

A Publication of  
**COMMUNITY MEDICAL CENTER**

WINTER 2020

# healthy *together*

**HIGH-TECH  
CARDIAC CARE**

**RANDOM ACTS  
OF CARING**

**NEW DECADE,  
BETTER HEALTH**

**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.

Community Medical Center continually invests in cutting-edge technology, including our newest cardiac catheterization lab, 3-D mammography, two da Vinci surgical robots, a Mako robot for joint replacement surgery and teleneurology for stroke care, to name just a few. These investments, combined with the expertise of our physicians and staff, mean patients experience a better recovery and outcome, with a faster return to normal activities.

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

Yours in good health,

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



**PATRICK AHEARN**  
CHIEF EXECUTIVE OFFICER  
COMMUNITY MEDICAL CENTER



## HEALTH NEWS

### AN A FOR PATIENT SAFETY

Community Medical Center (CMC) was recently awarded an A Hospital Safety Grade by The Leapfrog Group, an independent, national nonprofit group run by employers and other large purchasers of health benefits. The Leapfrog Hospital Safety Grade is the only hospital rating focused exclusively on hospital safety. The A, B, C, D and F letter grades are an easy way for consumers to choose the safest hospital and have quickly become the gold standard measure of patient safety. "This is the ninth A score for Community Medical Center," says Patrick Ahearn, CEO of CMC. "It demonstrates the hospital's commitment to provide safe, high-quality patient care. It was accomplished through the rigorous efforts of the medical staff, nurses, staff and leadership to ensure that patients have the safest possible hospital experience."

### EXCELLENCE IN WEIGHT-LOSS SURGERY

Community Medical Center's (CMC) Center for Bariatrics has been certified as an American Society for Metabolic and Bariatric Surgery (ASMBS) Bariatric Center of Excellence. The Center of Excellence designation recognizes surgical programs with a demonstrated track record of exceptional patient outcomes in bariatric surgery. CMC has received the designation for the maximum three-year term, which is reserved for applicants who exceed the requirements for full approval.

To earn this designation, CMC underwent a site inspection, during which all aspects of the program's surgical processes were closely examined and data on health outcomes was collected. According to the ASMBS, centers are given the designation if they "demonstrate an ongoing commitment to excellence in the care of bariatric surgical patients at the highest levels of the medical staff."

The Center for Bariatrics holds information sessions on the first Monday of each month at 6 p.m. in the hospital auditorium. To register or for further information, please call 732.557.8966.

**Community Medical Center** | **RWJBarnabas HEALTH**

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## MULTIDISCIPLINARY CARDIAC CARE

CMC has launched a program called Healthy Lives, which offers both inpatient and outpatient care and is staffed by a team of cardiologists, primary care physicians, advanced practice nurses, registered dietitians, pharmacists, cardiology nurses, social workers and other medical professionals. They aim to improve the quality of life for those living with heart failure. “We’re here to help patients monitor their symptoms, stick with their daily medication regimens and eat healthfully,” says Wendy Stratton, a nurse practitioner and heart failure care coordinator. Registered dietitians provide counseling to help patients understand how their diets affect their heart health. Patients learn how to make better food choices to manage their cholesterol and blood pressure.

# EXPERT CARE WITH HEART

**A NEW PROGRAM AND  
STATE-OF-THE-ART  
CATHETERIZATION LAB  
ARE IMPROVING THE  
QUALITY OF LIFE FOR  
CARDIAC PATIENTS.**

Your heart doesn't beat just for you. Get it checked. To reach a Community Medical Center cardiac specialist, call **888.724.7123** or visit [www.rwjbh.org/heart](http://www.rwjbh.org/heart). For information about the Healthy Lives program, call **732.557.2812**.



A new, state-of-the-art cardiac catheterization lab enables physicians to evaluate and treat patients.



## WARNING SIGNS OF HEART FAILURE

February is Heart Month, and it's a good reminder to be aware of the signs of heart failure. Although heart failure is thought to affect men and women in roughly equal numbers, symptoms in women tend to be subtler.

Women may mistake shortness of breath as a sign of aging, according to the American Heart Association. If you have any of the following symptoms, see your physician:

- shortness of breath
- fatigue (after a routine activity, such as climbing stairs)
- swelling in the neck veins, abdomen, legs, feet and ankles due to fluid buildup
- frequent urination caused by fluid buildup
- weight gain
- a cough that worsens at night or when lying down

a new cardiac catheterization lab. CMC's highly skilled interventional and medical cardiologists, cardiac nurses and technologists provide personalized care using the most advanced technologies.

### ADVANCED DIAGNOSIS AND TREATMENT

Heart failure is a serious condition that affects about 5.7 million people in the U.S. It occurs when the heart muscle weakens and is unable to pump enough blood for the body's needs. While there's no cure, early diagnosis and treatment can help people live longer and better.

Until recently, CMC had three cardiac catheterization labs, which are equipped with advanced digital technology for evaluating heart function. To accommodate the increasing demand for these services, CMC opened a fourth lab. "It's state-of-the-art," says

Jay Stone, MD, Medical Director of the Catheterization Lab and a member of RWJBarnabas Health medical group. "It features brand-new equipment that will give us better views of patients' anatomy." Thanks to a generous bequest from longtime volunteer



JAY STONE, MD

Ann Wurster, the CMC Foundation was able to provide \$2 million in funding to support the construction of the new lab.

At the lab, Dr. Stone and a team of cardiologists are performing diagnostic and interventional cardiology procedures, says Stephanie Cron, BSN, RN, Director of Cardiology Services. For instance, patients can undergo both emergency and elective angioplasty, which involves opening clogged arteries and restoring blood flow to the heart. Patients can also have a pacemaker implanted.

Also available at the new lab are peripheral interventions, which involve treating peripheral artery disease (PAD)—a narrowing of the arteries that reduces blood flow to the extremities, such as the legs and arms—in less invasive ways. One example: Arteries in the legs are opened to improve blood flow.

The team is performing endovascular aneurysm repairs—minimally invasive procedures for life-threatening aortic aneurysms, which occur in the chest or abdomen. With this condition, there are weakened or bulging areas in the aorta, the artery that carries blood away from the heart to the rest of the body. A covered stent is placed in the aorta, preventing blood from entering the aneurysm. "I'm excited about the lab because we're able to see more patients and treat them in minimally invasive ways," says Cron.

Heart disease is the leading cause of death for both men and women, and physicians at Community Medical Center (CMC) see their fair share of it. CMC physicians treat more patients with heart disease than other hospitals in the region, and *U.S. News & World Report* has ranked CMC as "high performing" in heart failure care. Some 2,000 cardiac catheterizations—procedures for diagnosing and treating heart problems—are performed at CMC each year, and the hospital recently opened



# RANDOM ACTS OF CARING

**AT COMMUNITY MEDICAL CENTER, STAFF GO THE EXTRA MILE TO BRING CHEER AND COMFORT TO PATIENTS.**

The moment a patient settles into a labor and delivery room at Community Medical Center (CMC), Donnamaria Adelizzi-Diaz, RNC, springs into action. “I pop into her room and say, ‘Hi, I’m Purpledonna and I’ll be your server today,’” the 64-year-old labor and delivery nurse says with a giggle. “The patient needs to know right off the bat that I’m not her typical nurse.”

That she isn’t. Adelizzi-Diaz, known informally as “Purpledonna,” has been caring for—and calming the nerves of—patients in the Critical Care and Maternity units since 1979. “Back in those days, nurses wore white—short white

dresses, white stockings, white shoes, white hats,” she recalls. “But I was young and rebellious. I’d tie a purple ribbon in my hair or throw on a purple sweater.” When nurses started wearing scrubs in the 1980s, Purpledonna dyed hers purple on Easter Sunday.

Today, Purpledonna doesn’t always wear purple, but she does swoop around the maternity unit with her lavender oil, which she sprays in labor and delivery rooms. “The unit is a busy place with a lot of excitement, and I’ve found that the lavender oil calms everyone,” she says. “The minute the doctors and nurses step into the room, they relax somewhat and all of their energy becomes

focused on my girl.” The lavender has a similar effect on anxious patients: They relax and turn their attention to delivering their babies. Purpledonna also offers to play ocean sounds or Reiki music, which evokes relaxation, to ease childbirth-related anxiety.

Over the years, Purpledonna has forged connections with many patients. She can still recall the young single mother with preeclampsia she cared for throughout her last trimester of pregnancy and delivery. The patient needed a stress test every week during her last trimester, and she was very nervous during the birth, which went smoothly. “For the longest time, she came to the hospital



every year to see me with her baby,” says Purpledonna. She also remembers the fearful expectant mother she soothed during Hurricane Sandy. Sometimes, in her hometown of Point Pleasant Beach, a woman will come up to her on the street and say, “You’re Purpledonna! You delivered my baby!”

While Purpledonna has been deluged with grateful letters from new moms over the years, she says she feels grateful, too. “Every birth is a miracle,” she says. “I feel privileged every time I’m allowed into a patient’s room.”

### A MUCH-LOVED HALLOWEEN TRADITION

The Radiation Oncology Department in the J. Phillip Citta Regional Cancer Center also goes above and beyond for patients. Every Halloween, the department is transformed into another world, whether it be ancient Egypt or *The Wizard of Oz*. “We want to make patients forget, at least for a day, why they are here,” says radiation therapist Marilyn Clayton, who, along with her colleague Maureen Engle, is responsible for the Halloween décor.

In 2018, when patients walked into the waiting room, they were greeted by a scene straight out of ancient Egypt, complete with floor-to-ceiling cardboard pyramids, camels and even a sarcophagus. The front desk receptionists sparkled in Egyptian harem girl finery, while other staff members and physicians dressed



as Pharaohs, Egyptian princesses and, yes, mummies. While Clayton and Engle begin crafting their masterpieces at home as early as September, all hands are on deck the night before All Hallows’ Eve. “The entire staff helps us put everything together,” says Clayton. “We know our efforts have paid off when we see the looks of awe on patients’ faces as they come in on Halloween morning.”

Radiation Oncology staff members and physicians have been dressing up since 2007, but they didn’t start decorating the space until 2014. “We saw how much patients loved it, and we decided to take it up a notch,” says Clayton. That year, the department was transformed into *The Wizard of Oz*. The following year, the décor was pirate-themed, followed by Batman and Gotham City and the Renaissance era. In 2019, the theme was the 1950s.

The Halloween fest lifts everyone’s spirits. “The entire hospital staff drops by to see what we’ve done,” says Engle.

Far left: The Radiation Oncology Department in the J. Phillip Citta Regional Cancer Center is decked out in a 1950s theme for Halloween. Left: Labor and delivery nurse “Purpledonna” sprays lavender oil and plays meditative music in patients’ rooms to ease childbirth-related anxiety. Below: Every year, Radiation Oncology patients can enjoy Halloween—even if they don’t feel well enough to decorate.

## MAKING A DIFFERENCE IN PATIENTS’ LIVES

At Community Medical Center (CMC), staff members are focused on delivering not only top-notch medical care but also improving patients’ well-being. “Every day, we try to make a difference in patients’ lives,” says Fatima Alves, MHA, CPXP, Director of Patient Experience. Here’s what patients can expect:



### • BIRTHDAY CELEBRATIONS.

Patients receive a balloon, puzzle book and a card signed by Patrick Ahearn, Chief Executive Officer of CMC. If they don’t have any dietary restrictions, they are served a cupcake at dinner.



### • VETERAN APPRECIATION.

Patients who identify themselves as veterans are given a hand-knitted red, white and blue blanket made by CMC volunteers, a star from a retired flag with a poem, an American flag in a stand and a framed certificate of appreciation.



### • ANNIVERSARIES AND WEDDINGS.

No request is ever too much for CMC staff members. They have acknowledged patients’ anniversaries and even hosted a wedding ceremony at the hospital.

“We have patients who finished treatment years ago and pop in to take a quick tour. But the highlight of my day is when I talk to a patient who’s thrilled to be able to participate in Halloween—even if he or she didn’t feel well enough to decorate. For one day, they come here and they’re not thinking about cancer. They’re just having fun.”



VINCENT MIGLIORI, DPM

# GET BACK ON YOUR FEET!

## A PODIATRIST EXPLAINS COMMON FOOT CONDITIONS AND WHEN TO SEE A PHYSICIAN.

Every day, the average American takes 4,774 steps, according to a Stanford University study. Over time, all of that walking can take a toll on your feet. At Community Medical Center (CMC), more than 750 foot surgeries for a variety of conditions were performed in 2018. Vincent Migliori, DPM, Chair of the Department of Podiatry at CMC, discusses common foot problems and their treatments.

### What types of foot problems do you treat most often?

CMC's 33 podiatrists treat patients ranging from infants to the elderly for a wide range of conditions—everything from heel pain and improper gait to arthritis requiring reconstructive surgery and chronic wounds. We care for the lower leg, so we manage soft tissue injuries, broken bones, nerve and circulatory problems, joint pain, foot problems related to diabetes, and nail and skin issues.

### What types of surgeries do you perform?

We perform elective and non-elective procedures for hammertoes, bunions, chronic ingrown toenails, benign nerve

tumors, conditions that affect the ball of the foot and plantar fasciitis. We also perform joint replacement and ankle reconstruction; repair fractures, flatfeet and rearfoot; care for wounds; and save limbs. Some surgeries can be done in the office or on an outpatient basis, while others require hospitalization.

### How can people take better care of their feet?

Choosing footwear with good support—and paying attention to any foot pain or discomfort—can protect your feet. If you have diabetes, be sure to have an annual foot exam. If a foot wound isn't healing or is causing discomfort, see a podiatrist for an exam and treatment. He or she can help prevent the condition from worsening.

### HELP FOR HARD-TO-HEAL WOUNDS

The Center for Wound Healing and Hyperbaric Medicine provides multidisciplinary care for patients with chronic foot and lower leg wounds that haven't improved in four weeks or healed completely in eight weeks. Depending on your diagnosis, you may be treated by a podiatrist who specializes in wound care, diabetes educators, registered dietitians, wound-care nurses, infectious disease specialists, and general and plastic surgeons. Treatment can involve hyperbaric oxygen therapy, in which patients breathe pure oxygen while lying inside a pressurized chamber. The Center's staff members can help patients avoid amputation for crush injuries, bone infections, radiation injuries and ulcers resulting from diabetes or poor circulation, according to Vincent Migliori, DPM, Chair of the Department of Podiatry at Community Medical Center. For more information, call **732.557.2121**.

For more information or a referral to a podiatrist, 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](http://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](http://www.rwjbh.org/cpr).



# MAKING MATERNITY SAFER

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

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

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

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

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

### EMPOWERING WOMEN

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

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

### ALERT IN THE ED

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

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

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

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

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

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

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

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



To find world-class maternity care near you, call **888.724.7123** or visit [www.rwjbh.org/maternity](http://www.rwjbh.org/maternity).



# LEARNING TO CRAWL AGAIN

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

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

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

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



**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](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.



# 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](http://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



GABRIEL KAPLAN, MD

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

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

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

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

## WHY WINTER?

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

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**.







Longtime CMC Foundation Board and CMC Board members, from left: David Rosen, Zev Rosen, Bill Hourigan and Tom Hourigan.

# A LEGACY OF COMMUNITY SERVICE

**OVER THE PAST 50 YEARS, THESE FATHERS AND SONS HAVE DEDICATED COUNTLESS HOURS OF THEIR TIME TO COMMUNITY MEDICAL CENTER.**

For these Toms River business owners, supporting Community Medical Center (CMC) is a given. Here's why they're proud of their commitment:

## **BILL AND TOM HOURIGAN**

**BILL:** *former member of the CMC Foundation and CMC boards*

**TOM:** *member of the CMC Foundation Board since 2004 and member of the CMC Board since 2006. He has served as Chair, Vice Chair and Treasurer of the CMC Board.*

Bill Hourigan, a former insurance company executive who lives in Toms River, actively supported CMC for about 25 years—from the 1960s to the 1980s. It was a time of tremendous growth for the county and medical center. “We had moved to Toms River from northern New Jersey, and I wanted to help make Toms River a better place,” he says. Bill enjoyed attending meetings and participating in events, and his wife co-chaired the

hospital gala for 15 years. He is proud of his son, Tom, who is carrying on his legacy of community service.

Tom was born at CMC, when it was a small facility called Community Memorial Hospital. As Operating Company President of USI Insurance Services in Toms River, he brings business expertise to the CMC Board. “It’s a complex organization, and I try to help bring people together and find common ground,” he says. Tom is proud of CMC’s Jay and Linda Grunin Neuroscience Center, which was established with the support of the Foundation. He’s currently working with fellow Board members to transition CMC to an accredited teaching hospital. “This has the potential to transform the institution,” he says.

## **ZEV AND DAVID ROSEN**

**ZEV:** *former Chair, CMC Foundation Board and member of the CMC Board*

**DAVID:** *Vice Chair of the CMC Board and member of the Foundation Board since 2009. He has served as Chair of the Finance Committee, Vice Chair of the Board Quality Committee, Secretary and Treasurer of the CMC Board.*

Zev Rosen, a Toms River native and former president of Good Friend Electric, an electrical and lighting distributor, began to raise funds for CMC back in 1959—before the hospital even opened. He became one of the first members of the Foundation Board. Not long afterward, he was asked to be Chair of the Board. “We raised a lot of money for the hospital and added new members to the Board,” he recalls. One of his most memorable accomplishments was starting an organization of 150 community leaders—including clergy people, law enforcement officials and politicians—to create a plan for the future of healthcare in Ocean County. This initiative played a key role in the quality care patients receive at CMC today, says Zev.

Zev’s son, David, the current president of Good Friend Electric, considers himself an ambassador for CMC. He introduces new members of the community to the hospital so they’re familiar with what it has to offer. “The hospital is a touchpoint for everyone at some time in their lives—whether you’re sick, hurt or welcoming a new baby,” he says. David is active on the Finance Committee and has volunteered at many fundraising events. “When I’m out and about and someone tells me they’ve had a great experience at CMC, it makes me proud,” he says.

“Toms River is a giving community, and the Hourigans and Rosens truly embody this,” says Patrick Ahearn, Chief Executive Officer of CMC. “We are extremely grateful for their commitment to CMC.”

To support the CMC Foundation, visit [www.cmcgiving.org](http://www.cmcgiving.org) or call **732.557.8131**.



# WHEN A DOCTOR BECOMES A PATIENT

**WHY A WELL-RESPECTED NEUROSURGEON CHOSE TO HAVE HIS PROSTATE CANCER SURGERY AT COMMUNITY MEDICAL CENTER.**

**J**ohn Sarris, MD, a neurosurgeon at Community Medical Center (CMC), is all too familiar with illness. He was diagnosed with Parkinson's disease—a nervous system disorder that causes tremors, particularly in the hands—in 2010. As a result of the diagnosis, Dr. Sarris had to give up operating, but he was determined to stay in practice. He

decided to focus on neurocritical care, which involves managing patients with life-threatening neurological diseases like stroke, brain tumors and brain injury.

Dr. Sarris also has a family history of prostate cancer—his father died from the disease—so he started screening in 2015. He underwent annual PSA testing, in which blood levels of prostate-specific antigen (PSA), a marker of prostate cancer, are measured. PSA levels are often elevated in men with prostate cancer. When the results came back elevated in December 2018, he had a biopsy, which



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Thanks to expert care by urologist Victor Ferlise, MD, left, patient John Sarris, MD, is back to seeing patients at Community Medical Center and spending time with his family.

revealed cancer. “Tests showed that it was low-grade, but both my father and father-in-law died horrible deaths from prostate cancer, so I knew right away that I wanted my prostate out,” says Dr. Sarris.

### FINDING THE RIGHT SURGEON

Almost immediately, Dr. Sarris’s colleagues began texting him names of urologists and prostate cancer specialists at New York City cancer centers. But Dr. Sarris didn’t give them a second look. “I’ve worked at CMC for 26 years,” says

Dr. Sarris. “I knew I wouldn’t get better care anywhere else.” Dr. Sarris had heard great things about Victor Ferlise, MD, a urologist on staff at CMC who specializes in robotic prostate surgery. Upon meeting him, he says, “I instinctively trusted Dr. Ferlise. He was confident and took the time to listen to my concerns. He was also very up-front about the risks of surgery, including complications, which I respected as a surgeon.”

Dr. Sarris also felt comfortable with Dr. Ferlise because of his extensive expertise in robotic surgery. In open prostate surgery, the walnut-sized gland, which produces fluid that carries sperm, is removed through a large incision in the lower abdomen. But robotic surgery only requires an incision the size of a keyhole and doesn’t disrupt the abdominal muscles. As a result, patients have a shorter hospital stay (typically overnight instead of three to five days), less blood loss and pain, fewer complications and a faster recovery. “With robotic surgery, there’s much better visualization of the area, which makes it easier to perform the procedure,” says Dr. Ferlise. It also enables surgeons to avoid nerves in the area, reducing the chances of complications, such as problems with sexual functioning.

### A QUICK RECOVERY

Dr. Sarris spent one night in the hospital. “The nurses were very attentive,” he says. “I had so little pain that I didn’t need much more than over-the-counter medication.” When Dr. Sarris returned home, he was feeling so good that he returned to his usual routine a little too rapidly. A few days after the operation, he was outside power washing his deck when he realized he was pushing himself too hard. He knew he needed to take more time to heal.

Dr. Ferlise says he was pleasantly surprised by how cooperative Dr. Sarris was. “Sometimes it can be challenging to treat other physicians because they’ll call you with 500 questions and refuse to follow your directions,” says Dr. Ferlise.



### EXCELLENCE IN ROBOTIC SURGERY

In 2018, Community Medical Center (CMC) achieved accreditation as a Center of Excellence in Robotic Surgery by Surgical Review Corporation. This means CMC has met nationally recognized standards in safety and quality of care. “Receiving this designation is a testament to the highly skilled surgeons who perform robotic surgery at CMC,” says Patrick Ahearn, Chief Executive Officer. The hospital’s robotics program is staffed by highly skilled surgeons with more than a decade of experience in robotic surgery.

“Dr. Sarris was well-informed and a pleasure to care for.”

Today, Dr. Sarris is seeing patients and spending time with his wife and family (he has four children who range in age from 29 to 16). He doesn’t have any signs of cancer, and he’s experienced minimal side effects from the surgery. “I’m so glad I was treated at CMC,” he says. “Throughout the process, I trusted all of the hospital staff members I came in contact with—my surgeon, my anesthesiologist and the nurses who tended to me before, during and after my operation. I don’t think there’s anywhere in the country I could have gotten better care.”

To receive a referral to a urologist or to learn more about robotic surgery at CMC, call **888.724.7123** or visit [www.rwjbh.org/community](http://www.rwjbh.org/community).



# 2020 CHECKUP

## SIX STEPS TO A HEALTHIER, HAPPIER YOU IN THE NEW DECADE.

With the start of a new decade, it's the perfect time to take stock of your health and consider lifestyle changes that will help improve your longevity and well-being, says Karambir S. Dalal, MD, Chair of the Department of Internal Medicine at Community Medical Center (CMC). Here's his best advice:



### 1 SEE A PRIMARY CARE PHYSICIAN REGULARLY.

Adults should have a physical once a year, says Dr. Dalal. Those who have chronic health problems may need to see their physician more frequently. "Your primary care physician may pick up a condition that doesn't have any signs or symptoms, such as high blood pressure or diabetes, which we call silent killers," he says.

For a referral to a primary care physician, visit [www.rwjbh.org/community](http://www.rwjbh.org/community) or call 888.724.7123.



### 2 KNOW YOUR NUMBERS.

At your checkup, you will learn important health-related numbers, such as your blood pressure, which should be 135/85 or lower, and fasting blood glucose level, which should be 100 mg/dL or less. Knowing these numbers will allow you to track any unusual increases. Another number to keep an eye on is BMI, or body mass index, which can indicate whether you're overweight or obese. Carrying extra pounds is linked to health problems such as heart disease and cancer, says Dr. Dalal. An ideal BMI is between 22 and 25.



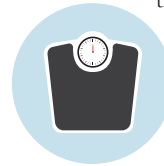
### 3 STAY ON TOP OF SCREENINGS.

Schedule screening tests, such as those for breast and colorectal cancers, at appropriate intervals. Women ages 40 and older should have an annual mammogram, and adults ages 50 and older should have a colonoscopy every 10 years (unless



KARAMBIR S. DALAL, MD

instructed otherwise by your physician). Tell your primary care physician if you have a family history of cancer. If a close relative has had the disease, you may need to start screening earlier.



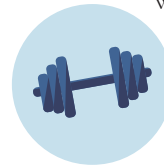
### 4 KEEP YOUR WEIGHT IN CHECK.

Start with baby steps: Cut back on calories by eating smaller portions and increase your activity level by 10 percent daily. Aim to drink half your body weight in ounces of water daily. (For a 150-pound person, that's 75 ounces of water.) Drinking more water helps to quell hunger, increase energy levels and keep your kidneys healthy.



### 5 IF YOU SMOKE, KICK THE HABIT.

Smoking harms nearly every organ in the body and is a risk factor for cancer, as well as heart and lung diseases. Quitting will improve your health and longevity. RWJBarnabas Health's Institute for Prevention and Recovery's Nicotine and Tobacco Recovery Program can help you overcome nicotine addiction. The program offers individual and group support and free nicotine replacement therapy, such as the nicotine patch, gum, lozenge, inhaler and nasal spray. For more information, call 833.795.QUIT or visit [www.rwjbh.org/nicotinerecovery](http://www.rwjbh.org/nicotinerecovery).



### 6 GET MOVING.

Be sure to exercise on a regular basis. It's the best way to have a healthy body and mind. It also helps to ease chronic pain. The government's recently updated Physical Activity Guidelines for Americans recommend getting at least 150 to 300 minutes of moderate-intensity aerobic activity—such as brisk walking, dancing and household chores—each week. That translates into about 20 to 40 minutes per day. The Guidelines also recommend strength training, such as lifting weights, two days per week.

# MAKING EVERY DAY SPECIAL

## TWO DEDICATED VOLUNTEERS BRIGHTEN PATIENTS' STAYS AT CMC.

Volunteers at Community Medical Center (CMC) are critical to ensuring the best patient care. There are more than 400 of them, and they “make every day special,” says Cherrell Smalls, Supervisor, Volunteer Resource Center and Pastoral Care. Here’s how two volunteers leave a lasting impression on CMC patients:



### JUDY PACKEN: CUDDLER EXTRAORDINAIRE

Judy Packen, RN, of Toms River, started volunteering as a candy striper at CMC in 1969. In 1978, she was hired as a nurse and spent the next 40 years working in the Emergency Department, Medical/Surgical Floors and high-tech Intravenous Therapy. After retiring in July 2018, Judy took a few months off but found she missed the hospital. In January 2019, she returned to CMC as a volunteer.

Today, Judy can be found in the nursery cuddling babies who need to be comforted. In some cases, this allows the infant’s mom to take a nap. In others, the babies are experiencing substance-use withdrawal. These babies remain in the hospital for continued monitoring, and cuddling helps to minimize withdrawal symptoms and lessen irritability. The nurses assign Judy to certain babies, and she holds them for about an hour each. “The human touch calms them down,” says Judy. “It’s extremely rewarding.” Judy has three children and eight grandchildren, so she knows babies well. “The moms and nurses are so appreciative,” she says.

Judy, who also makes up cribs and stocks supplies in the nursery, volunteers once a week from 8:30 a.m. until 12 p.m. “Volunteering makes me feel needed, and I know I’m doing a good thing for the babies, nurses and moms,” she says. “I’m so glad I ended up in the nursery.”



### MICHAEL OVERTON: “HAVE A SPECTACULAR DAY!”

Michael Overton, a Toms River resident, has been volunteering at CMC for eight years. Every Monday through Thursday (and some Fridays), he comes to CMC to pick up mail and assist with discharges. He has an uncanny ability to remember every employee’s name and always greets them. His signature expression when he says goodbye to employees and patients alike? “Have a spectacular day!”

When Michael is in the patient waiting areas, he wishes surgical and physical therapy patients a good hospital stay. “He’s so positive, and he takes the time to talk to everyone,” says Smalls. “Patients love it because they’re not expecting it.”

Although Michael is a volunteer, he’s like a CMC employee because he works from about 7:30 a.m. until 3 p.m. “When he arrives in the morning, he makes coffee for everyone, and when he goes on vacation, everyone misses him,” says Smalls. The hospital staff celebrates Michael’s unique contribution to CMC at the quarterly “I Make a Difference” luncheon with the Chief Executive Officer. Michael has been recognized every single quarter. “When his name is announced, everyone screams and claps,” says Smalls.

Michael is so memorable that former CMC patients recognize him. He was recently volunteering in Radiation Oncology when a patient came up to him. “She gave me a thank-you card for making her feel good,” he says. “The patient’s family member said, ‘Thank you for touching our lives.’”

To learn how you can become a volunteer at Community Medical Center, visit [www.rwjbh.org/cmcevolunteer](http://www.rwjbh.org/cmcevolunteer) or call **732.775.8129**.



# CATCHING A SILENT KILLER

**REGULAR SCREENING IS THE BEST  
DEFENSE AGAINST COLORECTAL CANCER.**



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In recent years, Omar Tamimi, MD, Chair of the Department of Gastroenterology at Community Medical Center (CMC), has noticed a disturbing trend: A growing number of his colorectal cancer patients are young adults in their 30s and 40s. His observation is consistent with national statistics: In 2004, 10 percent of patients diagnosed with colorectal cancer were younger than age 50, and in 2015, 12 percent fell into that age group, according to a 2019 study published in the journal *Cancer*. What's more, the study found that younger adults tended to have more advanced (Stage III and Stage IV) cancers when they were diagnosed.

Scientists don't know why the disease is striking younger people, but it's often linked to family history. "While the majority of colorectal cancers don't have genetic causes, recent studies have shown that among people in their 40s, a higher percentage of cases—perhaps 20 to 30 percent—are genetic," says Dr. Tamimi.

## SCREENING OPTIONS

Colorectal cancer is the third leading cause of cancer death in the U.S. for both men and women, according to the Centers for Disease Control and Prevention. The U.S. Preventive Services Task Force recommends that people at average



OMAR TAMIMI, MD

risk for the disease begin screening at age 50. Those who have a higher-than-average risk due to inflammatory bowel disease or a family history should be screened earlier. "People who have a first-degree relative (a parent, sibling or child) with colorectal cancer should begin screening at age 40 or 10 years earlier than the age at which their relative was diagnosed," says Dr. Tamimi.

The "gold standard" screening test for colorectal cancer is colonoscopy, in which a flexible, lighted tube is used to examine the entire colon and rectum. During the exam, which is performed while a patient is sedated, the physician can remove any abnormal growths, or polyps. This test, which requires a laxative preparation and is about 95 percent accurate, is repeated every 10 years in those with normal results. If polyps or other abnormalities are found, colonoscopy is typically repeated one to five years later.

Other screening tests are stool-based exams, such as the fecal immunochemical test and stool DNA test. Both check for small amounts of blood in stool (colorectal cancers and polyps can bleed). The stool DNA test also detects genetic markers that are present in colorectal cancers and precancers. Each test requires taking a stool sample at home and mailing it to a lab for evaluation. These tests aren't as accurate as colonoscopy and must be performed once a year or every few years. "Fortunately, there are many screening options," says Dr. Tamimi. "The more people are aware of their choices and want to be screened, the better."

## COLORECTAL CANCER MYTHS DEBUNKED

There are many misconceptions about colorectal cancer. Community Medical Center gastroenterologist Omar Tamimi, MD, frequently encounters the following in his practice:

- **"Cancer doesn't run in my family, so I don't need to worry about it."** Only about 5 percent of colorectal cases in adults over 50 can be traced to a genetic cause, says Dr. Tamimi.
- **"I don't have any symptoms, so I don't need to be screened."** Symptoms often occur only when the disease is advanced, says Dr. Tamimi.
- **"Colorectal cancer isn't that common."** Colorectal cancer is the third most common cancer and third leading cause of cancer death among Americans, according to the Centers for Disease Control and Prevention.

## LEARN MORE ABOUT PROGRAMS

Community Medical Center offers many community education programs throughout the year, including ones on the importance of cancer screenings. Check the events calendar at [www.rwjbh.org/community](http://www.rwjbh.org/community) or like us on Facebook for updates. For a referral to a gastroenterologist, call **888.742.7123** or visit [www.rwjbh.org/community](http://www.rwjbh.org/community).

## THE BEST PREVENTION

In honor of National Colorectal Cancer Awareness Month, which is observed in March, consider taking the following steps to reduce your risk of developing colorectal cancer:

- **Be active.** Moderate and vigorous levels of exercise appear to be protective. Take a brisk walk or go for a jog on as many days of the week as you can.
- **Eat healthy.** A diet rich in vegetables, fruits and whole grains may help to lower your risk. Limit your consumption of red and processed meats, which appear to increase risk.
- **Stay slim.** Aim for a healthy weight and pay attention to your waistline (extra belly fat may increase your risk of developing the disease).
- **Drink in moderation.** Consuming excessive amounts of alcohol may increase your risk.
- **Kick the habit.** Smoking may raise your risk of developing colorectal cancer.

SOURCE: AMERICAN CANCER SOCIETY



# Community Medical Center: Best in the U.S. for the 9<sup>th</sup> time



Achieving a Leapfrog A for the 9th time underscores Community Medical Center's commitment as a High Reliability Organization.

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