HEROES WORK HERE

NOW YOUR DOCTOR IS JUST A CLICK AWAY

HOW WE KEPT FAMILIES CONNECTED

WELCOME BACK!
WE’RE READY FOR YOU
Staying Healthy Together

For all of us who call New Jersey home, the COVID-19 pandemic has been a sobering reality. Every one of us has been affected in some way, and some have lost loved ones. To them, we extend our sincerest condolences.

Throughout these extraordinary months, New Jerseyans have come together to encourage each other and the hospitals that care for their communities. At RWJBarnabas Health, we truly have been inspired by the support we’ve received, and offer our heartfelt thanks for every donation and card, and for the countless other gestures of caring.

Most of all, of course, we wish to express our gratitude to our amazing staff—doctors and nurses caring for patients; hospital workers in the offices and on the floors; researchers seeking a cure and a vaccine; those charged with carrying out demanding new cleaning procedures; and those who have quickly adapted our facilities to care for COVID-19 patients.

Now, it’s important to look ahead and begin caring for ourselves again. During the height of the pandemic, many people delayed getting healthcare—a choice that can have devastating consequences. Please rest assured that we’ve gone above and beyond all the measures recommended by the Centers for Disease Control and other national and regional experts to keep everyone in our facilities safe.

As you begin to consider visiting to assist with your healthcare needs, know that we have taken many steps to ensure that we truly have a safe environment at Clara Maass Medical Center. As an example, we’re screening patients, physicians and employees for COVID-19 and are continuing to assess the health of patients, visitors and employees with temperature checks of everyone that comes through our doors. We’ve also begun the process of sanitization and identifying specific areas and units to care for COVID-19 positive patients. For outpatient services, we are scheduling outpatient appointments and visits to allow social distancing and to limit possible exposure.

Finally, and more importantly, we are so grateful for the dedication and support of our employees and physicians, who are our healthcare heroes, to our mission, to excellence in patient care and excellence for bringing their very best to Clara Maass Medical Center—no matter what.

We look forward to supporting your good health in whatever way we can. Welcome back.

Yours in good health,

BARRY H. OSTROWSKY  
PRESIDENT AND CHIEF EXECUTIVE OFFICER  
RWJBARNABAS HEALTH

MARY ELLEN CLYNE, PhD  
PRESIDENT AND CHIEF EXECUTIVE OFFICER  
CLARA MAASS MEDICAL CENTER
2. WELCOME LETTER. A community update from our CEOs.

4. HEROES WORK HERE. We’re beyond grateful for the incredible work of our teams on the COVID-19 front lines.

6. DONORS ARE HEROES, TOO. A sampling of the valuable—and much appreciated—support we’ve received during the pandemic.

8. HOW WE KEPT FAMILIES CONNECTED. For safety, no visitors were allowed—but that didn’t mean there was no communication.

9. STAYING STRONG WHILE SOCIAL DISTANCING. Simple steps can help you regain a feeling of control.

10. 6 QUESTIONS ABOUT TELEMEDICINE, ANSWERED. You don’t have to be a technology whiz to have a video visit with your doctor.

12. CLINICAL TRIALS: WHAT EVERY CANCER PATIENT SHOULD KNOW. Trials offer patients a chance to benefit from the latest treatment.

14. NEW WAYS TO LEAD IN CANCER TREATMENT. Collaboration and innovation are driving a new era in oncology.

15. ADVANCED OPTIONS FOR TREATING AUTISM. Telehealth services and intensive treatments offer new help.

16. POWER PARTNERSHIPS. Working together to help make New Jersey healthier.

17. YOUR SUPPORT SUSTAINS US. Communities have stepped up for their local hospitals—and you can still help.

18. COMPASSION IN ACTION. We don’t have space to tell all of our stories of courage and care. Here are just a few.

20. SAFE AND SOUND IN THE E.D. Rigorous procedures ensure the safety of Emergency Department patients and staff.

22. WELCOME BACK! COVID-19 testing of staff and patients, extreme cleaning and many other measures make our facilities safe for care.
Our providers and staff have risen to—and well above—the unprecedented challenges of caring for patients with COVID-19. Clara Maass Medical Center (CMMC) is proud and grateful beyond words for the indomitable spirit and incredible work done by our teams on the front lines.
9  MOBILE HEALTH: During the pandemic, the first responders of RWJBarnabas Health Mobile Health Services have stood ready to provide expert care in any emergency.

10 BEHAVIORAL HEALTH: Dedicated staff and providers from RWJBarnabas Health Behavioral Health Center and Network have been available to patients 24/7.

11 A TRIAGE TENT was among the early preparations made by the ED team.

12 PEER RECOVERY: Certified Peer Recovery Specialists from the RWJBarnabas Health Institute for Prevention and Recovery offer support to patients with substance use disorders.

13 SMILES AND DANCING as DJ Jimmy of NJ DJ Services made music during Hospital Week and National Nurses Week.

14 A RED CARPET ROLLOUT was hosted in May by Mary Ellen Clyne, PhD, President and CEO. Each employee was invited to walk the red carpet, get special gifts and receive applause.

To share your thanks or make a donation in support of our healthcare heroes, visit www.rwjbh.org/heroes.
At Clara Maass Medical Center, we've dedicated everything we have to fighting COVID-19. We've cared for you and you've cared for us with a steady outpouring of food, supplies, personal items and love. Please know that each and every gift has helped to keep us going. From the bottom of our hearts, thank you!
THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY and Belleville Mayor Michael Melham donated meals for our frontline employees.

HEALTH-ADE KOMBUCHA donated probiotic-packed kombucha tea, which was distributed by Registered Dietitians from CMMC’s Dietary Services Department.

THE MONTCLAIR ALUMNI CHAPTER OF KAPPA ALPHA PSI FRATERNITY donated an assortment of pizzas, cold beverages and dessert to the Maternal Care Services team.

MEMBERS OF THE SECURITY TEAM at CMMC express thanks for the overwhelming support received from the community.

THE GLEN RIDGE CONGREGATIONAL CHURCH prepared thousands of energy kits, Dr. Scholl’s provided insoles, and Skinny Dipped gave vegan almonds.

THE NUTLEY IRISH AMERICAN ASSOCIATION and many other restaurants donated sandwiches, and the Emergency Services Department expressed their sincere appreciation.

Emergency Department Nurses members show their thanks for the community’s support.

CHILDREN’S SPECIALIZED HOSPITAL: The Long Term Care team from CSH in Mountainside thanks the Front Line Appreciation Group for a donation of breakfast sandwiches.

EMERGENCY DEPARTMENT STAFF MEMBERS show their thanks for the community’s support.

VERB ENERGY BARS were a welcome donation to CMMC frontline staff.

To say thank you or to donate for our healthcare heroes, visit www.rwjbh.org/cmmcgivenow.
Prior to the pandemic, the number of “virtual patient visits” needed at Clara Maass Medical Center (CMMC) was minimal. COVID-19 changed all that fast.

The sheer number of sick patients in combination with no-visitor policies, made virtual visits—conducted with the aid of cell phones or other devices—a top priority. The Patient Experience team at CMMC, with the help of nurses, has so far facilitated close to 1,000 such calls.

“One of the many unfortunate things about the pandemic was that our visitation rules had to change,” says Javier Alvarez, Director of Patient Experience. “It was super-important to all of us to be able to at least make virtual visits available. We all took it very personally. In a few cases, it was the last chance families had to see their loved ones alive.”

Even in less critical cases, when patients were unable to use their own devices, or unable to communicate at all, members of the Patient Experience Department set up an iPad to connect them with family, friends or clergy members. “We’re in the room with them. We laugh with them, we cry with them,” Alvarez says. “Sometimes a nurse would give us a heads-up that a patient wasn’t doing well and might benefit from a visit, and we would proactively set up a call.”

ABOVE AND BEYOND
But the caregivers at CMMC wanted to do even more. Because many COVID-19 patients were so ill that they weren’t able to have a conversation, Niktha Kasinathan, MD, Internal Medicine physician, had an innovative idea: The medical center could provide a way for family members to share information about their loved ones online.

And so the “Get to Know Me” page on the Clara Maass website was born. There, family members can tell the staff all kinds of things about their loved ones: what the patient’s nickname is, what their hobbies are, what kind of pets they have, things they like and dislike, and more. They can also upload family photos. The Patient Experience Department downloads all the photos, laminates them and displays them at the patient’s bedside. The team also set up special drop-off stations outside the hospital for people who wanted to hand-deliver photographs or special items like a blanket or pillow.

Since nurses and physicians caring for COVID-19 patients often had limited time to speak to families on the phone, the Patient Experience Department found a creative response to that as well. Doctors and nurses from elsewhere in the hospital were recruited to monitor patients’ progress and call family members daily to update them and answer their questions. These medical professionals also encouraged family members to take advantage of the “Get to Know Me” process.

“Our staff is so compassionate and caring that to be able to have that information and to see those pictures means a lot to them,” Alvarez says. “This has been so valuable toward building relationships between the nurses, physicians, families and patients, and we’ll definitely keep going with it for all patients in the medical center,” he says.

“When we saw all the benefits families and patients and our care teams were getting from it, how could we stop?”

HOW WE KEPT FAMILIES CONNECTED
FOR EVERYONE’S SAFETY, NO VISITORS WERE ALLOWED—BUT THAT DIDN’T MEAN THERE WAS NO COMMUNICATION.
The COVID-19 pandemic has brought all kinds of uncertainty—to our finances, our health and our ability to make plans. “People have lost an important aspect of control over their activities,” says Frank Ghinassi, PhD, ABBP, Senior Vice President, Behavioral Health and Addiction, RWJBarnabas Health, and President and CEO of Rutgers University Behavioral Health Care. “As a result, we’re seeing a lot of people feeling stressed—and even a little more than that, feeling distressed.”

“We all had a rhythm and routine for our days,” he continues, “from what time we took a shower to how we dressed for work to the kinds of things we did for fun. Now all of those old rhythms are challenged, and that makes people feel confused and off-balance.”

Ghinassi says it’s important to take the next step. “Ask yourself, ‘What can I do in this new reality to help myself feel better and more in control?’” The answer lies in reintroducing predictability, to the degree possible in this unpredictable time.

• Create a new routine. “Establish a new set of patterns,” advises Dr. Ghinassi. “Go to bed and get up in a regular way. Eat at set intervals, not all day long just because you’re not far from the refrigerator. Work out or take a walk regularly. These new routines will become familiar and comforting.”

• Make plans to socialize with others. “Meaningful connection with family and friends is not going to happen automatically,” says Dr. Ghinassi. “Create ways to communicate with people who are important to you, using FaceTime, letters, phone calls or whatever medium you do best. And keep in mind that Snapchat and Instagram are one-way communication, not true socializing.”

• Build a new set of activities that give you pleasure. “A lot of things we like to do can’t happen now because they involve going to crowded places like movie theaters, restaurants, concerts and stadiums. We need to find activities that will bring us pleasure and are doable within our current limitations,” says Dr. Ghinassi. “That could involve playing or listening to music, streaming films, gardening, painting or any other enjoyable hobby.”

If social distancing has led to behaviors that could be destructive, such as overeating or drinking too much, or if the blues have crossed the line into depression, don’t hesitate to reach out for help. “There are many front doors to behavioral healthcare,” Dr. Ghinassi says. “You can ask a trusted healthcare provider to recommend a counselor. If your employer has an Employee Assistance Program, take advantage of that. Seek out your local mental health facility or call the New Jersey Hopeline at 855.654.6735. Call the RWJBarnabas Health Access Center, which is available 24/7, at 800.300.0628.”

• And take heart. “We’ll get through this,” says Dr. Ghinassi. “Humans are enormously adaptable. Through millennia of plagues, famines, wars and pestilence, we’ve risen to every challenge. It’s in our DNA. We’re going to learn and restructure, draw strength from each other and find solutions.”

For help accessing mental health services, call the RWJBarnabas Health Access Center at 800.300.0628.
YOU DON'T HAVE TO BE A TECHNOLOGY WHIZ TO HAVE A VIDEO VISIT WITH YOUR DOCTOR.

Virtual online doctor visits have been available for some time—but since the COVID-19 pandemic, they’ve soared. “During just one week in April, doctors in our medical group conducted more than 10,000 telemedicine visits,” says Andy Anderson, MD, President and Chief Executive Officer of the RWJBarnabas Health medical group.

Stay-home orders during the lockdown have played a huge role in the increase, but other causes are also speeding up telemedicine’s adoption. Dr. Anderson tells how and why:

1. What factors are contributing to telemedicine’s surge?

Historically, demand for telemedicine was driven by urgent issues, rather than by routine or other kinds of care. Habit has played a role, too—the expectation that
patients and physicians need to physically be together in order to get the best possible care.

Now, there’s a greater openness to using technology platforms in all realms of our lives. Those platforms are increasingly sophisticated, so that patients and providers can really see each other, see the parts of the body in question and read each other’s expressions.

In the RWJBarnabas Health medical group, we have an easy-to-use platform for telemedicine visits. It’s as simple as a click to get into a virtual room for an appointment. It’s also secure and is fully HIPAA-compliant.

2 What are some examples of conditions that can be treated in a virtual visit?

Let’s say a person falls and cuts himself. A telemedicine visit can help determine whether he needs stitches and/or an antibiotic. Symptoms and treatment for a urinary tract infection can also be discussed virtually. If someone has a sore throat, he or she can show the back of the throat and tonsils to the doctor via video.

Chronic conditions, such as COPD [chronic obstructive pulmonary disease], congestive heart failure or asthma could be managed through a video visit, as a physician is able to observe whether a person is short of breath, for example, or whether his legs are swollen.

Diabetes that is not well controlled can also be discussed, as the patient can report his blood sugar levels and medication can be adjusted accordingly.

It’s important to note that in any of these cases, a visit can begin as a video visit and then become an in-person visit if the condition warrants it. If you aren’t sure what the best course of action is—video, in-person office visit or Emergency Department visit—don’t feel you have the burden of having to make the decision on your own. Call your physician’s office and have a conversation.

3 What about well visits and checkups?

Clearly, some exams and procedures require an in-person visit. However, many aspects of a wellness visit, specifically a Medicare Annual Wellness Visit, can be conducted virtually. A physician can ask about, for example, colon cancer screenings or mammograms, home safety and more. Patients like that they can save time and don’t have to travel.

In addition, we’re hoping to see increased use of monitoring devices that can transmit information from patient homes to physician offices, including blood pressure monitors, blood glucose monitors, pulse oximeters and even wireless scales.

4 Am I at risk for contagion if I visit a physician’s office?

At RWJBarnabas Health medical group offices, we’ve taken the necessary steps to make it very safe to visit in person. We have social distancing plans, including the use of Plexiglas barriers, a distance line at checkout areas, modified waiting room seating and limitations on the number of patients scheduled during a specified time frame. We also follow rigorous cleaning regimens, offer hand sanitizer stations and more.

5 Are telemedicine visits covered by insurance?

During the early stages of the pandemic, Medicare, Medicaid and many private insurances expanded their coverage for telemedicine. The situation is evolving, so check with your insurer, but our sense is that coverage for telemedicine will continue to expand.

6 How will telemedicine change healthcare in the future?

While the COVID-19 crisis has pushed us into this world fast, I think healthcare will become more telemedicine from now on. Telemedicine is not a solution for everything, but it is a solution for a lot more things than we realized. It’s a great tool to have in our toolkit.

The most important message we have for patients is to continue to make your health a priority. Don’t put off care if you aren’t feeling well, or postpone contacting your physician for help managing any chronic health conditions. Whether virtually or in person, your provider is there to help you.

To connect with an RWJBarnabas Health medical group provider, call 888.724.7123 or visit www.rwjbh.org/medicalgroup.
TRIALS OFFER PATIENTS A CHANCE TO BENEFIT FROM THE LATEST TREATMENT.

If you or a loved one is diagnosed with cancer, you’ll want to seek the highest possible level of care—and clinical trials can be a critical aspect of that care. “Clinical trials offer tomorrow’s treatments today,” says Howard S. Hochster, MD, FACP, Director, Oncology Research for RWJBarnabas Health, and Associate Director, Clinical Research and Director, GI Oncology for Rutgers Cancer Institute. “As the state’s only NCI-Designated Comprehensive Cancer Center, Rutgers Cancer Institute of New Jersey and RWJBarnabas Health provide patients access to a wide range of clinical trials, many of which are not available elsewhere. We do this at Rutgers Cancer Institute in New Brunswick and...
Healthy Together

COVID-19 Special Issue

What happens in a clinical trial?
Clinical trials are research studies that evaluate new treatment options for diseases and help doctors learn which treatments are most effective.

Generally, clinical trials evaluate the safety and effectiveness of new drugs, use current drugs in a new manner or combine drugs to evaluate their effectiveness. Every clinical trial must be approved by regulatory authorities to be sure the scientific evidence merits this kind of investigation and that it’s ethically sound.

Clinical trials are undertaken only when there is evidence that the new approach is likely to be better than the standard treatment. Patients should speak with their physicians about the risks and benefits, including possible side effects, of the treatment being studied.

During a trial, patients will have many staff members paying attention to them—physicians and research staff including nurses, data managers and others—whose job is to make sure they get the treatment exactly as written in the protocol.

Who’s eligible for a clinical trial?
Every patient who has a cancer diagnosis should ask whether a clinical trial might be right for him or her, and should consider a clinical trial at every step of the cancer journey. Sometimes a trial isn’t appropriate at the beginning, but may be later on.

Requirements for participation vary. Criteria may include age, gender, type and stage of cancer, other existing medical conditions and treatment history.

Before patients can participate in a clinical trial, they must sign an informed consent document, which explains all aspects of the trial as well as alternative treatment options.

What are some examples of cancer research taking place in clinical trials?

For years, everyone with certain cancer diagnoses received the same type of treatment for their cancers, but not everyone reacted the same way. Now we’re able to use clinical trials to make progress in precision medicine, where we can specifically target, on a molecular level, the gene mutations or changes that make an individual’s normal cells turn into cancer cells.

Another exciting area now is immunotherapy—using a person’s own immune system to fight cancer. We’ve learned that cancer cells have ways to mask themselves from the immune system. Today, we’ve seen many breakthroughs in drugs that restore the body’s ability to fight off cancer cells.

CAR T-cell therapy is another promising area of research. It involves obtaining immune cells from a patient, reengineering them in a lab to make them as effective at fighting cancer as possible, then reinjecting them into the patient’s body. This results in a “living” therapy with ongoing benefit.

Currently, Robert Wood Johnson University Hospital in New Brunswick, in conjunction with Rutgers Cancer Institute, is one of only two certified programs in the state to offer this form of immunotherapy.
NEW WAYS TO LEAD IN CANCER TREATMENT

COLLABORATION AND INNOVATION ARE DRIVING A NEW ERA IN ONCOLOGY.

Every week, up to 40 of New Jersey’s top cancer experts virtually convene as part of the New Jersey Statewide Cancer Programs Collaboration—a unique approach initiated and implemented by Dr. Libutti, MD, Director, the Rutgers Cancer Institute of New Jersey, and Senior Vice President, Oncology Services, RWJBarnabas Health.

“As the state’s only NCI-Designated Comprehensive Cancer Center, we felt that it was important that we communicate with other cancer programs in New Jersey during the COVID-19 pandemic,” says Dr. Libutti. “We felt we could learn quite a bit from hearing about other experiences, and that each program shouldn’t have to go through the learning curve on its own.”

In addition to Rutgers Cancer Institute and RWJBarnabas Health, all major cancer programs in the state participate, including those at Atlantic Health System; Capital Health Cancer Center; MD Anderson Cancer Center at Cooper; John Theurer Cancer Center at Hackensack Medical Center, Hackensack Meridian Health; Hunterdon Healthcare; Inspira Health Network; Regional Cancer Care Associates; Saint Peter’s Healthcare System; St. Luke’s University Health Network, Warren; Summit Medical Group; Trinitas Comprehensive Cancer Center; and Penn Medicine/Virtua Cancer Program.

MANY MINDS

Subgroups in the areas of medical oncology, radiation oncology, surgical oncology and operations meet throughout the week to discuss topics relevant to their programs. On Friday mornings, all participants join a call to exchange information and insights.

“We’ve come up with plans for how to safely continue and then augment surgical oncology and other care during the pandemic,” says Dr. Libutti. “What are the right testing regimens to use? How do you open up surgery facilities safely to protect patients and providers from exposure? Which treatment regimens can be delivered at home, and which can be delayed without bad consequences for patients?”

“Oncology itself is a very collaborative field, because so many modalities are used to treat a cancer patient in a very coordinated way,” continues Dr. Libutti. “It’s not a huge leap for us to extend collaborations beyond the borders of health systems.”

Patients in New Jersey will reap the benefits. “Our state sees 50,000 new diagnoses and 16,000 deaths from cancer every year,” says Dr. Libutti. “We’re going to leverage the strengths of each program to work together to help cancer patients.”

VIRTUAL CARE FOR CANCER PATIENTS

The Rutgers Cancer Institute of New Jersey, in partnership with RWJBarnabas Health (RWJBH), had already begun a pilot program for cancer consultations via video. The pandemic accelerated the expansion of the plan to almost all of the groups’ cancer specialists.

The specialists are using a secure platform, which is private and simple for patients to access. In addition to convenience, telemedicine has a number of benefits for cancer patients:

• The elimination of potential exposure for patients with compromised immune systems
• The ability to have several specialists virtually present at the meeting
• The capacity to have geographically distant family members at the meeting
• The means to effectively share information with patients. “As I’m talking to a patient, I can show a picture of, for example, lymph nodes, and also type out instructions on the screen and then email these to the patient,” says Andrew M. Evens, DO, MSc, Associate Director for Clinical Services and Director, Lymphoma Program, Rutgers Cancer Institute, and Medical Director, Oncology Service Line, RWJBH.

“As we always say, ‘Cancer doesn’t travel well,’” explains Dr. Evens. “Telemedicine doesn’t replace in-person care, but we knew there was an appetite for this service. Who wants to drive an hour or more on the parkway or turnpike for a consult when you don’t have to?”

ANDREW M. EVENS, DO
Stay-at-home orders during the pandemic have posed particular challenges for children and adults with autism spectrum disorder (ASD). Deprived of face-to-face services, they have been lacking the stimulation and training they need, and have spent much less time interacting with others than usual.

“It’s a situation where problem behavior is more likely to occur,” says Wayne Fisher, a professor in the Department of Pediatrics at Rutgers Robert Wood Johnson Medical School and Director of the Rutgers Center for Autism Research, Education and Service (RUCARES). “We wanted to provide support for kids and families to help them manage the situation more effectively.”

The result was the development of ABA (Applied Behavior Analysis) Short-Term Telehealth Services provided by Children’s Specialized Hospital (CSH). The services begin with a quick-start evaluation. For children with severe problems whose behavior may be dangerous to themselves, a behavior stabilization and safety program is developed in two 90-minute appointments. For children with mild to moderate ASD, a quick-start behavior management program and behavior management group are available over the course of eight appointments via a simple-to-access, private telehealth platform.

Though telehealth services for people with autism have been available in other states, it was not an option in New Jersey until an executive order as part of the COVID-19 response allowed it. Fisher hopes the trend continues.

“This method has many benefits. It really helps families, many of whom travel quite a distance for in-person specialized care, in terms of convenience,” he says. “For specialists, there’s therapeutic value in seeing the child and family at home, under naturalistic conditions.”

EXPANDED SERVICES

The ABA short-term telehealth program is part of an expansion of autism services that CSH now offers through a collaboration with RUCARES. This summer will see the opening of CSH RUCARES, the first center of its kind in New Jersey dedicated to innovative research, education and service to support children and adults with ASD.

CSH RUCARES will accept patients for a new Severe Behavior Disorders Program, which will provide specialized services to children and adolescents with autism and other developmental disabilities who display dangerous behavior such as self-injury and aggression. Patients will undergo intensive outpatient treatment from a team of board-certified behavior analysts and registered behavior technicians. “Our program has a data-based approach based on empirical research, and all of our staff and faculty are highly trained,” explains Fisher, who is the Director of CSH RUCARES.

CSH is also expanding its Pediatric Feeding Disorders Program with a new program for children who have not progressed through traditional feeding programs. “It’s a data-based, intensive, goal-driven day program. We see patients for about eight weeks, then transition to outpatient follow-up services once or twice a week,” says Cathleen Piazza, Director of the Pediatric Feeding Disorders Program at CSH and a professor in the Rutgers Graduate School of Applied and Professional Psychology. “We also find telehealth services very valuable because we can work with and see the patient where he or she eats, in real time.”

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. 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.
At RWJBarnabas Health (RWJBH), we have always been committed to meaningful partnerships with organizations that share our vision to create healthier communities. Their efforts during the COVID-19 pandemic, however, have taken their support to a whole new level. “We asked our partners to help us in several ways—through donations, through disseminating educational information and through support for our frontline healthcare heroes,” says Justin Edelman, Senior Vice President, Corporate Partnerships, RWJBH. “The response was beyond what we ever could have imagined.”

Our corporate partners had our back. New Jersey Devils/Prudential Center provided a significant and impactful monetary donation in addition to protective equipment and more than 10,000 tickets to future events for our healthcare heroes. Rutgers University Athletics donated protective equipment and used its reach on social media to educate our communities on important safety tips, while the Somerset Patriots raised funds through online memorabilia auctions, merchandise sales and a pop-up food truck event. Too numerous to mention, the supportive efforts from so many of RWJBH’s partners (see list at right) have been crucial to our mission.

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On behalf of RWJBH and all of our partner organizations, we wish you good health and good fortune at all times. Together, we’ll be there for you.

To learn more about corporate partnerships at RWJBarnabas Health, visit www.rwjbh.org/partnerships.
The offers from the public began as soon as the crisis did. People emailed, texted and called hospitals, some in tears, wanting to know how they could help local healthcare providers. They sent money. They donated dinners. They sent cards. Someone had a friend who had a friend whose company could provide personal protective equipment (PPE). A small painting business had 20 face masks to donate. A hardware store provided gloves. The contributions came in a steady stream.

“The donations were from longtime loyal donors as well as those who had never made a gift to one of our hospitals before,” says Glenn Miller, Executive Vice President and Chief Development Officer at RWJBarnabas Health (RWJBNH). “People wanted to make sure that our doctors, nurses and staff had what they needed to stay healthy and do their jobs.

“The word ‘heroes’ gets used a lot, and admiration for the dedication of our caregivers was driving this outpouring of support,” he continues. “Supporters saw our caregivers getting up to go to work every day under incredibly difficult circumstances, fighting to save lives.”

As of mid-May, the RWJBNH system as a whole had received nearly $11 million in support. Of that amount, $6.7 million came in checks and online gifts, large and small; $3.2 million in donated PPE and other supplies; and $870,000 in food donations.

“RWJBNH hospitals have always enjoyed wonderfully generous support from the communities they serve,” Miller says. “In recent months, I think our doctors and nurses were certainly reminded about how much people value them and the work they do.”

**ONGOING NEED**

The money raised goes into the RWJBNH system’s Emergency Response Fund, where it’s used to purchase much-needed equipment and supplies.

The fund also is used to support frontline hospital workers. “When employees need to be quarantined away from their families, we’ve been able to help make that happen,” Miller says. “Other colleagues needed childcare so they could come to work. And sadly, we’ve lost colleagues, and we’re working to develop resources to address the repercussions of such terrible losses.”

Beyond tangible support, the outpouring from the community provided an invaluable morale boost. “For healthcare workers going through this experience, to take a break and find a hot meal or a card or a note—it’s meant the world to them,” Miller says. “When you feed someone, you’re enriching their body, obviously, and also their soul.”

The Emergency Response Fund remains open. “We’re in an ongoing crisis, and philanthropy will continue to play an important role in helping us prepare for any surges or future outbreaks,” Miller says.

In addition, capital projects, new programs and equipment upgrades will still need to be funded for each medical center. “We’re incredibly grateful for the outpouring of support, and the tremendous positive impact it has on our work and our commitment to keeping communities healthy,” Miller says. “We cannot thank people enough.”

The gifts also have a benefit for the giver. “We’ve heard that people in the community want to feel that they have the ability to bring hope,” says Miller, “and that they’re empowered to make a difference.”

To donate to Clara Maass Medical Center or to RWJBarnabas Health, visit the Emergency Response Fund at [www.rwjbh.org/give](http://www.rwjbh.org/give).
WE DON’T HAVE SPACE TO TELL ALL OF THE STORIES OF CARE AND COMPASSION WE’VE SEEN IN THESE CHALLENGING TIMES. HERE ARE JUST A FEW.

‘WE HAD ANGELS ALL AROUND US’
Gladys Davis, mother of a recovered COVID-19 patient

Can you imagine knowing your son is sick with a deadly illness, but you can’t go to see him? My son, Vallee, went to Clara Maass with COVID-19 on March 27, and by April 1 he had to be put on a ventilator.

I was calling on God because I’m a believer, but I’m also human. God says just give it to him and leave it, but we always want to take it back, and it’s very hard.

Finally, one morning I went into the lobby at Clara Maass, and the security guard told me I couldn’t go up. I knew about the no-visitors policy, but still, as a mother, I just felt so helpless. The guard told me to sit down and she would get someone for me. While I was sitting there, sunlight beamed through the windows above the doors of the lobby, right into the chair where I was sitting, and I felt it go right through me.

That’s when Joe [Wojtecki, Assistant Director of Patient Experience] came down. He gave me his number and promised he would be back in touch with me soon, and he was. Joe offered to do video calls so our family could see and talk to Val. Even though Val was sedated and unresponsive, I could see that he was well taken care of. A group of eight or nine of us had a prayer group, and we would all be on the video call and pray together for him.

Joe was a godsend and so was everyone else who works there. I would call several times a day, and the nurse would give me an update on my son’s condition. The case manager would call me. They played music in his room to stimulate him. They’d show me his face on the iPad and say, ‘He looks good, Mom, he looks good!’

Val’s 45th birthday was April 18th, and I couldn’t sleep at all the night before. I called first thing in the morning and the nurse said, ‘Mom, why are you worried? We’ve already given him a bath, we already sang Happy Birthday, we already prayed for him this morning.’ They had made birthday cards and put them up on the walls of his room.

The doctors had been slowly cutting back on the sedation to begin weaning Val off the respirator. That very day, his birthday, he was taken off the ventilator and on April 30th he was released to rehab. He’s basically doing well now, but he still has some recovering to do. We’re taking it one day at a time.

Joe will forever be a part of our family. We’ve adopted him. We pray for Joe still, and all the people at Clara Maass, because of the work they do. Joe was a main contact between patients and families. It is such an intimate link, because he is there when people are pouring out their feelings. That’s a lot to have on you, but he always remained so pleasant and patient.

When they say frontline workers are heroes, they are right. They put their lives out there, but they still know how to treat families. They know this is your loved one, and they try to give you something to hold onto. I wouldn’t wish this experience on anybody, but I don’t think God could have put us in a better place. We had angels all around us at Clara Maass.”

Vallee Davis hugs Joe Wojtecki of the Patient Experience Department after an emotional clap-out.

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‘I’VE GOT A JOB TO DO’
BRIANNE STEWART, RN, Emergency Department Nurse

When everything hit the fan with the coronavirus, I was in my seventh month of pregnancy. My mom was a nervous wreck, as any mother would be; she and my family wanted me to stop working so I wouldn’t be exposed to COVID-19.

But I never even considered that. I’m going to work; I’ve got a job to do. I was going to be there for our team and our patients. I’ve been dreaming about nursing for as long as I can remember, and I busted my butt for this career. This is my first nursing job. I’ve been here two years.

When you’re a nurse, you don’t go to work thinking about yourself. I think many of us compartmentalize. As an Emergency Department nurse, you know you’re going to the front lines and that you have to put yourself in as safe a situation as possible. I was gowned up, I didn’t touch my face or my phone, I washed my hands—all the things you learn in nursing school. I made myself as protected as I could be. I continued to go to OB appointments via telemedicine, taking prenatal vitamins and staying healthy in all the ways I could control.

I also knew that everyone on the team had my back. I can tell you that I work with the most selfless, admirable people ever. This experience has changed all of our lives and hit us pretty hard, mentally and emotionally. But we have such a strong team. I’m so proud of them.”

‘CONFRONTING COVID-19 TOGETHER’
NAVEEN BALLEM, MD, Interim Chief Medical Officer and Chief Clinical Effectiveness Officer

Our ICU volume surged over 400 percent in a two-week period, and finding the resources to support that surge really required all hands on deck.

However, ‘all hands on deck’ has taken on an entirely new meaning in the midst of COVID-19. From the person who greets you at the front door, to the environmental services staff who ensure the hospital is safe and sanitized, to the people in dietary services, you realize we are all risking our lives and confronting this disease together.

This was a great sight, to see people giving world-class care without ever forgetting to be human.”

‘MY WHOLE WAY OF LOOKING AT LIFE HAS CHANGED’
ALFRED QUEZADA, MD, Internist and Hospitalist, recovered COVID-19 patient

From the time the crisis started, I was taking care of many, many patients with COVID-19 and I got sick. I knew I had the coronavirus—I had all the symptoms—but I just stayed home and tried to take care of myself.

As the disease progressed, symptoms became more severe—shortness of breath, nonstop fever, chest pain and difficulty breathing. Finally, I knew I had to go to the hospital. And I’m so glad I did, because not only did my COVID-19 test come back positive, I also had a very bad case of bacterial pneumonia.

So then I was in the same unit where, 10 days earlier, I had been part of the Rapid Response Team. As sick as I was, I knew what was going on with patients whose conditions changed rapidly and would require critical care.

That was a really rough experience, psychologically and emotionally. As a doctor, you know in the back of your mind that these patients in cardiac arrest had been having the same symptoms you now have. I was, obviously, very afraid.

At the same time, I knew I was being taken care of by phenomenal doctors and nurses at Clara Maass, and they were fantastic to me and everyone they treated. I am so thankful to them and to every single person, from technicians to housekeeping to security to transport.

I was released after 10 days, and I was so happy and relieved. The worst day, however, was the day after that. That was when we learned that two of our colleagues had died.

My whole way of looking at life has changed after this experience. I value the time I spend with my family and the people I cherish. I am reminded of why I chose to be a physician: to help people and to be compassionate.

Two weeks after I was released, I went back to work. We’re going to keep doing what we’re doing and fighting the good fight.”
RIGOROUS PROCEDURES ENSURE THE SAFETY OF EMERGENCY DEPARTMENT PATIENTS AND STAFF.

“The problem is that level of disease doesn’t change,” he explains. “Heart attacks, strokes, asthma, intra-abdominal diseases such as appendicitis and diverticulitis—COVID-19 didn’t make them go away, but we’ve been seeing these patients in the ED less and less.”

The probable reason: fear. “The likelihood is that people have been putting off care because they’re afraid to go into the hospitals and be exposed to COVID-19,” says Dr. Fontanetta. “That concerns us because delaying care for many conditions can lead to disability and even death, and those risks are not necessary.

“The main message we want people to hear is, ‘It’s safe to come to the ED, so don’t put it off,’” he continues. “We’ve put many layers of protection in place for our patients and for our staff.”

Emergency Department (ED) visits fell sharply during the height of the coronavirus crisis, in New Jersey and nationally as well—and that has doctors worried.

“In the RWJBarnabas Health system, we’ve seen our ED volume decline by 50 percent overall, and by up to 85 percent for pediatric EDs,” says John Fontanetta, MD, Chairman of Emergency Medicine at Clara Maass Medical Center (CMMC).
SAFETY MEASURES
Safety steps taken by Emergency Departments throughout the RWJBarnabas Health system include:
• Separation of COVID-19 and non-COVID-19 patients upon entry
• Setting aside special areas that are completely separate from COVID-19 patients and caregivers
• Creation of “negative pressure” isolation rooms that prevent airborne contaminants from drift ing to other areas in the hospital
• Provision of masks for all staff and patients
• Frequent disinfectant wiping of surfaces and equipment before and after each use.

“Our environmental services staff is doing a fantastic job of deep-cleaning our EDs,” says Dr. Fontanetta. “Every doorknob, every surface, is continuously being wiped with disinfectant.”

CARDIAC CONCERNS
Doctors have long pounded the drum for patients to call 911 if they experience symptoms of a heart attack. “Time is heart muscle,” says Fadi Chaaban, MD, Chief of Cardiology at Clara Maass Medical Center and a member of RWJBarnabas Health medical group. “The sooner we can treat you after the onset of symptoms—ideally, within 90 minutes—the less damage to your heart.”

Dr. Chaaban urges people to be aware not only of the classic symptoms of a heart attack (see list above) such as chest pain or a feeling of heaviness in the chest, but of non-traditional symptoms such as shortness of breath as well.

Adding complexity to the situation is the fact that the novel coronavirus seems to exacerbate a range of other cardiovascular problems. “COVID-19 is a vascular disease as well as a respiratory disease,” says Dr. Chaaban. “It can lead to clotting in the arteries. It’s possible that a patient may have heart disease that has not been recognized and with the stress of COVID-19 illness a cardiac event occurs. The event can be any of the known cardiac syndromes, including heart attack or heart failure. We just don’t have the answers yet.”

The important thing, he says, is that the advice for going to the ED is the same now as it was before COVID-19. “Pay attention to symptoms,” says Dr. Chaaban, “and don’t hesitate to call 911.”

STROKE RISK
The coronavirus-related clotting that can lead to heart attacks also appears to increase risk for stroke.

A stroke occurs when a blood vessel that leads to the brain is blocked by a clot, or ruptures, leading to death of brain cells as they’re robbed of oxygen- and nutrient-rich blood. Immediate treatment can minimize the long-term effects of stroke, such as speech and movement difficulties, and even prevent death.

People with uncontrolled high blood pressure or diabetes are at increased risk of stroke, as are smokers. But the pandemic has introduced a new wrinkle: a striking increase in strokes among COVID-19 patients as young as their 30s and 40s, who had no stroke risk factors and no other COVID-19 symptoms. This new risk makes it all the more important for people to act when they have symptoms (see list below). “Pay attention to the suddenness of the symptoms, which could include confusion and severe headache, and call 911 so you can be taken to the hospital right away,” advises Ayman Ibrahim, DO, Director of the Stroke Program at CMMC.

COVID-19 can affect the nervous system in other ways, too, says Dr. Ibrahim. “One of the most common is the loss of smell. Another is exacerbation of seizures in people who are prone to them. All of these things have to be further investigated.”

What’s not in question is this important advice from doctors: Don’t be afraid to go to the hospital if you need to. “You really have to weigh the risks and benefits,” says Dr. Ibrahim, “and realize that the risks are much higher if you stay at home.”

To learn more about how we’re ensuring your safety at RWJBarnabas Health, visit www.rwjbh.org/welcomeback.

WARNING SIGNS OF HEART ATTACK
- Pain or discomfort in chest
- Lightheadedness, nausea or vomiting
- Jaw, neck or back pain
- Discomfort or pain in arm or shoulder
- Shortness of breath

WARNING SIGNS OF STROKE
Use the acronym BE FAST to remember these:
- BALANCE: Sudden dizziness, loss of balance or coordination
- EYES: Sudden trouble seeing out of one or both eyes
- FACE: Facial weakness, uneven smile
- ARM: Weakness, unable to raise both arms evenly
- SPEECH: Impaired, slurred, difficulty repeating simple phrases
- TIME: Call 911 immediately
EXTENSIVE COVID-19 TESTING OF STAFF AND PATIENTS, EXTREME CLEANING AND MANY OTHER MEASURES MAKE OUR FACILITIES SAFE FOR CARE.

The safety and health of our patients and team members have always been top priorities at RWJBarnabas Health (RWJBH). Now we’ve taken everything the medical profession has learned about COVID-19 and implemented best practices at Clara Maass Medical Center and all of our facilities.

“At RWJBarnabas Health, we’ve been on a safety journey to becoming a High Reliability Organization for three years,” says John Bonamo, MD, Executive Vice President, Chief Quality Officer and Chief Medical Officer for RWJBH. “The high safety standards we had before the pandemic are making it possible for us to come back confident.”

Safety is an all-encompassing effort. “Every little thing we do is a building block aimed at making our facilities COVID-free,” says Dr. Bonamo.

WHAT WE’RE DOING
Testing is a major way RWJBH hospitals are keeping COVID-19 from spreading.
Every admitted patient, every surgical patient and every Emergency Department patient with flu-like symptoms is tested. In addition, team members—whether they work directly with patients or not—are tested, many of them multiple times.

Hospital administrators and staff also have taken a hard look at all relevant processes, including how rooms are cleaned, how personal protective equipment (PPE) is used—even how air in the hospitals is circulated.

“As we discharge COVID-19 patients, the rooms in which they were cared for get a special deep cleaning,” says Dr. Bonamo. “We clean everything in the room to the nth degree, from top to bottom—including changing all the air filters and cleaning all the vents.”

RWJBH has taken the enormous step of retooling all of its heating and cooling systems to pull in fresh air from outside, rather than continuously recirculating the air inside a building. “It’s a big expense for the small number of infections it’s likely to prevent,” says Dr. Bonamo, “but each small yield of prevented cases adds up and is very important because of how quickly this disease spreads.”

WHAT YOU CAN DO
Although healthcare is an essential service, many people have avoided going to the doctor or hospital to limit their risk of exposure to COVID-19. That fear is unfounded when visiting RWJBH facilities—and it could be dangerous. Putting off urgent medical care or physician visits for chronic disease management, childhood immunizations and other health services can have devastating effects.

“You don’t want the virus, but you also don’t want a heart attack or a stroke, or for your child to get a different infectious disease,” says Dr. Bonamo. “You’re not protecting your health by staying away, you’re jeopardizing it.”

“We take public health and safety extraordinarily seriously,” Dr. Bonamo continues. “We understand why people might want to avoid coming to the hospital, but it’s important for everyone to know that we can keep them safe and help them get healthy.”

NEW PROCESSES AT CLARA MAASS MEDICAL CENTER

For your safety, we’ve made some changes in the way we’re delivering care. We do this to make your visit here as safe and comfortable as possible.

• All staff are screened.
• All staff will be wearing face masks.
• All cleaning and disinfecting supplies are COVID-19 compatible.
• There is separation of COVID-19 patients from non-COVID patients.
• Designated non-COVID Patient Care Units are available.
• All procedural areas and equipment are cleaned and disinfected according to CDC guidelines to ensure safety.
• Signage will be provided in English and Spanish on social distancing, handwashing, wearing a face mask, and that screenings will take place.
• Waiting areas/treatment areas will have seating rearranged to meet social distancing criteria and appointments will be staggered to minimize the number of patients in the waiting/treatment area.
• Pre-Admission Testing will perform mandated COVID-19 testing on patients scheduled for surgery/invasive procedures.
You’ve taken every precaution.
So have we.
Welcome back.

If you’ve put off any medical care due to COVID-19, please don’t delay it any longer. As a high reliability organization, we’ve taken every precaution and continue to provide health care services. We have initiated a resumption of services in adherence to all public health guidance and regulatory policies. Learn more at rwjbh.org/WelcomeBack