Kids Count!

A Letter of Gratitude

Dear Morristown (Memorial) Friends,

Thank you for taking such good care of me. Thanks to your help, I am able to be in school with my friends again.

Sincerely,

Hannah Foster
Age 11
Long Valley, New Jersey

In March 2006, Hannah spent more than four weeks in the Pediatric Intensive Care Unit at the Goryeb Children's Hospital after being diagnosed with strep toxic shock.

SPOTLIGHT ON

The Pediatric Intensive Care Unit

Treating Critically Ill and Injured Children with the Highest Level of Medical Care in the Region

In a pediatric intensive care unit, every second counts. The team of critical care physicians, nurses, therapists and staff work together to care for children with life-threatening injuries or chronic diseases. Precious moments are used wisely in the fight to save a child’s life.

Each year, the Pediatric Intensive Care Unit (PICU) at the Goryeb Children’s Hospital provides care for over 500 critically ill and injured children. The eight bed, state-of-the-art unit allows for continuous monitoring of respiratory, cardiac, and neurological functions. Because of Morristown Memorial Hospital's designation as a Level I regional trauma center, a large percentage of the children admitted have suffered from traumatic injuries. However, the PICU also cares for children with severe asthma, respiratory illnesses, diabetes, surgery, neurosurgical issues, cancer, and life threatening sepsis, among others.

Because several other local hospitals and some located as far away as Pennsylvania and southern New York State cannot provide the specialized care of a PICU they transfer their patients to the Goryeb Children’s Hospital PICU for care. At the end of this year the unit will expand to nine beds to be better prepared to accept all of the patients who need this advanced care.

The PICU is staffed 24/7 by an expert medical team, led by Juan Gutierrez, M.D., Pediatric Critical Care Physician and Director of the Pediatric Intensive Care Unit. All children admitted to the PICU are cared for by board-certified pediatric critical care specialists often with the support of pediatric subspecialists from a broad range of specialties (cardiology, gastroenterology, neurology, pulmonology, etc.).

“Our Pediatric Critical Care Team of physicians, nurses, respiratory therapists, child life therapists and social workers are dedicated to treating critically ill infants, children, and adolescents,” said Dr. Gutierrez. “They receive advanced training and extensive experience to prepare them to administer the unique medical care that children in the PICU need.”

We support family involvement in a child’s care and also want to include family members in decision making processes.”

—Dr. Gutierrez

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Every year we are honored to have patients who are willing to tell their stories. We hope you enjoy this newsletter feature and will contact us if you have a story to tell.

Pediatric Ambassador Program

Zachary Moss

A long stay in the hospital is rarely something you plan for, especially a long stay in the Pediatric Intensive Care Unit (PICU). For one child, a high fever and vomiting took him from the comforts of his own crib to that of a sterile environment in the Goryeb Children’s Hospital's PICU.

Zachary Moss, born on July 20, 2006, weighing in at 8 pounds and 6 ounces, was a healthy, full-term baby born to Barbara and Jonathan Moss.

“Zachary was an energetic, happy little boy,” said Mrs. Moss.

January 1st, 2007, was a day like any other. After spending New Year’s Day with friends and family, Mrs. Moss was giving Zachary his last feeding before bedtime. As she was nursing him, she felt that he was warm so she took his temperature. Zachary had a fever of 101 – not too concerning. Mrs. Moss gave Zachary infant Tylenol and kept an eye on him. At about 7 p.m. Zachary began vomiting so she called her pediatrician who said to watch for dehydration. Mrs. Moss continued to check on Zachary throughout the night and early morning.

At 7:30 a.m., Mrs. Moss went in Zachary’s room and found him absolutely limp with his eyes rolled back in his head. Her gut instinct told her to get him to a hospital immediately. So, Mrs. Moss grabbed her son and drove him straight from their home in Glen Ridge to the Gagnon Children’s Emergency Center. While driving, her husband stayed back and called their pediatrician who alerted the pediatric ER that Mrs. Moss and Zachary were on their way.

As soon as Mrs. Moss pulled up to the Emergency Center, a security officer was waiting for her in front and took Zachary in his infant car seat straight in for evaluation. From the time it took Mrs. Moss to get out of her car and rejoin her baby – less than five minutes, Zachary was in the Resuscitation Room. When trying to recall what was happening, Mrs. Moss said, “everything happened so fast and I was in shock; he [Zachary] was surrounded by about 10 people. I had no idea what they were doing or what was going on.” “While Zachary was receiving life-saving treatments by doctors and nurses,” added Mrs. Moss, “I was receiving a tremendous amount of support from staff members until my husband could join me.”

After several hours in the Emergency Center, Zachary was moved to the Pediatric Intensive Care Unit (PICU) where he would spend the next 11 days. Within a few hours, lab tests confirmed that Zachary was suffering from Respiratory Syncytial Virus (RSV). Critical care doctors met with Mr. and Mrs. Moss and explained that Zachary was very sick and would need to be intubated and receive a blood transfusion. Through every test and procedure, doctors and nurses kept the Mosses informed and optimistic. Before this day, the Mosses had never heard of RSV or how severe it could be. Though RSV is an illness that usually resembles a moderate cold that resolves on its own, Zachary was one of the two percent of children that get critically ill and require hospitalization.

While Zachary lay in his hospital bed connected to monitors and breathing machines, the Moss’ spent countless hours holding his hand, kissing his head, and talking to him. The nurses also provided privacy screens so that Mrs. Moss could continue to pump breast milk for Zachary. Additionally, a music therapist visited regularly as it seemed to soothe this fragile baby.

With a not quite four-year-old daughter, Emma, the Mosses needed reassurance on how to explain why her baby brother was not coming home. “I spoke with social workers and told Emma that Zachary is in a special hospital and needs special medicine that only doctors can give him,” said Mrs. Moss. “Our daughter needed us at home and we felt completely confident leaving him throughout the night in the care of the PICU staff.”

Social workers also helped the Mosses prepare their daughter to eventually seeing Zachary once he was in the inpatient floor where he would spend another 12 days. Mrs. Moss recalled how excited Emma was to see her brother and how elated she was to finally hold her baby boy after 11 terrifying days.

“When Zachary was admitted, we had no idea that he’d be there for nearly a month,” added Mrs. Moss. “We were so impressed with the level of care and support given to Zachary and our family. Zachary just celebrated his first birthday and is doing extremely well. Though his pediatrician and pulmonologist will follow him closely over the next few years, Zachary shows no signs of any adverse effects.”

“The doctors, residents, nurses, respiratory therapists, and social workers were absolutely wonderful and not only made Zach’s health a priority but took time to answer our questions and address our concerns.”

—Barbara Moss

Zachary just celebrated his first birthday and is doing extremely well. Though his pediatrician and pulmonologist will follow him closely over the next few years, Zachary shows no signs of any adverse effects.
The PICU team works together to provide individualized care for each patient and takes great care in recognizing the important role that family plays in each child’s health and healing. Family members take an active role in the child’s care, especially with day-to-day activities such as bathing, feeding, changing diapers, brushing teeth, changing clothes, fixing hair, etc. Family-centered care is strongly encouraged in Goryeb Children’s Hospital PICU.

Children respond positively to parents, siblings and other family members at the bedside offering a healing touch, words of encouragement and comfort. “We support family involvement in a child’s care and also want to include family members in decision making processes,” added Dr. Gutierrez.

The PICU’s private rooms allow for more than just privacy. They allow the PICU team to focus on the care of each individual child and their family. Private rooms allow children and families to be closer and more comfortable, but more importantly, they provide proven healing benefits. “Over the years, we have seen that private rooms lessen over-stimulation from the noise, lights and commotion associated with an open room ward, thus allowing children to rest more peacefully,” said Liz Dubois, R.N., nurse manager of the Pediatric Intensive Care Unit. Each of the private rooms is also equipped with many of the creature comforts that allow the children to watch movies, communicate with loved ones and friends, and play video games.

Additionally, parents are provided with specially designed Ronald McDonald sleeping rooms that are attached to the PICU. These rooms are equipped with a separate bathroom and shower area. A common waiting room area provides snacks, coffee, juice, television, and a refrigerator.

For more information about the critical care services offered at the Goryeb Children’s Hospital, please call the PICU at (973) 971-5514. Additionally, you can visit www.mmhf.org and select What's Happening>Current News and Archives for a listing of the team of specialists.

For more information about ways you can support the Pediatric Intensive Care Unit or other pediatric specialties within the Goryeb Children’s Hospital, please contact Geraldine Kling at (973) 593-2414.

Groundbreaking for ‘Sam’s NICU’

On May 10, Morristown Memorial broke ground for the expansion of Sam’s NICU, in memory of Samantha Marie Salzberg.

Determined to turn a personal tragedy into something positive for other parents, Steve Salzberg and his wife, Doris, established Sam’s Fund several years ago to benefit the Neonatal Intensive Care Unit (NICU) in memory of Mr. Salzberg’s late daughter, Samantha Marie. In March, the East Hanover couple pledged $1.5 million to the fund to advance the NICU’s two-phase expansion that will triple its size to over 22,000 square feet housing 34 private rooms.

Sam’s NICU, as it will be called, will cater to the needs of babies and their families, with softer noise and lighting levels, more privacy and overnight accommodations for families, and state-of-the-art technology. Most important, the $15 million facility will be able to accept and care for more at-risk newborns like Samantha, who would have turned 20 this past April. But when she was 18 hours old, having been diagnosed with an undeveloped right ventricle, the newborn had to be transferred from Morristown Memorial to a better-equipped New York hospital. During the transfer, she caught an infection that would claim her life seven weeks later.

“If we could have stayed at Morristown, Samantha would have been fine because she would have remained in a sterile environment,” Mr. Salzberg says. Staying local, he adds, would also have been much easier on Samantha’s sisters, who were just two and five. Instead, they had to be left behind as their parents drove to the city every day and kept vigil at Samantha’s side.

“For me, this gift is the perfect way to remember Sam,” says Mr. Salzberg, who has the enthusiastic backing of his current wife and six children. “Bringing comfort to people who are in such pain is a positive thing.”

The Salzbergs will fulfill their pledge with personal donations and by continuing the annual fundraisers held for Sam’s Fund through Mr. Salzberg’s company, Chain Reaction Marketing, which provides purchasing and distribution solutions to restaurant chains. The relocated and expanded Neonatal Intensive Care Unit, focused on family-centered care, is expected to be complete in the spring of 2008.

For more information about ‘Sam’s NICU’ or how you can help, contact Geraldine Kling, director of major gifts, at (973) 593-2414 or geraldine.kling@atlantichealth.org.
If you are interested in hosting an event or promotion to benefit the Goryeb Children’s Hospital at Morristown Memorial Hospital, please contact Eileen Heltzer, director of annual giving, at (973) 593-2412 or eileen.heltzer@atlantichealth.org.

Putting a smile on a child’s face at the Goryeb Children’s Hospital is made possible by many people who give of their time, talent and treasure. Listed below is just a sampling of the many donors who give to make life better for children and families who rely on us for help.

Many thanks to Caitlin Jaremcak, a junior at Morris Knolls High School, and the Rockaway Area Girl Scouts for collecting and filling over 350 bags with travel-sized toiletries for use by parents who were staying at the Ronald McDonald Wing of the Goryeb Children’s Hospital.

Caitlin earned Girl Scouting’s highest award, the Gold Award, by earning three Girl Scout Interest Project awards including this service project of at least 65 hours.

Please call (973) 593-2400 or visit our Health Foundation web site at www.mmhf.org.

Donations can be made online or can be mailed to us at the Goryeb Children’s Hospital, c/o Morristown Memorial Health Foundation, P.O. Box 35558, Newark, NJ 07193-5558.

Thank you to The Westminster Comforters of Westminster Presbyterian Church in Berkeley Heights who created and donated several quilts to the Valerie Center in the Goryeb Children’s Hospital.

Each year the “Comforters” make quilts to be donated to organizations that care for children. This year they chose The Valerie Center because Allyson McDermid, the granddaughter of a Westminster Presbyterian Church member, is being treated at the Center.

Thank you to the Sethness Family who, through ConKerr Cancer, help make and donate 100 cheerful pillowcases each month to the Goryeb Children’s Hospital.

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WEB NEWS

Visit our newly redesigned web site at www.mmhf.org featuring a one-click Give Now option that makes online giving a snap and our new bimonthly e-newsletter filled with hospital expansion updates, research studies, and new patient services.

The clinical programs at the Goryeb Children’s Hospital continue to grow with the recruitment of new pediatric subspecialists to the Department of Pediatrics. Some recent additions include:

Jennifer Davis, M.D.
Pediatric Critical Care Physician, Pediatric Intensive Care Unit

Melinda Fritz, M.D.
Pediatric Hematologist/Oncologist, Valerie Fund Children’s Center

John Joseph Gregory, Jr., M.D.
Pediatric Hematologist/Oncologist, Valerie Fund Children’s Center

Juan Gutierrez, M.D.
Pediatric Critical Care Physician, Director of the Pediatric Intensive Care Unit

Ira Horowitz, M.D.
Pediatric Critical Care Physician, Pediatric Intensive Care Unit

Lorraine Lazar, M.D.
Pediatric Neurologist, Division of Child Neurology and Developmental Medicine

Suzanne Mone, M.D.
Pediatric Cardiologist, Children’s Heart Center

Richard Trifiletti, M.D.
Pediatric Neurologist, Division of Child Neurology and Developmental Medicine

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