A HEALTHIER HEART
HELPING PEOPLE IN CRISIS
5 LIFESAVING SCREENING TESTS

CANCER CARE:
THE HUMAN TOUCH

A Publication of
MONMOUTH MEDICAL CENTER
SOUTHERN CAMPUS

SUMMER 2020
A MESSAGE FROM LEADERSHIP

New Ways to Care

At RWJBarnabas Health, in addition to treating medical conditions, we actively engage on a variety of levels to promote the health and well-being of our communities.

That outreach takes many shapes, including healthy living classes, educational programs for seniors, partnerships with local arts organizations, providing healthy food and much more.

Social distancing and other pandemic-related restrictions haven’t stopped these efforts, only changed their form. We’re providing virtual support for all kinds of needs, including breastfeeding, perinatal mood and anxiety disorders, arthritis, addiction recovery and more. People who want to learn about wellness techniques, such as guided relaxation or chair yoga, can find what they need through our online programs. For a full list, visit www.rwjbh.org/events.

Meanwhile, we are creatively retooling signature events such as runs, walks and galas to include virtual participation. Our annual Running with the Devils 5K will be going virtual as well (learn more at rwjbh.org/runningwiththe_devils).

Our partners are also creating new events, such as the Somerset Patriots, who hosted sold-out drive-in movies at TD Bank Ballpark with proceeds going to the RWJBarnabas Health Emergency Response Fund to help local healthcare workers. To make a donation to the fund, visit www.rwjbh.org/give.

At Monmouth Medical Center Southern Campus, our Community Health Education team is building virtual programs that include “Meet the Physician” events and exercise classes to keep our community both in shape and informed. Our website offers a wealth of resources to stay healthy and take precautions against COVID-19. Also, now that we are welcoming patients back to the hospital, we are offering a COVID-19 Rehabilitation and Recovery Program, in which rehabilitation and outpatient services help patients return to optimal health.

How we meet the needs of our diverse communities will continue to evolve, but our commitment to providing a broad range of culturally competent care for our communities hasn’t changed—and never will.

Yours in good health,

BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH

FRANK J. VOZOS, MD, FACS
CHIEF EXECUTIVE OFFICER, MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS
EXECUTIVE VICE PRESIDENT, RWJBARNABAS HEALTH

HEALTH NEWS

AN A FOR SAFE CARE

Last spring, Monmouth Medical Center Southern Campus (MMSC) was awarded an A Hospital Safety Grade by The Leapfrog Group, an independent, national non-profit group run by employers and other large purchasers of health benefits. “We’re honored to be recognized for an A rating in safety and to continue our journey of high reliability and outcomes for our patients and their families,” says Frank J. Vozos, MD, FACS, Chief Executive Officer at MMSC and Executive Vice President at RWJBarnabas Health. “Our patients’ safety is what matters most.” The Leapfrog Hospital Safety Grade uses 28 measures of publicly available hospital safety data to assign grades to more than 2,600 U.S. acute-care hospitals twice per year.

FIVE YEARS OF SUPPORT

This year, the Cancer Support Community at Monmouth Medical Center Southern Campus and Monmouth Medical Center is celebrating its five-year anniversary. A unique aspect of the group is the Circle of Caring Children’s Program, which provides support for children who have a loved one with cancer. The free programs, which are offered several times a month, help children identify and navigate their feelings. They learn coping skills and tools that they can use during this stressful time. Play therapy techniques are incorporated into the programs, and interventions are altered for each child’s needs. For more information, call 732.923.6090.

Monmouth Medical Center Southern Campus complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. For more information, see link on our home page at www.rwjbh.org/monmouthsouth. MMSC cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 732.363.1900. MMSC konfòm ak lwa sou dwa sivil ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi oirin, laj, enminite oswa séks. ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis éd pou lang ki disponib gratis pou ou. Rele 732.363.1900.

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*Note: This photo was taken before mask and social distancing recommendations were in place.
THANKS TO A PARTNERSHIP WITH LOCAL POLICE, AREA RESIDENTS CAN GET THE MENTAL HEALTH SERVICES THEY NEED.

HELP FOR PEOPLE IN CRISIS

THANKS TO A PARTNERSHIP WITH LOCAL POLICE, AREA RESIDENTS CAN GET THE MENTAL HEALTH SERVICES THEY NEED.
emergency departments across the nation are flooded with patients seeking mental health services. At Monmouth Medical Center Southern Campus (MMCSC), staff members are attempting to stem the tide through the hospital’s Psychiatric Emergency Screening Services (PESS).

“We want to help people in crisis avoid the trauma and cost of coming to the Emergency Department for a psychiatric evaluation,” says Joe Cuffari, LPC, Assistant Vice President, Psychiatric Emergency Services at RWJBarnabas Health.

**COLLABORATING WITH LAW ENFORCEMENT**

PESS was launched in 1989, when a state law was passed mandating that every county provide screening and treatment for people in need of psychiatric assistance. “For years, people with mental health issues were allowed to go into crisis mode, and many ended up institutionalized in psychiatric hospitals,” says Beth Meenan, a psychiatric screener at MMCSC. “The screening law helps prevent that.” Today, every county in New Jersey has a state-funded screening center to evaluate and treat patients in distress and provide a crisis hotline.

What makes PESS at MMCSC unique is its partnership with four local police departments (Toms River, Stafford, Manchester and Jackson). Trained psychiatric screeners go out into the community to assess residents. “No other center in New Jersey has this program,” says Cuffari. “While other centers have mobile screeners, we’ve found that it’s not as effective unless you go with police. Some people need a high level of care and won’t agree to be evaluated unless the police are there to intercede.”

Meenan works at a police station Monday through Friday. (Previously, she worked in the PESS unit at MMCSC for 24 years.) During a typical day, she receives calls from police officers who come in contact with people who need mobile outreach. “For instance, an officer might find someone who has expressed suicidal thoughts or has psychotic depression or another symptom of a mental health problem,” says Meenan. She then joins the police officer to conduct an assessment. Oftentimes, this involves meeting with the person on the street or at their home. (Currently, Meenan and other screeners wear personal protective equipment, practice social distancing and meet people outside when possible.) Sometimes the calls come from nursing homes or outpatient programs. “We’ve been all over the community,” says Meenan.

Meenan assesses a person in crisis to determine whether he or she is in need of psychiatric help. “Once we’ve completed the evaluation and determined whether a person is a danger to himself or herself or others, we can link up the person with services,” she says. In the best-case scenario, this means connecting the person to outpatient services in the community. If further in-depth psychiatric evaluation is needed, the person is transported by the police to the closest Emergency Department.

Police officers also tap Meenan’s expertise when they’re responding to a traumatic incident, such as a suicide. “They call me to come out with them to meet with family members to do a debriefing and provide support,” says Meenan.

MMCSC employs four other psychiatric screeners who work in police stations. “The police officers know that if they have any questions, they can talk to Beth or one of the other screeners,” says Cuffari.

**MORE ACCESSIBLE TREATMENT**

If a person needs emergency care, the police bring him or her straight to the psychiatric crisis unit at MMCSC, where he or she is not only evaluated by experienced nurses and therapists but also provided with peer support. “We have former patients who volunteer their time to sit down with a new patient, share their story and explain what to expect if he or she is admitted,” says Cuffari. “We’ve found this really helps people feel more comfortable and at ease with what can be a very traumatic process.”

To give local police officers a better understanding of mental health issues, MMCSC participates in Crisis Intervention Team (CIT) training. In this 40-hour, one-week course, law enforcement professionals learn about mental health screening as well as various inpatient and outpatient services. “It’s important for them to know how to respond to a person in crisis—especially if there isn’t a psychiatric screener with them,” says Cuffari, who teaches new police officers about mental health and PESS services at the Ocean County Police Academy.

Mobile screening services have become essential, says Meenan. While there are still people who don’t receive the psychiatric assistance they need until it’s too late, MMCSC helps to make mental health services accessible. Says Meenan: “We’re ensuring that more people are able to live either at home or in residential programs in the community.”

To learn more about Psychiatric Emergency Screening Services at Monmouth Medical Center Southern Campus, call 800.300.0628.
WITH THE HELP OF A SOCIAL WORKER AND SEVERAL PHYSICIANS, A PATIENT HAS OVERCOME PERSONAL AND MEDICAL CHALLENGES.

To say the past four years have been challenging for Eileen Bednarski, of Old Bridge, would be an understatement. She was the primary caregiver for her husband, Walter, who struggled with dementia for three years. After he passed away, she sold her home in Toms River. About six months after his death, she was diagnosed with cancer. Through it all, she relied on support and medical care given by a social worker and several physicians at Monmouth Medical Center Southern Campus (MMCSC). “I needed a soft place to fall, and they were there for me,” recalls Eileen.

EMOTIONAL SUPPORT
In 2016, Eileen joined a caregivers support group, which was run by Kathleen Holahan, MSW, LCSW. “Walter was...
diagnosed with dementia that year,” she recalls. “I didn’t want anyone else to take care of him, but in 2017, we had to send him to a facility. Kathy helped me accept what Walter was going through, and she always made me feel comfortable.” Eileen attended the group once a week and became close with other members who were caring for loved ones with dementia. “The group was a blessing,” she says. “We shared our deepest feelings.”

In January 2019, Walter passed away, and she joined the hospital’s bereavement support group. She continued to attend the caregiver group as well, although it was challenging because she had moved to Old Bridge.

In July 2019, Eileen wasn’t feeling well and learned she had low levels of hemoglobin, a protein in red blood cells that carries oxygen to the body’s organs and tissues. Doctors were concerned that she might be bleeding internally, so she had a colonoscopy and endoscopy, a test that allows doctors to examine the digestive tract. One week later, she was diagnosed with early colorectal cancer.

COMPASSIONATE CARE
Eileen wanted a recommendation for a surgeon, so she turned to her primary care doctor, Jessica Israel, MD, Senior Vice President for Geriatrics and Palliative Care and the Corporate Director of the James and Sharon Maida Geriatrics Institute at MMCSC. Dr. Israel was Walter’s physician as well. “Dr. Israel knew how to talk to my husband and always made me feel comfortable,” says Eileen. “I put my trust in her as my primary care doctor.” While she sat in Dr. Israel’s office, Dr. Israel picked up her cell phone and called her colleague, John W. Gorchlad, MD, a surgeon at MMCSC. “When you send a patient to him, you know he’s going to care about what happens to him or her,” says Dr. Israel. “He goes above and beyond for patients, and he’s incredibly kind. Eileen has so many years of living ahead of her, and I wanted to help her.” Dr. Israel was able to get Eileen an appointment with Dr. Gorchlad the next day. Less than a week later, she was scheduled for surgery.

When Eileen met Dr. Gorchlad, she knew he was the right physician for her. “I felt at ease with him,” she says. “He took the time to walk me through my diagnosis. He’s reassuring and caring, and he has a sense of humor. My goal was to attend my grandson’s wedding in September, and he assured me that I would.” Eileen had the surgery in July. All of the cancer was removed, so she didn’t need chemotherapy or radiation.

As soon as the procedure was finished, Dr. Gorchlad texted Dr. Israel to let her know he had removed the cancer. “Despite our high-tech society, we live in a fragmented medical world,” she says. “For patients, the most important thing is that their providers communicate.” At MMCSC’s James and Sharon Maida Geriatrics Institute, “communication between doctors is fostered by proximity,” says Dr. Israel. That’s because the inpatient unit is located on the same floor as the outpatient unit. “Patients have the additional security of knowing that a social worker from their support group is down the hall,” she says.

After the surgery, Dr. Gorchlad reassured Eileen that he was going to get her better, she recalls. “He took a selfie with me,” she says. “I liked how relaxed he was. I felt like I had known him forever.” Sure enough, Eileen recovered from surgery quickly and participated in physical therapy. Two months later, she attended her grandson’s wedding.

Today, Eileen is in remission and has follow-up testing every three months. “The hospital means the world to me,” says Eileen. “I don’t know how I would have gotten through all of this without the staff at MMCSC. Whenever I walk into the hospital, I know I will be taken care of.”
When it comes to heart disease, high-quality care can mean the difference between life and death. At Monmouth Medical Center Southern Campus (MMCSC), cardiac patients receive the safest, most advanced care in a compassionate environment. In December 2019, MMCSC was awarded The Joint Commission’s Gold Seal of Approval® for its Chest Pain and Heart Failure Certification Programs. The Joint Commission is an organization that evaluates healthcare providers to ensure that consumers receive the safest, highest quality healthcare. The Gold Seal reflects a healthcare organization’s commitment to providing outstanding patient care. “We’re proud to have received certification from The Joint Commission,” says Frank J. Vozos, MD, FACS, Chief Executive Officer at MMCSC. “The Gold Seal is an indication of our team’s safe, effective and high-quality care.”

EVALUATING STANDARDS OF CARE
In October 2019, MMCSC underwent two site visits. The Joint Commission evaluated the hospital to ensure that it complies with all of The Joint Commission’s standards, uses clinical practice guidelines specific to the disease care certification program and meets performance measurement requirements. The Commission reviewed many aspects of care at MMCSC, including treatment plans, nursing and documentation. “We commend Monmouth Medical Center Southern Campus for its efforts to continually improve patient safety and quality of care,” says Mark Pelletier, RN, MS, Chief Operating Officer, Accreditation and Certification Operations, and Chief Nursing Executive at The Joint Commission.

MMCSC is among the first to use cutting-edge imaging technology called Fractional Flow Reserve CT (FFR-CT) to evaluate patients with chest discomfort and symptoms that may be suggestive of heart disease. A coronary CT scan is performed, which shows blockages in heart arteries. If there are blockages, the CT images are then analyzed by a supercomputer using artificial intelligence software to obtain FFR analysis, which helps determine the significance of the blockage. Says Rajesh Mohan, MD, MBA, FACC, FSCAI, Chief Medical Officer: “The Gold Seal recognizes the expertise and dedication of the staff at MMCSC.”

Your heart doesn’t beat just for you. Get it checked. To reach a Monmouth Medical Center Southern Campus cardiac specialist, call 888.724.7123 or visit www.rwjbh.org/heart.
YOUR HEALTH, AT YOUR FINGERTIPS

Now you can manage your healthcare right from the Apple Health app on your iPhone. You can easily keep track of allergies, conditions, immunizations, vitals and more, and consolidate your health records in a timeline—all in one place. Here’s how:

1. If you don’t have one yet, create a username and password for the RWJBarnabas Health Patient Portal (www.rwjbh.org/patientportalenroll).

2. Download the Apple Health app from the Apple Store. (You’ll need an iPhone running iOS 11.3 or later.)

3. Be sure your iPhone is password-protected, ideally with two-factor authentication.

4. Go to the Health Records section of the Health app, search for RWJBarnabas Health, and log in.

5. After you log in once, your health records will start to appear in the Health app, and will update automatically.

Download the Apple Health app at the Apple Store and access your RWJBarnabas Health medical records at www.rwjbh.org/patientportalenroll.
Patients who seek care through the RWJBarnabas Health (RWJBH) Oncology Access Center have a big advantage: They get connected to an oncology nurse navigator who acts as their problem-solver and supporter before, during and after treatment. The oncology nurse navigator becomes an important member of the patient's healthcare team and serves as his or her advocate while compassionately supporting their physical, emotional and spiritual needs from diagnosis through survivorship.

“When you choose RWJBarnabas Health for your cancer care, you’re not only getting quality care, but someone to walk beside you on your treatment journey,” explains Jeanne Silva, RN, Director, Nurse Navigation, Oncology Services at RWJBH. “Moreover, we coordinate all of our resources, so that if a patient has a problem—be it financial, social or medical—the navigator can help the patient get the benefit of resources from throughout the health system.”

When a patient makes an appointment with an RWJBH cancer provider, the oncology nurse navigator will follow up with the patient the next day. “The navigator asks if there are any questions about the upcoming appointment and goes through some of the specifics of what will happen,” Silva says.

That’s just the beginning. Oncology nurse navigators, who are located at each RWJBH facility, also do the following:

**Identify possible barriers to treatment.** Does the patient have financial or insurance concerns? Does the patient have family or friends who can provide support? Is there a transportation issue? The nurse navigator can identify and help with these problems right away. “In one case, we were able to get a patient to see a specialist located 70 miles away from the patient’s home,” Silva says.

**Communicate constantly.** This is essential in two ways. First, the nurse navigator is the central clearinghouse for information provided from the many specialists on a cancer patient’s care team—medical oncologists, radiation oncologists, surgical oncologists, social workers, nutritionists and more. The navigator can ensure that no aspects of treatment fall through the cracks and that the patient receives the highest quality of care.

Second, the navigator can follow up to be sure a patient understands what’s happening.

“Doctors do a great job of explaining, but often you can see the patient’s mind drift off as the person starts to worry about things like, ‘Who’s going to pick my kids up from school?’” Silva explains. “A navigator can talk to the patient later about what he or she understood and relay the necessary information over again in smaller bits so it’s easier to process.”

**Set priorities.** “Sometimes what feels urgent to a patient is not clinically urgent, but our nurse navigators have the ability to know what is truly time-sensitive,” Silva explains. “For example, recently a young man needed to see a specialist as soon as possible. Based on the navigator’s intervention, he was able to get in to see the doctor in one day.”

**Save time.** Often, a patient needs several medical procedures—for example, an echocardiogram and a port insertion before chemotherapy treatment can begin. A nurse navigator can arrange for multiple appointments to be scheduled at the same facility on the same day. “A navigator is key to making sure all the pieces fit together and to minimizing the time a patient needs to spend at a facility,” Silva says.

“An oncology nurse navigator is a critical part of a patient’s cancer care team,” she continues. “He or she is the kind of person who can anticipate what’s needed and make it happen—and who has a relentless desire to help patients.”

To contact the Oncology Access Center, call 844.CANCERNJ (844.226.2376).
July 24, 2019: a grayish, unremarkable day on the beach at Ocean Grove. Lifeguard Sam Jarmer, 16, dives into the water to cool down, but hits a hidden sandbar. Soon after, Sam’s mom, Jessica, sitting on the beach several blocks away, sees a call from Sam’s boss come in on her phone. “I immediately knew not only that he was injured; I could feel that it was bad,” she remembers.

When he hit the sandbar, Sam suffered a burst fracture in the C6 vertebra near the base of the neck and lost the ability to move his arms and legs. A fellow lifeguard jumped in to lift his head above the water, and a trauma team was dispatched from a nearby hospital. Sam was strapped to a backboard, and six of his fellow lifeguards carried him to a waiting ambulance. “He kept saying, ‘I’m so sorry, Mom,’ because we were supposed to go on vacation the next day,” Jessica remembers.

When he hit the sandbar, Sam suffered a burst fracture in the C6 vertebra near the base of the neck and lost the ability to move his arms and legs. A fellow lifeguard jumped in to lift his head above the water, and a trauma team was dispatched from a nearby hospital. Sam was strapped to a backboard, and six of his fellow lifeguards carried him to a waiting ambulance. “He kept saying, ‘I’m so sorry, Mom,’” because we were supposed to go on vacation the next day,” Jessica remembers.

Sam was in surgery for six hours while the burst vertebra was replaced with a titanium cage. He spent the next five days recovering at the hospital. At that point, he could occasionally raise his arms a bit, but nothing more.

It was time for intensive inpatient rehabilitation and therapy at Children’s Specialized Hospital (CSH) in New Brunswick. “I remember feeling that this would be the place that would make it all better,” Jessica says.

MAKING PROGRESS

The first piece of good news came from Michele Fantasia, MD, Director of the Spinal Cord Injury Program at CSH. Her evaluation determined that Sam’s injury was “incomplete,” meaning that Sam still had some motor and sensory function below the level of injury. “As I say with all incomplete injuries, ‘The sky’s the limit,’” Dr. Fantasia told Jessica.

Four months of recreational, physical and occupational therapies followed. “The occupational therapists made modifications for everything,” Jessica remembers. “They kept constructing things in some kind of magical workshop they had.” There was a special fork to help Sam relearn how to feed himself, a device to help him brush his teeth and more.

“Everyone at Children’s really helped me when I was at one of the lowest points in my life with my injury,” says Sam. “They just showed compassion in all of the support and love that they gave me.” On November 19, Sam was discharged from CSH.

Today, Sam continues with a rigorous program of outpatient physical therapy. During the COVID-19 lockdown, he did his exercises via telemedicine for a few weeks. His older brother, home from college, was there to help.

Sam continues to work on his core muscles, arms and fingers. He now has muscle control in all parts of his legs and continues to work on walking independently. “I’m staying positive,” he says. “I know it will take time and I’ll be back to where I was, but for now I’ve just got to keep pushing forward.”

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

At Children’s Specialized Hospital, we provide world-class care for children and young adults who face special health challenges across the state of New Jersey and beyond. Our locations in Bayonne, Clifton, East Brunswick, Egg Harbor Township, Hamilton, Jersey City, Mountainside, New Brunswick, Newark, Toms River and Warren treat everything from chronic illnesses and complex physical disabilities like brain and spinal cord injuries to developmental and behavioral issues like autism and mental health.
A musical with a mission: “Anytown,” an original educational musical, tells the story of Hope, a high-achieving high school student who becomes addicted to opioids after a soccer injury. The show has toured middle and high schools in New Jersey and was developed through a partnership with George Street Playhouse in New Brunswick, RWJBH and the Horizon Foundation of New Jersey.

They’ve got the beat: Students in Long Branch, Asbury Park and Neptune have experienced a state-of-the-art mobile recording studio to create their own music thanks to the Beat Bus, a collaboration between Lakehouse Music Academy and the Asbury Park Music Foundation that is supported in part by RWJBH. In addition to providing a means of creative expression and new ways to collaborate, the Beat Bus helps prepare students for success in the digital age.
Research has shown that the arts stimulate creativity, ease stress, promote joy, improve memory and enhance education. That’s why RWJ Barnabas Health (RWJBH), with its strong commitment to creating and sustaining healthy communities, partners with local arts organizations.

“We understand the clear and beneficial impact that taking part in the arts has on health and well-being,” says Michael Knecht, Senior Vice President of Strategic Marketing and Communications for RWJBH. “These partnerships are an important way for us to help people in our communities and also support local grassroots organizations.”

RWJBH supports a broad range of arts events. Music, dance and film are high on the list: RWJBH has sponsored the Asbury Park Music + Film Festival; the Montclair Jazz Festival; the Central Jersey Jazz Festival; Maplewoodstock Music & Art Festival; the “Sounds of the City” free outdoor concerts presented by the New Jersey Performing Arts Center in Newark; and the SOMA Film Festival in South Orange and Maplewood.

Drama has a place as well. RWJBH is a sponsor of the New Jersey Repertory Company, a professional nonprofit theater in Long Branch with a mission to develop and present new plays. And in a proactive move to help stem the opioid epidemic among young people, RWJBH has partnered with the George Street Playhouse in New Brunswick and the Horizon Foundation of New Jersey to create “Anytown,” a one-hour musical that demonstrates how addiction can happen to anyone. The show has toured to schools throughout the state, followed by Q&A discussions with students.

“These partnerships are all part of the RWJBarnabas Health commitment to reaching out beyond the walls of our medical centers to help people get and stay healthy in all kinds of ways,” says Knecht. “And they’re wonderful examples of how meaningful collaboration with local organizations can make an impact throughout the state.”

To learn more about RWJBarnabas Health corporate partnerships, visit www.rwjbh.org/corporatepartners.
Doctors can now use artificial intelligence for a noninvasive, highly accurate test for coronary artery disease.

The Heartflow Analysis FFR-CT software generates a 3D color-coded image of a patient’s heart and arteries, indicating the location and degree of artery blockages.

A high-tech look at the heart

Healthy Together | Summer 2020
After the test, they told me I was a walking time bomb,” says Ray Duarte, 50.

As the Regional Director of Information Technology at Monmouth Medical Center Southern Campus and at Monmouth Medical Center, Ray had volunteered to be among the first for an advanced noninvasive technology known as Fractional Flow Reserve Computed Tomography (FFR-CT). This test evaluates how well blood flows through a patient’s heart arteries and determines whether—and where—blockages exist.

“I had upper back pain on and off, for which I was seeing a chiropractor with no relief,” says Ray. “I did have high cholesterol, which I was addressing with improved diet and exercise, and a family history of heart disease.

“However, due to my active lifestyle and symptoms that were not typical for heart disease, my primary care doctor told me he would never have recommended so much as a stress test for me,” Ray recalls.

But the FFR-CT test showed that Ray’s right coronary artery was 99 percent blocked. Without the test and subsequent treatment, such a blockage could have led to a heart attack at any time.

FINDING THE BLOCKAGES
The powerful, artificial intelligence-based FFR-CT test is used to diagnose coronary artery disease (CAD)—blockages in the blood vessels supplying the heart. CAD is a leading cause of death in the U.S., accounting for 600,000 to 700,000 deaths per year. It can cause shortness of breath, chest pain (typical and atypical) and heart attack, and can lead to death.

When a patient has chest pain or suspicious symptoms, the usual noninvasive ways of detecting inadequate blood flow include an electrocardiogram (ECG), which uses electrical signals; a stress test, in which blood flow is tested while a patient exercises, via ECG or an echocardiogram (ECHO), which uses ultrasound waves; or a nuclear stress test, which uses radioactive dye and an imaging machine. In addition, a computed tomography (CT) scan can show calcium deposits that could narrow arteries.

Prior to FFR-CT technology, however, the only way physicians could see for certain whether coronary arteries were blocked was to do an invasive procedure, known as cardiac catheterization and angiogram. In this procedure, a special dye is injected through a long, thin, flexible tube (catheter) that is threaded through an artery in the leg up to the arteries of the heart.

If a blockage is found, the cardiologist can decide whether to correct it during the angiogram—for example, by inserting a small tube (stent) to keep the artery open—or to send the patient for bypass surgery.

ARTIFICIAL INTELLIGENCE
While a crucial and sometimes lifesaving technology, an angiogram often shows no significant blockages, according to Rajesh Mohan, MD, MBA, FACC, FSCAI, an interventional cardiologist and Chief Medical Officer at Monmouth Medical Center Southern Campus (MMCSC).

That’s where noninvasive FFR-CT comes in. Using “machine learning,” an application of artificial intelligence, the software compares images from existing CT scans of a patient’s heart to an ever-growing database of tens of thousands of other CT images. This large database helps physicians analyze the likelihood that any specific blockage could cause harm and also provides direction about treatment.

“The FFR-CT technology creates a three-dimensional image of blood vessels and color-codes them based on the severity of the blockage,” says Dr. Mohan. “It then also shows how each blockage impacts blood flow to the heart.” Armed with this knowledge, a physician can decide whether lifestyle changes, medication, a stent or surgery is the best course of action.

“With this information, we can give our patients a more definite diagnosis and have confidence in the best treatment plan without putting them through unnecessary invasive procedures,” says Dr. Mohan. “Its accuracy is unlike that of any other noninvasive tests available to us.”

IS FFR-CT FOR YOU?
Since CAD is a common type of heart disease, many patients can benefit from this advanced technology.

However, FFR-CT is not available everywhere. Specialists at MMCSC are among the first in the state to use it, and MMCSC is the earliest hospital in the state to utilize it in the Emergency Department and throughout the hospital, as well as for outpatients.

“The test needs to be done appropriately, according to criteria set by the American College of Cardiology,” says Dr. Mohan. “Patients need to have symptoms—for example, chest pain or shortness of breath on exertion, which a lot of people actually disregard.

“If these exist in association with some of the coronary risk factors like smoking, hypertension, diabetes, high cholesterol and family history, then I think that patient is an ideal candidate for this study.”

As for Ray Duarte, a stent procedure opened his blocked artery, his back pain has resolved and medication is controlling his cholesterol. He is back to an active lifestyle.

Says Dr. Mohan, “We at Monmouth Medical Center Southern Campus are excited and privileged to introduce such a cutting-edge, revolutionary technology.”
At his yearly physical, a patient is found to be 35 pounds over ideal body weight. He has hypertension, and his lab results indicate prediabetes. His doctor urges him to change his diet, be more active and lose the extra weight to reduce his risk for stroke, heart disease and diabetes.

The patient acknowledges that he should. But at his next yearly physical, he’s still 35 pounds overweight.

In that all-too-common scenario lies the possibility for a new approach to healthcare, one that simultaneously provides help for behavioral as well as physical issues. “The goal is to help people make better choices—about things like what they eat, how they exercise and about alcohol and nicotine—and thereby avoid many chronic health disorders,” says Frank A. Ghinassi, PhD, ABBP, Senior Vice President, Behavioral Health and Addiction at RWJBarnabas Health (RWJBH), and President and CEO of Rutgers University Behavioral Health Care.

“Through integrated care delivery, we want to treat both body and mind, preferably in the same location and during the same healthcare visit,” he says.

In the case of the overweight patient, for example, the primary care provider will look to determine the cause of the patient’s inability to lose weight. “Is the issue genetic? Does the patient have a low metabolism?” asks Dr. Ghinassi. “Or is there a mood disorder that’s affecting energy level and motivation?”

Once barriers to a healthier lifestyle are identified, doctors and behavioral health specialists can work together to develop solutions tailored to the patient’s specific needs.

**AN INTEGRATED APPROACH**

“Often, people with behavioral and addiction disorders are treated ‘from the neck up’ and are referred to dedicated behavioral health offices,” says Dr. Ghinassi.

But that approach can create roadblocks. “Maybe the patient can’t get an appointment for three weeks, or he doesn’t like the idea of walking into a building that says ‘counseling services’ or ‘psychiatry’ on the sign,” he explains.

To provide coordinated care, RWJBH and Rutgers University Behavioral Health Care are bringing services closer together. “At many of our primary care and pediatric delivery sites, primary care physicians work with psychologists or social workers who are located in the same office suite or in the same building,” says Dr. Ghinassi. “A patient can be offered a chance to meet the physician’s behavioral health colleague even before leaving the initial appointment, find out what might be possible and perhaps find it easier to commit to following up with a subsequent call or visit.”

The next evolution of care at RWJBH and Rutgers University Behavioral Health Care will be to have a clinical social worker or psychologist located right in the same office space as the primary care provider.

Integrated healthcare is the future, Dr. Ghinassi believes. “People tend to come to a healthcare system when they’re in crisis—they need coronary artery surgery, for example, or their depression makes them unable to function in daily life. Of course, we’ll always be there for those people,” he says.

“However, we’re evolving to an equal focus on early screening and intervention. Together, RWJBarnabas Health and Rutgers University Behavioral Health Care are on a mission to improve the health and life satisfaction of patients and families throughout New Jersey.”
With the support of local businesses, community organizations, residents, patients, physicians, board members, Auxiliaries and employees, the Monmouth Medical Center Southern Campus (MMCSC) Foundation raises funds to expand hospital services, develop new programs and bring cutting-edge technology to patient care. Funds are raised through individual and estate gifts, thrift and gift shop proceeds, and special events. In 2019, nearly $1 million funded the following:

- **CT scan machine with artificial intelligence software:** MMCSC physicians are using what’s known as Fractional Flow Reserve CT (FFR-CT), which detects blockages in heart arteries—a sign of heart disease—in a noninvasive way. Patients who are experiencing chest pain receive a coronary CT scan. If any blockages are found, the CT images are then analyzed by a supercomputer using artificial intelligence software called HeartFlow® Analysis. The software generates a personalized, three-dimensional model of the patient’s arteries, which is used to develop a treatment plan.

- **Stereotactic breast biopsy with tomosynthesis:** This equipment was purchased for the Jacqueline M. Wilentz Comprehensive Breast Center, which provides breast cancer screening and treatment. With this advanced biopsy system, radiologists use three-dimensional imaging to better identify suspicious areas in the breast and remove samples of tissue. The procedure is quicker than the standard, two-dimensional one and is comfortable because patients lie facedown on a memory foam biopsy table.

- **Better Health:** The Better Health Senior Membership program for adults ages 55 and older provides access to free screenings, exercise classes and health education.

- **Vocera badge:** This device, funded by a generous donation from Jan Krusch, improves hospital communication. Worn by healthcare providers, it allows staff members to quickly locate colleagues and get help in an emergency. Providers can communicate hands-free, schedule reminders and receive secure text messages and alert notifications.

- **Temporal artery thermometers:** Placed on the forehead, these devices record body temperature quickly and accurately. They capture heat from the temporal artery (the major blood vessel in the head).
A NURSE WAS RECOGNIZED FOR HER DEDICATION TO PATIENT CARE.

In the summer of 2018, Anthony Bolognese, of Bayville, was battling an upper respiratory infection. Worried he might have pneumonia, he went to an urgent care center, where an X-ray was taken. It turned out Anthony didn’t have pneumonia, but the radiologist noted a suspicious spot on the X-ray. A CT scan was performed, and it revealed a tumor in his trachea, or airway. Seth Cohen, MD, a medical oncologist and Regional Director of Oncology Services for the RWJBarnabas Health Southern Region, biopsied the tumor, which turned out to be malignant. “When I found out I had cancer, I started crying,” recalls Anthony, who lost three siblings and his father to cancer. “I was afraid of dying.”

Anthony was prescribed chemotherapy, which he would receive once every three weeks at the Monmouth Medical Center Southern Campus (MMCSC) Outpatient Infusion Unit. His first day of treatment was extremely stressful. There was bad traffic on the way to the hospital, and the “cooling cap”—which helps prevent hair loss during chemotherapy—he’d ordered hadn’t arrived yet. “I said, ‘Something isn’t right; I don’t want to have chemotherapy,’” he recalls. “I turned around to leave, and then I met Stephanie, a nurse, who convinced me things would be okay. She said, ‘Trust me, I will be here for you. I will find you a nice room with a TV.’”

Stephanie Bisignano, RN, Anthony’s oncology nurse, recalls his apprehension. “His diagnosis was quick, and he was overwhelmed,” she says. “He didn’t have time to process the news of his diagnosis. He received his port (a small device through which chemotherapy drugs can be given) just a few days after he found out he had cancer. You could see the terror on his face.” What’s more, his treatment was long and arduous. “It lasted four to six hours per day,” she says. “In the beginning, I spent a lot of time explaining his treatment, medications and side effects. After I spoke with him, he became more comfortable.”

ENCOURAGING WORDS

Anthony didn’t like to see other people having bloodwork or chemotherapy, so Stephanie found him a private room. She made trips to Dunkin’ Donuts for Anthony, and she always asked how he was feeling. “She’d say, ‘You’re getting better; you’re looking better,’” he recalls. “She cheered me up every time I came for treatment.” Stephanie also entertained Anthony with stories about her kids. “She made me laugh,” he says. “I don’t think I went one day without laughing.” For Stephanie, this is just part of her job. “As a nurse, you want to make people feel comfortable,” she says. “You can tell when a patient’s spirits are down, and you do anything you can to cheer him or her up.”

Anthony’s wife, Renee, a Nurse Practitioner at Monmouth Medical Center, was also grateful to Stephanie, who cared for Anthony at every appointment. “She always greeted us with a warm welcome,” she recalls. “She gave us her phone number, as well as questions to ask the doctors. It was a blessing to have her.”

A GRATEFUL PATIENT

Anthony was so pleased with Stephanie’s care that he decided to nominate her for a Daisy Award, which recognizes extraordinary nurses. He wrote: “Many times, I was scared, nervous and unsure… and she gave me detailed information to help me relax. She is one of the best nurses I’ve ever had.”

The ceremony was held at MMCSC in November 2019, and Anthony presented Stephanie with the award. “It was emotional when I heard him speak,” recalls Stephanie. “People think it’s terrible to work in oncology, but it’s not sad or depressing when you see a patient do well. Also, it’s heartwarming to see a patient come back to visit after treatment.” For Anthony, Stephanie was not only a warm, attentive nurse but also a lifesaver. “If it wasn’t for her, I wouldn’t be here,” he says.

To schedule an appointment with a cancer specialist, call 844.CANCER.NJ.
GET SCREENED!

BOOST YOUR CHANCES OF LIVING A LONG, HEALTHY LIFE BY HAVING THESE TESTS.

We’ve all heard the expression “An ounce of prevention is worth a pound of cure.” When it comes to your health, this couldn’t be more accurate. Although many people have put off screenings due to COVID-19, it’s time to resume them. At Monmouth Medical Center Southern Campus (MMCSC), healthcare providers are taking the appropriate precautions to provide safe and high-quality care. Here, the screenings you should schedule now:

1. **MAMMOGRAM**
   - **WHAT IT IS:** A mammogram is an X-ray of the breast. MMCSC offers three-dimensional mammograms, which produce many thinly sliced images of the breast, improving cancer detection. If a woman having this type of screening needs a biopsy, she can have one guided by three-dimensional mammography imaging.
   - **WHY YOU NEED IT:** A mammogram allows for early detection of breast cancer. The test reduces the risk of dying from the disease by about 20 percent, according to the American Cancer Society.
   - **WHEN TO GET IT:** Women who are at average risk of developing breast cancer should have a mammogram annually starting at age 40. A woman at high risk may need to be screened earlier—and she may benefit from an ultrasound or an MRI. To schedule a mammogram, call 732.923.7700.

2. **COLONOSCOPY**
   - **WHAT IT IS:** A flexible, lighted tube is used to examine the entire colon and rectum. During the exam, which is performed while a patient is sedated, the physician can remove any abnormal growths, or polyps. The test requires a laxative preparation and is about 95 percent accurate.
   - **WHY YOU NEED IT:** Colorectal cancer is the third leading cause of cancer death in the U.S. for both men and women, according to the Centers for Disease Control and Prevention. Colonoscopy reduces the risk of death from colorectal cancer by about 60 percent, according to a study published in the Annals of Internal Medicine.
WHEN TO GET IT: People at average risk (meaning no family or personal history of colorectal cancer) should have the test once every 10 years starting at age 50. You may be eligible for a free screening. To learn more or schedule a colonoscopy, call 844.226.2376.

3 LUNG CANCER SCREENING
WHAT IT IS: A low-dose computed tomography (CT) scan of the chest helps to detect lung cancer, which is diagnosed in more than 228,000 people in the U.S. each year, according to the American Cancer Society.

WHY YOU NEED IT: When lung cancer is diagnosed and treated at an early stage, the survival rate is more than 70 percent. There’s a 20 percent reduction in the chance of death from lung cancer in people who receive the screening test.

WHEN TO GET IT: Smokers or former smokers ages 55 to 77 with a smoking history of at least 30 “pack-years” (packs per day multiplied by the number of years a person has smoked) should have the test annually. To qualify for screening, you can’t have any symptoms of lung cancer and may not have had a chest CT scan in the past year. To schedule a lung cancer screening, call 732.923.7966.

4 VASCULAR SCREENING
WHAT IT IS: A test for vascular disease, a condition that affects blood vessels and is a leading cause of death. It’s painless, noninvasive and can be administered in less than 30 minutes. Ultrasound imaging is used to check for an aortic aneurysm (a bulge in the wall of the major blood vessel in the heart) and carotid artery disease (a blockage in the arteries that send blood to the brain and head). It also evaluates blood flow in the legs.

WHY YOU NEED IT: Vascular disease can have no symptoms.

WHEN TO GET IT: Consider screening if you’re 65 or older or have a history of smoking, high cholesterol, high blood pressure, diabetes or a family or personal history of heart disease. Risk factors for vascular disease include being obese, sedentary or having previous heart or leg treatments. To schedule a vascular screening, call 732.886.4363.

5 CORONARY CALCIUM SCORING TEST
WHAT IT IS: A CT scan can estimate your risk of developing heart disease. It measures the amount of calcified plaque—which is composed of fats, cholesterol, calcium and other substances—in blood vessels that supply the heart.

WHY YOU NEED IT: It can help your physician determine whether you could benefit from a cholesterol-lowering medication.

WHEN TO GET IT: Candidates for the test include men who are over 45, women who are over 55 or are postmenopausal and people who are overweight or have a family history of heart disease, high blood pressure, high cholesterol, diabetes, a history of smoking and a sedentary lifestyle. To schedule a coronary calcium scoring test, call 732.886.4363.
On Sunday, October 25, the American Heart Association (AHA) will hold the Virtual Shoreline Heart Walk to raise $175,000 for cardiovascular research. Among the goals: to prevent strokes, correct heart defects in babies and find better ways to treat high blood pressure. The AHA is currently providing more than $3.2 million in funding for cardiovascular research in New Jersey.

This year, RWJBarnabas Health Southern Region President Bill Arnold, MHA, will chair the walk, which will be virtual to ensure the health and safety of all participants. “We’re thrilled Bill Arnold is leading our 2020 campaign,” says Tara Novak, Regional Director, Shoreline NJ, at the AHA. “With his involvement, we have the potential to reach new heights of success and community impact. We are grateful for the support of RWJBarnabas Health. Many of the system’s leaders serve on our boards and committees or chair events and campaigns.”

APART BUT TOGETHER
Anyone can participate in the virtual event by walking in their neighborhood or engaging in a physical activity of their choice at home. Participants will be able to join an event web page on the day of the Heart Walk and take part in activities. As always, people can participate individually or as part of a team. Some families team up to honor a heart attack or stroke survivor or memorialize someone who died from cardiovascular disease. The AHA encourages participants to create their own fundraising web pages to request donations from friends and family.

Area residents will benefit from the walk in several ways. Those who participate in the event will receive information on healthy lifestyle habits and nutrition. In addition, people will benefit from the enhanced cardiovascular education and care funded by the event. “I’m honored to serve as chair of the Virtual Shoreline Heart Walk, which brings together Monmouth and Ocean counties,” says Arnold. “It’s critical to support the AHA’s mission of improving cardiovascular health—especially during this extraordinary time.”
Aging might make us wiser, but it also increases the risk of developing troublesome conditions, such as dizziness and vertigo (a spinning or whirling sensation). About 35 percent of adults ages 40 and older experience some type of balance problem, according to the American Speech-Language-Hearing Association.

At Monmouth Medical Center Southern Campus (MMCSC), an experienced audiologist collaborates with physical therapists, geriatricians, an otolaryngologist (ear, nose and throat physician) and local pediatricians to treat a variety of conditions in adults and children. They include dizziness, vertigo, tinnitus (ringing in the ears), chronic ear infections and sudden-onset hearing loss.

A TEAM APPROACH

Dizziness and vertigo are marked by symptoms such as lightheadedness, involuntary eye movements and changes in vision. These symptoms can be traced to problems in the inner ear, which controls balance. If the brain receives conflicting messages from the inner ear and eyes, for instance, dizziness may result. There are many possible causes of vestibular problems, including infections of the inner ear, medications, head injuries, stroke and vascular disease.

At MMCSC, the Physical Therapy Department is located next to Audiology Services. Therapists treat vestibular conditions such as benign paroxysmal positional vertigo, which occurs when calcium crystals in the inner ear break free. It’s responsible for about half of all cases of dizziness in older people, making it the most common vestibular disorder. “Our physical therapists can perform a maneuver to move the crystals back into place and restore a person’s balance,” says Sue Ellen Boyer, AuD, an audiologist at MMCSC.

Physical therapists can also teach patients visual and head exercises to strengthen their vestibular system. This team approach to care benefits patients tremendously. Says Dr. Boyer: “We work closely to provide the most efficient and comprehensive care.”
Aging is inevitable. Growing old is not.

We have one-of-a-kind senior services for one-of-a-kind seniors.

The James and Sharon Maida Geriatrics Institute is a one-of-a-kind facility dedicated to providing seniors with comprehensive in-patient and outpatient geriatric services all under one roof. From rehabilitation services to acute medicine, to a full staff of doctors, nurses and social workers who specialize in senior care, there’s nothing else like it in New Jersey. And it’s all covered by Medicare. Age well, live better. To learn more, call 732-886-4700 or visit rwjbh.org/monmouthgeriatrics

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