JOINT REPLACEMENT: BETTER HEALING

SIMPLE TIPS FOR A SAFE SUMMER

A MOTHER/DAUGHTER WEIGHT LOSS JOURNEY

TRANSPLANTS THAT TRANSFORM LIVES
A MESSAGE FROM LEADERSHIP

Stronger Every Day

COVID-19 brought with it a prolonged period of uncertainty and fear, as well as the continual need to find new ways to cope.

These days, however, we’re experiencing another, more welcome, feeling: optimism.

Thanks to the effectiveness of the COVID-19 vaccines and the massive effort we and others have made to administer them, we’re seeing real progress in containing the pandemic.

At RWJH, we always strive to be proactive, positive and energetic in our response to issues and events. We acknowledge that disparities in healthcare for Black and brown communities exist, and we’re making every possible effort to address this issue throughout our entire organization. We’ve developed a far-reaching initiative, Ending Racism Together, to ensure that our organization is anti-racist in everything we do.

Robert Wood Johnson University Hospital Somerset partnered with local organizations to increase access to the COVID-19 vaccine for members of the Black and brown communities. With schools, churches, food banks, health departments and municipalities, the hospital’s Community Health and Diversity & Inclusion departments, SALUD Business Resource Group and Black Professionals Network have distributed more than 30,000 masks, 9,400 hand sanitizers and 5,700 soaps as well as Spanish-language educational materials to help prevent the spread of COVID-19. The hospital formed a Latino Advisory Council and launched an online health education series in Spanish, including webinars on COVID-19 and the COVID-19 vaccine.

In the end, it’s the resilience and strength of our healthcare providers, staff and patients that continues to inspire us. If you’ve been avoiding medical appointments or treatments because of the pandemic, please don’t put off getting care any longer. We’re here to help you stay healthy for all the good days to come.

Yours in good health,

BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH

ANTHONY CAVA
PRESIDENT AND CHIEF EXECUTIVE OFFICER
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL SOMERSET

HEALTH NEWS

AWARDED FOR PATIENT SAFETY EXCELLENCE

Robert Wood Johnson University Hospital (RWJUH) Somerset has been recognized with the Healthgrades 2021 Patient Safety Excellence Award™. This distinction places RWJUH Somerset among the top 5 percent in the nation for patient safety based on patient safety data from acute care hospitals evaluated by Healthgrades, the leading marketplace connecting patients and providers.

RWJUH Somerset has also earned an “A” Hospital Safety Grade—the highest patient safety rating—from The Leapfrog Group, an independent hospital watchdog organization. It is the hospital’s sixth consecutive “A” rating and 12th overall.

“Through our journey to become a High Reliability Organization (HRO), we have developed a culture of patient safety at Robert Wood Johnson University Hospital Somerset,” said Anthony Cava, President and Chief Executive Officer, RWJUH Somerset. “No matter where they work in the hospital, our team members each play an important role in ensuring our patients get the highest-quality care in a safe environment. Patient safety always comes first.”

SIGNS OF QUALITY

RWJUH Somerset has been recognized for overall quality in numerous ways:

- Designated as a Magnet hospital for nursing excellence
- Earned the Joint Commission’s Gold Seal of Approval for total knee and total hip replacement surgery and its stroke and acute myocardial infarction programs
- The Steeplechase Cancer Center has been nationally accredited by the Commission on Cancer
- For six years in a row, the hospital has been named a Leader in LGBTQ Healthcare Equality by the Human Rights Campaign Foundation.

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RWJUH Somerset complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. For more information, see link on our home page at rwjh.org/somerset. RWJUH Somerset cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 908.685.2200. RWJUH Somerset konfòm ak lwa sou dwa sivil ki apikad yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimte oswa sèks. ATANSYON: Si w paile Kreyòl Ayisyen, gen sèvis ëd pou lang ki disponib gratis pou ou. Rele 908.685.2200.
2. WELCOME LETTER. A community update from our CEOs.

4. DYNAMIC DUO. Mother and daughter lose a combined 180 pounds with weight loss surgery.

6. GROUNDBREAKING ORTHOPEDIC CARE. Private rooms and a state-of-the-art gym in a hospital addition will promote healing among joint replacement patients.

8. CANCER CARE THROUGH THE YEARS. A medical oncologist reflects on four decades at RWJUH Somerset.

9. ‘FOCUS ON THE GOOD.’ A determined young athlete battles back from partial paralysis.

10. ENDING RACISM TOGETHER. RWJBarnabas Health is on a journey to create true equity in healthcare.


14. THE LIFE-CHANGING IMPACT OF A KIDNEY TRANSPLANT. Post-transplant, people with kidney failure find their world transformed.

16. MISSION POSSIBLE. Rutgers Cancer Institute of New Jersey launches a new center to harness the power of immunotherapy.

17. IMPROVING CANCER CARE. More patients will keep their hair during treatment thanks to two generous gifts.

18. HELP AT HAND. How occupational therapy helped one man get back in the driver’s seat.

20. SIDESTEPPING SUMMER SAFETY PITFALLS. A family physician offers health tips for the sizzling season.

22. COMMUNITY CALENDAR. A roundup of health, education, screening and support programs.

All images in this issue are in compliance with COVID-19 safety protocols; some images included may predate the pandemic.
Kaitlyn Stiefel, an operating room nurse at Robert Wood Johnson University Hospital (RWJUH) Somerset, used to end her workdays aching all over. At 5 feet, 5 inches, she weighed nearly 300 pounds, which put tremendous stress on her body. “I was always in pain,” the 32-year-old Lopatcong resident remembers. “My back, knees and heels hurt after every shift, and some days I would go home limping.”

Since high school, she had cycled through a half-dozen diet programs plus prescription medication aimed at helping her shed pounds. She often would lose some weight but regain it once she stopped dieting. Frustrated with going from plan to plan, “I wanted a lifestyle change,” she says. Her desire set her on a new path—one her mother would eventually follow, changing both their lives for the better.

A SURGICAL SOLUTION

The answer to her struggle, Kaitlyn gradually realized, was right in front of her: At work, she often assisted David Ward, MD, a bariatric surgeon at Robert Wood Johnson University Hospital (RWJUH) Somerset and a member of RWJBarnabas Health Medical Group, as he performed weight loss surgeries. “Working with Dr. Ward and seeing the surgery took the fear from it,” she says. Early last year, Kaitlyn decided she was ready to try surgery, too—and she wanted Dr. Ward
Kaitlyn Stiefel (right) inspired her mother, Beth Cordes (left), to follow her on the path to weight loss success through bariatric surgery. Walking together is part of their maintenance plan.

to perform the procedure.

“Kaitlyn approached me in February 2020,” Dr. Ward recalls. But the operation couldn’t happen immediately. To obtain insurance approval, Kaitlyn needed to have several meetings with a nutritionist to assess how her eating habits would need to change. She also saw a psychologist, who evaluated her readiness for surgery. In addition, Kaitlyn received an endoscopy, in which a long, camera-equipped tube was inserted down her throat and into her esophagus to check for ulcers, cancer or other problems that would contraindicate surgery.

Finally, on June 23, Kaitlyn underwent a weight loss procedure called a laparoscopic sleeve gastrectomy. Making small incisions, Dr. Ward removed the top and middle portions of Kaitlyn’s stomach, giving the organ a sleeve-like shape. “This makes the stomach less stretchy and lowers its capacity so you can’t eat as much,” Dr. Ward says. Removed stomach portions also contain cells that produce hunger hormones when people reduce calories, a response that can sabotage weight loss efforts. With this procedure, those cells were eliminated, too. After a night in the hospital, Kaitlyn returned home.

As Kaitlyn progressed from a liquid diet to solid foods, she noticed a difference in her appetite and stomach capacity. She was able to consume more as the postoperative swelling went down, but large meals became a thing of the past. “Today, the amount I can eat is probably comparable to a child’s plate at a restaurant,” she says. She also changed her eating habits, emphasizing protein and cutting back on carbohydrates and sugar.

The pounds fell away quickly. Kaitlyn now weighs 173 pounds—120 less than before. While she once wore the second-largest-sized scrubs at work, she now slips into the next-to-smallest size. “My coworkers joke around,” she says. “They’re like, ‘You’re disappearing!’”

INSPIRING HER MOTHER

No one was more impressed with Kaitlyn’s weight loss than her mother, Beth Cordes, of Lebanon Township. The 56-year-old private client associate at an investment firm had also struggled with her weight. “I have done every diet, every program,” she says.

About 20 years ago, Beth had lap band surgery in which an adjustable belt was placed around the upper part of her stomach, limiting its size and capacity and slowing the passage of food to her intestines. “I lost the weight, but over the years it crept back on,” she says. Efforts to adjust the belt resulted in nausea and vomiting, and the belt caused complications that landed her in the hospital. “I decided to have it taken off,” she says.

Kaitlyn’s success encouraged Beth to try a laparoscopic sleeve gastrectomy. “I saw how relatively painless and effortless it was to have done,” Beth says. After fulfilling the requirements for insurance approval, she had Dr. Ward perform the procedure in September 2020. “Kaitlyn was assisting with a procedure in the operating room next to mine and kept tabs on me,” she says.

Beth was struck by how pleasant the staff was during her brief hospital stay after the operation. “The nurses who came in were like my best friends—it’s like we knew each other, even though they had never met me before,” she says. Dr. Ward felt like family, she says. RWJUH Somerset “is top-notch,” she says. “I would absolutely recommend it.”

Beth once weighed nearly 250 pounds. Today she’s 60 pounds lighter. “I’ve gone down three or four sizes,” she says. “People don’t even recognize me! I’ve cut my hair shorter because my face got thinner.”

To stay fit, she and Kaitlyn now take 10-mile walks along the nearby Columbia trail. “I just wish I would have done this surgery 15 years earlier,” Beth says. “But I don’t look back. It’s a journey, not a race.” As Kaitlyn reflects on their combined 180-pound weight loss, she can’t help but agree. “It’s hard work, and every day is a challenge,” she says. “But it’s worth it.”

For more information about weight loss surgery at Robert Wood Johnson University Hospital Somerset, visit www.rwjbh.org/weightloss or see our calendar on page 23 for information on upcoming weight loss surgery seminars.
NEW PRIVATE ROOMS AND A STATE-OF-THE-ART GYM WILL PROMOTE HEALING IN JOINT REPLACEMENT PATIENTS.

This fall, Robert Wood Johnson University Hospital (RWJUH) Somerset is breaking ground on a two-story addition located above the Pavilion building. The second floor will be reserved for future expansion, and the first floor will feature 35 private rooms for orthopedic surgery patients and a state-of-the-art gym for rehabilitation. “Creating a preeminent facility to house all orthopedic patients in one area with an easily accessible gym will further enhance care provided by our nationally recognized program and make us a premier destination in our region for orthopedic care,” says Anthony Cava, President and CEO of RWJUH Somerset.

EXTERIOR VIEW

Ten new rooms will serve as a Rapid Decision Unit for the hospital’s Emergency Department. Patients who require additional observation and are waiting for test results will occupy these rooms. Additional parking spaces and elevators will be built to accommodate the increased patient traffic.

For more information about orthopedic services at Robert Wood Johnson University Hospital Somerset, visit www.rwjbh.org/ortho.
Nurses will be able to perform visual checks of patients through windows at work stations for patient rooms so they don’t need to disturb patients who may be sleeping.

The lobby will be spacious and bright.

All patient rooms will be private and will feature flat-screen TVs. The addition targets 80 percent of rooms at the hospital to be private, up from 30 percent. Patients will find that the new rehabilitation gym is conveniently located.
Kathleen Toomey, MD, a medical oncologist and Medical Director of the Steeplechase Cancer Center at Robert Wood Johnson University Hospital (RWJUH) Somerset, has treated countless patients over the last four decades. She served as the first woman president of the medical/dental staff and has been a member of the hospital and Foundation boards. She recently joined the RWJBarnabas Health Medical Group, so we decided to ask her to reflect on what’s changed over the years—and what’s stayed the same.

You started working at RWJUH Somerset in 1987. How has cancer care changed?
Patients are living longer and better these days. When I started caring for patients in the mid-1980s, we cured about 48 percent of patients. Today, we can cure about 70 percent of patients. We talk about survivorship much more. Many cancer survivors have the same life span as those who have never had cancer.

The number of new treatments increases every year. Also, we’re able to minimize the complications associated with treatment.

You were instrumental in establishing the Steeplechase Cancer Center in 2007. How has the Cancer Center grown?
Before the Steeplechase Cancer Center was built, patients had to travel to multiple facilities for care. We wanted to make their care more convenient. The Steeplechase Cancer Center offers access to various subspecialists, such as surgeons, gynecologic oncologists and radiologists. It also has a boutique where patients can purchase wigs, bras and compression garments. Patients can visit Steeplechase’s library and learn more about their disease, and they can attend support group meetings. The building also features an infusion suite, a laboratory and a space for lectures and community events. There’s also a bridge to the hospital.

Biweekly, surgical oncologists, medical oncologists, pathologists, radiation oncologists, nurse navigators and others gather to formulate the best treatment plans for patients. Our affiliation with the Rutgers Cancer Institute of New Jersey enables patients to get second opinions and gain access to clinical trials.

We have hired more physicians, such as a gynecologic oncologist and liver surgeon. Our hope is that the more experts we have, the more research we can do and the better treatments our patients will receive.

What are you most proud of at the Steeplechase Cancer Center?
I’m most proud of the atmosphere at the Steeplechase Cancer Center. When patients walk in, they see a fireplace that looks like it belongs in a national park lodge. Cancer is scary, and we want to provide a warm atmosphere. We have a culture of compassion, kindness and excellence.
In May 2019, Carol Backle of Toms River noticed drooping on the left side of her son Jayson’s face. After evaluation by a doctor, the athletic, high-energy 13-year-old was diagnosed with Bell’s palsy, a weakness in facial muscles that’s usually temporary.

One day, however, Jayson experienced sudden weakness in his left leg and hand. At the local emergency department, tests revealed the reason: a tumor in his brain that was causing hemiparesis, a partial paralysis on the left side of his body. In July, Jayson had surgery to remove the tumor.

The family’s insurance carrier, unsure of how significant the teen’s recovery would be, strongly recommended that he be admitted to a long-term care facility. “I was not OK with that,” Carol says. She immediately began to research other options and soon decided that an inpatient rehabilitation program at Children’s Specialized Hospital (CSH) in New Brunswick offered the type of care Jayson would need.

UP FOR THE TASK

“Hemiparesis can be very frustrating, especially for someone of Jayson’s age and high activity level,” says Zack Gubitosi, DPT, CSCS, a pediatric physical therapist at CSH. “I could tell this was a scary experience for him and his family, and I wanted them to be as comfortable as possible from day one.”

Gubitosi incorporated elements of the sports and games Jayson loves into their sessions. “He would have me balance on one leg while we played Uno. We would play catch,” says Jayson. “It was awesome!”

“Jayson was always so motivated to get better,” Gubitosi says. “There were understandably some difficult days, and those were the days I would challenge him to fight harder. He was always up for the task.”

After seven weeks of inpatient care, Jayson was able to go home. He continues to receive occupational therapy as an outpatient at the CSH Toms River location, working on fine motor skills. He’s able to enjoy his former activities, such as going to the gym, playing video games and hanging out with friends. He’s also involved in the Youth Advisory Council at CSH, which meets once a month to discuss ways to create the best possible experience for patients.

“We’re just so grateful for the care that Jayson was given,” Carol says. “We know this whole experience could have been so much worse if we had not chosen to go where we did.”

With the wisdom of experience, Jayson offers advice for anyone who is on their own recovery path. “Don’t dwell on any of your bad thoughts,” he says. “Think about all the good that is happening, even the littlest progression in recovery. Focus on that!”

For more information about Children’s Specialized Hospital, call 888.244.5373 or visit www.rwjbh.org/childrensspecialized.
Racism has been described as a public health crisis. What does that mean? 

[BARRY OSTROWSKY] We start with the proposition that there is structural racism in our society. The data show that whether you’re talking about food insecurity, housing, education, employment or financial and economic development, the majority of people who aren’t doing well are people of color, particularly Black people. When it comes to healthcare, disparities of outcome for people of color, and particularly Black people, are deeply harmful. That is not a political statement. It is a data-driven statement.

[DEANNA MINUS-VINCENT] Research shows that 80 to 90 percent of health outcomes are a result of social determinants of health—the conditions in which a person lives, works and plays. That’s important, because race itself has
been found to be a social determinant. When we look at the data, even when all other things are equal, people of color, in particular Black people, still have poor health outcomes.

What are some examples of how racism plays out in healthcare? [DEANNA MINUS-VINCENT]
Statistics show that even Black women with more education and more income tend to lose their babies more often than white women who have less income and less education. This is due to the chronic stressors of being Black in America and what chronic stress does to our bodies. It creates a fight-or-flight syndrome at all times. Therefore, we’re more susceptible to losing our babies and to chronic diseases.

Countless research studies show that pain levels expressed by Black people are not believed, and so prescription pain medicines are not given in the same amount. Even Black children with fractures aren’t given the same level of medication as white children. When a Black person goes into an emergency department, people assume we are substance abusers. I remember going to an ED with an asthma attack and the nurse saying, “Do you have any clean veins?” I work in healthcare and so I was able to navigate the system and march upstairs and talk to the CEO. But I shouldn’t have to do that, and neither should anyone else.

What is the role of a healthcare system in combating racism? [BARRY OSTROWSKY] We realize that when we construct healthcare delivery mechanisms, we have to consider the ability of everybody to access them. It’s not equitable to simply say, “Anyone can walk into our clinic between the hours of 9 a.m. and 4 p.m.” Many people, particularly Black people in urban communities, can’t take time off for a healthcare visit during those hours.

From an operational standpoint, we’re reviewing key policies and procedures such as the refusal of care policy. We’ve conducted Listening Tours to afford employees at all levels of the organization the opportunity to provide input, and we held focus groups in April and May so that employees could have a say in the strategic planning process.

[DEANNA MINUS-VINCENT] We hold monthly educational sessions for employees, called “Equitable Encounters: Real Talk About Race,” where issues of racism are discussed. Training is forthcoming for all employees.

We’re also thinking about how to serve people in the way they want to be served. For example, historically, if someone has a need, we send an outreach worker to their house. But if you work two jobs and only have a few hours with your kids, maybe you don’t want outreach workers coming to the house. Maybe you’d prefer email or phone-based support. If you do need an outreach worker for complex problems, how do we coordinate services with our community partners so you can have just one outreach worker, instead of several?

In addition to the practices you mention, how will a patient at an RWJBH facility become aware of the anti-racism initiative? [BARRY OSTROWSKY] When patients come to our facilities, they’ll see posters and messages on video screens, and will experience an environment of respect. When we admit patients, we’ll make the point that we’re an anti-racist organization and if they have any experience that’s inconsistent with that, please tell us.

The journey to end racism requires everybody’s effort and commitment. We know that we can’t send out a memo saying, “We’re anti-racist, and by the end of the year there’ll be no racism.” We invite patients and all our employees to speak up and engage as we make more progress toward becoming an anti-racist organization.

REFUSAL OF CARE POLICY
RWJBarnabas Health will not accommodate requests for or refusal by a patient for the services of RWJBH workforce members based on a personal characteristic, such as race or ethnicity, except in the limited situation where the patient (or other individual on the patient’s behalf) requests that an accommodation based on gender only is necessary to protect a patient’s religious or cultural beliefs.

To learn more about RWJBarnabas Health’s commitment to racial equity, visit www.rwjbh.org/endingracism.
I HAVE HEART DISEASE. SHOULD I GET THE COVID-19 VACCINE?

YES, YOU SHOULD—AND HERE’S WHY.
Not only is it safe for cardiovascular patients to get any of the approved COVID-19 vaccines—it’s especially important that they do so, according to Partho Sengupta, MD, MBBS, FAAC, the newly appointed Chief of Cardiology at Robert Wood Johnson University Hospital and at Rutgers Robert Wood Johnson Medical School.

**Why is it so important for cardiovascular patients to get the vaccine?**

“People with cardiovascular disease are more vulnerable to the effects of COVID-19,” Dr. Sengupta explains. “That’s because it causes a state of inflammation to the inner lining of blood vessels, leading to a greater likelihood of abnormal heart rhythm, blood clots and heart attacks. Clinical studies have shown that COVID-19 patients with cardiac conditions have a higher risk of needing to be put on a ventilator. Vaccination protects people from these severe effects.”

**What kind of side effects can be expected?**

“Normally, people may or may not get a tiny bruise and short-term pain at the site of the shot,” Dr. Sengupta says. “If you’re on a blood thinner, you may get a bigger bruise. Normal side effects, especially after a second dose, may include tiredness, headache, muscle pain, chills, fever or nausea. Some people have had allergic reactions to the vaccine, but those are extremely rare.”

**After a person is fully vaccinated, can he or she resume normal activities?**

“Clinical trials have shown 90 to 95 percent protection, but there’s a possibility that some people may develop COVID-19 even after being vaccinated; the infection runs a milder course,” Dr. Sengupta says. “The CDC [Centers for Disease Control and Prevention] guidelines on masking are evolving. However, patients may still choose to be additionally cautious and wear a mask and practice social distancing, as we wait to see the impact and evolution of the most recent CDC guidelines.”

**What else should cardiovascular patients do to protect themselves?**

“Get outdoors and exercise—walk, bike, experience nature,” says Dr. Sengupta. “The pandemic has made a lot of people very fearful of any outdoor experience. At least 50 percent of my patients have given up any form of activity. The result is that they gain weight, become deconditioned, and conditions like hypertension and blood pressure become uncontrolled.

“I advise patients to avoid crowds and clusters of people, but not to avoid being physically active. Try to get at least 30 minutes of moderate-intensity exercise on most days. All of this will help you feel better and build your resilience.”

If you’ve been skipping physician visits, as many have during the pandemic, be sure to get back in a regular routine as soon as you can, Dr. Sengupta advises. “People have put off procedures and elective interventions and even allowed their symptoms to worsen for fear of going out during the pandemic,” he says. “This is your chance to resume your relationship with your doctor and get back on track.

“In fact, you may find that you can do many routine checkups remotely, thanks to all the progress taking place with telehealth and remote monitoring devices,” he says. “The pandemic has sparked a lot of innovation, which is allowing people to get care while still in their homes, and that trend is going to continue.”

For more information or to connect with one of NJ’s top cardiovascular specialists, call 888.724.7123 or visit www.rwjbh.org/heart.
WJBarnabas Health offers the region’s most experienced kidney and pancreas transplantation programs. A wide range of treatment options for both adult and pediatric patients is available at Robert Wood Johnson University Hospital in New Brunswick, at Saint Barnabas Medical Center in Livingston and at satellite locations throughout New Jersey. Here are just two examples of patients whose lives have been transformed through our world-class care and the generosity of organ donors.

BACK IN ACTION AFTER A DOUBLE TRANSPLANT

Dillon Devlin, 29, had Type 1 diabetes, but that didn’t stop him from traveling the country with a friend between 2014 and 2018. They hit 38 states, ending up in California for a while before coming home to New Jersey.

Along the way, Dillon went to pharmacies to get his insulin prescription refilled, but his increasingly high blood pressure was never addressed. By the time he got back to his home state and met with an endocrinologist and a nephrologist, he was shocked to learn that he was in stage 4 kidney failure and would need both a kidney transplant and a pancreas transplant.

“Kidney failure alone is an older person’s disease. A kidney and pancreas transplant is more typically needed in a younger person who has Type 1 diabetes,” explains Ronald Pelletier, MD, Director of Transplantation at Robert Wood Johnson University Hospital in New Brunswick. “That’s because the pancreas is not making enough insulin, a hormone that controls the blood sugar level in the body.”

THE WAIT BEGINS

Dillon went from working at an auto salvage business, hoisting transmissions onto pallets, to needing three-times-weekly dialysis. For eight months, he awaited a suitable kidney and pancreas for transplant. Six different possibilities fell through, one as he was actually being prepared for surgery. Finally, in November 2020, Dr. Pelletier successfully transplanted a new kidney and pancreas.

“All of a sudden I was waking up from surgery and my mom was saying, ‘You did it!’” he recalls. “I was standing up within six hours and out of the hospital in six days.”

A subsequent period of rest and recovery synced up well with the pandemic-related lockdown.

Now he’s back to lifting weights and going for hikes, and is actively seeking to get back into the workforce. “It’s so strange to wrap my head around not having to take insulin,” he says. “Modern medicine is a complete marvel.”

“What I really love about kidney and pancreas transplantation is that you get to transform someone’s life,” Dr. Pelletier says. “Not only do they not need dialysis afterward, they’re no longer diabetic! That’s fantastic.”

Dillon’s advice to others awaiting transplant: “Don’t let hopelessness consume you. It can happen anytime. The seventh time I got a call, it was a miracle match.”
THE LIFE-CHANGING IMPACT OF A KIDNEY TRANSPLANT

During a transplant, the new kidney is placed in the lower abdomen.

Timothy Collins, 60, of Westfield, was diagnosed in 1996 with polycystic kidney disease (PKD), which causes kidneys to enlarge and lose function over time. “PKD is hereditary,” he explains. “My father had it, my grandmother had it and my brother has it.”

In 1998, Timothy got a kidney transplant from his younger sister. The kidney functioned well for almost 18 years, but in 2016 an infection caused his body to become severely dehydrated. Timothy needed to be on hemodialysis—in which blood is pumped out of the body, filtered through an artificial kidney machine and returned—three days a week for two months. After that, he had a catheter placed in his stomach so he could do at-home peritoneal dialysis, which uses the lining inside the belly as a natural filter. He did this nightly for 16 months.

“Even though you’re on dialysis, it’s not like having a kidney,” Timothy says. “There’s still poison in your body and you have a yellow look. I gained weight and my creatinine levels [a measure of kidney function] were way too high.”

MEDICAL ADVANCES

“We’re so fortunate that in kidney failure, there’s the option of dialysis,” says Francis Weng, MD, Chief of the Renal and Pancreas Transplant Division at Saint Barnabas Medical Center (SBMC). “It keeps people alive. However, dialysis doesn’t replace the full function of the kidney. For most patients, the better option is a kidney transplant.”

Timothy’s niece, who was 21 at the time, offered to donate a kidney to him. At Timothy’s insistence, they waited until she graduated from business school and law school, which she was attending simultaneously, in May 2018. Though her kidney wasn’t a match for Timothy, she became part of the kidney transplant chain at SBMC: She donated to someone for whom her kidney was compatible, and Timothy was given a kidney from another donor.

“Living donor programs like the one Timothy was in are one of the significant advances in kidney transplantation that we’ve seen over the past 15 years,” says Dr. Weng. “We also have many more choices in the kind of medications we use to prevent rejection of the transplant and minimize side effects. The vast majority of patients do quite well after transplantation.”

“It’s a wonderful thing,” says Timothy. “I have so much more energy now, and I have so much more time to myself since I don’t have to plan my days around getting to a machine at a certain time. I’ve been able to be the project manager on several commercial renovation projects, and that was the best therapy ever. I love life, and I’ve been very blessed.”

To learn more about kidney and pancreas transplantation at RWJBarnabas Health, visit www.rwjbh.org/kidneytransplant.
For decades, the cornerstones of cancer treatment were surgery, chemotherapy and radiation. In recent years, immunotherapy has risen to the forefront.

“What’s remarkable about immunotherapy is the way it uses the immune system to specifically target cancer cells and not healthy cells,” explains Christian Hinrichs, MD, Chief of the Section of Cancer Immunotherapy and Co-director of the Cancer Immunology and Metabolism Center of Excellence at Rutgers Cancer Institute of New Jersey. Dr. Hinrichs, a world-class expert in cancer immunology and immunotherapy, was recruited from the National Institutes of Health to co-direct the center with Eileen White, PhD, Deputy Director and Chief Scientific Officer at Rutgers Cancer Institute.

“Immunotherapy has been a real game-changer for systemic cancer therapy for two reasons,” Dr. Hinrichs says. “First, it creates a very strong attack against cancer. Second, it has remarkably few negative side effects.”

However, some cancers respond well to immunotherapies, but others don’t respond at all. Why?

To answer that question, Rutgers Cancer Institute of New Jersey established the new Center of Excellence. The $50 million effort, fueled by an anonymous gift of $25 million, is poised to lead the immunotherapy revolution and transform cancer treatment.

“We are putting into place key expertise and facilities for ‘first in human’ clinical trials in immunotherapy and cell therapy,” Dr. Hinrichs explains.

The center is also focusing on the development of new cellular therapies for common types of cancer, a particular area of expertise for Dr. Hinrichs.

“These new therapies are made in a Good Manufacturing Practices (GMP) facility, which follows stringent FDA regulations to ensure the quality of the manufactured therapies. "A GMP facility is absolutely critical for what we do," says Dr. Hinrichs. "It enables us to produce personalized cell therapy products for each patient right here. We can actually discover and develop new cancer therapies at Rutgers Cancer Institute that no one can do anywhere else." Many of these new therapies will be available to patients at Rutgers Cancer Institute and throughout the RWJBarnabas Health system.

Eileen White, PhD (left), and Christian Hinrichs, MD, Co-directors of the Cancer Immunology and Metabolism Center of Excellence, a groundbreaking collaboration with a mission to develop new immunotherapies.

NEW CONNECTIONS

The Center of Excellence takes a novel approach by uniting its strengths in cancer immunology and metabolism under one umbrella. “Few, if any, institutions have this capability,” says Dr. White, Co-director of the center.

Dr. White is a globally recognized expert in the study of metabolism—the way cells grow by using energy and nutrients for sustenance—and how it contributes to cancer. “By focusing our efforts on determining how tumor metabolism drives growth and suppresses the immune response, we can begin to develop new immunotherapies and make existing immunotherapies more effective,” she says.

To learn more about the Cancer Immunology and Metabolism Center of Excellence, visit https://cinj.org/immunology-metabolism.
One of the most dreaded side effects from cancer treatment is, of course, hair loss. These days, it’s not inevitable. At the Steeplechase Cancer Center at Robert Wood Johnson University Hospital (RWJUH) Somerset, patients have access to the Paxman scalp cooling treatment, which prevents permanent hair loss. Now, thanks to two generous donations, patients who qualify can receive the treatment free of charge.

The treatment involves wearing a special cap during chemotherapy sessions. Cooling the scalp causes blood vessels to constrict, helping to prevent chemotherapy drugs from reaching hair follicles and destroying them. Unfortunately, the treatment costs $2,200 per course and is often not covered by insurance, so it’s not affordable for many patients.

ALLEVIATING ANXIETY ABOUT HAIR LOSS
To increase access to the scalp cooling treatment, Kathleen Toomey, MD, Medical Director of the Steeplechase Cancer Center at RWJUH Somerset, gave a gift to the Patient Assistance Fund, which is used to provide transportation to medical appointments as well as financial support for wigs, prostheses, groceries, medication, home cleaning services and other living expenses. Dr. Toomey, who is a board member of the Somerset Health Care Foundation (SHCF), decided to make the gift in honor of fellow board member Lou Piancone, who had supported the hospital and the Steeplechase Cancer Center before he passed away in 2019.

Lou, who was the owner of Roma Foods, often supplied the food for fundraisers that benefited the Cancer Center. He was also one of Dr. Toomey’s patients. “Lou and I have always admired Dr. Toomey, and I thought, ‘What better way to honor her than to match her gift to the Patient Assistance Fund in memory of Lou?’” says Teri Piancone, Lou’s wife. “When I heard about the Paxman scalp cooling treatment, I knew immediately that it’s a terrific help for cancer patients who are undergoing chemotherapy. Several of my friends have had chemotherapy, and the thinning and hair loss can be very upsetting. The Paxman treatment can help alleviate anxiety about hair loss. I know Lou would have been extremely supportive of this treatment.”

SHCF is grateful for both gifts, which are especially meaningful because they’re in honor of Lou. “Not only was Lou an extremely generous contributor to the Foundation, but he also gave freely of his time, talent and treasure,” says Donna Castronovo, Vice President of the Foundation and Development. Both Lou and Teri have been wonderful friends of the Foundation, and Teri is thrilled to contribute to the patient-centered mission of RWJUH Somerset. “Lou was so proud to serve on the board of the SHCF,” she says. “He and I always believed in the professionalism of the hospital’s doctors, nurses and staff members. RWJUH Somerset was and always will be our hospital.”

For more information on how to support the Somerset Health Care Foundation, call 908.685.2885.
Nelson Ortega was young and healthy, so he was taken by surprise when he developed a hacking cough early last August. “I wasn’t breathing normally,” the 23-year-old Bridgewater resident recalls.

At night, sweats and shakes began wracking his body. “I thought I’d caught COVID,” he says.

When over-the-counter medicines didn’t ease his discomfort after several days, Nelson called his doctor and described his COVID-like symptoms. “The office told me to go straight to the hospital,” he says. He headed for Robert Wood Johnson University Hospital (RWJUH) Somerset—a decision that would save his life.

FEAR AND FAITH
To his surprise, Nelson tested negative for COVID. Instead, he was suffering from pneumonia. His symptoms were so severe that his treatment team decided to sedate and intubate him. The news was frightening, but “I put everything into faith,” he says. “At the hospital, I knew I would be in great hands. I gave
my parents a call, saying what they were going to do." He spent the next three weeks unconscious.

When Nelson awoke, he was in fragile shape. "My lungs were still infected, and I had extreme trouble breathing," he says. "It was a fight just trying to stay alive." Part of his lifesaving care entailed lying on his side to ease his breathing, and he developed a pinched nerve that left his right arm and hand immobile.

"It was scary," says Nelson, who is right-handed. "Everything was." Yet there were signs his paralysis might not be permanent. "I could move a little bit of my wrist and just a little bit of my fingers," he says. "An occupational therapist would come see me, and he said he had faith I would get the use of my limb back, because I could move my hand."

Armed with a positive attitude, Nelson overcame his pneumonia. By early September, after about a month in the hospital, he was discharged. He set his sights on a new objective: to regain the use of his hand and arm. Once again, he looked to RWJUH Somerset for help, enrolling in its outpatient Occupational Therapy (OT) program.

REACHING FOR GOALS
Maria Elena Halka, OTR, an occupational therapist at RWJUH Somerset, remembers meeting Nelson in September. "He was walking with a cane and didn't have any movement in his arm," she says. "He had a little bit of shoulder extension and a bit of thumb movement, but he couldn't raise his arm or bend his elbow, and he could not use his right hand at all."

OT is designed to address such problems. "It's aimed at helping the patient do what they need to do in everyday life," Halka says. Nelson, who worked at a car dealership and was frequently behind the wheel, would need as much arm and hand function as he could muster.

Halka and her team assessed Nelson's abilities and limitations, then customized a therapeutic plan. "We focused on gradually restoring the mobility of the shoulder and elbow, then moving the forearm and wrist using meaningful activities to target the desired function," Halka says.

"At first, they would have me try to pick up little blocks and put them in a bucket to get my arm to raise," Nelson recalls of his initial hour-long OT sessions, which he attended three times a week. "Then, when the arm started becoming mobile, they would put weights on it and I would continue trying to raise it up." Other activities focused on education about his posture and preventing compensatory motions. "We focused on restoring his function to as normal as possible," Halka says.

Nelson received homework, too. "I wanted him to involve his hand and arm in everyday activities," Halka says. "He might have to write using an adaptive pen, help sweep his house or empty the dishwasher, for example."

Gradually, exercises grew more complex. For instance, "I would lie flat on my back and they would place little beanbags on my chest," Nelson says. "I would try to grab the beanbags and place them over my head into a bucket. When my arm started getting a lot more strength, they would usually have me do a couple of push-ups."

Although the exercises changed, the quality of care Nelson experienced was consistently excellent. "I've worked with four different therapists, and they are extremely encouraging, just miracle workers," he says.

Halka likewise praises Nelson's perseverance. "Sometimes he was like, 'You want me to do what?'" she laughs. "But then he was like, 'Oh, OK, I can do this if you think I can.'"

He's done so much that his arm and hand are almost fully functional again. "We are now working on pinching and gripping," says Halka, who anticipates Nelson will soon complete his therapy. He was able to return to work in March, confident in his ability to grip a steering wheel.

"I'm extremely grateful for the nurses and doctors who helped me after waking up from my intubation and for the occupational therapists who helped me recover," Nelson says. "They saved my life, and I'm just so thankful for everybody. They helped me fight back."

To learn more about Occupational Therapy at Robert Wood Johnson University Hospital Somerset, call 908.685.2945 or visit www.rwjbh.org/treatment-care/occupational-therapy.
The lazy, hazy days of summer are back—and so are an array of health and safety challenges posed by sunshine, sizzling temperatures and fair-weather activities people like to do outdoors.

Emergency room visits increase up to 27 percent in warmer months nationwide due to accidents, heatstroke, bites and other summer mishaps. And summer 2021 will pose another health hazard as the COVID-19 pandemic continues to evolve, says family medicine physician John Pilla, MD, director of Medemerge, which is affiliated with RWJ Barnabas Health and offers full health and urgent care services in Green Brook.
“We all know this summer is going to be different than most,” Dr. Pilla says. “COVID is still high in people’s minds, especially physicians.”

By this time, just about everyone who wants to be vaccinated should have had that opportunity, Dr. Pilla says. He notes that many people may still need to pick and choose their exposures based on current guidelines, individual health and the state of the pandemic.

VARIETY OF HAZARDS
Beyond the pandemic, however, Dr. Pilla points to excess sun exposure as the biggest problem he encounters among patients during summer months. “Everyone wants to get out in the sun, get a tan and go to the beach and pool, so we see bad cases of sunburn over and over,” he says. “But the bigger concern is the long-term effects—the skin cancer that’s rampant in senior citizens because of heavy sun exposure when they were young.”

Dr. Pilla also sees summer upticks in sports-related injuries such as sprains, fractures and cuts, as well as higher numbers of foodborne illnesses from barbecues and picnics where food that’s been left in the heat fuels growth of harmful bacteria.

HAVE A SAFER SEASON
Dr. Pilla outlines several major summer-related safety hazards and offers tips to keep illness and injury at bay:

Sun: Sunburn and sun poisoning (an especially severe sunburn) tend to occur earlier in the season, when people often mistakenly believe that bright rays won’t harm them when there’s a cool breeze. Apply sunscreen with an SPF (sun protection factor) of 50 or higher every few hours when outdoors, reapplying after swimming or sweating. Wear a broad-brimmed hat and sunglasses, and sit in shade or under umbrellas or awnings between 10 a.m. and 4 p.m., when the sun is strongest.

Heat: Beware of heat exhaustion, in which the body’s core temperature rises quickly when outside temperatures soar into the mid to upper 90s or beyond. If you start sweating heavily or feel weak or nauseous, sit inside or in the shade and drink plenty of cool water. “Limit your time outside during high temperatures and wear protective clothing,” Dr. Pilla says.

Open water: Drowning causes nearly 4,000 deaths each year, according to the National Safety Council, and small children are most at risk. “There’s never a summer where we don’t lose a toddler in a pool, and that is the worst thing any family can go through,” Dr. Pilla says. “I can’t overemphasize enough how important fencing and alarms near pools are, along with vigilance with little kids.”

Insect bites: Tick-borne illnesses such as Lyme disease are among the most debilitating insect-related problems. If you’re in a grassy or wooded area, cover your skin with long pants and sleeves, and do a skin check once you arrive home.

Biking and skateboarding: Donning a helmet may feel uncomfortable when it’s hot outside, but do it anyway. “I see a lot of biking and skateboarding injuries such as broken wrists and kneecaps as well as lacerations,” Dr. Pilla says. “If you’re skateboarding, you need wrist, elbow and knee guards in addition to your helmet. Chances of avoiding serious injury with these activities are so much better if you’re wearing a helmet and you fall, hit a pothole or get hit by a car.”

URGENT CARE OR ER? HOW TO CHOOSE
The rise of urgent care centers that treat serious but non-life-threatening injuries and illnesses can pose a confusing dilemma in the heat of the moment. Should you seek treatment at an urgent care facility or head to a hospital emergency room (ER)?

You should go to the ER for serious medical issues, such as:
• Head injury
• Chest pain
• Lacerations larger than 2 inches long that are bleeding heavily

For other health concerns, including minor cuts and sprains, allergies, colds and flu, rashes, nausea and vomiting, an urgent care is appropriate.

Walk-in medical care services are available at these two local RWJ Barnabas Health locations: Medemerge, 1005 Washington Ave., Green Brook, 732.968.8900, and Hillsborough Urgent Care, 751 Route 206 North, Hillsborough, 908.685.2513.

Both offer on-site X-ray and lab testing to help you get diagnosed and treated as quickly as possible. Rapid and PCR COVID-19 tests are also available.
COMMUNITY HEALTH SCREENINGS

**Blood Pressure Screening**
- **Wednesday, September 15**
- **9 a.m. to noon**
- Tarantino Promenade at Robert Wood Johnson University Hospital Somerset; free
- To preregister, call 908.685.2814 for appointment.

**Cholesterol Screening**
- **Includes total cholesterol, HDL, ratio and glucose**
- **Wednesday, September 15**
- **9 a.m. to noon**
- Tarantino Promenade at Robert Wood Johnson University Hospital Somerset; $15
- To preregister, call 908.685.2814 for appointment.

**Prostate Cancer Screening**
- This free PSA screening and exam by a urologist is for high-risk men 35 and over and all men 40 and over with no personal history of prostate cancer. As part of a research study, participants must complete a questionnaire. Registration is required. Call 908.685.2814 to schedule an appointment.
- **Thursday, September 23**
- **5 to 7 p.m.**
- Steeplechase Cancer Center Suite 2300
- **Saturday, September 25**
- **9 to 11 a.m.**
- Steeplechase Cancer Center Suite 2300

**Breastfeeding Basics & Benefits**
- During this webinar, discover the health benefits of breastfeeding, common positions such as the cradle or clutch, strategies to overcome problems such as mastitis and cracked nipples, techniques to encourage latchling, the ideal feeding pattern, the recommended length of feeding time on each side, pumping tips and supplementation recommendations, including when it's appropriate.
- **Wednesday, August 4**
- **Noon to 1 p.m.**
- To register, visit bit.ly/3traflj
- Offered in collaboration with Friends Health Connection

**Tongue-Tied? Speak Up on Speech Impediments**
- This webinar will explain the difference between speech and language disorders; common speech disorders such as stuttering; apraxia and dysarthria; the difference between receptive, expressive and mixed expressive-receptive language disorders; risk factors; signs and symptoms; causes; related health conditions that alter speech, such as stroke and aphasia; diagnostic tools; and treatment options.
- **Thursday, August 12**
- **Noon to 1 p.m.**
- To register, visit bit.ly/3st1jqQ
- Offered in collaboration with Friends Health Connection

**Exotic Produce: The Cream of the Crop!**
- During this webinar, learn about unusual fruits and vegetables such as jicama and rambutan, nutritional values, the health benefits of each, how to incorporate them into your diet and where they may be purchased. A cooking demonstration with healthy recipes will follow.
- **Thursday, August 19**
- **Noon to 1 p.m.**
- To register, visit bit.ly/3strzfE
- Offered in collaboration with Friends Health Connection

**Herd Immunity: Are We There Yet?**
- This webinar will explain the immune system, different types of immunity, signs and causes of a weak immune system, how the body develops immunity, the role of vaccinations, vaccine composition and recommended inoculations, as well as the importance of herd immunity and if it has been reached in the present COVID-19 pandemic.
- **Tuesday, August 24**
- **Noon to 1 p.m.**
- To register, visit bit.ly/3mRPUkR
- Offered in collaboration with Friends Health Connection

**Sarcoma: Cancer of the Connective Tissue**
- During this webinar, understand sarcomas, the prevalence in adults versus children, the subtypes of sarcomas, possible causes, risk factors, diagnostic tools, treatment options and prevention strategies.
- **Learn about RWJUH Somerset’s new medical oncology program.**
- **Roman Grossberg, MD, medical oncologist and Assistant Professor of Medical Oncology at Rutgers Cancer Institute of New Jersey**
- **Adam Berger, MD, Chief of Melanoma and Sarcoma Surgical Oncology, Rutgers Cancer Institute of New Jersey**
- **Kathleen Toomey, MD, oncologist and Medical Director of Steeplechase Cancer Center**
- **Wednesday, July 7**
- **Noon to 1 p.m.**
- To register, visit bit.ly/3x2iPo3
- Offered in collaboration with Friends Health Connection

**Urgent Care in the COVID-19 Pandemic**
- During this webinar, discover the difference between urgent care and emergency care; conditions that urgent care centers treat; conditions that warrant an emergency room visit; the role urgent care centers play during the COVID-19 pandemic, such as testing and vaccination; protocols taken to ensure patient safety; and the importance of not delaying care.
- **Michael Marchetti, MD, Medical Director of RWJUH Hillsborough Urgent Care**
- **Wednesday, July 14**
- **Noon to 12:30 p.m.**
- To register, visit bit.ly/3t3Vb2
- Offered in collaboration with Friends Health Connection

**Pancreas Perks and Problems: Preventing Cancer and Promoting a Positive Prognosis**
- During this webinar, understand the function of the pancreas, conditions affecting it, signs it is not functioning properly, risk factors for pancreatic cancer, stages of cancer, diagnosis, treatments including surgical interventions and prevention strategies.
- **Miral Sadaria Grandhi, MD, FACS, surgical oncologist**
- **Thursday, July 22**
- **Noon to 1 p.m.**
- To register, visit bit.ly/3uR0edZ
- Offered in collaboration with Friends Health Connection

**Nutrition Dialogue with Rutgers Cancer Institute of New Jersey and America’s Grow-a-Row**
- During this webinar, learn how local, freshly harvested foods can boost your health and reduce your risk of cancer. Includes healthy recipe demonstrations.
- **Evelyn Fuertes, NDTR, Rutgers Cancer Institute of New Jersey**
- **Michelle Jansen, MS, MAT, Rutgers Cancer Institute of New Jersey**
- **Shauna Alvarez, Executive Chef, America’s Grow-a-Row**
- **Tuesday, July 27**
- **2 to 3 p.m.**
- To register, visit bit.ly/32nxOHX
- Offered in collaboration with Rutgers Cancer Institute of New Jersey and America’s Grow-a-Row
SEPTEMBER

On the Level about Cholesterol
During this webinar, learn about cholesterol, the role it plays in cardiovascular health, the recommended range, the difference between LDL and HDL, modifiable and unmodifiable risk factors, causes of elevated levels, diagnostic tools, suggested frequency of screenings and strategies to lower cholesterol.
Megan Madara, APN, MSN, RN, advance practice nurse

Wednesday, September 8
Noon to 12:30 p.m.
To register, visit bit.ly/3qma0Cx
Offered in collaboration with Friends Health Connection

Prostate Cancer Advances amid COVID-19
During this webinar, understand the risk factors for prostate cancer, symptoms, causes, innovations that led to more precise staging and risk stratification, the pros and cons of active surveillance for prostate cancer and how COVID-19 affects care. Also learn about advances in treatments such as surgery, radiation therapy, hormone therapy, immunotherapy and targeted therapy, including the benefits of each and how to determine which option is appropriate for you.
Joel Braver, MD, radiation oncologist
Dhiren Dave, MD, urologist and robotic surgeon

Tuesday, September 14
Noon to 1 p.m.
To register, visit bit.ly/2Q9Hycf
Offered in collaboration with Friends Health Connection

Youth Mental Health First Aid
Discover how to help children or youth experiencing challenges or addictions by learning about adolescent development. A five-step action plan on helping youth in both crisis and non-crisis situations covers anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders and eating disorders. This includes a two-hour online course to be completed by September 20 and an instructor-led portion, which will be hosted on Zoom on September 22 and 23. Attendance at both sessions is required for certification.
Joshua Wolf, Certified Mental Health First Aid instructor

Adult Mental Health First Aid Training
Mental Health First Aid teaches you how to identify, understand and respond to signs of mental illness and substance use disorders in adults ages 18 and older. This training gives you the skills you need to provide initial support to someone who may be developing a mental health or substance use problem and help connect them to the appropriate care. It also offers a five-step action plan on how to help people in both crisis and non-crisis situations. This includes a two-hour online course to be completed by September 20 and an instructor-led portion, which will be hosted on Zoom on September 22 and 23. Attendance at both sessions is required for certification.
Gail Schoenbach, Certified Youth Mental Health First Aid instructor
Kim Petro-Orlik, Certified Youth Mental Health First Aid instructor

Tuesday, September 14, and Wednesday, September 15
9 a.m. to noon
Registration Link: tinyurl.com/etlytnn9
Registration closes August 24.
Offered in collaboration with EmpoWER Somerset

SUPPORT GROUPS

Robert Wood Johnson University Hospital Somerset offers a variety of support groups, which currently are held virtually.

Eating Disorders: Family Support
This is a parent-facilitated discussion.
Every Tuesday | 7:30 to 8:30 p.m.
To register, visit www.rwjbh.org/SomersetEvents

Eating Disorders: Patient Support
This staff-facilitated discussion is open to anyone suffering with an eating disorder.
Every Tuesday | 7:30 to 8:30 p.m.
To register, visit www.rwjbh.org/SomersetEvents

Living Well with Diabetes Support Group
“Know Your Diabetes ABCs”
Wendta Joseph, APN, Diabetes Center Educator

Tuesday, September 14 | 6 to 6:30 p.m.
To register, visit bit.ly/2Q9HyCF

Stroke Support Group
Thursdays: July 8, August 5 and September 2
2 to 3 p.m.
To register, visit:
July 8: bit.ly/3e5QB7r
August 5: bit.ly/2Ve3eBR
September 2: bit.ly/3s5N3cD

Better Breathers Club
Promotes the management of COPD and other chronic lung diseases (i.e., asthma, pulmonary fibrosis or lung cancer), offers a sense of belonging and hope and aims to improve quality of life.
Thursdays: July 8, August 12 and September 9
10:30 a.m. to 11:30 a.m.
To register, visit:
July 8: bit.ly/3RaH2z
August 12: bit.ly/3m1J4m
September 9: bit.ly/23xAFJU

Bariatric Support Group
Meetings are open to all patients who have undergone or are considering undergoing bariatric surgery.
Tuesdays: July 13, August 10 and September 14
6 to 7 p.m.
To register, visit:
August 10: bit.ly/3wmNW0H
September 14: bit.ly/3mLz0Xw
Robert Wood Johnson University Hospital Somerset

Best in the U.S. for the 6th time in a row

Achieving a Leapfrog A for a 6th consecutive time underscores Robert Wood Johnson University Hospital Somerset’s commitment as a High Reliability Organization (HRO).

Through the concerted effort of Robert Wood Johnson University Hospital Somerset’s physicians, nurses, staff, volunteers and leadership, patients and families benefit from the highest level of quality care and the safest hospital experience.

rwjbh.org/somerset