

A Publication of
MONMOUTH MEDICAL CENTER

SPRING 2019

healthy *together*

**HELPING A NOBEL
PRIZE WINNER
FIGHT
CANCER**

**BETTER
MATERNAL
HEALTH**

**BACK IN
ACTION
AFTER
NECK
SURGERY**

**WHERE TO GET
THE BEST CANCER CARE**

SAFETY: It Takes a Team

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

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

At Monmouth Medical Center (MMC), we embrace RWJBarnabas Health's continuing quest to unite hospital staff in a culture of safety to achieve top-tier clinical outcomes and deliver the highest quality care and safest experience for our patients, communities and workforce. We are proud of our commitment to delivering Safety Together. It builds upon our past successes in safety and quality and uses new tools to ensure the health of our patients. Every team member at MMC is responsible for transforming the way we think and behave with regard to safety, error prevention and performance excellence.

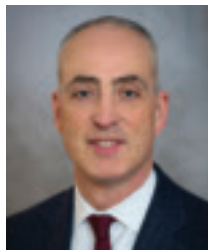
Becoming an HRO means everyone who works for RWJBarnabas Health knows that they can make a difference for our patients, for their teammates at work, and for our communities as a whole. We're excited to empower our family of employees to do everything possible to support our mission of excellence as we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

Yours in good health,

BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH



ERIC CARNEY
CHIEF EXECUTIVE OFFICER
MONMOUTH MEDICAL CENTER



HEALTH NEWS

NEW LEADERSHIP

In February, RWJBarnabas Health announced several changes in leadership. Eric Carney, most recently Chief Operating Officer of Monmouth Medical Center (MMC), is now Chief Executive Officer (CEO). Bill Arnold, the former president and CEO of MMC, is now president of the Southern Region. He has operational, philanthropic and strategic responsibilities for Community Medical Center in Toms River, MMC in Long Branch, Monmouth Medical Center Southern Campus in Lakewood and all other healthcare ventures in Ocean and Monmouth counties.

TOP HOSPITAL RATINGS

MMC was the only hospital in New Jersey to be named one of the nation's 100 Top Hospitals by IBM Watson Health, which uses independent research to analyze hospital and health system performance. MMC was recognized in the teaching hospital category. In addition, MMC was named a Top Teaching Hospital by The Leapfrog Group, a nonprofit organization, for the second consecutive year. The Leapfrog Top Teaching Hospital award is widely acknowledged as one of the most competitive honors American hospitals can receive.

High-Tech Help For Opioid Use Disorders

MMC is one of three pilot sites in Monmouth County testing a remote care management program for pregnant and postpartum women with opioid use disorders. It uses mobile technology to guide pregnant and postpartum women through their pregnancy and the baby's first 15 months. It also provides addiction management. The goal is to help these women develop resiliency.

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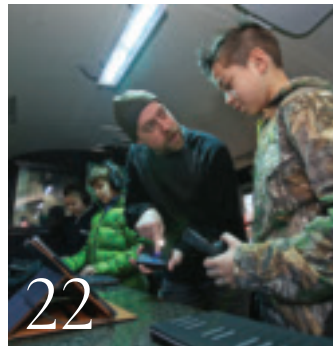
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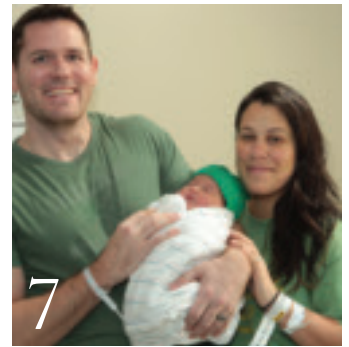
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RWJBarnabas Health and Monmouth Medical Center, in partnership with Rutgers Cancer Institute of New Jersey—the state's only NCI-Designated Comprehensive Cancer Center—provide close-to-home access to the latest treatment and clinical trials. Visit www.rwjbh.org/beatcancer.



Shawna Dempsey (center) is grateful to Manpreet Kohli, MD (left), and Gregory Greco, DO (right), for saving her life and enabling her to complete treatment with no visible reminder of the cancer or her mastectomies.

SURGERY WITHOUT VISIBLE SCARS

AN INNOVATIVE APPROACH TO BREAST CANCER TREATMENT ENABLED ONE YOUNG PATIENT TO MOVE PAST HER DIAGNOSIS AND TREATMENT QUICKLY.

When Shawna Dempsey lost her mother to cancer in 2015, she never imagined she'd be diagnosed with the disease just two years later. It was especially shocking because Shawna was only 31, active and a nonsmoker. "It was the scariest experience of my life," she says.

Fortunately, Shawna, who lives in Middletown and is manager of dining services at Rutgers University, had early-stage breast cancer, and her prognosis was excellent. She had high-grade ductal carcinoma (the cancer was in the milk ducts) in her right breast. Shawna was diagnosed at Monmouth Medical Center (MMC) and was told she was a good candidate for a nipple-sparing mastectomy, in which the breast tissue would be removed but the nipple would be saved. To ensure she was making an informed decision, Shawna got a second opinion at a well-known cancer center. She was told she was not a candidate for a nipple-sparing mastectomy and would need three surgeries (a mastectomy, implants and nipple reconstruction). "I was devastated," she says. "The recovery would be twice as long as the nipple-sparing procedure."

A BETTER COSMETIC RESULT

Shawna returned to MMC, where she met with breast surgeon Manpreet Kohli, MD, FACS, Medical Director of Breast Surgery at the Jacqueline M. Wilentz Comprehensive Breast Center and a member of Barnabas Health Medical Group. "I felt an immediate connection with her," says Shawna. "She put me and my family at ease. My gut told me to choose MMC for treatment because I'd be in the best hands there."

Dr. Kohli recommended performing the nipple-sparing mastectomy using the Hidden Scar technique, in which the physician removes cancerous tissue through a single incision in an inconspicuous area, resulting in less visible scarring. She is a Hidden Scar-trained surgeon, and MMC is the first hospital in New Jersey to be certified as a Hidden Scar Center. "Treating the cancer is always the first priority, but we

don't always have to sacrifice appearance," says Dr. Kohli, who uses the Hidden Scar technique in about 70 percent of the hundreds of breast cancer surgeries she performs each year. "With the Hidden Scar approach to surgery, we are able to place the incision in a location that is difficult to see. As a result, the scar is not easily visible when the incision heals. This is important because scars have a significant impact on patients' body image, intimacy, confidence and mental health."

Working with plastic and reconstructive surgeons at MMC, Dr. Kohli is able to preserve the skin covering the breast, maintaining its natural contour. Reconstruction using an implant or the patient's own tissue can be done at the same time. "We're committed to giving women access to transformative options in breast cancer surgery," says Gregory Greco, DO, MMC's Chief of Plastic and Reconstructive Surgery.

The Hidden Scar surgery can be performed whether a patient is having a mastectomy or a lumpectomy. To use the approach for a mastectomy, the patient must have a nipple-sparing procedure. The scar is located underneath the breast, says Dr. Kohli. With a lumpectomy, the surgeon removes the tumor and a small portion of healthy tissue but saves the remainder of the breast. The scar is located either underneath the breast or along the border of the areola (it blends in with the pigment), says Dr. Kohli.

Surgeons who use the Hidden Scar approach work in a small space to remove a tumor or breast tissue, so the area must be well-lit. The company that developed the Hidden Scar technique, Invuity Inc., pioneered a technology called Photonics, which illuminates the entire breast cavity and is integrated into surgical devices.

MOVING PAST THE DIAGNOSIS

Shawna had a double mastectomy using the Hidden Scar approach and was able to return to work in four weeks. "I have no



BEST CANDIDATES

In order to undergo the Hidden Scar procedure, a breast cancer patient must be a good candidate for a nipple-sparing procedure. There are two key considerations, says Manpreet Kohli, MD, FACS, Medical Director of Breast Surgery at the Jacqueline M. Wilentz Comprehensive Breast Center and a member of Barnabas Health Medical Group:

- The patient's nipple must be cancer-free.
- Ideally, the patient's nipple is centrally located on her breast. In order for the nipple to "survive" surgery, it must receive blood supply from the surrounding tissue. With a large, heavier breast, the distance to the nipple is longer, and there's a chance that surgery could disrupt the blood supply, says Dr. Kohli.

visible reminder of the mastectomies or malignancy," she says. "Psychologically and emotionally, this has helped me to move past my cancer diagnosis."

Shawna is comfortable knowing that she hasn't sacrificed safety for the sake of appearance. Patients who undergo Hidden Scar surgery aren't at higher risk of a recurrence than those who have traditional surgery, says Dr. Kohli.

Shawna is grateful to her physicians at MMC. "Dr. Kohli, Dr. Greco and their team not only saved my life, but they also helped me preserve my identity so I can live a normal life after breast cancer," she says. Indeed, she and her fiancée are expecting their first child—a girl—this summer.

Learn more about the services of the Jacqueline M. Wilentz Comprehensive Breast Center at www.monmouthwilentzbreastcenter.com. For more information on Hidden Scar, visit www.breastcancersurgery.com. Early detection of breast cancer saves lives. Visit www.rwjbh.org/mammo to request a mammography appointment at an RWJBarnabas Health facility near you.

Your heart doesn't beat just for you.

Get it checked. It beats for your husband or wife, your children and grandchildren. It beats for your brothers and sisters, your friends and lovers. It beats for everyone who cares deeply about you. So please, get your heart checked. For them. For you. For more information and to make an appointment with one of New Jersey's top cardiologists, **visit [rwjbh.org/heart](https://www.rwjbh.org/heart).**

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Left: Parents Matt and Sam Seward of Freehold with baby Maisie, who is wearing a green cap in honor of Maternal Health Awareness Day. Below: Suzanne Sernal, DNP, and Robert A. Graebe, MD, are dedicated to improving the quality and safety of maternal healthcare.



MAKING MATERNAL HEALTH A PRIORITY

A SPECIAL FOCUS ON QUALITY OF CARE AND SAFETY IS IMPROVING OUTCOMES FOR PREGNANT WOMEN AND NEW MOMS.

It's a sobering statistic: Nearly half of maternal deaths and up to 40 percent of severe complications are preventable, according to a study in the *American Journal of Obstetrics and Gynecology*. To help improve healthcare throughout pregnancy, childbirth and the postpartum period, Monmouth Medical Center (MMC) commemorated the second annual Maternal Health Awareness Day on January 23.

MMC hosted a panel discussion and Grand Rounds, a meeting at which physicians share clinical expertise and experiences. The New Jersey Commissioner of Health, Shereef M. Elnahal, MD, MBA, attended the event. "It's a collective accountability that we have as a state to prioritize this as a public health issue and to reward hospitals such as Monmouth that have made a concerted effort to improve these outcomes," he said during the panel discussion.

FOCUSING ON BEST PRACTICES

To improve the quality and safety of maternal healthcare, RWJBarnabas Health (RWJBH) formed an Obstetric Collaborative Group in 2015, and MMC is a member. "We use a multidisciplinary leadership approach to focus on best practices and clinical outcomes," says Suzanne Sernal, DNP, APN-BC, RNC-OB, CBC, Vice President of Women's Services, RWJBarnabas Health. "Monmouth Medical Center is recognized by the state for its quality outcomes. We have one of the lowest C-section rates among low-risk, first-time mothers in New Jersey."

In December 2018, the Obstetric Collaborative teamed up with the Emergency Department (ED) to identify

and treat postpartum complications as quickly as possible. "We know the majority of adverse maternal events occur in the first 42 days postpartum," says Sernal. If a patient has had a baby in the last 42 days in an RWJBH hospital, an alert will fire in her medical record. If there is no alert, Emergency Department clinicians must ask, "Have you had a baby in the past 42 days?" The goal is to decrease the risk of maternal mortality and morbidity. "The OB/ED partnership ensures that the right questions are asked of patients from the time they enter the emergency room," says Robert A. Graebe, MD, Chairman and Program Director of the Department of Obstetrics and Gynecology, Chief of Reproductive Endocrinology at MMC, and a member of the Barnabas Health Medical Group.

In addition, MMC is using posters, social media posts and fliers to educate patients and clinicians about the "Stop! Look! and Listen!" maternal safety initiative, which encourages women to mention to their healthcare providers any unusual symptoms while they are pregnant and after delivery. "Our team is committed to improving outcomes for women and their families," says Sernal.

To learn more about maternal health services at Monmouth Medical Center, visit www.rwjbh.org/mmcmaternity.

Top row, from left: Barry H. Ostrowsky, President and CEO, RWJBarnabas Health, and longtime MMC supporters Ann and Tom Unterberg. Bottom row, from left: Bill Arnold, President of the Southern Region for RWJBarnabas Health, and Sheldon and Anne Vogel.



A LASTING LEGACY

ANNE AND SHELDON VOGEL HAVE GIVEN A MOST GENEROUS GIFT TO MONMOUTH MEDICAL CENTER.

When asked about their memories of growing up in Long Branch, Anne and Sheldon Vogel often refer to Monmouth Medical Center (MMC) as “Monmouth Memorial Hospital,” where they were born. Sheldon’s uncles were the owners of Vogel’s Department Store on Broadway, where families shopped for everything from appliances to clothes for decades. When Anne recalls her fondest childhood memories, she always includes a story about her father, Police Chief Joseph Purcell, who served Long Branch for more than 30 years. The community has been an integral part of the couple’s life together.

Sheldon was a longtime financial executive and Chief Financial Officer of Atlantic Records. He was often on the road for business travel, and Anne loved accompanying him when she was able. Over the years, Anne came to know MMC’s Foundation through her leadership

and involvement in events at the hospital, now a regional healthcare facility. Since her involvement, she and Sheldon have supported MMC with many generous gifts, including the naming of the Anne Vogel Geriatrics Emergency Medicine Unit in 2017.

When the Vogels heard about plans to develop a new, state-of-the-art outpatient health campus in Tinton Falls, they wanted to become part of this transformational time. They’ve committed the largest eight-figure gift in the history of MMC. “For us, it’s important to make sure that everyone in this community is able to receive great care,” says Sheldon. “We hope this investment continues the hospital’s ability to deliver to every patient the level of care that we have been able to receive.” It’s also a way for the Vogels to continue a family tradition. “Growing up with a father and family so entrenched and respected in Long Branch,

we are honored to carry on the legacy of serving this community,” says Anne.

The Vogels hope their investment will inspire others to give. “The financial investment that the Vogels have made in the future of Monmouth Medical Center is a testament to the power of philanthropy,” says Tara Kelly, Vice President of Development. “With the generous commitment of the Vogels and donors like them, we can now expedite this pivotal moment in healthcare and redesign how MMC provides exceptional care to the next generation.”

Working alongside Sheldon and Anne has been an honor for the entire leadership team at MMC. “I feel so privileged to have met such genuine people who really care about giving back to their community,” says Bill Arnold, President of the Southern Region for RWJBarnabas Health. “This incredible personal commitment will absolutely lead the way for creating a paradigm-changing approach to care in this community.”

As the time for groundbreaking on the expansive new Tinton Falls campus nears, Sheldon says, “Let’s rock and roll!”

To learn about giving opportunities at Monmouth Medical Center, visit www.monmouthgiving.org.



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.

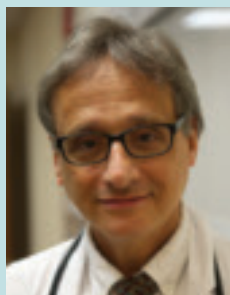
An NCI designation is a five-year grant that is acquired through an arduous, competitive, years-long process. Only 70 cancer centers in the country are chosen and of those, only 50 receive the designation Comprehensive Cancer Center, meaning

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 professional in purple scrubs is smiling and interacting with a patient. The professional has a stethoscope around their neck. The patient's hand is visible in the foreground.

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.

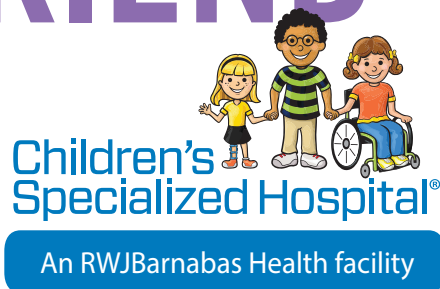
Respiratory Syncytial Virus, known as RSV, is an infection in the respiratory tract that can lead to serious problems. It's always a matter of concern when a baby gets it, but is even more so when the child has an underlying medical condition.

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.

Cathy Delaney is back at the gym after surgery performed by Jonathan H. Lustgarten, MD, Chief of Neurosurgery at MMC.



BACK IN ACTION

A COMPLICATED NECK SURGERY ENABLED ONE PATIENT TO RETURN TO HER FAVORITE WORKOUTS QUICKLY.

A COMMITMENT TO QUALITY

Monmouth Medical Center's (MMC) Spine Center received the Gold Seal of Approval from the Joint Commission, the national nonprofit organization that accredits healthcare organizations and programs. Healthcare facilities that bear the Seal of Approval must adhere to more than 250 quality of care and patient safety standards. In addition, an onsite visit is required. Joint Commission surveyors who are experts in spine surgery visited the Spine Center to determine that MMC physicians are using best practices. As a result, patients who choose the Spine Center for orthopedic surgery can be confident they will receive high-quality care.

For Cathy Delaney, fitness is a way of life. The 59-year-old Toms River resident routinely takes spinning classes and walks or hikes whenever possible. But in April 2018, Cathy, a retired attorney who works at a Department of Motor Vehicles Agency, began experiencing occasional weakness and a pins-and-needles sensation in her right arm while exercising.

She saw a neurosurgeon, who ordered an MRI. The test revealed damage to four spinal discs in her neck (C3 through C7), which act as shock absorbers between the bones, or vertebrae, in the spine. A possible cause? In 2007, she was in a car accident, which may have led to degenerative changes in her neck. The physician told her she needed surgery and frightened her by warning that her voice could change or disappear and swallowing might be difficult for several months.

Before proceeding with surgery, Cathy wanted to be sure she was making an informed decision. She saw two orthopedic surgeons who also recommended surgery. Finally, she made an appointment with Jonathan H. Lustgarten, MD, Chief of Neurosurgery at Monmouth Medical Center (MMC). Dr. Lustgarten ordered a

flexion X-ray—in which the patient moves his or her neck to assess the stability of the cervical spine—and CT scan, both of which confirmed the MRI finding. He recommended a five-level anterior and posterior cervical fusion, in which the damaged spinal discs are removed. He reassured her that the risks, while possible, were unlikely to occur.

The complexity of Cathy's case required Dr. Lustgarten to perform a two-stage surgery involving incisions in the front and back of her neck. "Because the damage to her neck was so severe and the repair involved not just removing discs but also two vertebrae, we felt it was necessary to do a second procedure through the back of her neck to insert rods and screws to support the repair," says Dr. Lustgarten.

A COMPLETE RECOVERY

On November 30, 2018, Cathy had the six-hour procedure at MMC. She praised Dr. Lustgarten and her anesthesiologist, Judith Johnson, MD, who said this was the worst neck condition she had ever seen.

Cathy was released three days after surgery. At discharge, Dr. Lustgarten recommended that Cathy walk as much as

possible. She initially walked two miles per day, but by the end of the week, she was up to three and a half miles a day.

Today, Cathy walks five miles a day and is back to spinning, kickboxing and weight training. "The care I received from everyone at Monmouth Medical Center's Spine Center was phenomenal," she says.

To learn more about the Spine Center at Monmouth Medical Center, call **888.723.7124**.



RWJBarnabas Health and Monmouth 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.

TEAMING UP AGAINST CANCER

**A MULTIDISCIPLINARY
TEAM IS HELPING
A NOBEL PRIZE
RECIPIENT BATTLE AN
AGGRESSIVE DISEASE.**

Nobel Prize recipient Arthur Ashkin, PhD, center, with his wife, Aline, and his healthcare team at Monmouth Medical Center. From left: Sang E. Sim, MD, radiation oncologist; Kenneth M. Granet, MD, Chairman of the Department of Medicine; and David J. Sharon, MD, Chief of Oncology and Medical Director of the Leon Hess Cancer Center.

There's never a good time to be diagnosed with cancer, but for Arthur Ashkin, PhD, of Rumson, the timing was particularly inconvenient. Dr. Ashkin, who, at 96, became the oldest person to win the Nobel Prize, was unable to attend the December 2018 awards ceremony in Stockholm, Sweden, because he was in the midst of radiation treatments for lymphoma, a cancer of the immune system.

Dr. Ashkin, a former Bell Laboratories researcher, invented "optical tweezers," which use a focused laser beam to trap microscopic objects such as viruses and bacteria, a finding that's used in medical research. He received the call that he had won the Nobel Prize in Physics in early October. About two weeks later, he found a lump on his neck, below his ear. He made an appointment with his internist, Kenneth M. Granet, MD, Chairman of the Department of Medicine at Monmouth Medical Center (MMC) and a member of the Barnabas Health Medical Group. Dr. Granet's associate, Pranathi Mandadi, MD, ordered a CT scan of Dr. Ashkin's neck, which showed a mass in the parotid gland, which produces saliva. In November, he had a biopsy, which revealed an aggressive lymphoma. "At first, I didn't believe it," says Dr. Ashkin. "I thought, How could this happen?"

A TOP-NOTCH TEAM

Dr. Granet referred Dr. Ashkin to David J. Sharon, MD, Chief of Oncology and Medical Director of the Leon Hess Cancer Center at MMC, and a member of Barnabas Health Medical Group. "Why go to New York when we have great doctors in New Jersey?" says Dr. Ashkin. Although he could have been treated at several other local cancer centers, he chose MMC. "All of my family's doctors are at MMC," he says. "I've been seeing Dr. Granet for years."

Dr. Sharon consulted with Roger Strair, MD, Chief of Blood Disorders and a medical oncologist at Rutgers Cancer Institute of New Jersey, the state's only National Cancer Institute-designated Comprehensive Cancer Center. "I brought in Dr. Strair because

I wanted Dr. Ashkin to see a renowned lymphoma specialist," says Dr. Sharon. Also involved in Dr. Ashkin's treatment were MMC radiation oncologists Sang E. Sim, MD, and Mitchell F. Weiss, MD, members of the Barnabas Health Medical Group. Together, the physicians decided the best course of treatment would be a combination of radiation and systemic therapy, medication that attacks cancer cells throughout the body. "Due to Dr. Ashkin's age, it was not advisable for him to undergo chemotherapy except as a last resort," says Dr. Sharon. "The team wanted to ensure he was as comfortable as possible."

Dr. Sharon discussed the treatment plan with Jeffrey S. Daniels, MD, Dr. Ashkin's cardiologist, and Sharon M. Weiner, MD, his pulmonologist. "I wanted to ensure his heart and lungs could handle the treatment," he says.

DRAMATIC IMPROVEMENT

Dr. Ashkin underwent radiation at the Leon Hess Cancer Center in December and has been taking the systemic medication. So far, the results have been favorable. The lump on Dr. Ashkin's neck has disappeared, and his white blood cell count is now in the normal range. "I feel great," he says. "I'll be in seventh heaven if I stay like this." His health has improved so dramatically that he was able to travel to a speaking engagement in Aspen, Colo., in January.

It's too early to know if Dr. Ashkin is in remission, but Dr. Sharon is hoping for good news when he receives the results from a positron emission tomography (PET) scan in the spring. "We're hoping this treatment puts him into a long-lasting remission," says Dr. Sharon. "Dr. Ashkin came through the first part of treatment like a champ, and his quality of life has improved." Dr. Ashkin concurs with his physician: "I've had no side effects from the treatment."



TAKING THE FEAR OUT OF CANCER TREATMENT

Some patients worry that chemotherapy and radiation will make them sicker, but many people are able to work during treatment and keep up with their usual activities. Here's why:

- **THERAPIES ARE LESS TOXIC.**

Radiation treatment is more precise than it was in the past. It targets tumors and avoids damaging normal tissue, reducing side effects. In addition, physicians are increasingly using biologic medications, which target cancer cells by interfering with specific molecules involved in tumor growth and progression. This often results in fewer side effects.

- **SIDE EFFECTS CAN BE MANAGED.**

These days, many medications can effectively control side effects, such as nausea and pain. In addition, a scalp-cooling system, which keeps the scalp cold during chemotherapy, can help patients retain their hair.

- **RELAXATION TECHNIQUES ARE EFFECTIVE.**

Practices such as progressive muscle relaxation and abdominal breathing can help reduce adverse reactions to chemotherapy, such as loss of appetite, nausea and acid reflux.

Dr. Ashkin recommends the Leon Hess Cancer Center to friends and family without hesitation. "It's a great place," he says. "My medical team has been very thorough. I'm lucky to be treated there." Today, Dr. Ashkin is hard at work on a project that involves harnessing and intensifying solar reflections. He hopes to make solar energy more affordable. Who knows? There could be another Nobel Prize in his future.

To learn more about cancer services at Monmouth Medical Center, visit www.mmccancer.com.

I'm fighting cancer, but I'm not fighting alone.

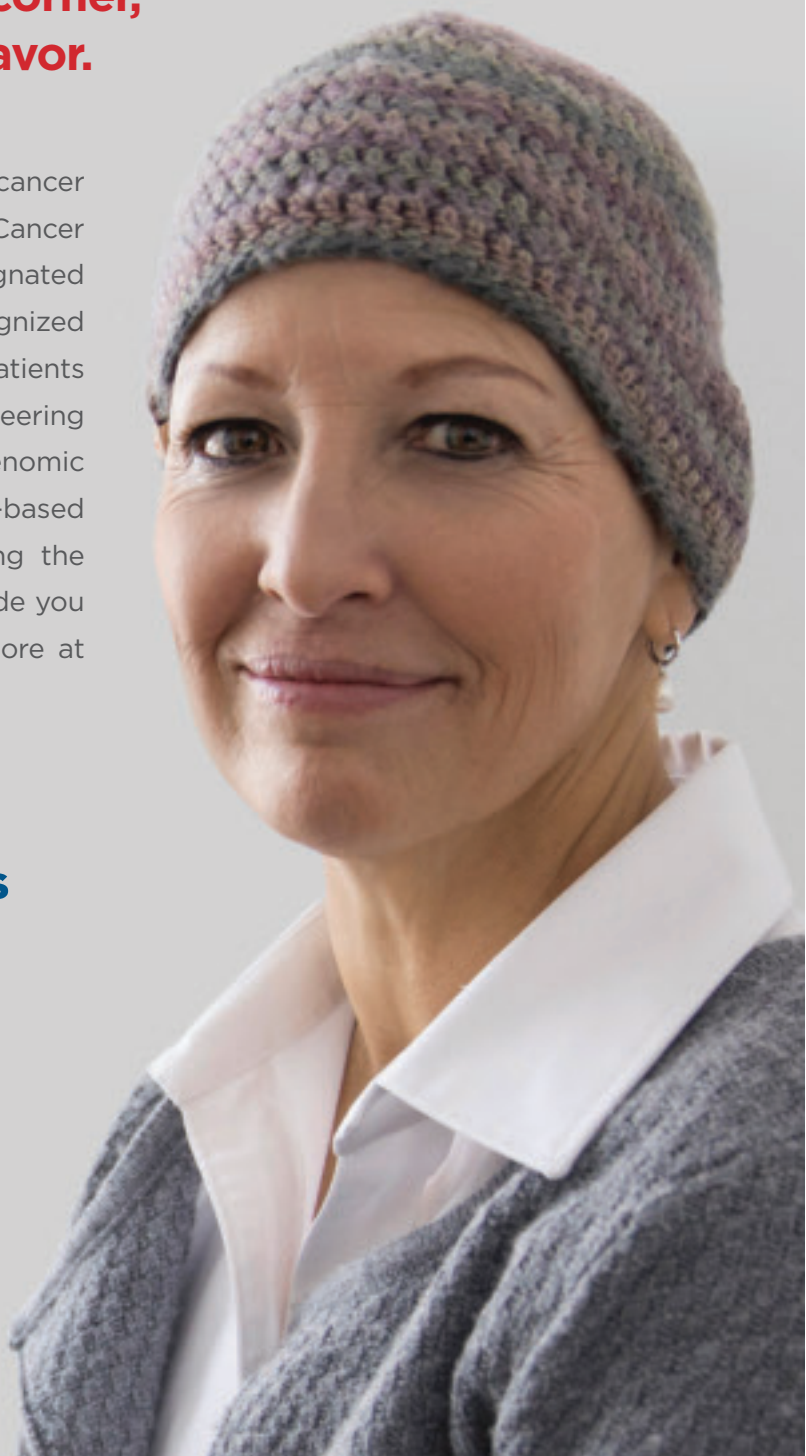
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Left: Anna Burian, Vice President of Ambulatory Services at MMC (far left), and Bill Arnold, President of the Southern Region for RWJBarnabas Health (far right), present a ceremonial check to Kate Nelson (left) and Diane Kinnane, Executive Director of Habitat for Humanity in Monmouth County. Below: MMC Senior Guest Services Representative Maritza Berrios (center) with colleagues Laura Siemientkowski, Manager, Volunteer Services (left), and Johanna Rosario, Director of Patient Satisfaction.



HOUSING AUTHORITY LEADERSHIP

Maritza Berrios, a Senior Guest Services Representative who has worked at MMC for more than 30 years, was recently appointed Commissioner for the Long Branch Housing Authority (LBHA). She joins six other Long Branch residents on the Board of Commissioners. The LBHA provides residents with alternatives for sustainable housing, economic development opportunities and self-sufficiency programs in the community and throughout the state. Berrios helps the LBHA review their financial reports and implement new policies, but what she enjoys most is providing guidance to community members with housing problems. “Recently, a woman came to me because she was going to lose her apartment,” says Berrios. “She poured her heart out to me, and I gave her some phone numbers and advice. A few weeks later, she thanked me. It was a great feeling to know I was able to help her.”

HOME SWEET HOME

MONMOUTH MEDICAL CENTER PROVIDES SUPPORT TO LOCAL FAMILIES WHO DREAM OF HOMEOWNERSHIP.

There’s no place like home, but affordable housing is out of reach for many. To help local families find reasonably priced residences, Monmouth Medical Center (MMC) donated \$20,000 to Habitat for Humanity in Monmouth County (HFHMC). It’s not the first time the hospital has supported the organization, whose mission is to help low-income families achieve the dream of homeownership throughout its service area. MMC has helped fund the

construction of three new affordable homes in Monmouth County. The first, a two-family home in Atlantic Highlands, was built in the spring of 2018. The other two—three-bedroom, one-bath homes—are currently being built in the Troutman’s Creek neighborhood in Long Branch.

“To expand our community reach and help our neighbors in need, we partner with organizations like Habitat for Humanity to bring about positive change,” says Eric Carney, Chief Executive Officer of MMC. “We want to improve the social, economic and environmental conditions that contribute to poor health and reduced life expectancy, and believe that we can have the biggest impact by partnering with other local organizations.”

BUILDING STABILITY AND SELF-RELIANCE

HFHMC, which has built more than 52 new homes and continues to support families in the area, is grateful for MMC’s generosity. “The hospital has been instrumental in our mission to build strength, stability, self-reliance and shelter in our community,” says Diane Kinnane, Executive Director of HFHMC. “This donation will go toward helping families live safely and affordably.”

To learn more about Habitat for Humanity in Monmouth County, visit www.habitatmonmouth.org.



MUSIC EDUCATION ON WHEELS

LONG BRANCH STUDENTS ARE LEARNING HOW TO CREATE THEIR OWN SONGS WITH THE HELP OF A STATE-OF-THE-ART MOBILE RECORDING STUDIO.

It's not every day that fourth- and fifth-grade students have the opportunity to create their own music using a state-of-the-art recording studio. Yet that's exactly the experience students at four area schools had when the Beat Bus visited. This special school bus is equipped with recording gear, including 10 workstations geared for individual exploration and a sound booth, where students can create music together. For many students, it's the first time they've played a keyboard, guitar or the drums. "It's like a field trip for the students," says Lonell Klina, Supervisor of Visual & Performing Arts at Long Branch Public Schools.

SUCCESS IN THE DIGITAL AGE

The Beat Bus is a collaboration between Lakehouse Music Academy, a progressive music school in Asbury Park, and the Asbury Park Music Foundation, whose mission is to bring music education to underserved youth. Monmouth Medical Center (MMC) supports the Asbury Park Music and Film Festival and its programs. "We understand that the arts are life-enhancing, enriching and altering," says Eric Carney, MMC's Chief Executive Officer. "Since Monmouth Medical Center is an intricate part of the fabric of the local community, we strongly support

Left: Ryan Gaumond, program director of the Beat Bus, teaches children how to use recording gear to create music. Bottom, right: Long Branch High School students create a promotional video as part of New Jersey's Future Ready Schools.

the Asbury Park Music and Film Festival and its music programs, with the mission to bring music education to underserved youth across New Jersey."

Launched in April 2018, the Beat Bus has already provided music education to more than 1,500 children in Long Branch, Asbury Park and Neptune. Ryan Gaumond, program director, teaches the children how to use GarageBand on an iPad to produce beats and rhythms. It's also available as an iPhone app. "I try to convey that the students have the power of a professional recording studio in their pockets," says Gaumond. The students look forward to the sessions. "This is such a great experience for all of our students," says Klina. "The kids always want to know when the Beat Bus is coming back."

Long Branch High School students also have benefited from the program. As part of New Jersey's Future Ready Schools Initiative, which aims to prepare students for success in the digital age, two students filmed the elementary school children on the bus and helped to create a promotional video. (To view it, visit www.rwjhbh.org/thebeatbus.) "It's gratifying to serve as a resource to Long Branch schools in providing this high-technology experience to students," says Carney.

To learn more about the Asbury Park Music and Film Festival, visit www.apmff.org. To learn more about the Beat Bus, visit www.BeatBus.org.



TEACHING TOMORROW'S CAREGIVERS

THE MEDICAL EXPLORERS PROGRAM GIVES LOCAL HIGH SCHOOL STUDENTS FIRSTHAND EXPOSURE TO CAREERS IN HEALTHCARE.

Medha Dabral, 14, a freshman at the Academy of Allied Health and Science in Neptune, has been interested in the medical field since she was 6. So when she heard about an opportunity to participate in the Medical Explorers program at Monmouth Medical Center (MMC), she couldn't wait to sign up. "I thought the program could help me decide on a career goal," she says.

Medha is one of 31 students from six area high schools who are participating in the program, which was launched in partnership with the Scouts of America in November 2018. "We introduced this program in the hopes that it would provide an opportunity for students in our community to gain exposure to fields they

may not have been aware of," says MMC Chief Executive Officer Eric Carney.

Medical Explorers, which is open to young adults between the ages of 14 and 20, is led by Pranoy Mohapatra, MHA, Manager of Medical Education at MMC. "There's a lack of information on the types of careers that are available in healthcare," he says. "For instance, the students in our program didn't know what interventional radiology was, and they hadn't heard of a cardiac catheterization lab. I hope the program opens the students' eyes to fields they hadn't considered."

EXPLORING CAREER OPTIONS

Once a month, the students gather at the hospital to learn about various

"THERE'S A LACK OF INFORMATION ON THE TYPES OF CAREERS THAT ARE AVAILABLE IN HEALTHCARE. I HOPE THE PROGRAM OPENS THE STUDENTS' EYES TO FIELDS THEY HADN'T CONSIDERED."

Pranoy Mohapatra, MHA, Manager of Medical Education at MMC

areas of medicine, such as pharmacy and radiology. During each session, healthcare professionals describe their jobs and explain what kind of educational background is required. Students tour the department they're learning about and gain hands-on experience (one session involved CPR compressions in the hospital's Simulation & Clinical Skills laboratory). They also have the opportunity to ask questions. "There's never any silence," says Mohapatra. "The kids are really engaged."

At the end of the year, the students will create PowerPoint presentations about which career interested them most. So far, Medha has found that radiology appeals to her. "It's interesting to be able to see each bone and nerve, plus the empty spaces in the body," she says.

The program also gives students the opportunity to take on leadership roles. Medha was elected president of the group, and other students became vice president and secretary. "So far, I've been sending emails to the group to remind them when the next meeting is," she says. "I keep everyone organized."

Other participating students are from Long Branch High School, Rumson-Fair Haven Regional High School, Freehold Township High School, Shore Regional High School and Biotechnology High School. "I hope this program brings the students back to the community as practitioners," says Mohapatra.

To learn more about the Medical Explorers program, visit www.exploring.org.

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