A 2-year-old boy is rushed into Gagnon Pediatric Emergency Center. He’s breathing hard, is not responding normally to his parents and requires immediate attention. As he’s being evaluated by a team of pediatric emergency physicians and nurses, it’s quickly noted that he has serious pneumonia and will need a high level of care to stabilize and support him through a critical illness. This patient will require a breathing tube and central lines for intravenous access only used in the Foley Pediatric ICU.

This is an intense experience for any parent. How would you want it to be handled? Should the parents be asked to leave the room while the medical professionals do their work? Should the parents be able to stay so that they can be with their child and know that everything is being done by people with the expertise to handle the situation? Believe it or not, this has been an actual debate in health care circles. Today, how many of us can imagine leaving our children in such a circumstance and not knowing what’s happening?

Gagnon Pediatric Emergency Center has always been a place that has put the well-being of children and the highest level of medical care first. Over the last two years, however, there has been a concerted effort to focus even more on the manner in which that care is delivered. This effort was kicked off with an initiative on patient- and family-centered care. This initiative is strengthening our commitment to provide care in an environment that’s friendly, welcoming and comforting to children, and it’s transforming the relationships among health care providers, patients and families.

The term “patient- and family-centered care (PFCC)” often evokes a snicker. How could one, after all, provide care that is anything but patient and family centered? While true on the surface, PFCC is an innovative model of care that is grounded in mutual respect and collaboration. Through the sharing of information, it creates partnerships among health care providers, patients and families. At its core, PFCC is devoted to providing care that is safer and creates lasting trust.

In the Gagnon Pediatric Emergency Center, we are committed to this model. We have been executing a plan that includes parents as our advisors and partners, an innovation that, we believe, will keep us at the leading edge of health care delivery. If you’re interested in being more involved with our process and with our Family Advisory Council, please contact me at ethanwiener@atlantichealth.org.

By the way, our little hero, the 2-year-old with the pneumonia, walked out of the hospital one week later and experienced a total and rapid recovery.

PFCC is expanding throughout the Emergency Department. We welcome volunteers to work with us on the initiative.
More FAST Action Needed

When people are being treated in the ED for life-threatening injuries or illnesses, there’s a team in place to help their families through the trauma. The Family Assistance & Support Team (FAST), a grant-funded program in its fourth year, trains volunteers who help manage the needs of families, such as requests for pastoral care or the coordination of child care; give frequent medical updates; and work with hospital liaisons.

“FAST supports the ED and trauma staff by working with the family and taking that responsibility off the physicians and nurses,” says KJ Feury, RN.

This assistance has proven invaluable. “There was much confusion and anxiety in my family,” wrote a family member of a trauma patient. “Through all the ‘craziness,’ the FAST person was able to be calm and supportive to my family and provide great solace during a very hectic time.”

Currently, FAST operates Friday through Sunday from 4pm to midnight. However, the ED is looking to expand the program by training more volunteers and starting at 8am so that coverage can be provided throughout high-volume times.

If you’re interested in funding FAST, please contact Susan Johns, special gifts officer, at 973-593-2413.

IM in the ED Gets an A+

In the ED, a young woman diagnosed with an ectopic pregnancy was experiencing severe abdominal pain and was anxious about her impending surgery. This is when Carole Reifsnyder, RN, holistic nurse and Integrative Medicine (IM) coordinator, stepped in.

“After a Jin Shin Jyutsu® session she said her pain was reduced from a 7 to 1, and as I guided her through visualizations, she relaxed her posture,” says Ms. Reifsnyder. “She said the interventions definitely helped her to feel calmer and reduce her pain.”

In July, IM was introduced in the ED, with a part-time practitioner providing massage, acupressure, healing touch, stress management counseling and reflexology.

By seeking additional funds, the ED wants to expand IM to include weekend coverage. If you’re interested in funding IM in the ED, please contact Susan Johns, special gifts officer, at 973-593-2413.

First Patients, Now Donors

It’s difficult for us to relive the moment in which our lives were so dramatically changed. We were returning to our Mendham home, driving a road we had travelled thousands of times without consequence. Little did we know, in rounding a familiar bend, that our lives would be forever changed by a drunk driver. And up until that time, little did we appreciate the life-saving business of an emergency room.

Ten years later we find it hard to imagine what our lives would be like today had we not had the benefit of the Morristown Memorial Emergency Department and its outstanding team of doctors and nurses. In the horror of that moment, we could not fathom the extent of our injuries nor our ability to recover. There was no luxury of a “second opinion” or researching the educational level of the medical teams. We were lucky to be alive and even luckier that we lived so close to this extraordinary hospital. We learned what others had learned before us: in a time of crisis, emergency care must be ready and in place.

We benefited from those whose donations to Morristown Memorial helped to create an Emergency Department that saved our lives. Today, we choose to be a part of that history with the hope that other lives will be saved and a community will be better served.

— Maxine Riskin