

A Publication of
CLARA MAASS MEDICAL CENTER

Winter 2021

1 healthy *together*

**WHEN TO GO TO THE
EMERGENCY DEPARTMENT**

**EATING HEALTHY
THE LATINO WAY**

**NEW AND IMPROVED
SPINE SURGERY**

**FINDING
THE BEST
CANCER
CARE**



Stronger Together

The past year has been one of unprecedented challenges for our communities and for our healthcare system. The onset and spread of COVID-19 tested our hearts and minds as never before, all against a backdrop of national social, political and economic turmoil.

Each day, we've learned more about this new virus and how to treat it. We've also learned that the pandemic's impact is falling drastically harder on communities already struggling against economic and social disadvantages.

Throughout this crisis, our medical professionals and staff have been compassionate and expert while caring for patients inside our walls, and innovative in creating ways to provide virtual care. They've risen magnificently to the challenge of keeping our facilities safe and sanitized. And many throughout our system have been working hard in a wide range of programs to help our communities stay healthier and to eliminate healthcare disparities.

For your safety and ours, we've moved our offerings of health information and education online, so that from your home, you can continue to access information to aid you in continuing to achieve wellness. Topics such as diabetes management, breastfeeding, stroke care, planning for emergencies and safe holiday gatherings are among the many webinars that we offer continually. Visit our website at www.rwjbh.org/claramaass to view our entire calendar of virtual events.

At RWJBarnabas Health, we've learned something else this year: how strong and encouraging the communities we serve are. We can never thank you enough for your ongoing generosity.

While we continue to battle the COVID-19 pandemic together, we want you to be as healthy and strong as you can, and we pledge to do everything possible to help you achieve that goal.

Yours in good health,



BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH




MARY ELLEN CLYNE, PhD
PRESIDENT AND CHIEF EXECUTIVE OFFICER
CLARA MAASS MEDICAL CENTER



HEALTH NEWS



A LEADER IN LGBTQ HEALTHCARE EQUALITY

Clara Maass Medical Center (CMMC) has been designated a leader in LGBTQ Healthcare Equality by the Human Rights Campaign (HRC) Foundation, the educational arm of America's largest civil rights organization working to achieve equality for lesbian, gay, bisexual, transgender and queer people.

This year marks CMMC's third consecutive time earning the coveted designation. CMMC met rigorous criteria to earn a score of 100 points to evidence its commitment to extending a culture of equity and inclusion to our LGBTQ employees, patients and visitors, who often face significant challenges in securing the medical care they need and deserve. The designation places hospitals nationwide in a Healthcare Equity Index (HEI) created by the HRC that is a helpful resource for members of the LGBTQ community.

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1 Clara Maass Drive, Belleville, NJ 07109
973.450.2000 | www.rwjbh.org/claramaass

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We've taken every precaution to keep you safe. So if you've put off care due to COVID-19, please don't delay it any longer.



EMERGENCY

WHEN SHOULD YOU GO TO THE EMERGENCY DEPARTMENT?

DON'T HESITATE TO GET EXPERT CARE WHEN YOU NEED IT.

“One of the unfortunate outcomes of the pandemic is that patients who should have come to the Emergency Department [ED] often didn't because they were afraid of COVID-19,” says John Fontanetta, MD, Chairman of Emergency Medicine at Clara Maass Medical Center (CMMC). “If you need to come in, don't hesitate. Our Emergency Department is safe, and we will keep you safe.”

What symptoms should send you to the ED? “Often, the patient can sense when something significant is going on with their health,” says Dr. Fontanetta. “Don't worry if you come in and it turns out to be nothing. We are as happy with that outcome as the patient is.”



JOHN FONTANETTA, MD

An injury like a broken bone or a deep cut is, of course, an obvious call for an ED visit. Dr. Fontanetta also offers these general guidelines:

GO TO THE ED IF YOU HAVE ...

CHEST PAIN: If the pain is a type you haven't had before, particularly if it makes you anxious or is associated with shortness of breath or sweating. “That being said, we are there to make an evaluation. If you're concerned, come in so that we can do the appropriate tests,” says Dr. Fontanetta.

FEVER: If it is higher than 101° or accompanied by shaking and chills, which could be a sign of infection that has moved to the bloodstream. For children, go if fever is accompanied by lethargy or other unusual behavior.

BREATHING PROBLEMS: Any time a person has breathing problems, especially if they have a chronic respiratory issue such as asthma or COPD, call 911. Emergency responders can help stabilize a patient with medication and oxygen even before the patient gets to the ED.

SAFETY IN THE ED

Every precaution has been taken to protect patients, visitors and staff at CMMC.



- On arrival, each patient is tested for COVID-19. If COVID-19 is suspected, the patient will be put into a separate, sanitized area.



- All rooms in the hospital are continuously and thoroughly cleaned with the latest robotic equipment and most effective products.



- All patients and all staff wear masks and keep socially distant according to Centers for Disease Control and Prevention recommendations.



- All staff will wash hands when entering and when leaving a patient's room. Staff will put on fresh personal protective equipment (masks, gowns, gloves) each time they enter a room and discard it when they leave.



- ED staff will do rounds with members of the leadership team to be sure each patient is informed and is moving along efficiently in the care process.

ABDOMINAL PAIN: If pain is accompanied by a fever or is localized to one area of the abdomen, such as the upper right, lower right or lower left quadrant; or is accompanied by severe vomiting and diarrhea so that the patient becomes dehydrated.

A BLOW TO THE HEAD: If the person was stunned or lost consciousness; if they are taking blood thinners; if they are elderly; if they have symptoms such as weakness, numbness or vision problems.

STROKE OR NEUROLOGICAL SYMPTOMS: If any new and different neurological symptoms occur, such as weakness or numbness in any part of the body or a change in vision, call 911 and get to the ED as quickly as you can.

“Whenever you come to the ED, whether it's 7 p.m. or 4 a.m.,” says Dr. Fontanetta, “you will receive the same high level of care. We are here for the community 24/7.”

In an emergency, call **911**. To find a doctor at Clara Maass Medical Center, call **888.724.7123** or visit www.rwjbh.org/claramaass.

ELECTROCONVULSIVE THERAPY: BREAKING THE STIGMA

THE MODERN FORM OF THIS TREATMENT IS A POTENT WEAPON AGAINST SEVERE DEPRESSION.

“Electroconvulsive therapy is the most effective treatment for major depression that we have in psychiatry, bar none,” says Robert Greenberg, MD, Electroconvulsive Therapy (ECT) Medical Director, RWJBarnabas Health Behavioral Health Network. “It works far more quickly and gets a far higher response than any medication.”

Although major depression is one of the most common mental disorders in the U.S., ECT isn't widely available. “There's a lot of stigma that stems from early forms of the treatment, which have no relation to the modern way ECT is done,” says Dr. Greenberg, an internationally recognized expert in the field who offers ECT at Clara Maass Medical Center. “If ECT were developed and introduced today, it would be heralded as a miraculous treatment.” Here, he explains how it works.

What happens during ECT?

Small pulses of electric currents are passed through the brain of a patient who is briefly under general anesthesia. The currents result in synchronized brain wave activity, which, over a series of treatments, brings



ROBERT GREENBERG, MD

about changes in brain chemistry and/or connections that can reverse symptoms of some mental health conditions.

It is a safe treatment and does not hurt. Temporary side effects may include some memory impairment, but they are usually mild and last a short time.

What conditions is ECT used to treat?

ECT is not for the “worried well” or for mild forms of depression. It's for major depression, mixed bipolar states, catatonia and acute psychotic disorders. For people with severe autism, who may show self-injurious behaviors, it can be a life-changing treatment.

When should physicians and patients consider using ECT?

Contrary to what many believe, ECT should not be considered a last resort. In fact, it may be a first resort when a rapid, definitive response is needed—for example, when a patient is actively suicidal or has a serious medical disability that precludes waiting for months to see if an antidepressant will be effective.

ECT may also be used when a

patient has failed to respond to, or can't tolerate, antidepressants or other mood-altering medications. At least a third of patients who have serious depression do not respond adequately to antidepressants.


Does ECT work better for older or younger people?

The treatment is highly effective for all populations, but there seems to be a modestly greater rate of success for older people. We don't really know why, but one theory is that depression in older people tends to be a biologically based form of true melancholic depression that responds better to ECT.

What should people do to find out whether they are a candidate for ECT?

If a patient is already in the hospital, we can see whether it's appropriate to transfer him or her to the Inpatient Psychiatry Unit for evaluation. In other cases, ideally a psychiatrist should be involved and make a referral. However, a patient can also call our office and request a consultation on his or her own. ECT is covered by most private insurances and also by Medicare and Medicaid.

For more information about electroconvulsive therapy or to schedule an appointment with Robert Greenberg, MD, call **973.322.0220**.

A man with short, light-colored hair and a goatee is smiling while sitting on a bicycle. He is wearing a light grey hoodie with "UNMABLE" written vertically on the left sleeve and a circular logo on the chest that says "A. EAGLE". The background is a blurred outdoor setting with warm, golden light, suggesting autumn foliage.

Jordan Feinman is active again after a new type of surgery relieved his severe back pain.

NEW AND IMPROVED SPINE SURGERY

THE INNOVATIVE “AWAKE SPINAL FUSION” PROCEDURE PUTS PATIENTS BACK IN ACTION FASTER.

“I had 20 years of back pain that got progressively worse over a short period of time,” says Jordan Feinman, 41, of Old Bridge Township. His condition affected his job as a union electrician, which requires working with a team to manually move two-ton spools of construction cable. At home, he began missing out on activities with his two busy daughters, ages 9 and 11.

Jordan’s pain was the result of spondylolisthesis, a condition in which vertebrae (the series of bones that make up the spine) slip out of place and put pressure on nerves. “The pain became excruciating over about 18 months,” he says. “By July of 2020, even after physical therapy and steroid injections, I could hardly walk.”

His physician referred him to Alok Sharan, MD, an orthopedic spine surgeon at Clara Maass Medical Center. That’s when he learned about a new type of minimally invasive surgery called awake spinal fusion, which was pioneered by Dr. Sharan.

“Dr. Sharan explained the new procedure, and I was ready to have it,”

Jordan says. “After surgery, I got relief within hours. I went home the same day.”

LOCAL ANESTHESIA

During spinal fusion surgery, a surgeon permanently connects—or fuses—two or more vertebrae. This keeps these bones from moving in ways that can cause debilitating pain like Jordan had.

The new awake spinal fusion technique achieves that goal, but with significant differences from traditional spinal fusion surgery.

Most important, the traditional method requires general anesthesia, which can have side effects that include nausea, vomiting or even delirium. “For the awake procedure, we use new types of anesthetics that block the pain only where we need to, in the back, instead of putting the entire body to sleep,” Dr. Sharan explains.

As a result, patients are either awake or in a kind of “twilight” sleep during the procedure, while feeling no pain. They wake up easily when the anesthesiologist adjusts the medicine. Spinal anesthesia makes spine surgery an option for more patients, such as those whose age or other conditions put them more at risk for side effects of general anesthesia.

Awake spinal surgery has been used for years for laminectomy, a surgery to reduce back pain by reducing pressure on the spinal cord. Dr. Sharan adapted the procedure five years ago to apply to spinal fusions. “Awake procedures had such great benefits for laminectomy patients, and I wanted my spinal fusion patients to have the same benefits,” he explains.



ALOK SHARAN, MD

PAIN MANAGEMENT

Awake spinal fusion allows for better pain control post-surgery. “The medicines we use during the

procedure can provide pain relief for up to three days,” Dr. Sharan explains. “For this procedure, we also use smaller incisions—about one to two inches—in the back to reach the spine, compared to the incisions that are needed for traditional spinal fusion surgery. That means there is less damage to the muscles and also less pain after surgery.”

Because there’s less pain post-surgery, there’s a reduced risk of becoming addicted to the strong narcotic medicines typically used to control pain after a major spinal surgery. Research shows that with awake spinal surgery, seven out of 10 patients are off narcotics one week after surgery. With traditional spine surgery, nine out of 10 patients are still using narcotics up to six weeks after surgery.

NO MORE PAIN

“Before surgery, it felt like a lightning bolt shooting up my leg,” Jordan says. “I braced for it every time, and grimaced with every move.”

But just five days after surgery and free of the pain he’d lived through for two decades, he was off all pain medicines. “Even Dr. Sharan was surprised by that,” he says.

Today, Jordan no longer needs the nine over-the-counter pain pills he used to take every day just so he could go to work. He’s ready to teach his girls how to dive and to get back up on the roof with them to watch the stars.

“I’m a veteran of three other big spine surgeries, but this is the most life-altering of all of them,” Jordan says. “Clara Maass is truly a wonderful hospital. I couldn’t be happier with Dr. Sharan and every single person there.”

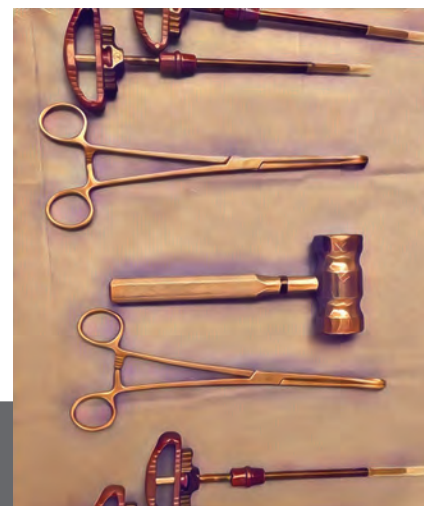
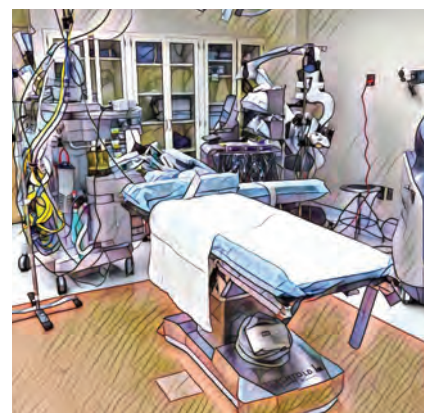
Dr. Sharan has performed 130 awake spinal fusions. He has also trained other surgeons and presented his research at a national conference of spine surgeons.

“The results overall have been remarkable,” Dr. Sharan says. “It’s a better way to do spine surgery.”



“WE USE NEW TYPES OF ANESTHETICS THAT BLOCK THE PAIN ONLY WHERE WE NEED TO, IN THE BACK, INSTEAD OF PUTTING THE ENTIRE BODY TO SLEEP. THE MEDICINES WE USE FOR THIS PROCEDURE CAN PROVIDE PAIN RELIEF FOR UP TO THREE DAYS.”

Alok Sharan, MD



To learn more about awake spinal fusion at Clara Maass Medical Center, call **973.450.2000** or visit **www.rwjbh.org/ortho**.



HOCKEY'S GRAND GOAL

NEW JERSEY DEVILS FUNDRAISING BRINGS CARE AND COMFORT TO CANCER PATIENTS AT CLARA MAASS MEDICAL CENTER.

Hockey players are known for their fierce fights on the ice, but their finest moments come when they're fighting for a good cause. "Giving is at the core of who we are as an organization—our players, coaches and entire staff," says Allison Blitzer, Chairperson of the Devils Care Foundation.

One of the greatest of these causes is Hockey Fights Cancer, an initiative of the National Hockey League. For the past seven years, the New Jersey Devils have donated the proceeds from this event to an RWJBarnabas Health (RWJBH) cancer facility as part of the partnership between the team and RWJBH.

The Devils' Hockey Fights Cancer event raises money through game-used stick and jersey auctions, puck and T-shirt sales and a raffle. "Each year, we partner with a team at RWJBarnabas Health to understand their needs and how our donation from the event would best be suited to help," Blitzer explains.

In 2019, Hockey Fights Cancer donated a significant amount to the renovation of the Infusion Center at Clara Maass Medical Center (CMMC). "We're

delighted that the funds raised were used to allow for additional privacy and comfort to patients and their families in a calm and supportive environment," Blitzer says.

The renovated Infusion Center recently debuted six privacy bays, each equipped with state-of-the-art infusion chairs as well as other essentials for the comfort of patients and their caregivers.

Funds raised next season through Hockey Fights Cancer will continue to be directed to CMMC's Infusion Center. "We are very grateful to the New Jersey Devils for their ongoing support, which enhances the care we provide for our patients," says Mary Ellen Clyne, PhD, President and CEO of CMMC.

GIVING AND GETTING

Hockey Fights Cancer is one of many efforts that are part of the RWJBH-Devils partnership. "We join RWJBarnabas Health as community partners, not just corporate partners," says Ken Daneyko, a former Devil who won three Stanley Cup championships with the team and is known to fans as "Mr. Devil."

"For example, our players and staff



From left, at the renovated Infusion Center: Celeste A. Oranchak, Vice President, Foundation and Development; Allison Blitzer, Chairperson, Devils Care Foundation; Ken Daneyko, Devils alumnus; Mary Ellen Clyne, PhD, President and CEO, CMMC; Nessrin Leonida, RN, Oncology Nurse Navigator. Above, a new infusion chair.

*** RWJBarnabas Health and Clara Maass Medical Center, together with Rutgers Cancer Institute of New Jersey—the state's only NCI-Designated Comprehensive Cancer Center—provide close-to-home access to the latest treatment options. To learn more, call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.**

make holiday visits to hospitals throughout the RWJBarnabas Health system," Daneyko explains. "During the height of the COVID-19 crisis,

we stepped in with a significant donation to their Emergency Response Fund. We host staff and patients in our suites at games, recognizing them publicly. And our practice rink, the RWJBarnabas Health Hockey House, hosts thousands of youth hockey players each year and brings the game of hockey to children who wouldn't otherwise be exposed to it."

Devils players and foundation members say that the good they do is its own reward. "What brings so much pride to the entire organization is the impact we have on patients in RWJBarnabas Health's care—the happiness on their faces when they see the players or participate during a game," Daneyko says.

"There is no better experience than seeing with your own eyes the impact of the funds raised," Blitzer says. "Talking to the staff about much-needed improvements to give the best quality of care to their patients was a memorable moment for me. You hear it in their voices and see it in their faces, and that means everything."

To learn more about RWJBarnabas Health corporate partnerships, visit www.rwjbh.org/corporatepartners. To learn more about donating to the Clara Maass Medical Center Foundation, visit www.claragiving.org.

FAST FACTS ABOUT

CARDIAC STRESS TESTS

MONITORING YOUR HEART WHILE YOU EXERCISE IS SAFE AND CAN GIVE YOUR DOCTORS IMPORTANT INFORMATION.

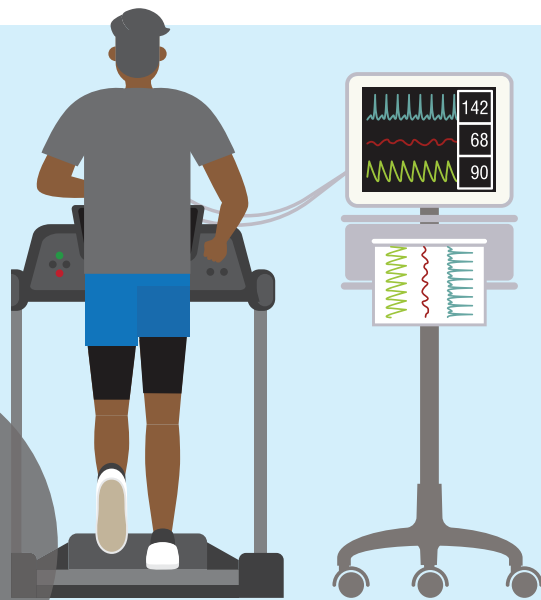
A stress test is a way to detect heart disease while the body is in motion.

“We have several noninvasive tests, such as electrocardiogram (ECT) or echocardiogram, to help detect coronary artery disease as well as heart disease,” explains Sharan Mahal, MD, an interventional cardiologist at Robert Wood Johnson University Hospital Somerset and a member of RWJBarnabas Health Medical Group. “Those tests are done when the patient is sitting or lying down. However, some people are not symptomatic until they are exercising.”

Think of the heart as an engine, he suggests. “You can only get so much information when the engine is at rest; to really see how it’s working, you have to rev it up and take it for a drive. A stress test lets us see how the heart acts and how blood flows through the body while it’s moving.”



SHARAN MAHAL, MD



WHAT HAPPENS DURING AN EXERCISE STRESS TEST?

- Most stress tests are done in a cardiologist’s office. Patients should wear comfortable clothes and refrain from eating or smoking for four hours in advance.
- The patient is connected to heart-monitoring equipment, then walks on a treadmill under the supervision of a doctor or healthcare professional.
- At first, the pace is a gentle 1.7 miles per hour. The pace will gradually be increased to a brisk walk or light jog.
- At the same time, the incline of the treadmill is increased by two degrees every three minutes. It begins at 10 degrees and progresses to 16 degrees.
- The patient’s heart rate, blood pressure and breathing are monitored throughout the test, which can last up to 15 minutes. The patient can stop at any time if needed.
- After the stress test, the patient will be observed for five minutes during cooldown.



STRESS TESTS ARE PRESCRIBED WHEN SYMPTOMS EXIST.

Unlike a colonoscopy or mammography, there’s no recommended age for a person to begin having stress tests. “People need a stress test if they’re having symptoms, usually chest pain or shortness of breath with activity, or unexplained passing out,” says Dr. Mahal. “In the absence of symptoms, you might also want to do a stress test if a patient has a family history of cardiac disease, or as a precautionary measure if a patient who has been sedentary wants to start an exercise program.”



THERE'S NO NEED TO BE AFRAID OF A STRESS TEST.

“It’s a simple, cost-effective and low-risk procedure,” says Dr. Mahal. “You’ll be carefully monitored the whole time, and if there’s any problem at all—which only about one in 10,000 patients will experience—be reassured that your cardiologist is prepared and will be able to take care of you.”



THERE ARE DIFFERENT KINDS OF STRESS TESTS.

The most common is the exercise stress test as described in “What Happens During an Exercise Stress Test?” above. Depending on your risk factors, your physician may prescribe a nuclear stress test, which is the same as an exercise stress test, except that a safe radioactive dye is injected and an imaging machine is used to take pictures. If for some reason you can’t handle the physical activity of a stress test, your doctor can prescribe a medication that will mimic the effects of exercise.

Your heart doesn’t beat just for you. Get it checked. To connect with one of New Jersey’s top cardiac specialists, call **888.724.7123** or visit www.rwjbh.org/heart.



CANCER SURGERY: PART OF A PLAN

WHAT TO CONSIDER WHEN YOU'RE DECIDING WHERE TO BE TREATED FOR CANCER

Surgery has been a mainstay of cancer treatment for millennia—in fact, the use of surgery to treat cancer appears in Egyptian papyrus dating back as far as 2500 BC. Today, medical breakthroughs have opened exciting new possibilities for the successful surgical treatment of cancer.

As critical as surgical advances are, however, they're most effective when they're part of a continuum of cancer care, says H. Richard Alexander Jr., MD, FACS, Chief Surgical Officer and Chief, Surgical Oncology



H. RICHARD ALEXANDER JR., MD

at Rutgers Cancer Institute of New Jersey, the state's only National Cancer Institute-Designated Comprehensive Cancer Center.

"The best outcome for surgery doesn't just depend on what happens in the operating room," says Dr. Alexander. "The best outcome happens when surgery is integrated into a comprehensive, individualized plan of care for a patient who has a new diagnosis of cancer."

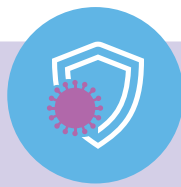
COMPLEMENTARY TREATMENTS

As part of the robust partnership between RWJBarnabas Health (RWJBH) and Rutgers Cancer Institute, experts from a wide range of specialties—surgical oncology, radiation oncology, medical oncology, gastroenterology, genetics

counseling and more—have weekly conferences to assess individual patient cases and make recommendations.

"These discussions aren't about deciding whether to do surgery versus some other treatment," explains Dr. Alexander. "Instead, because we understand cancer so much better now, these discussions are about finding the best ways to use surgery to complement the latest chemotherapy, immunotherapy or biologic treatments."

All treatments offered by Rutgers Cancer Institute and RWJBH are available to any patients being treated within the system, regardless of the facility at which the patient's treatment originated. Among those treatments are advanced and complex surgeries, some of which are only available at Rutgers



CANCER CAN'T WAIT

Because of the pandemic, cancer patients may have concerns about scheduling surgery. However, cancer care shouldn't be delayed. Rutgers Cancer Institute and RWJBarnabas Health facilities have taken every precaution to keep patients, visitors and care-team members safe, including:

- COVID-19 screening and testing of all patients and staff prior to working in an operating room or being involved in a surgical procedure
- Rigorous cleaning and disinfecting practices in recovery room spaces, frequently touched surfaces, exam rooms and terminals.

abdominal cavity, which is designed to obliterate the remaining invisible cancer cells that may be present in the tissues.

•**Preventive, or prophylactic, surgery**, in which sophisticated testing and analysis is used to identify high-risk patients and remove an organ or gland before cancer can develop. This may be recommended for people at risk of developing breast, colon, endometrial, gastric, ovarian, thyroid and many other types of cancer.

Experience counts when it comes to cancer surgery. "There's a large body of literature showing a relationship between the volume of operative procedures done and how successful the outcomes are," says Dr. Alexander. "The more experience surgeons and hospitals have, the better patients do in terms of a shorter length of stay, fewer complications and the return to a normal life more quickly.

"That's something we do especially well at Rutgers Cancer Institute and

RWJBarnabas Health," he says. "We have the experience and technology to recognize potential complications early on and intervene as necessary."

NEXT STEPS

When a patient is told that cancer surgery is needed, how should he or she decide what to do next?

The first step, says Dr. Alexander, is to do further research. "Every doctor wants the best outcome for their patients, and no doctor should object to a patient asking for a referral for another opinion," he says.

Patients also have the option of calling the RWJBH Oncology Access Center at 844.CANCERNJ (844.226.2376). "The call will be taken by a specialist who is trained to gather information about the patient and identify the appropriate experts to evaluate and potentially provide treatment for them," explains Dr. Alexander.

Be sure to consider the continuum of care in the place where you will receive treatment. "Treatment that is fragmented, or administered in different locations without proper coordination, becomes more challenging," he says. "To me, it's always best for a patient to get cancer treatment from a multidisciplinary team of specialists who have good communication and coordination, from diagnosis through treatment, discharge and survivorship."

To help keep communication flowing smoothly among all experts treating a cancer patient at RWJBH facilities and Rutgers Cancer Institute, an oncology nurse navigator assists each patient throughout the cancer journey.

"When it comes to cancer treatment, patients shouldn't move forward until they're absolutely certain the best care plan has been presented to them," says Dr. Alexander. "We're uniquely positioned to provide that plan through the partnership between Rutgers Cancer Institute and RWJBarnabas Health."

Cancer Institute or RWJBH facilities, including:

•**Robotic surgery and laparoscopic surgery**. These are minimally invasive and very precise, and are performed with the most up-to-date technology on the market.

•**HIPEC (hyperthermic intraperitoneal chemotherapy) surgery**, used for cancers that have spread to the abdominal cavity. This treatment strategy involves the surgical removal of metastatic cancer, followed by heated chemotherapy given within the

RWJBarnabas Health, together with Rutgers Cancer Institute—the state's only NCI-Designated Comprehensive Cancer Center—provides close-to-home access to the latest treatment options. For more information, call **844.CANCERNJ** or visit www.rwjbh.org/beatcancer.





WHAT A HOSPITALIST CAN DO FOR YOU

THIS DOCTOR'S SPECIALIZED SKILLS CAN GET YOU FEELING BETTER FASTER AND HOME SOONER.

If you're admitted to a hospital, you'll be cared for by a specialist physician known as a hospitalist. Though the specialty has been growing fast for more than 20 years, many patients and family members may not be familiar with what a hospitalist does.



MANINDER ABRAHAM, MD

Maninder "Dolly" Abraham, MD, has been a

hospitalist for 18 years and was recently named Chief of Hospitalist Medicine at RWJBarnabas Health. Here, she explains what patients should know.

What is a hospitalist?

A hospitalist is usually an internal medicine-trained physician who has undergone a residency training and is dedicated to and skilled at inpatient care.

Whether a patient is admitted to the hospital from the Emergency Department or as part of a planned admission, the hospitalist will manage

that patient's care during the time the patient is in the hospital.

How does the hospitalist manage a patient's care?

The hospitalist will see the patient every day during the hospital stay, sometimes more than once. In addition to evaluating the patient, they will spend a large amount of time coordinating their care. This means making sure all consultants and specialists are on the same page, keeping the primary care physician in the loop and

FAST FACTS ABOUT HOSPITALISTS



1996

IT'S A RELATIVELY NEW FIELD

The term "hospitalist" was coined in 1996.



60,000

IT'S GROWING FAST

More than 60,000 physicians practice hospital medicine, up from just a few hundred 20 years ago.



30%/20%

THEY SAVE TIME AND MONEY

Studies show that hospitalists can reduce patient lengths of stay by up to 30 percent and reduce hospital costs by up to 20 percent.



March 4

NATIONAL HOSPITALIST DAY

is held on the first Thursday in March every year (this year, March 4).

Sources: Staffcare.com, Society of Hospital Medicine

"A HOSPITALIST IS LIKE A STAR QUARTERBACK WHO KNOWS HOW TO CALL THE PLAYS AND NAVIGATE YOU THROUGH THE SYSTEM TO GET YOU HOME AS QUICKLY AS POSSIBLE."

communicating with nurses, social workers, case managers and discharge planners, as well as the patient's family.

Schedules are usually in blocks of days to ensure continuity of care for patients.

Why doesn't a patient's "regular doctor" see him or her in the hospital?

As medicine has evolved, primary care doctors need to dedicate more time to seeing patients in an outpatient setting. In addition, as treatments have become more sophisticated, doctors are able to treat more patients on an outpatient basis.

As a result, patients who are admitted to the hospital these days tend

to be those who are very sick. They require a lot of time and attention, which hospitalists are able to provide. Primary care providers entrust their patients to us. We become an extension of that primary care physician.

How does a hospitalist get up to speed on a patient's history and condition?

There is a steep learning curve on day one. The primary care or referring physician sends over a patient's file and has a phone conversation with the hospitalist. At the first encounter with the patient, the hospitalist will do a detailed history and physical exam on the patient, getting to know him or her as well as possible.

Electronic sharing of medical records has made this process much easier and faster. We have access to the patient's history and to all the doctors involved. In addition, we have HIPAA-compliant, secure text messaging, so we can communicate with other physicians efficiently.

How does a hospitalist communicate with the patient's family members?

Hospitalists spend a lot of time talking with patients and family members. We

train new hospitalists on how to talk with them in layman's terms and not use medical jargon.

We ask families to designate one person to be our contact, and we make every effort to communicate with the patient's family every day.

What advantages does a hospitalist have when it comes to treating a patient?

Hospitalists have broad knowledge of most illnesses and how to manage cases, including surgery patients, diabetes and cancer patients and more.

We are specialists in inpatient care. We organize care throughout the hospital. We're there to order tests, track the results and order follow-up tests promptly. We can clear a patient for surgery and manage him or her post-operatively.

We're also available to explain test results to patients and family members and respond to any medical crises. Then, at discharge time, we have all the tools needed for a smooth handoff to the next step of the healthcare plan.

A hospitalist is like a star quarterback who knows how to call the plays and navigate you through the system to get you home as quickly as possible.

To find a physician at an RWJBarnabas Health facility, call **888.724.7123** or visit www.rwjbh.org/doctors.





THE TRUTH ABOUT DEPRESSION AND OLDER ADULTS

SYMPTOMS TO WATCH FOR, AND HOW TO GET HELP

Do old age and depression go together—especially in a pandemic? We asked two people who know: Jessica Israel, MD, Senior Vice President, Geriatrics



FRANK GHINASSI, PhD



JESSICA ISRAEL, MD

and Palliative Care, at RWJBarnabas Health, and Frank Ghinassi, PhD, ABPP, Senior Vice President of Behavioral Health and Addictions at RWJBarnabas Health and President and Chief Executive Officer of Rutgers University Behavioral Health Care.

Many people expect older adults to be depressed, or at least unhappy. Is that fair?

DR. GHINASSI: Seniors get a bad rap about that. In fact, the age 40 to age 58 group is more likely to be prone to depression. For every older person who is struggling, there are probably seven

or eight who are doing very well as they transition to the later stages of their career and life.

DR. ISRAEL: That expectation is a stereotype and needs to change. In fact, chances are that someone who has had 80 years to develop strategies to deal with stresses in life is, in many ways, better at coping than a younger person.

How does social isolation affect seniors?

DR. ISRAEL: In my experience, people of any age who were already prone to depression have seen their symptoms magnified since the pandemic began. Of

course, COVID-19 struck older adults in disproportionate ways. I would say that a significant number of my patients were able to stay safe at home and find new resources to help them stay connected, although some of them needed extra help to find those connections and services. DR. GHINASSI: The folks we worry most about have a troubling package of circumstances—for example, they live alone, their children have moved away or they never had children, friends are beginning to die off, or they’ve moved to a community where they don’t have an existing network. Some may begin to show cognitive decline. If that’s combined with a history of depression or anxiety, that’s when we get most concerned.

What are signs of depression?

DR. GHINASSI: At any age, changes in baseline behavior are concerning: somebody who had a good sense of humor no longer laughs, somebody who had a healthy appetite isn’t eating, somebody who was a good sleeper now has sleep disturbances. Have they stopped doing things they enjoy? Are they saying things like, “What’s the point of going on?”

DR. ISRAEL: These days, it may be harder to pinpoint these changes because people have less contact with other people—they haven’t been going to the gym, or they no longer get together with their knitting circle.

How can loved ones help?

DR. ISRAEL: It’s so important to reach out to someone who may be isolated and depressed—to learn more about the situation surrounding the person, and what’s happening inside that situation. If you see signs of depression, know that it’s treatable. The first step, the critical one, is to reach out.

DR. GHINASSI: This is the time to connect with seniors more frequently than usual. Options range from phone and video calls to screen porch visits and talking through windows—even providing iPads. Visual contact can be a godsend for both the senior and his or her family.



HOW TO THRIVE WHILE SOCIAL DISTANCING

Seven research-backed ideas to promote physical and mental health.



- **KEEP TO A CONSISTENT ROUTINE.** Studies show that a regular daily routine, especially a consistent pattern of sleeping and waking, has distinct benefits for mental health. Create new routines for daily and weekly activities, including time for self-care, such as exercise or meditation.



- **SPEND TIME WITH CRAFTS AND HOBBIES.** People who take part in creative activities feel higher levels of positive emotion, according to recent studies. Creativity includes not only hobbies such as drawing, knitting or woodworking, but even simple activities like coloring or keeping a diary.



- **TAKE A DAILY WALK.** Walking helps maintain a healthy weight, improves heart health and elevates your mood by increasing your body’s levels of endorphins, the feel-good hormones. If you can get outside, so much the better: Numerous studies have shown that time in nature is an antidote for stress. If weather or slippery conditions prevent going outside, put on your sneakers, put on some music and walk in place at home.



- **READ BOOKS.** Reading books reduces stress, decreases blood pressure and lowers heart rate. Reading actually strengthens the brain by promoting the development of neurons. Moreover, studies show that reading fiction books increases the ability to empathize. If you use an e-reader, turn to a print book at bedtime. The blue light from screens can interfere with sleep.



- **LISTEN TO PODCASTS.** Podcasts are mini-radio shows created on every topic you can imagine, and they’re available free online or through apps for iPhone or Android. A 2016 study found that listening to podcasts activates multiple parts of the brain and can soothe, excite or make you laugh.



- **LISTEN TO YOUR FAVORITE MUSIC.** Music is an effective form of mood regulation, helping us to calm down, feel pleasure or even indulge in a good cry. One study found that adults with chronic osteoarthritis who listened to music daily for two weeks reported less pain.



- **KEEP AND BUILD YOUR SOCIAL NETWORK.** A range of studies has shown that meaningful social connections increase longevity and feelings of well-being. Stay connected by reaching out to friends and family, whether it’s via your phone or laptop, or the “old-fashioned” pen-and-paper way.

To reach the physician referral service at RWJBarnabas Health, call **888.724.7123**. To learn about mental health services, call the RWJBarnabas Health Behavioral Health hotline at **800.300.0628**.



Jen Fecowycz and her son, Oscar; far right, Oscar shortly after he was born with the congenital condition arthrogryposis.



ONE STEP AT A TIME

**INTENSIVE PHYSICAL THERAPY
ALLOWS A LITTLE BOY TO
OVERCOME A RARE CONDITION.**

Jennifer Fecowycz was only 13 weeks pregnant when she learned her baby wasn't developing normally in utero. Doctors could see that he wasn't bending at his wrists, knees, ankles or elbows, and diagnosed a rare condition called arthrogryposis—a congenital joint contracture (stiffness) in two or more areas of the body.

When Jen's baby, Oscar, was born he faced a myriad of complications: club feet, hyperextended knees and elbows, and wrists that hooked under the wrong way. All necessary healthcare services, including surgery and casting, began right after birth. Then, when he was just six weeks old, he began weekly physical therapy sessions at Children's Specialized Hospital (CSH) in Mountainside.

TRUSTING THE PROCESS

Because Oscar couldn't bend his elbows, "tummy time" to strengthen the neck was very difficult. Nighttime splints

**Children's
Specialized Hospital®**

An RWJBarnabas Health facility

were needed to increase the ability of his arms to bend. He had casts on his legs from the age of five weeks to six months, which made rolling over a big challenge.

Oscar and his therapist Diana Deshefy, PT, DPT, PCS, worked on exercise modifications. When the leg casts were removed, Deshefy taught him how to roll over. Deshefy also served as a friend and confidant to Jen and made sure Oscar's entire care team had the most up-to-date information on his case.

"When Oscar was born, we were told that the only way he'd ever walk would be if we amputated his legs at his knees," says Jen. "Children's Specialized made sure that was a decision we never had to make." Because Oscar couldn't bend his knees, physical therapists began by having him stand and put pressure on his legs. "The team at Children's continued to work with us each week, figuring out

where his legs needed the most support and creating bracing options for his unique needs," Jen says. Just before Oscar's second birthday, Deshefy helped him take his first independent steps.

Today, Oscar is a typical 5-year-old boy who loves to spend time outside hiking, swimming and throwing rocks into the creek. He also enjoys coloring, building with Legos and playing with trucks, cars and dinosaurs. Oscar continues to see Deshefy weekly and interact with all of his friends at CSH.

"My advice for parents going through a similar situation is to take a deep breath, be patient and trust your therapists and the process," Jen says. "It can be overwhelming to hear the therapists set goals for three, six and 12 months and worry that your child isn't going to hit them. But your therapists work with you and your child, adjusting the plan as needed. I'm so grateful to Children's Specialized for all they've done for Oscar and our entire family."

To learn more about Children's Specialized Hospital, call **888.244.5373** or visit www.childrens-specialized.org.

At Children's Specialized Hospital, we provide world-class care for children and young adults who face special health challenges across the state of New Jersey and beyond. We treat everything from chronic illnesses and complex physical disabilities, like brain and spinal cord injuries, to developmental and behavioral issues, like autism and mental health conditions. We have convenient locations throughout the state: Bayonne, Clifton, East Brunswick, Egg Harbor Township, Hamilton, Jersey City, Mountainside, New Brunswick, Newark, Toms River and Warren.



COMPREHENSIVE BREAST CARE UNDER ONE ROOF

A NEW PATIENT-FOCUSED CENTER PROVIDES A CONTINUUM OF CARE FOR BREAST HEALTH.

The Center for Breast Health and Disease Management has a new home at Clara Maass Medical Center (CMMC). Previously located in the Continuing Care Building, the center is now in Suite 132 at 36 Newark Avenue in Belleville, next door to the medical center.

The center offers a full complement of breast care services, from screenings to treatment to survivorship. “The new location of the Center for Breast Health and Disease Management will greatly assist our community in navigating their healthcare more easily in a warm, patient-centered location,” says Mary Ellen Clyne, PhD, President and Chief Executive Officer of CMMC.

The new suite includes comfortable treatment and exam rooms, as well as a consultation room for private conversations with a physician or nurse. “The new office will greatly improve access to world-class breast cancer care for many women in our community, close to their homes,” says Maria J. Kowzun, MD, FACS, Interim Director of Breast Surgery at CMMC. “We have a nurse navigator on board to help patients throughout their cancer journey, and we are in the process of establishing online support groups and virtual events for patients.”

The Center for Breast Health and Disease Management is a partnership between Clara Maass Medical Center

At the ribbon cutting, from left: Frank Mazzarella, MD, Chief Continuum of Care Officer; Kathleen Caldwell-Lombardi, MD, Diagnostic Radiologist, New Jersey Imaging Network; Mary Ellen Clyne, PhD, President and Chief Executive Officer; Maria J. Kowzun, MD, FACS, Interim Director of Breast Surgery; Cookie Frempong-Ntiri, MSN, RN, NEA-BC, Vice President of Oncology Services, Northern Region, RWJBarnabas Health. Above, a comfortable new examination chair.

*

RWJBarnabas Health and Clara Maass Medical Center, together with Rutgers Cancer Institute of New Jersey—the state’s only NCI-Designated Comprehensive Cancer Center—provide close-to-home access to the latest treatment options.

For more information, call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.

and Rutgers Cancer Institute of New Jersey, the state’s only National Cancer Institute-Designated Comprehensive Cancer Center. Dr. Kowzun is also Surgical Oncologist and Assistant Professor of Surgery, Division of Surgical Oncology and Section of Breast Surgery at Rutgers Cancer Institute.

To learn more about the Center for Breast Health and Disease Management or to make an appointment, call **844.CANCERNJ**.



CAN CANCER CARE DAMAGE THE HEART?

CARDIO-ONCOLOGY SPECIALISTS HELP CANCER PATIENTS AVOID HEART PROBLEMS.

What does heart disease have to do with cancer, and vice versa?

Over the past few years, researchers and physicians have determined the answer: quite a bit. As new cancer treatments become available, the relationship between heart disease and cancer takes new forms.

That has spawned a new type of

medical focus called “cardio-oncology,” which is found only at the most advanced medical centers. “This is a new and evolving field of care, where cardiologists and oncologists work together to understand what cancer treatments have an effect on the heart and which patients might be affected,” says Fadi Chaaban, MD, Director and Chief of Cardiology at Clara Maass Medical Center (CMMC) and a member of RWJBarnabas Health Medical Group.

“For decades, we’ve known that some cancer treatments can cause heart damage,” says James Orsini Jr., MD, lead oncologist for the Cardio-Oncology Program at CMMC. “Previously, however, only a handful of drugs had that risk. Today, there are more effective treatments for cancer than ever before, but a

significant and growing number of them can damage the heart.

“We also now know how to prevent heart damage and to correct these heart issues,” Dr. Orsini continues. “Our patients can get both the most effective cancer treatment as well as the most effective care for their heart.”

WHO'S AT RISK?

Some cancer treatments can lead to high blood pressure, abnormal heart rhythms and heart failure. These side effects may be caused or worsened by chemotherapy, radiation therapy or newer treatments such as targeted therapies and immunotherapies.

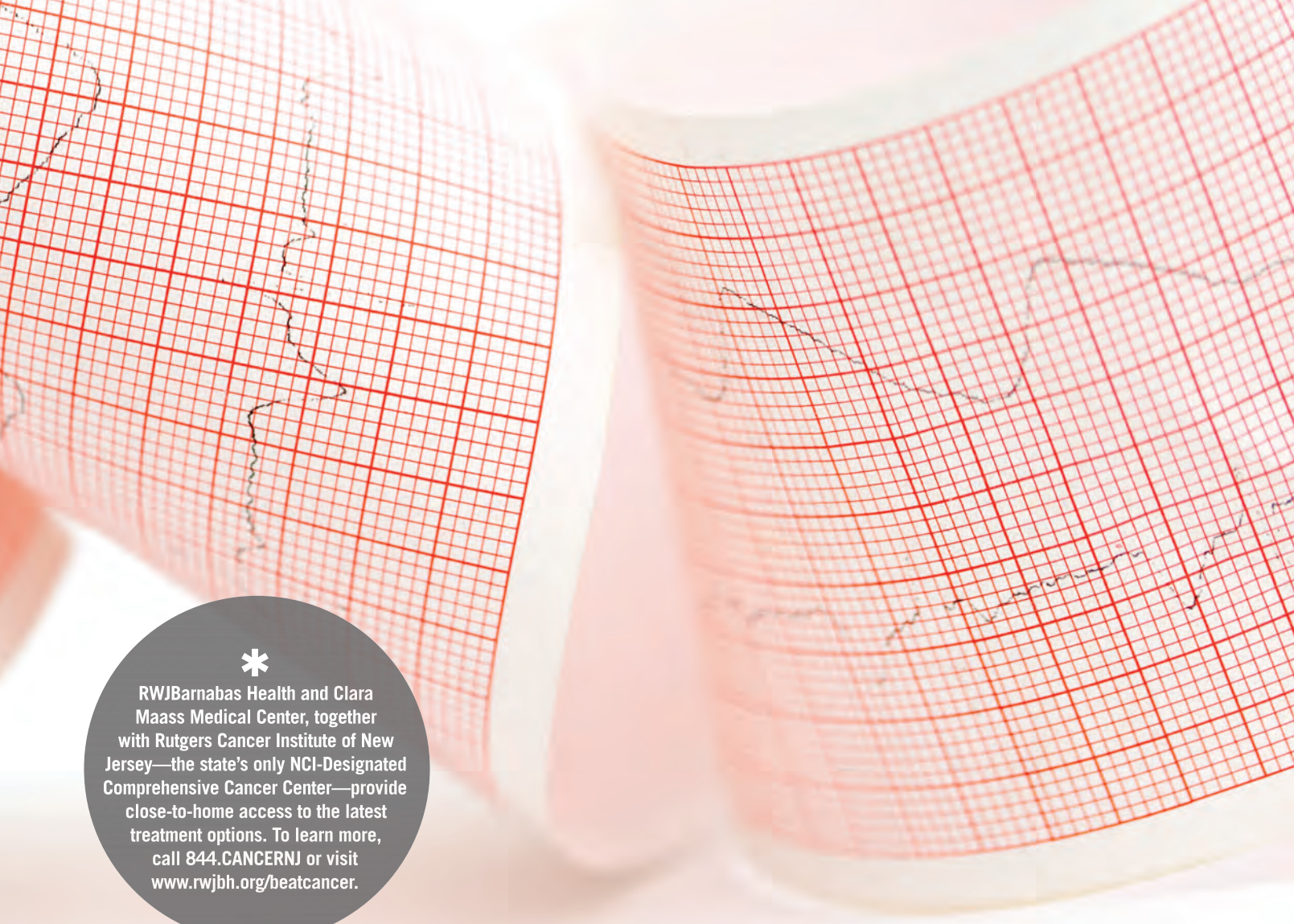
Patients most likely to be at risk are those treated for breast cancer. Less commonly, patients being treated for



FADI CHAABAN, MD



JAMES ORSINI JR., MD



RWJBarnabas Health and Clara Maass Medical Center, together with Rutgers Cancer Institute of New Jersey—the state’s only NCI-Designated Comprehensive Cancer Center—provide close-to-home access to the latest treatment options. To learn more, call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.

lymphoma can also be at risk. However, because some cancer treatments are so new and so personalized, cardio-oncology specialists can’t necessarily specify categories of patients and levels of risk. The type of cancer, type of treatment and the patient’s overall health are all important factors.

“Every drug and every person is different,” says Dr. Chaaban. “People who are older, who have a history of heart disease, who are overweight or obese, or who have diabetes or hypertension have a greater risk to their heart during some cancer treatments.”

Sometimes a cancer treatment’s effect on the heart is rapid. In other cases, the damage can occur five, 10 or even 15 years after a person has

completed cancer treatment.

CLOSE MONITORING

The cardio-oncology team at CMMC works closely with Rutgers Cancer Institute of New Jersey, the state’s only NCI-Designated Comprehensive Cancer Center, to evaluate cases. The team takes many deliberate steps to ensure each patient’s health.

“We test everyone before cancer treatment to identify existing heart conditions and to evaluate any risk to the heart,” says Dr. Orsini. “Depending on these results, we can adjust the cancer treatment by changing the drug, or by making sure any heart conditions they have are well under control.”

If someone has high blood pressure

or heart failure, for example, the team at CMMC provides targeted treatment for that condition before chemotherapy or radiation begins. During cancer treatment, the team monitors the patient carefully to see if changes to a heart medicine are required.

“In this way, we can catch some heart issues early and provide medicines to prevent or limit any further damage,” Dr. Chaaban says. “This close monitoring helps us make sure the cancer treatment works as well as possible, too.”

When cancer treatment ends, CMMC’s cardio-oncology specialists also make sure patients with higher risks have regular follow-up exams, sometimes every three months, and sometimes for years after.

To make an appointment with a cardio-oncology specialist at Clara Maass Medical Center, call **888.724.7123** or visit www.rwjbh.org/cardiooncology.



THE WAY TO A HEALTHY WEIGHT

HOW EXPERTS AT CLARA MAASS MEDICAL CENTER ARE WORKING WITH THE LATINO COMMUNITY TO COMBAT OBESITY

“When I ask Latino patients when their weight started becoming a problem, they often say ‘When I came to this country,’” says Silvana Blanco, RD, a bariatric dietitian at the Weight Loss Surgery Program at Clara Maass Medical Center (CMMC).

Obesity is widespread in the U.S., affecting more than 4 in 10 people. For the Latino population, the obesity rate is slightly higher than in the general population.

Reasons for obesity in the Latino community may include a lack of knowledge, a language barrier or a lack of other resources. “In their home country, some had a daily walk to the market to pick up food for the day. Now, they may be working so many hours that they don’t have time to go for walks,” Blanco explains. “Or they may be renting a room but not have access to a kitchen. The result is that many rely on packaged and fast foods.”

Adding to the problem is the fact that Latinos have the highest uninsured rates of any group in the U.S. “Without a primary care physician, they don’t get the benefit of preventive medicine that could help head off obesity and related health issues,” says Sarah Bonilla, MPH, Director of the Center of Excellence for

HEALTHY SWITCHES FOR LATINO DISHES

INSTEAD OF THIS	TRY THIS
Adobo spice (high in sodium)	Thyme, rosemary, pepper, Mrs. Dash salt-free seasoning
Frying	Baking, grilling, air-frying, pressure cooking
Lard	Olive or canola oil
Taco shell	Lettuce wrap
Flour tortilla	Corn tortilla
Soda and other sugary drinks	Water or sparkling water
Beef	Ground turkey

Latino Health (CELH) at CMMC.

“Obesity is a completely preventable disorder with nutritional education, starting with the moms and grandmas in the kitchen,” says Thomas Ortiz, MD, Medical Director for the CELH. “For example, corn syrup in food and drinks has been a major contributor to this problem. Add this to a Latino genetic disposition to diabetes, and we have an epidemic of obesity and diabetes.”

Experts at CMMC are working to meet these challenges. For example, the CELH offers blood pressure and other screenings through local churches, and has compiled a list of doctors who speak Spanish or have Spanish-speaking staff.

In addition, the CELH offers

nutrition programs tailored for the Latino population. “We are finding ways to implement healthcare through nutrition,” Bonilla says.

CULTURALLY IN TUNE

Blanco and Bonilla present sessions ranging from preventing diabetes to shopping for healthy foods on a budget, using coupons from local supermarkets.

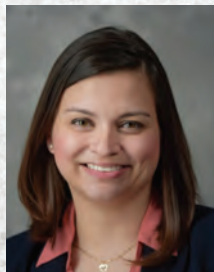
“We tell people about our programs in non-traditional ways, such as text messages and phone calls instead of emails and flyers. We use WhatsApp for group chats,” Bonilla says. “Or we send GoToMeeting links so that people can easily log on through their phones.”

Sessions are scheduled in the evenings, to avoid working hours. Most important, the information is presented in a way that makes sense to a Latino audience.

“One of my first tasks when I came here was to translate materials into Spanish, but I found that some of the



MICHAEL CUDWORTH, MD



NICOLE LOPEZ, MD



THOMAS ORTIZ, MD

food recommendations weren't familiar to the Spanish-speaking population—like edamame, tofu, beef jerky and kale,” Blanco explains. “We added snacks like pepitas, roasted plantain chips and pico de gallo with baked tortillas.” Because the Latino population is diverse, Blanco also provides lighter versions of favorite recipes from a variety of Latin American, Caribbean and South American cuisines.

The reaction to the programs has been enthusiastic. “People have so many good questions about nutrition,” says Blanco. “We have to be on our toes!”

A SURGICAL SOLUTION

Because obesity leads to pressure on joints and soft tissue, the topic often comes up in orthopedic consultations, says Nicole Lopez, MD, an orthopedic surgeon at CMMC who speaks Spanish fluently. “Some patients come in with joint complaints, or back pain, and I explain that their problems may tie back into their weight,” she explains. “Often, patients haven't made that connection before.”

As with the general population, many Latinos find that weight loss (bariatric) surgery is the answer. “By the time patients come to us, they typically have tried a gazillion ways to lose weight, but none of them have worked,” explains Michael Cudworth, MD, a bariatric surgeon at CMMC. “Research shows that once a person's body mass index—a measure of the relation of height to weight—is over 35 or 40, bariatric surgery is the only thing that works for sustainable weight loss.”

Dr. Cudworth, a native Spanish speaker, says that communicating in Spanish allows him to better explain the technical aspects of weight loss surgery and the elements of a healthy diet to Latino patients. “I can also explain things to their family members, and patients are so grateful for that,” he says.

“Because all systems of the body are affected by obesity, it's critical for patients to get a handle on it,” says Dr. Lopez. “There's no shame in it. Obesity is a medical issue and people should approach it as something to be addressed as they would any other health issue in their life.”



QUICK GARLIC-LIME MARINATED PORK CHOPS

INGREDIENTS:

- 4 6-ounce lean boneless pork chops
- 4 cloves garlic, crushed
- ½ teaspoon cumin
- ½ teaspoon chili powder
- ½ teaspoon paprika
- 1 teaspoon each kosher salt and fresh pepper
- Juice of ½ lime
- 1 teaspoon lime zest

DIRECTIONS:

- Trim fat off pork. In a large bowl, season pork with garlic, cumin, chili powder, paprika, salt and pepper. Squeeze lime juice and some zest from the lime and let it marinate at least 20 minutes.
- To broil: Line broiler pan with foil for easy cleanup. Place pork chops on the broiler pan and broil about 4 to 5 minutes on each side or until browned.
- To grill: Grill over medium-high heat 4 to 5 minutes on each side.

MEXICAN SHRIMP COBB SALAD

INGREDIENTS:

- 16 ounces cooked large shrimp, peeled
- Chipotle chili powder to taste
- 1 tablespoon lime juice plus juice of ½ lime
- Salt to taste
- 15 ounces black beans, rinsed and drained
- 1 cup grilled corn kernels (can use frozen roasted corn)
- 2 tablespoons red onion
- 2 tablespoons cilantro, chopped
- 6 cups romaine lettuce, shredded
- 1 seedless cucumber, diced
- 2 cups diced tomatoes
- 1 ripe avocado, diced
- 1 cup reduced fat Mexican blend shredded cheese



DIRECTIONS:

- Rinse shrimp and chop into large chunks. Toss shrimp with chipotle chili powder, tablespoon fresh lime juice and a little salt.
- Combine drained beans, corn, red onion, cilantro, juice of ½ lime and salt to taste.
- In a large glass dish or clear bowl, layer salad ingredients starting with the lettuce, black bean mixture, cucumber, tomatoes, avocado, cheese and shrimp on top.

For more information about the Center of Excellence for Latino Health, call 973.450.2996 or visit www.rwjbh.org/claralatiohealth.



Patient rooms in the Transitional Care Unit are private, quiet and comfortable.

services over the course of a short stay,” explains Jennifer Horath, LNHA, Director of the TCU. “Our goal is to get people ready for discharge to their traditional home setting in about a week.”

CALM AND COMFORT

Because the TCU is located at One Clara Maass Drive, next door to the main CMMC complex, it’s convenient for patients, and they can continue to see the same doctors. However, the TCU has its own employees, admissions department and case manager, and an environment that’s very

different from a hospital.

Because the unit can accommodate a maximum of 20 patients, personalized, focused care is the norm. “We look at every single patient’s case daily with an interdisciplinary team to make sure we’re staying on point with our goals,” Horath says. “As you can imagine, a physical therapy program looks a lot different when the PT team is dealing with 20 people rather than 250.”

The atmosphere and environment have a homier feel than a hospital. “Unlike a hospital, we don’t have a lot of signage to indicate what’s going on clinically,” says Dr. Kelly.

However, TCU personnel practice the same safety precautions as those in the hospital. “Everyone in the facility has been screened for COVID-19, wears a mask and practices strict social distancing protocols,” Dr. Kelly explains.

The rooms have been designed for serenity, with soothing colors appropriate for healing. Patients are allowed to bring some personal belongings, such as clothes or blankets, both to make themselves more comfortable and to help them prepare for going back to their normal routine.

No matter how comfortable the TCU is, however, it is made for short-term stay. “It’s top-notch care, but there’s a reason it’s called ‘transitional’ care,” says Dr. Kelly. “Our goal is to get you home as soon as possible.”

BETWEEN HOSPITAL AND HOME

THE TRANSITIONAL CARE UNIT OFFERS A SHORT STAY WITH LONG-TERM BENEFITS.

If a hospital patient is ready to be discharged, but is not quite ready to be at home, he or she is often sent to a rehabilitation facility. Clara Maass Medical Center (CMMC) offers an alternative: the Transitional Care Unit, known as the TCU.

Located on the second floor of CMMC’s Continuing Care Building, the TCU offers multidisciplinary care for up



JOHN V. KELLY, MD

to eight days after a hospital stay. It’s one of only five TCUs in New Jersey.

“Let’s say you have a patient who fell and broke a hip, but doesn’t yet have the ability

to ambulate and care for himself,” says John V. Kelly, MD, Medical Director of the TCU. “Our unit gives him the ability to get out of the hospital but also be in a short-term setting where his care and physical therapy can continue.”

Other examples of patients who don’t need hospital-level care but would benefit from a short-term stay include those in need of cardiac recovery, post-surgical recovery, pulmonary management, oncology and pain management, and skin and wound care. Often, a few extra days for recovery in the TCU is all that’s needed to regain strength and function and be successfully discharged to home.

“The difference between our unit and a traditional subacute skilled nursing facility is that we offer very concentrated

To learn more about the Clara Maass Medical Center Transitional Care Unit, call **973.450.2220**.





WELCOME, BABY!

THE STATE-OF-THE-ART MATERNITY CENTER IS SAFE AND READY FOR YOU.

It was a pretty scary time delivering during a pandemic, but with the help of Clara Maass, I felt safe and secure and at home,” says Miracle Villar, who recently had a baby girl at Clara Maass Medical Center (CMMC).

“In this uncertain time, I think it’s important for folks to remain positive,” says Michael Straker, MD, Director of the Department of Obstetrics and Gynecology at CMMC. “Parents-to-be shouldn’t be paralyzed by COVID-19, but embrace the fact that they’re going to bring a new life into the world.”

The birth experience begins with every possible safety precaution in place. As is the case throughout CMMC, all guidance from the Centers for Disease



MICHAEL STRAKER, MD

Control and other national organizations is adhered to, including vigilance regarding mask-wearing and handwashing, as well as stringent and frequent cleaning and

disinfection of all rooms and surfaces. “Pregnant women and their families should talk with their doctor and make themselves familiar with all our protocols in advance,” says Dr. Straker.

DELIVERING JOY

In addition to these safety measures, new parents can expect a well-rounded and first-rate experience, including:

• **Excellence in clinical care:** CMMC has earned the Obstetrics and Gynecology Excellence Award from Healthgrades for the past three years, in recognition of superior clinical outcomes during and after childbirth. “We are one of just four hospitals in New Jersey to have that designation,” says Dr. Straker.

• **A Special Care Nursery if needed:** In addition to the Newborn Nursery, CMMC has a Level II Special Care Nursery for premature newborns and newborns in need of specialized medical



Clara Maass Medical Center is the only hospital in New Jersey to receive the Patient Safety Award, Labor and Delivery Excellence Award, and Obstetrics and Gynecology Excellence Award in 2020.

treatment. A neonatologist is available 24 hours a day, and a highly skilled team of neonatal nurses provides comprehensive medical care using the latest technology.

If a baby is admitted to the Special Care Nursery, parents and extended family members can connect via an app to a live-streamed video of the newborn, allowing them to see a full-frame view of the baby right on their smartphones or mobile devices. Known as “Angel Eyes,” the technology allows family members to talk or sing to their new baby even when they can’t be with him or her.

• **Privacy and comfort:** The Labor, Delivery and Recovery (LDR) rooms are newly renovated and have private bathrooms with showers. They also feature many amenities, including flat-screen TVs and a pullout couch. All patient rooms are private.

In addition, the LDR team at CMMC takes a holistic approach to childbirth. If she prefers, a woman can make use of a birthing ball (on which she can gently rock during labor to ease pain) or a birthing chair (which allows for squatting during labor).

• **Support before and after childbirth:** CMMC offers virtual classes on preparing for childbirth, breastfeeding, perinatal mood and anxiety disorders and more.

“We at Clara Maass Medical Center are here to help you,” says Dr. Straker, “and to make sure you have a great experience.”

To learn more about maternity services at Clara Maass Medical Center, visit www.rwjbh.org/maternity.



I've got cancer

but I also have an expert oncology nurse navigator on my side.

Fighting cancer can feel overwhelming, with so many meetings, decisions, procedures, and questions. Our nurse navigators ensure you don't have to do it alone. With expertise and compassion, they can walk you through every step of your treatment process. They demonstrate the high level of care you'll find, along with our innovative therapies and cutting-edge research, at New Jersey's only NCI-designated Comprehensive Cancer Center.



Visit rwjbh.org/beatcancer or call 844-CANCERNJ.

Clara Maass
Medical Center

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Let's beat cancer together.



We've taken every precaution to keep you safe.
So if you've put off cancer care due to COVID-19, please don't delay it any longer.