


A PUBLICATION FROM CLARA MAASS MEDICAL CENTER

IN GOOD HEALTH

JULY 2016



EMERGENCY MEDICAL SERVICES

MULTI-GENERATIONAL
PHYSICIANS AT CMMC

TO THE HEART
VIA THE WRIST

SUPER NURSES

INSIDE **THE ICU**



MEET AN
EXPERT IN
MAMMOGRAMS

A NEW ERA IS BEGINNING

To our Community,

This is the beginning of an exciting new era for healthcare in New Jersey as Barnabas Health and Robert Wood Johnson Health System have united to create the most comprehensive health system in the state, RWJBarnabas Health. Together, we bring the best of academic medicine, research, teaching and community providers together to create healthier communities.

For our patients this means greater, more convenient access to high quality care, the development of advanced new services and the expansion of and access to cutting-edge clinical trials. Our systems contributed a combined total of over \$550 million a year in community benefit services. These investments go toward outreach and engagement programs, programs with schools and religious groups to keep people healthy. Together we will be able to accomplish even more.

As one, we are positioned to better combat disease and promote wellness in our region – truly making our communities healthier while also making healthcare more affordable. Thank you for trusting RWJBarnabas Health as your healthcare partner. We look forward to serving you for generations to come.



In good health,

Mary Ellen Clyne, Ph.D.
President and Chief Executive Officer
Clara Maass Medical Center



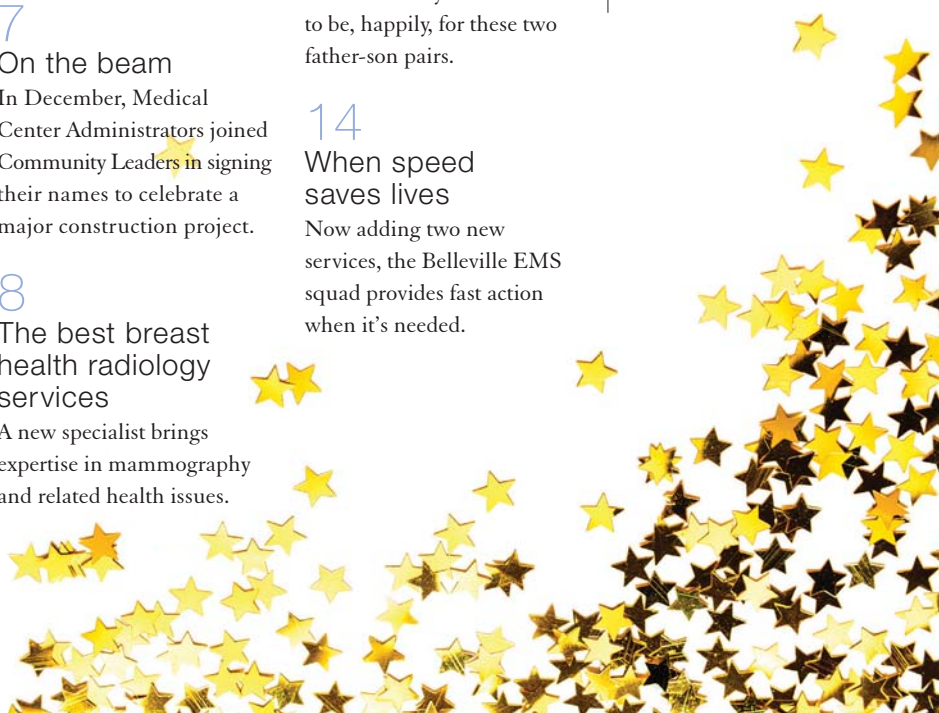
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Clara Maass Medical Center | **RWJBarnabas HEALTH**
 Let's be healthy together.

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Material contained herein is intended for informational purposes only. If you have medical concerns, seek the guidance of a health care professional.



A SIGN OF QUALITY

FIVE PROGRAMS AT CLARA MAASS MEDICAL CENTER ARE CERTIFIED BY THE NATION'S LEADING HEALTH CARE REVIEWER.

HOW DO YOU KNOW IF YOU'RE GETTING the best possible health care? One way is to see if your provider has been reviewed and accredited by recognized experts in the field. In health care, such accreditation is in the hands of the Joint Commission. An independent, not-for-profit organization, the Joint Commission accredits and certifies nearly 21,000 health care organizations and disease management programs throughout the United States.

Joint Commission accreditation and certification is acknowledged in the health care industry as a mark of quality, and it confirms an organization's commitment to meeting the highest performance standards. Clara Maass Medical Center recently received Joint Commission recertification in five disease-specific programs: Heart Failure, Acute Coronary Syndrome, Cardiac Rehabilitation, Hip Replacement and Knee Replacement.

The Joint Commission sends a reviewer every two years for recertification. Reviewers visited Clara Maass this past October and November to pore over medical records and conduct interviews with both hospital staff and patients. The

review is intended to ensure compliance to all standards of care and improve the program's quality of care and services. During the full- or half-day on-site review, the reviewer assesses:

- How clinical outcomes and other performance measures are used to identify opportunities to improve care.
- Whether the organization's leaders understand and commit to improving the quality of care for patients in need of the services the program provides.
- How patients and their caregivers are educated and prepared for discharge.

Through observations and interviews, reviewers also will validate that the program meets or exceeds evidence-based guidelines for care during daily clinical practices. Evidence-based practices include following the experience of care for patients through the program's entire continuum of care and ensuring compliance with those standards.

With Joint Commission certification, you can be sure that Clara Maass Medical Center is providing exceptional, high-quality care in these Cardiac and Orthopedic programs.

»» ABOUT THE JOINT COMMISSION

Founded in 1951 as The Joint Commission on Accreditation of Hospitals and later known as The Joint Commission on Accreditation of Healthcare Organizations, The Joint Commission is the nation's oldest and largest standards-setting and accrediting organization in health care.

Joint Commission-accredited Health Care Organizations may seek certification for care and services provided for virtually any chronic disease or condition. The organization's Disease-Specific Care (DSC) certification program, launched in 2002, is designed to evaluate clinical programs across the continuum of care.

The Joint Commission's mission statement puts its purpose well: "To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value."





ANOTHER ROUTE TO THE HEART

WHEN CARDIAC CATHETERIZATION IS REQUIRED, ENTRY THROUGH THE WRIST IS OFTEN MORE BENEFICIAL FOR PATIENTS.

SOMETIMES THE EASIEST WAY ISN'T THE BEST WAY.

Since the middle of the 20th century, physicians have used a procedure called Cardiac Catheterization, in which a small tube called a catheter is threaded up to the heart initially through the brachial artery in the elbow and then, in most cases, through the femoral artery in the groin. It was used first for diagnostic tests, and then

for interventional cardiac procedures, often sparing patients the need for open-heart surgery and thus speeding their recovery and reducing their risk of complications. The last few years have brought a new method called transradial catheterization in which the catheter is inserted via the wrist instead of the groin. It is more demanding, but in many cases it is worth the extra effort.

» ADVANTAGES OF TRANSRADIAL ARTERY CATHETERIZATION

Transradial artery catheterization offers several benefits when used instead of catheterization via the femoral artery in the groin:

- minimal bleeding
- less pain
- less risk of nerve damage
- lower rate of complications
- faster recovery
- more comfort for patients, who can move around immediately after their procedure instead of staying in the bed for several hours.



Transradial catheterization offers many benefits for patients. For one, the radial artery is superficial and easily compressible with minimal pressure, so there's less bleeding at the access site. Also, it obviates the need for vascular closure devices and the potential for foreign material in the body. With the transradial approach, patients don't have to lie flat for four to six hours after the procedure to make sure that the wound closes properly and does not bleed. The smaller radial artery puncture site needs only a bandage and a compression sleeve to close quickly, and patients are able to get out of bed and walk around immediately after their procedure.

Transradial catheterization was first tried in 1948, but the bulky devices available then made it impractical. It was re-introduced in Canada in the late 1980s and developed in the Netherlands in the '90s, says Elie Chakhtoura, M.D., Director of the Cardiac Catheterization Lab at Clara Maass Medical Center. These days transradial catheterization is used more in Europe than in the United States, he says. "In the U.S., only 12–18 percent of catheterizations are now done radially. We are trying to achieve higher penetration, and there is a huge push across the country to meet the numbers they have

in Europe, where they do it as much as 80 percent of the time."

Transradial catheterization does take special expertise and training. "It has not been widely adopted here because it's easier to go through the femoral artery," Dr. Chakhtoura explains. "It is a straight line from the groin to the chest. Going through the wrist, you have bends at the elbow and the shoulder and under the clavicle. From a technical standpoint it is much more demanding."

Dr. Chakhtoura is one of two physicians performing transradial catheterization regularly at Clara Maass, says Ronnie Castro, M.S.N., R.N., Administrative Director of Cardiac Services. "We started the program in 2012, and in 2015 about 24 percent of our cases were done radially," he says. "Everyone is happy with it and patient satisfaction is very high."

Dr. Chakhtoura would like to raise that rate to about 70 percent. There are still some circumstances—and some patients—for which the traditional femoral artery approach is best. Most, however, can now be done radially, thanks to newer, smaller surgical devices.

Large-scale trials show that transradial catheterization has better outcomes in treating such Acute Coronary Syndromes as Angina and Heart Attack, says the doctor. It is especially helpful for women, who have a higher risk of bleeding from the femoral artery (This may be due to smaller vessels in the groin and smaller body size). "It is important for heavier patients too, because in those patients it is harder to reach and compress the femoral vessels afterward," Dr. Chakhtoura adds. "Those with severe peripheral vascular disease and occlusion of the femoral vessel may not have access to the heart that way, so for these patients radial access is critical. And men with prostate problems don't have to lie down for hours. We just put a wrist bandage on them and they can go to the bathroom."

Another difference between the two approaches is that more sedation is required for the transradial approach. "The radial artery has a higher incidence of spasm, triggered by a cold operating room or by stress," says Dr. Chakhtoura. "So we want a relaxed patient and a relaxed artery." He adds that the room is kept warmer for these procedures as well.

Patients are typically kept under watch for two hours after a diagnostic procedure, and four hours after an intervention, and discharged either the same day or the next. They typically return to normal activity almost immediately after the procedure.

"Clara Maass Medical Center is using the transradial approach to improve patient safety and outcomes," says Dr. Chakhtoura. "And we are changing patient care to focus not on a sick, bedridden patient, but an independent one who can walk around."



A SPECIAL GROUP TURNS A SPRY 70

STARTING SMALL, **THE AUXILIARY** HAS GROWN TO PROVIDE FUNDRAISING THAT IS A HUGE BOOST TO THE MEDICAL CENTER'S PROGRAMS AND SERVICES.

THE PHRASE "THREE SCORE YEARS AND TEN" USED TO describe a human lifetime. But it's been just the opening sprint for the Clara Maass Medical Center Auxiliary, which celebrated its 70th anniversary last fall at an event at Nanina's in The Park in Belleville.

Speakers at the celebration included Margaret Nielsen, R.N., B.S.N., J.D., the Medical Center's Director of Patient Experience and Risk Management; John Kelly, M.D., Immediate Past President of the Clara Maass Medical Staff; Frank Mazzarella, M.D., Chief Medical Officer at Clara Maass Medical Center; and Angela Cuozzo-Zarro, President of the Clara Maass Auxiliary.



Angela Cuozzo-Zarro is President of the Clara Maass Medical Center Auxiliary.

During the past 27 years, the Auxiliary raised more than \$1 million for the Clara Maass Medical Center Foundation, through fundraising activities, such as vendor sales, 50/50 raffles and the annual holiday tree lighting.

Back in 1945 when the Auxiliary began, it was called the Women's Auxiliary of the Lutheran Hospital, and it also handled the entire financial burden of the Newark Memorial Hospital. The group changed its name in 1952 when the hospital became

Clara Maass Medical Center. But one thing remained the same: The tradition of community service and caring passed on from the first women's auxiliary, The Frauen Verein, which was formed in 1869.

"Starting from humble beginnings, the Auxiliary has donated more than \$1 million to aid Clara Maass Medical Center in promoting the health and welfare of the community," said Ms. Cuozzo-Zarro, who has been the Auxiliary's President since 2007. "Throughout the years, we have used the money to offer several \$1,500 scholarships to those involved in the hospital and have provided aid for hospital renovations. We try to help wherever we are needed."

The Auxiliary's impact is significant. The funds it has raised have played a key role in supporting programs, services and upgrades at Clara Maass Medical Center.

"Clara Maass Medical Center has grown tremendously over the past few decades, and we couldn't have done it without the contributions of the Auxiliary," said Mary Ellen Clyne, Ph.D., President and CEO. "Their donations helped the hospital to undergo construction and renovations, to enhance various departments and programs and to continue providing the highest possible level of care. Celebrating 70 years is a tremendous accomplishment, and we deeply appreciate the passion and commitment of each member of the Auxiliary."

CELEBRATING OUR EXPANSION:

ON THE BEAM

IN DECEMBER, CLARA MAASS MEDICAL CENTER ADMINISTRATORS, MEDICAL Staff and Community Leaders gathered to affix their signatures to a steel beam signifying a major campus expansion construction milestone. This is the first major on-campus expansion project in more than a decade. Renovations for the \$23 million project include construction of a brand new four-story, 87,000 square-foot building featuring a state-of-the-art, private 32-bed Intensive Care Unit, two levels of Class-A space for physicians and a new main lobby.

When complete, the facility will create a new arrival experience for patients and visitors with a brand new hospital lobby and central registration featuring a showcase stairway and two-story atrium, gift shop and pharmacy on the ground level.



Left to right (top picture): New Jersey Assemblywoman Eliana Pintor Marin; Jay Stylman, M.D., Former CMMC Medical Staff President and CMMC Physician; Michael Gentile, M.D., CMMC Physician; Father Jack Donohue, CMMC Chaplain; John Kelly, M.D., Former CMMC Medical Staff President and CMMC Physician, and Mrs. Cindy Kelly; Rev. Hector Ramirez, CMMC Clergy Council Member and Pastor of Riverside Community Church of Nutley; Stephen K. Barry, Executive Vice President, Business Development & Leasing, Rendina Healthcare Real Estate; Robert Gaccione Sr., Chairman of CMMC Board of Trustees; Barry Ostrowsky, President and Chief Executive Officer of RWJBarnabas Health; Mary Ellen Clyne, Ph.D., President and Chief Executive Officer of Clara Maass Medical Center





THE BEST BREAST HEALTH RADIOLOGY SERVICES

A NEW IMAGING DOCTOR
BRINGS EXPERTISE IN THIS
HIGHLY SPECIALIZED FIELD
OF RADIOLOGY.



Hannah R. Kotch, M.D.

BREAST RADIOLOGIST
BOARD CERTIFIED DIAGNOSTIC RADIOLOGIST
FELLOWSHIP TRAINED
IN BREAST AND BODY IMAGING

AS MEDICINE BECOMES MORE AND MORE SPECIALIZED,

doctors focus on narrower areas of expertise. In radiology, for example, taking images of the breast has become a subspecialty of its own. Accordingly, Clara Maass Medical Center has added a dedicated breast health imaging specialist as part of its effort to offer women in the area the best possible breast radiology services.

Hannah R. Kotch, M.D., joined the Department of Radiology at Clara Maass Medical Center in July focusing on breast imaging. Dr. Kotch is a Board-Certified Diagnostic Radiologist who is fellowship-trained in Breast and Body Imaging. Specializing in breast health is valuable, she says, because, “the breast is somewhat complicated. Depending on the disease, it is important to anticipate what surgeons are planning, and how the pathology matches the image.” That match is not always obvious, she says. “As a specialist, I have seen a wide range of pathologies and rely on that experience.”

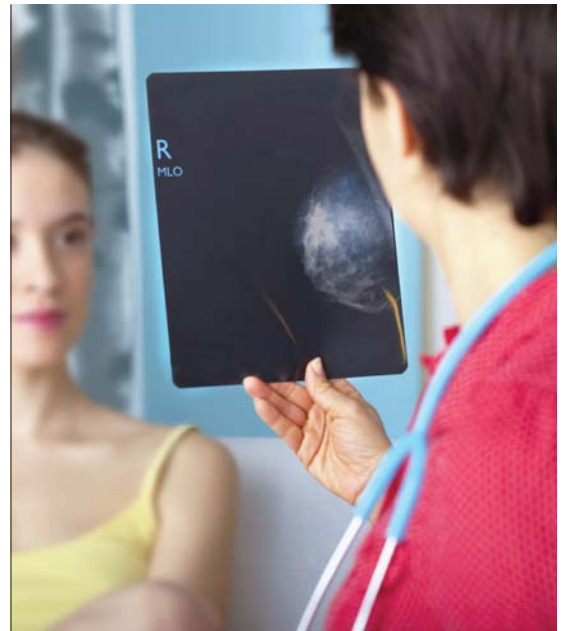
Besides spotting signs of breast cancer, Dr. Kotch can also help diagnose other noncancerous breast issues. “Women with a variety of breast issues—such as infections, breastfeeding complications, nipple discharge and breast pain—are sent to us for an evaluation,” she says.

Dr. Kotch studied at the Albert Einstein College of Medicine in New York City. She followed medical school with an internship and residency at Beth Israel Medical Center in New York. While there, she found herself drawn to women’s health issues in general and breast health in particular. She conducted research on the BRCA (BReast CAncer genes 1 and 2) genetic mutation, which is linked to breast and ovarian cancer, and worked with a committee of the American Medical Association to develop policies related to women’s health. “It was a natural decision to go into a women’s specialty, and I found a fellowship that was a good match for me,” says Dr. Kotch. That fellowship, in breast and body imaging, was offered through Yale University.

After finishing her studies, she wanted to join a practice that was both community-based and academic in nature. “Yale had a vigorous Breast Center, and I really liked that,” she says. “RWJBarnabas Health is similar. There is a strong team behind us, so when a patient is diagnosed with a breast cancer, we are tied into a big network of providers, from oncologists to surgeons to geneticists. We don’t have to send patients somewhere else. We can give them the appropriate treatment right here.”

Dr. Kotch finds it satisfying to guide and counsel patients. “I like to manage the expectations people have,” she says. “If they are anxious about a procedure or testing, I try to put them at ease and explain what’s going on. I like performing procedures, helping get to the bottom of the problem.”

Dr. Kotch is excited to offer her services to both women and men in the community. “I am happy to have them come to Clara Maass Medical Center,” she says.



» WHO NEEDS A MAMMOGRAM?

The guidelines for mammography seem to change often, and it’s no wonder people are often confused about who needs mammography, and when. Hannah Kotch, M.D., Breast Imaging Specialist with The Breast Center at Clara Maass Medical Center, says that’s because “it’s complicated, and there are conflicting recommendations about when screenings should start.”

Dr. Kotch, however, follows the guidelines put forth by the American College of Radiology, because “that group reviews evidence-based research from all over the world to help provide sound guidelines specifically for women.” She believes they should have a yearly mammogram beginning at age 40. Other screening tests using ultrasound or magnetic resonance imaging (MRI) are determined on a case-by-case basis, she says. “For instance, if a woman has dense breast tissue I recommend an ultrasound or MRI.” Women with a family history of the disease should talk to their doctor about earlier or more frequent testing. “But it is important to remember that 75 percent of women who get breast cancer do not have a family history of the disease,” she adds.

For better Breast Health, she recommends quitting smoking, reducing alcohol consumption, exercising regularly and controlling your weight. “More important than anything is seeing your doctor and getting breast exams,” says Dr. Kotch.



BETTER CARE

STUDIES SHOW THAT QUALITY IS BETTER WHEN AN 'INTENSIVIST' IS IN COMMAND.

when it counts most

AN INTENSIVE CARE UNIT (ICU) IS RESPONSIBLE FOR providing care to the most critically ill patient population and their lives are in grave danger. Patients who are critically ill often suffer from conditions that affect multiple organ systems. They often need advanced treatments, sophisticated technology, rapid medical response, and their care can require moment-to-moment intensive medical decisions or adjustments to their medical treatment.

However, a relatively new subspecialist called an Intensivist spends all day, every day, treating the complex medical issues that affect people in the ICU. Clara Maass Medical Center is proud to announce the start of its new Intensivist Program, as four Intensivists recently came on board to provide the best possible care to the hospital's critically ill patients.

"This is an exciting new direction for Clara Maass to take," says Frank Mazzarella, M.D., Chief Medical Officer.

The Intensivist subspecialty was created in 1970 under the authority of the Society of Critical Care Medicine (SCCM). Its Practitioners, sometimes known as Critical Care Doctors, are Board-Certified Physicians who have been specially trained to treat the most critically ill patients. After finishing a medical Residency—usually in internal medicine, pulmonary medicine, anesthesia, cardiology or surgery—a doctor must also complete a Fellowship in Critical Care Medicine to be certified as an Intensivist.

Rather than focusing on a specific organ or organ system, as a Cardiologist or Pulmonologist does, an Intensivist takes a more comprehensive approach to caring for critically ill patients. Typically, this doctor has the primary responsibility for the patient in the ICU. "Intensivists work with the patient and his or her Primary Care Physician and Specialists, but the Intensivist is the captain of the ship," Dr. Mazzarella says. "The Intensivist makes the ultimate decision whether the patient meets the criteria for the ICU, stays in the ICU, or no longer requires the ICU."

Numerous studies have shown that Intensivist-led ICUs deliver better outcomes than those without such specialists. One study cited by the SCCM found that the mortality rate for ICUs with Intensivist staffing is 6 percent, less than half the 14.4 percent average rate that prevails in ICUs without Intensivists.

In the new Intensivist Program at Clara Maass Medical Center, Peter Zazzali, M.D., Director for the Intensivist Program; Francesco Califano, M.D.; Nail Fatah, M.D.; and Jay Saliba, M.D., will be the ICU Intensivists.

"The presence of Intensivists in the ICU allows us to provide the best care possible to the critically ill patients we serve," says Mary Ellen Clyne, Ph.D., President and CEO of Clara Maass Medical Center. "No doubt the Intensivists Program will only enhance the excellent quality outcomes we provide to our patients."



EXCELLENCE AT THE BEDSIDE

TWO NURSES AT CLARA MAASS MEDICAL CENTER EARN KUDOS FOR KINDNESS, LEADERSHIP SKILLS AND SETTING THE STANDARDS FOR THE PROFESSION.

NURSES PLAY A VITAL ROLE IN TOP- quality medical care, and nowhere is that truer than at Clara Maass Medical Center.

Take, for example, Donna Feinblum, R.N. For 35 years she has showered the infants in the hospital's Level II Special Care Nursery with love. Her compassion has not gone unnoticed. She was a March of Dimes 2015 Nurse of the Year Award Nominee in the Neonatal category.

"In addition to being instrumental in patient care, Donna's compassion for patients has been her trademark," says Mary Ellen Clyne, Ph.D., President and CEO of Clara Maass Medical Center.

Feinblum is enthusiastic. "Donna approaches every task with boundless creative energy and a positive attitude," reports Cynthia McMahon, R.N., Nurse Manager, Maternal-Child Health.

Concerned about the emotional challenges faced by mothers who are discharged while their babies remain in the

Level II Special Care Nursery, Feinblum completed a Nursing Research Project on Maternal Journaling. She and Critical Care Nurse Educator Roxana Gonzalez, M.S.N., R.N., C.C.R.N., described the project in an April 2016 article that was published in the *International Journal for Human Caring*.

"It's a privilege to have the ability to care for the babies who are treated in the Level II Special Care Nursery," says Feinblum.

Then there's Lea Rodriguez, M.A.S., R.N., Vice President of Patient Care Services and Chief Nursing Officer. She was recently recognized by the Executive Women of New Jersey and received the 2016 Nurse Executive Award from the Organization of Nurse Leaders of New Jersey. The award is presented to the most senior nurse leader in a health care organization who demonstrates exceptional leadership, guidance and service to their organization and profession.

Since joining Clara Maass in 2001,



Donna Feinblum, R.N.



Lea Rodriguez, M.A.S., R.N.

Rodriguez has had many successes, one of which is the establishment of the Shared Governance Program, which enables direct care nurses to create and lead meaningful change within the health care environment of the Medical Center. She also spearheaded the effort to implement "clinical ladders" for nurses to provide opportunities for professional development.

Says Dr. Clyne, "Lea is an inspiring, motivating force who is helping to transform health care and enhance patient care."

Multi-generational Physicians

MEET TWO FATHER-SON DOCTORS.

Jashvantkumar Amin, M.D., and Alpesh Amin, M.D.

Growing up in India, Jashvantkumar Amin, M.D., was surrounded by a family of physicians, but his dad was not one of them. “My father was a school teacher, but most of my uncles and cousins were doctors,” says Dr. Amin, 72. “That was why I had an interest in medicine from a very young age. I went to the top science college in India, with medicine as the goal.”

After medical school in India, Dr. Amin came to the United States for his Internship, Residency and Fellowship training in Internal Medicine, Geriatric Medicine and Hematology/Oncology. It was an organic progression from Internal Medicine, his first specialty, to Geriatrics. “Many of my patients are elderly, so it’s useful to have expertise in that field,” he says. His interest in Hematology and Oncology was inspired by a rotation during Residency with a Hematologist he admired, so he trained in that as well. “In those days we started with few effective treatments for leukemia, so one had to keep learning them as they were developed, and that interested me,” says Dr. Amin.

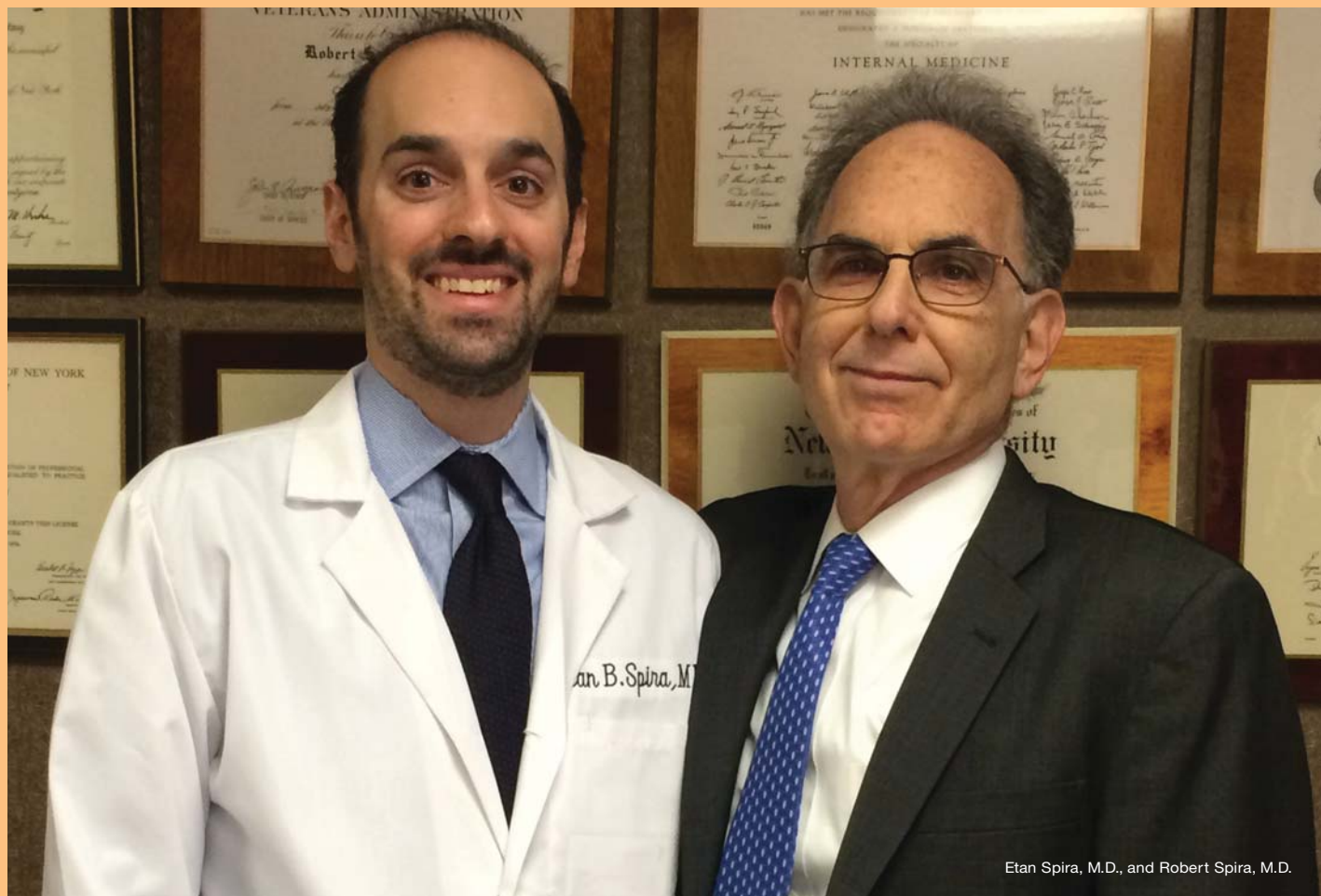
He and his wife, Rohini Amin, live in North Caldwell. They

raised three children. Two are attorneys, and one, Alpesh, became a doctor. “My father never pushed medicine, but I ended up following him,” says Alpesh Amin, M.D. “I even chose the same specialties—he never pushed them either; I came to them myself.” Dr. Amin, 42, first wanted to be a Psychiatrist, then considered Obstetrics and Gynecology, but finally chose Internal Medicine and then specialized in Cancer Care. “I found that I was good at Hematology/Oncology,” he says. “I understood it. Maybe because I was exposed to it indirectly, it came naturally to me.” He is not a Geriatrics Specialist like his father, but otherwise the two have collaborated since he joined his father’s practice in 2007.

The younger Dr. Amin and his wife, Kirtida, an Anesthesiologist, live in Mountain Lakes with their two young children. He likes working with his father because, as he says, “I get a more experienced voice to guide me, about both medicine and business.” The only problem between them, he says, has been over technology—he was a lot more receptive to the adoption of electronic charts than his dad was. He says he also feels “like the kid” sometimes, but says the benefits of working with his dad “far outweigh any downside.”



Jashvantkumar Amin, M.D., and Alpesh Amin, M.D.



Etan Spira, M.D., and Robert Spira, M.D.

Robert Spira, M.D., and Etan Spira, M.D.

Generations ago, the Spira family worked in sweater manufacturing. “The schmata business,” says Robert Spira, M.D. “My decision was not to go into the family business.” Instead, he embraced what became a new family business: Gastroenterology.

Dr. Spira, 65, grew up in New York City and studied in the College and Medical School of New York University. “I was in the first wave of Interventional Gastroenterology, the new era of Colonoscopy and Endoscopy, in the early 1980s,” he says. He has divided his career between Clinical Practice and Teaching Residents and Fellows in Gastrointestinal (GI) Programs he has run at various institutions. “I did half-time in practice and half in education, which I always loved to do,” he says.

Medicine’s rewards, he says, go beyond the economic. “You help patients get better,” he says. “There is an intellectual challenge and also the skill required in doing procedures. The new technology got me excited about GI. Teaching is also very exciting—the curiosity of Residents keeps you up-to-date.”

His wife, Naomi, has a Ph.D. in Infant Psychology, but “she practiced on our three kids,” he says. Only their middle child, Etan, followed his father into Medicine. “He was an Economics Major, like me,” the elder Dr. Spira says. He adds that after working both with his father and in finance, “Etan decided,

‘What you do, Daddy, is better than Wall Street.’ I encouraged him. ‘You may not make as much money,’ I said. ‘But, you will be happy every day.’”

Etan Spira, M.D., has indeed been happy with his choice. “I did not enjoy Wall Street, so I took the requirements for Medical School and enjoyed those,” he says. “I would go on rounds with my dad when I was younger, and he helped me see what medicine is about and what doctors do.” He was drawn to GI, like his father. “I ended up liking the more easy-going personalities in GI more,” he says. “GI includes thinking about Medicine along with using your hands in procedures.”

Dr. Spira and his wife, Jessica Singer, M.D., an Internist on the faculty of Columbia University, are both 34. They met in Medical School at New York University. They have a son, Michael, 2, and had a baby girl, Eliana, in January. “I can ask my dad to cover for me so I can take care of his grandson,” the younger Dr. Spira says with a laugh. “That’s definitely an advantage. How can he say no?”

His father says it is a pleasure to see Etan’s training, passion and intellectual curiosity at work in their practice. “My patients all ask me, ‘Where’s Etan?’ and I say, ‘I’ve been caring for you for 30 years—what do you mean, where’s Etan?’” he confides with pretended crossness. “I laugh, but it’s a great feeling. He is a wonderful physician who brings both intellect and compassion to the care of his patients.”

WHEN SPEED SAVES LIVES

NOW ADDING TWO
NEW SERVICES,
THE BELLEVILLE
EMERGENCY SQUAD
PROVIDES FAST ACTION
WHEN IT COUNTS.



HOSPITAL EMERGENCY DEPARTMENTS, like the one at Clara Maass Medical Center, are what you picture when you think of a medical emergency. Oftentimes the doctors in the Emergency Department (ED) are not the first to provide care to someone in dire medical straits. That role falls to local Emergency Medical Services (EMS) squads. That is why Clara Maass and local EMS squads work hand-in-hand to offer the community the latest skills and techniques needed to save lives.

In recent months, first responders with the EMS squad in Belleville received training in two cutting-edge therapies from John Fontanetta, M.D., Chairman of Emergency Medicine at Clara Maass Medical Center and Medical Director of the Belleville EMS Squad. The first is in the use of Narcan, the brand name of the drug naloxone, which is used to quickly reverse the effects of an overdose of opioids, such as heroin, morphine, oxycodone (Oxycontin), methadone, hydrocodone (Vicodin), codeine and other prescription pain medications. The second is in using epinephrine to treat a severe allergic reaction that sends the patient into

anaphylactic shock.

Narcotics overdoses are becoming a bigger problem throughout the nation because of the overprescription of narcotic pain medication and the scourge of cheap and more potent heroin, and New Jersey is no exception. When administered in time, Narcan has been shown to help overdosed patients stay awake and breathing. Every minute counts in such a case, as it does with anaphylactic reactions.

“Responding immediately and administering these medications is vitally important,” Dr. Fontanetta says. “Both of these interventions will without a doubt save lives.”

In order to provide this level of care, the EMS squad must invest time and money to acquire the medications, equipment and training needed to deliver treatment expertly. “EMTs [Emergency Medical Technicians] are now seeing the need to do things that were previously not part of their scope of practice,” says the doctor. “Some squads choose not to do this because of the effort involved. It is a lot of work, and they are not

required to do it. But Belleville stepped up. They have done an excellent job.”

As Medical Director of the squad, Dr. Fontanetta and his team provide the necessary medical training and quality assurance reviews. “We are involved when we need to be,” he says. “I attend their staff meetings from time to time. I have come to know all of them, and they are right down the road from us. There’s a very nice connection between the hospital and the squad.”

It’s an important connection. “Local EMS squads provide the first line of defense when people get sick,” he says. “The community depends on them to get there quickly and have the expertise to treat people quickly and keep them alive while taking them to the hospital. Belleville is lucky to have them.”

Give someone a lifeline.

Share your life with others by leaving your legacy.

Designate Clara Maass Medical Center as a beneficiary of your estate. You will be making an investment that pays big dividends.

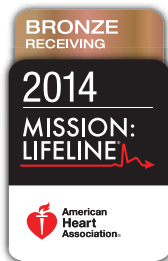
For more information, contact Chris Coyne in our Foundation Office, 973.450.2278 or ccoyn@barnabashealth.org

■ ■ **Clara Maass Medical Center**
■ ■ Barnabas Health

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MARKS OF EXCELLENCE



THERE WAS A TIME when a hospital's reputation relied mostly on word-of-mouth, but that time is gone. Today there are reputable independent organizations that appraise the performance of a medical facility by strict standards in several areas. Their verdict on **Clara Maass Medical Center** is suggested by these recent accolades:

- Eight consecutive Grade "A" scores in Hospital Safety by The Leapfrog Group, one of only 133 hospitals nationwide and one of eight in New Jersey to achieve this distinction.
- Only New Jersey recipient of Healthgrades' Patient Safety Excellence Award for three years in a row (2012 to 2015) and only New Jersey hospital ranked among the top 5 percent nationally for patient safety for the same time period.
- Ranked top in the state by the Department of Health and Senior Services for patient treatment of Heart Attack, Heart Failure, Pneumonia and Surgical Care.
- Mission: Lifeline Bronze Receiving Quality Achievement Award for implementing specific quality improvement measures outlined by the American Heart Association for the treatment of patients who suffer severe heart attacks.
- Ranked among the 50 Best Regional Hospitals in the New York Metro area by *U.S. News & World Report*, and recognized in the areas of Diabetes & Endocrinology, and Neurology & Neurosurgery in 2014–2015.
- Gold Seal of Approval from The Joint Commission with Disease-Specific Care Certification in Acute Coronary Syndrome, Cardiac Rehabilitation, Congestive Heart Failure, and Knee and Hip Repair.
- Recognized as a Joint Commission Top Performer on Key Quality Measures for Heart Attack, Heart Failure, Pneumonia and Surgical Care.
- Awarded Gold Level Recognition by the U.S. Department of Health and Human Services and the Sharing Network for efforts to increase organ and tissue donor enrollment and awareness.