

A Publication of
JERSEY CITY MEDICAL CENTER

SPRING 2019

healthy *together*

**LET'S TALK
ABOUT MENTAL
ILLNESS**

**DELICIOUS
LOW-SUGAR
RECIPES**

**HEART
SMARTS
FOR WOMEN**

**WHERE TO GET
THE BEST CANCER CARE**



SAFETY: It Takes a Team

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

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

Jersey City Medical Center prides itself on our dedication to safety as our top priority, with 100 percent of our staff being trained in HRO. Each employee lives our Safety Together values daily—from our housekeeping staff insuring their commitment to handwashing, to our nurses who validate and verify the physician's orders to make sure our patients' and visitors' safety is at the highest priority. Every member of the JCMC team knows how integral he or she is to patient safety and lives the values daily.

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

Yours in good health,

BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH

MICHAEL PRILUTSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
JERSEY CITY MEDICAL CENTER



Jersey City Medical Center Certified for Hip and Knee Replacement



Jersey City Medical Center (JCMC) has been recognized as a DNV GL Healthcare-certified Hip & Knee Replacement Program. The DNV GL Healthcare Hip and Knee Replacement Certification, based on standards set forth by DNV GL Healthcare and considering the guidelines of the American Academy of Orthopedic Surgeons, recognizes program excellence in patient care and outcomes.

The DNV GL Healthcare certification as a Hip & Knee Replacement Program validates the hospital's excellence across the spectrum of hip and knee replacement care, from diagnosis to treatment, rehabilitation, education and outcomes.

"Achieving this DNV GL certification is yet another example of Jersey City Medical Center's commitment to excellence and all the extraordinary effort we deliver to ensure the health and safety of our patients," says Michael Prilutsky, President and CEO, JCMC. "It demonstrates to our community that the hospital is performing at the highest level."

"This DNV GL certification validates Jersey City Medical Center has the resources and commitment to provide the best possible care for hip and knee replacement to our community," says Frank Liporace, MD, orthopedic physician with RWJBarnabas Health Medical Group, Director of the Orthopedic Institute at JCMC, and Chairman of the hospital's Department of Orthopedics. "It's a combination of state-of-the-art equipment, personnel and training to exhibit excellence in orthopedic surgery within the scope of hip and knee replacement and related procedures."

To learn more about the Orthopedic Institute at Jersey City Medical Center, or to make an appointment, call **844-63-ORTHO (844-636-7846)** or visit www.rwjbh.org/ortho.

Jersey City Medical Center | **RWJBarnabas HEALTH**

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healthy *together* contents

SPRING 2019



18



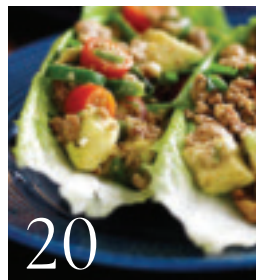
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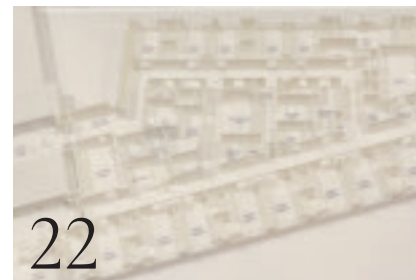
6



17



20



22



12

2. WELCOME LETTER.

A community update from our CEOs.

4. A HELPING HAND FOR BETTER HEALTH.

A population health initiative boosts the well-being of Hudson County residents.

6. BREAKING THE STIGMA OF MENTAL ILLNESS.

How to get past shame and fear, and get help.

8. ASK THE DOCTOR: WOMEN AND HEART DISEASE.

What cardiologists want female patients to do for their health.

9. MAKING A REAL IMPACT.

RWJBarnabas Health is committed to promoting community health.

10. BETTER CARE FOR OLDER ADULTS.

Healthcare providers are taking a fresh look at how to treat the elderly.

12. WHERE TO GET THE BEST CANCER CARE.

For patients, what does it mean to have access to a “comprehensive” cancer center?

14. THE GOAL: ZERO ERRORS.

Our health system is on a mission to achieve the highest safety standards.

16. A BABY’S BEST FRIEND.

How a therapy dog helped one little girl recover her strength.



16

17. ‘I’M MOVING FORWARD.’

A shooting survivor builds a new life with the help of dedicated rehabilitation therapists.

18. MAGNET RECOGNITION ATTRACTS THE BEST.

Earning a prestigious nursing award—for the third time—signifies exceptional care.

20. 4 BASIC FACTS ABOUT TYPE 2 DIABETES.

An endocrinologist explains. Plus: delicious, diabetes-friendly recipes.

22. DELIVERING EXCELLENCE.

A major donation helps build a state-of-the-art new maternity wing.



A HELPING HAND FOR BETTER HEALTH

PERSON BY PERSON, A POPULATION HEALTH INITIATIVE IS BOOSTING THE WELL-BEING OF HUDSON COUNTY RESIDENTS.

What do people in Hudson County need to stay healthy? Like residents of any big, diverse community, they need a whole gamut of services: chronic disease management, nutritional education, access to free health screenings and more.

When people have those things, their health improves—and they're able to avoid visits to the Emergency Department (ED) and admissions to the hospital. Determining who needs which services and allocating resources is, in a nutshell, the concept of "population health."

That's the high-level view. At ground level, individual actions and programs make the differences that add up to better community health overall: Teaching a 7-year-old boy to use his asthma inhaler correctly. Educating an older man on the side effects of his heart failure medication. Helping an oncology patient get a

program grant that covers the cost of a week's vacation.

Since 2012, population health has been a major initiative at Jersey City Medical Center (JCMC). "It's in accord with the core mission of our hospital," says Kwaku Gyekye, Director of Population Health and ACO (Accountable Care Organization) at JCMC. "As an anchor institution, we're the be-all and end-all of medical care for many folks in the community, and we need to make our services comprehensive.

"When people hear what we can provide, they're amazed. Some of them keep waiting to hear what the catch is."

But there is no catch. Services are available to any Hudson County resident, of any age, gender or socioeconomic status, and financial need is accommodated.

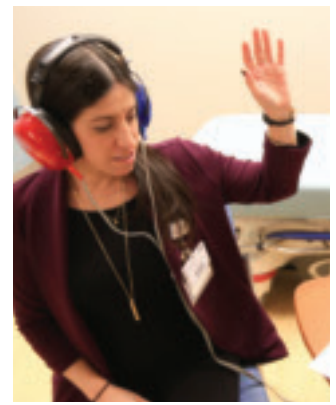
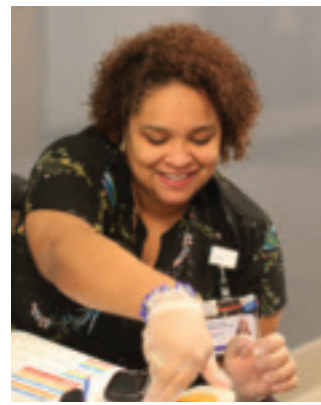
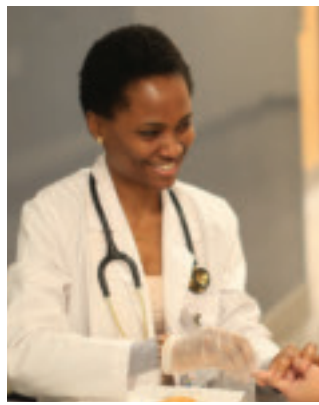
OUTREACH EVERYWHERE

JCMC's population health initiative formally began in 2012. The first step, says Gyekye, was collecting data from a variety of primary and secondary sources, including a comprehensive Community Health Needs Assessment, which is conducted by JCMC every three years. Gyekye and his team also looked at inpatient admissions, as well as ED and ambulatory visits. They analyzed the data for specific neighborhood needs based on ZIP codes, and put programs in place accordingly.

While management of chronic conditions, such as diabetes, hypertension, and kidney disease, is an ongoing concern, the population health initiative also began to invest heavily in connecting residents to primary and preventive care.

"We don't wait for you to come to the hospital," says Gyekye. "We undertake approximately 1,000 events a year, impacting about 35,000 people on an annual basis. That can mean anything from doing basic screenings, to hosting a guest speaker at a community center, to doing targeted health screening fairs."

Patient navigators meet Hudson County residents where they are—senior centers, bingo nights, schools, homes. "Home visits are important because we get a different view than we can get anywhere else," says Gyekye. "We might remove expired medication, or see that someone



Opposite and top row: Jersey City Medical Center's Population Health program recently hosted a "Know Your Numbers" event that made free screenings of blood pressure, glucose, hearing and more available to residents. Bottom row, the RWJBarnabas Health Wellness on Wheels mobile greenhouse paid a visit.

who's suffering from asthma is living in a basement with mold or no proper ventilation." The program can connect a resident with community resources to get remediation for the home.

"But if a patient prefers, we'll meet him or her in a neutral location, like a mall or coffee shop," says Gyekye.

MEASURES OF SUCCESS

For the first three years, the population health initiative was centralized in one department, which created protocols and training modules. The team built an electronic social services database to connect residents with services and programs. They trained patient navigators to help residents find housing, apply for Medicaid, prepare for job interviews and more.

Once the program was established, it was expanded throughout JCMC. "If you go to the orthopedic department, or to the renal, dental or eye clinics, you'll find a linkage to population health," explains Gyekye. The population health team also

has created the free Reward Program. Membership provides discounts at certain businesses, restaurants and gyms.

What does success look like for this ambitious program? One metric is reducing ED utilization and unnecessary inpatient admissions, which have seen a marked reduction, says Gyekye.

But the true tale is told through individual stories. "We had one patient who had a history of more than 70 hospital admissions for seizures," says Sharnia Williams, Patient Navigation Program Coordinator. "We helped her get the change in medication she needed. In the first year, her hospital admissions were dramatically reduced, and she hasn't been in the hospital since."

"Our motivation is to see individuals in the community come back to us and tell us they now have a job, or they can now self-manage their chronic disease, or their health condition has improved," says Gyekye. He looks forward to hearing more of those stories. "We're a fully funded, entrenched program, and we're not going anywhere."

To learn more about events, programs and membership, call the Patient Navigation Program Coordinator at **201.388.1290**.



BREAKING THE STIGMA OF MENTAL ILLNESS

**SHAME AND FEAR OF
JUDGMENT STOP PEOPLE
FROM GETTING HELP. HERE'S
HOW TO GET PAST THAT.**

Most people wouldn't think twice about seeking treatment for cancer, diabetes or heart disease—but when it comes to mental health disorders, many suffer in silence. The crippling fear of being viewed differently by friends, loved ones and community members can hold people back from seeking help.

“Some of the negative attitudes about mental health disorders are that they're caused by a lack of willpower and personal responsibility, instead of being viewed as a disease,” says Robert Winston, MSW, LCSW, Associate Vice President, Behavioral Health at Jersey City Medical Center (JCMC). “There's a lot of judgment and shame. People worry that others will see them as weak.”

The National Institute of Mental Health reports that while one in five U.S. adults lives with mental illness, nearly 60 percent of those people did not receive treatment in the past year. In fact, the average delay between when symptoms first appear and intervention is eight to 10 years, according to the National Alliance on Mental Illness (NAMI). “Unfortunately, the longer you wait to be treated, the more you're suffering,” says Winston. “Symptoms can get worse over time, depending on what form of mental illness you have.”

THE ROOTS OF SILENCE

“Mental health stigma goes back many, many generations, and it really stems from a lot of misinformation,” says Beatriz Cruz, LCSW, LCADC, Director, Adult

Outpatient Behavioral Health Services at JCMC. “Most people don't understand mental illness.”

“People will have someone who is ill at home, like a son or daughter who stays in their room all day, and the family doesn't want to tell anybody,” says Martha Silva, a board member and educator for the Hudson County chapter of NAMI. “A question that's asked a lot is ‘What are people going to say?’”

Many sufferers internalize the stigma. “Issues can become self-perpetuating, with people thinking, ‘I'm not good enough,’” says Winston. “Therefore, you have this internal demon that's haunting you.”

Delaying treatment also can lead to unhealthy coping habits, such as smoking and substance abuse. “These are things that are going to impact your physical health and just create more problems,” says Cruz.

TAKING THE FIRST STEP

Mental illness encompasses many different conditions that can vary in severity. A major depressive disorder or psychosis requires immediate intervention. “However, even people who experience less severe forms of mental illness—such as mild anxiety or low-grade depression—can often benefit from treatment,” says Winston.

If you suffer from a mental illness and choose to share that you're seeking help, remember that your illness does not define you. Instead of using a label like “I'm bipolar,” consider simply describing your symptoms in an authentic way.

“For instance, you could say, ‘I feel like I want to get up in the morning but I really cannot do that,’” says Cruz. “Or, ‘I used to be able to read, and now I can't concentrate.’”

If someone comes to you to discuss their mental health, try to be as supportive as possible. “It's really about creating an environment where someone feels loved and respected enough to be honest about how they're feeling,” says Winston. “Try to say positive things. For instance, while men may have a hard time admitting they're depressed because society expects them to be tough and strong, tell them that doing so actually makes them stronger.”

Encourage your friend or loved one to talk to a professional if they haven't done so already, even if they're not yet open to seeing a mental health expert. “You can suggest talking to their primary care physician about their symptoms first,” says Silva, “and go from there.”



WHERE TO GET HELP

For more information on the Behavioral Health Services at Jersey City Medical Center or at any of the RWJBarnabas Health Behavioral Health programs across New Jersey, call **800.300.0628**.

For emergency crisis screening services, call the Jersey City Medical Center's 24/7 Crisis Center at **866.367.6023**. “If someone's having a psychiatric crisis, they can have a full evaluation right through the hospital's Emergency Department, or the hospital can send a screener to your house to complete an assessment,” says Robert Winston, MSW, LCSW, Associate Vice President, Behavioral Health at JCMC.

If you're in distress, you also can call the National Suicide Prevention Lifeline at **800.273.8255**.



SIGNS OF A MENTAL HEALTH PROBLEM

Signs of an emotional crisis may come on quickly or over time, according to the American Psychological Association (APA). Indications that help may be needed include:

- Neglect of personal hygiene.
- Dramatic change in sleep habits, such as sleeping more often or not sleeping well.
- Weight gain or loss.
- Decline in performance at work or school.
- Pronounced changes in mood, such as irritability, anger, anxiety or sadness.
- Withdrawal from routine activities and relationships.
- If you think you or a loved one may be experiencing an emotional crisis, don't wait to take action, the APA says. Timely intervention can make a difference.

WOMEN AND HEART DISEASE



MARY ABED, MD

CARDIOLOGISTS WANT WOMEN TO PAY MORE ATTENTION TO THEIR CARDIOVASCULAR HEALTH.

Heat disease kills one in four U.S. women. That's why heart disease and stroke education are among the major initiatives of National Women's Health Week, which kicks off each year on Mother's Day (this year, May 12). Mary Abed, MD, Chief of Cardiology at Jersey City Medical Center and a member of the Barnabas Health Medical Group, explains the risks—and how women can reduce them.

Do women tend to know that heart disease is a leading killer for their gender?

If you had asked me 10 or 15 years ago, I'd have said, "Absolutely not." Most women then thought their top killer was breast cancer. We've made tremendous progress in correcting this fallacy, thanks to educational efforts and community outreach from healthcare providers in making women aware of their risk factors. Those efforts need to continue.

Is heart disease different in women than in men?

The disease itself isn't different. Risks like smoking, hypertension and obesity apply to women and men alike. However,

spontaneous coronary artery dissection is a cardiovascular disease that affects more women than men.

Heart disease usually occurs in men at a younger age, but women often are sicker by the time they seek help. One reason is that women generally are caregivers and delay their own care. Couples often come in and the woman is hypertensive and diabetic—but it's the man who's seeing the cardiologist. I'll ask the woman, "Who takes care of your heart?" and she'll say, "I'm fine."

Do heart attack symptoms differ?

They can be subtler in women, but not always. Women feel chest pain and shortness of breath, like men. However, symptoms like dizziness, back pain, nausea and vomiting can also be presentations of a heart attack. Again, women with multiple risks should seek attention if these atypical symptoms develop.

How can women gauge their risk for a heart attack?

We customize care to individual risk profiles. Those risk factors include diabetes, smoking, hypertension, hyperlipidemia, depression, obesity and

sedentary lifestyle. Genetic predisposition includes your father having a heart attack before age 50 and mother before 60 years of age.

I would encourage women to seek a medical opinion regarding their cardiovascular risk profile and how they can modify it—and do it early, to help reduce their heart attack risk. Also, different ethnicities and races have higher incidences of cardiovascular diseases, especially African-Americans and Southeast Asians.

Tests like EKG, echocardiogram, stress testing and coronary calcium scores are some of the tools doctors will use to assess the condition of your heart.

What are the most important steps women can take to protect their hearts?

The most important steps in protecting your heart are a healthy lifestyle and reduction of your risk factors. Never smoke! Exercise, eat healthy (Mediterranean diet), control your weight and blood pressure, and decrease stress to stay heart-healthy.

And if you are given medications—take them!



To learn more about Jersey City Medical Center, Hudson County's only full-service heart hospital, visit www.rwjbh.org/heart.



MAKING A REAL IMPACT

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

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

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

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

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



MICHELLENE DAVIS, ESQ.

FINDING WHAT WORKS

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

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

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

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

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

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

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

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

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

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

To learn more about RWJBarnabas Health's social impact initiatives, visit www.rwjbh.org/socialimpact.

BETTER CARE FOR OLDER ADULTS

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

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

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

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

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



JESSICA ISRAEL, MD

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

A NEW APPROACH

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

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

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

Mentation: identifying and managing depression, dementia and delirium.

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

BEST PRACTICES

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

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

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

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



HOW TO GET BETTER CARE

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

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

To learn more about age-friendly programs and services at RWJBarnabas Health, visit www.rwjbh.org/seniorhealth.

THE CUTTING EDGE: BLOOD AND BONE MARROW TRANSPLANTS

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

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

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

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

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

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

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

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

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

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

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

RWJBarnabas Health, to explain.

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



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

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

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

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

What does it mean to be a Comprehensive Cancer Center?

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

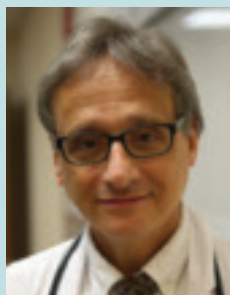
An NCI designation is a five-year grant that is acquired through an arduous, competitive, years-long process. Only 70 cancer centers in the country are chosen and of those, only 50 receive the designation Comprehensive Cancer Center, meaning

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

All of these centers collaborate and share



STEVEN K. LIBUTTI, MD



ROGER STRAIR, MD



THE GOAL: ZERO ERRORS

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

To learn more about
RWJBarnabas Health, visit
www.rwjbh.org.

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

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

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

THE THREE-LEGGED STOOL

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

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

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



JOHN BONAMO, MD

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

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

TOOLS FOR SUCCESS

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

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

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

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

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

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

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

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



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

MANY VOICES

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

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

THE ABCs OF BECOMING AN HRO

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

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



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

A BABY'S BEST FRIEND

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

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

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



MICHELE FANTASIA, MD

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



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

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

time," her mother, Laura, says.

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

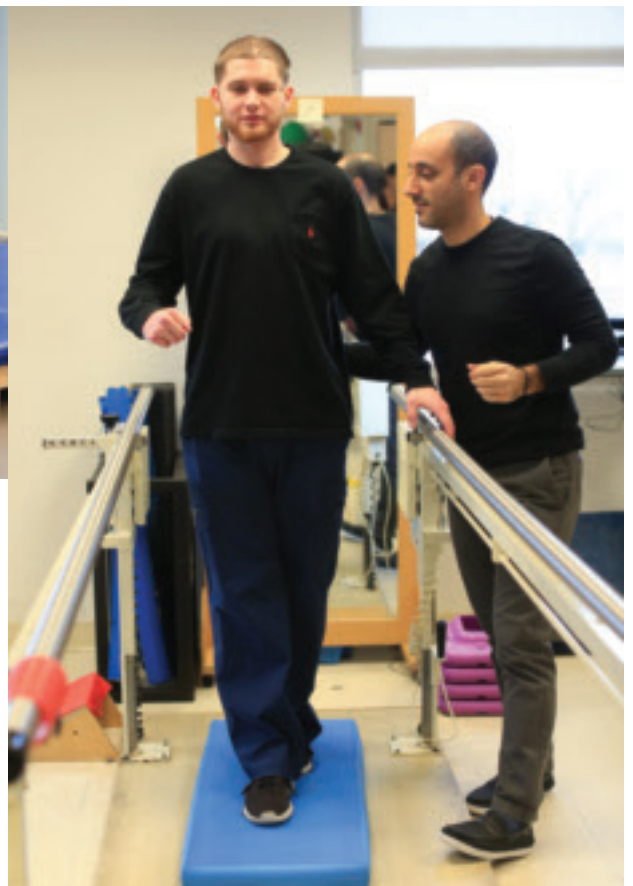
EYES ON BURTON

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

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

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

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.



'I'M MOVING FORWARD'

A SHOOTING SURVIVOR BUILDS A NEW LIFE WITH HELP FROM JCMC REHABILITATION THERAPISTS.

Matt Bolger, 20, has a job. As a therapy aide at the Outpatient Rehabilitation Services department at Jersey City Medical Center (JCMC), Matt prepares the hot packs and towels patients use to relax tight muscles before physical therapy, and the cold packs they use to prevent inflammation afterward. He assists with equipment and sorts and fills out paperwork.

He works on Tuesdays and Wednesdays. He's also at the rehab department on Mondays and Thursdays, as a therapy patient himself. That's because Matt was shot in the head during a robbery more than three years ago, suffering severe traumatic brain injury.

So Matt's job is a very big deal. It represents progress from years of hard work in therapy and, even more, a pathway forward. "Here, we look beyond therapy goals and toward helping patients achieve their life goals," says Allison Zweiman, Director of Rehabilitation Services at JCMC. "We are invested in our patients, and in giving them a connection to their next step."

THE ROAD BACK

In October of 2015, Matt was walking down the street with a friend when two armed

men jumped out of an SUV and demanded money. He was shot as he tried to run away.

The year before, Matt had played on his high school's championship baseball team. After the shooting, he had paralysis on the right side of his body, along with difficulty talking and breathing. He had 11 brain surgeries and spent five months in a rehabilitation center. He's been in outpatient therapy ever since, relearning how to walk, perform fine motor skills, and connect his thoughts to words.

Therapy sessions are intense. He works with a rotating group of occupational therapists, speech therapists and physical therapists, who keep changing up his exercises to extend his skills. In physical therapy, he might be balancing on a large exercise ball, throwing bean bags into ever-farther baskets, or maneuvering through an obstacle course of foam shapes. "The therapists make him want to push himself," says his father John, a Jersey City firefighter. "He hates working on that ball, but he requested it because he is motivated to do more."

As Matt's skills increased, Felicia Bonvicino, a Certified Occupational Therapy Assistant who has been working with Matt since he first came to JCMC, had a brainstorm: The rehab department

Matt works hard in physical therapy with, from left to right, Chelsea Kohlhase, Occupational Therapist; Felicia Bonvicino, Certified Occupational Therapy Assistant; and Marios Christodoulou, Physical Therapist.

had an opening for a part-time aide. Matt was perfect for the job, and vice versa. It was a chance to apply what he was learning to the real world.

Since taking the job, Matt smiles more, Bonvicino says. "There's pep in his step," she reports. One of his favorite tasks is setting up for the babies and children who come in for therapy.

He's helping patients in other ways as well. "I will often have a patient who's in a lot of pain or who is very discouraged," one of the therapists recently told him. "But when they see how far you've come, and you joke around with them, you make them happy. You give them hope."

What motivates Matt to keep going? "People are so nice," he says. "Every day is difficult, but it's all right. I'm moving forward."

To learn more about Outpatient Rehabilitation Services at Jersey City Medical Center, call 201.915.2410.



MAGNET RECOGNITION ATTRACTS THE BEST

EARNING A PRESTIGIOUS NURSING AWARD—FOR THE THIRD TIME—SIGNIFIES EXCEPTIONAL CARE TO PATIENTS AND STAFF.

Only a select group—just 490 of more than 5,000 hospitals nationwide—have earned Magnet Recognition. Jersey City Medical Center (JCMC) has received the designation three times.

The Magnet Recognition designation is granted by the American Nurses Credentialing Center to hospitals that consistently demonstrate their commitment to excellence. Applicants undergo a rigorous evaluation that

includes extensive interviews and a review of nursing services. Hospitals must seek re-designation every four years.

While it's an impressive credential, what's most important is what having it means to staff and patients, says Mabel LaForgia, DNP, RN, CNL, Senior Director for Nursing Practice and Magnet Program Director at JCMC.

"The Magnet Program recognizes organizations for having best practices, innovation and nursing excellence," she



By working collaboratively across all units, Jersey City Medical Center has received Magnet Recognition for the third time, Above, Amanda Tobias, BSN, RN; Maribel Labutong, BSN, RN, RN-BC; and Jennyfer Morel-Carvajal, MPA, BSN, RN, CCCTM. At right, Alelei Costales-Konev, BSN, RN; Samantha Duke, BSN, RN with a patient.

says. “And even though it’s a designation for nursing excellence, it’s broader than just nursing. It takes everybody in the hospital into account.”

TOP TALENT

Magnet Recognition attracts doctors to work at facilities with the designation, says LaForgia, because it distinguishes the hospital as one that offers better patient outcomes and greater cooperation among the staff.

“Our doctors are actually very involved and very pleased to be working in a Magnet-designated institution. Physicians and nurses in a Magnet-recognized hospital work collaboratively, and this leads to high nursing engagement and retention,” says Rita Smith, DNP, RN, NEA-BC, Senior Vice President for Patient Care Services and Chief Nursing Officer at JCMC.

Nurses who work at hospitals with the Magnet Recognition tend to stay at their facilities for longer periods of time and have greater job satisfaction than nurses who work at non-Magnet facilities, research shows. Further, nurses who are seeking jobs are eager to apply for positions at Magnet hospitals because of the prestige and culture associated with the designation.

“Nurses are coming out of school knowing that they want to go to a Magnet hospital,” says Smith. “This trend started five to 10 years ago. Young nurses are becoming more discerning.”

NURSES AS LEADERS

The recognition is a point of pride for nurses currently on staff. “They talk about it being a Magnet hospital,” says Smith. “There’s a lot of pride in it. It signifies excellence in nursing practice, that nurses are working to the highest level of their licensure.”

Nurses also appreciate the high level of collaboration with physicians and other members of the healthcare team, says Smith. “Magnet really makes nurses leaders,” she explains. “They participate in all levels of shared decision-making, and have avenues of communication with senior leadership.

“Administration knows that nurses have the pulse of what’s going on, and that they know how to get things done in a collaborative way.”

THE PATIENT’S PERCEPTION

The Magnet Recognition program began in 1990, but the public has become more aware of the significance of the designation in recent years. “You see more and more hospitals cite Magnet designation in advertisements,” says Smith. “You may notice that in ads, even on the radio, ‘a Magnet-designated facility’ is often the leading statement.

“Certainly, the public understands it. Patients say all the time, ‘We know, it’s a Magnet hospital.’ We’ve got a more informed public.”

Patients seek out a facility with Magnet Recognition because they have more confidence in the care that they’ll receive there, and studies back them up. Patients at hospitals with the Magnet Recognition are less likely to experience hospital-acquired infections, falls and pressure ulcers, and Magnet facilities have lower patient mortality rates, according to a growing body of independent research.

People also tend to have positive opinions of nurses who work in medical centers with Magnet Recognition. “With the Magnet designation, nurses are seen as professional and highly educated,” LaForgia says.

JCMC is the only medical center in Hudson and Union Counties that has Magnet Recognition, but 28 other hospitals throughout the state also have the designation.

“New Jersey has a lot of Magnet-designated organizations,” Smith says. “We’re very lucky because we get to work together to share best practices.”

To learn more about the high-quality care, programs and services offered at Jersey City Medical Center, visit www.rwjbh.org/jersecity.



4 BASIC FACTS ABOUT TYPE 2 DIABETES

AN ENDOCRINOLOGIST SHARES WHAT SHE WANTS EVERY PATIENT TO KNOW.

Can you have diabetes and not know it? “Yes, you can—sometimes for years. Type 2 diabetes has a gradual onset, and people often don’t think they need to get checked for it,” says endocrinologist Mindy Griffith, MD, who works at Pavonia Primary Care, an RWJBarnabas Health Medical Group provider.

“Even when they are diagnosed, many people also don’t understand how serious the disease really is,” says Dr. Griffith. Here’s what she wishes more people understood:

THE EFFECTS OF TYPE 2 DIABETES ARE HAPPENING EVEN WHEN YOU DON’T FEEL THEM. When a person is obese, he or she may develop resistance to insulin, the hormone that allows the body to use sugar to create energy. This resistance results in high levels of sugar in the blood and, ultimately, leads to the development of Type 2 diabetes.

“I’ve seen patients who’ve been walking around with blood sugar levels in the 200s, but because they’re feeling okay they



MINDY GRIFFITH, MD

aren’t making an effort to control those levels,” says Dr. Griffith. “It’s important for people to realize that the damage diabetes can cause to the eyes, kidney, blood vessels and nerves

may be already underway, even if they don’t see the full effects for another 10 years.”

SCREENING IS A MUST. “The American Diabetes Association guidelines recommend that adults age 45 and older get screened for Type 2 diabetes every three years,” says Dr. Griffith. Earlier or more frequent screening may be needed if a patient is overweight and has one or more of the following risk factors:

- Family history of diabetes
- Sedentary lifestyle
- African-American, Hispanic/Latino-American, Native-American, Asian-

American or Pacific Islander ancestry

- History of blood glucose problems, high blood pressure, heart disease, high cholesterol or vascular disease
- History of gestational diabetes or birth of a baby weighing over nine pounds
- Polycystic ovarian syndrome

CHANGES TO LIFESTYLE ARE IMPORTANT.

“Yes, diabetes can be controlled with medication, but that is not enough for successful treatment,” says Dr. Griffith. “Weight loss through diet and exercise is very important for glycemic control.” Avoid sugary drinks, snacks and fast food. Try to utilize the Create Your Plate method from the American Diabetes Association: Fill half of your plate with non-starchy vegetables, a quarter of the plate with protein, a quarter with grains and starchy foods.

IF YOU’RE DIAGNOSED WITH DIABETES, GET THE HEMOGLOBIN A1C TEST

every three months, or on the schedule recommended by your physician. “Blood sugar tests give a snapshot of sugar levels at any given moment,” says Dr. Griffith. “The hemoglobin A1c test can tell you how well your diabetes has been controlled over the last three months. Make sure you discuss with your doctor what your HgbA1c goal should be.”

Pavonia Primary Care, an RWJBarnabas Health Medical Group provider, is located at 600 Pavonia Avenue, 2nd floor, in Jersey City. For more information, call **201.885.3700**.

DIABETES-FRIENDLY AND DELICIOUS

These recipes are provided by the RWJBarnabas Health Wellness on Wheels van, a greenhouse and cooking school on wheels. The van will be at Jersey City Medical Center at Greenville on the first Wednesday of every month this summer (May 1, June 5, July 3 and August 7).

CHEESY VEGGIE QUESADILLAS

Serves 4 (½ quesadilla per serving)

INGREDIENTS:

- 1 tablespoon canola oil
- ½ medium Vidalia onion, diced
- 8 ounces white button mushrooms, chopped
- 1 clove garlic, minced
- 1 cup frozen corn kernels
- 3 cups fresh baby spinach, roughly chopped
- ¼ teaspoon black pepper
- ¼ teaspoon cumin (optional)
- 2 10-inch whole wheat tortillas
- ⅓ cup shredded low-fat cheddar cheese
- ½ cup plain, fat-free Greek yogurt
- Zest and juice of ½ lime
- ⅛ teaspoon cayenne pepper (optional)

DIRECTIONS:

- Heat oil in a large skillet over medium heat. Add in onion, mushrooms and garlic and sauté for 5-6 minutes until onion and mushrooms have softened. Add in corn, spinach, pepper and cumin (if using) and sauté 1-2 minutes more. Remove vegetables from heat.
- Assemble quesadillas: Set tortillas on a clean work surface. Spread cooked vegetable mixture onto half of each tortilla, dividing evenly. Sprinkle cheese, divided evenly, on top of the vegetables. Fold remaining half of tortilla over the top and press closed.
- Heat a griddle over medium-low heat. Spray the surface with cooking spray and add quesadillas. Grill on each side for 3-4 minutes until slightly browned and cheese is melted.
- In a small bowl, combine Greek yogurt, zest and juice of ½ lime and cayenne pepper (if using). Cut and serve the quesadillas topped with the yogurt mixture.



TURKEY TACO LETTUCE CUPS

Serves 6 (2 lettuce cups per serving)

INGREDIENTS:

- 1 tablespoon olive oil
- 1 small yellow onion, diced
- 8 ounces 93% lean ground turkey
- 2 cloves garlic, minced
- 8 ounces button mushrooms, diced
- 2 tablespoons chili powder
- 1 teaspoon cumin
- 2 teaspoons cornstarch
- 1½ teaspoons paprika
- ½ teaspoon salt
- ¼ teaspoon cayenne pepper
- ⅔ cup water
- 12 leaves Boston or Bibb lettuce

DIRECTIONS:

- Heat oil in a large sauté pan over medium heat. Add onions and cook 3-4 minutes until softened. Add ground turkey and garlic and cook 4-5 minutes, until no longer pink.
- Add diced mushrooms and cook 2-3 minutes more until mushrooms are soft.
- Meanwhile, in a small bowl, combine chili powder, cumin, cornstarch, paprika, salt and cayenne pepper.
- Once mushrooms are softened, add spice mixture and water to pan and bring to a simmer. Simmer for 2-3 minutes until liquid has thickened.
- Fill lettuce leaves with taco mixture and your favorite toppings, like diced tomatoes, sliced avocado or low-fat shredded cheese.



QUICK AND SIMPLE GUACAMOLE

Serves 16 (2 tablespoons per serving)

INGREDIENTS:

- Juice of 1 lime
- 1 clove garlic, minced
- ¼ teaspoon salt
- ¼ teaspoon cumin
- ¼ teaspoon cayenne pepper (optional)
- 3 avocados
- 2 plum tomatoes, seeded and diced
- ½ small red onion, diced
- ½ jalapeño pepper, seeded and minced (optional)

DIRECTIONS:

- In a large bowl, whisk together lime juice, garlic, salt, cumin and cayenne (if using).
- Slice through the avocado lengthwise until you feel your knife hit the pit. Continue slicing around the pit in a full circle around the avocado. Twist the avocado until it releases from the pit and you have 2 halves. Use a spoon to remove the pit, then scoop the flesh into bowl with lime juice and spices. Repeat with remaining avocados.
- Use a potato masher to mash avocado with spices until you reach the desired consistency. You can make it smooth or leave it a little chunky if you like.
- Stir in tomatoes, onion and jalapeño (if using). Serve with sliced veggies or baked chips.





DELIVERING EXCELLENCE

A MAJOR DONATION HELPS BUILD A STATE-OF-THE-ART NEW MATERNITY WING.

In the not-too-distant future, a new mom will cradle her baby in one of 20 private rooms in a brand-new maternity wing at Jersey City Medical Center (JCMC).

And she'll be able to do so because Lord Abbett & Co., an independent, privately held investment management firm, has made a generous donation that marks its own origins: its founding 90 years ago. The new Lord Abbett Maternity Wing, a 17,500-square-foot

facility now under construction, has been established through the company's \$1 million gift.

"The birth of a child is such a special life event," says Douglas B. Sieg, Managing Partner of Lord Abbett. "As a firm that has helped families with generational transfers of wealth since 1929, the creation of the new Lord Abbett Maternity Wing aligns with our commitment to nurturing future generations in the Jersey City community."

WORLD-CLASS CARE

The rooms in the wing will be quiet, peaceful and private for new babies and families. "Our vision is to create an environment where every woman who chooses to deliver at our hospital will have a private room where she can heal after giving birth, bond with her newborn and immediate family, and spend time together with her extended family," says Lance Bruck, MD, Vice President and Chairman of the Department of Obstetrics, Gynecology and Women's Health at JCMC. "The partnership with Lord Abbett really is allowing us to create a revolutionary space for mothers, extended families and newborns to recover following birth."

The facility, which is expected to be complete by the end of 2019, will offer a Lactation Room to support breastfeeding, along with breastfeeding education and instruction and other services. In keeping with JCMC's personalized approach to maternal care, parents will also be able to take advantage of optional add-on services that include luxurious amenities.

If complications should arise during

“AS A FIRM THAT HAS HELPED FAMILIES WITH GENERATIONAL TRANSFERS OF WEALTH SINCE 1929, THE CREATION OF THE NEW LORD ABBETT MATERNITY WING ALIGNS WITH OUR COMMITMENT TO NURTURING FUTURE GENERATIONS IN THE JERSEY CITY COMMUNITY.”



pregnancy or birth, parents can be reassured that they have access to JCMC’s Level 3 Neonatal Intensive Care Unit (NICU), a state-designated regional perinatal center. It is staffed 24/7 by board-certified obstetricians, maternal fetal medicine specialists, midwives, neonatologists, anesthesiologists and obstetrical/NICU-trained nurses. The NICU unit is among the few in the state to offer NicView streaming video technology for times when parents are unable to be with their newborn in person.

CONNECTED TO THE COMMUNITY

As an anchor institution in the state’s fastest-growing city, JCMC is evolving and expanding along with its service area. The new maternity unit complements projects underway that include doubling the size of the Emergency Department,

doubling the size of the Women’s Health Center, expanding essential medical units, creating new primary care hubs and more.

That commitment to the community is shared by Lord Abbett, which has been located in Jersey City since 2000 and supports numerous local nonprofit organizations. “We believe that the strength of our firm is its people, and the strength of our people is family,” says Sieg. “The Lord Abbett Maternity Wing will also bring our people, many of whom live in Jersey City, closer to this diverse and vibrant community.”

The donation is part of a robust relationship between Lord Abbett and JCMC. “We’ve created a great partnership with Lord Abbett,” says Nicole Kagan, Vice President of the Jersey City Medical Center Foundation. “For example, we have presented lunch-and-learn programs at their location, including providing

Photos, clockwise: A 3D model of the new wing; elected officials and business leaders gathered to celebrate the gift; Michael Prilutsky, President and CEO of Jersey City Medical Center, at left, with Douglas B. Sieg, Managing Partner of Lord Abbett.

information on the importance of breast cancer screenings, and what to do in the event there’s a medical emergency in the workplace. And Lord Abbett employees have come to the medical center to refresh and re-plant a garden for our behavioral health program.”

“We are extremely grateful to Lord Abbett for this very generous donation,” says Michael Prilutsky, President and Chief Executive Officer at JCMC. “Our partnership in building this outstanding new maternity unit will help heighten and support the well-being and growth of this community. Together, we both want the best for everyone who lives and works in Jersey City.”

For more information about maternity services at Jersey City Medical Center, call **201.915.2340**.
To learn more about giving opportunities at JCMC, visit www.rwjbh.org/giving.

Introducing a completely private experience.



1st in safety.

Level III NICU.

24/7 maternity specialists.

Private rooms with majestic views of the Statue of Liberty and New York skyline.

One very bright future.

There are countless reasons to choose Jersey City Medical Center. But you really need only one.

The only thing that matters to every expectant mom is the safe delivery of a healthy baby. That's why our board certified OB/GYNs, anesthesiologists and neonatologists are onsite 24/7, and why our specially trained nurses are as compassionate as they are knowledgeable. Together, let's customize a birth experience just for you in the privacy of your own room for your family. Learn more and schedule a tour at rwjbh.org/maternity