispanic actors to play a mother and son reuniting after he is vaccinated.
- **Creating a storyboard.** This visually relays each commercial frame as a planning tool, often prompting ideas such as renting a snow machine to give this commercial a wintery feel.

On the shoot date, the team descended on the location and created a mini movie set, careful not to disrupt the neighborhood. The crew included a director and experts in lights, wardrobe and makeup, plus camera and audio operators. Nouh and Lightstone were on sight monitoring the shoot.

Sometimes, last-minute changes are made when an idea strikes. HHC commercials typically end with the logo against a white background, but when Lightstone saw the snow, she suggested ending with the logo in the dark as snow fell. Subtle logo hints are featured elsewhere.

“We don’t want to hit people over the head with our brand, so we find ways to incorporate brand cues, like a logo on the vaccine card. Authenticity is important,” Nouh said.

In commercials with clinical settings, Lightstone said the team invites providers on set.

“We want the message to be credible, like making sure everyone is gloved for universal precautions,” she explained. “We don’t want our carefully thought-out production to fall on something that’s not credible.”

Once produced and airing on TV, the marketing team maximizes the investment by rolling ads out on HHC’s social media platforms, digital screens across the system and in community locations, and as web ads.

“You have 30 seconds to tell a really strong story. Emotion resonates because that’s how people connect. If it generates feeling, you’ve established a connection with the brand,” Lightstone said.

Watch Hartford HealthCare’s holiday ad at https://vimeo.com/653797292/354ee024e9
In 2011, St. Vincent’s Mission Services and Aquarion Water Company began collaborating on the House of Hope Food Drive, an initiative launched to help area food banks and shelters experiencing severe food shortages.

Each fall, the House of Hope shed, where donations are collected, reappears near the hospital’s front entrance. From mid-September to just before Thanksgiving each year, up to seven tons of food are collected and distributed to such organizations as The Bridgeport Rescue Mission, Healthy Choices for Seniors, Port 5 National Association of Naval Veterans, Spooner House, Sterling House and The Thomas Merton Center.

Bill Hoey, vice president of mission integration at St. Vincent’s, described the impact the St. Vincent’s-Aquarion partnership has on the community by saying, “As two of the largest employers in Bridgeport, we knew we had the ability to make a meaningful difference in the lives of the needy and vulnerable here in the community. The generosity of employees at both organizations was the impetus behind the initial food drive.”

In 2020, due to the pandemic, food disparity in Bridgeport was unprecedented.

“The number of people facing food insecurity became staggering,” Hoey recalled. “They were unable to work, unable to buy food. It’s quite humbling for people to rely on the generosity of others to help feed their families.”

While it’s exciting to see donations come in and tally the total tonnage, what isn’t always visible is the impact these donations have on a day-in-the-life of a recipient.

“More important than the total weight of food donated is the hope and reassurance that gives to people who are feeling panicked about where their next meal is coming from. The human impact that a donation has on our neighbors, our brothers and sister, is immeasurable,” Hoey said.

—Anne Rondepierre-Riczu

The 2021 House of Hope Committee gathers for a quick selfie as part of its annual food drive.

Photo by Edna Borchetta
Speech Therapy Helps Transgender Patients

Rebecca Burrell, speech language pathologist with the Hartford HealthCare Rehabilitation Network (HHRN), works closely with transgender patients and knows firsthand how it can truly make a difference.

“This type of therapy is really gender-affirming for transgender patients,” said Burrell, who treats male-to-female and female-to-male transgender and non-binary patients. “We are not just working to adjust someone’s voice. We are looking at their whole presentation and working to change the way they communicate their gender. The goal is to physically change their voice and speech patterns, which can also have a profound psychological impact as it boosts self-esteem and sense of self.”

Burrell, site supervisor at HHRN’s outpatient clinic in Norwich, explained how her role is to not only help patients alter their voice, but also adjust mannerisms and outward appearances to match their gender identity.

Following an initial assessment — in which Burrell establishes individual patient needs, including pitch range and frequency, phonation time, resonance, voice tension and rate of speech — she and patients work through an intensive 12-session treatment plan. Each session begins focused on a central theme, such as intonation, and ends with the patient practicing lessons learned in previous sessions.

“I always tell patients how critical it is to apply what they learn in therapy to their day-to-day life,” she said. “I love hearing how something like being referred to as ‘ma’am’ or ‘sir’ can be such an amazing moment for them. These are things most people take for granted, but can make a huge difference for someone trying to establish a gender identity.”

For many, this type therapy can be an extremely arduous journey that requires a lot of hard work and perseverance, but the rewards can be great, Burrell said.

“I am proud of how far this program has come and how it has been embraced here at Hartford HealthCare,” she said. “I am also constantly inspired by the resilience I see in the patients I treat. It isn’t like having surgery or hormone treatment. This is hard work that requires daily practice and a complete commitment to the process. Not everyone is able to do this, so when someone does succeed, it’s very rewarding to be a part of the journey.”

—Ken Harrison

Center Expands Specialty, Primary Care Options in Milford

People living in the Milford area have expanded access to specialty and primary care providers after the fall opening of the new Milford HealthCenter.

Located right off Route 95 — which offers incredible visibility of the large Hartford HealthCare sign — the HealthCenter houses a wide range of specialists and services, providing significantly more convenient access for HHC and Physicians Alliance of Connecticut (PACT) primary care patients.

This also expands the presence of St. Vincent’s Medical Center in the Milford/Orange communities, which have been dominated by Milford Hospital, now part of Yale New Haven Health.

—Robin Stanley
Paramedics Recognized for Saving 9-Year-Old Girl

The 911 call came in at 8:12 a.m., October 1: A 9-year-old girl in Coventry was having trouble breathing due to an asthma attack; Windham Hospital paramedic Ryan Will responded with town firefighters, EMTs and police.

Will, a Windham paramedic for two years and a fulltime Manchester firefighter, immediately recognized that the girl was quite ill. He called for backup and Paul Pedchenko, Windham EMS program coordinator, arrived within minutes.

The girl was barely breathing and showing signs of neurological damage.

“We were using a nebulizer, gave her multiple doses of epinephrine, steroids and had her on a magnesium infusion,” said Pedchenko, a paramedic at Windham since 2007. “She wasn’t improving.”

In the 10-minute ambulance ride to hospital, the team called for LIFE STAR to bring the girl to Connecticut Children’s Medical Center and, perhaps even more importantly, “we decided to perform a rapid sequence induction (RSI),” Pedchenko said. RSI is for patients in acute respiratory failure due to poor oxygenation or ventilation and involves sedating the patient, introducing paralytics and intubating them so oxygen is brought directly into the lungs.

Shortly after they arrived at Windham, LIFE STAR landed and the girl was brought up to the helipad. At Connecticut Children’s, she was successfully treated and discharged the following week, expected to make a full recovery.

Pedchenko and Will got to see their young patient again later in the fall at a Coventry Town Council meeting, where they and members of the Coventry Fire Department were awarded Life Saver Awards for their actions.

“There are not enough words to say thank you for saving my daughter’s life,” said Tricia Kajlik, the girl’s mother.

“We are forever in everyone’s debt,” her father, Alex, told the first responders.

Will and Pedchenko are fathers and, while they always do their best for every patient, Pedchenko said, “when it’s a young child, you really identify with the situation and it gives you a little extra motivation.”

—Elissa Bass
Self-Defense Classes Arm Women with Confidence

It was startling to hear about the random attack and abduction of a woman in a supermarket parking lot in her town, but Allison Mahon wasn’t going to live in fear so she asked a Hartford HealthCare colleague to help restore peace of mind for herself and others.

“It had the whole town on edge, particularly women, because it was random. It made everyone feel vulnerable,” said Mahon, director of marketing operations with HHC, of Marlborough residents.

She turned to Dominick Violante, Public Safety Training & Education Program manager in her System Support Office in Newington whom she knows from the ALICE training he’s conducted in the Marketing Communications Department. She then worked with community leaders to have him conduct a self-defense class called Women Against Violence Everywhere (WAVE). Violante offered a significant cost discount and the victim covered the cost with funds raised by townsfolk for her recovery.

“Her donation helped us keep the classes free. She feels strongly that helping prevent this from happening to another woman in town will help her healing journey,” Mahon said.

The first class filled within one day. After several sessions through the fall, more than 300 women and young girls, who took a special junior class with Violante and his team, were trained to defend themselves.

The ability to coordinate the classes, Mahon added, speaks to the HHC culture that fosters a desire to help others, and the connections colleagues forge with one another.

“This is a potentially lifesaving moment for women in our town,” said Mahon, who attended all four classes. “The classes were so well-received and the camaraderie of participating in something like this together as members of the community has been remarkably healing for everyone.”

Feedback from class participants was positive.

“This class really pushed us to put ourselves in some uncomfortable, yet realistic circumstances and gave us tools to navigate out of them,” said one woman.

The classes Violante offered in Marlborough might evolve into training for HHC colleagues, many of whom walk to their cars in the dark after their shifts.

—Susan McDonald
How Inclusive Are We? HHC Looks in the Mirror

By Hilary Waldman

In the summer of 2021, Hartford HealthCare engaged a nationally-recognized consulting firm, Just Health Collective, to help us look in the mirror and determine how close we are to becoming a workplace and system of care that truly respects separate realities and provides a safe, inclusive environment for colleagues and those in our care.

The consultants examined reams of data ranging from our financial and hiring records to examples of our advertising campaigns. They also conducted focus groups and interviews with scores of our colleagues at all levels of the organization. Their initial assessment provided high marks in some areas and noted opportunities for improvement in others. The results were probably no surprise — as we always say, it’s about progress not perfection!

The findings will guide us as we work to achieve one of our highest-priority strategic initiatives: To build a culture of equity and inclusion.

This evaluation is the beginning of our journey. The information will be used to inform strategies that ultimately will ensure that everyone who works or seeks care at Hartford HealthCare will be listened to and respected.

If we are successful, the results will extend far beyond our walls and doors. Watch for more information and add your voice as we build a culture of equity and inclusion. We cannot have a diverse and inclusive workplace and care space without you!

Here’s a snapshot of what our Just Health Collective partners found:

<table>
<thead>
<tr>
<th>STRENGTHS</th>
<th>OPPORTUNITIES</th>
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</thead>
<tbody>
<tr>
<td>H3W culture of continuous improvement supports health equity, diversity and belonging efforts.</td>
<td>We can do a better job explaining the “why” behind our commitment to ensure that our workplace and care space reflects and respects the similarities and differences of those who work here and those in our care.</td>
</tr>
<tr>
<td>Jeff Flaks’ 10+ Point Plan, announced in June 2020, provides a roadmap for diversity efforts.</td>
<td>Clinical colleagues should be more integrated in our diversity/equity efforts to ensure that the care we provide includes and reflects our patients and communities.</td>
</tr>
<tr>
<td>HHC has created a Health Equity, Diversity, Inclusion &amp; Belonging Department to lead the diversity and inclusion journey.</td>
<td>We can do a better job helping all colleagues and those we care for feel psychologically safe.</td>
</tr>
<tr>
<td>Colleague Resource Groups (CRGs) have been formed to elevate the voices of under-represented colleagues and Diversity, Equity and Inclusion (DEI) Councils are up and running across the system.</td>
<td>Health equity should be included when evaluating HR and quality and safety accomplishments/opportunities.</td>
</tr>
<tr>
<td>Bias training for leaders and colleagues is providing a common language to recognize and understand our own biases, and recognize the harm that can result from unintended micro-aggressions.</td>
<td>Members of marginalized communities (colleagues and community members) should be more involved in our health equity, diversity and belonging decision-making.</td>
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HHC Veteran Raises the Flag for Service

Sometimes the smallest gesture in life can have the biggest impact, something Bob Samartino, RN, has witnessed first-hand for the last 11 years.

Samartino’s story begins in 1984 when he was just 19. He was attending Central Connecticut State University when he decided he wanted to serve his country.

“I decided to join the Army National Guard, so I enlisted at the infantry unit in Bristol, which is where I am from,” explained Samartino, who served until 1990 and now works in Pavilion D at MidState Medical Center.

Years later, while helping his parents through medical issues, he took an interest in healthcare and enrolled in nursing school, graduating in 2009. He was hired the same year at MidState, where it didn’t take long for him to have memorable interactions with patients that would trigger a sequence of events nobody — including Samartino — expected.

“I would start talking to men or women I was caring for and learn that they were veterans, and I wanted to do something for them to help make them feel more at ease,” he said.

“I decided to buy a bunch of small American flags. I stashed them in my locker at work, and when I knew one of my patients was a veteran, I’d give them a flag.”

This went on for seven years, getting the attention of colleagues and managers who liked the idea so much, they, too, began passing out flags to patients who served our country and expanded the program to The Hospital of Central Connecticut.

Fast-forward to this past fall when Hartford HealthCare standardized the recognition system-wide with “Stars & Stripes for Service” on Veterans Day. Every patient who served our country received an American flag or similar gift of gratitude that day, depending on the care setting. Since it’s important to recognize our veterans beyond just one day, some locations adopted the program year-round.

“We all have immense gratitude for those who have served our country. Stars & Stripes for Service is an example of how Hartford HealthCare continues to go above and beyond to make that interaction with our patients a meaningful one. We are so proud of the fact that this program got its start at MidState and has grown in such a meaningful way,” said Janette Edwards, vice president of operations for the Central Region.

“It’s just truly incredible. What started out as such a simple idea has grown in a way I never could've imagined,” Samartino said. “These flags are making a world of difference. I’ve seen men and women cry when they get a flag — it’s so touching. It means a lot to us, to the patient and to their families.”

—Brian Spyros

MidState Medical Center nurse Bob Samartino, in the Army in the 1980s, left, and now. Current photo by Brian Spyros
Project SEARCH Jumpstarts Careers for Teens

Project SEARCH, a partnership between Charlotte Hungerford Hospital (CHH) and The ARC of Litchfield County (LARC), recently started its second year with smiles all around.

The program provides classes in employability skills, independent living skills and internship experience for young adults with disabilities. Four new interns are training in various departments, including nutritional services, podiatry, environmental services/housekeeping and the storeroom.

Interns participate in weekly classes, learn new skills and gain hands-on experience in food preparation, cleaning machines and rooms, stocking shelves and delivering supplies. The teens excitedly meet new people and try new things.

“We have a great group of young adults who are ready to learn, work and be a part of the hospital community. CHH staff is accommodating and very supportive of our program, especially our host liaisons,” stated LARC’s Special Educator/Coordinator Kathy Riberdy.

After graduating from the program, the team members can seek jobs in a number of fields. Last year, LARC’s vocational team successfully placed two CHH interns in jobs where they utilize many skills they learned in the program.

—Tim LeBouthillier

Roger Street: ‘An Amazing Employee’

When patients at Backus Hospital are discharged, they are asked to fill out a satisfaction survey that covers their experience from care to food to cleanliness.

Over the years, one name comes up over and over: Roger Street.

Street has been an environmental services aide at Backus for 20 years. The 62-year-old said he loves his job, his coworkers and, especially, his patients.

“Housekeeper Roger was very sweet, did a good job cleaning my room and always asked if I needed anything before he left my room,” read one survey.

Street currently works on the oncology floor at the hospital, where a patient can be admitted for many days at a time.

“Roger from housekeeping was always polite, professional and friendly,” another survey said.

William Gerjes, East Region director of environmental services, said Street “makes an extra effort to get to know the patients. He has an awesome heart, he’s caring and loving.” He added that Street makes the effort to be on hand when a patient is being discharged, to say goodbye.

“Roger with housekeeping was excellent, always
let me know when he was coming into the room. Kept the room neat and tidy. An amazing employee,“ a patient wrote.

Street said hearing how patients mention him by name as doing a good job “makes me feel good.”

“When I clean, I try and talk to them as I’m working. Sometimes, they don’t get many visitors so I talk with them,” he said.

One patient Roger spoke with a lot is Matthew Crowe, who was admitted to Backus in October 2010 after being terribly injured in a car crash. In a coma with a traumatic brain injury, Crowe spent time at Backus in 2010 and 2011 as part of a long, grueling recovery.

“I would just talk to him,” Street said, even when Crowe was unconscious.

The two stay in touch even now.

“He texts me every day,” Street said.

—Elissa Bass

Nursing Journal Club Elicits Insight, Sharing

The Hartford HealthCare at Home Nursing Journal Club started as a way to help connect colleagues, allow them to share ideas and generate new and improved ways to provide care.

Meeting once a month via Zoom, the group covers a wide range of topics related to homecare nursing, including patient safety and critical care clinical practices. The overall goal is to develop nurses’ awareness of current research studies and best available evidence, and keep them up-to-date with new findings, practices and care trends.

The club was also invited to join Hartford HealthCare’s Nursing Research Council and members have developed new pilot programs for homecare nursing that are currently being implemented throughout the system.

“I am so excited that we are part of this prestigious, forward-thinking nursing group,” said Hartford HealthCare at Home Vice President Laurie St. John. “This aligns with our vision to deliver the highest quality of nursing care to our patients. Nurses are at the forefront of healthcare and it is programs like this that elevate the clinical practice of nursing to bring the latest in technology and nursing best practice to our homecare patients.”

Anyone interested in participating in the Nursing Journal Club can reach out to Joanne Galayda at Joanne.Galayda@hhchealth.org.

—Ken Harrison
For One Couple, It All Started at IOL

By Robin Stanley

In July 1979, Jim DeGiovanni arrived on the campus of the Institute of Living (IOL) to complete a doctoral internship in clinical psychology. Little did he know it would be his home for 40 years and his future bride was already there.

Two years before he arrived, Sarah Gordon began working at the IOL as a psychiatric aide in the nursing department. She enjoyed taking part in staff plays performed for patients and families. During one, “Bye Bye Birdie,” she was introduced to a castmate’s friend, and the rest is history.

After his internship ended, DiGiovanni returned to Temple University to complete dissertation research, and the two began a long-distance relationship for the next year.

“We were pretty clear very early that this was meant to be,” he said.

“Once we had a chance to get to know each other, it felt like we had known one another for a long time,” Sarah DiGiovanni added.

The pair took turns visiting each other on weekends. In between, they wrote letters, often with poetry.

“We were engaged by the end of that year,” Sarah DiGiovanni said. “It was very romantic. We didn’t have cell phones so we would write letters.”

“And have late night phone calls to maximize the savings after 11 p.m.,” her husband joked.

The pair married Sept. 12, 1981, the same year Jim DiGiovanni returned to the IOL.

In their time at the IOL, both served in multiple roles. Sarah worked in utilization review and ended her career in ambulatory services. Jim was hired as a staff psychologist and served as director of the psychology training program, coordinator of group therapy,

Continued on page 37

Jim and Sarah DiGiovanni met through their work at the Institute of Living (IOL) and knew early on that they were meant for each other. The couple recently retired after more than 40 years at the IOL.
and retired as director of the psychology department and psychology training.

Almost 40 years after their wedding, the DeGiovannis said goodbye to the place where it all started and began their retirement journey.

The couple has two children, two grandchildren and a third on the way. They hope to spend time traveling and watching their grandchildren grow. Jim DiGiovanni said he plans to pursue his teaching and supervisory interests, and will continue to work in private practice.

“For both of us, the IOL will always be in our heart,” Sarah DiGiovanni said. “It is a very special place and enabled me to live the life that I wanted. I’m grateful for the opportunities it enabled me to have and to grow.”

Like Father, Like Daughter

By Susan McDonald

Father-daughter relationships are often unique, as is the case with Hartford HealthCare neurologists Drs. Anthony Alessi and Stephanie Alessi-LaRosa.

Accompanying her father to sporting events like New York Yankees spring training, where he worked as a consultant, prompted Dr. Alessi-LaRosa to recast her professional goal of becoming a physical therapist to medical school and, eventually, to becoming a sports neurologist. She is now director of the Sports Neurology Program at Hartford Hospital.

Around the same time, her older sister, Catherine, also opted for a career switch from nursing to medical school and neurology. She is currently an attending neurologist at UConn Health.

The 67-year-old Dr. Alessi now shares his passion — which includes 29 years at Backus Hospital — with both daughters.

“My dad has been a life-long role model for everything — as a father, as a person and as a doctor. He’s passionate about everything he does,” Dr. Alessi-LaRosa said.

She was especially hooked on medicine after cajoling her father into taking a medical mission trip with her to Haiti.

“Haiti was life-changing,” her father recalled. “Being there was an eye-opening experience for both of us.”

Their relationship has taken on an added dimension as they are colleagues sharing information on the latest treatments and technologies.

“It’s what keeps me going — learning the newer stuff from them,” said Dr. Alessi.

Sports neurology, in which the physicians work with athletes to prevent or treat injuries such as concussion, is a newer subspecialty that appealed to Dr. Alessi-LaRosa, a college golfer.

Time the pair spend together as ringside physicians during boxing events has been especially rewarding.

“I like the idea of keeping sports safe for the athletes, plus it’s always fun being on the sidelines and courtside together!” Dr. Alessi-LaRosa said, although she quickly added that knowing whether to call a fight is still stressful.

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“You want to have the respect of the fighters and officials.”

She learned by watching her father’s reactions.

“The ringside experience is a stress test for neurologists,” he explained. “You literally have one minute to make a decision in the corner between rounds. Boxing is the only sport where the goal is to neurologically impair your opponent, and a quick decision may save that person’s life.”

Working together, both agreed, is a rewarding experience.

“Stephanie has boundless energy and will drop anything to take care of a patient any day, any hour. I couldn’t be prouder,” Dr. Alessi said before ending the conversation by saying, “Let’s get back to work, Steph!”

**HHC welcomes three generations**

*By Ken Harrison*

Colleagues at Hartford HealthCare often refer to the system as a “family” of healthcare facilities, service lines and business units; with more than 33,000 colleagues, however, there are many actual family members working together as well.

Some family connections span several generations, as is the case with the Cohen family.

One of the newest additions to the Hartford HealthCare family is Beverly Cohen, who recently moved into Cedar Mountain Commons, an independent and assisted living retirement community in Newington that’s part of Hartford HealthCare Senior Services division.

Her son is Dr. Jeffrey Cohen, executive vice president and chief clinical operating officer for Hartford HealthCare. Her granddaughter, Elinor Cohen, is a member of the HHC media relations and content team.

“It’s been a wonderful experience for her and we could not be happier with my mom’s transition to Cedar Mountain Commons,” said Dr. Cohen. “Living at a facility that is a part of the state’s largest, most comprehensive healthcare system offers many advantages, including the peace of mind knowing that she can be seamlessly connected to any type of care she may need.

“More importantly, my mom has been welcomed into a warm and engaging community, made a lot of new friends and we know she’s in great hands with the staff there.”

Beverly Cohen enjoys the sense of friendship, family and community she gets from living among new friends most of all.

“Everyone here is so friendly and they all have such a positive attitude,” said the 90-year-old. “It’s such a wonderful group of people and they have made me feel very welcome.”

During a recent visit with Elinor, whose office in Newington is just up the driveway from Cedar Mountain Commons, Beverly Cohen reminded her that every day should begin with a laugh because “laughter is the best medicine.”

Elinor Cohen, left, loves visiting her grandmother, Beverly Cohen, at Cedar Mountain Commons.
“It took a number of years with other endocrinologists’ practices before (my husband) found yours. Finally, someone he could respect, enjoy and count on. I know he held you in highest regard as an expert, but also as a friend for whom he had affection. I cannot thank you enough for the care and friendship you provided (him). You were consistently helpful, supportive and upbeat.”

—Wife of patient of David O’Hotnicky, APRN, endocrinology, Charlotte Hungerford Hospital

“My mother was 92 years old and failing rapidly (when) she was admitted to your hospital. She was attended by Dr. Keenan who was very human. He had empathy, compassion and understanding. He looked my mother in the eye and communicated with her as if he’d known her a lifetime. I wish to call out two RNs — Sharon and Joanna — who went above and beyond in my mother’s last hours. They were exceptional, kind, generous, engaging and extremely efficient. Their work caring for my mother was beyond anything I have seen or had expected. Your people made a very sad experience a little bit easier. I don’t enjoy going to hospitals, yet when I need to in the future, I hope to have your team in the room with me.”

—Son of Windham Hospital patient

“I want to set in writing my gratitude and respect for your kindness and medical expertise. I am not over-dramatizing when I say that you have restored my life spirit.”

—A patient of Dr. Casaly

“Parkinson’s disease can turn your world upside down. It did for me! But there is one exceptional person who has made all the difference in my life dealing with this disease — Amanda Brill. Amanda has brought me down from going over the edge several times. She is one of those rare professionals who understands and knows what someone is going through. She can see behind the façade that her patients can present. She listens and offers support. Her advice is invaluable.”

—A Chase Family Movement Disorders patient
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