

**RWJBarnabas**  
**HEALTH**

# healthy *together*

**A WOMAN'S GUIDE  
TO BETTER HEALTH**

**NEW WAYS  
TO FIGHT LUNG CANCER**

**KIDNEY DONORS  
SAVE LIVES**

**WEIGHT LOSS:  
WHAT WORKS**

*Healing  
Hearts*

**WITH ADVANCED IMAGING**



# Partnering to Promote Community Health



**R**WJBarnabas Health is proud to collaborate with like-minded organizations in pursuit of our noble mission to build and sustain healthier communities. We are pleased to announce that we are strengthening our long-standing partnership with the New Jersey Devils to expand our shared vision to support active and healthy lifestyles across our great state.

As a symbol of our shared commitment, the RWJBarnabas Health logo will be featured on all Devils home

jerseys as we become the club's first-ever patch partner.

Details of this remarkable partnership are in the pages that follow. While we will continue to provide world-class care to professional athletes, of equal importance are the community-based health initiatives that will be enhanced through our partnership with the Devils.

Together, we have developed hockey rinks through joint programs, 15 of which offer Learn to Play programs to introduce youth to hockey. More than 115 teams and organizations now play at the RWJBarnabas Health Hockey House in Newark, and RWJBarnabas Health's combined blood drives with the Devils have resulted in 368 units of critical, lifesaving donations.

We look forward to our continued work with the Devils to benefit the residents of New Jersey and beyond. On behalf of my 41,000 terrific colleagues, I thank you for entrusting RWJBarnabas Health with the privilege of caring for you and your family.

Sincerely,

**MARK E. MANIGAN**  
PRESIDENT AND CHIEF EXECUTIVE OFFICER

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RWJBarnabas Health provides free language services, including qualified interpreters, to people whose primary language is not English. The following Language Assistance Services information is provided in multiple languages.

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સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. **1.844.465.9474** પર કોલ કરો

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SPRING 2024



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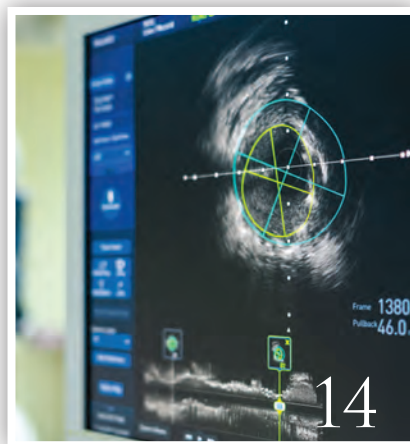
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# COMPASSION IN A CRISIS

A STATE-FUNDED INITIATIVE PAIRS BEHAVIORAL HEALTH  
SCREENERS WITH LAW ENFORCEMENT RESPONDERS.



It often begins with a 911 call from a family member. In many cases, a loved one who has been diagnosed with a serious mental illness has stopped taking medication and/or is exhibiting concerning behaviors. Often the person is acting erratically or has withdrawn from others and can't be convinced to seek care or go to a hospital. The family member may be concerned about the loved one's safety—or their own.

Such situations carry a heightened risk of escalating and requiring the use of force—or even triggering violence—when police respond with lights and sirens. But a new state-funded program through New Jersey's Office of the Attorney General has helped people get the care they need in ways that are likelier to be effective, compassionate and safe.

The initiative is called ARRIVE Together, using an acronym for Alternative Responses to Reduce Instances of Violence and Escalation. It began as a co-response program with a plainclothes, Crisis Intervention Team-trained law enforcement officer responding to calls together with a certified New Jersey mental health screener such as those available through RWJBarnabas Health (RWJBH) Behavioral Health Services, with the two arriving in an unmarked car.

The certified screener assesses the crisis and determines whether the person requires hospitalization or a more thorough evaluation at a mental health screening center.

If the person in crisis needs further care, the certified screener engages the person to go voluntarily or, if necessary, arranges for involuntary transport. When the person does not pose an imminent danger, the screener provides referrals to community-based support services that could help.

## THERAPEUTIC, NOT THREATENING

"It's important to provide the right environment to speak with the patient and family," says Frank Ghinassi, PhD, Senior Vice President of Behavioral Health Services at RWJBH and President and Chief Executive Officer of Rutgers University Behavioral Health Care. "We need to conduct a thorough assessment in a nonthreatening environment where the patient understands that we are there to support them and their health status, not to arrest them."

ARRIVE Together has rolled out gradually across the state since its founding in December 2021. The initiative has expanded its scope by incorporating additional models tailored to address the specific needs of communities, taking into account their available resources. These models encompass a telehealth initiative, a follow-up protocol and a proactive engagement strategy, particularly implemented at various NJ Transit locations across the state.

Through ARRIVE Together partnerships and flexibility in tailoring solutions to community needs, the program successfully extended its reach to all 21 counties in New Jersey within a two-year time frame. ARRIVE Together is in place

throughout the RWJBH system.

Union County, with Trinitas Regional Medical Center, established a pilot program in Elizabeth and Linden that expanded in October 2023 to a countywide initiative.

Targeted programs have also been developed. At Kean University, Trinitas screeners partner with on-campus police. In Essex County, screeners from Newark Beth Israel Medical Center and Rutgers University Behavioral Health Care partner with Newark and New Jersey Transit police to engage people in crisis at Newark Penn Station. Clara Maass Medical Center is the program's partner for Orange and East Orange.

"As of late January, of 550 responses in Union County alone, none resulted in use of force or injuries," says Lisa Dressner, LCSW, Vice President of Behavioral Health at Trinitas. "As we successfully engage more individuals in crisis, we're finding preliminarily that people who might be concerned about police showing up are calling sooner and are more open to follow-ups that provide resources and prevent further encounters."

"Through the synergy of law enforcement, mental health professionals like our partners at RWJBarnabas Health Behavioral Health Services and the community, ARRIVE Together stands as a testament to the boundless potential of collaboration to best serve the needs of our communities," says Attorney General Matthew J. Platkin. "This first-of-its-kind statewide initiative demonstrates the transformative power of partnership, reshaping public safety while redefining the realm of achievable possibilities in providing essential mental health services to every corner of our state."

To learn more about behavioral health services, visit [www.rwjbh.org/behavioralhealth](http://www.rwjbh.org/behavioralhealth).



Frank Huelster had been a smoker since age 13 but successfully quit two years ago with support from the Nicotine and Tobacco Recovery Program.

# QUIT SMOKING FOR GOOD

**A FREE PROGRAM AVAILABLE THROUGHOUT RWJBARNABAS HEALTH CAN BOOST THE CHANCES OF SUCCESS.**

Giving up smoking is notoriously difficult. But a program through the Institute for Prevention and Recovery (IFPR) at RWJBarnabas Health (RWJBH) can help. Called the Nicotine and Tobacco Recovery Program, the initiative gives smokers hope that they can live healthier lives—and provides tools that lead to lasting success.

Frank Huelster is an example of what program participants can achieve. The 57-year-old Linden resident had smoked since he was about 13. When he finally decided to quit, he was smoking a pack and a half to two packs daily.

“Quitting was about my health,” Frank says. “I was having problems breathing. Even walking up six steps left me exhausted.” He had looked into the

Nicotine and Tobacco Recovery Program but hesitated to join.

“I was concerned that it was going to be difficult, that I would not follow through and that it would be a failure,” he says. “You make all kinds of excuses and have an argument with your own brain about the right path.”

He finally dropped into an online group meeting. “I really liked the way it was set up,” he says. “I thought, ‘Yeah, this is the time. I’ve got to do it.’”

## A MIX OF APPROACHES

The state-funded program—available free throughout the RWJBH system—recognizes the difficulties of smoking cessation, including concerns and stresses that can hold people back.

“We meet people where they are,” says Monica Hanna, MPH, CHES, NCTTP, the Nicotine and Tobacco Recovery Program’s assistant director. “We understand patient needs, break the stigma of addiction and provide support for years to make sure people have tools to prevent relapse.”

A team-based, multifaceted approach mixes group support, coping strategies, stress and weight management, medications (usually combination therapies delivered directly to participants’ homes) and long-term follow-up.

“Of the 70 percent of smokers who want to quit, only 5 to 7 percent are successful on their own,” Hanna says. “But when people join our program, success rates can double or even triple, depending on the patients’ readiness to quit and the integration of behavioral modification techniques.”

Frank especially valued the encouragement and guidance he received in group meetings, which can be attended in eight-week sessions or indefinitely for ongoing support.

Group members helped him get back on track when he relapsed one night. “I woke the next day feeling terrible about myself,” Frank says. The group kept him accountable. “I felt an obligation to be truthful,” he says.

The group and its leader, certified tobacco treatment specialist Mariana Gomez, didn’t judge. “They were all so supportive,” Frank says. “What happened yesterday doesn’t affect what happens today or tomorrow. Since then, I haven’t had a single cigarette.”

That was two years ago. Frank now feels healthier, breathes better and has more confidence. “It’s one of the more difficult things I’ve had to do,” he says. “I really feel I accomplished something.”

To learn more about Institute for Prevention and Recovery programs available across New Jersey, visit [www.rwjbh.org/preventionandrecovery](http://www.rwjbh.org/preventionandrecovery).





Surgery helped Stephanie Savanchuk (far right) protect her kidneys, supported by (from left) her father, Petro; brother, Ivan; and mother, Halyna.

## COLLABORATING FOR A

# CURE

**WHEN A CHILD DEVELOPED A SERIOUS UROLOGICAL CONDITION, PEDIATRIC SPECIALISTS TEAMED UP TO FIND THE BEST TREATMENT.**

Learning that your child has a serious medical condition is a parent's worst nightmare. But for Petro and Halyna Savanchuk of Scotch Plains, the news was tempered with hope.

When a pregnancy ultrasound suggested that their daughter, Stephanie, had a dilated urinary tract system, a common urological problem that could be secondary to various conditions,

they learned she had a good chance of outgrowing the issue with little intervention. If that turned out not to be the case, expert pediatric nephrology and urology teams at RWJBarnabas Health (RWJBH) Children's Health network would be able to help.

After her birth, Stephanie had an abnormal backflow of urine from the bladder up one or both of the ureters—the tubes that connect the kidneys to the bladder. (Normally, urine flows from the kidneys to the bladder before exiting the body.) The condition is most common in infants and young children.

“With this condition, the valve mechanism that prevents urine from shooting back toward the kidneys is faulty,” says pediatric urologist Haris S. Ahmed, MD, Co-Chief of the Robotic Surgery Program at The Bristol-Myers Squibb Children’s Hospital (BMSCH) at Robert Wood Johnson University Hospital in New Brunswick. “That can allow urine to back up to the kidneys, which can damage them.”

Although most affected children grow out of the problem, it became clear over time that Stephanie wasn’t going to be among the fortunate majority.

### WEIGHING MULTIPLE FACTORS

Doctors had first known something was wrong because Stephanie’s left kidney showed signs of hydronephrosis, a condition that occurs when one or both kidneys become stretched and dilated because urine has built up inside them.

When Stephanie was 2 months old, the Savanchuks met with pediatric nephrologist M. Isabel Roberti, MD, PhD, Director of the Children’s Kidney Center at Cooperman Barnabas Medical Center (CBMC), to discuss the problem. A procedure called a cystogram confirmed the reflux diagnosis.

Stephanie’s case was grade 5, which indicates greater severity. “You follow patients at this level closely,” Dr. Roberti says. “If the dilatation remains, patients often need surgery.”

Another factor to weigh was Stephanie’s kidney function. “The right kidney worked 71 percent,” remembers Petro. “But the left kidney was only 29 percent. At the time, it was not a big problem because both kidneys were adequately clearing waste products. But we didn’t know what the future would hold.”

A multidisciplinary team of RWJBH providers considered the complex variety of factors and consulted with one

another to determine the best course of action as Stephanie’s condition evolved.

“The collaboration is immediate,” says Dr. Roberti. “If I have a serious case, I can text Dr. Ahmed and he replies right away. We work very closely together.”

RWJBH providers have access to a large and varied network of specialists who are able to bring their capabilities to bear on a given patient’s care. The system’s children’s hospitals were named among the nation’s Best Children’s Hospitals for 2023-2024 by *U.S. News & World Report*, with BMSCH ranking 47th for urology. The urology ranking recognizes a four-hospital practice that is based at BMSCH but also provides care at three other RWJBH hospitals: Children’s Hospital of New Jersey at Newark Beth Israel Medical Center, McMullen Children’s Center at CBMC and Unterberg Children’s Hospital at Monmouth Medical Center. Similarly, pediatric nephrology care is offered systemwide.

“That breadth and depth of expertise is something we offer that not many places do,” says Dr. Ahmed.

“It’s important to receive care in a center where doctors work together in order to prevent any complications and in general facilitate the care of the child,” Dr. Roberti adds.

### A MINIMALLY INVASIVE SOLUTION

After Stephanie turned 18 months, her situation came into sharper focus. “She’d had recurrent febrile urinary tract infections [UTIs], which are severe UTIs that have been shown to cause scarring of the kidneys,” says Dr. Ahmed. “When a patient is on a suppressive antibiotic to prevent UTIs, it means a UTI that occurs is all the more severe because it managed to break through the antibiotic.”

Dr. Roberti and Dr. Ahmed began to talk seriously about surgery to reposition Stephanie’s ureter in a way that would prevent urine from backing up during

urination and entering the kidney. “We didn’t want to risk further kidney damage,” Dr. Ahmed says.

As with specialized pediatric urology and nephrology care, pediatric surgery is available throughout the RWJBH system, giving Stephanie access to a robotic procedure performed by some of the most experienced pediatric surgeons in New Jersey. The RWJBH pediatric robotic surgery program is the first of its kind in the state to be accredited.

Robotic surgery is performed through small incisions using instruments that the surgeon controls from a console. The system can maneuver into hard-to-reach places and greatly magnifies the surgeon’s field of vision. Patients usually spend no more than a night in the hospital, and recovery time is short.

“It’s not very common to do this procedure in young kids,” says Dr. Ahmed. “The smaller a child is, the more challenging it is to do robotic surgery because the space inside the abdomen is limited. But this is something we specialize in.”

The alternative would be to make a larger abdominal incision and cut through muscles. Patients getting this traditional type of surgery usually have a three- or four-day hospital stay and a longer, more painful recovery.

On the day of surgery, Petro and Halyna were nervous and worried. While the procedure itself took about two hours, “We didn’t see our daughter for a few hours,” Petro says. “It was so hard to wait. I’ll never forget that day.”

But Stephanie did well—and has thrived since.

“Her condition is now in the rearview mirror,” says Dr. Ahmed. “Her reflux was cured, and she has not had any additional UTIs.”

“I’m thankful for the doctors and nurses who helped my daughter,” says Petro. “Her health problem was very stressful for us, but that’s all gone now—because she’s OK.”



HARIS S. AHMED, MD



M. ISABEL ROBERTI, MD, PHD

TO LEARN MORE ABOUT PEDIATRIC UROLOGY AT  
RWJBARNABAS HEALTH CHILDREN’S HEALTH  
NETWORK, SCAN THIS CODE.



# NEW WAYS OF WEIGHT LOSS



## MEDICATIONS OFFER MORE OPTIONS THAN EVER, BUT BEHAVIOR AND SURGERY CAN BE KEYS TO SUCCESS.

**A**t a time when two in five adults have obesity, weight-related illnesses are a major health issue. But what works best for sustainable weight loss—the new, FDA-approved drugs, surgery or plain old willpower? We asked RWJBarnabas Health bariatric surgeons Karan Grover, MD, PharmD, and Claire Terez, MD, to help us sort it all out.



KARAN GROVER, MD, PHARM D



CLAIRE TEREZ, MD

### What's the most important thing for people to know about weight loss?

**DR. TEREZ:** Effective pharmaceutical and surgical options are out there today, and they continue to evolve. But when it comes to maintaining weight loss long term, diet and exercise will never go away. Patients need to have a lifelong focus on a healthy diet, reasonable portions and muscle-building activities to help maximize metabolism.

### Why do people often fail to achieve sustainable weight loss through diet and physical activity alone?

**DR. GROVER:** When I consult with patients for the first time, they invariably have tried several diet and exercise programs without lasting success. They have become yo-yo dieters

and are very frustrated. To find the reasons, you would have to look to evolutionary biology—to a time when humans had to forage and hunt for food, and bodies evolved to strongly protect against underweight and weakly protect against overweight.

### How do the new weight loss drugs work?

**DR. TEREZ:** There are a number of FDA-approved medications to treat obesity, and they work in different ways. Currently the injectable medications, like Wegovy (semaglutide) and Zepbound (tirzepatide), are all over the news and incredibly popular for their weight loss results.

In general, these medications work by mimicking naturally occurring





hormones that occur in the GI tract. Normally, these hormones are released in response to eating, signaling the brain that you are feeling full and then going to the rest of the GI tract to tell everything to slow down. So, used as a medication, they have a similar effect: They tell the brain that a person is feeling full and also tell the GI tract to slow down so that the person physically feels full.

Both Wegovy and Zepbound are once-a-week injections that the patient would give themselves in the thigh or lower abdomen. To qualify for these medications, a person must have a BMI [body mass index] of 30 or higher, or a BMI of between 27 and 30 with an obesity-related medical problem such as sleep apnea, high blood pressure or high cholesterol. There are also a number of oral medications available for the treatment of obesity. To be clear,

Ozempic, which contains semaglutide, and Mounjaro, which contains tirzepatide, are both FDA-approved for treatment of Type 2 diabetes.

### **What should a person consider before taking a weight loss drug?**

**DR. TEREZ:** While studies show that people who take these medications do lose weight, studies also show that they gain a significant portion of the weight back when they stop taking the prescription. That means a patient can expect to be on the medication for life.

In addition, the medications are expensive. Insurance coverage varies widely by plan. If you have to pay out of pocket, you can be looking at costs in the hundreds of dollars a month, even after manufacturer coupons.

**DR. GROVER:** Some patients will have moderate adverse effects from the drugs, such as nausea, vomiting or diarrhea, but these tend to improve over time.

None of these medications is a one-size-fits-all, so people should consult with a doctor who is board certified and has expertise in treating obesity. For example, patients who would need to think twice about the medications include those who have a history of endocrine problems, gallstones or pancreatitis.

Because weight loss drugs have been promoted so heavily, there is a shortage of them. That may lead some prescribers to seek out a compounding pharmacy to formulate a version of them, but there's a risk that those pharmacies may not follow established standards. It's critical to confirm with your prescriber that your medication is coming from proper distributors.

### **When should people consider bariatric (weight loss) surgery, and what should they know about it?**

**DR. GROVER:** Weight loss surgery is an option for patients with a BMI of 35 to 40 and obesity-related conditions, or

any patient with a BMI of 40 or higher.

With surgery, we know that the weight loss is quite durable at the five-year, 10-year and 20-year marks, and so are the benefits of reduced obesity-related comorbidities such as diabetes, sleep apnea and high blood pressure.

The surgeries are very safe. Some people may experience side effects afterward, such as dehydration, nausea or vomiting, but the overall complication rate is very low.

### **What kinds of bariatric surgery do you most often do in your practice?**

**DR. TEREZ:** We most often perform the gastric sleeve procedure or the gastric bypass. In the sleeve procedure, 80 to 85 percent of the stomach is removed. With a much smaller stomach, a patient eats less and feels full sooner. In addition, the surgery reduces the amount of the "hunger hormone" ghrelin that the body produces, so the patient feels less hungry. Surgery affects a number of other GI hormones as well.

In gastric bypass surgery, the stomach is divided into two sections. During surgery, the top section, known as the pouch, is connected to the small intestine, and a portion of the small intestine is "bypassed," reducing the body's ability to absorb calories.

Both gastric sleeve and gastric bypass are done laparoscopically using small incisions and a camera. Typically, a patient will have a one-night stay in the hospital. Surgery is covered by Medicare, Medicaid and many major insurance plans.

I explain to patients that medication will treat obesity, but surgery can cure it. However, every patient has their own boundaries, and that's fine. Doctors need to respect that and work with people where they are.

**DR. GROVER:** Weight loss medications and surgery are both tools, not miracle cures, and there is no replacing a healthy diet, regular exercise and a strong support system.

To learn more about weight loss surgery at RWJBarnabas Health, visit [www.rwjbh.org/weightloss](http://www.rwjbh.org/weightloss).

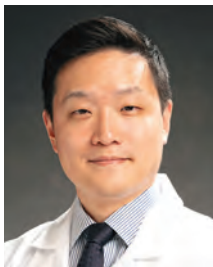




# NEW HOPE FOR BACK PAIN

## AN “ULTRA-MINIMALLY INVASIVE” SURGERY TREATS COMMON DEGENERATIVE SPINE CONDITIONS.

Back pain is both extremely common and often challenging to treat. Now an innovative endoscopic spine surgery available



JOHN SHIN, MD

through RWJBarnabas Health offers new hope for patients with degenerative spine conditions.

Called unilateral biportal endoscopy (UBE), the advanced

procedure is performed by only a handful of surgeons in the Northeast. It allows patients who may not be helped by first-line conservative treatments such as physical therapy, muscle relaxers, anti-inflammatory medications and cortisone injections to finally find relief from pain.

Normally, if conservative treatments fail, patients with degenerative spine conditions undergo traditional open surgery, says John Shin, MD, an orthopedic surgeon with Jersey City Medical Center (JCMC) and

Cooperman Barnabas Medical Center, and a member of RWJBarnabas Health Medical Group.

UBE provides an alternative with a number of important advantages. “The UBE approach is ultra-minimally invasive,” Dr. Shin says. “As a result, patients have much less pain, less blood loss and a very minimal risk of surgical site infection. They can get back to doing what they love to do faster.”

### PIONEERING CARE

The procedure was perfected in East Asia and was first used by East Coast surgeons in 2022. Dr. Shin received UBE training from specialists at NYU Langone Orthopedic Hospital and also spent a month in South Korea, where he learned UBE techniques alongside the procedure’s pioneers. He was the first in New Jersey to perform the procedure, in December at JCMC.

During a UBE operation, surgeons make two tiny incisions. They then insert a high-definition endoscope (a small tube with a light and camera) through one incision and guide surgical instruments through the other. The endoscope provides a clear, magnified view of the spine and neural elements, which enhances accuracy and precision.

Degenerative conditions that UBE can treat include:

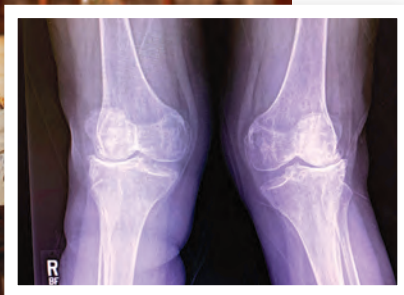
- Herniated disks, in which rubbery tissue between vertebrae in the spine slips out of place and puts pressure on nerves
- Spinal stenosis, a narrowing of the spinal canal
- Spondylolisthesis, a condition in which a vertebra moves out of position

“I believe UBE will be the standard of care for these conditions within the next five to 10 years,” Dr. Shin says.

“Back pain can be very debilitating and can restrict one’s ability to do everyday activities without pain—and the ability to simply enjoy life,” continues Dr. Shin. “Endoscopic spine surgery is a new option for patients who may not be candidates for traditional open spine surgery, helping relieve their pain, regain their mobility and improve their quality of life.”

To learn more about innovative spine care at RWJBarnabas Health, visit [www.rwjbh.org/spine](http://www.rwjbh.org/spine).





BEFORE

# STANDING TALL

## COMPLEX KNEE SURGERIES IMPROVE A WOMAN'S STANCE— AND LET HER ENJOY HER FAVORITE ACTIVITIES AGAIN.

When she was still working as a teacher and librarian in the Passaic school district, Roberta Rohleder sometimes walked hunched over. “People would say, ‘Why don’t you try to walk straight?’” she recalls.



FRANK FEMINO, MD

It turns out, Roberta, now retired, had scoliosis, a curvature of the spine. More importantly, she

had developed another health problem as well: severe arthritis that degenerated both of her knees. Over time, her knees shifted to the left and right, creating a knock-knee deformity. “I was no longer walking,” she says. “I was waddling.”

By 2021, Roberta’s knees became so bad, she had to stop her favorite activity—swimming. Later that summer, she went shopping with a friend but decided not to go inside the store because it was too difficult to walk.

Seeking help, Roberta turned to a familiar name: fellowship-trained orthopedic surgeon Frank Femino, MD,

Left: Roberta Rohleder enjoys exercising again and can walk and move more normally thanks to two reconstructive knee surgeries.  
Below: Prior to her knee surgeries, Rohleder’s legs were positioned like an X—a telltale sign of knock-knee deformity.

who had cared for her mother. When he first saw Roberta, Dr. Femino immediately knew what was wrong. “Her legs were shaped like the letter X, which is a telltale sign of knock-knee deformity, or *genu valgum*,” says Dr. Femino, Chief of Orthopedics and Director of the Joint and Spine Institute at Clara Maass Medical Center (CMMC). The deformity causes severe difficulty in walking. “Roberta’s case was so severe that I worried she’d wind up in a wheelchair without treatment,” he says.

The good news: “Dr. Femino said my condition wasn’t life-threatening, but it was life-altering,” Roberta says. “And it was fixable.”

### TWO COMPLEX PROCEDURES

To correct Roberta’s knock-knee deformity, Dr. Femino performed two adult reconstructive knee surgeries at CMMC, in November 2022 and May 2023. During the procedures, he replaced Roberta’s ailing knees with prosthetics.

“These two procedures were very complex due to Roberta’s severe deformity,” Dr. Femino says. “Adult reconstruction includes straightening the knee and reproducing the proper mechanical axis.”

Dr. Femino has a background in mechanical engineering along with orthopedic surgery, which makes him especially adept at achieving good outcomes in joint replacement and reconstruction.

Now fully recovered, Roberta looks forward to the next chapter of her life. “I can stand up tall,” she says. She can also grocery shop and walk longer distances. She looks forward to swimming in the summer again. And she credits Dr. Femino and his colleagues at CMMC for the dramatic improvement. “They are a great team,” she says. “They won’t let anything go wrong.”

To learn more about orthopedic surgery at RWJBarnabas Health, visit [www.rwjbh.org/ortho](http://www.rwjbh.org/ortho).





# SAFEGUARD YOUR HEALTH IN EVERY DECADE

## A WOMAN'S GUIDE TO KEY SCREENINGS AND OTHER STEPS THAT CAN IMPROVE WELL-BEING THROUGHOUT LIFE

Women's health concerns often focus on milestones such as pregnancy, childbirth and menopause. But day-to-day and year-to-year health maintenance and preventive measures are also critical to well-being throughout life.

"Getting recommended exams, screenings and immunizations are some of the most important things you can do to prevent problems or catch them earlier, and stay healthier longer," says Suzanne Sernal, DNP, APN-BC, RNC-OB, C-ONQS, Senior Vice President of Women's Services at RWJBarnabas Health. "Maintaining a healthy weight throughout the life span is also key to living healthy."

Here are vital steps to take—and details on when to take them—throughout a woman's adult life.

### in EACH DECADE

Working with your healthcare provider to keep on top of regular tests and practices

throughout life can have long-term benefits by detecting or monitoring chronic conditions that, left unchecked, often snowball into potentially serious problems.

#### General Health

- Full checkup: See a primary care provider yearly.
- Sleep habits: Discuss at your annual exam.
- Thyroid (TSH) test: Discuss with your healthcare provider.
- HIV screening: Get tested if you are at risk for HIV infection (due to, for example, unprotected sex, sexually transmitted disease or use of drugs with needles).

#### Heart Health

- Blood pressure test: Get one at least every two years if not at your annual checkup.

- Cholesterol panel: Establish your total, LDL, HDL and triglycerides in your 20s. Discuss follow-up with your provider in subsequent years.

#### Diabetes

- Blood glucose or A1C test: Get screened if you have sustained blood pressure greater than 135/80, take medicine for high blood pressure or are at risk of developing diabetes.

#### Skin Health

- Skin exam: Do a self-exam of skin and moles monthly and as part of a routine full checkup.

#### Oral Health

- Dental cleaning and exam: See your dentist twice yearly.

#### Mental Health

- Behavioral health screening: Talk with your provider about whether this would be helpful.



chlamydia test yearly until age 24 if you are sexually active. After age 25, continue getting this test yearly if you have new or multiple partners.

### Immunizations

- Seasonal influenza vaccine: Get your shot yearly.
- COVID-19: Keep up to date with boosters.
- Tetanus-diphtheria-pertussis booster vaccine: Update every 10 years.
- Human papillomavirus (HPV) vaccine: Protect against HPV with a single two-dose series up to age 26; if your vaccine series is incomplete, talk with your provider.
- Meningococcal vaccine: Discuss with your provider if you are in college or in the military.

*in your  
40s  
and  
50s*

Continue following recommendations from your 20s and 30s for breast and reproductive health or discuss with your doctor, and keep up with recommended immunizations. Add the following.

### Bone Health

- Bone density screening: Talk with your provider about guarding against bone conditions such as osteoporosis.

### Breast Health

- Mammogram: Get yearly screening mammograms beginning at age 40.

### Eye and Ear Health

- Comprehensive eye exam: If you haven't already done so, see an eye doctor for a baseline exam at age 40, then every two to four years as your doctor advises. At age 55, start getting eye exams every one to two years.
- Hearing test: Have your hearing tested in your 40s. Retest after 10 years, then every three years from your 50s on.

### Colorectal Health

- Fecal occult blood test, flexible sigmoidoscopy, colonoscopy: Starting at age 45, get screened for colorectal cancer. Talk with your provider about

which screening test is best for you and how often you need it.

### General Health

- Hepatitis C (HCV) screening: Get this onetime screening in your 50s if you were born between 1945 and 1965.

*in your  
60s, 70s  
and  
BEYOND*

Continue following recommendations from your 40s and 50s for breast, reproductive, colorectal and eye/ear health, and keep receiving scheduled immunizations. Address the following considerations.

### General Health

- Hepatitis C (HCV) screening: If you haven't already been screened for hepatitis C and were born between 1945 and 1965, get your test.

### Breast Health

- Mammogram: Continue screening annually through age 74; discuss with your provider from age 75 on.

### Reproductive Health

- Pap test: Discuss continued testing with your provider.

### Bone Health

- Bone density screening: If you haven't yet had a bone mineral test, get it at least once, ideally by around age 65. Talk with your provider about repeat testing.

### Immunizations

- Pneumococcal vaccine: Get this onetime vaccine to protect against pneumococcal disease.
- Herpes zoster vaccine: Talk with your provider about preventing shingles and painful complications with a onetime, two-shot series.

*in your  
20s  
and  
30s*

Early adulthood is the time to establish a baseline of regular self-checks, exams and screenings that you can build on in the decades to come. You'll continue many of these practices as you age.

### Breast Health

- Breast self-exam: Regularly examine your breasts and become familiar with them so you can identify any changes and discuss them with your provider.
- Clinical breast exam: Have a provider check your breasts at least every three years.

### Reproductive Health

- Pap test: Undergo screening for cervical cancer at least every three years.
- Pelvic exam: See your obstetrician-gynecologist yearly beginning at age 21.
- Sexually transmitted infection (STI) tests: Both partners should get tested for STIs, including HIV, before initiating sexual intercourse. Get a

**SCAN THIS CODE TO  
DOWNLOAD A DETAILED,  
DECADE-BY-DECADE  
BREAKDOWN OF  
WOMEN'S HEALTH  
GUIDELINES.**





# MAKING GREAT CATCHES

## HOW CARDIOVASCULAR IMAGING CAN PROACTIVELY PINPOINT HEART PROBLEMS—AND POTENTIALLY SAVE LIVES

Many patients schedule regular mammograms and colonoscopies to screen for cancer, but don't think of taking the same approach for the heart. That perspective is changing due to ever more sophisticated screening technologies at RWJBarnabas Health (RWJBH), New Jersey's largest network of noninvasive, advanced cardiovascular imaging centers.

Cardiovascular screenings can catch heart and vascular conditions in early

stages. Left untreated, many conditions progressively worsen. But proactive



ESAD VUCIC, MD, PHD

imaging offers opportunities to correct conditions—including aortic valve stenosis, mitral valve regurgitation, aortic aneurysm or increased risk

of heart disease due to prior cancer treatments—before they become life-threatening problems such as a heart attack or heart failure.

At RWJBH, advanced imaging technologies are being combined with integrated medical records and artificial intelligence to identify, monitor and track cardiac performance through annual scans. This increasingly helps cardiologists predict the need for interventions, determine treatments and,



Whoever your heart beats for, our hearts beat for you. To connect with a top cardiovascular specialist at RWJBarnabas Health, call 888.724.7123 or visit [www.rwjbh.org/heart](http://www.rwjbh.org/heart).

with patients, develop heart health plans.

“We are at the brink of a revolution in cardiac imaging,” says Esad Vucic, MD, PhD, Director of Cardiac Imaging at Newark Beth Israel Medical Center. “The integration of artificial intelligence will vastly enhance our capabilities to detect subtle changes in the heart vasculature and heart muscle. This will allow us much earlier risk prediction for heart attacks or heart failure—an advancement that will greatly benefit our patients.”

Imaging technologies can save lives, as indicated by patients who have already benefited from proactive scans like these.



### EKG

**How it helps:** Measuring electrical activity in the heart can find abnormalities that may

indicate conditions such as irregular heartbeat, clogged arteries, heart damage, heart failure or a heart attack.

**Great catch: RJ.** A then-16-year-old high school football player, RJ discovered through an EKG (administered by an RWJBH screening program for young athletes) that he had an abnormal extra electrical pathway in his heart that could trigger a rapid heart rate. RWJBH electrophysiologists corrected RJ's condition with a minimally invasive procedure called catheter ablation—and he played his first varsity game just two weeks later.



### STRESS ECHOCARDIOGRAM

**How it helps:**

Ultrasound imaging that measures the heart's size, shape, strength and function can

identify problems such as faulty valves, structural abnormalities, heart attack damage and heart failure.

**Great catch: Virginia.** She seemed at low risk of heart disease, but Virginia Haines noticed that she often became short of breath during activities

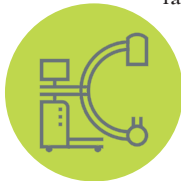
such as climbing stairs. A stress echocardiogram—administered while exercising on a treadmill—found she had an obstructed coronary artery. A procedure called an angioplasty opened the blockage and staved off a heart attack.



### TRANSESOPHAGEAL ECHOCARDIOGRAM (TEE)

**How it helps:** TEE is a type of ultrasound that takes pictures from a position inside a person's esophagus, close to the heart. Its highly detailed images can help reveal problems such as faulty heart valves.

**Great catch: Alex.** When his primary care physician heard a heart murmur, Alex Martin went for heart testing. Alex was fit, but a TEE discovered that his heart's mitral valve was abnormally allowing blood to flow backward. A procedure called mitral valve repair restored Alex's heart function and installed a durable valve capable of lasting the rest of his life.



### FRACTIONAL FLOW RESERVE CT (FFR-CT)

**How it helps:** Artificial intelligence helps create a 3-D model of a patient's cardiac arteries, providing information that helps cardiologists assess blood flow and the significance of any blockages.

**Great catch: Ray.** As Director of Information Technology and Services at Monmouth Medical Center (MMC) and MMC Southern Campus (MMCSC), Ray Duarte underwent FFR-CT screening during testing of the technology for its pioneering use at MMCSC. The scan unexpectedly discovered that one of his coronary arteries was 99 percent blocked. Undergoing a procedure to open the artery brought Ray back from the brink of a heart attack.



### CALCIUM SCORE

**How it helps:** This type of computerized tomography (CT) scan helps cardiologists learn about the presence, location and extent of calcified plaque in coronary arteries that can lead to a heart attack.

**Great catch: Tony.** Chest discomfort and pain in his left arm prompted Tony to seek help. When preliminary tests were inconclusive, RWJBH cardiologists ordered a calcium score, the most accurate way to detect potentially dangerous plaque buildups. Tony's high score indicated he was at high risk of a heart attack—which a proactive bypass surgery helped him avoid.



### VALVE MONITORING

**How it helps:** Combining technologies such as stress echocardiograms, CT scans and cardiac magnetic resonance imaging (MRI) lets cardiologists track heart valve anatomy, function and physiology. This helps them monitor abnormalities such as buildups of amyloid proteins that can lead to aortic stenosis and heart failure.

**Great catch: Helen.** A heart murmur provided the first indication that avid walker Helen Blumenthal had a thick, stiff aortic valve, characteristic of aortic stenosis. Annual echocardiograms helped monitor her condition. When a combination of monitoring and symptoms indicated that the time was ripe for a fix, she underwent a minimally invasive procedure called transaortic valve replacement—and was walking again six hours after surgery.

TO LEARN  
MORE ABOUT  
CARDIOVASCULAR  
IMAGING,  
SCAN THIS CODE.



# NEW STRIDES IN LUNG CANCER TREATMENT



RWJBarnabas Health, in partnership with Rutgers Cancer Institute of New Jersey—the state’s only NCI-Designated Comprehensive Cancer Center—provides close-to-home access to the most advanced treatment options. Call 844.CANCERNJ or visit [www.rwjbh.org/beatcancer](http://www.rwjbh.org/beatcancer).

**EARLY DETECTION,  
ADVANCED TECHNOLOGY  
AND A TEAM APPROACH  
OFFER IMPROVED  
OUTCOMES.**

Lung cancer is the leading cause of cancer deaths in the United States. The good news: State-of-the-art early detection, new treatments and sophisticated new technologies—most of which are available across the state at RWJBarnabas Health (RWJBH) and Rutgers Cancer Institute of New Jersey, the state’s only National Cancer Institute-Designated Comprehensive Cancer Center—offer hope for improving outcomes.

Lung cancer is found early—when it’s most treatable—in just one in four cancer patients. RWJBH and Rutgers Cancer Institute have a shared goal: to identify more patients with lung cancer at an earlier stage.

Just as screening can successfully detect breast and colon cancers at early stages, so too can a low-dose computed tomography (LDCT) screening find lung cancer when it is most treatable. Smokers and former smokers between



ages 50 and 80 who meet certain criteria are eligible for the LDCT test.

“Unfortunately, in New Jersey, the majority of patients who are eligible for a lung cancer screening do not get one,” says Joanna Sesti, MD, Director of Thoracic Surgery, Northern Region, RWJBH. “It’s important to know that a lung cancer screening can find lung cancer before a patient has any symptoms. And if we catch it at stage 1, we have a 90 percent cure rate.”

## THE RIGHT TEAM

Lung cancer testing most often begins when a patient has troubling symptoms and is referred to a specialist who makes the diagnosis.

At RWJBH, the thoracic oncology team and a broad range of specialists participate in weekly multidisciplinary “tumor boards.” In these meetings, all relevant specialties—such as neurology, interventional pulmonology, interventional radiology, gastroenterology and more—discuss each patient’s case.

Specialists who attend tumor boards come from throughout the RWJBH system as well as from Rutgers Cancer Institute of New Jersey.

“Our goal is to get the patient to the right team for treatment close to home as soon as possible,” says Richard Lazzaro, MD, Chief of Thoracic Surgery, Southern Region, RWJBH. “Ultimately, our physicians come to a consensus on the best sequence of treatments for each individual patient.”

Historically, this type of decision-making can be a lengthy undertaking as a patient goes from specialist to specialist. “With our multidisciplinary approach, we expedite the process,” Dr. Lazzaro explains. “There are a lot of moving parts, but the approach is sophisticated, well organized, evidence-based and objective.”



RICHARD LAZZARO, MD



JOANNA SESTI, MD

## LIFE LESSONS FROM WORKING WITH ROBOTS

Growing up in a predominantly Hispanic, low-income neighborhood in Hudson County, Joanna Sesti, MD, Director of Thoracic Surgery, Northern Region, RWJBarnabas Health (RWJBH), was turned on to science in high school. She shares key lessons she has learned on the winding road to her success.

- **Excellence is possible everywhere.** We are building and growing a world-class thoracic surgery program across RWJBH and Rutgers Cancer Institute of New Jersey, the state’s only National Cancer Institute-Designated Comprehensive Cancer Center. I know firsthand how important that is. When my father was diagnosed with renal cell cancer, it required frequent trips to Manhattan. Providing patients with a leading-edge thoracic oncology program with nationally recognized surgeons obviates a need to travel farther than New Jersey to get the highest-quality care.
- **There is always a step forward.** Progress in minimally invasive robotic thoracic surgery has exploded. Our surgeons can make precise, controlled movements to remove diseased tissue without making large incisions. Advanced techniques offer safe, effective and significantly less painful alternatives to more invasive surgeries for lung cancer—soon to be a thing of the past.
- **Math doesn’t care about gender.** Female thoracic surgeons are rare, although our numbers are growing. Diversity breeds innovation, and having more capable young women entering competitive fields is necessary. I encourage girls to get involved in science, technology, engineering and math early on and not be afraid of science-heavy fields.
- **Science fiction can become fact.** I’m excited about new, minimally invasive ablative technologies that use extremely high or low temperatures to destroy abnormal tissue or tumors instead of removing all or part of an organ. There is also wide-ranging potential for employing artificial intelligence and machine learning in thoracic surgery.
- **Focus on solutions.** Following up on a positive screening test for lung cancer is essential for early intervention. But my colleagues and I have found that minority patients are less likely to return after a positive screening. This is not an easy challenge to fix, but it is where we can make a big difference, so I am determined to stay focused on the solution.

## EVOLVING THERAPIES

Just a few decades ago, treatment for lung cancer was limited to surgery, radiation and certain kinds of chemotherapy.

“Now, since the sequencing of the human genome, there’s a lot more research into identifying mutations in cancers and developing drugs to target those mutations,” Dr. Lazzaro says. “We try to understand what’s going on in the DNA or chromosomes of an individual’s cancer. Is there anything in the molecular pathology report that tells us if a cancer would benefit from a specific, targeted treatment such as immune therapy, which allows the patient’s immune cells to fight cancer cells?”

Modern cancer treatment often

involves a variety of modalities. For example, treatment might begin with minimally invasive robotic surgery, from which the patient can recover relatively quickly and begin a course of chemotherapy or immunotherapy.

Advanced new technologies such as the Ion robot-assisted platform for biopsies and the Aliya PEF system for ablating lung lesions are opening even wider horizons for lung cancer treatment.

“The reality is that lung cancer is common—but it is beatable,” Dr. Sesti says. “We have a multidisciplinary team in our region and across the health system to identify and treat it with the best that medicine has to offer. Get your screening; see your doctor.”

Displaying jerseys bearing the RWJBarnabas Health logo are (from left) Mark E. Manigan, President and Chief Executive Officer, RWJBH; Nico Hischier, Devils captain; and Jake Reynolds, President, New Jersey Devils and Prudential Center.



# AN EXPANDED PARTNERSHIP

## RWJBARNABAS HEALTH AND THE NEW JERSEY DEVILS FORTIFY A LONG-STANDING RELATIONSHIP TO IMPROVE COMMUNITY HEALTH.

Continuing a nearly 30-year association, RWJBarnabas Health (RWJBH) and the New Jersey Devils have jointly announced the multiyear extension of their innovative partnership. The organizations have outlined a multitiered activation plan allowing the two brands to utilize shared resources and strengthen their impact in a shared vision of building healthier communities.

As part of the agreement, the Devils and RWJBH have developed a comprehensive, overarching youth hockey program to engage with children across New Jersey. Touching more than 40 hockey rinks throughout the state as part of the New Jersey Devils Rink

Partners program, this multiplatform initiative is designed to grow the sport of hockey via accessibility, training, on/off-ice skills and the promotion of health and wellness.

The Devils and RWJBH share a commitment to support children from the first day they step onto the ice through their high school years and beyond.

RWJBH has created an educational blueprint that will teach children and their families the importance of leading active, nutritious lifestyles and important injury prevention techniques, all with the goal of encouraging healthy habits at a young age. This is combined with the Devils' support of coaching,

mental health and athlete care seminars, providing participants with access to NHL-level guidance and education.

### EXPANDING INITIATIVES

“The opportunity to strengthen RWJBarnabas Health’s 30-year partnership with the New Jersey Devils reinforces our shared commitment to improve community health,” says Mark E. Manigan, President and Chief Executive Officer, RWJBH.

Serving as a visual representation of the enhanced collaboration and commitment, RWJBH becomes the team’s first-ever home jersey patch partner, a strategic move designed to strengthen the brand association



RWJBarnabas Health and the Devils collaborate on a variety of initiatives that advance community health goals, including (left) the Learn to Play youth program and (right) blood drives to replenish vital units of lifesaving blood.

between the organizations. The home jersey branding will be fully integrated throughout RWJBH and Devils activations on and off the ice and throughout the community.

“We are beyond excited to extend our long-standing partnership with the largest academic healthcare system in New Jersey,” says Jake Reynolds, President, New Jersey Devils and Prudential Center.

The agreement also expands RWJBH’s current Devils initiatives, which include:

- Hosting the annual Running with the Devils 5K Run & Walk, offering live and virtual options to promote healthy, active lifestyles
- Supporting youth hockey programs such as Learn to Play and high school hockey
- Continuing to provide support from Devils players, alumni and mascot for community-based programs, including annual systemwide hospital visits designed to lift the spirits of patients and staff during the holiday season
- Hosting annual blood drives, community screenings and important cause nights, along with immersive patient experiences such as the Rock Star program. This VIP game-day experience honors patients and their RWJBH healthcare teams, incorporating elements such as meeting players and in-game recognition
- Continuing to be the presenting partner of the Devils’ annual Hockey

Fights Cancer Night, an opportunity to raise awareness and funds for cancer research and care while honoring a patient/cancer survivor and their healthcare team. To date, funds from this initiative have supported the renovation/enhancement of infusion centers at several hospitals, a new waiting room at The Valerie Fund at Newark Beth Israel Medical Center and the purchase of several vehicles to provide patient and clinical team transportation.

### FURTHER COLLABORATION

Moreover, the RWJBH Hockey House—located at Prudential Center and the home for youth teams, club teams, high school teams and special events throughout the year—will continue to serve as a primary venue to engage with youth and support community-based health initiatives.

In striving to give Devils players and staff access to the best available supportive athlete care, a dedicated RWJBH physician will serve as the club’s associate provider, working with the club’s athlete care team. The RWJBH network will continue to provide medical testing services including team physicals, imaging, lab work and injury prevention strategies and treatment

to best support players’ fitness while keeping them on the ice and performing at the highest level.

Devils defenseman Dougie Hamilton will also partner with RWJBH to launch Dougie’s Buddies, a community program in which, twice a month throughout the season, Hamilton will host a guest and their family at a Devils home game. The experience includes tickets to the game, food and beverage, Devils merchandise and a postgame meet-and-greet with Hamilton.

“Connecting with our youth is a passion of mine, and it is an honor to partner with RWJBarnabas Health to launch this community program and create a meaningful experience for children and their families,” Hamilton says.

“For 30 years, RWJBarnabas Health and the Devils have been synonymous with the state of New Jersey—long-term partners who care about their communities and giving back together,” says Devils Executive Vice President of Hockey Operations and former Hall of Fame goaltender Martin Brodeur. “There is no better connection to have than with an organization that shares our values, and it’s great for this generation of Devils stars to showcase that on their jerseys.”

To learn more about RWJBarnabas Health programs and services or to find a doctor, visit [www.rwjbh.org](http://www.rwjbh.org).





# MAKING NURSING STRONGER

**HOW A NEW INSTITUTE FOR NURSING EXCELLENCE  
SUPPORTS PROVIDERS—AND IMPROVES PATIENT CARE**

**N**ursing is said to be the backbone of healthcare. But in both healthcare and humans, the back takes on high stress. It needs to be strong to keep the whole body—or healthcare system—fully functional, resilient and effective. In healthcare, strong nursing ensures good health not just for hospitals and systems but ultimately for patients.

That's the thinking behind a key framework called RWJBarnabas Health (RWJBH)—The Institute for Nursing Excellence. “Our goal is to build and sustain a nursing workforce that’s representative of the communities we serve through new knowledge and innovations that help improve outcomes for patients and families, reduce costs and provide greater access to care,” says

Nancy Holecek, MAS, MHA, BSN, RN, FNAP, Executive Vice President and Chief Nursing Officer, RWJBH.

Nurses who are not only skilled but also engaged and satisfied are more likely to keep practicing, Holecek says. “When you have consistency from highly knowledgeable and competent nurses who have developed as experts in their fields, you have exceptionally good care.”

## KEY GOALS

At The Institute's core is The Center for Professional Development, Innovation and Research (CPDIR), which is dedicated to ensuring that RWJBH healthcare team members have the resources to excel. Nursing education plays a crucial role in shaping the knowledge, skills and competencies of nurses, which in turn can have a significant impact on patient outcomes. "We believe that nursing excellence is achieved through professional development, upskilling and reskilling," says Mary Beth Russell, PhD, MA, RN, NPDA-BC, NEA-BC, FNAP, CPHQ, Senior Vice President, The Center for Professional Development, Innovation, Research and The Institute for Nursing Excellence, RWJBH.

The Institute and its mission are supported by The CPDIR, which offers a range of educational programs and initiatives designed to support the professional development of nurses and interprofessional teams at all levels. Through continuous learning and innovation, The Institute is advancing nursing excellence at RWJBH through several key goals:

### 1 Aligning nursing practice systemwide

Professional development teams work at the system level and at each RWJBH hospital to coordinate and conduct consistent orientation programs for nurses and assistive personnel. Teams also provide standardized specialty training for nurses who work in operating rooms, emergency departments, and perinatal and neonatal units, to name a few. Simulation-based education programs enable nurses to rehearse best practices with healthcare professionals so they have firsthand familiarity with clinical methods and situations before caring for real patients.

For recent nursing school graduates, a residency program provides a comprehensive onboarding process throughout the RWJBH system. The

residency program not only facilitates the transition from academic to clinical settings in a collaborative and supportive way but also promotes ongoing professional development. "We're bridging the gap between the classroom and real-life experience," Russell says.

### 2 Standardizing training

RWJBH now conducts regional orientation for nurses in the system's northern and southern areas to reduce redundancy and promote consistency. "We're communicating information to new hires in the same way regardless of where they work," Russell says, adding that this not only encourages reliable practices but also engages nurses. "They enjoy being in the same room with people from all over the system. Not being siloed at their site gives them a macro perspective that's not just systemwide but also nationwide and interprofessional."

### 3 Fostering innovation, research and professional development

Nursing is a dynamic profession that constantly evolves with new innovations and research. Keeping up requires updating policies and procedures through reviews of the evidence-based literature in nursing. But it also requires disseminating new information and giving nurses training opportunities to apply it. "We're actively assessing what we do, applying new information, evaluating and teaching nurses to implement new best practices," Russell says.

### 4 Enhancing academic collaboration

Working with academic partners such as Rutgers School of Nursing and RWJBH's Trinitas School of Nursing, a designated National League for Nursing Center of Excellence in Nursing Education, The Institute doesn't just provide graduates with clinical placements but also offers students programs such as externships. Dedicated education units allow a student to work directly with an

RWJBH preceptor (a more experienced clinician) to gain a better sense of what it's like to work in a given setting. Hired graduates may have an opportunity to begin orientation on a dedicated orientation unit.

### 5 Promoting interprofessional relationships

Nurses work closely with other professionals. Learning more about what other team members do and enhancing collaboration helps nurses do their own jobs better. "Partnering means having interprofessional discussions not only with physicians but also with people such as physician assistants, advanced practice nurses, dietary professionals and respiratory therapists," Russell explains. "It also means having discussions with people in nonmedical fields. For example, collaborating with people in professions such as environmental services or engineering could help reduce the risks of patients falling when they get out of bed."

## A PROUD PROFESSION

These measures and others establish RWJBH as a leader in nursing professional development and advancement, Russell says. But helping nurses stay at the top of their game doesn't just benefit patients and the RWJBH system; it helps nurses themselves.

"When we're giving nurses opportunities to gain knowledge, build skills, add credentials, align practices, and share evidence and innovations, it lets them know that RWJBH supports them," she says.

That's been especially important since the COVID-19 pandemic. "Nursing is different than it was years ago, with high levels of acuity and intensity along with mitigating factors like behavioral health, comorbidities and issues such as long COVID," she says. "Knowing that they have the resources they'll need gives nurses a secure feeling. That promotes engagement, which ties in to better patient outcomes. We're taking nursing to the next level."

For more information about The Institute for Nursing Excellence and The Center for Professional Development, Innovation and Research, visit [www.rwjbh.org/thenursinginstitute](http://www.rwjbh.org/thenursinginstitute).



Anthony Maiolo (left) had almost given up on finding a living kidney donor until Nancy Scaramuzzo (right) stepped up with her lifesaving sacrifice.



# SAVING THE LIFE OF A LIFESAVER

PHOTO BY TONY GRECO

## A FIREFIGHTER GETS A NEW KIDNEY—AND BONDS WITH HIS DONOR.

Anthony Maiolo has never been one to complain. Even when his left leg needed to be amputated below the knee in 2019 due to a nonhealing infection caused by Type 2 diabetes, he handled it pragmatically.

“It was my choice,” says the 49-year-old Lodi resident, a veteran volunteer firefighter and former fire chief with Lodi Fire Company 1. “We’d tried everything to avoid the amputation, nothing was working and I just wanted to get ahead of the infection.” Within two months, he was walking with a prosthetic.

“For a while, I was doing well,” Anthony says. “But then the diabetes began attacking other areas.” The positive, can-do attitude that had served him so well throughout his life was put to the test when his kidneys began failing.

“By 2022, my kidneys were functioning at 7 percent and I was going to dialysis three times a week,” he says. Diagnosed with end-stage renal disease, Anthony needed a kidney transplant, and he had to get the word out.

“I was hesitant at first,” recalls the married father of 22-year-old twins Anthony Joseph and Selena. “It’s hard for me to ask for help. I’m usually the one people come to for help.”

With the clock ticking, Anthony put his pride on the back burner and, with the help of family, friends and community kidney donation advocate Donna Tissot, began looking for a living donor with type O-positive blood.



FRANCIS L. WENG, MD, MSCE

Since diabetes and kidney disease run in his family, he had to look beyond relatives. “Donna hit the ground running,” he says. “She put it out on social media—her page,

my page, groups I belong to. A lot of my friends got tested. I was put on the national list and began researching hospitals.”

### ‘I FELT AT EASE’

Even before he found out that Cooperman Barnabas Medical Center (CBMC) is the largest kidney transplant center in the Northeast and one of the top centers in the United States, Anthony knew that if he was fortunate enough to find a donor, he would want the transplant performed at CBMC.

“I really wanted it done there because it is Lodi Fire Company’s burn facility, and the people who are taken there always receive great care,” says Anthony. “I’ve always had a good feeling about the hospital, and when I spoke to the people at the transplant center, I felt at ease. The staff was wonderful.”

“In 2023, we were not only the largest kidney center in the Northeast but the fifth-largest program in the U.S.,” says Francis L. Weng, MD, MSCE, Chief of the Renal and Pancreas Transplant Division at CBMC. Last year, the program performed 393 kidney transplants, its largest annual number to date.

“We’re very proud to offer this service,” says Dr. Weng. “We have a fantastic team of eight transplant-trained kidney doctors and four surgeons, and we’re a leading center for both living donor and deceased donor transplants.”

While both living donor and deceased donor transplants save lives, living donor transplants are preferable when possible, as they offer benefits such as less time spent on a waiting list, better short- and long-term survival rates, and the option to have a transplant scheduled in advance rather than as an emergency procedure. “Once testing is completed

and it’s determined that the living donor is a suitable match, the transplant can be performed as soon as the donor is ready,” Dr. Weng says.

### A MATCH MADE IN HEAVEN

Despite the outpouring of support that Anthony received during his search for a donor, it was starting to look like a match might not be found. Then Tony Greco, Anthony’s friend and a former fire chief with the Hasbrouck Heights Volunteer Fire Department, saw one of Anthony’s Facebook posts. “His fiancée, Nancy Scaramuzzo, saw the post and said, ‘I want to get tested!’” Anthony says.

Nancy, a 62-year-old retired legal secretary, turned out to be a perfect match. “They gave me a battery of tests and examined me from stem to stern,” she recalls. “I was very excited and, of course, a little nervous at first. But everyone at CBMC was amazing. They made me feel calm, didn’t rush me, explained everything thoroughly and answered all my questions.”

The transplant took place in June 2023. “By September, I got full clearance to come back unrestricted to perform my fire duties,” Anthony says.

Both Anthony and Nancy are now healthy and doing well. Anthony is forever grateful to the transplant team at CBMC and, especially, to Nancy. “People look at firefighters as heroes. We just do our job,” says Anthony. “Nancy—she’s a hero.”

Nancy doesn’t feel like a hero. “I believe that if you can do something good for someone, you should,” she says. “I’m glad I did it.”

She and Anthony now share a bond that is difficult to explain, she says. “The last time I saw him, I said, ‘How’s my kidney doing? You better take care of it or I’ll take it back!’”

To learn more about transplants at RWJBarnabas Health, visit [www.rwjbh.org/transplant](http://www.rwjbh.org/transplant).



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