

A Publication of
**ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL
NEW BRUNSWICK**

SPRING 2019

healthy *together*

**MIRACLE
BABY**

**THREE-TIME
CANCER
SURVIVOR**

**FASTER,
BETTER
EMERGENCY
CARE**

**WHERE TO GET
THE BEST CANCER CARE**

SAFETY: It Takes a Team

When it comes to safety, our philosophy is simple. RWJBarnabas Health is committed to zero incidents of preventable harm for our patients, families, visitors and each other. This quest, which we call Safety Together, is designed to help create the best possible outcomes for our patients and an exceptional work environment for our team.

We're applying the same tools used by High Reliability Organizations (HROs) in the manufacturing and nuclear industries. These companies have greatly reduced accidents by using standardized error-prevention processes. Similar safety systems are being embraced by our staff in both clinical and non-clinical roles as they go about their day-to-day tasks.

It has been a remarkable journey at Robert Wood Johnson University Hospital (RWJUH) New Brunswick as we continue to foster a culture of safety and high reliability. Our tireless commitment to this effort has helped us make many improvements in a range of clinical and operational areas, such as the addition of motion-sensing capability to security cameras and modification of the medications included in oncology order sets to reduce the risk of patient falls. These improvements and many other similar changes increase the quality and safety of the RWJUH New Brunswick patient experience.

Becoming an HRO means everyone who works for RWJBarnabas Health knows that they can make a difference for our patients, for their teammates at work, and for our communities as a whole. We're excited to empower our family of employees to do everything possible to support our mission of excellence as we care for you and your family.

Yours in good health,

BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH

JOHN J. GANTNER
PRESIDENT AND CHIEF EXECUTIVE OFFICER
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL
NEW BRUNSWICK



HEALTH NEWS

Transplant Patient Honored

Robert Wood Johnson University Hospital (RWJUH) New Brunswick heart transplant patient Michal Duchnowski was honored in February as the New Jersey Devils Hero of the Game during the team's "Go Red Day" at the Prudential Center in Newark. "Go Red Day" was established to raise awareness of women's heart health and cardiovascular disease. Throughout the day, members of RWJUH New Brunswick's Heart Transplant Team were on hand to educate fans about cardiac conditions and procedures.

New Cardiovascular Intensive Care Unit

Robert Wood Johnson University Hospital (RWJUH) New Brunswick's state-of-the-art Critical Cardiovascular Care Unit opened earlier this year. Located on the hospital's 3 Core Unit, the new 21,000-square-foot unit features 24 critical cardiac intensive care unit rooms and a comfortable waiting area. As a Cardiovascular Center of Excellence, the newly expanded unit enhances RWJUH New Brunswick's ability to provide exceptional cardiac care in a warm, family-centered setting.

Pediatric ED Open

Robert Wood Johnson University Hospital (RWJUH) New Brunswick completed its new Pediatric Emergency Department (ED) in late 2018. It features an isolation room and a sensory room to accommodate children with autism or special needs. The Pediatric ED is New Jersey's first American College of Surgeons-designated Pediatric Trauma Center. The department is staffed by board-certified emergency medicine physicians and nurses who specialize in advanced pediatric care. It also offers pediatric telemedicine capability.

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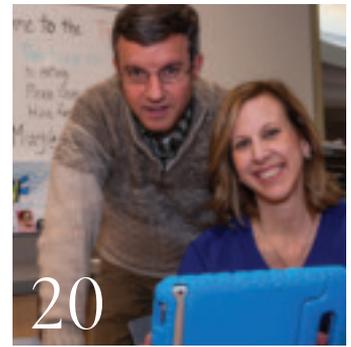
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Annette Pugliese didn't think she'd be alive for the birth of her grandson last year, but she was able to hold him, thanks to lifesaving treatment.

A THIRD CHANCE AT LIFE

They say bad things come in threes. That was the case for Annette Pugliese, a 73-year-old, three-time cancer survivor who recently triumphed over multiple myeloma, thanks to expert care at Rutgers Cancer Institute of New Jersey and Robert Wood Johnson University Hospital (RWJUH) New Brunswick.

Annette's long and arduous fight for her life began in 2006, when she was diagnosed with Stage IV non-Hodgkin lymphoma, a cancer that affects white blood cells, which are part of the immune system. "I began researching the best New Jersey physicians for blood cancers, and Roger Strair, MD, PhD, at the Rutgers Cancer Institute of New Jersey came up," recalls Annette, who lives in Freehold. She met with Dr. Strair, a medical oncologist and Chief of Blood Disorders at the Institute, and he reassured her that she was in good hands with her local oncologist.

After two years of chemotherapy,

HOW A STEM CELL TRANSPLANT AND CUTTING-EDGE MEDICAL CARE HELPED ONE WOMAN SURVIVE THREE DIFFERENT CANCERS.



RWJBarnabas Health and Robert Wood Johnson University Hospital New Brunswick, 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 latest treatment and clinical trials. Visit www.rwjbh.org/beatcancer.

READ OUR **INTERACTIVE DIGEST** TO LEARN MORE ABOUT CAR T-CELL THERAPY.

www.rwjbh.org/newbrunswickmag

Annette went into remission. But in 2009, a routine PET scan revealed a mass in her right kidney. Annette was diagnosed with early-stage renal cancer and the kidney was removed. She recovered, but seven years later another alarm went off when routine bloodwork came back abnormal. After several tests, her oncologist had grim news: Annette had another blood cancer—this time, multiple myeloma. Unlike non-Hodgkin lymphoma, the disease is less curable, with a five-year survival rate of only about 50 percent.

Annette was stunned, but once again she threw herself into researching the best local oncologists for the disease. “I have grandchildren, and I was determined to stay alive for them,” she says. Her research led her back to Dr. Strair. His recommendation: a stem cell transplant, in which a patient’s own stem cells—immature cells found in bone marrow and blood—are removed, then returned after a course of high-dose chemotherapy. The stem cells replace the ones that are destroyed by chemotherapy. “I looked at him and said, ‘I’m 70. Aren’t I too old for this?’ and his response was so reassuring,” she recalls. “He said, ‘Annette, we do these in people your age all the time.’”

A LIFESAVING TREATMENT

On November 2, 2016, Annette was admitted to RWJUH New Brunswick for a stem cell transplant. Her recovery was grueling. “I had a lot of side effects—everything from GI issues to simply feeling very weak,” she says. The nurses made sure she got up and moved every day, and her son and daughter-in-law visited daily. “That support was so important because I was so lonely and scared,” she says. “I knew I needed to maintain a positive attitude if I was going to get through this.”

After about a month, Annette was well enough to go home, but Dr. Strair would not release her until she had a caretaker lined up for the next three weeks (her siblings and cousins took turns staying with her). “It warmed my heart how much he looked out for me,” says Annette.



Annette Pugliese with her medical oncologist, Roger Strair, MD, PhD, on right, and Jacqueline Manago, RN, BSN, BMTCN, nurse clinician.

“ANNETTE HAS A TYPE OF MULTIPLE MYELOMA THAT’S ESSENTIALLY INCURABLE, BUT THERE ARE MORE TREATMENTS AVAILABLE NOW THAN EVER BEFORE. WE’RE CONTINUALLY DEVELOPING NEW CLASSES OF MEDICATIONS.”

Roger Strair, MD, PhD

RELISHING EVERY DAY

After the transplant, Annette required weekly doses of the chemotherapy drug bortezomib (Velcade) for six months, which helps prevent multiple myeloma from returning. Last year, she was switched to a newer drug, daratumumab (Darzalex).

“The hope is that it will get rid of any new multiple myeloma cells as soon as they crop up,” says Dr. Strair. “Annette has a type of multiple myeloma that’s essentially incurable, but there are more treatments available now than ever before. We’re continually developing new classes of medications.” For example, Rutgers Cancer Institute and RWJUH New Brunswick are currently offering CAR T-cell therapy, in which a patient’s immune system is harnessed to fight the disease.

In the meantime, Annette is relishing her new lease on life. The former teacher enjoys long walks, cooking and spending time with her four grandchildren, who

range in age from 11 months to 12 years. “The most amazing moment for me was holding my 2-day-old grandson last year,” she says. “When I was diagnosed three years ago, I never thought I’d be alive for his birth. But here I am, driving my grandkids to soccer games and chasing them around the house.”

Annette credits her survival to Rutgers Cancer Institute and RWJUH New Brunswick. “I tell everyone I know that if they or a loved one is diagnosed with multiple myeloma, they must see Dr. Strair,” she says. “I had a phone number I could call any time of the day or night. I don’t know of any other hospital that would provide that sort of attentive care.”

Dr. Strair says taking care of patients like Annette is what makes his work so rewarding. “Annette is a wonderful, caring person. I don’t know if anyone else could have gone through three cancer diagnoses with her grace and perseverance,” he says. “She’s a true inspiration.”

To make an appointment at Rutgers Cancer Institute, call **732.235.8515**. To learn more about cancer care at Robert Wood Johnson University Hospital New Brunswick, visit www.rwjbh.org/rwjuhcancer.

Danicca and Joseph Bolante are grateful to RWJUH New Brunswick and Rutgers Robert Wood Johnson Medical School cardiologist Deepa Iyer, MD, for helping to save the lives of Danicca and baby Jonica.



BEATING THE ODDS

A YOUNG WOMAN WITH TWO SERIOUS MEDICAL CONDITIONS RISKED HER LIFE TO HAVE THE FAMILY SHE ALWAYS DREAMED OF.

For most expectant mothers, giving birth is a joyous occasion. But as Danicca Bolante lay on the operating room table during her C-section in August 2018, her body clenched with fear. “I kept feeling like I was fading away,” recalls the 35-year-old nurse. “I didn’t know if I’d make it through the procedure alive.”

Danicca wasn’t the only one who was worried. A team of more than 40 healthcare professionals was in the room with her at Robert Wood Johnson University Hospital (RWJUH) New Brunswick to make sure both she and her baby survived. Danicca had two potentially life-threatening conditions: severe mitral valve stenosis and severe pulmonary hypertension (PH). With mitral valve stenosis, the heart’s mitral valve doesn’t open properly, preventing



“FROM THE MOST SENIOR PHYSICIAN TO THE HOUSEKEEPING STAFF, THEY WERE ALL AMAZING AND MADE US FEEL AT HOME.”

Joseph Bolante

blood from flowing forward into the left ventricle, the main chamber of the heart. This causes blood to back up into the lungs, raising pressure inside the arteries, which eventually leads to failure of the right side of the heart.

A RISKY PREGNANCY

In 2014, Danicca was diagnosed with mitral valve stenosis. The condition is often a complication of rheumatic fever, which Danicca had suffered as a child. Her cardiologist had recommended surgery, but

Danicca brushed him off. “I felt fine,” she says. “I was young and healthy and assumed I had nothing to worry about.”

When Danicca learned she was pregnant in February 2018, she was so overjoyed she didn’t think of mentioning her heart condition to her obstetrician. Her first trimester was uneventful, but in her fourth month, Danicca began experiencing trouble breathing after flying home to visit relatives in her native Philippines.

As soon as she returned home, she saw her obstetrician, who immediately referred her to Justin Brandt, MD, a high-risk obstetrician at RWJUH New Brunswick and Rutgers Robert Wood Johnson Medical School (RWJMS). Her condition deteriorated rapidly, and she was unable to work. At that point, Dr. Brandt called Deepa Iyer, MD, cardiologist and advanced heart failure specialist at RWJUH New Brunswick and Rutgers RWJMS. After hearing that Danicca couldn’t walk across the room, Dr. Iyer advised that she be admitted to the hospital immediately. Since Danicca’s mitral stenosis was never treated, she had developed pulmonary hypertension. “During pregnancy, a woman’s blood volume increases,” says Dr. Iyer. “Danicca’s heart could not handle the extra volume due to her severe mitral stenosis, so the pressures in her lungs got higher as the pregnancy progressed. The right side of her heart was starting to fail. I knew we’d need a multidisciplinary team right away.”

SAVING TWO LIVES

Danicca was given IV diuretics and beta blockers to slow her heart rate and improve forward blood flow. Although she felt better and was able to walk around a week later, Dr. Iyer was still concerned. Repeat echocardiograms showed that the right side of her heart was enlarging, putting her at high risk for heart failure. A meeting was called with Danicca’s new multidisciplinary healthcare team. In addition to Dr. Iyer, it included Dr. Brandt, high-risk obstetrician Todd J. Rosen, MD, Aziz Ghaly, MD, a cardiothoracic surgeon, cardiac

anesthesiologists, pediatricians and nurses at RWJUH New Brunswick and Rutgers RWJMS. The team concluded Danicca, who was only 31 weeks pregnant, should have a C-section. They counseled Danicca and her husband, Joseph, that there was a chance mom and baby wouldn’t make it. “We had a priest come to administer last rites, and after he left, I said to Danicca, ‘If something happens to you, what do you want me to tell our daughter?’” recalls Joseph. Danicca’s reply was swift: “It was worth it to die to give you life,” she says.

Two days later, RWJUH New Brunswick and Rutgers RWJMS obstetrician William MacMillan, MD, delivered Jonica (a combination of Danicca’s and Joseph’s names). After the C-section, Danicca was whisked to the intensive care unit, while Jonica was sent to the neonatal intensive care unit. As soon as Danicca was medically stable, she was brought to see her baby. “I couldn’t contain my happiness,” she recalls.

But Danicca wasn’t out of the woods just yet. It would take a few weeks to continue to monitor her closely as the amount of blood in her body returned to pre-pregnancy levels. Two weeks after her C-section, she underwent a mini mitral valve replacement surgery, in which smaller incisions are made without cutting the breastbone, causing less pain, better healing and quicker recovery.

THE ROAD TO RECOVERY

But survive she did, and she and Jonica were discharged at the end of August. Both parents say they’re beyond thankful to the team at RWJUH New Brunswick. “From the most senior physician to the housekeeping staff to the patient reps, they were all amazing and made us feel at home,” says Joseph.

Danicca is especially grateful to Dr. Iyer. “She was very motherly to us, and I needed that at the time because my mother is in the Philippines,” she says. As for Dr. Iyer, she says, “I have a picture of Danicca, Joseph, Jonica and their bulldog, and it lights up my heart,” she says. “I never imagined such a beautiful outcome.”

Your heart doesn’t beat just for you. Get it checked. To learn more about the full range of cardiac services at Robert Wood Johnson University Hospital (RWJUH) New Brunswick or to schedule an appointment with one of New Jersey’s top cardiac specialists, visit www.rwjbh.org/heart.



9 TIPS TO PREVENT BIKE ACCIDENTS

**THESE SIMPLE HABITS WILL HELP
KIDS STAY SAFE ON TWO WHEELS.**

Riding a bike is one of the many joys of childhood, but it's not without risk. For kids ages 14 and under, pedestrian and bike accidents accounted for nearly 20 percent of pediatric trauma patients at Robert Wood Johnson University Hospital (RWJUH) New Brunswick between March 2017 and February 2018. Diana J. Starace, Injury Prevention Coordinator for RWJUH New Brunswick's Level I Trauma Center and coordinator for Safe Kids Middlesex County, partners with schools and community groups to teach kids and parents about bike safety. Her best tips:

To learn more about injury prevention, visit www.rwjbh.org/rwjihinjuryprevention.

1 MODEL SAFE BEHAVIORS. “A lot of parents will ask me to talk to their child about wearing a helmet, but they're not wearing one themselves,” says Starace. “It's important for parents to be role models. They should wear helmets, too.”

2 BE SURE THE BIKE FITS YOUR CHILD'S HEIGHT. When seated on a bike, your child should be able to touch the ground with his or her toes. Handlebars should be easy to grip.

3 CHILDREN SHOULD ALWAYS WEAR A HELMET—EVEN IF THEY'RE RIDING A SCOOTER OR SKATEBOARD. Helmets can reduce the risk of severe brain injury by 88 percent, yet only 45 percent of children ages 14 and under usually wear one, according to Safe Kids. New Jersey's mantra: “Wheels Under Your Feet? Helmet on Your Head!”

4 MAKE SURE THE BIKE HELMET FITS PROPERLY. It should sit on top of the head in a level position and should not rock forward, backward or side to side. The helmet should cover your child's forehead; there should be no more than two finger-widths between the eyebrows and the rim of the helmet. The straps should form a “V” under the ears when buckled. Kids should avoid wearing ponytails under helmets because they interfere with proper fit. The chin strap should be snug—no more than two fingers should be able to fit between the chin and the strap.

5 RIDERS SHOULD WEAR PROTECTIVE GEAR, such as knee and elbow pads.

6 IF A BIKE LANE IS AVAILABLE, KIDS SHOULD USE IT. The same goes for those riding scooters or skateboards or wearing Rollerblades.

7 KIDS UNDER AGE 10 SHOULD RIDE ON A SIDEWALK, NOT THE ROAD. Younger kids don't have the developmental ability to judge a vehicle's speed or distance.

8 OLDER KIDS SHOULD FOLLOW THE RULES OF THE ROAD. If there's a red light, they should stop. Also, they should ride with the traffic, not against it. Bikes are considered vehicles, so riders should follow the same rules that cars do.

9 YOUR CHILD SHOULD WALK, NOT RIDE, HIS OR HER BIKE ACROSS THE STREET.





MAKING A REAL IMPACT

RWJBARNABAS HEALTH IS COMMITTED TO PROMOTING COMMUNITY HEALTH, BOTH INSIDE AND OUTSIDE A MEDICAL CENTER'S WALLS.

A child is taken to the emergency department for asthma, is treated and sent home—to an apartment where leaky pipes cause mold that triggers her asthma.

A man is given a prescription for high blood pressure but can't afford to get it filled.

A woman is counseled about healthy eating to help control diabetes but doesn't have access to fresh fruits and vegetables.

Because social conditions play a critical role in wellness, RWJBarnabas Health (RWJBH) has ramped up its commitment to communities' whole health through its Social Impact and Community Investment (SICI) Practice.



MICHELLENE DAVIS, ESQ.

FINDING WHAT WORKS

“Traditionally, the way in which institutions like ours have delivered healthcare has been to wait for people to come to us,” says Michellene Davis, Esq., Executive Vice President and Chief Corporate Affairs Officer for RWJBH, who heads the SICI effort. “Now we're acting on the fact that health disparities begin and continue outside our doors. We're looking at the whole patient and the context in which he or she lives.”

The range of approaches is broad. “Every RWJBarnabas Health hospital conducts its own community health needs assessment, because each community is unique,” Davis explains. Recent examples of SICI-related efforts include:

• **BUY LOCAL:** RWJBH has made a deep commitment to buy from local and minority- and women-owned businesses. For example, Newark Beth Israel Medical Center has a contract with Newark vendor Rock Ya Socks to

purchase socks for its patients, which has strengthened the vendor's capacity to grow and expand.

• **HIRE LOCAL:** RWJBH has pledged to hire 350 Newark residents by 2020 as part of the Newark 2020 partnership of local institutions and employers. Jersey City Medical Center's Career Ladders program, which will soon be adopted system-wide, helps develop a path to promotion for entry-level employees.

• **INVEST LOCAL:** To spur innovation and future investment, RWJBH has invested in Audible.com's Newark Venture Partners Labs IT innovation center to stimulate the establishment of new businesses.

Through partnerships, the RWJBH system helps improve community health, reduce disparities and enhance equity, including:

• **SAFE AND HEALTHY HOUSING:** Robert Wood Johnson University Hospital New Brunswick participated in the New Brunswick Healthy Housing Collaborative, designed to work with families to create high-health environments in homes throughout the region. RWJBH is currently in discussions with national, state and local partners to expand its commitment to creating affordable housing in other communities throughout the state.

• **FOOD SECURITY:** A Wellness on Wheels mobile greenhouse travels to communities throughout the entire RWJBH region. Additionally, youth in Newark created a documentary, “Food for Thought,” to explore the impact of food insecurity on a community's health.

Davis believes the SICI effort will inspire and energize not just RWJBH employees, but community members as well. “People will want to come to an entity that has high-quality, culturally competent clinical care, and at the same time invests in creating good in the world,” she says. “This is about being the change you wish to see in the world. Everyone is welcome to join us on this journey.”

To learn more about RWJBarnabas Health's social impact initiatives, visit www.rwjbh.org/socialimpact.

BETTER CARE FOR OLDER ADULTS

HEALTHCARE PROVIDERS ARE TAKING A FRESH LOOK AT HOW TO TREAT THE ELDERLY.

An elderly man who'd been admitted to the hospital was disoriented. "He thinks he's talking to his father, who died years ago," the man's daughter told his doctor. "Does this mean he has Alzheimer's?"

He did not. What he did have was delirium, brought on by the many changes in his routine caused by his admission to the hospital. It's a common problem for elderly patients, according to Jessica Israel, MD, Corporate Chair, Geriatrics and Palliative Care, for RWJBarnabas Health (RWJBH).

"Family members get alarmed, but in many cases, that confusion is treatable—though we may have to be a bit of a detective to find out what the problem is," she explains. "It could be anything from untreated pain, to an electrolyte disturbance, to a urinary tract infection, to a sleep/wake cycle disturbance."

Sensitivity to changes in routine is just one of many reasons older patients need thoughtful care, Dr. Israel says. As the U.S. population ages—by the year 2030, 1 of every 5 residents will be older than 65, according to the U.S. Census Bureau—RWJBH facilities are at the forefront of a national drive to develop age-friendly care.



JESSICA ISRAEL, MD

"Throughout the system, we're taking a very close look at what it means to be age-friendly, not just in hospital care, but in all areas in which we treat patients," says Dr. Israel.

A NEW APPROACH

The American Hospital Association, in partnership with the Catholic Health Association of the United States, the Institute for Healthcare Improvement and the John A. Hartford Foundation, has created the "4M Model" to guide hospitals and health systems in providing age-friendly care. The four elements are:

What Matters: taking the time to sit down for a discussion with an older patient to understand his or her concerns, goals and preferences for treatment.

Medications: taking additional care with drugs. "Giving a new prescription to someone who is 90 years old is not the same as giving it to someone who is 19," says Dr. Israel. "As we age, medications don't work the same way in the body, and there's a greater risk of interactions."

Mentation: identifying and managing depression, dementia and delirium.

Mobility: making sure a patient is helped to move safely every day so he or she doesn't lose the muscle tone needed for everyday tasks.

BEST PRACTICES

When Dr. Israel took on her role as Corporate Chair, Geriatrics and Palliative Care, almost two years ago, she knew that the RWJBH system already had some exemplary age-friendly programs. To extend their reach and to share ideas across hospitals, she created a geriatrics collaborative. "Every hospital in our system has a multidisciplinary team focused in geriatric care that may include doctors, nurses, social workers, physical therapists, administrators, pharmacists and health educators," says Dr. Israel.

Two areas stood out as ripe for expansion. One was the James and Sharon Maida Geriatrics Institute at Monmouth Medical Center Southern Campus, where Dr. Israel is the Director, which specializes in all aspects of inpatient and outpatient geriatric care. The other is Better Health, a senior membership program offered by the Institute, with a full range of health, wellness and social events. Both the Institute and the Better Health program will be replicated at Saint Barnabas Medical Center in Livingston and Robert Wood Johnson University Hospital Hamilton this year, with other RWJBH hospitals to follow.

The RWJBH system is moving ahead on multiple other fronts. Eight hospitals have or are working toward Nurses Improving Care for Healthsystem Elders (NICHE) certification, and all hospitals will ultimately have Geriatric Emergency Department Accreditation (GEDA). As part of the RWJBH partnership with Rutgers University, the geriatrics team also is working to enhance existing geriatrics fellowship training programs for physicians. And all RWJBH employees will take a computerized learning module, currently in development, that will help them understand what it means to be older.

The possibilities are endless, because geriatrics itself is so wide-ranging. "Sometimes the best person to reach out to is not a doctor, but a physical therapist, nutritionist or social worker," says Dr. Israel. "The thing I love most about geriatrics is that it's not some group of doctors telling you what to do. It's a team of people looking at your life and helping you live it to your best."



HOW TO GET BETTER CARE

Jessica Israel, MD, Corporate Chair, Geriatrics and Palliative Care for RWJBarnabas Health, offers these tips for older adults.

- **Have an advocate.** “Sometimes four ears are better than two when it comes to a doctor visit or hospital stay,” says Dr. Israel.
- **Ask questions.** If you don’t understand something or it isn’t the way you thought it was going to be, ask.
- **Keep an accurate list of medications and physician contact numbers with you.** This will help doctors treat you more quickly if an emergency arises.
- **Explore advance directives.** “Patients of all ages should assign a healthcare proxy,” advises Dr. Israel. “But then also be sure to tell that person what your wishes are in the event that complicated medical decisions must be made.”

To learn more about age-friendly programs and services at RWJBarnabas Health, visit www.rwjbh.org/seniorhealth.

THE CUTTING EDGE: BLOOD AND BONE MARROW TRANSPLANTS

For some cancer patients, a blood and bone marrow transplant (BMT) can be an effective treatment and even a potential cure. The Blood and Marrow Transplant Program at Rutgers Cancer Institute of New Jersey is the only such program in New Jersey that's integrated within an NCI-Designated Comprehensive Cancer Center.

"All blood and immune cells are made in the bone marrow," explains Roger Strair, MD, PhD, Chief of Blood Disorders at Rutgers Cancer Institute. "Blood cells carry oxygen, fight infection and prevent bleeding. Immune cells also fight infection by attacking anything in the body that's perceived as not belonging, or foreign." In a BMT procedure from a donor, a patient receives a transplant of healthy blood and immune cells and those cells in turn grow and make new cells, including immune cells that can attack cancer cells. If the person's own cells are used, there is no immune attack of cancer, but the cells allow a rapid recovery from high-dose chemotherapy.

At Rutgers Cancer Institute, BMT is used to treat a variety of blood and immune disorders, including acute and chronic leukemias, various types of lymphoma, Hodgkin's disease, multiple myeloma and more.

Rutgers Cancer Institute of New Jersey, a partner of RWJBarnabas Health, is the state's only National Cancer Institute-Designated Comprehensive Cancer Center. Only 50 cancer centers in the U.S. have earned that classification. It's an impressive achievement—but what does it mean to cancer patients and their families?

We asked Steven K. Libutti, MD, FACS, Senior Vice President of Oncology Services,

RWJBarnabas Health, to explain.

Dr. Libutti is also Director, Rutgers Cancer Institute of New Jersey and Vice Chancellor for Cancer Programs, Rutgers Biomedical Health and Sciences.



If a person who has been diagnosed with cancer asks your advice, what do you tell him or her?

A diagnosis of cancer can feel overwhelming, and people want to know where they should go for treatment in order to get the best possible outcome.

I always tell people that cancer doesn't travel well. It's more the rule than the exception that a patient requires multi-modality treatment, such as surgery, chemotherapy and radiation therapy. The patient is best served by staying as close to home as possible while getting exceptional treatment.

Patients should listen to the advice given by their physician, and get more than one opinion. They also need to be able to cut through the noise and static of the marketplace. That means they should understand the meaning of the word "comprehensive" when it refers to cancer treatment.

What does it mean to be a Comprehensive Cancer Center?

Many cancer centers will use the word "comprehensive," but it doesn't have the same meaning as a Comprehensive Cancer Center that's designated by the National Cancer Institute (NCI), which is very specific and prestigious.

An NCI designation is a five-year grant that is acquired through an arduous, competitive, years-long process. Only 70 cancer centers in the country are chosen and of those, only 50 receive the designation Comprehensive Cancer Center, meaning

that they do laboratory research and clinical trials, as well as provide services directly to patients.

All of these centers collaborate and share

information. When a patient goes to an NCI-Designated Comprehensive Cancer Center, he or she gets the benefit of their collective knowledge, clinical trials and research.

Does a patient need to travel to New Brunswick, where Rutgers Cancer Institute is located, in order to take advantage of its services?

No. We have built a network across all 11 RWJBarnabas Health hospitals so that the outstanding treatment and care provided by Rutgers Cancer Institute is available as close to home as possible for all New Jerseyans and those in our region.

If, for example, a patient lives near Saint Barnabas Medical Center in Livingston, that patient will find that the cancer program there is anchored by Rutgers Cancer Institute; that he or she has access to many of the same clinical trials as those taking place in New Brunswick; and that experts in surgery and radiation oncology and so on are partnered with Rutgers Cancer Institute.

Now, let's say that a patient needs a specialized service—for example, a bone marrow transplant, which we do in New Brunswick. Because we have a coordinated system, we can seamlessly transfer care of that patient to New Brunswick. Our partnership with RWJBarnabas Health allows patients to enter the world of an NCI-Designated Comprehensive Cancer Center through multiple doors.

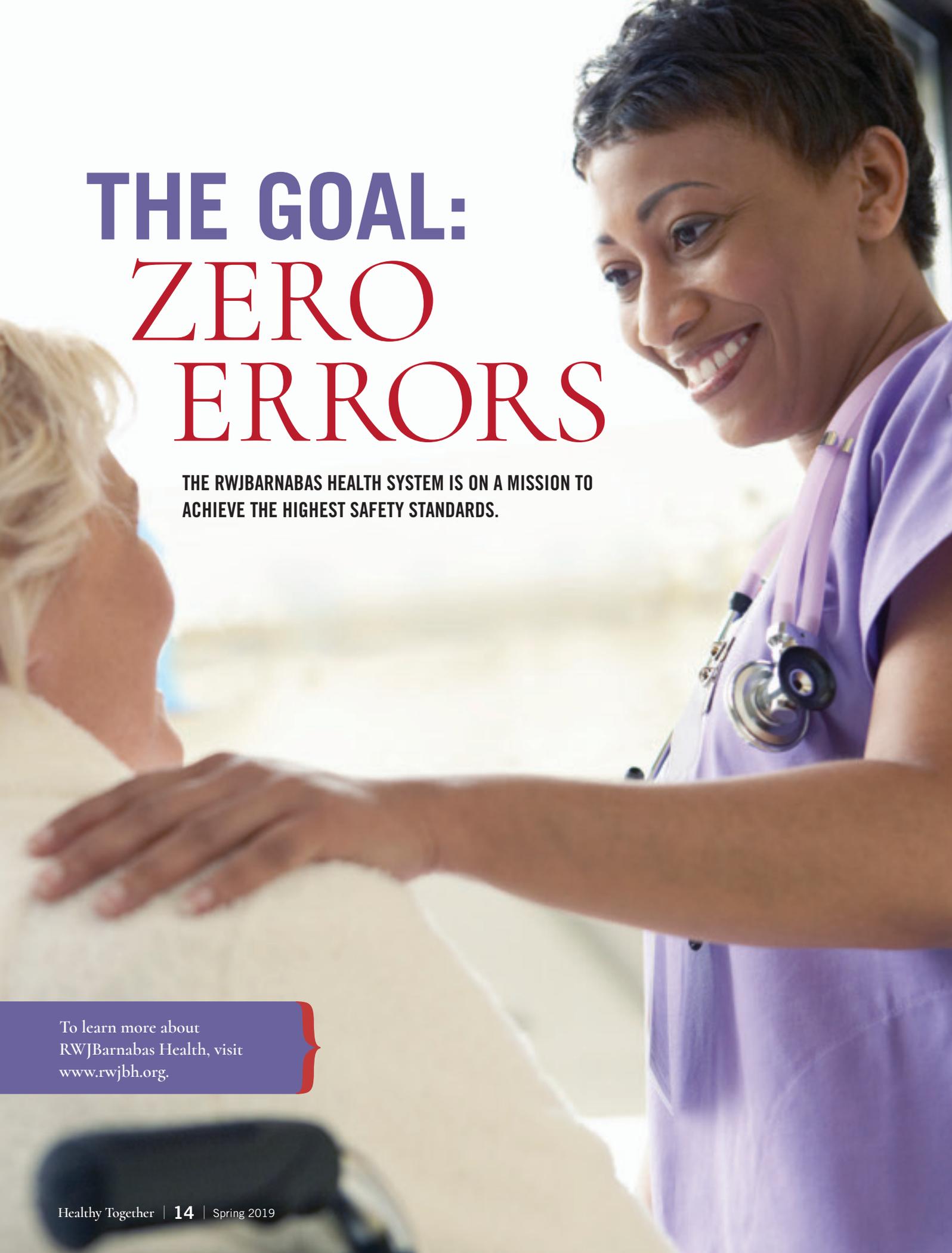
We're also creating an extensive cancer navigation program to help patients throughout and after treatment. Our goal as a cancer program is not only to have the best treatments, physicians and clinical trials. It is also to give the best care in helping patients navigate what can be the most challenging period of their lives.



STEVEN K. LIBUTTI, MD



ROGER STRAIR, MD

A healthcare worker in purple scrubs is smiling and interacting with a patient. The worker has a stethoscope around her neck and is looking towards the patient. The patient's hand is visible, resting on a surface.

THE GOAL: ZERO ERRORS

**THE RWJBARNABAS HEALTH SYSTEM IS ON A MISSION TO
ACHIEVE THE HIGHEST SAFETY STANDARDS.**

To learn more about
RWJBarnabas Health, visit
www.rwjbh.org.

If a nuclear power plant has a serious accident, it's big news. In large part, that's because organizations in this and other high-risk industries, where errors can be catastrophic, have developed robust safety policies to prevent mistakes from being made. In industry parlance, they're what's known as High Reliability Organizations, or HROs.

The parallels to healthcare systems, with their high-stakes, highly complex operations, are clear. "At RWJBarnabas Health, we're on a journey to becoming an HRO," says John Bonamo, MD, MS, FACOG, FACPE, Executive Vice President and Chief Medical and Quality Officer at RWJBarnabas Health (RWJBH). "There's no end point, no HRO certification. Instead, being an HRO is a way of doing business. Ultimately, it delivers the highest-quality care and safest experience for our patients and for our employees."

The aim of the initiative, called "Safety Together," is clear—and bold. "Our goal is zero incidents of preventable harm to patients and employees," Dr. Bonamo says. "That's it."

THE THREE-LEGGED STOOL

"When people are interviewed in large-scale focus groups about what they want from a hospital, they tend to mention three things," says Dr. Bonamo. "One is, 'Help me'—that's about excellence in the quality of clinical care. The second is, 'Be nice to me'—and that's about the patient experience, the communication and kindness.

"Then there's 'Don't hurt me.' That's about safety, the third leg of the stool. For a long time, hospitals didn't pay enough attention to that.

"Now, the best hospitals realize that you can have the most expert surgeon and the greatest bedside manner, but those things aren't enough if a patient falls out of bed or gets an infection from a catheter."



JOHN BONAMO, MD

Over the past year, all employees at every RWJBH facility have received in-depth training in safety, error prevention and performance excellence. "We're giving employees a new skill set so

they can actively prevent harm," says Dr. Bonamo. The goal of zero defects is seen as everyone's responsibility.

TOOLS FOR SUCCESS

To aid in this quest, staff members have a number of tools and techniques to use. They include:

Stopping the line. "In the past, if a staff member had a feeling something wasn't right, he or she might have buried that instinct, thinking 'I'm probably wrong,'" says Dr. Bonamo.

"Now they're empowered to say, 'I'm not comfortable with X, Y or Z.'"

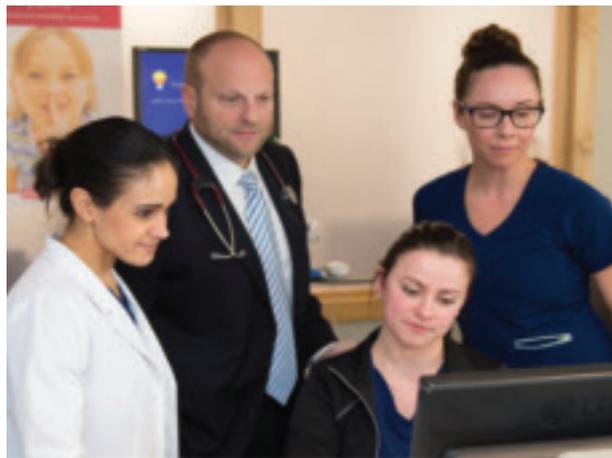
Recently, he recounts, a nurse was preparing a young woman to go into surgery for gall bladder removal when the patient mentioned she had a "funny feeling" in her chest. The nurse called an EKG (electrocardiogram) tech and refused to send the patient to the OR until the test was done. As it turned out, the woman was in the middle of having a heart attack, and the delay may well have saved her life.

Clarifying questions. If a staff member is not sure about something that's happening, he or she can be comfortable asking for clarification. In addition, every order gets repeated back. If the dosage ordered is 50 milligrams, the pharmacist or nurse will clarify, "That's five-oh, right?" If the verbal order is for a urology test, there will be an alphabet check to be sure it wasn't for a *neurology* test.

Cross-checks. "That means that if you see me making a mistake, you correct me or ask if I'm sure that's right," says Dr. Bonamo. "In the past, people were afraid they'd be told to mind their own business.

"But now we realize that if I have a 1 in 1,000 chance of making a mistake and you have a 1 in 1,000 chance and we cross-check each other, there's a million in one chance of making a mistake. We're realizing that healthcare is a team sport."

Safety huddles. Every unit in every building has a stand-up safety huddle each morning to go over the previous 24 hours and forecast the next 24. An hour later, there's a facility-based huddle, a larger gathering with the same purpose.



For Seth Rosenbaum, MD, MMM, SVP, Chief Medical Officer at Robert Wood Johnson University Hospital Hamilton, his team, and all RWJBH employees, HRO values are a daily priority.

MANY VOICES

"Each of our employees has a new voice, a chance to practice at the top of their skills and be heard," says Dr. Bonamo. "We've made significant progress in our safety event rate, and we're confident it's going to continue to go down."

Each RWJBH hospital has created patient-family advisory councils to get more insight into how they can improve delivery of care. In any circumstance, Dr. Bonamo says, patients should demand the highest quality in their healthcare. "You wouldn't take a flight on an airline that didn't have the highest-quality standards and a great safety record," he says. "It's the same thing in healthcare. You should be seeking care in a facility that's on a journey to becoming an HRO."

THE ABCs OF BECOMING AN HRO

At RWJBarnabas Health, all team members follow these principles of safety:

- S**peak up for safety.
- A**ccurately communicate.
- F**ocus on the task.
- E**xercise and accept a questioning attitude.
- T**houghtfully interact.
- Y**ou and me together.



Therapy dog Burton helped ease demanding therapy sessions for toddler Ava Finelli.

A BABY'S BEST FRIEND

HOW A THERAPY DOG HELPED ONE LITTLE GIRL RECOVER HER STRENGTH.

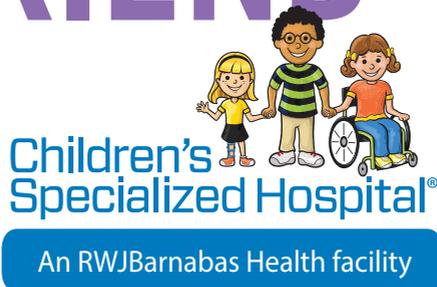
Respiratory Syncytial Virus, known as RSV, is an infection in the respiratory tract that can lead to serious problems. It's always a matter of concern when a baby gets it, but is even more so when the child has an underlying medical condition.

That was the case for little Ava Finelli, who was born with Spinal Muscular Atrophy (SMA), a genetic disease affecting



MICHELE FANTASIA, MD

part of the nervous system that leads to weakness in the limbs. Children with SMA have weak intercostal (between the ribs) muscles, and underdeveloped lungs and chest muscles. When



Ava contracted RSV in January 2018, at not quite 2 years old, she could not cough strongly enough to rid her airways of mucus. She had trouble swallowing, and became weaker, struggling to lift her head and move her arms and legs.

Ava was sent to Children's Specialized Hospital for treatment. "She had an intensive therapy program," says Michele Fantasia, MD, the physiatrist and specialist in pediatric rehabilitation medicine who oversaw the plan. After several weeks of respiratory, physical, occupational and pool therapy, Ava showed remarkable progress and was able to lift her head and to better move her arms and legs. "It was incredible to see the progress Ava made in such a short

time," her mother, Laura, says.

"These kids require a whole team, and we're very well versed in treating children with respiratory issues as well as various neuromuscular disorders," says Dr. Fantasia. The doctor acknowledges that the team also had a secret weapon: Burton, a 2-year-old therapy dog. "She *looved* Burton," she says.

EYES ON BURTON

During therapy sessions, Burton would position himself across from Ava so that she could work on stretching and moving her arms to reach him. He ran back and forth across the room so that she'd work on turning her head from side to side. Because Ava focused so intently on Burton, her therapy sessions were eased. "Burton was her motivator," Laura says. "He's so friendly and energetic, he really helped her forget how difficult the movements were."

Ava was discharged after two months. She continues to get outpatient therapy and to take Spinraza, a promising new medication for SMA. "She did very well with us overall," Dr. Fantasia reports, "and was able to go back to her home, family and typical toddler activities."

For more information 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. Our locations in Bayonne, Clifton, East Brunswick, Egg Harbor Township, Hamilton, Jersey City, Mountainside, New Brunswick, Newark, Toms River and Warren 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.

SAVING MORE LIVES

**A NEW, STATE-OF-THE-ART
NEUROCRITICAL CARE UNIT IS
DESIGNED FOR PATIENTS WITH
LIFE-THREATENING CONDITIONS,
SUCH AS MASSIVE STROKE,
MENINGITIS AND SPINAL
CORD INJURY.**

When it comes to saving the lives of critically ill and injured neurology and neurosurgery patients, having the right equipment can make all the difference. That's one reason Robert Wood Johnson University Hospital (RWJUH) New Brunswick will open a state-of-the-art Neurocritical Care Unit in May. The unit will feature technology for monitoring patients who have suffered from stroke, aneurysm, brain or spinal cord injuries, meningitis and brain tumors.

"Patients need to be monitored so we can answer the million-dollar question: Are we headed in the right or the wrong direction?" says Kiwon Lee, MD, FACP, Chief of Neurology at Rutgers Robert Wood Johnson Medical School and RWJUH New Brunswick, Medical Director of the Comprehensive Stroke Center, and Director of the Neuro Intensive Care Unit at RWJUH New Brunswick, which is a Center of Excellence in Neuroscience and a Level I Trauma Center.



The new Neurocritical Care Unit, set to open in May, will feature sophisticated technology for monitoring patients in real time, a CT scanner and dedicated spaces for family members.

FIRST IN THE STATE

This will be the first Neurocritical Care Unit in an academic medical center in New Jersey to use the Moberg CNS Monitor, which enables physicians to monitor patients in a variety of ways. "Unlike a CT scan or MRI, which gives you a snapshot of the brain, this monitor gives us information on how the injured brain is doing in real time," says Dr. Lee. "We can quantify the amount of oxygen in the brain, for instance." The data is displayed on a dedicated screen next to conventional cardiac monitoring. The new monitoring system will help guide physicians' decisions about the intensity and length of therapy. "We'll be providing cutting-edge care—among the best in New Jersey—for patients with complex, challenging conditions," says Dr. Lee.

Another important feature of the 15,000-square-foot unit is its dedicated CT scanner. This will help ensure the safety of patients who require brain imaging, explains Dr. Lee. "It can be risky to move a critically ill patient to another area of the hospital for imaging because cardiac arrest may occur," he says.

The unit will feature 15 patient rooms, which are double the size of the previous rooms, as well as dedicated spaces for family members. Every room will be equipped with the neuromonitoring technology. Glass walls will provide unobstructed views of patients to optimize monitoring. "These features will enable us to save lives beyond expectations," says Dr. Lee. "They will improve the quality of patient care and long-term outcomes."

For more information on neurocritical care at Robert Wood Johnson University Hospital New Brunswick, contact The Comprehensive Stroke Center at **732.418.8110** or visit www.rwjuh.edu/stroke.

Tamara Francis became certified as a family nurse practitioner after receiving treatment for brain cancer.

THE POWER OF PRECISION

AN ADVANCED TYPE OF RADIATION THERAPY HELPED ONE YOUNG WOMAN BEAT A LIFE-THREATENING BRAIN CANCER.



RWJBarnabas Health and Robert Wood Johnson University Hospital New Brunswick, 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 latest treatment and clinical trials. Visit www.rwjbh.org/beatcancer.

After finishing work one day in October 2017, Tamara Francis, a 32-year-old graduate student who was earning her master's degree as a family nurse practitioner, went to get her purse so she could drive home. Suddenly, she became disoriented, forgetting where she was and what she was doing, and had a seizure that rendered her unconscious. A medical assistant found her convulsing on the floor, and an ambulance was called. By the time Tamara regained consciousness, she was at Robert Wood Johnson University Hospital (RWJUH) New Brunswick.

In short order, she was diagnosed with a rare form of cancer called anaplastic meningioma, which arises from the lining of the brain. In November 2017, she had a craniotomy at RWJUH New Brunswick to remove the tumor, which was occupying a quarter of her brain. After the surgery, her oncology team recommended radiation therapy. Tamara was concerned that traditional radiation therapy could cause collateral damage to other parts of her brain, so she researched other options. "I wanted a treatment that would have the fewest side effects," says Tamara, who lives in Brooklyn, NY. "I didn't want any cognitive changes."

FINDING A SAFER OPTION

Tamara discovered the Laurie Proton Therapy Center at RWJUH New Brunswick, which uses energy from positively charged particles instead of X-rays to destroy cancer cells. Proton beams target tumor tissue more precisely and can be stopped at a certain depth. This technique destroys any microscopic cancerous cells while minimizing damage to healthy tissue near the tumor site. Another benefit is that proton therapy can be given a second time if the cancer returns. "When I was diagnosed, the doctors said it was an aggressive cancer and the chances of it coming back were high," says Tamara.

"Tamara was a great candidate for proton therapy because of the cancer's location—high, on the right side of the head and very superficial," says Joseph P. Weiner, MD, Tamara's radiation oncologist at Rutgers Cancer Institute of New Jersey and RWJUH New Brunswick. "Since we can reduce the dose to the opposite side of the brain and the hippocampus, where memory is processed, we can maximally protect her brain and function. We think it may lead to a better quality of life."

The Center, which opened in 2016, is unique. "We're the only facility in New Jersey to use this technology in the setting of a National Cancer Institute-Designated Comprehensive Cancer Center," says Rahul R. Parikh, MD, medical director of the Laurie Proton Therapy Center at RWJUH New Brunswick and Associate Professor of Radiation Oncology at Rutgers Cancer Institute of New Jersey and Rutgers Robert Wood Johnson Medical School.

A PAINLESS TREATMENT

In December 2017, Tamara began having 30-minute sessions of proton therapy five days a week. She continued the protocol for six weeks. During the sessions, "I didn't feel anything," she says. "I just had to sit really still so the beam could target the same site every time." In fact, she would wear a customized, immobilizing mask to prevent her from moving her head during the treatment sessions.

After a few weeks, Tamara began experiencing side effects, including nausea, vomiting and headaches. She completed the treatment in February 2018, and the side effects stopped over the summer.

LIVING LIFE TO THE FULLEST

In the summer of 2018, Tamara graduated from her master's degree program and took her board exams to become certified as a family nurse practitioner. She returns to RWJUH New Brunswick every three



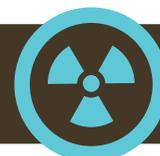
BEST CANDIDATES FOR PROTON THERAPY

Many patients who need radiation can benefit from proton therapy, but it's especially useful for challenging cases, says Rahul R. Parikh, MD, medical director of the Laurie Proton Therapy Center at RWJUH New Brunswick and Associate Professor of Radiation Oncology at the Rutgers Cancer Institute of New Jersey and Rutgers Robert Wood Johnson Medical School. Patients with a tumor located near a critical brain structure or the heart or lungs stand to benefit because "the more refined beam of radiation enables us to spare neighboring healthy organs more than traditional X-ray radiation therapy," he says. "We can control exactly where the beam is delivered, which is important because breathing can cause tumors in the chest and abdomen to move."

months for an MRI and a check-up. The plan is to space out these visits to every six months. "We're cautiously optimistic," says Dr. Weiner. "We don't see any evidence of the tumor on repeated scans, but we have to be vigilant because it's the most aggressive type of meningioma."

In the meantime, Tamara works as a family nurse practitioner and travels as often as she can. She doesn't have any restrictions on her lifestyle or take any medications. "I feel fortunate to have received the kind of treatment and care that I did," says Tamara. "God forbid, if I get this again, I will go the same route."

To learn more about the Laurie Proton Therapy Center, call **732.253.3176** or visit www.rwjbh.org/rwjhprotontherapy.





Greg and Cyndi Tufaro funded improved technology for the Gorrie Teen Lounge to commemorate what would have been the 15th birthday of their late daughter, Marisa.

HELPING YOUNG PATIENTS HEAL

A COUPLE WHO LOST THEIR TEENAGE DAUGHTER TO A RARE DISEASE PROVIDES GENEROUS SUPPORT FOR MEDICAL AND CHILD LIFE PROGRAMS AT THE BRISTOL-MYERS SQUIBB CHILDREN'S HOSPITAL AT ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL NEW BRUNSWICK.

When Greg and Cyndi Tufaro think

of their late 13-year-old-daughter, Marisa, they picture her warm, sparkling brown eyes framed by long, dark lashes. They remember her singing in the chorus of a local children's theater production of the "Wizard of Oz" or interacting with her beloved horses in a therapeutic riding program.

These images give the Tufaros comfort when they recall the long, painful last few months of Marisa's life. She died on January 30, 2017, nearly seven months after receiving a heart transplant at a New York hospital. She suffered from post-transplant lymphoproliferative disorder, a rare but deadly blood cancer that can develop as a postoperative complication. "She kept her spirits up until she was too sick, drawing and crafting from her hospital bed," says Greg Tufaro, Marisa's father, a sports writer for the *Home News Tribune*. "Everyone was so impressed by her dignity and grace."

GRATEFUL PARENTS

Marisa was born with hypoplastic left-heart syndrome, a congenital defect in which the left side of the heart is underdeveloped. The condition required frequent hospitalizations. "She spent more than two years of her life in hospital beds and underwent six open heart surgeries," says Greg. Despite her health problems, Marisa thrived. An honor roll student in elementary and middle school, she served as student council vice president, wrote for the school newspaper, sang in the choir, and played percussion in the orchestra. Marisa's illness forced her to be home-schooled in seventh grade.

Throughout Marisa's life, the Tufaros often found themselves at The Bristol-Myers Squibb Children's Hospital (BMSCH) at Robert Wood Johnson University Hospital (RWJUH) New Brunswick, whether it was



"AFTER RECEIVING SO MUCH SUPPORT FROM OUR COMMUNITY, WE FEEL BLESSED THAT MARISA'S LEGACY CAN BE ONE OF GIVING BACK TO OTHERS." *Greg Tufaro*

for an emergency hospitalization or to visit her longstanding physician, Joseph Gaffney, MD, Associate Professor of Pediatrics and Chief, Division of Pediatric Cardiology, at Rutgers Robert Wood Johnson Medical School and RWJUH New Brunswick.

"We spent a fair amount of time at the hospital, which was only five minutes from our house, for both emergencies and routine procedures," says Greg. "We felt blessed to have such an outstanding medical center near us. Dr. Gaffney was always accessible to us and whenever Marisa was sick, he expedited her admission to the ER. We were treated so well every time we went there."

GIVING BACK

When Greg and Cyndi, an Edison Township elementary school principal, launched The Marisa Tufaro Foundation—whose mission is to assist children in need throughout the greater Middlesex County area—they decided to partner with BMSCH. In 2018, the Tufaros provided funding for an extracorporeal membrane oxygenation (ECMO) program for children and teens in need of cardiopulmonary support. With ECMO, which is similar to a heart-lung bypass machine, a pump circulates blood through an artificial lung back into a patient's bloodstream. It provides oxygen to the body while allowing time for the heart and lungs to rest and heal. ECMO may be used when a patient has a heart attack, severe asthma, or pneumonia, for instance. "An ECMO machine kept Marisa alive for the first six days after her 2016 heart transplant," says Greg. "It saved her life, and we are elated that BMSCH is one of the few pediatric hospitals in New Jersey to have it."

This year, the Tufaros made a generous donation to BMSCH's art therapy program for the second year in a row. "Marisa was an artist who loved to make things," says Cyndi. "Art therapists helped her get through her very difficult and, at times, lengthy hospital stays. She'd forget she was hooked up to an IV or needed a new test because she was so involved in a project. She always said she wanted to be an artist when she grew up." Art therapy encourages patients to share their thoughts and feelings through the creative process, helping to alleviate stress and anxiety.

In addition, the Tufaros commemorated what would have been Marisa's 15th birthday by funding improved technology for the newly renovated Gorrie Teen Lounge. "During the last months of her life, Marisa used the Xbox, gaming systems and iPads in her hospital room," says Cyndi. "These things made her days more bearable." Indeed, technology provides teens with opportunities to interact with others, become more independent and express themselves.

The Tufaros are confident that Marisa would approve of their donations. "She would be elated to know that other children and families like ours would be helped," says Cyndi. "She always looked out for others. When we told her that she needed a heart transplant, for instance, she kept trying to comfort me by hugging me and rubbing my hand."

The Foundation has allowed the Tufaros to turn their mourning into advocacy. "It enables us to invest our time and energy in a positive way," says Greg. "After receiving so much support from our community—including BMSCH—we feel blessed that Marisa's legacy can be one of giving back to others."

To support programs at Robert Wood Johnson University Hospital New Brunswick and The Bristol-Myers Squibb Children's Hospital, visit www.rwjuhgiving.org or call **732.937.8750**.



Left: A ribbon-cutting for the new Pediatric Emergency Department. Above, top to bottom: Exterior of the ED and an adult patient room.

FASTER, BETTER EMERGENCY CARE

A NEWLY EXPANDED ED IS ENABLING PATIENTS TO GO HOME SOONER.

As one of only three Level I Trauma Centers in New Jersey, Robert Wood Johnson University Hospital (RWJUH) New Brunswick cares for patients with some of the most serious illnesses and accident-related injuries in the state. To better serve the 95,000 Emergency Department (ED) and Trauma patients seen annually, the hospital embarked on a major expansion of the ED starting in 2017.

“Our patient volume was increasing and the medical problems were becoming more complex,” says Robert M. Eisenstein, MD, FACEP, Chief of Ambulatory Services at RWJUH New Brunswick and Chair of the Department of Emergency Medicine at Rutgers Robert Wood Johnson Medical School. “We wanted to improve the space and technology in the ED to provide optimal care.”

The project called for expanding the

size of the ED from 40,000 to 60,000 square feet. When the renovations are complete, there will be more than 100 beds, including 55 for seriously ill patients. A new receiving area will accommodate eight ambulances.

EMERGENCY CARE FOR KIDS

The first few phases of the project have been completed. A new Pediatric Emergency Department recently opened to accommodate the 25,000 pediatric emergency patients the hospital sees each year. Having a separate Pediatric ED will enable patients up to age 21 to receive more efficient, pediatric-focused care.

The Adult Emergency Department has three new, state-of-the-art resuscitation rooms, which are designed to care for the most critically ill and injured patients. In addition, the expanded space allows for radiologic imaging in the ED. There will

be a CT scan and two X-ray rooms, which will result in a reduced wait time for these tests—and a decreased length of stay, says Dr. Eisenstein. “Our goal is to get patients to a provider as quickly as possible,” he explains.

To achieve this goal, patients with less severe illnesses may have their initial evaluation in our new “care initiation rooms.” They will have their initial assessment by their provider and nurse. From there, they will get any required imaging. They will wait for their results in our “results waiting area.”

NEW ADVANCED TECHNOLOGY

The new ED also has improved technology. “Information will be wirelessly transmitted from patient rooms to computers,” says Dr. Eisenstein. “Instead of printing out a patient’s vital signs, for instance, the information will be transmitted from bedside monitors to electronic medical records.” Also, there are now large screens in the resuscitation rooms that allow physicians to view radiology images.

The project is in its final phases and all patient rooms are expected to be complete by the end of 2019. “Our patient volume exceeded our capacity, so this is a huge improvement,” says Dr. Eisenstein. “We’re using our new space efficiently.”

To learn more about the Emergency Department expansion, visit www.rwjbh.org/rwjuhedexpansion.

Casey Cattell (left) helped lead a blood drive as part of Maternal Health Awareness Day. She was joined by Labor and Delivery nurses Noelia Burgos, RN (seated), Calvarina Nwachuku, RN (center), and Carla Boyle, RNC, Nursing Director, Perinatal Services.

A MOST GENEROUS GIFT

DONATING BLOOD SAVES LIVES, AS ONE NEW MOTHER KNOWS ONLY TOO WELL.

Rarely a day goes by that Casey Cattell of Bridgewater doesn't think of the 22 blood donors who helped to save her life. "One of the reasons I'm alive is because I had access to safe blood products," says the 39-year-old patient advocate. "I want to ensure others have this resource so they can survive their crisis too."

When Casey was pregnant with her son, now 3, she was diagnosed with blood clots in both lungs. Her physician prescribed blood-thinning medications. One week after giving birth, she wasn't feeling right and went to the Emergency Department at Robert Wood Johnson University Hospital (RWJUH) New Brunswick. "My blood pressure had dropped to 37/25, and I was bleeding internally," she recalls. Casey needed surgery to stop the bleeding from six locations, lost five liters of blood, and was hospitalized for 11 days. "I'm grateful for the medical professionals and blood donors who helped me walk away from this so I can raise my son," she says.

PAYING IT FORWARD

In January, Casey teamed up with RWJUH New Brunswick to hold a blood drive for Maternal Health Awareness Day. She hosted another one the next day with the Woodside Chapel Mothers of Pre-Schoolers in Fanwood. "We had a great turnout," she says. "More than 50 people came for the blood drive at the hospital, and we collected 31 units of blood. The following day, we had 33 donors and collected 23 units." Both drives support RWJUH Blood Services. "We're a Level I Trauma Center, so we keep a large supply of blood on hand," says Sally Wells, Business Development Liaison for RWJUH Blood Services. "Nationally, the rates of obstetric transfusions have risen."

The blood drive at RWJUH New Brunswick was held on January 23, which

is Maternal Health Awareness Day in New Jersey. "We want to raise public awareness of the warning signs of perinatal complications and empower women to speak up if there's something wrong," says Casey. The "Stop! Look! And Listen!" campaign encourages new mothers to let their healthcare providers know if they don't feel well during pregnancy or after delivery and urges providers to listen to their patients' concerns and conduct an examination.

Donating blood is a painless process that takes only one hour. The amount donated is typically 480 to 500 milliliters of blood. The average person has 20 times that amount in their body. "You won't feel the loss," says Wells. "In fact, you'll gain something because you'll give three people the opportunity to live."

To make an appointment to donate blood, call the RWJUH Blood Center at **732.235.8100**, extension **221**. For questions about eligibility, call extension **248**. Visit our website at www.rwjuhdonorclub.org.

Proton therapy. The next generation of cancer treatment.

Available at Robert Wood Johnson University Hospital's Laurie Proton Therapy Center, proton therapy is pinpoint accurate, allowing physicians to isolate problems in children and adults for fewer side effects and better results. That's why RWJBarnabas Health has partnered with national experts from the Rutgers Cancer Institute of New Jersey to create the only center in New York or New Jersey that's part of an entire campus devoted to bridging the gap between cancer and a cure. Learn more at rwjbh.org/proton

Robert Wood Johnson
University Hospital

RWJBarnabas
HEALTH

RUTGERS
Cancer Institute
of New Jersey
RUTGERS HEALTH

Let's beat cancer together.

