

A Publication of
SAINT BARNABAS MEDICAL CENTER

SPRING 2019

healthy

together

**STROKE:
FAST ACTION
SAVES LIVES**

**GET READY FOR
SLEEPAWAY CAMP**

**WINNING
AGAINST
HEPATITIS**

**WHERE TO GET
THE BEST CANCER CARE**



SAINT BARNABAS MEDICAL CENTER EARNS ACCOLADES

Saint Barnabas Medical Center's steadfast commitment to improving the health and well-being of the community it serves is exemplified by the awards and recognition we have received. Here are some recent examples:

• NURSING EXCELLENCE

SBMC has achieved Magnet recognition from the American Nurses Credentialing Center's Magnet Recognition Program, which distinguishes organizations that meet rigorous standards for nursing excellence. Just 490 U.S. healthcare organizations out of over 6,200 U.S. hospitals have achieved Magnet recognition.



• GRADE "A" SAFETY

SBMC recently earned its 14th straight "As" in the Leapfrog Group's Hospital Safety Grade ranking, one of only 42 hospitals in the nation to earn "As" every year since the program's inception in 2012.



• INCLUSIVENESS AND EQUALITY

SBMC was once again named a leader in LGBTQ Healthcare Equality by the Human Rights Campaign Foundation. SBMC earned top marks in meeting non-discrimination and training criteria that demonstrate a commitment to equitable, inclusive and compassionate care for LGBTQ patients and their families, who often face significant challenges in securing the healthcare they need and deserve.

Saint Barnabas Medical Center | **RWJBarnabas HEALTH**

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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.

At Saint Barnabas Medical Center, safety is our number one priority, and a core value. To that end, our leaders meet every morning at the Daily Safety Briefing to discuss potential safety issues for that day and report on any issues that may have occurred in the previous day, in an effort to identify systems and processes that need to be addressed. This disciplined approach to safety and quality fosters tremendous collaboration between departments, all focused on ensuring our patients and their families and all at Saint Barnabas Medical Center have an exemplary 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



STEPHEN P. ZIENIEWICZ, FACHE
PRESIDENT AND CHIEF EXECUTIVE OFFICER
SAINT BARNABAS MEDICAL CENTER



Saint Barnabas Medical Center complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. For more information, see link on our home page at www.rwjbh.org/saintbarnabas. Saint Barnabas Medical Center cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 973.322.5000. Saint Barnabas Medical Center konfòm ak lwa sou dwa sivil federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks. ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 973.322.5000.

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GETTING READY FOR SLEEPAWAY CAMP

THINK AHEAD ABOUT HEALTH AND SAFETY—AND THINK POSITIVE, TOO.

When your child will be going to sleepaway camp for the first time, he or she may be excited or wary about the prospect of being so far from home. You may be nervous that you won't be able to give him his medicine or keep an eye on her in the pool. But with the proper mindset, both of you can be reassured about your child's upcoming experience, according to pediatrician Jay Lovenheim, DO, FAAP, owner of Lovenheim Pediatrics in West Orange and a member of the Barnabas Health Medical Group. His advice:

✓ **INCLUDE YOUR CHILD IN THE PLANNING PROCESS.** It's less daunting to try something that you've helped to plan. "If you start by involving the kids in choosing and getting ready for camp, making them active participants in getting all the supplies together, talking about it in a very positive way, they'll look forward to it," says Dr. Lovenheim.

✓ **ADDRESS FEARS.** If your child has never slept away from home, try scheduling sleepovers at Grandma's or a friend's house. And don't dismiss his worries about homesickness or not making friends. Empathize, but remind him that before he started school, he didn't know his friends yet, either.



JAY LOVENHEIM, DO

"Turn it into something to look forward to, instead of to fear," says Dr. Lovenheim. "Say, 'I can't want to hear about all the people you're going to meet!'"



✓ **DON'T LEAVE MEDICAL PREPARATIONS UNTIL THE LAST MINUTE.** Avoid the rush: Fill out paperwork early, and make a pediatrician appointment well in advance for a physical exam and to get proof of vaccinations.

"You usually have to have an exam within the 12 months prior to the child's going to camp," says Dr. Lovenheim. "For any children with complex or chronic medical issues, it's recommended to have an exam within six months."

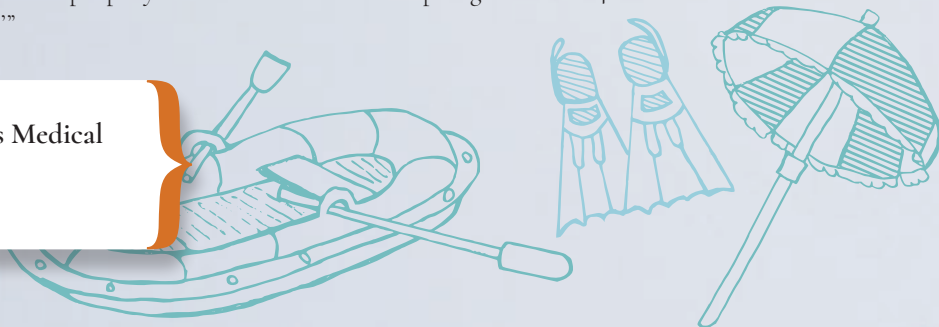
If your child takes medication, you'll need to complete paperwork and send medicine before camp starts. "Every camp is going to have a different policy, but a lot of camps require the medicine to come in a labeled prescription bottle," says Dr. Lovenheim.

✓ **ASK HEALTH AND SAFETY QUESTIONS IN ADVANCE.** If your child has a food allergy, talk to camp staff about their policies well before the session's start date. "Camps go out of their way to accommodate kids with food allergies, or even sensitivities, and have rules in place to prevent cross-contamination," says Dr. Lovenheim.

Also, be sure to ask about water-safety policies. "Camps assess your children to make sure that they're placed in the appropriate skill level and watched," says Dr. Lovenheim. "Based on their skill level, they're given rules of where they can and can't swim."

Finally, check to see whether the camp is accredited by the American Camp Association. Their requirements often exceed state licensing requirements, and accreditation is a sign that a camp follows up-to-date health and safety practices. Visit www.ACAcamps.org or call 800.428.CAMP.

To find a pediatrician at Saint Barnabas Medical Center, call **1.888.724.7123**, or visit www.rwjbh.org/doctors.





POSSIBLE SIGNS OF INFANT BOTULISM

Seek medical care for a baby if he or she has the following symptoms:

- Not feeding well
- Constipation
- Drooling
- Trouble swallowing
- Weak cry
- Hypotonia (low muscle tone and reduced strength), also known as “floppy infant syndrome”

BOTULISM IN BABIES: WHAT TO KNOW

PARENTS, BE AWARE OF THE SYMPTOMS OF THIS RARE BUT SERIOUS AILMENT.

The infant who was brought to Saint Barnabas Medical Center (SBMC) around New Year’s Day had troubling symptoms. His parents reported that the baby was constipated, had discomfort swallowing, had lost weight, was drooling and had developed a weak cry. Doctors recognized these as symptoms of infant botulism, a rare but potentially serious ailment.

“Throughout the U.S., there are about 150 cases of infant botulism annually,” says Uzma Hasan, MD, Division Chief



UZMA HASAN, MD

for Pediatric Infectious Diseases at SBMC. “At Saint Barnabas Medical Center, we usually see one or two babies suffering from the condition each year.” Botulism can be treated effectively

if caught early, but is fatal to infants in about 1 percent of cases.

“Although infant botulism is rare, we want to get the message out about what you need to look for,” says Dr. Hasan. “If you see a child who is constipated, a floppy baby with a weak cry who is not feeding well, seek immediate care.”

HOW IT BEGINS

Botulism is caused by a poison produced by *Clostridium botulinum* bacteria. The germ can enter a person’s gastrointestinal tract via contaminated food, through a wound, after being inhaled or during a medical procedure.

The main source for botulism in infants is transmission via aerolized botulism spores in soil, particularly in areas near

construction sites where soil is disturbed. “An infant’s gastrointestinal tract is not mature enough to handle the spores. They germinate, release a toxin, and that causes trouble,” says Dr. Hasan.

Other risk factors include eating honey or improperly home-preserved food and being exposed to vacuum cleaner debris and dust.

TIMELY TREATMENT

Doctors can confirm a suspicion of infant botulism by testing the baby’s stool for signs of the bacteria. Sick babies are given a medicine called Botulism Immune Globulin intravenously, which usually reverses the effects of the toxin. “It leads to a pretty speedy recovery if given in a timely fashion,” says Dr. Hasan. Babies often spend two weeks in the hospital, and may require supportive care including feeding tubes. “Babies who don’t get treated with Botulism Immune Globulin typically are placed on a mechanical ventilator,” she says.

Given the need for quick treatment, parents and caregivers should be alert to signs of botulism in infants. Says Dr. Hasan, “Infants who don’t get treated early enough can be stuck in a hospital setting for a six-week period, or even longer.”

To find a pediatrician at Saint Barnabas Medical Center, call **1.888.724.7123** or visit www.rwjbh.org/doctors.



Multiple sclerosis patient Tania Bentley is determined to walk again.

HELPING MS PATIENTS MOVE FORWARD

THE MULTIPLE SCLEROSIS COMPREHENSIVE CARE CENTER EMPOWERS PATIENTS TO REACH THEIR GOALS.



WHAT IS MULTIPLE SCLEROSIS?

Multiple sclerosis (MS) is a disease in which an abnormal response of the immune system causes inflammation in the brain, spinal cord and optic nerves. The inflammation damages nerve fibers as well as myelin, the fatty substance that surrounds nerve fibers. The disease is difficult to diagnose, and the course of the disease may vary widely from person to person.

Science does not yet know why a person gets MS, though genetics, geography and a possible infectious trigger may all play a role. Most people are diagnosed between the ages of 20 and 50, and more than two to three times as many women as men develop the disease.

“Today, there are many treatments that impact the course of multiple sclerosis,” says Andrew Sylvester, MD, Medical Director of the Multiple Sclerosis Comprehensive Care Center at Saint Barnabas Medical Center. “And for many patients, the disease can even be put in remission.”

Symptoms of multiple sclerosis usually come on slowly, but for Emmy Award-winning public television producer Tania Bentley, 33, of Clifton, they came on fast. She walked into an Emergency Department with severe pain one day in January 2017, and three days later, she could no longer walk or even stand. “That was the last time I walked independently,” she says.

Today, Tania feels positive about her prospects for recovery. But she says that would not be possible without the efforts of the experts at the Multiple Sclerosis Comprehensive Care Center at Saint Barnabas Medical Center (SBMC).

A PAINFUL JOURNEY

Tania’s Emergency Department visit turned into a three-month blur of hospital stays, pain and debilitation. With her husband, Rich, she went from one specialist to the next, trying to get answers. “My condition deteriorated alarmingly quickly,” she says.

Then they heard about an internationally renowned MS specialist, Andrew Sylvester, MD, Medical Director of the Multiple Sclerosis Comprehensive Care Center and a member of the Barnabas Health Medical Group. “We rushed to get onto his calendar,” she says. “That decision was the turning point in helping me to start claiming my life back.”

At the initial appointment, Dr. Sylvester spent nearly two hours with Tania and Rich. That’s typical of the Center’s approach, says Matthew Tremblay, MD, a neurologist and MS specialist at SBMC who is also a member of the Barnabas Health Medical Group. “Because symptoms of MS are so complex and wide-ranging, we feel that longer conversations are the only way for a specialist to learn how the disease impacts each patient, and then develop a plan of care,” he explains.

TREATING THE WHOLE PATIENT

At the Center, creating a plan of care and managing symptoms is as important as treating the disease. “Our focus is always on strategies to give patients more function—like being able to walk again,” says Dr. Tremblay.

In addition to two full-time neurologists, Center patients have access to pain management, physical and other therapies, radiology care and more. Depending on symptoms and goals, a patient’s care could involve treatment to improve walking, bladder control, fatigue, insomnia, mood and other symptoms. New and advanced medications are provided. “We’re able to offer more and more medicines that are very effective and have much fewer

side effects than in years past,” says Dr. Tremblay.

“I’m beyond grateful to have found experts who actively work together to help me navigate my ‘new normal’ with MS,” Tania says.

NEXT STEPS

For Tania, the goal of walking again is a major driver. Early on, she decided that she would captain a team for a fundraising walk for the National MS Society. She worked for over a year to prepare for the April 2018 event.

“My husband and I practiced taking a few steps with my walker daily, and my physical therapists worked tirelessly with me, too,” she recalls.

On the day of the walk, more than 100 friends old and new showed up in support. She was named “most inspirational walker” for that event and was set to cut the ribbon at the starting line.

“Rich wheeled me to the front of the line, and helped me stand,” she says. “Then, I did it! I took a couple of steps using my walker—by myself!” She turned toward the loud cheering and applause from the crowd gathered there to support her. “I’ll never forget that moment,” she says.

Still, some days are tough, as when crippling fatigue prevents her from lifting her head from her pillow. But during those times, she holds on to each milestone that she’s achieved since those dark days of early 2017.

“Climbing one stair seems like the hardest thing in the world right now,” she says. “It’s become my mountain. But the specialists at the MS Center have empowered me to keep fighting and to keep trying. Because of that, the possibilities seem endless for me.”



ANDREW SYLVESTER, MD




MATTHEW TREMBLAY, MD

To learn more about the Multiple Sclerosis Comprehensive Care Center at Saint Barnabas Medical Center, call **973.322.7484** or visit www.rwjbh.org/acc.

A NEW WAY TO TREAT SKULL BASE TUMORS

A FAR LESS INVASIVE SURGERY IS NOW OFFERED CLOSE TO HOME.


*
RWJBarnabas Health and Saint Barnabas Medical Center, 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.

There are many different types of skull base tumors, which can be either malignant or benign. What they all have in common is that they’re extremely challenging to remove because they’re so close to the brain, eyes, critical nerves and arteries.

The traditional way of removing these hard-to-reach tumors involves a craniotomy (ear-to-ear opening of the skull). Today, there’s an advanced and safer option for most cases: endoscopic endonasal skull base surgery, which employs a narrow, lighted telescope called an endoscope to reach these tumors through the nasal passage. The surgery is now available

at Saint Barnabas Medical Center (SBMC).

A DELICATE OPERATION

The skull base is the floor of the cranium, the area where the brain rests in the skull. It’s

made of five bones fused together. This small, intricate area includes major arteries and important nerves that pass through openings in the skull base to connect with the rest of the body.

“Tumor growths in this area include pituitary adenomas, craniopharyngiomas, meningiomas, chordomas, chondrosarcomas, as well as many types of nasal cavity and sinus benign and cancerous tumors. Other pathologies in this area include cerebrospinal fluid leaks and congenital conditions that patients are born with,” explains Jean Anderson Eloy, MD, FACS, FARS, Chair of Otolaryngology–Head and Neck Surgery at SBMC.

Endoscopic skull base surgery requires a multidisciplinary team of trained surgeons working together. “Patients need experienced doctors who do a high volume of these procedures,” says Dr. Eloy. Besides Dr. Eloy, the SBMC team includes skull base neurosurgeon James K. Liu, MD, FACS, FAANS; sinus surgeon Wayne Hsueh, MD; and ophthalmic plastic and reconstructive surgeons Paul D. Langer, MD, FACS and Roger E. Turbin, MD, FACS.

Magnetic resonance imaging (MRI) and computed tomography (CT) scans used with image guidance (a type of GPS navigation used during surgery) serve as

critical guides, helping surgeons pinpoint a tumor’s location. Surgeons work with extreme precision so as not to disrupt the senses or damage critical nerves and blood vessels nearby. After the growth is removed, synthetic materials and natural tissues are used to reconstruct the skull base. (Patients with cancerous tumors may be referred to the Department of Radiation Oncology and Medical Oncology for further treatment.)

Endoscopic skull base surgery offers a quicker recovery than the traditional surgical method. Hospital stays are brief, the risk of infection is reduced and patients are typically back on their feet in days.

EXPERTISE AT HAND

Dr. Eloy founded New Jersey’s first fellowship program in Rhinology and Endoscopic Skull Base Surgery at Rutgers New Jersey Medical School. Drs. Eloy and Liu, Co-Directors of the Endoscopic Skull Base Surgery Program, have collaborated for a decade, and have among the most extensive experience in endoscopic skull base surgery in the world.

SBMC treats about 200 patients with skull base tumors each year. “Still,” says Dr. Eloy, “many New Jersey physicians and patients don’t realize we offer this specialized surgery in their backyard.”



JEAN ANDERSON ELOY, MD

For more information about skull base surgery, visit www.rwjbh.org/saintbarnabas.

READ OUR **INTERACTIVE DIGEST** ONLINE TO LEARN MORE ABOUT SKULL BASE SURGERY.

www.rwjbh.org/saintbarnabasmag



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.

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.

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.

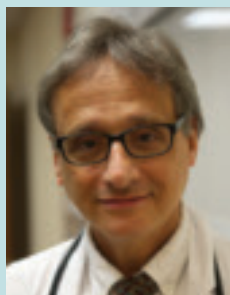
An NCI designation is a five-year grant that is acquired through an arduous, competitive, years-long process. Only 70 cancer centers in the country are chosen and of those, only 50 receive the designation Comprehensive Cancer Center, meaning

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

All of these centers collaborate and share



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.

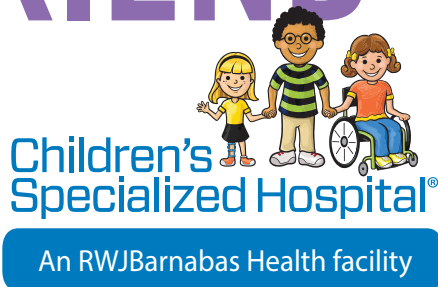
Respiratory Syncytial Virus, known as RSV, is an infection in the respiratory tract that can lead to serious problems. It's always a matter of concern when a baby gets it, but is even more so when the child has an underlying medical condition.

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.

MEET THE

NEW TRUSTEES

THREE NEW MEMBERS JOIN THE BOARD AT AN EXCITING TIME FOR SAINT BARNABAS MEDICAL CENTER.

The Board of Trustees at Saint Barnabas Medical Center (SBMC) has welcomed three new members: Celia Colbert, of Summit; Russell Langan, MD, of Jersey City; and Richard Ritholz, BSBA, of Short Hills.

"I welcome our newest board members and thank them for their passion, talent and dedication to further Saint Barnabas Medical Center in our mission to provide compassionate care, healthcare excellence and superior service to our patients and their families," says Stephen P. Zieniewicz, FACHE, President and Chief Executive Officer at SBMC.

"These trustees are joining Saint Barnabas at a very exciting time in the hospital's history," says Bruce Schonbraun, Chairman, Board of Trustees. "With the continuous evolution of the healthcare landscape, their wealth of experience and expertise will help us expand our award-winning tertiary and quaternary services throughout the region."



CELIA COLBERT

graduated cum laude from Harvard College and received her juris doctorate from Columbia University

School of Law. She worked as a senior legal executive at Merck & Co. for more than 20 years, retiring as Senior Vice President, Secretary and Assistant General Counsel in 2012. Ms. Colbert managed the activities of Merck's Board of Directors and stockholders and oversaw legal support for the company's corporate, compliance and philanthropic areas.

Ms. Colbert is the chair of the Human Resources and Compensation Committee and a member of the Executive Committee and Nominating Committee for the UNCF (United Negro College Fund) Board of Directors. She also serves on the Board of Trustees for Colgate University, the Summit Area Public Foundation and the Summit Free Public Library. Ms. Colbert is the former President of the Summit Board of Education and a former trustee for the Summit African-American Action Association. In addition, Ms. Colbert has generously supported the Cancer Center at SBMC.



RUSSELL LANGAN, MD,

joined SBMC in a dual appointment with Rutgers Cancer Institute of New Jersey. Dr. Langan

specializes in complex surgical oncology and has particular interest and expertise in the surgical management of diseases of the pancreas, liver and bile ducts.

Dr. Langan completed his general surgery residency at SBMC as well as Georgetown University Hospital. He completed fellowships in Tumor Immunotherapy and Surgical Oncology at the National Cancer Institute and National Institutes of Health, and in complex general surgical oncology at Memorial Sloan Kettering Cancer Center.

Dr. Langan is a member of the American College of Surgeons, Society of Surgical Oncology, American Hepatopancreatobiliary Association, Association of Academic Surgery and the Society for Surgery of the Alimentary Tract. He has received numerous awards, including from the National Institutes of Health, Health and Human Services, Georgetown University Hospital, OC Chapter of American College of Surgeons and the Society of Black Academic Surgeons.



RICHARD RITHOLZ, BSBA,

retired from Elliott Management Corporation, where he led a team that traded energy, metals,

agricultural commodities, and soft commodities until April 2018.

After earning a bachelor's degree from Olin Business School and a master's degree in business from Columbia University, Mr. Ritholz joined Mobil Oil Corporation, where his positions included head of European natural gas trading. Mr. Ritholz left Mobil in 1998 to start JMR Energy Inc., an energy commodity trading adviser.

Mr. Ritholz and his wife, Linda, are longtime supporters of Washington University, where he is on the Board of Trustees. Mr. Ritholz also serves on Olin Business School's Advisory Board as well as on the North Jersey Regional Council, of which he is co-chair. The Ritholz family supports the David Falk School of Sport Management and Human Dynamics at Syracuse University, Syracuse University Athletics and The Hole in the Wall Gang Camp, among other organizations. They have generously supported Comfort Project 360 at SBMC.

To learn more about giving at Saint Barnabas Medical Center, call **973.322.4330** or visit www.sbmcgiving.org.

A GUIDE FOR THE CANCER JOURNEY



ONCOLOGY PATIENT NAVIGATORS ARE HERE TO GUIDE PATIENTS EVERY STEP OF THE WAY.

In 2017, Diane Darpino Duran, 59, of Cedar Grove, received a diagnosis of colon cancer. The diagnosis was followed by an operation, chemotherapy, further testing and the news that the cancer had spread to her liver.

“This has been such a difficult time for me, but there’s one person, Moira Davis,

who keeps me going through it all,” Diane says. An oncology certified nurse and patient navigator, Davis has been by Diane’s side from the beginning. Davis is responsible for coordinating all aspects of patient care, from scheduling appointments with a team of multidisciplinary experts to communicating results and treatment options.

What makes her and the other members of the Saint Barnabas Medical Center (SBMC) oncology navigation team so special is that they do this with

compassion and understanding at what is often the most overwhelming time in patients’ lives.

“Whenever I go to the office, Moira will come out and greet me, and I always get my hug,” Diane says. “I can call her whenever I need to and she answers all my questions and calms my fears.

“I call her my angel.”

HELP AT A HARD TIME

Davis and the other oncology patient navigators have all received special



RWJBarnabas Health and
Saint Barnabas Medical Center,
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](http://www.rwjbh.org/beatcancer).**

says Angela
McCabe, LCSW
and Director of
Psychosocial
Support,
Community
Outreach
and Oncology
Navigation
Services at SBMC.

“Patients are often
very emotional during
this time and find that much
of what is communicated to them is often
forgotten or misunderstood.”

“Once we connect with them, they
don't have to figure out whom to call next,
where to go, or which specialist can help
with a problem they have,” says Margaret
Correale, RN, Senior Nurse Navigator.

The relationship between navigator
and patient can last for years. “We follow
patients throughout their continuum of
care. I have some patients that I have been
working with for 15 years and continue to
assist with aspects of their care,” Correale
says. “From diagnosis to the time they are
cancer-free, we track their office visits and
test results, make sure they understand
their plan of care, and provide support for
both them and their loved ones.”

BEYOND THE MEDICAL OFFICE

Finding the right path can be difficult,
given the emotional and complex nature
of a cancer diagnosis and the myriad next
steps. Patient navigators must coordinate
with a wide range of professionals—not
only cancer specialists, but physical
therapists, financial counselors, home care,
support groups, social workers, mental
health professionals and more.

The navigation team must approach
each patient and cancer diagnosis
individually. For example, a patient with
head and neck cancer may need a dental
exam or dental care before treatment can
safely begin. However, getting that exam
may not be straightforward.

“If someone has not visited a dentist

The patient navigation team: from left, Katherine
Doria, RN, BSN, OCN, Navigator; Melissa Dowers,
MBA, Navigator; Meghan Ryan, BS, Intake
Coordinator; Angela McCabe, MSW, LCSW,
OSW-C, Director; Margaret Correale, RN, BSN,
OCN, CN-BN, Senior Navigator; Susan Garawitz,
MPH, MSW, Vice President Oncology Services;
Saimah Ali, RN, BSN, Navigator. Not pictured:
Moirra Davis, RN, BSN, OCN, ONN-CG-Surgical
Navigator; Linda Abate, RN, BSN, RN-BC, Breast
Surgical Navigator.

recently, we want to understand why,”
McCabe says. “Do they have a fear of
the dentist, lack insurance or have no
transportation? The more we understand
about our patients, the more we can help.”

Research shows that this kind of one-
on-one attention can help people with
cancer both mentally and physically. A
study by the Group Health Research
Institute found that people who had
access to a patient navigator felt better
supported emotionally, were more
involved in their own care, and felt
better prepared for the future. And
research published in JAMA Oncology
found that older cancer patients who had
navigators experienced reduced numbers
of hospitalizations and Emergency
Department visits, and received fewer
unnecessary services.

“Cancer care is very complex, and
there's an emotional aspect to it that
can also impact patients' everyday life,”
says Michael Scoppetuolo, Jr., MD, Chief
Medical Officer of The Cancer Center at
SBMC. “We want our patients to know
not only that our care is state-of-the-art
and comprehensive, but also that we're
compassionate. Patient navigators are an
important part of that effort.”

“It's a necessity to have one person
who understands every aspect of the
disease and what you're going through
emotionally,” says Diane Darpino Duran.
“Moirra is just so reassuring, and her hugs
are like Christmas. She's a calming force.
She tells me, ‘Whatever we and you have
to deal with, we'll get you through it.’”

training and certifications in the field.
Their work helps patients feel more
connected, leading to more timely
diagnosis and treatment, and resulting in
better patient outcomes.

Navigation at SBMC begins
immediately when a patient is diagnosed
with cancer.

“The goal of navigation is timeliness
to care and reducing potential barriers.
Our navigators are a single point of
contact, providing a direct link between
the patient and the oncology care team,”

To make an appointment at the Cancer Center at Saint Barnabas
Medical Center, visit www.rwjbh.org/beatcancer.



HELP FOR HEPATITIS

IF NOT DIAGNOSED AND TREATED, THIS OFTEN-OVERLOOKED DISEASE CAN LEAD TO LIVER CANCER.

“We’re in the era of viral hepatitis elimination,” says Su Wang, MD, MPH, an internal medicine specialist at Saint Barnabas Medical Center (SBMC) and a member of Barnabas Health Medical Group. “We have the tools to do it. And with liver cancer on the rise, we really need to prioritize it.”

Hepatitis is an inflammation of the liver that can be caused by drug or alcohol use, but globally is most commonly caused by a viral infection—either Hepatitis B or Hepatitis C. Eighty percent of liver cancer in the world is due to one of these, and they’re major contributors to the 45 percent jump in liver cancer in the U.S. between 2000 and 2016.

Although more than 4 million Americans are estimated to be living with Hepatitis B or Hepatitis C, up to half don’t know it because the diseases can progress for years without symptoms. Hepatitis screenings, which are done via blood test, aren’t yet standard in primary care. The Centers for Disease Control and Prevention recommends Hepatitis C screening for all adults born between 1945 and 1965, and Hepatitis B screening for anyone born in Asia or the Pacific Islands, or who has at least one parent



SU WANG, MD, MPH

born there. (For more specific information, visit www.cdc.gov/KnowHepatitisB.)

Last March, SBMC began hepatitis screenings for Emergency Department patients in high-risk groups. Of more than 11,000 individuals screened, 130 have tested positive for Hepatitis B or C.

“People who test positive are often surprised that they weren’t diagnosed before,” says Dr. Wang, who is also Medical Director of the Center for Asian Health and leading the development of a new Liver Center at SBMC. “But knowing they can get care to stay healthy is a big relief for them. As a physician, having the opportunity to successfully treat and even cure these patients is remarkable—and very fulfilling.”

ABCs OF HEPATITIS

Hepatitis B and C are both viral diseases that spread in similar ways:

- Sexual contact and exposure to infected bodily fluids
- Passed from mother to child at birth (Hepatitis B more than Hepatitis C)
- Sharing needles that have been contaminated with the blood from an affected person (the opioid epidemic is contributing to a rise in infections in the U.S.)

Hepatitis B can’t be cured, but is treatable, and is preventable by vaccine. Hepatitis C is curable with oral therapy.

NEW LIVER CENTER AT SBMC

To combat an alarming rise in liver cancer and to address other liver diseases, SBMC has assembled a multidisciplinary team of experts for a new Liver Center,



RUSSELL LANGAN, MD

led by Su Wang, MD, MPH and Russell Langan, MD, a specialist in surgical oncology and hepatopancreatobiliary surgery. The team includes a hepatologist, internists, radiologists, gastroenterologists, oncologists, a patient navigator and more. Says Dr. Langan, “We are able to offer all aspects of liver care, personalized for what each patient needs.”

To learn more about liver treatments at Saint Barnabas Medical Center, visit www.rwjbh.org/saintbarnabas. For more information on hepatitis or the Center for Asian Health, call 973.261.9080.

WHAT'S NEW IN PULMONARY CARE?

A NEW PULMONARY SPECIALTY PRACTICE MAKES STATE-OF-THE-ART LUNG CARE AVAILABLE FOR A WIDE RANGE OF LUNG CONDITIONS.

Patients whose lungs aren't functioning properly—whether from bronchitis, emphysema, cancer or any of a number of lung-related conditions—often require coordinated treatment across medical and surgical specialties. To centralize and facilitate the most advanced care, Saint Barnabas Medical Center (SBMC) has established a pulmonary physicians specialty practice, which opened in January. Kristin G. Fless, MD, Director of Interventional Pulmonology at SBMC and a member of the Barnabas Health Medical Group, explains what patients can expect.

What does pulmonary medicine include?

Pulmonary medicine encompasses treatment of breathing disorders; lung disease; abnormal pulmonary vascular disease; neuromuscular diseases, such as multiple sclerosis or muscular dystrophy, that could affect the lungs; and sleep-disorder breathing, which can include conditions like frequent, loud snoring and sleep apnea.

Symptoms that might bring a patient to our offices for a consultation include shortness of breath, coughing, exercise

intolerance, snoring or unrefreshing sleep. Abnormal X-ray or CT scan results could also result in a referral to us.

We're integrated with the lung cancer screening program that Saint Barnabas Medical Center offers, so we offer free yearly screening CT scans to eligible patients. Plus, we can provide pulmonary consultation for those patients as well as perform some of the diagnostic procedures that might be necessary.

Why was the new center created?

We saw there was a need for this kind of practice to enhance the support provided for local doctors, as well as for the transplant and bariatric programs. In addition, we help integrate the pulmonary rehabilitation services and advanced endoscopy services that are available at Saint Barnabas Medical Center. Beside me, the other physicians on board are Dr. Vagram Ovnianian, Dr. Killol Patel and Dr. Pooja Raju.

How does the center intersect with the bariatric surgery and transplant programs?

Patients who need bariatric surgery and have sleep apnea need to be evaluated and



KRISTIN G. FLESS, MD

treated before, during and after surgery. Many patients who have had a renal transplant become immunosuppressed and are at risk of developing infections in the lung. We support them as well.

Are there any plans for expansion of the center?

Yes, we will be expanding our team. In addition to our current location in Millburn, we hope to expand to other locations in the area, including Livingston, to improve convenience for our patients.

I'm loving this new center because I really enjoy working hard to increase services and access for our patients. I've been with Saint Barnabas Medical Center since 2007 and have seen these services grow over the years. It's very exciting. Our patients are happy, too, because our new office and new staffing mean we have more availability to see them.



The new pulmonary physicians specialty practice is located at 225 Millburn Avenue in Millburn. For more information or to make an appointment, call **973.376.8034**.

STROKE: THE NEED FOR SPEED

WHEN STROKE SYMPTOMS
APPEAR, QUICK ACTION CAN
MAKE ALL THE DIFFERENCE.



The Comprehensive Stroke Center at Saint Barnabas Medical Center is state-designated to treat all phases of stroke and is a Joint Commission-certified advanced primary stroke center. To learn more, call **973.322.6500** or visit www.rwjbh.org/sbmcstroke.

TAKE F.A.S.T. ACTION

Each year, nearly 800,000 people in the U.S. experience a new or recurrent stroke—a sudden disruption in blood supply to the brain. Stroke is the fifth leading cause of death and the leading cause of adult disability in the nation.

The statistics are scary, but there's another, more hopeful number to keep in mind: Up to 80 percent of strokes can be prevented. Additionally, advanced treatments—particularly if administered soon after the stroke—are helping doctors minimize the effects of stroke and save lives.

REDUCING RISK

“The main and best approach to stroke is to prevent it altogether,” explains neurologist Danielle Haskins, MD, Medical Director of the Comprehensive Stroke Center at Saint Barnabas Medical Center (SBMC). “I very much encourage people to keep in touch with their primary care physician and keep on top of their medical risk factors.”

Some risk factors for stroke can be controlled with lifestyle changes and medication:

- High blood pressure
- Smoking
- Diabetes
- Physical inactivity
- High cholesterol
- Poor diet
- Obesity

While other contributing factors can't be controlled, people should be aware of them:

- Age (65 years or older)
- Gender (women have more strokes than men)
- Race (African-Americans, Hispanics and Asian/Pacific Islanders have a higher risk)
- Family history (a parent, grandparent or sibling has had a stroke, especially before age 65)



DANIELLE HASKINS, MD

WHEN TO CALL 911

When a stroke occurs, every minute matters. “‘Sudden’ is the key word when it comes to stroke symptoms,” explains Dr. Haskins. “A stroke

Keep these tips handy at home or work to help recognize signs of stroke. Act right away if you experience any of these symptoms, or see someone else with them. Remember to make note of when your symptoms began, as precisely as possible, because that will influence decisions about your treatment.



FACE Drooping. One side of the face droops or is numb; a smile is uneven or lopsided.



ARM Weakness. One arm is weak or numb; if both arms are raised, one drifts downward.



SPEECH Changes. The person is unable to speak or speech is slurred and hard to understand.



TIME to Call 911. If the person shows any of these symptoms, even if the symptoms go away, get them to the hospital immediately.

starts abruptly because the blood supply to the brain is interrupted abruptly. It's not typically something where the weakness gets gradually worse over the course of days; usually, with a stroke, one minute you're fine and the next minute you're not.”

Just as symptoms come on fast, rapid treatment is essential for a stroke—but many people don't act right away. “People are very good at convincing themselves that symptoms couldn't be anything serious,” says Dr. Haskins. “Doctors will hear things like, ‘I thought I couldn't move my arm because I was too tired,’ or ‘I felt sick, so I just went to sleep.’”

Calling 911 immediately is the best thing to do in most cases, according to the Centers for Disease Control and Prevention. An Emergency Medical Services (EMS) team will take you to the nearest hospital that specializes in stroke treatment, such as a comprehensive stroke center like the one at SBMC.

EMS professionals can begin treatment while on the way to the hospital. Crucially, the EMS team can call ahead to give the hospital time to prepare for your arrival. At SBMC, “BAT”—for Brain Attack Team—experts have established fast communications with area EMS units so that they can be ready the moment a stroke victim comes through the door.

Once at the hospital, the type of treatment a stroke patient receives depends on the type of stroke he or she has suffered (see sidebar at right). The drug Alteplase

IV, considered the gold standard for treating blockages, will likely be deployed in many cases.

“Alteplase must be given within four and a half hours after the person was last known to be in his or her normal health,” says Dr. Haskins. “However, if we can give it to the patient even earlier than that, he or she will likely do far better.”

TYPES OF STROKE

ISCHEMIC STROKE: In this, the most common kind of stroke, a blood vessel gets blocked by a blood clot or piece of cholesterol plaque. The brain is deprived of the blood and oxygen it needs, leading to damage and death of brain cells. Ischemic strokes are treated by breaking up clots, either with a catheter or with the drug Alteplase IV.

HEMORRHAGIC STROKE: A blood vessel ruptures and causes bleeding into or around the brain. The bleeding leads to swelling and pressure, damaging brain cells and tissue. Hemorrhagic strokes are treated with a combination of medical and sometimes surgical care. In the case of aneurysms or blood vessel malformations, they can be treated by guiding a catheter to the source of the bleeding and depositing a mechanical agent to prevent further rupture.



**In our hands,
CyberKnife[®]
fights cancer in
5 treatments
or less.**

Alison Grann, MD

Not only does CyberKnife technology dramatically cut down on the number of treatments, it uses radiation beams to precisely target tumors without cutting through healthy tissue. That's why it's one of the many tools in the arsenal of our nationally-recognized oncology team — who will evaluate your unique case and determine the best course of action. If this safe alternative to traditional surgery isn't the right solution, our dedicated specialists will personalize a plan just for you. Learn more at rwjbh.org/sbmccyberknife

The Cancer Center at
Saint Barnabas | **RWJBarnabas**
Medical Center | **HEALTH**

RUTGERS
Cancer Institute
of New Jersey
RUTGERS HEALTH

Let's beat cancer together.