

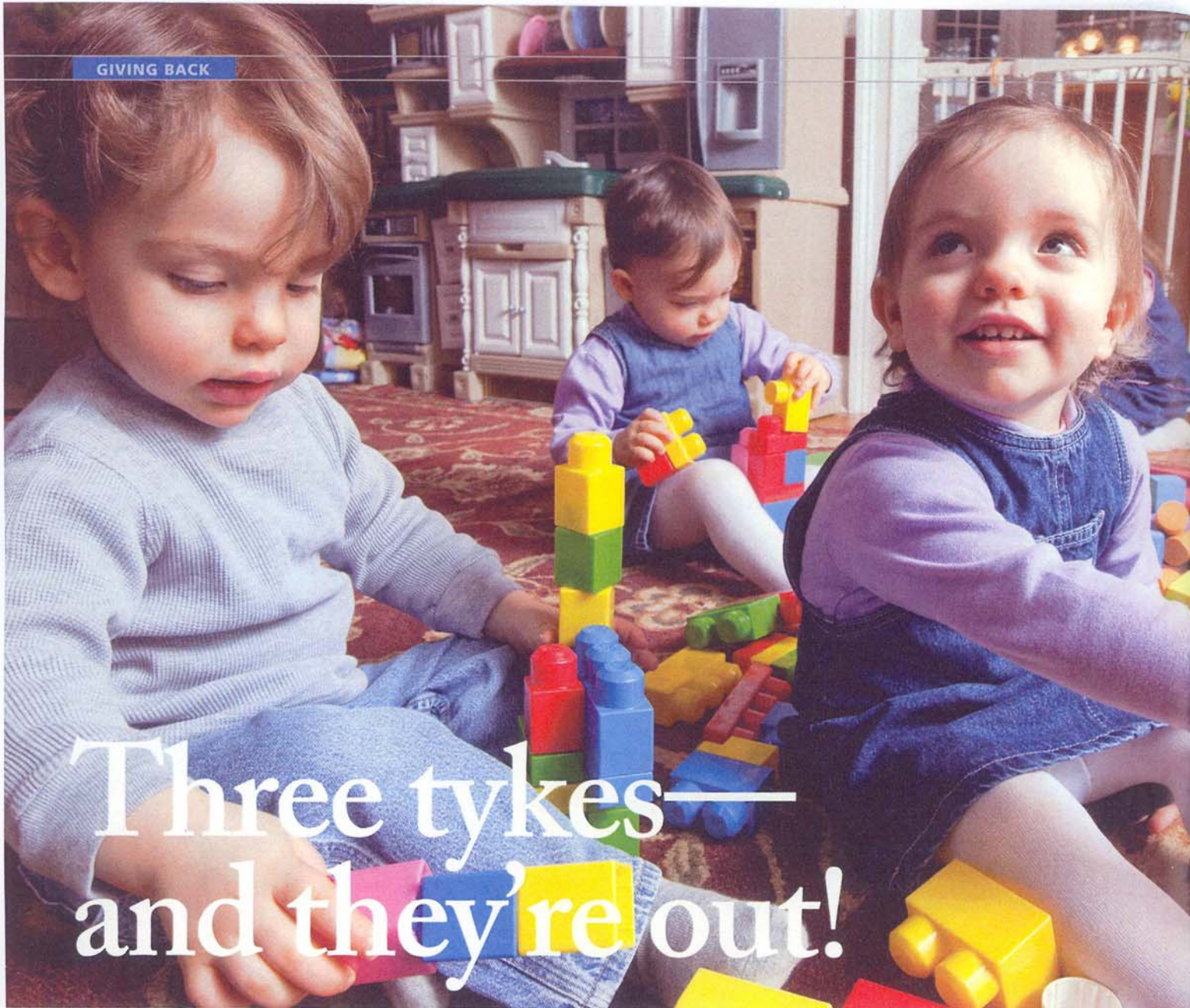
Making an
impact

SUPPORTING THE MISSION OF
YALE-NEW HAVEN HOSPITAL



Triplets'
arrival makes
a full house

Now two years old, Cashlyn, Sadie and Quinn—triplets born prematurely to John and Cheryl Cunneen at YNHH—are the picture of good health. Big sister Hollis helps to manage the lively crew.



Three tykes— and they're out!

The Newborn Special Care Unit helps families through their toughest times.

ON MARCH 9, 2008, John and Cheryl Cunneen, Woodbridge, CT, finally allowed themselves to exhale and celebrate the arrival of their triplets—two girls, Cashlyn and Sadie, and a boy, Quinn—born at YNHCH exactly a year earlier. “Up until then, it was all business: who gets what medication, who isn’t eating. We kept these complicated charts to track everything, minute to minute,” says John.

“By the time they got to their first birthday, they had no lingering medical issues. They have been hitting all their milestones on time ever since,” says

Cheryl, beaming. They threw a blow-out party for 80 people, inviting six of the nurses who had become like family during the triplets’ stay at the newborn special care unit (NBSCU). Instead of presents, John and Cheryl asked guests to donate to Yale-New Haven Children’s Hospital (YNHCH). They raised \$1,000 that day, to match the \$1,000 they had already given. In addition, the couple has donated \$25,000 to Smilow Cancer Hospital in conjunction with John’s brother, Jim, and his wife, Roseann.

Born prematurely at 31½ weeks, the

triplets were whisked to the NBSCU, where they remained for two months. They were underweight, their lungs were not fully formed, and they were unable to maintain correct body temperature out of their isolettes.

John and Cheryl spent every day and some nights with them. This was not an easy task with 18-month-old daughter Hollis at home, and Cheryl still recovering physically from a very difficult pregnancy and cesarean section. “Keeping track of three kids in the NBSCU, all getting different procedures, was a bit



Quinn, Sadie and Cashlyn at about 21 months; their sister Hollis is at the back.

daunting,” recalls Cheryl. “Even harder was the fact that we couldn’t really hold them because they had so many wires attached.”

John adds, “What made it bearable were the nurses, the PAs, the doctors and the entire staff—from the people who ran the cafeteria to the parking valet. They all cared so much. I don’t think you’ll find that in most places. We still know the parking attendant. Whenever we go for a checkup, we stop to say hello to the nurses. They’ve become family friends.



Clockwise from upper left: Nurses who cared for the newborn triplets in the NBSCU, at their first birthday party: Bethany Sprung holding Sadie, Stephanie Giannone holding Cashlyn and Chris Fontana holding Quinn (left to right); Bethany holding Cashlyn; Doreen holding Cashlyn; Stephanie holding Cashlyn.

That’s not part of their job. That’s part of them being great people!”

The couple also had complete trust in the doctors and nurses, so leaving their babies when they went home for rest was easier. “We knew they were in good hands. Plus, we could call anytime, morning, noon or night, and someone would

be monitored in the hospital. When we brought Cashlyn home, we were both nervous wrecks in the car, worrying that she might stop breathing. It was scary, especially at night after putting them to bed. We had become so reliant on all the monitors,” Cheryl recalls.

In the end, their experience at YNHCH was so good, and the outcome so joyful, that John and Cheryl are determined to continue supporting the hospital. Cheryl explains, “We know that any money we give will be spent well and wisely. It’s a good organization.”

In addition, Cheryl has joined the Pediatric Family Advisory Council at the Children’s Hospital, where she has just recently been named co-chair. (See page 6.)

“This says everything,” says John, showing a photo of the nurses at the birthday party, holding the babies. “Five of the six nurses invited came, and the only reason the sixth didn’t come was because she had a conflict. For us, that’s the best part of the story—that they cared enough to come one year later.”

“The entire staff cared so much. I don’t think you’ll find that in most places.”

be on the floor who could tell us exactly what was going on. When we’d wake up in a panic at 3 a.m., we knew we could phone and get reassurance,” John says.

The babies came home at different times, and then the fun really began. The charts, the feedings, the worry, the medicines. Quinn still had liver problems and Sadie had a blood clot lodged in her kidney. “It was nerve-racking because at that point, we felt so secure having them

When Parents Talk, YNHCH Listens

Pediatric Family Advisory Council

This year, Cheryl Cunneen (see story on page 4) joins Karen Zrenda, coordinator, Family Resource Program, Yale-New Haven Children's Hospital (YNHCH), as co-chair of the Pediatric Family Advisory Council (PFAC). Founded in 2004, PFAC is dedicated to improving the experiences of children and their families at YNHCH. It is made up of staff members and volunteer families who have spent time in places such as the pediatric emergency department, the newborn special care unit and outpatient clinics. Some have children who are still ill and receiving treatment; others have children who have recovered; and a few, tragically, have lost their sons or daughters.

"We wanted to hear the voices of the families of children that the hospital serves to get their feedback and suggestions. Families can bring a perspective that staff and administration don't have. We all have the same goal—to make the experiences of patients and their families as positive as possible," says Zrenda.

PFAC reports to the Children's Hospital executive steering committee, which is co-chaired by Michael Apkon, MD, vice president, executive director, YNHCH.

"This is a very important group. The family volunteers provide ready access for us on how our policies, facilities and programs can be improved. They also have been working to provide education

to other families on how to best navigate our system," says Dr. Apkon.

After what many of these parents have been through, no one would blame them if they never wanted to set foot in the Children's Hospital again. But that's not the way these volunteers see it.

Cheryl Cunneen explains, "I was inspired by the wonderful people we had met at the hospital. Understanding what it is like to have a sick child and knowing the pressure that puts on a family, I wanted to help other families who may not have the same support network we had."

In the last four years, PFAC has:

- Collaborated on infection control and hand-washing practices and signage
- Developed a script for staff to use when sharing information with families on why semi-private rooms must sometimes be assigned, and how best to manage sharing a room
- Developed parent information for admission packets
- Provided input for a new guidebook for parents, patients and families
- Recommended changes that were incorporated into discharge protocols and education
- Assisted with decision-making in the purchase of new cots for parents' overnight stays
- Made recommendations for changes to pediatric surgery waiting area policies

Hospital committees with PFAC representation are: Ethics, Family Centered Care, Family Centered Service Award, Smoke Free Environment, Family Resource Center Steering, Parent to Parent Program and Patient Education.

Cunneen is very proud of PFAC's role at YNHCH: "Being a member of the council and recently becoming a co-chair has been an honor. I continue to be impressed with how supportive and welcoming senior management has been in regard to truly hearing our collective parent voice and implementing our recommendations." ❖

