HEALTH NEWS

HYPERBARIC OXYGEN THERAPY CAN HELP YOU HEAL

Wound care specialists at Monmouth Medical Center Southern Campus (MMCSC) are dedicated to superior wound care using hyperbaric oxygen (HBO) therapy to enhance the body’s natural healing process. During HBO Therapy, you breathe 100 percent oxygen while inside a pressurized chamber. This high-pressure dose of oxygen helps your blood carry more oxygen to organs and connective tissues to promote wound healing. HBO also activates white blood cells to fight infection.

HBO is commonly used to treat diabetic foot ulcers or leg ulcers; non-healing skin grafts or surgical flaps; chronic bone infections or crush injuries; and delayed effects of radiation. For information, talk to your physician or call the MMCSC Wound Care Center at 732.886.4100.

HEARING-LOSS TESTS FOR KIDS

If your baby failed a newborn hearing screening or if you’re concerned about your school-age child due to a delay in speech development, a history of chronic ear infection or learning problems, consider having your child evaluated. MMCSC offers a variety of hearing tests, including high-frequency tympanometry and auditory brainstem response studies for babies. Older children can receive assessments of middle and inner ear function as well as hearing sensitivity and comprehension. To have your child’s hearing evaluated by MMCSC’s Audiology Department, call 732.942.5921.

MESSAGES FROM LEADERSHIP

“The newly opened RWJBarnabas Health Field of Dreams in Toms River, a recreational complex for people of all ages and abilities, is emblematic of our mission: to help the people who live in our communities feel healthier and enjoy their lives to the fullest.”

BARRY H. OSTROWSKY | Chief Executive Officer, RWJBarnabas Health

“I am deeply moved by the commitment my outstanding RWJBarnabas Health colleagues have to our mission and to serving everyone in our communities with inclusiveness for all, regardless of race, age, gender, background and ability.”

MARK E. MANIGAN | President, RWJBarnabas Health

“Our new Anne Vogel Family Care and Wellness Center in Eatontown is helping us ensure that those in our communities have the means and ability to live healthier, more fulfilling lives by, for example, our supporting people on their healthy eating journeys through the innovative WEforum Demonstration Kitchen.”

ERIC CARNEY | President and Chief Executive Officer, Monmouth Medical Center Southern Campus and Monmouth Medical Center
2. WELCOME LETTER. A community update from our leadership.

4. SHOULD YOU GO TO THE ED? Emergency Department experts explain signs of serious trouble and when to seek help.

6. LOVE YOUR SKIN. Simple habits can reduce risks; brachytherapy can destroy tumors.

8. 'DON'T IGNORE SYMPTOMS.' Catching early signs of peripheral artery disease can lower cardiovascular risks.

9. HEALING HEARTS. A team approach to coronary artery disease.

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WHEN SHOULD YOU GO TO THE EMERGENCY DEPARTMENT?

DON’T HESITATE TO GET PROMPT CARE WHEN YOU EXPERIENCE KEY SIGNS OF TROUBLE.

People often put off going to the Emergency Department (ED) when they shouldn’t wait. “They think their health issue will turn out to be nothing serious,” says Sreedar Raja, MD, Chair of the ED at Monmouth Medical Center Southern Campus (MMCSC). “But with many emergencies, including heart attack or stroke, time is very important. Waiting too long after symptoms start can limit our ability to give effective treatment.”

Are your symptoms nothing to worry about—or do you need a trip to the ED? Signs that deserve to be checked right away include these common areas of concern:

CHEST PAIN, especially if the pain is a type you haven’t had before, makes you anxious or is associated with shortness of breath or sweating. “We’re here to make an evaluation,” Dr. Raja says. “Come in so we can do appropriate tests.”

ABDOMINAL PAIN, especially if it’s accompanied by fever, is localized in one area of the abdomen or is accompanied by severe vomiting or diarrhea. “Gastrointestinal concerns such as appendicitis and bowel obstruction are emergencies that may require surgery,” Dr. Raja says.

BREATHING PROBLEMS. Any time you have serious breathing problems, especially if you have a chronic respiratory issue such as asthma or COPD, call 911. Emergency responders can help stabilize you with medication and oxygen even before you get to the ED.

STROKE OR NEUROLOGICAL SYMPTOMS. If new and different neurological symptoms occur, such as weakness or numbness in any part of your body or a change in speech or vision, call 911 and get to the ED as quickly as you can.

HIGH FEVER. Elevated body temperature, especially if it’s accompanied by shaking and chills, could be a sign of infection that has moved to the bloodstream. “We treat this very aggressively,” Dr. Raja says. For children especially, go to the ED if fever is accompanied by severe headache, lethargy or other unusual behavior.

A HEAD INJURY, especially if you were stunned or lost consciousness; are taking blood thinners; are elderly; or have symptoms such as weakness, numbness or vision problems.

BEHAVIORAL CRISIS. If you’re having thoughts of harming yourself or others, or are suffering from a narcotic or alcohol overdose, call 911. “We can give reversal agents for certain narcotic or other drug overdoses, monitor vital signs, administer fluid and connect people with counselors and recovery rehab services,” Dr. Raja says.

Don’t be embarrassed if a worrisome symptom turns out to be nothing. “We’re here to assess these issues,” Dr. Raja says. “We’re happy if chest pain turns out to be acid reflux and not a heart attack. But getting checked out ensures we don’t miss serious cases.”
WHEN SHOULD YOU GO TO THE EMERGENCY DEPARTMENT?

Average wait time: UNDER 10 MINUTES

Average time from arrival to discharge: 2 HOURS OR LESS

Average time from arrival to admission if needed: 3 HOURS OR LESS

Regional patient satisfaction ranking: TOP 15 PERCENT

THERE FOR PATIENTS—AND BEEN THERE HIMSELF

When hospital volunteer Mordechai Goodman of Lakewood greets patients at Monmouth Medical Center Southern Campus (MMCSC), he knows what they’re going through: He’s been an MMCSC patient himself. “I’ve had great experiences all three times I had to visit,” he says.

His most recent and serious stay began when returning from a vacation trip in January 2021. “On the drive home, I began coughing that persisted and got worse,” Goodman says. His wife called Hatzolah of Central Jersey EMS, and responders took him to MMCSC’s Emergency Department for further tests.

“I couldn’t believe how quickly I was tested and diagnosed,” Goodman says. What he thought might be pneumonia turned out to be a blood clot, and he was admitted for treatment from what he felt was a great, caring team.

A hospital volunteer since 2018, Goodman also has joined MMCSC’s Patient and Family Advisory Council, a group of volunteers who help shape hospital services and cultivate partnerships with patients and families.

“Mordechai not only is warm and welcoming to our outpatient visitors, but also is a studious advocate for them,” says Donna Salin, Director of Patient Experience and Volunteer Services. “He’s a true pleasure to work with.”

HONORED FOR NURSING LEADERSHIP

Jennifer Lees, RN, MSN, NE-BC, Director of Emergency Services at Monmouth Medical Center Southern Campus (MMCSC), was honored with the Clinical Nurse Leadership Award from the New Jersey Emergency Nurses Association (NJENA) in recognition of excellence in the profession of emergency nursing and significant contributions through an emergency nursing leadership role.

Lees leads a team of more than 70 staffers delivering adult and pediatric emergency medical care, and manages the Psychiatric Emergency Screening Services unit. In nominating Lees, peers noted she “shows constant dedication; commitment to serve and engage; vigor to assist; mentorship; and leadership every single day, no matter what the obstacles.”

“Jen leads by example and exemplifies our organization’s mission and vision to serve our community with compassion and excellence,” says Eric Carney, President and CEO, MMCSC and Monmouth Medical Center. “Even through the COVID-19 pandemic, Jen’s expertise and team leadership contributed to the highest Press Ganey patient satisfaction scores in the region for Emergency Services. She also leads an onboarding program for newly hired staff and continually promotes employee engagement. It is evident how her colleagues value her skills and her collaboration with other departments within the hospital.”

To learn more about the Emergency Department at Monmouth Medical Center Southern Campus, call 732.886.4525. In an emergency, dial 911.
How can you protect your skin from the sun’s harmful rays? As warm summer weather invites you to head outdoors, Sang Sim, MD, radiation oncologist, Monmouth Medical Center, and a member of RWJBarnabas Health Medical Group, shares his best advice.

**SLATHER ON SUNSCREEN.**
Use it even on slightly cloudy or cool days, regardless of skin color. It contains chemicals that scatter sunlight’s UV rays. Apply 30 minutes before you go outside. A sun protection factor (SPF) of 30 is sufficient as long as the sunscreen is reapplied every two hours.

**DRESS FOR SUCCESS.**
That includes wearing a hat with a brim that shades your face, ears and the back of your neck, and loose-fitting, long-sleeved, tightly woven shirts and long pants. Wear a T-shirt on the beach whenever you aren’t in the water. Look for fabrics that have an ultraviolet protection factor (UPF) to guard against UV rays.

**WATCH THE KIDS.**
The vast majority of sun exposure occurs before age 18, so help your children take the necessary sun protection steps and let them see you doing the same.

**KEEP AN EYE ON YOUR EYES.**
Wraparound sunglasses are a great choice to protect eyes and the skin around the eyes from UV rays.

**SHUN THE BRIGHTEST SUN.**
When you’re outside between 10 a.m. and 4 p.m., reduce your risk of skin damage by seeking shade under an umbrella, a tree or other shelter.

**CHECK IT OUT.**
Regularly examine your skin for changes in moles during showers and in the mirror. Ask someone to check your back and neck, and if your hair is thinning, be sure to check your scalp as well.
Skin cancer sometimes develops even in people who protect their skin. Causes can include sun exposure earlier in life, exposure to toxic substances or development of conditions that weaken the immune system.

But certain skin cancers can readily be treated with a radiation therapy known as brachytherapy. “It obliterates skin cancer cells,” says Sang Sim, MD, radiation oncologist, Monmouth Medical Center (MMC), and a member of RWJBarnabas Health Medical Group. “Success rates are very high.” Here’s what you need to know.

• IT’S NONINVASIVE.

Brachytherapy uses a computer-driven device and a special applicator to deliver a small pellet of radiation right to the skin’s surface. “A tiny opening at the tip of the applicator treats as small an area as possible directly at the site of the cancer,” Dr. Sim says. “The width of the opening can be adjusted for different-sized lesions.”

• THERAPY IS FAST.

“Each session typically takes three to five minutes,” Dr. Sim says. Patients usually undergo therapy twice a week for three weeks—a total of six treatments. “That’s much more convenient than external beam radiation treatments that may require daily treatments for up to six weeks—a total of 30 treatments,” Dr. Sim says.

• IT TREATS MULTIPLE SKIN CANCERS.

Brachytherapy radiation penetrates only a few millimeters into skin. That makes it both safe and highly effective against shallow skin cancers such as squamous cell and basal cell carcinomas. (Melanomas, which often lie deeper in skin and are likelier to spread, are treated with other methods.)

• SKIN LOOKS NATURAL.

Procedures such as Mohs surgery can quickly cut out cancer but may leave scars. “Most brachytherapy patients have excellent cosmetic results, with normal color, consistency and appearance,” Dr. Sim says. “In many cases, you’d never know skin was treated.” For this reason, brachytherapy is often preferred for highly visible areas like the face.

• FEW CENTERS OFFER IT.

“Patients often tell me they’ve never heard of this procedure,” Dr. Sim says. “They may think surgery is their only option. RWJBarnabas Health cancer centers including MMC and Community Medical Center are among the few in the area that offer brachytherapy.”
Some people have more aches and pains with age. But it’s a mistake for older adults (or anyone else) to think pain is normal, especially if it interferes with basic activities like walking.

Yet such thinking is common with the cardiovascular condition known as peripheral artery disease, or PAD, says Aditya Mehra, MD, FACC, FSCAI, RPVI, an interventional cardiologist and Director of the Vascular Institute at Monmouth Medical Center Southern Campus (MMCSC). “I’ve had older patients who just accepted that they were walking less,” Dr. Mehra says. “But once they were diagnosed with PAD and treated, they were able to walk more again.”

Dr. Mehra explains what everyone should know about PAD.

What is peripheral artery disease?
PAD is essentially a blockage of blood supply outside the heart. The heart is central, so these other areas are called peripheral. Obstructions or deficiencies in the peripheral vasculature most commonly occur in the lower extremities, usually due to plaques from atherosclerosis that narrow or block vessels carrying blood to the legs.

Who tends to get it?
Being older than 60 is a factor—but just one of many. Other risk factors include smoking, high blood pressure, diabetes and high cholesterol. Blood vessels become less pliable as we get older, which makes them more prone to damage from other risk factors.

What are signs to watch for?
Pain in the legs, thighs, calves or buttocks, especially as you walk. Other symptoms include weakness; hair loss on the legs; shiny or cooler skin; numbness or loss of sensation in toes; lack of pulse in the feet; and wounds, sores or ulcers that don’t heal.

What can be done about PAD?
Minimize risks by exercising, not smoking and controlling blood sugar and cholesterol. We can diagnose PAD with noninvasive tests like a blood pressure measure called the ankle brachial index, ultrasound and MRI and CAT scans. Blockages usually can be fixed with a catheter-based procedure called balloon angioplasty and stent. The Wound Center at MMCSC can speed healing of difficult wounds with team care from a range of clinicians including interventional cardiologists and radiologists, vascular surgeons, endocrinologists, primary care physicians, podiatrists, nurses, nutritionists and dietitians.

What’s the most important thing for people to know about PAD?
Don’t ignore symptoms. Waiting until you develop a debilitating condition or a nonhealing wound to seek care can lead to amputation and even increase your risk of dying. If you have PAD, you may also be at risk of coronary blockages that could cause a heart attack. We can diagnose PAD easily, and the vast majority of cases can be resolved with a minimally invasive same-day procedure.
HEALING HEARTS
A TEAM APPROACH TO CORONARY ARTERY DISEASE

Coronary artery disease (CAD)—when major arteries to the heart are damaged and blood flow is partially or totally blocked—is the most common type of heart disease in the U.S.

However, new technology, along with a team-based approach to treatment, have greatly improved patient outcomes, says interventional cardiologist Bruce Haik, MD, Chief of the Division of Cardiology and Director of the Cardiac Catheterization Lab at Cooperman Barnabas Medical Center (CBMC), who is also a member of RWJBarnabas Health Medical Group.

“Treating CAD sometimes involves a complex decision tree requiring a Heart Team consultation,” says Dr. Haik. “When a patient and family have input from cardiac specialists with a wide array of expertise, they can feel confident in making a decision about treatment.”

MEMBERS OF THE TEAM

CAD can be diagnosed in a variety of ways, including cardiac stress tests, which show how the heart works during physical activity; a coronary CT scan, a specialized, ultra-fast imaging test that can provide a calcium score and also provide noninvasive information about the arteries; and an angiogram, an X-ray that can accurately detect blockages. These tests are often ordered by a cardiologist, a doctor trained in finding, treating and preventing cardiac disease.

The noninvasive cardiologist may refer the patient to an interventional cardiologist. “This is a specialist in the nonsurgical opening of arteries,” says Dr. Haik. A procedure done by an interventional cardiologist is angioplasty, also known as percutaneous coronary intervention (PCI). In this procedure, a soft, flexible guide wire and various balloon catheters and devices are inserted into a narrowed blood vessel in order to open the artery with stents. The process is sometimes aided by imaging from within the blood vessel utilizing specialized imaging systems.

The interventional cardiologist will consult with a cardiac surgeon, whose specialty is open heart surgery, in which an incision is made in the chest in order to perform coronary artery bypass graft surgery, sometimes combined with valve repair or replacement.

Both of those doctors will rely on the information provided by a cardiac imaging specialist, who uses sophisticated technology to provide detailed images of a heart’s chambers, valves, walls and blood vessels. “It’s important to know the severity, location and extent of the narrowing, but also to understand whether the blockage is rigid and calcified, or is more consistent with soft plaque,” says Dr. Haik.

MAKING THE CALL

The Heart Team approaches each patient’s individual treatment plan by considering many clinical factors, including age, frailty and coexisting medical conditions like diabetes in order to achieve the best possible outcomes.

“The cardiology field has evolved so that we now have many effective ways of treating CAD and related conditions,” says Dr. Haik. “For example, the Shockwave balloon utilizes ultrasound waves to break up calcified plaque before placing a stent, allowing for more complete expansion.

“All of these options are weighed along with the particular patient’s risk profile,” he explains. “A major benefit of the Heart Team process is that sometimes a hybrid approach using both catheter-based procedures and surgery turns out to be the safest and most effective means of treatment.”

RWJBarnabas Health supports the largest-volume elective and emergent angioplasty program in New Jersey. To connect with a top cardiovascular specialist at RWJBarnabas Health, call 888.724.7123 or visit www.rwjbh.org/heart.
OUR PATIENTS HAVE THE BENEFIT OF ADVANCED TREATMENT OPTIONS, CLINICAL TRIALS AND GREATER ACCESS TO EXPERT CARE.

“Over the years, there’s been a revolution in the way we treat skin cancers, especially melanoma,” says Sarah Weiss, MD, Director, Melanoma/Cutaneous Oncology Program at Rutgers Cancer Institute of New Jersey, the state’s only NCI-Designated Comprehensive Cancer Center. “The important thing to know is that with skin cancer, even if it’s advanced, there are now a number of potentially effective therapies available.”

“A diagnosis of skin cancer can be scary,” says Adam Berger, MD, FACS, Chief, Melanoma and Soft Tissue Surgical Oncology at Rutgers Cancer Institute, “but when you’re treated by a multidisciplinary team, the chances of a good outcome are excellent.”

NEW WAYS TO TREAT SKIN CANCER

ADAM BERGER, MD
SARAH WEISS, MD

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. For more information, call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.
ADVANCED TREATMENTS
Although melanoma accounts for only 1 percent of skin cancers, it causes the majority of skin cancer deaths. “Physicians at Rutgers Cancer Institute and RWJBarnabas Health treat all types of skin cancers, but we worry about melanoma because it has the highest chance of spreading in the body,” says Dr. Weiss.

“The majority of patients we see will have surgery to remove the melanoma, and that will be the only treatment they’ll need,” explains Dr. Berger. However, if a lymph node biopsy reveals that the cancer has spread, systemic treatment may be given. This may include targeted therapy or immunotherapy.

“The FDA has approved many new therapies over the past 10 years, including several new ones just this year, that enable us to harness a patient’s immune system to fight melanoma as well as other skin cancers,” says Dr. Weiss.

Patients may be eligible for one of a number of clinical trials available at Rutgers Cancer Institute or one of the RWJBarnabas Health (RWJBH) hospitals. “Our goal is to offer clinical trials in every setting of the disease, for patients who’ve had prior treatments but are in need of new therapies,” says Dr. Weiss.

MANY MINDS
Multidisciplinary care means that patients at RWJBH hospitals and Rutgers Cancer Institute benefit from the expertise of a dedicated team of specialists, including surgical oncologists, radiation oncologists, medical oncologists, radiologists, dermatologists, pathologists, nurses, nurse navigators and social workers.

“We meet on a weekly basis to discuss each patient’s case,” says Dr. Berger. “We put our heads together to create a personalized plan of care for each individual.”

Physicians throughout Rutgers Cancer Institute and RWJBH coordinate care across the state at RWJBH hospitals. Their mission, says Dr. Berger, is to make top-level cutaneous oncology (skin cancer) care available for patients close to home.

Franz O. Smith, MD, MAcM, MMM, FACS, Northern Lead, Melanoma and Soft Tissue Surgical Oncology Program, RWJBarnabas Health, and Medical Director, The Melanoma Center at Cooperman Barnabas Medical Center, collaborates with the cutaneous oncology team at Rutgers Cancer Institute, attends the weekly multidisciplinary tumor board meetings and offers patients access to clinical trials. He also sees patients at Clara Maass Medical Center in Belleville.

The cutaneous oncology team at Rutgers Cancer Institute also works closely with surgical oncologist Victor Gall, MD, who treats melanoma and skin cancer patients at Community Medical Center in Toms River, Monmouth Medical Center in Long Branch and Monmouth Medical Center Southern Campus in Lakewood.

To learn more about treatment for skin cancers at RWJBarnabas Health and Rutgers Cancer Institute of New Jersey, call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.

MELANOMA: WHAT TO KNOW
Melanoma is a type of skin cancer that develops when melanocytes (the cells that give the skin its tan or brown color) start to grow out of control. It’s more likely than other skin cancers to spread to other parts of the body if not treated early.

“I advise patients to see a dermatologist for a skin check regularly, and if there’s any change in a mole, to be seen right away,” says Adam Berger, MD, FACS, Chief, Melanoma and Soft Tissue Surgical Oncology at Rutgers Cancer Institute.

The most important warning sign of melanoma is a new spot on the skin or a spot that is changing in size, shape or color. Be on the lookout for spots that have any of the following features:

A IS FOR ASYMMETRY:
One half of a mole or birthmark does not match the other.

B IS FOR BORDER:
The edges are irregular, ragged, notched or blurred.

C IS FOR COLOR:
The color is not the same all over and may include different shades of brown or black, or sometimes patches of pink, red, white or blue.

D IS FOR DIAMETER:
The spot is larger than 6 millimeters across (about ¼ inch—the size of a pencil eraser), although melanomas can sometimes be smaller than this.

E IS FOR EVOLVING:
The mole is changing in size, shape or color.

Source: American Cancer Society
A PLACE WHERE EVERYONE CAN PLAY
THE RWJBARNABAS HEALTH FIELD OF DREAMS IS OPEN TO KIDS OF ALL ABILITIES.

“Gavin has no place to go. He used to have places to go, but a beer truck changed all that. And that can happen to you or someone you love in the blink of an eye.”

That’s how Christian Kane explained the need for a recreational complex for people with disabilities to potential donors. In 2012, the car Christian was driving was hit by a truck, leaving his son, Gavin, just 19 months old, with a fractured skull and severe disabilities.

Since then, Kane and his wife, Mary, who also have four other children, have spared no effort to help Gavin have as normal a childhood as possible. That’s how they learned that even “inclusive” playgrounds—“with some rubber flooring and a big red swing chair”—can create an environment in which disabled children feel unwelcome. And that’s why they decided it was necessary to build a comprehensive recreational facility where children of all abilities, and their caretakers, would feel at home.

So Kane, a math teacher at Toms River North High School, became the chief organizer, fundraiser and salesperson for their dream. “To sell teenagers on the idea that math is cool, you have to know how to sell,” he says with a laugh.

Five years and one month from the day the couple had the idea, the RWJBarnabas Health Field of Dreams opened in Toms River. It features a basketball court, baseball field, nine-hole miniature golf course and a playground area specially designed for wheelchairs and adaptive equipment. The complex has a “quiet corner” pavilion for children with autism, strategically placed outlets for recharging wheelchairs and more. There’s nothing like it anywhere in the country.

“The Kanes’ passion project aligned perfectly with RWJBarnabas Health’s commitment to health equity and supporting community-based initiatives,” says Barry Ostrowsky, Chief Executive Officer of RWJBarnabas Health (RWJBH).

OUTSIDE THE BOX

The Kanes already had a connection with RWJBH through Children’s Specialized Hospital in Toms River, an RWJBH facility, where Gavin has been receiving physical and occupational therapy since the accident.

“Mind you, most of the doctors we were seeing early on told us to put Gavin in a home because he would amount to nothing,” says Kane. “We said, we’ll take him to our home, and we found help for Gavin at Children’s Specialized. The physical and occupational therapists there have basically treated Gavin like their own child. They’re always thinking outside the box, trying new things—anything to help him get better.”

Gavin is now in fourth grade in the Toms River public school system. “Through the use of a tablet, he’s able to communicate and learn,” says Kane. “Through the use of my body and my wife’s body, he’s able to walk around. He’s come a long way, but he’s still not where we want him to be. That’s our number one project.”

After that priority comes Field of Dreams, which now needs to be maintained and to grow. Adults with disabilities—who often have limited options after they age out of support provided by the public school system—will make up a large part of the staff. Sports leagues are being formed. Since the complex is a private entity and doesn’t get state funding, fundraising will be a constant need.

“This project is immensely important to individuals with special healthcare needs,” says Matthew McDonald III, MD, Chief Executive Officer of Children’s Specialized Hospital. “It gives folks an opportunity to socialize and exercise. We are so looking forward to packing this place.”

“Gavin is extremely excited,” says Kane. “Now he can play with his friends and meet new people.”

To learn more, visit www.rwjbhfieldofdreams.com.
RETHINKING WORK

WHAT TO ASK YOURSELF BEFORE YOU RETIRE
For most of the past 20 years, retirement rates in the U.S. were declining. People were staying in jobs longer, experts speculated, because of factors such as increased life expectancy, higher education levels and the rise in the minimum age to collect full Social Security benefits.

In the past two years, that trend began to reverse: Beginning with the pandemic-related economic shutdown, a significant number of U.S. adults who hadn’t necessarily planned to retire did so. It’s estimated that two and a half million “excess” retirements took place between March 2020 and the second quarter of 2021.

“What we’ve been seeing is a wave of people who have rethought the contract between themselves and the world of work,” says Frank A. Ghinassi, PhD, Senior Vice President of Behavioral Health and Addictions at RWJBarnabas Health and President and CEO of Rutgers University Behavioral Health Care. “The question is whether they made the choice with a complete understanding of what the consequences would be.”

Reasons to Leave
Fear was a motivator for many, Dr. Ghinassi says. “Early in the pandemic, before we had vaccinations and better medications, lots of people were dying,” he says. “People began to ask themselves, is going into work worth my personal risk? You saw this in people who couldn’t work from home, such as environmental services workers, first responders and healthcare workers.

“Also, many individuals began to experience symptoms of anxiety and depression. Surveys indicate that’s been true for an increasing number of people in the past two years. “Then, as the pandemic ground on, making decisions about vaccination and risks and new variants have all begun to weigh on people,” Dr. Ghinassi explains. “Older adults started thinking about how they wanted to spend the rest of their lives. A lot of employees began to examine whether they could make retirement work earlier than previously planned.”

For a fortunate subset of people, personal wealth grew during this time period due to a heated housing market and booming stock market. With more money came more options.

And Then What?
“Some people have a good plan for retirement and have really thought out the budget and what they’ll do,” says Dr. Ghinassi. “But often, people have a fantasy of retirement life that’s based on their vacations: You don’t have the stress of work, you go somewhere nice and spend more money than you usually do. The reality of retirement is that you have to create a lifestyle that can fit your budget, 52 weeks a year for the next 25 to 30 years.”

Retirees also need to be prepared to find new ways of being with their families, he says. “Americans tend to be very hardworking. That means you were away from your family 45, 55, sometimes more hours a week,” he says.

“When you retire, your family members are going to see you infinitely more than they have before and that’s a big change, even in happy, well-adjusted families,” he says. “Now you have to find structured ways not only to be together, but to be apart. People deal with issues like, how do you get your alone time when your spouse is always around?”

Selling a house and downsizing to a smaller space can present challenges as well. “You’re not only spending way more time together, but now you’re doing it in a smaller space,” Dr. Ghinassi says. “That’s not necessarily good or bad, but it does require renegotiation. Ideally, retirement is based on a realistic plan.”

If it turns out that full-time retirement doesn’t suit, the current shortage of employees in the U.S. offers opportunities to return to the workforce. “Some people,” says Dr. Ghinassi, “decide to rejoin the workforce in a totally different profession and become reinvigorated about work.”

To learn about mental health services at RWJBarnabas Health, call the Behavioral Health Access Center, which is open 24 hours a day, at 800.300.0628.
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.

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THE VIRTUAL CLUBHOUSE
A UNIQUE PROGRAM INNOVATES TO HELP ADULTS RECOVER FROM BRAIN INJURY.

When lockdowns created by the pandemic began, the staff at Opportunity Project, a program for adults with brain injury, knew they had to pivot quickly. Members of the Opportunity Project Clubhouse were relying on them as they worked to rebuild their life skills—and they were used to meeting in person at the Millburn-based facility.

“People were in a panic,” says Jacqueline Marino Rizzi, Cognitive and Community Integration Skills Counselor. “We had to think fast. Right away, we created a Facebook private group for members. But we knew our members varied greatly in technology know-how and access.”

The staff learned how to create meetings that members could join by either video or phone. They helped those without an internet connection get one. Members left their iPads out on their porches so a staffer could download the apps needed for virtual meetings. Soon, just about everyone had the appropriate technology to participate in video calls.

“When we made sure to keep our programs very consistent, because our members are routine-oriented,” Marino Rizzi says, “We held the groups at the same times and we provided reminders to make sure people would stay engaged.”

A NEW MODEL
Now there’s a range of new services, including Mental Health Mondays, Grief Counseling Tuesdays, Wellness Wednesdays, Team-Building Fridays and an Adjustment Counseling Group on Saturdays. There’s virtual cognitive retraining, adaptive chair yoga, music therapy, team building, stress relief and more. The OP Resilience Squad, where members provide peer-to-peer support, was launched, as was the OP Caregiver Support Group.

Similarly, Melissa Moyer, Nutrition Counselor, adapted her wellness groups to the virtual world. Fitness classes became videos that groups watched together, following along at home. Opportunity Project teamed with the SPIRIT Club to connect with its online database of inclusive fitness classes. Healthy cooking classes were livestreamed from the Clubhouse.

In individual and group sessions, members discussed ways to overcome limitations related to their brain injury that hinder them from meeting their health and wellness goals.

Now, as COVID-19 health protocols permit, the Opportunity Project Clubhouse has transitioned to a hybrid model, with limited in-person activities. Counselors say, however, that a virtual component is here to stay.

“Sometimes members had transportation barriers to coming to our in-person programs,” Moyer says. “Others struggled with the amount of preparation it takes to get out of the house. The fact that they can participate from their living rooms has been a great thing for them.”

“We’ve evolved and been able to keep providing positive support,” says Marino Rizzi. “Our members are continuing to make progress!”

Children’s Specialized Hospital partners with Opportunity Project to ensure that children in its brain injury programs can continue to have the support they need throughout adulthood. To learn more, visit www.opportunityproject.org. For more information about Children’s Specialized Hospital, call 888.244.5373 or visit www.rwjbh.org/childrensspecialized.
A 52-year-old woman came to Monmouth Medical Center Southern Campus (MMCSC) feeling chest pain and shortness of breath. But she wasn’t having a heart attack. Instead, she had a pulmonary embolism—a blockage of the large blood vessels called the pulmonary arteries that carry blood away from the heart to the lungs, often due to a blood clot.

She became a textbook case on the effectiveness of a new treatment called the FlowTriever Retrieval/Aspiration System, which can quickly resolve a pulmonary embolism and reduce the risks of side effects that may occur with traditional therapies.

“In some patients, symptoms of pulmonary embolism can be very severe and, if left alone, life-threatening,” says Philip Murillo, MD, a radiologist at MMCSC. “The main goal of treatment is to find out why the blood clots have formed and address the underlying problem.”

One priority is alleviating symptoms before they get worse. Often, this is done using blood thinners or stronger medicines called thrombolytics that break down blood clots. But sometimes, thrombolytics aren’t enough to address large clots. “If a large clot stays in place, the heart has to work extra hard to push blood to the lungs,” Dr. Murillo says. “This can strain the heart and may even cause it to stop working.”

Tests showed the woman’s heart was under strain. Her clot needed to be addressed right away.

MINIMALLY INVASIVE TREATMENT

The FlowTriever system quickly removes even large clots in a procedure called a pulmonary thrombectomy. “This is done by navigating the FlowTriever catheter—a thin, flexible tube—through a large vein in the groin, up to the heart and into the pulmonary arteries,” Dr. Murillo says. “With the catheter in position, clots are removed by suction into a syringe.”

The treatment mechanically removes clots in a more immediate way than medication would, though medication may also be used. FlowTriever is the first and only mechanical thrombectomy system specifically for treating pulmonary embolisms.

The woman was brought to interventional radiology and received the FlowTriever procedure. Contrast dye injected after clot removal showed dramatically better flow through her pulmonary arteries. “The oxygen level in her blood greatly improved compared to before the procedure,” Dr. Murillo says.

FlowTriever treatment can almost immediately improve symptoms like shortness of breath and low blood pressure. It also spares patients large doses of thrombolytic medications given over a period of time, which may lengthen time spent in higher-level care such as an intensive care unit and can increase the risk of bleeding.

“Having this technology available at MMCSC is significant,” Dr. Murillo says. “It not only effectively treats the disease process before it progresses to a potentially life-threatening stage, but also may help limit the use of stronger thrombolytic medicines.”

To learn more about Monmouth Medical Center Southern Campus or make an appointment with a top cardiovascular specialist, call 888.724.7123 or visit www.rwjbh.org/monmouthsouth.
As it cancer? That question hung over the discovery that Susan Krieger Rosen, 71, of Belle Harbor, NY, had a large mass in her right lung.

A biopsy typically would provide an answer. But Krieger Rosen’s doctor, Richard Lazzaro, MD, a board-certified thoracic surgeon at Monmouth Medical Center (MMC) and Chief of Thoracic Surgery for RWJBarnabas Health’s Southern Region, which also includes Monmouth Medical Center Southern Campus and Community Medical Center, felt the lesion was too big for a biopsy to produce a reliable result.

“My mass was about 2 by 3 cm,” says Krieger Rosen. “Dr. Lazzaro explained that with a mass that large, a biopsy could sample one spot that doesn’t reveal cancer, yet there could still be cancer next to it. I would not be comfortable doing that.”

Krieger Rosen feared the worst as a former smoker who already had developed chronic obstructive pulmonary disease (COPD) and emphysema. “We felt that this thing should come out regardless,” she says. She opted for surgery and felt reassured...
knowing that Dr. Lazzaro is a nationally recognized leader in minimally invasive thoracic procedures performed using robotic technology.

**ROBOTIC ADVANTAGES**

Robotic surgery offered Krieger Rosen significant advantages, Dr. Lazzaro says. Instead of a large incision that would have been necessary with traditional surgery, she needed only a few smaller incisions on her chest and a few on her back to allow proper placement of advanced robotic instruments.

“The robot enables you to see things with 10 times magnification,” Dr. Lazzaro says. “That allows four surgeon-controlled arms holding a camera and instruments to operate with a clear view from a vantage point close to critical structures.”

Robotic surgery can reduce complications, infections, bleeding and blood transfusions, and its smaller incisions reduce scarring and allow patients to heal faster with less pain, Dr. Lazzaro says. Patients often spend less time in the hospital and recover more quickly after going home than with traditional surgeries.

Dr. Lazzaro uses a robot to perform most of his surgeries, including operations for lung tumors, esophageal disease, tracheal conditions and hiatal hernias. MMC offers robotic surgery in a range of other disciplines as well, including general, gynecologic and urologic surgeries.

“Robotic surgery has been around for 21 years, and MMC was an early adopter of the technology,” Dr. Lazzaro says. “Our team has trained other surgeons at major medical centers across the country, and we’re bringing world-class surgical care to the region.”

**A SPEEDY RECOVERY**

Krieger Rosen turned out not to have cancer but rather a mass called a granuloma—an area of inflammation typically seen in the lungs that can result from an infection or other inflammatory condition. In a two-and-a-half-hour robotic procedure performed on February 22, Dr. Lazzaro was able to remove the mass more precisely than with traditional open surgery while conserving healthy lung tissue.

“I stayed 12 nights in the hospital, not because of how the surgery went—it went perfectly—but because of the far distance I came for it,” Krieger Rosen says. “Dr. Lazzaro exercised extra caution so I would not suffer any unnecessary worry or complications after traveling home. He was acting in my best interest and treated me with the same care he would have given a family member. That’s another reason he is so incredibly special and why anyone would be fortunate to have him as their surgeon.”

She credits the robotic surgery with speeding her recovery. “I was walking 7,300 steps in the hospital just a few days after surgery, and everybody was astounded by how well I was doing,” she says. “I feel I only did this well because of the minimally invasive surgery that I had by Dr. Lazzaro. It was really amazing.”

Krieger Rosen also has high praise for MMC staff who cared for her during her surgery and hospital stay. “I couldn’t have received better care if I were the Queen of England,” she says. “Every single person I dealt with was truly wonderful. The floor nurses and staff were terrific. I felt they all cared about me, and I was happy to see them. They all were so cheerful and cooperative. I just can’t rave enough about everybody.”

To learn more or to schedule an appointment with Dr. Lazzaro, visit www.rwjbh.org/doctors/richard-lazzaro-md.
A new technology has been implemented across RWJBarnabas Health (RWJBH) that breaks down language barriers, eases communication between patients, families and providers, and furthers the health system’s mission to overcome health disparities.

Known as MARTTI (My Accessible Real-Time Trusted Interpreter), the technology provides patients at Monmouth Medical Center Southern Campus (MMCSC) with 24/7 access to medical interpreters in more than 250 languages. MARTTI devices resemble IV carts with 12-inch tablets attached and are easily wheeled anywhere they are needed—from the registration desk or triage area to the bedside or physical therapy session.

At any point of care, limited English-proficient (LEP) patients and families can feel confident they will understand key information about a condition, a treatment or ongoing medical needs, and have the ability to speak up and accurately communicate.

“The MARTTI system helps create a comfort zone for the patient and family, and ultimately improves the patient experience,” says Jill Anderson, MBA, Vice President, Patient Experience at RWJBH. “We want to make sure LEP community members feel connected with our staff and feel the compassion we bring to patient care,” Anderson continues. “Improving communication has numerous benefits for our limited English-proficient patients and families, including increased patient safety.”

A GROWING NEED

Trends indicate increased need for interpretation services across RWJBH.

About one-third of New Jersey residents speak a language other than English at home. Nearly 4 million interpretation minutes—a measure of demand for interpretation services—were used across the RWJBH system in 2020, an increase of more than 22 percent from the previous year. About 100 languages have been interpreted, with Spanish the most frequently used.

MARTTI can help LEP patients and families as soon as they enter RWJBH inpatient and outpatient facilities. The patient or a family member can point out their country of origin on the MARTTI screen and choose from a list of languages. An on-screen medical interpreter will then converse with them in the patient’s native language.

Requests for MARTTI carts at RWJBH have exceeded expectations. Initial estimates were for between 200 and 250 devices, but by the start of 2022, more than twice that many had already rolled out.

Patient response has been enthusiastic. “Patients love it, and the staff has raved about it from both a clinical and safety perspective,” Anderson says. “Having MARTTI available for use is a tremendous asset to both our patients and staff,” says Donna Salin, Director, Patient Experience and Volunteer Services, MMCSC. “It allows our staff to effectively communicate to our patients in their primary language, making them feel more comfortable during some of their most difficult times. MARTTI also helps drive the high-quality care that we provide on a daily basis to everyone here at MMCSC.”
Screening tools such as mammography and advances in treatment are boosting breast cancer survival rates. “We’re now able to catch most breast cancers early and treat them in increasingly personalized ways,” says Alexander King, MD, a breast radiologist for RWJBarnabas Health Southern Region.

But most women never develop breast cancer even though it’s the most common cancer among women. These steps can help reduce risks.

**1. MAINTAIN A HEALTHY WEIGHT**

Being overweight or obese is linked to higher rates of breast cancer, especially if you gain weight after menopause.

**2. KEEP ACTIVE**

Regular physical activity has been shown to reduce risks of breast cancer as well as numerous other cancers. Aim to get at least 150 minutes of moderate-intensity aerobic activity a week.

**3. AVOID ALCOHOL**

The more alcohol you drink, the higher your risk. Limiting intake or abstaining brings risk down.

**4. CONSULT YOUR DOCTOR**

Choices about birth control, childbirth, breastfeeding and hormone therapy may affect your risk, so ask your physician for guidance on the best options for you.

**5. SCHEDULE REGULAR SCREENINGS**

Even women thought to be at low risk can develop breast cancer, so remember to begin annual screening mammography at age 40 and get on a regular screening schedule to detect and evaluate any abnormalities as early as possible.

**CONVENIENT BREAST CARE IN YOUR COMMUNITY**

The Jacqueline M. Wilentz Comprehensive Breast Center provides expert breast cancer screenings and access to care at four locations.

- **Monmouth Medical Center Southern Campus**
  600 River Avenue
  Lakewood, NJ 08701

- **Monmouth Medical Center**
  300 Second Avenue
  Long Branch, NJ 07740

- **The Jacqueline M. Wilentz Breast Center at Howell**
  4013 Route 9 North, Suite 2S, The Aldrich Plaza
  Howell, NJ 07731

- **The Jacqueline M. Wilentz Breast Center at Colts Neck**
  310 Route 34 South, Second Floor
  Colts Neck, NJ 07722

RWJBarnabas Health and Monmouth Medical Center Southern Campus, in partnership with Rutgers Cancer Institute of New Jersey—the state’s only NCI-Designated Comprehensive Cancer Center—provide close-to-home access to the most advanced treatment options. Call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.
To support the Monmouth Medical Center Southern Campus Foundation, visit www.monmouthsouthgiving.org.

Pine Belt Subaru and Subaru’s Share the Love Campaign continue to have a positive impact on children in Ocean County, most recently at the Kensho Karate School, which operates in an annex building of Monmouth Medical Center Southern Campus (MMCSC).

Working with the MMCSC Foundation to identify worthy causes in the community, the Pine Belt family of car dealerships donated $6,000 from the Share the Love Campaign to the Kensho school, or dojo.

The school’s karate classes are free to students and encourage potentially at-risk children to get off the couch, disconnect from electronic devices and be active after school.

Instructors teach students a traditional martial art called Goju ryu, says Robert Goldschlag, sensei, or teacher, at the school. “We incorporate self-defense, which improves fitness and develops focus, discipline and respect,” Goldschlag says. “This donation allows us to purchase uniforms and equipment that will allow us to enroll new students and grow the program.”

A COMMUNITY PARTNERSHIP
The MMCSC Foundation also has partnered with Pine Belt and the Subaru Share the Love Campaign to address other local needs through organizations such as Safe Kids New Jersey, which promotes child passenger safety through car seat safety and related education programs.

“As a Subaru dealer, we are proud to participate in the Share the Love program,” says Rob Sickel, Dealer and Principal of the Pine Belt family of car dealerships, and Board Chairperson, MMCSC Foundation. “It helps us give back to the community we work in. To see firsthand how dollars donated to the Kensho school help more children get healthier, build confidence and just be happier gives our team great satisfaction.”

“The MMCSC Foundation exists to support the vital services and programs at the hospital,” says Denice Gaffney, Vice President, MMCSC Foundation. “We’re fortunate to have the support of donors and friends who make philanthropic contributions and selflessly give their time to keep our community healthy.”

To support the Monmouth Medical Center Southern Campus Foundation, visit www.monmouthsouthgiving.org.
Within the newly opened, 82,000-square-foot Anne Vogel Family Care and Wellness Center in Eatontown lies a space that some liken to the heart of a home: a large and exquisitely equipped demonstration kitchen.

“It’s a key to expansion of our community health programs and education for the entire area,” says Jean McKinney, Regional Director, Community Health and Social Impact and Community Investment at Monmouth Medical Center (MMC) and Monmouth Medical Center Southern Campus (MMCSC).

The state-of-the-art kitchen is part of the LiveWell Center, a 5,600-square-foot portion of the Vogel outpatient facility located at the Monmouth Mall. LiveWell Center programs—all free—help community members prevent disease and live healthier lives through multiple pathways including nutrition education. The programs supplement and reinforce a wide range of services now available for adults, families and children at the Vogel Center.

“We’re very excited to be tailoring programs to different age groups and populations,” says Abigail Thompson, Program Director, LiveWell Center. “Working closely with our clinical experts and collaborating with a variety of community partners, we’re able to help people prevent or manage chronic conditions like diabetes, cardiovascular disease, cancer and weight- or obesity-related issues.”

COMMUNITY SUPPORT
Thanks to a generous naming gift, the demonstration kitchen has been named for WEforum, an organization led by women in the community whose mission is to build a culture of healthy living.

“We know that a healthy diet is among the keys to good health, and are proud to help educate our community that leading a healthy lifestyle is a life choice—and that the benefits are immeasurable,” says Carolyn DeSena, WEforum founder and MMC Foundation Trustee.

Kitchen programming has been named for Dorothea and Jon Bon Jovi, who also made a generous gift. The LiveWell Center’s efforts align with the couple’s nonprofit work to address issues such as food insecurity, nutrition education, mental health and homelessness. “We’re happy to be part of such an innovative, forward-thinking program,” says Dorothea.

The kitchen features commercial-grade amenities such as induction stovetops and stainless appliances. “We’re also equipped with great audiovisual equipment that provides different views during cooking classes and demonstrations,” says Jennifer Klein, MS, RDN, Registered Dietitian Nutritionist, LiveWell Center. “The kitchen is built like a studio so we can provide high-quality virtual content as well as enhanced experiences for people attending in person.”

Ideas for new initiatives could include family cook-alongs; cooking classes for kids; nutrition or cooking programs to supplement other services in the building such as the Perinatal Mood and Anxiety Disorders Center; and workshops on topics such as heart-healthy nutrition or plant-based diets.

“We want to help people put nutrition into practice and not just tell them what to eat,” Klein says. “Our beautiful new facility is a hub for community health education and nutrition programming. By embedding ourselves in the community and moving beyond hospital walls, we can reach our entire local population and improve health outcomes.”

To learn more about WEforum, visit www.weforumgroup.org. To learn more about programs in the WEforum Demonstration Kitchen, visit www.rwjbh.org/avfamilycare.
What’s scarier than a lung screening?
Telling your loved ones that you should have gotten one sooner.

Screening for early detection of lung cancer can give you — and your family — peace of mind.
We understand – if you’ve been smoking a pack of cigarettes a day for the past 20 to 30 years, getting your lungs checked is a scary proposition. But we also know that if you choose to get a low-dose CT scan to detect the early stages of lung cancer, it could increase your chances of a positive outcome by at least 20% over chest x-rays. So you’re less likely to give your friends and family the worst news of all. An experienced Lung Nurse Navigator will be with you and your loved ones every step of the way to help, no matter what services you choose. If you qualify, the screening is covered by Medicare and most insurances. Call 732-923-7966 or visit rwbh.org/lungscreeningsouth

Let’s beat cancer together.