

# MONMOUTH

health & life

April 2010  
\$3.95

## FRESH START!

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- eat better
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A divine meal in Highlands

Cruises: The newest, handiest, healthiest



### Health Link

- Back pain banished
- Speedier emergency care
- Helping out Haiti



## Welcome LETTER

### Leading our community

AT MONMOUTH, WE ARE EXCEEDINGLY PROUD of our long partnerships with a host of organizations in service to our community, and in this issue of *Monmouth Health & Life*, we spotlight a collaborative effort with the Big Brothers Big Sisters organization that is giving high school students a firsthand look at careers in health care.

Monmouth Medical Center continues to be a leader in forming innovative and collaborative relationships with community organizations. By working together with groups like Big Brothers Big Sisters, we are meeting our shared goal of serving the needs of our community.

Monmouth's historic shared dedication to the welfare of families and children can also be seen in the recent trip to Haiti by two hospital nurses who traveled to their homeland to help treat earthquake victims. Through the Association of Haitian Physicians Abroad, nurse anesthetist France Brun and pediatric nurse Emmanuella Alexis worked 12-hour days in makeshift operating rooms—risking their own lives to help others in their city of ruin.

Also included in this issue is “A Year of Great Strides,” a story recounting the list of 2009 achievements that helps both to demonstrate and to enhance the culture of excellence we strive to create here. Advances in medical technology, including the introduction of pediatric robotic surgery; expansion of services, including a more spacious, efficient Emergency Department; and dedication of new facilities, including the Memory Institute and the first Kogan Celiac Center satellite location marked a busy and successful year at Monmouth Medical Center.

These accomplishments are significant and exemplary of the ethos that the Monmouth Medical Center team has worked so hard to fashion. We have an enviable record of superior care and service—and this summary of major milestones and key advances speaks volumes about these efforts.



Sincerely,

A handwritten signature in black ink that reads "Frank J. Vozos". The signature is written in a cursive, flowing style.

FRANK J. VOZOS, M.D., FACS  
Executive Director  
Monmouth Medical Center

# Baby's bequest

THE LEGACY OF A VERY BRIEF LIFE HELPS THE FAMILIES OF SICK NEWBORNS



**MICHAEL GERARD PUHARIC WOULD HAVE** turned 10 years old this summer, but it was not to be. Born July 29, 2000, with a rare, almost invariably fatal chromosomal defect called Trisomy 13, he lived just 83 hours. Yet his parents, Dana and Adam Puharic of Wall Township, realized they were different people for having known him, and they figured he could make a difference for others too. They started a foundation called Michael's Feat to "support, give comfort and ease the burden for parents carrying and caring for seriously ill newborns." This year, its donations are expected to pass the \$1 million mark.

"That's huge, considering it's funded exclusively through individuals and small businesses," says Adam, 39, an insurance agent. "I'd say it's a miracle."

When *Monmouth Health & Life* first visited with the Puharics in May 2003, we found them dealing with two healthy tots as well as their new charity. Today they have three children: Grace, 8; Grant, 7; and Victoria, 5. The family wasn't then, and isn't now, the type to dwell on sorrow. But their firstborn remains present in their lives every day in a highly positive way: In his memory,

Michael's Feat gives eminently practical assistance to families facing the challenge the Puharics once faced.

The charity has grown, but Dana, 39, still runs it out of her home with one part-time paid assistant. (She's also a part-time real estate agent as well as a busy mom.) Says Adam: "Michael's Feat flows from her role as a giving, caring mother who understands having a sick infant."

When a seriously ill newborn comes to Monmouth Medical Center or one of two other area hospitals, the family fills out a form and the foundation's board then determines their financial, material or other needs. Families are given a free canvas overnight bag stocked with toothbrushes, shampoo, socks, razors, a prepaid calling card, a disposable camera for baby snapshots, a homemade baby blanket and other comforts.

"Parents with ailing newborns often have to rush to the hospital and don't have time to pack," says Dana. "The bags allow them to spend more time with their sick child and not worry about personal hygiene items."

Michael's Feat also provides a Family Resource Center Room for those visiting an ill newborn at the hospital. It has a resource library with medical dictionaries, magazines and a computer for families to access e-mail and create online "Care Pages" to keep friends and family connected. A play area with toys, books and movies occupies siblings, and coffee and snacks are furnished for visiting relatives. The charity also conducts a campaign of education about serious illnesses in newborns.

This March, when Michael's Feat held its Annual Gala Fundraiser in Manalapan, it purchased a special body-cooling unit for Monmouth Medical Center that makes possible the treatment of newborns with hypoxic-ischemic brain injury—the first such unit in Monmouth and Ocean counties. And on May 21, the Asbury Park Rotary Club will honor Michael's Feat at its annual Wine-Tasting Event at the Deal Country Club. (To donate, visit the charity's website, [www.michaelsfeat.org](http://www.michaelsfeat.org).)

What Michael's Feat has accomplished in the past decade makes the Puharics proud and grateful. "Life is so short, and you realize you have so much to offer," Dana says. "We all feel Michael's energy every day. It's incredible, looking back, to see how his legacy lives on." ■



# A year of GREAT STRIDES

FOR MONMOUTH MEDICAL CENTER, 2009 BROUGHT MAJOR MILESTONES AND KEY ADVANCES

The rear-view mirror isn't the usual vantage point at Monmouth Medical Center. Doctors, nurses and other professionals there are usually too busy bringing leading-edge medicine to the Jersey Shore to spend much time seeing things in retrospect. But sometimes a look back provides a useful perspective. "Several developments in 2009 helped both to demonstrate and to enhance the culture of excellence we strive to create here, further sharpening our focus on top-quality patient care," says Frank J. Vozos, M.D., executive director. So here are a few highlights from a busy year:



JANUARY

## THE RIGHT CARE IN THE RIGHT PLACE

An estimated 18 percent of all emergency-room visits in New Jersey are for non-emergencies. People coming to ERs with earaches, sore throats and respiratory and viral infections drive up health-care costs, experts say. But Monmouth Medical Center is working to ease the problem.

It was one of two sites (along with its sister hospital, Newark Beth Israel Medical Center) chosen by the New Jersey Hospital Association for a 21-month study to test a new model of providing primary care services to those who till now had—or thought they had—nowhere to go but the Emergency Department. The study began in January.

The program involves special monitoring, screening and follow-up, says Catherine Hanlon, M.D., chair of emergency medicine, "to improve the health of these patients and to teach them to seek services from more appropriate

continued





## LAUNCH OF THE MEMORY INSTITUTE

Patients who show signs of dementia can now be evaluated at the new Memory Institute at Monmouth Medical Center's Greenwall Geriatric Health Center, established last March.

The institute's multidisciplinary team includes two fellowship-trained geriatricians, a registered nurse and a social worker, and consultations are available with a neurologist and psychiatrist when appropriate. The team specializes in screening, diagnosis, treatment and support for patients by applying professional resources, cutting-edge therapies and caregiver assistance.

"Through careful analysis, our medical specialists can assess apparent dementia, determine its underlying cause and recommend appropriate treatment," says Priya Angi, M.D., a specialist in geriatrics and internal medicine at Monmouth, who adds that care is coordinated with each patient's primary care physician.

On a patient's first visit to the Memory Institute, he or she is evaluated by a registered nurse with a series of objective assessments, and a social worker meets with the patient and family in order to gather additional information and explore concerns. The physician specialist then examines the patient and performs a comprehensive medical evaluation.

"We then discuss with both the family and patient the plan of care, including a follow-up visit, and arrangements for appropriate blood work and radiological studies can be made," says Dr. Angi. The institute also offers a monthly educational support group for families and caregivers of Alzheimer's patients.

## FOUR DECADES OF TRAINING DOCTORS

Four years is a typical medical-school stint; multiply that by 10 and you've got the life—so far—of Monmouth Medical Center's teaching partnership with Drexel University College of Medicine in Philadelphia. Each year, more than 300 Drexel students make the medical center their training ground for observing and learning medicine in a clinical setting.

In April, hospital and medical-school officials gathered to mark the anniversary of the 1969 signing of an affiliation agreement between the hospital and what was then known as Hahnemann University. They noted the benefits the relationship has brought to both parties.

"It's very clear that the educational experience provided at Monmouth is outstanding," said Barbara Schindler, M.D., Drexel's vice dean for educational and academic affairs.

Eric Burkett, M.D., Monmouth's vice president of medical affairs, observed that the Drexel tie "thrust Monmouth Medical Center into the world of academic medicine as a teaching hospital." And he should know. A 1971 graduate of Hahnemann, he trained in internal medicine at Monmouth right after the original agreement was signed.

Also in April—and perhaps most important—the school and the medical center signed a renewal of their affiliation agreement, so the partnership goes on.

APRIL



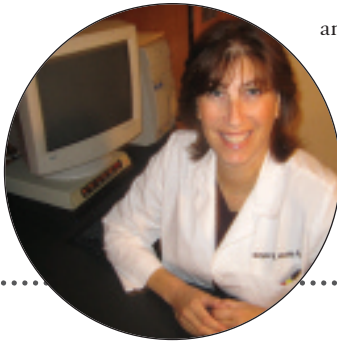
## HELPING PEOPLE LIVE GLUTEN-FREE

MAY

In people with the genetic autoimmune disorder known as celiac disease, the protein gluten—found in many foods containing wheat, barley and rye—causes inflammation that destroys the lining of the intestine. Fortunately, by scrupulously avoiding these foods, those with the condition can live normal, healthy lives. But embracing that new lifestyle can be a challenge.

Now there's help—close to home. In May, Monmouth became the site of the first satellite location of the Kogan Celiac Center of the Saint Barnabas Health Care System, based in Livingston. The center offers comprehensive testing to identify celiac disease with a blood test and a biopsy. It can be difficult to diagnose, because many possible symptoms—including diarrhea, bloating and abdominal pain—are shared by numerous other conditions. And the new facility also provides dietary education and support.

“Patients need to learn to read labels carefully and make safe food choices in new ways,” says Margaret Weiss Masiello, the center’s manager and clinical coordinator, who knows the process firsthand—from managing her own celiac disease.



MMC's Department of Surgery continues to set the quality standard in New Jersey, maintaining the state's lowest surgical mortality rate for the fifth year in a row.

JUNE

## BACK IN ACTION, THANKS TO A ROBOT

In June, a robotic procedure was performed on a child at Monmouth Medical Center for the first time. The patient was Leo DiGuilio III, 12, of Bradley Beach, who had a congenital malformation of the connection point between the kidney and the ureter, the tube that carries urine to the bladder. He needed a pyeloplasty, an operation that once would have required an 8- to 10-inch incision in the belly, a three- to five-day hospital stay and a four- to six-week recovery.

The da Vinci S surgical robot was used by urologists Michael P. Esposito, M.D., Mutahar Ahmed, M.D., and Thomas S. Vates III, M.D. Manipulating controls at a console in the operating room, they directed the robot's movements while watching a magnified three-dimensional image of the surgical site through a visor. Instead of cutting through many layers of muscle, they were able to introduce their surgical instruments and camera via four keyhole incisions.

The result? Avid athlete Leo was freed to spend his summer swimming, riding his bike and playing baseball rather than recuperating in bed.

continued





JUNE

## A MORE SPACIOUS, EFFICIENT E.R.

A hospital's most immediate contact with the community is through its emergency room, and each year some 54,000 patients seek emergency care for injuries or sudden illnesses in Monmouth Medical Center's Emergency Department. That care got a boost in June with the completion of an ambitious renovation, made possible by a \$3.5 million donation from Morgan Cline and the late Benjamin D'Onofrio, which created the Cline-D'Onofrio Emergency Services Pavilion.

The renovated facility includes nine state-of-the-art treatment rooms complete with cardiac monitoring capabilities; six observation rooms where patients will be thoroughly assessed before each discharge or admission to the hospital; an improved nurses' station; and an enhanced area for registration and triage. For safer and more efficient administration of medications, it also features upgraded information technology equipped for computerized order entry by physicians.



For the third year running, Monmouth has delivered more than 4,000 babies. It's the most prolific maternity destination in the counties of Monmouth and Ocean.

## TEACHING A BETTER RADIATION TREATMENT

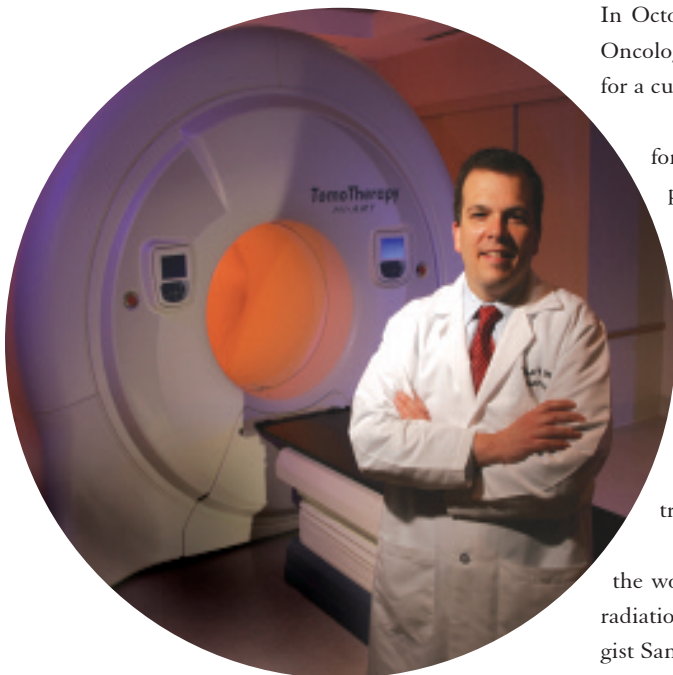
OCTOBER

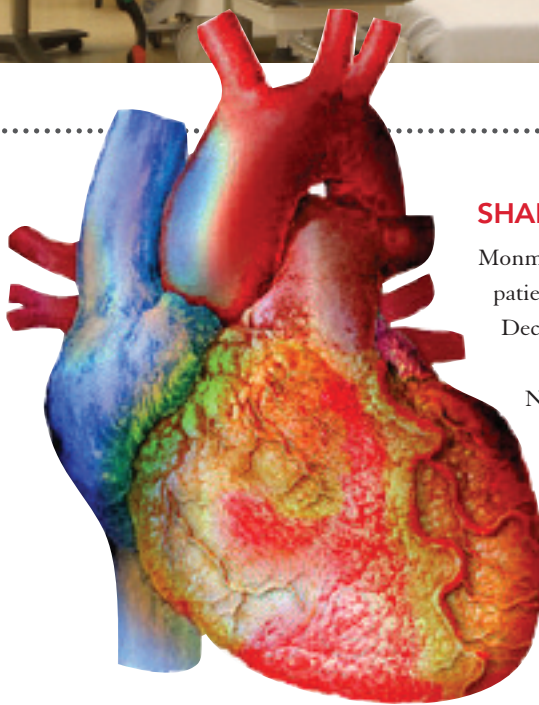
In October, Monmouth Medical Center's Institute for Advanced Radiation Oncology was one of three U.S. facilities chosen as international training sites for a cutting-edge cancer treatment called TomoTherapy.

TomoTherapy is a delivery system for a stereotactic radiosurgery, a form of radiation therapy that combines precise 3-D imaging from computed tomography (CT) scans with highly targeted radiation beams. Explains Mitchell Weiss, M.D., Monmouth's chairman of radiation oncology: "We call it radiosurgery because we use radiation *as if* it were surgery, to eradicate a tumor without harming surrounding tissue." Because it is more precise than other radiation delivery systems, TomoTherapy better focuses the radiation on the malignancy so that surrounding tissue is spared.

Training began in November. Monmouth will offer 10 three-day training sessions each year, and the money raised through the training will be used for a radiation education fund.

"It is an honor to have highly respected professionals from around the world come here to learn about the latest developments in the field of radiation oncology," says Dr. Weiss, who works with fellow radiation oncologist Sang Sim, M.D., and physicist Jack Yang.





## SHARING SUCCESS IN HEART-FAILURE CARE

Monmouth Medical Center has undertaken a special initiative to treat patients with chronic heart failure (CHF) more effectively, and in December the hospital got a chance to show the world how it's done.

By special invitation, the initiative, launched with the Visiting Nurse Association of Central Jersey (VNACJ), was on display at the Institute for Healthcare Improvement's (IHI) 21st annual National Forum on Quality Improvement in Healthcare in Orlando.

In this program, patients admitted with CHF are followed carefully throughout their hospital stays by the floor nurses, physicians and a VNACJ liaison stationed at Monmouth. They're given an easy-to-use "telehealth" monitor in which they enter measurements of blood pressure, blood oxygen levels, blood sugar and weight through devices connected directly to the machine and answer several yes-or-no questions about daily changes such as ankle swelling (a sign of poor CHF control).

In 2006, some 45 percent of patients discharged with CHF in the U.S. were back in the hospital within 90 days. The Monmouth program seeks to help patients receive treatment at home, improve their quality of life and reduce the risk of a rehospitalization or an emergency-room visit. (Update: In March 2010, IHI approved Monmouth for participation in the Mentor Hospital Registry for Heart Failure, a volunteer program to aid other hospitals.) ■

DECEMBER





## Emergency care—improved!

A BIGGER, SPEEDIER EMERGENCY ROOM MEETS A COMMUNITY'S GROWING NEED

WHEN PEOPLE NEED IMMEDIATE MEDICAL care, emergency departments must act quickly and efficiently. But what happens when an ED outgrows its capacity? That was the challenge at Monmouth Medical Center until a recent renovation, because the number of patients using the facility was sharply on the rise. “The last time the department had an overhaul was back in 1987, when we saw just 27,000 patients a year,” says Catherine Hanlon, M.D., Monmouth’s chair of emergency medicine. Now that number has soared to a record 54,000 patients a year.

In response to this growth, the hospital launched a major upgrade of the ED four years ago, and construction was completed in June. The renovation was made possible by a \$3.5 million gift from two donors, Morgan E. Cline and the late Benjamin R. D’Onofrio. Named the Cline-D’Onofrio Emergency Services Pavilion, the newly revamped facility features more treatment beds, an expanded triage area, a new low-acuity care area, technological upgrades and other key improvements.

Just since 2008, the time it takes to be placed in a treatment room is down from 23 minutes to 14.7.

Recent numbers show the new ED is already achieving success in many critical areas. It has significantly reduced average wait times and turnaround times—the time it takes to be registered and entered into the computer system, evaluated by a doctor or nurse, treated and either released or admitted into the hospital. For instance, the average time required for a patient to be placed in a treatment room after his or her arrival at the ED is now 14.7 minutes, down from 23 minutes in 2008. The average turnaround time for discharged patients is 2.9 hours, down from 4 hours in 2008; and for admitted patients it’s 7.5 hours, down from 2008’s 8.8 hours. The percentage of “walkouts”—patients who leave the ED without being seen, usually because of long waits—is now just 0.44 percent, down from 1.43 percent in 2008.

These improvements are also producing happier patients: According to the ED’s most recent satisfaction surveys, 90 percent of patients said they were satisfied with the care they received, up from 86.1 percent in 2008 and 79.8 percent in 2007. “The No. 1 indicator for patient satisfaction is wait times, and our satisfaction numbers

are a reflection of our lower wait times,” says Dr. Hanlon. The doctor also cites a concerted effort by the staff to keep patients informed of any delays throughout their wait as another reason for the improved satisfaction scores. “If patients don’t know what’s going to happen to them next or how long they’re going to be here, it can make for a very overwhelming experience, so there’s been a lot of staff education on that front,” says Dr. Hanlon.



Catherine Hanlon, M.D.

Highlights of the renovation include a new patient treatment area with 10 beds, which brings the total number of full-capacity ED beds to 28. For patients with more minor illnesses or injuries, such as ankle sprains, earaches or sore throats, a new low-acuity care area offers seven “fast-track beds” for speedy treatment. Other improvements include a newly built registration area and nursing stations; a special Pediatric Emergency Department staffed by pediatric emergency specialists with seven beds and a separate registration and waiting room; and a larger triage area with four beds.

“The expanded triage space is helpful, because when patients sign in we have to be able to do a quick assessment of who’s acute, and we needed a bigger area to reflect the growing number of people coming in—

which is sometimes 10 to 14 an hour,” says Dr. Hanlon.

Technological improvements, including upgraded computer workstations, have also helped move patients through the ED much more efficiently. Patients can now register at bedside, which gives them a jumpstart on care, and cardiac monitors that feed into the nursing stations are now located in almost every room. “We are a chest pain center, so the fact that we are able to turn regular beds into cardiac beds gives us a much greater capacity to treat our cardiac patients,” says Dr. Hanlon.

Even with the ED’s remarkable progress so far, the doctor says she continues to set goals for improvement. As for the two charitable donors who made the renovation possible—real estate partners who both received care at the hospital in the past—Dr. Hanlon offers sheer gratitude. She notes that since D’Onofrio’s death from cancer last July, Cline has donated an additional \$500,000 to complete cosmetic upgrades to the ED, bringing to \$4 million the total donations from the pair.

“We’ve received an incredibly generous gift from two great men that is creating a lasting legacy for them in the community,” she says. ■



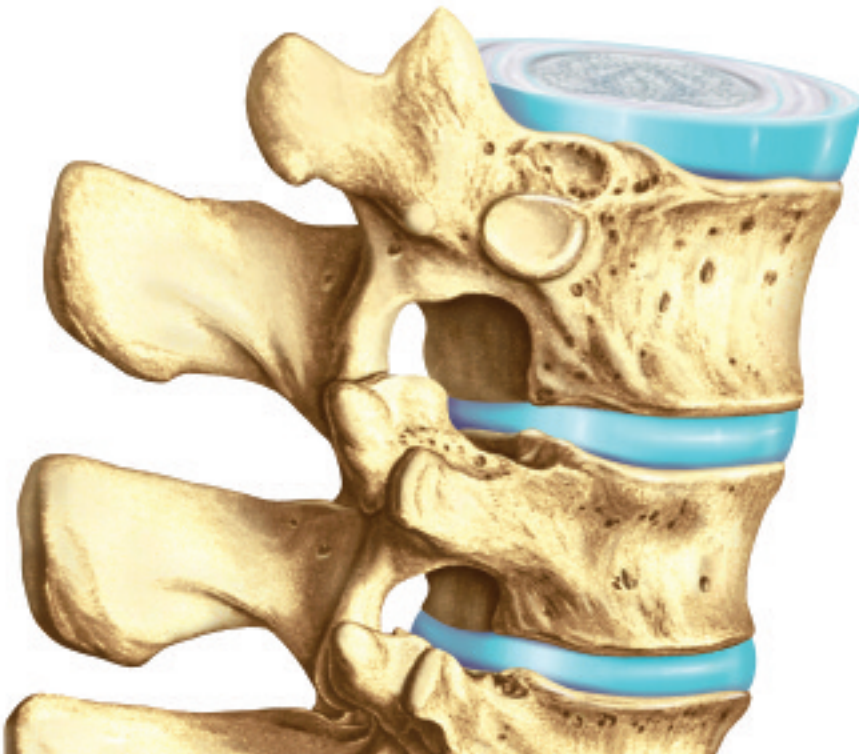
## Are you prepared?

Medical emergencies by their very nature give no warning, but there are things you can do in advance to make sure you’re ready to handle them effectively:

- **KEEP INFO HANDY.** It helps to keep a folder for each family member showing insurance information, up-to-date immunization history, names and quantities of any medications regularly taken, allergy information and the names and phone numbers of primary care doctors. And know where the folder is so you can grab it on the run.
- **MAKE A PHONE LIST.** Monmouth Medical Center’s Cline-D’Onofrio Emergency Services Pavilion is at 732-923-7300. Keep this number on an easily accessible list along with Poison Control, 1-800-222-1222; an emergency psychiatric screening number, 732-923-6999; and the numbers of kids’ schools or day-care centers, adults’ workplaces and the local police and fire departments.
- **KNOW YOUR WAY.** Call 911 if you can’t provide your own prompt, safe transportation. If you can, you’ll want to head for Monmouth’s facility at 300 Second Avenue in Long Branch, just off Pavilion Avenue. But have your travel route clearly in mind; driving confusion is the last thing you’ll need. So post directions in a place you’ll remember (find them online by clicking on “Directions” at [www.saintbarnabas.com/hospitals/monmouth\\_medical/info/](http://www.saintbarnabas.com/hospitals/monmouth_medical/info/)). You may even wish to make a trial run, just for practice.

# BACK PAIN: a surgical remedy

SOMETIMES, RELIEF CAN COME FROM AN ARTIFICIAL SPINAL DISC



**ORTHOPAEDIC SURGEONS HAVE BEEN** replacing damaged knees and hips with artificial joints for a long time now. But in the last few years, a procedure has been developed that allows doctors at advanced hospitals like Monmouth Medical Center to replace damaged joints in the spine with a metal and plastic disc. It's called total disc replacement, and it's part of a new approach to the surgical treatment of back pain that strives to preserve the motion of the spine.

The spine, of course, is made up of about 30 individual bones called vertebrae. The spaces between the

**For 10 percent of  
back-pain sufferers,  
disc replacement can  
work wonders.**

vertebrae are maintained by intervertebral discs—round, spongy pads of cartilage, which allow flexibility in the lower back and cushion the bones as the body moves.

As people age, these discs begin to lose fluid, a process that decreases both their flexibility and their ability to cushion the vertebrae. That can cause pain in the bones, nerves and muscles of the spinal column.

Because low-back pain can result from simply growing older (aggravated by a sedentary lifestyle), most of us experience it at some point. Surgery is used only as a last resort, if all other treatments prove ineffective, and the primary surgical treatment is spinal fusion, in which the spinal disc between the vertebrae is removed and the adjacent vertebrae are “fused” by bone grafts and/or metal devices secured by screws.

In properly selected patients, fusion surgery can reduce or eliminate back pain.

The method used varies according to the patient's needs and the surgeon's preference and experience. At Monmouth, orthopaedic surgeon Steve Paragioudakis, M.D., uses several approaches. They include those that employ smaller incisions through the abdomen or through the side or flank, and minimally invasive approaches through the traditional posterior (back) portion of the spine.

Selecting the correct approach according to the patient's disease often results in less pain and a faster recovery.

In the past five years, orthopaedic surgeons such as Dr. Paragioudakis have also been performing total



disc replacements on a few qualified patients. Ideal candidates for disc replacement are people between ages 20 and 60 who have only one degenerating disc, do not have a systemic bone disease such as osteoporosis, have not had extensive previous back surgery and have failed to respond to other nonsurgical treatments. Only about 10 percent of back pain sufferers meet all the criteria, says Dr. Paragioudakis. But those who do can reap some important benefits.



Steve Paragioudakis,  
M.D.

“Patients are able to leave the hospital in 36 to 48 hours,” he says. “They can begin walking right away as their physical therapy, and usually are back to their normal activities within four to six weeks.”

He performs total disc replacements with a team of surgeons that includes Kevin Lopyan, M.D., and Marc Menkowitz, M.D.

“We believe our team approach to these complex procedures has resulted in very low complication rates and reproducible good or excellent results in the vast majority of patients,” says Dr. Paragioudakis. All members of the team have been extensively trained to perform this procedure safely and accurately.

The team begins by cutting a 3- to 4-inch incision in the abdomen, above or below the navel, depending on which disc they are working on. They work their way around the muscle, not violating or disrupting the internal organs, until they reach the spine. Using fluoroscopic X-ray technology to view their progress in real time, the surgeons access the damaged disc.

Dr. Paragioudakis removes the diseased disc in its entirety, measures the space between the vertebrae and chooses the appropriate-sized disc replacement prosthesis. The implant is then inserted between the vertebrae and assembled accurately. No bonding agent is used.

“Over time, the bone will grow over the implant and will anchor it in its position,” says the surgeon.

The very low complication rate is comparable to that of most spinal surgeries. About 85 percent of patients report total pain relief. And they retain spinal flexibility that would have been lost in a spinal fusion.

Dr. Paragioudakis stresses that this procedure is not a panacea for all back-pain sufferers. “But for the few who qualify,” he says, “it’s a good surgical option to relieve pain and restore flexibility with fewer complications.” ■

## BACK TALK: 10 tips for a healthy spine

- 1 Always stretch before exercise or other strenuous physical activity.
- 2 Don't slouch when standing or sitting. When standing, keep your weight balanced on your feet. Your back supports weight most easily when curvature is reduced.
- 3 At home or work, make sure your work surface is at a comfortable height for you.
- 4 Sit in a chair with good lumbar support and proper position and height for the task. Keep your shoulders back. Switch sitting positions often and periodically walk around the office or gently stretch muscles to relieve tension. A pillow or rolled-up towel placed behind the small of your back can provide some lumbar support. If you must sit for a long period of time, rest your feet on a low stool or a stack of books.
- 5 Wear comfortable, low-heeled shoes.
- 6 Sleep on your side to reduce any curve in your spine. Always sleep on a firm surface.
- 7 Don't try to lift objects too heavy for you. When you do lift something, lift with your knees, pull in your stomach muscles and keep your head down and in line with your straight back. Keep the object close to your body. Do not twist when lifting.
- 8 Ask for help when transferring an ill or injured family member from a reclining to a sitting position or when moving the patient from a chair to a bed.
- 9 Maintain proper nutrition and diet to reduce and prevent excessive weight, especially weight around the waistline that taxes lower back muscles. A diet with sufficient daily intake of calcium, phosphorus and vitamin D helps to promote new bone growth.
- 10 If you smoke, quit. Smoking reduces blood flow to the lower spine and causes the spinal discs to degenerate.

Source: National Institute of Neurological Disorders and Stroke

To find out more about treatment options for back pain at Monmouth Medical Center, call 1-888-SBHS-123 (1-888-724-7123).



# Help for a HOMELAND

TWO NURSES RETURN TO THEIR NATIVE HAITI  
TO HELP TREAT VICTIMS OF THE QUAKE

**FIRST CAME THE TEARS. WHEN SHE HEARD** that a huge earthquake had hit Haiti, on January 12, France Brun, a nurse anesthetist at Monmouth Medical Center, cried openly. Her parents still lived in Port-au-Prince, the capital. “I tried to call but couldn’t get through,” says Brun of Ocean, who moved to the U.S. in 2000.

Emmanuella Alexis, a post-anesthesia and psychiatric nurse at Monmouth, saw the news on TV. She came from Haiti 27 years ago, and all her close family members are here too. She hadn’t been back in a decade. “But when I saw the quake on TV, my heart was beating so fast,” says Alexis, who lives with her husband and two children in Tinton Falls. “I told myself, ‘Oh, my God, it is time to go.’”

Brun and Alexis got in touch with a group called AMHE—a French acronym that translates to the Association of Haitian Physicians Abroad. On the Saturday after the quake, an AMHE jet took them and scores of other area doctors and nurses to the scene.

Just before she left, Brun learned that her parents were alive but injured. As soon as she got to Haiti she found them through a neighbor and learned that her father had suffered lacerations and her mother a broken

arm. Both had been treated but their house had been destroyed. They were sleeping in the street.

“I finally saw them on Monday night,” Brun says. “I gave them some money and had a cousin pick them up and take them to another town. They are doing OK, thank God, but are still scared to sleep indoors.”

The two nurses were at a United Nations camp two hours outside Port-au-Prince. UN trucks took them into the city, where they worked 12-hour days in makeshift operating rooms under still-dangerous conditions. “After one big aftershock, we had to move 300 patients outside and restart all their intravenous drips,” Alexis says.

“It was just heartbreaking to see a city where I spent 17 years of my life destroyed,” says Brun. It was even more troubling to see the number of children who required amputations—procedures she assisted with. “I can’t get those pictures out of my mind,” she adds. And Brun still has nightmares about aftershocks. “I wake up feeling like my whole house is shaking,” she says.

Despite these horrors, there was great satisfaction as well. “The children were so grateful to me; they were calling me ‘Mommy,’” says Alexis. “I was very proud to give my time to help.” Brun also says she is happy she went, and both nurses are looking to return to Haiti with another mission, perhaps later this spring.

Brun also hopes to convince her parents to move to the U.S. “My mother is ready, but my father wants to rebuild his house,” she says. “I tell him it’s too dangerous. We’ll see.” Meanwhile, both nurses hope others appreciate the enormity of the devastation their home country has experienced.

Says Brun: “People here don’t realize how lucky they are.” ■



# Future M.D.s?

A NEW PROGRAM LETS HIGH SCHOOL STUDENTS SEE WHAT IT'S LIKE TO WORK IN A MEDICAL CENTER

LOTS OF KIDS SAY THEY'D LIKE TO BE A doctor or a nurse when they grow up. But they don't all get the chance Daisy Flores and Nikko Vasquez are getting. The two 16-year-olds, sophomores at Long Branch High School, are among 16 young participants in a collaborative program run by Monmouth Medical Center and the Big Brothers Big Sisters organization that pairs students with hospital employees. The idea? To give the youngsters a glimpse of a hospital in action—and a sense of what it will take to make their health care career dreams come true.

The program was launched at the suggestion of Frank J. Vozos, M.D., the medical center's executive director. "With his interest and support, we set out to use our employees as mentors," says Glenn Oppito, vice president for human resources, the department that runs the initiative. "It's a very rewarding experience for participants—both mentors and students—and it's a tremendous win-win for the community." He notes that while jobs in some other sectors are declining, health care is a growing source of employment—but also a field for which tomorrow's employees will need strong educational preparation.

Big Brothers Big Sisters administrators interviewed student applicants, who signed up because of an interest in health care careers—and also the Monmouth employees who volunteered. Matches were made based on common interests. Among those who chose to be a Big Sister was Juliet Gossett, senior human resources manager and the coordinator of the program. She was matched with Flores, and they and all the other pairs meet for two hours approximately every two weeks at the hospital. For the first 15 minutes, they discuss whatever they want.

"We talk about life as well as career," says Gossett. "Daisy asks about going to college and what I did in terms of education to get a job in health care."

"We really connect—she understands me," says Flores. "She tells me to stay focused on grades, and to keep trying hard when things aren't going so well."



Program coordinator Juliet Gossett, left, meets with (from left) high schoolers Daisy Flores and Nikko Vasquez, cashier Jesse Arango and nurse Elaine McKane, assistant director of the Cranmer Ambulatory Surgery Center.

After their initial conversation, the "Bigs" and "Littles," as they call themselves, spend the rest of their two-hour visits touring various departments in the medical center. These tours have taught Flores, who is interested in radiology, that there is a lot more to a hospital than she thought. "It's not all doctors and nurses—there are many things going on," she says. She says she liked the trip to the operating room best: "I saw all the machinery and how it works—it was really fun."

Yesid "Jesse" Arango, an administrative cashier, was teamed with Vasquez. They too have bonded, especially over shared passions for basketball and mixed martial arts. "Jesse is the perfect Big Brother for me," Vasquez says, noting that at first he'd feared a kind of generation gap. "I expected it to be awkward, but it was so easy."

"We talk about sports, school, life, working in the hospital," says Arango. "He's asked me about pay and benefits, about how hard college is compared to high school." Vasquez, like Flores, learned the complexity of a large medical center. "There's a lot that goes into making a hospital run smoothly," he reports.

"This has been an exceptional process, and everyone has been thrilled," says Oppito. "It's only our first year, but I am confident this program will be sustained for a long, long time." ■

To obtain more information about Big Brothers Big Sisters of Monmouth County, please call 732-544-2224 or visit [www.bbbsmonmouth.org](http://www.bbbsmonmouth.org).



# Newcomers bring fresh ideas

THESE RECENT ARRIVALS AT MONMOUTH MEDICAL CENTER COMBINE A FLAIR  
FOR MEDICAL TECHNOLOGY WITH A HUMAN TOUCH

TINA S. RAKITT, M.D.

## PEDIATRIC GASTROENTEROLOGIST

GASTROENTEROLOGISTS WHO SPECIALIZE in young patients, such as Tina S. Rakitt, M.D., in the Department of Pediatric Gastroenterology, Hepatology and Nutrition at The Children's Hospital at Monmouth Medical Center, care for newborns through adolescents suffering from common and complex digestive problems—for example, esophageal disorders and reflux, diarrhea, chronic constipation, vomiting, recurrent abdominal pain and ulcers.



There are key differences between treating children and adults, says Dr. Rakitt. "While there's some overlap, I also deal with things like colic, and with general fussiness that can be caused by reflux," she says. "The causes of constipation are different—they are sometimes related to potty training. And with kids, you really take care of the whole family, not just the patient."

Dr. Rakitt is board-certified both in pediatrics and pediatric gastroenterology and nutrition. She earned her medical degree at the University of Pittsburgh School of Medicine and completed residency training in pediatrics and a fellowship in pediatric gastroenterology at Children's Hospital of Pittsburgh.

"Before college I had always worked with kids for fun—I was a babysitter and camp counselor—but I never made the connection that I could make that my career," she says. "Then in medical school I realized I could be a pediatrician, and combine my love for kids with my job." She decided to specialize in gastroenterology because she saw several family members suffer from GI conditions like celiac disease and liver cancer. "I knew I could understand what these patients were going through," she says.

Dr. Rakitt lives in Colt's Neck with her husband, Thomas Kirchner, and son Calvin, 20 months. Work and motherhood take most of her time, but she also likes to cook and enjoys running for exercise.

JORGE G. PARDES, M.D.

## DIRECTOR OF BREAST IMAGING

AS A TEENAGER GROWING UP IN ARGENTINA, Jorge G. Pardes, M.D., director of breast imaging at Monmouth Medical Center, knew he wanted to be a doctor. But he also was interested in engineering. He loved painting too, favoring human subjects because, as he says, "the human body is the most intricate piece of engineering around." Today, as the hospital's new director of breast imaging, Dr. Pardes gets to combine his loves of anatomy, technology and medicine. "It's the perfect combination for me," he says.

After medical school at the National University of Buenos Aires, Dr. Pardes did his residency at Case Western Reserve University and then a fellowship in cross-sectional imaging at Cornell University Medical College and New York Hospital.

"I found I had a knack for dealing with women patients, and I decided breast cancer care was an underserved field," he says. "It's one of the few cancers we can diagnose really early, which makes successful treatment more likely. That's very rewarding."

Dr. Pardes came to Monmouth in January 2010. One of his missions is to improve the technology used in the department. High-resolution computer workstations have been added. In the future he hopes to bring a new digital imaging technology called tomosynthesis, which takes multiple images of each breast from many angles. "This will be a major player in the imaging of very dense breast tissue and will let us find lesions we can't see now," he says.

He also expects to extend breast care services beyond the hospital to satellite centers around the region. "We want to tie offsite imaging into other onsite services such as surgery, oncology, genetic counseling and more," he explains. "We want to take a woman by the hand from diagnosis to treatment to discharge."

A father of three grown children, Dr. Pardes lives in Shrewsbury. In what little spare time he has, he enjoys many different sports, horseback riding, playing guitar and photography. ■



# What's HAPPENING at Monmouth Medical Center

## CHILDBIRTH PREPARATION/PARENTING

Programs are held at Monmouth Medical Center, 300 Second Avenue, Long Branch. To register, call 732-923-6990 unless otherwise noted.

■ **One-Day Preparation for Childbirth** April 18, May 16, June 13, 9 a.m.–4:30 p.m. \$179/couple (includes breakfast and lunch).

■ **Two-Day Preparation for Childbirth** (two-session program) April 10 and 17, May 1 and 8, June 5 and 12, 9 a.m.–1 p.m. \$150/couple (includes continental breakfast).

■ **Preparation for Childbirth** (five-session program) April 6, 13, 20, 27 and May 4; May 18, 25, June 1, 8 and 15, 7:30–9:30 p.m. \$125/couple.

■ **Two-Day Marvelous Multiples** May 23 and June 6, 9 a.m.–1 p.m. For those expecting twins, triplets or more. \$150/couple (includes continental breakfast).

■ **Eisenberg Family Center Tours** April 11, 25, May 16, June 27, 1:30 p.m. Free. (No children under 14 years old.)

■ **Baby Fair** June 10, 7–9 p.m. Free. For parents-to-be and those considering parenthood. Includes Eisenberg Family Center tours, refreshments, gifts. To register call 1-888-SBHS-123—choose prompt #4. (No children under 14.)

■ **Make Room for Baby** April 24, May 15, June 19, 10–11 a.m. For siblings ages 3 to 5. \$40/family.

■ **Becoming a Big Brother/Big Sister** May 22, 10–11:30 a.m. For siblings age 6 and older. \$40/family.

■ **Childbirth Update/VBAC** May 12, 7:30–9:30 p.m. Refresher program including information on vaginal birth after cesarean. \$40/couple.

■ **Baby Care Basics** (two-session program) April 17 and 24, 1–3 p.m.; May 6 and 13, 7:30–9:30 p.m. \$80/couple.

■ **Breastfeeding** April 8, June 3, 7–9:30 p.m. \$50/couple.

■ **Cesarean Birth Education** April 14, June 16, 7:30–9:30 p.m. \$40/couple.

■ **Grandparents Program** May 10, 7–9 p.m. \$30/person, \$40/couple.

■ **Parenting Young Children Through S.T.E.P.** (five-session program) May 12, 19, 26, June 2 and 9, 7–9 p.m. Systematic Training for Effective Parenting from infancy to age 6. \$75/person, \$100/couple.

■ **The Happiest Baby on the Block** June 17, 7:30–9:30 p.m., \$40/couple (includes DVD and *Soothing Sounds* CD—\$40 retail value). Learn an effective approach to keeping your baby happy based on Dr. Harvey Karp's best-selling book.

■ **Adoptive Parenting** Private, two-session programs conveniently scheduled to accommodate your needs. \$150/couple.

■ **Gestational Diabetes Education Program** One-session class for women who develop gestational diabetes during pregnancy. Convenient appointments available; call the Center for Diabetes Education at 732-923-5025.

## JUST FOR KIDS

■ **Safe Sitter** (one-session program) May 15, June 19, 9 a.m.–4 p.m. For 11- to 13-year-olds on responsible, creative and attentive babysitting. At Monmouth Medical Center. Call 1-888-SBHS-123, then choose prompt #4.

\$50/person. (Bring snack and bag lunch.)

## GENERAL HEALTH

■ **CPR for Family and Friends** April 17, 9 a.m.–1 p.m. Babysitters, parents and grandparents are encouraged to attend. At Monmouth Medical Center, 300 Second Avenue, Long Branch. To register, call 732-923-6990. \$40/person.

■ **Complementary Therapies** April 19, 7–8:30 p.m. At Tatum Park Activity Center, Red Hill Road, Middletown. To register, call 732-842-4000, ext. 1. \$20/person.

■ **Safe Kids Week: Youth Sports Safety** April 24; **Celiac Disease Awareness Month** May 12, 10 a.m.–2 p.m. At Express Care, in Neptune ShopRite, 2200 Highway 66.

■ **Music and Movement** April 29, 7–9 p.m. At Thompson Park, Newman Springs Road, Lincroft. To register, call 732-842-4000, ext. 1. \$20/person.

■ **Vitamins** May 10, 7–8:30 p.m. At Tatum Park Activity Center, Red Hill Road, Middletown. To register, call 732-842-4000, ext. 1. \$20/person.

■ **Essential Oils and Aromatherapy** May 18, 6:30–7:30 p.m., at Bradley Beach Public Library, 511 Fourth Avenue. To register, call 732-776-2995. Free.

■ **Energy Medicine: An Introduction** May 27, 7–9 p.m. At Tatum Park Activity Center, Red Hill Road, Middletown. To register, call 732-842-4000, ext. 1. \$20/person.

■ **The Many Benefits of Vitamin D** June 14, 7–8:30 p.m. At Tatum Park Activity Center, Red Hill Road, Middletown. To register, call 732-842-4000, ext. 1. \$20/person.

■ **Diabetes Self-Management Series** Four-session program includes nutrition, glucose monitoring, medications, meal plans, prevention/treatment of complications, dining out and exercise. For dates and times, call the Center for Diabetes Education, 732-923-5025. Fee required.

## SENIOR HEALTH

■ **Free Oral Cancer Screening** April 20, 12:30–2 p.m. SCAN.\* **Appointments are limited, but required.**

■ **Irritable Bowel Syndrome** April 28, 1 p.m. Presented by Gagan D. Beri, M.D., gastroenterology. SCAN.\* Free.

■ **Reduce Your Alzheimer's Disease Risk** June 1, 11–11:45 a.m. Presented by Priya Angi, M.D., geriatrics and internal medicine. At Howell Senior Center (age 60+), 251 Preventorium Road. To register, call 732-938-4500, ext. 2554.

■ **Skin Cancer Awareness** June 2, 1 p.m., SCAN.\* Lecture followed by a free skin cancer screening. **Appointments are limited, but required.**

■ **Marlboro Township Senior Health and Wellness Day** June 9, 8:30 a.m.–2:30 p.m. At Marlboro Recreation Center, 1996 Recreation Way. To register, call 732-617-0100.

■ **Fibromyalgia and Alternative Medicine: New Perspectives on Treatments** June 16, 1 p.m. Presented by Arthur Brawer, M.D., rheumatology. SCAN.\* Free.

\*SCAN Learning Center (Senior Citizens Activities Network, for those age 50 and over) is at Monmouth Mall, Eatontown. To register for programs, call 732-542-1326. SCAN membership is not required.