MAP YOUR PREGNANCY

STROKE: KNOW THE SIGNS

DIVERSITY AND INCLUSION LIVE HERE

HELPING PATIENTS NAVIGATE CANCER
MESSAGES FROM LEADERSHIP

“Being recognized nationally for excellence is an important validation. That’s why I am delighted that Rutgers Cancer Institute of New Jersey together with RWJBarnabas Health achieved High Performing status in the adult specialty category for cancer in the most recent U.S. News & World Report Best Hospitals survey. This demonstrates the extraordinary, multidisciplinary care we provide for our communities, informed by groundbreaking cancer research, scientific leadership and transformational discoveries alongside exceptional patient experience.”

BARRY H. OSTROWSKY | Chief Executive Officer, RWJBarnabas Health

“As New Jersey’s largest and leading academic healthcare system, we pride ourselves on providing exceptional care for our communities together with our partners such as Rutgers Cancer Institute of New Jersey, the state’s only NCI-Designated Comprehensive Cancer Center. We congratulate Rutgers Cancer Institute on receiving the highest score in New Jersey in the adult specialty category for cancer in U.S. News & World Report’s annual Best Hospitals survey. This validates the exceptional level of cancer care we provide across our health system.”

MARK E. MANIGAN | President, RWJBarnabas Health

“Jersey City Medical Center, a health provider of choice in the region, provides care and treatment that is second to none. This means that residents of Hudson County and beyond have access to the most advanced and specialized care, as confirmed by the Medical Center’s most recent recognition from U.S. News & World Report, which rated JCMC for its high performance in heart failure, chronic obstructive pulmonary disease (COPD) and nephrology. The latest ranking further demonstrates our expertise in treating chronic conditions and meeting the health needs of our community.”

MICHAEL PRILUTSKY | President and Chief Executive Officer, Jersey City Medical Center

Jersey City Medical Center

355 Grand St., Jersey City, NJ 07302
201.915.2000 | www.rwjbh.org/jerseycity

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HEALTH NEWS

JERSEY CITY MEDICAL CENTER CELEBRATES EMPLOYEES FOR ACHIEVING MILESTONE YEARS OF SERVICE

At a festive event in the early summer at Maritime Parc Restaurant in Jersey City, with picturesque views of Liberty State Park and the New York City skyline, Jersey City Medical Center (JCMC) celebrated employees who have reached anniversary milestone years of service. In total, 239 employees were honored, ranging in service (in increments of five years) from five to 45 years. Among the honorees was Cheryl Cilento, Physician Liaison (pictured), who has served the hospital in various roles for 45 years. There were also 19 retirees who were recognized at the event for their commitment to providing the highest quality of care to the Hudson County community. To learn about career opportunities at JCMC and become part of an award-winning team, visit rwjbh.org/jerseycity.

Michael Prilutsky, President and CEO, congratulates Cheryl Cilento for 45 years of service to Jersey City Medical Center.
2. WELCOME LETTER. A community update from our CEOs.

4. A SMART MONITOR FOR YOUR HEART. The CardioMEMS device can improve heart failure care.

6. A PREGNANCY ROADMAP. Stay on course during your pregnancy journey.

8. HOW TO RECOGNIZE THE SIGNS OF A STROKE. Time is of the essence so BE FAST.

10. COPING WITH HOLIDAY DEPRESSION. How to move through the melancholy that often comes with the holidays.

12. NAVIGATING YOUR CANCER JOURNEY. RWJBH’s Nurse Navigation Program provides support, guidance and compassion.

14. ONE STEP AT A TIME. How the physical therapy team at Children’s Specialized Hospital helped a boy with spina bifida.

16. THE LOWDOWN ON LOW-DOSE ASPIRIN. The latest guidelines for heart attack and stroke prevention.

17. JERSEY CITY’S NEW PEDIATRIC EMERGENCY DEPARTMENT. A brand-new pediatric ED offers world-class emergency care for kids.

20. A PATIENT-CENTERED APPROACH TO BREAST CANCER CARE. Early screening, patient education and access to care.

21. DIVERSITY AND INCLUSION LIVE HERE. At JCMC, D&I is much more than a concept.

22. PUPPY LOVE. JCMC’s Pet Therapy Program provides comfort (and hugs) to patients.

23. JCMC RECEIVES NURSING’S HIGHEST HONOR—AGAIN. The hospital attains Magnet recognition for the fourth time.
HF System is a small and powerful implantable device that measures pulmonary artery pressure, a key metric in the management of heart failure.

“Having the ability to measure a patient’s pulmonary artery pressure remotely on a daily basis is a real game-changer for heart failure care,” says Sreeram Grandhi, MD, a fellowship-trained cardiologist with Jersey City Medical Center (JCMC) and a member of RWJBarnabas Health Medical Group.

JCMC began offering CardioMEMS to its patients earlier this year. Since then, says Dr. Grandhi, “We’ve seen encouraging results, especially in terms of improving our patients’ quality of life.”

A GROWING HEALTH CONCERN
Heart failure—which, in its most basic sense, is a chronic, progressive condition in which the heart doesn’t pump enough blood to keep the body functioning as well as it should—affects more than 6 million Americans. And, according to the American Heart Association, that number is expected to increase to 8 million by 2030.

From smartphones to smart speakers, wireless technology has changed the way we communicate and interact with our devices—and with each other. Now, it’s changing the way healthcare providers deliver treatment to patients with heart failure.

The CardioMEMS™ Heart Failure Device uses wireless technology to improve heart failure care.
million by 2030. Heart failure is also the most common diagnosis among hospitalized patients ages 65 and older and the leading cause of readmissions in people covered by Medicare.

Older adults with heart failure often have additional health conditions, such as diabetes, chronic pulmonary disease, depression, anemia and chronic kidney disease. Medication management is the first line of treatment for heart failure. “Yet medication management is complex,” says Dr. Grandhi, because people with heart failure generally take several prescription medications per day.

A KEY MEASUREMENT
A common heart failure complication is an increase in the amount of pressure within the pulmonary artery, which carries blood from the heart to the lungs.

“Many years ago, physicians found a link between elevated pulmonary artery pressure and the amount of fluid that builds up in the body,” says Dr. Grandhi. “The more fluid retention a patient with heart failure has, the worse their symptoms become.” Those symptoms include shortness of breath, leg swelling and fatigue.

Historically, the only way to measure pulmonary artery pressure accurately was through a right-heart (Swan-Ganz) catheterization, during which physicians thread a balloon-tipped catheter through the groin and up into the pulmonary artery. “That required a hospitalization,” Dr. Grandhi says. “And it only allowed for a one-time measurement.”

While physicians could adjust a patient’s medication to help improve symptoms based on that measurement, the ever-changing nature of heart failure limited the long-term effectiveness of those modifications.

“Heart failure progresses over time,” says Dr. Grandhi. “While some patients achieve stability with medication management, others have wild fluctuations in symptoms and dosing requirements, especially as their symptoms worsen.”

A TREMENDOUS ADVANCEMENT
The CardioMEMS HF System, approved by the Food and Drug Administration in 2014, provides continuous pulmonary artery pressure measurements. That gives physicians data they can use to help better manage heart failure and potentially reduce the number of hospitalizations a person may need.

People with heart failure who’ve had at least one heart failure-related hospital admission during the past year are the best candidates for CardioMEMS.

Doctors at JCMC implant the CardioMEMS HF sensor in the pulmonary artery during a right-heart catheterization. “The entire procedure takes less than one hour, and most patients will go home the same day,” says Dr. Grandhi. Once implanted, the sensor immediately begins to monitor pulmonary artery pressure. The device integrates itself into the vessel wall 30 to 60 days after it’s implanted.

To transmit pressure readings from their home to their cardiologist’s office, patients lie down on a special pillow provided by CardioMEMS. “A computer inside the pillow performs a 15-second measurement that is then uploaded wirelessly to a remote monitoring system,” Dr. Grandhi explains. Patients typically take those measurements two to three times a week.

PREVENTING HOSPITAL READMISSION
Dr. Grandhi and the cardiac team at JCMC have implanted many CardioMEMS devices this year. They’ve already seen benefits of consistent pulmonary artery pressure monitoring.

“We can look at pressures, identify when they start to escalate sooner and adjust a patient’s medication regimen to reverse the trend, all without a patient needing to return to the hospital,” says Dr. Grandhi. Reduced hospitalization helps enhance quality of life for patients with heart failure.

Indeed, clinical studies show that CardioMEMS is associated with both reduced hospitalizations and lower heart failure mortality rates. “It really is tremendous technology,” says Dr. Grandhi, “because it lets patients take a more active role in their healthcare to create better outcomes.”

PATIENT-CENTERED INNOVATIONS FOR HEART CARE
Advancements like CardioMEMS are among the many things that make heart care unique at JCMC. “Our team is dedicated to taking the latest academic knowledge and innovation available and applying it directly to better patient care,” says JCMC cardiologist Sreeram Grandhi, MD.

JCMC offers a complete range of cardiovascular and thoracic care options, including coronary artery bypass grafting, mitral valve repair and replacement, noninvasive cardiac imaging and laboratory tests. The JCMC team also performs minimally invasive procedures such as transcatheter aortic valve replacement (TAVR), which allows patients with faulty heart valves to receive a new valve without open heart surgery.
A PREGNANCY ROADMAP
HERE’S HOW TO STAY ON COURSE DURING YOUR PREGNANCY JOURNEY.

FIRST TRIMESTER
(WEEKS 0-13)

First Prenatal Visit
(6-10 WEEKS)
There they are: the two blue lines you’ve been hoping for. What should you do now? “Book your first prenatal appointment as soon as you get a positive result on your home pregnancy test,” says Dr. Slutsky. At your first visit, your provider will take your medical history, conduct a pelvic and breast exam, a Pap test, and various blood and urine tests. You’ll get an estimated due date and have time to ask questions and discuss any concerns.

STOP #1

STOP #2

Second Prenatal Visit
(10-12 WEEKS)
On your second visit—and all subsequent visits—your provider will check your weight and blood pressure, and the growth of your baby and your uterus. “You may also get to hear your baby’s heartbeat,” says Dr. Slutsky.

SCREEN
Noninvasive prenatal testing (NIPT). Done at around 10 weeks; screens for chromosomal abnormalities such as Down syndrome, trisomy 18 and trisomy 13.

DIAGNOSTIC TEST
Chorionic villus sampling (CVS). If an NIPT or NT screening indicates a higher than usual risk for certain congenital conditions, this test, done between weeks 10 and 13, can confirm or rule out the condition.

STOP #3

STOP #4

STOP #5

SECOND TRIMESTER
(WEEKS 14-27)

Prenatal Visit
(16-18 WEEKS)
• Routine visit

ULTRASOUND
Anatomy scan. Also known as a level 2 or 20-week ultrasound, this test assesses the baby’s growth and development.

SCREEN
Quad screen. Done between weeks 15 and 22 to determine whether there’s an increased risk for certain chromosomal or neural-tube defects.

DIAGNOSTIC TEST
Amniocentesis. Done starting at 15 weeks, takes a sample of amniotic fluid to detect genetic and chromosomal conditions, including Down syndrome.

SCREEN
Nuchal translucency (NT) screening. Performed between weeks 10 and 14, this ultrasound measures the nuchal fold, an area of fluid behind the baby’s neck, to screen for chromosomal abnormalities.

Prenatal Visit
(20-22 WEEKS)
• Routine visit

ULTRASOUND
To evaluate fetal anatomy

Prenatal Visit
(24-28 WEEKS)
• Routine visit

SCREEN
Glucose screening. Done between 24 and 28 weeks, it is used to detect gestational diabetes.

CLASS
Begin childbirth education classes (24-28 weeks), such as the one offered at JCMC.

REGISTER NOW!

BIRTH PLAN
Draft a birth plan so your healthcare team knows your preferences for labor, delivery postpartum care, etc.

SCREEN
Noninvasive prenatal testing (NIPT). Done at around 10 weeks; screens for chromosomal abnormalities such as Down syndrome, trisomy 18 and trisomy 13.

STOP #6

STOP #7

SCREEN
Quad screen. Done between weeks 15 and 22 to determine whether there’s an increased risk for certain chromosomal or neural-tube defects.

DIAGNOSTIC TEST
Amniocentesis. Done starting at 15 weeks, takes a sample of amniotic fluid to detect genetic and chromosomal conditions, including Down syndrome.

SCREEN
Nuchal translucency (NT) screening. Performed between weeks 10 and 14, this ultrasound measures the nuchal fold, an area of fluid behind the baby’s neck, to screen for chromosomal abnormalities.

Prenatal Visit
(24-28 WEEKS)
• Routine visit

ULTRASOUND
Anatomy scan. Also known as a level 2 or 20-week ultrasound, this test assesses the baby’s growth and development.

SCREEN
Quad screen. Done between weeks 15 and 22 to determine whether there’s an increased risk for certain chromosomal or neural-tube defects.

DIAGNOSTIC TEST
Amniocentesis. Done starting at 15 weeks, takes a sample of amniotic fluid to detect genetic and chromosomal conditions, including Down syndrome.

STOP #8

STOP #9

SCREEN
Noninvasive prenatal testing (NIPT). Done at around 10 weeks; screens for chromosomal abnormalities such as Down syndrome, trisomy 18 and trisomy 13.

STOP #10

SCREEN
Quad screen. Done between weeks 15 and 22 to determine whether there’s an increased risk for certain chromosomal or neural-tube defects.

DIAGNOSTIC TEST
Amniocentesis. Done starting at 15 weeks, takes a sample of amniotic fluid to detect genetic and chromosomal conditions, including Down syndrome.

SCREEN
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Prenatal Visit
(24-28 WEEKS)
• Routine visit

ULTRASOUND
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SCREEN
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Prenatal Visit
(24-28 WEEKS)
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Prenatal Visit
(24-28 WEEKS)
• Routine visit

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Prenatal Visit
(24-28 WEEKS)
• Routine visit

ULTRASOUND
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SCREEN
Quad screen. Done between weeks 15 and 22 to determine whether there’s an increased risk for certain chromosomal or neural-tube defects.

DIAGNOSTIC TEST
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SCREEN
Nuchal translucency (NT) screening. Performed between weeks 10 and 14, this ultrasound measures the nuchal fold, an area of fluid behind the baby’s neck, to screen for chromosomal abnormalities.
Pregnancy is a 10-month journey—yes, 10 months, not nine, because gestational age is calculated from the last menstrual period (LMP) through delivery, which averages 40 weeks. And while there can be twists and turns along the way, there are a few regular checkpoints on your route to help you navigate your pregnancy safely and keep you on course.

Each pregnancy is different, but, generally speaking, you’ll visit with your provider, whether you choose an OB/GYN or a midwife (see sidebar), every four weeks until your 28th week. Then, your appointments will be every two weeks until 36 weeks, and once a week thereafter. Be sure to ask questions or voice concerns to your provider at each prenatal visit.

OB/GYN Emily Slutsky, MD, Director of the Women's Health Medical Genetics Division at Jersey City Medical Center (JCMC), maps out some of the important stops on your pregnancy journey.

**WHAT IS A MIDWIFE?**

“Midwives are healthcare professionals trained in the care of and support for low-risk women throughout their reproductive life span and beyond,” says Batsheva L. Bane, a certified nurse midwife at JCMC. “Certified nurse midwives are nurses with additional education and training who’ve passed national certifying examination boards. The midwives at JCMC all hold master’s degrees and above in nurse midwifery, as well as additional certifications.”

**A MIDWIFE CAN:**

- See patients throughout their entire pregnancy.
  (“A woman can see a midwife exclusively if her pregnancy is low-risk or can be co-managed with a doctor if there is a co-existing medical or pregnancy-related condition,” says Bane.)
- Address patients’ personal and medical needs
- Optimize patients’ health throughout their pregnancy
- Care for patients during childbirth
- Provide time, attention and education throughout the pregnancy and birth process.

To learn more about maternity services at Jersey City Medical Center, visit [www.rwjbh.org/hudsoncounty](http://www.rwjbh.org/hudsoncounty).

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**Prenatal Visit (32 WEEKS)**
- Routine visit

**Prenatal Visit (36 WEEKS)**
- Routine visit
- Check baby’s position (should be down)

**Prenatal Visit (39 WEEKS)**
- Routine visit

**Prenatal Visit (40 WEEKS)**
- Routine visit

**Labor and delivery or C-section**
- Welcome your little one into the world!
Every 40 seconds, someone in the United States has a stroke. And every four minutes, a person in the United States dies from one. But exactly what is a stroke—and how do you recognize the symptoms?

WHAT IS A STROKE?
“A stroke occurs when a blood vessel carrying oxygen to the brain is blocked by a clot or bursts,” says Schubert Perotte, MD, Chair of Emergency Medicine at Jersey City Medical Center (JCMC), a certified Primary Stroke Center. “Whether it’s due to an obstruction or a rupture, when someone has a stroke, blood—and therefore, oxygen—can’t get to the brain, causing brain cells to die.”

TYPES OF STROKE
A stroke that’s caused by a blocked blood vessel is called an ischemic stroke. Ischemic strokes are by far the most common type, accounting for 87 percent of all strokes. Strokes that are caused by a ruptured blood vessel are known as hemorrhagic strokes. These are most commonly caused by uncontrolled high blood pressure. A TIA (transient ischemic attack), also known as a “ministroke,” is a temporary blockage of blood flow to the brain. While a TIA does not cause permanent brain damage, it can indicate that a full stroke may be on the horizon.

TIMING IS EVERYTHING
Once a stroke happens, you must act quickly because brain tissue can be damaged within just minutes, leading to long-term disability or death. In order to act quickly—and correctly—you must be able to recognize the signs of a stroke and know what to do if you observe someone experiencing any of them.

“An easy way to remember the signs of stroke is to remember the acronym ‘BE FAST’ [see below] and to know what every letter stands for,” says Dr. Perotte. “And really keep in mind the ‘FAST’ part of the acronym. Once a stroke begins, every second counts.”

JCMC’s designation as a DNV GL-Healthcare Certified Primary Stroke Center means that the hospital is equipped and trained to address all aspects of stroke care—diagnosis, treatment, rehabilitation and education—and to provide aggressive, proven treatment to minimize the effects of a stroke and prevent further brain damage.

HERE’S HOW TO SPOT THE SIGNS OF A STROKE—AND HOW TO REACT IF YOU DO:

B
BALANCE
Sudden trouble with balance or coordination

E
EYES
Sudden blurred or double vision or a loss of vision

F
FACE
If you ask the person to smile, does one side of the face droop or is it numb?

A
ARM
Is one arm weak or numb or drifting downward?

S
SPEECH
Slurred or strange speech

T
TIME
If you observe any of these signs, even if the symptoms stop, call 9-1-1 and get the person to the hospital immediately.

To learn more about the Stroke Center at Jersey City Medical Center or to connect with a stroke expert, call 201.915.2000.
When you need treatment for spinal problems, even the thought of traveling out-of-state for care can be painful. At RWJBarnabas Health, our orthopedic surgeons and neurosurgeons work with you to create a personalized treatment plan, right in your own community. We offer non-surgical treatments in addition to the latest surgical techniques, such as reconstruction and minimally invasive robotic surgery. Learn more at rwjbh.org/spine

Find relief with our board-certified specialists just minutes away.

The best kind of back support is spine care close to home.

Do it right. Here.
HOLIDAY BLUES?
HERE’S HOW TO COPE
The days are getting shorter, the weather’s getting cooler and soon the holidays will be here. For some of us, the weeks and months leading up to the holiday season are filled with eager anticipation. But for many others, this time can be an emotional minefield fraught with crippling anxiety and depression. Here, psychiatrist Arnold Williams, MD, Medical Director of the Behavioral Health Center, part of RWJBarnabas Health’s Behavioral Health and Addictions Services, explains the link between the holidays and depression—and offers advice to help you cope.

Why do people get depressed around the holidays?
The holidays coincide with late fall and winter, when exposure to sunlight is decreased. This can have a profound effect on mood. In addition, many businesses slow or even shut down during the holidays, and, for some, that may mean fewer opportunities for social interaction.

Do the holidays tend to exacerbate existing depression?
The holiday season is a time of reflection and gift-giving, which can be rewarding for those in fortunate circumstances. However, isolation, separation from loved ones and anniversaries of loss can all worsen depression.

What’s the difference between being depressed and simply feeling sad?
Depression implies a wide constellation of symptoms over several days or weeks. The emotion itself is only one component. Most commonly, that emotion is sadness, but there can also be anger, loneliness, worry or anxiety, as well as changes in thoughts and behaviors. Examples include losing interest in things you usually enjoy, a decrease in energy, changes in appetite or sleep patterns and reduced self-esteem. At its most extreme, depression can include suicidal thoughts or feelings of not wanting to be alive.

Do depression and anxiety always go hand-in-hand?
They can happen together or separately. Philosophically, depression and anxiety are two sides of the same coin. Anxiety is an anticipatory “what if” reaction, dreading the unknown and fearing the worst. Depression is a conclusion that the worst is happening right now and may not ever get better.

How does grief impact depression and vice versa?
Grief can be a trigger for a relapse in depression, and a person who’s been depressed may experience a prolonged grief period. The holidays are difficult partly because they’re usually connected to memories of a lost loved one.

**7 WAYS TO COUNTERACT HOLIDAY DEPRESSION**

According to RWJBarnabas psychiatrist Arnold Williams, MD, there are things you can do to mitigate depression:

1. Maintain contact with friends and family, if possible.
2. Get as much natural sunlight as you can.
3. Exercise—walk, run, move.
4. Practice yoga, mindfulness and meditation. They work!
5. Recognize that this too shall pass. You’ve survived all of the bad days you’ve had so far—that’s proof that things can get better again.
6. Don’t try to ease the pain with substances; it will compound the problem.
7. Know that you’re not alone. Reach out to a professional who can help you.

If you or a loved one are in need of mental health treatment, call our Access Center, open 24 hours a day, at 1.800.300.0628 to learn more about your mental health options or visit www.rwjbh.org/behavioralhealth.
Being diagnosed with cancer is life-changing. It can have a profound effect on your psyche, leaving you feeling frightened, confused and overwhelmed. At the same time, you need to make calm, clear and timely decisions about important matters such as doctors and treatment options.

That's why RWJBarnabas Health (RWJBJH) and Rutgers Cancer Institute of New Jersey, the state's only National Cancer Institute-Designated Comprehensive Cancer Center, developed the Oncology Nurse Navigation Program.

For a person with cancer, a nurse navigator is not just a valuable resource, but a smiling face and a caring individual to help you and your family maneuver the often uncharted territory of your cancer journey.
Jeanne Silva, MSN, RN-BC, Assistant Vice President, Oncology Access and Nurse Navigation, Oncology Services, explains what the Oncology Nurse Navigation Program is and how it works.

What does the Oncology Nurse Navigation Program do?
If you’re diagnosed with cancer and are a patient at RWJBH, the program places an expert at your side who advocates for you and provides direction, support and information through all phases of treatment at no additional charge. The nurse navigator is the hub of your care team, communicating your needs across departments and answering your questions about what to expect, what to do, where to go and why. Having a trusted, committed expert guiding you helps you participate fully in treatment decisions, achieve quality outcomes and reduce stress.

When was the program developed, and how has it changed since its inception?
The RWJBH nurse navigation program began in 2018 with 18 navigators. Today we have 45 navigators and are growing. Oncology nurses receive navigation-specific training as well as ongoing education to improve care through measures such as shortening the time between diagnosis and meeting with an oncologist and improving access to palliative care.

Our program is the state’s largest. We routinely conduct quality improvement projects and have presented our outcomes nationally to share best practices. We are one team across our facilities. If you see an oncologist from Rutgers Cancer Institute, for example, but want to receive radiation therapy closer to home or need to see an RWJBH subspecialist, we help coordinate your care seamlessly between sites.

What are some benefits that patients might find surprising?
You’re quickly assessed for any barriers to care and provided resources to overcome them. Barriers often include lack of knowledge, transportation difficulties and financial hurdles. Helping you ease worries allows you to focus on getting well. One aspect is that anxiety and fear of the unknown sometimes prevent people from starting potentially life-saving treatments. We’ll assess this and provide support so you can get the right care. Or, for example, if you’re a candidate for a clinical trial, the navigator can educate you about that and connect you with a research team.

Each navigator brings a wealth of knowledge, energy and empathy. You’re unique with your own story, and the navigator is there to listen and help.
ONE STEP AT A TIME

SPINA BIFIDA COULDN’T STOP LITTLE NIKOS. THE TEAM AT CSH WOULDN’T LET IT.
Thanks to the dedicated care and support of his physical therapists (previous page) at CSH, the love of his parents and his own indomitable spirit, Nikos Kaymakcian, who was born with spina bifida, continues to make great strides.

at RWJBarnabas Health.

CSH physical therapist Tara Iannello, who has been working with Nikos since then, “is an angel,” says Nicole. Nikos also works with physical therapist Natalie Vulpis. “She gives Nikos a push when he doesn’t want to do something and has also been a great fit for him,” says Nicole.

The CSH physical therapists go out of their way, not only to provide great care, but to customize it and make it fun. “Last year, Nikos loved superheroes,” says Nicole, “so Tara set up superhero action figures in stations so he had to practice walking to each one.”

Though Nikos has some weakness in his ankles and feet due to nerve damage, he’s on par with all other milestones for his age and, says his mom, “he’s now walking with braces and his walker, taking steps on his own.”

“I can’t say enough good things about what the people at CSH have done for my son. We’re so blessed. We love them with all our heart.”

The feelings are mutual. “He’s such a sweet and funny kid, and he’s gotten so strong,” Iannello says of Nikos. “We have no doubt that he’s going to do great things in this world.”

To learn more about outpatient programs and services at Children's Specialized Hospital, visit rwjbh.org/cshoutpatient or call 888.244.5373.

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. We treat everything from chronic illnesses and complex physical disabilities, like brain and spinal cord injuries, to a full scope of developmental, behavioral and mental health concerns. We have convenient locations throughout the state: Bayonne, Clifton, East Brunswick, Eatontown, Egg Harbor Township, Hamilton, Jersey City, New Brunswick, Newark, Somerset, Toms River, Union and West Orange.
For years, taking a daily low-dose aspirin for the prevention of heart attack and stroke has been a widely accepted practice. But the U.S. Preventive Services Task Force (USPSTF) recently issued updated guidelines recommending against its use in certain patients for primary prevention of heart disease. Here, cardiologist Jeffrey S. Lander, MD, Co-Director of Sports Cardiology at RWJ Barnabas Health, Co-Medical Director of the Cardiac Care Unit at Cooperman Barnabas Medical Center and a member of RWJ Barnabas Health Medical Group, explains.

How are the new guidelines different from the previous guidelines?

The 2022 guidelines state that using aspirin in select 40- to 59-year-olds may have some benefit in preventing heart disease, but it is not recommended for people aged 60 and older. This is a big change from the 2016 guidelines, which recommended using aspirin for primary prevention in adults aged 50 to 59 who were at risk for cardiovascular disease, and to consider its use for certain adults aged 60 to 69 who were at risk for cardiovascular disease.

What prompted these new recommendations?

Older trials of aspirin use for primary prevention showed benefits—for example, reduction in heart attacks. However, more recent studies did not show a significant reduction in cardiovascular disease. In addition, many of these trials also showed significant risk of internal bleeding among those taking daily aspirin. Given these findings, the recommendations changed.

Are there exceptions to the new guidelines?

It's very important to remember that these recommendations don't pertain to patients with a prior history of heart attack, stroke, bypass surgery or a recent stent procedure. If someone has that history, it's generally beneficial to take a low-dose daily aspirin as it helps reduce the risk of recurrent cardiac disease or events.

If someone has been following a low-dose aspirin regimen for years, what should they do?

In that case, it's important that they speak to their doctor or healthcare provider before making any changes. All of the risks and benefits should be weighed prior to stopping aspirin. Most of the time when aspirin is to be stopped, it's OK to simply stop; a step-down approach isn't needed.

How will the new guidelines change your recommendations to patients?

I feel that most of the latest evidence is in support of the new guideline recommendations. Each patient is unique, and when recommending to either use or not use aspirin for primary prevention of heart disease, the risks and benefits should be discussed and weighed by doctor and patient to make an individualized plan.
HUDBSON COUNTY’S BUSIEST EMERGENCY DEPARTMENT GETS A $100 MILLION EXPANSION—AND A SEPARATE PEDIATRIC ED.
In late July, Jersey City Medical Center (JCMC), an affiliate of RWJBarnabas Health, unveiled the much-anticipated $100 million expansion of its adult Emergency Department (ED)—already the busiest ED in Hudson County—as well as a new pediatric Emergency Department, designed to cater specifically to the emergency needs of children. The ribbon-cutting ceremony on July 26 was attended by community stakeholders as well as Jersey City Mayor Steve Fulop, JCMC executives and members of the Abercrombie Guild, who also proudly unveiled the dedication plaque to the Abercrombie Guild Pediatric Emergency Department.

The 60,000-square-foot, state-of-the-art expansion includes numerous upgrades, modern equipment, hybrid operating rooms that can be used for both open and minimally invasive surgery, and more room for inpatients. The new space is not only larger, more modern, brighter and more accessible, but it improves traffic flow for visitors as well as healthcare and support staff. And, of course, it can accommodate more patients.

This is good news for area residents as, according to JCMC President and Chief Executive Officer Michael Prilutsky, even before construction of the expansion began, more than 80,000 visits were made to the hospital ED every year. “We do expect an increased demand for our Emergency Department services as Jersey City and Hudson County continue to grow,” says Prilutsky. “The reason for doubling the size of the ED is to enable us to continue to provide safe, high-quality care and, as importantly, leveraging the state-of-the-art facility, continue to retain and attract the best healthcare professionals.”

AN EMERGENCY DEPARTMENT FOR KIDS
As part of the expansion, JCMC has not only dramatically increased the size of the existing ED, but has opened the new Abercrombie Guild Pediatric Emergency Department, part of the Children’s Health Network of RWJBarnabas Health. The new pediatric ED was made possible with the help of a generous multimillion-dollar gift from the Abercrombie Guild—its final donation.

The JCMC Emergency Department handles about 14,000 pediatric visits a year—and that number is expected to grow. “The pediatric ED is a state-of-the-art, patient-centered facility that puts children and families at the center of care,” says JCMC Foundation Vice President Nicole Kagan. “The separate entrance insulates children from the larger volume of activity in the adult ED, so that the already stressful experience of an emergency room visit is not magnified by the sights and sounds of events in the adult ED.”

The 4,200-square-foot Abercrombie Guild Pediatric Emergency Department also features:

- A separate registration area and triage
- A fast-track area for minor injuries and illnesses

THE JERSEY CITY MEDICAL CENTER-ABERCROMBIE GUILD PARTNERSHIP: A TIMELINE

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<td>The collaboration between JCMC and the Abercrombie Guild begins.</td>
<td>Investment in the Women’s Health at Grove Street helps to establish a comprehensive center with services for women in Hudson County.</td>
<td>$100,000 gift to name the Abercrombie Guild Lactation Room</td>
<td>Lord Abbett Maternity Wing groundbreaking—private maternity suites for Hudson County</td>
<td>Maternity Wing opens—more than 2,400 babies born and hundreds of mothers find comfort and privacy in the Abercrombie Guild Lactation Room.</td>
<td>After 148 years of service, the Abercrombie Guild makes one final, lasting gift before dissolving the organization: the Abercrombie Guild Pediatric Emergency Department.</td>
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• An area for children who need to stay for several hours
• A four-bed inpatient unit for children who need to stay overnight or who are to be admitted
• A dedicated area for behavioral health assessment
• An exterior entrance and waiting room for children and families to separate them from the commotion of the adult trauma center
• A play area for patients and siblings

“The Abercrombie Guild Pediatric Emergency Department is a gift that came about after more than a decade of active partnership, which included other philanthropic gifts to Jersey City Medical Center,” says Kagan.

There had been ongoing discussion with the Abercrombie Guild about a major gift that the Guild would consider emblematic of their long and distinguished history of serving women and children in Jersey City and Hudson County. Following years of discussion, the gift and the important project came to fruition this year.

In 2022, the pledge was signed with great pride among the members. “The signing was an emotional event,” says Kagan.

“With the remaining members of the Guild now in retirement, they had decided that it was time to dissolve the organization. After 148 years of service through several generations, this legacy gift would be a lasting reminder of the impact the Guild had through its compassionate work.”

“It is the honor and privilege of the remaining members of the Abercrombie Guild to make this our final donation and know that our legacy will live on in the Abercrombie Guild Pediatric Emergency Department, providing care to the youngest, most vulnerable members of our community,” says Guild Trustee Victoria Samulski.

THE ABERCROMBIE GUILD: A HISTORY

The Abercrombie Guild began in 1874 as the Ladies’ Hospital Guild with a membership of 20 devoted women whose mission was to aid the sick at Christ Hospital in Jersey City.

The hospital was founded by Reverend Richard Mason Abercrombie and the Ladies’ Guild, like the Reverend, worked tirelessly to secure funds for the hospital’s expenses and invested money for future needs. The women of the Ladies’ Hospital Guild took special pride in the endowment of a bed for a children’s ward at the hospital, where young children, many of them poor and vulnerable, were cared for, fed and clothed. The endowed bed came to be known as the “Daisy Bed,” and soon, donations began coming from around the country. A unit, called the “Daisy Ward,” was established with more beds dedicated to the children.

In October 1885, the Guild, whose mission remained the same—care of the sick—became incorporated as the Abercrombie Guild, in memory of the beloved Reverend Abercrombie, who had passed away a year earlier. The Abercrombie Guild continued to secure and safely invest funds that were bequeathed and donated, and those funds allowed the Guild to purchase much-needed medical equipment for the pediatric, maternity and emergency departments at the hospital. Through the years, the Abercrombie Guild has also supported nursing education in Hudson County by providing scholarships for deserving students to earn nursing degrees and providing funds for teaching equipment.

In 2013, the Abercrombie Guild redirected its efforts and sought a new not-for-profit hospital partner, and decided to lend its support to Jersey City Medical Center with a number of donations. The Guild contributed $25,000 to support the Women’s Health at Grove Street on Newark Avenue; $100,000 for a lactation room in the new Lord Abbett maternity wing at JCMC; and its final gift, a multimillion-dollar donation to fund the Abercrombie Guild Pediatric Emergency Department.

What a beautiful way to help Hudson County children and their families—and preserve the Guild’s (and Reverend Abercrombie’s) legacy for generations to come.

To learn more about emergency services and exceptional care at Jersey City Medical Center, visit www.rwjbh.org/jerseycity or call 201.915.2000. In case of an emergency, immediately dial 9-1-1.
Earlier this year, Jersey City Medical Center (JCMC) announced the addition of fellowship-trained breast surgeon Christopher McGreevy, MD, to its Oncology Program. Dr. McGreevy, who also treats patients at Cooperman Barnabas Medical Center, is committed to help educate patients on the importance of early detection and prevention and self-care. “I’m a big proponent of patient education,” says Dr. McGreevy. “It is important that patients participate in their own care, especially when it comes to screening and prevention.” In fact, says Dr. McGreevy, “One of our goals is to globalize screening and identify high-risk patients early on, to prevent cancers from being diagnosed at a later stage.”

Dr. McGreevy’s commitment to helping educate patients is part of his comprehensive patient care philosophy, which also focuses on shared decision-making. He believes in a multidisciplinary approach to the treatment of breast cancer and works closely with colleagues in radiology, medical oncology and radiation oncology to individualize patient care.

Ensuring that patients are able to receive the care they need is another of Dr. McGreevy’s goals. “We’ve seen an increase in access to care since I’ve arrived,” says Dr. McGreevy, noting that the increased access is due in part to his acceptance of all insurance plans. “The new location also adds convenience for a wide range of patients who no longer have to leave Hudson County to receive state-of-the-art care,” he says.

The JCMC Oncology Program offers all major treatments for breast cancer, including surgery, radiation therapy, chemotherapy and other immunotherapies, as well as endocrine therapy.

One of the most significant features of our program is the individualized approach it offers to patients. “There are many treatment options for breast cancer, and sometimes the best treatment for one patient isn’t the best for another,” says Dr. McGreevy. “Here, the physicians and surgeons all participate in a tumor board—medical oncology, radiation oncology, radiologists, pathologists and a geneticist—where we meet together and go over each patient’s unique situation. We formulate a plan and find the best treatment for each specific patient together.”

Thanks to our partnership with Rutgers Cancer Institute of New Jersey, the state’s only NCI-Designated Comprehensive Cancer Center—provides close-to-home access to the latest treatment options. For more information, call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.

To learn more about oncology services at Jersey City Medical Center, call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.
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n recent years, the words “diversity” and “inclusion” have flooded the media, and Diversity and Inclusion (D&I) departments, a rarity outside of large corporations just a few years ago, have become common in workplaces of all kinds.

Here, Adrienne Austin, Esq., Director of Diversity and Inclusion at Jersey City Medical Center (JCMC), sheds some light on the importance of D&I in the workplace and beyond.

What is the role of D&I at JCMC?
Diversity and Inclusion is critical to any high-functioning organization. Like most urban hospitals, Jersey City Medical Center serves a majority-minority patient base, so ensuring that our workforce is reflective of our community and providing culturally competent care is essential to our mission.

What are some activities, programs and other D&I initiatives at JCMC?
Our work focuses on addressing and removing barriers to diversity and cultivating a work culture that ensures that everyone can fully participate and feel that they belong. We have employee-led business resource groups—the Black Professionals Network (BPN), Asian Society for Impact and Advocacy Network (ASIAN) and Promoting Respect, Outreach, Understanding and Dignity (PROUD)—and those groups help drive the events and work that shape an inclusive work culture.

Many people think D&I is about race only. But race is only part of the picture, isn’t it?
The African American community continues to face bias and discrimination, and addressing racism is part of Diversity and Inclusion work. But diversity and inclusion is about and for all of us. We all have different upbringings, beliefs, backgrounds, values and lifestyles, and D&I helps us understand, work through and overcome those biases.

What are some other areas that your work addresses?
Jersey City has the largest LGBTQ+ community in New Jersey, so we have to ensure that our facilities are welcoming and affirming and that our staff have the training and clinical expertise to provide high-quality healthcare to LGBTQ+ patients. Jersey City patients are also linguistically diverse, so it’s important for our staff to know how to access interpretation and translation services and communicate with patients in their preferred language.

What are some upcoming D&I events and initiatives you’re involved with?
Throughout the year, there are numerous activities to celebrate and bring us together through cultural awareness among our colleagues and the communities we serve. For example, this year alone, we have held a number of celebrations to recognize Black History Month, Juneteenth, Asian American and Pacific Islander Heritage Month and Pride Month, just to name a few. This fall, we’re acknowledging National Hispanic Heritage Month, and will have a host of activities and community events planned.

If you’re interested in learning more about Diversity and Inclusion at Jersey City Medical Center, contact Adrienne Austin, Esq., Director of Diversity and Inclusion, at adrienne.austin@rwjbh.org or 201.395.7538.
PUPPY LOVE

JCMC’S NEW PET THERAPY PROGRAM PROVIDES COMFORT (AND SOMETIMES HUGS AND CUDDLES) TO PATIENTS.

Jersey City Medical Center’s pet therapy program is new, but it is already garnering enthusiastic support from patients and staff alike. Like the program itself, that support is expected to grow. Here, JCMC Assistant Vice President of Oncology Services Jenny Andrews, who directs the program, shares how it came to be and what’s on the horizon for the future.

When and how did the pet therapy program start?
Our first visit, in early June, was organized in honor of Cancer Survivors Month. We kicked off the program with one dog, Ziva, a Golden Retriever. The patients really love Ziva, as evidenced by their smiles and joyous welcoming of her into their treatment bays. They’ll often take pictures with her, and many have even asked specifically to come in on Fridays since Ziva is here then!

What is pet therapy and how does it work at JCMC?
Pet therapy is a patient-centered approach to reducing stress and depression and improving the emotional well-being of patients with cancer. Upon obtaining permission, the dog enters the exam/treatment room and sits at the foot of the patient’s chair. The patient can pet and speak with the animal, and, in some cases, patients will hug the dog. The dog will stay for as long as the patient would like, and the handler may or may not engage with the patient, depending on the patient’s preference.

What are some of the benefits of pet therapy?
The prime objective of pet therapy is comfort, but it also provides a great distraction during long treatments. One of the more unexpected benefits we’ve seen, even though we’re still new, is the positive impact Ziva has on the staff. Her presence reinvigorates the staff and taking a few minutes to pet her is very centering.

How many dogs and handlers do you expect to have in the program?
As many as we get to volunteer. Right now, Ziva visits on Fridays, and we’d like to offer the services more frequently since many of our patients are on treatment cycles on consistent days of the week.

What are the goals for the program?
The goal is to provide patients a full array of complementary therapies to foster their well-being and alleviate some of the stress and anxiety of their diagnosis and treatments. Pet therapy is a large component of that, and we’re also exploring programs such as journaling, music therapy and crystal therapy/meditation.

To learn more about oncology and its related services, including pet therapy, at Jersey City Medical Center, call 844.CANCERNJ or visit www.rwjbh.org.
At some hospitals, nurses are considered the unsung heroes of patient care. Not so at Jersey City Medical Center (JCMC). Here, not only are nurses recognized by their patients and colleagues for the important work they do, but earlier this year, for the fourth time since 2008, JCMC received nursing’s highest honor: Magnet recognition. This designation, bestowed by the American Nurses Credentialing Center’s (ANCC) Magnet Recognition Program®, distinguishes healthcare organizations that meet rigorous standards of nursing excellence.

According to Margaret Ames, DNP, RN, Chief Nursing Officer and Vice President of Patient Care Services at JCMC, “Magnet recognition raised the bar for patient care and inspired every member of our team to achieve excellence every day.”

The main categories considered for Magnet recognition are nursing satisfaction, patient satisfaction and patient outcomes. “This recognition encompasses all registered nurses and advance practice registered nurses in the ambulatory and acute-care settings,” says Ames. “Patients trust their nurses to provide caring and skilled services, and nurses regularly report a desire to work in organizations with the Magnet designation.”

JCMC’s most recent Magnet recognition includes special mention of four areas that were achieved with distinction:

- Exemplary achievement of 87 percent of registered nurses with a baccalaureate or higher nursing degree
- Significant reduction in central line-associated bloodstream infections
- Noteworthy reduction in patients who leave the emergency room without being seen
- Significant reduction in the rate of patient falls with injury

Magnet recognition goes beyond acknowledging dedicated nurses. “This designation acknowledges nursing excellence that organizations must demonstrate with data and specific examples,” says Ames.

At JCMC, there is no shortage of specific examples of nursing excellence. For instance, the hospital has a program called NICHE: Nurses Improving Care for Healthsystem Elders, led by Geriatric Nurse Practitioner Janielle Viuya, DNP, RN. “In addition to specialized training for nurses and technicians in the care of elderly patients, including those with dementia, this program has added pocket amplifiers as an innovative tool to assist those with hearing impairment,” says Ames.

Another example is at JCMC’s Center for Comprehensive Care, where, says Ames, “Our clinical nurses are involved with improving survival of HIV-positive women who’ve had a positive Pap smear.”

Research shows that Magnet recognition also offers a number of benefits to healthcare organizations and their communities, including:

- Higher patient satisfaction with nurse communication, availability of help and receipt of discharge information
- Lower risk of 30-day mortality and lower failure to rescue rates
- Higher job satisfaction among nurses
- “It’s our commitment to providing our community with high-quality care that helped us become a Magnet-recognized organization 14 years ago,” says Ames, “and it’s why we continue to pursue and maintain Magnet recognition.”

To learn about career opportunities at Jersey City Medical Center and become part of an award-winning team, visit www.rwjbh.org/jerseycity.
We’re healing, enhancing and investing in Hudson County. And that means everyone benefits. Here are some
of the changes we’ve made:

• Spacious, comfortable treatment areas
• Convenient, easy to access parking
• Separate entrances for pediatric and adult patients
• State-of-the-art treatment and triage rooms

More than a renovation with more square feet, our new clinical space is transformative, allowing us to
enhance our already outstanding care to provide patients with the safest, highest quality care possible.
Learn more at rwjbh.org/HudsonCounty

Opening Fall 2022.
The all-new Emergency Department.

Jersey City
Medical Center  RWJBarnabas
HEALTH
Let’s be healthy together.