

A Publication of  
**MONMOUTH MEDICAL CENTER**  
**SOUTHERN CAMPUS**

WINTER 2020

# healthy

*together*

**PERSONALIZED  
CARDIAC CARE**

**BETTER  
TREATMENT FOR  
PROSTATE  
TROUBLE**

**COPING WITH  
CANCER?  
HERE'S HELP**

**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.

Monmouth Medical Center Southern Campus (MMCSC) is committed to using the most advanced technologies to improve patient outcomes. That's why we're among the first in New Jersey to offer the latest in noninvasive cardiac imaging. Using images from a coronary CT scan, artificial intelligence software called HeartFlow® Analysis generates a personalized, three-dimensional model of heart arteries, helping doctors determine the significance of blockages. Being part of RWJBarnabas Health, with its specialized hospitals and academic medical center, complements the sophisticated level of services we provide to not only keep you well, but also be here for you if you or your loved ones have an unexpected illness.

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



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



## HEALTH NEWS



### THE HOSPITAL OF CHOICE

Every year, *Asbury Park Press* readers are asked to vote on the "Best of the Best" in Monmouth and Ocean counties. Last fall, Monmouth Medical Center Southern Campus received the coveted Asbury Park Press Reader's Choice Award in the Ocean County "People and Services" category through a record number of votes.



### HEARING LOSS TESTING FOR KIDS

If your baby has failed his or her initial newborn hearing screening or if you're concerned about your school-age child due to a delay in speech development, a history of chronic ear infections or learning problems, consider having him or her evaluated. MMCSC offers a variety of hearing tests, including high-frequency tympanometry and auditory brainstem response studies for babies. For older children, there are assessments of middle and inner ear function, as well as hearing sensitivity and comprehension. To have your child's hearing evaluated by MMCSC's Audiology Department, call **732.942.5921**.

**Monmouth Medical Center Southern Campus**



600 River Ave., Lakewood, NJ 08701  
732.363.1900 | [rwjbh.org/MonmouthSouth](http://rwjbh.org/MonmouthSouth)

#### CONNECT WITH US ON

- @MonmouthSouthernCampus
- @RWJBarnabas
- RWJBarnabas Health

Monmouth Medical Center Southern Campus complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. For more information, see link on our home page at [www.rwjbh.org/monmouthsouth](http://www.rwjbh.org/monmouthsouth). MMCSC cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 732.363.1900. MMCSC konfòm ak lwa sou dwa sivil federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks. ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 732.363.1900.

# healthy *together* contents

WINTER 2020



- 2. WELCOME LETTER.**  
A community update from our CEOs.
- 4. BATTLING BREAST CANCER.** A patient who has lived with the disease for nearly three decades shares her story.
- 6. A HEALTHY HEART.**  
Know the signs of a heart attack and learn about a noninvasive way chest discomfort can be evaluated.
- 8. A NEW TREATMENT FOR PROSTATE TROUBLE.** A robotic procedure offers symptom relief with fewer side effects.

- 9. HOW TO SAVE A LIFE.** Is it a heart attack or cardiac arrest—and what can a bystander do?
- 10. TRAUMA WITHOUT DRAMA.** Top RWJBarnabas Health trauma and burn centers stand ready to save severely injured patients.
- 12. MAKING MATERNITY SAFER.** A strong focus on women's health before, during and after pregnancy aims to save lives.

- 13. LEARNING TO CRAWL AGAIN.** A baby rebounds from a traumatic brain injury.
- 14. A STRANGER'S GIFT.** A blood stem cell donation—and a powerful medical partnership—saved the life of a Toms River woman.
- 16. YOU CAN BEAT THE WINTER BLUES.** Seasonal depression is a struggle, but help is available.
- 17. FUN AND FUNDRAISING.** Five of our Auxiliaries are recruiting new members.

- 18. THE SCAN THAT SAVES LIVES.** Lung cancer screening helped one patient beat the odds.
- 20. BETTER BALANCE.** At the James and Sharon Maida Geriatrics Institute, physical therapy can help seniors avoid falls.
- 22. THE BEST INPATIENT CARE.** How patients benefit when specially trained physicians manage their hospital care.
- 23. COPING WITH CANCER.** A free program offers support to cancer patients.



# BATTLING BREAST CANCER

**ONE PATIENT HAS LIVED WITH THE DISEASE  
FOR NEARLY THREE DECADES.**

**M**anolita M. Felipe, a retired CPA from the Philippines, has been battling breast cancer for an astounding 27 years. Prior to her diagnosis, Manolita struggled with nodules on both breasts, which were removed in her country. When she became a U.S. citizen in 1992, she had a mammogram and discovered she had Stage I cancer in her left breast. She had



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

pain and had trouble walking,” she says. Her primary care physician, Manjula Thopcherla, MD, recommended that she see an

oncologist, Sarah J. Easaw, MD, Chief of Hematology and Oncology at Monmouth Medical Center Southern Campus (MMCSC) and a member of RWJBarnabas Health medical group. A biopsy showed that the breast cancer had spread to her left hip, and it was Stage IV.

“She had a very late relapse,” says Dr. Easaw. “It’s unusual.” Dr.

Easaw prescribed a drug that reduces the production of the hormone estrogen in the body, since Manolita’s cancer was fueled by estrogen. Manolita also received radiation for three and a half weeks to control the hip pain. “I felt much better afterward,” she says. In addition, Dr. Easaw prescribed an injectable drug to help strengthen Manolita’s bones and prevent a fracture. During her treatments, Manolita got to know the office staff well. “I call them my angels,” she says. “They are caring and loving.”

### AN AGGRESSIVE DISEASE

Manolita saw Dr. Easaw regularly and had a bone scan every one to two years. In 2017, Manolita noticed she was coughing frequently. “It bothered me, especially when I went to church,” she recalls. “One time, a couple in front of me moved to another pew when I started coughing.” A follow-up positron emission tomography (PET) scan showed that Manolita had nodules, or abnormal tissue growth, in her lungs. A biopsy indicated that the breast cancer was in her lungs. “I took it in stride,” says Manolita. “Dr. Easaw’s oncology nurse embraced me and said, ‘it’s now a chronic disease.’”

Dr. Easaw prescribed chemotherapy for about three months, but due to side effects Manolita began to receive injections of a hormonal treatment for breast cancer. She had PET scans every three months.

Unfortunately, the lung cancer progressed, and in July 2018, Manolita learned that the cancer had spread to her liver. She started taking a new breast cancer drug—a targeted therapy—which seemed to work for almost a year. Then, last spring, a PET scan showed that the cancer had progressed further. Manolita was given an oral chemotherapy drug.

### NEW TREATMENTS

At the end of the summer, repeat PET scans indicated that the disease had worsened. “I was disheartened when I asked Dr. Easaw if I was good and she said, ‘You look good, but you’re not,’” says Manolita. Dr. Easaw prescribed a new form of intravenous chemotherapy. Manolita feared the possible side effects, but Dr. Easaw says “the treatment will continue as long as it benefits her and she tolerates it. She’ll have another PET scan when she completes three cycles. We can test Manolita’s tumors for genetic mutations [changes in cancer cells] and target them with new drugs. While Stage IV cancer is not curable, we can help people live longer. Cancer is now considered a chronic disease like diabetes or high blood pressure. More people live with cancer than die from it. Cancer patients and survivors need compassion and emotional support as much as they need medical treatment to help them live a meaningful life while battling the disease.”

Manolita receives infusions once a week for two weeks in a row and takes a break for a week. Each treatment lasts about an hour. She says she’s blessed with the compassionate, friendly and caring staff at the Infusion Center. “I appreciate the readiness of the staff to provide warm blankets when you need them and the extended arms when they see me losing my balance while walking to and from the treatment room,” says Manolita.

Despite her long battle with breast cancer, Manolita remains in good spirits. “My acquaintances in church and my adult community greet me with, ‘You look good,’” she says. “I feel really good. I’m very lucky. I’m still alive because of the excellent care I’ve received from Dr. Easaw and my primary care physician.”

Manolita Felipe (right) is grateful to her oncologist, Sarah Easaw, MD, for the excellent care she’s received over the past decade.

surgery to remove the breast and was prescribed a drug to reduce the risk of a recurrence. The treatment seemed to be effective, and Manolita enjoyed her work as an income auditor at a New York City hotel for 13 years. When she retired, she and her husband moved to an adult community in Lakewood.

In 2008, Manolita experienced discomfort in her left hip. “I was in terrible

If you or a loved one are struggling with a cancer diagnosis and need answers and support, visit [www.rwjbh.org/BeatCancer](http://www.rwjbh.org/BeatCancer).



A coronary CT scan and artificial intelligence software can determine whether a patient has significant blockages in heart arteries.

# A HEALTHY HEART

## KNOW THE SIGNS OF A HEART ATTACK—AND HOW TO PROTECT YOURSELF.

Every 43 seconds, someone in the U.S. has a heart attack, according to the American Heart Association (AHA). A heart attack occurs when the flow of blood—which sends oxygen to the heart—is reduced or stopped completely. The lack of oxygen can cause heart tissue to die. This often occurs as a result of atherosclerosis, a hardening and narrowing of arteries, which carry blood to the heart and the body. Plaque, which is composed of fat, cholesterol and other substances, causes the cardiac arteries to narrow and harden, restricting blood flow to your body.

Would you know if you're having a heart attack? Many of us think of it as a sudden, dramatic event, but symptoms can actually begin gradually. Since immediate treatment is most effective, it's important to call 911 if you experience any

of the following:

- **Chest discomfort:** It may feel like pressure or fullness. The discomfort may last for a while—or it may come and go.
- **Pain in the arms, back, neck, jaw or stomach**
- **Shortness of breath** (with or without chest discomfort)
- **A cold sweat**
- **Nausea**
- **Lightheadedness**

Keep in mind, it's possible to experience only a few of these symptoms. Also, symptoms can vary from person to person and may be subtle for women. While they can have chest pain, they may experience shortness of breath, nausea or vomiting, back or jaw pain. They may also notice dizziness, lightheadedness, fainting or severe fatigue.

### THE BEST PREVENTION

The first step in preventing a heart attack is to find out if you have heart disease. See your physician, then focus on lowering your risk in the following ways:

- **Be active.** Walking just 30 minutes per day can benefit your heart, according to the AHA. It can help to control high blood pressure, increase “good” cholesterol levels and lower “bad” cholesterol levels. Other heart-healthy activities include dancing, cycling, swimming and skiing. Check with your physician before beginning an exercise routine.

- **Quit smoking.** After just one year, you'll reduce your risk by 50 percent. RWJBarnabas Health's Institute for Prevention and Recovery's Nicotine and Tobacco Recovery Program offers



## ARE YOU AT RISK?

Certain factors predispose people to a heart attack: being older; having a family history of heart disease; and being African American, Mexican American or American Indian. Other risk factors include smoking; having high cholesterol, high blood pressure and/or high blood sugar; being sedentary; eating an unhealthy diet; being overweight (especially in the abdomen); and having diabetes. High levels of stress and drinking too much alcohol can also increase your risk.

individual and group support and free nicotine replacement therapy, such as the patch, gum, lozenge, inhaler and nasal spray. For more information, call 833.795.QUIT or visit [www.rwjbh.org/nicotinerecovery](http://www.rwjbh.org/nicotinerecovery).

- **Eat a heart-healthy diet.** This includes fruits and vegetables (try to eat one or both at every meal and snack); whole grains, such as brown rice and plain oatmeal; fat-free or low-fat dairy products like milk and cheese; protein, such as fish and lean cuts of meat; and healthy oils like canola and olive, as well as nuts and seeds. Also, shop for foods that are low in sodium and have limited amounts of unhealthy fats.

- **Limit alcohol consumption.** Drinking excessive amounts of alcohol can raise blood pressure and can lead to high triglycerides and an irregular heartbeat. The AHA recommends that men consume no more than two drinks per day and women consume no more than one drink per day.

- **Strive for a healthy weight.** Being overweight or obese raises your risk of heart disease. The ideal body mass index—an indicator of body fat and health risks—is between 18.5 and 24.9. To determine yours, visit [www.rwjbh.org/bmi](http://www.rwjbh.org/bmi).

## Q&A ASK THE DOCTOR



RAJESH MOHAN, MD

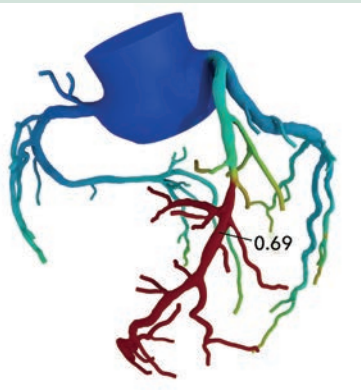
# NONINVASIVE CARDIAC TESTING

## A CARDIOLOGIST EXPLAINS HOW PATIENTS ARE BENEFITING FROM A NEW IMAGING TECHNOLOGY.

At Monmouth Medical Center Southern Campus (MMCSC), physicians are using a sophisticated type of imaging—along with new, cutting-edge technology—to diagnose patients with chest pain. Rajesh Mohan, MD, MBA, FACC, FSCAI, an interventional cardiologist and Chief Medical Officer at MMCSC, explains how patients will benefit.

### What is Fractional Flow Reserve CT (FFR-CT)?

It's a noninvasive way to evaluate patients with chest discomfort and symptoms that may be suggestive of heart disease. A coronary CT scan is performed, which shows blockages in heart arteries. If there are blockages, the CT images are then analyzed by a supercomputer using artificial intelligence software called HeartFlow® Analysis. A personalized, three-dimensional model of the patient's heart arteries is created, which provides information about the significance of any blockage and the blood flow through these arteries to the heart. Cardiologists then use this information to develop a treatment plan.



MMCSC physicians use artificial intelligence software to create a three-dimensional model of a patient's heart arteries.

### What are the advantages of FFR-CT?

The test allows physicians to determine noninvasively and with greater confidence and accuracy whether a patient has any significant blockage in the heart's arteries. With this information, patients may avoid unnecessary testing, including invasive procedures like cardiac catheterization, and unnecessary admission to the hospital.

### Is this test widely available?

No. MMCSC is the first in the area and only the fourth in New Jersey to offer this advanced technology.

Your heart doesn't beat just for you. Get it checked. To reach a Monmouth Medical Center Southern Campus cardiac specialist, call **888.724.7123** or visit [www.rwjbh.org/heart](http://www.rwjbh.org/heart).





Mukaram A. Gazi, MD, FACS, Chairman of Surgery and Chief of Urology at MMCSC, performs a safer, more precise procedure for an enlarged prostate.

## A MORE PRECISE RESULT

Now there's an alternative: a new procedure called Aquablation therapy. With this technique, a high-powered waterjet vaporizes the prostate tissue. The treatment is guided by a robotic system that incorporates ultrasound imaging. Here's how it works: A patient's prostate gland is measured, the surgeon determines the area that needs to be removed, and the robotic arm removes the excess

# A NEW TREATMENT FOR PROSTATE TROUBLE

## A ROBOTIC PROCEDURE OFFERS SYMPTOM RELIEF WITH FEWER SIDE EFFECTS.

**M**en with benign prostatic hyperplasia, or an enlarged prostate—a walnut-sized gland that produces fluid that carries sperm—experience the urge to urinate frequently, trouble urinating and incontinence. The condition affects about half of men between the ages of 51 and 60 and about 90 percent of men older than 80, according to the National Institute of Diabetes and Digestive and Kidney Diseases.

Treatment options include lifestyle changes, such as reducing caffeine intake and strengthening the pelvic

floor muscles; medication, which stops the growth of the prostate or shrinks it; minimally invasive procedures to remove enlarged prostate tissue; and surgery. The gold standard in surgery is transurethral resection of the prostate, or TURP, which involves removing enlarged prostate tissue. Heat is used prior to cutting the tissue, and this can cause scar tissue to form. Scarring can lead to irritation and a burning sensation during urination. In addition, the body may absorb excess fluid during the procedure, which can lead to dangerous electrolyte imbalances.

tissue. "It's more precise than TURP, and it eliminates the potential for heat-related injury," says Mukaram A. Gazi, MD, FACS, Chairman of Surgery and Chief of Urology at Monmouth Medical Center Southern Campus (MMCSC). "It is designed to result in less scarring and less absorption of fluid."

Another advantage: The procedure is guided by ultrasound, which enables the surgeon to monitor the depth of the treatment in real time. (An enlarged prostate gland grows inward and is difficult to visualize during traditional surgery.) In addition, Aquablation can be used to treat men with a large amount of prostate tissue. "These patients may not be ideal candidates for a TURP," says Dr. Gazi. "Before Aquablation, the only way to remove large amounts of tissue was to perform invasive, radical surgery. Now we have a robotic, less invasive surgical option with Aquablation."

The best candidates for Aquablation are men who have an enlarged prostate gland and good bladder function but don't have cancer, says Dr. Gazi. At MMCSC, the procedure is performed in the new cystoscopy suite, which was completed last summer. Other procedures that can be performed in the fully digital suite include the removal of bladder tumors, kidney stones and tumors, and laser procedures for the prostate and bladder. "It's phenomenal," says Dr. Gazi.

To find a urologist at Monmouth Medical Center Southern Campus, visit [www.rwjbh.org/doctors](http://www.rwjbh.org/doctors) or call **888.724.7123**.



# 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](http://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





**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](http://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](http://www.rwjbh.org/maternity).



# LEARNING TO CRAWL AGAIN

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

**O**n 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.**

**I**t'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](http://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 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,



**GABRIEL KAPLAN, MD**

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







The Fairways staff and Monmouth Medical Center Southern Campus staff celebrate new Auxiliary members. From left: Barbara Balog, Fairways Event Coordinator; Deborah Shapiro, Director, Care One; Madolyn Tornich, former Fairways Auxiliary President; Barbara Longo, acting Fairways President; Yvonne Redline, Development Manager, MMCS; Jonathan Tango, Chief Operating Officer, MMCS; Jen Shufran, Assistant Vice President, MMCS; and Frank J. Vozos, MD, FACS, Chief Executive Officer, MMCS.

# FUN AND FUNDRAISING

## FIVE MMCS AUXILIARIES ARE RECRUITING NEW MEMBERS.

At Monmouth Medical Center Southern Campus (MMCS), there are countless volunteers and members of Auxiliaries—volunteer organizations that support the hospital—who give their time and service every day to help raise funds and awareness to support the hospital. There are five Auxiliary units that the Foundation oversees under the guidance and direction of Yvonne Redline, Development Manager at the Foundation. The funds raised go toward capital purchases, technology upgrades and enhancements, program development and, most recently, a new transportation van. All are meant to enhance the patient experience and improve patient outcomes. This year, the Auxilians are raising funds to support Operating Room renovations.

Members of the Auxiliary units—most of which are located at adult 55+ communities—are also ambassadors for MMCS. “They give us both positive and negative feedback,” says Redline. “Some members are grateful patients. They stand up and say things like, ‘I was in the Emergency Department two days ago, and my life was saved.’”

In recent months, several Auxiliary groups have expanded, thanks to Redline’s efforts:

### LEISURE VILLAGE EAST

The president of the Auxiliary had passed away, so Redline worked with a group of women at this over-55 community to identify new Board members. In 2016, about 20 women attended meetings; today, there are 100 members. The group recently hosted their third physician panel—a presentation by MMCS breast specialists. “We put the right people in leadership roles, and good things happen,” says Redline.

### THE FAIRWAYS

In 2016, the Auxiliary was no longer meeting, so Redline worked with several women who were active in the Women’s Club to get a group started. In April 2019, a new Auxiliary was launched with just 30 members. There were several physician panel discussions over the summer and a fundraising luncheon in August, and Redline brought the women to the hospital for tours of the Geriatrics Institute and the Geriatric Emergency Medicine unit. “This created excitement about the hospital among community

## MEMBERSHIP HAS ITS PRIVILEGES

Members of the Monmouth Medical Center Southern Campus Auxiliaries benefit from their involvement with the hospital. They can attend physician panel discussions, and they learn about the hospital’s programs and services. They’re also entitled to a discount at the hospital’s gift shop and membership in the Better Health program, which provides access to free screenings, exercise classes, health education and social events.

members,” she says. As a result, there are now nearly 300 members.

### LAKESWOOD-JACKSON

Lakewood-Jackson is composed of Auxilians who live in and around Lakewood. This is a smaller group, but members have been involved for many years.

### RENAISSANCE

This community is our Auxilian unit “role model.” Members are very autonomous and organized, and the unit runs with little support from the Foundation. There are approximately 200 members who organize many speaker bureaus with and without the Foundation’s assistance. They support the flu clinic and other community services, such as onsite lab drawings, to keep residents healthy.

### LAKE-RIDGE

Lake-Ridge has about 70 members. This unit is located near the hospital and is making a strong comeback. “It’s exciting to attend all their meetings and see the room filled with old and new members,” says Redline.

To learn more about the Monmouth Medical Center Southern Campus Foundation, visit [www.rwjbh.org/monmouthsouth/giving.org](http://www.rwjbh.org/monmouthsouth/giving.org).

Kathryn Napier, a grandmother of four, was treated for an early lung cancer thanks to a simple test.



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

# THE SCAN THAT SAVES LIVES

LUNG CANCER SCREENING HELPED ONE PATIENT BEAT THE ODDS.

Making appointments has always been one of Kathryn Napier's least favorite tasks. So when the 67-year-old Tinton Falls resident was referred by her primary care physician for lung cancer screening—one of several tests deemed appropriate for her—she wasn't thrilled about putting yet another appointment on her to-do list.

But pushing past her hesitance ended up giving the grandmother of four a new lease on life. The screening test revealed that Kathryn had lung cancer. Fortunately, the tumor was small enough to be removed with minimally invasive surgery. She's now cancer-free and was able to avoid chemotherapy and radiation therapy, which would have been necessary if her tumor had been detected at a later stage.

"If Kathryn had not had this screening test, she would have gone about her life and one day would have likely experienced the coughing, shortness of breath or coughing up blood that's symptomatic of lung cancer," says Andrew Nguyen, MD, the Monmouth Medical Center Southern Campus (MMCSC) thoracic surgeon and member of RWJBarnabas Health medical group who treated Kathryn. "By then, her cancer may have been too advanced for surgical removal or a cure. Finding and treating her cancer early gives her a very good prognosis. She's an example of why we're raising awareness that lung cancer screening is lifesaving."

### A SURVIVAL ADVANTAGE

By far the leading cause of cancer death in Americans—surpassing deaths from colorectal, breast and prostate cancers combined—lung cancer is diagnosed in more than 228,000 people in the U.S. each year, according to the American Cancer Society. Unfortunately, most lung cancers are caught at later stages, dimming the chances for long-term survival. When lung cancer is diagnosed and treated at an early stage, however, the survival rate is more than 70 percent.



ANDREW NGUYEN, MD

To improve the odds that cancer will be detected early, MMCSC established the Lung Cancer Screening Program. The Program features a patient navigator who coordinates care, smoking



### WHO CAN BE SCREENED?

- A smoker or former smoker ages 55 to 77
- A person who has a smoking history of at least 30 "pack years" (packs per day multiplied by the number of years a person has smoked)
- Current smokers
- Former smokers who have quit within the last 15 years
- No symptoms of lung cancer
- No chest CT scan in the past year

cessation services and access to comprehensive cancer care, including surgery, radiation, chemotherapy and clinical trials. (For eligibility criteria, see "Who Can Be Screened?") "Research has demonstrated a 20 percent mortality rate reduction in patients who had undergone low-dose chest computed tomography screening, as compared to patients screened with a conventional chest X-ray," says Dr. Nguyen. For those who are eligible, the screening is covered by most insurance plans, as well as Medicare and Medicaid.

### RELIEVED AND GRATEFUL

Kathryn had robotic-assisted surgery in January. The upper lobe of her left lung and multiple lymph nodes in her chest were removed using small incisions. She has remained cancer-free with follow-up imaging, and after recovering from the surgery she happily returned to spending time with her grandchildren.

Kathryn, who has stopped smoking with the help of medication, is relieved and grateful. "I'm so glad I had the screening," she says. "I've been very lucky."




### DON'T MISS THESE TESTS!

In addition to lung cancer screening, Monmouth Medical Center Southern Campus (MMCSC) offers the following important tests to help detect disease early:

- **BREAST CANCER:** Women who are at average risk of developing the disease should have annual mammograms starting at age 40. Women at high risk may need to be screened earlier.
- **COLORECTAL CANCER:** Adults ages 50 to 75 should have a colonoscopy, in which a physician examines the colon and rectum for polyps and cancer using a thin, flexible, lighted tube. For people at average risk, the test should be performed every 10 years.
- **OSTEOPOROSIS:** Women who are 65 or older—and younger postmenopausal women at high risk for the bone-thinning disease—should be screened with a bone density scan called DXA (dual-energy X-ray absorptiometry). Men who are 70 or older should also be screened.
- **VASCULAR:** This screening test includes an ultrasound exam for aortic aneurysms and carotid artery disease, as well as a noninvasive measure of blood flow in the legs. Consider screening if you're 65 or older or have a history of smoking, high cholesterol, high blood pressure, diabetes or a family or personal history of heart disease.

To learn more about the Lung Cancer Screening Program at Monmouth Medical Center Southern Campus, call **732.923.7966**.



David Terlizzi, PT, DPT, MPA, Director of Rehabilitation at MMCSC, helps patients strengthen their pelvic, abdominal and hip muscles to improve balance.

# BETTER BALANCE

## AT THE JAMES AND SHARON MAIDA GERIATRICS INSTITUTE, PHYSICAL THERAPY CAN HELP SENIORS AVOID FALLS.

Every year, more than one in four people over age 65 falls, according to the Centers for Disease Control and Prevention (CDC). Unfortunately, one out of five falls leads to an injury, such as broken bones. Falls can even be fatal; deaths caused by falls increased by 30 percent among older adults between 2007 and 2016, according to the CDC. One of the main risk factors is trouble with balance. At the James and Sharon Maida Geriatrics Institute at Monmouth Medical Center Southern Campus (MMCSC), the Rehabilitation Services Department—composed of a team of physical, occupational, speech and audiology therapists—treats patients with balance problems.

### IMPROVING STRENGTH AND FLEXIBILITY

There are several possible causes of balance problems in seniors: arthritis, benign paroxysmal positional vertigo (a common cause of vertigo, or dizziness), peripheral vascular disease, which decreases blood flow to the legs and can affect balance, stroke or a neurological problem. Patients with dizziness or balance problems may undergo coordination, reflex and sensation tests to determine muscle strength and range of motion.

With physical therapy (PT), the goals are to strengthen the pelvic, abdominal and hip muscles, which affect balance. Exercises may include strength training using resistance bands and walking training (some people pick up bad habits due to pain and weakness and need to relearn how to walk). “If a person doesn’t have core strength, he or she may walk robotically,” says David Terlizzi, PT, DPT, MPA, Director of Rehabilitation at MMCSC. “The person might forget how to move his or her hips and pelvis, so he or she doesn’t get the necessary pelvic rotation during walking.” Some people—especially men—hunch forward,



## COMPREHENSIVE CARE FOR SENIORS

At the James and Sharon Maida Geriatrics Institute, a multidisciplinary team of providers—geriatricians, nurses, social workers, case managers, pharmacists, health educators and rehabilitation therapists—cares for patients 65 and older. Both inpatient and outpatient services are offered at one convenient location. Here are some of the Institute’s unique features:

- **The Geriatric Emergency Medicine (GEM) Unit**—which is separate from the rest of the Emergency Department—specializes in caring for older patients. GEM provides a quiet and safe healing environment with subdued lighting, lower beds and slip-resistant floors. The unit’s social workers, case managers and nurses are trained in the care of geriatric patients. Patients can have a one-on-one consultation with a pharmacist about their medications.
- **The Acute Care for Elders (ACE) Unit** is an inpatient unit for patients ages 65 and older. It has spacious single rooms with private bathrooms, non-skid floors, bedside recliners and family gathering areas.
- **The Rehabilitation Services Department** helps patients return to their daily activities quickly.
- **Outpatient providers** at the Institute offer consultative services as well as primary care for seniors.
- **The Institute** provides many support groups and health education classes on topics such as bereavement, caregiving and more. (See “Support for Caregivers.”)
- **The free Better Health Senior Membership Program** is available to people ages 55 and older. Members have access to health and wellness events, including question-and-answer sessions with a registered dietitian, physician lectures, exercise classes like yoga and Tai Chi, concerts and luncheons. To become a Better Health member, call **888.726.2362**.

which throws off their center of gravity. To combat this, PTs teach posture strengthening exercises, in which a patient stands against a wall and stretches in front of a mirror. Terlizzi’s team also helps patients improve their flexibility and range of motion.

Patients with balance problems typically visit the rehab center twice a week for 12 to 16 visits. Staying active is important during recovery, but if you exercise at a gym, it’s important to bring a family member or friend with you in case you lose your balance. To improve overall strength and balance, Terlizzi advises walking, swimming, Tai Chi and yoga classes geared toward seniors. “It’s important to do these exercises consistently to maintain range of motion and prevent falls,” he says.



## SUPPORT FOR CAREGIVERS

- **Tuesdays, 12 to 2 p.m.**
- **Wednesdays, 12:15 to 2:15 p.m.**
- **Thursdays, 5:30 to 7:30 p.m. (twice a month)**

Free counseling and support groups are available to individuals and families caring for an Ocean County resident over age 60 through a grant from the Ocean County Office of Senior Services. To register, call Kathleen Holahan, MSW, LCSW, at **732.730.9112**. All programs are held at Monmouth Medical Center Southern Campus, 600 River Ave., 3rd floor conference room in Lakewood.

For more information on the James and Sharon Maida Geriatrics Institute and its services, call **732.886.4700**.



# THE BEST INPATIENT CARE

## A PHYSICIAN EXPLAINS HOW PATIENTS BENEFIT FROM HOSPITALISTS.

If you're admitted to the hospital, chances are you'll be cared for by a physician called a hospitalist rather than your primary care physician (PCP). Irfana Khan, MD, Director of Hospitalist Services at Monmouth Medical Center Southern Campus, explains how patients benefit.

### What is a hospitalist?

Hospitalists care for hospitalized patients, or inpatients. They lead the medical team and coordinate care for inpatients. They orchestrate communication between a patient's physicians and serve as the point of contact for other physicians and nurses involved in a patient's care. They also act as the contact for family members for any updates on a loved one. Hospitalists examine patients when they're admitted, order lab work and diagnostic tests, and treat patients.

### How do patients benefit from a hospitalist?

Hospitalists have expertise in the management of common inpatient conditions, which may improve patient outcomes. Also, since hospitalists work at the hospital, they are readily available to order tests, track the results and order any follow-up tests promptly. A PCP typically visits patients in the hospital once a day and returns the next day to follow up on test results.

Hospitalists are available to explain test results to patients and family members and respond to any medical crises. They may also make a patient's stay more efficient. In many instances, a hospitalist sees a patient more than once a day to ensure that his or her care is going according to plan.

### What are the credentials and training of a hospitalist?

After graduating from medical school, a hospitalist must complete a residency—typically in internal medicine or family practice. He or she may be an MD (Medical Doctor) or DO (Doctor of Osteopathic Medicine).

### How do hospitalists work with a patient's PCP?

We notify a patient's PCP at certain key points: when he or she is seen in the Emergency Department and at admission and discharge. In addition, if a discharged patient needs a follow-up test, one of our discharge coordinators will notify the physician or nurse practitioner.

### When does a PCP take over a hospitalized patient's care?

PCPs resume patients' care after discharge. We recommend that all patients see their physician within three to five days of leaving the hospital.



The hospitalist team, from left: Garima Kalra, DO; Venkata Ranga Nallapareddygar, MD; Irfana Khan, MD, Director of Hospitalist Services; Stephanie Koehler, Site Administrator; Natacha Sylney, APN; Rajasree Dasari, MD; Gina Poblete-Chavez, APN; and Shuang Hou, APN.

For more information about hospitalists at Monmouth Medical Center Southern Campus, call **973.349.6498**.



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

# COPING WITH CANCER

**A FREE PROGRAM OFFERS SUPPORT TO ANYONE AFFECTED BY A CANCER DIAGNOSIS.**

To learn more about the Cancer Support Community, call **732.923.6090**.



The Cancer Support Community at MMCSC offers sand tray therapy, an innovative way for patients and family members to express their feelings about cancer.

Cancer patients have access to a unique program: the Cancer Support Community (CSC), which is available at Monmouth Medical Center Southern Campus (MMCSC) and Monmouth Medical Center. The program offers support, education, hope and wellness activities for patients, family members, friends and children. CSC is a global network of affiliates that was launched at MMCSC in 2015 and is conveniently located in a house at 199 Prospect Street in Lakewood, across from the hospital.

The CSC gathering areas include a living room, dining room, kitchen, yoga/exercise room and a children’s room. The latest additions include a room where members can choose from a variety of head coverings and beauty accessories in a comfortable setting and an outdoor labyrinth, where members are invited to walk, meditate and reflect in a garden setting.

Programs help patients learn to manage symptoms, reduce stress, become more active and transition to survivorship. There are support groups and educational programs covering a variety of topics, including healthy lifestyle choices and health and wellness practices, such as yoga, meditation and exercise. The Circle of Caring program was developed to address the needs of children affected by their loved one’s diagnosis. With the Open to Options program, trained facilitators assist members in formulating questions for their physicians.

## AN INNOVATIVE COPING STRATEGY

Another innovative offering is sand tray therapy, which enables patients and family members to express their feelings in nonverbal ways. “It’s another resource for members to process their diagnosis and treatment journey,” says Joan Hogan, MSW, LCSW, OSW-C, Program Director and licensed clinical social worker.

# Monmouth Medical Center Southern Campus: Best in the U.S. for the 6<sup>th</sup> time



Achieving a Leapfrog A for the 6th time underscores Monmouth Medical Center Southern Campus' commitment as a High Reliability Organization.

Through the concerted effort of Monmouth Medical Center Southern Campus' 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  
Southern Campus**

**RWJBarnabas  
HEALTH**

Let's be healthy together.