

A Publication of  
**MONMOUTH MEDICAL CENTER**

Winter 2021

# healthy

*together*

**A QUICK  
RECOVERY  
FROM JOINT  
REPLACEMENT**

**BETTER  
HEART AND  
LUNG HEALTH**

**A LIFESAVING  
SCREENING TEST**



**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.

In the fall, Monmouth Medical Center teamed up with The Greater Long Branch Area Chamber of Commerce to distribute laminated signage for businesses to help spread the message to mask up, be physically distant and wash your hands. The signs, which mirror posters throughout our hospital, are on display in restaurants and other businesses throughout Long Branch and the surrounding community. They read in English and Spanish: "FACE COVERING Required to Enter" and "Thank You for Helping Keep our Essential Heroes and Communities Safe." It's not just about encouraging everyone to follow these simple health and safety guidelines; it's also our way of thanking the businesses that have been following the rules and keeping our community safe.

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

**ERIC CARNEY**  
PRESIDENT AND CHIEF EXECUTIVE OFFICER  
MONMOUTH MEDICAL CENTER AND MONMOUTH  
MEDICAL CENTER SOUTHERN CAMPUS



## HEALTH NEWS

### A TOP TEACHING HOSPITAL

Monmouth Medical Center (MMC) has been named to a list of America's 50 Best Teaching Hospitals by *The Washington Monthly*, which ranks hospitals on how well they save lives, lower costs and serve patients. MMC joins sister hospital Newark Beth Israel Medical Center as the only New Jersey hospitals recognized by the publication.

The rankings were created in partnership with the Lown Institute, a non-partisan healthcare think tank. The Lown Index grades hospitals based on performance in three broad categories: patient outcomes, civic leadership (treating lower-income and minority patients), and value of care (avoiding overtreatment). MMC ranked 29th out of the nation's top academic medical centers.

### USING TECHNOLOGY TO ENSURE QUALITY CARE

MMC has achieved the 2020 CHIME "Digital Health Most Wired" recognition given by the College of Healthcare Information Management Executives. The CHIME program conducts an annual survey to assess how effectively healthcare organizations apply technology to improve healthcare in their communities. About 30,000 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 performance, with level 10 being the highest. MMC was recognized as a level 9, meaning the hospital is a leader in the use of healthcare technology to improve quality of care and the patient experience.

**Monmouth Medical Center** | **RWJBarnabas HEALTH**

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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.

# THE FAST TRACK TO RECOVERY



## BENEFITS OF OUTPATIENT SURGERY

Studies show that outpatient joint replacement surgery is safe for the right patients, says David Chalnick, MD, Medical Director of the Joint Replacement Center at Monmouth Medical Center. In a study published in *The Journal of Arthroplasty*, researchers found that hospital readmissions and postsurgical complications were lower among outpatients compared to inpatients.



## BEST CANDIDATES

To be eligible for the “Fast Track” program, a patient must be healthy and motivated to recover quickly, says David Chalnick, MD, Medical Director of the Joint Replacement Center at Monmouth Medical Center. Also, a patient needs a family member or friend who can accompany him or her to the hospital, attend physical therapy after surgery and help at home. Another requirement: “The home must be prepared for the patient to return to a safe environment amenable to recovery without injury,” says Dr. Chalnick.

## JOINT REPLACEMENT PATIENTS CAN GO HOME SAFELY JUST HOURS AFTER SURGERY.

It can be overwhelming to learn you need a knee or hip replacement. In addition to undergoing surgery, patients have traditionally been required to stay overnight at the hospital. Today, thanks to the new Fast Track Joint Replacement Surgery Program at Monmouth Medical Center (MMC), many patients are returning home to sleep in their own beds. “Fast track joint replacement is being pioneered around the country,” says Bert Parcels, MD, an orthopedic surgeon affiliated with MMC. “Patients who are healthy and recovering well don’t need to spend extra time in the hospital.”

Thanks to minimally invasive surgical techniques and “lighter” anesthesia, it’s safe to be discharged soon after surgery. Patients receive the same type of anesthesia as those who have traditional joint replacement, but “the anesthesiologists minimize the sedating effects, meaning they modify some of the medications,” says Mark Gesell, MD, an orthopedic surgeon affiliated with MMC.

Fast Track patients arrive at the hospital early in the morning, have the

surgery, then head to physical therapy to ensure that they can be safely discharged. If all goes smoothly, they can go home in the afternoon. “Patients are very excited about this,” says David Chalnick, MD, Medical Director of the Joint Replacement Center at MMC and chair of the RWJBarnabas Health Total Joint Integrated Leadership Committee. “It’s a very pleasant experience.”

## WHAT TO EXPECT

One month prior to surgery, patients can attend an in-person educational class and meet with a “graduate” of the joint replacement program. They also have the option of watching an educational video given by a nurse educator virtually. They discover a key benefit of having the procedure at a hospital: If it’s not safe for a patient to go home after surgery, he or she can stay overnight. “It’s an easy transition,” says Nicole Wilps, program coordinator at the Joint Replacement Center.

After a patient goes home, a nurse will check in with him or her the next day. Patients can choose to receive physical therapy at home or at an outpatient facility.

The program, which launched in June 2020, has already seen a steady increase in patients.



DAVID CHALNICK, MD



MARK GESELL, MD



BERT PARCELLS, MD



Joan Bennett can walk pain-free now that she's had a partial knee replacement.



## BACK TO WALKING

Joan Bennett of Oakhurst was experiencing arthritis-related pain in her right knee and had trouble walking. When the pain failed to improve after cortisone injections, she saw orthopedic surgeon Bert Parcels, MD, who recommended a partial knee replacement.

Joan arrived at Monmouth Medical Center at 5:30 a.m. on June 18, 2020. After the surgery, she spent a few hours recovering, then went to the physical therapy department. "The staff members gave me a walker and showed me how to go up and down stairs," she says. Joan was then discharged with her husband. She required minimal pain medication and began outpatient physical therapy the next day. "I can bend my knee now," says Joan, who is taking daily walks and can work in her yard. "The hospital staff was amazing."

Donna Farina's recovery from a right knee replacement has been faster than expected.



## A QUICK RECOVERY

Donna Farina of Wall Township was delighted she qualified for outpatient surgery for her right knee replacement in August 2020. A few hours after her surgery, which was performed by orthopedic surgeon David Chalnack, MD, she found herself in physical therapy, performing tasks such as getting out of a chair and climbing into a bed. "I was proud I was able to do everything," she says. By late afternoon, she was back home.

After two weeks of at-home physical therapy, Donna went to a nearby facility, where she rode a stationary bike. After six weeks, she was making great strides and was back to walking without pain. "My physical therapist says I'm ahead of schedule," she says. "I'm so glad I had the outpatient surgery."

To learn more about the Fast Track Joint Replacement Surgery Program at Monmouth Medical Center, call **732.923.7971**.







Kirsten Kendrick gave birth to her third child, Gemma Anne, at the peak of the global health crisis.



# THE BEST CHANCE FOR A HEALTHY BABY

EXPECTANT MOMS CAN HAVE SAFE DELIVERIES DESPITE THE COVID-19 PANDEMIC.



It's stressful enough to have two children under age 7 during a global pandemic, but to be expecting a third at the peak of the health crisis was overwhelming for Kirsten Kendrick of Middletown. Fortunately, she discovered it was possible to have a safe pregnancy and delivery. She gave birth to a healthy girl, Gemma Anne Bloom, on May 7 at Monmouth Medical Center (MMC). "This was a birth I'll never forget," says Kirsten, 28, whose baby was delivered by Anthony Giovine, DO, the same obstetrician who delivered her older children. "The Labor and Delivery team brought some peace of mind during a high-stress time."



## PREVENTING VISION LOSS IN PREEMIES

The Hirair and Anna Hovnanian Foundation Neonatal Intensive Care Unit, also known as the Regional Newborn Center (RNC), at Monmouth Medical Center treats about 550 infants each year for problems such as prematurity, low birth weight, acute illness and congenital disorders. The RNC has the highest survival rate of any neonatal intensive care unit (NICU) of its kind in New Jersey. It's staffed by board-certified neonatologists and advanced practice neonatal nurses. "We have strong subspecialty support," says Diane Attardi, MD, Chief of Neonatology and Medical Director of the RNC. "Our patients have access to pediatric cardiologists, surgeons, ophthalmologists, pulmonologists, nephrologists, neurologists and others."

Now MMC's smallest patients also have access to Ike Ezon, MD, a fellowship-trained retina specialist who can treat babies with eye problems related to prematurity. Pediatric ophthalmologists Larry Turtel, MD, and Ilene Pardon, MD, screen babies for a condition called retinopathy of prematurity (ROP), a disease that affects babies born at or before 32 weeks and those with low birth weight. With this condition, the blood vessels grow abnormally in the eye. This can lead to vision loss or retinal detachment, which causes blindness.

Every year, several babies at MMC are diagnosed with advanced ROP, and sometimes the condition resolves on its own. If necessary, it can be treated with laser therapy. Until recently, if a baby needed treatment, he or she had to be transferred to another hospital. "As a NICU team, we develop relationships with patients and their families," says Dr. Attardi. "When a baby with ROP had to leave for treatment, we'd be heartbroken. Now we

get to keep the babies here with their care team. I'm thrilled because this is the best thing for them."



DIANE ATTARDI, MD



IKE EZON, MD

The laser treatment, which is performed in a procedure room in the NICU, takes about an hour. "We minimize movement of the babies because they're fragile," says Dr. Ezon. MMC is one of just a few hospitals in the state to offer this treatment. "It rounds out our services," says Dr. Attardi. "We aim to help NICU babies live happy, healthy lives."

## A COMMITMENT TO HIGH-QUALITY CARE

Maternal health and safety are at the forefront of everyone's minds these days. January 23 is the third annual New Jersey Maternal Health Awareness Day, which promotes the importance of safe and high-quality care during pregnancy, childbirth and the postpartum period. Every day, two women on average die after childbirth, and an additional 1,000 women are affected by delivery-related complications each week. To decrease the risk of maternal mortality and death, Emergency Department physicians ask whether a patient has had a baby in the past 42 days if there's no indication of it in her medical record.

MMC, which delivers more babies than any other healthcare facility in Monmouth and Ocean counties, has been recognized by many organizations for its commitment to safety and high-quality care. It's the only hospital in the region that's recognized by The Leapfrog Group—an independent, national non-profit group that rates hospital safety—for meeting quality and safety standards on key maternity metrics for two consecutive years. The metrics include rates of C-section, episiotomy and early elective delivery. MMC has one of the lowest C-section rates among low-risk, first-time mothers in New Jersey.

In addition, last summer, MMC was designated as one of *Newsweek's* Best Maternity Care Hospitals based on data from the 2019 Leapfrog Hospital Survey. "We've built one of the safest obstetrical and gynecologic services in New Jersey," says Robert A. Graebe, MD, Chairman of Obstetrics and Gynecology at MMC. "We continue to expand and upgrade our facility and services to match our commitment to quality care and patient safety."

## TAKING PRECAUTIONS

Currently, The Eisenberg Family Center at MMC is taking the appropriate

precautions to ensure the safety of expectant mothers and newborns during the COVID-19 pandemic. Expectant mothers can bring one support person to the hospital, and they must wear masks. When an expectant mother and her support person arrive at the hospital, they're screened for COVID-19 symptoms and escorted to the Labor and Delivery unit. Kirsten Kendrick was grateful for the hospital's extra attention to safety before, during and after her delivery. "The staff took all of the precautions needed to protect themselves and others," she says. "They also did a great job of making the delivery feel as 'normal' as possible."

For more information on delivering at Monmouth Medical Center or taking a virtual tour or maternity classes, contact Ana Pinto, MSN, RNC, CBC, at **732.923.5024** or [ana.pinto@rwjbh.org](mailto:ana.pinto@rwjbh.org). To learn about current visitation policies, visit [www.rwjbh.org/Monmouth](http://www.rwjbh.org/Monmouth).







Orlando Reyes is getting a good night's sleep and has more energy to spend time with his family now that he's been successfully treated for sleep apnea.

# NO MORE SNORING

**THANKS TO A HOME SLEEP TEST AND TREATMENT, ONE PATIENT HAS OVERCOME SLEEP APNEA.**

**O**rlando Reyes, 34, a supervisor of patient access management at Monmouth Medical Center (MMC), has had trouble sleeping ever since he was a child. "I would snore loudly, and during the day I'd be so tired I would fall asleep while standing or having a conversation," he says. In 2005, he was diagnosed with sleep apnea, a disorder that occurs when a person's airway becomes blocked and he or she stops



**DOUGLAS LIVORNESE, MD**

breathing briefly while sleeping.

Orlando had surgery to remove his tonsils, adenoids and part of his tongue. Unfortunately, the procedure brought only temporary relief. Over the next 15 years, he continued to suffer and had occasional tests and treatments with no lasting results. Last August, he saw Philip Passalaqua, MD, an ear, nose and throat physician affiliated with MMC, who recommended that Orlando have a sleep test at MMC's Comprehensive Sleep Disorders Center.

Traditionally, sleep testing has required an overnight stay in the hospital so patients can be monitored by technicians. Orlando discovered he

could have the test in the comfort of his home. "Home sleep tests have several advantages," says Douglas Livornese, MD, Medical Director of the Center. "They're much less invasive, and you can potentially get a better night's sleep. They're becoming more accurate, too."

## A SIMPLE SETUP

On the day of the test, Orlando picked up the equipment from the Center. At bedtime, he secured a small pack to his chest with an elastic band. Next, he placed a sensor beneath his nose and attached another sensor to one of his fingers, which would measure his oxygen and heart rate. "The equipment was ready after these easy steps," he says. "I was able to switch sleeping positions, and it was quiet."

As Orlando slept, the test measured his breathing, heart rate and oxygen level. The next day, he returned the equipment to the sleep center, where physicians analyzed the data recorded in the chest pack.

Dr. Passalaqua asked Orlando to spend a night in the hospital to determine whether a machine designed to treat sleep apnea would help him. Orlando tried a continuous positive airway pressure (CPAP) machine, which delivers pressurized air to the back of the airway through a tube connected to a mask worn while the patient sleeps. The CPAP treatment disturbed Orlando's sleep, so the overnight technician swapped it for a Bilevel Positive Airway Pressure, or BiPAP, machine, which delivers different amounts of air pressure based on whether the patient inhales or exhales. After some adjustments to the settings, Orlando slept peacefully.

The BiPAP machine has been life-changing. "I don't wake up feeling like a truck hit me," says Orlando. "And I'm not pressing 'snooze' on my alarm clock as much."

For more information about the Comprehensive Sleep Disorders Center at Monmouth Medical Center, call **732.923.7660** or visit **www.rwjbh.org/Monmouth**.





## FAST FACTS ABOUT

# CARDIAC STRESS TESTS

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

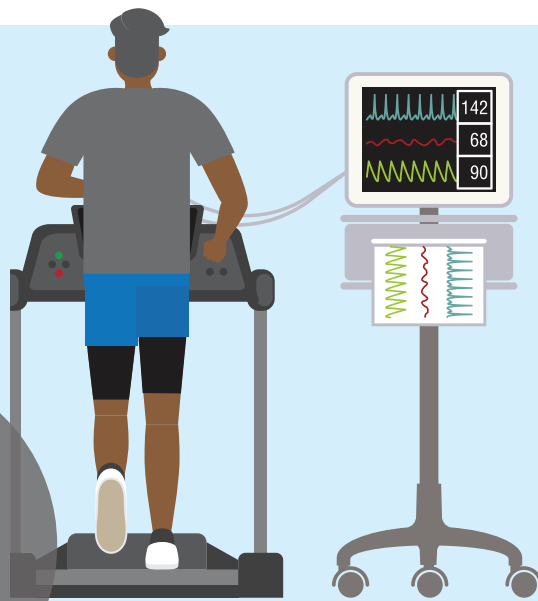
A stress test is a way to detect heart disease while the body is in motion.

“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.

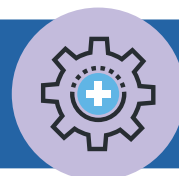
"When it comes to cancer treatment, patients shouldn't move forward until they're absolutely certain the best care plan has been presented to them," says Dr. Alexander. "We're uniquely positioned to provide that plan through the partnership between Rutgers Cancer Institute and RWJBarnabas Health."

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**.





# 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



**MANINDER ABRAHAM, MD**

fast for more than 20 years, many patients and family members may not be familiar with what a hospitalist does.

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



**Children's Specialized Hospital®**

An RWJBarnabas Health facility

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

Jennifer Fecowycz was only 13 weeks pregnant when she learned her baby wasn't developing normally in utero. Doctors could see that he wasn't bending at his wrists, knees, ankles or elbows, and diagnosed a rare condition called 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.





# CHILD-FRIENDLY EMERGENCY CARE

**A NEWLY REMODELED WAITING ROOM AND TRIAGE AREA PROVIDE A SAFE, WELCOMING SPACE FOR PEDIATRIC PATIENTS.**

Every year, about 15,000 children enter the Emergency Department (ED) of The Unterberg Children’s Hospital at Monmouth Medical Center (MMC). Now, when they sit in the waiting room or triage area, they are surrounded by bright, colorful décor with a paddleboarding theme.

On October 30, MMC held a virtual ribbon-cutting ceremony to celebrate the newly remodeled WhatSUP Pediatric Emergency Department Waiting Room & Triage Area. The room features fun furniture in hues that are a tribute to the ocean. The soft seating and play area help children feel relaxed while they wait to be seen. An overhead projector displays interactive games on the floor, providing safe, no-touch play in the new space.

**FUNDRAISING WITH FRIENDS**  
The renovations were made possible by the WhatSUP committee, led by Victor

and Kari Rallo, who have held a paddleboard race on the Navesink River every summer since 2016. (Victor is a wine critic, host of PBS’s “Eat! Drink! Italy!,” author and owner of several restaurants.) The couple’s friends joined them on the WhatSUP committee and, together, they raised funds for MMC. Over the years, hundreds of participants have raced, and in 2019, the committee reached its goal. “We’re grateful to our donors for always supporting our goals,” says Tara Kelly, Vice President of Development at MMC. “This gift will help us build a brighter, healthier future for our children and our families.”

The waiting room space was



**From left:** Margaret Fisher, MD, Medical Director, The Unterberg Children’s Hospital; Victor Almeida, MD, Chair, Department of Emergency Medicine; Eric Carney, President and Chief Executive Officer; Bill Cook, VP, Ancillary Services; Sharmine Brassington, Director, Patient Care, Emergency Department; and Tara Kelly, VP, Development.

intended to provide privacy for families—especially those with young children—who visit the ED. Now, during the COVID-19 pandemic, it serves as a safe place to socially distance from others. The triage area allows children to be seen quickly in a warm, modern and safe environment.

To learn more about giving opportunities at Monmouth Medical Center, visit [www.monmouthgiving.org](http://www.monmouthgiving.org).





# STRONGER LUNGS, HEALTHIER LIVES

A PROGRAM HELPS COPD PATIENTS BECOME MORE ACTIVE.

Monmouth Medical Center (MMC) created the Healthy Lives Program to help patients cope with two serious, chronic health problems—chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF). Since



CHANDLER PATTON, MD

its inception, the program has reduced the hospital readmission rate for these patients dramatically, says Chandler Patton, MD, Medical Director of the

Healthy Lives Program and Medical Director of Pulmonary and Critical Care at MMC.

Hospitalized COPD patients are referred to the program when they're discharged. Since the risk of a recurrence is high in the first month after discharge, patients are monitored closely after they return home. A respiratory therapist and nurse practitioner are sent to patients' homes once or twice a week to make sure they're taking the right medications, says Dr. Patton. Some patients are monitored remotely using the Vivify Health telemedicine platform.

Once a patient is stable, he or she

is encouraged to participate in the hospital's Joel Opatut Cardiopulmonary Rehabilitation Program. Patients perform exercises, such as walking on a treadmill or riding a stationary bike, while their breathing is monitored. "Patients are initially hesitant to go to rehab, but once they're in the program, they enjoy it," says Dr. Patton. "They feel much better and develop the confidence to start moving again. They also meet other patients and realize they're not the only ones suffering from COPD."

The program was recently recertified by the American Association of Cardiovascular and Pulmonary Rehabilitation (AACPR). "This shows that our program is meeting all of the AACPR standards," says Dr. Patton. In addition, MMC's COPD specialists were recently recognized as "high performers" by *U.S. News & World Report*. The rating is based on the hospital's nursing staff, the number of patients with specific conditions, the need for readmission after a hospital stay and patient survival.

## COVID-19 SAFETY PRECAUTIONS

Rehabilitation staff members have taken steps to ensure patient safety during the COVID-19 pandemic. Staff members are screened for symptoms and wear masks; the exercise equipment is sanitized and spaced six feet apart; and there are restrictions on the number of patients who can use the facility at the same time.

Pulmonary rehab patients may use the facility between 8 a.m. and 12 p.m. on Tuesdays and Thursdays. Prior to each one-hour session, they're screened for COVID-19 symptoms and given temperature checks. They must also wear a mask provided by the hospital. During their sessions, patients are expected to practice social distancing, wash their hands before and after exercising, and use hand sanitizer while using the equipment. Each machine is cleaned with hospital-approved wipes after it's used.

To learn more about the Healthy Lives Program at Monmouth Medical Center, call **732.923.6702**.







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 most advanced treatment options. Call 844.CANCERNJ or visit [www.rwjbh.org/beatcancer](http://www.rwjbh.org/beatcancer).

# A LIFESAVING TEST

## CURRENT AND FORMER SMOKERS SHOULD CONSIDER LUNG CANCER SCREENING.

You might worry about breast or prostate cancer, but lung cancer is the No. 1 cancer killer of Americans. It accounts for about one-quarter of all cancer deaths, according to the Centers for Disease Control and Prevention. If the disease is detected early, however, it’s curable. Annual low-dose CT scans of the lungs can be lifesaving for longtime smokers. In fact, studies show that one in 300 CT scans saves a life.

Monmouth Medical Center (MMC) is an American College of Radiology-designated Lung Cancer Screening Center, an accreditation



LEIZLE TALANGBAYAN, MD

that distinguishes it as a provider of safe, high-quality screening with appropriate follow-up care. Screening is so effective that the U.S. Preventive Services Task

Force (USPSTF) recommends it for asymptomatic, high-risk individuals who meet the following criteria:

- ages 55 to 77
- current smoker or has quit within the last 15 years
- tobacco smoking history of at least 30 “pack years” (an average of one pack per day for 30 years)
- have an order for lung cancer screening from a physician or qualified healthcare provider

The USPSTF may soon expand the eligibility criteria given the effectiveness of screening.

### QUICK AND COMFORTABLE

Patients may worry about the amount of time the screening test takes—or that they will feel claustrophobic—but “the CT scan itself is very quick, taking less than 30 seconds, which is more comfortable for patients who may have difficulty holding their breath,” says Leizle Talangbayan, MD, an attending

radiologist at MMC. “Also, the scanning unit is open and ring-like, making it more comfortable for patients who may be apprehensive in small spaces.”

Results are generally available in one or two days, says Dr. Talangbayan. The test produces detailed images at the lowest possible radiation dose. If a nodule is detected and it looks suspicious, your doctor may have you return for an additional follow-up CT scan or additional testing with PET scan or biopsy. Depending on their size and characteristics, nodules need to be monitored at certain intervals. Even if there are no suspicious abnormalities, screening patients will still be asked to return for annual follow-up, like mammograms, which also have an annual screening schedule, says Dr. Talangbayan.

Fortunately, lung cancer screening is covered by Medicare and most insurance plans, so there’s no reason to skip it. “If you find a lung cancer early, you can save a life,” says Dr. Talangbayan.



# A HEALTHIER HEART

## FREQUENT CHECKUPS CAN HELP PATIENTS WITH A SERIOUS CARDIAC CONDITION STAY ON TOP OF THEIR HEALTH.

About two years ago, Doug Runge, 60, of Little Silver was hospitalized at Monmouth Medical Center (MMC) for congestive heart failure (CHF), emphysema—a lung condition that causes shortness of breath—and chronic obstructive pulmonary disease (COPD). When he was discharged, his primary care physician and nurses recommended that he enroll in MMC's Healthy Lives Program, in which patients with heart failure and COPD are closely monitored to reduce their risk of being readmitted to the hospital. Today, Doug comes to the hospital every two to four weeks for blood work, lung function tests and medication checks. "It's very helpful," says Doug. "The nurses are warm and make me feel at ease. They talk to me on the same level, which makes my situation easier to understand."

Recently, Doug was having trouble sleeping due to difficulty breathing. One of the Healthy Lives nurses prescribed a respiratory treatment that has helped him get a good night's sleep and greatly improved his quality of life. "I feel like I'm on top of my health, even though I have a progressive disease," says Doug. "I can manage my symptoms much better."

### AVOIDING READMISSION

Hospitalization is common for patients with heart failure. About 83 percent of patients are hospitalized at least once, and 43 percent are hospitalized at least four times, according to a study published in the *Annals of Translational Medicine*. CHF is an advanced form of heart failure and has the highest readmission rates.

Over the past decade, strict guidelines have been developed to help doctors manage patients with CHF and keep them out of the hospital, says Isaac Tawfik, MD, Chief of Cardiology at MMC and a member of RWJBarnabas Health Medical Group. Patients need to take medication, follow a strict diet, exercise regularly and weigh themselves daily. "They're supposed to call us if



Left: Patient Doug Runge, who no longer needs a wheelchair to enter the Healthy Lives office, with staff members. Right: Gathering in the newly renovated home of MMC's Healthy Lives Program are, seated, from left: Maureen Bowe, MSN, RN, Administrative Director of Critical Care, Renal Services and Nursing Resources; Eric Carney, President and CEO of MMC and Monmouth Medical Center Southern Campus; and Isaac Tawfik, MD, Chief of Cardiology. Standing, from left: Denise Yaman, DNP, APN, CHF, the Healthy Lives Program Coordinator, and Chandler Patton, MD, Medical Director of the Healthy Lives Program and Pulmonary and Critical Care.



their weight fluctuates by more than three pounds,” says Dr. Tawfik. “If they retain excess water, they’re more likely to require hospitalization.”

### THE BENEFITS OF ROUTINE MONITORING

The Healthy Lives Program employs four Nurse Practitioners (NPs) with more than 20 years of experience working with cardiology patients. The NPs perform stress testing, check patients’ medications and lab results, and visit them at their homes. They also educate patients about heart failure. “We want patients to understand why we ask them to do things,” says Dr. Tawfik. “If they understand, they’re more likely to comply and end up with a better health outcome.”

While the NPs can monitor patients remotely through telemedicine, it’s beneficial for patients to come to the office for checkups. “In-person appointments enable us to examine patients,” says Dr. Tawfik. “We can check for leg swelling, signs of water retention and breathing problems and intervene early to prevent hospital readmission. We can also listen to patients’ hearts and check for valve problems.”

During an office visit, a patient can be checked for related disorders, such as kidney failure. “Blood work can tell us if a patient has kidney disease and needs diuretic medications,” says Dr. Tawfik. If a person is retaining an

excessive amount of fluid, he or she can be given intravenous diuretics in the office and avoid a visit to the Emergency Department. Dr. Tawfik is evaluating a new device called ReDS, which provides a quick, accurate and noninvasive measure of how much fluid is present in a patient’s lungs, a measure of heart failure. The device has been shown to help improve the quality of life of CHF

patients and reduce readmission rates.

The Healthy Lives office recently moved to a new, more convenient and accessible location at the hospital. Previously, it was located on the fourth floor, and now it’s on the ground floor. “I’m excited about the new location because it’s close to the parking lot,” says Dr. Tawfik. “Patients don’t need to walk as far to get to the office.”



### HEALTHY MIND, HEALTHY BODY

February is American Heart Month, so it’s a good reminder to pay close attention to your heart health. It’s also a good time to keep an eye on your mental health, since there’s a strong link between depression and heart disease, says Isaac Tawfik, MD, Chief of Cardiology at Monmouth Medical Center and a member of RWJBarnabas Health Medical Group. A few recent studies illustrate the importance of taking care of your body and your mind:

- In a study published in the American Heart Association journal *Hypertension*, nine blood pressure medications—including enalapril, amlodipine, verapamil and propranolol—significantly reduced the risk of depression. The researchers say that the medications have an anti-inflammatory effect, and low-grade inflammation is common in high blood pressure, heart disease and depression.
- People who suffer from peripheral artery disease—a narrowing of the arteries, primarily in the legs—and depression have a more difficult time recovering compared to those who don’t have depression, according to a study published in the *Journal of the American Heart Association*.

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





# A LEADER'S LEGACY

**THANKS TO DR. FRANK VOZOS, MONMOUTH MEDICAL CENTER AND MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS WILL KEEP THE COMMUNITY HEALTHY FOR DECADES TO COME.**







**Clockwise, from far left, p. 22:** Frank J. Vozos, MD, FACS, at Monmouth Medical Center (MMC) with then Chief Operating Officer Bill Arnold, MHA, who now serves as President of the RWJBarnabas Health Southern Region. Dr. Vozos speaks at the 125th anniversary celebration of MMC. Dr. Vozos at the dedication of Monmouth Medical Center Southern Campus (MMCSC) with New Jersey Senator Bob Singer. Dr. Vozos, a surgeon who trained and practiced at MMC, in an OR construction area at the hospital during an ambitious expansion project. Dr. Vozos at the dedication of MMC's Gamma Knife Center. **This page, from left:** Dr. Vozos and administrative leaders from MMCSC. Dr. Vozos at The James and Sharon Maida Geriatrics Institute Dedication Ceremony at MMCSC. **NOTE: These photos were taken before mask and social distancing recommendations were in place.**

After 40 years of service, Frank J. Vozos, MD, FACS, Executive Vice President, RWJBarnabas Health, and Chief Executive, Monmouth Medical Center Southern Campus (MMCSC), has retired. “Dr. Vozos has dedicated his career to caring for the health of our communities,” says Bill Arnold, MHA, President of the RWJBarnabas Health Southern Region. “As a surgeon, community leader, hospital administrator and friend, Dr. Vozos has not only personally provided outstanding patient care to many but has successfully worked to improve how we deliver care on all levels.”

Dr. Vozos began his career at Monmouth Medical Center (MMC) in 1975, when he completed a five-year residency program in general surgery. He became a fellow of the American College of Surgeons and a diplomate of the American Board of Surgery. For two decades, Dr. Vozos served as director of the general surgery residency program at MMC. He was also president of the hospital’s medical and dental staff. In 1998, he became executive director of MMC and only the second physician in New Jersey to take on a top hospital leadership role.

A few of his many notable achievements:

- Dr. Vozos led MMC’s growth in cancer services. He oversaw the dedication of the Leon Hess Cancer Center, the Jacqueline M. Wilentz Comprehensive Breast Center and the Cheryl L. Diamond Cancer Care Pavilion. To help families cope with the disease, he formed a partnership with the international nonprofit Cancer Support Community.
- MMC’s Eisenberg Family Center—which has the largest number of deliveries in Monmouth and Ocean counties—expanded. The hospital added a new postpartum pavilion, an additional newborn nursery and



**ERIC CARNEY**



**PHILIP PASSES, DO**

## A NEW EXECUTIVE TEAM

In September 2020, two top leaders at RWJBarnabas Health Southern Region hospitals who have worked closely with Monmouth Medical Center Southern Campus (MMCSC) Chief Executive Dr. Frank J. Vozos were named to new executive roles at the Southern Campus facility. Eric Carney, President and CEO of Monmouth Medical Center (MMC), assumed the same role at MMCSC. Philip Passes, DO, Vice President of Practice Integration, RWJBarnabas Health Southern Region, became Chief Administrative Officer for MMC and MMCSC. “Eric and Dr. Passes have worked closely with Dr. Vozos for the past several years as part of our Southern Region team,” says Bill Arnold, MHA, President of the RWJBarnabas Health Southern Region. “I’m confident that this new leadership structure will further strengthen MMC and its Southern Campus and expand pathways to outstanding care for our patients.”

an expanded Hirair and Anna Hovnanian Foundation Regional Newborn Center.

- Dr. Vozos oversaw the dedication of the Geriatric Emergency Medicine Unit and The Unterberg Children’s Hospital at MMC.

- After becoming president and CEO of MMCSC in 2016, Dr. Vozos expanded and enhanced the hospital’s programs and services. He oversaw the development of the unique James and Sharon Maida Geriatrics Institute. He also managed the establishment of the Jacqueline M. Wilentz Comprehensive Breast Center at MMCSC.

- Under his leadership, MMCSC placed within the top 10 performers in New Jersey and the top five performers in the RWJBarnabas Health system for several key patient satisfaction areas.

- In 2019, MMCSC received an A safety grade from The Leapfrog Group. Updated twice a year, in the spring and in the fall, the Leapfrog Hospital Safety Grade is the only hospital rating focused

exclusively on hospital safety.

- Over the years, Dr. Vozos has been active in many local service organizations, including the American Red Cross, Prevention First, Boy Scouts of America, a host of area Chambers of Commerce and Long Branch Tomorrow, a volunteer organization that originally created the redevelopment plan for the Long Branch oceanfront. He has had the privilege of being honored by many of these organizations. He notes a strong allegiance to the local police and fire departments and first aid squads, and he takes pride in his appointment during the 1990s as a “police surgeon” in recognition of his support of the law enforcement community.

“Thanks to Dr. Vozos’s outstanding leadership, Monmouth Medical Center and Monmouth Medical Center Southern Campus will continue to thrive,” says Arnold. “We are proud to build on his many successes.”

# Nationally Recognized



Only regional hospital named a 2020 Guardian of Excellence Award® winner by Press Ganey for achieving the 95th percentile or above for performance in Patient Experience.