Celebrating 10 Years of Care for Children and Families
“What do we live for, if not to make life less difficult for each other?”
— George Eliot
Grace, courage, dignity. As you read the stories of our CompassionNet children and their families, those words may come to mind. The children and families in this publication represent the hundreds of patients, parents and siblings we’ve been honored to care for in CompassionNet’s 10-year history.

Our pediatric palliative care program serves families caring for a child who has a potentially life-threatening illness or medical condition. CompassionNet epitomizes the excellence and expertise of our health care plan and our home health care agency. Children under age 21 who are covered by Excellus BlueCross BlueShield are eligible to receive our all-inclusive care services administered by our affiliate, Lifetime Care. Our hats are off to the nurses, case managers, social workers, child life specialists, doctors and other health care specialists who support families during their darkest hours.

These caring professionals are committed to improving our members’ quality of life. For children in the program, it means helping them live as normal a life as possible and assisting with their pain and symptom management. Our staff may have gut-wrenching conversations with parents about their child’s prognosis and offer a soft shoulder to cry on. For siblings, we provide an outlet to help them understand their brother’s or sister’s illness and their feelings about how it affects them and their families. We collaborate with the medical community and the community at large to ensure that our families are sustained during their most trying times.

CompassionNet is the heart of our mission: to improve the health of our members and communities. Yet, there are times when our best efforts and the best medicine cannot cure a child’s disease. When technology and treatments fail, we continue to offer the human touch.

If we’ve alleviated a child’s suffering, eased the emotional and financial burdens of overwhelmed parents or helped a brother or sister cope with a sibling’s illness, we feel privileged to have been a part of their lives.

Families tell us that they’re often asked, “How do you do it?” Their answer is always the same: “How can we not?”

The same can be said about CompassionNet. How can we not help these children and families when their lives are most difficult?

David H. Klein, CEO
Excellus BlueCross BlueShield

Pat Heffernan, President
Lifetime Care
For ten years, CompassionNet has cared for more than 1,000 central and western New York children with potentially life-threatening illnesses or medical conditions and their families. CompassionNet responds to the individual needs of each family and child, each with a unique story.

CompassionNet’s own story began in early 2001. Caring for an Excellus BlueCross BlueShield employee’s 13-year-old daughter until her death from a rare form of brain cancer, Lifetime Care staff experienced firsthand the need for a robust program to address not only the physical needs of the child, but also the entire family’s emotional, psychosocial and spiritual needs. Lifetime Care leadership, motivated by the shortage of services for seriously ill children in the Rochester community, collaborated with its affiliate, Excellus BlueCross BlueShield, to develop a pediatric palliative care program. Howard Berman, then Excellus BCBS CEO, gave his enthusiastic support.

Lifetime Care President Pat Heffernan tackled the task right away. In search of successful models, she researched existing data and visited special palliative care programs across the country. Her findings led to three conclusions:

1. Parents reported that their family crisis began at the time of diagnosis—not when treatment failed or when a terminal prognosis was given or recognized.
2. The prevailing medical model of care did not provide the full range of services and support that families needed.
3. Parents often rejected hospice as an option—even when a child was dying—because they feared it meant “giving up.”

Assisting Pat in her efforts were other Lifetime Care staff, including Jeanne Chirico, vice president of Community Services, who now also serves as CompassionNet’s director. Based on their findings, they worked with Excellus BCBS to write a health insurance benefit that would provide families with extra support. They had one simple goal: “Find a way to give families what they need without the added stress of worrying if it would be covered by their health insurance.”

They sought input and advice from bereaved parents, administrators and providers from Golisano Children’s Hospital, staff and volunteers from nonprofit organizations serving sick children, and respected community pediatricians. A community task force outlined a program that would retain some elements of hospice: treating the patient and family as the unit of care, addressing medical and nonmedical needs with an interdisciplinary focus, and covering all services, equipment and supplies in full. Unlike hospice care, the program would not require a six-month terminal prognosis or discontinuation of curative or life-prolonging treatments. The words “hospice” and “palliative” would not be used in the name or description.

As the program evolved, it became clear that each situation was unique and that an insurance benefit could never be written to meet each family’s needs. Alyssa Gupton, LCSW, was the program’s first case manager. She recognized that individual plans of alternative procedures and services were necessary to make a difference in each child’s and family’s quality of life.

CompassionNet grew out of the decision to put families in the hands of a case manager authorized to arrange for and approve services, even if health insurance typically does not cover those services. Excellus BCBS committed to providing families with “whatever was needed,” an approach to care virtually unheard of among health insurers.

In addition to their case manager, families have access to a CompassionNet pediatric palliative care medical team, thanks to the
expertise and hard work of Philene Cromwell, RN, MS, PNP. The team includes a registered nurse, pediatric nurse practitioner and a certified palliative care pediatrician. It specializes in pain and symptom management and palliative care coordination and consultation. By partnering with community organizations, CompassionNet extends the “net” of support beyond the physical and medical needs of the child to the unmet needs of all family members.

From conception to implementation, CompassionNet was fully developed within nine months. On Nov. 1, 2001, the program began enrolling families in the Rochester area. With the encouragement and support of Excellus BCBS CEO David Klein, the program has grown to embrace families across upstate New York.

Many children in the program continue to thrive and some may be cured. For children whose death is unavoidable, CompassionNet and community partners support them, their parents, siblings and extended family members to the end and after. If parents wish their daughter or son to die peacefully at home, CompassionNet works to make that happen. Bereavement counseling helps the family get through its grief after the child’s death.

Core to CompassionNet is the belief that all New York families who have a child with a potentially life-threatening condition deserve the level of support this program provides. CompassionNet was instrumental in the passage of the Care at Home I & II Medicaid waiver, authorized in 2009. The waiver includes pediatric palliative care services to help families the same way CompassionNet does for its members.

In this 10th anniversary commemoration booklet, four CompassionNet families generously share their personal stories of how the program made a difference in their lives during times of crisis. The CompassionNet team is honored to have played a role in the care and well-being of these children and their families. Their stories are truly inspirational, a tribute to the human spirit, resilience and love.

Support as Needed

- Collaboration and coordination among home care, primary physicians and hospital teams involved in the child’s care
- Pain and symptom management consultation
- Developmentally appropriate medical information
- Home-based services such as child life, art, music and massage therapies
- Bereavement services
- Services to meet the needs of siblings and other family members
- Problem solving and assistance for:
  - transportation
  - respite care
  - medical costs
- Facilitation of difficult conversations about care goals
- Counseling and supportive therapies through community providers

“One of the things that makes this program so special is that we truly get to know each family and their unique needs and circumstances to tailor our supports and services to meet those needs.”

- Alyssa Gupton, LCSW
Keyshla Arroyo: Short Life for a Sweet Girl

Keyshla Arroyo was a girlie girl, according to her mother, Joana Negrón. “She liked to dress up, wear make-up, fix up her hair. She was a really happy girl who loved to dance.”

Although it’s been more than a year since her daughter passed away, the sadness in Joana’s voice comes through as she describes her youngest daughter.

Keyshla was 4-years-old when she was diagnosed with a brain stem glioma, a brain tumor with a very poor prognosis. She died two years later on March 28, 2010.

Joana and her husband, Jorge Vazquez tell, of Rochester, tried to keep Keyshla home and out of the hospital as much as possible, despite their busy schedules working and caring for two other children. They found that both Keyshla’s medical team and CompassionNet supported their goal.

“The partnership between the medical team and our CompassionNet team provided Keyshla and her family with a ‘net’ of support to surround them during this most difficult time,” said Victoria Gerhardt, LMSW, CompassionNet case manager.

At home, Keyshla played with her sisters, Tashana Rivera, 12, and Taysha Arroyo, 10. When Keyshla was too sick to get out of bed, they would lie beside her and try to cheer her up.

Keyshla especially enjoyed pet therapy, when CompassionNet arranged for a dog visit.

“Keyshla would lie there petting the dog while we read to her,” recalls Joana.

Dog therapy was just one of many services that CompassionNet provided to help the family during Keyshla’s illness and death.

“CompassionNet helped with Keyshla’s equipment needs, treatments and medications not covered by insurance,” Joana said.

CompassionNet also assisted with respite meals, referred them to community resource funds, and arranged to have family photographs taken in their home. One of the family’s favorite experiences was a cooking workshop at the Pittsford Wegmans arranged by CompassionNet.

Certified Child Life Specialist Christie Shaw with CompassionNet helped prepare Taysha and Tashana for their sister’s death. “I have helped the girls process their experiences and feelings surrounding Keyshla’s illness in a developmentally appropriate way that they as children can best understand.”

She shared with them that Keyshla was dying and what that meant.

“I gave them ample opportunity to ask questions and process this sad information. It was
important for them to understand why their parents had been acting ‘different,’” said Christie.

“In the hospital, the girls had questions about the permanence of death. Several months after Keyshla’s death, the girls still had questions about how their sister had died. We talked about how her heart had stopped working.”

As Keyshla became sicker and her illness progressed, CompassionNet’s unique Pediatric Palliative Care Team was available 24/7 to address the family’s concerns and Keyshla’s needs. The role of the team is to medically manage the child’s pain, symptoms and suffering and to help the family through his or her death.

Keyshla’s medical team included Dr. David Korones, CompassionNet physician consultant and pediatric oncologist from Golisano Children’s Hospital at Strong Memorial Hospital; Philene “Bean” Cromwell, RN, MS, PNP, CompassionNet pediatric nurse practitioner; and Jessie Brault, RN, Lifetime Care community health nurse.

Bean described Keyshla as “a real sweetheart.”

Even on her hardest days when she couldn’t move well or talk, Keyshla would be surrounded by her friends.

“I remember one afternoon when Keyshla was tucked in bed with her best friend and playmate,” Bean recalled. “They were both wearing these crazy toe socks, and Keyshla’s teacher was sitting beside them, just having finished painting their nails.”

Although many families choose for their child to die at home and it’s the child’s wish as well, sometimes the child must be readmitted to the hospital, if the burden of care becomes too much. Such was the case in Keyshla’s last days. “CompassionNet supports the family’s and child’s decision,” said Bean. “What’s more important than where the child dies is how he or she dies and with whom.”

Joana recalls Keyshla’s last day before she went into a coma. “She was smiling and alert, eating ice cream and happy until the last minute.”

The CompassionNet, Lifetime Care and medical team members were with Keyshla during her last few hours.

CompassionNet’s support does not end when a child dies; the program continues to provide therapeutic bereavement support for three years, explained Victoria.

“Since Keyshla’s death, Christie continues to help Taysha and Tashana with their sadness at losing their sister. Joana and Jorge both benefit from regular massage therapy to assist them with both the physical and emotional toll of grief. And as a family, they often meet with an art therapist to help them communicate their feelings and needs.”

The Holiday Wishes program granted the family a season’s pass to Seabreeze Amusement Park. “It’s been a kind of refuge for them, engaging them in normal family activities,” said Christie.

When Keyshla was sick, Taysha and Tashana attended CompassionNet’s Sibling Day. “It’s a day of fun where kids who have sick brothers or sisters can spend time with other kids in the same situation who get where they’re coming from,” said Victoria.

Now that Keyshla has passed away, the girls participate in Bereaved Sibling Day.

“CompassionNet is the best thing that could happen to any family that’s going through what we’ve been through,” said Joana. “They helped us economically and emotionally. We’re all grateful for their support.”
When Matthew Cech puts on his superhero costume, he morphs into Mighty Matthew. To his family and friends and the Plattsburgh community where he lives, Matthew is one brave little guy. He's endured more medical treatments and procedures than any second-grader should have to.

Diagnosed with mitochondrial disease complex I and III as well as CIPO (chronic intestinal pseudo-obstruction), Matthew has a g tube, j tube and ileostomy. He requires special supplements to help him absorb food better and help him grow.

The first clue that Matthew’s parents, Terry and Lisa, had that something was medically wrong with their third son was at his one-year checkup. At nine months, he had weighed 20 pounds, a normal weight for a baby his age. At 12 months, Matthew had lost a pound and was experiencing severe abdominal bloating and constipation. It would be 2 ½ years before Terry and Lisa would get Matthew’s official diagnosis from an Atlanta doctor specializing in mitochondrial disease. The confirmation of the diagnosis meant their day-to-day lives would be focused on managing Matthew’s disease.

Because Matthew requires specialized care for his rare and chronic medical condition, one or both parents often must take vacation time or time off without pay to take Matthew to Burlington, VT, and Boston hospitals for regular checkups or emergencies. Terry is a cardiac technician and Lisa is a community preschool teacher in an integrated classroom.

“We never know what’s going to happen from one day to the next,” Terry said. “People often ask us, ‘How do you do it?’ We answer, ‘How can we not do it? He’s our child.’”

CompassionNet has helped ease some of the Cech family’s financial and emotional burdens.

“When I began working with the Cechs five years ago, it was clear that the entire family was overwhelmed,” said Laurie Fazekas, LMSW, CompassionNet case manager. Laurie is also a certified child life specialist.

CompassionNet has helped pay for travel to and from out-of-state hospitals, lodging, parking and meals and covered medical and prescription copays. In addition, CompassionNet helps cover nonmedical expenses, such as supplements, and assists with completing insurance paperwork and getting approvals. Because Matthew’s irises are very thin and easily burned, he must wear transition lenses. CompassionNet paid for the special eyeglass prescription.

From Laurie, the Cechs learned about Angel Flight, a nonprofit organization of pilots who donate their time and planes to transporting ill children and their families to medical appointments. She also told them about CaringBridge.org, a website that allows the Cechs to easily update their family and friends about Matthew’s condition.
“Through CaringBridge, we’ve connected with other families in the same situation,” said Terry. “It’s great because the families share what works and what doesn’t work. You find others who understand.”

Terry noted the demands that Matthew’s condition puts on the whole family. “Last year, we were away from home once a month or more for Matthew’s care. His older brothers are dealing with a brother who is not well.”

Bradley, 15, and Steven, 12, as well as Matthew, have benefitted from a music therapist, courtesy of CompassionNet. The music therapist, who visits three times a month, is teaching Bradley how to play the guitar, and the boys have written their own songs. Through CompassionNet, Terry and Lisa received respite as a break from the physical and emotional toll of Matthew’s intensive care.

“It’s hard to be a normal family when dealing with a chronically ill child,” said Lisa. “CompassionNet has taken away some of the stressors our family faces. It’s allowed us to concentrate on getting the care Matthew needs.”

— Lisa Cech
Celebrating 10 Years of Care for Children and Families

Birthday parties loom large in most kids’ lives. For Lauren Searle, a sleepover with five friends in a camper parked in the family’s Camillus driveway this summer was more significant. It was Lauren’s “I’m free of cancer” party.

Until now, the 10-year-old fifth-grader and her family have almost always lived in the shadow of her disease. Diagnosed with Stage 4 neuroblastoma in 2002 when she was just 1½-years-old, Lauren is finally finished with treatments and tests. Neuroblastoma is a cancer that strikes about 650 children under the age of 10 in this country, according to the American Cancer Society (cancer.org).

“It’s the first time in nine years that I’ve seen her body without a port,” said her mother, Patty. A port is a small medical appliance installed beneath the skin, usually on the chest, where medical personnel can inject drugs and draw blood samples.

Patty, a second-grade teacher, had just started the school year when they got the bad news. Lauren’s father, Steve, an MRI technician, had a firsthand look at the scan that confirmed his daughter’s diagnosis.

On the first anniversary of 9/11, the Searles flew to New York City where Lauren started treatment, including high-dose chemotherapy and a bone marrow transplant.

“At the medical professionals were concerned that the chemotherapy was too aggressive for Lauren’s little body to handle,” said Patty, “but she showed them all. She’s my brave little girl.”

For eight months, Memorial Sloan-Kettering Hospital was the family’s home away from home. During that time, Patty gave birth to the couple’s second daughter, Abby, now 8. Both sets of grandparents were supportive. The retired grandfathers took turns assisting the family during their stay in the Big Apple.

On their return to Syracuse, Lauren continued treatment. In April 2005, the same year Charlie, now 6, was born, Lauren suffered a relapse. Her doctors weren’t optimistic that the four-year-old would survive, but Patty and Steve never gave up hope.

Lauren continued chemotherapy at Memorial Sloan-Kettering where she recently completed a vaccine protocol. She also had an experimental drug protocol at Children’s Hospital of Philadelphia. The end of summer 2011 marked the end of her treatment.

“She’s a fighter and a warrior, a true survivor,” said Alicia Colangelo, LMSW, Lauren’s CompassionNet case manager.

Amazing is how Lauren looks and feels, said Alicia. “Lauren managed most procedures and treatments with her sparkling smile and wisdom learned far too young. She looks at these parts of her life as normal for her. She knows how precious life is as a young survivor.”

During most of Lauren Searle’s nearly nine-year battle with cancer, CompassionNet has provided a variety of services to her parents, Steve and Patty Searle, her siblings, Abby, 8, and Charlie, 6, and Lauren herself, 10.
In the Searles’ nine years with CompassionNet, a succession of case managers has had the privilege of serving Lauren and her family, said Alicia.

“I don’t know how we would have managed without CompassionNet,” said Patty. The financial support for travel and copays for doctors’ visits and pharmacy orders allowed Patty to be a stay-at-home mom for the duration of Lauren’s disease.

“It would have been impossible to work outside the home with all of Lauren’s medical appointments and the travel,” said Patty. “CompassionNet made it possible for me to be here for Lauren when she needed me most.”

The emotional support from CompassionNet staff has helped a lot, too. For Patty, once-a-month massages have helped relieve the stress of caring for a seriously ill child, and Steve has had therapeutic interventions as well. All were paid for by CompassionNet.

Due to her cancer treatment, Lauren has hearing aids and requires growth hormones. She receives special services at school. When she needed a tutor this summer to help her catch up on schoolwork—the chemotherapy affected her cognitive abilities—CompassionNet stepped in again. CompassionNet also has supplied counseling, provided meals and linked the family to community resources. A certified child life specialist helped Lauren and her siblings understand and cope with her illness.

Alicia meets with the family every three months to determine their needs and go over services. With the end of Lauren’s treatment, CompassionNet services continue for six more months.

When people ask her how the family has been able to cope, Patty replies, “You just do it. It’s been a crazy ride. I’m grateful for CompassionNet.”

As of summer 2011, Lauren Searle has been cancer-free.

“CompassionNet made it possible for me to be here for Lauren when she needed me most.” — Patty Searle
When Elizabeth Strnatka of Binghamton had an ultrasound 17 weeks into her pregnancy, she and her husband, Tim, were shocked to learn that their baby had a serious medical condition. Noah, as the Strnatkas later named their first son, was diagnosed with Potter’s Syndrome, a fatal condition where the kidneys do not develop.

From that moment, the Strnatkas were committed to continuing the pregnancy. Elizabeth would carry her baby almost to term, knowing that he might not survive the birth. If he did, he would live for only minutes, maybe seconds.

“It was important to have our baby born alive,” said Elizabeth.

Enter CompassionNet. Through its Palliative Care Program, CompassionNet helps families prepare for the loss of a child.

Sarah Rosney, LMSW, CompassionNet case manager, and Rachel DeNoble, RN, palliative care nurse, met with the Strnatkas, including Madelyn, 4, twice before the delivery. Their goal was to help the family welcome Noah into the world and then bid him good-bye.

Dr. Irene Cherrick, board-certified pediatric palliative care physician and CompassionNet physician consultant for the eastern region, worked closely with the Strnatka family, as well as Sarah and Rachel. Shortly after the Strnatkas learned about Noah’s medical condition, they met with Dr. Cherrick when they came to Syracuse for Elizabeth’s high-risk obstetric appointments. With Dr. Cherrick, Elizabeth and Tim developed a birth plan that outlined their wishes for Noah’s delivery. Prior to the due date, Dr. Cherrick forwarded the birth plan to UHS Wilson Medical Center in Johnson City so that Noah’s delivery would be close to home and Elizabeth’s and Tim’s families.

“Dr. Cherrick spoke with the medical team at Wilson to advise and help them prepare for Noah’s arrival. She was a very important part of this whole experience,” said Rachel, adding, “The staff at Wilson was extremely supportive of the Strnatkas and helped them carry out their birth plan.”

On one visit to the Strnatka home, Sarah and Rachel brought a Moses basket that Elizabeth had requested. The basket gets its name from the Biblical story of Moses, whose mother hid him in a basket among the river’s rushes.

“When they took Noah away from me in the hospital, I wanted him to be carried away with dignity and warmth,” said Elizabeth.

“There are no words to capture the courage, hope and faith that Elizabeth, Tim and Madelyn had as they prepared for Noah’s birth,” said Sarah. “They recognized that this was precious time with their baby. It might be the only time that they would have to cherish and nurture him.”

Sarah and Rachel were with the Strnatkas when Noah was born Oct. 13, 2010. They assured Elizabeth and Tim that they would work with the
nursing staff to ensure that Noah’s photos would be taken as they wished, his footprint and handprint preserved and a lock of his hair saved, all important mementos of his short life.

“Elizabeth looked beamingly beautiful as she sat in her hospital bed the morning of Noah’s birth. Tim, Elizabeth, and Madelyn all prepared to meet baby Noah looking their best,” said Rachel. “They were all anxious to say hello and dreaded saying goodbye to baby Noah.”

While Elizabeth and Tim were in the operating room, Rachel and Sarah provided support to the grandparents and aunts in the birthing room. They also entertained Madelyn, having prepared her for the birth and death of her little brother beforehand.

“He entered into a hospital room that could not have been more ready to welcome him,” recalled Rachel. “He spent his last few moments cherished closely in the arms of his father, mother, sister, aunts and grandparents. The blessing of the 90 minutes the Strnatka family had with him will never be forgotten.”

Fearing the sight of a Moses basket would bring back painful memories, Elizabeth vowed never to look at one again.

“But it didn’t work out that way,” she said. In memory of their son, the Strnatkas established The Baby Noah Foundation (babynoahfoundation.org). The nonprofit organization helps console other families faced with a similar loss. As part of the foundation’s work, the Strnatkas purchase Moses baskets, baby blankets, books and stuffed animals that they provide to local hospitals. Included in the gift to families who experience an infant or perinatal loss is a note from the Strnatkas explaining the significance of the basket in their son’s life.

“We hope the foundation will help keep Noah’s memory alive and be a resource for other parents who must give up their baby to God,” said Elizabeth.

CompassionNet continues to be involved in the Strnatkas’ lives. Elizabeth and Tim both receive massage therapy, thanks to the program. Art therapy for Madelyn helps her process her grief.

“Rachel and Sarah have been wonderful,” said Elizabeth. “They understand what we went through. We can tell them how we really feel, not pretend how we feel.”

Elizabeth said it has been reassuring to have professionals look in on Madelyn to evaluate how she is coping with the loss.

Tim, a chiropractor, and Elizabeth, a teacher, did not know how to comfort their daughter. “Madelyn would see us crying and we would tell her everything was fine. The art therapist told us we weren’t helping her by doing that,” she said, adding that CompassionNet gave them the tools to deal with their grief.

“CompassionNet remains a stable support for them through the emotional, physical and spiritual aspects of losing their son,” said Rachel, adding that the Strnatkas taught Sarah and her valuable lessons about how they could better help families grieving the loss of a child.

“We’re honored to have been present for some of the most difficult and beautiful moments of this family’s anticipation, celebration and mourning of baby Noah,” added Sarah.
Thank you to those whose collaboration, contributions and support help make CompassionNet possible.

Thank you also to the CompassionNet contracted therapists and service providers in each region who work directly with families to meet their needs.

A Room to Heal
American Cancer Society
Americare
Arnot Ogden Medical Center
Broome County Early Childhood Coalition
Broome County Health Department
Camp Good Days and Special Times
Charity for Children
Chemung County Department of Social Services
Chemung County Health Department
Chemung County Youth Bureau
Clinton County Health Department
Clinton County Office for the Aging
Crouse Hospital
CURE Childhood Cancer
Daystar for Medically Fragile Infants
Developmental Disabilities Services Office Central New York
Early Intervention Services — Onondaga County
Elmcrest Children’s Center
Enable
Family Champions
Family Enrichment Network
Family Home Care Services
Family Nurturing Center
Finger Lakes Developmental Disabilities Services Office
Franciscan Health Support Inc.
Franklin County Public Health
Golisano Children’s Hospital at Strong
High Peaks Hospice & Palliative Care Inc.
High Risk Birth Clinic (Broome Developmental Center)
Hospice and Palliative Care Inc.
Hospice of Central NY
Hospice of the North Country
Kids Adjusting Through Support (KATS Coping Support Groups)
Kids Oneida
Lourdes Hospice
Melissa’s Living Legacy Foundation — Teens Living with Cancer

Mothers & Babies Perinatal Network
of South Central New York
North Country Home Services
Ronald McDonald House Charities
SKIP of New York (Sick Kids Need Involved People)
Southern Tier Hospice and Palliative Care
Southern Tier Independence Center
Southern Tier Pediatrics
St. Elizabeth Medical Center
St. Joseph’s Hospital Health Center
Tioga County Department of Social Services
UHS Wilson Medical Center
Upstate Golisano Children’s Hospital
Utica College
Visiting Nurse Association
Visiting Nurse Service of New York
Wyeth Research

In Recognition of CompassionNet Director
Jeanne Chirico

Jeanne is a visionary who cares deeply about the mission of CompassionNet. She is a leader who has a whole lot of heart . . . who never stops asking, “What else can we do to improve the lives of kids and families who are suffering?” And her compassion does not end there. She is committed to the wellbeing of the staff who care for the children and their families. Her courage and her tireless efforts to change the status quo and alleviate suffering have been critical in impacting the way children and their families are cared for in their communities.

- Bean Cromwell, Alyssa Gupton and the CompassionNet team

Our CompassionNet Palliative Care Teams

Front row, left to right, Philene Cromwell, RN, MS, PNP; David Korones, MD; Alyssa Gupton, LCSW. Back row, left to right, Keri Walko-Henry, ATR, CCLS; Maureen McOwen, CCLS; Christine Shaw, MS, CCLS; Kate Kiatt, CCLS; Patrick Cayouette, LMSW; Victoria Gerhardt, LMSW; Raeanne Lacatena, LMSW; Lori Newland, MS; Jaime DelRegno, MS, CLS; Lauren Zwetsch, RN, MS, PNP; Kara Juszczak, LMSW (Absent - Randall Pettit, LCSW).

Front row, left to right, Sarah Rosney, LMSW; Irene Chernick, MD; Laurie Fazekas, LMSW, CCLS. Back row, left to right, Alicia Colangelo, LMSW; Meg Chorpenning, LCSW; Rachel DeNoble, RN, BSN.
"The moment we first learned of our son's diagnosis, it was as if the world collapsed inward into a vacuum; no air to breathe, all thoughts vanishing into an impossible silence. It felt like a free fall into the dark unknown. But then, God heard our internal cry for help and answered with a safety net to catch us. We did not have the resources to address all of our needs until CompassionNet entered the picture. The name speaks for itself."

"When our 6-year-old was diagnosed with a serious medical condition, there was so much to learn and so much to do. Honestly, I didn’t think anyone could help. My biggest surprise was that I didn’t have to do anything or pay anything to have CompassionNet help us."

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"I truly don’t know where we would be without CompassionNet’s support. The steadfast support of our case manager, along with the careful attention of the nurse practitioner, helped us feel safe in such a distressful time. We felt our whole family was cared for, and to this day, we’re grateful for this support."

"After our daughter died, our grief counselor through CompassionNet helped us get from one day to the next, then from one week to the next. He understood our journey and supported us in a way that no one else was able to."

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