

A Publication of
MONMOUTH MEDICAL CENTER
SOUTHERN CAMPUS

Winter 2021

healthy *together*

**COPING WITH
COVID-19
COMPLICATIONS**

**A LIFESAVING
SCREENING FOR
SMOKERS**

**SHOULDER PAIN,
BE GONE!**

**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.

At Monmouth Medical Center Southern Campus, staff members continue the mission of outreach within the community. Our health coaches, who lead our Better Health senior program, wasted no time going virtual to stay connected with our members who were in need of socialization during quarantine. These efforts will be crucial in helping to ease the isolation many seniors in our community may face this winter. And our virtual support groups, exercise classes and telemedicine visits will continue to improve the health and well-being of area residents while allowing them to stay home safely.

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



ERIC CARNEY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS AND
MONMOUTH MEDICAL CENTER



HEALTH NEWS



THE HOSPITAL OF CHOICE

Every year, *Asbury Park Press* readers are asked to vote on the "Best of the Best" in Monmouth and Ocean counties. Last fall, Monmouth Medical Center Southern Campus (MMCSC) received the coveted *Asbury Park Press* Reader's Choice Award in the Ocean County "People and Services" category through a record number of votes.



SAFE AND EFFECTIVE CLEANING TECHNOLOGY

MMCSC has implemented ultraviolet light disinfection as a means to sanitize in the safest, most effective way. Thanks to a generous donor, the hospital is using The Flashbar Ultraviolet Disinfection System, which is permanently installed in operating rooms, providing better assurance to patients in a place where they are especially vulnerable. Hospital staff members are using the Torch and Lantern disinfection units in patient rooms and bathrooms to eliminate contamination concerns. Another focus of the initiative is the Flashbox, which disinfects N95 masks and allows for safe reuse.

Monmouth Medical Center Southern Campus



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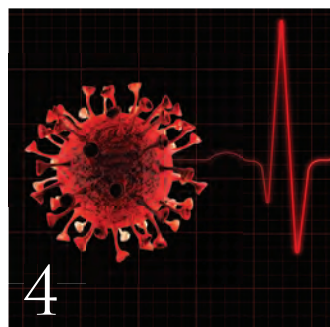
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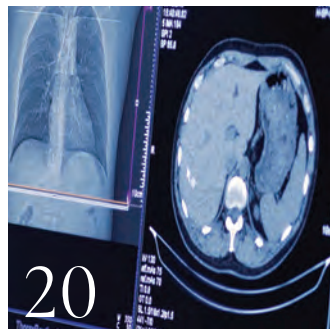
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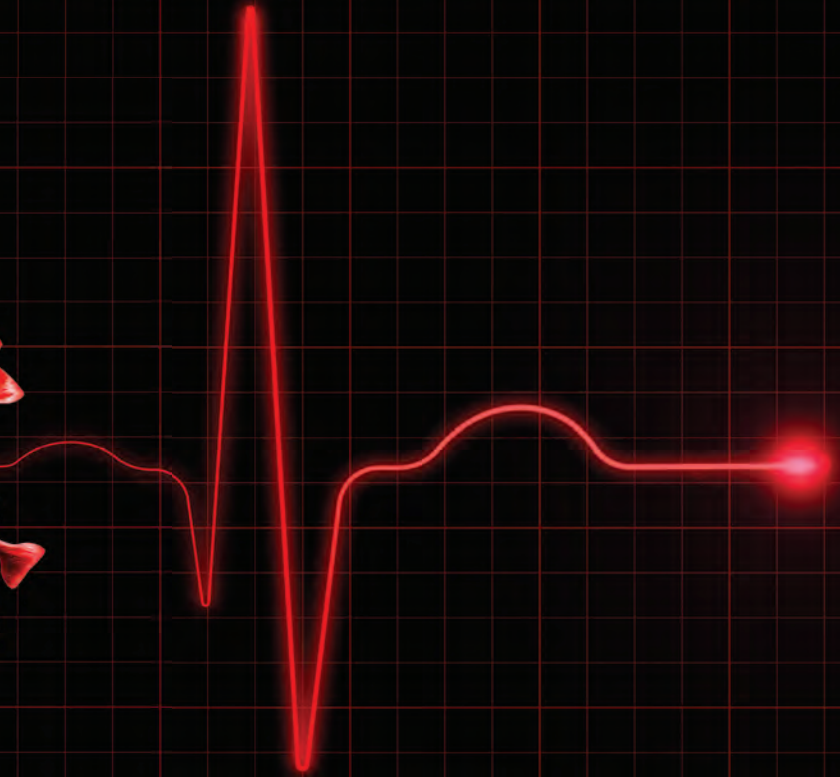
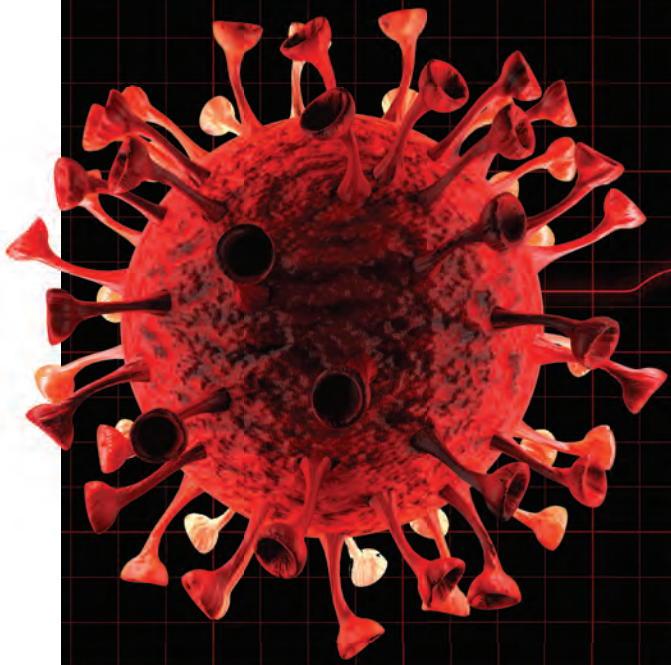
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Monmouth Medical Center Southern Campus staff members are on a mission to improve the health and well-being of area residents.

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.



RECOVERING

FROM COVID-19

HOW TO COPE WITH SERIOUS COMPLICATIONS.

You probably know that COVID-19 affects the lungs, but research shows that it can affect the heart as well. The virus can cause inflammation of the heart, a heart attack, stroke and blood clots, says Aditya Mehra, MD, an interventional cardiologist at Monmouth Medical Center Southern Campus (MMCSC). In a recent study published in *JAMA*

Cardiology, 78 percent of middle-aged patients who had recovered from COVID-19 had abnormal findings on a cardiac MRI exam. Sixty percent of the patients had myocarditis, or inflammation of the heart, which can weaken the muscle, restricting blood flow to the rest of the body. There have even been reports of college and professional athletes who have been diagnosed with

myocarditis after testing positive for COVID-19. “Influenza viruses are known to cause inflammation of the heart,” says Rajesh Mohan, MD, MBA, FACC, FSCAI, an interventional cardiologist



RAJESH MOHAN, MD, MBA, FACC, FSCAI

and Chief Medical Officer at MMCSC. “Myocarditis can lead to problems with the heart’s electrical signals, including abnormal heart rhythms and heart muscle damage.” The good news: Many people

recover. “In general, if a person has a mild COVID-19 infection, he or she is likely to recover over time,” says Dr. Mohan. Some people, however, continue to have symptoms such as shortness of breath and increased fatigue. They are known as “long haulers.” Since the disease is new, it’s unknown at this time what the long-term consequences will be.

A COLLABORATIVE APPROACH

At MMCSC, a COVID-19 team consisting of a pulmonologist, infectious disease specialists, cardiologists and internists collaborate to care for patients. Physicians perform blood work to check for inflammatory markers. “A blood test can indicate whether there’s inflammation and heart muscle damage,” says Dr. Mohan. An electrocardiogram, or EKG, which records the heart’s electrical activity, can identify an abnormal heart rhythm. An ultrasound of the heart, called an echocardiogram, or cardiac MRI can indicate whether a person’s heart function has decreased due to muscle damage.

Medications like beta blockers and ACE inhibitors can help patients recover heart function, says Dr. Mohan. If you have congestive heart failure or are retaining fluid, you may need a diuretic as well. Medication can also be used to treat heart rhythm abnormalities, such as atrial fibrillation, which can increase the risk of stroke. COVID-19 has also been shown to cause blood clots. If you’re at risk, you can be treated with blood thinners. A small percentage of people have severe heart damage and may be candidates for a defibrillator, which delivers an electrical current to the heart to restore a normal heart rhythm, says Dr. Mohan.

THE IMPORTANCE OF REHAB

In addition to medication, patients need to participate in cardiac rehabilitation, which is available at MMCSC through the COVID-19 Survivors Rehabilitation and Recovery Program. “A structured rehabilitation program can help improve heart function,” says Dr. Mehra.



AWANI KUMAR, MD

HOW COVID-19 AFFECTS THE LUNGS

Many people who have been hospitalized for COVID-19 experience persistent shortness of breath and trouble taking a deep breath once they’re home, says Awani Kumar, MD, a pulmonologist and intensivist at Monmouth Medical Center Southern Campus (MMCSC). These can be signs of pulmonary fibrosis, or scarring of the lung tissue, which occurs as a result of the body’s excessive immune response to the infection. Steroid medications such as prednisone are often prescribed to control the body’s inflammatory response to the virus and improve lung function. “Sometimes

the body’s response to the virus does more damage than the virus itself,” says Dr. Kumar. “We perform blood work to monitor inflammatory markers. If they’re elevated, we prescribe a steroid like prednisone to help heal the inflammation.”



ADITYA MEHRA, MD

WHO’S AT RISK FOR HEART PROBLEMS

You’re at increased risk of developing cardiac complications from COVID-19 if you smoke or have any of the following conditions, according to Aditya Mehra, MD, an interventional cardiologist at MMCSC:

- coronary artery disease
- hypertension
- diabetes

REHAB FOR SURVIVORS

The COVID-19 Survivors Rehabilitation and Recovery Program helps people regain their health, including their heart function. “We take a multidisciplinary approach to rehabilitation,” says Charles Markowitz, MD, Medical Director of the Department of Rehabilitation at MMCSC. A rehabilitation physician performs an evaluation and tailors the program to you. You’ll likely participate in breathing exercises, ride a stationary bike and walk on a treadmill. “You’ll do these exercises in a graded manner,” says Rajesh Mohan, MD, MBA, FACC, FSCAI, an interventional cardiologist and Chief Medical Officer at MMCSC. “A cardiac rehabilitation nurse will monitor your progress.” The program offers the following services:

- outpatient physical therapy
- occupational therapy
- speech and language therapy
- electromyography (EMG) testing for nerve problems
- electrocardiogram (EKG) testing to measure the heart’s electrical activity
- pulmonary and cardiac rehabilitation

For more information, call **732.942.5921**.

Symptoms of heart problems include palpitations, shortness of breath, trouble breathing (even when you’re at rest) and fatigue. You may also experience leg swelling and chest pain. If you’re experiencing any of these signs, call your

primary care physician. Once your heart has been checked and you’ve received a diagnosis, be sure to take any medication that’s been prescribed and participate in a rehabilitation program if your doctor recommends it.

Your heart doesn’t beat just for you. Get it checked. To reach a Monmouth Medical Center Southern Campus cardiac specialist, call **888.724.7123** or visit **www.rwjbh.org/heart**.





AN ASTOUNDING
RECOVERY

AFTER MAJOR SURGERY TO REPAIR A BARIATRIC PROCEDURE, A PATIENT IS BACK TO HER ACTIVE LIFESTYLE.

Virginia Cullen, 62, a receptionist at a doctor's office, wanted to lose weight, so she had gastric bypass surgery in 2006. During this procedure, the stomach is divided into two sections. The top part becomes a small pouch the size of a golf ball, which limits the amount of food that can be eaten. The stomach is connected to the middle of the small intestine, and the bypassed parts of the stomach and intestinal tract don't absorb food. The procedure leads to hormonal changes that promote weight loss.

The procedure worked initially, but three years later, Virginia had put on weight and decided to have another procedure known as an adjustable gastric band, or a lap band. This involves placing an inflatable band around the upper part of the stomach, which creates a small pouch above the band. The lap band reduces the amount of food the stomach can hold and causes a person to feel full quickly. The device can be adjusted by adding or removing saline in a balloon around the band. Patients return to their doctor regularly to have the device "filled" and tightened. In 2018, Virginia saw her doctor to have the band adjusted, and an ultrasound exam showed that it wasn't in position.

In May 2019, she saw Michael Jaronczyk, MD, a surgeon at Monmouth Medical Center Southern Campus (MMCSC), who ordered an X-ray. It confirmed that the band had slipped,



MICHAEL JARONCZYK, MD

which means it was creating a blockage in her stomach. He recommended removing the lap band and planned to perform an endoscopy immediately

before the removal. This is done by inserting a long, narrow camera through the mouth to examine the inside of the stomach. Dr. Jaronczyk performed the endoscopy and noticed that the band had eroded. "I was alarmed because the lap band is supposed to be outside the stomach, but it was inside," says Dr. Jaronczyk. "Typically, patients have a gastric bypass or a lap band procedure, but not both." In addition, when the band slipped, it caused a fistula—an abnormal "passage" between the "old" stomach and the "new" stomach. This can lead to infection, says Dr.

Jaronczyk. "Fortunately, Virginia didn't have an infection," he says. "That was her saving grace." Virginia didn't know that any of this could happen. "I was in shock," she recalls. "I had no idea the band could deteriorate."

Dr. Jaronczyk told Virginia that she needed surgery to remove the band. "He told me that it would be a serious surgery, and the recovery would be difficult," she recalls. "I trusted him."

A HARROWING PROCEDURE

In September, Virginia underwent the bariatric revision surgery, which lasted nearly five hours. Dr. Jaronczyk found an infection from the gastric band erosion. "I located the band and removed it," he says. "I also had to remove the spleen and two portions of the stomach before connecting the small intestine to the esophagus." Unfortunately, Virginia's infection progressed, and several days after the



Virginia Cullen says she feels great after a procedure to remove a slipped lap band. Now she can enjoy time with her partner, Pete Anthony, who cared for her throughout her recovery.

surgery, Dr. Jaronczyk had to open the surgical wound to drain the infection. He used a wound VAC (vacuum-assisted closure), which decreases pressure on a wound to accelerate the healing process.

By January 2020, Virginia had fully recovered from her procedure. Unfortunately, due to the infection, she had developed a hernia and needed additional surgery. In February, she had the hernia repaired and required a full abdominal wall reconstruction. "She did very well," says Dr. Jaronczyk. "I was pleasantly surprised at the speed of her recovery."

FULLY RECOVERED

Today, Virginia is back at work. In September, she had kidney stones and returned to MMCSC for treatment. "Dr. Jaronczyk checked on me the entire time," she recalls. "I would give him the Surgeon of the Year Award."

To learn more about the breadth of surgical services as well as the exceptional surgical team at Monmouth Medical Center Southern Campus, visit www.rwjbh.org/monmouthsouth.





VIKRAM SATHYENDRA, MD

STOPPING SHOULDER PAIN

AN ORTHOPEDIC SURGEON EXPLAINS THE BEST TREATMENTS FOR A COMMON INJURY.

Swimming, playing tennis, throwing a ball, changing a lightbulb and reaching for an item on the top shelf involve raising your arms over your head. If you have a tear in your rotator cuff—a group of muscles and tendons that allow you to rotate your shoulder—any of these activities can cause achiness in your shoulder. Then again, you might not experience any symptoms at all. Imaging studies have shown that about 60 to 70 percent of people over age 80 have a tear but don't have any symptoms, says Vikram Sathyendra, MD, an orthopedic surgeon affiliated with Monmouth Medical Center Southern Campus. Here, he explains how a torn rotator cuff is treated.

What causes a rotator cuff tear?

A traumatic fall can cause a tear. So can “wear and tear,” also known as degenerative changes, which are common in people over age 60.

How is a tear treated?

An injured rotator cuff doesn't heal on its own. If the tear is a result of a trauma, it should be operated on quickly so it doesn't progress and

become more difficult to repair. However, if it's a result of degenerative changes, we recommend starting with physical therapy (PT). Therapy will help you regain shoulder movement, but the joint may remain weak. If PT isn't effective, patients can consider surgery. About 75 percent of patients who engage in physical therapy improve, whereas 90 percent of those who have surgery get better.

How is surgery performed?

Today, we perform arthroscopic, or minimally invasive, repairs of the rotator cuff. We make several small incisions in the shoulder and repair the tissue through the incisions with the guidance of a video camera. This

procedure offers a quicker recovery than an open one, which involves making a larger incision and spreading the muscle apart to perform the repair. Patients typically go home the same day.

Is physical therapy necessary?

After surgery, patients participate in five to six months of physical therapy. Initially, they have minimal range of motion, so we don't recommend they start until two weeks after surgery.

Who is the best candidate for surgery?

The best candidate is a patient who is active and healthy but is experiencing weakness and pain, which are affecting his or her quality of life.



To connect with an RWJBarnabas Health Medical Group provider, call **888.724.7123** or visit www.rwjbh.org/medicalgroup.

FAST FACTS ABOUT

CARDIAC STRESS TESTS

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

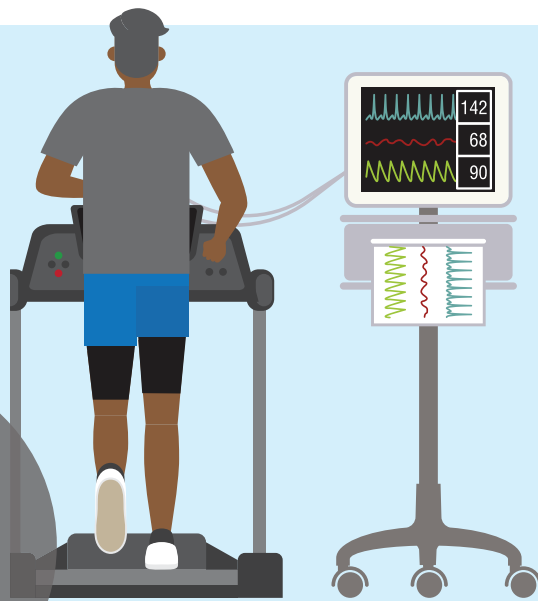
A stress test is a way to detect heart disease while the body is in motion.

“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 papyri 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."

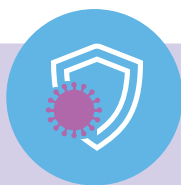
COMPLEMENTARY TREATMENTS

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.

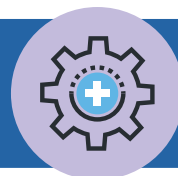
"When it comes to cancer treatment, patients shouldn't move forward until they're absolutely certain the best care plan has been presented to them," says Dr. Alexander. "We're uniquely positioned to provide that plan through the partnership between Rutgers Cancer Institute and RWJBarnabas Health."

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



MANINDER ABRAHAM, MD

fast for more than 20 years, many patients and family members may not be familiar with what a hospitalist does.

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.**

**Children's
Specialized Hospital®**

An RWJBarnabas Health facility

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

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.



A VIRTUAL FUNDRAISER

THE FOUNDATION PROVIDED AN UPDATE ON MEDICAL SERVICES AND FESTIVE REFRESHMENTS DURING A SPECIAL EVENT.

In December, the Monmouth Medical Center Southern Campus (MMSC) Foundation held its first virtual event, called “Shake, Taste & Tour,” to raise funds for cancer services. During the online event, which was sponsored by Pine Belt Cars, participants toured the hospital and learned about key service lines. In between the presentations, Joe Leone Catering shared recipes for holiday libations and appetizers that participants could make at home. The following staff members spotlighted their services:

- **SARAH MANNING**, MSN, RN, Director of Patient Care, Outpatient

Infusion and Cardiac Rehabilitation, spoke about the nurses who specialize in chemotherapy and oncology and provide personalized care for patients.

- **ADAM ROSA**, RT(R)(M)(CT), Director, Radiology, highlighted new imaging technologies, including Fractional Flow Reserve CT (FFR-CT), a noninvasive imaging test that uses artificial intelligence software to evaluate patients with chest discomfort and symptoms that indicate heart disease. It’s a first in the RWJBarnabas Health system.

- **DEE YARD**, RT(R)(M)(CT), Assistant Director, Jacqueline M. Wilentz



Monmouth Medical Center Southern Campus President and Chief Executive Officer Eric Carney is filmed for the Foundation’s informative and entertaining “Shake, Taste & Tour” event.

Comprehensive Breast Center, discussed the completion of Phase I of the Center’s expansion, which includes a new three-dimensional (3D) mammography unit. This purchase is providing the community with better access to quality mammography services.

- **GERRIE SMITH**, MSN, RN, CNOR, Administrative Director, Patient Care OR, spotlighted MMSC’s board-certified surgeons. Recruitment is ongoing for surgeons who specialize in critical care, urology, ophthalmology and orthopedics.

- **JENNIFER LEES**, MSN, RN, NE-BC, Director, Emergency Services, spoke about the hospital’s board-certified emergency physicians, who treat patients in dedicated units such as pediatrics and geriatrics, and the Emergency Department’s high patient satisfaction rates.

- **MICHAEL SKLOFF**, Director, James and Sharon Maida Geriatrics Institute, discussed the hospital’s unique services for seniors. The Institute provides inpatient and outpatient acute care, rehabilitation and many other services under one roof.

To support the Monmouth Medical Center Southern Campus Foundation, visit www.rwjbh.org/monmouthsouth/giving.org.





GOING OUT ON A LIMB

**A SURPRISING DIAGNOSIS
SAVED ONE MAN'S LEG.**

When Frank Mongiello, 73, developed pain in his left thigh in March 2020, he blamed it on strenuous work he'd done at his Lakewood home a few days before. "It felt like a pulled muscle," he recalls. But instead of fading, the pain persisted and spread to his calf over the course of several weeks. Puzzled, he had a telehealth visit with his physician, Abhijit Chatterjee, MD, a geriatrician at the James and Sharon Maida Geriatrics Institute at Monmouth Medical Center Southern Campus (MMCSC), in April.

Dr. Chatterjee took a medical history. "He didn't have any weakness, tingling or numbness," he recalls. "He'd had a COVID-19 test and it was negative. I thought it might be a muscle sprain, so I told him to apply ice and take over-the-counter Aleve."

DISCOMFORT, THEN DESPERATION

Frank followed doctor's orders, but "the pain became more intense," he says. In June, he saw Dr. Chatterjee. "Frank told me the pain was worse when he stood up from a sitting position, and there

Frank Mongiello is back to his favorite activities after recovering from a painful, difficult-to-diagnose condition.

was a tender area,” recalls Dr. Chatterjee.

Concerned, he ordered a special type of ultrasound test called a venous Doppler to check for blood clots in Frank’s lower leg. (Frank has a condition that makes him prone to clotting.) The test came back negative. “I prescribed another pain medication,” he says.

Unfortunately, Frank didn’t experience any relief. “It was very difficult to walk,” he says. “I was limping and couldn’t put any pressure on my left leg.” Dr. Chatterjee ordered an MRI, but that, too, showed nothing amiss. He prescribed physical therapy.

Two weeks later, on June 15, Frank awoke to agonizing pain and a rash on his calf. “I went to the nearest emergency room,” he says. He was admitted to another hospital, and for four days, physicians struggled to come up with a diagnosis. They prescribed antibiotics in case there was an underlying infection. The rash and the pain eventually faded and Frank was released, no closer to solving the medical mystery.

A DIAGNOSIS, AT LAST

On June 22, Frank’s pain returned, and his leg became swollen and red. “I went to physical therapy, but it hurt so much the therapist couldn’t touch me,” he says. He called Dr. Chatterjee, who advised going to MMCSC’s Emergency Department (ED) for another leg ultrasound.

Nurse practitioner Kate Bianchini remembers meeting Frank in the ED. “I sensed he was a person who didn’t have a low pain tolerance,” she says. As she examined him, she noticed that any time his leg was moved or touched, he experienced an extraordinary amount of pain. Bianchini suspected that Frank might have compartment syndrome, in which there’s an excessive amount of pressure within muscle tissue. A compartment consists of a group of muscles, nerves and blood vessels in the arms and legs. Tissue called fascia keeps the blood vessels and muscles in place. Trauma, such as a car accident or broken bone, or exercise involving repetitive motions can cause swelling or bleeding within a compartment.

Left untreated, blood flow, which carries oxygen and nutrients, is reduced, and the affected tissues can be damaged or destroyed. If Bianchini’s diagnosis were correct,

Frank could lose his leg without immediate surgery. She quickly called critical care surgeon John Gorechlad, MD, who had just left the hospital. After speaking with Bianchini, he turned his car around.



ABHIJIT CHATTERJEE, MD

SURGERY ON SHORT NOTICE

Upon examining Frank, Dr. Gorechlad agreed with Bianchini. “I suspected compartment syndrome, too,” he



Critical care surgeon John Gorechlad, MD, and nurse practitioner Kate Bianchini collaborated to care for Frank Mongiello, who was treated for compartment syndrome.

recalls. There was only one way to confirm the diagnosis: by operating. “I got really upset,” says Frank. “I called my wife and handed the phone to Kate [Bianchini]. She explained it all.”

Twenty minutes later, Frank was in the operating room, and Dr. Gorechlad went to work. He made an incision in the fascia of one compartment. As he did, Frank’s leg muscles came bulging out, proof that they’d been under pressure. He opened the remaining compartments, freeing the muscles. The procedure was completed in about 20 minutes.

RECOVERY—AND RELIEF

Frank spent nine days in the hospital. A special device called a wound vac was used to drain the surgical site. The wound was washed and closed before Frank was released.

Frank spent a month in the care of a visiting nurse and physical therapist. He still participates in outpatient physical therapy. Today, his discomfort is all but gone. In its place is a profound appreciation for the care he received at MMCSC. “I can’t say enough good things about my experience there,” he says. “I was so impressed by the professionalism of Dr. Gorechlad, Kate and all of the staff members. They showed that they really cared. The pain wasn’t something I’d want to go through again, but my care was perfect.”

If you have symptoms of a serious medical condition, don’t hesitate to seek emergency care. For more information, go to www.rwjbh.org/monmouthsouth.



RWJBarnabas Health and Monmouth Medical Center Southern Campus, in partnership with Rutgers Cancer Institute of New Jersey—the state's only NCI-Designated Comprehensive Cancer Center—provide close-to-home access to the most advanced treatment options. Call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.

COMPREHENSIVE CANCER CARE

If you're diagnosed with lung cancer, you'll have access to an expert team of radiologists, pulmonologists, thoracic surgeons, medical oncologists, radiation oncologists, respiratory therapists, nurses and other clinicians who collaborate with community physicians to ensure the highest quality care. Treatment options include minimally invasive thoracic surgery, radiation therapy, chemotherapy, immunotherapy, clinical trials and oncology rehabilitation.



A LIFESAVING SCREENING TEST

LONGTIME SMOKERS SHOULDN'T PUT OFF HAVING A LOW-DOSE CT SCAN FOR EARLY DETECTION OF LUNG CANCER.

You might not think twice about getting a mammogram or colonoscopy, but if you've smoked for more than a decade, lung cancer screening could save your life. "It has a greater impact on saving lives than any of the other screening tests," says Joseph Triolo, MD, Chairman of Radiology at Monmouth Medical Center Southern Campus (MMCSC). "Lung cancer is the most lethal cancer; it accounts for more deaths than breast, prostate and colon cancers combined. Lung cancer spreads quickly, so by the time you have symptoms, it's not easy to cure. Doctors can't remove the vital structures the cancer invades inside the chest." Unfortunately, lung cancer screening is the most underutilized of all cancer screening procedures. The good news is, when this lethal disease is detected at an early stage, it's curable, says Dr. Triolo.

A QUICK AND ACCURATE SCAN

The RWJBarnabas Health Southern Region Lung Cancer Screening Program at MMCSC, Monmouth Medical Center and Community Medical Center, in partnership with Rutgers Cancer Institute of New Jersey, offers low-dose CT scans. The



JOSEPH TRIOLO, MD

program also provides smoking cessation services and access to comprehensive cancer care. "One in 300 CT scans saves a life," says Dr. Triolo. Screening is so effective that the U.S. Preventive Services Task Force may soon lower the age at which screening can begin—and reduce the number of years a person must smoke to qualify. Currently, smokers are supposed to start testing at age 55, but the Task Force is considering lowering the age to 50. In addition, a person needs to be a current smoker and have a smoking "history" of a pack a day for 30 years or two packs a day for 15 years. The Task Force may lower the number of "pack years" to 20. To be eligible for screening, a former smoker must have stopped smoking within the last 15 years. That requirement may increase to 20 years. In addition, a person can't have any symptoms of lung cancer. The test is covered by Medicaid and Medicare.

Special precautions are being taken at MMCSC during the COVID-19 pandemic. Outpatients are separated from inpatients, and temperatures are taken when patients arrive at the hospital. Patient appointments are spaced apart so the screening room is vacant for a few hours and the equipment is cleaned.

FOLLOW-UP TESTING

The test is very quick: Once you're lying down in the CT scan machine, you hold your breath for 10 seconds and you're done. "The test is easier to interpret than a mammogram," says Dr. Triolo. If you

KICKING THE HABIT

Smoking is associated with about 80 percent of all deaths from lung cancer, according to the American Cancer Society. Helping people quit is the No. 1 goal of the Lung Cancer Screening Program, says Joseph Triolo, MD, Chairman of Radiology at Monmouth Medical Center Southern Campus (MMCSC). Smoking cessation services include one-on-one sessions with coaches; medication and behavioral treatment; personalized plans; and relapse prevention.

have a normal result, you don't need to be screened for another year. In many cases, an abnormal tissue growth called a nodule is found. "We find these in one-third of patients," says Dr. Triolo. "Most nodules are benign, but they usually require follow-up to see if they grow." If a nodule is small (around 3 to 5 millimeters), it can be tracked every three to six months. Nodules have various degrees of complexity—different types of margins and density, for instance, says Dr. Triolo. Those factors determine the timing of follow-up. Lesions larger than 8 millimeters are more suspicious. Your radiologist may recommend a PET scan or a biopsy to check for lung cancer, depending on the location of the lesion.

To make an appointment or find out if you're eligible for a free screening, call the Lung Cancer Screening Program at **732.923.7966** or visit **www.rwjbh.org/lungscreening**.



CARING FOR THE COMMUNITY

AT MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS, STAFF MEMBERS ARE ON A MISSION TO IMPROVE THE HEALTH AND WELL-BEING OF AREA RESIDENTS.

Eighty percent of health is affected by “social determinants,” such as safe and affordable housing, availability of healthy foods and access to education. That means your home, workplace and neighborhood can have a significant impact on your well-being. The Monmouth Medical Center Southern Campus (MMCSC) and Monmouth Medical Center (MMC) Community Health teams take this seriously. “We go to where people live, work, play and pray to provide meaningful health education,” says Jean McKinney, Regional Director of Community Health and Social Impact & Community Investment at MMCSC and MMC. Here’s a snapshot of recent community initiatives.



MEN'S HEALTH SCREENING DAY

Micah Goff, owner of Heads Up Barbershop in Long Branch, told the Community Health team that colleagues or friends had recently died from heart attacks or stroke. To raise awareness of obesity and related illnesses, such as diabetes, heart disease and cancer, the team decided to create a men's health screening day inside the barbershop. In September, two Monmouth Medical Center employees—Justin Hubbard, PCA, Surgical Services, on the Ortho/Neuro unit, and Jeffrey Cooper, an ED technician, performed 54 blood pressure and body mass index screenings. They also provided information about cancer screenings. Participants received health education materials, fecal immunochemical test (FIT) kits for colon cancer screening, water, healthy snacks, personal protective equipment and prizes. “We identified seven men with hypertension who needed medical care,” says McKinney. “Some hadn't seen a primary care physician in years.” Hubbard and Cooper recommended that they make an appointment with their physician or one at Monmouth Family Health Center.

The Community Health team plans to roll out the program in Lakewood as well. They also plan to visit local hair salons to perform blood pressure screenings and educate women about common health risks, such as heart disease, breast cancer and colorectal cancer.

In September, hospital staff members performed blood pressure and body mass index screenings at Heads Up Barbershop in Long Branch.





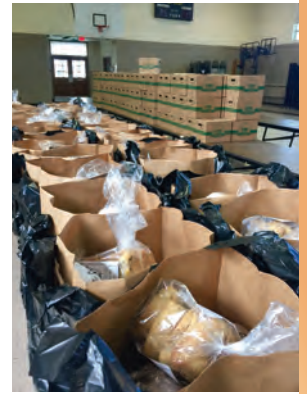
From left: Claire Verruni, RN, Community Health Educator; Irida Ruiz DePorras, Pastor, Christ United Methodist Church; Kelly DeLeon, MS, Manager, Community Health Education; and Kevin D. Newland, Food Pantry Coordinator, Christ United Methodist Church

FOOD DRIVE

Last spring, in the early days of the COVID-19 pandemic, food pantries were closed because older volunteers were at risk for contracting the virus. Fortunately, the Community Health team was able to obtain food through RWJBarnabas Health's Social Impact and Community Investment Department's partnership with Jersey Cares, which purchases fresh produce from the Common Market Farm Share Mid-Atlantic, a distributor of food from farms in New Jersey, New York, Pennsylvania, Maryland and Virginia. The farmers didn't have a way to distribute their produce, so they partnered with Jersey Cares to deliver boxes of produce, eggs, bread and butter. Four hundred boxes—each of which feeds a family of four for a few days—were delivered to Christ United Methodist Church and Catholic Charities, two food pantries in Lakewood. More than 400 local families received produce and dairy products. The Community Health team included masks and educational materials about COVID-19 in Spanish and English in each box. Kelly DeLeon, MS, Manager of Community Health Education at MMCSC, and Claire Verruni, RN, Community Health Educator at MMCSC, delivered nearly 1,200 pieces of personal protective equipment—masks, face shields and gloves—to food pantries.

When DeLeon learned that the pantry at Christ United Methodist Church was running low on foods like vegetable oil, milk, peanut butter, cereal, rice, beans and tuna, she led an employee food drive in collaboration with Patricia Slattery from Human Resources. With the donations, they were able to feed another 100 families.

The Community Health team also received grants from Wawa and Albertsons Companies Foundation to purchase food and supplements for COVID-19-positive patients who were being discharged from the hospital. One hundred families at each hospital campus will benefit from this initiative.



SHOPPING FOR SENIORS

Many seniors were shut in during the early days of the pandemic because it was too risky for them to go anywhere. Jersey Cares partnered with the New Jersey Office on Aging to close the gap on a critical need during the COVID-19 crisis. Kelly DeLeon, MS, Manager, Community Health Education, and Claire Verruni, RN, Community Health Educator, and other hospital employees volunteered to grocery shop and deliver food to seniors in Ocean County. All deliveries were performed using contactless practices, including front door drop-off.

MEALS FOR THE HOMELESS

The Community Health team recently received 2,400 Meals Ready to Eat for homeless people through Jersey Cares in partnership with RWJBarnabas Health. The meals were distributed throughout Ocean and Monmouth counties.

For more information about Community Health Education, call **732.961.1401** or visit **www.rwjbh.org/monmouthsouth**.



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