

A Publication of
**ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL**

Spring 2022

healthy *together*

**TWO SURGERIES,
ONE FRESH START**

**FIXING AN ATHLETE'S
MYSTERY INJURY**

**FAMILY PLANNING:
KNOW YOUR OPTIONS**

**CANCER:
TOMORROW'S
TREATMENTS
TODAY**

MESSAGES FROM LEADERSHIP



“During the recent omicron surge, our healthcare workers went above and beyond during an extraordinarily difficult time. Their commitment to their patients and the community was incredibly gratifying and is representative of the extraordinary dedication of our RWJBarnabas Health workforce.”

BARRY H. OSTROWSKY

CHIEF EXECUTIVE OFFICER, RWJBARNABAS HEALTH



“At Robert Wood Johnson University Hospital, our team’s response to the recent omicron COVID-19 surge served as an inspiration to us all. Our team consistently stepped up and volunteered to support their colleagues across many different clinical areas to ensure that we continued to deliver exceptional, seamless care to every patient who entered our hospital when they needed us most.”

BILL ARNOLD

PRESIDENT AND CHIEF EXECUTIVE OFFICER
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL

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HEALTH NEWS



WELCOMING A NEW CHIEF NURSING OFFICER

Robert Wood Johnson University Hospital (RWJUH) has named Courtney Vose, DNP, MBA, RN, APRN, NEA-BC, FAAN, Senior Vice President and Chief Nursing Officer (CNO). With more than

two decades of clinical, C-suite, academic and management experience, Dr. Vose is a proven leader and expert in driving nursing excellence and research. In her new role, she is responsible for integrating and coordinating nursing practices across all service lines.

Her reputation for cultivating a high-performing nursing culture complements RWJUH's history of nursing excellence as one of only seven programs in the world to receive Magnet Recognition for nursing six consecutive times.



FIRST-IN-U.S. ULTRASOUND TECHNOLOGY COMES TO RWJUH

The future of cardiac imaging recently arrived from France at RWJUH and Rutgers Robert Wood Johnson Medical School (RWJMS) with the MELODY robotic tele-cardiac ultrasound technology.

The system features a robotic arm, an ultrasound machine and video-conferencing technology that connects the patient with an expert at two separate locations, providing more access to expert diagnostic imaging. It's the first technology of its kind deployed in the U.S. for clinical use.

Experts in France and the RWJUH and RWJMS cardiovascular team, led by Partho Sengupta, MD, FACC, recently tested the system, performing several hours of trans-Atlantic diagnostic ultrasound imaging in real time over a routine 4G cellular network.

LEADING IN LGBTQ HEALTHCARE EQUALITY

RWJBH has been recognized as a “Leader in LGBTQ Healthcare Equality” by the Human Rights Campaign (HRC) Foundation, the educational arm of the country's largest lesbian, gay, bisexual and transgender civil rights organization, for the sixth consecutive year. The honor is based on an annual assessment of healthcare institutions that are leaders in inclusive policies and practices related to LGBTQ patients, visitors and employees.

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Regular exercise such as walking helps Gina Bergstrom maintain benefits from a kidney transplant and follow-up weight loss surgery that reduces risks to her new organ.

‘I FEEL LIKE A NEW, DIFFERENT PERSON’

A COLLABORATIVE TRANSPLANT AND WEIGHT LOSS SURGERY PROGRAM GIVES ONE HIGH-RISK KIDNEY PATIENT A HEALTHIER LIFE.

When Gina Bergstrom woke in February 2019 feeling unable to breathe fully or walk more than a few feet, she knew her kidneys were the culprit.

A dozen years earlier, undetected and untreated high blood pressure had damaged the Sayreville woman's kidneys, causing problems similar to those she was experiencing in 2019. Bergstrom's symptoms had improved after she was prescribed medication. But over time, her kidney function had gradually continued to dwindle. Now she was facing dialysis treatments to artificially purify her blood three times a week.

Doctors at Robert Wood Johnson University Hospital (RWJUH) told Bergstrom she'd need a kidney transplant. But first she would need to lose at least 60 of her then 260 pounds to become eligible for a place on the organ transplant list. It was a moment of clarity for Bergstrom, who had struggled with excess weight for many years.

"When my mother was shown to be an organ match, I decided if I had to stand on my head 23 hours and 59 minutes a day to get and keep the new kidney, that's what I was going to do," recalls Bergstrom, who was 51 at the time. "I worked my backside off and was exactly 200 pounds on the day of the surgery."

TEAM APPROACH

RWJUH surgeons faced an unusual case with Bergstrom's then-67-year-old mother as her organ donor.

"Because kidney failure is typically an older-age disease, it's more common that a child will donate to a parent," says Director of Transplantation Ronald

Pelletier, MD, who operated on Bergstrom's mother, Jennie Montanino of West Palm Beach, FL. But Bergstrom was fortunate. "Having a living donor available is best, because the average wait time for a deceased-donor kidney transplant in New Jersey runs about seven years," Dr. Pelletier says.

Bergstrom's weight was an issue because obesity can be associated with increased risk of complications after transplant. About 20 percent of RWJUH patients evaluated each year for organ transplants are overweight or obese, reflecting broader national numbers, says transplant surgeon Advait Bongu, MD, who successfully transplanted Bergstrom's new kidney in December 2019.

This led RWJUH to create a unique collaboration between the transplant and bariatric, or weight loss, surgery programs. The partnership is designed to benefit high-risk patients who would otherwise not be candidates or those like Bergstrom who have regained weight post-transplant due to medications. Dr. Bongu suggested she meet with the bariatric team to discuss her options.

"It can be scary for patients: You sign up for one surgery and all of a sudden you're talking about two potential surgeries," Dr. Bongu says. "But weight loss surgery is generally safe and potentially beneficial, so Gina wanted to move forward."

"I knew it would help me in the long run," Bergstrom says. "I wanted to do everything I could to help myself."

REDUCING RISKS

The minimally invasive bariatric procedure, performed in January 2021, involved reducing

"SHE HAD TWO OPERATIONS AT RWJUH THAT LITERALLY SAVED HER LIFE AND LIKELY ADDED AT LEAST 10 YEARS TO HER LIFE EXPECTANCY."

Ragui Sadek, MD

the size of Bergstrom's stomach so she would feel full after eating even small amounts.

"Our operation basically protected her transplanted kidney by lowering risks from obesity-related factors such as high blood pressure and high cholesterol as well as obesity itself that may

have predisposed her to organ rejection," says Ragui Sadek, MD, Director of Metabolic and Bariatric Surgery. RWJUH is a designated Center of Excellence in Bariatric Surgery.

"Gina's case shows two sides of what we do here," Dr. Sadek says. "Before an operation, we can bring a patient's weight down to make them a candidate for transplant. Or if they had a transplant and gained weight afterward because of medications or other reasons, we can often correct certain medical conditions that may jeopardize the transplanted kidney."

After recovering from both surgeries, Bergstrom says she feels "like a new, different person." Before her transplant, limitations that her impaired kidneys imposed made it impossible to help care for her two young nephews. Now with her new kidney and a weight of 121 pounds, the doting aunt easily treks the two-plus miles to her nephews' school as well as to local stores. Bergstrom's body mass index (BMI), a measure of body fat based on height and weight, has dropped into the normal range, Dr. Sadek says.

"I do a lot of walking and eat a lot of protein, vegetables and other healthy foods," says Bergstrom, who needs to take anti-rejection medications and special vitamins. "Now my family yells at me to sit still, but I've got so much energy, I always have to be doing something."

"Gina went from being morbidly obese with coexisting conditions to not even being overweight," Dr. Sadek says. "She had two operations at RWJUH that literally saved her life and likely added at least 10 years to her life expectancy."



ADVAIT BONGU, MD



RONALD PELLETIER, MD



RAGUI SADEK, MD

To learn more about kidney transplantation and factors affecting eligibility such as weight at Robert Wood Johnson University Hospital, call **732.828.3000** or visit **www.rwjbh.org/transplant**.



FIXING A MYSTERY INJURY

**PLAYING THROUGH PAIN ALMOST
SIDELINED THIS ATHLETE.
FINDING THE RIGHT SPECIALIST
HELPED MAKE HIM A CHAMPION.**

Finding a specialist to accurately diagnose and treat a knee injury kept Hunter Pappas on the field for a championship college season.

A few years ago, Hunter Pappas injured his right knee playing on Wall Township High School's football team. It concerned him enough to get an MRI, but the imaging test didn't reveal an obvious injury, so he kept playing, thinking it was just an annoying case of tendinitis.

But the pain didn't go away. Several more doctor visits also failed to find the source of the discomfort. Pappas tried physical therapy, rest, knee bracing and anti-inflammatory medications to help ease the pain, but they didn't resolve the recurring problem.

"It didn't hurt that much when walking normally," says Pappas. "But it was hard to walk up stairs, and it hurt to do squats or get into my football stance."



PATRICK S. BUCKLEY, MD

His love of football kept him playing even though he was in pain. "It was pretty tough," he says. "I just pushed through it because I wanted to play."

After his football season ended, the pain still continued, so Pappas met with yet another doctor. This time, things were different.

AN UNUSUAL PROBLEM

Patrick S. Buckley, MD, ordered another MRI. An orthopedic specialist at Robert Wood Johnson University Hospital (RWJUH), sports medicine surgeon at University Orthopaedic Associates and Clinical Assistant Professor of Orthopedic Surgery at Rutgers Robert Wood Johnson Medical School, Dr. Buckley spotted what no one else had: Pappas had significant inflammation and a small tear of his patellar tendon, a tough band of tissue that connects the kneecap to the top of the shinbone and helps straighten the leg.

"This is not your common football injury, like an ACL [anterior cruciate ligament] or meniscus tear," Dr. Buckley says. "Hunter had a lot of swelling at the bottom of his kneecap, where the patellar tendon attaches. That's consistent with something called patellar tendinopathy."

Unlike tendinitis, which is inflammation of a typically normal tendon, tendinopathy occurs when a tendon has been inflamed for a long time. "The actual structural makeup of that tendon changes," Dr. Buckley says.

To repair Pappas's damaged tendon, Dr. Buckley performed a procedure called a knee arthroscopy, patellar tendon debridement and repair in April 2021 at RWJUH. The hospital offers treatment for a range of orthopedic issues, including various sports injuries, traumatic injuries and fractures, and joint replacements of the hip and knee.

"I went in with a camera and small instruments to make sure everything else was okay and really work on the back side of the patellar tendon," Dr. Buckley explains. "I cleaned damaged tissue out of that area and sewed it back

together." The procedure took about 90 minutes, and Pappas went home the same day.

GRIDIRON GRIT

Recovery took time. Pappas wore a knee brace for about six weeks and underwent physical therapy for several months.

"Hunter worked really hard at the therapy side of it not only to build strength but also to retrain lower extremity muscles to function in a way that is more normal," Dr. Buckley says. "When you take the pain generator away, you can start rebuilding the foundation and return to a normal level of activity."

Pappas was highly motivated to do everything he could to get back in action because he had an offer to play college football at Anna Maria College in Paxton, MA.

"The recovery was pretty challenging," Pappas says. "But in my head, I was like, 'I need to do this if I still want to play football in college.' So I pushed through it, and in the end, it all came out amazing."

Not only did Pappas join the team as an offensive lineman, but he also was able to play with his older brother, Tyler, during a record-breaking season in which the team became the Eastern Collegiate Football Conference champions.

Pappas says his knee now feels fantastic. "I can walk up stairs without any pain," he says. "I can squat down to pick up something from the ground or do weight lifting reps without having to stop halfway through the set to stretch my knee."

Dr. Buckley says Pappas's success shows that patients in pain shouldn't stop searching for solutions until they get relief.

"A lot of times, you may be told you have to live with something or there's no real solution," Dr. Buckley says. "But seeing a specialist, especially one with expertise in the injury, has a lot of value."



ORTHOPEDIC SERVICES FOR ALL AGES

The Orthopedic Center at Robert Wood Johnson University Hospital (RWJUH)

prides itself on achieving the best outcomes for each patient. The center has a multidisciplinary team consisting of nurses, physical and occupational therapists, patient care technicians and board-certified, fellowship-trained orthopedic surgeons who work together to create a customized plan that meets each patient's unique needs.

RWJUH's adult orthopedic services include procedures and care for:

- Joints
- Spine
- Orthopedic trauma
- Sports medicine
- Hands
- Upper extremities
- Feet and ankles

For information, visit www.rwjbh.org/ortho.

The Bristol-Myers Squibb Children's Hospital at RWJUH

has pediatric orthopedists affiliated with RWJBarnabas Health Medical Group who are recognized for excellence in the care of children and adolescents, and are dedicated to furthering their field by developing protocols as well as techniques for the treatment of children with orthopedic problems. Pediatric orthopedic services include treatment related to:

- Trauma and fractures
- Scoliosis and other spinal disorders
- Pediatric and adolescent sports medicine
- Congenital upper limb anomalies/birth defects
- Hereditary disorders
- Growth-related problems
- Hip dysplasia
- Bone tumors/cysts
- Musculoskeletal infections
- Club feet
- Neuromuscular disorders
- Cerebral palsy
- Spina bifida
- Pediatric shoulder, elbow, wrist and hand

For more information or to schedule an appointment with one of our pediatric orthopedic providers, call **732.390.1160**.

COPING WITH LEAKAGE AND OTHER PELVIC PROBLEMS

WOMEN OFTEN SUFFER IN SILENCE, BUT HELP IS AVAILABLE AND MAY BE EASIER THAN YOU THINK.

The pelvic floor may be one of the most overlooked areas of the body—until it stops working properly. A collection of muscles and connective tissues, the pelvic floor holds in place organs such as the bladder, rectum, bowels and uterus.

“What can happen in women over time is that—as a result of factors such as aging, being pregnant, having vaginal or traumatic delivery, going through multiple deliveries or having a genetic predisposition—the pelvic floor can weaken and not function as well,” says Shirly Solouki, MD, a female pelvic medicine and reconstructive surgery specialist at Robert Wood Johnson University Hospital (RWJUH) and Assistant Professor at Rutgers Robert Wood Johnson Medical School. “That dysfunction can manifest as several conditions.”



Unfortunately, women often dismiss these conditions or find them embarrassing. “There’s not enough awareness that treatments are available,” Dr. Solouki says. She explains what can go wrong—and what to do.

What problems can result from a weak pelvic floor?

Three are especially common. One is pelvic organ prolapse, in which weakened muscles allow one or more pelvic organs to drop or press into the vagina. This often causes vaginal pressure and a palpable vaginal bulge. It’s not dangerous, but it is progressive and may worsen over time.

Then there are two types of incontinence. They’re important to distinguish because their causes and treatments are different.

Stress- or activity-related incontinence occurs when activities like laughing, coughing, sneezing or exercises cause urine to leak.

Urgency incontinence is associated with sudden urges to use the bathroom with little warning due to bladder nerves and muscles not working properly. It’s generally associated with age but also neurodegenerative conditions.



SHIRLY SOLOUKI, MD

Why do some women hold back from care?

Issues like leakage have been normalized. Women are conditioned to live with incontinence and compensate by wearing pads, changing undergarments, minimizing water intake or limiting social activity. Lack of awareness also contributes to making some problems seem taboo. Women may not want to bring the subject up with a doctor.

What can women do?

Pelvic floor exercises can improve or halt progression of activity-related incontinence and pelvic organ prolapse. But many women don’t know how to do them properly, so they could benefit from consulting a physician or pelvic floor physical therapist.

Intravaginal devices can help with pelvic organ prolapse and activity-related leakage. Medication can help with urgency incontinence. And a variety of procedures can be used to treat all three conditions. I take a shared decision-making approach to decide which method is best for the patient. It’s all about how bothersome patients find a condition and what their priorities are.

To learn more about female pelvic medicine at Robert Wood Johnson University Hospital, call **732.235.6600**.



3 FAST FACTS ABOUT CANCER CLINICAL TRIALS

HOW RWJBARNABAS HEALTH AND RUTGERS CANCER INSTITUTE OF NEW JERSEY OFFER TOMORROW'S TREATMENTS TODAY

Cancer clinical trials often save lives. If you or a loved one needs treatment for cancer, here's what you should know:

FACT #1 You don't have to travel to a nearby city, such as New York or Philadelphia, to access a clinical trial.

As New Jersey's only National Cancer Institute-Designated Comprehensive Cancer Center, Rutgers Cancer Institute of New Jersey, together with RWJBarnabas Health (RWJBH), offers a wide range of clinical trials, many of which aren't available



HOWARD HOCHSTER, MD

elsewhere.

Patients may participate in a clinical trial either at an RWJBH hospital near where they live or at Rutgers Cancer Institute.

"We've integrated cancer care so that we're putting the standards and expertise of an NCI-Designated Comprehensive Cancer Center, as well as clinical trials, in all 12 hospitals in the RWJBH system," says Howard Hochster, MD, FACP, Director, Oncology Research for RWJBH, and Associate Director, Clinical Research, for Rutgers Cancer Institute.

FACT #2 Clinical trials have led to significant advances in treatment.

Treatments developed through these trials have helped tens of thousands of patients.

For example, Rutgers Cancer Institute:

- Was the first to offer trials with specific immunotherapy drugs that worked for many skin cancers, especially Merkel cell carcinoma.
- Participated in a trial for a first-line colon cancer treatment that led to excellent responses for a number of patients, making them eligible for potentially curative surgery.
- Has pioneered immunotherapy treatments resulting in better management of many cancers, including renal cell cancer and bladder cancer.


"When I started out treating colon cancer 25 years ago, we had only one drug available, and it dated back to the 1960s," says Dr. Hochster. "Since that time, we've developed three new chemotherapy drugs and five new targeted drugs for colon cancer, and all of them were developed through clinical trials. Now people are living with colon cancer, on average, four times as long as they used to."

FACT #3 Clinical trials are not a last resort.

"It's important for people to understand that enrolling in a clinical trial is often an option for a first-line or early treatment," says Dr. Hochster. "These trials are a way for us to give patients the latest treatments before they're widely available. They offer tomorrow's treatments today."

To determine whether a patient would be best suited for a clinical trial or for standard care, each individual case is evaluated by a multidisciplinary team of cancer experts from throughout RWJBH and Rutgers Cancer Institute.

Rutgers Cancer Institute and RWJBH currently offer approximately 270 different clinical trials.


RWJBarnabas Health, together 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. To learn more, call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.

To learn more about clinical trials at RWJBarnabas Health and Rutgers Cancer Institute of New Jersey, call 844.CANCERNJ or visit www.cinj.org/clinical_trials.





LISTENING TO YOUR HEART

WHAT CAN A DIGITAL CARDIAC DEVICE
TELL YOU ABOUT YOUR HEART'S RHYTHM?

“**C**all your doctor,” said the message on the 87-year-old woman’s Apple Watch.

A regular walker and exerciser, the woman wasn’t feeling right, so she’d



PARTHO SENGUPTA, MD



GARY ROGAL, MD

checked the Heart Rate app. It showed that her heart rate was significantly slower than normal.

Her son took her to the emergency department, where an electrocardiogram determined that there was a problem with the electrical signals in her heart. The next morning, doctors implanted a pacemaker.

“Her diagnosis was clearly aided by her having an Apple Watch,” says the woman’s cardiologist, Gary Rogal, MD, Medical Director for RWJBarnabas Health Cardiovascular Services and a member of RWJBarnabas Health Medical Group. “I believe wearable digital devices

that measure heart rhythm will become a major addition to the diagnostic tool kit for cardiologists.”

Who should wear one of these devices? The short answer: people whose doctors recommend it.

“Wearable cardiac devices are very handy tools, but you have to be selective about how you use them,” says Dr. Rogal.

THE HEART’S RHYTHM

The main value of wearable cardiac technology lies in its ability to detect cardiac arrhythmias, or irregular heartbeats, Dr. Rogal explains. These

condition that's anywhere from harmless to life-threatening.

"If I'm concerned about arrhythmia based on what the patient is telling me, but just can't nail down the diagnosis, I might suggest that a patient use a wearable cardiac device," says Dr. Rogal. "The decision should be made along with a physical exam and a knowledge of the patient's medical history and symptoms. If there's no real reason to have one, wearing the device could do nothing more than make a patient anxious."

NEW TOOLS

An early form of wearable cardiac technology, the Holter monitor, has been around for decades. This device uses electrodes (small, plastic patches on the skin) to record the electrical activity of the heart.

"A patient can wear a Holter monitor for 24 to 48 hours or even longer," Dr. Rogal explains.

"The reality is, though, that some patients have arrhythmias once every few weeks or even every few months, and a Holter monitor could miss that," he says. "That's the type of thing a smartwatch would pick up."

Dozens of wearable devices are on the market today. Examples include:

KardiaMobile, a pocket-sized portable EKG machine that allows patients to put their fingers on sensors and share the results with their doctor.

The MCOT Patch System, which monitors the heart rhythm for two weeks via a sensor on the patient's chest.

Other digital cardiac devices, which must be implanted by a physician, are also coming into wider use. Examples include:

A device called **CardioMEMS**, which monitors pulmonary artery pressure and sends the results to a team of clinicians.

A loop recorder, a device smaller than a USB flash drive, that's placed just

underneath the skin near the breastbone. It can continuously record a patient's heart rhythm for up to three years. "If a patient calls me and says, 'Hey, I'm feeling funny, a little lightheaded,' I can interrogate the loop recorder and see what the heart rhythm was during that symptom," says Dr. Rogal.

ARTIFICIAL INTELLIGENCE


The key to the success of these technologies lies in artificial intelligence (AI)—the ability of a computer to compare an individual's data against that of thousands of other patients and flag information that may be significant.

"AI allows information to be provided to the care team in a very nuanced way," says Partho Sengupta, MD, Chief of the Cardiology Service Line at Robert Wood Johnson University Hospital (RWJUH) and Chief of the Division of Cardiology at Robert Wood Johnson Medical School. "The device will only send an alert if it thinks the data is moving in the wrong direction and the patient is not doing well, as opposed to a steady stream of data, which can be overwhelming."

The cardiology team at RWJUH meets regularly with doctors in the community to discuss the digital transformation of cardiology and consider innovations for treatment. Dr. Sengupta and his colleagues are conducting several clinical trials, including one for an armband that can monitor multiple physiological signals and offer personalized recommendations for a patient's care.

"For the future of cardiology, our overall concept is that care starts in the patient's home and ends at home, with the hospital and the clinic only points along the way," Dr. Sengupta says. "In order for us to connect the whole journey, we need to have the ability to continuously monitor a patient's health."

"It's like how we use a GPS to help us on a road journey," he says. "Now it's time to take that approach and apply it to our health journeys."



"FOR THE FUTURE OF CARDIOLOGY, OUR OVERALL CONCEPT IS THAT CARE STARTS IN THE PATIENT'S HOME AND ENDS AT HOME, WITH THE HOSPITAL AND THE CLINIC ONLY POINTS ALONG THE WAY."

Partho Sengupta, MD

occur when the electrical signals that coordinate the heart's beats don't work properly. In turn, the heart can't pump blood effectively.

Symptoms of arrhythmia include a fluttering in the chest, shortness of breath, fainting, dizziness or a feeling that the heart is racing or beating too slowly. The symptoms may be brief or long-lasting, and they can indicate a

Whoever your heart beats for, our hearts beat for you. To connect with a top cardiovascular specialist at RWJBarnabas Health, call **888.724.7123** or visit **www.rwjbh.org/heart**.



Two decades after 9/11, double lung transplant recipient Tony Moyet visits the NY Waterway ferry.



THE FREEDOM TO BREATHE

WITH A DOUBLE LUNG TRANSPLANT, A BLOOMFIELD MAN IS REBORN ON THE FOURTH OF JULY.

On Sept. 11, 2001, Tony Moyet began his workday the same way as he had for the previous five years, by transporting about 300 commuters per trip from Hoboken to the World Financial Center in Manhattan on a NY Waterway ferry.

“That morning, though, when I dropped off a set of passengers, I saw the gaping hole in the North Tower, with flames coming out of it,” Moyet recalls. “I radioed [then NY Waterway port captain] Michael McPhillips and told him to send boats down in case we

needed to help people evacuate.”

That was after the first plane hit the World Trade Center. When the second one hit, crowds of people looked frantically for a way out of lower Manhattan. “We were the first boat to start evacuating,” Moyet recalls. “We were facing a stampede.”

He worked until 3 a.m. the next day, transporting people away from danger. For the next year and a half, he continued to work in the Ground Zero area, shuttling federal agents, policemen, firemen and workers from throughout the country to lower Manhattan.

Some two decades later, Moyet himself needed help. In January 2018, he sought care for what he thought was a severe cold with a cough that wouldn't stop. “My doctor told me it was COPD [chronic obstructive pulmonary disease],” he says. Long-term lung problems are an unfortunate reality for many 9/11 first responders, who breathed in massive amounts of smoke, dust and fumes.



THIRUVENGADAM
ANANDARAGAM, MD



JESUS GOMEZ-ABRAHAM,
MD

FINDING A MATCH

Once Moyet received his COPD diagnosis, his lung function deteriorated rapidly. By spring 2020, he had developed end-stage COPD/emphysema and end-stage advanced pulmonary disease. He needed inhaled oxygen 24 hours a day; he couldn't climb stairs or sleep without it.

"He told me, 'Doc, I just need two more years to see my daughter graduate from high school,'" says pulmonologist Thiruvengadam Anandarangam, MD, Division Chief, Pulmonary and Critical Care Medicine at Newark Beth Israel Medical Center (NBI). "I told him that we're hoping we can give him enough time to see her graduate and also to walk her down the aisle someday."

Moyet's best hope to extend his life was a double lung transplant. "At the time, he was on 17 medications and medical management wasn't providing any more relief," says transplant surgeon Jesus Gomez-Abraham, MD, Associate Surgical Director of Lung Transplantation at NBI and a member of RWJBarnabas Health Medical Group.

Dr. Gomez-Abraham added Moyet to the lung transplant database on Friday, July 2. While the average lung transplant patient waits four months for a match, and even longer when a double lung transplant is required, Moyet's care team found his match the very next day. "That was amazing—very unusual," Dr. Anandarangam says. "He was listed on Friday. On Saturday, we found a donor in a neighboring state. I traveled there to look at the organs, and they matched Tony's size and blood type perfectly."

On Sunday, July 4, Dr. Gomez-Abraham performed the double lung transplant. Eighteen days later, Moyet returned home.

BREATHING EASIER

His fast recovery, say his doctors, was driven by his determination to get better. "When I saw him just before the transplant, he was already in better shape than the last time I had seen him," Dr. Gomez-Abraham says. "He had done what he needed to do to improve his nutrition, and was doing pulmonary rehabilitation and physical therapy to increase his chance of better results."

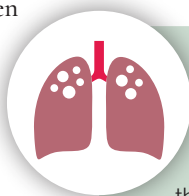
Moyet credits his caregivers at NBI for their guidance and persistence. "After the transplant, I had to learn to walk and move all over again," he says. "My nurses pushed me to keep going, even on days I didn't want to walk. They were dressed in blue; I called them my Blue Angels. They're the sweetest people in the world."

Just two months after his double lung transplant, Moyet, 65, was taking walks again with his wife, Arlene, and 15-year-old daughter, Sophia. "I don't need oxygen, and my lungs are working great," he says. He commemorated the 20th anniversary of 9/11 by joining a group chat hosted by the World Trade Center Health Program. And he's planning for a bright future, including a possible trip to Europe.

"My doctors are great people—miracle workers," Moyet says. "They cared so much and saw me in the hospital every day. It was a great team that put me all back together again."



Tony Moyet with his family at NBI's cardiothoracic ICU, several days after his lifesaving lung transplant surgery.



SPECIAL CARE FOR SERIOUS LUNG PROBLEMS

People with the most complex lung conditions rely on the Advanced Lung Disease and Transplant Program at Newark Beth Israel Medical Center (NBI), the only lung transplant program in New Jersey.

Who is a candidate for a lung transplant?

"The majority of patients have end-stage COPD and emphysema," says Jesus Gomez-Abraham, MD. "Other possible candidates are those with cystic fibrosis or pulmonary fibrosis as well as those with certain congenital cardiac diseases."

Candidates at NBI are evaluated through a multidisciplinary approach that includes surgeons, pulmonologists, cardiologists, gastroenterologists and others.

What is life like after a lung transplant?

"Patients will increase their lung function capacity up to 60 to 90 percent," says Dr. Gomez-Abraham. "Once the transplant has settled in, the majority of patients do not need oxygen. They can go to the mall, go to the beach, go to the family reunion, go back to work. The lung transplantation gives them the freedom to develop a normal life."

To learn more about transplant services at Newark Beth Israel Medical Center, call **888.724.7123** or visit **www.rwjbh.org/lungtransplant**.



OVERCOMING EATING DISORDERS

**CASES HAVE BEEN ON THE RISE DURING THE PANDEMIC,
ESPECIALLY AMONG TEENS.**

Being quarantined at home, not being in school for extended periods, not seeing friends or playing organized sports: The restrictions of the pandemic have been keenly felt by adolescents.

Pandemic-related stressors seem to be behind a recent dramatic increase in reported symptoms of eating disorders—binging, purging, drastically reduced caloric intake—as well as a doubling of hospitalizations for those issues.

“The kids we’re seeing are much more medically compromised and much more entrenched in the behaviors than we’ve seen in the past,” says Lynn Corey, LCSW, CEDS/S, CETP, Clinical Manager of Behavioral Health Outpatient Services at Robert Wood Johnson University Hospital (RWJUH) Somerset.

“The pandemic has made the eating disorders worse, because so much of teens’ lives feels out of their control,”

explains Corey, who works with the RWJUH Somerset Eating Disorders Program. “An eating disorder is really not about food; it’s a maladapted coping mechanism. Food becomes used as a means of giving themselves power over their lives.

“Moreover,” Corey continues, “when teens aren’t in school, there are fewer eyes on them—school nurses, guidance counselors and teachers—to notice changes and collaborate with parents.”

GETTING HELP

If a parent is worried about a child’s eating habits, a trip to the primary care provider is a good first step, Corey says. “If the pediatrician feels things aren’t looking good, that can open the door for parents to set up an evaluation with our program.”

Thanks to its hospital affiliation, the RWJUH Somerset program is



COPING WITH EATING DISORDERS: TIPS FOR FAMILIES

- Express honest affection, verbally and physically.
- Teach children to communicate with assertiveness so they can resist inappropriate messages from their peers, the media and others about weight.
- Do not demand weight gain or berate a family member.
- Develop a dialogue about personal issues other than food and weight.
- Get support and educate yourself through books, professional help and talking with other families.

equipped to assess potential medical complications in a patient—a critical point, because eating disorders can cause harm to every organ system in the body. Initial tests may include blood work, an electrocardiogram and more.

The patient will also undergo a psychiatric evaluation to determine whether he or she is a candidate for one of the program’s levels of treatment:

- Inpatient treatment in a 14-bed unit that offers psychological, medical, nursing and nutritional care.
- Partial hospitalization, up to five days a week, with three hours of therapy per day.
- Intensive outpatient services, up to three days a week, with three hours of therapy per day.

The program offers weekly support groups for patients and for family and friends. “Our programs are in-person, not virtual, because that human

interaction is so important in connecting with patients,” Corey says. “So many people tell us, ‘I just don’t want to talk to a computer screen.’”

To learn more about RWJUH Somerset’s nationally recognized Eating Disorders Program, call **800.300.0628** or visit **www.rwjbh.org/eatingdisorders**.



Professional third baseman Todd Frazier—a local hero since his role on the Toms River 1998 Little League World Series Championship team—and his wife, Jackie, have stepped up to the plate for CSH. Above, the Fraziers with Mark Montenero and Ed McKenna, co-chairs of the Transforming Lives 2.0 campaign.

A BOLD VISION FOR CHILDREN



Children's Specialized Hospital®

An RWJBarnabas Health facility

AN AMBITIOUS CAPITAL CAMPAIGN AIMS TO ENSURE THAT ALL CHILDREN CAN REACH THEIR FULL POTENTIAL.

When the youngest son of Todd and Jackie Frazier was hospitalized briefly, his parents got a window into what parents of patients at Children's Specialized Hospital (CSH) go through.

"We understand that every day your child is not well, you're waiting for that bit of good news, for your child to make progress from the day before," says Todd, a local Toms River legend and Major League Baseball All-Star. "When we visited Children's Specialized, we were able to see that everyone on the staff at the hospital is so passionate about caring for these children."

"The whole vibe was so loving and positive," says Jackie Frazier. "Everyone

needs to know that this place provides the absolute best care for kids living with special needs."

So when the Fraziers were asked to team with the CSH Foundation to help raise \$45 million in support of the Transforming Lives 2.0 capital campaign, they readily stepped up. "We want everyone to know that each and every one of us can make a difference for kids living with special needs right here in New Jersey by supporting the expansion of Children's Specialized through this campaign," says Todd.

MAJOR INVESTMENTS

The Transforming Lives 2.0 campaign aims to do nothing less than design the next generation of care through major investments in both inpatient and outpatient resources. Improvements

will include new technologies, such as artificial intelligence, and expansion to new locations. A particular focus is on care for patients with autism, including sophisticated new technologies for screening, assessment, intervention and caretaker training.

The Transforming Lives 2.0 campaign is co-led by community leaders and members of the CSH Foundation Board of Trustees Mark Montenero, President of Autoland Toyota, Jeep, Chrysler, Dodge, and Ram Trucks in Springfield, and Ed McKenna, Esq., Senior Partner at McKenna, Dupont, Stone and Washburne, and former mayor of Red Bank.

"This campaign will enable us to increase access to CSH's essential and innovative programs and services," says Matthew B. McDonald III, MD, President and CEO of CSH. "With every new patient we meet through this period of expansion and enhancement, we get one step closer to realizing our vision of a world where every child can reach their full potential. Having the Fraziers on board, as well as the other esteemed cabinet members, makes me confident that we will reach our goal."

To learn more or make a donation to enhance the future for New Jersey's children living with special healthcare needs, visit www.childrens-specialized.org/transforminglives or write to foundation@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. 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, Egg Harbor Township, Hamilton, Jersey City, Monmouth, New Brunswick, Newark, Somerset, Toms River, Union and West Orange.

TOBACCO RECOVERY AT YOUR FINGERTIPS



A NEW SERVICE PROVIDES CUSTOMIZED SUPPORT.

You're trying to quit smoking. You really want a cigarette. What do you do?

Pills, medications and patches can help a person overcome a nicotine addiction. But equally important is to have support from the people in your life—loved ones, colleagues, healthcare providers—and from trained counselors who understand just how challenging the journey can be.

The free Nicotine and Tobacco Recovery Program offered by the RWJBarnabas Health Institute for Prevention and Recovery (IFPR) employs a full range of tools to quit smoking, including counseling and support groups. Last summer, the program unveiled a new support option: a text-based service known as the Tobacco Recovery Concierge. The service offers real-time support via texting for moments when triggers or cravings are strong.

"In these cases, we can offer tips for a behavior change that they can make to help the craving subside, such as going

for a walk, having a drink of water or doing breathing and relaxation exercises," explains Monica Hanna, MPH, CHES, NCTTP, Assistant Director of the Nicotine and Tobacco Recovery Program.

"Research has shown that cessation counseling and support can double a person's chances of success when quitting nicotine," she says. "This new service allows us to tailor messages to patients for whatever they're going through at the moment."

NOT JUST A HABIT

Powered by GoMo Health, the Tobacco Recovery Concierge provides regular motivational and educational messages based on where a person is in his or her quit journey. These scheduled messages might include a link to a website where people share their stories, or to a calculator for figuring out exactly how much a person will save by quitting nicotine.

For times when participants need immediate support, they can text one of

a number of keywords such as "craving," "mood," "relax" or "meet." Responses might include motivational messaging or a link to login information for IFPR Zoom meetings. A chat feature is also available through a HIPAA-secure portal.

The program, which began in July 2021, has served more than 200 people so far and gets about 30 new signups each month, Hanna says.

Quitting nicotine can be as hard as quitting heroin or cocaine, research shows. On average, people try to quit smoking five to seven times before they quit for good.

"Our goal is to break down the stigma of nicotine addiction. Even healthcare providers too often regard it as a bad habit," Hanna says. "Instead, we approach it the same way we would treat a chronic disease such as diabetes or heart failure. We help patients deal with the physiological effects. And we know that when we combine that approach with counseling, a person's chances of success are much greater. No one should feel like they have to make this journey alone."



YOU CAN QUIT. WE CAN HELP.

The Nicotine and Tobacco Recovery Program includes nicotine replacement therapies, recommendations on prescription smoking medication, and individual and group counseling. The program, funded by the New Jersey Department of Health Office of Tobacco Control, Nutrition and Fitness, is offered free of charge by the RWJBarnabas Health Institute for Prevention and Recovery in Essex, Mercer, Middlesex, Monmouth, Ocean, Somerset and Union counties.

To learn more, call **833.795.QUIT (7848)**, email quitcenter@rwjbh.org or visit www.rwjbh.org/nicotinerecovery.



STRIVING FOR HEALTH EQUITY

A FIVE-PILLAR EFFORT TACKLES DISPARITIES TO BETTER SERVE A DIVERSE COMMUNITY.

In honoring its mission of improving the health of the diverse communities it serves, Robert Wood Johnson University Hospital (RWJUH) is well positioned as an anchor institution to address various disparities in care and outcomes.

As an example, consider the fact that late-stage cancer is found twice as often in Middlesex County's Black community as in some other groups. Health Equity has been operationally embedded as a strategic priority to ensure the delivery of high-quality, person-centered care to the hospital's diverse populations.

"Organizationally, we are steadfast in our commitment to create an inclusive and engaging workforce, focusing on supporting our patients and communities in reaching their full health potential," says Franck Nelson, MSN, RN, Assistant Vice President, Health Equity, at RWJUH. "This requires intentionality along with the dedication to understand various determinants of health that affect those whom we serve."

RWJUH's efforts to connect diverse communities with healthcare are being built on several pillars:

- **ACCESS OF CARE.** This initiative includes but is not limited to increasing access of care to underserved populations through a partnership with the Eric B. Chandler Health Center, a federally qualified health center at Rutgers Robert

Wood Johnson Medical School. This collaboration aids in connecting the underserved population with primary care providers.

- **CARE OPTIMIZATION** through population-specific efforts that focus on ensuring equitable outcomes among various communities, including initiatives for Black, Asian and Hispanic populations. To ensure equitable outcomes, the Health Equity team uses multilingual patient navigators who offer translation and help connect people to health services.

- **COMMUNITY ALLIANCE.** RWJUH is working with community partners to connect with local populations. Partners include faith-based organizations such as First Baptist Church, the Chamber of Commerce and a Health Equity Advisory Council with representation from sectors such as education, business and law enforcement.

- **OPERATIONAL ALIGNMENT.** "Internally, our goal is to ensure health equity is embedded in every strategic priority within our organization," Nelson says. "Through our navigation services, we collect meaningful data that helps us better understand the social determinants of health such as access to transportation, employment and environmental needs that are present in our communities as we


identify opportunities for improvement." The hospital further provides training through its diversity, equity and inclusion efforts to educate staff on providing care to harness an inclusive culture of humility and sensitivity. "We're intentional about providing culturally sensitive services so everyone is treated the way they want to be treated," Nelson says.

- **TEAM ENGAGEMENT.** Affinity groups through RWJUH's nationally recognized Office of Diversity and Inclusion help create an inclusive environment for workers. Examples include Asian Society for Impact and Advocacy Network (ASIAN); Advancing Women through Advocacy, Recognition, and Empowerment (AWARE); Black Professionals Network (BPN); Promoting Respect, Outreach, Understanding, and Dignity (PROUD); Service and Advocacy for Latinos United for Development (SALUD); and Veterans Engaging Through Service (VETS).

"As a health organization and hospital, we want to understand each patient as a whole and create an inclusive environment where people feel treated with respect and dignity as we meet their needs," Nelson says. "Having equitable care is paramount to our entire community, and we remain committed to our goal of removing any disparities in care, treatment and outcomes among those we're serving."

To learn more about health equity at Robert Wood Johnson University Hospital, visit www.rwjbh.org/rwj-university-hospital-new-brunswick/about/health-equity.



A woman with blonde hair tied back, wearing a bright red quilted vest over a black long-sleeved shirt and black pants, is running through an agility course. She is smiling and looking down. A black and white dog is running alongside her, also through the course. The course consists of several red and blue vertical poles and a black metal bar. The ground is covered in green artificial turf. In the background, there are various pieces of exercise equipment, including a blue and white structure, a red and white structure, and a large black metal frame. The setting appears to be an indoor or semi-enclosed outdoor space with a wooden wall and a window in the background.

Sybil Carroll has been able to return to activities such as agility training with her dog thanks to robotic surgery that treated uterine fibroids and endometriosis.

BACK IN THE RING

**ROBOTIC HYSTERECTOMY
SURGERY HELPS A WOMAN
RESUME AN ACTIVE LIFE.**

Whether riding on horseback or running alongside dogs in agility training, Sybil Carroll's free time has happily revolved around animals for much of her life. But bleeding and discomfort from uterine fibroids made vigorous movement all but impossible and sidelined the 49-year-old South River woman from these passions several years ago.

Carroll, a communications administrator for Rutgers University Foundation, had dealt with her symptoms since her teens but says doctors didn't always take them seriously. Robert Wood Johnson University Hospital (RWJUH) gynecologist Lena Merjanian, MD, was more helpful. About a decade ago, she diagnosed Carroll with uterine fibroids—noncancerous growths that develop from the muscle tissue of the uterus. Fibroids are silent in some women but in others can cause symptoms like heavy menstrual bleeding and pain. Dr. Merjanian monitored Carroll's multiple fibroids with periodic ultrasounds, but they continued to get worse.

By age 47, Carroll was bleeding even between menstrual periods. "I would always hope my periods would start on a weekend," she says. "I would miss work or couldn't leave the house. I was in so much pain."

EXPLORING SOLUTIONS

Medications and other noninvasive approaches weren't stopping Carroll's fibroids from growing. It was time for another approach, and she was referred to RWJUH obstetrician/gynecologist Adrian Balica, MD, who specializes in minimally invasive and other forms of gynecologic surgery, including for fibroids.

After first trying a minimally invasive uterine artery embolization to block the fibroids' blood supply, Dr. Balica determined the situation called for a permanent solution: a robotic hysterectomy that would remove the uterus. Carroll was nearing menopause, but waiting for fibroids—growths that are fueled in part by reproductive

hormones—to resolve naturally wasn't an option. "We expected at minimum a few more years of this problem for her," Dr. Balica says. "Although these surgeries are not emergencies, treating bleeding, growing fibroids and heavy pain is not elective."

Hundreds of surgical procedures are performed robotically at

RWJUH each year in a variety of specialties, including gynecologic, urologic, thoracic and ear, nose and throat surgeries. In recent years, robotic technology has been developed to facilitate robotic hysterectomy, which Dr. Balica considered an ideal choice for Carroll.

Requiring only a few tiny incisions instead of a lengthy cut typically done in traditional, open surgery, robotic surgery generally entails less blood loss and pain as well as quicker recovery. "The surgeon performs the surgery, but the robotic platform helps us do it," Dr. Balica says.

NEWFOUND FREEDOM

In August 2021, Dr. Balica used tiny surgical instruments that mimic human hand movements to remove Carroll's uterus and fallopian tubes in a procedure lasting less than two hours, leaving her ovaries in place. Robotic equipment allows greater visualization of internal tissues with features such as binocular 3D imagery to view small structures. As a result of these capabilities, Dr. Balica was also able to see and cut out pieces of uterine lining that had migrated outside Carroll's uterus into her pelvis, a painful condition known as endometriosis.

"Up to 15 percent of premenopausal women will also end up with endometriosis," Dr. Balica says. "Being able to see so well with the equipment confirmed that this was true for Sybil."

Carroll, whose mother and grandmother had both undergone open hysterectomy surgeries with long recoveries, was stunned at how quickly she bounced back from her robotic procedure. She was on her feet within hours and able to go home to her partner, Joe, and border collie, Switch, the same day.

"I'd had pain and cramps nearly my whole life, so this was nothing," Carroll recalls. "I don't want to downplay the time you need to let your body heal, but within days I felt great—better than I had in a long time."

Her newfound freedom from constant bleeding and pain has Carroll hankering to get back on a horse. "I can't wait to get in the saddle," she says. "I feel great; I can exercise again. It's been just amazing how swiftly I've been able to regain my strength."

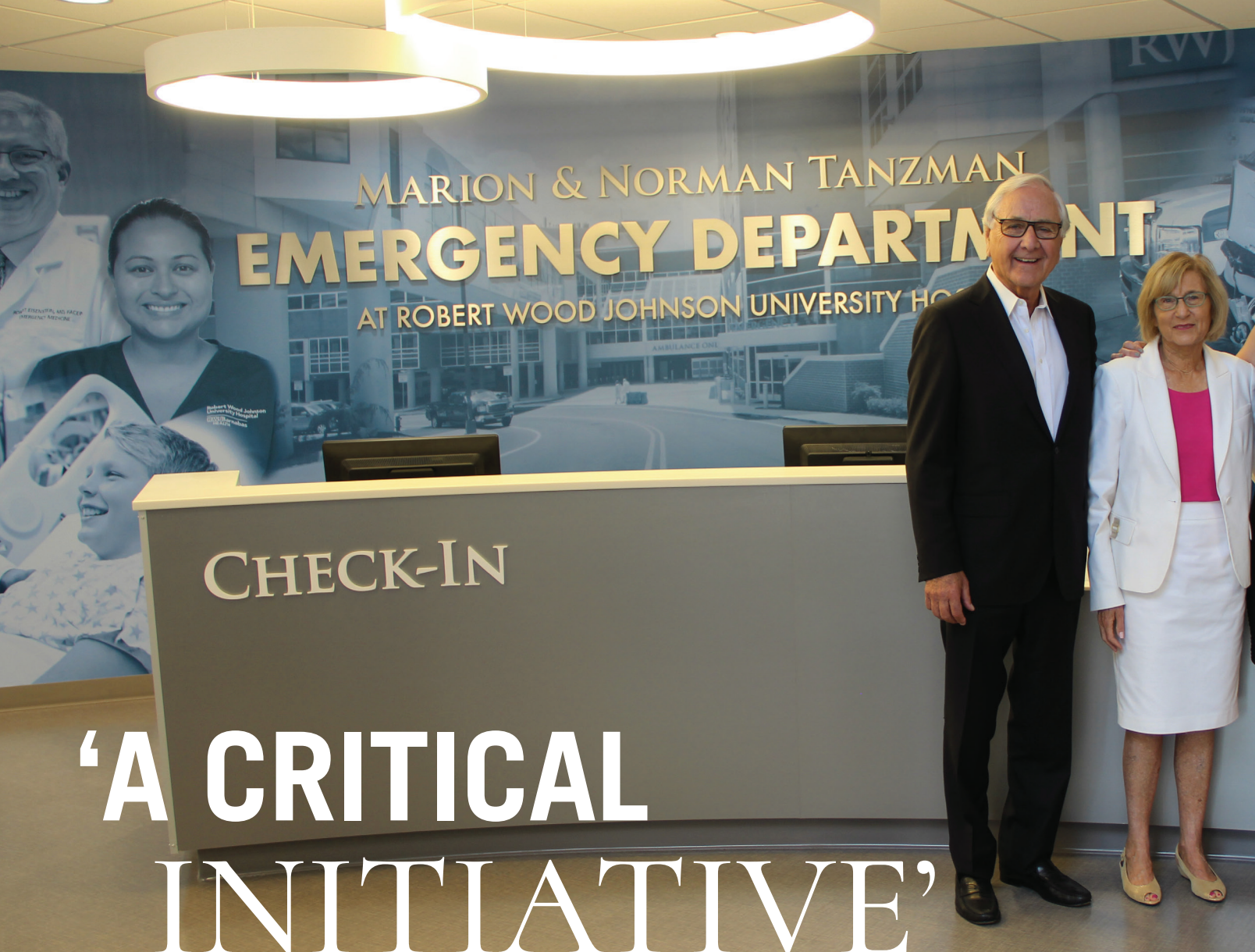
She's also free from constantly preparing for potential consequences of pain and bleeding. "I won't have to go to work bringing another set of clothes, just in case," she says. "I get to travel without packing a whole other suitcase. I feel good both mentally and physically."



ADRIAN BALICA, MD

To learn more about robotic surgical services at RWJUH, visit www.rwjbh.org/rwj-university-hospital-new-brunswick/treatment-care/robotic-surgery.





'A CRITICAL INITIATIVE'

THE TANZMAN FOUNDATION ADDS TO ITS FOUNDERS' LEGACY BY SUPPORTING RWJUH'S EXPANSION.

Jeffries Shein knew from the start that the expansion of surgical services at Robert Wood Johnson University Hospital (RWJUH) would be an important project. Shein is President of the Marion and Norman Tanzman Charitable Foundation, so his understanding of the project's significance would have a major impact on financial support that is helping to make the project a reality.

"We felt it was important for us to be involved at an early stage of this critically important initiative," Shein says. "Not only will it provide the hospital with state-of-the-art facilities, but because supporting the project

is a community effort, we felt that doing our part up front could possibly encourage others to step up and participate."

The Tanzman Foundation has made a \$1 million commitment to the Momentum Campaign that supports the surgical services expansion and reconstruction. "We're among the lead supporters," Shein says—"but not the only one."

TIMELY UPGRADE

The ambitious surgical services expansion broke ground in 2020 and is advancing in phases toward scheduled completion in 2025. First-

phase construction of a new three-story building adjacent to existing surgical facilities has already been finished.

The project adds three new advanced hybrid operating rooms (ORs), reconstructs every existing OR and provides a new Central Sterile Processing (CSP) unit that is responsible for cleaning and sterilizing all devices used in medical procedures across every unit at RWJUH. The transformation will help meet growing demands for complex procedures and more fully embrace forward-looking technologies that improve patient care.

"Technology has advanced so rapidly over the years that it's important—



especially in ORs, where the changes have been dramatic—that the hospital provide state-of-the-art facilities not only for patients but for the doctors who operate in them,” Shein says. That’s become especially relevant as RWJUH has progressed as an academic medical center through its historical partnership with Rutgers Robert Wood Johnson Medical School.

Equally important are advances in the CSP unit, sometimes called the heart of a hospital. “Central Sterile Processing is something most people don’t think or even know about,” Shein says. “Yet it’s a vitally important support unit for the ORs.”

The expansion project promises to benefit patients in multiple ways,

◀ The Tanzman Foundation has been a major supporter of RWJUH expansion initiatives, including surgical services and the Emergency Department (ED). At the ED dedication are (from left) Jeffries Shein, President, the Marion and Norman Tanzman Charitable Foundation; Rona Shein; Janice Bershad, Foundation Trustee; and Roy Tanzman, Foundation Trustee.

Shein says. Advanced facilities will enhance quality and improve outcomes. “But they also will help the hospital recruit first-class doctors, which has an additional direct benefit to patients,” he says. “RWJUH has long attracted top-notch talent, and part of the reason is having facilities that draw high performers.”

HISTORY OF SUPPORT

The Marion and Norman Tanzman Charitable Foundation has a history of offering critical funding for improvements in RWJUH facilities. “Norman Tanzman was a state senator, real estate developer, successful investor and my father-in-law,” Shein says. “He and his wife, Marion, focused on Central New Jersey for the vast bulk of their contributions. Their objective was to give back, and one of the best ways to do that is by enhancing healthcare and medical education. If the hospital is in a better position, that can only help the entire community.”

One example is the foundation’s ongoing support of fundraising activities sponsored by the hospital’s auxiliary organization such as a dinner dance held annually prior to the pandemic. Another example is the expansion and renovation of RWJUH’s Emergency Department (ED) in 2019.

“For many people, the ED provides a first impression of the hospital, similar to curb appeal for a home,” Shein says. “It was important to expand and modernize to give people a better understanding of the hospital and the services it provides.”

Under Shein’s leadership, the Tanzman Foundation became a

SURGICAL SERVICES EXPANSION: WHAT’S NEW

When completed, the five-year expansion of surgical services at Robert Wood Johnson University Hospital will provide significant upgrades including:

- New, larger operating rooms (ORs)
- Hybrid ORs that combine traditional devices, instruments and equipment with medical imaging, robotics and other technologies for minimally invasive procedures
- Bi-plane imaging, in which two rotating cameras provide surgeons with detailed, high-quality, 3D images
- Integration systems in every OR that consolidate and organize patient data during procedures to minimize OR congestion, streamline information across multiple platforms and allow surgical staff to better focus on patient care
- Easier use of mobile technologies, robotics and collaborative teams
- A new, centralized Central Sterile Processing (CSP) unit near ORs that features enhanced high-capacity sterilization and decontamination, advanced water treatment, a dedicated elevator and a state-of-the-art automated conveyance system

key supporter for the project. “The renovated ED is gorgeous,” Shein says.

The Tanzman Foundation wants the surgical expansion project to achieve similar success. “Thanks to RWJUH, people in the local community can receive excellent healthcare without needing to travel to New York or Philadelphia,” Shein says. “The hospital is a tremendous asset to Central New Jersey.”

To support the Robert Wood Johnson University Hospital Foundation, visit www.rwjuhgiving.org.





GOAL: A HEALTHIER COMMUNITY

A COUNTYWIDE INITIATIVE WORKS TO BETTER UNDERSTAND AND MEET LOCAL NEEDS.

Hospitals strive to improve health not just for individuals but for entire communities. But what are the vital signs of a community, how do you read them and what can you do to improve them?

These questions are at the heart of a process that takes place every three years at Robert Wood Johnson University Hospital (RWJUH). The hospital, in conjunction with Saint Peter's University Hospital and the Healthier Middlesex Consortium of more than 60 community partners, implements a community health needs assessment and community health improvement plan. The effort launched again in 2022.

Assessments and improvement plans fulfill a mandate required by the Affordable Care Act and help guide strategic planning for health and related services throughout Middlesex County.

"First you change knowledge and

awareness of problems," says Camilla Comer-Carruthers, MPH, RWJUH Manager of Community Health. "Then you try to change behaviors associated with problems."

ACTING ON DATA

Assessments start by gathering information for a comprehensive report from key sources including:

- **Surveys in multiple languages**

done in diverse communities throughout Middlesex County to gain insight into health needs.

- **Hospital data** that shed light on factors such as who uses the hospital, what services are most in demand and what characterizes patients.

- **Secondary data** from sources such as the Centers for Disease Control and Prevention and state databases for bigger-picture trends.

- **Focus groups** to get input from populations that may have been

underrepresented in surveys.

Assessment and planning helped community partners distribute COVID-19 care kits, one of many coordinated health initiatives.

underrepresented in surveys.

- **Community outreach** including interviews with people involved with community partners.

"After all this input, we ask: 'Based on the data, are there evidence-based strategies we can implement to address the needs we see?'" Comer-Carruthers

says. "Working with our community

partners, we prioritize the greatest needs, identify those that are most feasible to address and develop an improvement plan based on what we've identified."

"These assessments and improvement plans are a driver for community partners throughout Middlesex County to connect and create important initiatives that help our local populations," says Robert LaForgia, MPH, Coordinator, Healthier Middlesex Consortium.

Recent examples include increasing education on problems such as obesity, diabetes, heart disease and sexually transmitted infections, including through public resources such as libraries; improving maternal health; implementing training on mental health; providing information on food and transportation resources; and bringing health programming to children at summer camp. "We were also able to pivot and use hospital data to combat COVID-19," LaForgia says. Those efforts included targeted testing and distribution of care kits containing items such as masks and hand sanitizer.

"By continuing to work together and keeping the community engaged, we'll eventually see long-term positive outcomes," says Comer-Carruthers. "It doesn't happen overnight or even in three years. It takes time to turn the tide, but we continually have a chance to implement strategies to go in the right direction."



To learn more about community needs assessments at Robert Wood Johnson University Hospital, visit www.rwjbh.org/rwj-university-hospital-new-brunswick/about/community-health-needs-assessment.



A PLACE FOR FAMILY PLANNING

EXPANDED SERVICES PROVIDE EQUITABLE ACCESS TO EXPERT REPRODUCTIVE CARE.

Family planning is a pillar of healthcare, says Glenmarie Matthews, MD, MS, MBA, Medical Director of the Family Planning Clinic at Robert Wood Johnson University Hospital (RWJUH) and Assistant Professor and Family Planning Specialist at Rutgers Robert Wood Johnson Medical School. In fact, the Centers for Disease Control and Prevention (CDC) identified family planning as one of the 10 great public health achievements of the last century.

“No matter what kind of family you’ve decided to develop for yourself, family planning plays a vital role and provides a solid foundation,” Dr.

Matthews says.

Family planning services at RWJUH now have been expanded through the hospital’s Family Planning Clinic thanks to funding through Title X, a federal program that was

recently amended to further ensure Americans have access to equitable, affordable, client-centered, quality family planning services.

“It is important to bring focus to family planning,” says Leticia Vizcaino-Blanco, Community Outreach Coordinator, Family Planning at RWJUH. “In many ethnic and racially diverse communities, the perception of contraception is rooted in cultural and religious beliefs. Providing education, resources and services can help bridge the gap when it comes to access to family planning. Additionally, empowering young people to take charge of their reproductive health and helping them develop a reproductive plan can have a significant impact on their future.”

DIVERSE SERVICES

The Family Planning Clinic at RWJUH offers comprehensive services including:

- **A wide variety of birth control methods** for preventing pregnancy. Contraception is provided by highly trained doctors, nurses and counselors who can help you decide which method is best for you. “We offer same-day services for all services,” Dr. Matthews says.

- **Sexually transmitted infection (STI) testing** to identify infections spread person-to-person through sexual or intimate contact. If simple tests provided by Family Planning Clinic staff discover an STI, you’ll also receive the treatment you need.

- **Reproductive health services** such as annual exams, pregnancy testing, pelvic and breast exams, Pap smears, counseling, infertility screening and referrals.

“We offer care to both cisgender women and transgender males,” Dr. Matthews says. Services are confidential and available to anyone old enough to get pregnant or be interested in birth control methods. Teens do not need permission from anyone to receive services.

“We also provide services for women who don’t have health insurance,” Dr. Matthews says. A sliding fee scale will be applied for patients without insurance. “If you don’t have money, you can still get the care you need,” Dr. Matthews says.

Family Planning Clinic providers include two obstetrician/gynecologists, an advanced nurse practitioner and a nurse. “We also have a community outreach liaison who goes into the community to talk with women and provide resources and information,” Dr. Matthews says. Services are available Mondays 8:30 a.m. to noon, Wednesdays 4 to 8 p.m. and Fridays 12:30 to 5 p.m.

“Our clinic is friendly and multilingual,” Dr. Matthews says. “We welcome all forms of diversity and will answer any question.”



GLENMARIE MATTHEWS,
MD, MS, MBA

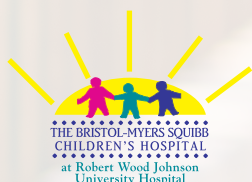
To learn more about family planning at Robert Wood Johnson University Hospital, call **732.253.3949**.



**For us, two decades
is a major milestone.**
**For Emanta, it's surviving a
collapsed lung at only 18 months.**

**After 20 years of caring for children,
we've got a lot of causes to celebrate.**

Emanta arrived at The Bristol-Myers Squibb Children's Hospital with a severe case of the flu. When our team saw she had a collapsed lung, she became our first pediatric patient to receive extracorporeal membrane oxygenation (ECMO). This life-saving treatment allowed her lung to rest and heal, and today she's living the active toddler life she deserves. We opened our doors 20 years ago to improve the lives of kids like Emanta, and today we are a nationally recognized pediatric specialty center with a state-designated Pediatric Trauma Center. Together with Rutgers Robert Wood Johnson Medical School, we're training tomorrow's pediatricians and developing tomorrow's treatments. Learn more at rwjbh.org/BMSCH



**Robert Wood Johnson
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HEALTH

Let's be healthy together.

