

A Publication of
**ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL**

healthy *together*

**STATE-OF-THE-ART
STROKE
TREATMENT**

**COMPREHENSIVE
CARE FOR
LBGTQ PATIENTS**

**A LIFESAVING
HEART
TRANSPLANT**



**FINDING THE
BEST CANCER CARE**

Stronger Together

The past year has been one of unprecedented challenges for our communities and for our healthcare system. The onset and spread of COVID-19 tested our hearts and minds as never before, all against a backdrop of national social, political and economic turmoil.

Each day, we've learned more about this new virus and how to treat it. We've also learned that the pandemic's impact is falling drastically harder on communities already struggling against economic and social disadvantages.

Throughout this crisis, our medical professionals and staff have been compassionate and expert while caring for patients inside our walls, and innovative in creating ways to provide virtual care. They've risen magnificently to the challenge of keeping our facilities safe and sanitized. And many throughout our system have been working hard in a wide range of programs to help our communities stay healthier and to eliminate healthcare disparities.

At Robert Wood Johnson University Hospital, our Community Health Promotions Program organized several COVID-19 testing sites and distributed masks to residents in our communities. Many individuals were severely impacted financially due to COVID-19 and struggled to find access to healthy food, so we partnered with the non-profit Common Market to distribute eggs, produce and other items from local farms to New Brunswick families. On our academic medical center campus, we have taken every possible safety measure, including temperature checks and using advanced technology such as ultraviolet light to deep clean and disinfect our facility.

At RWJBarnabas Health, we've learned something else this year: how strong and encouraging the communities we serve are. We can never thank you enough for your ongoing generosity.

While we continue to battle the COVID-19 pandemic together, we want you to be as healthy and strong as you can, and we pledge to do everything possible to help you achieve that goal.

Yours in good health,

BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH



JOHN J. GANTNER
PRESIDENT AND CHIEF EXECUTIVE OFFICER
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL



HEALTH NEWS

CUTTING-EDGE CARDIAC RESEARCH

A Robert Wood Johnson University Hospital (RWJUH) patient recently became the first to receive a new, minimally invasive procedure for a life-threatening condition called severe aortic regurgitation, in which one of the heart's valves doesn't close tightly, causing blood to flow backwards. This condition is treated by replacing the aortic valve. In a new clinical trial, the patient underwent a next-generation, investigational transcatheter aortic valve replacement (TAVR), a minimally invasive procedure used to replace the aortic valve. The JenaValve ALIGN-AR Clinical Trial is investigating percutaneous treatment options for patients with severe aortic regurgitation.



A NURSING HONOR

Jackie Baras, MSN, MBA, RN, has been named Nurse of the Year by the publication *NJBIZ* as part of its annual Healthcare Heroes Awards program. Baras serves as LGBT Program Director and LGBT Health Navigator at RWJUH. Earlier this year, she helped establish The PROUD Gender Center of New Jersey at RWJUH in partnership with Rutgers Robert Wood Johnson Medical School (for more details, see the article starting on page 6). The Center provides a full suite of services designed to meet the healthcare needs of the transgender community.

CALLING ALL BLOOD DONORS

COVID-19 continues to affect the number of blood drives conducted in our area, and state and regional blood supplies are now at critically low levels. Eligible individuals should consider donating blood and plasma at RWJUH's Blood Center. To make an appointment to donate, visit www.rwjudonorclub.org or call 732.235.8100, ext. 221.

Robert Wood Johnson University Hospital | **RWJBarnabas HEALTH**

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We've taken every precaution to keep you safe. So if you've put off care due to COVID-19, please don't delay it any longer.



STOPPING A STROKE IN ITS TRACKS

A MULTIDISCIPLINARY NEUROCRITICAL CARE TEAM PROVIDES COMPREHENSIVE TREATMENT.

In November 2019, David* and his wife, Ann*, were helping Ann's mother clean out her home. David, a physician, was going through a drawer when, all of a sudden, he felt the urge to lie down. "I couldn't talk, and I couldn't move half of my body," recalls David, 56. Shortly afterward, Ann found him lying on the floor. "I called 911," says Ann, 55, who is also a physician. "I thought he might have bleeding in the brain, so I



DEVIYANI MEHTA, MD

wanted him to go to a Comprehensive Stroke Center."

An advanced life support ambulance picked up David and brought him to Robert Wood Johnson University Hospital (RWJUH). The paramedics had notified the hospital that a stroke patient was on the way, so the Code Stroke team was able to prepare for David's arrival in the Emergency Department (ED). Deviyani Mehta, MD, a stroke neurologist and Associate Professor of Neurology at Rutgers Robert Wood Johnson Medical School and RWJUH, was the attending physician on duty when David arrived. Ian Hakkinen, MD, a third-year neurology resident at

Rutgers Robert Wood Johnson Medical School and RWJUH, spoke with Ann and was instrumental in ensuring quick treatment.

REVERSING STROKE DAMAGE

The team had to determine what kind of stroke David had suffered—a hemorrhagic stroke, which occurs when a weakened blood vessel in the brain bursts and starts bleeding, or an ischemic stroke, which is caused by a blood clot. A CT scan showed he didn't have any bleeding in the brain. That finding, combined with the fact that he had arrived at the hospital within 4.5 hours of the onset of symptoms, made him a

In the Neurocritical Care Unit at Robert Wood Johnson University Hospital, stroke patients are cared for by a multidisciplinary team, which consists of neurologists, neurosurgeons, interventional radiologists and nurses trained to provide neurointensive care.

good candidate for tissue plasminogen activator (tPA), a clot-busting drug. Next, he had a CT angiogram of the head and neck, in which a dye is injected into a vein and CT images of blood vessels are taken. The results revealed a blood clot in a large blood vessel on the left side of David's brain, which controls the right side of the body.

Within 30 minutes of his arrival in the ED, David was given tPA. In some cases, that's the only treatment a patient needs. In others, tPA is not sufficient to break apart a large clot blocking a blood vessel, and a patient requires a mechanical thrombectomy, in which a blood clot is removed from the brain. That was the case for David. Fortunately, RWJUH is a Comprehensive Stroke Center, which means it provides the most advanced, multidisciplinary stroke care available. A Comprehensive Stroke Center must have stroke specialists, a unit dedicated to the care of stroke patients, a team of neurosurgeons and a neurointensive care unit. Physicians are able to perform mechanical thrombectomies. (For more information, see "The Most Advanced Neurologic Care.") If David had gone to another hospital, he might have required a transfer by helicopter to RWJUH or another Comprehensive Stroke Center.

*Name has been changed to protect privacy.

After David received tPA, he was moved to the Neuro Intervention suite, where he underwent the thrombectomy, which was performed by Emad Nourollahzadeh, MD, MSc, Assistant Professor of Neurology at Rutgers Robert Wood Johnson Medical School and a neuroendovascular surgeon at RWJUH. Following the successful mechanical thrombectomy, David was moved to the Neurocritical Care Unit, where he was monitored by a specially trained team of neuro-ICU specialists, ICU advanced practitioners and neuro-trained nurses. "He did wonderfully well," says Dr. Mehta. "His treatment was able to reverse the stroke."

After a mechanical thrombectomy, most stroke patients require rehabilitation. David was evaluated by physical and occupational therapists at RWJUH, but he didn't need any services. "Miraculously, I regained all movement and speech," says David, who was released a few days later. David had "an amazing recovery because we treated him so quickly after his symptoms began," says Dr. Mehta.

Today, David takes an aspirin daily. He hasn't suffered any lasting effects from the stroke. "The care at RWJUH was amazing," he says.



SIGNS OF A STROKE

With a stroke, "time is brain," meaning brain cells are lost quickly as a stroke progresses. Watch for any of the following symptoms, which are represented in the "BE-FAST" acronym:

- B** is for **balance** (trouble walking or loss of balance)
- E** is for **eyes** (trouble seeing)
- F** is for **face** (drooping or numbness)
- A** is for **arms** (weakness or numbness)
- S** is for slurred **speech** or trouble talking
- T** **time** is brain. Call 911 as soon as possible.



RECOGNITION FOR TOP-NOTCH TREATMENT

Robert Wood Johnson University Hospital has received several accolades from the American Heart Association/American Stroke Association (AHA/ASA):

- **Get With the Guidelines Gold Plus Achievement Award**
The hospital has achieved 85 percent or higher compliance with AHA's standards for stroke care for two consecutive years.
- **Target: Stroke Honor Roll-Elite Plus**
The hospital gives 75 percent or more of ischemic stroke patients intravenous tPA, a clot-busting drug, in one hour or less. More than half of ischemic stroke patients are treated within 45 minutes.
- **Target: Stroke Honor Roll Advanced Therapy**
More than half of stroke patients are treated with endovascular therapy (such as the removal of a blood clot) within 90 minutes. More than half of patients who are transferred from another hospital are treated within an hour.


THE MOST ADVANCED NEUROLOGIC CARE



KIWON LEE, MD, FACP,
FAHA, FCCM

Robert Wood Johnson University Hospital (RWJUH) was one of the first hospitals in New Jersey to be certified as a Comprehensive Stroke Center. At RWJUH, stroke patients have neurosurgery and subspecialty care in the state-of-the-art Neurocritical Care Unit. "The unit took several years to design and is cutting-edge and patient-focused," says Kiwon Lee, MD, FACP, FAHA, FCCM, Chief of the Neurology Service and Director of the Comprehensive Stroke Center at RWJUH and Professor of Neurology and Neurosurgery at Rutgers Robert Wood Johnson Medical School.

To learn more about The Stroke Center at Robert Wood Johnson University Hospital, visit www.rwjbh.org/rwjhstroke.



TAKING PRIDE IN DIGNIFIED CARE

A NEW COMPREHENSIVE HEALTH CENTER CATERS TO TRANSGENDER AND NONBINARY PATIENTS.

Starr Davis feels “comfortable, safe and welcome” at the PROUD Gender Center of New Jersey.

Starr Davis, 32, a transgender man, wanted gender-affirming surgery, and a friend recommended that he make an appointment at Robert Wood Johnson University Hospital (RWJUH). He was glad he did. “The staff members made me feel comfortable, safe and welcome,” says the retail assistant manager. “They asked what my preferred name was and what pronoun I wanted to use. I felt like I was in a good place.”

RWJUH has been providing innovative, high-quality medical care to lesbian, gay, bisexual, transgender and

queer (LGBTQ) patients for years. In fact, the hospital has been recognized as a “Leader in LGBTQ Healthcare Equality” since 2015 by the Human Rights Campaign Foundation, the educational arm of the country’s largest lesbian, gay, bisexual and transgender civil rights organization. The hospital recently centralized its medical services for LGBTQ patients. Last August, it established the PROUD Gender Center of New Jersey in partnership with Rutgers Robert Wood Johnson Medical School. The Center provides

comprehensive care for transgender and nonbinary patients in one location. PROUD stands for “Promoting Respect, Outreach, Understanding and Dignity.”

A MULTIDISCIPLINARY APPROACH

At the Center, a multidisciplinary team of family medicine physicians, gynecologists, urologists, endocrinologists, plastic surgeons and otolaryngologists provides specialized care for LGBTQ patients. Hormone therapy and surgical procedures are

offered to support the transition of transgender patients. “The Center is leading the way in this area of medicine,” says Gloria A. Bachmann, MD, MMS, Professor of Obstetrics and Gynecology and Medicine at Rutgers Robert Wood Johnson Medical School and Medical Director of the PROUD Gender Center. “We offer state-of-the-art and compassionate care.”

The Center aims to personalize care for patients. Jackie J. Baras, MSN, MBA, RN, Program Director of the Center and a transgender woman, serves as a patient navigator. “A lot of transgender people are anxious about coming to the hospital,” says Baras, who is known to patients as “Nurse Jackie.” “They might worry that their name will be mispronounced. So, I guide patients who are having surgery. I bring them to the OR and meet with their families while they’re having surgery. Afterward, I take them to the pharmacy to pick up their medications.” Baras also helps patients find forms for a name change, if necessary, and lets them know where they can receive various services, such as electrolysis. “Members of the LGBTQ community don’t need to go to New York or Philadelphia for these services,” says Baras. “They’re right here in their own backyard.”

SUPPORT AND EDUCATION

In addition to providing medical care, the Center hosts monthly educational and support groups for patients called “Proudly Me.” The two-hour virtual programs, which can be joined via computer, tablet or smartphone, feature a variety of speakers. Past speakers



GLORIA BACHMANN, MD, MMS

have included physicians, a gender studies professor and a pastoral care director. The first hour of each program is educational, and the second focuses



Jackie J. Baras, MSN, MBA, RN, Program Director, cuts the ribbon to celebrate the launch of the Center.

on support. Recent programs have featured discussions about hormone treatment, trans literature and finding strength, support and meaning during the pandemic.

Staff members have created educational materials for transgender patients. An animated video focusing on hormonal affirmation treatment, which was created by Dr. Bachmann and Ian Marshall, MD, Assistant Professor of Pediatrics and Chief, Division of Endocrinology, at Rutgers Robert Wood Johnson Medical School, received recognition at the American Society for Reproductive Medicine meeting in October 2019.

The Center also educates physicians and medical students about LGBTQ healthcare. The Babs Siperstein Humanities and Medicine Seminar series provides information about topics such as facial reconstruction in gender-affirming surgery. The Center’s staff members give “grand rounds” presentations—in which clinical cases are discussed—to obstetricians and gynecologists at RWJUH.

A SATISFIED PATIENT

In 2018, Starr had top surgery. “Nurse Jackie showed up at 5 a.m. to make sure that I was comfortable and the surgery



SPECIALIZED SERVICES

The PROUD Gender Center of New Jersey provides the following:

- gender-affirming surgeries, such as chest masculinization and feminization
- hormone treatment and monitoring
- voice therapy
- facial feminization
- comprehensive primary care services
- tracheal shaving, in which the Adam’s apple is reduced in size

was successful,” recalls Starr. “She helped me check in, then returned after the surgery. When I had a hysterectomy, she showed up to be with me on her day off.”

Starr is so comfortable with the staff members at the PROUD Center that he’s decided to stick with the practice for his medical care—even though he lives in Philadelphia. He’s currently planning to have a procedure to deepen his voice. “When I’m at PROUD, I find peace and comfort,” he says. “It’s a safe haven.”



To learn more about the PROUD Gender Center of New Jersey, call **888.724.7123** or visit www.rwjbh.org/rwjuhlgbtqia.



VICTORIA ANDRE,
AuD, CCC-A



ANITA BHANDARKAR,
AuD, CCC-A

HELP FOR HEARING AND BALANCE PROBLEMS

AUDIOLOGISTS EXPLAIN THE LATEST TESTS AND TREATMENTS.

At Robert Wood Johnson University Hospital (RWJUH), people of all ages can be evaluated and treated for hearing and balance problems. Anita Bhandarkar, AuD, CCC-A, Senior Audiologist, and Victoria Andre, AuD, CCC-A, Clinical Audiologist, discuss the specialized tests and therapies that benefit patients.

What audiology services do you offer?

We provide hearing testing for newborns, adults and geriatric patients; evaluations for vestibular, or balance, disorders; and assessments for auditory processing problems, which can affect children. We also offer hearing aids and cochlear implants.

What tests do you perform for vestibular disorders?

We offer many tests to diagnose common causes of dizziness, such as benign paroxysmal positional vertigo, Meniere's disease and vestibular weakness, which are inner ear disorders. In recent years, we've started using specialized tests, such as cervical and ocular Vestibular Evoked Myogenic Potential tests, which can be used to rule out the presence of a rare inner ear condition. In addition, we offer newer tests like video head impulse testing, which helps us understand

how well a person's vestibular system is functioning. We also use Computerized Dynamic Posturography to assess sensory and motor control. Based on the results, we can recommend vestibular therapy or further evaluation or refer a patient back to his or her physician.

Who is eligible for cochlear implants?

Cochlear implants are surgically placed devices that are used to electrically stimulate the auditory nerve in patients with significant hearing loss who don't benefit from hearing aids. Until recently, only people who were profoundly deaf were eligible to receive an implant—and they could only have one. Today, individuals can receive two cochlear implants, and babies as young as nine months can undergo implantation if their hearing loss is profound. Children may be eligible for an implant if their hearing loss is severe to profound, and adults can qualify if their hearing loss is moderate to profound and they don't benefit from hearing aids. Adults who are profoundly deaf in just one ear may also be eligible.

What sets your practice apart from others in the area?

Our licensed Doctors of Audiology provide compassionate care for hearing and balance problems. We offer a wide range of specialized evaluations and treatment options under one roof. In addition, we allow patients to decide which manufacturer's product, such as hearing aids and cochlear implants, best suits their needs. We also take a multidisciplinary approach to care. We work very closely with ear, nose and throat (ENT) specialists and, when needed, speech therapists, geneticists, psychologists and nurses to ensure comprehensive care.

LOCATIONS

New Brunswick: Department of Speech and Hearing, 10 Plum Street, 8th Floor

Monroe Township: 18 Centre Drive

Old Bridge: 14 Woodward Drive



To learn more about audiology services at Robert Wood Johnson University Hospital, visit www.rwjbh.org/rwjhspeechaudiology.

FAST FACTS ABOUT

CARDIAC STRESS TESTS

MONITORING YOUR HEART WHILE YOU EXERCISE IS SAFE AND CAN GIVE YOUR DOCTORS IMPORTANT INFORMATION.

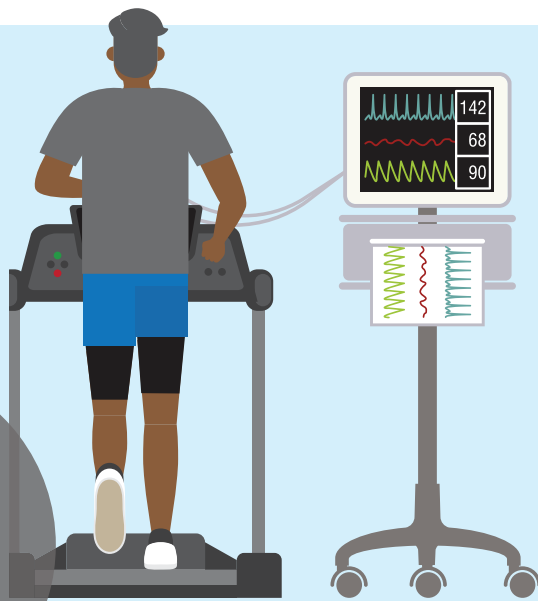
A stress test is a way to detect heart disease while the body is in motion.

“We have several noninvasive tests, such as electrocardiogram (ECT) or echocardiogram, to help detect coronary artery disease as well as heart disease,” explains Sharan Mahal, MD, an interventional cardiologist at Robert Wood Johnson University Hospital Somerset and a member of RWJBarnabas Health Medical Group. “Those tests are done when the patient is sitting or lying down. However, some people are not symptomatic until they are exercising.”

Think of the heart as an engine, he suggests. “You can only get so much information when the engine is at rest; to really see how it’s working, you have to rev it up and take it for a drive. A stress test lets us see how the heart acts and how blood flows through the body while it’s moving.”



SHARAN MAHAL, MD



WHAT HAPPENS DURING AN EXERCISE STRESS TEST?

- Most stress tests are done in a cardiologist’s office. Patients should wear comfortable clothes and refrain from eating or smoking for four hours in advance.
- The patient is connected to heart-monitoring equipment, then walks on a treadmill under the supervision of a doctor or healthcare professional.
- At first, the pace is a gentle 1.7 miles per hour. The pace will gradually be increased to a brisk walk or light jog.
- At the same time, the incline of the treadmill is increased by two degrees every three minutes. It begins at 10 degrees and progresses to 16 degrees.
- The patient’s heart rate, blood pressure and breathing are monitored throughout the test, which can last up to 15 minutes. The patient can stop at any time if needed.
- After the stress test, the patient will be observed for five minutes during cooldown.



STRESS TESTS ARE PRESCRIBED WHEN SYMPTOMS EXIST.

Unlike a colonoscopy or mammography, there’s no recommended age for a person to begin having stress tests. “People need a stress test if they’re having symptoms, usually chest pain or shortness of breath with activity, or unexplained passing out,” says Dr. Mahal. “In the absence of symptoms, you might also want to do a stress test if a patient has a family history of cardiac disease, or as a precautionary measure if a patient who has been sedentary wants to start an exercise program.”



THERE’S NO NEED TO BE AFRAID OF A STRESS TEST.

“It’s a simple, cost-effective and low-risk procedure,” says Dr. Mahal. “You’ll be carefully monitored the whole time, and if there’s any problem at all—which only about one in 10,000 patients will experience—be reassured that your cardiologist is prepared and will be able to take care of you.”



THERE ARE DIFFERENT KINDS OF STRESS TESTS.

The most common is the exercise stress test as described in “What Happens During an Exercise Stress Test?” above. Depending on your risk factors, your physician may prescribe a nuclear stress test, which is the same as an exercise stress test, except that a safe radioactive dye is injected and an imaging machine is used to take pictures. If for some reason you can’t handle the physical activity of a stress test, your doctor can prescribe a medication that will mimic the effects of exercise.

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



CANCER SURGERY: PART OF A PLAN

WHAT TO CONSIDER WHEN YOU'RE DECIDING WHERE TO BE TREATED FOR CANCER

Surgery has been a mainstay of cancer treatment for millennia—in fact, the use of surgery to treat cancer appears in Egyptian papyri dating back as far as 2500 BC. Today, medical breakthroughs have opened exciting new possibilities for the successful surgical treatment of cancer.

As critical as surgical advances are, however, they're most effective when they're part of a continuum of cancer care, says H. Richard Alexander Jr., MD, FACS, Chief Surgical Officer and Chief, Surgical Oncology



H. RICHARD ALEXANDER JR., MD

at Rutgers Cancer Institute of New Jersey, the state's only National Cancer Institute-Designated Comprehensive Cancer Center.

"The best outcome for surgery doesn't just depend on what happens in the operating room," says Dr. Alexander. "The best outcome happens when surgery is integrated into a comprehensive, individualized plan of care for a patient who has a new diagnosis of cancer."

COMPLEMENTARY TREATMENTS

As part of the robust partnership between RWJBarnabas Health (RWJBH) and Rutgers Cancer Institute, experts from a wide range of specialties—surgical oncology, radiation oncology, medical oncology, gastroenterology, genetics

counseling and more—have weekly conferences to assess individual patient cases and make recommendations.

"These discussions aren't about deciding whether to do surgery versus some other treatment," explains Dr. Alexander. "Instead, because we understand cancer so much better now, these discussions are about finding the best ways to use surgery to complement the latest chemotherapy, immunotherapy or biologic treatments."

All treatments offered by Rutgers Cancer Institute and RWJBH are available to any patients being treated within the system, regardless of the facility at which the patient's treatment originated. Among those treatments are advanced and complex surgeries, some of which are only available at Rutgers



CANCER CAN'T WAIT

Because of the pandemic, cancer patients may have concerns about scheduling surgery. However, cancer care shouldn't be delayed. Rutgers Cancer Institute and RWJBarnabas Health facilities have taken every precaution to keep patients, visitors and care-team members safe, including:

- COVID-19 screening and testing of all patients and staff prior to working in an operating room or being involved in a surgical procedure
- Rigorous cleaning and disinfecting practices in recovery room spaces, frequently touched surfaces, exam rooms and terminals.

abdominal cavity, which is designed to obliterate the remaining invisible cancer cells that may be present in the tissues.

•**Preventive, or prophylactic, surgery**, in which sophisticated testing and analysis is used to identify high-risk patients and remove an organ or gland before cancer can develop. This may be recommended for people at risk of developing breast, colon, endometrial, gastric, ovarian, thyroid and many other types of cancer.

Experience counts when it comes to cancer surgery. "There's a large body of literature showing a relationship between the volume of operative procedures done and how successful the outcomes are," says Dr. Alexander. "The more experience surgeons and hospitals have, the better patients do in terms of a shorter length of stay, fewer complications and the return to a normal life more quickly.

"That's something we do especially well at Rutgers Cancer Institute and

RWJBarnabas Health," he says. "We have the experience and technology to recognize potential complications early on and intervene as necessary."

NEXT STEPS

When a patient is told that cancer surgery is needed, how should he or she decide what to do next?

The first step, says Dr. Alexander, is to do further research. "Every doctor wants the best outcome for their patients, and no doctor should object to a patient asking for a referral for another opinion," he says.

Patients also have the option of calling the RWJBH Oncology Access Center at 844.CANCERNJ (844.226.2376). "The call will be taken by a specialist who is trained to gather information about the patient and identify the appropriate experts to evaluate and potentially provide treatment for them," explains Dr. Alexander.

Be sure to consider the continuum of care in the place where you will receive treatment. "Treatment that is fragmented, or administered in different locations without proper coordination, becomes more challenging," he says. "To me, it's always best for a patient to get cancer treatment from a multidisciplinary team of specialists who have good communication and coordination, from diagnosis through treatment, discharge and survivorship."

To help keep communication flowing smoothly among all experts treating a cancer patient at RWJBH facilities and Rutgers Cancer Institute, an oncology nurse navigator assists each patient throughout the cancer journey.

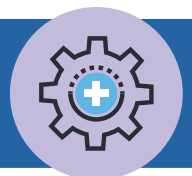
"When it comes to cancer treatment, patients shouldn't move forward until they're absolutely certain the best care plan has been presented to them," says Dr. Alexander. "We're uniquely positioned to provide that plan through the partnership between Rutgers Cancer Institute and RWJBarnabas Health."

Cancer Institute or RWJBH facilities, including:

•**Robotic surgery and laparoscopic surgery.** These are minimally invasive and very precise, and are performed with the most up-to-date technology on the market.

•**HIPEC (hyperthermic intraperitoneal chemotherapy) surgery,** used for cancers that have spread to the abdominal cavity. This treatment strategy involves the surgical removal of metastatic cancer, followed by heated chemotherapy given within the

RWJBarnabas Health, together with Rutgers Cancer Institute—the state's only NCI-Designated Comprehensive Cancer Center—provides close-to-home access to the latest treatment options. For more information, call **844.CANCERNJ** or visit **www.rwjbh.org/beatcancer**.





WHAT A HOSPITALIST CAN DO FOR YOU

THIS DOCTOR'S SPECIALIZED SKILLS CAN GET YOU FEELING BETTER FASTER AND HOME SOONER.

If you're admitted to a hospital, you'll be cared for by a specialist physician known as a hospitalist. Though the specialty has been growing

fast for more than 20 years, many patients and family members may not be familiar with what a hospitalist does.

Maninder "Dolly" Abraham, MD, has been a



MANINDER ABRAHAM, MD

hospitalist for 18 years and was recently named Chief of Hospitalist Medicine at RWJBarnabas Health. Here, she explains what patients should know.

What is a hospitalist?

A hospitalist is usually an internal medicine-trained physician who has undergone a residency training and is dedicated to and skilled at inpatient care.

Whether a patient is admitted to the hospital from the Emergency Department or as part of a planned admission, the hospitalist will manage

that patient's care during the time the patient is in the hospital.

How does the hospitalist manage a patient's care?

The hospitalist will see the patient every day during the hospital stay, sometimes more than once. In addition to evaluating the patient, they will spend a large amount of time coordinating their care. This means making sure all consultants and specialists are on the same page, keeping the primary care physician in the loop and

FAST FACTS ABOUT HOSPITALISTS



1996

IT'S A RELATIVELY NEW FIELD

The term "hospitalist" was coined in 1996.



60,000

IT'S GROWING FAST

More than 60,000 physicians practice hospital medicine, up from just a few hundred 20 years ago.



30%/20%

THEY SAVE TIME AND MONEY

Studies show that hospitalists can reduce patient lengths of stay by up to 30 percent and reduce hospital costs by up to 20 percent.



March 4

NATIONAL HOSPITALIST DAY

is held on the first Thursday in March every year (this year, March 4).

Sources: Staffcare.com, Society of Hospital Medicine

"A HOSPITALIST IS LIKE A STAR QUARTERBACK WHO KNOWS HOW TO CALL THE PLAYS AND NAVIGATE YOU THROUGH THE SYSTEM TO GET YOU HOME AS QUICKLY AS POSSIBLE."

communicating with nurses, social workers, case managers and discharge planners, as well as the patient's family.

Schedules are usually in blocks of days to ensure continuity of care for patients.

Why doesn't a patient's "regular doctor" see him or her in the hospital?

As medicine has evolved, primary care doctors need to dedicate more time to seeing patients in an outpatient setting. In addition, as treatments have become more sophisticated, doctors are able to treat more patients on an outpatient basis.

As a result, patients who are admitted to the hospital these days tend

to be those who are very sick. They require a lot of time and attention, which hospitalists are able to provide. Primary care providers entrust their patients to us. We become an extension of that primary care physician.

How does a hospitalist get up to speed on a patient's history and condition?

There is a steep learning curve on day one. The primary care or referring physician sends over a patient's file and has a phone conversation with the hospitalist. At the first encounter with the patient, the hospitalist will do a detailed history and physical exam on the patient, getting to know him or her as well as possible.

Electronic sharing of medical records has made this process much easier and faster. We have access to the patient's history and to all the doctors involved. In addition, we have HIPAA-compliant, secure text messaging, so we can communicate with other physicians efficiently.

How does a hospitalist communicate with the patient's family members?

Hospitalists spend a lot of time talking with patients and family members. We

train new hospitalists on how to talk with them in layman's terms and not use medical jargon.

We ask families to designate one person to be our contact, and we make every effort to communicate with the patient's family every day.

What advantages does a hospitalist have when it comes to treating a patient?

Hospitalists have broad knowledge of most illnesses and how to manage cases, including surgery patients, diabetes and cancer patients and more.

We are specialists in inpatient care. We organize care throughout the hospital. We're there to order tests, track the results and order follow-up tests promptly. We can clear a patient for surgery and manage him or her post-operatively.

We're also available to explain test results to patients and family members and respond to any medical crises. Then, at discharge time, we have all the tools needed for a smooth handoff to the next step of the healthcare plan.

A hospitalist is like a star quarterback who knows how to call the plays and navigate you through the system to get you home as quickly as possible.

To find a physician at an RWJBarnabas Health facility, call **888.724.7123** or visit www.rwjbh.org/doctors.





THE TRUTH ABOUT DEPRESSION AND OLDER ADULTS

SYMPTOMS TO WATCH FOR, AND HOW TO GET HELP

Do old age and depression go together—especially in a pandemic? We asked two people who know: Jessica Israel, MD, Senior Vice President, Geriatrics



FRANK GHINASSI, PhD



JESSICA ISRAEL, MD

and Palliative Care, at RWJBarnabas Health, and Frank Ghinassi, PhD, ABPP, Senior Vice President of Behavioral Health and Addictions at RWJBarnabas Health and President and Chief Executive Officer of Rutgers University Behavioral Health Care.

Many people expect older adults to be depressed, or at least unhappy. Is that fair?

DR. GHINASSI: Seniors get a bad rap about that. In fact, the age 40 to age 58 group is more likely to be prone to depression. For every older person who is struggling, there are probably seven

or eight who are doing very well as they transition to the later stages of their career and life.

DR. ISRAEL: That expectation is a stereotype and needs to change. In fact, chances are that someone who has had 80 years to develop strategies to deal with stresses in life is, in many ways, better at coping than a younger person.

How does social isolation affect seniors?

DR. ISRAEL: In my experience, people of any age who were already prone to depression have seen their symptoms magnified since the pandemic began. Of

course, COVID-19 struck older adults in disproportionate ways. I would say that a significant number of my patients were able to stay safe at home and find new resources to help them stay connected, although some of them needed extra help to find those connections and services.

DR. GHINASSI: The folks we worry most about have a troubling package of circumstances—for example, they live alone, their children have moved away or they never had children, friends are beginning to die off, or they've moved to a community where they don't have an existing network. Some may begin to show cognitive decline. If that's combined with a history of depression or anxiety, that's when we get most concerned.

What are signs of depression?

DR. GHINASSI: At any age, changes in baseline behavior are concerning: somebody who had a good sense of humor no longer laughs, somebody who had a healthy appetite isn't eating, somebody who was a good sleeper now has sleep disturbances. Have they stopped doing things they enjoy? Are they saying things like, "What's the point of going on?"

DR. ISRAEL: These days, it may be harder to pinpoint these changes because people have less contact with other people—they haven't been going to the gym, or they no longer get together with their knitting circle.

How can loved ones help?

DR. ISRAEL: It's so important to reach out to someone who may be isolated and depressed—to learn more about the situation surrounding the person, and what's happening inside that situation. If you see signs of depression, know that it's treatable. The first step, the critical one, is to reach out.

DR. GHINASSI: This is the time to connect with seniors more frequently than usual. Options range from phone and video calls to screen porch visits and talking through windows—even providing iPads. Visual contact can be a godsend for both the senior and his or her family.



HOW TO THRIVE WHILE SOCIAL DISTANCING

Seven research-backed ideas to promote physical and mental health.



- **KEEP TO A CONSISTENT ROUTINE.** Studies show that a regular daily routine, especially a consistent pattern of sleeping and waking, has distinct benefits for mental health. Create new routines for daily and weekly activities, including time for self-care, such as exercise or meditation.



- **SPEND TIME WITH CRAFTS AND HOBBIES.** People who take part in creative activities feel higher levels of positive emotion, according to recent studies. Creativity includes not only hobbies such as drawing, knitting or woodworking, but even simple activities like coloring or keeping a diary.



- **TAKE A DAILY WALK.** Walking helps maintain a healthy weight, improves heart health and elevates your mood by increasing your body's levels of endorphins, the feel-good hormones. If you can get outside, so much the better: Numerous studies have shown that time in nature is an antidote for stress. If weather or slippery conditions prevent going outside, put on your sneakers, put on some music and walk in place at home.



- **READ BOOKS.** Reading books reduces stress, decreases blood pressure and lowers heart rate. Reading actually strengthens the brain by promoting the development of neurons. Moreover, studies show that reading fiction books increases the ability to empathize. If you use an e-reader, turn to a print book at bedtime. The blue light from screens can interfere with sleep.



- **LISTEN TO PODCASTS.** Podcasts are mini-radio shows created on every topic you can imagine, and they're available free online or through apps for iPhone or Android. A 2016 study found that listening to podcasts activates multiple parts of the brain and can soothe, excite or make you laugh.



- **LISTEN TO YOUR FAVORITE MUSIC.** Music is an effective form of mood regulation, helping us to calm down, feel pleasure or even indulge in a good cry. One study found that adults with chronic osteoarthritis who listened to music daily for two weeks reported less pain.



- **KEEP AND BUILD YOUR SOCIAL NETWORK.** A range of studies has shown that meaningful social connections increase longevity and feelings of well-being. Stay connected by reaching out to friends and family, whether it's via your phone or laptop, or the "old-fashioned" pen-and-paper way.

To reach the physician referral service at RWJBarnabas Health, call **888.724.7123**. To learn about mental health services, call the RWJBarnabas Health Behavioral Health hotline at **800.300.0628**.



Jen Fecowycz and her son, Oscar; far right, Oscar shortly after he was born with the congenital condition arthrogryposis.



ONE STEP AT A TIME



Children's
Specialized Hospital®

An RWJBarnabas Health facility

INTENSIVE PHYSICAL THERAPY ALLOWS A LITTLE BOY TO OVERCOME A RARE CONDITION.

Jennifer Fecowycz was only 13 weeks pregnant when she learned her baby wasn't developing normally in utero. Doctors could see that he wasn't bending at his wrists, knees, ankles or elbows, and diagnosed a rare condition called arthrogryposis—a congenital joint contracture (stiffness) in two or more areas of the body.

When Jen's baby, Oscar, was born he faced a myriad of complications: club feet, hyperextended knees and elbows, and wrists that hooked under the wrong way. All necessary healthcare services, including surgery and casting, began right after birth. Then, when he was just six weeks old, he began weekly physical therapy sessions at Children's Specialized Hospital (CSH) in Mountainside.

TRUSTING THE PROCESS

Because Oscar couldn't bend his elbows, "tummy time" to strengthen the neck was very difficult. Nighttime splints

were needed to increase the ability of his arms to bend. He had casts on his legs from the age of five weeks to six months, which made rolling over a big challenge.

Oscar and his therapist Diana Deshefy, PT, DPT, PCS, worked on exercise modifications. When the leg casts were removed, Deshefy taught him how to roll over. Deshefy also served as a friend and confidant to Jen and made sure Oscar's entire care team had the most up-to-date information on his case.

"When Oscar was born, we were told that the only way he'd ever walk would be if we amputated his legs at his knees," says Jen. "Children's Specialized made sure that was a decision we never had to make." Because Oscar couldn't bend his knees, physical therapists began by having him stand and put pressure on his legs. "The team at Children's continued to work with us each week, figuring out

where his legs needed the most support and creating bracing options for his unique needs," Jen says. Just before Oscar's second birthday, Deshefy helped him take his first independent steps.

Today, Oscar is a typical 5-year-old boy who loves to spend time outside hiking, swimming and throwing rocks into the creek. He also enjoys coloring, building with Legos and playing with trucks, cars and dinosaurs. Oscar continues to see Deshefy weekly and interact with all of his friends at CSH.

"My advice for parents going through a similar situation is to take a deep breath, be patient and trust your therapists and the process," Jen says. "It can be overwhelming to hear the therapists set goals for three, six and 12 months and worry that your child isn't going to hit them. But your therapists work with you and your child, adjusting the plan as needed. I'm so grateful to Children's Specialized for all they've done for Oscar and our entire family."

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

At Children's Specialized Hospital, we provide world-class care for children and young adults who face special health challenges across the state of New Jersey and beyond. We 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 conditions. We have convenient locations throughout the state: Bayonne, Clifton, East Brunswick, Egg Harbor Township, Hamilton, Jersey City, Mountainside, New Brunswick, Newark, Toms River and Warren.



BREAKING THE CYCLE OF VIOLENCE

A NEW PROGRAM WILL HELP TRAUMA PATIENTS STAY SAFE.

In January 2020, Robert Wood Johnson University Hospital (RWJUH) was one of nine hospitals in New Jersey to receive a grant from the Attorney General to establish a hospital-based violence intervention program (HVIP). “There’s been an increase in gunshot victims and violence in general in the community,” says Elaine Hewins, CSW, DVS, Community Intervention Manager—Hospital Violence Intervention Program. The program’s premise is that although hospitals can effectively treat patients for their injuries, appropriate medical care doesn’t prevent reinjury. If a violence intervention specialist can

provide services to patients while they’re hospitalized, he or she might be able to stop the cycle of violence. “It’s an important moment, because patients may be more receptive to making changes in their lives when they’re being treated for an injury,” says Hewins.

REDUCING REINJURY

Studies show that hospital-based programs are effective in reducing reinjury. In a study of 188 youths and young adults who were violently injured in Chicago, those who received HVIP services were significantly less likely to report being a victim of violence during the six months after their hospitalization.

From left: Lisa A. Falcon, MSN, RN, TCRN, NE-BC, Director, Trauma & Injury Prevention; Elaine Hewins, CSW, DVS, Community Intervention Manager—Hospital Violence Intervention Program; Diana Starace, Injury Prevention Coordinator, Level I Trauma Center; Mariam Merced, Director of Community Health Promotions

A trial in Baltimore showed similar results. HVIP programs not only help prevent reinjury, but they can also save lives and reduce hospital expenses.

The RWJUH program, which launched in November, serves adults ages 18 to 40. The hospital has hired a multidisciplinary team of social workers, clinical nurses, violence intervention specialists and licensed counselors. The providers have received intensive training in trauma-informed care. “The services will begin in the hospital,” says Lisa A. Falcon, MSN, RN, TCRN, NE-BC, Director, Trauma & Injury Prevention. “If a victim agrees to enroll in the program, we’ll provide case management and mental health counseling for six to 12 months.” Case managers connect patients with medical providers, housing and job training. “They will strengthen the patients’ safety net,” says Falcon.


In one HVIP program, a patient who was going to be released from the hospital was living in his car and had no insurance. He needed medical supplies to keep his wound clean. The program’s staff members helped him enroll in Medicaid and bought gauze for him. “They empowered him to care for himself,” says Hewins.

Helping patients like this man can have a ripple effect on the person’s family and, ultimately, the community. “This program is inspiring,” says Falcon. “It gives me hope that we can make a positive impact on the community and patients’ lives.”

RWJUH will track the patients who receive HVIP services. “There’s no single agency that serves victims of violent crimes, so I feel energized to be able to help this underserved population,” says Hewins.

For more information about the hospital-based violence intervention program at Robert Wood Johnson University Hospital, call **732.532.6202**.





Chris Zieniewicz is looking forward to traveling and riding a motorcycle now that he's more mobile.

A TALE OF TWO WEIGHT LOSS SURGERIES

ONE PATIENT HAS TURNED HIS LIFE AROUND AFTER LOSING MORE THAN 200 POUNDS.

About 10 years ago, Chris Zieniewicz, 59, was struggling with severe back pain. The former forklift operator from South River had trouble walking, and he became sedentary. Over time, he gained more than 200 pounds and started avoiding social gatherings, movies and travel. At one point, he had an MRI of his spine and was dismayed to discover that, at more than 500 pounds, he was considered “morbidly obese.”

Several years later, Chris came down with a virus so severe he went to the Emergency Department at Robert Wood Johnson University Hospital (RWJUH). To his surprise, he discovered he'd had a heart attack. “I decided I didn't want to live like that anymore,” he recalls. His doctor introduced him to Ragui Sadek, MD, FACS, Director of Metabolic and Bariatric Surgery at RWJUH and Clinical Assistant Professor of Surgery at Rutgers Robert Wood Johnson Medical School.

SHRINKING THE STOMACH

In January 2016, Chris saw Dr. Sadek, who told him he was a good candidate for bariatric surgery but needed to lose weight. "At 575 pounds, I was too heavy for the surgical equipment," he recalls. His goal was to lose 75 pounds before the surgery, which was scheduled for July. He joined the RWJ Fitness & Wellness Center bariatric program, which caters to people who are planning to have weight-loss surgery. Chris worked out in a group training session four times per week. He walked on a treadmill, rode a stationary bike and lifted light free weights. After each session, he swam in the pool. When he started the exercise program, he had to use a walker. By the time he finished, he had lost 75 pounds and could walk down the hallway without stopping.

Chris also followed Dr. Sadek's advice to change his diet. "I had two protein shakes per day and one meal with a snack," he recalls. His meals were heavy in protein and light in carbohydrates. "The longer I stuck with the diet, the easier it became," he recalls. Dr. Sadek recommends protein shakes because they "curb appetite and decrease calorie intake," he says.

In July, Chris had a sleeve gastrectomy, in which about 80 percent of the stomach is removed, leaving a small "sleeve" about the size of a banana. The surgery helps people feel full after eating small amounts of food and causes gut hormone levels to drop, which curbs hunger. "It was the best operation for Chris," says Dr. Sadek. "Other surgeries require more time under anesthesia, which can be risky."

The procedure went well, and by Christmas, Chris's weight had dropped to 450 pounds. After that, though, the weight loss slowed. Gradually, his weight began creeping up again. "I went back to Dr. Sadek," he says. "I was embarrassed. I thought I must have done something wrong, and I felt like I had let him down." Dr. Sadek recommended another surgery called a single-anastomosis duodenal ileal bypass. With this procedure, a portion of the stomach is removed to create a smaller one. Then, a large part of the stomach is bypassed

so that food empties into the last segment of it, resulting in less absorption of calories and nutrients. The procedure offers the most weight loss of any



RAGUI SADEK, MD, FACS



SIDDHARTH KUDAV, MD

BENEFITS OF BARIATRIC SURGERY

While losing weight can help you feel better about your appearance, the benefits "aren't just cosmetic," says Siddharth Kudav, MD, a bariatric and metabolic surgeon at RWJUH. "Patients can extend their life expectancies. After three years, surgery becomes cost-effective due to lower medical costs." The procedures can reduce your risk of developing the following:

- type 2 diabetes
- fatty liver disease
- sleep apnea
- arthritis
- asthma
- migraine headaches
- up to 16 different types of cancer

surgeries. Since the procedure prevents fat absorption, the person must take the fat-soluble vitamins A, E, D and K.

A ROBOTIC PROCEDURE

In December 2019, Chris had the procedure, which was performed robotically. "The robot is a wristed instrument with four 'arms,' as opposed to two 'arms' for a standard laparoscope," says Siddharth Kudav, MD, a bariatric and metabolic surgeon at RWJUH. "It allows us to work in tight spaces and manipulate tissue better. It was helpful when operating on Chris, who had a lot of scar tissue and a thick abdominal wall." Robotic surgery also offers the surgeon better visualization because it's guided by three-dimensional imaging. RWJUH was one of the first hospitals in New Jersey to perform robotic bariatric surgery. RWJUH surgeons perform about 1,000 bariatric procedures each year, and at least 200 cases are done robotically, says Dr. Sadek.

Chris recovered well. Since the procedure, he's lost more than 100 pounds. "The weight came off quickly," he says. At 360 pounds, he can climb stairs more easily and has more energy. Once he reaches his goal weight of 250 to 280 pounds, he'd like to start traveling again. He recently posted before-and-after photos of himself on Facebook, and "people can't get over the change," says Chris, who looks forward to resuming his favorite activities. "I used to have a motorcycle, but I sold it," he says. "Now I'm thinking about getting another one. I feel good."

To learn more about the Bariatric Surgery Center at Robert Wood Johnson University Hospital, visit www.rwjbh.org/rwjuhbariatricsurgery.





KEEPING THE HOSPITAL SAFE

THANKS TO A GENEROUS GIFT, HEALTHCARE PROVIDERS HAVE HAD PERSONAL PROTECTIVE EQUIPMENT THROUGHOUT THE PANDEMIC.





In the spring of 2020, healthcare providers were in desperate need of masks, gloves and other items to keep them and patients safe. So, The Blanche and Irving Laurie Foundation (The Laurie Foundation) generously agreed to provide funding for the Emergency Response Fund at Robert Wood Johnson University Hospital (RWJUH). This enabled the hospital to purchase personal protective equipment. “We were looking for ways to support hospitals’ immediate needs,” says Gene R. Korf, Esq., Executive Director of the Foundation, which was established in 1983 by New Brunswick philanthropist Irving Laurie. “Robert Wood Johnson University Hospital is impressive to us because of the depth of its expertise in so many areas—development, administration, nursing and the physicians.”

ADVANCING PATIENT CARE

The Laurie Foundation has supported RWJUH for many years. In 2019, it provided funding for a disinfection robot called Tru-D, which cleans patient rooms and clinical areas by emitting ultraviolet light. The Laurie Foundation also supported the Laurie Proton Therapy Center, which opened in 2016. It was the first proton beam radiation treatment center of its kind in the New Jersey and New York area. The Center offers proton therapy, an advanced form of radiation treatment for cancer patients. This treatment targets tumors more precisely than traditional radiation. It also destroys

any microscopic cancer cells while minimizing damage to healthy tissue near the tumor site. Unlike traditional radiation, proton therapy can be given a second time if the cancer returns. “Robert Wood Johnson University Hospital is one of the few institutions in the area that has this very sophisticated piece of equipment,” says Korf.

In 2014, The Laurie Foundation funded a Starlight Care Room at The Bristol-Myers Squibb Children’s Hospital at RWJUH. This treatment room is used for lumbar punctures, IV insertions, blood draws and other invasive procedures. It’s filled with distracting elements, such as familiar cartoon characters and lights that change colors, to help ease patients’ discomfort and anxiety. “Because of the design and nature of the equipment, pediatric patients have less frightening experiences when they undergo a procedure,” says Korf. The Laurie Foundation also supported the creation of a Patient Technology Fund to enhance the quality of patient care at RWJUH.

A LONGTIME SUPPORTER

Irving Laurie, a trustee of RWJUH, was a resident of New Brunswick and sought medical care at the hospital throughout his life. He and his wife,



The Blanche and Irving Laurie Foundation funded personal protective equipment for RWJUH staff members and, clockwise from left: a colorful treatment room at The Bristol-Myers Squibb Children’s Hospital; the area’s first proton beam radiation treatment center; and a Tru-D disinfection robot.

Blanche, were interested in supporting healthcare. They established the Laurie Neurodevelopmental Institute at Middlesex General Hospital, which is now RWJUH, and the Imaging Institute in New Brunswick. “We know the hospital treated Irving well over the years,” says Korf. “He would be pleased with our contributions.”

To support the RWJ University Hospital Foundation, visit www.rwjuhgiving.org.



AN UNBREAKABLE BOND

A HEART TRANSPLANT MIRACULOUSLY SAVED A WOMAN'S LIFE DURING THE COVID-19 PANDEMIC.

As a teen, Kimesha Smith couldn't run as fast as her friends, but she didn't think anything of it. Little did she know that she had a serious heart condition that would threaten her life.

When she was 18, Kimesha experienced shortness of breath. After a trip to a hospital near her home in Trenton, she was diagnosed with dilated cardiomyopathy, a weak heart. She was prescribed oral medications and did well initially. In February 2020, she was

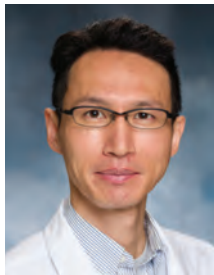


Clockwise, from left: Kimesha Smith with Deepa Iyer, MD, and her mom on FaceTime; Kimesha with her medical team; the picture a nurse drew for Kimesha to decorate her room; and Kimesha with her mother and aunt the day she was discharged from RWJUH.

transferred to Robert Wood Johnson University Hospital (RWJUH) in cardiogenic shock, a condition in which the heart is unable to pump enough blood to meet the body's needs. Her liver and kidney function had deteriorated. She was evaluated by a multidisciplinary team led by Deepa Iyer, MD, Heart Transplant Program Director at RWJUH and Assistant Professor of Medicine at Rutgers Robert Wood Johnson Medical School (RWJMS) specializing in Advanced Heart Failure, VAD and Transplant Cardiology; Hirohisa Ikegami, MD, Surgical Director of the Cardiac Transplant and VAD Program at RWJUH and Assistant Professor of Surgery, Division of Cardiac Surgery, at RWJMS; and Mark Russo, MD, MS, Chief of the Division of Cardiac Surgery and a member of RWJBarnabas Health Medical Group. Kimesha's physician team also included Anthony Lemaire, MD, Cardiac Surgery, and Kenneth Dulnuan, MD, and Danyaal Moin, MD, who specialize in Advanced Heart Failure, VAD and Transplant Cardiology.

LIFESAVING TREATMENT

A temporary ventricular assist device (VAD) called Impella 5.5 was implanted in Kimesha by Dr. Ikegami and his team. At the time, RWJUH was one of only six hospitals in the country that had access to this device. The VAD, which is implanted through an artery in the upper chest, pumps blood from the left ventricle of the heart into the aorta, the heart's main artery, which carries blood to the rest of the body. Kimesha was supported by the device for close to 70 days—one of the longest periods of time the device has ever



HIROHISA IKEGAMI, MD



DEEPA IYER, MD

been used. During that time, her liver and kidney function improved, and she was evaluated and placed on the heart transplant waiting list. "She had a high level of antibodies in her blood, which limited her chances of getting a suitable donor heart," says Dr. Iyer. "She had to undergo special treatments to remove and reduce those antibodies."

Simultaneously, the COVID-19 pandemic had begun, so it was not only important to keep Kimesha stabilized until her transplant surgery but also to protect her from the virus. If she contracted COVID-19, the team would not be able to safely move forward with the transplant. Strict protocols were in place throughout the hospital, which included restricting visitors. "Kimesha used FaceTime to communicate with her mother and aunt," recalls Dr. Iyer. "This was the first time Kimesha was away from her mom, and she was very shy. The nurses in the Cardiovascular ICU went out of their way to make her feel comfortable. They braided her hair, played music, watched movies with her, decorated her room and drew pictures on the white board. These nurses became her family. Kimesha and her mom had such faith and optimism, which was inspiring to the entire care team. Her mom trusted the team to care for her daughter."

Dr. Iyer remembers the day the team received the news that a donor heart was available. "There must have been at least 20 caregivers standing outside her room to share the good news," she says. "We all clapped and were cheering for her." Kimesha was nervous. "I had been through so much," she says.

A REMARKABLE RECOVERY

Procuring the donor heart was challenging due to the pandemic, says Dr. Ikegami. "Surgeons from New Jersey



"THANK YOU FOR BEING THERE FOR ME. THE BOND WE SHARE...NO ONE CAN BREAK IT."

Kimesha Smith's note to her physician, Deepa Iyer, MD, and transplant team after her successful heart transplant

and New York were not allowed to travel to certain states due to fears that they would bring COVID-19 with them," he explains. Fortunately, Dr. Lemaire was able to procure the organ, and on May 8, Dr. Ikegami performed the transplant.

Kimesha was one of two patients to receive a heart transplant at RWJUH during the height of the pandemic, says Dr. Iyer. The other patient was discharged safely. "Neither one of these transplants would have happened if we had inactivated our program during the pandemic," says Dr. Iyer. Kimesha's care required the coordinated efforts of a large multidisciplinary team, which included transplant cardiologists; transplant surgeons; certified nurse practitioners and registered nurses; cardiac anesthesiologists; cardiac perfusionists; critical care specialists; registered dietitians; pharmacists; social workers; cardiac rehabilitation therapists; hospital administrators and directors; and other medical professionals.

Kimesha was walking just five days after her transplant surgery. On May 18, just 10 days after the procedure, she went home. Today, Kimesha has regular follow-up visits to ensure that her heart remains strong and healthy. Coordinated efforts continue to ensure that she receives the best care in a safe environment. Kimesha is grateful. She sent Dr. Iyer and the transplant team a fruit basket with a note that said: "Thank you for being there for me. The bond we share...no one can break it."

Your heart doesn't beat just for you. Get it checked. To reach a Robert Wood Johnson University Hospital cardiac specialist, call **888.724.7123** or visit **www.rwjbh.org/heart**.



Your heart doesn't beat just for you.

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

**Robert Wood Johnson
University Hospital**

**RWJBarnabas
HEALTH**

Let's be healthy together.



**We've taken every precaution to keep you safe.
So if you've put off cardiac care due to COVID-19, please don't delay it any longer.**