

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

SPRING 2019

# healthy

*together*

**DIABETES  
AND YOUR FEET**

**FOODS THAT FIGHT  
INFLAMMATION**

**A NEW LIFE  
AFTER WEIGHT  
LOSS SURGERY**

**WHERE TO GET  
THE BEST CANCER CARE**



# SAFETY: It Takes a Team

When it comes to safety, our philosophy is simple. RWJBarnabas Health is committed to zero incidents of preventable harm for our patients, families, visitors and each other. This quest, which we call Safety Together, is designed to help create the best possible outcomes for our patients and an exceptional work environment for our team.

We're applying the same tools used by High Reliability Organizations (HROs) in the manufacturing and nuclear industries. These companies have greatly reduced accidents by using standardized error-prevention processes. Similar safety systems are being embraced by our staff in both clinical and non-clinical roles as they go about their day-to-day tasks.

One example: daily safety huddles. Directors, managers and coordinators from all departments at Robert Wood Johnson University Hospital Rahway begin their day with a safety huddle. There, we discuss current and potential safety issues, as well as areas of concern regarding hospital policy or procedure. At those huddles, we might learn about machinery that needs replacing, building maintenance that needs to be done or a national shortage of certain drugs. Managers take that information back to their units. Staff is also trained to use proven safety tools such as S.T.A.R., which stands for "Stop, Think, Act, Review," and A.R.C.C., which stands for "Ask a question; make a Request; voice a Concern; and escalate through the Chain of command if needed."

Becoming an HRO means everyone who works for RWJBarnabas Health knows that they can make a difference for our patients, for their teammates at work, and for our communities as a whole. We're excited to empower our family of employees to do everything possible to support our mission of excellence as we care for you and your family.

Yours in good health,

**BARRY H. OSTROWSKY**  
PRESIDENT AND CHIEF EXECUTIVE OFFICER  
RWJBARNABAS HEALTH

**KIRK C. TICE**  
PRESIDENT AND CHIEF EXECUTIVE OFFICER  
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY



## HEALTH NEWS

### New Infusion Center Increases Patient Comfort



The Infusion Center at Robert Wood Johnson University Hospital (RWJUH) Rahway has been expanded and renovated. The new Center, which is now on the third floor, is more than twice the size of the former second-floor infusion center, with six comfortable stations, plus room for stretchers and beds.

Amenities and updates have been created with a superior patient experience in mind. In addition to new televisions, flooring and counter space, the Center has a blanket warmer and refrigerator. New heated reclining chairs and tables make for a more comfortable experience. While the space is new, the unit continues to be staffed by the highly skilled nurse clinicians who consistently receive praise from patients and families for their compassionate, professional care.

In addition to chemotherapy services, the center provides a range of infusion services including therapeutic phlebotomy, IV immunoglobulins, antibiotics, hydration, IV electrolyte replacement, blood and blood products, iron products and portacath flushes. The Infusion Center is open Monday through Friday from 8 a.m. to 4:30 p.m. For more information, call the Center at 732.499.6207.

**Robert Wood Johnson  
University Hospital  
Rahway**

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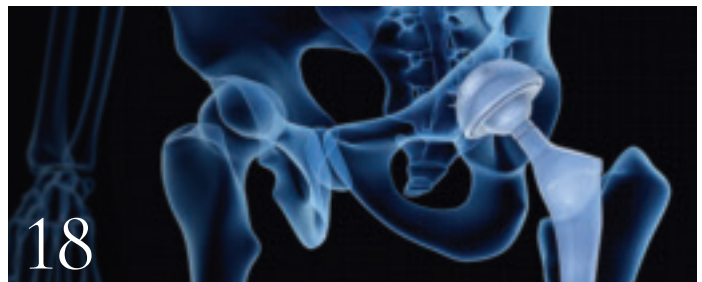
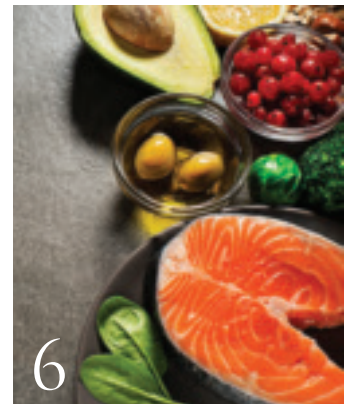
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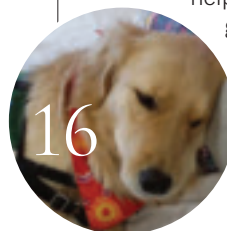
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# HOW DO I KNOW IF IT'S A HEART ATTACK?

THE HEAD OF RWJUH RAHWAY'S EMERGENCY DEPARTMENT TELLS WHEN IT'S TIME TO CALL 911.

**W**hat symptoms signal a heart attack—and what should you do about them? Michael A. Bernstein, MD, Medical Director at the Department of Emergency Medicine at Robert Wood Johnson University Hospital (RWJUH) Rahway, spells it out.

## How can you tell if you're having a heart attack?

Classic symptoms include a crushing pain around the center of your chest. Some people describe it as a "heaviness," like there's an elephant sitting on your chest. Associated symptoms are sweating, shortness of breath, dizziness, nausea and vomiting. However, there also can be subtle, atypical signs like vague weakness; discomfort elsewhere in the upper body, like the arms, back or neck; or just a sense that things don't feel right.

## What would indicate that subtle, easy-to-dismiss symptoms could be serious?

Usually, symptoms and feelings occur after you've performed an activity, or while you're exerting yourself, as opposed to when you're relaxed and watching TV. The cause of these abnormal feelings, which can vary, is that the heart is not getting enough blood.

## What should you do if you think you may be having a heart attack?

Quickly getting a medical evaluation, and potentially an intervention, is paramount. If you're in a metropolitan area—and that's most places in our region—call 911. We have an incredible Emergency Response Team, and they'll reach you in minutes.

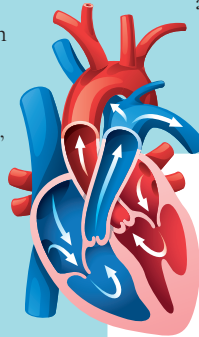
## Wouldn't it be quicker to hop in a car?

Don't get behind the wheel! You'd be putting yourself and everyone around you at risk. In fact, having someone else drive you could lose valuable time. If you call 911, the First Responders can begin an assessment and start the necessary treatment as soon as they reach you. They also can relay information to the hospital in close to real time. As soon as this is done, we can mobilize the Critical Care and Interventional Cardiology Team and be ready for you by the time you roll through the door.

## What happens at the hospital?

We evaluate you. If we don't have clear answers from tests, we may hold you for observation. If you're having a heart attack, you're taken to

the Cardiac Catheterization lab, where an interventional cardiologist working with a team of nurses and technicians accesses your cardiac arteries. Tools can remove the blockage causing the heart attack and install a stent to keep the artery open.



MICHAEL A. BERNSTEIN, MD



## IN THE ED: TESTS YOU MAY GET

Here are some of the tests you might be given to check for a heart attack.

**EKG:** An electrocardiogram. This records the heart's electrical activity through small electrodes placed on the chest and is usually able to reveal the areas of the heart where blood flow is restricted.

**CHEST X-RAY:** Imaging the chest helps rule out other conditions that could be causing chest pain.

**CARDIAC ENZYMES:** This blood test measures proteins in the blood, such as troponin, for levels that indicate cardiac muscle damage.

**ECHOCARDIOGRAM:** An ultrasound that shows a moving image of the beating heart to check for abnormal motion.

**CARDIAC CATHETERIZATION:** You may need a cardiac catheterization. In the cardiac catheterization lab, a long, thin tube is inserted into an artery to check for signs of restricted blood flow.

Your heart doesn't beat just for you. Get it checked. To learn more about expert cardiac care at RWJUH Rahway or to schedule an appointment with a cardiac specialist, visit [www.rwjbh.org/heart](http://www.rwjbh.org/heart).



# TAKE GOOD CARE OF YOUR FEET

**FOR PEOPLE WITH DIABETES, THE FEET NEED SPECIAL ATTENTION.**

**G**ood foot care is vital for living a healthy, high-quality life with diabetes. “Diabetes is complicated, and if you’re not keeping your blood glucose levels under control, it can lead to nerve damage and peripheral vascular disease,” explains Sarah Haller, DPM, a foot and ankle specialist at Robert Wood Johnson University Hospital (RWJUH) Rahway. “This most commonly affects the feet because the small vessels in the feet and toes are furthest from the heart.”

The good news: Foot problems with diabetes are preventable if you make foot care a regular part of your routine and keep diabetes well controlled.

## HOW DIABETIC NEUROPATHY HAPPENS



**SARAH HALLER, DPM**

The most common type of nerve damage from diabetes is called diabetic peripheral neuropathy. Over extended periods of time, high levels of glucose and triglycerides in the blood result

in nerve damage. The nerve damage leads to loss of sensation, which in turn means small cuts might be ignored and become seriously infected.

The first signs of nerve damage from diabetic neuropathy can be pain and numbness in the feet. It’s this loss of sensation that makes good foot care so important, because even a small cut can go unnoticed and eventually grow into a chronic infection that won’t heal.

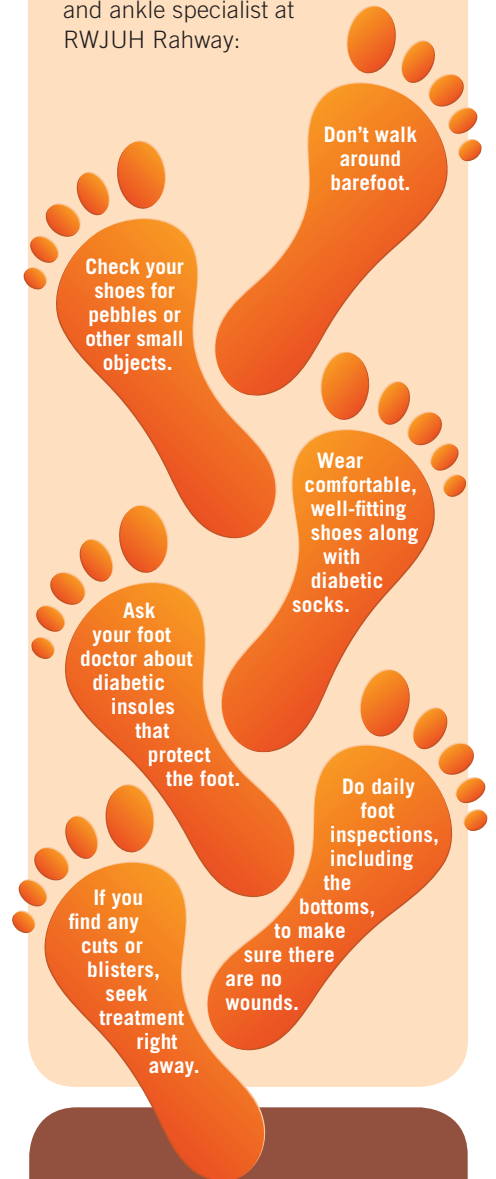
Diabetic neuropathy can even lead to the development of gangrene and the need for amputation. “I’ve seen patients in the Wound Care Center who got blisters from a new pair of shoes, didn’t notice the pain, and eventually developed gangrene. It’s tremendously sad, since it’s all preventable,” Dr. Haller says.

The best way to avoid diabetic neuropathy is to control blood sugar levels, exercise and eat a diet rich in lean protein, fruits and vegetables. Once nerve damage occurs, it can’t be reversed, but controlled blood sugar and healthy habits can help prevent or slow further damage.

“Get checkups with a foot specialist every three months, eat a healthy diet and walk regularly to improve circulation,” says Dr. Haller. “Just getting up and moving can prevent so many illnesses.”

## BEST FOOT FORWARD

If you have foot numbness from diabetic neuropathy, stay vigilant and follow these foot-care tips from Sarah Haller, DPM, a foot and ankle specialist at RWJUH Rahway:



## RWJUH RAHWAY CAN HELP

RWJUH Rahway offers advanced treatment in peripheral neuropathy, in which electrical stimulation promotes better blood circulation. To learn more, call **732.499.6012**. To learn more about managing diabetes at RWJUH Rahway, call **732.499.6109** or visit [www.rwjbh.org/rahwaydiabetes](http://www.rwjbh.org/rahwaydiabetes).





# FOODS THAT FIGHT INFLAMMATION

AN ANTI-INFLAMMATORY DIET CAN HELP YOU FEEL GREAT—  
AND AVOID MANY CHRONIC MEDICAL PROBLEMS.

**H**ealthy foods protect your body on a cellular level, in critical ways you might never have been aware of. Christina Frescki, MBA, RD, FAND, Registered Dietitian at Robert Wood Johnson University Hospital (RWJUH) Rahway, explains.

Despite its scary-sounding name, “inflammation” is an important immune system function. It’s how the body’s white blood cells spring into action to help us heal from an injury or infection, releasing chemicals that increase blood flow to the area.

In some cases, however, inflammation gets triggered when it’s not needed and becomes chronic. Long-term inflammation can lead to medical conditions such as rheumatoid arthritis, Crohn’s disease, kidney disease, chronic skin problems, cardiovascular disease, diabetes and Alzheimer’s disease.

Fortunately, we have some powerful tools to keep chronic inflammation at bay, including adequate sleep, regular exercise and stress reduction. Perhaps the most critical tool is a healthy diet—one rich in fruits, vegetables, whole grains and healthy fats. Food groups to focus on include:

- **FRUITS AND VEGETABLES:**

These offer assorted nutrients and

antioxidants that help protect against inflammation. Include different colors of fruits and vegetables in your diet, and try to get three to four servings of fruits and four to five servings of vegetables every day.

- **WHOLE GRAINS:** These offer fiber, which has been shown to reduce inflammation, as well as important vitamins and minerals. Switch to whole grain bread and cereal, and choose brown rice and whole grain pasta products. Also, try ancient grains like quinoa, farro and millet.

- **HEALTHY FATS:** Fat is an important part of any diet. Canola oil and olive oil are great choices. Some fish, including tuna and salmon, also offer omega-3 fatty acids, which are heart-healthy. Dairy products are nutritious, but limit your intake of higher-fat dairy versions, such as whole or 2% milk, cheese and ice cream. Switch to 1% milk, low-fat yogurt and low-fat cheese.

- **LEAN PROTEINS:** Tuna, salmon, trout, mackerel and herring are good choices. When preparing fish, grilling, baking and broiling are healthy options; breading and frying are not. Lean poultry without the skin and lean cuts of pork are also good picks. Avoid sausage, bacon, salami and other high-fat, processed meats.

- **NUTS AND SEEDS:** These are good sources of fiber, protein and healthy fats. Almonds and walnuts contain linolenic acid, a type of omega-3 fatty acid, plus healthy unsaturated fat. Nuts are high in calories, so they

To find out about healthy cooking demonstrations and lectures by Christina Frescki, RD and Diane Weeks, RD at the RWJ Fitness & Wellness Center in Scotch Plains, see the Community Events calendar on pages 22-23, or call **732.499.6193**.

should be portioned to about a handful a day. Avoid candied, honey-roasted or heavily salted nuts. Use sunflower seeds or pumpkin seeds in your salads. Add milled flaxseed and chia seeds to your oatmeal (another great grain) or yogurt.

• **HERBS AND SPICES:** Many of these offer anti-inflammatory benefits.

Try adding turmeric, ginger, garlic, curry powder, chili peppers, basil, cinnamon, rosemary, thyme, mint and oregano to your spice cabinet and let your imagination run wild!

Tea is rich in antioxidants that reduce inflammation. Try white, green and oolong teas.

If you're looking for a diet plan to follow, the Mediterranean Diet is a great choice. It outlines healthy methods of cooking and eating to help reduce inflammation. The diet plan also recognizes the importance of being physically active and enjoying meals with family and friends.

## GOOD, AND GOOD FOR YOU

Try these healthy, delicious recipes using anti-inflammatory ingredients from Diane Weeks, Registered Dietitian and Certified Diabetes Educator at RWJUH Rahway.



### CHICKEN & SNOW PEA STIR-FRY

SERVES 2

#### INGREDIENTS:

- 2 tablespoons peanut oil
- 4 teaspoons cornstarch
- ½ lb. chicken breast, cut into small pieces
- ¾ lb. snow peas, strings removed
- ½ red bell pepper, sliced
- 1 cup low-sodium chicken broth
- 2 tablespoons reduced-sodium soy sauce
- 1 teaspoon Asian chili sauce
- 1 tablespoon minced garlic

#### DIRECTIONS:

- In a medium bowl, mix 1 tablespoon of the oil with 2 teaspoons of the cornstarch. Toss the chicken in the mixture until well coated.
- Heat the remaining 1 tablespoon of oil in a large nonstick skillet over medium-high heat. When it's very hot but not smoking, stir-fry the chicken until just cooked, about 2 minutes. Remove to a clean bowl.
- In the same skillet, stir-fry the snow peas and red pepper for one minute.
- In a small bowl, whisk the broth, soy sauce, chili sauce and garlic with the remaining 2 teaspoons of cornstarch. Stir into the vegetables and cook until thickened, 1–2 minutes.
- Stir the chicken into the sauce and vegetables.

SOURCE: NUTRITION ACTION HEALTHLETTER

### AVOCADO, FENNEL, CARROT AND RADISH SALAD

SERVES 2



#### INGREDIENTS:

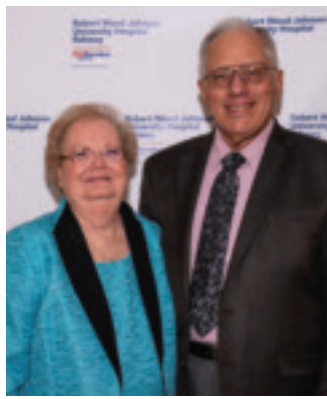
- 2 tablespoons sesame seeds
- 1 tablespoon reduced-sodium soy sauce
- 2 carrots
- 1 bunch radishes
- 1 bulb fennel
- 1 avocado
- 2 cups arugula or fresh herbs
- 2 tablespoons olive oil
- Ground black pepper to taste

#### DIRECTIONS:

- Preheat the oven to 350°F. Line a baking sheet with parchment paper.
- Put the sesame seeds in a small bowl and stir in soy sauce. Let sit for at least 15 minutes, or until the soy sauce has been almost totally absorbed.
- Spread the marinated sesame seeds over the prepared baking sheet. Bake for 6–10 minutes. Check the seeds frequently to avoid burning; they should dry evenly and become crispy, and be taken out when they're lightly browned. Let the sesame seeds cool.
- Peel the carrots and slice them, along with the radishes and fennel, as thinly as possible. This is best done with a mandoline vegetable slicer, but can also be done with a peeler or knife.
- Pit, peel and cube the avocado. Combine the sliced vegetables, avocado, arugula and olive oil in a bowl. Season with pepper and toss gently. Sprinkle with the toasted sesame seeds.

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From left, Alicia Jablonsky, MBA, BSN, RN, CNOR, LNC, Perioperative Educator, demonstrates with a manikin in the new Center. Above, Christine and Dr. John Kline; Dr. Kline, Heather Hays, Vice President, Development and Kirk Tice, President and CEO, RWJUH Rahway.

# A NEW WAY TO LEARN IN THE OR

## A GENEROUS GRANT HELPS FUND A STATE-OF-THE-ART SIMULATION CENTER FOR OPERATING ROOM NURSES.

Surgery is increasingly complicated, and so is the environment in which it's done. "Operating rooms are complex. You can't get the skills you need from reading a book or watching a video," says Mary Beth Russell, PhD, MA, RN-BC, NEA-BC, Vice President, Center for Professional Development, Innovation and Research, Northern Region, RWJBarnabas Health (RWJBH). "You have to see it, touch it, do it. That builds the muscle memory needed to work in an OR."

To meet this need, Robert Wood Johnson University Hospital (RWJUH) Rahway recently opened a new OR Simulation Center that will help nurses throughout the RWJBH system gain hands-on, clinical experience in a controlled environment.

The OR simulation rooms are effectively working ORs, complete with lighting, sinks, cameras and instruments. Thanks to a grant, the rooms also have male and female programmable patient manikins that blink, emit a pulse and make

breathing sounds, among other functions. Instructors will be able to record nurses in training, then play it back in a small classroom adjacent to the ORs.

The center will be used for new nurses, as well as experienced nurses transitioning to the OR setting, for all 11 hospitals in the RWJBarnabas Health system.

### SOLVING A SHORTAGE

The simulated OR is part of a multi-pronged approach to addressing a shortage of OR nurses. This is caused by a number of factors, including the fact that many universities and colleges have eliminated OR nursing rotations, explains Nancy Holecek, MAS, BSN, RN, Senior Vice President and Chief Nursing Officer, Northern Region, RWJBH.

Recognizing the need to create a pipeline for OR nurses, RWJBarnabas Health created its own perioperative residency program. That residency includes didactic classroom training, lectures, skills labs—and now, a simulation lab.



## A CELEBRATION OF SERVICE

Longtime Hospital Board of Governors member and 35-year Orthopedics Department Chair John Kline, MD was recently honored at a retirement celebration. Dr. Kline and his wife, Christine, have been an integral part of RWJUH Rahway for many years. The retirement celebration was filled with family, friends and colleagues sharing their well wishes along with entertaining stories from Dr. Kline's career.

In keeping with the Klines' longtime generosity, they asked that all gifts in his honor be directed to the renovation of the Medical Surgical Unit 3E at RWJUH Rahway. To date, \$56,000 has been raised.

If you would like to make a gift in honor of Dr. Kline's retirement, please contact the Development Department at 732.499.6135 or Heather.Hays@rwjbh.org.

The Simulation Center can also be used for teaching other complex specialties, including Obstetrics and Emergency Services, Russell says. The Center is located on the hospital's fifth floor in the former Labor and Delivery rooms. "Our Labor and Delivery rooms have been reborn to teach the next generation of nurses," said Ann Marie Shears, RN, MA, NE-BC, RWJUH Rahway Vice President of Patient Services and Chief Nursing Officer.

To learn more about opportunities to give to RWJUH Rahway, please call **732.499.6135** or visit [www.rahwaygiving.org](http://www.rahwaygiving.org).





# MAKING A REAL IMPACT

**RWJBARNABAS HEALTH IS COMMITTED TO PROMOTING COMMUNITY HEALTH, BOTH INSIDE AND OUTSIDE A MEDICAL CENTER'S WALLS.**

A child is taken to the emergency department for asthma, is treated and sent home—to an apartment where leaky pipes cause mold that triggers her asthma.

A man is given a prescription for high blood pressure but can't afford to get it filled.

A woman is counseled about healthy eating to help control diabetes but doesn't have access to fresh fruits and vegetables.

Because social conditions play a critical role in wellness, RWJBarnabas Health (RWJBH) has ramped up its commitment to communities' whole health through its Social Impact and Community Investment (SICI) Practice.



**MICHELLENE DAVIS, ESQ.**

## FINDING WHAT WORKS

“Traditionally, the way in which institutions like ours have delivered healthcare has been to wait for people to come to us,” says Michellene Davis, Esq., Executive Vice President and Chief Corporate Affairs Officer for RWJBH, who heads the SICI effort. “Now we're acting on the fact that health disparities begin and continue outside our doors. We're looking at the whole patient and the context in which he or she lives.”

The range of approaches is broad. “Every RWJBarnabas Health hospital conducts its own community health needs assessment, because each community is unique,” Davis explains. Recent examples of SICI-related efforts include:

• **BUY LOCAL:** RWJBH has made a deep commitment to buy from local and minority- and women-owned businesses. For example, Newark Beth Israel Medical Center has a contract with Newark vendor Rock Ya Socks to

purchase socks for its patients, which has strengthened the vendor's capacity to grow and expand.

• **HIRE LOCAL:** RWJBH has pledged to hire 350 Newark residents by 2020 as part of the Newark 2020 partnership of local institutions and employers. Jersey City Medical Center's Career Ladders program, which will soon be adopted system-wide, helps develop a path to promotion for entry-level employees.

• **INVEST LOCAL:** To spur innovation and future investment, RWJBH has invested in Audible.com's Newark Venture Partners Labs IT innovation center to stimulate the establishment of new businesses.

Through partnerships, the RWJBH system helps improve community health, reduce disparities and enhance equity, including:

• **SAFE AND HEALTHY HOUSING:** Robert Wood Johnson University Hospital New Brunswick participated in the New Brunswick Healthy Housing Collaborative, designed to work with families to create high-health environments in homes throughout the region. RWJBH is currently in discussions with national, state and local partners to expand its commitment to creating affordable housing in other communities throughout the state.

• **FOOD SECURITY:** A Wellness on Wheels mobile greenhouse travels to communities throughout the entire RWJBH region. Additionally, youth in Newark created a documentary, “Food for Thought,” to explore the impact of food insecurity on a community's health.

Davis believes the SICI effort will inspire and energize not just RWJBH employees, but community members as well. “People will want to come to an entity that has high-quality, culturally competent clinical care, and at the same time invests in creating good in the world,” she says. “This is about being the change you wish to see in the world. Everyone is welcome to join us on this journey.”

To learn more about RWJBarnabas Health's social impact initiatives, visit [www.rwjbh.org/socialimpact](http://www.rwjbh.org/socialimpact).

# BETTER CARE FOR OLDER ADULTS

HEALTHCARE PROVIDERS ARE TAKING A FRESH LOOK AT HOW TO TREAT THE ELDERLY.

An elderly man who'd been admitted to the hospital was disoriented. "He thinks he's talking to his father, who died years ago," the man's daughter told his doctor. "Does this mean he has Alzheimer's?"

He did not. What he did have was delirium, brought on by the many changes in his routine caused by his admission to the hospital. It's a common problem for elderly patients, according to Jessica Israel, MD, Corporate Chair, Geriatrics and Palliative Care, for RWJBarnabas Health (RWJBH).

"Family members get alarmed, but in many cases, that confusion is treatable—though we may have to be a bit of a detective to find out what the problem is," she explains. "It could be anything from untreated pain, to an electrolyte disturbance, to a urinary tract infection, to a sleep/wake cycle disturbance."

Sensitivity to changes in routine is just one of many reasons older patients need thoughtful care, Dr. Israel says. As the U.S. population ages—by the year 2030, 1 of every 5 residents will be older than 65, according to the U.S. Census Bureau—RWJBH facilities are at the forefront of a national drive to develop age-friendly care.



JESSICA ISRAEL, MD

"Throughout the system, we're taking a very close look at what it means to be age-friendly, not just in hospital care, but in all areas in which we treat patients," says Dr. Israel.

## A NEW APPROACH

The American Hospital Association, in partnership with the Catholic Health Association of the United States, the Institute for Healthcare Improvement and the John A. Hartford Foundation, has created the "4M Model" to guide hospitals and health systems in providing age-friendly care. The four elements are:

**What Matters:** taking the time to sit down for a discussion with an older patient to understand his or her concerns, goals and preferences for treatment.

**Medications:** taking additional care with drugs. "Giving a new prescription to someone who is 90 years old is not the same as giving it to someone who is 19," says Dr. Israel. "As we age, medications don't work the same way in the body, and there's a greater risk of interactions."

**Mentation:** identifying and managing depression, dementia and delirium.

**Mobility:** making sure a patient is helped to move safely every day so he or she doesn't lose the muscle tone needed for everyday tasks.

## BEST PRACTICES

When Dr. Israel took on her role as Corporate Chair, Geriatrics and Palliative Care, almost two years ago, she knew that the RWJBH system already had some exemplary age-friendly programs. To extend their reach and to share ideas across hospitals, she created a geriatrics collaborative. "Every hospital in our system has a multidisciplinary team focused in geriatric care that may include doctors, nurses, social workers, physical therapists, administrators, pharmacists and health educators," says Dr. Israel.

Two areas stood out as ripe for expansion. One was the James and Sharon Maida Geriatrics Institute at Monmouth Medical Center Southern Campus, where Dr. Israel is the Director, which specializes in all aspects of inpatient and outpatient geriatric care. The other is Better Health, a senior membership program offered by the Institute, with a full range of health, wellness and social events. Both the Institute and the Better Health program will be replicated at Saint Barnabas Medical Center in Livingston and Robert Wood Johnson University Hospital Hamilton this year, with other RWJBH hospitals to follow.

The RWJBH system is moving ahead on multiple other fronts. Eight hospitals have or are working toward Nurses Improving Care for Healthsystem Elders (NICHE) certification, and all hospitals will ultimately have Geriatric Emergency Department Accreditation (GEDA). As part of the RWJBH partnership with Rutgers University, the geriatrics team also is working to enhance existing geriatrics fellowship training programs for physicians. And all RWJBH employees will take a computerized learning module, currently in development, that will help them understand what it means to be older.

The possibilities are endless, because geriatrics itself is so wide-ranging. "Sometimes the best person to reach out to is not a doctor, but a physical therapist, nutritionist or social worker," says Dr. Israel. "The thing I love most about geriatrics is that it's not some group of doctors telling you what to do. It's a team of people looking at your life and helping you live it to your best."





## HOW TO GET BETTER CARE

Jessica Israel, MD, Corporate Chair, Geriatrics and Palliative Care for RWJBarnabas Health, offers these tips for older adults.

- **Have an advocate.** “Sometimes four ears are better than two when it comes to a doctor visit or hospital stay,” says Dr. Israel.
- **Ask questions.** If you don’t understand something or it isn’t the way you thought it was going to be, ask.
- **Keep an accurate list of medications and physician contact numbers with you.** This will help doctors treat you more quickly if an emergency arises.
- **Explore advance directives.** “Patients of all ages should assign a healthcare proxy,” advises Dr. Israel. “But then also be sure to tell that person what your wishes are in the event that complicated medical decisions must be made.”

To learn more about age-friendly programs and services at RWJBarnabas Health, visit [www.rwjbh.org/seniorhealth](http://www.rwjbh.org/seniorhealth).





## THE CUTTING EDGE: BLOOD AND BONE MARROW TRANSPLANTS

For some cancer patients, a blood and bone marrow transplant (BMT) can be an effective treatment and even a potential cure. The Blood and Marrow Transplant Program at Rutgers Cancer Institute of New Jersey is the only such program in New Jersey that's integrated within an NCI-Designated Comprehensive Cancer Center.

"All blood and immune cells are made in the bone marrow," explains Roger Strair, MD, PhD, Chief of Blood Disorders at Rutgers Cancer Institute. "Blood cells carry oxygen, fight infection and prevent bleeding. Immune cells also fight infection by attacking anything in the body that's perceived as not belonging, or foreign." In a BMT procedure from a donor, a patient receives a transplant of healthy blood and immune cells and those cells in turn grow and make new cells, including immune cells that can attack cancer cells. If the person's own cells are used, there is no immune attack of cancer, but the cells allow a rapid recovery from high-dose chemotherapy.

At Rutgers Cancer Institute, BMT is used to treat a variety of blood and immune disorders, including acute and chronic leukemias, various types of lymphoma, Hodgkin's disease, multiple myeloma and more.

information. When a patient goes to an NCI-Designated Comprehensive Cancer Center, he or she gets the benefit of their collective knowledge, clinical trials and research.

### Does a patient need to travel to New Brunswick, where Rutgers Cancer Institute is located, in order to take advantage of its services?

No. We have built a network across all 11 RWJBarnabas Health hospitals so that the outstanding treatment and care provided by Rutgers Cancer Institute is available as close to home as possible for all New Jerseyans and those in our region.

If, for example, a patient lives near Saint Barnabas Medical Center in Livingston, that patient will find that the cancer program there is anchored by Rutgers Cancer Institute; that he or she has access to many of the same clinical trials as those taking place in New Brunswick; and that experts in surgery and radiation oncology and so on are partnered with Rutgers Cancer Institute.

Now, let's say that a patient needs a specialized service—for example, a bone marrow transplant, which we do in New Brunswick. Because we have a coordinated system, we can seamlessly transfer care of that patient to New Brunswick. Our partnership with RWJBarnabas Health allows patients to enter the world of an NCI-Designated Comprehensive Cancer Center through multiple doors.

We're also creating an extensive cancer navigation program to help patients throughout and after treatment. Our goal as a cancer program is not only to have the best treatments, physicians and clinical trials. It is also to give the best care in helping patients navigate what can be the most challenging period of their lives.

Rutgers Cancer Institute of New Jersey, a partner of RWJBarnabas Health, is the state's only National Cancer Institute-Designated Comprehensive Cancer Center. Only 50 cancer centers in the U.S. have earned that classification. It's an impressive achievement—but what does it mean to cancer patients and their families?

We asked Steven K. Libutti, MD, FACS, Senior Vice President of Oncology Services,

RWJBarnabas Health, to explain.

Dr. Libutti is also Director, Rutgers Cancer Institute of New Jersey and Vice Chancellor for Cancer Programs, Rutgers Biomedical Health and Sciences.



### If a person who has been diagnosed with cancer asks your advice, what do you tell him or her?

A diagnosis of cancer can feel overwhelming, and people want to know where they should go for treatment in order to get the best possible outcome.

I always tell people that cancer doesn't travel well. It's more the rule than the exception that a patient requires multi-modality treatment, such as surgery, chemotherapy and radiation therapy. The patient is best served by staying as close to home as possible while getting exceptional treatment.

Patients should listen to the advice given by their physician, and get more than one opinion. They also need to be able to cut through the noise and static of the marketplace. That means they should understand the meaning of the word "comprehensive" when it refers to cancer treatment.

### What does it mean to be a Comprehensive Cancer Center?

Many cancer centers will use the word "comprehensive," but it doesn't have the same meaning as a Comprehensive Cancer Center that's designated by the National Cancer Institute (NCI), which is very specific and prestigious.

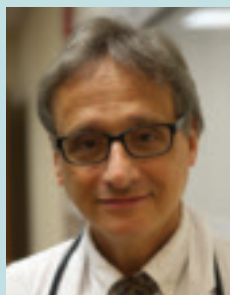
An NCI designation is a five-year grant that is acquired through an arduous, competitive, years-long process. Only 70 cancer centers in the country are chosen and of those, only 50 receive the designation Comprehensive Cancer Center, meaning

that they do laboratory research and clinical trials, as well as provide services directly to patients.

All of these centers collaborate and share



STEVEN K. LIBUTTI, MD



ROGER STRAIR, MD

A healthcare worker in purple scrubs with a stethoscope around her neck is smiling and looking towards a patient. The patient's hand is visible in the foreground, resting on a surface. The background is bright and out of focus.

# THE GOAL: ZERO ERRORS

**THE RWJBARNABAS HEALTH SYSTEM IS ON A MISSION TO  
ACHIEVE THE HIGHEST SAFETY STANDARDS.**

To learn more about  
RWJBarnabas Health, visit  
[www.rwjbh.org](http://www.rwjbh.org).



If a nuclear power plant has a serious accident, it's big news. In large part, that's because organizations in this and other high-risk industries, where errors can be catastrophic, have developed robust safety policies to prevent mistakes from being made. In industry parlance, they're what's known as High Reliability Organizations, or HROs.

The parallels to healthcare systems, with their high-stakes, highly complex operations, are clear. "At RWJBarnabas Health, we're on a journey to becoming an HRO," says John Bonamo, MD, MS, FACOG, FACPE, Executive Vice President and Chief Medical and Quality Officer at RWJBarnabas Health (RWJBH). "There's no end point, no HRO certification. Instead, being an HRO is a way of doing business. Ultimately, it delivers the highest-quality care and safest experience for our patients and for our employees."

The aim of the initiative, called "Safety Together," is clear—and bold. "Our goal is zero incidents of preventable harm to patients and employees," Dr. Bonamo says. "That's it."

### THE THREE-LEGGED STOOL

"When people are interviewed in large-scale focus groups about what they want from a hospital, they tend to mention three things," says Dr. Bonamo. "One is, 'Help me'—that's about excellence in the quality of clinical care. The second is, 'Be nice to me'—and that's about the patient experience, the communication and kindness.

"Then there's 'Don't hurt me.' That's about safety, the third leg of the stool. For a long time, hospitals didn't pay enough attention to that.

"Now, the best hospitals realize that you can have the most expert surgeon and the greatest bedside manner, but those things aren't enough if a patient falls out of bed or gets an infection from a catheter."



JOHN BONAMO, MD

Over the past year, all employees at every RWJBH facility have received in-depth training in safety, error prevention and performance excellence. "We're giving employees a new skill set so

they can actively prevent harm," says Dr. Bonamo. The goal of zero defects is seen as everyone's responsibility.

### TOOLS FOR SUCCESS

To aid in this quest, staff members have a number of tools and techniques to use. They include:

**Stopping the line.** "In the past, if a staff member had a feeling something wasn't right, he or she might have buried that instinct, thinking 'I'm probably wrong,'" says Dr. Bonamo.

"Now they're empowered to say, 'I'm not comfortable with X, Y or Z.'"

Recently, he recounts, a nurse was preparing a young woman to go into surgery for gall bladder removal when the patient mentioned she had a "funny feeling" in her chest. The nurse called an EKG (electrocardiogram) tech and refused to send the patient to the OR until the test was done. As it turned out, the woman was in the middle of having a heart attack, and the delay may well have saved her life.

**Clarifying questions.** If a staff member is not sure about something that's happening, he or she can be comfortable asking for clarification. In addition, every order gets repeated back. If the dosage ordered is 50 milligrams, the pharmacist or nurse will clarify, "That's five-oh, right?" If the verbal order is for a urology test, there will be an alphabet check to be sure it wasn't for a *neurology* test.

**Cross-checks.** "That means that if you see me making a mistake, you correct me or ask if I'm sure that's right," says Dr. Bonamo. "In the past, people were afraid they'd be told to mind their own business.

"But now we realize that if I have a 1 in 1,000 chance of making a mistake and you have a 1 in 1,000 chance and we cross-check each other, there's a million in one chance of making a mistake. We're realizing that healthcare is a team sport."

**Safety huddles.** Every unit in every building has a stand-up safety huddle each morning to go over the previous 24 hours and forecast the next 24. An hour later, there's a facility-based huddle, a larger gathering with the same purpose.



For Seth Rosenbaum, MD, MMM, SVP, Chief Medical Officer at Robert Wood Johnson University Hospital Hamilton, his team, and all RWJBH employees, HRO values are a daily priority.

### MANY VOICES

"Each of our employees has a new voice, a chance to practice at the top of their skills and be heard," says Dr. Bonamo. "We've made significant progress in our safety event rate, and we're confident it's going to continue to go down."

Each RWJBH hospital has created patient-family advisory councils to get more insight into how they can improve delivery of care. In any circumstance, Dr. Bonamo says, patients should demand the highest quality in their healthcare. "You wouldn't take a flight on an airline that didn't have the highest-quality standards and a great safety record," he says. "It's the same thing in healthcare. You should be seeking care in a facility that's on a journey to becoming an HRO."

### THE ABCs OF BECOMING AN HRO

At RWJBarnabas Health, all team members follow these principles of safety:

- S**peak up for safety.
- A**ccurately communicate.
- F**ocus on the task.
- E**xercise and accept a questioning attitude.
- T**houghtfully interact.
- Y**ou and me together.



Therapy dog Burton helped ease demanding therapy sessions for toddler Ava Finelli.

# A BABY'S BEST FRIEND

**HOW A THERAPY DOG HELPED ONE LITTLE GIRL RECOVER HER STRENGTH.**

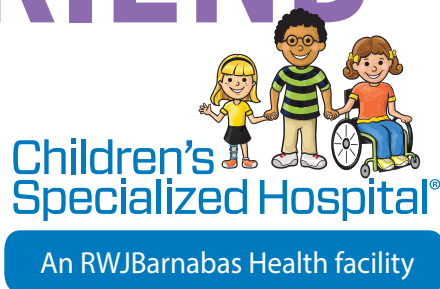
Respiratory Syncytial Virus, known as RSV, is an infection in the respiratory tract that can lead to serious problems. It's always a matter of concern when a baby gets it, but is even more so when the child has an underlying medical condition.

That was the case for little Ava Finelli, who was born with Spinal Muscular Atrophy (SMA), a genetic disease affecting



**MICHELE FANTASIA, MD**

part of the nervous system that leads to weakness in the limbs. Children with SMA have weak intercostal (between the ribs) muscles, and underdeveloped lungs and chest muscles. When



Ava contracted RSV in January 2018, at not quite 2 years old, she could not cough strongly enough to rid her airways of mucus. She had trouble swallowing, and became weaker, struggling to lift her head and move her arms and legs.

Ava was sent to Children's Specialized Hospital for treatment. "She had an intensive therapy program," says Michele Fantasia, MD, the physiatrist and specialist in pediatric rehabilitation medicine who oversaw the plan. After several weeks of respiratory, physical, occupational and pool therapy, Ava showed remarkable progress and was able to lift her head and to better move her arms and legs. "It was incredible to see the progress Ava made in such a short

time," her mother, Laura, says.

"These kids require a whole team, and we're very well versed in treating children with respiratory issues as well as various neuromuscular disorders," says Dr. Fantasia. The doctor acknowledges that the team also had a secret weapon: Burton, a 2-year-old therapy dog. "She *looved* Burton," she says.

## EYES ON BURTON

During therapy sessions, Burton would position himself across from Ava so that she could work on stretching and moving her arms to reach him. He ran back and forth across the room so that she'd work on turning her head from side to side. Because Ava focused so intently on Burton, her therapy sessions were eased. "Burton was her motivator," Laura says. "He's so friendly and energetic, he really helped her forget how difficult the movements were."

Ava was discharged after two months. She continues to get outpatient therapy and to take Spinraza, a promising new medication for SMA. "She did very well with us overall," Dr. Fantasia reports, "and was able to go back to her home, family and typical toddler activities."

For more information about Children's Specialized Hospital, call **888.244.5373** or visit **[www.childrens-specialized.org](http://www.childrens-specialized.org)**.

At Children's Specialized Hospital, we provide world-class care for children and young adults who face special health challenges across the state of New Jersey and beyond. 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.





Surrounded by love: Wilbert Kirby and, from left, granddaughter Xyaire J. Merriweather, daughter Tendai D. Merriweather, granddaughter Shakira I. Sherrod and family dog Jonas.

# VICTORY OVER A RADIATION INJURY

**WHEN IT SEEMED NOTHING COULD STOP THE PATIENT'S BLEEDING, HYPERBARIC OXYGEN THERAPY SAVED THE DAY.**

**W**ilbert Kirby, 83, a Korean War veteran, is a strong guy. The effects of treatment for prostate cancer, however, presented his toughest battle.

He had developed radiation cystitis as a result of radiation therapy, a condition that caused him to bleed copiously while urinating. He also experienced considerable rectal bleeding. He was weak and needed transfusions every two weeks.

His treatment took him from place to place. One urologist performed two cystoscopies, in which a hollow tube with a lens is inserted into the urethra and blood clots are broken up.



**ANTHONY TONZOLA, MD**

"I never had that much pain in my life," Wilbert remembers. "I told that doctor I was going to report him to the Geneva

Convention." Another urologist wanted to do surgery, but Wilbert didn't like that idea.

With the help of his daughter, a registered nurse, he looked for other possible treatments. That's how he ended up having successful hyperbaric oxygen therapy treatment at the Center for Wound Healing and Hyperbaric Medicine at Robert Wood Johnson University Hospital (RWJUH) Rahway. "I swear by hyperbaric," Wilbert says. "It brought me where I am today."

## OXYGEN THERAPY

Radiation cystitis is a fairly common side effect of radiation therapy. "Radiation goes through the surface area of the body to get to the deep tissue it has to destroy," explains Anthony Tonzola, MD, Medical

Director of the Center. "When radiation is directed at the prostate, you sometimes get inflammatory changes in the lining of the bladder or bowel that lead to bleeding.

"Most of the time, this effect tapers off and disappears, but Mr. Kirby's didn't. There was no question that he was an ideal candidate for hyperbaric oxygen therapy."

With this therapy, the patient breathes 100 percent oxygen while inside a chamber in which the air pressure is about two times greater than normal atmospheric pressure. The treatment enables blood to carry more oxygen to organs and connective tissues to promote healing.

Hyperbaric therapy actually helps grow new blood vessels, in a process called angiogenesis. In Wilbert's case, the new blood vessels helped make the mucosa lining the bladder healthy again.

"At first, it was a spooky thing to be put into a chamber, but I got over that after maybe a week," Wilbert says. "I remembered learning in school about deep-sea divers who get the bends and have to go into a hyperbaric chamber, so I related it to that. There was no pain, and I made myself relax." After 89 treatments (most patients need 50 to 60), his bleeding had completely stopped.

"If hyperbaric oxygen therapy works—and it works in a high percentage of cases, after other modalities have failed—it's a cure," says Dr. Tonzola. "It is very gratifying to be able to provide a treatment like that to a patient." In addition to treating radiation effects, hyperbaric oxygen treatments are used for diabetic foot wounds, bone infections and traumatic injuries.

"I am very grateful to Dr. Tonzola and the whole team at the hospital for helping me to get better," Wilbert says. "I'm also thankful to the Veterans Administration, whose financial support enabled me to take advantage of a therapy they couldn't offer.

"I was in bad shape," Wilbert says, "but that's behind me now."

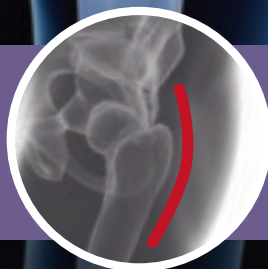
To learn more about the Center for Wound Healing and Hyperbaric Medicine at RWJUH Rahway, call **732.453.2915**, or visit [www.rwjbh.org/rahwaywoundcare](http://www.rwjbh.org/rahwaywoundcare).

# HIP REPLACEMENT: A NEW APPROACH

AN INNOVATIVE TYPE OF SURGERY IS  
MAKING RECOVERY FASTER AND EASIER.



ANTERIOR  
HIP REPLACEMENT



POSTERIOR  
HIP REPLACEMENT

In hip replacement surgery, durable artificial components replace the ball-and-socket joint of the hip. With the anterior approach, the surgical incision is made in the front of the hip rather than in the side or back.



If you've got a pain in your hip, you're not alone. Today, a person's lifetime risk of developing osteoarthritis in the hip is 25 percent, according to a long-term study funded by the Centers for Disease Control and Prevention and the National Institutes of Health.

In large part, that's because people are living longer and staying active longer, making osteoarthritis—a degeneration of joint cartilage and bone—more common. The American Association of Hip and Knee Surgeons says there is likely to be a need for 500,000 hip replacements each year by the year 2030.

Increasingly, the hip replacement surgery of choice is a newer type known as anterior approach hip replacement. While it may not be the answer for every patient, those who are able to have the anterior approach instead of more traditional forms of the surgery will experience less pain, a shorter recovery time and other advantages. Mark Ghobrial, DO, an orthopedic surgeon at Robert Wood Johnson University Hospital (RWJUH) Rahway, explains.

### What makes a person choose hip replacement surgery?

Patients who are candidates tend to have moderate to severe arthritis in their hip, whether from osteoarthritis, rheumatoid arthritis or post-traumatic arthritis. We start with nonoperative, conservative treatments such as anti-inflammatory drugs, physical therapy, cortisone injections and use of a cane or walker.

But if pain continues to interfere with daily living activities—like walking, going up and down stairs, getting in and out of chairs and sleeping—even after these non-surgical remedies, patients may elect to proceed with surgical intervention.



MARK GHOBRIAL, DO

### What is different about the anterior approach compared with more traditional forms of hip replacement surgery?

The most common approach to the hip joint during surgery is what's known as the posterior approach. It's done from the

back of the hip and involves cutting through the muscle in the buttocks.

The anterior approach, as the name indicates, means that we make an incision down the front of the hip. It is a shorter incision—about three to five inches, compared to eight to 12 inches—and we don't need to cut tendons or muscle. We can go in between muscles at a natural opening to get to the joint and replace it.

Because we don't need to cut muscle with the anterior approach, patients have less pain, shorter hospital stays and a much quicker recovery time. The intact muscles also help hold the new joint in place, reducing the risk of hip dislocation.

### In what cases would a patient not be eligible for the anterior approach to hip replacement?

In some cases, a patient's skeletal structure or body type may make this approach difficult. Obesity can be a complicating factor. For select patients, I do the traditional posterior approach, or an approach from the side called the lateral approach.

### Does the anterior approach require any special equipment?

At RWJUH Rahway, I use a specific table, known as a Hana table, to best position the patient for the anterior approach. The Hana table also makes it easier to use fluoroscopy, an interoperative X-ray, to make sure all the components of the joint replacement are positioned in the best way possible to match the patient's anatomy.

It is a bit more technically challenging surgery to do, and requires specialized training in instrumentation. If a patient is interested in anterior approach hip replacement, I would advise him or her to find a surgeon who is well experienced in this type of surgery.

### What is recovery like?

With other hip replacement approaches, a patient has to wait for wounds and tendons to heal before therapy can begin.

With the anterior approach, the majority of patients spend one night in the hospital and do minimal to no physical therapy afterwards. Patients are basically able to get up and walk the next day, though they may still need a walker or cane.

To learn more about the joint replacement program at RWJUH Rahway, call **732.499.6346** or visit [www.rwjbh.org/rahwajointreplacement](http://www.rwjbh.org/rahwajointreplacement).



# ‘A SECOND CHANCE AT LIFE’

WEIGHT LOSS SURGERY GAVE AN ISELIN WOMAN HER FUTURE BACK.

**AFTER**  
*Robin Dehmer*



Being overweight wasn't a midlife issue for Robin Dehmer; it was a whole-life battle. "I was heavy from a young age," says the 62-year-old Iselin resident. "By midlife, I had become morbidly obese."

"Morbid obesity" is defined as being 100 or more pounds overweight, with a Body Mass Index (BMI) of 40, or a BMI of 35 with obesity-related health issues. It can cause or contribute to a variety of physical problems. In Robin's case, her medical problems became so serious that she credits weight loss surgery at Robert Wood Johnson University Hospital (RWJUH) Rahway with staving off premature death.

One of Robin's problems was Type 2 diabetes, which occurs when the body has difficulty using the hormone insulin. Another was obstructive sleep apnea, in which fleshy tissue in the throat interferes with breathing during slumber.

Yet another painful complication lay in the limits obesity had imposed on Robin's mobility. Excess body weight had caused her knees to degenerate over the years. "I had basically destroyed them," she says.

She had her right knee replaced in 2002, but the overtaxed artificial joint failed two years later. "I was very heavy at that point," says Robin. "About 350 pounds."

Worse yet, surgery to revise the knee replacement left her with a serious infection. "I was in and out of the hospital fighting that for years," says Robin. "Eventually, I lost the joint." A rod installed from hip to ankle allowed her to stand, but walking was difficult and her left knee became worse under the added strain. She was forced to use a wheelchair or motorized mobility scooter.

"I knew I was looking at an early death," says Robin. "I looked into weight loss surgery, but several doctors turned me away because my lack of mobility limited my ability to exercise and they felt the risk of complications was too high. I didn't know what to do."

### A LIFE-CHANGING DECISION

Then she consulted Anish Nihalani, MD, Medical Director at the Surgical Weight Loss Program at RWJUH Rahway. "Robin's case was challenging," says Dr.

Nihalani. "But she was so motivated that I told her I'd give it a shot."

"Dr. Nihalani gave me a second chance at life," says Robin, her voice catching. "I get emotional about it."

The team of specialists at the Surgical Weight Loss Program made sure Robin understood that she was about to engage in an entirely new lifestyle. "Surgical weight loss is a comprehensive process," says Dianne Errichetti, RN, Bariatric Coordinator. "Surgery is just one part of it." Candidates undergo medical screening and attend monthly sessions with a nurse and dietitian for three to six months prior to the procedure.

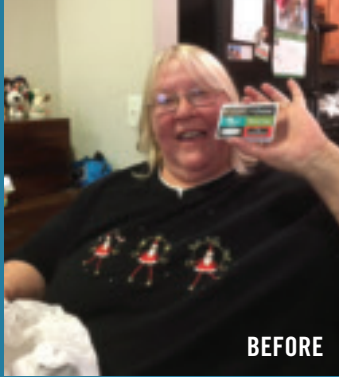
In February 2017, when Robin began the process, she weighed 325 pounds. Dr. Nihalani asked that she lose about 30 pounds on her own prior to surgery. "Patients who lose weight before surgery have better outcomes post-op and over the long term," Dr. Nihalani says. "It's a way to gauge a patient's commitment."

Robin dropped about 35 pounds and also quit smoking. "I had concerns about having surgery, but I was excited," she says. "I wanted to walk again so badly."

In June 2017, Dr. Nihalani performed laparoscopic gastric sleeve surgery, removing about 70 percent of Robin's stomach through small incisions. "This procedure reduces the physical capacity of the stomach to hold food, but also changes the hormonal biology of the body to reduce appetite and cravings," Dr. Nihalani explains. "Obesity is a biological disease, and weight loss surgery makes people better."

### EXCEEDING EXPECTATIONS

Within a year, Robin's weight had stabilized at about 165 pounds. She continued to put her healthy, pre-operation food habits into practice. Her blood sugar dropped to normal and she stopped taking diabetes medication. Her obstructive sleep apnea disappeared. Her blood pressure fell and her antihypertensive drug dosage is a



**I'M WALKING AGAIN  
AND IT FEELS SO GOOD.  
MY FAMILY IS HAPPY  
I'LL BE AROUND LONGER.  
NOW, MY FUTURE  
IS BRIGHT.**

*Robin Dehmer, Patient*

fifth of what it was. "Robin's health has drastically improved since her surgery," says Lynn Colombo, MD, her primary care doctor. "Her quality of life is so much better."

Robin had her left knee replaced in August 2018. "The knee surgeon said they would not have done that knee before I lost the weight," she says. "I'm walking again and it feels so good." She has regular follow-ups with a dietitian and physical therapist. "She met and exceeded my expectations," says Dr. Nihalani.

"My family is happy I'll be around longer," Robin says. "Now, my future is bright."

To learn more about the Surgical Weight Loss Program at RWJUH Rahway, call **732.499.6300** or visit [www.rwjbh.org/weightloss](http://www.rwjbh.org/weightloss).



# Community Calendar

The location for these events, unless otherwise noted, is the RWJ Rahway Fitness & Wellness Center, 2120 Lamberts Mill Road, Scotch Plains. Register for our programs by calling 732.499.6193. Unless otherwise noted, programs are free and open to non-members. Because programs are subject to cancellation, call ahead to make sure your program is taking place.

### Control Your Blood Sugar Free Six-Week Lunch and Learn Program

**Tuesdays, May 7, 14, 21, 28 and June 4, 11, 12–1:30 p.m.**

At the Gateway Family YMCA–Rahway Branch, RWJUH Rahway and YMCA experts provide information on medication, nutrition and exercise, as well as light exercise and lunch. Free program open to those without insurance or whose insurance doesn't cover diabetes education. To register, call 732.388.0057.

### Lecture: Brain Foods: Foods That Help Memory

**Tues., May 14, 6 p.m.**

Christina Frescki, RD, MBA, FAND

### Cooking Demo: Brain Food: Foods That Help Memory

**Tues., May 14, 7 p.m.**  
Recipes, samples included.  
Diane Weeks, RD, CDE

### Sleep: Are You Getting It?

**Thurs., May 16, 6 p.m.**

Ram Bangalore, MD, Pulmonology, Sleep Medicine

### For Caregivers: Protecting Your Assets with Legal Planning

**Weds., June 5, 7 p.m.**  
Lecture by Benjamin Eckman, Esq., eldercare attorney

### Prediabetic? Let's Get Sugar Under Control

**Tues., June 11, 12:30 p.m.**

Lecture by Christina Frescki, RD, MBA, FAND



### Plantar Fasciitis: Diagnosis and Treatment

**Mon., May 6, 6 p.m.**  
Jason Galante, DPM, Podiatry



### Supplements That Work on a Genetic Level

**Weds., May 22, 6 p.m.**

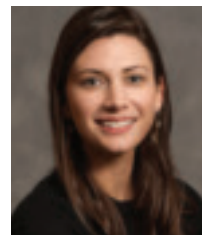
Bernardo Toro-Echague, MD, Internal Medicine



### Deconstructing the Latest Diets

**Thurs., May 9, 6 p.m.**

Lauren Bernstein, MS, RD, CDE



### Ask the Podiatrist

**Thurs., June 20, 6:30 p.m.**  
Sarah Haller, DPM

### Cooking Demo: Prevent Diabetes

**Tues., June 11, 7 p.m.**  
Recipes, samples provided.  
Diane Weeks, RD, CDE

### Cooking Demo: Cooking for a Post-Bariatric Lifestyle

**Thurs., June 20, 7 p.m.**  
Diane Weeks, RD, CDE

### Cooking Demo: We Don't Know Beans!

**Tues., June 25, 7 p.m.**  
Recipes, samples for cooking with beans.  
Diane Weeks, RD, CDE



### A LIFE SAVED WITH CPR

Though he'd been trained and certified in cardiopulmonary resuscitation (CPR) for years, RWJUH Rahway Security Officer Bobby Anderson used his skills for the first time in January, when he helped save the life of a distressed motorist.

The incident occurred near Exit 135 on the Garden State Parkway. Officer

Anderson, on his way to work, noticed a car facing in the wrong direction on the grass by the side of the road. He pulled over to assist a Clark police officer who was headed for the car. There, the two found a man hunched over the steering wheel. They broke the car window and pulled the man out and onto a flat surface, where Anderson began CPR compressions as the police officer ran for an automated external defibrillator (AED).

"I did about two rounds of CPR," Anderson, 30, a father of two, recalls. "I always had CPR training but I'd never used it. It was the biggest relief when I saw the man breathing. I knew I had done it right."

**RWJUH Rahway Community Education sends nurses and paramedics to schools, senior centers and other venues to teach hands-only CPR to the community. To arrange a class, call 732.499.6193.**





**WEIGHT-LOSS SURGERY IS LIFE-CHANGING**

Featuring Anish Nihalani, MD, FACS, FASMBS, Bariatric Surgery. Weight-loss surgery is not a cosmetic procedure. For many, it's considered medically necessary to improve overall health. Learn more about what the surgery is and how it can change your life at one of these informative talks. Registration required; call 732.499.6193.

**RWJ Rahway Fitness & Wellness Center, 2120 Lamberts Mill Rd., Scotch Plains**

Unless otherwise noted, presentations take place on the fourth Thursday of the month at 6:30 p.m.

- May 23
- June 27
- July 25
- August 22
- September 26
- October 24
- November 14 (second Thursday)
- December 5— support group only

For this location, please note there is a support group meeting at 5:30. This professionally led group is free and is open to those who have had a procedure as well as those considering it.

**RWJ Rahway Fitness & Wellness Center at Carteret, 60 Cooke Ave., Carteret**

Presentations take place at 6:30 p.m.

- June 13
- August 8
- October 10
- December 12

**Support Groups**

Unless otherwise noted, support groups are held at the RWJ Rahway Fitness & Wellness Center, 2120 Lamberts Mill Rd., Scotch Plains. Call 732.499.6193 to register.

**Adult Bereavement**

First Wednesday of each month, 1:30 p.m.

**Bariatric Support**

Fourth Thursday of each month, 5:30 p.m.

**Breast Cancer Support—two groups**

First Tuesday of each month, 7 p.m.  
First Wednesday of each month, 5:30 p.m.

**Caregiver Support**

First Wednesday of each month, 7 p.m. (closed to new members).

**Fibromyalgia Support—two groups**

First Thursday of each month, 5:30 p.m. and 7 p.m.

**Overeaters Anonymous**

Fridays, 7 p.m., Conf. Room A. 12-Step fellowship. No dues or fees. To register, call 908.358.5154 or email genak2@verizon.net. For more information about Overeaters Anonymous, visit our Central Jersey Intergroup website at [www.oa-centraljersey.org](http://www.oa-centraljersey.org)

**Spousal Bereavement Support**

Group runs from 10:30 to noon. To register, call 732.247.7490.

**Stop-Smoking Support**

Free program. Call to get started.



**THESE GROUPS MEET AT RWJUH RAHWAY, 865 STONE STREET, RAHWAY**

**All Recovery Support Group for Alcohol and Drugs**

Every Thursday, 6 p.m., Conf. Room #1

**Diabetes Support**

First Tuesday of each month, 7 to 8:30 p.m.

**Parkinson's Support**

Second Wednesday of each month, 1 p.m.

**Self-Help Enhancement, Stress Program**

Every Tuesday, 5:30 to 7 p.m. For information, call 908.276.2469.

# First Health at Clark & Edison

## Urgent and Primary Care

Some things shouldn't or can't wait for an appointment.

**First Health, a new Barnabas Health Medical Group healthcare provider affiliated with Robert Wood Johnson University Hospital Rahway,** combines the convenience of extended weekday hours, as well as weekend and holiday hours, with the confidence of seeing a trusted provider.

Our facility offers **quick and high-quality care** for the entire family. Our highly-trained medical professionals treat your non-emergency medical needs in a comfortable, safe and caring environment.



As a Barnabas Health Medical Group provider, First Health is now Horizon Blue Cross Blue Shield OMNIA<sup>SM</sup> Health Plan Tier 1-designated and accepts most major insurances.

### We treat your non-emergency medical needs including:

- ▶ Common, acute illnesses such as colds, flu, infections and minor injuries (X-ray available)
- ▶ Chronic conditions and breathing disorders
- ▶ Skin, hair and nail conditions
- ▶ Immunizations, vaccinations and physicals
- ▶ Preventive care testing and evaluations

Barnabas Health  
Medical Group  
Robert Wood Johnson  
University Hospital  
Rahway

RWJBarnabas  
HEALTH

[rwjbh.org/medicalgroup](http://rwjbh.org/medicalgroup)

**TWO** Convenient Urgent Care Centers in the area affiliated with RWJUH Rahway.

**First Health at Clark**  
152 Central Avenue  
Clark, NJ 07066

**Open**  
Monday - Friday 7 am to 7 pm  
Saturday 7 am to 3 pm  
Sunday & Holidays 9 am to 3 pm

732-382-9700

**First Health at Edison**  
10 Parsonage Rd #102  
Edison, NJ 08830

**Open**  
Monday - Friday 8 am to 7 pm  
Saturday 7 am to 3 pm  
Sunday & Holidays 9 am to 3 pm

732-662-4680

Walk-Ins Welcome