

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

WINTER 2020

healthy *together*

**AN AMAZING
RECOVERY**

**TOP SECRETS TO
SLIMMING
DOWN**

**HOW TO PREPARE
FOR PREGNANCY**

**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.

At Robert Wood Johnson University Hospital Somerset's Emergency Department, patients have immediate access to specialists through our telepediatric and teleneurology programs. Board-certified physicians are available 24/7 through videoconferencing to confer with Emergency Department physicians and help quickly assess and diagnose patients. For minor emergencies, from cuts and sprains to colds and flu, the hospital's Urgent Care Center in Hillsborough provides walk-in care seven days a week, including on-site X-ray and lab testing.

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



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



HEALTH NEWS

A TOP HOSPITAL IN NJ

Robert Wood Johnson University Hospital (RWJUH) Somerset has once again been rated among the top hospitals in New Jersey in the annual hospital rankings released by *U.S. News & World Report*. The hospital ranked 9th in the state overall and 22nd in the New York Metro region. It was also recognized as "high performing" in orthopedics, hip replacement, colon cancer surgery and congestive heart failure. *U.S. News & World Report* "Best Hospitals" is considered the nation's most prestigious hospital ranking system.



AN A FOR PATIENT SAFETY

RWJUH Somerset earned an A Hospital Safety Grade—the highest patient safety rating—from The Leapfrog Group in their fall Hospital Safety Grades. It's the hospital's third consecutive A rating and ninth overall. The Leapfrog Hospital Safety Grade uses 27 measures of publicly available hospital safety data to assign A, B, C, D and F grades to more than 2,600 U.S. hospitals twice per year. Sustaining the A rating reflects RWJUH Somerset's continued commitment to achieving the highest quality of care.



SCREENING FOR TRANSGENDER PATIENTS

Annual mammograms are recommended beginning at age 40 for transgender women who've taken feminizing hormones for at least five years and for transgender men who haven't had their breasts removed or reduced. RWJUH Somerset recently expanded its LGBTQ+ services to offer mammograms for transgender patients. To schedule a mammogram at the Sanofi US Breast Care Program, call 908.704.3740.

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

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

Two-and-a-half years after he was diagnosed with prostate cancer, David Chandler is disease-free.



A LIFE SAVED

**ROBOTIC SURGERY,
COMBINED WITH AN
EXPERIMENTAL THERAPY,
STOPPED ONE PATIENT'S
AGGRESSIVE CANCER IN
ITS TRACKS.**

The lab report was in: David Chandler had prostate cancer. What's more, tests indicated that David had an aggressive form of the disease. That was in 2016. Today, tests detect no sign of cancer in David, 65, of Bound Brook, thanks to specialists at Robert Wood Johnson University Hospital (RWJUH) Somerset's Steeplechase Cancer Center.

A FAST-MOVING DISEASE

David's primary care physician first became concerned when she noticed that his prostate—a walnut-sized gland that produces fluid that carries sperm—was enlarged and firm. Then a blood test showed that his level of PSA, or prostate specific antigen—a marker of prostate cancer—was 103 ng/dL. A normal level for a man his age is less than 4 ng/dL. A biopsy, in which tissue samples are extracted from the prostate and tested in a lab, found cancerous cells.

Taken together, these signs indicated that David had a fast-moving disease that may have already begun to spread outside the prostate gland, says Dhiren Dave, MD, a urologist at RWJPE Somerset Urological Associates in Somerville. David, who has his own home-repair business, was stoic in the face of worrisome news. "It is what it is," he recalls thinking.

His family wasn't so sanguine. "It was scary," says his oldest daughter, Ashley Salmon, 32, of Wall Township, who accompanied David to his appointments along with her sister, Lexie, 30. "But Dr. Dave was great. He was optimistic but realistic. We felt like we were in really good hands."

MULTIDISCIPLINARY CARE

Dr. Dave knew that treating David would be complex. "When someone has what we call high-risk prostate cancer, he requires multiple modes of treatment," says Dr. Dave. "David needed care from a multidisciplinary team." His team included Jonathan Rosenbluth, MD, a medical oncologist, and Joel Braver, MD, a radiation oncologist.



DHIREN DAVE, MD

Prior to David's treatment, his case was reviewed at the team's monthly Urologic Oncology Multidisciplinary Conference, during which various specialists meet to create a personalized care plan.

The primary goal was to remove David's prostate, but first he started receiving hormone therapy to reduce his natural levels of testosterone. "That takes the fuel away from the cancer," says Dr. Dave. In addition, he was given a chemotherapy drug, which is normally administered after a man's prostate has been removed. This experimental use of the drug was possible because Dr. Dave and his colleagues at the Steeplechase Cancer Center are co-investigators, in partnership with Rutgers Cancer Institute of New Jersey, in a larger clinical trial designed to determine if combining hormone therapy with the chemotherapy drug improves the results of surgery. While David was not included in the trial, he was eligible to receive the experimental drug combination.

After completing the chemo regimen (and continuing on hormone therapy), David underwent surgery to remove the prostate. The procedure, known as radical prostatectomy, is traditionally performed in an "open" manner, meaning it requires an incision above the navel that can be up to four inches long. However, some surgeons perform radical prostatectomies using small laparoscopic tools, which require only a few tiny incisions, most a half-inch or smaller. Smaller incisions mean less post-op pain and a shorter recovery period.

To remove David's diseased tissue, Dr. Dave performed a robotic prostatectomy, which takes the laparoscopic approach a leap forward. During this procedure—which Dr. Dave has performed more than 500 times—he sits at a console and views the patient's internal tissues on a monitor. This highly magnified, three-dimensional view allows for precise dissection of tissue, which dramatically reduces bleeding during surgery.

Using controls, Dr. Dave manipulates the camera and other delicate robotic instruments. Unlike the rigid instruments used in laparoscopy, robotic tools have "wrists," allowing them to bend in different directions. But unlike human hands, "robotic instruments don't shake—they're steady," says Dr. Dave.

KNOW YOUR NUMBER

30%

Studies indicate that early detection of prostate cancer with the PSA test saves lives. A 2017 analysis published in the *Annals of Internal Medicine* found that men who undergo PSA screening reduce their risk of dying from prostate cancer by about 30 percent.

55

The PSA test can spot prostate cancer at an early stage, says Dhiren Dave, MD, a urologist at RWJPE Somerset Urological Associates in Somerville. "The earlier we pick it up, the better the patient's prognosis," he says. The American Urological Association (AUA) recommends that men at average risk begin screening at age 55 after a discussion with their physician. For those who are at high risk, the AUA recommends screening starting at age 40.

After the surgery, David spent one night in the hospital (open procedures require two or three nights) before going home. "I didn't feel much pain at all," he recalls.

SUCCESSFUL TREATMENT

Tests indicated that David's pelvic lymph nodes contained prostate cancer cells. To eliminate them, David underwent a course of radiation treatments. Today, two-and-a-half years after his diagnosis, David's treatments are complete and his PSA has dropped to 0 ng/dL. "It's been a long journey, but right now, David shows no evidence of disease," says Dr. Dave.

David, who is regaining strength and some of the weight he lost, says, "The medical team did a great job." His family agrees. "We're thrilled," says Ashley. "I'm grateful my father was treated at a hospital that offers the most progressive treatment possible."



THE BIKE RIDE OF A LIFETIME

JUST ONE YEAR AFTER SUFFERING A NEAR-FATAL CARDIAC ARREST, A PATIENT CYCLED 75 MILES FOR A FUNDRAISING EVENT.

It was six days before the Bike MS: City to Shore Ride—a fundraising event that benefits the National Multiple Sclerosis Society—in September 2018, and Michael Chenkin was training. At the start of his third consecutive day of training rides, he felt tired and not as strong. “I’d had to stop a few times and take some puffs from my inhaler,

but I assumed my exercise-induced asthma was acting up,” recalls the 65-year-old social worker from Bridgewater. Over the next two days, he worried about his fatigue and low energy and was

seen by his primary care physician on September 24.

Then, shortly before midnight the same day, Michael’s wife, Stefanie, was reading in bed next to her sleeping husband when his right arm suddenly jerked upward and he convulsed. She saw that Michael was blue in the face and foaming at the mouth. Stefanie and the couple’s 20-year-old son, Nathan, took turns giving Michael CPR while their 23-year-old daughter, Jennie, called 911. He was brought to Robert Wood Johnson University Hospital (RWJUH) Somerset, where physicians determined that Michael had experienced a cardiac arrest. He underwent cardiac catheterization and an emergency angioplasty, during which three stents were placed in a blocked artery to restore blood flow. Then he was transferred to the Critical Care Unit.

FIGHTING FOR HIS LIFE

The attending cardiologist explained the team’s game plan: Michael would be treated using therapeutic hypothermia, in which his body temperature would be lowered to around 89 degrees Fahrenheit for 24 hours. “This procedure seems to reduce brain damage, possibly because it lessens inflammation in the brain,” says Joe Ahn, MD, Director of Echocardiography. It’s particularly useful for cardiac patients who don’t regain consciousness. “Lowering body temperature increases the chances that a person will recover from a cardiac arrest,” he says.

On Michael’s eighth night in the unit, he went into cardiac arrest again, requiring CPR and defibrillation. It happened two more times that evening. “I was in awe watching the staff hear the words ‘Code



JOE AHN, MD



Clockwise, from left to right: Patient Michael Chenkin and his wife, Stefanie, bring breakfast to the Critical Care Unit team to thank them for saving his life; Michael completes the Bike MS: City to Shore Ride; Michael's children, Nathan and Jennie, with him at the event; and Michael shows off his event T-shirt, which he asked the Critical Care Unit nurses to sign.

Blue,' rush into Michael's room, work on him until he regained a pulse and then calmly return to their other patients," says Stefanie. She refused to leave Michael's side, arriving early and staying late or overnight to actively participate in his care. The nurses brought her pizza and, when she fell asleep with her head resting on Michael's bed rail, the respiratory therapist propped her head up with a pillow and put a blanket over her shoulders.

Two days later, Michael began to show signs of consciousness. "Within minutes of my telling the staff, his entire medical team was in Michael's room to see for themselves," says Stefanie.

As Michael gradually became more alert, he was able to communicate with the staff. Although he was still intubated, the morning rounds meeting moved from the hospital hallway into his room so that he could write his questions on a whiteboard. Once he could talk, he would speak to the staff at length about his condition and his care. "It was a strange time," recalls Michael. "A month before, I could bike 200 miles or more a week, and now it was a

struggle to walk. The staff's encouragement and support were essential to my recovery."

AN AMAZING RECOVERY

In mid-October, three weeks after he was admitted, Michael was discharged from RWJUH Somerset. But his journey was far from over. He needed an internal defibrillator, triple bypass surgery and weeks of cardiac rehabilitation therapy. Finally, on March 24, 2019, Michael's hard work and perseverance paid off. He was able to hop on his bike again and ride 25 miles—exactly six months to the day he had experienced his cardiac arrest. "For this, I give thanks to everyone who cared for me and prayed for me at RWJUH Somerset last September," he says.

In September 2019, Michael completed the 75-mile Bike MS: City to Shore Ride. "It was harder than I expected, but I was so happy to be able to do it," says Michael. "What carried me through was the thought that if people with MS struggle for life, I could struggle for a few hours to finish the ride."

It's this positive spirit and

determination that fueled Michael throughout most of his recovery. "Not many cardiac arrest patients make this sort of recovery, and I believe a large part of Michael's success was due to the fact that he had so much love and support from his family, as well as a strong sense of optimism," says Dr. Ahn. "A lot of cardiac patients become depressed and give up during the recovery process, but Michael was determined to make it every step of the way."

For Michael, there's a special place in his heart for RWJUH Somerset. "My wife and I still remember the name of every single staff member from the Critical Care Unit team," he says. On October 4, he and Stefanie returned to RWJUH Somerset to bring breakfast to the staff. "It was the anniversary of my reawakening—the day I came out of the coma," says Michael. He presented staff members with a collage that had two photos: one of Michael while he was still in the coma and one of him at the MS bike event finish line. "I wanted them to see how far I'd come, and how key they were to making sure I got there," he says.

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





AMANDA FRANCIS, DO

PREPARING FOR PREGNANCY

AN OBSTETRICIAN EXPLAINS WHAT WOMEN CAN DO TO INCREASE THE ODDS OF HAVING A HEALTHY BABY.

A growing number of women are having their first child later in life: Between 2000 and 2014, the proportion of first births to women ages 35 and older rose by 23 percent, according to the National Center for Health Statistics. About 9 percent of women have their first child at age 35 or older. While this is considered “advanced maternal age,” it’s very possible to have a healthy baby. Amanda Francis, DO, an obstetrician/gynecologist at Robert Wood Johnson University Hospital (RWJUH) Somerset and the RWJBarnabas Health Medical Group’s Roseland Ob/Gyn, explains how to prepare for pregnancy.

What can a woman do to increase her odds of getting pregnant?

The quality of a woman’s eggs starts to decline between the ages of 35 and 40—and markedly after 40—but it’s still possible to conceive and have a healthy pregnancy. Older maternal age increases the risks for the pregnancy and mother. The best way to mitigate any anxiety or concerns is to schedule a preconception visit. During this appointment, you and your ob/gyn can discuss any medical conditions you have and what you can do to prepare for pregnancy.

How can you get in the best possible shape for pregnancy?

Pregnancy is a time to optimize your health. This can be done through lifestyle changes like eating a healthy diet, exercising regularly, staying up to date on recommended vaccines and having regular dental cleanings. In addition, it’s important to have annual gynecologic checkups and take prenatal vitamins. Since many women don’t find out they’re pregnant until they’re seven or eight weeks along, it’s important to take prenatal vitamins when you start trying to conceive. The most important component of these vitamins is folic acid, which can help prevent certain birth defects when taken in the first 14 weeks of pregnancy (first trimester).

Once you’re pregnant, how can you prepare for childbirth?

While women who are 35 or older are at increased risk for health problems during pregnancy, good prenatal care can help identify many of those risks and possibly decrease some of the associated problems. When you see your ob/gyn, mention any physical and emotional changes—from nausea and cravings to changes in mood and energy. Also, come to your appointments with questions.

Write them down or put them in your smartphone. A birth plan is a great way to begin a discussion about labor and delivery. While pregnancy and childbirth are unpredictable by nature, a plan can address issues such as pain management so that you feel in control of the process as much as possible.

What is unique about the maternity services at RWJUH Somerset?

We provide personalized, high-quality care. Our anesthesiologists and neonatologists are on-call 24/7, and we have a Level II nursery, which can care for premature babies born as early as 32 weeks. Our nursing staff provides breastfeeding support and can offer access to lactational consultants when necessary. Our staff is knowledgeable and ready to help. In addition, all of the rooms in the labor and postpartum units are private.



To learn more about maternity services at Robert Wood Johnson University Hospital Somerset, visit www.rwjbh.org/somerset. To find an ob/gyn, 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

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).

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.



HANDS-ONLY CPR

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

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



TRAUMA WITHOUT DRAMA

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

Paramedics are running through the Emergency Department (ED) entrance. Blood is all over. Doctors are shouting, “Get me a clamp—stat!” And ... cut! End scene. That chaotic scenario, a staple of medical shows, happens on TV show sets but not in real life, trauma experts say.

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

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

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

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

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

TRAUMA OR ED?

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

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



RAJAN GUPTA, MD



MICHAEL MARANO, MD



BRUNO MOLINO, MD

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



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

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

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

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

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

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

HELP FOR SEVERE BURNS

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

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

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

AN OUNCE OF PREVENTION

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



THE NEED FOR SPEED

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

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

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

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

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

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

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



MAKING MATERNITY SAFER

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

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

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

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

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

EMPOWERING WOMEN

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

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

ALERT IN THE ED

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

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

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

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

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

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

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

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



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



LEARNING TO CRAWL AGAIN

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

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

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

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

Children's Specialized Hospital®

An RWJBarnabas Health facility

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

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

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

SKILLS REGAINED

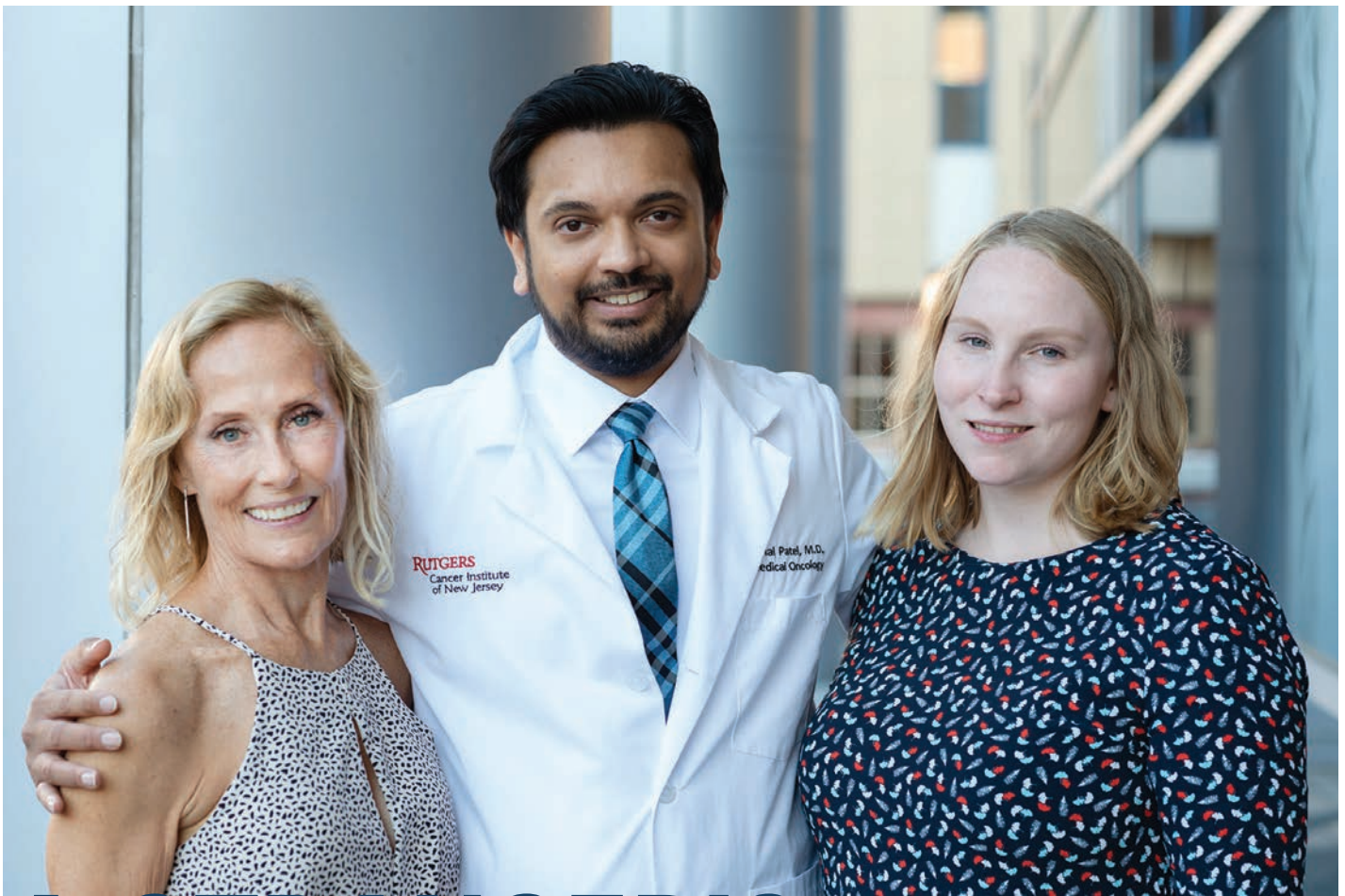
LJ returned to CSH on February 11 to continue his rehabilitation journey. He quickly bonded with his inpatient team, particularly enjoying aquatic therapy. "Once they got LJ into the pool, there was no stopping him," says Olivia. "He loved it, and the resistance of the water forced him to start using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

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

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

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

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



A STRANGER'S GIFT

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

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

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

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

AN UNEXPECTED DIAGNOSIS

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

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

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

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



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



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

RWJUH and Rutgers Cancer Institute.

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

SEARCHING FOR A DONOR

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

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

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

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

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

Finally, in December 2016, she was notified that her transplant was imminent.

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

was female and 19 years old."

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

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

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

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

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

✱

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



YOU CAN BEAT THE WINTER BLUES

SEASONAL DEPRESSION IS A STRUGGLE, BUT HELP IS AVAILABLE.

In winter, the short hours of daylight can lead to dark moods. It's a common syndrome—thought to affect up to 10 million people in the U.S—known as Seasonal Affective Disorder, or SAD. “SAD is a kind of depression that happens at a specific time of year, usually in the winter,” explains



GABRIEL KAPLAN, MD

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

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

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

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

WHY WINTER?

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

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:

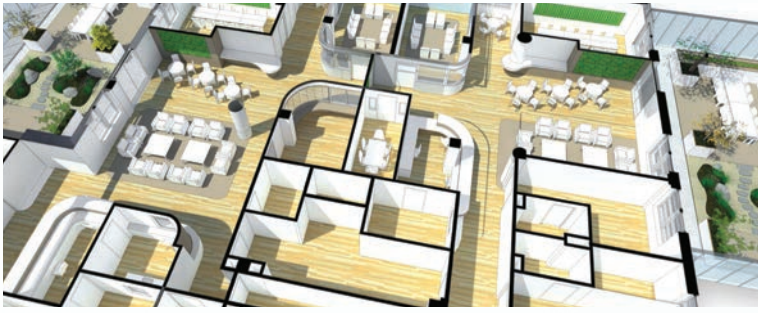
Light therapy. The patient sits or works near a device called a light therapy box, which gives off a bright light that mimics natural outdoor light. “For some people, this treatment is very effective, but it’s best to consult your physician about the type of device to use,” says Dr. Kaplan.

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.”

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





A PLACE FOR HEALING

A NEWLY RENOVATED EATING DISORDERS UNIT WILL EMPHASIZE NATURAL LIGHT AND FRESH AIR.

An estimated 20 million women and 10 million men will suffer from an eating disorder at some point in their lives, according to the National Eating Disorders Association. Robert Wood Johnson University Hospital (RWJUH) Somerset offers one of only two inpatient programs in New Jersey. In addition to inpatient care, the hospital provides partial hospitalization (five hours per day, five days per week) and intensive outpatient services for patients ages 14 and older. A multidisciplinary team of psychiatrists, nurses, licensed clinical social workers, registered dietitians, occupational therapists, physical therapists and teachers works together to address patients' medical problems, including physical and emotional concerns.

The hospital recently began a complete transformation of the Eating Disorders Unit. The new space will be warm and comfortable, and it will maximize natural light and fresh air. By moving outpatient care to a different building on the hospital

campus, the inpatient unit will have 20 beds, up from 14. "The ambiance will be one of healing," says Shirley Rajan, MD, a psychiatrist in the Eating Disorders Unit. "It will promote self-reflection."

MEETING THE NEEDS OF INPATIENTS

The \$9 million renovation will include a healing garden, which blends nature and fresh air. This is important for patients because it can motivate them to continue treatment, says Dr. Rajan. "Nature has a healing power," she says. Patients will be able to plant a garden, watch it grow and learn about good nutrition, says Lysa Israel, Vice President of the Somerset Health Care Foundation.

There will also be quiet areas for small group therapy sessions and activities like yoga and meditation. "Patients with eating disorders often have other behavioral health problems, and research shows that meditation and medication are the most beneficial therapies," says Dr. Rajan. The new space will also accommodate family

members, who are an integral part of the treatment team.

Adolescent and adult patients over the age of 18 will be placed in separate healing environments. "While both groups need nature and quiet time, their needs are different," says Dr. Rajan. "Adults are dealing with work and life events, while adolescents are in school and may be coping with issues like bullying."

The unit's ambient lighting will reflect circadian rhythms, helping to promote sleep, which is important for healing. They will be at their lowest levels at night.

The renovations are expected to be complete by the end of this year. "The space will feel homey and comfortable," says Israel. The Foundation, which has already raised \$1 million for the renovation, is aiming to raise \$3 million more. "This will give us the ability to furnish the space and create the outdoor space," says Israel. Dr. Rajan is most excited about the healing garden. "Greenery brings about peace within us," she says.

For more information on how to support Robert Wood Johnson University Hospital Somerset's Eating Disorders Program, call the Somerset Health Care Foundation at **908.685.2885**.





SECRETS TO SLIMMING DOWN

HOW TO EAT FOR SUCCESSFUL
WEIGHT LOSS AND BETTER HEALTH.



HEART-HEALTHY EATING

On February 25, Jaclyn London, MS, RD, head of nutrition and wellness at Weight Watchers and former nutrition director at *Good Housekeeping* magazine, will discuss the importance of a healthy diet in preventing heart disease and how to prepare nutritious meals at home and order them at restaurants. Participants will receive a copy of London's book, *Dressing on the Side (and Other Diet Myths Debunked): 11 Science-Based Ways to Eat More, Stress Less, and Feel Great About Your Body*. In addition, Rachana Kulkarni, MD, a cardiologist at RWJUH Somerset, will discuss heart disease risk factors, diagnosis and treatment. For more information, please see page 22.

To schedule an appointment with a registered dietitian who can provide nutritional counseling to improve eating habits, call **908.704.3765**.

Losing weight and eating healthier are among the most popular New Year's resolutions, but many of us wonder: What's the best diet for weight loss? Talk to friends, and it's likely that they have different approaches to dieting. Here, Tia Hagins, RD, Community Nutritionist at Robert Wood Johnson University Hospital (RWJUH) Somerset, explains the pros and cons of popular diets and offers advice on how to eat for a healthier, thinner you.

MEDITERRANEAN DIET

This heart-healthy diet focuses on vegetables, fruits, whole grains and healthy fats, such as olive oil. People who adhere to it consume plenty of seafood, beans, poultry and eggs and limit red meat. They also eat whole wheat breads, cereals and pastas and substitute olive oil for butter. Dairy intake is moderate (just two to three servings per day).

PROS: "You can eat a variety of foods, and it's filling," says Hagins. Plus, it's a healthy way of eating: The Mediterranean diet helps to lower the risk of heart disease, diabetes and cancer.

CONS: If you have a sweet tooth, it can be challenging to stick with this way of eating because you have to cut out butter and solid fats. If you want to try the Mediterranean diet, make gradual changes. "If you're used to drinking whole milk, try 2 percent milk first," says Hagins. "Once you're used to it, mix it with 1 percent milk. Eventually, you'll get used to the lower fat variety."

KETOGENIC ("KETO") DIET

This diet emphasizes foods high in fat and protein. Carb intake is restricted to less than 20 grams per day (one slice of bread is equivalent to about 15 grams of carbs). The premise is that your body will burn fat, rather than carbohydrates, for energy. Fat contains more calories than carbohydrates.

"This diet may help you lose body fat as well as weight," says Hagins.

PROS: "The keto diet regulates appetite so that you feel full for longer," says Hagins. "It leads to weight loss."

CONS: While the

keto diet may be safe for healthy adults who want to lose weight quickly, it's not sustainable because it's so restrictive, says Hagins. "You have to limit your carb and dairy intake drastically," she says. What's more, people shouldn't be on this diet without being monitored by their physician, says Hagins. "The body can go into ketosis—in which you use fat for energy instead of carbohydrates—and it can affect the kidneys," she explains. "People with cardiovascular disease, diabetes and kidney disease shouldn't follow this diet."

WEIGHT WATCHERS FREESTYLE

This diet emphasizes low-fat foods and lean protein, as well as healthy lifestyle changes. "You can eat what you want," says Hagins. Foods are assigned points, and you are given a certain number for each day based on your weight-loss goal. More than 200 foods—including beans, eggs and fish—have no points. Dieters are encouraged to track their food choices and follow them online. "Tracking food choices is a proven strategy for weight loss," says Hagins.

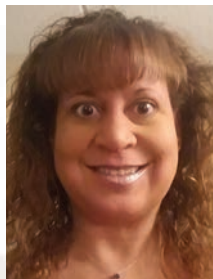
PROS: It works. "This is one of the most well-researched diets," says Hagins. The emphasis on nutritious, low-calorie foods like vegetables, fruits and whole grains can help lower blood pressure and reduce your risk for heart disease. In addition, Weight Watchers encourages physical activity and social support through meetings. No foods are forbidden, and you don't need to buy prepackaged foods.

CONS: Membership isn't free, and if you overeat a food with zero points, then you might consume too many calories.

7 KEY LIFESTYLE CHANGES

Diets often lead to weight loss and gain (known as yo-yo dieting), which is unhealthy because it can strain your heart. "To lose weight and keep it off over the long term, you need to make lifestyle changes," says Tia Hagins, RD, Community Nutritionist at Robert Wood Johnson University Hospital (RWJUH) Somerset. Consider the following strategies for healthy weight loss:

1. Eat three meals per day with lean protein, fruits, vegetables, whole grains and dairy products. Visit www.choosemyplate.gov for a personalized diet based on your age, sex, height, weight and activity level.
2. Include a lean source of protein at every meal to keep hunger in check.
3. Choose low-fat foods and limit added fats. Consume 1 percent or fat-free milk and dairy products. If you must add fats to foods, keep portion size in mind: 1 teaspoon of olive oil and 1 tablespoon of salad dressing, for instance.
4. Decrease or eliminate drinks that contain sugar. Aim to drink 64 ounces of water daily instead.
5. Avoid eating large amounts of food late in the day. Ideally, 30 percent of calories should come from breakfast, lunch and dinner each, and 10 percent should come from snacks.
6. Don't skip meals because you'll overeat later.
7. Avoid eating after 8 p.m.

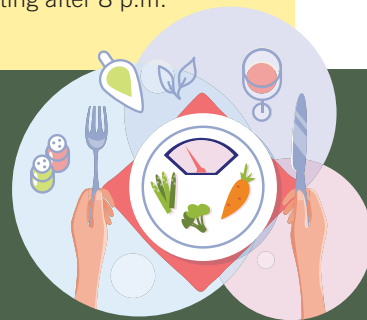


TIA HAGINS, RD

HEALTHY SNACKING

The following snacks are low in fat and calories:

- 5 whole grain crackers and 1 ounce of low-fat cheese (135 calories, 4 grams of fat)
- 2 four-inch rice cakes with 2 teaspoons peanut butter (125 calories, 6 grams of fat)
- 3 cups low-fat popcorn and 2 tablespoons parmesan cheese (135 calories, 3-5 grams of fat)
- ¾ cup low-fat, plain yogurt, ½ cup fruit (150 calories, 0-2 grams of fat)
- 1 apple and 1 ounce non-fat string cheese (125 calories, 3-5 grams of fat)





John Donohue, a visually impaired volunteer at RWJUH Somerset, is using a new app that helps him find his way around the hospital.

HIGH-TECH HELP FOR THE VISUALLY IMPAIRED

RWJUH SOMERSET IS OFFERING A NEW TECHNOLOGY TO ASSIST PATIENTS AND VISITORS WITH SIGHT LOSS.

Last summer, John Donohue, who has myopic degeneration—an eye condition that leads to vision loss—attended a conference for blind people in South Carolina, where he learned how to use a cane. During the meeting, the Somerville resident discovered a new technology called Aira, an app-based service that connects people with sight loss with remotely located agents who provide visual guidance. “I’d never heard of it,” says John, who worked in finance for 40 years and now volunteers at Robert Wood Johnson University Hospital (RWJUH) Somerset twice a week. “I thought ‘IRA’ was a retirement account.”

IMPROVING ACCESS TO HEALTHCARE

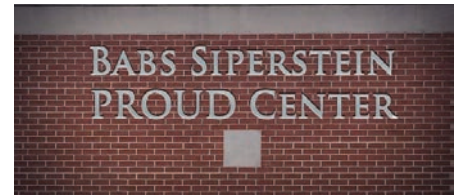
After John returned from the conference, he learned that RWJUH Somerset had become the first hospital in the nation to adopt the technology, which has been used by airports, grocery stores, parks and other businesses throughout the country. Through the camera on a smartphone, Aira agents can see a person’s surroundings and direct him or her to a particular destination. The service is available free of charge for patients and visitors at RWJUH Somerset. “We’re committed to eliminating barriers to healthcare and improving access for all members of our community,” says Anthony Cava, President and Chief Executive Officer

of RWJUH Somerset. “We are proud to be Aira’s first hospital partner, ensuring that blind and low-vision members of our community can safely access our facility to get the care they need.”

John was the first person to use the Aira technology at the hospital. “I use Siri to bring up the app on my phone, then I show the agent where I am and where I want to go,” he says. John’s role as a volunteer involves giving directions to patients who are looking for the hospital’s cafeteria, coffee shop or a classroom. “I save people time,” he says. When John first started volunteering at the hospital 10 years ago, his vision was better, so he had no trouble guiding patients. Now he hopes to continue doing so with the Aira technology. “I liken it to motorized wheelchairs for paraplegics,” he says. “It gives people with sight loss more freedom and independence.”



Patients and visitors must download the Aira app on their own phones. To learn more about how Aira works, visit www.aira.io.



From left to right: Barbra “Babs” Casbar Siperstein; Anthony Cava, President and Chief Executive Officer of RWJUH Somerset, Babs’ partner, Dorothy Crouch, her daughter, Jan Siperstein-Szucs, and grandson help unveil the plaque dedicating the Babs Siperstein PROUD Center; and New Jersey Governor Phil Murphy, Barry Ostrowsky, President and Chief Executive Officer of RWJBarnabas Health, and Cava.

HONORING AN LGBTQ ADVOCATE

A RWJUH SOMERSET PRIMARY CARE PRACTICE PAYS TRIBUTE TO A TRANSGENDER ACTIVIST.

Robert Wood Johnson University Hospital (RWJUH) Somerset’s PROUD Center has a lot to be proud of. The center, which opened in 2017, is the first provider of specialized primary care services for the LGBTQ+ community in New Jersey. It offers hormone therapy and monitoring, HIV care, referrals for specialty services and health education and counseling. Now it has another claim to fame: In October, it was renamed the Babs Siperstein PROUD Center in memory of transgender activist Barbra “Babs” Casbar Siperstein. “As a trailblazer in the area of LGBTQ+ health, we are excited to carry the name of another trailblazer,” says Anthony Cava, President and Chief Executive Officer of RWJUH Somerset. “We will continue

Babs’ legacy by providing a safe space where everyone can get the healthcare they need and is treated with the dignity and respect they deserve—regardless of their gender identity or sexual orientation.”

STANDING UP FOR TRANSGENDER RIGHTS

Siperstein, who was well-known in New Jersey and nationally, supported a ban on conversion therapy (the attempt to change a person’s sexual orientation or gender identity) and ending discrimination in healthcare. In 2018, shortly before her death, New Jersey passed legislation in her name allowing residents to change their gender on their birth certificate without providing proof

of gender-confirming surgery.

Siperstein was also the first openly transgender member of the Democratic National Committee (DNC). She served on the DNC’s executive committee from 2011 to 2017 and was a superdelegate for presidential candidate Hillary Clinton at the Democratic National Convention in 2016. Her influence in the LGBTQ community earned her the top ranking in Insider NJ’s OUT 100 Power List in 2018. As the former vice president of Garden State Equality and former political director for the Gender Rights Advocacy Association of New Jersey, Siperstein led efforts to include transgender rights in legislation concerning anti-bullying, bias crimes, employment and housing.

The Center’s renaming was celebrated on October 30 at the Palace at Somerset Park. New Jersey Governor Phil Murphy attended, as well as Siperstein’s family. The event was presented by Garden State Equality, Sanofi and Horizon Blue Cross Blue Shield of New Jersey.

The Babs Siperstein PROUD Center offers appointments Monday through Friday. To schedule an appointment, call **855.776.8334**. For more information about the Center, visit www.rwjbh.org/somerset.



Community Education

Unless otherwise indicated, events are free and registration is required. To register or for more information, call **888.724.7123** or visit www.rwjbh.org/Somerset/events. Cancellations within two weeks of the program are non-refundable under any circumstances.

HealthHike Walking Program: Know Your Heart Numbers

Understand ejection fraction, blood pressure and cholesterol; conditions linked to elevated numbers; diagnostic tools, such as an EKG, and when they're appropriate; treatment options and strategies for lowering numbers.

Alpesh A. Patel, MD, cardiologist
Wednesday, February 5
10 to 11 a.m.
AMC Theatres at Bridgewater Commons

Breakfast With the Cardiologist: Atrial Fibrillation and Arrhythmias...The Beat Goes On

Discover the difference between atrial fibrillation (AFib) and arrhythmia, signs and symptoms, causes, triggers for paroxysmal AFib, diagnostic tools and state-of-the-art treatments. A heart-healthy breakfast will be served.

Oxana Ovakimyan, MD, cardiologist
Tuesday, February 11
9:30 to 11:30 a.m.
Bridgewater Marriott

Family & Friends CPR

The American Heart Association's classroom course is intended for anyone who wants to learn CPR and prefers an instructor-led or facilitated group environment. This course is for those who don't need a course completion card for a job or other requirements.

Tuesday, February 18
10 to 11:30 a.m.
Computer Training Room
To register or for more information, please go to <https://bit.ly/2Pg8W5N>.



Peripheral Artery Disease and Diabetes...A Bittersweet Reality

Understand peripheral artery disease (PAD) and diabetes, including risk factors. Also covered: other diabetic complications, symptoms of silent heart attacks in patients with diabetes, causes, diagnostic procedures, treatment options and prevention strategies. A light breakfast will be served.

Ankur Sethi, MD, cardiologist
Rachana Singh, RD, CDE, registered dietitian and certified diabetes educator
Wednesday, February 19
10 to 11:30 a.m.
Somerville Elks

HealthHike Walking Program: Night Owls Hoot About Health Ailments

Discover the causes of sleeplessness; sleep disorders, such as sleep apnea, restless leg syndrome and circadian rhythm sleep-wake disorder; the risk factors associated with other medical and psychiatric disorders, such as hypertension, obesity and depression; diagnostic tools; treatments and strategies for getting a good night's rest. A sleep assessment will be offered.

Samer Gerges, RPSGT, CCSH (Certificate in Sleep Health), Supervisor of the Sleep Center
Karen De Russo, BS, RPSGT, Manager of the Sleep Center
Wednesday, March 4
10 to 11 a.m.
AMC Theatres at Bridgewater Commons

Ongoing Programs

Diabetes or Osteoporosis Exercise Programs

Call 908.203.5972 or visit www.somersetssportsperformance.com for more information or to register.

Maternal Child Health Classes

To register for Maternal Child Health Classes, please go to www.rwjbh.org/somerset/events or call 908.704.3766.

Aerobics for the Mind: Medicating Memory... Pharmaceutical Considerations

A number of prescriptions and over-the-counter medications can affect cognition. Understand which medications improve memory and which ones impair it; multiple-use drug combinations that affect memory; side effects of substances; the benefits and consequences of long-term use; and alternative remedies. Staff members will lead memory-strengthening activities.

Andrew Tsai, pharmacist
Oumou Diawara, pharmacist
Thursday, March 19
10 a.m. to 12:30 p.m.
Somerville Elks, \$10

Babysitter Lessons and Safety Training (BLAST!)

This course provides children ages 11 and up with everything they need to know to care for younger kids, including tips on safety and first aid. Each student receives a two-year certification in Child and Babysitting Safety and a two-year certification in

Heartsaver AED (Adult Child Infant CPR, AED and First Aid).
Saturday, March 21
9 a.m. to 3 p.m.
Computer Training Room, \$65 (includes material and lunch)
To register or for more information, visit <https://bit.ly/2Pg8W5N>.

Youth Mental Health First Aid Training

Children face many stressors, from bullying and peer pressure to vaping and substance use. Understand how to help your children or youth. You'll receive a five-step action plan for how to help young people struggling with anxiety, depression, substance use, disruptive behavior disorders and eating disorders.

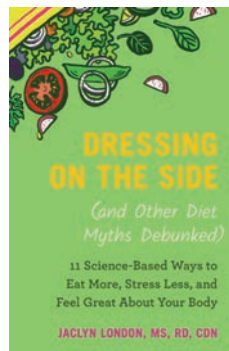
Catherine Hoben, Certified Mental Health First Aid instructor
Jamie Sutton, MA, SAC, NCC, School Counselor/Student Assistance Counselor
Saturday, March 21
9 a.m. to 5:30 p.m.
Fuld Auditorium
 Offered in collaboration with EmPoWER Somerset.



EAT YOUR HEART OUT WITH DRESSING ON THE SIDE: AN EVENING CELEBRATING CARDIAC WELLNESS

During this special evening to celebrate heart health, discover the risk factors for heart disease, causes, heart attack symptoms in women, diagnosis, treatments and behavior modifications, such as smoking cessation. Jaclyn London, MS, RD, head of nutrition and wellness at Weight Watchers and former nutrition director at *Good Housekeeping* magazine, will discuss the importance of a healthy diet in preventing heart disease and the steps you can take for better heart health.

Participants will receive a copy of London's book, *Dressing on the Side (and Other Diet Myths Debunked): 11 Science-Based Ways to Eat More, Stress Less, and Feel Great About Your Body*. A book signing will follow. *Jaclyn London, MS, RD, CDN, head of nutrition and wellness at Weight Watchers and best-selling nutritional author. Rachana Kulkarni, MD, cardiologist*
Tuesday, February 25, 5:30 to 9 p.m. (doors open at 5:30 p.m.)
Bridgewater Manor, \$20 (includes dinner and copy of her book)



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

Understand the correlation between irritable bowel syndrome (IBS) and colorectal cancer (CRC); signs and symptoms; risk factors; triggers; the best diet to minimize flare-ups; diagnostic tools and treatments. A high-fiber lunch will follow.

Alan Gingold, MD, gastroenterologist
Miral Sadaria Grandhi, MD, FACS, surgical oncologist
Karen Connelly, RD, oncologic registered nutritionist

Tuesday, March 24
12 to 2 p.m.
Somerville Elks

Offered in collaboration with the Regional Chronic Disease Coalition of Morris/Somerset Counties.

HealthHike Walking Program: A Better Bladder... A Wee Bit of Wellness

Understand the urinary tract's function; common conditions, such as incontinence, overactive bladder, BPH and kidney stones; prevention tips; diagnostic tools and treatment options.

Mary McHugh, MD, urologist
Wednesday, April 1
10 to 11 a.m.

AMC Theatres at Bridgewater Commons

AARP Driver Safety Program

Participants will learn techniques for preventing accidents and/or tickets. Certificates, which are awarded to participants, will entitle you to a reduction in your insurance



WEIGHT-LOSS SURGERY SEMINAR

Have you been unsuccessful at keeping the weight off? Weight-loss surgery may be the right choice for you. How do you know if you qualify and which procedure is your best option?

Join bariatric surgeons at Robert Wood Johnson University Hospital (RWJUH) Somerset for free seminars to learn about your weight-loss surgery options, including detailed information about gastric banding, gastric sleeve and gastric bypass procedures.

THE "BE HEALTHY TOGETHER" FASHION SHOW: CELEBRATING WEIGHT LOSS AND WELLNESS

Enjoy a special evening celebrating people who lost significant weight through nonsurgical and surgical options and gained a healthier physique. To show off their new bodies, they will model the latest fashions from Macy's Bridgewater. Learn about healthy weight, strategies for maintaining it, such as diet and exercise, and the health benefits. The first 100 registered participants will receive gift bags, which include coupons to mall vendors. They will also enjoy appetizers from local restaurants.

David Ward, MD, bariatric surgeon
Friday, April 24 | 6 to 7:30 p.m.
Bridgewater Commons Mall Lower Level Court

premium. Breakfast and lunch will be included.

Monday, April 20
8:30 a.m. to 2:30 p.m.
Sunrise Senior Living of Basking Ridge, \$24 (non-members) and \$20 (members)

On the Hinge of a Total Ankle Replacement...

Understand the injuries that affect the ankle; strategies for

a healthy joint; the role arthritis plays in joint deterioration; diagnostic tools and the latest treatments for joint pain, such as arthroplasty and total ankle replacement. A light lunch will be offered.

Justin Fleming, DPM, podiatrist
Thursday, April 23
11 a.m. to 1 p.m.
Somerville Elks

Community Health Screenings

CARDIAC ATHLETIC SCREENING

A free cardiac screening is being offered to young athletes ages 14 to 18.

This screening can help to identify kids who are at risk for sudden cardiac arrest.

Saturday, February 1,
8 a.m. to 12 p.m.
Somerset Family Practice, free
For an appointment, please call 908-685-2414.

BLOOD PRESSURE SCREENING

Wednesday, February 12,
9 a.m. to 12 p.m.

Tarantino Promenade at RWJ Somerset, free
Pre-registration is not required.

BLOOD GLUCOSE AND CHOLESTEROL SCREENING

Includes total cholesterol, HDL, the ratio and glucose.

Wednesday, February 12,
9 a.m. to 12 p.m.

Tarantino Promenade at RWJ Somerset, \$15
Pre-registration is not required.

ORTHOPEDIC SCREENING

RWJUH Somerset orthopedic surgeons, physical therapists and certified athletic trainers will be on hand to assess bone/joint pain, test strength and range of motion, and provide appropriate education and exercise recommendations.

Saturday, April 18,
9 a.m. to 12 p.m.
TD Bank Ballpark, Bridgewater
Pre-registration is required.
Call 908.685.2814.

Webinars

Offered in collaboration with Friends' Health Connection.

CARDIOVASCULAR CONDITIONS...CLOSE TO ONE'S HEART?

Discover the four types of cardiovascular disease, behaviors that increase risks, symptoms, the causes of each cardiac condition, the difference between heart and cardiovascular disease, the correlation with stroke, diagnostic tools, advanced treatments and strategies for improving health. Prevention strategies will be discussed.

Ranjita Sengupta, MD, cardiologist
Friday, February 7, 12 to 12:30 p.m.
To register, visit <https://tinyurl.com/y467ot3c>.

PULMONARY HYPERTENSION: A CHANGE OF HEART OR LUNG?

Understand the link between your heart and lungs, pulmonary hypertension (PH), the types of PH, the normal pulmonary artery pressure range, symptoms, causes, diagnosis, treatments and prevention strategies.

George Poiani, MD, pulmonologist
Monday, February 10, 12 to 12:30 p.m.
To register, visit <https://tinyurl.com/y4g8jwlh>.

ENDOMETRIOSIS: UNCOVERING A WOMAN'S UNDERLYING ISSUES

Understand endometriosis, your risks, the signs, where it occurs, causes, levels of progression, the ability to conceive with the condition, diagnosis and treatments, including surgical and nonsurgical interventions.

Margaret Andrin, MD, obstetrician and gynecologist
Wednesday, March 11, 12 to 12:30 p.m.
To register, visit <https://tinyurl.com/y5vmt62m>.

THE INDIAN MEDICAL PROGRAM: MEETING THE NEEDS OF THE ASIAN COMMUNITY

Understand health disparities in the Asian community, how their needs differ from those of other patients, barriers to care and services this new medical program provides.

Shisha Patel, Program Coordinator
Wednesday, April 15, 12 to 12:30 p.m.
To register, visit <https://tinyurl.com/y69hpyl6>.

Ranked one of the Top Hospitals in New Jersey and the New York Metro Region

Rated “High Performing” in
Orthopedics, Congestive Heart
Failure, Colon Cancer Surgery
and Hip Replacement

