

A Publication of
MONMOUTH MEDICAL CENTER

WINTER 2020

healthy *together*

**A LIFESAVING
CARDIAC TEST**

**60 LBS LOST:
ONE PATIENT'S
STORY**

**SPECIALIZED
CARE FOR
SENIORS**

**CRITICAL
CARE
WHEN EVERY
MOMENT COUNTS**



SAVING LIVES IS OUR LIFE'S WORK

At RWJBarnabas Health, we take the trust people place in us to heart. It's the bedrock of our commitment to your care, from preventive services to life-saving emergency treatment.

For urgent situations, we have two world-class trauma centers, one in Jersey City and one in New Brunswick, as well as the only burn center in the state, located in Livingston. In addition, we have expanded our emergency response capabilities and have acquired an advanced emergency helicopter, call sign Life Flight, equipped and staffed to provide critical care while transporting badly injured patients.

To help people stay healthy and safe, we reach out with education and prevention programs for people of all ages. We've also invested in creating the new secure and convenient RWJBarnabas Health Connect app, available at your app store. Health Connect lets you access your records, store your insurance information, search for doctors, and make real-time appointments that are automatically added to your phone calendar.

Health Connect, along with the RWJBarnabas Health TeleMed app, which offers online access for a physician visit, are integral parts of efforts to create a truly tech-forward healthcare organization. These efforts led to all RWJBarnabas Health hospitals earning the "Most Wired" designation from the College of Healthcare Information Management Executives this year.

Demonstrating our commitment to invest in the most advanced technology, Monmouth Medical Center's robotic surgical systems provide minimally invasive options for even the most complex procedures. Most recently, the hospital became the second in New Jersey to introduce two innovations in robotic surgery, including single-port technology designed for deep and narrow access through a single, small incision and a revolutionary GPS navigation platform that provides the most accurate trajectory alignment in spine surgery. Combining the precision of advanced robotic systems such as these with the skills of our surgeons means patients experience a better recovery and outcome, with a faster return to normal activities.

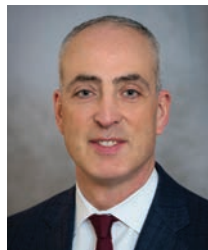
Whether you face an emergency or have an everyday health question, we're committed to providing convenient access to the highest-quality care—whenever and wherever you need it.

Yours in good health,

BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH



ERIC CARNEY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
MONMOUTH MEDICAL CENTER



HEALTH NEWS

HIGH-TECH SPINE SURGERY

Monmouth Medical Center (MMC) physicians are now performing spine surgery using advanced robotic technology and computer-guided navigation. This technology improves the physician's ability to see a patient's anatomy, helping to optimize outcomes and improve safety and accuracy. The navigation system offers many benefits for patients, including smaller incisions, less tissue damage, a shorter hospital stay and a quicker recovery, with a lower risk of complications. The Spine Center at MMC is the second hospital in New Jersey and the first in the region to adopt robotic navigation for spine surgery. To learn more, call **888.724.7123**.

QUALITY IN THE SPOTLIGHT

- Monmouth Medical Center (MMC) was recognized by *U.S. News & World Report* as top performing for heart failure and COPD care, earning the top honors as "high performers." Taking into account nursing staff, the number of patients with the specific conditions, any need for readmission after a hospital stay and patient survival, the hospital was recognized in these areas compared to more than 4,600 healthcare facilities across the nation.
- Last fall, MMC was awarded its 10th consecutive A Hospital Safety Grade by the Leapfrog Group, a national nonprofit organization. MMC is the only hospital in the region to receive an A for 10 rating periods in a row. Updated twice a year, Leapfrog's Hospital Safety Grade is the only hospital rating that's focused exclusively on hospital safety. Letter grades are assigned based on a hospital's performance in preventing medical errors, infection and other harms.

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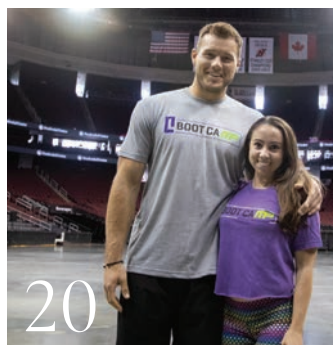
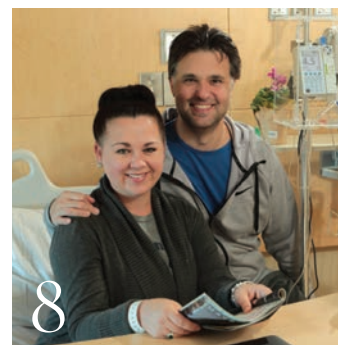
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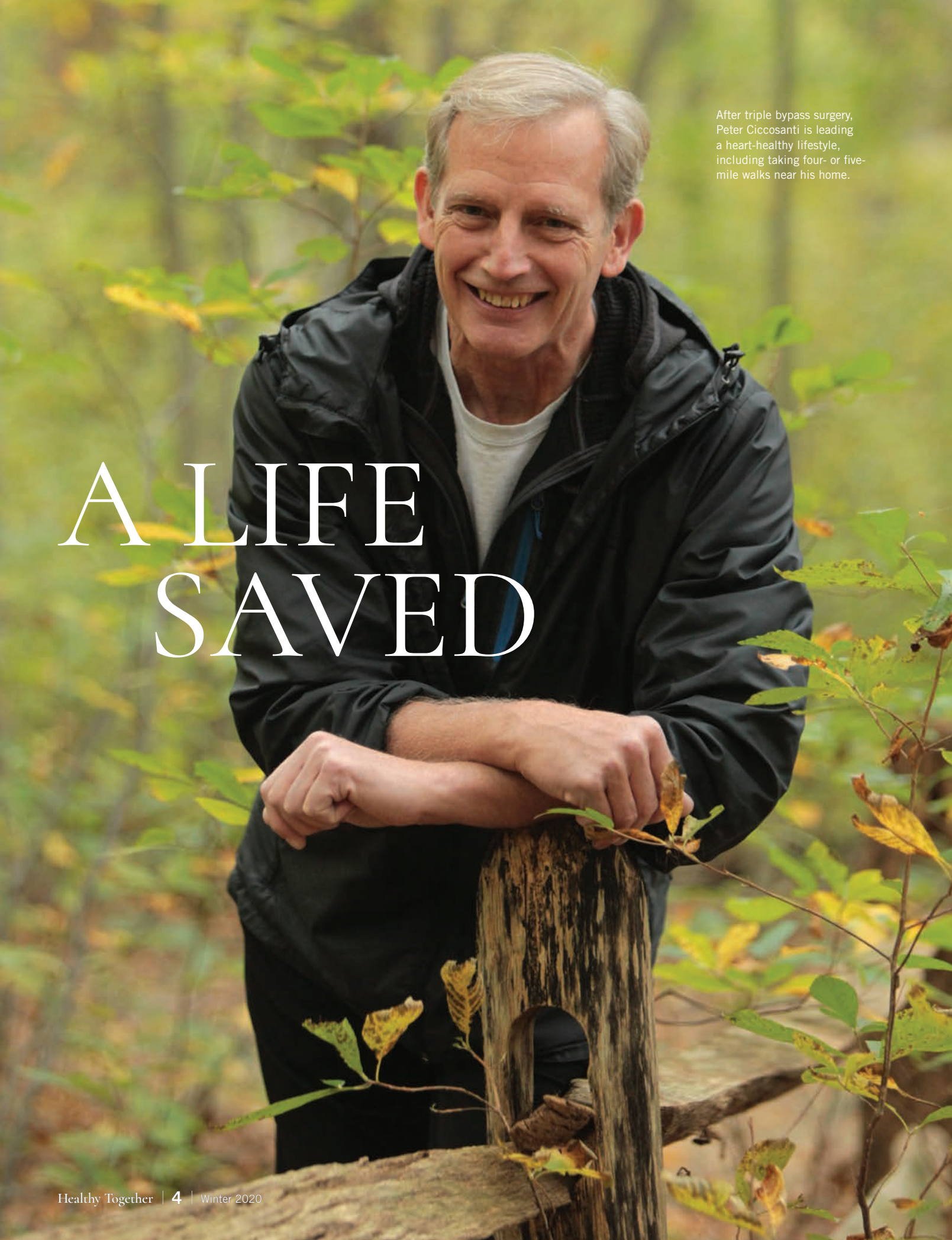
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A photograph of Peter Ciccosanti, an older man with grey hair, smiling warmly. He is wearing a dark, puffy jacket over a white t-shirt. He is leaning on a weathered wooden post in a forest setting with green and yellowing leaves in the background.

After triple bypass surgery, Peter Ciccosanti is leading a heart-healthy lifestyle, including taking four- or five-mile walks near his home.

A LIFE SAVED

A SOPHISTICATED CARDIAC IMAGING TEST REVEALED A SERIOUS— AND UNEXPECTED—FINDING IN ONE GRATEFUL PATIENT.

When Peter Ciccosanti went to work at Monmouth Medical Center (MMC) one evening in June 2019, he never expected he'd become a patient himself a few hours later. "I got out of the car and was walking into the hospital when I noticed I didn't feel right," says Peter, 61, of Matawan, a radiology technician who was working the night shift. "I couldn't put my finger on it, so I just blew it off." Over the next few hours, Peter started to experience pain in his chest and left shoulder. "I knew something was wrong, so I walked down the hall to the Emergency Department (ED)," he recalls.

In the ED, Peter underwent a stress test and had blood drawn to check for signs of heart trouble, but the results were normal. Still, cardiologist Ajay Shah, MD, suspected something wasn't right. "I suggested that we take a CT scan of his heart," says Dr. Shah, a member of RWJBarnabas Health medical group.

A SURPRISING DISCOVERY

MMC is increasingly using cardiac computed tomography (CT) to identify patients with heart problems without subjecting them to an invasive cardiac catheterization, in which a thin, hollow tube is placed in a blood vessel (often in the groin) and threaded through major vessels that lead to the heart. With a



AJAY SHAH, MD

cardiac CT, many X-ray images of the heart are taken. A computer compiles the images into detailed pictures that reveal heart health. Patients receive a "calcium score," which indicates whether

there's plaque buildup in the arteries, which can reduce blood flow to the heart. (For more information, see "Noninvasive Cardiac Testing.")

In Peter's case, the test revealed substantial plaque buildup in his arteries, so he needed additional testing and treatment. If Peter had not had the cardiac CT scan, he might have been discharged from the hospital thinking he was fine. "The CT scan completely changed things," says Dr. Shah. "If someone has a normal stress test, he or she is usually sent home. But a patient like Peter would probably have a major heart attack or cardiac arrest. That's where the CT scan made a big difference."

Dr. Shah knew Peter needed more invasive testing, so he sent him to Robert Wood Johnson University Hospital (RWJUH) in New Brunswick for a cardiac catheterization, which allows physicians to open clogged arteries and place stents to keep them open. But the test revealed that three of Peter's arteries were too clogged for balloon angioplasty and stents to be successful. Peter needed triple bypass surgery, a major operation to restore blood flow to his heart. "All of this was totally unexpected," says Peter. "I thought I was perfectly healthy."

A HEART-HEALTHY LIFESTYLE

Peter had triple bypass surgery at RWJUH two days after the catheterization. Since then, he's been more diligent about leading a heart-healthy lifestyle. He's cut out red meat and shellfish altogether and now eats more chicken, fish and vegetables. He tries to exercise at least three to four days a week, including going to cardiac rehabilitation at MMC once or twice a week and taking four- or five-mile walks near his home on the other days. Importantly, he followed doctor's orders

NONINVASIVE CARDIAC TESTING


February is American Heart Month, and it's a good time to pay attention to cardiac health since heart disease is the leading killer of men and women. At Monmouth Medical Center (MMC), serious heart problems can be detected in a quick, accurate and noninvasive way. While a CT scan can reveal plaque buildup in cardiac arteries, in some cases the scan is combined with an angiogram, a test that can generate a clearer view of the heart. With cardiac computed tomography angiography, or cardiac CTA, a contrast dye is injected intravenously and a CT scan is performed. Three-dimensional images of the heart can be produced within 15 minutes. The images reveal narrowing and blockages in the coronary arteries, the type and degree of plaque buildup, and the size of the cardiac chambers. The results allow physicians to determine which patients need medication or other treatments to prevent cardiac events. In some cases, cardiac CTA enables patients to avoid an invasive cardiac catheterization.

to quit smoking. He's taking cholesterol medication, a beta blocker and baby aspirin to help ward off future heart problems.

Looking back on everything that happened, Peter is grateful that Dr. Shah recommended the cardiac CT scan. And he feels very fortunate that when he became ill, he was in the right place—the hospital he's worked at for 17 years. "I trusted the people who were treating me," he says.

Your heart doesn't beat just for you. Get it checked. To reach a Monmouth Medical Center (MMC) cardiac specialist, call **888.724.7123** or visit www.rwjbh.org/heart. To learn more about cardiac CTA, call Cardiac Services at MMC at **732.923.6546**.





Kimberly Giacomini, who has multiple sclerosis, can tie her shoes and hold a drink in her left hand now that her tremors are gone.

STAYING STEADY

HOW A YOUNG PATIENT BENEFITED FROM A CUTTING-EDGE, NONINVASIVE TREATMENT FOR TREMORS.

For five years, Kimberly Giacomini, who has multiple sclerosis, suffered from a debilitating complication—tremors on the left side of her body that were so severe she had trouble walking and couldn't tie her shoes or hold a drink in her left hand.

Today, she's no longer shaking thanks to a noninvasive procedure that's being studied at Monmouth Medical Center (MMC). The treatment, called gamma knife radiosurgery, involves delivering a high dose of targeted radiation to the brain. It creates a small lesion in the part of the brain that's thought to be overactive in tremors. "Although 'knife' is in the name, there's no cutting with gamma knife," says Ty Olson, MD, Medical Co-Director of the Gamma Knife Center at MMC. "The patient's life is permanently improved with a single outpatient procedure."

Kimberly had the procedure in December 2015, and her tremors started to subside within a few months. In one of the follow-up tests to gauge whether the procedure had worked, Kimberly had to pick up a glass of water and pour it into another glass, which she was happy to discover she could do. "If I'd tried that prior to the treatment, the water would have been all over the floor," says Kimberly, 38, who lives in Dunellen with her husband. "After a year, I was about 99 percent better. I'm so thankful for the treatment."

ENCOURAGING RESULTS

Kimberly initially tried medication to treat her tremors. (Drugs called beta blockers and anti-seizure medications are typically prescribed.) When her symptoms didn't improve, she discovered she was eligible to participate in a clinical trial led by Sang Sim, MD, Medical Co-Director of the Gamma Knife Center at MMC. So far, more than 20 patients with various types of tremors that didn't respond to medication have been treated with gamma knife radiosurgery at MMC. (See "Candidates for Gamma Knife Radiosurgery.")

At the American Society for Radiation Oncology annual meeting in September 2019, Dr. Sim reported encouraging findings on 18 patients treated since 2013. "Approximately 90 percent of our patients experienced a significant improvement in symptoms," he says. "We looked at four different aspects of tremor, including postural, drawing, handwriting



From left: Radiologist Sang Sim, MD, and neurosurgeon Ty Olson, MD, Medical Co-Directors of the Gamma Knife Center.

and functioning categories, and we saw improvements in all of them." While most patients experienced life-changing reductions in their tremors six to 12 weeks after treatment, the average amount of time it took to improve was approximately six months.

While a handful of other gamma knife centers across the country have studied the treatment for tremor disorders, Dr. Sim says his group is one of the first to conduct a prospective clinical trial, in which patients are studied over the long term. "We want to further report patient outcomes so that we can establish gamma knife as more of a standard treatment," he says.

Currently, the standard treatment for many patients with tremors who are not helped by medication is a surgical procedure known as deep brain stimulation (DBS), in which an electrode is placed in the brain. A battery-operated device that generates a pulse is connected to the electrode via a wire implanted under the skin in the upper chest, similar to a pacemaker. Many patients don't want such an invasive procedure, says Dr. Sim. In addition, some patients may not be candidates for DBS because they are elderly or take medications such as blood thinners.

A BETTER QUALITY OF LIFE

Dr. Sim says gamma knife treatment results are comparable to those of DBS. If additional research supports the gamma knife approach, more tremor patients may benefit. "The advantage of this procedure is that it's a one-shot dose," says Dr. Sim. The



CANDIDATES FOR GAMMA KNIFE RADIOSURGERY

Tremors are involuntary muscle contractions that cause uncontrollable shaking, or trembling, in one or more areas of the body. They usually affect the hands and arms but also may occur in the legs, torso, head and vocal cords. Patients who suffer from the following types of tremors experienced improvement in the Monmouth Medical Center study of gamma knife radiosurgery:

- Essential tremor, the most common type, can affect various parts of the body, but it affects the hands most often. It causes trembling while a person is performing a task, such as eating or writing.
- Tremors related to Parkinson's disease, a nervous system disorder
- Tremors related to multiple sclerosis
- Tremors with no definitive diagnosis

treatment typically takes a few hours, and patients go home the same day.

Tremors typically don't start improving until a few months or longer after the treatment, but this doesn't surprise Dr. Sim. "Radiation has a bit of a delayed effect," he says. "It takes time to create the lesion that disrupts what we believe is a neural pathway that's contributing to these tremors." The results, which appear to be permanent, are worth the wait. "It's rewarding to help patients like Kimberly regain their ability to do things most of us take for granted, like holding a drink," he says. "Kimberly's young, and she should be able to do these things. When we saw that improvement in her, it brought tears to our eyes."

To learn more about this treatment option for tremors, call the Gamma Knife Center at **732.923.6562**.





“I GOT MY LIFE BACK”

HOW A NEW MEDICATION FOR POSTPARTUM DEPRESSION ENABLED ONE MOTHER TO TAKE CARE OF HER FAMILY.

After Shaina Criscuolo gave birth to her third child in March 2019, she fell into severe postpartum depression (PPD). She experienced insomnia, anxiety, loss of appetite and energy, panic attacks and emptiness and had difficulty concentrating. “It was hard for me to take care of the kids,” says Shaina, 37, a psychologist who lives with her husband and three children, ages 7, 3 and 6 months, in Lexington, Ky. “I’m normally active, but it was difficult for



ROBERT GRAEBE, MD

me to do anything I enjoyed.” She tried to return to work over the summer but lasted only a few weeks on the job.

Shaina tried prescription antidepressants but couldn’t tolerate the side effects, which included headaches, nausea and worsening anxiety and insomnia.

So when she heard about a new drug for PPD through her work as a psychologist, she desperately wanted to try it. Brexanolone, which is sold under the brand name Zulresso, became the first U.S. Food & Drug Administration-approved medication for PPD in March 2019. Brexanolone is given as a onetime infusion in the hospital over 60 hours to PPD patients who already

Shaina Criscuolo with her husband, Neil, after her treatment at Monmouth Medical Center.

have tried standard treatments, such as psychotherapy, support groups and medication.

At the time, brexanolone was only available at the Center for Perinatal Mood and Anxiety Disorders at Monmouth Medical Center (MMC). MMC was the first hospital in New Jersey and among the first in the nation to offer this groundbreaking treatment to new mothers. So Shaina decided to travel there in September 2019. “This medication was my only option,” she says.

QUICK RESULTS

Shaina checked into MMC on a Wednesday morning. “The day after I began treatment I started to feel a little better, and by the third day I felt like myself,” says Shaina, who didn’t experience any side effects and was released two days later. “I don’t know what I would have done without it,” she says. “After five months of living a nightmare, I was given my life back. I’m able to be a mom and wife again; I can take care of my family. It’s truly amazing.”

Robert Graebe, MD, Chair and Program Director of MMC’s Department of Obstetrics and Gynecology, says it’s not unusual for some patients to begin feeling better within 24 hours of starting the medication, which contains the hormone allopregnanolone, which can plummet after childbirth. “Although the mechanism is unclear, the theory is that this loss of hormone is causing the problem,” he explains.

Having a new treatment for postpartum depression is important because PPD is the most common medical complication of childbirth, affecting as many as one in five women. It can devastate mothers and their families, says Lisa Tremayne, RN, PMH-C, Director of the Center for Perinatal Mood and Anxiety Disorders at MMC. “It’s wonderful that you can see the results while patients are still in the hospital,” she says. “The women’s faces don’t look stressed anymore. It happens really fast.”

To learn more about treatment options for perinatal mood and anxiety disorders, call 732.923.5573. If you’re in crisis, call 732.923.6999.

HOW TO SAVE A LIFE

IS IT A HEART ATTACK OR CARDIAC ARREST—AND WHAT SHOULD A BYSTANDER DO?

“Heart attack” and “cardiac arrest” may sound like similar conditions, but they’re not the same—and one is potentially much more life-threatening. “With a heart attack, an artery is clogged, and the majority of patients have 100 percent closure of an artery,” explains Jay H. Stone, MD, Director of the Cardiac Catheterization and Interventional Lab at Community Medical Center in Toms River and a member of the RWJBarnabas Health medical group. “In a cardiac arrest, the heart stops completely and no blood at all is circulating.” Death can be instantaneous.

The two things that determine survival, Dr. Stone explains, are the underlying pathology and the flow of blood to the brain. “If someone passes out in front of you, take action immediately,” he urges. “The patient can’t afford to lose the time that it may take for professional medical help to arrive.” Quick action can double or even triple a cardiac arrest victim’s chance for survival.



JAY H. STONE, MD

GET IT CHECKED

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

HEART ATTACK

WHAT IT IS

A circulation problem. Blood flow stops because of a blockage in an artery. The part of the heart muscle that is deprived of oxygen-rich blood begins to die.

SYMPTOMS

These may begin hours, days or weeks in advance.

- Chest pain or feeling of pressure in the chest, possibly spreading to arms, neck, jaw, back or stomach.
- Feeling sick, sweaty or short of breath.
- The person having a heart attack will usually remain conscious.

WHAT TO DO

If you are having these symptoms, don’t hesitate to contact your doctor or call 911. If someone you are with appears to be having a heart attack, call 911 immediately. Sit the person down and keep them calm while you wait for help.

CARDIAC ARREST (CA)

WHAT IT IS

Usually, an electrical problem that causes the heart to stop pumping. CA can be triggered by a heart attack but can have other causes, such as an undiagnosed heart abnormality or cocaine or amphetamine use.

SYMPTOMS

- Possibly racing heart or dizziness, but CA may occur without warning.
- A person suffering CA will become unconscious and will not breathe normally, or breathe at all.

WHAT TO DO

- Immediately call 911, or have someone else make the call while you perform the steps below.
- If an AED (automated external defibrillator) is available, begin use, following the prompts.
- Do CPR (cardiopulmonary resuscitation). If you don’t know conventional CPR, do hands-only CPR (see below).

HANDS-ONLY CPR

Hands-only CPR can be done successfully even by someone who’s not a professional. The idea is to push hard and fast in the center of the victim’s chest to the beat of a familiar song that has 100 to 120 beats per minute. Think of the song “Stayin’ Alive” by the Bee Gees to help keep compressions in a regular rhythm. If disco doesn’t do it for you, push along to one of these:

- “Crazy in Love” by Beyoncé
- “Hips Don’t Lie” by Shakira
- “I Walk the Line” by Johnny Cash





TRAUMA WITHOUT DRAMA

TOP RWJBARNABAS HEALTH TRAUMA AND BURN CENTERS STAND AT THE READY TO DO WHAT'S NEEDED FOR THE MOST SEVERELY INJURED PATIENTS.

Paramedics are running through the Emergency Department (ED) entrance. Blood is all over. Doctors are shouting, “Get me a clamp—stat!”

And ... cut! End scene. That chaotic scenario, a staple of medical shows, happens on TV show sets but not in real life, trauma experts say.

“In a true trauma situation, we have quiet, controlled conditions,” says critical

care surgeon Rajan Gupta, MD, Director of the Level I Trauma Center and Pediatric Trauma Center at Robert Wood Johnson University Hospital (RWJUH) in New Brunswick. “The more we mitigate chaos, the safer the environment, and the better the patient will do.”

Another common misconception, says Dr. Gupta, is that trauma treatment ends after the critical first 30 to 60 minutes of care. “In fact, our system spans the entire gamut of care—emergency services, acute care centers, rehab facilities, radiology, blood banks, clinical labs, data registry and more,” explains Dr. Gupta. “A trauma

center’s job is to bring all these aspects together to help prioritize decisions and get the best possible long-term outcome for the patient.”

Together, experts at the Trauma Center at RWJUH, the Level II Trauma Center at Jersey City Medical Center (JCMC) and The Burn Center at Saint Barnabas Medical Center (SBMC) in Livingston—each an RWJBarnabas Health facility—provide a critical safety net for thousands of New Jersey residents.

TRAUMA OR ED?

Hospital EDs take care of emergencies, of course, like heart attacks and breathing problems. EDs also deal with a broad range of noncritical conditions, such as the flu or broken bones.

A trauma center, however, has a larger scope than an ED. First responders or ED



RAJAN GUPTA, MD



MICHAEL MARANO, MD



BRUNO MOLINO, MD

From left, flight paramedic Michael Brown, FP-C; flight nurse Robert Maiullo, CFRN; and lead pilot Joe Gilbert with the RWJBarnabas Health Airbus 135 helicopter.



physicians make the decision as to whether a patient needs the services of a trauma center.

“A trauma center is designed to immediately treat critically injured patients who have life- or limb-threatening injuries,” explains acute care surgeon Bruno Molino, MD, Trauma Director at JCMC and a member of RWJBarnabas Health medical group. “When seconds count to make the difference between life and death, a whole team is waiting around a stretcher even before the patient arrives.

“To be certified as a trauma center, a facility must have extensive resources available to care for severely injured patients at all times,” says Dr. Molino. “Neurosurgery, maxillofacial surgery, orthopedic surgery, cardiac surgery—all these specialties and more have to be there at our disposal.”

The most common types of injuries seen in trauma centers come from three

situations: falls by elderly people, blunt-force assault or penetrating wounds (such as gunshots), and motor-vehicle crashes, says Dr. Gupta. “Our cars are getting much safer, so traumatic injuries from crashes are decreasing,” he explains. “Meanwhile, for the elderly, even a minor fall can result in devastating injuries. As the population ages, this has become an ever-growing issue for health systems.”

Trauma centers also routinely drill to be prepared for mass casualties in a disaster situation. This training includes close coordination with other trauma centers in case backup is needed. There are 10 state-certified trauma centers in New Jersey.

HELP FOR SEVERE BURNS

Trauma centers across the state coordinate closely with The Burn Center at SBMC, New Jersey’s only state-certified burn-treatment facility. In addition to burns from home accidents, industrial incidents and motor-vehicle crashes, one of the most common injuries the center sees—up to 30 percent of cases—is scalding in children under age 2 who have been splashed accidentally by a hot liquid.

Specialists including burn technicians, nurses and respiratory therapists, as well as the most advanced technology, are available at the center at all times. “If someone comes in with a surface burn, for example, we’re able to immediately treat them with hydrotherapy—water piped through special spigots that removes dead skin and bacteria to minimize the chance of infection,” explains Michael Marano, MD, Medical Director of The Burn Center.

The center has 12 intensive care beds for the most critically injured patients and an 18-bed recovery unit. It also runs The Outpatient Center for Wound and Burn Healing, which works with more than 4,500 patients each year.

AN OUNCE OF PREVENTION

In the hope of minimizing the need for their services, the trauma and burn centers put considerable resources into community education, covering the age spectrum from infants and car seats to geriatric fall prevention, as well as pedestrian safety,



THE NEED FOR SPEED

“In trauma care, timing is everything,” says Jim Smith, Vice President, Mobile Health Services and Patient Transport at RWJBarnabas Health (RWJBH). “The gold standard is to have no more than 60 minutes from the time a patient has a traumatic emergency to the time he or she is in the OR.”

Depending on location and time of day, a trip that takes 45 minutes by road could be done by helicopter in 20 minutes. That’s why RWJBH has partnered with Med-Trans aviation to provide a state-of-the-art Airbus 135 helicopter and two dispatch centers for live satellite tracking. Known as LifeFlight, the service includes on-scene and in-air emergency treatment and transportation to the closest appropriate state-certified trauma center. The crew includes RWJBH Emergency Medical Services flight nurses and paramedics who have had extensive training in emergency, air medical and trauma protocols.

In addition to providing time-critical transportation from emergency events, the LifeFlight system transports patients as needed among RWJBH’s 11 hospitals (and other health systems as appropriate). “The service assists with continuity of care within the same network,” Smith says. “And although it can seem dramatic and scary for patients to hear they are being transported by helicopter, sometimes the issue is not so much medical acuity as it is timing and traffic.”

In either case, he says, “It’s important for New Jersey residents to know that, barring any weather issues, air medical services in the state are robust and coordinate closely with ground providers. Very few states have the availability of resources and capabilities that we do.”

bicycle safety, sports safety, yard-work safety and distracted driving education. “I tell my Injury Prevention Coordinator that it’s her job to put me out of business,” says Dr. Gupta.

Inevitably, accidents will happen. When they do, New Jersey residents are in the fortunate position of having a nearby trauma center ready and able to serve.

To learn more about safety education and training at RWJBarnabas Health hospitals, visit www.rwjbh.org/cpr.



MAKING MATERNITY SAFER

A FOCUS ON WOMEN'S HEALTH BEFORE, DURING AND AFTER PREGNANCY AIMS TO SAVE LIVES.

"I don't feel well," said Tara Hansen, 29, of Wanamassa, shortly after giving birth to her son in 2011. But her healthcare providers considered her a healthy postpartum patient, and sent her home. Six days later, she died from an infection that occurred during the birth.

Pregnancy-related deaths are relatively rare—about 700 occur each year in the U.S.—but are on the rise. So is the rate of delivery-related "severe maternal morbidity," which is defined as significant short- or long-term effects to a woman's health.

"In New Jersey, healthcare systems, community-based organizations and government agencies are tackling this issue head-on," says Suzanne Sernal, Vice President of Women's Services

for RWJBarnabas Health (RWJBH). "We're collectively looking at the entire continuum of healthcare to see what women want and need to be healthy before, during and after pregnancy."

EMPOWERING WOMEN

Providing education is a priority. "The majority of maternal adverse events don't happen on the day a woman gives birth," Sernal says. "They occur in the days and weeks that follow the birth, when mom is back at home and the warning signs of a serious complication may not be immediately recognized."

To increase awareness, Tara's husband, Ryan, partnered with Rutgers Robert Wood Johnson Medical School and Robert Wood Johnson University Hospital, an RWJBH facility, to create the Tara Hansen Foundation's "Stop. Look. Listen!" program. This initiative empowers women to voice any concerns they have and reminds providers to pay close attention, rather than assuming a symptom is a typical complaint of pregnancy or the postpartum period. The program has been embraced by facilities throughout RWJBH.

ALERT IN THE ED

RWJBH Emergency Departments (EDs) have created a system to ensure that any woman coming to an ED who has given birth within the previous 42 days is identified, and a note made in her electronic health record. "Care management for certain conditions can be quite different for a woman who has recently given birth compared to a woman in the general population," Sernal says. "This alert system quickly identifies postpartum women and when minutes matter it can save lives."

Other aspects of RWJBH's comprehensive approach to maternal health include:

Promoting equality in healthcare to improve pregnancy outcomes. "Our hospitals are exploring the specific needs and challenges of women in their unique communities," Sernal says.

Providing reproductive planning so women, particularly those with medical conditions, can plan safer pregnancies.

Co-designing initiatives with community groups that address issues such as housing, domestic violence, obesity, diabetes and substance abuse, all of which can negatively affect pregnancy outcomes.

Focusing on maternal mental health. Monmouth Medical Center, an RWJBH facility, has the state's only perinatal mood and anxiety disorder program.

Participating in Maternal Health Awareness Day, this year on January 23.

"This is new attention to maternity care that is so long overdue," Sernal says. "Healthcare providers, policy advocates, women's advocates—together, we're really going to change the landscape over the next few years."



To find world-class maternity care near you, call 888.724.7123 or visit www.rwjbh.org/maternity.



LEARNING TO CRAWL AGAIN

A BABY REBOUNDS FROM A TRAUMATIC BRAIN INJURY WITH THE HELP OF CHILDREN'S SPECIALIZED HOSPITAL.

On the afternoon of January 8, 2019, Olivia Lopes got a frightening phone call: Her mother, nephew and 7-month-old son had been in an accident. While the three were walking home from her nephew's school, a vehicle had jumped the curb and struck them from behind.

Olivia's mother and nephew suffered multiple fractures. Infant LJ, who had been in his car seat in a wagon being pulled by his grandmother, suffered the most extensive injuries as the car seat became dislodged and soared 70 feet away. "When we finally got in to see LJ, he was on life support," Olivia recalls. "He had multiple skull fractures, orbital fractures, severe brain trauma and a broken leg, and was having difficulty moving his right arm."

LJ spent 21 days in a Pediatric Intensive Care Unit before being transferred to the Brain Injury Program at Children's Specialized Hospital

Children's Specialized Hospital®

An RWJBarnabas Health facility

(CSH) in New Brunswick. There, a team of specialists developed a customized rehabilitation program to address his medical, physical, cognitive and psychosocial needs.

Within a week, however, his family and team realized something wasn't right with LJ. He was transferred to the Emergency Department at Robert Wood Johnson University Hospital in New Brunswick, where a CAT scan led to a diagnosis of hydrocephalus. With this condition, excess cerebrospinal fluid builds up in the ventricles (cavities) of the brain and increases pressure within the head, causing head enlargement, headaches, impaired vision, cognitive difficulties and loss of coordination. A shunt was surgically inserted into a ventricle to drain the excess fluid.

From left to right, LJ Lopes in the playroom at Children's Specialized Hospital; snuggling with his cousin Auggie; getting a boost from visiting Rutgers University football players.

SKILLS REGAINED

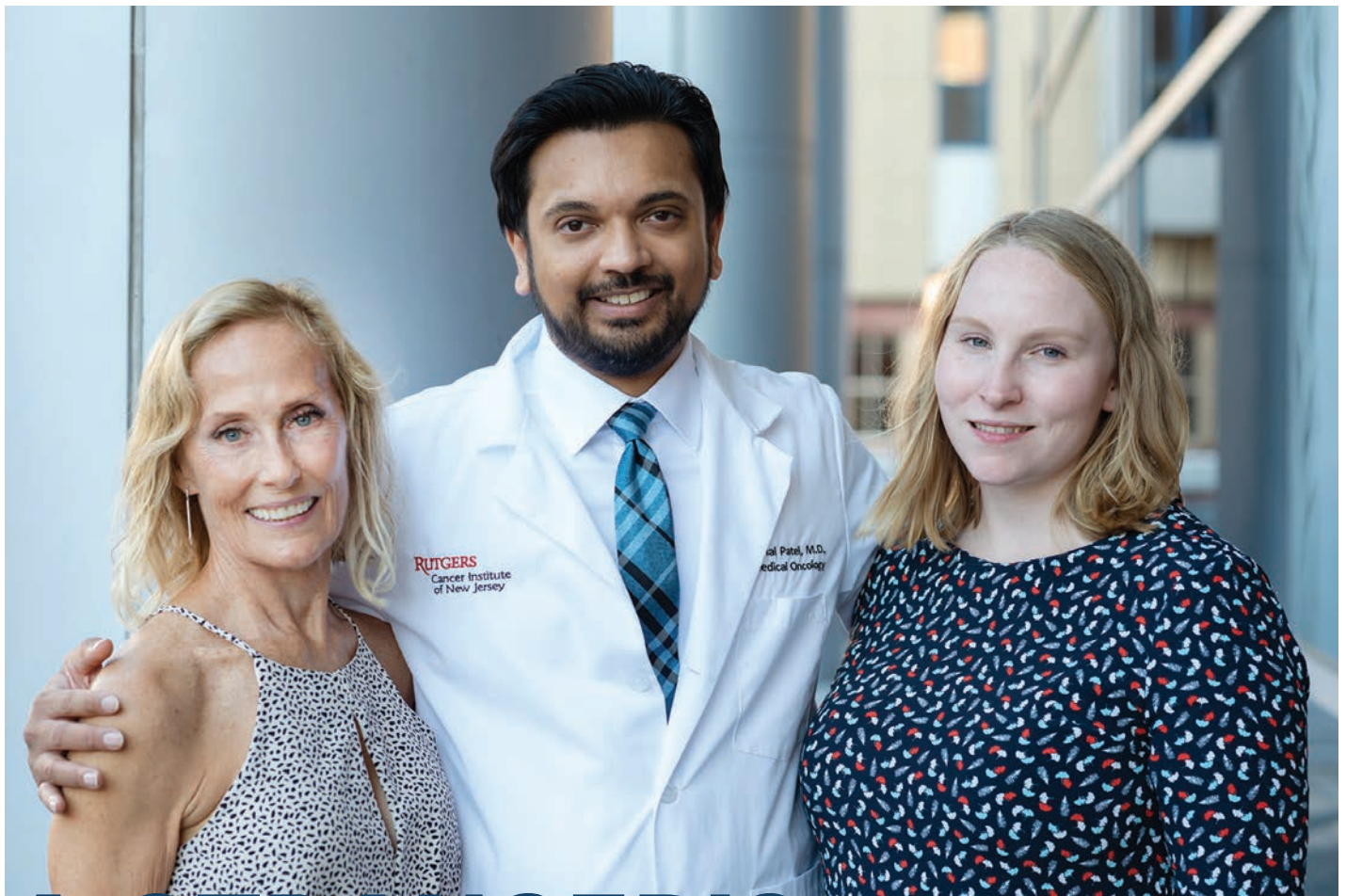
LJ returned to CSH on February 11 to continue his rehabilitation journey. He quickly bonded with his inpatient team, particularly enjoying aquatic therapy. "Once they got LJ into the pool, there was no stopping him," says Olivia. "He loved it, and the resistance of the water forced him to start using his right arm more."

LJ spent another two months at Children's Specialized working with physical, occupational, speech-language and recreational therapists. "The progress he made at Children's Specialized was amazing," says Olivia. "After the accident, he lost all of his muscle memory. The team worked with him day in and day out, helping him to learn how to roll, crawl, stand and walk." LJ went home on April 8. He is now attending outpatient therapy sessions three days a week at the CSH location in Hamilton, working hard to build strength in his right arm and learn how to suck and swallow properly.

"We still keep in touch with the remarkable therapists and care team at Children's Specialized, updating them on LJ's progress," Olivia says. "We're forever grateful for the care that Children's Specialized provided to our son."

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

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



A STRANGER'S GIFT

**A BLOOD STEM CELL DONATION—
AND A POWERFUL MEDICAL
PARTNERSHIP—SAVE THE LIFE OF
A TOMS RIVER WOMAN.**

It's a gorgeous day on the boardwalk in Bradley Beach and to look at the two smiling women, you would never guess that they had met in person for the very first time just three days before. They exhibit a strong physical and emotional connection—a bond worth life itself.

"I feel as if I'm with my daughter or my niece," Lael McGrath, 68, admits. She owes her life to Wiebke Rudolph, a 21-year-old recent college graduate from Kassel, Germany. Wiebke donated her stem cells anonymously to Lael after the retired second-grade teacher from Toms River was diagnosed with life-threatening acute myeloid leukemia in 2016. Both had looked forward to this meeting for more than two years.

"To have a donor and patient together like this is truly remarkable," says Vimal Patel, MD, a hematologist/oncologist in the Blood and Marrow Transplant Program at Rutgers Cancer Institute of New Jersey and Robert Wood Johnson University Hospital (RWJUH) New Brunswick. "This is the reason I went into my field: to see moments like this."

AN UNEXPECTED DIAGNOSIS

In August 2016, Lael was not well. She had been a runner for more than 40 years, but that summer she couldn't run more than a block without having to stop to walk. She had fevers, night sweats and a rash on her back. "A friend was diagnosed with Lyme disease and her symptoms sounded like mine, so I

made an appointment with an infectious disease specialist, and his phlebotomist took blood samples," she recalls.

Within 24 hours, the doctor called back to explain that he had sent the blood test results to a hematologist who wanted her in his office that day. "I think you have leukemia," the hematologist told her. "And I think you need to go to Rutgers Cancer Institute of New Jersey in New Brunswick. Today."

Lael's immune system was so suppressed that she was in a life-threatening situation. Within three days she would be admitted to RWJUH, where she would spend the next seven weeks undergoing chemotherapy. Dr. Patel has been by her side since then, along with a vast team of specialists from both



Opposite page, top, Lael and Wiebke with Vimal Patel, MD; this page, with members of the Blood and Marrow Transplant Program at Rutgers Cancer Institute and Robert Wood Johnson University Hospital.



NOT ALL DONORS AND PATIENTS MEET. BUT THERE WAS NEVER ANY DOUBT FOR EITHER OF THESE TWO WOMEN. IN FACT, THE PAIR STARTED EMAILING, TEXTING AND THEN TALKING TO EACH OTHER ON FACETIME RIGHT AFTER BEING GIVEN EACH OTHER'S CONTACT INFORMATION.

RWJUH and Rutgers Cancer Institute.

In the hospital, Lael's treatment involved the use of combination chemotherapy designed to get her into remission. "However, the specific mutations that we identified in her leukemia were high-risk in nature, so we knew that chemotherapy alone would not keep her in remission," says Dr. Patel. "We needed immune therapy in the form of an allogeneic stem cell transplant."

SEARCHING FOR A DONOR

In a bone marrow transplant, cells can be used from your own body, known as an *autologous* transplant. When cells are taken from a donor, the transplant is called *allogeneic*. "In this procedure, the patient's diseased marrow is replaced with a donor's blood stem cells," says Dr. Patel. "It allows for normal blood formation and provides a new immune system to help eliminate the leukemia. It also has the potential for a cure."

At RWJUH, bone marrow transplant coordinator Mary Kate McGrath, MSN, RN, APN, BMTCN, OCN (no relation to Lael), ran the results of Lael's DNA testing through the National Marrow Donor Program (NMDP) registry. "Within two months of Lael's diagnosis, we identified three potential matches on the registry—but Wiebke turned out to be the perfect match," she explains.

Four thousand miles away in Germany, Wiebke was notified that she matched a patient in dire need. "Not that many people in Germany do this and certainly no one in my family or among my friends," she says. "But when I first heard about this, I said yes, I'm going to do it. I was determined."

Wiebke underwent peripheral blood stem cell donation, a procedure called *apheresis*, in which blood is removed through a needle in one arm and passed through a machine that collects only blood-forming cells. (The remaining blood is returned to the donor through a needle in the other arm.) The procedure took six hours. All the logistics of harvesting Wiebke's stem cells and then transporting them to the U.S. were handled by NMDP. Meanwhile, Lael's repeat blood transfusions were made possible by the RWJUH Blood Services team.

Lael spent weeks in the hospital during the fall and winter of 2016, waiting for the transplant and being closely monitored by her healthcare team.

Finally, in December 2016, she was notified that her transplant was imminent. "On December 16th, it happened," she recalls. "A team walked in carrying a small cooler and within an hour, the transfusion was over. All I actually knew was that the donor

was female and 19 years old."

Lael did so well post-transplant that she was able to go home on New Year's Day 2017. Over in Germany, Wiebke was told that the transplant had gone well.

Protocol and confidentiality policies don't permit donors and patients to have direct contact with each other until at least one year has passed. In this case, the wait lasted more than two years, until test results showed that Lael's blood cells were 100 percent "donor."

Not all donors and patients meet. But there was never any doubt for either of these two women. In fact, the pair started emailing, texting and then talking to each other on FaceTime right after being given each other's contact information.

Recently, at a celebration hosted by RWJUH, both women held bouquets of flowers and stood happily alongside one another. "If it weren't for Wiebke, I don't know what would have happened," Lael says.

With the breeze blowing off the Atlantic Ocean, these two women look knowingly at one another, smile and agree, "It was a miracle."

✱

RWJBarnabas Health and Robert Wood Johnson University Hospital, 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.



sunlight tends to boost serotonin. A lack of light causes the brain to release less serotonin, which can lead to depression.

“We’re not sure what makes some people vulnerable to SAD while others aren’t greatly affected by less exposure to sunlight,” says Dr. Kaplan. “The theory is that people with SAD may have some form of imbalance in the regulation of these two hormones. Genetic factors may play a role in this.”

WHAT TO DO

“If you think you may have SAD, consult with a professional to determine whether your condition relates to that or to something else,” advises Dr. Kaplan. “Depression can be due to many different things, so it’s better not to self-

diagnose and possibly waste time on the wrong treatments.”

Having a healthy diet and regular exercise have been shown to improve symptoms of depression. Other possible treatments for SAD include:

Light therapy. The patient sits or works near a device called a light therapy box, which gives off a bright light that mimics natural outdoor light. “For some people, this treatment is very effective, but it’s best to consult your physician about the type of device to use,” says Dr. Kaplan.

Cognitive behavioral therapy. This kind of psychotherapy, or “talk therapy,” focuses on changing inaccurate or negative thinking in order to create new behaviors.

Antidepressant medication. “Generally speaking, antidepressants don’t start working for four to six weeks,” says Dr. Kaplan. “If your depression is seasonal, you may choose to take them for several months and then go off them when winter is over, or continue to take them for the rest of the year to prevent the reappearance of depression. It’s the combined job of the doctor and patient to decide the best course.”

YOU CAN BEAT THE WINTER BLUES

SEASONAL DEPRESSION IS A STRUGGLE, BUT HELP IS AVAILABLE.

In winter, the short hours of daylight can lead to dark moods. It’s a common syndrome—thought to affect up to 10 million people in the U.S.—known as Seasonal Affective Disorder, or SAD.

“SAD is a kind of depression that happens at a specific time of year, usually in the winter,” explains



GABRIEL KAPLAN, MD

psychiatrist Gabriel Kaplan, MD, Chief Medical Officer of the RWJBarnabas Health Behavioral Health Network.

Symptoms of SAD are similar to those of clinical depression, such

as feelings of hopelessness, anxiety and problems with appetite. “A couple of symptoms seem to be more common with SAD, however,” says Dr. Kaplan. “People with SAD often crave sweets more, and are more tired and sleep more.”

As with regular depression, there is help for those who suffer from SAD.

WHY WINTER?

While the exact cause of SAD is unknown, two hormones are implicated: melatonin, the hormone that regulates sleep, and serotonin, a key hormone for mood stabilization. “Melatonin tends to be produced when there’s no sunlight,” explains Dr. Kaplan. “More melatonin means people feel sleepier.” Conversely,

To learn about options for getting help for depression, call the RWJBarnabas Health Behavioral Health Network Access line at **800.300.0628**.





Dawn Burke (left), with respiratory therapist Terri Price, participates in pulmonary rehabilitation twice a week. She is now able to take walks and do her own grocery shopping and laundry.

BREATHING EASY

PULMONARY REHABILITATION HAS HELPED ONE PATIENT MAKE A FULL RECOVERY FROM A LUNG TRANSPLANT.

When Dawn Burke, 60, a U.S. Department of Commerce field representative, developed a persistent cough in late 2016, she ignored it, figuring it would go away on its own. Soon the Keyport resident developed pneumonia—not once, but twice. A lung biopsy revealed Dawn had idiopathic pulmonary fibrosis, scarring of the lungs with no known cause.

After her second bout of pneumonia, Dawn had trouble breathing. She struggled to drive and walk and was forced to stop working. Her condition steadily deteriorated, and she was placed on a lung transplant waiting list in September 2017. While waiting for the transplant, she worked out at the Joel Opatut Cardiopulmonary Rehabilitation Center at Monmouth Medical Center (MMC). Designed to help people recovering from heart and

lung disease reach their peak fitness, it's the first program in Monmouth County certified for both cardiac and pulmonary rehabilitation by the American Association of Cardiovascular and Pulmonary Rehabilitation.

In June 2019, Dawn received a new right lung at MMC's sister hospital, Newark Beth Israel Medical Center. Afterward, she began rehabilitation. "With pulmonary diseases, people get short of breath," says Chandler Patton, MD, Medical Director of Pulmonary Rehabilitation and Critical Care Medicine. "Because they're short of breath, they do less and become less mobile. As they become less mobile, they become

deconditioned. The goal of pulmonary rehab is to break that cycle and improve patients' conditioning, which allows them to become more mobile."

CLOSELY MONITORED WORKOUTS

Today, Dawn visits the Center twice weekly and performs at-home exercises recommended to her by an MMC therapist. She does one-hour workouts involving several fitness machines, including a treadmill, a NuStep (a recumbent cross trainer) and an arm ergometer—a machine that exercises the upper body. "If I can fit it in, I ride a stationary bike as well," she says. The Center's state-of-the-art fitness equipment is used under the supervision of nurses and respiratory therapists.

At each visit, a Center staff member takes Dawn's blood pressure and measures her blood oxygen level before she begins exercising. She is also monitored during her workouts. "Patients wear a pulse oximeter, an electronic device that measures blood oxygen levels," says Dr. Patton. "In addition, we ask patients how much they feel they're exerting themselves on a scale of one to 10, with 10 being the hardest."

Dawn feels that the Center's staff members care about her well-being. "Everyone goes above and beyond to care for me," says Dawn. "If I'm not there on a certain day, they will text me or call me to find out if I'm okay."

Thanks to rehabilitation, Dawn is growing stronger. "My quality of life is so much better now," she says. "I can do my own grocery shopping and laundry, and I can take walks." Recently, her oxygen company picked up its equipment because she no longer needs it. "I was so happy to see it go out of the house!" she says.

For more information or to schedule an appointment, call 732.923.7454.



Your heart doesn't beat just for you.

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

**Monmouth
Medical Center**

**RWJBarnabas
HEALTH**

Let's be healthy together.





From left: MMC medical oncologist Seth Cohen, MD, with Judi and David Marrus.

A GIFT OF KNOWLEDGE

THANKS TO A GENEROUS DONATION, A FREE PROGRAM IS PROVIDING INFORMATION ABOUT THE LATEST ADVANCES IN CANCER RESEARCH.

Six years ago, Judi Marrus was beginning a long stint of chemotherapy for ovarian cancer in Boston. She and her husband, David, preferred to be close to their home in Rumson, so her friend's physicians recommended that they see Seth Cohen, MD, a medical oncologist and Regional Medical Director, Oncology Clinical Research at Monmouth Medical Center (MMC) and Monmouth Medical Center Southern Campus. Little did they know that this introduction would lead to an innovative collaboration that would help many local cancer patients and their loved ones.

Two years ago, David told Dr. Cohen that he and Judi wanted to provide funding for cancer research or another aspect of his work. Dr. Cohen suggested starting a community education outreach program. "We were taken with it," recalls David, president of the Marrus Family Foundation. "It sounded like a terrific idea. There's a need for this because advances in treatment and diagnosis move at lightning speed." Dr. Cohen was thrilled. "The Marruses are the

most gracious and kind people," he says. "They always want to contribute to the community."

To spread the word about MMC's excellent cancer care close to home and educate the community about the latest research, Dr. Cohen and his colleagues launched the Wellness Community Lecture Series. Each free seminar focuses on a different type of cancer and includes dinner. Recent topics have included breast cancer, melanoma, leukemia, lung cancer and prostate cancer. Speakers—including surgeons, radiation oncologists and medical oncologists—are from MMC's Cancer Center, as well as other RWJBarnabas Health hospitals and Rutgers Cancer Institute of New Jersey, the state's only National Cancer Institute-Designated



UPCOMING PROGRAMS

MARCH: What You Need to Know About Colorectal Cancer, Screening, Treatment and Survivorship. To be held in Ocean County.

APRIL: Meet Our Cancer Experts. Join a panel of surgical, medical and radiation oncologists from RWJBarnabas Health and Rutgers Cancer Institute of New Jersey as they answer questions about cancer treatment. To be held in Monmouth County.

For information about specific locations, please call **732.923.6509**.



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.

Comprehensive Cancer Center. The programs are held at various locations throughout Monmouth and Ocean counties.

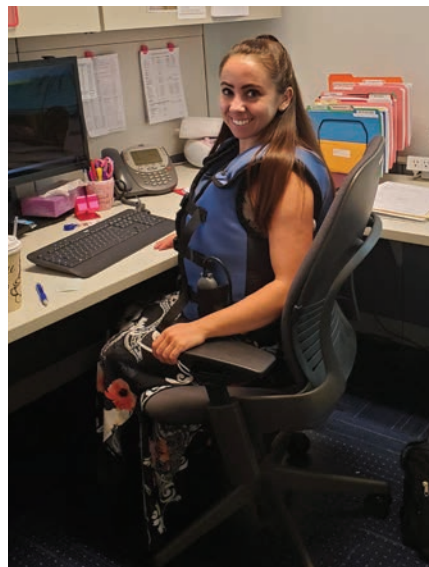
AN INTERACTIVE FORMAT

At the seminars, Dr. Cohen encourages audience members to ask questions. "I deviate from the slide set and let patients interrupt," says Dr. Cohen. Many of the people who attend the meetings have cancer or family members with the disease. Patients are so impressed by the seminars that some switch physicians afterward. "They are amazed by what their neighbors can do," says Dr. Cohen.

David and Judi are grateful. "It brings terrific satisfaction to my wife and me to watch as patients and their families get information and begin to understand where they fit in," says David. "This is a gift of knowledge."

To make a gift to the Grateful Patient Program, visit www.rwjbh.org/MonmouthMakeAGift.





From left: Cystic fibrosis patient Amanda Rutherford with Colton Underwood, a former NFL player, star of *The Bachelor* and creator of The Legacy Foundation; Amanda wears her portable therapeutic vest at work.

A LIFE-CHANGING GIFT

THANKS TO THE LEGACY FOUNDATION, A YOUNG CYSTIC FIBROSIS PATIENT CAN RECEIVE THERAPY ON THE GO.

Amanda Rutherford has cystic fibrosis, a genetic disease that causes mucus to build up in her lungs, making breathing difficult. To combat this, she wears an inflatable vest attached to a machine that vibrates, loosening and thinning chest mucus. Twice a day, she wears the vest for 30 minutes. If she's not feeling well, she wears it every four hours.

In the past, Amanda, a Brick resident and lifelong patient of the Comprehensive Cystic Fibrosis Center at Monmouth Medical Center (MMC), had to be home for the therapy because the vest had to be plugged into a wall. The equipment limited

her movement for hours. Now, she has a portable vest thanks to a generous gift from The Legacy Foundation, which was created by Colton Underwood, a former NFL player and star of ABC's *The Bachelor*.

A GRATEFUL PATIENT

Amanda heard Underwood mention The Legacy Foundation on a *Bachelor* episode. Through social media, she learned that the organization planned to give one vest to a cystic fibrosis "warrior" in every state. She applied, submitting an essay on why the vest would change her life. "When I got the call saying I was the recipient for New Jersey, I was incredibly excited," she says.



EXPERT CARE FOR CYSTIC FIBROSIS

The Comprehensive Cystic Fibrosis Center is the oldest and largest center of its kind in New Jersey. A multidisciplinary team of specialists provides care for both pediatric and adult patients. The Center, which is accredited by the Cystic Fibrosis Foundation and is a member of the Foundation's Research Network, offers clinical trials of new therapies. A team of trained research clinicians oversees multiple studies. As a result of its expertise in conducting clinical research, the Center has been named a Therapeutics Development Center by the Cystic Fibrosis Foundation's Therapeutics Development Network. The Center is also designated by the State of New Jersey as a referral center for newborn screening.

On June 30, Amanda received the vest. "I absolutely love it," she says. "I can use it while I'm getting ready for work, driving, walking my dog or even making dinner. It has improved my quality of life while allowing me to keep up with my treatments."

Amanda's physicians at MMC are equally thrilled. "Amanda adheres to her prescribed therapies and medications and lives a healthy lifestyle," says Robert Zanni, MD, Chief of Pediatric Pulmonology and head of the Center. "She works hard to take good care of herself, and we're so happy she was chosen to be honored by The Legacy Foundation."

To learn more about the Comprehensive Cystic Fibrosis Center at Monmouth Medical Center, call **732.923.6526**.

Patient David Breslin benefited from the expertise of his geriatrician, Sana Riaz, MD, MBBS.



COMPREHENSIVE ELDER CARE

THE GERIATRIC HEALTH CENTER OFFERS AN ARRAY OF SERVICES FOR SENIORS AND THEIR FAMILIES.

When 87-year-old David Breslin had trouble breathing recently, he saw Sana Riaz, MD, MBBS, the newest geriatrician at the Geriatric Health Center at Monmouth Medical Center (MMC). “She’s always friendly and professional,” says David, an Ocean Township resident who has been a patient of the Center for several years. Dr. Riaz ordered several tests and, when she determined that his symptoms were caused by a flare-up of congestive heart failure, she told David to go to the Emergency Department. Once he arrived, she informed the staff about his condition and helped to coordinate his care.

Dr. Riaz started working at the Center in April 2019. “I’ve always been passionate about caring for the elderly,” she says. Dr. Riaz chose to specialize in geriatrics as a result of the close relationship she enjoyed with her grandparents as a child.

“The average age of our patients is 80, and their goals are different from those of younger patients,” she says. “I always discuss a patient’s goals with him or her.” Geriatricians benefit older patients because they have training in age-related physiological changes, falls, hearing loss and dementia. “Primary care physicians do an excellent job, but they can only screen for so much in 15-minute appointments,” says Dr. Riaz. “Our appointments are often 30 minutes or longer.”

A TEAM APPROACH

The Geriatric Health Center is the cornerstone of MMC’s Anna Greenwall Geriatric Program, which is known for

its expertise in coordinating medical and social services for older adults and their families. Staffed by three geriatricians, a nurse practitioner, social workers and a nutritionist, the Center treats patients 65 and older. They may suffer from multiple medical conditions, mobility problems, memory loss, confusion, depression, behavioral changes and frailty. The Center helps patients manage their medications and provides a support group for caregivers of dementia patients. “We take a team-based approach,” says Dr. Riaz. “We know every patient and his or her family dynamic because we talk to family members, too.”

David benefited from Dr. Riaz’s expertise. Today, he’s participating in outpatient cardiac rehabilitation and is doing well. “The Center is wonderful,” he says. “The staff members always smile and remind me that if I have any questions, I should come right in.”

To make an appointment or learn more about the services offered through the Anna Greenwall Geriatric Program, call **732.923.7550**.

Maria Lodeiro-Skennion, RD, advised patient Michael Dibiase to fill half his plate with vegetables or fruit; one-quarter with protein; and one-quarter with starches.



A DIET FOR BETTER HEALTH

THANKS TO EXPERT NUTRITION COUNSELING, ONE PATIENT DROPPED 60 POUNDS AND IMPROVED HIS BLOOD PRESSURE.

At an appointment with his physician at Monmouth Medical Center (MMC) last April, Michael Dibiase of Long Branch discovered he had high blood pressure. “My doctor put me on a diet and sent me to a nutritionist to help me lose weight,” says Michael, who cares for his father, who has Parkinson’s disease, and weighed 268 pounds at the time. So Michael met with Maria Lodeiro-Skennion, RD, a nutritionist at MMC’s Center for Diabetes

Education and Nutrition Services, which provides one-on-one nutrition counseling for obese adult and pediatric patients. “Michael had a very positive attitude,” she recalls. “He said, ‘I need to be healthy for my father and myself.’”

A NEW WAY OF EATING

Initially, Michael saw Lodeiro-Skennion every other week. “She told me what to eat and what not to eat,” he recalls. Michael was in the habit of eating out a lot and

enjoyed fried foods and large portions of pasta. He also didn't exercise. Lodeiro-Skennion gave Michael grocery-shopping tips. She recommended that he read food labels and look for items with more fiber and less fat. For instance, she advised that he purchase lean meats, such as skinless chicken breast and low-fat turkey. She also encouraged him to shop for different types of vegetables and switch from soda to flavored sparkling water.

Lodeiro-Skennion also gave Michael healthy cooking tips. She recommends broiling or grilling foods instead of frying them and going light on salad dressing. "Michael used to use a lot of creamy, fatty salad dressings," she says. "I told him, 'You have to be able to taste the vegetables.'" Lodeiro-Skennion gave Michael a recipe for a salad dressing made with ginger root, garlic, cilantro and plain yogurt, and he loves it, she says. "Instead of chips, he eats vegetables now," she says. "He dips carrots and celery in the dressing."

For meals, Lodeiro-Skennion instructed Michael to fill half of his plate with vegetables or fruit; one-quarter with protein, such as lean meat or fish; and one-quarter with starches (bread, pasta, potatoes or corn). She also advised that he cut back on his pasta servings. Instead of filling a plate with it, he now eats half a plate of pasta and protein and fills the other half with vegetables. Lodeiro-Skennion also told Michael to avoid skipping meals, which he had done from time to time. "If you skip meals, you'll be very hungry at your next meal and won't be able to eat smaller portion sizes," she explains.

Since Michael eats smaller amounts at meals, he has two healthy snacks in between. Lodeiro-Skennion recommended low-calorie but filling fare like vegetables with dip, fruit and nonfat yogurt. Occasionally, Michael treats himself to a chocolate chip granola bar. Michael writes down everything he eats and shares the information with Lodeiro-Skennion.

BLUE AND GREEN SMOOTHIE

SERVINGS: 4

Three food groups (dairy, fruits and vegetables) are packed into this healthy, delicious drink:

- 1 cup frozen blueberries
- 1 cup fresh baby spinach
- 1 banana
- 1 cup fat-free milk
- ½ cup calcium-fortified orange juice
- 1 tbsp honey (optional)

Combine all ingredients in a blender until smooth. Serve and enjoy!



KEEPING DIABETES AT BAY

Eating right can be a powerful way to avoid type 2 diabetes, which affects about 21 million adults in the U.S. One-third of the population has prediabetes, in which blood glucose levels are higher than normal, according to the Centers for Disease Control and Prevention. "About half of people with prediabetes can avoid the disease by making dietary changes," says Kenneth M. Granet, MD, Chairman of the Department of Medicine at Monmouth Medical Center.

Dr. Granet recommends staying away from processed carbohydrates like pasta, white bread and cookies and switching to filling complex carbohydrates, such as brown rice, fruits and vegetables. Boost your intake of fiber-rich, whole-grain foods, such as oatmeal and brown rice. Avoid trans and saturated fats, which are often found in butter, and consume foods high in polyunsaturated fats, such as walnuts, sunflower seeds, tofu and soybeans. Slash your sodium intake to less than 2,300 milligrams per day, and if you crave sweets, focus on natural sources, such as fresh fruit. "Eating healthfully will not only improve your cardiac, kidney and vascular health, but it will also give you more energy," says Dr. Granet.

"When I look at his food diary from five months ago, I can see how much his eating habits have improved," she says.

GETTING ACTIVE

Exercise was also part of the plan. Lodeiro-Skennion advised that Michael walk three times a week for 30 minutes. Over time, she recommended gradually

adding a day to the routine. Today, he walks daily for 45 minutes to an hour.

Michael lost between five and eight pounds at every visit and now sees Lodeiro-Skennion once a month. At press time, he had lost 60 pounds over the course of six months. "I feel much better, and my blood pressure has improved," he says. "I can't thank Maria enough."

The Center for Diabetes Education and Nutrition Services helps patients manage their diabetes and weight by providing education and support. For more information or to schedule an appointment, call **732.923.5025**.

Monmouth Medical Center: Best in the U.S. for the 10th time in a row



Monmouth Medical Center remains the only hospital in Monmouth and Ocean counties to earn 10 straight A's from the Leapfrog Group. This remarkable achievement underscores Monmouth Medical Center's commitment as a High Reliability Organization (HRO).

Through the concerted effort of Monmouth Medical Center's physicians, nurses, staff, volunteers and leadership, patients and families benefit from the highest level of quality care and the safest possible hospital experience.

Monmouth
Medical Center

RWJBarnabas
HEALTH

Let's be healthy together.