

A Publication of
MONMOUTH MEDICAL CENTER
SOUTHERN CAMPUS

SUMMER 2019

healthy

together

**FRUITS AND VEGGIES
FOR BETTER HEALTH**

**WHEN MEMORY
LOSS IS SERIOUS**

**THE DANGERS
OF POOR
CIRCULATION**

**FITNESS TIPS
FROM BASEBALL PROS**

Celebrating a Good Year

Time really does fly. Already, a year has passed since we first announced our partnership with Rutgers University, one of the nation's leading public educators, to create a new state of health in New Jersey. We're thrilled by how much already has been accomplished and how our partnership is benefiting patients and communities across the state. And we're energized by our plans for the future.

Our medical group includes hundreds of primary care and specialty physicians with over 200 locations across the state. Our partnership with Rutgers gives each of these physicians seamless access to the strength of our combined, state-of-the-science medical expertise, services and treatments.

One of the most exciting things to come out of our partnership with Rutgers so far is the recently announced creation of a dedicated cancer hospital, to be built in New Brunswick on the Robert Wood Johnson University Hospital campus. This new cancer center of excellence will take on the most complex cases, enabling more cancer patients to stay in New Jersey close to family and friends for treatment.

Our affiliation with Rutgers Cancer Institute of New Jersey, the state's only National Cancer Institute-Designated Comprehensive Cancer Center, offers our patients expanded access to clinical trials, bringing the newest and most promising treatments close to home. Here at Monmouth Medical Center Southern Campus, we are dedicated to the fight against cancer, which includes programs for early detection. Our comprehensive breast and lung cancer screening services are helping to diagnose these cancers early, when they are most treatable. Our Outpatient Infusion Unit, led by medical oncologists and chemotherapy certified nurses, offers compassionate care in a comfortable setting.

We look forward to bringing you many more benefits as we continue to hardwire Rutgers across the RWJBarnabas Health system.

Yours in good health,

BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH



FRANK J. VOZOS, MD, FACS
CHIEF EXECUTIVE OFFICER, MONMOUTH MEDICAL
CENTER SOUTHERN CAMPUS
EXECUTIVE VICE PRESIDENT, RWJBARNABAS HEALTH



HEALTH NEWS

DETECTING LUNG AND VASCULAR DISEASE EARLY

The Monmouth Medical Center Southern Campus (MMSCS)/Monmouth Medical Center Lung Cancer Screening Program provides screening in partnership with Rutgers Cancer Institute of New Jersey. In addition, the Vascular Institute at MMSCS offers noninvasive, self-pay vascular screenings to at-risk men and women over age 55. Results are sent to the patient's primary care physician. For more information on the Lung Cancer Screening Program, call 732.923.7966. To schedule a vascular screening, call 888.724.7123 or visit www.rwjbh.org/monmouthsouth.

EXTRA HELP FOR WOUND HEALING

Hyperbaric oxygen therapy, in which a person inhales large amounts of oxygen in a pressurized, acrylic chamber, may be beneficial for diabetes patients with recurring foot wounds. Patients typically undergo two-hour sessions for five days per week, according to Johnny R. Larsen, DO, program director at MMSCS. About 20 to 40 sessions are recommended. For more information, contact the Wound Care Center at 732.886.4100.

NEED SUPPORT? LET US HELP

Whether you're raising your grandchildren, caring for a parent or grieving the loss of a loved one, MMSCS can help. We offer a variety of support groups, such as those for parents of autistic children, Overeaters Anonymous and AI-Anon. For more information, visit our calendar of events at www.rwjbh.org/events or call 732.730.9112.

**Monmouth
Medical Center
Southern Campus**

**RWJBarnabas
HEALTH**

600 River Ave., Lakewood, NJ 08701
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COULD YOU BENEFIT FROM MEMORY TESTING?

**AN EVALUATION CAN HELP DETERMINE WHETHER
FORGETFULNESS REQUIRES TREATMENT.**

Misplacing keys or forgetting a name? There's probably no need to worry, because these are signs of normal aging. On the other hand, getting lost while driving to a familiar destination or having trouble carrying on a conversation may be cause for concern. Memory problems are common: About 1 in 9 adults ages 45 or older report confusion or memory loss that is occurring more frequently or is worsening, according to a Centers for Disease Control and Prevention (CDC) study published in 2018. In the study, about half of the adults reported having trouble cooking, cleaning and taking medication. About half of these people are at risk for developing a more severe cognitive problem, such as dementia or Alzheimer's disease.

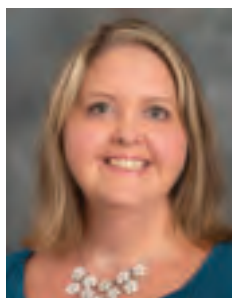
Dementia refers to memory loss that's severe enough to interfere with daily activities. While there are many types, Alzheimer's disease is the most common. In 2014, as many as 5 million Americans

**ABOUT 1 IN 9 ADULTS AGES 45 OR OLDER REPORT
CONFUSION OR MEMORY LOSS THAT IS OCCURRING MORE
FREQUENTLY OR IS WORSENING.**

had Alzheimer's disease. Symptoms, which typically appear after age 60, include poor judgment; mood, personality or behavior changes; trouble paying bills; misplacing things and being unable to find them; and difficulty accomplishing routine tasks. The disease is the fifth leading cause of death among adults 65 or older, according to the CDC.

DIAGNOSING MEMORY PROBLEMS

If you're concerned about your memory or that of a loved one, testing and treatment are offered at the James and Sharon Maida Geriatrics Institute. A mini mental screen combined with other testing can determine whether there's a serious memory problem. During the screening test, the patient answers questions about the day, year and season. Patients are asked to draw the face of a clock and solve simple math problems. A geriatric depression screening is also performed, since depression can lead to memory problems. Laboratory tests screen for thyroid imbalance, anemia and dehydration, which can interfere with memory. A CT scan or MRI of the head is performed to rule out any neurological problems, such as a brain tumor or stroke. An extensive history is also taken. Healthcare providers ask about the patient's ability to drive and cook, as well as his or her occupation. "If the patient



MELANIE VERNACCHIA, APN

was a financial adviser and is now missing bill payments, then we know there may be a problem," says Melanie Vernacchia, APN, a nurse practitioner who specializes in

geriatrics and palliative care.

If the patient has dementia or Alzheimer's, he or she may be prescribed medication to slow the progression of memory loss. Typically, the patient is seen again in four to six weeks to ensure he or she has had a good response. If the person is doing well, he or she is typically seen every three to four months. "It's hard to tell whether a person's memory problems will progress," says Vernacchia. "That's why we need to have frequent follow-ups." While people with Alzheimer's disease tend to experience worse symptoms over time, those with dementia may stay the same. "The person may forget names or how to drive, but he or she may still be able to get dressed and feed him or herself," says Vernacchia.

SUPPORT FOR PATIENTS AND FAMILIES

At the Institute, there are many resources to assist families of patients with memory problems, as well as patients. Two support groups are designed for caregivers, and health coaches provide programs to help patients stay engaged. Popular classes include chair yoga, in which yoga moves are done while sitting in a chair, and painting.

If you're concerned about your own memory or that of a loved one, don't hesitate to be evaluated. "It's never too early to get tested," says Vernacchia. "We offer a game plan for patients. If they're okay, they can return for additional testing in six months or a year."



SIGNS OF A SERIOUS MEMORY PROBLEM

Consider memory testing if you or a loved one is experiencing any of these problems:

- Asking the same questions repeatedly.
- Confused about time, people and places.
- Getting lost in familiar places.
- Unable to follow directions.

3 SIMPLE WAYS TO STAY SHARP

Learning new skills can help maintain—and improve—your memory. Try the following:

1 SIGN UP FOR A COURSE IN DIGITAL PHOTOGRAPHY.

In a recent study published in the journal *Psychological Science*, learning this skill improved episodic memory, the ability to recall specific acts from the past, such as where you parked the car.

2 TAKE A WALK OR GO FOR A BIKE RIDE.

A study published in *Neurology* found that people who engaged in physical activity had better memory than those who didn't. Being active may protect against brain changes caused by Alzheimer's disease or dementia.

3 LEARN HOW TO QUILT.

Like digital photography, this hobby can enhance memory, according to the study in *Psychological Science*.



To learn more about the James and Sharon Maida Geriatrics Institute, call 732.886.4700 or visit www.rwjbh.org/monmouthgeriatrics.



Thomas Simpson is back to preaching at his church now that he has recovered from a prostate condition.

‘I FEEL 100 PERCENT BETTER’

ONE PATIENT OVERCAME HIS PROSTATE TROUBLE AFTER A CUTTING-EDGE PROCEDURE.

In 2017, Thomas Simpson noticed he was having problems urinating. He had to get up to use the bathroom several times during the night, and at times, he felt like his bladder didn't empty completely. Occasionally, he also experienced an urgent need to "go." During the day, he'd have to look for bathrooms just in case he needed them. "I was working a lot and staying up late," recalls the 72-year-old pastor from Lakewood, who would get up at 5 a.m. and work through the afternoon. "I thought I was under too much stress and wasn't drinking enough water." Still, the problems came and went, so Thomas didn't think there was an urgent need to see a physician.

Then, one day in December 2018, he came home from work



Thomas Simpson with his healthcare team at MMCSC.

and felt ill. He ate a salad with his wife, Janie, and later vomited. She took him to Monmouth Medical Center Southern Campus (MMCSC), where his daughter, Debbie, works as a nurse. “I tried to give a urine sample, but nothing came out,” he recalls. It turns out he had benign prostatic hyperplasia (BPH), or an enlarged prostate gland. (See “What is Benign Prostatic Hyperplasia?”) “Thomas’ gland was severely enlarged, and it was obstructing his urinary stream,” says Mukaram A. Gazi, MD, FACS, Chairperson of Surgery and Chief of Urology at MMCSC.

CLEARING THE BLOCKAGE

A tube was placed in Thomas’ bladder to drain the urine. Next, Dr. Gazi performed a cystoscopy, in which a thin, lighted scope is inserted into the urethra—the channel that carries urine out from the bladder—to evaluate the blockage. As Dr. Gazi originally believed, the prostate gland was obstructing Thomas’ urethra, preventing urination. “We needed to open the urethra and preserve bladder function,” says Dr. Gazi.

He performed a procedure known as TURis (transurethral resection in saline), in which the prostate tissue is removed and vaporized in a saline solution. The procedure takes less time to perform and leads to a quicker recovery and fewer complications (less than .1 percent, says Dr. Gazi) than the traditional method. With the usual method, the prostate tissue is removed in sterile water. This can lead to complications known as post-TURP syndrome, in which the body



MUKARAM A. GAZI, MD



WHAT IS BENIGN PROSTATIC HYPERPLASIA?

The prostate is a small, walnut-shaped gland that creates fluid for semen. It surrounds the urethra, the channel that carries urine out from the bladder. Benign prostatic hyperplasia (BPH) typically occurs with aging (about half of men between 51 and 60 have the condition, and up to 90 percent of men over age 80 have it). When the gland enlarges, it can press on the urethra, irritating or blocking the tube. It can also cause bladder damage and infection. Symptoms include the following:

- A sensation that the bladder is full, even after urinating
- The need to urinate often (every one to two hours)
- An urgent need to urinate
- Weak urine flow
- Trouble urinating (the need to push or strain or stop and start urinating)

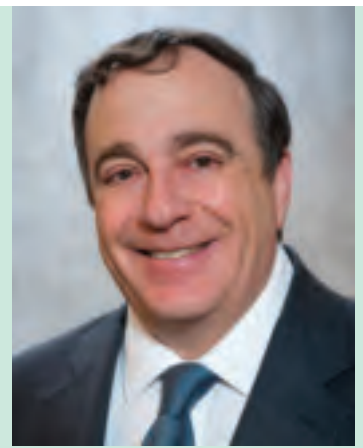
absorbs fluid from the procedure. This can cause an electrolyte abnormality, as well as an increased risk of bleeding and infection.

A COMPLETE RECOVERY

The TURis procedure, which can also be done on an outpatient basis, went smoothly. “Thomas has done phenomenally well,” says Dr. Gazi. “He had no complications.” Thomas was given pain medication after the surgery, but he wasn’t uncomfortable. “I didn’t have any pain, and my appetite was good,” he says. “I had top-of-the-line treatment by all of the nurses around the clock. Dr. Gazi treated me like a family member. This was one hospital stay I enjoyed.”

Since the procedure, Thomas has had no trouble urinating. “I’m so glad I had the surgery,” he says. “I feel 100 percent better. Now I have to make myself go to the bathroom. I can also go to bed at 8 p.m. and get up at 4 or 5 a.m. without using the bathroom.” He wants to encourage other men to see their physician or urologist if they’re having trouble urinating. “A lot of men suffer with this problem and don’t say anything,” he says. “I don’t want men to neglect their health.”

To find a urologist or surgeon at MMCSC, visit www.rwjbh.org/doctors or call **888.724.7123**.



CHARLES MARKOWITZ, MD

PINPOINTING NERVE AND MUSCLE PROBLEMS

A PHYSICAL MEDICINE SPECIALIST EXPLAINS WHAT TO EXPECT DURING EMG TESTING.

If you experience tingling, numbness, muscle weakness, pain or cramping in the wrist, arm or leg, your physician may order an EMG, or electromyography testing. The procedure assesses the health of muscles and nerves. EMG testing can help diagnose conditions such as carpal tunnel syndrome (in which a nerve is compressed in the wrist); a pinched nerve from a herniated spinal disc (in which a spinal disc, which acts as a shock absorber, bulges or ruptures); and other disorders, including diabetes-related peripheral neuropathy. Charles Markowitz, MD, Medical Director of the Department of Rehabilitation, performs about 100 tests per year. Here, he explains how the test works.

What happens during EMG testing?

There are two parts to the procedure. In the first, called a nerve conduction study, tiny electrodes are placed on the skin. A small electrical current is delivered to stimulate specific nerves. A machine called an oscilloscope—a monitor that displays electrical activity—measures the speed at which an electrical current travels through a nerve. If it takes longer than expected for a nerve impulse to

travel to a muscle, that particular nerve may be injured.

In the second part of the procedure, called EMG testing, the physician inserts thin pins (similar to those used in acupuncture) into muscles, one at a time. The patient rests, then moves his or her muscles. The oscilloscope measures the muscles' electrical responses. By placing the pins in different muscles, the physician can determine which nerve is injured or malfunctioning.

Is the test painful?

Many patients are anxious beforehand, but the testing doesn't cause much discomfort. Patients feel their muscles twitch in a nerve conduction study, but it's not painful.

Are there any risks?

There may be minor bruising after EMG testing, but it fades after a few days. Sterile pins are used to prevent infection.

How quickly will I receive a diagnosis?

Results are analyzed in real time, so a diagnosis is usually immediate. I discuss the results with patients. Of course, I always recommend that patients follow up with their physician.

How should I prepare for the test?

Take a shower or bath the night before, but avoid applying any creams or body lotions. If you have a pacemaker, inform the doctor who is performing the test.



Charles Markowitz, MD, performs EMG testing.



To schedule a consultation for EMG testing, call **888.724.7123**.



CRANIAL TUMORS: HELP FOR HARD CASES

**HOW TOP NEUROSURGEONS AT RWJBARNABAS HEALTH
TACKLE THE TOUGHEST TUMORS.**

Cranial tumors are never easy to treat, but some are especially challenging. Those cases are often sent to Anil Nanda, MD, MPH, and the team of expert neurosurgeons affiliated with RWJBarnabas Health (RWJBH).

Recently, for example, there were the cases of an 8-year-old girl with an arteriovenous malformation, a bird's nest-like tangle of blood vessels at the top of her spine that paralyzed her, and a 21-year-old woman with a hemorrhaged brain stem cavernoma. Both patients were referred to Dr. Nanda and the enhanced neurosurgical program he is creating with colleagues

throughout RWJBH. The lesions were successfully removed.

"People should know that we can take care of very complicated neurosurgical issues with good

outcomes right here in New Jersey," says Dr. Nanda, who has been recognized as a global leader in neurosurgery.

But Dr. Nanda is not just building a practice that specializes in cranial tumors in his roles as Senior Vice President of Neurosurgical Services for RWJBH and Professor and Joint Chair of the Department of Neurosurgery at both Rutgers Robert Wood Johnson Medical School and Rutgers New Jersey Medical School. Dr. Nanda is creating a world-class center of neurosurgery at RWJBH. In addition to providing state-of-the-art training for medical residents, the effort is attracting top talent to New Jersey from all over the world.

GRATIFYING RESULTS

Neurosurgery services at RWJBH cover many areas, including spinal disease, stroke, aneurysms, brain trauma and more.

Dr. Nanda's specialty is surgery of the skull base, an area formed by bones at the bottom of the skull that is crisscrossed by nerves and blood vessels carrying messages and oxygen to the brain.

Last fall, an especially challenging patient was referred: a 38-year-old woman whose personality had been slowly deteriorating over the previous five years. She had become hostile to family and friends, and her memory and cognition were impaired.

Finally, an MRI of the woman's brain found the cause of her problems: a 9-centimeter (approximately 3.5-inch) meningioma, a benign, slow-growing tumor that forms on membranes covering the brain.

"The tumor's pressure on her frontal lobe—which handles cognitive functions such as planning, memory and emotional expression—was so great that it had been compacted and barely showed on the MRI," says Dr. Nanda.

During surgery, Dr. Nanda first stopped the tumor's blood supply, then began the removal process. "After a difficult operation, the growth was entirely removed, and with the pressure gone, the frontal lobe expanded to its normal size," he says.

Three days later, the woman was sitting up and talking and her former upbeat personality had begun to return.

"It was really gratifying for our team to be able to effect such a dramatic change," says Dr. Nanda.

"Symptoms like this woman's are often chalked up to depression or schizophrenia or, in the case of an older person, dementia," he explains. "In such cases, it's important to investigate possible causes in detail, sooner rather than later."

For residents of New Jersey and the region, the good news is that excellent care for such conditions is available close to home. Says Dr. Nanda, "RWJBarnabas Health is building a team of top neurosurgeons and other experts in neuroscience that is among the best in the world."



ANIL NANDA, MD

To learn more about New Jersey's most comprehensive neurosurgery program, call **833.656.3876** or visit www.rwjbh.org/neurosurgery.



PEAK PERFORMANCE:

SECRETS OF BASEBALL PROS

A HEALTHY LIFESTYLE IS NO MINOR MATTER FOR THESE OUTSTANDING LOCAL PLAYERS.

When they unleash a blazing pitch or knock one out of the park, star baseball players can seem like superheroes. Granted, they *are* gifted. But to perform at that level, standouts from minor league baseball teams abide by healthy principles that weekend warriors and young athletes can share.

RWJBarnabas Health (RWJBH) partners with four top minor league baseball teams in the state: The Lakewood BlueClaws, New Jersey Jackals, Somerset Patriots and Trenton Thunder. What RWJBH and the

To learn more about RWJBarnabas Health corporate partnerships, visit www.rwjbh.org/corporatepartners.

A PARTNERSHIP WITH IMPACT: At left, RWJBarnabas Health and the Lakewood BlueClaws teamed up to deliver much-needed baseball gear to the children of Puerto Rico after Hurricane Maria. RWJBH also delivered medical supplies to the island as part of its social impact and global health initiatives.

HEALTHY FAMILY FUN: Below, the Somerset Patriots play at the 6,100-seat TD Bank Ballpark in Bridgewater.



ALFREDO RODRIGUEZ

INFIELDER | SOMERSET PATRIOTS
HEIGHT: 6'0" | WEIGHT: 175

STRETCH FOR SUCCESS: "Warm-ups used to be static, but now we have dynamic warm-ups, which do a better job of getting your body ready for whatever you want it to do. That means moving while stretching, like walking or pulling a knee to the chest."



JACK PERKINS

PITCHER | LAKEWOOD BLUECLAWS
HEIGHT: 6'4" | WEIGHT: 200

GET A LEG UP: "If you're a pitcher for your school or local team, the best thing to do is get your legs as strong as possible with squats, running and sprints. Legs are the strong foundation that's going to take you deep into games and give you more velocity."



MICHAEL DILL PHOTOGRAPHY

GARRETT WHITLOCK

PITCHER | TRENTON THUNDER
HEIGHT: 6'5" | WEIGHT: 190

CORE PRINCIPLES: "A good strong core is important for anybody to keep a healthy balance. I do planks and also 'dead bugs'—exercises where you lie pressed flat on the floor and extend your arms and legs."



CONRAD GREGOR

INFIELDer/OUTFIELD | NEW JERSEY JACKALS
HEIGHT: 6'3" | WEIGHT: 220

CONSISTENCY IS KEY: "If you don't have time to get to a gym, do body-weight exercises that don't require equipment—pushups, squats, squat thrusts and similar exercises. That's what I do in my hotel room when we're on the road."

ball teams have in common is their community- and health-oriented focus. "Minor league baseball has a strong grassroots spirit that you don't necessarily see in professional sports," says Michael Knecht, Senior Vice President, Strategic Marketing and Communications for RWJBH. "These are organizations that are embedded in the communities we serve, and that have similar missions and values." Any given season might feature a celebration of patients, social outreach or healthy lifestyle education for fans.

In that spirit, top players, at right, reveal their fitness tips for peak performance.

NEW CANCER TREATMENT, NEW HOPE

HOW CAR T-CELL THERAPY HELPED A PATIENT WHEN CHEMOTHERAPY COULD NOT.

Dave Rodney, 62, didn't have time to be sick. A professional concert and travel promoter, and an avid musician and cook, he had too much living to do.

But in August 2017, while working out, Dave felt a slight discomfort in his lower abdomen. He assumed he'd pulled a muscle. However, at a routine physical shortly afterward, his doctor advised him to go to the Emergency Department at Saint Barnabas Medical Center (SBMC) in Livingston.

There, a scan revealed an abdominal mass. Dave was admitted for further tests. The eventual diagnosis: diffuse large B-cell lymphoma (DLBCL). This aggressive blood cancer, a form of non-Hodgkin lymphoma, usually starts as a fast-growing mass in a lymph node.

From September 2017 through January 2018, Dave was treated with chemotherapy under the care of Andrew Brown, MD, a medical oncologist with The Cancer Center at SBMC. Unfortunately, a first round was unsuccessful, as was a second round with a different medication.

The next step would typically be to assess whether a stem cell transplant might work. But now, there is also a new treatment called CAR T-cell therapy. "It was very important that I get him to a specialty center that handles complex cases," says Dr. Brown. "Because of our health system's partnership, I sent him down to Rutgers Cancer Institute of New Jersey and Robert Wood Johnson University Hospital in New Brunswick."

NEW POSSIBILITIES

In the fall of 2017, the Food and Drug Administration made a big announcement: It had approved CAR T-cell therapy for adults with DLBCL and for children and young adults with acute lymphoblastic leukemia.

In this therapy, T cells (a type of immune system cell) are taken from a patient's blood. In a laboratory, a chimeric antigen receptor (CAR), which binds to a certain protein on the patient's cancer cells, is added to each cell. These CAR T cells are then added back to the patient's blood to attack cancer cells.

The treatment is given only to patients whose cancer has proven resistant to chemotherapy and who may not be good candidates for stem cell transplants. Further, it can be offered only at centers that have clinicians, nurses and other healthcare

professionals who are FACT (Foundation for the Accreditation of Cellular Therapy)-certified.

The teams at Robert Wood Johnson University Hospital (RWJUH) and Rutgers Cancer Institute fit the bill. Dave Rodney would be their first patient for CAR T-cell therapy.

"This is a transformative therapy," says Dennis Cooper, MD, Chief, Blood and Marrow Transplantation at Rutgers Cancer Institute. "In the past, if a patient with this type of lymphoma wasn't responsive to chemotherapy, apart from experimental treatments we were essentially out of luck. Now we have a new option that's potentially curative."

MOVING AHEAD

Dave met with Dr. Cooper in March of 2018. At that and subsequent visits, he learned more about the procedure and its potential benefits and risks.

"They were very honest and open," Dave says. "Yes, I'd be the first. But on the plus side, many eyes and ears would be watching me to make sure everything went well. What they said made perfect sense, so I was sold."

"I can't think of a time in my career where the staff spent so much time, collectively, preparing to treat a patient," says Dr. Cooper. "There are strict criteria for care when a patient is getting CAR T cells, encompassing everything from the electronic record to drugs that can cause a reaction, and more."

"Everyone in the hospital was very committed. The people who work in the blood and marrow transplant unit, the ICU nurses, the nurse practitioners, the rapid response teams, the neurology attendings and literally every medical resident went through training before we treated our first CAR T-cell patient."


After thorough preparations, Dave's T cells were collected and sent to a laboratory



ANDREW BROWN, MD



DENNIS COOPER, MD



Dave Rodney, the first CAR T-cell therapy patient at Rutgers Cancer Institute of New Jersey and Robert Wood Johnson University Hospital, is back to doing the things he loves.

PHOTO CREDIT: JOHN O'BOYLE.



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

in California to be re-engineered, a process that takes several weeks.

In November, Dave received a mild pre-treatment chemotherapy to clear his blood of lymphocytes that could compete with CAR T cells. Then he was admitted to RWJUH to receive brand-new CAR T cells via infusion. He stayed in the hospital for two weeks as his body adjusted.

"It's impossible to describe the high level of care I had—the professionalism, expertise, warmth and caring," Dave says. "These are the best people on the planet!"

AN EXCITING FUTURE

CAR T-cell therapy is currently under consideration to treat some forms of myeloma, a cancer of plasma cells. "CAR T cells are also being modified in the hope they can work on solid tumors—brain tumors, abdominal tumors," says Dr. Cooper. "People are realizing that you can redirect CAR T cells to almost any target you want, as long as it's on a tumor cell and not a normal cell."

Unlike in chemotherapy, which kills both healthy and cancer cells, the CAR T cells remain in the patient's body for months and continue fighting the cancer. "There's a lot of work happening on ways to make CAR T cells stay in action even longer," says Dr. Cooper.

Dave continues to return for scans to check on his progress. Meanwhile, his return to normal activity is encouraging.

"I'm as busy as ever," Dave says, "feeling better and doing all the things I love doing."

A version of this article first appeared in the Rutgers Cancer Institute of New Jersey publication Cancer Connection.

To learn more about CAR T-cell therapy at Rutgers Cancer Institute of New Jersey, visit www.cinj.org/car-tcelltherapy or call **844.CANCERNJ**.



From left, Gail Knight, MD, Senior Vice President and Chief Medical Officer, Rady Children's Hospital; Michael Dribbon, PhD, Vice President of Business Development and Chief Innovation and Research Officer, CSH; Patrick Frias, MD, President and CEO at Rady Children's Hospital; Warren E. Moore, FACHE, President and CEO of CSH; and Katherine Bentley, MD, Director of the Chronic Pain Management Program at CSH.

PARTNERING TO FIGHT PAIN

ONE BOY'S ORDEAL LED TO HELP FOR OTHER SOUTHERN CALIFORNIA CHILDREN WHO SUFFER FROM CHRONIC PAIN.



Children's Specialized Hospital®
An RWJBarnabas Health facility

at
Rady Children's Hospital

A simple heel fracture from running on a California beach led to excruciating pain for 14-year-old Jasper Neale. The fracture took a long time to heal. Worse, the pain grew and radiated throughout his body. "I wasn't able to wear clothes. I couldn't shower. I couldn't walk. If a wind blew on me, I would be screaming," he says.

Eventually, Jasper was diagnosed with Complex Regional Pain Syndrome (CRPS)—a chronic condition that is believed to be caused by damage to the nervous system—at Rady Children's Hospital in San Diego. And although he underwent weeks of outpatient therapy, the pain only got worse.

Jasper's physical therapist showed him and his parents an online video she'd found. It told the story of a girl who had suffered

similar symptoms, but managed to get them under control through an intensive course of therapy at another children's hospital. "My husband and I decided we must find a program like this for Jasper," says his mother, Lori Neale. After some research, they selected the inpatient Chronic Pain Management Program at Children's Specialized Hospital (CSH) in New Brunswick.

Less than three weeks later, Jasper and his father were on a flight to New Jersey and CSH. That decision would change his life—and, ultimately, make life better for other San Diego, Southern California and southwestern U.S. children living in pain.

MASTERING THE PAIN

At CSH, the innovative Chronic Pain Management Program treats children with this condition through intensive physical, occupational and psychological therapy. Patients learn coping techniques to desensitize themselves to pain and mitigate it—without the use of opioids or other medications.

"One of the goals of the program is to improve the pain, but the main goal is to improve function and get our patients back to their lives," explains Katherine Bentley, MD, Director of the Chronic Pain Management Program.

After seven weeks, Jasper graduated from the program and was able to return to his California home, and to his life as a teenager.

But Jasper's recovery was not the only positive outcome of his experience. Aware of the need for a multidisciplinary approach to pain management for area patients, Rady Children's Hospital and CSH created a partnership. In April, the all-new Children's Specialized Hospital Chronic Pain Management Program at Rady Children's Hospital-San Diego opened for business.

"This joint endeavor provides us the great opportunity to treat the needs of patients and families in the Southern California region," says Warren E. Moore, FACHE, President and CEO at CSH, "and for that I could not be more grateful."

Jasper would agree. "Now," he says, "I can do anything I want to do."

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

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



HEART HEALTH: KNOW YOUR NUMBERS

KEEP ON TOP OF THESE SIMPLE TESTS TO STAY HEALTHY.

When it comes to protection against heart disease, the evidence is simple and clear: Preventive strategies work.

“People can have a significant effect on their heart health through the lifestyle choices they make,” says Sergio Waxman, MD, MBA, an interventional cardiologist and Chief of the Division of Cardiology at Newark Beth Israel Medical Center, an RWJBarnabas Health facility. “There are not many diseases where that is so clearly documented.”

A key part of self-care is understanding the following about your heart health. Your primary care provider can check these numbers at your yearly physical, and you can track some of them between visits.



SERGIO WAXMAN, MD



BLOOD PRESSURE: The force of blood rushing through your vessels. High blood pressure, which can damage or weaken blood vessels, is defined as a reading of 130/80. “A lot of patients get nervous in a doctor’s office, which may elevate their blood pressure, so it’s important to check it outside the office as well,” says Dr. Waxman. You can buy a manual or digital blood pressure monitor at the drugstore, or use a public device available at some pharmacies.

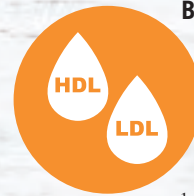


HEART RATE (PULSE): The number of times your heart beats per minute. “This is helpful if you’re exercising and want to see if your training is significantly affecting your heart rate,” says Dr. Waxman. The American Heart Association recommends at least 150 minutes of moderate-intensity exercise per week. The more fit you are, the

sooner your heart rate returns to normal after exercise.



BLOOD SUGAR: High glucose (blood sugar) levels are strongly correlated with cardiovascular disease because over time they damage blood vessels and nerves. “An annual blood test after overnight fasting is all that’s needed, unless your levels are elevated,” says Dr. Waxman. “If they are, the other number you should know is your Hemoglobin A1C, which is a measure of your average glucose levels over the past three months.”



BLOOD CHOLESTEROL: A waxy substance produced by the liver. Cholesterol is transported to and from cells by lipoproteins. Low-density lipoprotein (LDL, known as the “bad” kind) deposits cholesterol on artery walls; high-density lipoprotein (HDL) removes it. Both levels are determined by a simple blood test.

Your doctor also might suggest your blood be tested for C-reactive protein. “Some investigators think this may be as important as the LDL number for assessing cardiac risk,” says Dr. Waxman.



BODY MASS INDEX (BMI): This is a measure of body fat based on height and weight. The higher your BMI, the greater your risk for cardiac and other diseases. You can calculate your BMI with the help of online calculators and charts from the National Institutes of Health or the Centers for Disease Control and Prevention.

While most people know they should take better care of their health, they often feel that work and family demands prevent it, says Dr. Waxman. “Try to give yourself one hour every day to devote to taking care of yourself, whether it’s exercising, preparing healthy meals, checking your blood pressure, taking a nap or a combination of things,” he advises. “It’s like what they say about oxygen on airplanes: Put your mask on first or you won’t be able to help someone else.”

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



THE KEY TO QUITTING SMOKING OR VAPING

RWJBARNABAS HEALTH OFFERS FREE AND PROVEN SUPPORT FOR PEOPLE WHO STRUGGLE WITH TOBACCO OR NICOTINE DEPENDENCE.

Nicotine addiction is a powerful foe. The drug triggers a brief surge of endorphins—the feel-good hormones—each time it’s inhaled through a cigarette or an electronic nicotine delivery system (ENDS), such as an e-cigarette or vaping device. That pleasure dissipates quickly, leading to the urge for another inhalation.

A pack-a-day smoker, for example, goes through this cycle about 250 times daily, creating an addictive reward system in both brain and body that causes dependence on nicotine. When the person tries to stop, withdrawal



CONNIE GREENE

symptoms—irritability, attention difficulties, sleep disturbances and more—lead him or her to light up again, and the cycle continues.

Most people who are still smoking today have already tried and failed to quit five to seven times, according to Connie Greene, Vice President, RWJBarnabas Health (RWJBH) Institute for Prevention and Recovery.

“They may even feel a lot of shame and guilt because of that,” she says. “But the truth is, if people who are dependent on nicotine could quit on their own, they would have done so already.”

Greene and her colleagues want these people to know that it’s not their fault. “They’re in the grip of a very insidious addiction, which may have a genetic component,” she says. “But there is hope, and there is recovery.”

“The more times you’ve tried and the more you’ve been unsuccessful, the greater chance you have for success with our Nicotine and Tobacco Dependence Treatment Program.”

A NEW APPROACH

“We look at quitting as a process,” says Michael Litterer, Director of Prevention and Recovery at RWJBH. “It’s not as simple as making a decision and going cold turkey. In our program, we develop an individualized plan for each person who comes to us.”

When a smoker contacts the Nicotine and Tobacco Dependence Treatment Program by phone or email, a certified tobacco treatment specialist will be there to help. “You don’t have to quit right away,” Litterer says. Instead, next steps can include:

- Individualized nicotine dependence assessment, focusing on triggers and stressors
- Ongoing support in both individual or group settings
- Access to a medical director on staff to assist with primary care coordination and prescription medications
- Free nicotine replacement therapy (nicotine patches, gum and lozenges)
- Recommendations and navigation for appropriate prescription nicotine dependence medications
- Assistance in understanding the real impact of ENDS devices and cigarettes
- Behavioral modification and assistance in managing or eliminating nicotine withdrawal symptoms

“Most importantly, we will support people through the entire process of ending their nicotine or tobacco addiction. Relapsing and using nicotine during the quit attempt is sometimes part of the journey. We understand this,” Litterer says.

The program, which is funded by the New Jersey Department of Health Office of Tobacco Free, Nutrition and Fitness, does not charge participants.

The most important thing for people to know, Greene says, is that they don’t have to try to quit alone. “Call the QuitCenter number, or send us an email,” she says. “We’ll take it from there.”

To learn more about reaching recovery from nicotine or tobacco dependence, call the QuitCenter line at **732.837.9416**, or email quitcenter@rwjbh.org for a free confidential assessment. For more information, visit www.rwjbh.org/nicotinerecovery.





THE DANGERS OF POOR CIRCULATION

**LEG PAIN AND WOUNDS THAT DON'T HEAL
CAN BE SIGNS OF A SERIOUS DISEASE.**

Getting older comes with aches and pains, so it's easy to assume that all of them are normal. In some cases, however, leg pain can be a sign of a serious medical problem. Consider the case of a Monmouth Medical Center Southern Campus (MMCSC) patient who commuted to New York City for his job. He had smoked all of his life, and his legs were aching. The pain became so debilitating that he had trouble walking from the bus station to his office and had to take disability leave. He made an appointment with Aditya Mehra, MD, Director of the Vascular Institute at MMCSC, and discovered that he had peripheral vascular disease (PVD), in which cholesterol builds up inside arteries, which carry oxygen and nutrients to tissues throughout the body. This reduces blood flow to limbs and sometimes leads to complete blockages. Dr. Mehra's patient had



MMSC Vascular Institute members and senior leaders. Standing, from left: Cheryl Munroe, BSN, RN, CCM, Program Director of the Wound Care Center; Russell Petranto, DPM, Chair, Department of Podiatry; Joseph Triolo, MD, Chair, Department of Radiology; Aditya C. Mehra, MD, FACC, FSCAI, RPVVI, Director of the Vascular Institute; Michael Plishchuk, DPM; Frank J. Vozos, MD, FACS, Executive Vice President, RWJBarnabas Health and Chief Executive Officer, MMSC; and Johnny Larsen, DO, Medical Director, Hyperbaric Medicine. Sitting, from left: Girish Nair, DPM; Rajesh Mohan, MD, MBA, FACC, FSCAI, Chief Medical Officer; Jonathan Tango, Vice President, Operations; and Judy Colorado, RN, BSN, MA, NE-BC, Chief Nursing Officer and VP, Patient Care Services.

severe arterial blockages in both of his legs, which caused his walking problems. Dr. Mehra placed stents in the patient's arteries to improve blood flow, and the patient's life changed dramatically. "He went back to work and is fully functional now," says Dr. Mehra. "And his lifespan has increased."

PVD affects about 8.5 million Americans, according to the Centers for Disease Control and Prevention (CDC). About 12 to 20 percent of people older than 60 have the condition, which also interferes with wound healing (especially in the lower extremities, such as the feet and legs). "We talk about heart disease, but we don't talk enough about PVD," says Rajesh Mohan, MD, Chief Medical Officer at MMSC and an interventional cardiologist. "About one-third of patients who have heart disease also have PVD. Consequences of PVD do not appear to be as catastrophic as those of a heart attack. However, decreased mobility, pain and amputations are tragic results of untreated PVD that negatively impact quality of life. When blockages in the leg are treated and adequate blood flow is restored, patients can walk without leg pain and with a smile on their face."

COMPREHENSIVE VASCULAR CARE

"The Vascular Institute at MMSC was established with the vision to provide comprehensive vascular care—from noninvasive and invasive diagnosis to interventional, minimally invasive treatment and state-of-the-art wound care by a highly trained and qualified multidisciplinary team," says Dr. Mohan. The team at the Vascular Institute diagnoses and treats PVD, as well as an array of vascular problems, including aneurysms, carotid artery disease, wounds that don't heal, and varicose veins. This team includes interventional cardiologists, radiologists, interventional radiologists, vascular surgeons, podiatrists, infectious disease specialists, primary care physicians and nutritionists. "We collaborate on patients' care in order to give them the maximum benefit," says Dr. Mehra. The Vascular Institute is the only center of its kind in Ocean County with such a comprehensive, team-based approach to caring for patients who have PVD.

PVD is, unfortunately, underdiagnosed. If a person has a leg wound that isn't healing, he or she may not be aware that a vascular problem is to blame. "If a person

doesn't have adequate blood supply to the lower extremities, the wound won't heal," says Dr. Mohan. "If a blockage in an artery is causing the problem, it needs to be fixed. Once blood flow is restored, it will help heal the ulcer or the wound."

Similarly, many people dismiss their leg pain, like Dr. Mehra's patient. "People know that chest pain might be serious, but they may ignore their legs because they don't realize the problem is vascular," says Dr. Mehra. "If a person has leg pain or a wound that's not healing, it puts people at higher risk for stroke or a heart attack, and it could lead to limb loss."

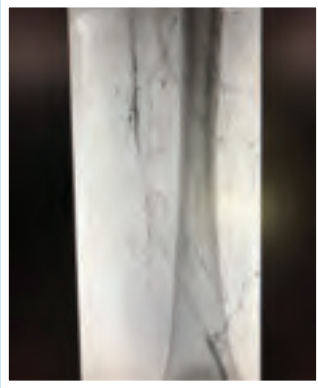
"The team at the Vascular Institute at MMSC takes pride in calling themselves the Limb Salvage Team, since this team-based approach is used to minimize the chances of limb loss by avoiding preventable amputations," says Frank J. Vozos, MD, Chief Executive Officer at MMSC.

MINIMALLY INVASIVE SCREENING AND TREATMENT

About 50 to 60 percent of patients who have undergone limb amputations have never been screened for PVD, says Doug Gibbens, MD, an interventional radiologist who served as Chair of Radiology at MMSC. Screening is simple. A 10-minute test, called an ankle-brachial index, can help diagnose the disease. It involves placing a blood pressure cuff on your arms and legs to compare blood pressure in those limbs. The result tells the physician how well blood is flowing. If the result is abnormal, your physician may refer you for further testing. The next step is usually an ultrasound

To learn more or to schedule an appointment at the Vascular Institute, call **732.886.4363**.





Left: A patient suffered from blockages in leg arteries, preventing blood flow and causing severe leg pain. The patient had trouble walking. Right: The blockages were cleared and stents were placed, restoring blood flow. The patient can now walk without any pain.

exam—which uses high-frequency sound waves to create images of the body—of the lower extremity arterial system, from the groin to the toes. “This tells us how well the blood is flowing,” says Dr. Gibbens. “It can detect a blockage and atherosclerotic disease (hardening of the arteries).”

Not long ago, if a patient was diagnosed with a vascular blockage, he or she would need bypass surgery of the blood vessels in the leg. “Over the last decade, more and more vascular blockages can be treated in minimally invasive ways—with tiny balloons, wires and catheters,” says Dr. Mehra. Interventional radiologists and interventional cardiologists use what’s known as endovascular therapy—minimally invasive procedures for treating PVD—such as balloon angioplasty or stenting.

If a blockage is suspected, MMCSC physicians recommend an angiogram, in which a dye is injected into the arteries to make them visible on an X-ray. This test can identify any blockages. If a blockage is found, it can be treated at the same time. With a balloon angioplasty, the physician threads a tube with a balloon on the end through a blood vessel in your arm or groin to the site of the blockage. The balloon is inflated to restore blood flow to the clogged artery. In some cases, a stent—a small mesh tube—is used to keep the artery open. The patient is given conscious sedation, so he or she is awake during the procedure but doesn’t feel pain. The procedure takes between 30 minutes

to an hour, and most patients can go home the same day. “This procedure is even more effective than a bypass,” says Dr. Gibbens. The limb salvage rate for patients having endovascular procedures is 20 to 25 percent better than it is for those having surgery, he says.

TREATING WOUNDS THAT WON’T HEAL

Lower extremity ulcers—wounds that don’t heal or recur frequently—are often caused by diabetes, PVD and chronic venous insufficiency. Venous ulcers are caused by blood that pools in the lower legs due to abnormal vein function, and arterial ulcers are caused by reduced blood supply to the lower leg.

A wound that won’t heal is dangerous. About 30 percent of patients with a chronic lower extremity ulcer die from it, according to Matthew Regulski, DPM, a podiatrist. Those who have diabetes are at even greater risk: About 47 percent of people with a diabetes-related foot ulcer die from it. Even if you survive, you might need an amputation. About 84 percent of all lower extremity, non-traumatic amputations are preceded by a foot ulcer, says Dr. Regulski. People who undergo amputations are at increased risk of dying within three years. Sixty-five percent of people who have below-the-knee amputations die in that time frame, while 80 percent of those who have above-the-knee amputations die in

SHOULD YOU BE SCREENED?

If you have any of the following risk factors, consider being screened for peripheral vascular disease:

- a history of smoking
- age 65 or older
- high cholesterol
- high blood pressure
- diabetes
- a family or personal history of heart disease
- you’re experiencing pain while walking
- you have a wound that won’t heal

that time frame, says Dr. Regulski.

Lower extremity diabetic and arterial ulcers are typically treated by restoring blood flow to the area. Venous wounds are treated by compression bandaging, which helps to reduce pain and swelling and improves blood flow in the area. “If you save a limb, you save a life,” says Dr. Regulski.



VASCULAR SCREENING AT MMCSC

The screening test is simple and painless. It includes an ultrasound exam for aortic aneurysms and carotid artery disease, as well as a noninvasive measure of blood flow in the legs. Test results are reviewed by board-certified radiologists who develop a report that is forwarded to your primary care physician. For more information and to register, call **732.886.4363**.



PUTTING PATIENTS

FIRST

MMCSC NURSES ARE WORKING TOWARD A PRESTIGIOUS RECOGNITION FOR THEIR HIGH-QUALITY CARE.

Last November, a Monmouth Medical Center Southern Campus (MMCSC) nurse received a handwritten nomination for a Daisy Award, which honors exceptional nurses at hospitals across the country:

As a doula for almost 18 years, I have worked with many nurses in various units. From this perspective, I would like to nominate Daniella Dyovich, RN, for

the Daisy Award. I have been at MMCSC with my 95-year-old father...for a month. Daniella has the unique ability to zero in on the medical and emotional needs of patients and their loved ones. With her warm and confident manner, she is quick and responsive to any need. Her sincere concern motivates her to excellence in skills and techniques...everything to her is "no problem" or "just call me if I can help you." Even at the end of a long shift, she still maintains her compassionate, smiling, easygoing, positive energy.

For the past two years, a growing number of MMCSC nurses have received multiple Daisy Award nominations from patients, and many have received the awards. "I'm proud of how hard our nurses work to provide compassionate, personalized, patient-centered care," says Judy Colorado, RN, BSN, MA, NE-BC,

Left: Judy Colorado, RN, BSN, MA, NE-BC, Chief Nursing Officer and Vice President of Patient Care Services, presides over a nurse leadership meeting at MMCSC. Right: Daniella Dyovich, RN, receives the Daisy Award from Michelle Kurzenberger, BSN, RN-BC.



NURSE EXTRAORDINAIRE

Judy Colorado, RN, BSN, MA, NE-BC, Chief Nursing Officer and Vice President of Patient Care Services, was recently recognized for her many achievements:

- In April, the New Jersey State Nurses Association honored Colorado and 12 other nurses for outstanding professional career accomplishments and contributions to the nursing profession at its Divas and Dons Gala in Princeton.
- In May, Colorado was one of 21 nurses across the globe to be honored at the 3rd annual International Nurses Day by Nurses With Global Impact, Inc., an organization that celebrates nurses, at the United Nations in New York City. The event honored nurses who demonstrate exemplary practices in delivering healthcare with global impact.

Chief Nursing Officer (CNO) and Vice President of Patient Care Services.

At MMCSC, nurses are committed to excellence. They provide the best possible patient experience and follow evidence-based practices, such as sitting at the level of a patient at his or her bedside while giving a report about a patient to the next nurse on duty; checking on patients hourly; ensuring a patient's call bell is within reach; and responding to patients quickly. "I'm a hands-on CNO," says Colorado. "I want to connect with patients and act as a role model for other nurses. I do a lot of rounding to influence nurses—and ensure patient safety." This dedication has been acknowledged through a variety of recent accolades:

- MMCSC is a top 10 New Jersey performer in nurse communication, meaning nurses explain patients' care plans clearly and listen to their concerns, according to Press Ganey, a national group that measures patient experience for healthcare organizations.

- MMCSC is ranked among the top 10 performers in New Jersey for responsiveness of hospital staff to



JUDY COLORADO, RN

patient needs, communication with nurses, and communications regarding medications and discharge between 2017 and 2018. These rankings are based on patient satisfaction

surveys conducted by Press Ganey.

- The MMCSC Emergency Department (ED) ranks No. 1 in the RWJBarnabas Health system with a score of 92.8 year-to-date. The Ambulatory Surgery score is 94 year-to-date.

JOURNEY TO MAGNET STATUS

Currently, MMCSC is working toward Magnet designation from the American Nurses Credentialing Center. It's the most prestigious distinction a healthcare organization can receive for nursing excellence and high-quality patient care. Only 8 percent of hospitals across the country earn this designation. One requirement is an engaged nursing staff. At MMCSC, the Nursing Excellence 2018 Survey revealed that staff engagement was outstanding compared to the national average, says Colorado. "Staff engagement is a key metric for delivering a high-quality patient experience, and our staff members are truly engaged," she says.

To become a Magnet organization, a hospital must have a "shared governance" structure, in which staff nurses representing different units meet to discuss quality of care, nursing practices, policies and procedures. They submit recommendations to the nursing leadership team, which then creates an action plan. Over the past four years, MMCSC nurses have contributed to achieving positive patient outcomes, such as decreased fall incidences and catheter-associated urinary tract infections. "We ensured that our nursing staff members

are following standard-of-care and protocols," says Colorado. "Staff members' concerns were heard, then we worked with them to eliminate barriers."

LEADERSHIP TRAINING

At MMCSC, staff nurses with leadership potential are being trained to become leaders—another key part of the journey to Magnet status. They are sent to an aspiring nurse leader training program (Succession Planning) sponsored by RWJBarnabas Health nurse leaders. "We've made nursing leadership exciting and fun," says Colorado, who meets with new nurse leaders on a monthly basis to mentor them and provide support.

MMCSC will be eligible to apply for Magnet status in the next 12 to 18 months (the hospital must submit eight quarters of data representing nursing excellence). "Our nurses deserve this recognition," says Colorado. "They are Magnet material. The excitement is palpable in terms of their engagement and the improvements in quality of care at MMCSC."



From left: Sisters Ellena DiCicco, Fran Cuccurullo and Connie Galvin have staffed an MMCSC thrift shop for nearly two decades.

VOLUNTEERS EXTRAORDINAIRE

THREE LONGTIME THRIFT-SHOP VOLUNTEERS HAVE RAISED IMPORTANT FUNDS FOR MMCSC.

Every Friday, Connie Galvin's husband of 60 years drives her and her two sisters—Fran Cuccurullo and Ellena DiCicco—to the Lots for Little Shoppe, one of Monmouth Medical Center Southern Campus' (MMCSC) three thrift shops. (The three women live about half a mile apart at Renaissance at Manchester.) Over the past 18 years, the sisters have staffed the shop on Fridays, donating nearly 10,000 hours of their time. "It makes me proud to see how the thrift shop sales help the Foundation," says Connie, a former bookkeeper for the Foundation. "The Foundation really gives back to the community."

THE JOY OF GIVING BACK

Connie, who jokingly refers to herself as the "bossy" one and is the youngest of the trio, asked her sisters to volunteer with her

at the thrift shop, and they didn't hesitate. "Monmouth South is here for all of us when we need it most," she says. All of the women have had positive experiences at the hospital: One received care in the Emergency Department, and another was diagnosed with an irregular heartbeat called atrial fibrillation, or AFib.

The MMCSC Foundation is grateful for the sisters' dedication. Over the past several years, the thrift shops have provided more than \$400,000 in revenue annually. "These volunteers are priceless," says Denice Gaffney, Vice President of the MMCSC Foundation. "Thanks to the funds raised from the thrift shop sales, we've been able to purchase items that expand our services, such as the patient transportation van and the portable blood pressure machine."



THRIFT SHOP LOCATIONS

The shops listed below are open from 10 a.m. to 4 p.m.

- **LOTS FOR LITTLE SHOPPE**
Seagull Square Shopping Center
1328 River Ave., Lakewood
732.364.6312
- **THE TREASURE CHEST**
Lakehurst Circle Shopping Center
666 Route 70, Lakehurst
732.657.2590
- **KIMBALL CLOSET**
Prospect Plaza
255 S. New Prospect Road, Jackson
732.886.5972



ENHANCING PATIENT CARE

With funds raised by volunteers, MMCSC has been able to purchase the following items:

- transportation van to bring patients to the hospital for their appointments
- bone density scanning machine for community health screenings
- portable blood pressure machine and carrying case
- bariatric stretcher to ensure comfort for patients

SAVE THE DATE!

Mark your calendar for these upcoming Monmouth Medical Center Southern Campus (MMCSC) Foundation events:

- **AUGUST 5:** 17th Annual Golf Classic at Eagle Oaks Country Club in Farmingdale
- **OCTOBER 24:** Flavors of the Jersey Shore Food & Wine Tasting at the Pine Belt Chrysler Jeep Dodge Ram Showroom in Lakewood

Reserve tickets by calling the MMCSC Foundation at **732.886.4438**.

To find out how to volunteer at one of MMCSC's thrift shops, visit www.monmouthsouthgiving.org.



Eat the Rainbow

While you may favor certain fruits and vegetables, it pays to eat a variety of colorful ones. They can help you control your blood pressure and weight. The American Heart Association recommends consuming eight or more servings of fruits and vegetables daily. That translates into about 4.5 cups of fruits and vegetables for the average 2,000 calories-per-day diet. Here are a few ideas for sneaking them into your diet:

- Add fruits and vegetables to the foods you love. Mix frozen peas with mac and cheese; pile veggies on pizza; and top cereal and low-fat ice cream with fruit.
- Roast vegetables such as cauliflower, broccoli, Brussels sprouts, carrots and tomatoes. Long exposure to high heat will cause these foods to caramelize, which enhances their natural sweetness.
- Dip your favorite veggies in low-fat or fat-free dressings. Try raw bell peppers, carrots, cucumbers, broccoli, cauliflower and celery.
- Make a smoothie. Blend your favorite frozen fruit with low-fat or nonfat milk and/or yogurt and fruit juice.
- Make fruit pops. Place 100 percent fruit juice in an ice tray and freeze overnight. Frozen seedless grapes make natural mini-popsicles and are a great summer treat.



Community Education

Unless otherwise noted, all programs are free. They are held at Monmouth Medical Center Southern Campus (600 River Avenue, Lakewood) and require advance registration by calling 888.724.7123.

Avoiding Falls Monday, September 23 2 to 3 p.m.

A fall can have life-changing consequences. Did you know that most can be prevented? Empower yourself and join us for a practical, interactive discussion on some of the most common causes of falls and how they can be avoided. Manchester Branch of the Ocean County Library, 21 Colonial Drive. To register, call 732.657.7600

Self-Defense for Seniors Tuesday, September 17 and Tuesday, October 1, 10 a.m. 3rd Floor Conference Room

Tai Chi for Beginners
Thursdays, starting
September 19
Free for new students. This is a hands-on, introductory class for Better Health members. The gentle movements of tai chi combined with deep breathing will help you become more flexible, build strength, improve balance and reduce stress. Led by expert instructor Kit Lau. 3rd Floor Conference Room

Tai Chi for Returning Students Thursdays: September 19 and 26; October 3, 10, 17, 24 and 31; November 7

The gentle movements of tai chi combined with deep breathing will help you become more flexible, build strength, improve balance and reduce stress. Led by expert instructor Kit Lau. Fee: \$55.

Chair Yoga
Fridays from 10:55 to 11:55 a.m.
Relax your mind and body without worrying about getting up and down off the floor. Improve muscle tone, enhance flexibility and increase circulation and well-being. 3rd Floor Conference Room. Fee: \$5 per class. Registration is required and space is limited.

New! Zumba® GOLD
Mondays, September 9 to 30
10:15 to 11:15 a.m.
Designed for active, older adults who are looking for a modified Zumba class that recreates the moves at a lower intensity. 3rd Floor Conference Room. Fee: \$25 for four sessions. Space is limited and registration is required.

**Monmouth
Medical Center
Southern Campus**

**RWJBarnabas
HEALTH**

600 River Ave., Lakewood, NJ 08701

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Create a healthy tomorrow by leaving a lasting legacy today.

Help ensure that the next generation has easy access to extraordinary health care by including Monmouth Medical Center Southern Campus in your estate plans. You can create your legacy today by including the medical center as a partial beneficiary of your will or retirement account. It's simple. It's impactful. It's lasting.

For more information, please contact Jennifer Shufran at **732-886-4438** or Jennifer.Shufran@rwjbh.org. Information is also available online by visiting monmouthsouthgiving.org

**Monmouth
Medical Center
Southern Campus**

**RWJBarnabas
HEALTH**

Let's be healthy together.

