HEROES WORK HERE

NOW YOUR DOCTOR IS JUST A CLICK AWAY

A COVID-19 STORY: ‘MIRACLES HAPPEN’

WELCOME BACK!
WE’RE READY FOR YOU
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 Jerseys 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.

At Monmouth Medical Center, the safety and health of our patients, caregivers and team members are always our highest priorities. As activity increased within the hospital in preparation to expand clinical services to pre-COVID levels, so did our efforts to ensure the safety of all who come through our doors. Rest assured, safety comes first in everything we do. In fact, Monmouth recently received its 11th consecutive “A” Hospital Safety Score rating by The Leapfrog Group in recognition of our commitment and focus on safety and quality. This “A” rating is a timely recognition of our frontline staff, who are providing extraordinarily safe care in our community’s time of need.

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

ERIC CARNEY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
MONMOUTH MEDICAL CENTER
healthy together

COVID-19 SPECIAL ISSUE

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

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Testing, extreme cleaning and many other measures make our facilities safe.
Our providers and staff have risen to—and well above—the unprecedented challenges of caring for patients with COVID-19. Monmouth Medical Center (MMC) is proud and grateful beyond words for the indomitable spirit and incredible work done by our teams on the front lines.

A SALUTE TO OUR FRONTLINE HEROES

An emotional “Heroes Salute Clap In and Clap Out” for MMC staff was held at the 7 p.m. change of shift on April 15. Long Branch first responders lined up in fire, police and EMS vehicles outside the hospital and sounded their sirens and ran their lights in tribute to hospital staff. The event was organized to recognize the incredible efforts of the physicians, nurses and entire healthcare team during the COVID-19 healthcare crisis, according to hospital President and CEO Eric Carney. During the event, the Monmouth Medical Center Foundation distributed “A Hero Lives Here” lawn signs so staff can proudly celebrate their dedication and sacrifice in their communities. The Foundation also ensured that staff members were well fed for the evening by coordinating the distribution of more than 500 donated meals.
HEALTH WARRIORS EVERYWHERE

This column, from top, specialists from RWJBarnabas Health (RWJBH) Mobile Health, Behavioral Health and the Institute for Prevention and Recovery helped MMC and other RWJBH facilities and were always on hand to provide emergency care and support.

To share your thanks or make a donation in support of our healthcare heroes, visit www.rwjbh.org/heroes.
At Monmouth Medical Center (MMC), we’ve dedicated everything we have to fighting COVID-19. And just as we’ve had the community’s back, you’ve had ours, 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!
Visit www.rwjbh.org/heroes to share a note of thanks or to make donations to Monmouth Medical Center's Emergency Response Fund.

1. **ALL LAX**
   - Provided 300 meals to incoming and outgoing staff during a Heroes Salute celebration. All Lax cofounders and directors Alex Marino, left, and Megan Douty, right, are shown with MMC President and CEO Eric Carney and Vice President of Development Tara Kelly.

2. **A PLACE TO REST**
   - Nearly 100 MMC employees who needed to isolate from their families have stayed at The Wave and Bungalow hotels in Long Branch and Holiday Inn Express in Neptune, which provided discounted rates to the hospital.

3. **ALIX MAKES HEADBANDS**
   - Ocean Township resident Alix Hayes has donated hundreds of homemade stretch headbands with buttons on the side that make wearing masks less painful.

4. **FROM STUDENTS WITH LOVE**
   - Messages and drawings sent by students throughout the region were a boost for frontline staff.

5. **MARGEAUX’S VIDEO**
   - Margeaux McDonagh, a senior at RFH High School, shared a music video message of thanks to MMC.

6. **SONGS OF HOPE**
   - The music duo Melanie & Sonny have been performing twice a month for MMC cancer patients since 2017. During the COVID-19 health crisis, they are continuing the tradition virtually via YouTube.

7. **CARING FOR THOSE WHO CARE FOR THE COMMUNITY**
   - MMC’s Foundation has coordinated the delivery of countless meals every day of the week since the crisis began, secured thousands of items of personal protective equipment and received monetary support from more than 300 donors.

8. **MOTORCYCLE RIDERS**
   - From Jersey Shore Harley Owner Group and Blue Knights NJ XV donated medical supplies and former New York Giant Rasheed Simmons, owner of the Belmar restaurant Simply Southern (shown with MMC patient care associate Cristina Navarro) donated 100 meals.

9. **IBEW LOCAL 400**
   - Donated surgical and N95 masks, hand sanitizer and food to MMC.

10. **CF CENTER FACE SHIELD DONATION**
    - Bordentown residents Kelsey and Dave Hess donated 50 face shields homemade with a 3D printer to the frontline staff at MMC.

11. **JOE LEONE’S EASTER MEALS**
    - Holiday meals were ready for staff thanks to Mike Jensen and Joe Leone's Italian Specialties.
Monmouth Medical Center: Best in the U.S. for the 11th time in a row

Monmouth Medical Center remains the only hospital in Monmouth and Ocean counties to earn 11 straight A’s from the Leapfrog Group. This remarkable achievement underscores Monmouth Medical Center’s commitment as a High Reliability Organization (HRO).

Through the concerted effort of Monmouth Medical Center’s physicians, nurses, staff, volunteers and leadership, patients and families benefit from the highest level of quality care and the safest possible hospital experience.

Monmouth Medical Center

Let’s be healthy together.

rwjh.org/monmouth
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 activities we did for fun. Now all of those old rhythms are challenged, and that makes people feel confused and off-balance.”

While that’s a perfectly normal reaction, Dr. 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.
6 QUESTIONS ABOUT TELEMEDICINE, ANSWERED

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 RWJ Barnabas 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.

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.

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.

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

At RWJ Barnabas 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.

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.

How will telemedicine change healthcare in the future?

While the COVID-19 crisis has pushed us into this world fast, I think healthcare will continue to be a part of our daily lives. Telemedicine is a 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 RWJ Barnabas Health medical group provider, call 888.724.7123 or visit www.rwjbh.org/medicalgroup.
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...
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 we have 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.

A CLINICAL TRIAL FOR COVID-19 TREATMENT
Rutgers Cancer Institute is spearheading a statewide clinical trial for the drug hydroxychloroquine as a potential treatment for COVID-19 patients. Though the trial is not limited to cancer patients, Rutgers Cancer Institute is well positioned to lead such a study because of its extensive experience with clinical trials as the state’s only NCI-Designated Comprehensive Cancer Center.

Hydroxychloroquine, while a subject of much public discussion, has not yet been tested in a large, controlled clinical trial to determine its effectiveness. “Until we get the results of a clinical trial, we just don’t know if there’s any role for hydroxychloroquine in treatment for COVID-19,” says Rutgers Cancer Institute Director Steven K. Libutti, MD, who is also Senior Vice President, Oncology Services, RWJBarnabas Health, and Vice Chancellor, Cancer Programs, Rutgers Biomedical and Health Sciences.

“Both the initial hype about the benefits of hydroxychloroquine and the stigma that followed were inappropriate. With this trial, we’ll have well-analyzed data from a well-conducted study in order to make a recommendation about that agent’s use.”

THREE PATHWAYS
The study consists of three “arms.” One will test hydroxychloroquine in conjunction with the antibiotic azithromycin; one will test hydroxychloroquine alone; and one will provide supportive care for six days, followed by a course of hydroxychloroquine. Patients’ blood will be tested for levels of the SARS CoV-2 virus prior to treatment and at regular intervals thereafter. The study is open to people who are age 18 or over, have been diagnosed with COVID-19 and meet other eligibility requirements.

In addition to Rutgers Cancer Institute in New Brunswick, the trial is being offered at Robert Wood Johnson University Hospital in New Brunswick; Monmouth Medical Center in Long Branch; Saint Barnabas Medical Center in Livingston; Morristown Medical Center; Overlook Medical Center in Summit; and University Hospital in Newark.

For information on how to take part in the trial, call Rutgers Cancer Institute’s Office of Human Research Services at 732.235.7356 or email statewide_research@cinj.rutgers.edu.

STEVEN K. LIBUTTI, MD

To learn more about clinical trials, visit www.cinj.org/clinical-trials. To speak with a clinical trial navigator to explore your options, call the Oncology Access Center at 844.CANCERNJ.
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 N.J. Statewide Cancer Programs Collaboration—a unique approach initiated and implemented by Steven K. Libutti, MD, Director, 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 Theuer Cancer Center at Hackensack University Medical Center; Hackensack Meridian Health; Hunterdon Healthare; 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?”

STEVEN K. LIBUTTI, MD

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 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.

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 (RWJBH). “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 RWJBH 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.

“RWJBH 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 RWJBH 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.”

COMMUNITIES HAVE STEPPED UP FOR THEIR LOCAL HOSPITALS IN A BIG WAY—AND YOU CAN STILL HELP.

To donate to Monmouth Medical Center or to RWJBarnabas Health, visit the Emergency Response Fund at www.rwjbh.org/give.
FAMILY MEMBERS AND HEALTHCARE PROVIDERS FORMED A CLOSE BOND AS THEY HELPED A VERY SICK MAN RECOVER.

“T”hey say miracles happen,” says Bonnie Blitstein of Monmouth Beach, “and I guess my husband is one of them.”

Bonnie’s husband, Barry, 77, had an extraordinarily long battle with COVID-19, one that included 28 days at Monmouth Medical Center (MMC) and a stint in rehab after that.

Now he’s home and back with the loving family who were with him, virtually if not in person—since no visitors were allowed in the hospital—for every day of his journey. “He is doing fabulous,” Bonnie says. “It’s amazing that he came through this. We never thought we’d see him again.”

ATYPICAL SYMPTOMS
The illness began not long after Barry and Bonnie returned from a monthlong stay in Florida. “He became lethargic and stopped eating, and Barry’s a big guy—he always ate,” Bonnie says. In the Emergency Department (ED), he was tested for COVID-19, and the couple went home to await the results.

Several days later, Barry became disoriented and confused. Then they learned the test had come back positive. Bonnie drove Barry to the ED, but was not allowed to enter the hospital with him.

“That’s when we found out he had double pneumonia,” Bonnie recalls. “And then he was just sleeping for three-and-a-half weeks. He couldn’t swallow or take any food and couldn’t talk. We would try to FaceTime with him and he would just mumble. It was terrible.

“Barry had none of the typical symptoms of COVID-19—the coughing, the shortness of breath,” Bonnie says. “The virus seems to affect people in all different ways. For some reason, it seemed to affect his brain.”

FAMILY CONNECTION
“From the beginning, Barry’s family was very involved and supportive,” says Lauren Russo, MSN, RN, Director of Patient Care for the G5 unit where Barry was cared for. “As nurses, we were doing everything we could to facilitate communication and connection.”

One nurse held her phone to Barry’s ear so that his family could speak to him; Russo offered her work iPhone so the family could FaceTime. “While Barry couldn’t participate much in those early days, his family FaceTimed with him every day,” Russo says. “They encouraged him to fight and come home.”

Barry’s respiratory condition began to decline, and he required levels of oxygen that were difficult to tolerate. He fought his way back, but was steadily losing strength because of his inability to eat. He was having only brief moments of mental clarity.

Doctors decided to have a feeding tube placed, and the tide finally turned. “Post-procedure, he was like a new man,” Russo says. He was speaking much more clearly. The family FaceTime sessions became two-way conversations.

With the assistance of the Physical Therapy department, Barry got stronger. His family worked with MMC’s case management team and social workers to arrange for his discharge to rehab.

“During that last week, we as a team were finally able to see Barry’s true personality,” Russo says, “and what a wonderful, warm and very funny person Barry is.”

For Barry, much of his stay in the hospital was a blur. “So much of it is blank,” he says. “The first thing I said when I was able to speak was, ‘How long have I been here?’”

“All I can tell you is that the people who work at Monmouth Medical Center are a true pleasure, so nice, caring and sympathetic,” he says. “Now, I feel terrific.”

“We always called, we knew we were a pain in the neck, but the nurses were so great,” says Bonnie. “Just the kindest, sweetest people. We are incredible grateful to them and to the fabulous doctors working around the clock. Barry couldn’t have gotten better care anywhere.”

“I’m thankful that his family continues to update us on Barry’s progress,” says Russo, “because almost daily, a member of my team asks how he’s doing.”

Above, the Blitstein family in 2015 at an anniversary celebration for Bonnie and Barry; below, the window of Barry’s room on G5.
A YOUNG RN BECOMES A SEASONED PRO IN A TIME OF CRISIS.

“I n nursing school, you learn about pandemics, but when it happens to you, your whole outlook changes,” says Kaitlyn Zilly, BSN, RN.

Kaitlyn, 23, graduated from Drexel University with a nursing degree in June 2018 and began work as a nurse in the medical-surgical unit at Monmouth Medical Center (MMC). Less than two years later, she was plunged into a pandemic that hit New Jersey especially hard.

“It all happened very quickly,” she recalls. “In the med-surg unit, we see more of a general population—pneumonia, abdominal pain, cardiac conditions. Our unit shut down for a while, and we were assigned to work with critical care nurses. The situation was always changing, so you’d come in to work and not know what to expect.”

Personal protective equipment (PPE) was available, but the suits and equipment were at times awkward, as well as hot and sweaty. “Because you try to limit the number of times you enter the room of a COVID-19 patient, you try to do as much as possible each time, whether it’s giving meds, doing blood work, a range of care. Almost each visit took an hour, and you felt completely drained at the end of a shift.”

She wants to make clear she’s not complaining. “Would I do it all again? One hundred percent,” she says.

In fact, when asked by a former nursing professor what she would tell current students about entering the field, she sent this message: “This tragic time we are all experiencing is the very reason I became a nurse. To make a change, to provide comfort and care to those who need it, to provide companionship, and to save lives. I love being a nurse, I am proud to be a nurse. The pandemic has only solidified that I went into the right profession.”

SACRIFICE AND SATISFACTION

Kaitlyn credits MMC administration for the hospital’s swift and effective response to the crisis. “The leaders really stepped up and were able to get us all the equipment we needed,” she says. “As for our nursing leadership, there was at least one manager on the scene every single day, including weekends and holidays, to make sure we had the support we needed.”

Kaitlyn has missed seeing her family, most especially a niece born in March, who she has still not had the chance to hold. Still, there have been some compensations.

“As I’ve cared for patients diagnosed with COVID-19, I’ve also had the opportunity to meet new people and work alongside some of the best nurses and doctors at our hospital to provide the best quality care possible. We have been recognized as heroes by our administrating bodies and within our communities,” she says, citing as especially meaningful the “Heroes Salute Clap In and Clap Out” that took place at the hospital.

“We have all sacrificed—some more than others—but I wouldn’t change this experience,” she says. “I can’t say for certain what the future will hold, because we don’t have enough data at this point.

“I do know one thing, though,” she says. “We were able to get through this together, and I know we can get through any challenges in the future.”
SAFE AND SOUND
IN THE E.D.

RIGOROUS PROCEDURES
ENSURE THE SAFETY OF
EMERGENCY DEPARTMENT
PATIENTS AND 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 ED visits,” says Victor Almeida, DO, Chair of Emergency Medicine at Monmouth Medical Center (MMC).

“The problem is that disease prevalence 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. Almeida. “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.”
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 drifting to other areas in the hospital
- Provision of masks for all staff and patients
- Frequent disinfectant wiping of surfaces and equipment.

“Our environmental services staff is doing a fantastic job of deep-cleaning our EDs,” says Dr. Almeida. “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 Isaac Tawfi k, MD, Chief of Cardiology at MMC and a member of RWJBarnabas medical group. “If you are having a particular type of heart attack, the sooner we can treat you after the onset of symptoms—ideally, within 90 minutes—the less damage to your heart.”

Dr. Tawfi k 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. Tawfi k. “It can lead to clotting in the blood vessels. 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 to know, 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. Tawfi k, “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).

Doctors urge people to pay attention to the suddenness of the symptoms, which could include confusion and severe headache, and call 911 to be taken to the hospital right away.

COVID-19 can affect the nervous system in other ways, too. One of the most common ways is the loss of smell; another is exacerbation of seizures in people who are prone to them. These and other aspects of COVID-19 need to be further investigated.

What’s not in question is this emphatic advice from doctors: Don’t be afraid to go to the hospital if you need to. Weigh the risks and benefits, experts, say, 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
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 Monmouth 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.
To ensure everyone in the hospital is protected, we have made some changes, starting at our hospital entrances:

• You will be provided with a mask to wear for your entire visit.
• You will be screened by our expert staff, who will check your temperature and ask about COVID-19 symptoms.
• We will remind you to physical distance and use hand sanitizer throughout your visit.
• If you need to briefly wait in our waiting rooms, you will note that we have spaced our chairs and are taking steps to limit access to high-touch surfaces.

What has not changed is our staff’s concern for you and your personal safety, as we remain focused on ensuring that the physical environment is prepared for your visit.
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