

A Publication of
SAINT BARNABAS MEDICAL CENTER

FALL 2018

healthy

together

**KEEPING HEARTS
IN RHYTHM**

**'MY NICU
MIRACLE'**

**BREAST TESTS:
KNOW MORE
FASTER**

**A NEW STATE
OF HEALTH
FOR YOU &
YOUR FAMILY**



A New State of HEALTH

At its heart, healthcare is about people: about you and your family, your doctors and other members of your care team. Supporting that care are researchers—people with minds curious and rigorous enough to help determine which treatments work best and to discover new ones.

At RWJBarnabas Health, we stand for all these people—every single member of each community we serve. With our new partner Rutgers University, one of the nation’s leading public educators, we’re creating a new state of health in New Jersey. Together, we’re building a network of the best minds to deliver unparalleled patient care, to train the next generation of exceptional medical professionals, and to grow our shared commitment to groundbreaking research. Our goal is simple: for you and your loved ones to have access to the highest-quality care in the nation.

For example, the Cancer Center at Saint Barnabas Medical Center has forged a clinical partnership with Rutgers Cancer Institute of New Jersey, the state’s only National Cancer Institute-designated Comprehensive Cancer Center, to provide our patients access to pioneering research and clinical trials.

Where you get your healthcare matters. With this magazine, we’ll share what we stand for and how our values are positively impacting the health of individuals and entire communities. We hope you enjoy reading more about what we’re doing—and its importance to your health—in the pages of this new quarterly publication, *Healthy Together*.

Yours in good health,

BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH



STEPHEN P. ZIENIEWICZ, FACHE
PRESIDENT AND CHIEF EXECUTIVE OFFICER
SAINT BARNABAS MEDICAL CENTER



HEALTH NEWS

SAINT BARNABAS MEDICAL CENTER EARNS ACCOLADES

SBMC’s steadfast commitment to improving the health and well-being of the community it serves is exemplified by the awards and recognition we have received. Here are some recent examples:

• **NURSING EXCELLENCE:**

In August, SBMC achieved Magnet recognition from the American Nurses Credentialing Center’s Magnet Recognition Program, which distinguishes organizations that meet rigorous standards for nursing excellence. Just 477 U.S. healthcare organizations out of over 6,300 U.S. hospitals have achieved Magnet recognition.



• **HIGH STANDARDS:**

From 2014 to 2017, SBMC received the prestigious Top Hospital Award from the Leapfrog Group, given to hospitals with “better systems in place to prevent medication errors, higher quality on maternity care and lower infection rates, among other laudable qualities,” according to Leapfrog Group research.

• **GRADE “A” SAFETY:**

SBMC consistently earns “As” in the Leapfrog Group’s Hospital Safety Grade ranking, one of only 49 hospitals in the nation to earn “As” every year since the program’s inception in 2012.



• **INCLUSIVENESS AND EQUALITY:**

In 2018, SBMC was named a leader in LGBTQ Healthcare Equality by the Human Rights Campaign Foundation. SBMC earned top marks in meeting non-discrimination and training criteria that demonstrate a commitment to equitable, inclusive and compassionate care for LGBTQ patients and their families, who often face significant challenges in securing the healthcare they need and deserve.

Saint Barnabas Medical Center | **RWJBarnabas HEALTH**

94 Old Short Hills Rd., Livingston, NJ 07039
973-322-5000

CONNECT WITH US ON

- @SaintBarnabasMedicalCenter
- @SaintBarnabasNJ
- RWJBarnabas Health

Saint Barnabas Medical Center complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. For more information, see link on our home page at www.rwjbh.org/saintbarnabas. Saint Barnabas Medical Center cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 973-322-5000. Saint Barnabas Medical Center konfòm ak lwa sou dwa sivil federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks. ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 973-322-5000.

healthy *together* contents

FALL 2018



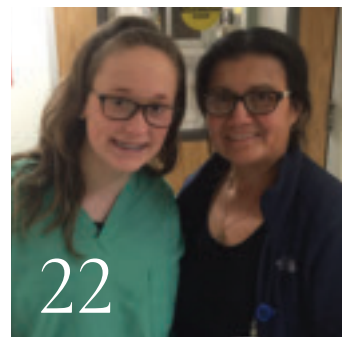
18



20



23



22



6



9

- 2. WELCOME LETTER.** A community update from our CEOs.
- 4. FROM A(FIB) TO Z.** What you need to know about the heart's most common arrhythmia.
- 6. LEARNING TO AVOID THE OBSTACLES.** A proactive approach helps patients take control of Parkinson's disease.
- 8. GIVING FOR GOOD HEALTH.** Generous friends and neighbors help Saint Barnabas Medical Center provide advanced treatments and compassionate care.

- 9. A NEW STATE OF HEALTH FOR NEW JERSEY.** What the partnership of RWJBarnabas Health and Rutgers means for you and your family.
 - Latest treatments close to home—page 10
 - Reinventing the patient experience—page 11
 - Top medical minds team up—page 12

- 13. BACK ON TRACK.** A young athlete recovers from drastic knee injuries.
- 14. NEW WAYS TO FIGHT SUBSTANCE USE DISORDERS.** More people seek treatment thanks to an innovative peer-counseling program.
- 15. KEEP YOUR KIDNEYS HEALTHY.** Tame high blood pressure before kidney damage occurs.
- 17. PRIDE AND PURPOSE.** A welcoming environment for LGBTQ patients.

- 18. BREAST CARE ON YOUR SCHEDULE.** The Breast Center provides same-day results and follow-up tests for women who want them.
- 20. RADIATION TREATMENT: PROTECTING THE HEART.** New techniques and technologies shield this vital organ.
- 22. "MY NICU MIRACLE."** A mother tells how the NICU team helped her baby girl thrive.
- 23. A BETTER WAY TO GET THE PICTURE.** A new, state-of-the-art MRI is designed with comfort in mind.



FROM A(FIB) *to* Z

HERE'S WHAT YOU NEED TO KNOW ABOUT THE HEART'S MOST COMMON ARRHYTHMIA.

Nearly 3 million Americans are living with atrial fibrillation (or AFib), the most common form of arrhythmia (irregular heartbeat). Unfortunately, many AFib patients don't even know they have it. While AFib can cause racing heartbeat, chest pain or pressure, and palpitations, it may not present any noticeable symptoms at all.

What is AFib and what can be done about it? Marc Roelke, MD, Director of Electrophysiology at Saint Barnabas

Medical Center and Newark Beth Israel Medical Center, and a member of the Barnabas Health Medical Group, explains.

CAN YOU SUMMARIZE WHAT HAPPENS IN THE HEART WITH ATRIAL FIBRILLATION?

AFib is a chaotic rhythm of the upper chambers—the atria—of the heart. When the atria are beating in an irregular manner, they don't contract efficiently, and so the blood isn't fully moved into the ventricles, or lower chambers, and blood flow becomes reduced.

WHAT ARE SOME OF THE COMPLICATIONS OF AFIB?

The reduced blood flow from the AFib makes the patient prone to having blood clots. If the clots form

and get dislodged, they could cause either a peripheral embolism or stroke. And so, someone's at a higher risk for stroke if they have AFib—and it doesn't matter whether they have AFib continuously, or occasionally, as some do. Patients diagnosed with AFib should always be evaluated to determine whether blood thinners are indicated.

WHO IS MOST AT RISK FOR AFIB?

People at higher risk would include older people; people with hypertension, diabetes or congestive heart failure; people who have had a prior stroke; and people with other underlying heart disease, among others.

DOES AFIB RUN IN FAMILIES?

It seems that some people have a genetic predisposition, but that's probably a

Your heart doesn't beat just for you. Get it checked. For more information, or to make an appointment with an SBMC cardiologist, call 888-724-7123 or visit rwjbh.org/heart.



WHAT DOES AFIB FEEL LIKE?

Atrial fibrillation can have no symptoms, or it can have intermittent symptoms that a person may ignore because they “go away.” If you feel any of the following, tell your doctor:

| | | | | |
|-------------------------------------|--|--|--|--|
| | | | | |
| Rapid or irregular heartbeat | Heart palpitations that feel like “fluttering” or jumping | Heart racing for an extended amount of time | Pain and pressure in your chest | Spells of dizziness or weakness |

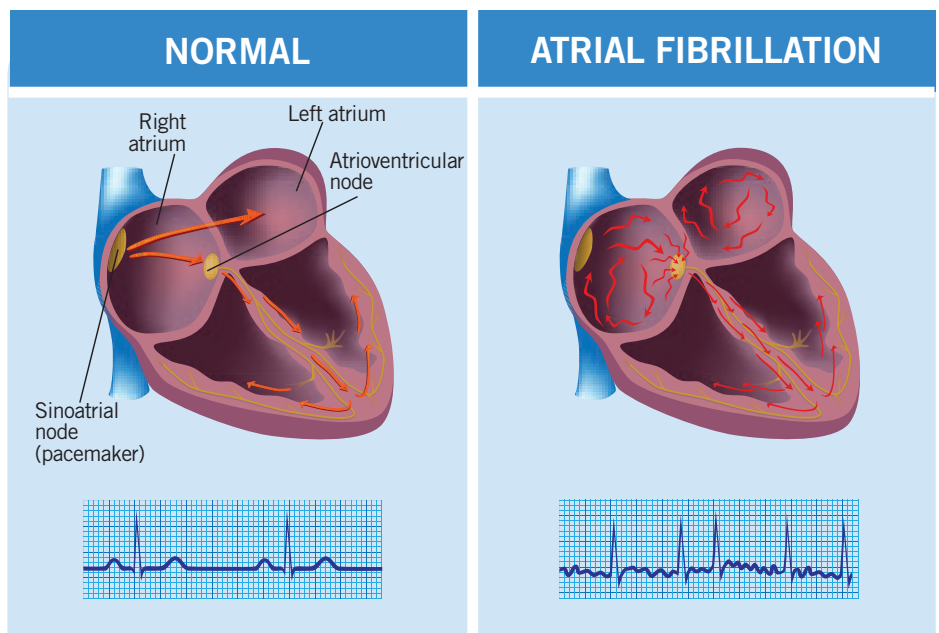
minority of patients. For most patients, it just has to do with the aging of the atria—and conditions like hypertension and diabetes can accelerate that. Very roughly, the percentage of people who have AFib is 10 percent of whatever decade they’re in. So for people in their 50s, roughly 5 percent of them have AFib, and for people in their 80s, it’s about 8 percent of that population.

WHAT ARE THE TREATMENT OPTIONS?

There are a few ways to treat patients and reduce symptoms. One is what we call rate control—so if a patient has fast rates of atrial fibrillation, we use medications to slow down the heart rate. The other is rhythm control, which basically means we try to keep the heart beating in a normal, effective rhythm. There’s a bit of a debate about which is better, rate or rhythm control. And there are two methods to do rhythm



MARC ROELKE, MD



With atrial fibrillation, the heart beats in an irregular way. The charts show the electrical activity of a normal heart, left, and a heart with atrial fibrillation, right.

control, medications or ablation therapy, and there’s been a bit of a debate about that, too.

CAN YOU EXPLAIN ABLATION THERAPY?

We know from trials that very often atrial fibrillation is triggered by cells in the pulmonary veins that come off the left atrium of the heart. Those cells fire and trigger the atrial fibrillation. So, with an ablation, we’re going into the heart with a catheter and using radiofrequency current to basically burn circles around the pulmonary veins so that when they fire, that impulse doesn’t get to the rest of

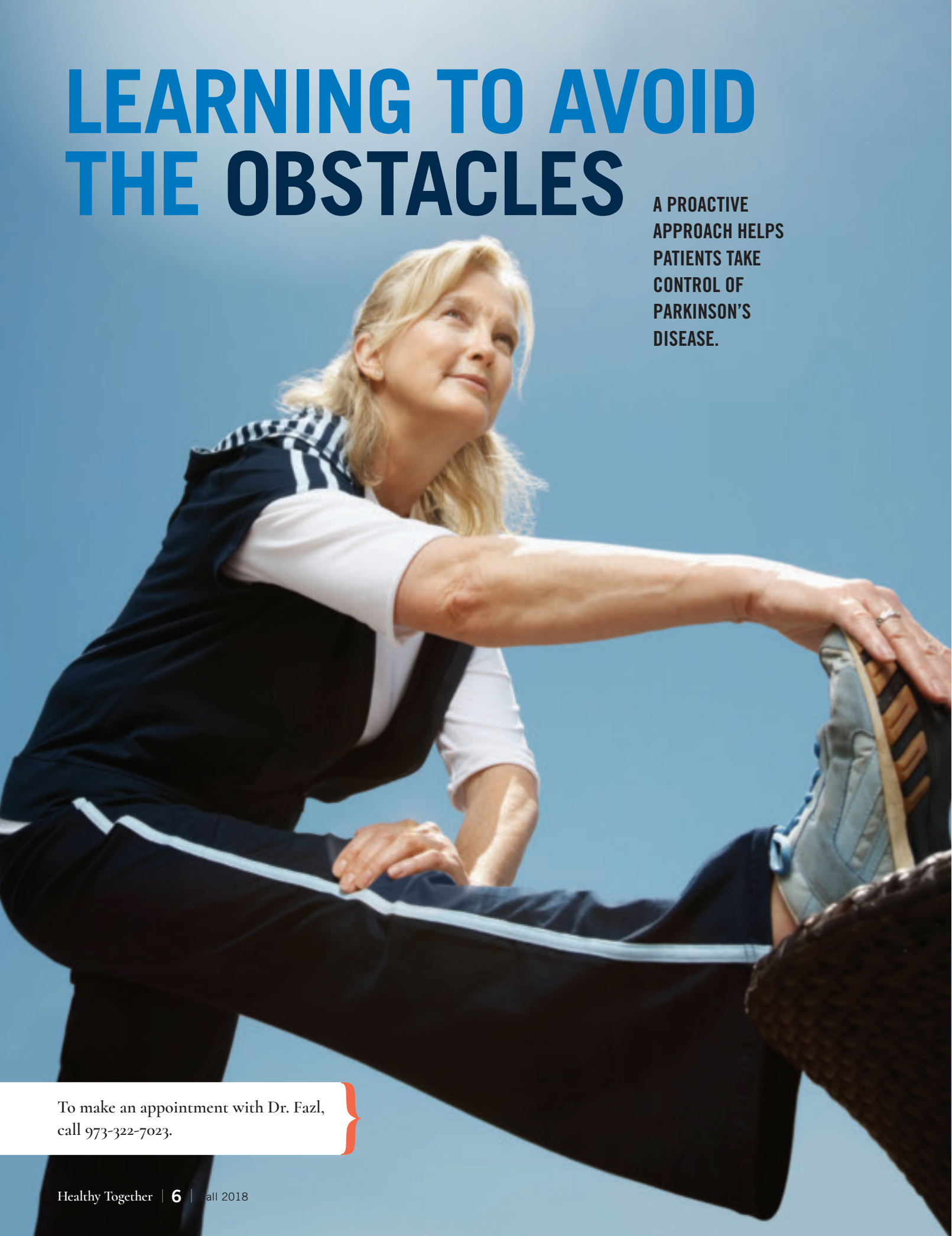
the atrium and doesn’t trigger the atrial fibrillation.

WHAT’S THE LATEST ON MEDICAL RESEARCH ON AFIB?

There was a recent study called the CABANA trial that compared ablation therapy and drug therapy, but there’s a big debate going on about how to interpret and assess the results. There’s no clear answer yet. For the most part, we tend to try at least one antiarrhythmic drug. And then, if a patient fails that drug, we tend to at least start thinking about ablation, or we may go to a second drug. It depends a lot on the individual patient.

LEARNING TO AVOID THE OBSTACLES

A PROACTIVE
APPROACH HELPS
PATIENTS TAKE
CONTROL OF
PARKINSON'S
DISEASE.

A woman with blonde hair, wearing a dark blue vest over a white long-sleeved shirt and dark blue athletic pants with a white stripe, is captured in a dynamic stretching pose. She is leaning forward, with her right leg extended and her hand resting on her foot. The background is a clear, bright blue sky. The overall image conveys a sense of movement, health, and overcoming challenges.

To make an appointment with Dr. Fazl,
call 973-322-7023.

A diagnosis of Parkinson's disease (PD) is tough to take. The illness, which affects the part of the brain that controls how you move your body, leads to symptoms that can include rigid muscles, slurred speech and tremors. It has no known cure.

But that doesn't mean there's nothing a patient can do. "When you get a diagnosis of Parkinson's, this is when you have to take control of the disease," says Arash Fazl, MD, PhD, a specialist in movement disorders at Saint Barnabas Medical Center and a member of the Barnabas Health Medical Group. "It is not a death sentence. I tell my patients that Parkinson's will throw stones in your path, and you will learn how to get around the obstacles."

Patients will want to learn all they can, and even get a second opinion, because PD is not an easy thing to diagnose. To get the most informed care, Dr. Fazl says, seek the services of a movement disorder specialist—a neurologist who has received additional training in Parkinson's disease and other movement disorders.

As patients educate themselves, they should take care that they don't make the situation harder on themselves than it has to be. "In the beginning, there's often a lot of self-questioning about what the patient did wrong, and whether his actions contributed to the disease—yet there's nothing we know of that could have prevented it," says Dr.



ARASH FAZL, MD, PHD

Fazl. "I also tell people not to go on the internet and compare themselves with other patients. Every patient is unique and progresses at a different rate."

A BALANCED APPROACH

While there's no magic bullet for treatment, powerful drugs like levodopa and carbidopa have proven effective at controlling symptoms. Equally encouraging, intense exercise—the kind that raises your heart rate, makes you glow and makes you catch your breath—is also a powerful tonic.

"If you have walking or balance problems, exercise will re-train your brain to some of those abilities," says Dr. Fazl. "The more you exercise, the more benefit you will get." In one study of Parkinson's patients, the group that exercised regularly to a heart rate of 80 to 85 percent of maximum not only moved better but actually slowed the progression of the disease.

That kind of result is one reason a whole range of group exercise classes designed for Parkinson's patients has been developed (see sidebar, below). "Exercise classes help patients stick to a regular workout schedule, and also, critically, provide social interaction and encouragement," says Dr. Fazl. As for diet, while not much is known about the link between diet and PD, Dr. Fazl says that following a healthy, Mediterranean-style diet can only be beneficial.

Dr. Fazl continues to conduct clinical trials and research into pharmacotherapy and surgical treatments for PD. As the disease progresses, deep-brain stimulation, which is offered at Saint Barnabas Medical Center, can prove to be an effective therapy, as can other advanced therapies.

How a patient handles his disease in the beginning, however, can make a big difference. Says Dr. Fazl, "That's when it's time to take the bull by the horns."



GOING TO THE HOSPITAL? HERE'S WHAT TO DO

It's critical for PD patients to take medications on *their* schedule—not according to hospital routine or convenience, says Dawn Howard, MSN, RN, APN-BC, Director of Transitions of Care at Saint Barnabas Medical Center. "If they don't get medications on their specific timetable, they may experience breakthrough symptoms, such as tremors or trouble swallowing," she says.

In consultation with medical experts and the medical center's Parkinson's Disease Patient Family Advisory Council, Howard and her team offer the following tips for PD patients who go to the ER or are admitted to the hospital:

- Bring a list of all medications and specific times you take them.
- Bring contact information for the neurologist or movement specialist who is treating your Parkinson's.
- Pack Parkinson's medications in case they are not available in the hospital pharmacy.
- Verbalize or have a list of key symptoms you experience when medications are wearing off, so the staff is fully aware of what to look out for when doing assessments.
- Bring an emergency contact list, your contact information and, if applicable, a healthcare proxy card or living will.
- Ensure physical therapy is ordered during a hospital stay to prevent muscle de-conditioning.
- Don't hesitate to advocate for yourself.



HELP AT HAND: LOCAL RESOURCES

Groups and support for PD patients are available at the JCC MetroWest, 760 Northfield Ave., West Orange.

SUPPORT: Monthly support groups for Parkinson's patients and for caregivers.

EXERCISE: Feeling Stronger, Feeling Better is a program designed for individuals with neuromuscular disease and other neuromuscular/movement disorders. Classes include Tai Chi, Strength Training, Sing for Your Health and Rock Steady Boxing.

To learn more and to register, call 973-322-8195.

GIVING FOR GOOD HEALTH

Throughout the year, generous friends and neighbors donate time and money to help Saint Barnabas Medical Center provide the most advanced medical treatments and compassionate care. Pictured here are just a few highlights from this year. Join us!



CELEBRATING EXPANDED SERVICES

Saint Barnabas Medical Center Trustee Ryan Schinman and wife Samantha warmly welcomed friends to their beautiful home for a reception highlighting Saint Barnabas Medical Center's ongoing transformation. At the event, leadership updated guests on the Medical Center's Emergency Department expansion. Pictured, from left: Glenn Miller, Chief Development Officer and Executive Vice President, RWJBarnabas Health; Bruce Schonbraun, Chairman, Board of Trustees, Saint Barnabas Medical Center; Lynn Schonbraun; Stephen P. Zieniewicz, FACHE, President and Chief Executive Officer, Saint Barnabas Medical Center; Samantha Schinman; Ryan Schinman; and Patricia Balsamini, Vice President for Development, Saint Barnabas Medical Center.



FUNDRAISING WITH FRIENDS

The Friends of Saint Barnabas 10th Annual Golf Tournament included a hole-in-one tournament, an auction and an awards dinner. The event raised more than \$55,000 in support of the Cancer Center's Patient Comfort Fund. Pictured from left: Stephen P. Zieniewicz, FACHE, President and Chief Executive Officer, Saint Barnabas Medical Center; Arthur Pimentel, President, Friends of Saint Barnabas; Isabel Costa Medeiros, Founder, Friends of Saint Barnabas; and Carlos Couto, Tournament Co-Chair, Friends of Saint Barnabas.



A WARM WELCOME AND WARM THANKS

As a result of a generous donation from Dr. Scott and Susy Spiro, Saint Barnabas Medical Center has a new welcome desk in the surgery center. Pictured at the ribbon-cutting for the

Dr. Scott and Susy Spiro Welcome Desk are, from left: Gregg Gottsegen, Trustee; Caroline Kornutik, MSN, RN, CNOR, NE-BC, Director of Perioperative Services; Stephen P. Zieniewicz, FACHE, President and Chief Executive Officer; Jamie Spiro; Dr. Scott and Susy Spiro; David Spiro; and Stuart Geffner, MD, MS-HCM, FACS, Chairman and Surgeon-in-Chief, Department of Surgery.



HEALING WITH LOVE

Comfort Project 360 promotes supportive and healing environments for cancer patients and their loved ones, complementing the outstanding clinical care provided by Saint Barnabas Medical Center's Cancer Program. Pictured

at a reception on the topic of "Cutting-Edge Cancer Care: Conversations with Our Nationally Recognized Physicians" are members of the Comfort Project 360 Advisory Board, from left, Richard Ritholz, Jane Wilf, Jodi Bloom, Hyla Weiss—Comfort Project 360 Co-Founder, Suzanne Unger—Comfort Project 360 Co-Founder, and Craig Krandel.

For information about volunteer or giving opportunities at Saint Barnabas Medical Center, call 973-322-4330.

A NEW STATE OF HEALTH

FOR NEW JERSEY, THE NATION, THE WORLD

WHAT THE UNPRECEDENTED PARTNERSHIP BETWEEN RWJBARNABAS HEALTH AND RUTGERS UNIVERSITY MEANS FOR YOU.

The state's largest integrated health system, RWJBarnabas Health, and Rutgers University, one of the nation's leading public research universities, have formed a groundbreaking partnership that will increase access to care and reduce healthcare disparities, while advancing health science discovery and innovation. RWJBarnabas Health will make a significant investment in recruiting and retaining the nation's finest doctors, researchers and medical students. That means more expert physicians to care for patients and more clinical trials to find better treatment options. Moreover, everyone on this dynamic new team has a mission to deliver excellence in every area of the patient experience. Altogether, the partnership means a transformation of the way healthcare is delivered in New Jersey.

That's the big picture. What's the personal picture for you and your family? You'll be able to get compassionate, world-class care without having to travel far from home. In the following pages, we'll share more good news about what this partnership means for you.



PARTNERSHIP BY THE NUMBERS



To be invested by RWJBarnabas Health in the education and research mission of the integrated academic health system, over 20 years



Committed by RWJBarnabas Health to encourage Rutgers medical students to remain in New Jersey and provide care to its residents



Physicians and providers (2,500) and staff (3,000) under the direction of the new Combined Medical Group



Patient visits conducted by RWJBarnabas Health and Rutgers, combined, in 2017



KNOWLEDGE IS POWER

HOW IN-STATE CLINICAL RESEARCH CONNECTS TO BETTER CARE FOR NEW JERSEY PATIENTS.

If you've read or watched anything about medical care in recent years, it's clear that the field of medicine is always advancing. How do medical treatments improve? Through clinical research or clinical trials. Doctors, nurses and scientists gather information through personal interaction with patients, or through collection of blood, tissue or data, to find new and better ways to detect, diagnose, treat and prevent disease.

When this research takes place in New Jersey, residents have the ability to participate in those clinical trials, and to be among the first patients to benefit from new treatments. Those opportunities will increase dramatically as a result of the RWJBarnabas Health/Rutgers partnership, which will double the Rutgers research portfolio—already the largest in New Jersey—and make it possible to hire about 100 new high-caliber principal investigators (lead researchers).

To learn more about this historic partnership, visit www.RutgersRWJBHtogether.org.

EXPANDING CANCER CARE

The Rutgers Cancer Institute of New Jersey offers a prime example of how the partnership between Rutgers and RWJBarnabas Health will enhance both clinical research and patient care. Under the new partnership, Rutgers Cancer Institute of New Jersey—the state's only National Cancer Institute-designated Comprehensive Cancer Center—is now able to more easily provide patients with greater access to outstanding cancer services and clinical trials close to home.

“For many cancers, standard therapy may not be sufficient to have the greatest success for an individual patient,” says Steven K. Libutti, MD, FACS, Senior Vice President of Oncology Services for RWJBarnabas Health and Director of the Rutgers Cancer Institute of New Jersey. “We're constantly



STEVEN K. LIBUTTI, MD, FACS

looking for the next generation of therapies that will be more effective, and the only way we make those discoveries is through the conduct of clinical research.” Immunotherapy, in which a person's immune system can be used to fight cancer, is just one of many cutting-edge areas of study at Rutgers Cancer Institute.

ACCESS EVERYWHERE

Thanks to the new partnership, more cancer patients will have access to the most advanced care. Rutgers Cancer Institute will leverage telemedicine and video conferencing to bring experts at different sites together with patients. “We're also expanding the number of patient navigators we have in our program,” says Dr. Libutti. “These navigators are essentially partnered with a patient from the moment of diagnosis throughout his or her care. They can make certain the patient goes to the closest facility that has the capability to address that patient's particular cancer problem with exceptional treatment.”

For New Jerseyans who have cancer, home is where the care is. “The significance of this partnership is really our ability to bring cutting-edge therapies, state-of-the-art technologies and world-class physicians directly to patients in their own community,” Dr. Libutti says. “We strongly believe in the notion that cancer does not travel well. No patient in New Jersey has to travel out of state to get the most advanced and exceptional cancer care.”

To learn more about RWJBarnabas Health and Rutgers Cancer Institute of New Jersey, the state's only National Cancer Institute-designated Comprehensive Cancer Center, visit rwjbh.org/cancer.

For a referral to a Combined Medical Group physician, visit rwjbh.org/medicalgroup or rutgershealth.org.



CARING WITH PURPOSE

A NEW VISION FOR HEALTHCARE UNITES PROVIDERS AND PATIENTS.

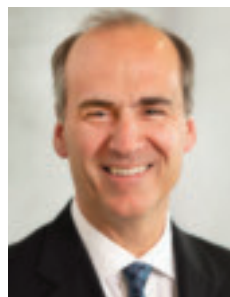
When many hearts and minds work with one purpose, healthcare can be transformed.

That's the guiding idea behind the Combined Medical Group, a joint physician practice that will be a key part of the partnership between RWJBarnabas Health and Rutgers.

"Having a shared purpose, a vision and a set of core values excites our employees and physicians and other healthcare professionals," says Andy Anderson, MD, MBA, Chief Executive Officer of the Combined Medical Group. "They want to be part of something

that's going to help define the future of healthcare."

RWJBarnabas Health and Rutgers are engaged in a partnership, not a merger, so each remains a separate institution. The



ANDY ANDERSON, MD, MBA

practitioners at RWJBarnabas Health and the faculty practice of Rutgers-employed healthcare professionals (including physicians, dentists, psychologists,

nurses, pharmacists and others) will collaborate and innovate as a team. The Combined Medical Group will include approximately 5,500 physicians, providers and staff.

VISION INTO REALITY

In order to integrate their efforts seamlessly, the group needs a common purpose. "We're focused on three areas," explains Dr. Anderson, who comes to the partnership from a similar role at Aurora Health Care in Wisconsin. "Those areas are: making sure we put patients first, valuing each member of the healthcare team and improving the health of the communities we serve."

That three-part purpose has to touch every aspect of the patient's experience, Dr. Anderson believes. "Healthcare is not only about hospitals. It's also about office practices, home-care services, access to medications and more," he says. "We want to better connect all those pieces and parts to make it easier for patients."

The effort will include a review of the electronic medical records system. "In the future state of the health system, a patient will be able to look at their medication list or next appointment, get reminders or get lifestyle recommendations, all through a single portal," Dr. Anderson says.

A FOCUS ON WELLNESS

The vision also includes focusing more attention on helping patients stay well. For example, having staff and providers talk more with patients about lifestyle habits can give them better control over chronic diseases like diabetes.

Though the goals of the Combined Medical Group are ambitious, they are also, in a way, simple. "We want to be the health system where patients want to get care," Dr. Anderson says, "and where people want to work."



GREAT MINDS, BIG HEARTS

THE RWJBARNABAS HEALTH/RUTGERS PARTNERSHIP OPENS THE DOOR TO NEW CENTERS OF EXCELLENCE—INCLUDING A GROUNDBREAKING NEUROSCIENCES ENTERPRISE.

Many critical conditions fall under the scope of a neurosurgical team: stroke, concussion, trauma to or infection in the brain or spine, and more. While Rutgers and RWJBarnabas Health already place among the top tier of neurosurgical care providers, their partnership is allowing the creation of a neurosciences institute of global renown.



ANIL NANDA, MD, MPH

“This is a unique opportunity to build a truly world-class center,” says Anil Nanda, MD, MPH, the newly appointed Senior Vice

President of Neurosurgical Services for RWJBarnabas Health. Dr. Nanda also will serve as Professor and Joint Chair of the Department of Neurosurgery at both Rutgers-Robert Wood Johnson Medical School and Rutgers-New Jersey Medical School. He comes to his role from Louisiana State University Health Sciences Center—Shreveport, where he built an internationally known department of neurosurgery.

FOCUSED ON QUALITY

“Our challenge here in New Jersey is to build on different cultures in the medical schools and in different hospitals and create a unified system,” Dr. Nanda says. Among his top priorities are to look at safety; to identify whether all sites have the cutting-edge technology they need;

and to do a sophisticated data analysis of outcomes. “We’ve hired a biostatistician and an epidemiologist to help us create a neurological dashboard to look at safety and quality issues across the system,” he explains.

While good data and technical expertise are critical, they’re only part of successful neurosurgical care, Dr. Nanda says. “We want to do this in a compassionate setting, to treat patients like we would want our families treated,” he says.

Public health outreach on topics like concussions and stroke will be a priority, as will looking at ways to eliminate disparities in healthcare. “We want to make sure patients get very good care, even if they live in communities that are economically challenged. That’s very important to me personally,” Dr. Nanda says. “And I feel strongly that in the neurosurgical services line, a rising tide brings healthcare up for all people in New Jersey. That’s why this is a magnificent partnership, with a strength in numbers that will allow us to provide excellent care to all.”

To learn more about neurological services, treatment and care at RWJBarnabas Health, visit rwjbh.org/neuro.



A SPORTS SLAM DUNK

RWJBarnabas Health and Rutgers University have partnered to develop an outstanding sports medicine program for Rutgers athletes, students and faculty, as well as for communities throughout New Jersey. The combined effort includes a new state-of-the-art athletic facility, the RWJBarnabas Health Athletic Performance Center, scheduled to be completed in July 2019.



“Omar was very motivated and upbeat in physical therapy,” Dr. Fantasia says.

BACK ON TRACK

A YOUNG ATHLETE TAKES A DEVASTATING FALL AND GETS BACK UP—WITH THE HELP OF CHILDREN’S SPECIALIZED HOSPITAL.

Last April, Omar Shehabeldin, 14, was running for a school bus when he felt a “pop” in his knees and fell—hard. Instead of going to a track meet as he’d planned, he was taken to the Emergency Department at Robert Wood Johnson University Hospital New Brunswick. Both knees appeared to be broken.



MICHELE FANTASIA, MD

In fact, the tendon that

connects the patella (kneecap) to the tibia (shin bone) had basically torn off in both legs. The tendons had to be surgically reattached with a type of hardware that looks like nails.

What had happened to cause such drastic injuries to the athletic Omar, who as a high school freshman was already a standout on the football team?

In fact, his family had long known he had Osgood-Schlatter disease, a not uncommon cause of knee pain in children. Bones, muscles and tendons change rapidly during growth spurts, and physical activity puts extra stress on them. “It started when Omar was younger,” says his mother Aliaa Gouda. “When he got on the floor to pray with his father, he would complain that his knee hurt. The doctor told us that he would outgrow it, as most children do.” Unfortunately, Omar was an exception.

WORKING IT

After surgery, Omar was sent to Children’s Specialized Hospital in New Brunswick for rehabilitation. “We stayed in close touch with the pediatric orthopedic surgeon, Dr. Stephen Adolfsen, who wanted to be sure the knee bones and patella had really fused before Omar began to bear weight on his legs,” says Michele Fantasia, MD, a specialist

in pediatric rehabilitation medicine at Children’s Specialized Hospital. “We worked with Omar on upper body and upper extremity training and core strengthening, all while he was in a special wheelchair that elevated his legs.” In June, Omar was cleared to walk with braces. In therapy, he began to bend his knees, bit by bit.

Omar was fortunate to have the considerable resources of Children’s Specialized, which include recreational therapy activities, water therapy and a therapy dog named Burton. “Our staff has experience in all developmental stages, and we are equipped with multiple therapeutic modalities,” Dr. Fantasia says.

Omar was discharged on June 21 and continues to go to the hospital for outpatient rehab. “Everybody at that hospital works with so much heart. It is a great place,” his mother Aliaa says. “In fact, we’re going to go back and volunteer to help people there.”

To learn more about Children’s Specialized Hospital, call 888-244-5373.

NEW WAYS TO FIGHT SUBSTANCE USE DISORDERS

AN INNOVATIVE PEER RECOVERY PROGRAM HELPS PEOPLE OPEN A WINDOW TO RECOVERY.

For information about placement into treatment for yourself or a loved one, call the State of New Jersey's IME (Interim Managing Entity) at 844-276-2777.

A hospital patient who has a substance use disorder may feel many things: fear, anger, loneliness, shame. What he or she may not feel is ready to accept help.

"That's where the magic of our Peer Recovery Program comes in," says Connie Greene, MA, CAS, CSW, CPS, Vice President of the RWJBarnabas Health Institute for Prevention and Recovery (IFPR). Peer Recovery Specialists—highly trained individuals who are in long-term recovery from their own substance use disorder—are available 24/7 at participating RWJBarnabas Health Hospitals through the Peer Recovery Program (PRP).

"Recovery Specialists are the best people to assess where this patient is at and how to engage him or her, because they've been in that bed," Greene explains. "That's a great relief for a person who may be isolated and may have exhausted relationships and resources."

For more information about the Institute for Prevention and Recovery, visit rwjbh.org/preventionandrecovery.

The goal of a Peer Recovery Specialist—one that often takes some time to achieve—is to get the person to agree to go to the next appropriate level of care, and to help him or her navigate the steps needed to maintain recovery.

NEW TACTICS FOR AN EPIDEMIC

In 2016 and 2017 alone, approximately 2,200 New Jerseyans died of overdoses. As part of the effort to reverse the tide, the IFPR staff has, with the help of state funding, gone from about 30 employees to about 160 over the past two and a half years.

The Peer Recovery Program is one of the innovative tactics the IFPR is using in its fight. In the past, patients who were brought to an emergency room with an overdose were given NARCAN to reverse the overdose, then sent on their way. Since 2016, participating RWJBarnabas Health hospitals have integrated Peer Recovery Specialists into ER teams, where they follow up with the patient and provide continuing support.



CONNIE GREENE, VP, IFPR

Now the Peer Recovery Program is functioning on medical floors as well. "Federal statistics tell us that between 9 and 10 percent of the population has a substance use disorder," Greene says. "So if you follow the data, up to 10 percent of the patients in our hospitals are affected."

Formerly, when a patient who was in the hospital for a different reason presented signs of a substance use disorder, physicians were often at a loss about how to proceed. Now Peer Recovery Specialists can be called in to come to the bedside, offer an intervention and guide the patient to the care that's needed.

"It's a very, very difficult job, but there is also the joy of holding someone's hand as they move into recovery," Greene says. Of the 5,500 people the Peer Recovery Program has interacted with, 85 percent have accepted recovery support services.

The blessings ripple out to family members as well. "Every morning when I see the whites of my son's eyes and hear him say 'Hi, Mom,' I want to cry, and then call you to thank you," one mother wrote to the Recovery Specialist who worked with her son. "May peace be with you on our journey as well—one day at a time."



KEEP YOUR KIDNEYS HEALTHY

TAME HYPERTENSION BEFORE KIDNEY DAMAGE OCCURS.

The heart beats steadily, creating pressure that moves blood through the body to nourish tissues and organs.

But when that pressure is too high—a result of obesity, genetics or other factors—the walls of blood vessels are damaged. They get weaker, narrower or harder.

Over time, the force of high blood pressure, or hypertension, can impair the arteries' ability to deliver sufficient blood to the

kidneys. In turn, kidneys can't fully perform their critical function of removing waste products and excess fluid from the body.

"There is a clear relationship between hypertension and renal failure that many



M. ISABEL ROBERTI, MD, PHD



RICHARD MANN, MD, MS

THE NATION'S #1 LIVING DONOR KIDNEY TRANSPLANT PROGRAM

Humans need only one kidney, so a person with two healthy kidneys can donate one of them to a desperately ill patient. Many people do just that, thanks to the world-class Living Donor Kidney Transplant program at Saint Barnabas Medical Center, which is ranked number one in the country. To learn more about kidney transplants or the Living Donor Institute at SBMC, visit www.rwjbh.org/sbmcckidneytransplant.

At right: The care team from the Renal and Pancreas Transplant Division at Saint Barnabas Medical Center.



To learn more about kidney transplant services at RWJBarnabas Health, visit www.rwjbh.org/kidneytransplant.

people may not be aware of," says Richard Mann, MD, MS, Medical Director of the Renal and Pancreas Transplant Program at RWJUH New Brunswick and Rutgers Robert Wood Johnson Medical School. "In many cases, hypertension plays a role in the progression of injury to the kidney and, in some cases, hypertension is the primary cause of renal injury."

A COMMON PROBLEM

More than half of the U.S. population over age 20 has high blood pressure, and an estimated 3.5 percent of children and teens have it as well. "For a long time, pediatric hypertension was an under-recognized problem," says M. Isabel Roberti, MD, PhD, Director of the Children's Kidney Center at Saint Barnabas Medical Center. "Now the recommendation is for blood pressure screenings to begin as early as age 3."

A "silent" disease, hypertension can go undetected without regular screening. "The earlier we catch hypertension, the better," says Dr. Roberti. "Damage due to high blood pressure in children and teens is reversible, and action now can prevent their having kidney problems as adults." The good news is that, in both children and adults, hypertension is treatable with a multi-pronged approach including medication, diet changes and exercise.

A New **State of Health** for **NEW JERSEY**, for the **NATION**, for the **WORLD**

RWJBarnabas Health and Rutgers University launch the state's largest academic health system

With the partnership of RWJBarnabas Health and Rutgers University, it is the dawn of an incredible new era in health.

Jointly, RWJBarnabas Health and Rutgers University will operate a world-class academic health system dedicated to high-quality patient care, life changing research and clinical training of tomorrow's health care workforce. By partnering, these two higher education and health care industry leaders will improve access to care and reduce health disparities in New Jersey and across the nation.

At the center of all of this are the patients who will benefit from increased access to a world-class academic health system, clinical innovation, groundbreaking research and newly developed centers of excellence, as well as more providers that families need to manage their health and wellness.



PRIDE AND PURPOSE

THE LGBTQ COMMUNITY FINDS A WELCOMING HEALTHCARE ENVIRONMENT.



For its service to the LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning) community, Saint Barnabas Medical Center (SBMC) has been designated a Leader in LGBTQ Healthcare Equality by the Human Rights Campaign Foundation. But what does that mean in practice?

The initiative is wide-ranging, according to Leslie Wright-Brown, MS, RN-BC, Director of Diversity and Inclusion at SBMC. It encompasses initiatives such as patient and employment non-discrimination policies, as well as an equal visitation policy and an employee resource group.

Staff education is a priority. “All employees complete an annual online LGBTQ education module that focuses on definitions as well as ways to provide culturally conscious care so everyone can be respectful and sensitive,” Wright-Brown explains.



JONATHAN KEITH, MD

TREATING TRANSGENDER PATIENTS

A special area of focus is the transgender community. “It’s one thing to cognitively understand what a person does medically to transition to another gender. But it also challenges our social norms, which can be difficult,” Wright-Brown says. “What

does transitioning the body do to the mind and spirit as well? We want to understand those issues so we can implement the highest standards of care.”

Transgender people can expect medical as well as moral support at SBMC. Earlier this year, Jonathan Keith, MD, a plastic surgeon who specializes in microvascular surgery, performed a phalloplasty—the creation of a functioning penis—for a transitioning patient at SBMC. It was the first surgery of its kind in New Jersey. “The power of gender affirmation surgery is that it helps patients live as they want and not feel anxious, depressed and even suicidal,” says Dr. Keith, who is the co-founder of the Rutgers Center for Transgender Health. “The words they use to describe how they feel are ‘whole’ and ‘complete.’ They feel they’ve been given a new life.”

That kind of outcome inspires and motivates SBMC healthcare professionals as they serve the LGBTQ community, as well as other minority communities. “Throughout our organization, there’s a heightened sense of awareness,” Wright-Brown says, “and a true desire to be educated and respectful.”

To learn more about Saint Barnabas Medical Center or for a referral to a physician, call 888-724-7123.



BREAST CARE ON YOUR SCHEDULE

THE BREAST CENTER PROVIDES SCREENING
RESULTS AND FOLLOW-UP TESTS ON THE
SAME DAY FOR WOMEN WHO WANT THEM.

EARLY DETECTION SAVES LIVES. The American Cancer Society says women over 40 who have average breast cancer risk should consider yearly screenings. To schedule a mammogram at The Breast Center at the Barnabas Health Ambulatory Care Center, 200 South Orange Ave., Livingston, call 973-322-7888 or visit rwjbh.org/mammo.

Most women who undergo screening mammography have their test, leave and wait to receive their results by mail. A number of these women have to return for additional testing due to an abnormal finding.

However, there's a different way to get results and follow-up tests at Saint Barnabas Medical Center (SBMC). "We reserve 15 to 20 spots daily for women who really want their results the same day," says Linda Sanders, MD, Medical Director of The Breast Center at the Barnabas Health Ambulatory Care Center of RWJBarnabas Health.

"For women who don't want to wait for results by mail, the process is empowering and efficient. It provides our patients with tremendous peace of mind," says Stephen P. Zieniewicz, FACHE, President and CEO, Saint Barnabas Medical Center. Patients who sign up for the program are assured that any follow-up testing will be done on the day of their mammogram appointment. Nationally, about 10 percent of women get screening results that indicate they should have additional imaging performed.

"Our same-day program is a great option for women who have a prior history of breast cancer, or who are just so anxious they don't want to go home and wait," Dr. Sanders says. It's also useful for women who require help getting to a screening center, such as the disabled or elderly, or for women who would have trouble taking time off from work if follow-up tests were needed.

For these patients, a thorough, same-day testing option is highly desirable. Further testing, such as a diagnostic mammogram (the next step after a screening mammogram) or an ultrasound (often used for women with dense breast tissue), can be done without the patient's having to wait for a subsequent visit. "If we see something highly suspicious, we will call the referring physician to enable a same-day biopsy too," Dr. Sanders says.

A DIGITAL SOLUTION

Even if a patient doesn't request same-day follow-up tests, she can get her results faster by opting into the email notification program. "A patient will be notified via email about results as soon as the radiologist has reviewed her test," Dr. Sanders says. "And since we read all of our screening mammograms by the end of the business day, patients often get their results within hours.

"We know that a mammogram can be uncomfortable," Dr. Sanders says. "The second-worst part is waiting for the results."

KEYS TO GOOD CARE

For the best and most comprehensive breast care, all women should go to a full-service breast center, Dr. Sanders says.



LINDA SANDERS, MD

"Continuity of care is so important in medicine," she says. "When different doctors have different parts of someone's medical record, things can fall through the cracks."

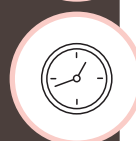
One benefit of continuity of care is that the same organization can do a screening, do follow-up tests, and perform a biopsy or even surgery if needed. At The Breast Center, patients can be connected seamlessly with the appropriate expert. "I can call and say, 'This patient needs to



PLANNING AHEAD

To get the same-day follow-up option at The Breast Center at Barnabas Health Ambulatory Care Center:

- When calling The Breast Center for your screening mammogram, you can request the same-day follow-up option.
- Before your appointment, get a prescription from your doctor that includes "extra mammogram and ultrasound views if needed."
- If follow-up tests are indicated, be prepared to wait at The Breast Center for several hours.



see you today," Dr. Sanders says. "By contrast, if a patient goes to a facility that only performs screening, and follow-up imaging is required, the patient is handed a disk with their images and sent elsewhere for work-up."

Continuity also refers to the importance of having an ongoing relationship with a specialist. "You want a specialist you know and can talk to because you can't just assume everyone reading a screening mammogram has the same level of skill," Dr. Sanders says. "All of the physicians at The Breast Center are fellowship-trained breast cancer specialists. We do a thorough risk evaluation using National Cancer Institute algorithms, which factor in multiple aspects of a patient's history."

That level of expertise can prove invaluable. "Just last week I noticed that one of our patients who was in a very high-risk category had a negative mammogram and ultrasound result," Dr. Sanders says. "Because of her risk, I followed American Cancer Society guidelines that suggest breast MRI, which she had the following week. That test found a small breast cancer that wasn't visible on her previous tests. We caught it early enough for it to be curable, and that saved her life."



RADIATION TREATMENT: PROTECTING THE HEART

HOW NEW TECHNIQUES AND
TECHNOLOGIES SHIELD THIS VITAL
ORGAN.

RWJBarnabas Health and Saint Barnabas Medical Center, in partnership with Rutgers Cancer Institute of New Jersey—the state's only NCI-designated Comprehensive Cancer Center—bring a world-class team of researchers and specialists to fight alongside you, providing close-to-home access to the latest treatments and clinical trials.

For more information about Radiation Therapy at Saint Barnabas Medical Center, call 973-322-5630.

When radiation treatment is needed for cancer of the left breast, the nearby location of the heart means it requires extra protection. Cancer radiation specialists at Saint Barnabas Medical Center (SBMC) employ a variety of techniques, technology and treatment plans to help patients avoid radiation damage to this vital organ.

“Advances in breast cancer mean more people are living longer,” says Alison Grann, MD, chairman of the Department of Radiation Oncology at SBMC. “And people with breast cancer might have greater risk for certain heart diseases later in life. We understand that and have long taken steps to reduce that risk.”

THE PATIENT’S POSITION

Treatment is customized for each patient, Dr. Grann explains. However, positioning and breath control are key considerations.

“To give the maximum dose of radiation to the area of cancer and avoid exposing the heart and other parts of the body, we sometimes have patients lie on their stomachs in what is called a ‘prone’ position, on a specially designed table,” Dr. Grann says. “We also teach some patients how to hold their breath in a certain way—with what’s called the Deep Inspiration Breath Hold—to shift the heart away from the breast tissue during the short bursts of radiation.

“We have almost two decades of experience using the prone technique, and we were the first in New Jersey to offer it,” Dr. Grann says. “Together with advanced technology tools, these techniques allow us to reach cancer while greatly limiting exposure to other parts of the body.”

PRECISE TECHNOLOGY



ALISON GRANN, MD

Patients at SBMC also have the benefit of a new technology that increases the accuracy of the radiation beam and, therefore, improves protection of the heart. The state-of-the-art

Vision AlignRT, used for Surface Guided Radiation Therapy, employs three advanced cameras and computerized software to track the patient’s breathing and other movements during radiation therapy. With AlignRT, physicians can automatically and quickly pause the treatment if a patient moves out of position.

A recent study showed that AlignRT in combination with Deep Inspiration Breath Hold effectively prevented radiation-induced abnormalities in blood flow to the heart.

A SHORTER COURSE

The SBMC radiation oncology team adopts the latest research findings to benefit patients in other ways.

“In the past, all women who had lumpectomy and chemotherapy needed six weeks of radiation therapy,” Dr. Grann says. “Now lots of studies have shown us that you can deliver radiation in three to four weeks in an equally safe way.” She notes that these findings apply to women who have had lumpectomies, but not those who have had mastectomies—so far. “Studies are ongoing to look at whether or not it’s safe to shorten treatment for that patient population.

“As soon as those studies came out, we began offering shorter terms of radiation as a standard treatment practice for our eligible patients,” Dr. Grann says. “We truly do what’s best for the individual patient.”

That philosophy of individualized treatment holds true for any radiation patient at SBMC. Not everyone with breast cancer should have radiation in the prone position, and in fact not every breast cancer patient even needs radiation.

The best treatment depends on many factors, says Dr. Grann, who has published research papers and lectured on topics related to radiation oncology. Those factors include the patient’s age, the size of the breast cancer, the specific receptors on the breast cancer itself and more.

“Every woman is different, and every cancer is different,” she says. “Using the latest advancements and research, we offer a variety of ways to treat people with breast cancer and avoid as many side effects as possible.”

HEALTHIER BREASTS, HEALTHIER HEART

Protecting the heart in every way possible is important, especially for patients who have other risk factors for heart disease. The American Heart Association journal *Circulation* recently reported that some breast cancer treatments can weaken the heart muscle or cause changes in the arteries of the heart. While these side effects are not always permanent, avoiding them is a goal during treatment.

Patients can improve their risks for both heart disease and breast cancer because these conditions share some of the same controllable risk factors. Taking steps to adopt a heart-healthy lifestyle is associated with a lower incidence of breast cancer, according to the American Heart Association. The organization recommends that people follow what it calls “Life’s Simple 7”:

- Maintain a healthy body weight.
- Eat a healthy diet.
- Be physically active.
- Avoid tobacco.
- Manage blood pressure.
- Control cholesterol.
- Reduce blood sugar.

Follow your doctor’s recommendation for any treatment.





“MY NICU MIRACLE”

A MOTHER RECALLS THE CHALLENGES HER BABY GIRL FACED—AND HOW THE NEONATAL INTENSIVE CARE UNIT HELPED THE INFANT SURVIVE AND THRIVE.

About 23 weeks into my healthy, joyful pregnancy, everything changed. I began to feel different. My heart seemed to be beating faster, and I had pains in my chest. In the emergency room at Saint Barnabas Medical Center (SBMC), I was diagnosed with preeclampsia, a condition that is marked by high blood pressure and a high level of protein in the urine. Its causes are unknown, but it is a factor in about 1 in 20 pregnancies. Left untreated, it can seriously harm both mother and baby.

Over the next few weeks, I made regular visits to the Perinatal Evaluation and Treatment Unit at SBMC. At week 26, however, my doctors decided to admit me to the hospital and keep me on absolute bed rest. I learned that my baby girl could be born prematurely, and that every day she could spend inside my body would be beneficial. I prayed that she could keep growing and maybe make it until Christmas.

But on October 26, I had a blood pressure spike so dangerous that I was at risk of having a stroke. I was wheeled into an operating room as my husband changed into scrubs. Our daughter Kayleigh was



Left, Kayleigh and Dr. Sanchez-Konel. Above, ribbon cutting for the new Dr. Sun Newborn Intensive Care Floor. Front, from left: Gladys McHenry, RN, MSN, MBA, Nurse Manager, NICU; Shyan C. Sun, MD, Director of Neonatology; Annette Sun; Kamtorn Vangvanichyakorn, MD, Clinical Director, NICU; Barry H. Ostrowsky, President and Chief Executive Officer, RWJBarnabas Health. Back, from left: John F. Bonamo, MD, Executive VP and Chief Medical and Quality Officer, RWJBarnabas Health; Jennifer A. O’Neill, DNP, APN, NEA-BC, Chief Nursing Officer & VP of Patient Care Services; Stephen P. Zieniewicz, FACHE, President and Chief Executive Officer.

born via C-section on October 27, 2000, at 1:09 a.m., weighing 2 lbs., 2 oz. Her little body was so tiny and red that she reminded us of a baby bird. But she was a fighter—born kicking and screaming.

AT HOME IN THE NICU

Over the next many weeks, we made the Neonatal Intensive Care Unit (NICU) our home. We began to think of the nurses and doctors as family, and we became forever bonded with other families like us.

We learned how to bathe our tiny babies; our babies learned how to “suck, swallow and breathe.” We celebrated each ounce gained. We learned about RSV (respiratory syncytial virus), an especially risky virus for premature babies. During this time, Kayleigh received three blood transfusions and required extremely specialized formula in order to thrive.

Thanksgiving came and went, as did our anniversary and my birthday. The nurses encouraged us to have “date nights,” reminding us that they were the best babysitters we would ever have.

And on December 26, 2000, Kayleigh was finally strong enough and big enough to begin living her life at home.

GIVING BACK

Over the years, we have returned often to visit the NICU and our beloved doctors and nurses. We have attended every annual SBMC Miracle Walk to raise funds for the NICU, and Kayleigh has sponsored two community blood drives as a way to give back to those who gave blood to help her thrive.

Recently, as part of a special high school class, she was required to shadow a healthcare provider. Of course, she reached out to Maria Sanchez-Konel, MD, at SBMC. She spent the day shadowing her own neonatologist in the NICU where she lived for 60 days.

Life came full circle for us that day, and we continue to count the SBMC NICU among the greatest blessings in our lives.

The Saint Barnabas Medical Center Neonatal Intensive Care Unit provides the most advanced care for more than 1,200 premature and ill newborns each year. To learn more, call 973-322-5300.



A BETTER WAY TO GET THE PICTURE

A STATE-OF-THE-ART MRI PLUS NATURAL LIGHT ADDS UP TO A SUPERIOR PATIENT EXPERIENCE.

For many people, the prospect of being enclosed inside an MRI (Magnetic Resonance Imaging) scanner is at best uncomfortable—and at worst, terrifying. That’s because the traditional MRI system—a large, cylinder-shaped tube surrounded by a circular magnet—is a tight space that’s uncomfortable for larger patients and those with anxiety or claustrophobia.

New, state-of-the-art MRI technology puts patient comfort in the forefront at the Imaging Center at the Barnabas Health Ambulatory Care Center. The Center is one of the first imaging sites in the country to debut the latest generation in MRI systems: the Ingenia Elition 3.0T Wide Bore Digital High Definition MRI system from Philips Healthcare.

The new MRI system has a wider opening (known as a “bore”) than a traditional MRI. “From a patient point

of view, it’s built for comfort, with less noise and a mattress that’s 90 percent more comfortable than previous models,” says Alan Garten, MD, Chairman of the Department of Radiology. “We’ve also designed the MRI area with banks of windows that bring in natural light from the outside. This has a huge impact on claustrophobic patients, who may find it difficult to stay still, which reduces diagnostic quality.

“In addition, this new system’s comfort features result in less patient movement, which, in turn, improves the quality of image,” Dr. Garten says. “The 3.0T Elition has been shown to reduce scan times up to 50 percent and reduce repeat scans by 70 percent.”

The new machine provides higher resolution. “This is especially significant in brain imaging, which is done for a large proportion of our patients. This system has been shown to improve resolution by up to 60 percent,” Dr.



ALAN GARTEN, MD

Garten says.

“This new MRI supports our commitment to ensuring our physicians and patients have access to the most innovative technologies that facilitate the safest quality care for our patients and their families,” says Stephen P. Zieniewicz, FACHE, President and CEO, Saint Barnabas Medical Center.



WHAT IS AN MRI?

Magnetic Resonance Imaging (MRI) is often considered the gold standard in diagnosing medical conditions, ranging from neurological disorders to musculoskeletal conditions to cancer. Unlike a CT scan, which uses X-rays, an MRI uses magnetic fields and radio waves to produce images.

For an MRI or imaging appointment at the Barnabas Health Ambulatory Care Center, call 973-322-7850.

#1 living donor kidney transplant program in the U.S.

Transplanting kidneys. Transforming lives.

We're proud of the number of kidneys that have been transplanted, but we're even prouder of the number of lives that have been touched. To learn more, call **973-322-5346** or visit rwjbh.org/sbmckidneytransplant

Saint Barnabas Medical Center

RWJBarnabas
HEALTH

Livingston, NJ

Let's be healthy together.

