

A Publication of
CLARA MAASS MEDICAL CENTER

WINTER 2020

healthy *together*

**HOW TO AVOID
WINTER FALLS**

**SAFE CARE FOR
COLDS DURING
PREGNANCY**

**4 TIPS
FOR TAKING
PRESCRIPTIONS**

**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.

At Clara Maass Medical Center, we've recently upgraded our Emergency Department with the comfort of our patients in mind. We have a new Pediatric Emergency Department that offers observation rooms for our youngest patients as well as 10 new pediatric treatment rooms. We have more than 20 new rooms for adult patients who require observation or a brief stay. There are new pediatric and adult waiting areas and a new discharge area, where patients awaiting transportation or further instructions can wait comfortably. These are important elements of the thoughtful care available at Clara Maass Medical Center—care that always has the patient at the forefront.

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.

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

MARY ELLEN CLYNE, PhD
PRESIDENT AND CHIEF EXECUTIVE OFFICER
CLARA MAASS MEDICAL CENTER



HEALTH NEWS



healthgrades™

TOP 5 PERCENT FOR SAFETY

Clara Maass Medical Center has received the Healthgrades 2019 Patient Safety Excellence Award. This distinction places the medical center among the top 5 percent of all short-term acute-care hospitals reporting patient safety data as evaluated by Healthgrades, the leading online resource for information about physicians and hospitals.

During the study period (2015 to 2017), Healthgrades 2019 Patient Safety Excellence Award recipient hospitals demonstrated excellent performance in safety provided for patients in the Medicare population, as measured by objective outcomes (risk-adjusted patient safety indicator rates) for 14 patient safety indicators defined by the Agency for Healthcare Research and Quality (AHRQ).

Healthgrades found that patients treated in hospitals receiving the Patient Safety Excellence Award were, as compared to patients at non-recipients hospitals, on average:

- 55.9 percent less likely to experience an accidental cut, puncture, perforation or hemorrhage during medical care.
- 50.9 percent less likely to experience a collapsed lung due to a procedure or surgery in or around the chest.
- 64.4 percent less likely to experience pressure sores or bed sores acquired in the hospital.
- 57 percent less likely to experience catheter-related bloodstream infections acquired at the hospital.

Clara Maass Medical Center | **RWJBarnabas HEALTH**

1 Clara Maass Drive, Belleville, NJ 07109
973.450.2000 | www.rwjbh.org/claramaass

CONNECT WITH US ON

- @ClaraMaassMedicalCenter
- @Clara_Maass
- RWJBarnabas Health
- Clara Maass Medical Center
- clara_maass.medicalcenter

Clara Maass Medical Center complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. For more information, see link on our home page at www.rwjbh.org/claramaass. Clara Maass Medical Center cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 973.450.2000. Clara Maass Medical Center konfòm ak lwa sou dwa sivil federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks. ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 973.450.2000.

healthy *together* contents

WINTER 2020



4



5



21



6



22



18



10

- 2. WELCOME LETTER.**
A community update from our CEOs.
- 4. TAKING YOUR MEDICINE, THE RIGHT WAY.**
Prescriptions can be confusing, but a pharmacist can help.
- 5. A COLD WHILE PREGNANT? WHAT TO DO.** How to ease your symptoms while keeping your baby safe.
- 6. 6 WAYS TO AVOID WINTER FALLS.** Smart strategies will keep you steady on your feet.
- 8. CELEBRATING CLARA.** We paid tribute to 150 years of care and compassion at our anniversary gala.

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

- 13. LEARNING TO CRAWL AGAIN.** A baby rebounds from a traumatic brain injury.
- 14. A STRANGER'S GIFT.** A blood stem cell donation—and a powerful medical partnership—save the life of a Toms River woman.
- 16. YOU CAN BEAT THE WINTER BLUES.** Seasonal depression is a struggle, but help is available.
- 18. A SAFER WAY TO PREVENT A STROKE.** A new, minimally invasive cardiac surgery carries less risk.

- 20. ASK THE DOCTOR: WHAT SHOULD I KNOW ABOUT COLON CANCER?** Learn how to prevent this common disease.
- 21. 'THE BEST THING I'VE EVER DONE.'** Weight loss surgery helps a Nutley woman conquer lifelong obesity.
- 22. NOTHING BUT THE BEST.** The pursuit of perfection in healthcare delivery never stops.
- 23. WHAT'S NEW AT CLARA MAASS MEDICAL CENTER.** New ways we serve our diverse community.

Chris Cilderman, PharmD, on duty at the Barnabas Health Retail Pharmacy at Clara Maass Medical Center



TAKING YOUR MEDICINE, THE RIGHT WAY

PRESCRIPTIONS CAN BE CONFUSING, BUT A PHARMACIST CAN HELP.

After patients are discharged from the hospital, they are responsible for following directions for taking any medications they have been prescribed. But between 25 and 50 percent of patients in the U.S. don't take prescriptions as directed, according to recent research.

Fortunately, patients don't have to try to understand prescriptions on their own. Outpatient pharmacies can help with the job of medication management. Chris Cilderman, PharmD, Outpatient Pharmacy Manager for the Barnabas Health Retail Pharmacy at Clara Maass Medical Center, explains:

Why is a hospital pharmacy important?

We assist patients with their medications as they transition from a hospital visit to home or another care setting. You can call our pharmacist and ask a question. That's the simplest way to get high-quality help with any medication

question, rather than trying to figure it out on your own.

What is medication management?

That's a big part of our job, which involves helping patients understand why they're taking a medicine, and ensuring that they're taking it as directed.

We also look at the bigger picture: Are they on too many medications? Are there drug interactions that might affect outcomes? Are there side effects that might cause them to stop taking it?

Our main goal is to help patients take their medications as prescribed so they get better and don't have to come back to the hospital.

What are some common medication mistakes?

The biggest problem with the use of medications is not following directions—for example, not taking a pill at the right time of day, or with food, or for the entire length of time needed.

4 TIPS FOR MANAGING YOUR MEDICINE



1. FOLLOW DIRECTIONS EXACTLY.

"Carefully read the instructions on the prescription bottle," says Chris Cilderman, PharmD, Outpatient Pharmacy Manager for Barnabas Health Retail Pharmacy at Clara Maass Medical Center. "Ask your pharmacist if you have any questions about the medication and what it's used for."



2. USE AN ORGANIZER.

This could be a physical pill organizer with compartments for days of the week, or a cell phone reminder. "We also offer a free calendar so you can mark off each dose as you take it," Cilderman says.



3. IF YOU MISS A DOSE,

talk to your pharmacist or doctor before you consider doubling up. If you can't remember because you weren't using any of the memory aids, consult your doctor or pharmacist. "It's rare that we'd say to go ahead and take a second one," Cilderman says.



4. MAKE A LIST

of the medications you are on, and keep it with you. Give a copy to a loved one. It will be important to have that information available in the event of a medical emergency.

Sometimes patients don't understand why they've been given so many medications to take after discharge. Or there may have been changes to the medication they have been taking. Sometimes, patients get confused when switching from one product to another.

Is the Barnabas Health Retail Pharmacy also open to people who aren't patients of the hospital?

Yes, we are a full-service retail pharmacy serving patients who are being discharged, employees and patients from the entire community. We offer free delivery within five miles.

The Barnabas Health Retail Pharmacy is located on the ground floor of Clara Maass Medical Center at 1 Clara Maass Drive in Belleville. For more information, call **973.450.2581**.

A COLD WHILE PREGNANT?

WHAT TO DO

HOW TO EASE YOUR SYMPTOMS WHILE KEEPING YOUR BABY SAFE



Over-the-counter remedies for the symptoms of a common cold—sneezing, coughing, congestion, a sore throat—are easy to find. But if you're an expectant mother or a mom who is nursing, how do you find relief while being sure your medications don't affect your baby?

LESS IS MORE

"If you can limit medications, that's always safer and better," says Michael Straker, MD, Director of the Department of Obstetrics and Gynecology at Clara Maass Medical Center. For congestion, he suggests the use of a saline nasal spray or steam from a neti pot, and plenty of fluids. For a sore throat, try gargling with salt water. Chicken soup and plenty of rest can relieve symptoms as well.

For aches, acetaminophen (for example, Tylenol, rather than products containing aspirin, ibuprofen or naproxen) is safe throughout pregnancy, says Dr. Straker. The same is true for cough medicines with guaifenesin (an expectorant) or dextromethorphan



MICHAEL STRAKER, MD

(a suppressant), he says, though it's best to consult your physician first.

Read labels carefully before you take any cold medicine, particularly for multi-symptom products, advises Dr. Straker. "People often load up on different types of cold medicine because the brand names are different, but the ingredients are the same," he says. "You may be taking too much of a given ingredient without knowing it." Drug labels should also list any appropriate warnings for pregnant women.

WHEN TO CALL THE DOCTOR

There is no one-size-fits-all recommendation for when to call a doctor—whether your OB-GYN or primary care physician—about cold symptoms, Dr. Straker says. However, troubling signs include fever and chills, shortness of breath or an increased heart rate, and symptoms that linger more than 10 days or become more persistent. In those situations, a pregnant woman should seek the care of a doctor.

"A temperature of 100.5 or above is considered a fever, but a fever isn't

necessarily cause for concern," he says. "It's the body's way of removing an infectious agent. However, if a woman has a stubborn fever that will not come down with Tylenol and increased fluids, as well as significant physical discomfort, she should contact her doctor and possibly be seen right away."

TAKING CARE OF YOU

"An expectant or new mom already has a compromised immune system because so much of her body's energy is being used to support her baby," Dr. Straker says. "To lessen the chances of catching cold, pregnant and nursing women should follow a balanced diet, remain active, avoid those who are sick and wash hands frequently with soap and warm water.

"In addition, the flu shot is not only safe for pregnant and nursing moms, it's recommended," he says. "It helps to protect mom, and mom passes those antibodies to baby.

"Any time you're concerned, talk to your doctor," says Dr. Straker. "He or she will walk you through whatever you're experiencing."

To find a primary care doctor or OB-GYN at Clara Maass Medical Center, call **888.724.7123** or visit www.rwjbh.org/claramaass.



6 WAYS TO AVOID WINTER FALLS

THESE EVERYDAY SITUATIONS CAN TRIP YOU UP, BUT SMART STRATEGIES WILL KEEP YOU STEADY.

Winter is a high-risk time for injuries from slips and falls—but the good news is that most falls are preventable. Here, experts from Clara Maass Medical Center—board-certified orthopedic surgeon Frank Femino, MD, Director of Orthopedics and John Fontanetta, MD, Chairman of Emergency Medicine, board-certified in emergency medicine, internal medicine and pulmonary medicine—give their best advice on avoiding common falling hazards.



FRANK FEMINO, MD



JOHN FONTANETTA, MD



HAZARD #1: HURRYING.

PREVENTION: When it's cold outside, people take shortcuts or try to walk more quickly so that they can get inside where it's warmer.

“Many falls happen because of hurrying,” says Dr. Femino. “You don’t have time to shovel the steps, so you figure you’ll just hold on to the rail. You’re rushing to make an appointment, so you don’t pay attention to the things that surround you.”

“Give yourself plenty of time to get where you’re going,” says Dr. Fontanetta. “Walk slowly and carefully, taking slower, smaller steps and keeping your weight over your feet. And keep your hands out of your pockets so they’re available to block the fall if necessary. If you’re going to fall, using your arms and hands to lessen the impact will help you avoid head trauma.”



HAZARD #2: COLD MUSCLES AND SLOWER REACTION TIMES.

PREVENTION: “When your muscles are cold they tend to become more rigid,” explains Dr. Femino. “If you go out without proper outdoor clothing, and your legs are cold, they can’t react quickly if you slip or lose your balance.”

Don’t run outside—even just to pick up the newspaper—without proper winter clothes, including hat, gloves and coat. At the same time, too much bundling up can actually hinder mobility and affect balance. Choose clothing that’s both warm and light, such as lightweight down coats and vests. Make sure you’re comfortably warm inside, so your muscles are warmed up even before you go out.



AVOIDING FALLS AS YOU AGE

Falls are more likely as people age, due to a combination of factors including a declining sense of balance, reduced muscle strength and vision and hearing issues. To stay safe, Dr. Fontanetta advises:

- **Practice balance and strength exercises all year.** If you do lose your balance, having good muscle strength lets you recover by regaining your footing or grabbing on to a railing to support yourself. (If balance is an ongoing problem, contact the Comprehensive Balance Center at Clara Maass Medical Center.)
- **Have your eyes checked.** Keep your vision sharp. Go to the eye doctor to make sure contacts or eyeglasses prescriptions are current.
- **Be mindful about medications.** Everyone reacts differently to medications, so any kind can potentially impair your balance or make you unsteady. Be especially cautious when starting a new medication.



HAZARD #3: FLOORS MADE SLIPPERY BY WET SHOES.

PREVENTION:

At home, get in the habit of taking off your shoes or boots—and asking guests to do the same—right inside the entrance. Then, change into indoor shoes or slippers with good treads. “They should be slippers that hold onto your feet well—not something you just slip into,” says Dr. Fontanetta.

Slippery floors are particularly hazardous in offices or stores, where the wet shoes of many people create slick conditions. Be cautious in public places, and make sure your own shoes or boots have good traction and ankle support.



HAZARD #4: UNNECESSARY TRIPS DURING A STORM.

PREVENTION:

Many people think it’s important to keep appointments or get their shopping done even though conditions are hazardous. Stay inside unless your task is truly an emergency, says Dr. Femino. “I tell my patients to cancel their appointment if it’s icy or snowy out. I want them to be safe,” he says. “There are very few things that can’t wait until after a snowstorm.”



HAZARD #5: YOUR HOME’S ICY WALKWAYS AND DRIVEWAYS.

PREVENTION:

You have to go out onto the walkway or driveway to get it cleared—but before it’s cleared, a snow-covered driveway is a fall waiting to happen. “Keep a bucket of sand near your front or back door and throw a handful of sand on your steps before you go out,” advises Dr. Femino. “You can do the same thing with salt—even table salt—but if you’re worried about the effect on the environment or neighborhood pets, there are pet-friendly ice melts available. You can also use clean kitty litter for traction.”

In most apartment complexes or senior buildings, the pathways are shoveled and salted for the residents, Dr. Femino notes. “But if you live in your own home, it’s better to pay a snow removal service or a neighborhood kid to clear your driveway and walkways rather than risk hurting yourself.”



HAZARD #6: PARKING LOTS.

PREVENTION: “This is a huge hazard,” says Dr. Femino. “You drive into a

parking lot and step out not knowing what the surface is like.” Park in a well-lit area close to your destination, and take extra care when stepping out of your vehicle.

“Getting out of the car is an awkward movement—you have to twist and stand at the same time, which can be especially difficult for someone with arthritis in their knees or hips,” says Dr. Fontanetta. “To get out of the car, take your time to swing both legs out and plant them firmly on the ground before moving. Feel around and steady yourself on the door frame before you start walking.”

It’s also smart to keep a flashlight, and even a small container of sand or salt, in your car so you can deal with icy patches.

To learn more about orthopedic services at Clara Maass Medical Center, call **888.724.7123** or visit www.rwjbh.org/ortho.

THREE CHEERS FOR CLARA!

CELEBRATING 150 YEARS OF CARING FOR OUR COMMUNITY

Clara Maass Medical Center has been providing welcoming care for all types of people, in all kinds of circumstances, since its founding in 1869 as the Newark German Hospital. On November 13, we celebrated the occasion in style at A Very Tasteful Experience at Nanina's in the Park in Belleville.



1. Robert Gaccione, Esq., Chairman, Clara Maass Medical Center Board of Trustees, with Brent Rudnick, member of Clara Maass Medical Center Board of Trustees
2. Barry H. Ostrowsky, President and Chief Executive Officer, RWJBarnabas Health, with Fran Aduato and Mary Ellen Clyne, PhD, President and Chief Executive Officer, Clara Maass Medical Center
3. Thomas A. Biga, President, Hospital Division, RWJBarnabas Health; Robert V. Gamba, Chairman, Clara Maass Medical Center Foundation Board of Trustees; and Brian Sterling, member, Clara Maass Medical Center Board of Trustees and Clara Maass Medical Center Foundation Board of Trustees
4. From The North Ward Center: Galen Johnson, Director of Youth Leadership Development, and Kayla Williams, Director of Community Outreach
5. Robert Brautigan, MD, Medical Staff President, with his wife, Lourdes Brautigan; Good Day New York sportscaster Tina Cervasio and her husband, Kevin McKearney
6. Lourdes and Robert Brautigan, MD; Michael Gentile, MD; and John V. Kelly, Jr., MD, with his wife, Cynthia Kelly

HOW TO SAVE A LIFE

IS IT A HEART ATTACK OR CARDIAC ARREST—AND WHAT SHOULD A BYSTANDER DO?

“Heart attack” and “cardiac arrest” may sound like similar conditions, but they’re not the same—and one is potentially much more life-threatening. “With a heart attack, an artery is clogged, and the majority of patients have 100 percent closure of an artery,” explains Jay H. Stone, MD, Director of the Cardiac Catheterization and Interventional Lab at Community Medical Center in Toms River and a member of the RWJBarnabas Health medical group. “In a cardiac arrest, the heart stops completely and no blood at all is circulating.” Death can be instantaneous.

The two things that determine survival, Dr. Stone explains, are the underlying pathology and the flow of blood to the brain. “If someone passes out in front of you, take action immediately,” he urges. “The patient can’t afford to lose the time that it may take for professional medical help to arrive.” Quick action can double or even triple a cardiac arrest victim’s chance for survival.



JAY H. STONE, MD

GET IT CHECKED

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

HEART ATTACK

WHAT IT IS

A circulation problem. Blood flow stops because of a blockage in an artery. The part of the heart muscle that is deprived of oxygen-rich blood begins to die.

SYMPTOMS

These may begin hours, days or weeks in advance.

- Chest pain or feeling of pressure in the chest, possibly spreading to arms, neck, jaw, back or stomach.
- Feeling sick, sweaty or short of breath.
- The person having a heart attack will usually remain conscious.

WHAT TO DO

If you are having these symptoms, don’t hesitate to contact your doctor or call 911. If someone you are with appears to be having a heart attack, call 911 immediately. Sit the person down and keep them calm while you wait for help.

CARDIAC ARREST (CA)

WHAT IT IS

Usually, an electrical problem that causes the heart to stop pumping. CA can be triggered by a heart attack but can have other causes, such as an undiagnosed heart abnormality or cocaine or amphetamine use.

SYMPTOMS

- Possibly racing heart or dizziness, but CA may occur without warning.
- A person suffering CA will become unconscious and will not breathe normally, or breathe at all.

WHAT TO DO

- Immediately call 911, or have someone else make the call while you perform the steps below.
- If an AED (automated external defibrillator) is available, begin use, following the prompts.
- Do CPR (cardiopulmonary resuscitation). If you don’t know conventional CPR, do hands-only CPR (see below).

HANDS-ONLY CPR

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

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





TRAUMA WITHOUT DRAMA

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

Paramedics are running through the Emergency Department (ED) entrance. Blood is all over. Doctors are shouting, “Get me a clamp—stat!”

And ... cut! End scene. That chaotic scenario, a staple of medical shows, happens on TV show sets but not in real life, trauma experts say.

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

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

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

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

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

TRAUMA OR ED?

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

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



RAJAN GUPTA, MD



MICHAEL MARANO, MD



BRUNO MOLINO, MD

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



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

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

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

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

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

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

HELP FOR SEVERE BURNS

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

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

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

AN OUNCE OF PREVENTION

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



THE NEED FOR SPEED

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

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

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

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

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

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

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



MAKING MATERNITY SAFER

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

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

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

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

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

EMPOWERING WOMEN

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

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

ALERT IN THE ED

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

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

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

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

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

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

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

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



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



LEARNING TO CRAWL AGAIN

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

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

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

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

Children's Specialized Hospital®

An RWJBarnabas Health facility

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

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

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

SKILLS REGAINED

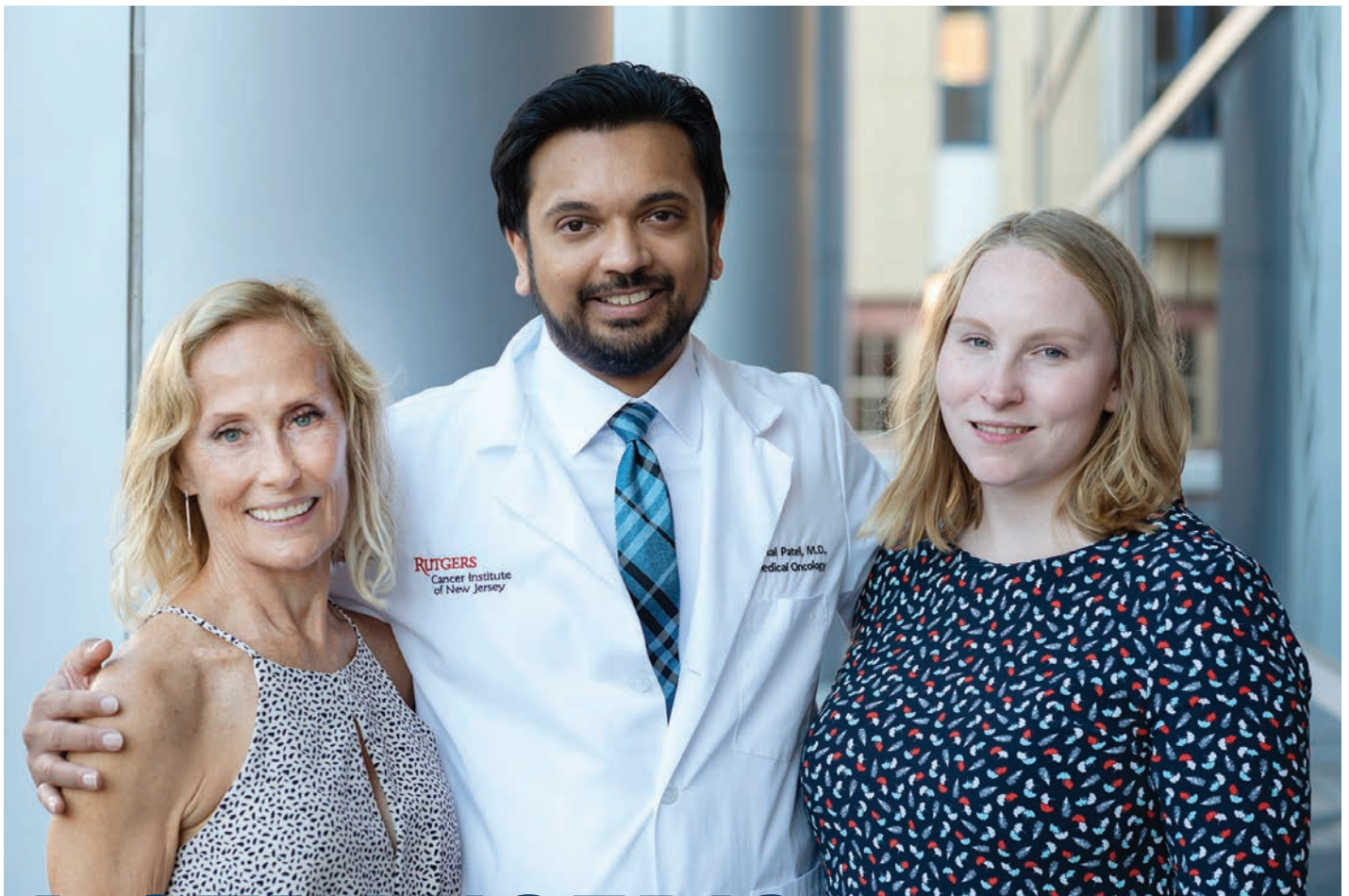
LJ returned to CSH on February 11 to continue his rehabilitation journey. He quickly bonded with his inpatient team, particularly enjoying aquatic therapy. "Once they got LJ into the pool, there was no stopping him," says Olivia. "He loved it, and the resistance of the water forced him to start using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

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

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

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

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



A STRANGER'S GIFT

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

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

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

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

AN UNEXPECTED DIAGNOSIS

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

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

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

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



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



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

RWJUH and Rutgers Cancer Institute.

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

SEARCHING FOR A DONOR

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

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

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

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

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

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

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

was female and 19 years old."

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

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

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

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

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

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



sunlight tends to boost serotonin. A lack of light causes the brain to release less serotonin, which can lead to depression.

“We’re not sure what makes some people vulnerable to SAD while others aren’t greatly affected by less exposure to sunlight,” says Dr. Kaplan. “The theory is that people with SAD may have some form of imbalance in the regulation of these two hormones. Genetic factors may play a role in this.”

WHAT TO DO

“If you think you may have SAD, consult with a professional to determine whether your condition relates to that or to something else,” advises Dr. Kaplan. “Depression can be due to many different things, so it’s better not to self-

diagnose and possibly waste time on the wrong treatments.”

Having a healthy diet and regular exercise have been shown to improve symptoms of depression. Other possible treatments for SAD include:

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

Cognitive behavioral therapy. This kind of psychotherapy, or “talk therapy,” focuses on changing inaccurate or negative thinking in order to create new behaviors.

Antidepressant medication. “Generally speaking, antidepressants don’t start working for four to six weeks,” says Dr. Kaplan. “If your depression is seasonal, you may choose to take them for several months and then go off them when winter is over, or continue to take them for the rest of the year to prevent the reappearance of depression. It’s the combined job of the doctor and patient to decide the best course.”

YOU CAN BEAT THE WINTER BLUES

SEASONAL DEPRESSION IS A STRUGGLE, BUT HELP IS AVAILABLE.

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

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

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

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

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

WHY WINTER?

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



GABRIEL KAPLAN, MD

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



Your heart doesn't beat just for you.

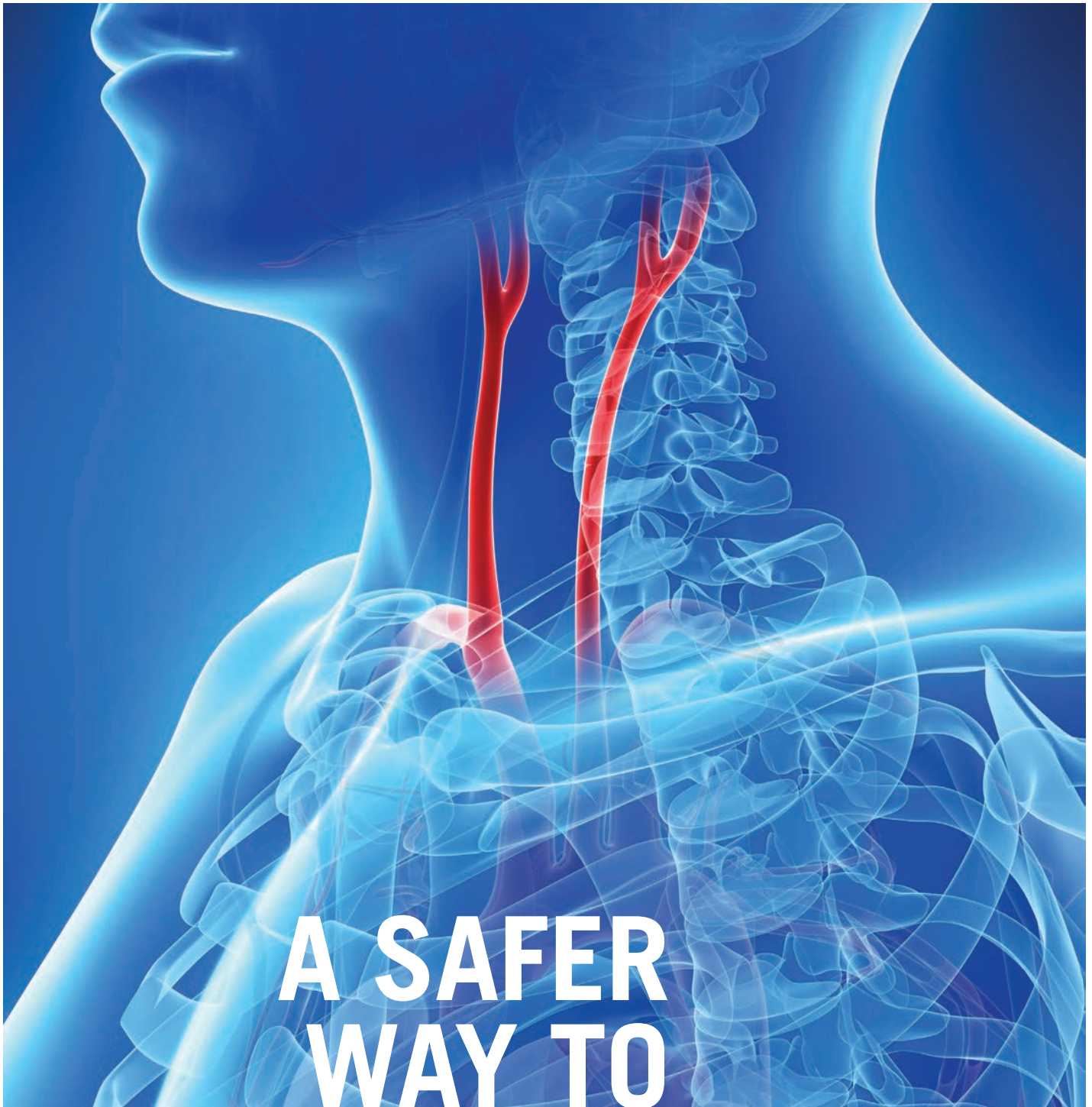
Get it checked. It beats for your husband or wife, your children and grandchildren. It beats for your brothers and sisters, your friends and lovers. It beats for everyone who cares deeply about you. So please, get your heart checked. For them. For you. For more information and to make an appointment with one of New Jersey's top cardiologists, visit rwjbh.org/heart

**Clara Maass
Medical Center**

**RWJBarnabas
HEALTH**

Let's be healthy together.





A SAFER WAY TO PREVENT A STROKE

**A NEW TYPE OF SURGERY CARRIES LESS RISK WHEN
CLEARING PLAQUE FROM THE CAROTID ARTERIES.**

A groundbreaking new treatment is now available to help some patients with carotid artery disease, a leading cause of stroke. TransCarotid Artery Revascularization (TCAR) has fewer risks than other options, reduces scarring and gets patients out of the hospital and back on their feet sooner.

“TCAR is specifically designed to treat high-risk patients with carotid

artery disease in the safest way possible,” says Daniel Fremed, MD, a board-certified vascular surgeon at Clara Maass Medical Center (CMMC).

About a third of all strokes are caused by carotid artery disease. Fatty deposits (known as plaque) clog arteries and reduce or block blood flow to the brain.

“Strokes can be life-altering and debilitating,” says Dr. Fremed. “Stroke survivors can be left physically and cognitively impaired.” The TCAR procedure is a new way to prevent strokes from occurring.

TRADITIONAL TREATMENTS

The most common treatment for carotid artery disease is *carotid endarterectomy* (CEA). To do this, a surgeon makes an incision on the patient’s neck. Then the surgeon opens the carotid artery and removes the plaque.

Another option, called *angioplasty*, inflates a tiny balloon in the artery to open it up. A surgeon may also put a stent (a tiny tube) in the artery to keep it open. To reach the carotid artery, the surgeon must feed a catheter up to the neck from a puncture in the femoral artery in the groin.

These two treatments carry certain risks. CEA is open surgery, which requires a large incision. It is commonly performed under general anesthesia and carries a risk of nerve injury.

With angioplasty, the danger is that pieces of plaque could break loose and move into the brain. That in itself can cause a stroke.

For some patients, including those with diabetes and heart or lung disease, surgery already carries greater risks. For these patients in particular, TCAR is a great benefit. “TCAR eliminates

the riskiest parts of traditional carotid surgery and stenting and delivers an extraordinarily safe procedure, especially for high-risk patients,” says Dr. Fremed.



DANIEL FREMED, MD

HOW TCAR WORKS

TCAR helps reduce risk in two ways. First, it requires a smaller cut, less than an inch long, just above the collarbone, rather than up to several inches along the length of the neck, as CEA does.

“This smaller incision can lead to less postoperative pain and a quicker recovery,” Dr. Fremed explains.

Through this minimally invasive opening, surgeons can reach the carotid artery and insert a slender tube. Then they put a stent inside the artery to open it up so blood flows freely to the brain.

The other key factor with TCAR is that, incredibly, it temporarily reverses the blood flow to the brain. Surgeons clamp the carotid artery feeding blood to the brain. Then they redirect the blood back from the brain through a tube leading to a vein in the thigh.

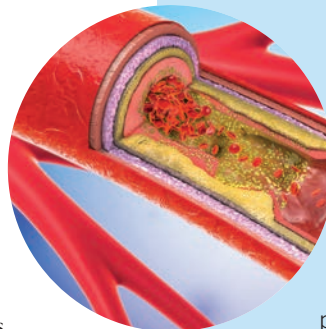
During the procedure, blood flowing away from the brain goes through a filter before it reenters the body. In this way, if pieces of plaque break off, they won’t get to the brain and cause a stroke, as is the risk with more traditional interventions for carotid artery disease. This reversal of blood flow takes about 10 minutes and doesn’t harm the brain because other arteries continue to supply blood to the brain during this time.

HOME SOONER

Along with greatly reduced risk of stroke and nerve damage, patients recover faster and with less scarring. Often, they are able to return home and get back to their normal activities the next day.

“Most patients undergoing TCAR can be discharged on post-op day one,” Dr. Fremed says. “It is an overnight hospital stay to monitor their blood pressure and the incision.”

Surgeons at CMMC have been performing TCAR for about a year. “There are only a handful of hospitals in New Jersey performing this procedure,”



WHAT IS CAROTID ARTERY DISEASE?

WHAT IT IS: A waxy substance called plaque builds up in one or both of the carotid arteries, the vessels in the neck that carry oxygen-rich blood to the brain. Blood flow to the brain may be interrupted, causing a stroke.

WHAT CAUSES IT: Factors that damage the inner layers of the carotid arteries, such as smoking, high levels of cholesterol, high blood pressure and high levels of sugar in the blood.

TREATMENT: Lifestyle changes, such as heart-healthy eating, maintaining a healthy weight and being as physically active as you can reduce the risk. If those measures aren’t enough, your doctor may prescribe medicines to help control risk factors.

WARNING SIGNS: For some people a “mini-stroke”—a transient ischemic attack, or TIA—is a warning sign. Symptoms include sudden trouble seeing or speaking, dizziness, a severe sudden headache or sudden weakness in the face or limbs—similar to symptoms of an actual stroke, although these usually go away within 24 hours. ***If you or a loved one have these symptoms, call 911 as soon as possible.***

says Dr. Fremed.

In the future, other hospitals seem certain to follow this lead. Dr. Fremed says that TCAR is so safe that it may even eventually be used with low-risk patients.

Says Dr. Fremed, “TCAR turns treating high-risk carotid artery disease into a very safe procedure.”

For a referral to a Clara Maass Medical Center vascular surgeon, call **888.724.7123**.





WHAT SHOULD I KNOW ABOUT COLON CANCER?

PREVENTION, NEW TREATMENTS AND EVEN POTENTIAL CURES ARE AVAILABLE.

Colon cancer, often called colorectal cancer, is the third most common cancer detected in both men and women in the U.S., and the third leading cause of cancer-related deaths. Yet colon cancer, unlike other cancers, can actually be prevented through regular screening. “Awareness is the key,” says James Orsini, MD, Director of Medical Oncology at Clara Maass Medical Center. He explains:

Who needs to be screened for colon cancer?

The recommendation from the American Society of Clinical Oncology is that everyone should begin colorectal cancer screening at age 50. However, people at higher risk should be screened earlier. Higher-risk groups include people with a family history of colon cancer,



JAMES ORSINI, MD

especially in your immediate family, and people with a history of IBD (irritable bowel disease). Talk with your doctor to determine if you are in a high-risk group.

How can colon cancer be prevented?

Lifestyle factors may contribute to an increased risk, but they can be modified. These factors include lack of regular physical activity; a diet low in fruits and vegetables and high in processed meats and fat; alcohol consumption; and tobacco use. For prevention, a colonoscopy—a type of screening that allows the doctor to use a lighted tube to view the rectum and colon while the patient is sedated—can detect lumps of cells called polyps that may turn into cancer. These polyps can be removed during the colonoscopy.

Why do some people put off getting a colonoscopy?

The night before a colonoscopy, you have to drink a certain amount of fluids with medications that cause diarrhea in order to cleanse your colon thoroughly. Many people are fearful of this. In an older person, the process may be harder because they may get dehydrated. Certain medical problems may also make colonoscopy preparation more difficult.

For those cases, there are other screening options to try first, including tests of stools (fecal matter) to look for signs of colon cancer, and what’s known as a “virtual colonoscopy,” which is like having an X-ray. If any of these tests are suggestive of colon cancer, then a colonoscopy will be necessary. A colonoscopy is the gold standard for screening for colon cancer.

What happens if colon cancer is found?

Today, treatments for colon cancer offer a chance for significantly prolonging a patient’s life, or even a cure. In fact, 50 percent of individuals who undergo surgery by a specialist—an oncological cancer surgeon—are cured.

Surgery is often followed by systemic chemotherapy. In a small percentage of patients with colon cancer, innovative therapies, such as immune therapy, have been considered when patients relapse. We can actually target these therapies by testing for specific markers that enable us to establish which treatment is best suited for that individual. We’re seeing some remarkable responses to advanced colon cancer with combined immune therapies. So we’re extremely optimistic about the future treatment of colon cancer.

What message do you want people to get about colon cancer?

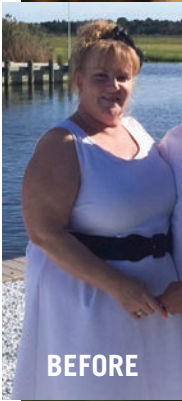
It all starts with awareness. Anyone can develop colon cancer. Unexplained weight loss or stomach pain that doesn’t go away could be signs. If you have rectal bleeding, don’t ignore it or assume it’s a hemorrhoid.

Reach out to your primary care physician and find out the next best steps to protect yourself.

*

RWJBarnabas Health and Clara Maass Medical Center, in partnership with Rutgers Cancer Institute of New Jersey—the state’s only National Cancer Institute-Designated Comprehensive Cancer Center—provide close-to-home access to the most advanced treatment options. Call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.

To learn about colon cancer screening at Clara Maass Medical Center, call **888.724.7123** or visit www.rwjbh.org/claramaass.



Lisa DeFabbi is thriving after weight loss surgery at Clara Maass Medical Center.



‘THE BEST THING I’VE EVER DONE’

WEIGHT LOSS SURGERY HELPS A NUTLEY WOMAN CONQUER LIFELONG OBESITY.

Lisa DeFabbi, 53, has been heavy for most of her life. “From the time I was a child, weight issues were always with me,” says the Nutley resident. “I had tried the lap band [an inflatable band placed around the upper part of the stomach that decreases stomach size to limit food intake]. That didn’t work. Jenny Craig, Weight Watchers: Nothing kept the weight off.”

Last year, she made a decision. “I’m a grandmother with a 3-year-old granddaughter, and I felt, enough was enough. I decided I wanted to go in for weight loss surgery.”



HARVEY RAINVILLE, MD

Lisa got to work with the bariatric team at Clara Maass Medical Center (CMMC), which has a comprehensive program to support patients before, during and after surgery to provide

the best possible chance for long-term weight loss.

WHO IS A CANDIDATE?

To be a candidate for bariatric surgery, a person needs to have a body mass index, or BMI—a calculation measured using the patient’s height and weight—of greater than 40. Alternatively, the person can have a BMI of 35 or higher, along with one or more obesity-related conditions.

“Often, patients at that number suffer with a number of medical conditions: diabetes, high blood pressure, high cholesterol, sleep apnea, reflux disease, osteoarthritis,” explains Harvey Rainville, MD, Medical Director of Robotic Surgery at CMMC. “In addition to helping a patient lose weight, bariatric surgery allows the majority of patients to get off many of the medications they are taking for obesity-related conditions.”

Bariatric surgery, in the simplest terms, involves surgically reducing the size of a person’s stomach so that they consume

less food than they’re used to eating and have a much smaller appetite. “The surgery has come a long way in the last couple of decades,” says Dr. Rainville, who performed Lisa’s surgery. “The newer procedures are minimally invasive. We make smaller incisions, and there is quicker recovery time: The patient spends less than 24 hours in the hospital and often, there is full recovery within a few days of surgery.”

A BIG COMMITMENT

“I knew going in that the surgery would change the way I would be able to eat for the rest of my life,” Lisa says. “When they take out more than half your stomach, it can be nerve-wracking, because you know this is an irreversible procedure.”

Before the procedure, Lisa was on a two-week diet; after the operation, she was given a diet protocol that was explained to her by the team of dietitians in the bariatric program. This postoperative diet lasts for a duration of six weeks and gradually progresses from primarily liquids to normal solid foods.

A little over a year post-surgery, Lisa has lost 85 of her 282 pounds, and says she has never felt better. “I eat smaller amounts now, and a mostly healthy diet: fruits, vegetables, lean proteins. But I do allow myself things like pizza and wine on the weekends and some chocolate—just smaller amounts.” And the end result?

“This is absolutely the best thing I have ever done,” she says. “I want to be that 81-year-old that is running marathons! And this will help me get there.”



CLARA MAASS MEDICAL CENTER CAN HELP

To learn more about bariatric surgery at Clara Maass Medical Center, attend one of the monthly “Surgical Options for Weight Loss” seminars (which are also offered in Spanish) led by one of CMMC’s bariatric surgeons. To register, call **888.724.7123** or visit www.rwjbh.org/weightloss.



SAFETY FIRST— AND ALWAYS

In addition to numerous awards for clinical excellence, Clara Maass Medical Center has received national recognition for its safety measures, including:

- 2019 Patient Safety Excellence Award from Healthgrades
- 12 Grade A scores in quality and patient safety from The Leapfrog Group

NOTHING BUT THE BEST

THE PURSUIT OF PERFECTION IN HEALTHCARE DELIVERY NEVER STOPS.

“A great hospital has great healthcare providers—doctors, nurses, physical therapists and so on—and great processes,” says bariatric surgeon Naveen Ballem, MD, who holds the newly created position of Chief Clinical Effectiveness Officer at Clara Maass Medical Center (CMMC).

“It’s the role of the hospital administration to make sure a hospital has those great processes, and to ensure that all steps are beautifully orchestrated in a patient-centric treatment plan,” he says.

As Chief Clinical Effectiveness Officer, Dr. Ballem oversees the areas of Quality Improvement, Performance Excellence,



NAVEEN BALLEM, MD

Regulatory Compliance, Patient Safety and Infection Control. “When you think about quality, it’s not about achieving it once, but rather about maintaining it long-term in a highly reproducible,

reliable manner,” he says. “The healthcare landscape is constantly changing, from new technologies to new evidence-based guidelines, and it is imperative that we not only keep up but strive to stay a step ahead.”

DATA MATTERS

Like other RWJBarnabas Health facilities, CMMC is on a mission to become a High Reliability Organization (HRO), a concept that originated in the field of aviation and is now being widely adopted in healthcare. “HRO is not an award. It’s the pursuit of perfection,” says Dr. Ballem.

This high-level goal takes shape in many ways. One is the relentless collection and evaluation of data of all kinds. For example, all patient infections—wound, bloodstream, urinary and more—are analyzed for cause, treatment and means of preventing future occurrences.

Processes, too, are continually evaluated. What is the best process for diagnosis if someone comes to the hospital with chest pain? What are the best practices and technology for preventing bed sores?

“We use a lot of checklists, much as pilots do before a flight,” Dr. Ballem says. “For example, we do something we call a ‘time-out’ in the operating room, where we go through a checklist to confirm and reconfirm the patient’s name and the type of surgery to be done, that we have all the equipment ready, and so on. Once everyone on the team confirms that all the components are in place, then we can perform the surgery.”

Equally important, the Chief Clinical Effectiveness Officer must make sure the medical center is up to speed with the constantly changing guidelines and evaluation metrics used by insurers and other outside organizations.

Delivering quality care is not, of course, a new concept. “From a smaller perspective, every medical practice strives for the same kind of excellence and effectiveness,” Dr. Ballem explains. “In my bariatric practice, we focus on every patient as if they are the only one as we guide them through the pre-op process to surgery and ensure their success and excellent surgical outcomes. But it becomes more complex in a large organization, because there are so many moving parts.”

Still, he and the medical team at CMMC are up for the challenge. Dr. Ballem says, “Every day at Clara Maass, we strive for the pursuit of perfection with a highly reliable team and consistently reproducible high-quality outcomes for every single patient we serve.”

To learn about treatments and services offered by Clara Maass Medical Center, call **888.724.7123** or visit www.rwjbh.org/claramaass.

WHAT'S NEW AT CLARA MAASS MEDICAL CENTER

HERE ARE JUST A FEW OF THE WAYS WE'RE SERVING OUR DIVERSE COMMUNITY.



SMILE! AWARDS CELEBRATE ORAL HEALTH

First Lady of the State of New Jersey Tammy Snyder Murphy was the keynote speaker at the inaugural SMILE! Awards, held at Clara Maass Medical Center. The SMILE! Awards are given by the KinderSmile Foundation, a nonprofit pediatric dental community outreach center based in Bloomfield, serving the oral health needs of uninsured and underserved children up to age 17. The awards honored 20 pregnant and postpartum moms from Essex County,

primarily Bloomfield, Belleville, Newark, East Orange, Nutley and Montclair, who have graduated from KinderSmile Foundation's Perinatal Health and Wellness Program.

"Giving birth is an exciting time, especially for the graduates of the perinatal and wellness program. Thanks to the KinderSmile Foundation, new and expecting mothers are empowered to improve their health, including their oral health for themselves, their new babies and their entire families, and we are grateful to have such a meaningful and rewarding partnership with the foundation," says Mary Ellen Clyne, PhD, President and Chief Executive Officer of Clara Maass Medical Center.

Above, left to right: Frank Mazzarella, MD, Chief Medical Officer, Clara Maass Medical Center; Mary Ellen Clyne, PhD, President and Chief Executive Officer, Clara Maass Medical Center; New Jersey First Lady Tammy Snyder Murphy; Nicole McGrath-Barnes, DDS, Founder and CEO, KinderSmile Foundation; Annette Cozzarelli-Franklin, MD, Director, Women's Health Services, Clara Maass Medical Center; and Darwin K. Hayes, DDS, MHA, FAGD, State of New Jersey Dental Director.



LATINO HEALTH ADVISORY BOARD GETS NEW CHAIR

Margarita Muñiz, Executive Director of Family and Community Engagement for Newark Public Schools, was recently appointed as the new Chair of the Advisory Board for the Center of Excellence for Latino Health at Clara Maass Medical Center (CMMC). As Chair, Margarita will lead the Advisory Board in providing strategic guidance, assistance and advice to the medical center's leadership as it continues to identify ways to provide enhanced healthcare to the Latino community, which represents more than 40 percent of the CMMC patient population.



NEW BEHAVIORAL UNIT IS OPEN

Clara Maass Medical Center (CMMC) recently opened a new, state-of-the-art Behavioral Health Unit specifically designed for patients in need of evaluation by the medical center's Psychiatric Emergency Screening Service (PESS) team. The new unit has six private patient rooms, a secure area for patient belongings and a private consultation room for the healthcare team and patient families.

The PESS Unit is one of only 25 state-designated Psychiatric Emergency Screening Services located in Emergency Departments around New Jersey. Among the list of services provided through the unit are: crisis intervention, stabilization and treatment; mobile outreach to local residents experiencing acute psychiatric distress; and crisis hotline services. The hotline, at 973.844.4357, is available 24 hours a day, 7 days a week. CMMC provides mobile crisis outreach for the following municipalities in Essex County: Belleville, Bloomfield, Caldwell, Cedar Grove, East Orange, Essex Fells, Fairfield, Glen Ridge, Livingston, Maplewood, Millburn, Montclair, North Caldwell, Nutley, Orange, Roseland, South Orange, Verona, West Caldwell and West Orange.

Above, the new Behavioral Health Unit with six private patient rooms.

To learn more about events at Clara Maass Medical Center, visit www.rwjbh.org/events.

Lose more than just weight.

Lose your sleep apnea.

Bariatric surgery at Clara Maass Medical Center

At Clara Maass Medical Center, instead of emphasizing short-term goals like reducing the size of your waist, we focus on long-term benefits like reducing your risk of diabetes, sleep apnea and hypertension. Beginning with a nurse navigator, every aspect of the program, including bariatric surgery, will be clearly presented so you can make the right choice. Attend one of our life-changing seminars to learn more.

Clara Maass Medical Center

RWJBarnabas HEALTH

Let's be healthy together.

rwjbh.org/weightloss

