

MONMOUTH

health & life

March 2009
\$3.95

SPRING STYLE: 25 THINGS WE LOVE



Our sit-down
with **DANNY
DEVITO**

**A heavenly meal
in Keyport**

Best bets:

- burger bliss in Eatontown
- antiques aplenty in Allenhurst
- Polish pottery in Red Bank

Plus
VOTE!
Our readers'
choice
awards

Health link

- A hospital team that could save your life
- 3 questions to ask before getting a scan
- A checklist to get more ZZZs

Welcome LETTER

The bedrock of excellence

CONGRATULATIONS TO MONMOUTH MEDICAL Center pulmonologist George Davis, M.D., the recently elected president of the hospital's 800-member medical and dental staff.

A longtime member of the hospital's teaching faculty and Medical and Dental Staff Executive Committee, Dr. Davis assumed this post January 1 from outgoing president, internist Ronald Weinberg, M.D. Dr. Davis—who has 32 years experience treating pulmonary disease and in critical care medicine—completed his graduate medical training here at Monmouth, and studied medicine at Monmouth's teaching affiliate, Drexel University School of Medicine.

As a leading academic medical center, Monmouth Medical Center attracts the state's top physicians, who are committed to academic and medical excellence through their role as members of the hospital's teaching faculty. The bedrock of this hospital's reputation for excellence has always been the quality of its staff, and the executive committee of the medical and dental staff exemplifies our culture of excellence and enviable record of superior care and service.

I am so grateful to our exceptional medical and dental staff officers for the dynamic leadership they provide. In addition to busy practices and the rigors of graduate medical teaching, these physicians volunteer countless hours to the governance of the hospital's attending staff.

Like Dr. Davis, I was fortunate enough to receive my physician's training here at Monmouth and, also like Dr. Davis, I was privileged to serve as president of this hospital's outstanding medical and dental staff. As a former officer, I can attest to the devotion of our Medical and Dental Staff Executive Committee in making a vital difference in the lives of the patients we serve, as well as the physicians who practice here.

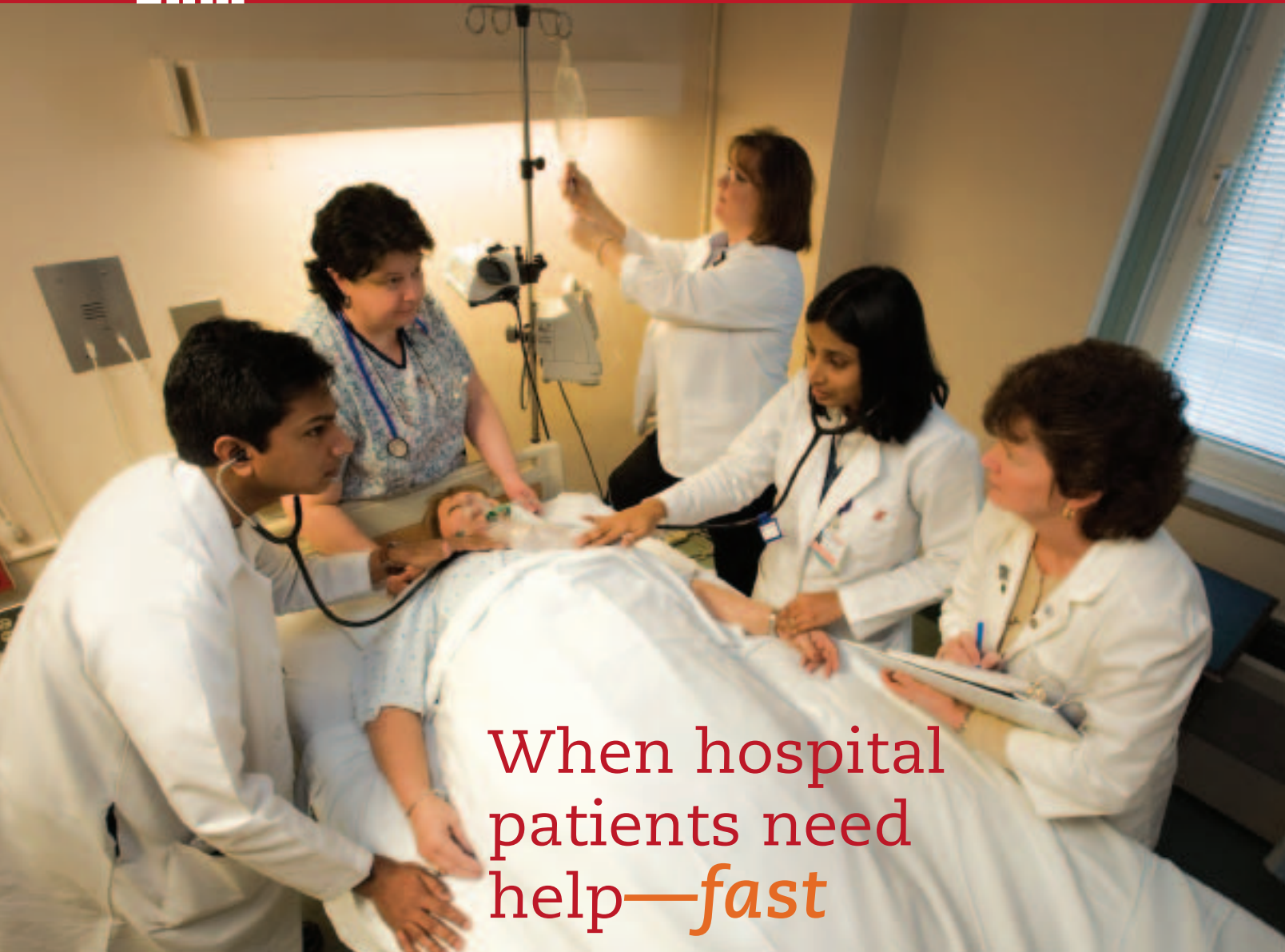
These physician leaders enrich the medical center and its medical staff through service characterized by pride, dedication and compassion. Their efforts help make Monmouth Medical Center a better place and our community a stronger, healthier one.



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



When hospital patients need help—fast

TODAY, EVEN FAMILY MEMBERS ARE AUTHORIZED TO SUMMON AN EMERGENCY TEAM

THE HOSPITAL WORLD WAS SHAKEN IN 2001, when an 18-month-old girl named Josie King, who was being treated for burns at a renowned Baltimore medical center, died needlessly because busy nurses missed the gravity of her condition. Her mother had known something was wrong, but had been unable to summon appropriate help. Afterward, from coast to coast, hospital officials asked themselves: “How do we save the next Josie?”

Today, at Monmouth Medical Center, there’s an answer in an innovation

first developed in Australia: the Rapid Response Team (RRT). If a patient needs immediate assistance beyond what the staff nurse can deliver, this team can rush to the bedside to provide it before the problem turns more serious. And as of January, such a team can be summoned not just by hospital staffers, but by patients themselves or their visitors if need be.

“Back in 2004, Josie’s story forced us to ask the question: ‘How do you get immediate help in our hospital?’” says nurse Sue Skola, Monmouth’s assistant vice

Thanks greatly to the RRT, mortality at Monmouth was down 3 percent in 2008 from two years before.

president for patient care services.

Sara Wallach, M.D., vice chair of the Department of Medicine, was assigned to meet with representatives from the nursing staff and the medical residents to put a program together. That group decided that an RRT led by a senior medical resident and also including a registered nurse and a respiratory therapist would be designated at the beginning of each shift.

Should a patient require immediate aid, an attending nurse or resident can activate the RRT by calling a special internal phone number. The operator will notify the team members by pager and announce over the intercom: "A rapid response team to ———." When summoned, team members temporarily put aside their regular duties and rush to the patient in need to assess the situation and take action before things worsen.

"The hope is that early intervention can prevent cardiac arrest or respiratory arrest," says Skola.

And apparently it does. Dr. Wallach reports that, in great measure thanks to the RRT program, overall mortality at Monmouth was down 3 percent in 2008 from just two years before, and cardiac arrests in non-critical areas were down 16 percent. Also down, she says, was the number of "codes"—serious emergency calls for patients who have gone into cardiac or respiratory arrest. "In many cases," the doctor explains, "the RRT program has allowed us to stabilize those patients before a code was required."

When the program was rolled out in 2005, it was confined to off-shifts—nights, weekends and holidays—when fewer doctors and nurses were available, says Skola. It was only used in the main part of the hospital for general adult patients. But last year, administrators began expanding the program.

"Several months ago, we had a situation in obstet-

"The hope is that early intervention can prevent cardiac arrest or respiratory arrest."

—Sue Skola

rics that warranted rapid response," says Skola. So the hospital added an obstetric RRT that would include a senior obstetrics resident and a labor and delivery nurse. The program was also made available for all adult care, 24/7. Then, last fall, a pediatric RRT was added, with a pediatric nurse and a pediatric resident to handle all children's cases, including those in the children's psychiatric unit.

"In January, we made the service available to all patients and visitors too," says Skola. "Now you don't have to be a medical professional to activate the system." Signs posted throughout the hospital and brochures placed in each room tell patients and visitors how to call a special phone extension to request the RRT.

Of course, calls have increased as the service has expanded. In 2008 the hospital experienced an average of about 20 calls per month, says Dr. Wallach, up from seven to nine calls in the previous two years. And there was concern that those numbers would shoot up even faster once anxious patients and visitors were allowed to activate calls to the RRT.

"We did talk about the potential that people might overuse the system," says Skola. "But research from other hospitals where it's in place shows that doesn't happen. We will monitor it, of course. And if someone feels that urgent help is needed when in reality it's not, the RRT can be quickly dispersed and its members returned to their regular work."

In advanced hospitals like Monmouth, where life is on the line every day, no one has forgotten what little Josie King's experience has taught them. "It goes back to that little girl's story, where the mother felt her child was in need and she was not being heard," says Skola. "RRTs help ensure that such a terrible event doesn't happen again." ■

The impact of rapid response

Pioneered in Australia, Rapid Response Teams (RRTs) had been put in place in 1,500 U.S. hospitals by February 2007, according to the Cambridge, Mass.-based Institute for Healthcare Improvement, which notes: "Hospitals using RRTs typically observe reductions in the number of cardiac arrests, unplanned transfers to the intensive care unit, and, in some cases, the overall mortality rate."

To find out more about the work of Rapid Response Teams at Monmouth Medical Center, please call 1-888-724-7123.

An easier way to assess HEART DISEASE



TAKING A PICTURE INSTEAD OF INSERTING A CATHETER? ONE PATIENT, A DOCTOR, WELCOMED THE SWITCH

ABOUT SIX MONTHS AGO, WHEN 69-year-old Dennis Mojares, M.D., noticed severe swelling in his left ankle, he worried. This was a possible sign of heart disease, which ran in his family, and his medical knowledge told him it could require a cardiac catheterization (coronary angiogram), in which a catheter is snaked up through an incision in the groin to the coronary arteries to check the heart's blood flow. Happily, though, it turned out that Dr. Mojares' condition could be evaluated in a less invasive way: with a 64-slice CT (computed tomography) scanner at Monmouth Medical Center.

"In 1971, while working as a cardiovascular surgeon at a hospital in Newark, I assisted with a number of cardiac catheterizations, and I saw a few patients get in trouble," says Dr. Mojares. "Having seen it performed on others, I was afraid of having it done to me."

Cardiac computed tomography angiogram "is much less painful and intrusive" than cardiac catheterization.

—Edward Choi, M.D.

Catheterizations have improved in the last 38 years, but they remain somewhat invasive, with a small element of risk. And though Dr. Mojares, an emergency/urgent care specialist who works at Walk-in Medical Treatment in West Long Branch, would have had the procedure had it been necessary, he's glad it wasn't.

"I went to see Richard Mojares, M.D.,

who's my doctor—and also my son,” says Dr. Mojares. Knowing that his father had several cardiovascular disease risk factors, including high cholesterol, high blood pressure and a family history of heart disease (one of his brothers died of a heart attack at 49), the younger Dr. Mojares referred his patient to Edward Choi, M.D., a cardiologist on staff at Monmouth.

“When Dennis Mojares first came to see me, he wasn't experiencing any frightening symptoms, like chest pain or shortness of breath,” says Dr. Choi. “Still, we felt it necessary to perform several tests to determine whether he had coronary artery disease.”

The first was an electrocardiogram (EKG), which records the heart's activity as it contracts and relaxes. It's used to detect abnormal heartbeats and ascertain whether there are areas of damage or inadequate blood flow. A nuclear stress test—which involves obtaining images of the heart while the patient is resting and comparing them to images of the heart after several minutes of cardiovascular activity, such as running on a treadmill—also indicated that Dr. Mojares was in no immediate danger of having a heart attack.

The third test, however, concerned Dr. Choi. The echocardiogram, which uses sound waves to create pictures of the heart, “showed that part of his heart wasn't quite moving the right way,” says the cardiologist. “We also noticed some areas of damage to the heart muscle. This told me he may have once had a heart attack he wasn't aware of.” (Such so-called “silent heart attacks” are relatively common, Dr. Choi explains. Sufferers may experience little or no pain, yet are left with dangerous muscle damage they often don't know about.)

At first, says Dr. Choi, cardiac catheterization was exactly what came to mind. In that procedure, a catheter is first inserted in the femoral artery (near the groin) of a lightly sedated patient. The tube is then maneuvered through the body via the arteries until it reaches the coronary arteries, which run along the outside of the heart. Once it's in place, an iodine dye is injected through the catheter into the patient's bloodstream. With the help of this contrast agent, detailed X-ray images of the arteries are taken, allowing a doctor to establish whether there is



Edward Choi, M.D.

significant blockage that may warrant further intervention, such as stenting or bypass surgery. “Cardiac catheterization is considered our gold standard for making these determinations,” says Dr. Choi. “Yet it does come with a certain amount of risk.”

Fortunately, when Dr. Mojares asked if there was any alternative, Dr. Choi was able to suggest a new, noninvasive therapy called cardiac computed tomography angiogram (CCTA). This test, too, requires intravenous iodine dye. But instead of a catheter being inserted into a patient's femoral artery and threaded toward the heart, an IV is simply injected into a vein in his arm. “This is much less painful and intrusive,” says Dr. Choi.

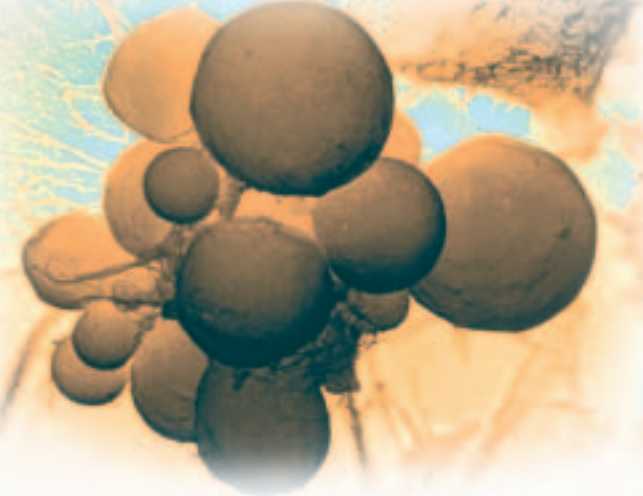
After the patient lies down on a table that slides into a donut-shaped, state-of-the-art 64-slice CT scanner, X-rays pass through his body and are picked up by a high-speed computer that records clear three-dimensional images of his heart. The scan takes about 15 minutes, and the patient is always awake. Although the CCTA has not been as effective in detecting disease in smaller arteries and is still not safe for pregnant women, it has effectively detected plaque and coronary lesions in most patients.

“For me, the process was very easy,” says Dr. Mojares. “Of course, with chest pains or other major symptoms Dr. Choi would probably have recommended the cardiac catheterization, and I certainly would have followed his advice.” In this case, the CCTA revealed noncritical lesions, “which we've been able to treat with risk-factor modification and medication,” says Dr. Choi.

“By following a low-fat, low-carbohydrate diet, eating more fresh fruit and vegetables and running on the treadmill three times a week, I've helped to lower my cholesterol and get my blood pressure under control,” says Dr. Mojares. The swelling—which, as it turns out, was caused by spending too much time on an airplane—is gone. And, adds this savvy patient, “I'm feeling great.” ■

**1.2 million
cardiac
catheterizations
were performed in
the United States
in 2005.**

For more information on the 64-slice cardiac CTA at Monmouth Medical Center, please call 1-888-724-7123. And to read more about imaging studies, see “Where to Get the Best Scans” on page 29.



INNOVATIVE cancer treatments

DOCTORS ATTACK INOPERABLE MALIGNANT TUMORS
VIA THE VASCULAR SYSTEM

WHEN WE THINK OF CANCER TREATMENTS, we usually think of surgery, chemotherapy and radiation. But today there's a fourth approach, which uses imaging technologies like those employed in X-rays. It's called interventional oncology, and it is performed by radiologists with special fellowship training. It includes a group of treatments for advanced cancers—especially liver cancer—that can destroy hard-to-reach or inoperable tumors. In a specially designed interventional radiology suite, physicians use computer-guided imagery generated by X-rays to thread tiny guide wires and instruments through the body's network of blood vessels and perform procedures at the site of disease.



Ernest Wiggins, M.D.

At Monmouth Medical Center, these treatments are offered in the Interventional Oncology Program, recently established in the Department of Radiology, explains Peter Park, M.D., chief of interventional radiology. The program's launch was made possible by the addition to the staff of Ernest Wiggins, M.D., 32, an interventional radiologist who did his residency under Dr. Park at Monmouth.

"He was one of the best residents we've had," says the doctor.

Interventional oncology offers another treatment option for patients who aren't considered candidates for surgery, says Dr. Wiggins. "These techniques may also be part of a multidisciplinary treatment plan through collaboration with a patient's medical oncologist."

The procedures can be helpful with many liver cancers where surgical removal of the tumor is inadvisable because it wouldn't leave enough liver to maintain function. Both primary liver tumors and liver tumors that result from a cancer that started elsewhere in the body are good

candidates for interventional oncology, says Dr. Wiggins. "In some cases, a previous treatment attempt, such as with chemotherapy, has failed and this is the next option."

Depending on the patient, the interventional radiologist may employ one of these treatments:

Hepatic artery embolization involves cutting off the liver tumor's blood supply. The tumor is deprived of blood from the vessels that branch off the hepatic artery by the insertion of microscopic beads. "These beads act as a dam to block blood flow to the tumor, but blood still flows to the rest of the liver," Dr. Wiggins explains. The tumor cells then lack the nourishment to multiply and survive, and in many cases their size is decreased. With smaller tumors liver surgery often becomes viable.

Radiofrequency ablation, used for small tumors, utilizes radio waves to create heat that is directed at the tumor to destroy the cancer cells and leave healthy liver tissue intact. Over the next few months, the dead cells turn into a harmless scar.

"We use these techniques to preserve liver function by either killing the tumor or keeping it from progressing," says Dr. Wiggins. "They help preserve quality of life and may extend life."

Besides liver tumors, interventional oncology is utilized to treat kidney tumors, lung tumors and neuroendocrine tumors. Embolization is also used to treat benign tumors of the uterus in a procedure called uterine fibroid embolization, a possible alternative to hysterectomy or myomectomy.

Dr. Park and Dr. Wiggins hope to add other treatments to the interventional oncology program, including chemoembolization and portal vein embolization.

"We're pioneering types here," says Dr. Park. "People should know they don't have to go to New York or Philadelphia to get this high-end care. It's right here." ■



Peter Park, M.D.



Where to get the best scans

HOSPITALS PROVIDE THE MOST RELIABLE IMAGING STUDIES, AN EXPERT SAYS

NOT LONG AGO, RADIOLOGISTS AT Monmouth Medical Center were looking at a breast MRI taken at an outside imaging facility. The radiologist there had diagnosed a suspicious spot as cancer and ordered a biopsy. But a Monmouth specialist looked at the film and knew right away that the growth was benign. “We saved that woman an unnecessary biopsy,” says Richard Ruchman, M.D., chairman of Monmouth’s Department of Radiology. “That kind of thing is a daily event here.”

Imaging studies are often the key to diagnosing and treating a health condition. But how do you know if your image—be it an X-ray, MRI (magnetic resonance imaging) study, CT (computed tomography) scan or mammo-

gram—is being taken properly and interpreted correctly?

Dr. Ruchman’s advice: Have your imaging studies performed by radiologists specially trained in your area of need. And, he says, such subspecialists are most commonly found at an academic hospital such as Monmouth.

Smaller hospitals and independent imaging centers are usually staffed with general radiologists, says Dr. Ruchman. That means that on a typical day, they may take and read, say, a breast MRI, followed by a lung CT scan, followed by an X-ray of a broken leg. They’re understandably less attuned to the nuances of each particular kind of imaging study than is someone who focuses on that type.

“The field of radiology is so wide and diverse that it is difficult to master all its subtleties,” says the doctor. “There are very subtle findings you would only be aware of if you are oriented to that subspecialty and focus all your time in that area.” Of the 11 radiologists at Monmouth, each is fellowship-trained in one of eight principal subspecialties.

Further, Dr. Ruchman notes, physicians at an academic center conduct research and publish articles. “They are aware of all the research in their area long before that information reaches the general radiologist,” he says. ■

For the best in imaging, ask 3 questions

Richard Ruchman, M.D., chairman of radiology at Monmouth Medical Center, suggests getting “yes” answers to these inquiries before you settle on a facility for medical imaging:

1. Has the facility has been accredited by the American College of Radiology?
2. Is there a radiologist with specialist training in the scan I’ll be getting? (Most hospitals and radiology facilities list their faculty and fellowships on their websites.)
3. If so, will the appropriate fellowship-trained subspecialist be reading my image? (“You don’t want a pediatric radiologist or general radiologist reading your breast MRI,” says Dr. Ruchman.)

To find out more about getting an X-ray, a magnetic resonance imaging study or another scan at Monmouth Medical Center, please call 732-923-6800.

It's a tough time for hospitals

CLEAR INTERNAL COMMUNICATION IS A MUST, SAYS A MEDICAL STAFF PRESIDENT

WHEN A SEVERE economic downturn strikes, hospitals aren't immune. Financing is harder to come by, people lose jobs and thus health insurance, cash-strapped families postpone elective procedures and budgets are squeezed for both government and private payors. In a recent American Hospital Association survey, a majority of hospitals said they're finding more patients unable to pay.

So it was a difficult environment that George Davis, M.D., faced when he became president of the medical and dental staff at Monmouth Medical Center on January 1. But Dr. Davis, a pulmonary medicine and critical care



specialist who lives in Wayside with his wife, Ellen, is excited by the challenge. Recently he took a few moments to discuss his ideas about the medical staff and the hospital's future with *Monmouth Health & Life*.

MH&L: You've been a doctor since you started your residency here at Monmouth in 1973. Have you ever seen a tougher time?

Dr. Davis: No. As you know, the financial situation nationally is simply terrible, and it's affecting every hospital in the country. But we still have a job to do, and we still need to provide the community with the highest possible level of services.

MH&L: As president of the medical and dental staff, what can you do?

Dr. D: I represent the doctors as they relate to the hospital and patients. It's paramount that we have open communication among the medical staff leaders, nursing, the board of trustees and the administration. We all agree that there has to be transparency in our decision-making. We must let everyone on staff know what is going on.

MH&L: What steps have you taken?

Dr. D: Medical staff leadership now meet every two weeks instead of monthly. And we have been inviting past medical staff presidents to attend our meetings to offer their expertise.

We also plan to create a group comprising trustees, administrators, nursing representatives and other leaders to make rounds every other week to discuss staff concerns and suggestions. We've launched a new monthly newsletter to keep medical staff apprised of current developments.

MH&L: How have these ideas been received?

Dr. D: The Joint Commission, which oversees and evaluates

hospitals, was here recently for one of its visits, and they liked what they saw us doing—especially the open communication we've established. But we have a lot of work to do. Everyone is working harder, longer hours, with fewer resources.

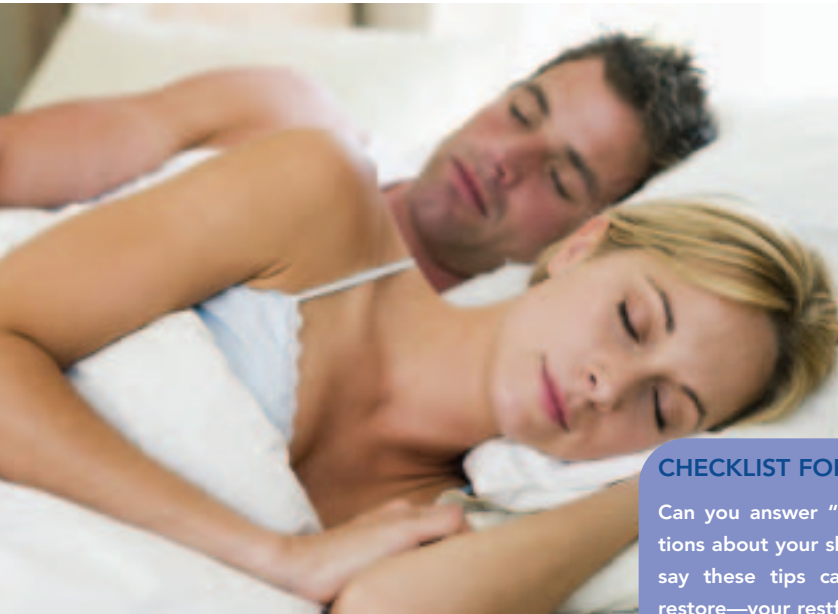
MH&L: Several times residents have honored you as the best teacher among Monmouth physicians. What does teaching mean to you?

Dr. D: It's one way of showing my commitment to the medical center—serving in this administrative post is another. I feel doctors must continue to show loyalty to the hospital and to its teaching mission. Monmouth Medical Center is a tremendous asset to the community, and keeping it strong requires that its services—both inpatient and outpatient—be supported. ■

CORRECTION: Two phone numbers in the January 2009 issue were inadvertently listed incorrectly. The correct number for information about childbirth services at Monmouth Medical Center is 1-888-724-7123. To find out about the evaluation and treatment of memory problems at Monmouth, please call 732-923-7550.

Is the recession keeping you awake?

THE SOUR ECONOMY HAS MANY PEOPLE TOSSING AND TURNING.
HERE'S HOW TO GET YOUR Zs DURING STRESSFUL TIMES



IF YOU'RE FINDING YOURSELF UP at night, worried about your job, your mortgage and your shrinking retirement savings, you're not alone. Physicians are seeing more cases of stress-induced insomnia these days, says Robert M. Kosinski, M.D., medical director of the Monmouth Medical Center Sleep Disorder Center.

"Sleep problems increase in stressful times," says Dr. Kosinski. For some, the problem is temporary: When the stressor goes away, normal sleep patterns return. "But for others, stress may bring up some deeper, underlying issues and make them worse," he says.

Two sleep problems are closely linked with stress, the doctor explains. One is a schedule disorder. If your daily routine is disrupted because of job loss, a change in shifts worked or the addition of a second job, you may have difficulty adjusting your normal wake-sleep pat-

terns to fit your new schedule. As a result, you may have trouble falling asleep and staying asleep.

Another problem directly related to stress is periodic limb movement disorder (PLMD). It involves repetitive limb motions, usually in the lower extremities, that occur during sleep. Often, patients are unaware of the movements, Dr. Kosinski says, but they do report waking often during the night, which leads to daytime fatigue. PLMD, which can make sleep unrefreshing, is different from restless leg syndrome, in which abnormal sensations in the legs may keep one from getting to sleep in the first place. Sometimes, however, patients have both conditions.

You probably don't need an overnight laboratory sleep study if you're having stress-induced insomnia. But if you sleep enough hours and still wake up feeling unrefreshed, ask your doctor if such a study would be appropriate. You could have a disorder such as PLMD or obstructive sleep apnea, in which one briefly stops breathing many times each night. Such problems are often treatable.

For those who lie awake counting too many sheep—or Wall Street bears—the first step is to make sure to observe good sleep habits (See "Checklist for Healthy Zs," left) and maintain a normal sleep schedule. ■

CHECKLIST FOR HEALTHY Zs

Can you answer "yes" to these questions about your sleep habits? Doctors say these tips can help protect—or restore—your restful slumber:

- I follow a relaxing prebedtime routine—for example, reading a book, listening to music or taking a hot bath.
- I avoid exercising or eating heavy meals within three hours of bedtime.
- My bedroom is sleep-friendly, minimizing bright lights and distractions such as a TV, a computer or a pet.
- I go to bed and get up at roughly the same time each day, not deviating too much even on weekends.
- Near bedtime, I avoid caffeine, tobacco and other stimulants (caffeine's effects can take up to eight hours to wear off), certain over-the-counter and prescription medicines that can disrupt sleep (check labels) and alcohol. (Yes, a glass of wine right before you turn in may make it easier for you to fall asleep. But alcohol-induced sleep tends to be lighter than normal, and alcohol also makes it more likely that you'll wake up during the night.)

To learn more about the evaluation and treatment of sleep problems at Monmouth Medical Center, please call 732-923-7660.

Past forgetting

A LOVING HUSBAND AND FATHER HELPS HIS KIDS KEEP THE MEMORY OF MOM ALIVE



PATRICK DOHERTY, 38, STILL REMEMBERS THE first time he saw Robin, the woman he was destined to marry. “There was an instant attraction,” recalls Doherty, sales manager at the Princeton campus of a New York investment management company. The two had both gone to Mater Dei High School in New Monmouth, he says, “but we didn’t meet until 1999, while working together at Merrill Lynch. On our first date we went to a hockey game, and the rest was history.” After he proposed in Aruba, Patrick and Robin were married at Princeton’s Saint Paul’s Church on October 5, 2001.

For a while, theirs was an untroubled love story. “We moved to a nice house in South Jersey,” says Doherty. Their son, Kyle, now 5, was born a few months later, followed by daughter Olivia, 3. But then misfortune struck—twice.

“My brother Steve was diagnosed with kidney failure on December 28, 2005,” says Doherty. He received dialysis at Monmouth Medical Center for five months before undergoing a kidney transplant at Saint Barnabas Medical Center in Livingston. Doherty was the donor. “At the time, I only knew that my purpose was to help my brother. I now understand how important organ donation is,” he says. Today Steve, 34, is a healthy police officer in Monmouth County.

Doherty only wishes he could have given another piece of himself when the second crisis came. While moving furniture at home, Robin had a seizure. She was rushed to Thomas Jefferson University Hospital in Philadelphia. Doctors thought she might have suffered a stroke, until a magnetic resonance imaging (MRI) scan revealed that she had a brain tumor. She was later diagnosed with glioblastoma multiforme tumor, one of the deadliest forms of brain cancer.

“My initial reaction was, ‘What do we need to do to beat this?’” says Doherty. Robin underwent two brain surgeries “which were traumatic for everyone involved,” says Doherty. She received chemotherapy from Sumul Raval, M.D., a neuro-oncologist at Monmouth, and went to the best cancer treatment centers in the area. “We attended healing masses and worked with a nutritionist to put Robin on a special

diet,” says Doherty. “Basically, it was 15 months of doing whatever might save her life, to ensure that every option was considered for us to fight this together. But we also tried to do things as a family, like taking the kids to Disney World.” Despite their efforts, the tumor returned and Robin passed away on October 19, 2007. She was 38.

“Being a single dad is a challenge,” says Doherty, “but I’m getting better at it. Being there for my kids is my main purpose. On weekends, we do everything together. We go to the park, watch movies. And every day, we talk about Robin.” Recently, Doherty raised funds to dedicate the library at the David S. Zocchi Brain Tumor Center at Monmouth to his wife. “I saw the benefits she received while being treated there, and I wanted other families to have a place where they could research ways to fight this horrible disease,” he explains. “At the same time, this will become a place our kids can call ‘Mommy’s Room.’”

Today Doherty is looking to the future. “Every experience, good or bad, has helped me to more clearly realize what my purpose in life is,” he says. Next year, he even hopes to take his kids back to Disney World. “There are constant memories and reminders of Robin in all that we do,” he adds. “And that’s how it will always be.” ■

What's HAPPENING at Monmouth Medical Center

CHILDBIRTH PREPARATION/PARENTING

Learn why more than 4,000 families a year choose Monmouth Medical Center to welcome their child into the world. We offer classes ranging from childbirth education, baby care and sibling programs to breastfeeding and grandparenting. For a complete listing of classes, call 732-923-6990 or visit www.mmc.saintbarnabas.com. 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** February 22, March 22, April 19, 9 a.m.–4:30 p.m. \$179/couple (includes breakfast and lunch).

■ **Two-Day Preparation for Childbirth** March 7 and 14, April 4 and 18, 9 a.m.–1 p.m. \$150/couple (includes continental breakfast).

■ **Preparation for Childbirth** (five-session program) February 24, March 3, 10, 17 and 24; April 14, 21, 28, May 5 and 12; 7:30–9:30 p.m. \$125/couple.

■ **Two-Day Marvelous Multiples** March 29 and April 5, May 31 and June 7, 9 a.m.–1 p.m. For those expecting twins or more. \$150/couple (includes continental breakfast).

■ **Baby Fair** March 1, 1–3 p.m. Free. For parents-to-be and those considering starting a family, featuring Eisenberg Family Center tours, refreshments, gifts. To register, call 1-888-SBHS-123. (No children under 14 years old.)

■ **Parenting Young Children Through S.T.E.P. (five-session program)** May 13, 20, 27, June 3 and 10, 7–9 p.m. Systematic Training for Effective Parenting from infancy to age 6. \$75/person or \$100/couple.

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

■ **Gestational Diabetes** One-session class for women who develop diabetes during pregnancy. Call the Center for Diabetes Education at 732-923-7550. Fee required.

JUST FOR KIDS

■ **Safe Sitter** March 28, May 16, 9 a.m.–4 p.m. For 11- to 13-year-olds on responsible, creative and attentive babysitting. Monmouth Medical Center. Call 1-888-SBHS-123. \$50/person. (Snack provided; bring bag lunch.)

GENERAL HEALTH

■ **Free Child Car Seat Inspection** February 19, March 19, April 16, 3:30–6:30 p.m. Offered through a cooperative effort of the Long Branch Police Department, the Monmouth County Sheriff's Office, the New Jersey Division of Highway Traffic Safety, The Children's Hospital at Monmouth Medical Center and Monmouth Medical Center's SAFE KIDS chapter. At Long Branch Union Fire Company, 199 Union Avenue, Long Branch.

■ **Monmouth Medical Center Community Health Fair** February 25, 11 a.m.–1 p.m. "American Heart Month" and "National Cancer Prevention Month." Free blood pressure and cholesterol screenings (limited to first 40 registrants). Registration required; call 1-888-SBHS-

123. At Monmouth Medical Center ground floor lobby, 300 Second Avenue, Long Branch.

■ **"Change Your Thoughts for Inner Calm,"** February 26, 7–9 p.m.; "Evening Enlightenment," March 10, 7:30–9 p.m.; "An Introduction into the World of Essential Oils and Aromatherapy," March 19, 7:30–9 p.m. At Tatum Park Activity Center, Red Hill Road, Middletown. To register, call 732-842-4000, ext. 1. Fee required.

■ **Stress-Free Workshop: "Change Your Thoughts for Inner Calm,"** March 3; "Mood Shifters," April 7; "Getting a Good Night's Sleep," May 5. 7–9 p.m. at Monmouth Medical Center, 300 Second Avenue, Long Branch. Registration required; call 1-888-724-7123. Fee.

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

SENIOR HEALTH

■ **Hereditary Breast, Ovarian and Colon Cancer: Does It Run in Your Family?** February 18, 1–3 p.m. Presented by the High-Risk Cancer Assessment Program, Familial Colorectal Cancer Registry Program, Monmouth Medical Center. SCAN.*

■ **Mediterranean Diet: What Is It and What Are the Benefits?** March 4, 1–3 p.m. Presented by Nutritional Care, Monmouth Medical Center. SCAN.*

■ **Sleep Disorders** March 5, 11–11:45 a.m. Presented by The Center for Sleep Disorders, Monmouth Medical Center. At Howell Senior Center. †

■ **Non-surgical Treatment Options for Back Pain: What Older Adults Should Know** March 11, 1–3 p.m. Presented by Barry L. Swick, M.D., nonoperative spine specialist, Monmouth Medical Center. SCAN.*

■ **Chronic Fatigue Syndrome** March 12, 11–11:45 a.m. Presented by Arthur E. Brawer, M.D., rheumatology and internal medicine, Monmouth Medical Center. At Howell Senior Center. †

■ **Colorectal Cancer: What You Need to Know** March 24, 11–11:45 a.m. Presented by Cancer Services, Monmouth Medical Center. At Howell Senior Center. †

■ **Humor and Healing** March 30, 1–3 p.m. SCAN.*

■ **Nutrition: Creating Wellness from the Inside Out** April 1, 1–3 p.m. Presented by HealthSouth/The Rehabilitation Hospital of Tinton Falls. SCAN.*

■ **Cosmetic Surgery for All Ages** April 2, 1–3 p.m. Presented by Andrew Elkwood, M.D., plastic and reconstructive surgery, Monmouth Medical Center. SCAN.*

■ **Chronic Pain of the Neck and Back** April 22, 1–3 p.m. Presented by Harris Bram, M.D., anesthesiology. Monmouth Medical Center, SCAN.*

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

†Howell Senior Center (age 60 and over) is at 251 Preventorium Road. To register for programs, call 732-938-4500, ext. 2554.