

A Publication of
COMMUNITY MEDICAL CENTER

Winter 2021

healthy *together*

**A SAFE AND
PERSONALIZED BIRTH**

**STATE-OF-THE-ART
VASCULAR CARE**

**A NEW EMERGENCY
DEPARTMENT**

**FINDING
THE BEST
CANCER
CARE**



Stronger Together

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

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

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

At Community Medical Center (CMC), our dedication to safe, high-quality care extends past our doors and into the community through multiple efforts to protect the health of our neighbors. Many programs have initiated virtual meetings to safely connect patients with clinical experts, as well as to one another for support groups. CMC has provided vulnerable groups in the Ocean County area with much-needed personal protective equipment. Masks, face shields and gloves have been donated to local first responders, school systems and organizations dedicated to helping veterans and homeless individuals.

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

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

Yours in good health,



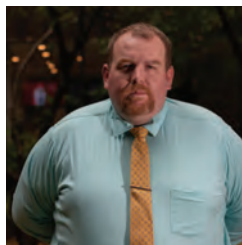
BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
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COMMUNITY MEDICAL CENTER



HEALTH NEWS



AN UNSUNG HERO

Adam Tart, Director of Plant Operations at Community Medical Center (CMC), was named an "ROI Influencer: Health Care 2020 Unsung Hero" by *ROI-NJ*, a publisher of local business news. During

the COVID-19 pandemic, "Adam and his team did whatever it took to ensure a safe environment for physicians, nurses and other clinical team members to treat their patients," the nomination stated. He collaborated with construction vendors on changes to the hospital's air circulation system and drilled holes in Intensive Care Unit walls so staff members could monitor IVs and other equipment for COVID-positive patients with minimal exposure.



RECOGNITION FOR HONORING VETERANS




CMC and RWJBarnabas Health were recognized for the hospital's ongoing efforts to thank veterans for their service to the country at The Commerce and Industry Association of New Jersey's "Companies

That Care" event, which honors businesses that give back to their communities. CMC honors veterans by recognizing those who have been admitted to the hospital, hosting an annual luncheon and providing reserved parking spaces. Staff members have participated in creating care kits for veterans and active military members. Raymond Howard, PT, DPT, OCS, Regional Director of Rehabilitation Services at CMC and Monmouth Medical Center Southern Campus, chairs the Veterans Engaging Through Service Business Resource Group at CMC. He accepted the award on behalf of CMC and RWJBarnabas Health.

Community Medical Center | **RWJBarnabas HEALTH**

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healthy *together* contents

WINTER 2021



6



4



17



20



22

2. WELCOME LETTER.
A community update from our CEOs.

4. "I FELT SUPPORTED EVERY STEP OF THE WAY." Despite the pandemic, a first-time mom had the birth experience she wanted.

6. TEACHING THE NEXT GENERATION OF DOCTORS. Community Medical Center is becoming a teaching hospital.

8. A FAMILY ROOM AWAY FROM HOME. A new space helps parents of seriously ill newborns relax, recharge and connect.



10

9. FAST FACTS ABOUT CARDIAC STRESS TESTS. Monitoring your heart while you exercise gives doctors important information.

10. CANCER SURGERY: PART OF A PLAN. What to consider when you're deciding where to be treated.

12. WHAT A HOSPITALIST CAN DO FOR YOU. This doctor's specialized skills can get you feeling better faster and home sooner.

14. THE TRUTH ABOUT DEPRESSION AND OLDER ADULTS. Symptoms to watch for, and how to get help.

16. ONE STEP AT A TIME. Intensive physical therapy allows a little boy to overcome a rare condition.

17. MORE THAN JUST MEMORY LOSS. A geriatrician explains the surprising symptoms of Alzheimer's disease.

18. FIGHTING HUNGER. 2020 was a record year for CMC's annual food drive.

20. CONVENIENT CARDIAC CARE. A new outpatient location improves access to cardiovascular testing and treatment.

22. STATE-OF-THE-ART EMERGENCY CARE. A new Emergency Department will provide high-quality treatment.

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

Chelsea Martin-Burkhardt and her husband, Brandon, with their daughter, August.

“I FELT SUPPORTED EVERY STEP OF THE WAY”



DESPITE THE PANDEMIC, THIS FIRST-TIME MOM HAD THE BIRTH EXPERIENCE SHE'D ALWAYS HOPED FOR.

When Chelsea Martin-Burkhardt, 31, and her husband, Brandon, of Toms River discovered they were expecting their first child, they were excited. But, like many soon-to-be parents, they were also nervous. On top of the usual stressors of pregnancy, Chelsea's pregnancy coincided with the peak of the



STEVEN CULBERT, MD

COVID-19 pandemic. “I wasn't able to prepare by taking a hospital tour or going to Lamaze class and meeting other moms,” says Chelsea. “But I felt supported every step of the way.”

Chelsea was in the delivery room when her best friend gave birth with the help of a midwife, so she knew she wanted a midwife-assisted birth, too. She turned to Ocean Gynecological and Obstetrical Associates, an RWJBarnabas Health Medical Group practice affiliated with Community Medical Center (CMC). “We're the only practice in the area that has a combined

VIRTUAL CHILDBIRTH EDUCATION

Community Medical Center is offering childbirth education classes virtually. The childbirth series provides tips on nutrition during pregnancy, labor and delivery and newborn care. The breastfeeding class offers information about techniques, positions and day-to-day management. To register for one of these classes, which are offered once a month, call **732.557.8034**.



obstetrician/gynecologist and midwife service,” said Steven Culbert, MD, an ob/gyn who was involved in Chelsea’s care. “Our goal is to provide a safe and personalized experience and ensure that each patient is able to have the birth she wants.”

The team of obstetricians and certified nurse midwives—who provide the full spectrum of obstetric and gynecologic care—uses a collaborative approach to patient care, so Chelsea alternated prenatal appointments with physicians and midwives. “I had the option to attend my appointments

virtually, but I always chose to go in person,” she says. “It made my pregnancy feel more normal, and the emotional support of the staff helped to ease my fears. The staff always took the time to answer all of my questions.”

In addition to honoring the choices of the patient, the practice’s physicians and midwives work together to reduce the need for Cesarean sections. They do this by ensuring that a caregiver is with the patient at all times during labor. “Our approach offers a safety net and makes patients feel comfortable,” says certified nurse midwife Lori Sherman, MPH, MSN, CNM. “Even when a patient opts for a midwife, she has access to a physician if an emergency situation arises.” CMC ob/gyns are experienced in delivering twins as well as performing versions (manually turning babies that are in the breech position) and vaginal births after Cesarean.

COMPREHENSIVE CARE

One day, at 28 weeks, Chelsea began experiencing sharp pains and feared her baby was in danger. She rushed to CMC and learned that she had a kidney stone, which was unrelated to the pregnancy. Since she was entering her third trimester, she was cared for in the Labor and Delivery unit as a precaution. “It gave me a chance to meet the Labor and Delivery nurses at CMC,” says Chelsea. “It made me feel comfortable with the birth experience I was going to have.”

At CMC, board-certified obstetricians, anesthesiologists and neonatologists are available 24 hours per day, seven days a week. Nurses specialize in both maternity and newborn care. A Level II Special Care Nursery provides

care for newborns who are born as early as 32 weeks. Patient rooms are private and equipped with jacuzzi tubs, birthing balls, squat bars and other amenities. CMC also offers childbirth preparation courses (see “Virtual Childbirth Education”) and certified lactation consultants.

A SUCCESSFUL DELIVERY

In late June, two days past her due date, Chelsea noticed that she wasn’t feeling the baby’s usual movement. Worried, she called her healthcare provider and was told to go to the hospital immediately. Fetal monitoring confirmed that the baby was moving normally, but Chelsea’s amniotic fluid was low and labor would need to be induced.

After the induction, Chelsea labored with the support of nurses and midwives, including Sherman. They helped Chelsea get into different positions to keep her comfortable. She used a squat bar and birthing ball during labor. “I felt like I had so many options,” says Chelsea. “The equipment made my labor faster and easier.”

Shortly after midnight on July 1, August “Auggie” Hope Burkhardt came into the world, weighing 7 lbs., 4 oz. Chelsea and her husband were not allowed to leave the hospital room due to COVID-19, but they found the nursing staff to be very helpful. The nurses taught the couple how to swaddle, burp and bathe the baby—and distinguish among different types of cries. “As a first-time mom, it was important for me to feel comfortable, safe and respected,” says Chelsea. “I found that at Community Medical Center.”

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





TEACHING THE NEXT GENERATION OF DOCTORS

COMMUNITY
MEDICAL CENTER
IS BECOMING A
TEACHING HOSPITAL,
ELEVATING THE LEVEL
OF PATIENT CARE.



From left to right: Nicole Maguire, DO, FACEP, Program Director for Emergency Medicine; Vinod Nookala, MD, FACP, Program Director for Internal Medicine; and Vincent J. Migliori, DPM, FACFAS, Program Director for Podiatry

When you go to your local hospital for an emergency, surgery or to have a baby, you expect high-quality care. If you choose an academic medical center, you'll not only receive high-quality care, but you'll also have access to the latest treatments and tests as well as clinical trials. That's why Community

Medical Center (CMC) has embarked on a journey to become a teaching hospital. "A teaching program will benefit patients because it will elevate the level of care we provide," says Patrick Ahearn, Chief Executive Officer at CMC. "All of our healthcare providers will be working at the top of their game."

Four years ago, when Ahearn joined CMC, he wanted to determine if there was an appetite among staff members for becoming a teaching hospital. "You need an environment where healthcare providers are enthusiastic about teaching, and I felt this was embraced," he says. Currently, CMC has a nurse residency program, which helps transition new graduates of registered nursing programs into practice. The hospital also educates pharmacy, social work, nutrition, rehabilitation and radiology students.

A PLAN FOR MEDICAL EDUCATION

In 2019, the hospital began the process of developing the program. Staff members chose specialties based on the patient population, which skews older (about 70 percent are Medicare patients). They chose to focus on emergency medicine, internal medicine and podiatry, each of which involves three years of training. The next step was to apply to the Accreditation Council for Graduate Medical Education (ACGME) and demonstrate that CMC had a plan for educating medical students. The hospital had to show that it had a residency program director and a rotation schedule for residents. For instance, emergency medicine residents must spend a certain amount of time in the Emergency Department, trauma, sonography and toxicology. Internal medicine residents must learn about various subspecialties, including cardiology and gastroenterology. Podiatry residents will learn about

elective foot and ankle surgery, reconstructive procedures and wound care.

The hospital also must have a place for the residents to study, learn and live. It had to create a wellness program for residents and a faculty development program, which shows attending physicians how to teach. CMC's current physicians are back in the classroom, learning how to teach and train residents in a program conducted by Rutgers Medical School faculty.

INVESTING IN COMMUNITY HEALTH

In September, the ACGME approved CMC's residency program. Residents began having virtual interviews for the residency program in October, and "matching"—in which students and hospitals rank their top choices—will take place in March. Twelve positions are available for the emergency medicine and internal medicine programs, and three positions are open for the podiatry program.

The goal is to start the program in June. CMC plans to train residents in surgery and obstetrics starting in 2022. "It will be exciting to watch residents infuse themselves in the collaborative environment of CMC," says Meika Neblett, MD, Chief Medical Officer. "We're proud of the medical staff, who have built a great foundation for the residency program. We're excited to invest in the future medical staff and our community." The ultimate goal, of course, is for residents to practice in the community. "This is a chance for the medical staff to train their future partners and colleagues," says Neblett.

Patients will benefit from having a teaching hospital close to home. "They deserve access to the best care without having to travel to New York or Philadelphia," says Ahearn. "We'll be able to improve the quality of care for the more than 600,000 people who live near the hospital."

To learn more about Community Medical Center and its residency program, visit www.rwjbh.org/community.





From left: Philip Brilliant, CHMM, PSRP, board member, Michael's Feat; Dana Puharic, co-founder, Michael's Feat; Patrick Ahearn, Chief Executive Officer, CMC; Lisa Schlesinger, MSN, RN, Administrative Director, Nursing, CMC; and Jennifer Shufan, Vice President, CMC Foundation, toured the Michael's Feat resource room during its construction.

A FAMILY ROOM AWAY FROM HOME

A NEW SPACE HELPS PARENTS OF SERIOUSLY ILL NEWBORNS RELAX, RECHARGE AND CONNECT.

Every year, up to 200 babies are admitted to Community Medical Center's Level II Special Care Nursery. These infants are born early or have health problems, and they may spend weeks or months at the hospital. Until recently, "there was nowhere for parents to go to relax," says Alexander Feldman, MD, Director of Neonatology at CMC and assistant professor of pediatrics at Rutgers Robert Wood



ALEXANDER FELDMAN, MD

Johnson Medical School. Now families can recharge in a family room away from home, thanks to a generous gift from Michael's Feat, a non-profit organization

dedicated to helping families of seriously ill newborns in Ocean and Monmouth counties. "When your baby is in the hospital, your whole family is disrupted," says Adam Puharic, co-founder of the organization. His son, Michael, was born with a chromosome disorder in 2000 and passed away.

Over the past 20 years, Michael's Feat has raised more than \$2 million to help local families of ill newborns. The organization has provided parents with gas cards and food vouchers and has donated funds to hospitals for special equipment.

A COMFORTABLE SPACE

CMC's new family room, which is located near the Special Care Nursery, has couches, tables, magazines, children's toys, a refrigerator, outlets

for recharging computers, a TV and lockers for belongings. There are also books about babies who need special care. Pictures of NICU babies are featured on the walls, and there's a butterfly mural. "Yellow butterflies had a significant meaning because they would show up at random times and remind us of our son," says Dana Puharic, Michael's mom. Parents can now take a break, have a meal and regroup in the family room and still be within earshot of their baby.

The family room was finished in the fall of 2020. "It's a great community area for families of babies in the Special Care Nursery," says Dr. Feldman. "It's important for them to be able to share their experiences so they can get through this difficult time together."

For more information about the Community Medical Center Foundation, call 732.557.8131 or visit www.cmcgiving.org.



FAST FACTS ABOUT

CARDIAC STRESS TESTS

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

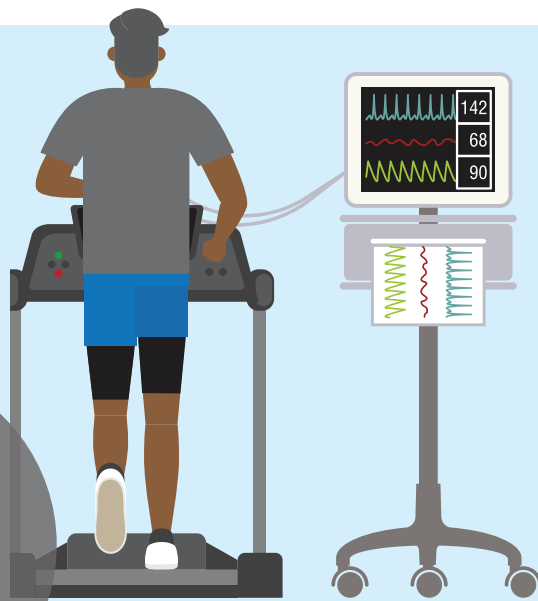
A stress test is a way to detect heart disease while the body is in motion.

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

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



SHARAN MAHAL, MD



WHAT HAPPENS DURING AN EXERCISE STRESS TEST?

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



STRESS TESTS ARE PRESCRIBED WHEN SYMPTOMS EXIST.

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



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

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



THERE ARE DIFFERENT KINDS OF STRESS TESTS.

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

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



CANCER SURGERY: PART OF A PLAN

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

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

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



H. RICHARD ALEXANDER JR., MD

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

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

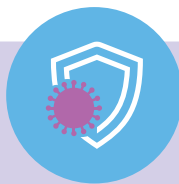
COMPLEMENTARY TREATMENTS

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

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

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

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



CANCER CAN'T WAIT

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

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

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

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

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

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

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

NEXT STEPS

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

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

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

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

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

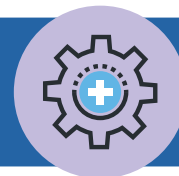
"When it comes to cancer treatment, patients shouldn't move forward until they're absolutely certain the best care plan has been presented to them," says Dr. Alexander. "We're uniquely positioned to provide that plan through the partnership between Rutgers Cancer Institute and RWJBarnabas Health."

Cancer Institute or RWJBH facilities, including:

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

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

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





WHAT A HOSPITALIST CAN DO FOR YOU

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

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



MANINDER ABRAHAM, MD

Maninder “Dolly” Abraham, MD, has been a

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

What is a hospitalist?

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

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

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

How does the hospitalist manage a patient's care?

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

FAST FACTS ABOUT HOSPITALISTS



1996

IT'S A RELATIVELY NEW FIELD

The term "hospitalist" was coined in 1996.



60,000

IT'S GROWING FAST

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



30%/20%

THEY SAVE TIME AND MONEY

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



March 4

NATIONAL HOSPITALIST DAY

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

Sources: Staffcare.com, Society of Hospital Medicine

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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





THE TRUTH ABOUT DEPRESSION AND OLDER ADULTS

SYMPTOMS TO WATCH FOR, AND HOW TO GET HELP

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



FRANK GHINASSI, PhD



JESSICA ISRAEL, MD

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

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

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

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

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

How does social isolation affect seniors?

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

course, COVID-19 struck older adults in disproportionate ways. I would say that a significant number of my patients were able to stay safe at home and find new resources to help them stay connected, although some of them needed extra help to find those connections and services.

DR. GHINASSI: The folks we worry most about have a troubling package of circumstances—for example, they live alone, their children have moved away or they never had children, friends are beginning to die off, or they’ve moved to a community where they don’t have an existing network. Some may begin to show cognitive decline. If that’s combined with a history of depression or anxiety, that’s when we get most concerned.

What are signs of depression?

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

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

How can loved ones help?

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

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



HOW TO THRIVE WHILE SOCIAL DISTANCING

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



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



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



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



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



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



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



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

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



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



ONE STEP AT A TIME



Children's Specialized Hospital®

An RWJBarnabas Health facility

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

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

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

TRUSTING THE PROCESS

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

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

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

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

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

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

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

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

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

MORE THAN JUST MEMORY LOSS

A GERIATRICIAN EXPLAINS THE SURPRISING SYMPTOMS OF ALZHEIMER'S DISEASE.

More than 5 million Americans ages 65 and older are living with Alzheimer's disease, which affects memory, thinking and behavior, according to the Alzheimer's Association. Unfortunately, the number of cases is expected to nearly triple by 2050. Here, Joshua Shua-Haim, MD, a geriatrician at Community Medical Center, explains common symptoms and how the disease is treated.

What are the symptoms of Alzheimer's disease?

In the early (mild) stage of the disease, patients may forget names, misplace objects, have trouble finding words and ask the same questions over and over. Later, in the "moderate" stage, memory loss and confusion worsen, and patients may wander or have trouble recognizing family members and friends. They may be less aware of their condition and blame others for hiding things they misplace. They may also appear agitated and aggressive. By the advanced stage of the disease, patients have trouble communicating, walking and sitting and require assistance with personal care.

What might people be surprised to learn about the disease?

Memory loss isn't the only symptom. Up

to 75 percent of patients are brought to me because of behavior problems. They blame people for stealing their jewelry and hiding the keys to their car. Their caregiver and family might dismiss their memory loss in the beginning stages of the disease because denial is a very common problem.

What types of medications are available to treat Alzheimer's?

There's no cure yet, but several medications can help stabilize mental function for a short time—about six months to a year—in some patients. These drugs regulate neurotransmitters, chemicals that carry messages between nerve cells in the brain. Other medications are prescribed to manage

behavioral symptoms, such as anxiety and depression.

What's the best way to care for someone with Alzheimer's?

It depends on the stage of the disease. In the mild stage, patients can function well at home, especially if they have a spouse or caregiver living with them. In the moderate stage, patients benefit from adult day care programs, which provide socialization and activities in a safe environment. This also gives caregivers a much-needed break and time to take care of their own needs. By the advanced stage, the vast majority of patients require round-the-clock care and medical treatment in a nursing home.



JOSHUA SHUA-HAIM, MD



For a referral to a physician, call **888.724.7123** or visit www.rwjbh.org/doctors.



FIGHTING HUNGER

2020 WAS A RECORD YEAR FOR COMMUNITY MEDICAL CENTER'S ANNUAL FOOD DRIVE, WHICH BENEFITS COMMUNITY MEMBERS IN NEED.



Employees of Community Medical Center (CMC) rely on the cafeteria for tasty and nourishing meals. But on August 20, the scenario was flipped: Employees and medical staff members brought groceries to the cafeteria instead. The occasion was the 14th annual Healthcare Harvest Food Drive, which is aimed at helping community members in need.

Donations were weighed and readied for pickup by the People’s Pantry of Toms River. By day’s end, 17,000 pounds of food had been collected. In addition, \$17,000 in cash and gift cards arrived courtesy of CMC’s physicians’ group, food vendors and others—enough to buy another 17,000 pounds of food.

The food drive is organized by Thomas Yanisko, Administrative Director of Hospitality Services at CMC. “I always thought that as one of the larger employers in Ocean County, we had an obligation to give back to the community,” he says. “Our chefs’ association did a lot of work with food banks and feeding areas throughout the county, and I saw how these organizations benefited the community. I wanted to try to make a difference for people in need in Ocean County.” In 2007, he launched the first drive.

THE CHALLENGES OF THE CORONAVIRUS

Yanisko starts planning each year’s food drive in January, and the event is traditionally held in early June, as

school lets out. “A lot of kids don’t have access to meals during the summer, so we thought it would be a good time to replenish local food pantries,” he says.

The coronavirus put this year’s plans on hold, but CMC was determined to hold the drive. “A lot of people couldn’t work because of social distancing, so the community was in need of food,” he says. “We thought it was more important than ever to hold the drive.” The decision was made to wait until things settled down, then reschedule the date to late August.

CMC’s employees and medical staff members were ready and eager to participate. “Everyone tends to look forward to the event,” says Yanisko. “It’s become part of our culture. As the date of the drive approaches, each department starts thinking of ways they can collect food. Many employees shop at nearby stores like Costco and Aldi, which boosts our local economy.”

One of the reasons the drive is so well loved is because of Yanisko’s creativity. “After the first year we collected food, I wanted to make it more fun and festive,” he says. Departments enter into friendly rivalries to win one of several awards. “There’s the Caring Can trophy, which goes to the department that collects the largest amount of food by weight per team member,” says Yanisko. “We also have the Silver Spatula award for the department that donates the largest amount of food by weight. The

Community Medical Center recently held its 14th Annual Healthcare Harvest and brought in 17,000 pounds of food and an additional \$17,000 in cash and gift cards.

Comeback Claret is for the department that has the biggest increase from the previous year.”

Then there’s the “Wheel of Wack,” which is awarded to the department that creates the most festive entrance to the cafeteria. “This year, the cardiology department dressed up as a bunch of nuns and came in singing ‘The Sound of Music,’” says Yanisko.

A LABOR OF LOVE

All joking aside, Yanisko and the CMC staff members have made great strides in fighting hunger in the area. “This year, we donated the largest amount of food in the history of the program,” he says. Since the food drive began, staff members have collected more than 250,000 pounds of food for Ocean County residents.

The food drive may be a massive undertaking, but it’s a labor of love for Yanisko. “At the beginning of a drive, I might be pessimistic because I feel like we’re underachieving,” he says. “But Community Medical Center employees have always exceeded my expectations. One of the most exciting parts of the drive is seeing our cafeteria at the end of weigh-in day. It’s filled with food that will be given to those in need within 24 hours. For me, it’s incredibly satisfying.”



CONVENIENT CARDIAC CARE

**THANKS TO A NEW OUTPATIENT LOCATION, PATIENTS HAVE
EASIER ACCESS TO VASCULAR TESTING AND TREATMENT.**



Top: Patrick Ahearn, CEO, Community Medical Center, and team celebrate the opening of the new Cardio Vascular Lab. **Bottom:** The lab offers state-of-the-art technology to care for patients.

At Community Medical Center (CMC), patients benefit from a collaborative approach to vascular care. Now they will also benefit from a convenient outpatient location for testing and treatment. “Patients don’t have to worry about parking at the hospital, registering at the front desk or sitting in a hospital waiting room,” says Randy Shafritz, MD, RPVI, FACS, a board-certified vascular and endovascular surgeon and Regional Director of Vascular Services for Community Medical Center (CMC), Monmouth Medical Center and Monmouth Medical Center Southern Campus. He is also a member of RWJBarnabas Health Medical Group. That means patients will be able to receive high-quality care more quickly. “The testing and waiting times will be much shorter,” says Samir Jain, MD, FACC, a cardiologist at CMC and a member of RWJBarnabas Health Medical Group.

The new vascular lab, which is housed in the Riverwood Building on the CMC campus, offers evaluation, imaging and treatment services under one roof. The physician offices are located on the second floor, and procedures and imaging services are on the first. Patients can undergo outpatient vascular procedures, such as vein ablation, in which varicose veins are closed; phlebectomies, in which varicose veins are removed; and removal of catheters. In addition, patients can have sophisticated tests, such as duplex ultrasound, which is used to evaluate how well blood moves through arteries and veins, and venous reflux testing, which determines whether blood flows backward when a person stands or sits. The lab also offers screening for peripheral artery disease (PAD), in which



LYNNE EINBINDER, MD



SAMIR JAIN, MD, FACC



RANDY SHAFRITZ, MD, RPVI, FACS



HARIS USMAN, MD

blood flow to the extremities is reduced.

Other vascular tests include nuclear stress testing, in which a radioactive substance is injected into the bloodstream and a state-of-the-art camera takes pictures of the heart while a patient exercises. With an echocardiogram, ultrasound is used to examine the heart. Staff members, including the lab’s technicians, have special training in vascular ultrasound. Lynne Einbinder, MD, a cardiologist at CMC and a member of RWJBarnabas Health Medical Group, holds a Registered Physician in Vascular Interpretation certification, which means she has advanced training and expertise in evaluating these scans. Since the physicians and technicians work in the same building, a technician can call one of the physicians into the exam room during an imaging test if he or she is concerned. “We can provide real-time patient care,” says Dr. Einbinder.

THE POWER OF TEAMWORK

George Schermond, 75, of Ocean has always been active, even though he has chronic obstructive pulmonary disease, also known as COPD. Several years ago, he helped his daughter redo her kitchen. But after his wife passed away at the end of 2017, he noticed he didn’t have the energy he once had. He also noticed he had chest pain and swelling in his ankles. In 2018, he saw his family physician, who referred him to Lynne Einbinder, MD, a cardiologist at Community Medical Center (CMC), for vascular testing, including an ultrasound of his heart. The results showed that he was at risk for a heart attack and needed cardiac stenting, in which a small, mesh tube is placed inside a narrowed or blocked artery to keep it open and improve blood flow to the heart. Dr. Einbinder referred George to her colleague, Haris Usman, MD, an interventional cardiologist at CMC. Three days later, Dr. Usman placed two stents in George’s cardiac arteries. George participated in cardiac rehabilitation and regained his energy, but about a year later he developed an aortic aneurysm, in which there’s a bulge in the aorta, the large artery that carries blood from the heart through the chest and abdomen. This required another stent. “I feel good now,” he says. “I’m very pleased with my care. Dr. Einbinder and Dr. Usman saved my life.”

ENSURING CONTINUITY OF CARE

At the new vascular lab, cardiologists, a vascular surgeon and an interventional radiologist collaborate to care for patients with a variety of vascular problems, such as peripheral artery disease, diabetic foot ulcers, venous insufficiency, abdominal aortic aneurysms and carotid artery disease. After a patient has an imaging test, the physicians develop a treatment plan and coordinate his or her care. “We confer with each other,” says Haris Usman, MD, an interventional cardiologist and a member of RWJBarnabas Health Medical Group. “This streamlines the process of testing and treatment.”

The physicians meet on a weekly basis to discuss challenging cases. If, for instance, Dr. Einbinder is concerned that a patient might be at risk for a heart attack, she can refer the patient to Dr. Usman. (See “The Power of Teamwork.”) The vascular team also refers patients with foot-related problems, such as diabetic foot ulcers, to CMC’s podiatrists. “We ensure continuity of care and long-term follow-up,” says Dr. Einbinder. “We concentrate on improving patient outcomes.”

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



STATE-OF-THE-ART EMERGENCY CARE

A NEW EMERGENCY DEPARTMENT WILL
PROVIDE SAFE, HIGH-QUALITY AND
EFFICIENT TREATMENT.



When you visit the Emergency Department (ED), you want the right diagnosis—and you want to go home as quickly as possible. With that in mind, Community Medical Center (CMC) has redesigned the ED



WILLIAM DALSEY, MD

“from the patient’s point of view,” says Neil Bryant, Vice President of Support Services. “The idea is to bring care to the patient.”

The first phase of the three-year

renovation is now complete. “We’re committed to becoming the best ED in the region,” says William Dalsey, MD, Chair of the Department of Emergency Medicine. Here’s how patients will benefit:

- **There will be individual rooms** with glass walls, which will help reduce the chance of infection. When the renovation is complete, the ED will have a total of 99 beds.
- **The air in the ED will be filtered to protect against infection.** In response to the COVID-19 pandemic, the hospital’s construction plans were updated to reflect what healthcare

providers were learning about infection prevention and safety. The heating and air system has been modified to provide additional areas with negative pressure, which helps to prevent germs from spreading. “This significantly reduces the transmission of respiratory-borne illnesses like COVID-19,” says Dr. Dalsey.

- **The space will be more open.** Physicians, nurses and other healthcare providers will be assigned to certain care areas, but they will be able to see patients from anywhere in the ED. “All of the providers will be connected visually, so if a patient



Left: The new helipad located on the roof of Community Medical Center (CMC) will cut the amount of time it takes for a patient to be transferred to another hospital. **Above:** CMC recently opened Phase 1 of its new Emergency Department, which includes 35 new private rooms.



A NEW HELIPAD

Critically ill pediatric patients or adults who need heart surgery or neurological intervention or have suffered burns are transported to a tertiary center, such as Robert Wood Johnson University Hospital (RWJUH), Saint Barnabas Medical Center or Newark Beth-Israel Medical Center. Until recently, patients were driven to a helipad in a baseball field near Community Medical Center (CMC). Now they can simply get into an ED elevator and take a ride to the roof of the hospital. There, they will board a helicopter, which will take them to the appropriate facility. It's a 14- to 15-minute flight to RWJUH, which can save a life. "Being able to move people rapidly to other facilities improves our ability to care for the community," says Neil Bryant, Vice President of Support Services. Likewise, the helipad will allow patients at other facilities to be more easily transported to CMC.

- **There will be specialized areas of care for patients.** There will be separate areas for critically ill, psychiatric and pediatric patients. "We will have resuscitation areas, which will allow us to take better care of seriously ill patients," says Dr. Dalsey.
- **Sensory rooms will keep the youngest patients calm.** There will be two sensory rooms, which will feature lights that change colors to help soothe anxious pediatric patients.
- **There will be a care initiation area.** Providers will take a patient's vital signs, such as blood pressure, and begin care in a special area before moving him or her to a room.

needs additional care, they can help," says Bryant. The open space encourages teamwork and integration of care, says Dr. Dalsey.

- **The waiting room won't be crowded.** The open space will help ensure efficiency, says Bryant. "People will be triaged and treated, then moved into the results waiting area and discharged," says Bryant. "Few patients will be sitting in the waiting room because there will be continuous patient flow."
- **Patients will come to a single triage area.** There are two entrances—one for walk-in patients

and one for an ambulance. All of these patients will come to one area, improving patient flow and efficiency, says Bryant.

- **Radiology will be located in the ED.** The hospital has purchased a new CT machine, digital X-ray machines and ultrasound units. The equipment will be located in a convenient area so patients don't have to travel far for testing.

To learn more about Community Medical Center, visit www.rwjbh.org/community.



With a single sentence, you can impact the future of health care.

By adding as little as one sentence to your will, you can impact the future of Community Medical Center. Designating the medical center as a partial beneficiary of your estate will help ensure that the next generation has access to extraordinary care, right in their local community.

For simple bequest language or further information, please contact Jennifer Shufran at **732-557-8134** or Jennifer.Shufran@rwjbh.org. Information is also available online by visiting cmcgiving.org

Community Medical Center

RWJBarnabas HEALTH

Let's be healthy together.

