HEART-HEALTHY COMFORT FOOD

HOW TO AVOID WINTER FALLS

TALKING TO TEENS ABOUT TOUGH ISSUES

EAT LIKE AN MVP!

NJ DEVILS STAR TAYLOR HALL TELLS HOW
We’re Focused on Community

Coretta Scott King once said that the greatness of a community is best measured by the compassionate actions of its members. At RWJBarnabas Health, we share King’s belief in the power of compassionate action.

Each of our hospitals is actively engaged in making a difference on critical issues, including housing, employment, food security and economic empowerment. That includes everything from hiring locally to finding ways to make fresh, affordable produce widely available. System-wide, we’ve added RWJBarnabas Health TeleMed, a telemedicine service that improves access to care for people with transportation or scheduling challenges.

To expand our community reach, we partner with other organizations, like the New Jersey Devils, to bring about positive change. One example: Collaborating with the staff of the Barnabas Health Hockey House at Newark’s Prudential Center, our specialty physicians and nutrition experts have developed a youth hockey program that promotes optimal performance and good health while building confidence, sportsmanship and life skills. It’s now available at ice-hockey rinks throughout the state. The Devils organization and players, including NHL MVP Taylor Hall, also work closely with us to bring encouragement and moments of joy to hospitalized children.

As an anchor institution in Jersey City, Jersey City Medical Center is committed to transforming our community’s health. As a regional economic engine, we cannot overstate the importance of supporting local businesses, and of using our institutional assets to impact social factors that affect health. For example, for over 15 years, JCMC has managed a supportive housing program and provided services for homeless individuals through MASSH (Medical and Social Services for the Homeless). Recently, we partnered with the state and county to expand the Familiar Faces housing program for the homeless.

At RWJBarnabas Health, we believe in the greatness of the New Jersey community and are glad to help improve quality of life for everyone who, like us, calls the Garden State home.

Yours in good health,

BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH

MICHAEL PRILUTSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
JERSEY CITY MEDICAL CENTER

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Generous partners help JCMC and the community.
HELPING THE POPULATION GET HEALTHIER BEGINS WITH PRIMARY CARE PROVIDERS.

Everyone needs a primary care provider,” says Irene Borgen, RN, MBA, FACHE, Vice President, Ambulatory Care Network at Jersey City Medical Center (JCMC). “Population health starts with prevention and wellness, and then goes beyond that to timely acute and chronic disease management.”

While providing care for the most ethnically diverse population in the country, JCMC and Barnabas Health Medical Group (BHMG) have embarked on an ambitious program to make primary care available to everyone in the community.

BUILDING NEW HUBS
In addition to the Alpine Medical Group at 634 Summit Ave, JCMC and BHMG are adding a primary care location for adult and pediatric care at 1825 John F. Kennedy Boulevard, in the same building as its Center for Comprehensive Care. A large primary care hub at 600 Pavonia Avenue in the Journal Square neighborhood will open soon. Both the Summit Avenue and Pavonia Avenue practices are part of Barnabas Health Medical Group, a group of primary and specialty care providers affiliated with RWJBarnabas Health (RWJBH).

More hubs in Jersey City neighborhoods will follow. “We conducted an analysis in eight different neighborhoods to determine how many providers were needed in a given area in order to provide true access to primary care,” Borgen says. The medical center is also following the RWJBH system-wide initiative of creating a clinically integrated network by aligning with a variety of community primary care doctors throughout the city.

“We want people to take steps to be well now, rather than ending up in our emergency rooms with an urgent problem,” Borgen says. Moreover, a patient who has an ongoing relationship with a doctor will get referrals for essential screenings, such as mammography or colonoscopy, and will have proper management of chronic conditions like diabetes, resulting in reduction of preventable complications and improved quality of life.

The primary care centers will also take a population-health holistic approach to patient care, including providing access to nutritionists, social workers, mental health workers and patient care coordinators and navigators.

CULTURAL COMFORT
JCMC is ready to provide appropriate care for a range of ethnicities. The healthcare providers on staff are themselves a diverse group, and many are multilingual. Healthcare providers can also make use of a translation service called Language Line to be sure they are communicating clearly in any language. (The list of translations required for 2017-18 alone includes hundreds of languages and dialects from around the globe.)

Beyond language, physicians and staff must also be attuned to cultural sensitivities. “For example, one patient we had was newly diagnosed with diabetes, and learning to eat differently was very challenging for her,” Borgen says. “She was a Creole-speaking Haitian and was afraid she wouldn’t be able to eat with her family at celebrations. We were able to have her meet with our registered dietitian and help her learn about both her condition and the alternative foods she could eat. We even got her family involved.

“We’re very focused on increasing and improving access to primary care—prevention, wellness, acute and chronic disease management, all in one space,” Borgen says. “This is our goal, and we’re committed to it.”
Kathryn Pennington, 34, was headed out of her Jersey City apartment building, dog leash in one hand, cupcakes in the other. At 36 weeks pregnant, she was on her way to her baby shower. And then her water broke.

Kathryn had long known premature delivery was a possibility and in fact had had a cervical cerclage (stitch) to counteract a thinning cervix. She called her doctor, and she and her husband got in the car to drive to the upper east side of Manhattan, to the hospital where Kathryn had planned to deliver.

When they got to the Holland Tunnel, though, traffic was at a dead stop. They flagged down a Port Authority officer. He called an ambulance. There was no way they could get to the Manhattan hospital any time soon. Kathryn would have to go to a local hospital.

“I had never been to Jersey City Medical Center, so I had no idea what to expect,” she says.

THE BEST-LAIDED PLANS
Kathryn had assumed, as many do, that Manhattan hospitals offered the best services. She had an additional connection to the New York hospital because she had had fertility procedures there. A survivor of non-Hodgkin's lymphoma, Kathryn had undergone treatment, including chemotherapy, radiation treatment and stem cell transplant, that left her infertile. But she had frozen her eggs in advance, and her baby was conceived via in vitro fertilization.

Now traffic was blocking the way. “The officer was trying to reassure me, saying that a nearby hospital would just check me out and then if it was safe to transport me, I could go elsewhere,” Kathryn says. “When I got to Jersey City Medical Center, they took me right up to labor and delivery. I was still thinking I would go somewhere else, but after monitoring me, they informed me I was having contractions three minutes apart. It wasn’t medically safe to go anywhere else.

“All the doctors and nurses at Jersey City Medical Center reassured me every step of the way,” Kathryn says. “Everyone was super-attentive and calmed me down.”

Kathryn’s water had broken at 3 p.m. Her baby boy, Peil, was born at 6:20 p.m., via caesarean section—four weeks early, and weighing 6 pounds and 12 ounces.

HAPPY AND HEALTHY
“My son was born with one of his feet turned in slightly, and of course I was worried about that,” Kathryn recalls. “They had a pediatric orthopedist come right in, and the doctor reassured me that my son’s foot was fine and would turn back on its own.”

During her three-day stay in the hospital, Kathryn and her baby roomed together. “It’s just you and your child,” she says. “It’s really great for bonding.”

She and her family have since moved to Connecticut, but Kathryn remembers her time at the hospital fondly—and says she would highly recommend Jersey City Medical Center to any expectant parents. “My expectations were exceeded,” she says. “Everything was clean and modern, and all the doctors and nurses were on top of their game, and so compassionate, too.

“I think everybody could empathize with my fears and the fact that my entire plan had been turned upside down. They were phenomenal.”

To learn more about Jersey City Medical Center’s maternity services, call 201.915.2340 or visit www.rwjbh.org/maternity.
COMFORT FOOD THAT’S HEART-HEALTHY, TOO

THE WEATHER’S FRIGHTFUL, BUT YOUR MEALS CAN STILL BE NUTRITIOUS AND DELIGHTFUL.

Cold weather brings cravings for warm, hearty foods. Often, though, that craving is satisfied by dishes that sabotage heart health, such as those rich in refined flours and sugars, or cheeses and meats high in saturated fats. In New Jersey, the scarcity of fresh, local produce during the winter months provides an additional obstacle to healthy eating.

These challenges can be solved—deliciously—by planning ahead and making smart swaps, according to Amanda Mullane, MS, RD, Clinical Nutrition Manager at Jersey City Medical Center. “Stock up on heart-healthy snacks for snowed-in days, such as popcorn, nuts and seeds, whole-wheat crackers and low-sugar granola bars,” she advises.

When it’s time to cook, incorporate “locally grown root vegetables like sweet potatoes, carrots, parsnips, turnips, onions and beets. These vegetables remain in season for a longer period of time due to their long shelf life, and they are incredibly versatile for soups. Soup is an easy food to freeze and is great for cold days when you’re stuck indoors,” Mullane says. “Frozen fruits and vegetables are also an option, as they retain their overall nutrition.” If a recipe calls for ground beef, choose a lean option (93% lean) or, better yet, substitute turkey, chicken, tofu or beans, Mullane advises.

To help people practice what she preaches, Mullane suggests trying tasty recipes like the ones on these pages.

Your heart doesn’t beat just for you. Get it checked. For more heart-healthy recipes or to schedule an appointment with a Jersey City Medical Center cardiac specialist, visit rwjbh.org/heart.

APPLE AND CINNAMON BREAKFAST QUINOA BOWL

Servings: 4

Quinoa is the king of grains, offering vitamins, minerals, fiber and protein. “This recipe is a great way to incorporate apples, one of the later seasonal fruits in the Northeast,” Mullane notes. (Be sure to rinse the quinoa prior to cooking to remove excess starch that can cause a bitter flavor.) Tip: Quinoa stores well in the refrigerator. Make a large quantity and use over the course of several days in multiple dishes.

INGREDIENTS:
• 1 cup dry quinoa
• 1½ cups of water
• 1 tablespoon cinnamon (more or less according to taste)
• 2 tablespoons vanilla extract
• ½ cup applesauce
• ¼ cup raisins
• 1 cup skim milk
• 1 crisp apple, diced
• ¼ cup pecans, chopped

DIRECTIONS:
Combine quinoa, water, cinnamon and vanilla in a small pan. Bring to a boil, then reduce heat to a simmer. Cover saucepan and allow to cook for 15 minutes. Divide quinoa mixture into 4 bowls, then stir in applesauce and raisins. Pour in milk (warmed, if you like) and top each with chopped apples, pecans and a dash of cinnamon.

This recipe is a variation of one found at www.skinnytaste.com
VEGETARIAN CHILI
Servings: 14-16
Chili is great for afternoons watching football or a quick
weeknight meal. This recipe offers lots of vegetable-based
protein and fiber and freezes well. Mullane likes to serve
the vegetarian chili over quinoa or short grain brown rice.
Her favorite brand: Lundberg's short-grain rice.

INGREDIENTS:
• 2 medium onions
• 1 green pepper, chopped
• 1 red pepper, chopped
• ¼ cup olive oil
• 5-6 garlic cloves
• 1 15-ounce can of plain tomato sauce
• 2 15-ounce cans stewed tomatoes
• 1 can kidney beans
• 1 can black beans
• 1 can yellow corn
• 1 jalapeño pepper, chopped
• 2 tablespoons chili powder
• 1 teaspoon of cumin
• 1 tablespoon of sugar
• 1 cup shredded cheddar cheese
• Salt and pepper to taste

DIRECTIONS:
Chop garlic first and allow to sit at least for 10 minutes
(This gives the garlic time to form the natural antibiotic
agent allicin.) Chop the peppers and onion and sauté in
a large pot with the olive oil until tender. Add in garlic and
stir. Add in the tomato sauce, stewed tomatoes, beans,
corn and jalapeño. Allow to simmer for 3 to 5 minutes,
then add seasonings. Bring the mixture to a boil. Once
boiling, reduce heat to a simmer, cover pot and allow to
sit for at least 30 minutes. Stir occasionally. Just before
serving, add shredded cheddar as garnish.

FROZEN VEGETABLE STIR-FRY
Servings: 8
Stir-fry meals allow the cook to get creative with on-
hand flavors and ingredients. This quick recipe uses
frozen vegetables. "Brands like McCain, Birds Eye and
Trader Joe's offer many fun varieties," Mullane says. "I
recommend mixtures containing carrots, green beans,
napa cabbage and broccoli." Add a lean meat like skinless
chicken or a plant-based protein like tofu or tempeh. Keep
the protein separate from the vegetables until the very end
to ensure that the protein gets cooked thoroughly.

INGREDIENTS:
• 1 pound lean protein (chicken, tofu or tempeh)
• 4 teaspoons olive oil
• 1 teaspoon sesame seed oil
• 2-3 cloves of garlic, sliced thin
• 1 medium onion, sliced
• 2 cups frozen vegetable mixture
• Low-sodium soy sauce
• 1 tablespoon sesame seeds
• Optional: Prepare brown rice or quinoa to serve with
the stir-fry.

DIRECTIONS:
Coat skillet with olive oil, add sliced lean protein and
cook thoroughly. Turn often to allow all sides to cook.
Coat a separate skillet with olive oil and add in sliced
garlic and onions. When onions are translucent, add
frozen vegetables. Drizzle vegetables with sesame oil and
low-sodium soy sauce and add in sesame seeds. Toss
vegetables often. Combine protein and vegetables into one
skillet and toss. When mixed well, use tongs to serve stir-fry
over the whole grain of your choice.
‘A TRUE PARTNER TO THE COMMUNITY’

A NEW CEO TAKES OVER AT JCMC TO GUIDE UNPRECEDENTED EXPANSION.

Neither snow nor rain nor wind—and we get plenty of all of those in Jersey City—can stop me from getting to work,” says Michael Prilutsky, the new President and Chief Executive Officer of Jersey City Medical Center (JCMC).

That’s not only due to his dedication, but to the fact that he lives just a few blocks from the medical center. “I don’t have to tell anybody how exciting it is to live in Jersey City,” he says. “And it’s a wonderful feeling to be addressing the needs of the community that I live in, as does a healthy percentage of our employees.”

Prilutsky, who joined JCMC as Chief Operating Officer in 2016, succeeds Joseph Scott, who took on the position of Executive Vice President of RWJBarnabas Health’s Office of Healthcare Transformation. Prilutsky takes over at a time of significant expansion for JCMC, both physically and in outreach to its diverse community.

BIGGER AND BETTER

As booming Jersey City comes close to overtaking Newark as the most populous city in the state, the medical center is striving to keep pace with demand.

“There’s lots going on,” Prilutsky says. “We are going to double the size of our Emergency Department, including building out a separate pediatrics emergency room.” (In 2017, JCMC also opened up a brand-new satellite ED at 519 Broadway in Bayonne.)

“We are significantly expanding our inpatient and ambulatory capacity on our campus,” Prilutsky continues. “By the end of 2019, we’ll have a brand-new obstetrics unit with 20 private rooms for new moms. We are doubling the size of our women’s health center on Grove Street.”

On a more mundane but no less important note, JCMC will also be expanding its parking facilities. “It will be easier for patients and family members to come here,” Prilutsky says.

GOING WHERE THE NEED IS

The expansion will extend beyond the main campus. “The community will see primary care hubs showing up all over Jersey City and in Bayonne,” Prilutsky says. (For more on these hubs, see the article “Primary Focus” on page 4.)

The hubs are part of a larger initiative to address wellness. “The big push is to help people stay healthy and out of the hospital,” Prilutsky says. “We’re working with the city to address social determinants of health, such as housing and nutrition. We’re looking to build out a greenhouse to provide access to free, healthy foods. We’re helping to fund a coalition of community groups to provide an anti-violence education campaign, knowing that violence is one of the biggest threats to health there is.”

Another major driver for Prilutsky’s plans is a commitment to diversity in this, the most diverse of all U.S. cities. “Our staff already does, to a large extent, represent the diversity of our community,” Prilutsky says. “We recently hired a director of diversity to make sure we stay on that path—and not just in the workforce at large, but in the leadership group.

“It’s a great hospital already, with outstanding programs,” he says, “but now, with the support of RWJBarnabas Health and our partnership with Rutgers University, we are able to bring significant growth and provide further excellence in care. We’re a true partner to the community, and we’re here to stay.”
Health needs have a way of happening at inconvenient times. You’re on a business trip and forgot a prescription. It is after hours and your doctor’s office is closed. Your family is on vacation and you have a sick child. Or you’re simply too sick to get out of bed.

For those situations and more, RWJBarnabas Health TeleMed now offers telemedicine—medical care available through a smartphone, tablet or computer—for urgent needs, or for people who feel they just don’t have time to visit a doctor.

“At RWJBarnabas Health, we’ve been doing telemedicine for a long time in specific specialty services,” says Amy Mansue, President, Southern Region, RWJBH. “For example, when very fragile babies are sent home, telemedicine lets doctors and nurses see a baby in real time if parents have a concern.”

The rollout of the broader RWJBarnabas Health TeleMed program to the general public follows a successful pilot program with the system’s 30,000 employees. “We know that telemedicine is not a one-size-fits-all solution for every demographic,” Mansue says. “But we also know that people’s lives are increasingly time-pressed, and that we’re in a world of one-click expectations when it comes to service.

“Our job is to find ways to get people access to the services they need, at the right level of care, at the time they need it.”

HOW IT WORKS
Once enrolled, patients can log in at any time of night or day for a videoconference with one of the on-call, U.S. board-certified physicians. There’s a flat fee of $45, payable by credit card at the time of service. (Many private insurance plans cover telemedicine, and in New Jersey, state-funded health insurance plans are required to, as long as certain standards are met.) RWJBarnabas Health TeleMed is secure and compliant with HIPAA, a federal law that sets standards for, among other things, the privacy of health information.

The doctor at the other end of the camera can assess symptoms, look at the area in question and make a judgment as to whether follow-up tests are needed. Though telemedicine is not meant to replace a patient’s relationship with his or her primary care doctor, “we do know that there are people who don’t have access to primary care, or don’t go routinely,” Mansue says. “This is a way to connect them with healthcare.”

Older patients may find telemedicine easier to adopt because long-distance healthcare has become common for chronic conditions, such as checking pacemakers or heart monitors over the phone. Younger patients, on the other hand, may actually prefer telemedicine to the in-person kind.

“One study showed that 70 percent of people under age 35 had accessed medical care through telemedicine,” Mansue says. “They do everything through their phones—create relationships, order pizza—so it feels natural to do healthcare that way as well.”

Ultimately, the goal for RWJBarnabas Health TeleMed is for physicians to be able to access, with patient permission, a patient’s entire medical record in order to help make better diagnoses.

“That’s an aspirational goal right now, because electronic medical record systems don’t communicate between themselves as well as they need to yet,” Mansue says. “But the technology improves every year.”

To enroll or learn more about RWJBarnabas Health TeleMed, powered by American Well, visit www.rwjbh.org/telemed, or download the app at the App Store or Google Play.
‘HOW I STAY ON TOP OF MY GAME’

NJ DEVILS STAR TAYLOR HALL REVEALS HOW TO EAT AND STAY FIT LIKE AN MVP.
Taylor Hall's healthy eating habits started young. “I can remember being at tournaments with my parents. All the other kids would be having Sharpees and chocolate bars after the game, but my parents had oranges and granola bars ready for me,” the 26-year-old New Jersey Devils left wing recalled during a post-practice interview at RWJBarnabas Health Hockey House in Newark. “Eating well was instilled in me at an early age and it’s something I take pride in, for sure.”

Those healthy habits—along with hard work and amazing talent—have paid off, for Hall's career as well as for his team. Last year, he scored a career-high 93 points and led the Devils to the Stanley Cup playoffs for the first time in five years. He also became the first-ever Devils player to win the Hart Trophy as the league's most valuable player.

What's his secret for staying at peak fitness? It turns out that Hall's regimen, while serious, is also simple, with principles that can be followed by athletes at any level.

EATING TO WIN
Ask Hall to name a favorite food, and you won't hear anything about ice cream or cake. “I tend to avoid sugar,” he says. “I'm lucky that I don't often have a craving for it. But with the calories we expend, it's very important for me to digest healthy carbohydrates and lots of protein.

“I keep my diet pretty simple. Protein, carbohydrates and then as much roughage as I can—a side dish like asparagus or sweet potatoes, and always a salad with dinner. Gluten-free pasta, rice and quinoa—those are really good for people like me who expend a lot of energy.”

Hall sticks to snacks that are low in carbohydrates and high in fat, like nuts, or high in protein, like Greek yogurt. “That kind of snack is not going to give you a big burst of energy before bedtime, so it will allow you to rest properly,” he says.

Less nutritionally worthy foods are limited, but not eliminated. “My cheat foods are cheeseburgers and pizza,” Hall says. “Maybe once a week you have yourself a night where you have those things. Certainly, you've got to live your life.”

Getting enough fluid takes on special urgency for professional athletes. “Staying as well-hydrated as possible is huge. You don’t want cramps during the game,” Hall says.

He starts each day with two 500-milliliter bottles of water as soon as he wakes up, to get his metabolism going. “All day, I drink a ton of water, and during games, as many fluids with electrolytes as possible.”

BODY AND MIND
During the 82-game season, players expend energy where it counts—on the ice. After the season, Hall takes up to a month off from any physical activity, to give his body a rest. From then on, he works out and skates three times a day, five days a week.

His advice for other athletes is to focus on the correct stuff that might be hampering you a little bit. “Some athletes might already have a very strong core, but need to work on their foot speed,” he says. “Overall, don’t worry about what you’re good at. Just try and correct stuff that might be hampering you.”

To prepare mentally, Hall uses meditation and relaxation techniques. “When I have a calm brain and everything seems easy to me, I seem to play my best,” he says.

A WORD TO YOUNG ATHLETES
Perhaps surprisingly, Hall’s advice to aspiring young hockey stars is not necessarily to work harder, but to take a step back. “Some parents have their kids in hockey year-round,” he says. “You see these kids who are amazing hockey players, but they just don’t seem to have a passion for it. I would say that you have to try out different things and have some free time. “You have to really love whatever you do,” he says. “The thing that you have the most passion for in life is what you’re going to be successful at.”

To learn more about the RWJBarnabas Health/New Jersey Devils partnership, visit www.rwjbh.org/devils.
When the big green van pulls up, the kids say “Wow!”—and that’s just the reaction RWJBarnabas Health healthcare providers and their partners are looking for.

The 35-foot vehicle, decorated with bright fruits and vegetables, is the hub of the Wellness on Wheels mobile education initiative, which launched in the fall of 2018. Equipped with a hydroponic and earth-box greenhouse and a full kitchen, the van travels to places like preschools, senior homes and houses of worship in areas where affordable, healthy food is hard to come by.

It’s fun to see young kids marvel at what an herb’s root looks like, run their fingers through soil, sort plastic fruits and vegetables or smile as they taste-test healthy recipes. Behind those hands-on activities is an overarching goal: to help communities get healthier.

“At RWJBarnabas Health, we embrace the concept of bringing health and wellness to communities by teaching people in places where they live, work, earn and learn,” says Barbara Mintz, Senior Vice President, Healthy Living and Community Engagement. “We want to make sure that people in underserved communities have a level playing field when it comes to being healthy.”

HELP FOR HUNGER

More than 900,000 New Jersey residents face hunger every day, according to the Community Food Bank of New Jersey. Unemployment, low wages and high housing costs contribute to the problem. So does the prevalence of “food deserts,” areas where residents live more than one mile from a supermarket and, without a car, must depend on public transportation to get there. Too often, those residents resort to unhealthy packaged or fast foods.

Wellness on Wheels aims to change those patterns and, to increase its impact, partners with local community groups. At a recent event at a New Brunswick preschool, hosted in conjunction with the Puerto Rican Action Board, a dietitian fluent in conversational Spanish showed children how to fill a plate with colorful food and demonstrated a simple, healthy recipe. Says Mintz, “We partner with local food banks and farmers markets to distribute healthy foods at our events.” Simple, culturally appropriate recipes are also provided to further support the mission of helping good health begin at home.

To see a video of the Wellness on Wheels inaugural outing and to learn more, visit www.rwjbh.org/WellnessWheels.
“I mproving with Age” is the title of a presentation that Lina Shihabuddin, MD, Chief Medical Officer, Behavioral Health Network at RWJBarnabas Health (RWJBH), likes to give.

“A lot of things do get better with age,” says Dr. Shihabuddin, who is board-certified in adult and geriatric psychiatry as well as hospice and palliative medicine. “Growing older should not be thought of as a bad thing, but as a transition to a different phase of life.”

That’s a call not just to think positive, but also to think about aging and health in a new way. It’s the approach healthcare practitioners like those in the RWJBH Behavioral Health Network are taking when they proactively screen for depression and anxiety in primary care settings.

“It’s no longer ‘I have a disease, so I need to see a doctor,’” Dr. Shihabuddin explains. “It’s ‘I need to be well.’ Screening and early intervention helps patients of every age stay ahead of the game.”

ISSUES OF AGING

Geriatric psychiatry, also known as geropsychiatry, refers to mental health care of a person 65 years or older. “People seek out geriatric psychiatry for two reasons,” Dr. Shihabuddin says. “One, they may be dealing with very normal life adjustments that come with aging, which may include retirement, loss of a partner or distance from family.

“A second level of the issue is the start of memory problems, erratic behavior, possibly unsafe driving,” Dr. Shihabuddin says. “Is this the beginning of dementia, or a reversible medical problem? That’s where the intersection of primary care, neurology and geriatric psychiatry really comes into play.” Anxiety, depression and other issues can be triggered by a wide range of conditions, such as thyroid dysfunction, vascular problems, obesity or untreated diabetes.

Once the problem is diagnosed, healthcare providers can come up with a treatment plan, which may include anything from treating a disease, to creating a safer environment at home, to finding ways to be sure the patient has activity during the day, to teaching family members how to minimize conflict.

“The last resort, for us, is to offer medications,” such as antidepressants or sleep aids, Dr. Shihabuddin says. “Medications have more side effects for geriatric patients, and take longer to get out of the system. In treating geriatric patients, you have to start at very low dosages and slowly increase the dose if needed.”

TAKING THE FIRST STEP

Dr. Shihabuddin urges older adults (or their loved ones) to speak with their primary care provider as soon as signs of depression or anxiety appear. “The earlier you detect and treat a disorder, the better off you are,” she says.

Getting older gets a bad rap, Dr. Shihabuddin believes. “Yes, as the body ages, the neurons in the brain cells get less flexible, so it may be harder to learn new things,” she says. “On the other hand, the mind is more mature, giving older people the ability to look more analytically at situations and take them in stride. That’s what we call wisdom.

“People think about aging and they tend to think about things falling apart,” Dr. Shihabuddin says. “If we do enough early detection and prevention, it does not have to be like that.”

To learn more about geriatric psychiatry services in the RWJBarnabas Health system, visit www.rwjbh.org/geriatricpsych.
EVALUATING HEART FAILURE

Determining the degree of a patient’s heart failure allows doctors to make the best recommendations for preventing, delaying or treating the condition. Cardiologists put heart failure into one of four classes, starting with symptoms. Here is the New York Heart Association Classification:

- **CLASS I**: Ordinary physical activity does not cause undue fatigue or shortness of breath
- **CLASS II**: Comfortable at rest, excessive physical activity results in fatigue and shortness of breath
- **CLASS III**: Symptoms with non-excessive physical activity
- **CLASS IV**: Symptoms at rest

The cardiologist will then do an objective assessment of the degree of heart failure based on observations as well as tests such as a blood test, X-ray, electrocardiogram, stress test and echocardiogram.
The term “heart failure” means that this vital organ is damaged in some way. Despite the dire-sounding nature of the term, however, a diagnosis of heart failure is far from a death sentence.

“Care for heart failure patients has improved so dramatically that, although this is a chronic problem, patients who have it can live long and productive lives,” says Gary Rogal, MD, Chief of Cardiology for RWJBarnabas Health and a member of Barnabas Health Medical Group.

The key to this positive outcome is simple—but not necessarily easy. The heart failure patient must take medicine as directed and make the recommended lifestyle changes.

“The patient who listens to the things their doctor recommends they do will do better in the long term,” Dr. Rogal says. “I always tell my patients, ‘50 percent of your outcome is based on what I do, and 50 percent is based on what you do.’”

UNDERSTANDING THE TERMS
About 5.7 million U.S. adults have heart failure, according to the Centers for Disease Control and Prevention.

“‘Heart failure’ is a generic, umbrella term that covers many different disease entities,” Dr. Rogal says. “In the simplest terms, the heart is a pump, and it is failing as a pump.” The failure can fall into two different categories that often exist together: left-sided and right-sided dysfunction. (See sidebar at right.)

“People sometimes get confused when they hear ‘heart failure,’ and ask, ‘Am I going to have a heart attack?’” Dr. Rogal says. “The reality is that they’re two different types of pathologies.”

Heart failure does not lead to a heart attack, he explains. Also, heart failure develops gradually, but a heart attack happens suddenly, when blood flow to an artery leading to the heart is blocked.

In either case, patients will receive similar advice for a heart-healthy lifestyle.

GETTING TO GOOD HABITS
Those recommendations likely come as no surprise: Take medication as directed. Exercise. Eat a healthy, low-salt diet. Stop smoking. Manage stress. Still, many patients don’t follow doctors’ orders. Dr. Rogal says, “People’s lives are so busy, and this tends to be a problem that’s not an immediate issue staring them in the face,” he says. “They think they can pay attention to it tomorrow.”

At the first sign of weakening or abnormality of the heart muscle, “I tell patients they need to start medications to help their heart muscle and begin to exercise,” Dr. Rogal says. “Walking is the easiest way to begin. And over the years, the pharmacology for heart failure has dramatically improved, so that we have a broad spectrum of medicines we can use.”

Dr. Rogal also recommends that patients with heart failure stop drinking. “Alcohol is a direct toxin to the heart muscle,” he says. “It can also lead to other issues, such as excessive sodium intake and dietary indiscretion. In my view, once you’ve started to develop any sign of heart muscle impairment, it’s time to hang up the alcohol.”

The same caution does not hold true for sexual activity. “In most cases, patients can remain sexually active,” Dr. Rogal says. “But be sure to discuss this with your doctor to ensure there are no limitations.”

Heart failure patients will find that the benefits of a heart-healthy lifestyle far outweigh the effort required to create new habits. Says Dr. Rogal, “You can live a very productive and positive life with heart failure—as long as you follow the guidelines shared by your doctor.”

TWO SIDES OF HEART FAILURE
WITH LEFT-SIDED HEART FAILURE, the muscle in the left side of the heart weakens so that the heart can’t pump enough blood properly (systolic dysfunction), or stiffens (diastolic dysfunction) so that the pressure in the heart goes up. Either case can result in fluid in the lungs and reduced heart output, resulting in marked reduction in exercise capacity, breathing difficulty and fatigue.

IN RIGHT-SIDED, OR RIGHT VENTRICULAR (RV) HEART FAILURE, the right side of the heart loses pumping power, leading to a backup of blood in the veins that results in swelling and congestion.

YOUR HEART DOESN’T BEAT JUST FOR YOU. GET IT CHECKED.
The cardiac specialists at RWJBarnabas Health care for approximately 20,000 heart failure patients in New Jersey each year. RWJBH provides cardiac care for patients of every age and every condition, from wellness programs to heart transplants. To schedule a checkup or to learn more about world-class heart care near you, visit www.rwjbh.org/heart.

GARY ROGAL, MD
When Katherine Bentley, MD, Director of the Pain Program at Children’s Specialized Hospital, first met Harley Bourgeois, the 20-year-old had been confined to a wheelchair for more than a year.

Harley had traveled with her mother from their North Carolina home to New Brunswick so that the young woman could be evaluated for the hospital’s Chronic Pain Management Program. It had been six years since Harley had been diagnosed with complex regional pain syndrome (CRPS), a chronic condition that is thought to be caused by an injury to the nervous system, and that grows more excruciating over time.

“It was a long way to come just to be evaluated, but we had to meet her, and she had to know what she would be getting into if she came back for the program,” Dr. Bentley says. “It’s a huge commitment. But she was ready for it.”

UNEXPLAINED ACHES
Harley’s problem started when, as a healthy middle-schooler, she had an X-ray for a minor injury that caught a suspicious abnormality on her right femur. An oncologist removed the lump, and all seemed well—but the aching in Harley’s right leg never went away.

One day, the horse she was riding bucked, shooting her into the air. She landed on the same aching femur. For many months thereafter, she and her parents traveled from doctor to doctor as the pain escalated. By the time Harley got to Children’s Specialized Hospital, the slightest touch—even a breeze—sent pain shooting through her body.

“CRPS is a hard diagnosis because it’s a diagnosis of exclusion. You rule out everything else, test by test,” Dr. Bentley says. “While we don’t know everything about why a youngster might be experiencing this chronic pain, we know that intensive therapies and multidisciplinary treatment plans can help them.”

Harley worked with a dedicated team of physical therapists, occupational therapists, psychologists, child life specialists and physician/advanced practice nurses.

The Chronic Pain Management Program is not for the faint of heart. “Harley was weaned off her pain meds, and had hours of therapy every day, six days a week,” Dr. Bentley says. The goal of therapy is to retrain the brain to decrease sensitivity to pain. Patients can take advantage of aqua therapy in the hospital’s pool, as well as cutting-edge technology like the ZeroG, a dynamic support harness that helps people walk without using their full body weight.

The program also emphasizes mental preparation for reentering the normal life that so many have lost. A typical day would include meditation, individual and group psychology sessions, peer mentoring and evening recreation.

Over the course of eight demanding weeks, Harley made progress: mastering the parallel bars, walking up a stair, walking with a walker and the ZeroG harness. Finally, one day when her mother visited, Harley surprised her by walking to her without assistance, and giving her a big hug.

That was in March 2018. Harley is now a student at North Carolina State University, fulfilling her dream of studying livestock and poultry management. She still makes time to visit her friends and former alumni of the Chronic Pain Management Program.

“The takeaway of this story is, ‘never give up hope,’” Dr. Bentley says. “Harley had been in such pain and dysfunction for a long time, but she kept looking for a way to get better. And thanks to her perseverance and commitment, she did.”

To learn more about the Chronic Pain Management Program and other services at Children’s Specialized Hospital, visit www.childrens-specialized.org.
AN EMS TOUR CHIEF KNOWS FIRSTHAND WHAT MEDICAL HELP MEANS TO PEOPLE IN NEED.

“To learn more about Emergency Medical Services at Jersey City Medical Center, visit www.rwjbh.org/jcmcems. In an emergency, dial 911.”

Surviving and Serving

AN EMS TOUR CHIEF KNOWS FIRSTHAND WHAT MEDICAL HELP MEANS TO PEOPLE IN NEED.

“I’ve always liked helping people,” says Michael Very, Tour Chief for Emergency Medical Services (EMS) at Jersey City Medical Center (JCMC).

In high school, Very was a student trainer, taping athletes and assisting with sports injuries. At the suggestion of the athletic trainer, he began to volunteer with EMS in his hometown of Little Silver as a 16-year-old cadet. By age 18, he had his own Emergency Medical Technician patch.

At the same age, however, he received some bad news. Just as he was about to start paramedic school, Very was diagnosed with osteosarcoma, a type of bone cancer.

Rounds of chemotherapy and multiple surgeries followed. “I am 12 years cancer-free now,” Very reports.

“I always had an interest in healthcare,” Very says. But it was his experience on the receiving end of healthcare that cemented the direction of his life’s work.

Giving Back

Now, as an EMS Tour Chief, Michael Very is often out in Jersey City and surrounding communities, helping residents on what for many is the worst day of their lives. At 32, he has been at JCMC since 2010 and in EMS for half his life.

Very oversees all EMS operations during his 12-hour tours. That includes personally responding to mass casualty or high-profile calls such as fires and cardiac arrests. The Tour Chief’s job is to supervise scenes and make sure providers have enough resources to take care of patients who need assistance. “It’s like the role of a fire battalion chief,” Very explains. For his outstanding work, he recently was honored by the First Responders Awards, which are sponsored by The Irish Echo, a national newspaper.

Another type of service was inspired years ago, while he was in pediatric intensive care recovering from surgery. A nurse mentioned an organization called Dream Street Foundation that provides camping programs for young people with cancer and other serious illnesses. “She thought it would be a good fit for me,” Very recalls.

He attended a camp while recovering and the fit was indeed good. “After that week, they asked if I wanted to be a counselor at the camp for the younger kids,” Very says. “Of course, I said yes.”

Since then, Very has volunteered every year at a Dream Street camp in California. “It’s a major part of my life,” he says. “Dream Street did wonders for me. I get to give back to kids going through cancer and other treatments, and help them the way I was helped. It’s something I’ll never stop doing.”

As a member of a national medical response team, Very also has provided care after hurricanes in Florida and Puerto Rico, as well as at events like the Fourth of July fireworks in Washington, D.C.

But most of his efforts are centered in the local community. “It’s very rewarding,” he says of helping patients. “When you really make a difference, it means the world.”
Alcohol. Drugs. Sex. Relationships. These have never been easy subjects for adults and teenagers to discuss. It’s even harder in today’s always-plugged-in age.

“In recent years, our clinicians have seen a much greater level of anxiety in teenagers,” says Marli J. Gelfand, MA, LPC, ACS, Director of Child and Adolescent Behavioral Health Services at Jersey City Medical Center, part of the Barnabas Health Behavioral Health Network.

“The stressors children are under today are more present because of their access to information,” Gelfand says. “Before all the social media and smartphones, children would have to read the paper, watch TV or hear news from their parents.

“Now they get alerts on their phones and are bombarded by one tragedy after another—a hurricane, a tsunami, a school shooting, a scandal.”

In addition to information overload, teenagers are dealing with a sense that they’re competing for increasingly scarce resources. “Kids don’t necessarily feel, as previous generations did, that they’ll do better than their parents have. They are feeling a lot of competition to get to the areas they want, whether it’s school or a
local job,” Gelfand says.

Overlying it all is the way teen life tends to be lived on social media, with its posing, judgment and outright bullying.

AN AVAILABLE EAR
Caring adults can provide some relief for all that anxiety. “In speaking to the parents and educators I work with, I hear a similar theme: What kids need today is someone who will take time, sit and truly listen,” Gelfand says. “That means uninterrupted time, not looking at a screen but sitting and being fully present so you can pay attention to a child’s body language, the fluctuations in his or her voice.”

“The most important thing, especially with difficult topics, is to approach the conversation in an open, non-judgmental way,” says Erik Jensen, MSW, LSW, Program Coordinator at Jersey City Medical Center/RWJBarnabas Health, who runs the School-based Youth Services program at Snyder High School. “Take some time to prepare yourself, so you don’t react in the moment if a teenager is telling you something that’s hard to hear.”

Sounds good. But what if the teenager is telling you something that truly gives you cause for concern?

Think conversation first, consequences later, experts advise. “Let’s say you’re talking to your teen about drugs, and he reveals to you that he has experimented,” Jensen says. “Ask some questions: ‘What made you experiment with it? How did it make you feel? Do you think you’ll do it again?’ Ask if he realizes that using drugs at a young age can affect brain development.”

You can say, in a non-angry tone, that you don’t approve. “But if the first thing you do is jump in and say, ‘I’m taking your cell phone away for a month,’ you’ve shut that discussion down for good,” Jensen says.

That’s not to say there should be no consequences for actions—places not to go, people not to hang out with, social media platforms to stay off of. “Your child’s safety should be the number one priority guiding your rules, and he or she needs to understand and believe that,” Gelfand says.

“Even if you have to discipline a teenager, try to end the discussion with what they do well or have done well in the past,” Jensen suggests. “You might say, ‘You really messed up this time, but I remember last time when you did this.’ It’s reinforcing and also gives a child something to shoot for.”

WHEN MORE IS NEEDED
How do you know when your child could use additional support?

“I think it’s that moment where your gut is saying, ‘Hey, I’m not sure how to help my kid right now,’” says Robert Winston, MSW, LCSW, Associate Vice President, Behavioral Health at Jersey City Medical Center. “That’s when you go ask for help.”

For example, you may have noticed a changed behavior pattern—oversleeping, losing interest in former activities. “In that case, communication with loved ones is a great place to start. Ask them if they’ve noticed anything different,” Winston says.

A family friend or trusted relative might be able to act as a sounding board for a child.

If an outside counselor is needed, your primary care physician or insurance company should be able to provide a recommendation. “It can be so helpful for a child to talk to somebody,” Winston says. “Family therapy is an option as well. Sometimes an outside person can provide insight into the kind of impact parents might be having on a kid, unbeknownst to them.”

Whatever you do when talking to a child, don’t say, “10 years from now, this will seem so unimportant.”

“Of course, you want to give them hope and encouragement. Just be sure to acknowledge that you know how bad it feels right now.”

4 STRATEGIES FOR BETTER CONNECTION

• USE “REFLECTIVE LISTENING.”
  “You can say, ‘Let me just stop you for a minute, because what you’re saying is really important. What I’m hearing you saying is this—is that right?’” says Marli Gelfand, Director of Child and Adolescent Behavioral Health services at JCMC. “This helps the child feel heard and understood.”

• AVOID “SHOULD.” “As soon as a parent throws that word into a sentence, a teenager’s defenses come right up,” Gelfand says. “Try to frame advice differently: ‘I’m curious, how do you think it would work out if you approached it this way?’”

• ESTABLISH A CODE WORD. It can be texted to you if a teenager is in a frightening or uncomfortable situation and needs you to make an excuse—“the dog is sick!”—for him or her to leave.

• FIND AN ENJOYABLE NON-SCREEN ACTIVITY YOU CAN DO TOGETHER. That could be going for a hike or walk, shopping or volunteering.
While some slips and falls result in nothing worse than embarrassment, 1 out of 5 causes a serious injury. Fortunately, most falls are preventable. John Feldman, MD, an orthopedist with RWJBarnabas Health Orthopaedic Group at Jersey City Medical Center and a member of Barnabas Health Medical Group, explains:

What are the most common conditions that lead to falls in the winter?

A. In icy weather, people are vulnerable to slipping when they’re navigating uneven ground. City sidewalks tend to buckle and be somewhat uneven, and stepping up to or down from a curb can also be a problem. Inside, people track in ice around doorways, it melts and those areas become a slipping hazard.

The most important thing in winter is to be aware of the weather, and know the terrain you’re navigating. It’s essential not to become distracted by things, such as your cellphone, especially when walking in a city environment with a lot of traffic.

Is there a “safe” way to walk?

A. In addition to being aware of your environment, consciously slow down your pace. Try to maximize the area in which your foot touches the ground in order to provide greater friction. Walk with a flat foot, knees slightly bent and with a shorter-than-usual stride to help prevent slipping.

The other thing is keeping your arms free. We’ve evolved to walk upright and when we walk, without even thinking about it, our arms provide a natural counterbalance to our gait. Carrying a briefcase, grocery bag or tote bag means you’re not well-balanced and also are less ready to catch yourself if you do fall. Consider using a backpack to keep your arms free.

What about footwear?

A. It’s very important to wear boots in the winter, or anything with a good tread on the sole. If your work shoes don’t have these, don’t wear them on your commute. Bring your work shoes with you to change into.

What fall-related injuries do you typically see in the winter?

A. We see an increase in elderly people with injuries related to falls—hip fractures, broken wrists, broken shoulders. As we get older, we have increased issues with proprioception, the body’s ability to navigate our extremities in space. People who notice they’re beginning to have trouble with balance should consider using a cane or walker. Some people resist using those types of things, but the best treatment is prevention—and walking aids are excellent tools to help prevent falls.

Are there any other ways to improve balance?

A. If you have had problems with balance, go to a physical therapist for a fall-risk evaluation. He or she can give you really good exercises to help you strengthen your core muscles and keep your balance sharp.

If a person does fall, what should he or she do?

A. Red flags include being unable to bear weight on a foot or leg, or being unable to use or lift an arm, without extreme pain. If the limb has an obvious deformity indicating that a bone is broken, that’s obviously a red flag as well. In those cases, head to the Emergency Department.

If the injury is less extreme—for example, a sprained ankle—elevate the extremity to prevent swelling, wrap the injured area with an ACE bandage or compression wrap, and make an appointment with your primary care provider. He or she can triage you and tell you whether you need X-rays or to see a specialist.
SAME-DAY PROCEDURES: WHERE SHOULD YOU GO?

Not all outpatient surgery centers are equal, so ask a few key questions in advance.

Any surgeries don't require lengthy hospital stays and long recovery periods. Typically, when that's the case, a patient's doctor recommends an ambulatory surgery center (ASC). The patient then makes the appointment, and that's that.

But should it be? Patients do have a choice about where to have outpatient surgery done, and it's not a bad idea to know all your options. "All centers are not the same," says anesthesiologist Michael Pham, MD, Ambulatory Surgery Medical Director and President of the Medical-Dental Staff at Jersey City Medical Center. "You want to go to the place that's the safest option and has customer service in mind." ASCs focus on a limited number of specialty areas, which vary from center to center. Instead of simply booking a procedure because a center offers what you need, probe a bit further.

Get Information from Your Doctor
First, find out where your physician is permitted to perform your procedure. "Your doctor has credentials at certain locations, so ask about their available options," Dr. Pham says.

Then, ask about the center's experience with the procedure. "For example, if you get a colonoscopy, the setup will be mostly the same at any center—it will have the gastroenterologist, the surgical technician, the nursing and the anesthesia providers," Dr. Pham says. "Beyond that, the center should perform your procedure at least monthly, but ideally on a weekly or even daily basis. And of course, you should ask your doctor where they think you will have the safest and most pleasant experience."

Inquire About Hidden Costs
Of course, you'll check in advance to see whether a facility accepts your insurance plan. However, there could be ancillary out-of-network costs that you might not be aware of, such as anesthesia or pathology bills. "Ask your doctor where you can have your procedure done where you won't get hit with a surprise bill. If the doctor doesn't know, it's always good to call the center and ask yourself," Dr. Pham says.

Check a Center's Credentials
Before you book a procedure at an ASC, make sure it meets certain important standards. The center should be a state-licensed ambulatory care facility ("Not all centers are currently licensed by the State of New Jersey," Dr. Pham notes) and should be accredited by one of the major accrediting bodies for healthcare organizations, such as The Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC), or Det Norske Veritas (DNV). Accreditations should be easy to find on a center's website; if they aren't, you can call the facility and ask.

FIRST-RATE OUTPATIENT CARE, CLOSE TO HOME

The Jersey City Medical Center Ambulatory Surgery Center at 377 Jersey Avenue offers outpatient care performed by experienced surgeons and specialists with state-of-the-art equipment. Specialty areas include colorectal surgery, general surgery, gastroenterology, gynecology, hand surgery, oral surgery, orthopedic surgery, otolaryngology (ENT), pain management, plastic surgery, podiatry, and spine and vascular surgery. To learn more, call 201.878.3200 or visit www.rwjbh.org/jcmbountarysurgery.
FAST FACTS ABOUT THE FLU

SMART STEPS FOR NOT CATCHING (OR SPREADING) THIS NASTY VIRUS

Are we done with flu season yet? Not quite, says Deven Unadkat, DO, Medical Director of Emergency Services for Jersey City Medical Center and the Satellite Emergency Department at RWJBarnabas Health at Bayonne. Influenza (flu) viruses circulate year-round, and heightened flu activity usually peaks between the months of December and February.

Noting last year’s particularly aggressive and widespread flu, Dr. Unadkat recommends that people arm themselves with key facts about the flu—and take precautions to protect themselves.

HOW IT SPREADS

The flu, a highly contagious respiratory virus, primarily spreads via tiny droplets that are expelled from the body when infected people cough, sneeze or speak. “People who have the flu can spread the virus to others from up to about six feet away,” warns Dr. Unadkat. “That is why it is important to avoid those who appear to be displaying symptoms.”

The flu can also spread by touch, when a person touches a surface where the virus is present and then touches his or her eyes, nose or mouth. Once the virus enters a person’s system, he or she can infect others one day prior to showing symptoms, and up to five to seven days after becoming sick.

To avoid spreading the flu to others, stay home while you are sick and at least 24 hours after your fever is gone. Cover your nose and mouth with a tissue when coughing or sneezing.

REDUCING RISK

“It is best to get a vaccination early in the season, if possible,” Dr. Unadkat advises. “This way, you will be protected before flu activity begins in your neighborhood. It also takes up to two weeks for the flu antibodies to fully develop in the system, so the earlier, the better.” But “better late than never” applies here: The Centers for Disease Control and Prevention recommends that flu shots be available throughout the flu season.

Other protective measures include cleaning and disinfecting surfaces often, and washing hands regularly with soap and warm water for at least 20 seconds (use an alcohol-based rub if soap is unavailable).

FLU OR COLD?

“There are a few key differences between the flu and a common cold,” Dr. Unadkat explains. “One indicator is that the flu can come over you abruptly, while the common cold manifests itself more gradually. When a person has the flu, symptoms can be slightly more severe.”

Common flu symptoms may include fever or feeling feverish/chills; sore throat; cough; runny or stuffy nose; sneezing; muscle or body aches; fatigue; headaches; and vomiting or diarrhea (more common in children).

Flu symptoms can be mild or severe, and may differ from person to person. Most people will recover within two weeks or less, but it is possible to develop complications such as pneumonia, bronchitis, sinus and ear infections.

The best way to diagnose the flu is to talk to your healthcare provider and get a flu test. Bayonne and Jersey City residents with severe or persisting flu symptoms are encouraged to visit the RWJBarnabas Health at Bayonne Emergency Department.

SUPERIOR CARE, WHERE YOU ARE

The RWJBarnabas Health at Bayonne Emergency Department, provided by Jersey City Medical Center, serves residents of Bayonne and the surrounding areas. Staffed with board-certified emergency room physicians, specially trained nurses, technicians and healthcare professionals, the facility is a fully licensed Emergency Department equipped with treatment rooms and advanced technology.

RWJBarnabas Health at Bayonne is located at 519 Broadway at 24th Street and is open 24 hours a day, 7 days a week, 365 days a year. For more information, call 888.724.7123. If you or someone you know is experiencing a medical emergency, call 911.
FRIENDS IN NEED
PHILANTHROPIC PARTNERS HELP THE HOSPITAL EXTEND ITS CARING REACH.

WARM HEARTS, WARM FEET
Jersey City Medical Center (JCMC) partnered with Bombas Socks to raise awareness of World Homeless Day, and to help meet a crucial need of Jersey City’s homeless population. Bombas donated 750 pairs of socks, which were distributed through local shelters and through the hospital’s Emergency Medical Services and programs serving the homeless population, such as MASSH/PATH (Medical and Social Services for the Homeless/Projects for Assistance in Transition from Homelessness).

Socks are the most requested clothing item at homeless shelters, Bombas Socks says. For every pair purchased, the company donates a pair to someone in need.

“Jersey City Medical Center and Bombas Socks share a commitment to finding solutions to help eradicate homelessness and support the needs of our local homeless population,” says Michael Prilutsky, President and CEO of JCMC. “This generous donation is much appreciated and will benefit the most vulnerable in our community.”

To learn about giving opportunities at Jersey City Medical Center, visit www.rwjbh.org/giving.

A HOLIDAY FEAST
The Jersey City Medical Center Foundation, working with the hospital’s Community Outreach Committee, provided Thanksgiving Turkey Bags to 350 families who were in need of a little help this holiday season. Volunteers joined together to pack the bags with rice, peas, stuffing and mashed potatoes, all donated by Goya Foods and Sodexo. The JCMC Foundation donated $10,000 to purchase $25 Butterball Turkey gift cards and grocery bags.

A BOOST FOR BREASTFEEDING
The Abercrombie Guild has pledged $100,000 to support the construction of the Abercrombie Guild Lactation Room in the new Maternity Wing at Jersey City Medical Center (JCMC). When complete, the Lactation Room will house 20 private maternity suites.

“Our purpose has evolved over time. We want to support projects that help the women and children of Hudson County,” says Joan Introcaso, Board President of the Abercrombie Guild, a nonprofit group formed in 1876 to help the sick and infirm in Hudson County. “We noticed a huge gap in women’s access to healthcare in Hudson County, and Jersey City Medical Center was working to fix it.”

In 2015, the Abercrombie Guild donated $25,000 to JCMC to support the renovation of the Women’s Health Center at Grove Street. “We believe every woman deserves access to quality healthcare,” Introcaso says. “As women, mothers and now grandmothers, we feel privileged to be working with Jersey City Medical Center to keep giving back to the community.”
Continuing a tradition of delivering health care excellence, Jersey City Medical Center earned an A grade for patient safety and quality from The Leapfrog Group for Fall 2018. This marks the 13th time overall that we have achieved the highest national standard for the quality and safety of the care we provide, and we are grateful to the patients and families who choose Jersey City Medical Center for their health care. We remain committed to putting our patients first. Congratulations to the Medical Staff, employees and volunteers at Jersey City Medical Center on this remarkable achievement.