

Winter 2021

A Publication of  
**ROBERT WOOD JOHNSON  
UNIVERSITY HOSPITAL SOMERSET**

# healthy

*together*

**8 STEPS TO A  
HEALTHIER HEART**

**RECOVERING  
FROM AN  
EATING DISORDER**

**COMPREHENSIVE  
WOUND CARE**

**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.

Robert Wood Johnson University Hospital Somerset launched bilingual outreach efforts to help area Latino residents prevent the spread of COVID-19. Through more than two dozen events held in collaboration with schools, churches, food banks, health departments and municipalities, the hospital's Community Health and Diversity & Inclusion departments distributed more than 17,000 masks, 5,000 bottles of hand sanitizer and 5,000 bars of soap along with educational materials in Spanish. The hospital also formed a Latino Advisory Council with about 20 representatives from local government, businesses and organizations serving the Latino community. The group launched a new online health education series in Spanish.

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  
RWJBARNABAS HEALTH




**ANTHONY CAVA**  
PRESIDENT AND CHIEF EXECUTIVE OFFICER  
ROBERT WOOD JOHNSON UNIVERSITY  
HOSPITAL SOMERSET



## HEALTH NEWS

### A LEADER IN HEALTHCARE EQUALITY

For the sixth consecutive year, Robert Wood Johnson University Hospital (RWJUH) Somerset has been recognized as a "Leader in LGBTQ Healthcare Equality" by the Human Rights Campaign Foundation, the educational arm of the country's largest lesbian, gay, bisexual and transgender civil rights organization. This designation was reported in the 13th edition of the Healthcare Equality Index. To receive this honor, the hospital earned top marks in meeting non-discrimination and training criteria that demonstrate a commitment to equitable, inclusive and compassionate care for LGBTQ patients and their families, who often face significant challenges in securing the healthcare they need and deserve.



### USING TECHNOLOGY TO ENSURE QUALITY CARE

RWJUH Somerset has once again been honored by the College of Healthcare Information Management Executives (CHIME) with its 2020 CHIME Digital Health "Most Wired" recognition. A total of 29,135 acute care, ambulatory and long-term care facilities were surveyed and scored in eight areas: infrastructure, security, business/disaster recovery, administrative/supply chain, analytics/data management, interoperability/population health, patient engagement and clinical quality/safety. Participants received certification based on their overall performance, with level 10 being the highest. RWJUH Somerset was recognized as a level 9, attesting to its leadership in using information technology to ensure the highest quality patient care.



**Robert Wood Johnson University Hospital Somerset** | **RWJBarnabas HEALTH**

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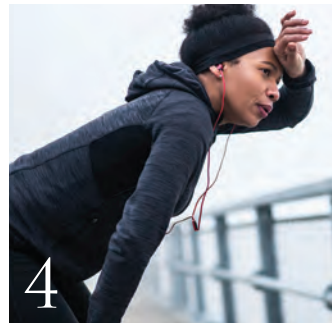
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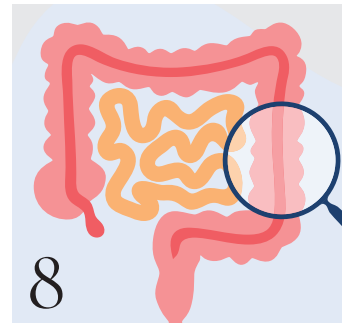
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**2. WELCOME LETTER.**

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**20. NO MORE SNORING.** Treatment for a sleep disorder improved a patient's quality of life.

**22. COMMUNITY CALENDAR.** A roundup of health education and support programs.

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.



# 8 STEPS TO A HEALTHIER HEART

TO AVOID A HEART ATTACK,  
GET MOVING, QUIT SMOKING  
AND EAT RIGHT.



When you think about your health, what do you worry about most? If you're like most people, you fear cancer. Yet heart disease is the No. 1 killer of both men and women. "Heart disease is insidious," says Oxana Ovakimyan, MD, a Robert Wood Johnson University Hospital (RWJUH) Somerset cardiologist and a member of the RWJBarnabas Health



OXANA OVAKIMYAN, MD

Medical Group. "It often doesn't manifest itself until you experience a heart attack or stroke." In the U.S., someone has a heart attack every 40 seconds. It occurs when


blood flow to the heart is reduced or cut off. The arteries that supply the heart narrow due to plaque, a buildup of fat, cholesterol and other substances. Sometimes the plaque ruptures and a blood clot may form, interfering with blood flow to the heart.

While it can be difficult to change a genetic predisposition to heart disease, there are risk factors that are within your control. Here are steps you can take now to improve your heart health:




### 1 CONTROL YOUR CHOLESTEROL.

Total cholesterol should be less than 200 mg/dL; “good” cholesterol should be more than 45 mg/dL; and “bad” cholesterol should be less than 100 mg/dL. Lifestyle changes, including healthy eating and exercise, can help you achieve an optimal cholesterol level. For information about cholesterol screenings, see page 23.



### 2 AIM FOR HEALTHY BLOOD PRESSURE.

A normal reading is less than 130/80 mm Hg. Limit your sodium intake to less than 2,000 mg per day and take medication if necessary. For information about blood pressure screenings, see page 23.




### 3 DON'T SMOKE.

Nearly one-third of heart disease-related deaths are caused by smoking and secondhand smoke, according to the American Heart Association.



### 4 WATCH YOUR WEIGHT.

Being overweight increases your risk of developing high blood pressure, high “bad” cholesterol and low “good” cholesterol, type 2 diabetes and other health problems. Eating a healthy diet and exercising regularly can help you keep your weight in check.



### 5 EAT A DIET RICH IN VEGETABLES, FRUITS AND WHOLE GRAINS.

Research shows that a low-fat, low-sodium diet rich in whole grains (quinoa, farro and bulgur, for instance) and plant-based foods is best for heart health. Fill more of your plate with vegetables instead of red meat, which can be high in fat. A study published in *The American Journal of Clinical Nutrition* showed that a plant-based diet was associated with a 53 percent lower risk of dying from heart disease. Also, consider substituting meat with protein-rich beans, chickpeas and tofu, which have been shown to have a positive effect on blood pressure and weight.



### 6 MAXIMIZE MOVEMENT.

The American College of Cardiology and the American Heart Association recommend getting at least 150 minutes of moderate-intensity exercise each week. Any kind of movement is beneficial, whether it's biking, gardening, walking quickly, swimming or playing tennis.



### 7 GET TREATED FOR A SLEEP DISORDER.

Sleep apnea, a condition that causes you to stop breathing for short periods of time throughout the night, can raise your blood pressure and increase your risk for atrial fibrillation, an irregular heartbeat. If you experience snoring or gasping during the night and




## SIGNS OF A HEART ATTACK

If a woman reports heart attack symptoms, she's likely to be taken less seriously than a man, says Oxana Ovakimyan, MD, a cardiologist at RWJUH Somerset and RWJBarnabas Health Medical Group. Call 911 if you're experiencing any of these signs:

- chest pain or discomfort that lasts for longer than a few minutes or comes and goes
- back, neck, stomach or jaw pain
- shortness of breath
- nausea or lightheadedness

daytime sleepiness, see your doctor. For information about the Comprehensive Sleep Center, call 908.927.8795 or visit [www.rwjbh.org/sleep](http://www.rwjbh.org/sleep).



### 8 REDUCE STRESS.

Studies have shown that stress can have an impact on the heart. It can lead to stress-induced cardiomyopathy, in which the body overproduces the stress hormones cortisol and adrenaline, reducing heart function. Stress also increases blood pressure. Consider taking a yoga class, which can help reduce stress and lower blood pressure.

Your heart doesn't beat just for you. Get it checked. To reach a Robert Wood Johnson University Hospital Somerset cardiac specialist, call **888.724.7123** or visit [www.rwjbh.org/heart](http://www.rwjbh.org/heart).





# BACK TO THE RIVER

THANKS TO THE CENTER FOR WOUND HEALING, A PATIENT WITH A SERIOUS FOOT INFECTION IS DANCING AND KAYAKING AGAIN.







Dance instructor Rick Rodriguez is able to perform a few of his favorite moves with a friend thanks to hyperbaric oxygen therapy and a multidisciplinary approach to wound care.

In March 2019, Rick Rodriguez, a dance instructor in Dunellen, was performing a few moves in his new dance shoes and slipped on the floor. He broke his knee and needed surgery. By June, he was back on his feet, but he began to experience pain in his right foot. "Once I started walking again, I developed a callous in the tip of my right toe," he recalls. "There was a spot I couldn't see, and it became infected." Rick received treatment, but the infection had already spread to the bone. (Rick has diabetes, which can delay healing.) Doctors at another hospital told Rick his toe needed to be amputated. "I went to my car and wept," he says. "I need that toe to dance salsa."

Not only does Rick teach several dance styles, including modern and freestyle, but he also runs recreational activities along the Passaic River. Over the past decade, Rick, who has been nicknamed "River Man," has worked to clean up the river and has created an island, where he entertains inner city children. He brings people to the island and runs special events, including a kayak parade and an art show. He even created a dance floor on the island.

Anxious to return to his active lifestyle, Rick decided to get a second opinion at the Center for Wound Healing at Robert Wood Johnson University Hospital (RWJUH) Somerset. "It didn't seem like his toe needed to be amputated," says Brandon Zuklie, DPM, a podiatrist and Co-Medical Director of the Center, which has three podiatrists, four infectious disease physicians, a plastic surgeon and four wound care nurses.

### AN OPTIMAL HEALING ENVIRONMENT

Dr. Zuklie used a different dressing for Rick's wound and referred him to an infectious disease specialist, who prescribed a new antibiotic (the one Rick had been taking didn't work). Dr. Zuklie also prescribed hyperbaric oxygen therapy, which involves delivering a high concentration of pressurized oxygen to injured tissue to give it the "optimal environment to heal," he says. The treatment, which lasts about two hours per session, involves lying on a table that slides into a clear plastic tube and breathing the oxygen. Rick received it daily for several weeks. "The first time I had the treatment, I was nervous," he recalls. "By the second or third day, I was very comfortable because I knew what to expect. I watched movies the entire time." Rick did well. "Most patients receive the treatment for six weeks, but Rick's ulcer healed after just three weeks," says Dr. Zuklie.

The dressing on Rick's wound was changed at each appointment. "The staff members were friendly, attentive and efficient," recalls Rick. "They stayed on top of my wound, and I suspect that's one of the reasons it healed so quickly."



BRANDON ZUKLIE, DPM

### NEW HOPE

Today, Rick is thrilled to be back on his feet. Although he experienced a recurrence last summer after spending time in the river, he was treated at the Center for Wound Healing again and healed quickly. This time, he didn't need any hyperbaric oxygen treatment or antibiotics. The wound was simply cleaned and dressed. Rick is grateful that he's able to dance again. "The hospital staff members gave me hope when I thought I might not be able to do the things I love," he says. "They've given me the chance to go back to being the River Man."

For more information about the Center for Wound Healing at Robert Wood Johnson University Hospital (RWJUH) Somerset, call 908.203.6200.





MIRAL GRANDHI, MD, FACS

# A LIFESAVING SCREENING CLOSE TO HOME

## A SURGICAL ONCOLOGIST EXPLAINS THE LATEST IN GASTROINTESTINAL CARE.

If you need colorectal cancer screening or treatment, you don't have to travel far. These services are available at the Steeplechase Cancer Center at Robert Wood Johnson University Hospital (RWJUH) Somerset. Miral Grandhi, MD, FACS, a surgical oncologist and Assistant Professor of Surgery in the section of Gastrointestinal Surgical Oncology at Rutgers Cancer Institute of New Jersey, explains the center's services and surgical options for cancer treatment.

### What services do you offer at Steeplechase Cancer Center?

In addition to colorectal cancer screening, we treat a variety of gastrointestinal cancers, such as those of the colon, stomach, pancreas, liver, bile ducts and gallbladder. We also treat benign liver lesions and pancreatic cysts.

### When should you be screened for colorectal cancer?

The American Cancer Society recommends that people at average risk of developing colorectal cancer begin screening at age 45. Those who have a strong family history of colorectal cancer, personal history of colorectal cancer or abnormal growths called polyps, inflammatory bowel disease or other conditions that increase risk might need to start screening earlier in life and be screened more often. The most comprehensive test is a colonoscopy, in which a long, flexible tube with a tiny video camera at the tip is inserted into the colon and rectum to check for abnormalities. It enables the physician to check your entire colon for polyps and cancer. If the test is normal, you can often wait another 10 years before screening. If polyps are found, you'll need to be screened more frequently.

### What are the signs of colorectal cancer?

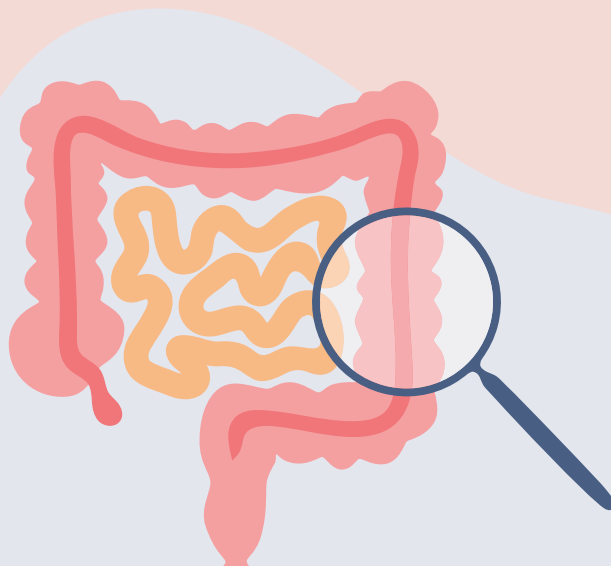
Symptoms include blood in the stool, unexplained weight loss, abdominal discomfort, persistent diarrhea or constipation, and weakness or fatigue. Report any of these warning signs to your doctor.

### What are some advances in surgery for colorectal cancer?

If a patient is an appropriate candidate, he or she may be offered robotic surgery. Benefits include smaller incisions, which minimize pain and the need for pain medication. Minimizing narcotic medications leads to a quicker return of bowel function. Patients may be able to go home from the hospital more quickly (one or two days sooner than if they'd had an open procedure).



RWJBarnabas Health and Robert Wood Johnson University Hospital Somerset, 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 most advanced treatment options. Call 844.CANCERNJ or visit [www.rwjbh.org/beatcancer](http://www.rwjbh.org/beatcancer).





## FAST FACTS ABOUT

# CARDIAC STRESS TESTS

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

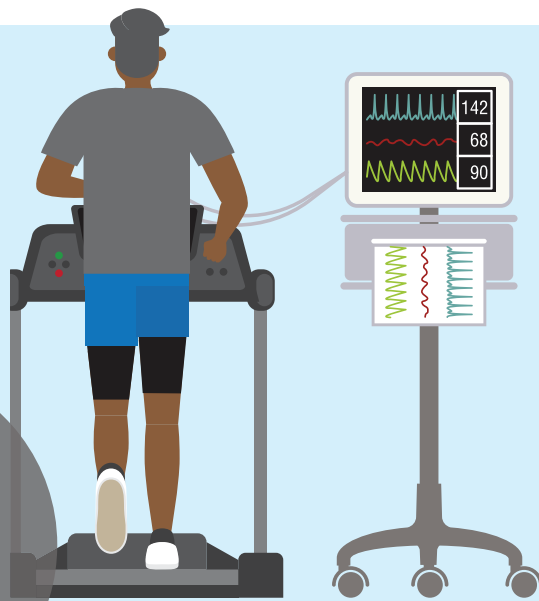
A stress test is a way to detect heart disease while the body is in motion.

“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](http://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](http://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](http://www.rwjbh.org/doctors).





# THE TRUTH ABOUT DEPRESSION AND OLDER ADULTS

SYMPTOMS TO WATCH FOR, AND HOW TO GET HELP

**D**o 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.

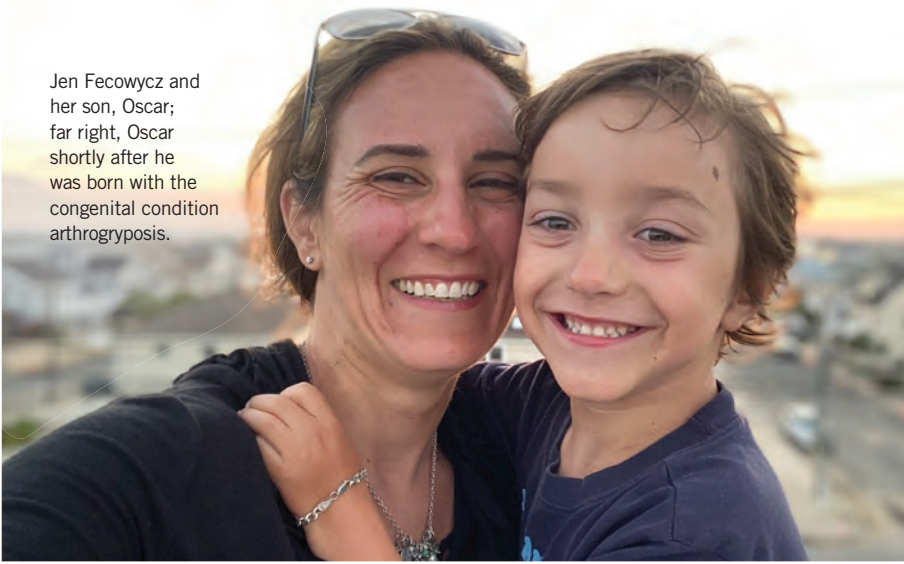


• **KEEP AND BUILD YOUR SOCIAL NETWORK.** A range of studies has shown that meaningful social connections increase longevity and feelings of well-being. Stay connected by reaching out to friends and family, whether it's via your phone or laptop, or the "old-fashioned" pen-and-paper way.

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 arthrogryposis.



# ONE STEP AT A TIME



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

**Children's  
Specialized Hospital®**

An RWJBarnabas Health facility

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 arthrogryposis—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](http://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.

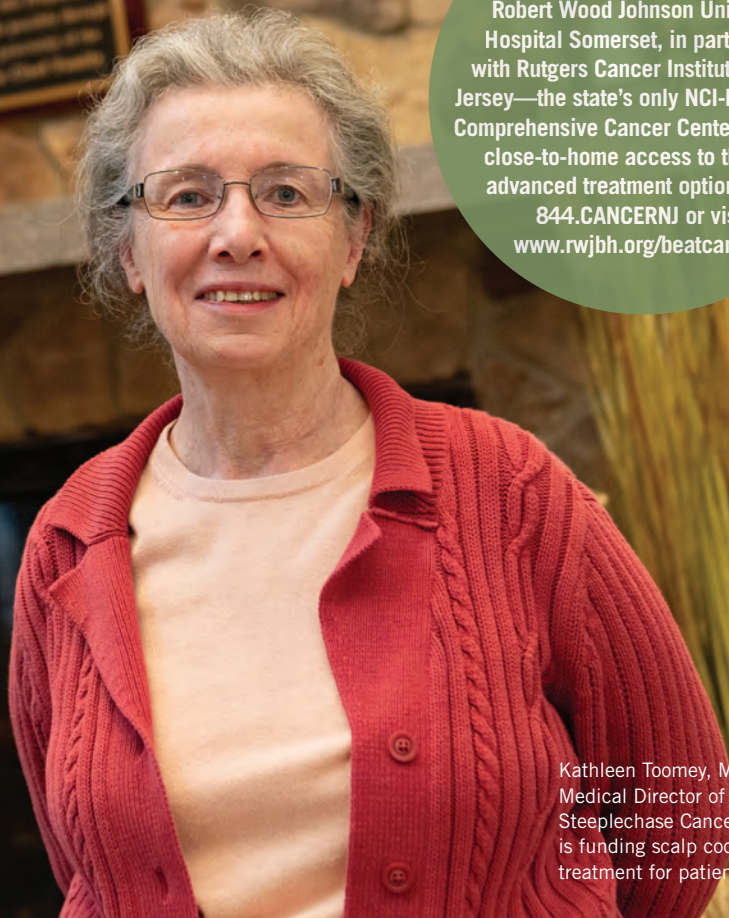




RWJBarnabas Health and Robert Wood Johnson University Hospital Somerset, in partnership with Rutgers Cancer Institute of New Jersey—the state’s only NCI-Designated Comprehensive Cancer Center—provide close-to-home access to the most advanced treatment options. Call 844.CANCERNJ or visit [www.rwjbh.org/beatcancer](http://www.rwjbh.org/beatcancer).

# A GIFT OF HOPE

PATIENTS CAN KEEP MUCH OF THEIR HAIR DURING CANCER TREATMENT, THANKS TO A PHYSICIAN’S GENEROSITY.



Kathleen Toomey, MD, Medical Director of the Steeplechase Cancer Center, is funding scalp cooling treatment for patients.

**K**athleen Toomey, MD, Medical Director of the Steeplechase Cancer Center at Robert Wood Johnson University Hospital (RWJUH) Somerset, worries about breast cancer patients’ white blood cell counts and other serious medical problems during their treatment. Patients, on the other hand, worry about side effects, such as nausea, vomiting and hair loss. “I could help prevent the nausea and vomiting, but not the hair loss—until now,” says Dr. Toomey. Today, patients who qualify can receive a Paxman scalp cooling treatment free of charge, thanks to a generous gift from Dr. Toomey.

Patients who receive the treatment wear a special cap during chemotherapy sessions to help prevent damage to hair follicles. Cooling the scalp causes blood vessels to constrict, helping to prevent chemotherapy drugs from reaching hair follicles and destroying them. The treatment costs \$2,200 per course and is often not covered by insurance, so it’s not affordable for many patients. Dr. Toomey’s

gift benefits the Patient Assistance Fund, which is used to provide transportation for medical appointments as well as financial support for wigs, prostheses, groceries, medication, home cleaning services and other living expenses. “Losing hair makes life tougher for patients,” says Dr. Toomey. “Hair is part of who we are, and it’s important for patients to keep that part of their identity. The cooling cap prevents permanent hair loss and helps people feel better about themselves.”

## HONORING A GENEROUS BOARD MEMBER

Dr. Toomey, a board member of the Somerset Health Care Foundation (SHCF), decided to make the gift in honor of fellow board member Lou Piancone, who had supported the hospital and Steeplechase Cancer Center before he

passed away in 2019. Lou, who was the owner of Roma Foods, would supply the food for fundraisers that benefited the Cancer Center. “He was the quintessential gentleman,” says Donna Castronovo, Vice President of the Foundation and Development. “He was involved with the Somerset Health Care Foundation for many years and was a Board of Trustees member who led by example. Not only was he an extremely generous contributor, but he also gave freely of his time, talent and treasure.”

So far, several patients have received the treatment, and it’s working well, says Dr. Toomey. “The cap preserves patients’ hair for longer, and they don’t lose as much hair,” she says. “We ask patients to be courageous throughout their treatment, so we have to give them hope that their lives will be back to normal.”

For more information on how to support the Somerset Health Care Foundation, call 908.685.2885.





Rizwan Syed completed his master's degree after overcoming an eating disorder.

# OVERCOMING A DESTRUCTIVE DIET

**A MULTIDISCIPLINARY PROGRAM HELPED A YOUNG MAN RECOVER FROM AN EATING DISORDER.**

In 2018, shortly after arriving from India to pursue a master's degree in mechanical and aerospace engineering at Rutgers University, Rizwan Syed began to experience acid reflux, in which stomach contents back up into the esophagus, causing heartburn. Prescription medicine provided some relief, but Rizwan, 25, of Piscataway, wanted to see if dietary changes could help, too. He researched the condition online and decided to dramatically alter his diet, cutting out pizza, chocolate and other favorite foods.

Soon Rizwan became obsessed with his diet, worrying that eating the wrong foods would leave him feeling bloated and uncomfortable. He subsisted primarily on modest servings of vegetables. "I was depriving my body of essential nutrients," says Rizwan. He reached a crisis point in the spring of 2020, when his weight was dangerously low. His brother and roommate, Syed Shoaib, convinced him to seek help. Rizwan was referred to the Eating Disorders Program at Robert Wood Johnson University Hospital (RWJUH) Somerset, one of just two

facilities in the state to offer inpatient treatment for eating disorders, including anorexia and bulimia.

## **A DANGEROUS DISORDER FOR MEN**

Eating disorders are often thought to afflict teenage girls, but men and women of all ages can develop a dysfunctional relationship with food. They develop eating disorders for similar reasons, says Kathleen Haughey-Eannone, MSN, RN-BC, director of the Eating Disorders Program. "Most are driven by



## A NEW SPACE FOR HEALING

Later this year, a major renovation of the Eating Disorders Unit will be completed. The number of inpatient beds will expand from 14 to 20, allowing for the creation of separate units for adolescents and adults, says Kathleen Haughey-Eannone, MSN, RN-BC, director of the Eating Disorders Program. The new space will feature natural light and will have a warm, comfortable ambiance. What's more, the partial hospitalization program will move to a new location and will feature a kitchen in which patients can practice preparing food.

## VIRTUAL SUPPORT GROUPS FOR EATING DISORDERS

### FAMILY SUPPORT

This is a parent-facilitated discussion.

Every Tuesday, 7:30 to 8:30 p.m.

<https://global.gotomeeting.com/join/501486981>

United States: +1 (408) 650-3123

One-touch:

tel:+14086503123,501486981#

Access Code: 501-486-981

### PATIENT SUPPORT

This is a staff-facilitated discussion open to anyone suffering from an eating disorder.

Every Tuesday, 7:30 to 8:30 p.m.

<https://global.gotomeeting.com/join/355332573>

United States: +1 (571) 317-3122

One-touch: tel:+15713173122, 355332573#

Access Code: 355-332-573

an underlying condition, such as anxiety, depression or even alcohol abuse," she says. Certain triggers can cause them to drastically limit their food intake in the hopes of losing weight, says Haughey-Eannone. For some young men, wanting to stay lean to play a sport, such as wrestling, can be a trigger. Another trigger: images on TV or the internet.



The Eating Disorders Program provides inpatient care, psychological and nutrition counseling, and occupational, music and art therapy.

"When patients are bombarded by unrealistic images of what society feels they should look like, it reinforces the negative images they have of themselves," says Haughey-Eannone.

Men with eating disorders are more likely than women to delay seeking treatment, says Haughey-Eannone. "Men feel the stigma associated with eating disorders more than women do," she says. As a result, they're often in great danger by the time they get help. That was true of Rizwan when he arrived at RWJUH Somerset in early June. "He was very ill," says Haughey-Eannone. In particular, he was at risk for cardiac arrhythmia, a potentially fatal condition that occurs due to an imbalance of essential minerals (such as calcium, potassium, and sodium) caused by extreme food deprivation.

## MULTIDISCIPLINARY TREATMENT

Rizwan became an inpatient in the program's 14-bed unit. Patients receive psychological counseling in individual sessions and participate in group therapy. The focus of therapy, says Haughey-Eannone, "is to help patients become mindful of what caused their eating disorder and the behaviors that keep it going."

Patients with underlying psychiatric conditions are cared for by Tamer Wassef, MD, Medical Director of Behavioral Health Services, and may

receive medication. Importantly, each patient works closely with a registered dietitian, who helps him or her select meals that are nutritionally balanced and slowly increase calorie intake over time, with the goal of adding a few pounds a week. Occupational, music and art therapy are offered, too.


Working with social worker Talia Becker, LCSW, and dietitian Eliza Heberlein, RD, Rizwan gradually overcame his fear of eating normal amounts of food and began to put on weight. Group sessions were key, too. "It was reassuring to talk with people who experienced the same problems," he says.

In early August, Rizwan was discharged from the inpatient unit and entered the partial hospitalization program, in which patients live at home but continue receiving treatment—as well as lunch and two snacks—at the hospital five days a week, from 9:30 a.m. to 3:30 p.m. After six weeks, Rizwan transitioned to the intensive outpatient program, which provides treatment three days a week.

Rizwan completed outpatient care in September and has reached his goal weight. He continues seeing a therapist. Last fall, he received a master's degree—what he calls his "biggest dream in life." Now he can turn his attention to his career goal, which is to design electronic products that have minimal impact on the environment.

For more information about our Eating Disorders Program, call **800.300.0628**.





Alan Pavon feels more alert during the day now that he's using a CPAP machine for sleep apnea.

# NO MORE SNORING

**TREATMENT FOR A SLEEP  
DISORDER IMPROVED A  
PATIENT'S QUALITY OF LIFE.**



Alan Pavon used to “serenade” his wife, Shelley, every night. Unfortunately, Alan’s nocturnal performances sounded more like a hacksaw slowly working its way through a log rather than a love song. His relentless snoring was taking a toll. “It really created a strain in our marriage,” says Alan, 71, of Hillsborough.

While snoring is annoying for bed partners, it can also be a sign of sleep apnea, a serious medical disorder that affects about 25 million Americans. Alan sought treatment from Priyanka Yadav, DO, a specialist in sleep medicine at Robert Wood Johnson University Hospital (RWJUH) Somerset’s Comprehensive Sleep Center. Today, quiet has been restored in the Pavon household, and Alan’s quality of life and overall health have improved.

### A DANGEROUS DISORDER

Sleep apnea occurs when a person’s airway becomes blocked while he or she sleeps. It can be caused by excess fat in the neck, large tonsils and a tongue that flops backward while you sleep. A person may snore and stop breathing briefly. “If this occurs five or more times an hour, then you have sleep apnea,” says Dr. Yadav. In severe cases, patients may stop breathing up to 60 times an hour.

Frequent episodes of apnea can have serious consequences. For starters, suddenly losing oxygen leaves a person gasping for air, causing him or her to



PRIYANKA YADAV, DO

awaken. While these arousals are usually brief, they can rob you of sound sleep and make you feel lethargic and drowsy the next day. Alan, a former marketing

executive, estimates he’d only slept about three hours a night for years. “I’d find myself dozing off while driving home from work on Route 78, and I’d have to pull over to close my eyes for a minute or two,” he recalls.

If falling asleep at the wheel isn’t scary enough, sleep apnea has been linked to many medical conditions. Each episode reduces your blood level of oxygen, says Dr. Yadav. “If you’re not getting enough oxygen, it creates inflammation, which can lead to a buildup of plaque in the arteries and increases the risk for heart disease and strokes.” People with sleep apnea are also more likely to be overweight and develop high blood pressure, an irregular heartbeat, type 2 diabetes and other conditions.

### A LIFE-CHANGING TREATMENT

If you’re overweight, shedding some pounds can reduce apnea episodes by up to 50 percent, says Dr. Yadav. The standard medical treatment for moderate-to-severe sleep apnea is a continuous positive airway pressure (CPAP) machine. These devices take pressurized air and deliver it to the back of the airway, where the obstruction occurs, through a tube connected to a mask worn during sleep. Alan knew about CPAP machines but was reluctant to try one because he thought the mask would be uncomfortable. Then he discovered that a friend had overcome sleep apnea by using CPAP. When Shelley heard this news, she exclaimed, “You’re getting that!”

Alan had a sleep study to confirm the diagnosis. The Comprehensive Sleep Center offers overnight sleep studies at the hospital as well as home testing. Alan had a home test, in which a monitor records a person’s blood oxygen levels, pulse, sleep position and breathing interruptions.

Dr. Yadav determined that



### SIGNS OF SLEEP APNEA

If you have any of the following symptoms, tell your primary care doctor, who can refer you to a sleep medicine specialist.

- snoring or gasping during the night
- waking up during the night
- daytime sleepiness
- exhaustion and lack of energy
- dry mouth upon waking
- headaches, which improve during the day

Alan would be a good candidate for CPAP since he had severe sleep apnea. The Comprehensive Sleep Center’s respiratory therapists work with patients to select the right machine and ensure that the mask fits comfortably. People with less severe cases may use a mandibular advancement device, which moves the lower jaw forward and locks it in place. “That way, when you sleep on your back, your airway is not compressed,” says Dr. Yadav.

Overcoming sleep apnea has been “life changing,” says Alan, who is getting a good night’s sleep and feels more alert during the day. He adjusted to wearing a mask overnight more quickly than he had anticipated. And while the CPAP machine makes a low sound, like a fan, Shelley has gotten used to it. “It’s a lot better than my snoring,” says Alan.

For more information about our Comprehensive Sleep Center or to schedule an appointment, call 908.927.8795 or visit [www.rwjbh.org/sleep](http://www.rwjbh.org/sleep).





# Community Education

Unless otherwise indicated, events are free and registration is required. To register or for more information, please visit [www.rwjbh.org/Somerset/events](http://www.rwjbh.org/Somerset/events). These events are offered in collaboration with Friends Health Connection.

## JANUARY

### Healing All Wounds

In this webinar, understand wounds, the different classifications, various types, the connection between ulcers and diabetes, causes, risks of untreated abrasions, medical care needed for healing, the latest treatment options and prevention strategies.

Michelle Yun, RN, BSN, CWCN, Program Director, Wound Care and Hyperbaric Medicine  
Amy McCarthy RN, BSN, CWS

**Wednesday, January 6  
10 to 11 a.m.**

**To register**, visit [www.tinyurl.com/yxcjkq9z](http://www.tinyurl.com/yxcjkq9z)

### A Healthy Cervix Starts in the Womb

In this webinar, understand the relationship between the uterus and cervix; medical conditions that can affect these organs, such as cancer; causes, signs and symptoms; diagnostic tools; stages of cancer; treatments and prevention strategies.

Ruth Stephenson, DO, gynecological oncologist

**Wednesday, January 13  
12 to 12:30 p.m.**

**To register**, visit [www.tinyurl.com/y34gfydk](http://www.tinyurl.com/y34gfydk)

### National Maternal Health Awareness Day: Keeping Mom and Baby Healthy

During this webinar, learn about the importance of early childhood preventive care in promoting health and well-being; how to keep mom and baby well amid COVID-19; prenatal wellness care and the benefits of breastfeeding.

Dora Goodwill, RN, Director of Maternal Child Health

**Wednesday, January 20  
1 to 2 p.m.**

**To register**, visit [www.tinyurl.com/yxt6as2t](http://www.tinyurl.com/yxt6as2t)

Offered in collaboration with The Center for Great Expectations

### Joint Replacements: What You Knee to Know

In this webinar, understand knee replacements, who qualifies, when surgery is recommended, risks, pre-surgical preparation and post-procedure exercises, recovery time and alternative options.

David Abrutyn, MD, orthopedic surgeon

**Friday, January 22  
1 to 2 p.m.**

**To register**, visit [www.tinyurl.com/y24kk86c](http://www.tinyurl.com/y24kk86c)

### TED: More Than the Eye Can See

Understand the difference between thyroid eye disease (TED) and Graves disease, risk factors for TED, causes, symptoms, stages of the disease, diagnostic tools, treatment options and prevention strategies.

Deepak Ramesh, MD, ophthalmologist  
Joseph Kaspareck, MD, ophthalmologist

**Tuesday, January 26  
10:30 to 11:30 a.m.**

**To register**, visit [www.tinyurl.com/y6kvaabg](http://www.tinyurl.com/y6kvaabg)

## FEBRUARY

### A Heart to Heart on the Cardiac Impacts of COVID-19

Discover the effects of COVID-19 on the heart, cardiac conditions it may cause, why the coronavirus is a threat to people with heart disease, how it affects your health and strategies to prevent COVID-19 and heart disease.

Ranjita Sengupta, MD, cardiologist

**Tuesday, February 2  
12 to 12:30 p.m.**

**To register**, visit [www.tinyurl.com/y6fv2l6n](http://www.tinyurl.com/y6fv2l6n)

### Women, Take Your Health to Heart!

In this webinar, learn about heart disease in women, common cardiac conditions, the signs of a heart attack in women, the difference between angina and anxiety symptoms, causes of heart disease, diagnostic tools, advanced treatments and prevention strategies.

Rachana Kulkarni, MD, cardiologist

**Friday, February 5  
12 to 1 p.m.**

**To register**, visit [www.tinyurl.com/y2uy65vt](http://www.tinyurl.com/y2uy65vt)

Offered in collaboration with the AWARE BRG

### Atherosclerotic Cardiovascular Disease: Find It In Your Heart!

In this webinar, understand atherosclerotic cardiovascular disease (ASCVD), factors that lead

to high cholesterol, the risks of high cholesterol, the warning signs of atherosclerosis, causes, the various stages, diagnostic tools, the latest treatment options and strategies to prevent plaque.

Alpesh A. Patel, MD, cardiologist

**Wednesday, February 10  
12 to 12:30 p.m.**

**To register**, visit [www.tinyurl.com/y5qvqvz](http://www.tinyurl.com/y5qvqvz)

### What Becomes of the Broken-Hearted

Understand broken heart syndrome, its connection to stress, other conditions it may trigger, risk factors, symptoms, diagnostic tools and available treatments.

Oxana Ovakimyan, MD, cardiologist

**Thursday, February 18  
6 to 7 p.m.**

**To register**, visit [www.tinyurl.com/yypeaf3s](http://www.tinyurl.com/yypeaf3s)

### Abdominal Aortic Aneurysms: Stomaching the Heart Truth

In this webinar, learn about abdominal aortic aneurysms (AAA), the relationship to the heart, risk factors, symptoms, causes, diagnostic tools, complications from AAA, treatments and prevention strategies.

Amit V. Patel, MD, vascular surgeon

**Wednesday, February 24  
3 to 4 p.m.**

**To register**, visit [www.tinyurl.com/y64kktj6](http://www.tinyurl.com/y64kktj6)





# MARCH

## Sleep Deprived? Turn Nocturnal Awakenings into Restful Slumber

In this webinar, discover various sleep conditions, such as sleep deprivation and parasomnia, risk factors, causes of sleeplessness, how a lack of sleep affects the mind and body, different sleep disorders that may develop if untreated, diagnostic tools, treatments and strategies for getting a good night's rest.

Priyanka Yadav, DO, sleep medicine physician

**Wednesday, March 3, 12 to 12:30 p.m.**

**To register**, visit [www.tinyurl.com/y68kf5uk](http://www.tinyurl.com/y68kf5uk)

Offered in collaboration with the Arthritis Foundation

## Youth Mental Health First Aid Training

Children face many stressors, including bullying and peer pressure to vape or consume other substances. Understand how to help your children or youth who are experiencing challenges or addictions by learning about typical adolescent development and a five-step action plan for how to help young people in both crisis and non-crisis situations. Topics covered include anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including ADHD) and eating disorders. This course includes a two-hour online course to be completed by March 7 as well as an instructor-led portion, which will be hosted on Zoom on March 9.

Jennifer Gomez, MPH, CHES, Certified Youth Mental Health First Aid instructor

Radhika Patel, MSW, Certified Youth Mental Health First Aid instructor

**Tuesday, March 9, 9 a.m. to 2 p.m.**

**Registration link:** [www.tinyurl.com/YMHFARWJ](http://www.tinyurl.com/YMHFARWJ)

Registration closes on February 16.

Offered in collaboration with EmPoWER Somerset

## Pre- and Probiotics...All Guts!

During this webinar, learn about prebiotics, the difference between prebiotics and probiotics, the benefits of each, side effects, common foods that contain them and how to incorporate these digestive compounds into your diet. A cooking demonstration will follow.

Tia Hagins, RD, community nutritionist  
Peter Pascale, executive chef

**Thursday, March 18, 12 to 12:30 p.m.**

**To register**, visit [www.tinyurl.com/y2drzztt](http://www.tinyurl.com/y2drzztt)

## Belly Bloaters and Bottom Basics...Do Warning Signs of CRC Mimic IBS?

Understand the correlation between irritable bowel syndrome (IBS) and colorectal cancer; the differences in signs and symptoms; triggers for irritable bowel syndrome; risk factors for both; the best diet to minimize flare-ups, including foods to avoid; how IBS affects men and women; the connection with acid reflux; diagnostic tools, such as blood tests, colonoscopy and sigmoidoscopy; and treatments, including the DaVinci Robotic Surgical System.

Alan Gingold, MD, gastroenterologist

Miral Sadaria Grandhi, MD, FACS, surgical oncologist

Karen Connelly, RD, oncologic registered nutritionist

**Tuesday, March 23, 12 to 1 p.m.**

**To register**, visit [www.tinyurl.com/y5lmabu5](http://www.tinyurl.com/y5lmabu5)

# COMMUNITY HEALTH SCREENINGS



## Cardiac Athletic Screening

A free cardiac screening is being offered to young athletes ages 14 to 18. This screening can help determine those at risk for sudden cardiac arrest.

**Saturday, February 6**

**8 a.m. to 12 p.m.**

**Somerset Family Practice**, free

For an appointment, please call 908.685.2414.

## Blood Pressure Screening

**Wednesday, February 10**

**9 a.m. to 12 p.m.**

**Tarantino Promenade at RWJUH Somerset**, free

Pre-registration required. Call 908.685.2814.

## Blood Glucose and Cholesterol Screening

Includes total cholesterol, HDL, ratio and glucose.

**Wednesday, February 10**

**9 a.m. to 12 p.m.**

**Tarantino Promenade at RWJUH Somerset**, \$15

Pre-registration required. Call 908.685.2814.

# SUPPORT GROUPS



## Eating Disorders: Family Support

This is a parent-facilitated discussion.

**Every Tuesday, 7:30 to 8:30 p.m.**

[www.global.gotomeeting.com/join/501486981](http://www.global.gotomeeting.com/join/501486981)

## Eating Disorders: Patient Support

This is a staff-facilitated discussion open to anyone suffering with an eating disorder.

**Every Tuesday, 7:30 to 8:30 p.m.**

[www.global.gotomeeting.com/join/355332573](http://www.global.gotomeeting.com/join/355332573)

For more information, call the Eating Disorder Unit at 908.685.2847.

## Living Well with Diabetes Support Group

"Meal Prep for Better Blood Sugar Management" with

Amy Walsh, MS, RD, CDE

**Thursday, March 11, 6 to 6:30 p.m.**

[www.global.gotomeeting.com/join/514415373](http://www.global.gotomeeting.com/join/514415373)

## Stroke Support Group

**Thursdays: January 7, February 4 and March 4, 2 to 3 p.m.**

[www.global.gotomeeting.com/join/563630877](http://www.global.gotomeeting.com/join/563630877)

## Better Breather's Club

This group promotes the management of COPD and other chronic lung diseases, such as asthma, pulmonary fibrosis and lung cancer; offers a sense of belonging and hope; and aims to improve quality of life.

**Thursdays: January 14, February 11 and March 11, 10:30 to 11:30 a.m.**

[www.global.gotomeeting.com/join/742429301](http://www.global.gotomeeting.com/join/742429301)

# BARIATRIC PROGRAMS

## Weight-Loss Surgery Seminar

Have you been unsuccessful at keeping the weight off? Weight-loss surgery may be the right choice for you. But how do you know if you qualify and which procedure is your best option? Join bariatric surgeons at Robert Wood Johnson University Hospital Somerset for free seminars to learn about your weight-loss surgery options, including detailed information about gastric banding, gastric sleeve and gastric bypass.

Tuesdays: January 19 and March 16 (Ajay Goyal, MD), 6:30 to 8 p.m.

[www.global.gotomeeting.com/join/794532701](http://www.global.gotomeeting.com/join/794532701)

Thursday, February 18 (David Ward, MD), 6:30 to 8 p.m.

[www.global.gotomeeting.com/join/528359301](http://www.global.gotomeeting.com/join/528359301)



# Did *you* know...

You may know **Robert Wood Johnson University Hospital Somerset** as your community hospital that has been caring for generations of families for more than a century.

But **did you know** Robert Wood Johnson University Hospital Somerset is ...



## Nationally recognized for patient safety

The Leapfrog Group, a leading national hospital watchdog organization, gave Robert Wood Johnson University Hospital Somerset its highest grade – an “A” – 11 times.



## Providing world-class nursing care

As a two-time recipient of the Magnet® Award for Nursing Excellence by the American Nurses Credentialing Center, our nurses are recognized for achieving the highest standards in their profession.



## Honored for surgical excellence

We are accredited as a Center of Excellence in Metabolic and Bariatric Surgery by the Surgical Review Corporation – one of only five in New Jersey to achieve this designation.

We've also earned the Joint Commission's Gold Seal of Approval® for total hip and total knee replacement surgery.

## Delivering state-of-the-art cardiac and stroke care

We have received the Joint Commission's Gold Seal of Approval for our acute myocardial infarction program and our Primary Stroke Center. U.S. News & World Report recognized us as “high performing” in the care of patients with congestive heart failure and COPD. In addition, we were honored with the American Heart Association/American Stroke Association's Get with the Guidelines® Stroke Gold Plus, Target: Stroke and Target: Type 2 Diabetes Honor Roll Award.



## On the front lines of cancer care

The Sanofi US Breast Care Program at the Steeplechase Cancer Center is one of only 26 in the state accredited by the National Accreditation Program for Breast Centers (NAPBC).



## A trailblazer in LGBTQ+ healthcare

Robert Wood Johnson University Hospital Somerset has been nationally recognized as a “Leader in LGBTQ Healthcare Equality” by the Human Rights Campaign Foundation.



## “Most Wired”

Our hospital has been named one of the nation's “Most Wired” hospitals by the College of Healthcare Information Management Executives (CHIME) – one of only 11 in New Jersey to be recognized as certified level 9.

