

A Publication of  
**COMMUNITY MEDICAL CENTER**

SPRING 2019

# healthy *together*

**SUPPORTING  
OVERDOSE  
PATIENTS**

**THE HIKE OF  
A LIFETIME**

**CLINICAL  
TRIALS  
CLOSE  
TO HOME**

**WHERE TO GET  
THE BEST CANCER CARE**



# SAFETY: It Takes a Team

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

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

At Community Medical Center, the leadership team conducts daily safety huddles to identify any potential concerns, celebrates good safety catches, and anticipates the needs of the next 24 hours. Huddles are also held in every nursing unit and department to keep everyone focused on safe patient care. Our employees and medical staff members have participated in high reliability training because we recognize that establishing and maintaining a culture of safety is everyone's responsibility. Our patients deserve nothing less.

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

Yours in good health,

**BARRY H. OSTROWSKY**  
PRESIDENT AND CHIEF EXECUTIVE OFFICER  
RWJBARNABAS HEALTH



**PATRICK AHEARN**  
CHIEF EXECUTIVE OFFICER  
COMMUNITY MEDICAL CENTER



## HEALTH NEWS

### NEW CEO

In January, Patrick Ahearn was named the Chief Executive Officer at Community Medical Center (CMC). He is a transformational leader in the healthcare field with more than 40 years of experience. Ahearn joined CMC in 2016 as the Chief Operating Officer. Under his leadership, the hospital moved from a "C" to an "A" patient safety rating from The Leapfrog Group, a national nonprofit organization dedicated to improving healthcare quality and safety.

Prior to CMC, Ahearn spent 15 years at Saint Barnabas Medical Center in Livingston. He started as Chief Financial Officer and assumed the role of Chief Operating Officer in 2011. During his tenure, he was integral in growing the scope of clinical programs, expanding the medical center, and maintaining the highest standards of quality care and patient experience.

### SLEEP AND YOUR HEART

Sleep deprivation might make you forgetful, but did you know it might also increase your risk of heart disease? In a new study published in the *Journal of the American College of Cardiology*, people who slept fewer than six hours were more likely to have hardening of the arteries than those who slept between seven and eight hours. To find out if you have a sleep disorder that may be affecting your health, contact the Center for Sleep Disorders at Community Medical Center at 732.557.2798.

**Community Medical Center** | **RWJBarnabas HEALTH**

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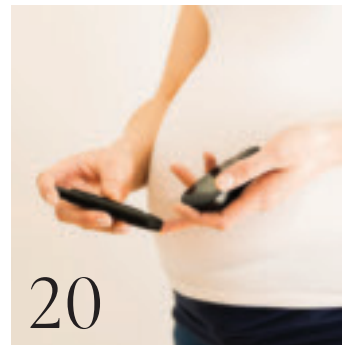
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Mariellen Smith enjoyed spectacular views without even a hint of hip discomfort.

Many of us might notice joint pain when riding a bike or climbing a flight of stairs. For Mariellen Smith, 70, an interfaith minister and former teacher in Toms River, the setting was far more dramatic.

In 2018, she was hiking Machu Picchu in the Peruvian Andes Mountains, about 7,970 feet above sea level, when she experienced severe groin pain. Despite the discomfort, she continued her hike. “We were on the Incan trail, and there was no way I was going to miss it,” she says.

When Mariellen returned home, she made an appointment with Christopher Passariello, MD, an orthopedic surgeon at Community Medical Center (CMC) who had treated her years earlier for a collarbone break. An X-ray indicated that the groin pain was actually coming from her hip. “Dr. Passariello told me there was evidence of an old injury,” says Mariellen. “Then I remembered that around 30 years ago, I’d fallen and hurt my hip while rollerskating.” Now, she had degenerative joint disease (also known as osteoarthritis), and Dr. Passariello recommended total hip replacement.

Mariellen discovered that Dr. Passariello is an expert in robotic-assisted joint replacement surgery, an innovative technique that’s more precise and offers a faster recovery than the traditional approach. “My family wanted me to go to New York or Philadelphia, but I had faith in Dr. Passariello and Community Medical Center, which is only three miles from where I live,” says Mariellen.

#### CUSTOMIZED JOINT REPLACEMENT

Dr. Passariello performs joint replacements (hip, as well as partial and total knee) using a system called

# ‘GRAND CANYON, HERE I COME!’

JUST FOUR MONTHS AFTER A ROBOTIC-ASSISTED TOTAL HIP REPLACEMENT, ONE PATIENT TOOK THE HIKE OF A LIFETIME PAIN-FREE.



Mako robotic surgery. A CT scan of the patient's hip or knee is taken, and a 3-D model is created based on his or her anatomy. Next, the physician uses the model to create a personalized surgical plan for the patient. During surgery, the physician guides the robotic arm and positions the hip or knee implant based on the plan. If necessary, real-time adjustments can be made. "With robotic surgery, we're able to provide highly customized joint replacement for patients," says Dr. Passariello.

Mariellen had a total hip replacement at CMC in March 2018. She was one of the first patients to undergo robotic surgery at the hospital. "My groin pain was gone overnight," she says. "The nurses were kind and always took the time to address my needs whenever I asked for help."

Mariellen began physical therapy immediately after the surgery and continued to do the exercises at home. When she was able to drive, she returned to the hospital for more physical therapy through mid-May. "Patients who have the necessary

support system at home can be discharged the day after surgery or the next," says Dr. Passariello. "They have at-home rehab first, then can come back to the hospital for more therapy sessions."



**CHRISTOPHER  
PASSARIELLO, MD**

As someone who exercises on a regular basis, Mariellen wanted to get better as quickly as possible. "The more you do the first few weeks, the faster the recovery," says Dr. Passariello. "Mariellen was very motivated."

### BACK IN ACTION

Her motivation was partly due to the fact that she had an upcoming three-and-a-half month cross-country trip that had long been planned with her friend, Martin Kavanagh. Dr. Passariello gave Mariellen the green light to take the trip in mid-May, but there was a delay because Martin hadn't finished retrofitting the camper they were planning to use.

Finally, in July—just four months after her hip replacement surgery—Mariellen and Martin left for their trip. "Grand Canyon, here I come!" Mariellen recalls saying. She was able to hike the rim of the canyon, taking in the spectacular views without a hint of her previous pain. "We hiked and camped through national parks in 25 states," she says. "My mobility was phenomenal, and I only had pain from a couple of blisters on my feet."

Mariellen recalls how eager Dr. Passariello was for her to take the trip. "He loves Wyoming and wanted to hear about all the places we were planning to visit. When we finally made it to the Grand Canyon, Martin kept taking my photo in front of the most amazing vistas and saying, 'This is for the doc!' And I'd give a special smile."



### BENEFITS OF MAKO ROBOTIC SURGERY

Mako robotic-assisted surgery, which can be used for hip—as well as partial and total knee—replacements, offers several advantages over the traditional approach:

- **GREATER PRECISION.** The precision 3D imaging of patients' anatomy created and used by the Mako system reduces the risk of injury to surrounding tissue. Also, a Mako-assisted surgery requires smaller incisions.
- **RECOVERY IS QUICKER.** Mako procedures typically require a shorter hospital stay, and patients usually enjoy a faster return to their activities.
- **THE REPLACEMENT JOINT IS MORE COMFORTABLE.** Patients who have Mako-assisted surgeries often report that their new joint feels more natural.

To learn more about joint replacement at Community Medical Center, call **732.557.8194** or visit [www.rwjbh.org/ortho](http://www.rwjbh.org/ortho).



# CLINICAL TRIALS CLOSE TO HOME

**PATIENTS WHO PARTICIPATE IN A STUDY OF A NEW TREATMENT RECEIVE EXPERT MEDICAL CARE, ALONG WITH THE POSSIBILITY OF A BETTER QUALITY OF LIFE AND LONGER LIFE SPAN.**

When you hear the phrase “clinical trials,” you might think of cutting-edge research conducted at the National Institutes of Health or the National Cancer Institute (NCI). But there are important clinical trials underway right in your backyard—at the J. Phillip Citta Regional Cancer Center at Community Medical Center (CMC), in partnership with the Rutgers Cancer Institute of New Jersey, an NCI-Designated Comprehensive Cancer Center. To find out how patients might

benefit, we spoke with Chirag Shah, MD, a medical oncologist and principal investigator for clinical trials, and David D’Ambrosio, MD, radiation oncologist and medical director of New Jersey CyberKnife.

**What kinds of clinical trials are underway at CMC?**

**DR. SHAH:** We’re investigating the roles of exercise and weight loss in preventing cancer recurrence in overweight women with early stage breast cancer. One group



DAVID D'AMBROSIO, MD    CHIRAG SHAH, MD

of participants will receive coaching for exercise and weight loss, and another will receive general educational information about breast cancer topics.

In another trial, we're studying a drug called abemaciclib, which is currently used to treat women with advanced, or metastatic, breast cancer. We're investigating its safety and effectiveness in women with early stage, hormone receptor-positive, human epidermal growth factor receptor 2 (HER2)-negative breast cancer. Our goal is to determine whether this drug is more effective in preventing relapses when combined with hormone therapy.

We're also participating in a national trial called ALCHEMIST (Adjuvant Lung Cancer Enrichment Marker Identification and Sequencing Trials). Patients with early stage, non-small cell lung cancer who have certain genetic mutations will receive new medications after surgery and chemotherapy. The medications being studied target two types of genetic changes that are thought to cause lung cancer growth—especially in nonsmokers. Patients who aren't eligible to receive these drugs will be given immunotherapy—in which a drug is used to help the immune system fight cancer—after surgery to determine whether it can prevent a cancer recurrence.

Also underway is a study on Stage II and Stage III colon cancer. We're evaluating a new test for the detection of a recurrence after surgery. Patients' blood will be checked for the presence of certain genes that indicate a recurrence. This will be done in addition to standard follow-up testing—bloodwork and CT scans every six to 12 months. The experimental

test will be compared to standard testing to find out if it correlates with cancer recurrence. If it does, it can be used in the future to detect recurrence earlier by a simple blood test.

**DR. D'AMBROSIO:** We're conducting studies on our own and in collaboration with other universities on prostate cancer and metastatic breast cancer. We're investigating the effectiveness of CyberKnife, a robot that can deliver a large amount of radiation to a tumor in a very precise manner. It allows us to eliminate cancer without causing harmful side effects.

### What are you hoping to learn from these clinical trials?

**DR. SHAH:** We're trying to discover whether there are better treatment options for early stage breast cancer. Also, we want to find out if a change in lifestyle, such as weight loss, can decrease recurrence rates. Every therapy we have today was yesterday's clinical trial.

**DR. D'AMBROSIO:** We're trying to find out whether CyberKnife can help improve outcomes compared to systemic therapies, such as chemotherapy, or immunotherapy alone.

### How can patients benefit from participating in a clinical trial?

**DR. SHAH:** By participating in a clinical trial, patients can sometimes improve their quality of life—and even their life span. They also contribute to the development of safer and more effective therapies for patients in the future.

**DR. D'AMBROSIO:** Patients receive therapies they might not have access to otherwise. In addition, through our collaborative trials with Rutgers Cancer Institute of New Jersey and other academic medical centers, such as the University of Pittsburgh and Georgetown University, other physicians review our treatment plans and ensure that they meet the highest standards. It's like having a built-in second opinion.

## THE PATIENT EXPERIENCE

Currently, there are 21 clinical trials at CMC, and more than 250 patients were enrolled in them at the end of 2018, according to Lennette Gonzales, RN, MSHS, OCN, CCRP, oncology research nurse. Many patients are grateful for the opportunity to participate because they receive more medical attention. "They have a second set of eyes on them," says Gonzales. "Nurses call them and make sure they're doing okay."

CMC patients benefit from the hospital's affiliation with Rutgers Cancer Institute of New Jersey, a National Cancer Institute-Designated Comprehensive Cancer Center. "A patient can be referred to a trial there," says Gonzales. In the near future, CMC will be collaborating with Rutgers Cancer Institute of New Jersey on joint clinical trials.

Participation in a trial often involves additional testing, such as blood work, MRI scans or mammograms. Also, patients may need to complete questionnaires pertaining to their diet, physical activity, social life and emotions, depending on the nature of the trial.

Eligibility for trials varies, but in general patients must be over 18 and mobile. "We tell patients that even if they don't benefit from a trial, their participation may help others—possibly their children or grandchildren—in the future," says Gonzales.



RWJBarnabas Health and Community Medical Center, in partnership with Rutgers Cancer Institute of New Jersey—the state's only NCI-Designated Comprehensive Cancer Center—provide close-to-home access to the latest treatment and clinical trials. Visit [www.rwjbh.org/beatcancer](http://www.rwjbh.org/beatcancer).

To learn more about clinical trials at Community Medical Center, call **732.557.8294** or visit [www.cmccancer.org](http://www.cmccancer.org).





# CELEBRATING LOCAL VETERANS

In November 2018, 75 local veterans attended an annual luncheon in their honor at CMC.

## A SPECIAL PROGRAM SHINES A SPOTLIGHT ON PATIENTS WHO HAVE SERVED IN OUR NATION'S MILITARY.

At Community Medical Center (CMC), patients who identify themselves as veterans are recognized for their service. They receive a framed certificate of appreciation; a star from a retired flag with a poem; an American flag in a stand; and a hand-knitted red, white and blue blanket made by CMC volunteers. "This is an opportunity for us to give back to those who have served our country," says Teri Kubieli, DNP, MSN, NE-BC, Vice President of Patient Experience and Community Affairs at CMC.

2019 marks the third year of the CMC Veteran Recognition Program, which honors local servicemen and servicewomen. Ocean County is home to nearly 40,000 veterans, the largest population in the state of New Jersey, according to the U.S. Census Bureau.

There are more than 5,000 veterans living in Toms River alone—among the largest number of veterans in any town in NJ. The majority served in Vietnam, but there are also many who served in Korea, the Gulf War and World War II.

Patients are asked if they're veterans during rounds. When they're identified, a hospital volunteer who is also a veteran presents them with the gifts. It's an unforgettable moment for all. "Recently, we had a female patient who served in World War II and was one of the first nurses to work at CMC," says Dr. Kubieli. "She was overcome with emotion that we took the time to recognize her. She has a special connection to the hospital."

### A SHOW OF SUPPORT

Local veterans also are honored at an annual luncheon at CMC during Veterans Week in November. In 2018, 75 veterans attended. There were guest speakers on topics such as benefits for disabled veterans and the history of the Purple Heart. "The

participants were overwhelmed that CMC honored them," says Dr. Kubieli.

Twice a year, CMC volunteers assemble Jersey Care Kits for veterans, as well as those on active military duty. The kits contain chapstick, socks, over-the-counter antacids, gum, mints, puzzle games, deodorant and homemade cards from hospital employees. CMC works with a local organization called Always Supporting Our Military in Toms River, which mails the kits to military members overseas. CMC employees create more than 100 of these kits each year.

In the future, CMC hopes to identify even more veteran patients by asking about their status when they register at the hospital. "I'm extremely proud when we're able to acknowledge veterans who choose Community Medical Center for their care," says Patrick Ahearn, Chief Executive Officer. "They're the backbone of our community, and it's an honor when our staff can thank them. It's our privilege to be of service to them after all they have done for us."

For more information, contact  
Volunteer Services at **732.557.8129**.





# MAKING A REAL IMPACT

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

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

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

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

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



**MICHELLENE DAVIS, ESQ.**

## FINDING WHAT WORKS

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

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

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

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

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

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

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

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

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

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

To learn more about RWJBarnabas Health's social impact initiatives, visit [www.rwjbh.org/socialimpact](http://www.rwjbh.org/socialimpact).

# BETTER CARE FOR OLDER ADULTS

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

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

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

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

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



JESSICA ISRAEL, MD

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

## A NEW APPROACH

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

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

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

**Mentation:** identifying and managing depression, dementia and delirium.

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

## BEST PRACTICES

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

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

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

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





## HOW TO GET BETTER CARE

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

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

To learn more about age-friendly programs and services at RWJBarnabas Health, visit [www.rwjbh.org/seniorhealth](http://www.rwjbh.org/seniorhealth).





## THE CUTTING EDGE: BLOOD AND BONE MARROW TRANSPLANTS

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

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

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

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

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

RWJBarnabas Health, to explain.

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



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

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

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

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

### What does it mean to be a Comprehensive Cancer Center?

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

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

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

All of these centers collaborate and share

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

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

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

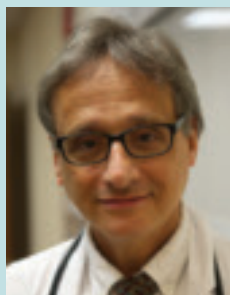
If, for example, a patient lives near Saint Barnabas Medical Center in Livingston, that patient will find that the cancer program there is anchored by Rutgers Cancer Institute; that he or she has access to many of the same clinical trials as those taking place in New Brunswick; and that experts in surgery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

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

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



STEVEN K. LIBUTTI, MD



ROGER STRAIR, MD

A healthcare worker in purple scrubs is smiling and interacting with a patient. The worker has a stethoscope around her neck and is looking towards the patient. The patient's hand is visible, resting on a surface.

# THE GOAL: ZERO ERRORS

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

To learn more about  
RWJBarnabas Health, visit  
[www.rwjbh.org](http://www.rwjbh.org).



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

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

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

### THE THREE-LEGGED STOOL

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

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

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



JOHN BONAMO, MD

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

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

### TOOLS FOR SUCCESS

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

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

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

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

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

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

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

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



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

### MANY VOICES

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

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

### THE ABCs OF BECOMING AN HRO

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

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



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

# A BABY'S BEST FRIEND

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

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

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



**MICHELE FANTASIA, MD**

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



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

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

time," her mother, Laura, says.

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

## EYES ON BURTON

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

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

For more information about Children's Specialized Hospital, call **888.244.5373** or visit **[www.childrens-specialized.org](http://www.childrens-specialized.org)**.

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



# SAVING LIVES, ONE RIDE AT A TIME

**A MUCH-VALUED TRANSPORTATION PROGRAM HELPS CANCER PATIENTS KEEP THEIR TREATMENT APPOINTMENTS.**

When cancer patients need chemotherapy or daily radiation treatments that can last for weeks at a time, finding rides to and from the J. Phillip Citta Regional Cancer Center can be a struggle. To ease this burden, Community Medical Center (CMC) provides free transportation for these patients. “We’re so proud of this program because it’s funded through the generosity of donors to the CMC Foundation,” says Richard J. Pallamary, Vice President for Development. “The patients who get rides are extremely grateful—not only for the transportation but also for the friendly and caring drivers who are there to assist them at a very difficult time in their lives.”

The program started in 2007, when the first vehicle was purchased and two part-time drivers were hired. That car was retired after 150,000 miles. Today, the hospital owns two cars and employs three part-time drivers who make 2,000 round-trips a year transporting patients to and from the Cancer Center.



The annual CMC Foundation Red, White & Brew Wine Tasting event helps fund the transportation program. The event is organized by the Wine Tasting Committee, which works tirelessly to make each year’s event more successful than the prior year.

Held at the Toms River Country Club, with more than 400 community members attending, the wine tasting features local restaurants and distributors who donate food, wine and beer. At the event, a deserving individual is recognized with the Rosanne L. Citta Community Impact Award.

This year, the wine tasting will be held on June 5 with live music, as well as a raffle and silent auction. The event has raised more than \$1 million since its inception and brings in approximately \$100,000 annually. Last year, the funds were used for the transportation program



Community Medical Center (CMC) cancer patients can receive complimentary rides to and from chemotherapy and radiation treatment appointments at the J. Phillip Citta Regional Cancer Center. The transportation program is funded by the annual CMC Foundation Red, White & Brew Wine Tasting event.

and renovating rooms on the oncology inpatient unit. “We’re grateful for the support we receive through this event and sincerely appreciate the time the committee spends to improve access to care for our patients,” says Patrick Ahearn, Chief Executive Officer.

For more information about the Red, White & Brew Wine Tasting event, call **732.557.8131** or visit [www.CMCGiving.org](http://www.CMCGiving.org).



# 'I've Been There'

**AN INNOVATIVE PROGRAM  
CONNECTS OPIOID OVERDOSE  
PATIENTS TO TREATMENT  
SERVICES—AND A RECOVERY  
SPECIALIST WHO HAS ALSO  
BATTLED ADDICTION.**

Salvatore Concepcion, 42, first tried marijuana when he was 12 years old. By the time he was 18, he was addicted to heroin and cocaine. Now in recovery for eight years, he helps others find their way out of addiction at Community Medical Center (CMC).

Salvatore is part of a team of seven specialists in the RWJBarnabas Health Institute for Prevention and Recovery's Peer Recovery Program.

This unique initiative pairs patients with specially trained people who offer recovery support. The specialists are in long-term recovery from substance use disorders themselves. The program also provides a patient navigator to connect patients interested in treatment with appropriate programs and services.

The program, which serves CMC and other participating RWJBarnabas Health hospitals 24 hours a day, seven days a week, was started in 2016 in response to the growing number of opioid-related overdose deaths in

New Jersey—1,409 in 2016. New Jersey's rate of 22 opioid-related deaths per 100,000 people in 2017 is higher than the national average of 15 deaths per 100,000 people, according to the Kaiser Family Foundation.

Less than an hour after a patient is treated for a narcotics overdose with the drug naloxone, a specialist from the Peer Recovery Program is at his or her bedside, planting the seed that recovery is possible. "I know what it's like to not believe that there's a better way," says Salvatore. "To be able to let patients know that I've been there makes a difference."

To earn patients' trust, Salvatore tries to meet them on their own terms.

"I approach them with an open mind and without judgment," he says. "I want to break down the wall between us and have a conversation. I'm not there to tell them what to do. I'm just there to listen and to see if we can find common ground. Once I start talking about my experiences and listen to theirs, it's amazing how their guard comes down."



**AT AGE 36, SALVATORE CONCEPCION DECIDED TO CHANGE HIS LIFE. HE TRIED 12-STEP MEETINGS, GOT RID OF HIS CELL PHONE TO DISTANCE HIMSELF FROM PEOPLE INVOLVED WITH DRUGS, AND SURROUNDED HIMSELF WITH PEOPLE IN RECOVERY.**



Left: Linda Bogan, a patient navigator (seated), with peer recovery specialists, from left to right: Julie Reynolds, Richard Spicer, Loriann Funa, Salvatore Concepcion, Edward Tamburr and Jeanette Roma.

“Recovery specialists are people patients can identify with,” says Linda Bogan, a patient navigator in the program. “They represent hope.”

**PROVIDING GUIDANCE AND SUPPORT**

Patients often respond favorably to the intervention and agree to go to a medical withdrawal management facility or to an inpatient or outpatient substance abuse treatment program. At that point, a patient navigator steps in. “We try to identify the patient’s challenges and determine which facility would be a good fit,” says Linda. “Then we follow that person for at least eight weeks.”

The recovery specialist stays in touch with each patient to provide guidance, reassurance and support throughout recovery. “I have patients in treatment who still call me six months later,” says Salvatore. “Sometimes I’ll invite patients to hockey or baseball games sponsored by other community recovery programs just to show them there’s so much more that you can do without drinking or using drugs.”

Not every patient accepts treatment the first time around, but the team doesn’t give up. Salvatore remembers an older gentleman who overdosed several times before he was ready to make a change. “We got him into treatment after the fourth time he saw us

and numerous follow-ups,” says Salvatore. “He knew that there was someone who was willing to go above and beyond and do what they had to do to help him out. Now he attends 12-step meetings and has a job.”

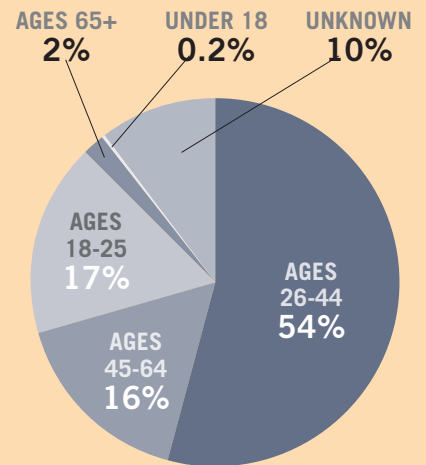
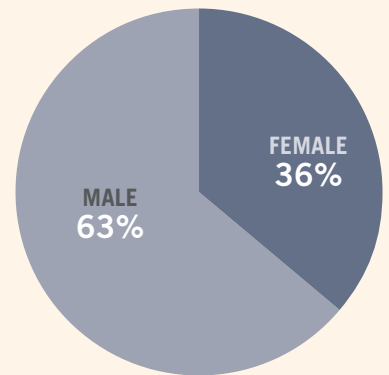
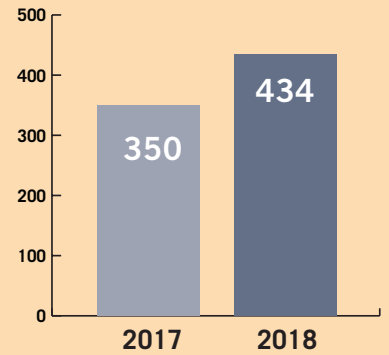
Other Peer Recovery Program team members include recovery support educators, who plan, develop, implement and evaluate education and training for the program. Recently, the program expanded to include all hospital patients with a substance use disorder—not just opioid overdose victims admitted to the ED.

**AN INSPIRATIONAL JOURNEY**

Salvatore’s own recovery was hard won. His drug use stemmed from a difficult home life when his father left his family. At age 36, Salvatore decided to change his life. He tried 12-step meetings, got rid of his cell phone to distance himself from people involved with drugs, and surrounded himself with people in recovery. “One thing I’ve learned is that I can’t make patients do anything,” he says. “But they see that I’ve changed my life. When their pain is great enough, they’re going to ask me for help.”

“I think we’re making a huge dent in the addiction problem,” says Linda. “People have heard about us, and now they’ll come to the hospital for help before they get to the point of an overdose.”

**OPIOID OVERDOSE PATIENTS AT CMC**



\* FIGURES FROM 2018

For more information, contact the Peer Recovery Program at **833.233.4377**.

# HEALTHY EATING FOR TWO



Kimberly Ryllun (left) worked with Karen Hodge, RD, a CMC certified diabetes educator (right), to keep her gestational diabetes under control when she was pregnant with her young sons.

**THANKS TO A CLOSE PARTNERSHIP WITH HER HEALTHCARE TEAM, A WOMAN WITH GESTATIONAL DIABETES DELIVERED TWO HEALTHY BABIES 22 MONTHS APART.**



Some pregnant women crave ice cream. Others crave pickles, potato chips or steak. For Kimberly Ryllun, it was Devil Dogs. Sometimes she'd even wake up in the middle of the night to munch on one of those cream-filled, chocolate snack cakes.

A late-night pantry raid might not be a problem for most pregnant women, but Kimberly had gestational diabetes and needed to keep her blood sugar under tight control for the health of her baby and herself. Thankfully, she was able to turn to Karen Hodge, RD, a certified diabetes educator at the Center for Diabetes Education at Community Medical Center (CMC), for guidance. "With my tendency to wake up in the middle of the night and eat sweets, Karen's recommendation was to try to eat more protein for my evening snack—like mixed nuts or some cheese—so that I wouldn't wake up hungry and eat things that I shouldn't," says Kimberly, 43, of Barnegat.

Gestational diabetes affects 2 to 10 percent of pregnancies, according to the Centers for Disease Control and Prevention. The hormonal changes and weight gain associated with pregnancy cause some women to become resistant to insulin—a hormone that regulates blood sugar—making it a struggle for them to control their blood sugar. Fortunately, gestational diabetes can be successfully managed with diet, exercise and sometimes medication. "If a woman's blood sugar is controlled, she doesn't usually experience any of the adverse effects of gestational diabetes," says Samuel Fekry, MD, Kimberly's obstetrician. These effects include high birth weight, which can lead to a difficult delivery or C-section, and preeclampsia, a dangerous form of high blood pressure



**SAMUEL FEKRY, MD**

that increases the risk of premature birth or stillbirth. Women who've had gestational diabetes are at greater risk for developing the condition during subsequent pregnancies.



## ARE YOU AT RISK FOR GESTATIONAL DIABETES?

The following factors increase your chances of developing the condition:

- unhealthy weight (Body Mass Index of 30 or higher)
- high blood sugar
- sedentary lifestyle
- high blood pressure
- family history of diabetes
- gestational diabetes or large baby during a previous pregnancy
- polycystic ovary syndrome

## CONTROLLING CARB INTAKE AND CRAVINGS

Kimberly was no stranger to gestational diabetes. She first developed the condition when she was pregnant with 14-year-old twins Meghan and Matthew from a previous marriage. When she became pregnant again with Ethan, now 2½, she was diagnosed early with the condition. Dr. Fekry immediately referred her for nutrition counseling.

During the counseling appointments, which were monthly at first and more frequent toward the end of her pregnancy, Kimberly and Hodge discussed how well the gestational diabetes was being controlled. They also determined whether Kimberly's food choices or the frequency of her meals needed to be adjusted. "Women with gestational diabetes need to control their carbohydrate intake because it has the greatest impact on blood sugar," explains Hodge. "Since mom and baby need carbohydrates as an energy source, we teach moms how much they can safely consume—and how to count carbs."

Kimberly learned to cope with her cravings for sweets by opting for a protein-rich smoothie made with fruit or a smaller portion of a sugary treat. "Sometimes just taking a small bite of a Devil Dog helped to curb the craving," she says. "The key was

always portion size."

Kimberly checked her blood sugar four times per day. Each morning, she tested her urine for the presence of ketones, chemicals that indicate inadequate carbohydrate and/or calorie intake. She was also diligent about keeping a record of the foods she consumed. Kimberly tried to work in exercise, which helps lower blood sugar, by walking around the field at her twins' soccer practice or at the mall. Eventually, she needed medication to maintain optimal blood-sugar control. "Kimberly was very motivated, and she had very tight control of the numbers," says Dr. Fekry.

The delivery went well, and Kimberly became pregnant a third time. She developed gestational diabetes again and managed the condition with the help of Dr. Fekry and Hodge. In May 2018, she gave birth to another healthy boy, Evan. Today, Kimberly says her health is good aside from the fatigue associated with trying to keep up with two teens, a toddler and a baby. She's also working to complete an associate's degree in business at Ocean County College.

Kimberly is grateful for the support she received at CMC. "Each time I got pregnant, it was a team effort," she says. "Dr. Fekry and Karen made sure my babies stayed healthy."

To learn more about the Center for Diabetes Education, call **732.349.5757** or visit [www.rwjbh.org/cmcdiabetes](http://www.rwjbh.org/cmcdiabetes).





Larissa Risoli, RN, (left) mentors Christine Casperson, RN, a nurse resident.

# PREPARING NURSES FOR PRACTICE

**A NEW EDUCATIONAL PROGRAM FOR RNs ENCOURAGES TEAMWORK, CAMARADERIE AND, ULTIMATELY, BETTER PATIENT CARE.**

When you're ill, you need a nurse who will not only provide expert care but also advocate for your needs. That skill, along with many others, requires training in a hospital setting. To transition new graduates of registered nursing programs into practice, Community Medical Center (CMC) recently introduced an innovative program: the yearlong nurse residency program. The

hospital trains large groups of nurses up to four times a year. In 2018, there were 27 nurses in the summer cohort and 21 in the fall. The next group, which began the program in March, has 12 registered nurses (RNs). Nurses must apply and be accepted to the program. The process is highly selective; only one in five candidates earns a position at CMC.

During their first month at CMC, the nurses take classes; attend simulation labs, in which they can practice procedures; and shadow other nurses. They also attend roundtable discussions with senior hospital leadership to learn about the executives' visions for the future of the hospital. At the

## TRAINING TOMORROW'S PROVIDERS

In addition to a nurse residency program, Community Medical Center helps to educate students in the following fields:

- pharmacy
- social work
- nutrition
- rehabilitation
- radiology

end of the first month, the nurses select a unit they want to join, and a match process takes place to determine the best fit. The training has made a difference. "When our new nurses started working on the units, the nurse leaders saw much more confident nurses than those without the residency training," says Donna Bonacorso, Chief Nursing Officer and Vice President of Patient Care. "As a result, the nurses delivered better care."

### DEVELOPING NEW SKILLS

The residency program also includes monthly professional training, which involves attending lectures on topics like critical thinking. "The session on critical thinking covers a topic that can be very challenging for a new nurse," says Bonacorso. "New nurses need to develop skills around how, when and why they should intervene when they see changes in a patient's demeanor or lab results, for instance."

The nurses are paired with mentors, who can offer advice. "I'm so grateful for my mentor, Larissa," says Christine Casperson, RN, a nurse resident. "She was there for me when I was first training, and she's still my go-to person if I have a question. She always has my best interests at heart."

At the end of the program, each nurse presents an evidence-based project. He or she researches the literature to make a recommendation for a change in practice, such as reducing falls.

"I love the program," says Bonacorso. "The cohort approach creates a team environment where new nurses can support one another and share their experiences. The incredible teamwork that results leads to safe patient care. We're investing in our nurses because our patients deserve it."

To learn more about our career opportunities, visit [www.rwjbh.org/careers](http://www.rwjbh.org/careers).





Left to right: Joel P. Jannone, MD, and Danna Dela Cruz, MD, are now seeing patients at Forked River Primary Care.



## PCPs CLOSE TO HOME

Two new practices affiliated with Community Medical Center and Barnabas Health Medical Group recently opened in Ocean County. The Health and Wellness Center at Ocean County College in Toms River is staffed by a certified nurse practitioner who sees walk-in patients. In addition, two primary care physicians—Danna Dela Cruz, MD, and Joel P. Jannone, MD—are seeing patients in Forked River. Their practice, Forked River Primary Care, offers laboratory services, diagnostic tests such as echocardiograms (ultrasounds of the heart), and access to specialists.

- Forked River Primary Care  
731 Lacey Road, Forked River  
**609.242.0040**
- The Health and Wellness Center  
at Ocean County College  
Health Sciences Building  
**732.797.9850**

# THE POWER OF PRIMARY CARE

## THE TOP SIX REASONS TO HAVE A PRIMARY CARE PHYSICIAN.

If you run to a specialist or an urgent care center every time you're ill or need a screening, it's time to consider a primary care physician (PCP). Research shows that patients with PCPs benefit from better management of chronic diseases, lower healthcare costs, and a higher level of satisfaction with their medical care, according to the journal *Health Affairs*. Here are six ways a PCP could improve your health and quality of life:

### 1. YOU MIGHT LIVE LONGER.

Adults who had a primary care physician rather than a specialist as their regular source of care had a lower risk of death over a five-year period, according to a study published in *The Journal of Family Practice*.

### 2. YOU'LL RECEIVE EXCELLENT PREVENTIVE CARE.

Studies show that people who have a

PCP are more likely to receive preventive care, such as blood pressure screenings, mammograms and Pap smears. As a result, a disease or condition will probably be diagnosed at an early stage, when it's more treatable.

### 3. YOU'LL LIKELY RECEIVE AN ACCURATE DIAGNOSIS MORE QUICKLY.

A healthcare provider who knows your medical history well, such as your diet and exercise habits, will be able to make an informed diagnosis when you describe your symptoms.

### 4. YOU'LL HAVE A BETTER CHANCE OF ADDRESSING ANY PSYCHOSOCIAL ISSUES.

Over time, you'll get to know your PCP, so he or she will be more likely to identify any psychosocial issues, such as depression or anxiety, that could be affecting your health.

### 5. IT WILL BE EASIER TO COME UP WITH A TREATMENT PLAN FOR ANY MEDICAL PROBLEMS.

If you're diagnosed with a disease or condition, you'll have to make choices about the risks and benefits of various treatments. It's helpful to have the guidance of a provider you trust.

### 6. IT WILL SAVE YOU TIME.

You won't have to wait two weeks for an appointment if you're sick, and it's convenient to be able to have bloodwork and other testing on the premises. Also, your PCP can help coordinate your care; he or she can refer you to a specialist, if necessary.

For a referral to a primary care physician or specialist, call **888.724.7123**.

# You. New and improved.

## Shoulder

Pain is often eliminated without surgery, and with advanced arthroplasty in more severe cases.

## Elbow

Solutions for elbow pain range from non-invasive physical therapy to the most advanced surgical treatments available.

## Back

The best possible diagnosis from spine surgery specialists means a solution to your back pain that's right for you.

## Ankle

Minimally invasive ankle repair is the long-term solution to bone-on-bone pain.

## Hand

Minimally invasive microsurgery restores function to your hand, with less pain and quicker recovery.

## Wrist

Minimally-invasive procedures make wrist pain a thing of the past.

## Hip

Get back to what you love with the help of highly skilled orthopedic surgeons and specialized orthopedic nurses who bring freedom from pain within reach.

## Knee

Highly skilled and experienced orthopedic surgeons and specialized orthopedic nurses offer partial and total knee replacements that ease pain and restore quality of life.



To learn about Mako Robotic-Arm Assisted Surgery for joint replacement surgery and other solutions, visit [rwjbh.org/ortho](http://rwjbh.org/ortho) or call 732-557-8194.

RWJBarnabas Health is the official health care provider of

