

1 healthy *together*

LIFE-CHANGING
ORTHOPEDIC CARE FOR KIDS

TRANSPLANTS:
THE GIFT OF LIFE

BACK IN THE SADDLE
WITH HIP REPLACEMENT

*Cancer
Care*

POWERFUL NEW
TREATMENTS



healthy *together* contents

SUMMER 2025



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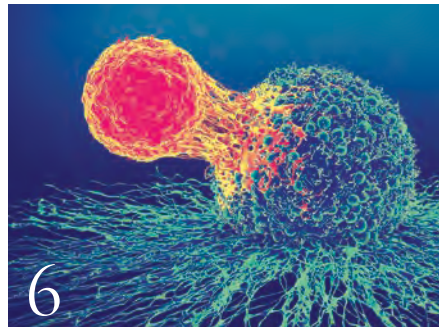
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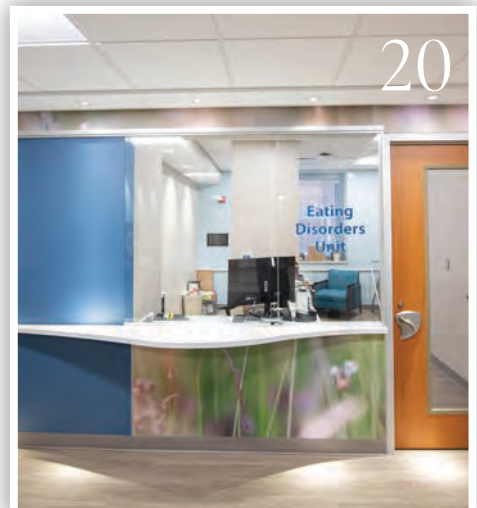
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When Gerald Corrado developed a rare swallowing disorder called achalasia, a highly specialized procedure called POEM helped his esophagus empty its contents.

Regurgitation also happened at night, and Nancy became worried. With her encouragement, Jerry consulted several specialists before being referred to interventional gastroenterologist Petros Benias, MD. As Co-Chief of Endoscopy, Robert Wood Johnson University Hospital; Vice President, GI Clinical Operations, RWJBarnabas Health; and a member of RWJBarnabas Health Medical Group, Dr. Benias offers advanced gastroenterology care.

A special test called esophageal manometry helped diagnose Jerry's problem. The test involves inserting a catheter with pressure sensors down the esophagus—the tubelike structure that transports food from the mouth to the stomach—in order to gauge muscle contractions. Results confirmed that Jerry had a rare swallowing disorder called achalasia.

Achalasia consists of two important esophageal dysfunctions: The esophagus does not transport food correctly as a result of poor contractions, and its lower valve fails to relax. In essence, Jerry's esophagus was in a constant state of spasm that



PETROS BENIAS, MD

would not allow food to pass. Food and liquid kept coming up, causing his condition to be confused with esophageal reflux.

"In severe achalasia, the esophagus

becomes dilated and enlarged, and the opportunity to treat it with straightforward interventions becomes difficult," says Dr. Benias.

When caught early, achalasia can be treated by cutting the lower esophageal sphincter, and today this can be done with minimally invasive endoscopic surgery. In end-stage achalasia, sometimes the entire esophagus needs to be removed.

AN INNOVATIVE SOLUTION

Dr. Benias had the expertise to recommend a procedure called POEM (peroral endoscopic myotomy). Performed on an outpatient basis, POEM involves the use of an endoscope—a flexible tube with a light and camera attached.

"We pass the necessary tools through or along the endoscope and cut the muscle of the lower esophagus," Dr. Benias explains. Loosening the muscles allows the esophagus to empty its contents.

"The majority of patients do very well," says Dr. Benias. "Most go home the same day."

That was true for Jerry. "I went in one morning, they put me out, I woke up and I was fine," he says. After a day of fasting and a few weeks on a special liquid diet, he felt back to normal.

While POEM is available in most states, not all gastroenterologists are trained to perform it. "It requires tremendous expertise and training," Dr. Benias says.

Dr. Benias and other specialists are working with national gastroenterology organizations to train more physicians. "We've created courses and workshops to help the next generation learn the techniques of POEM," he says.

What causes achalasia isn't clear. One theory is that having an inflammatory condition or autoimmune disorder can damage or destroy the small nerves in the esophagus. "COVID-19, like other viruses, may be associated with achalasia, but we don't have the data on that," Dr. Benias says. Other treatments for achalasia can include doing surgery, inflating a balloon in the esophagus to enlarge the opening or administering Botox.

AN EASY-TO-SWALLOW SOLUTION

AN ADVANCED PROCEDURE RESTORES NORMAL FOOD MOVEMENT THROUGH THE ESOPHAGUS.

In spring 2020, Gerald (Jerry) Corrado and his wife, Nancy, of Franklin Lakes came down with COVID-19 like many others. While neither needed to be hospitalized, they were sick for six weeks. Both recovered, but during his illness, Jerry developed a cough that wouldn't quit.

"It would be so bad that I would start vomiting," says Jerry, who owns specialty grocery stores in Clifton. "I thought it would go away, but four years later, I still had it." The condition affected eating: During meals he would suddenly need to regurgitate.

To learn more about digestive health care at RWJBarnabas Health, visit www.rwjbh.org/rwjuhdigestivehealth.





KEEP CHRONIC DISEASES IN CHECK

**KEY STEPS CAN HELP
MANAGE LONG-TERM
CONDITIONS AND IMPROVE
LIFELONG WELLNESS.**

Many people think primary care physicians (PCPs) are mainly doctors they should see for acute problems such as injuries that need stitches or illnesses like the flu or pneumonia.

But your PCP is also the first line of defense against chronic conditions—diseases or disorders that tend to persist over time. Examples of chronic diseases include diabetes, arthritis, cancer, cardiovascular conditions such as high blood pressure and breathing-related problems such as asthma or COPD (chronic obstructive pulmonary disease).

With chronic conditions, the emphasis is generally less on finding a cure or resolving disorders and more about managing the disease process. You and your primary doctor work together to maximize your health and achieve goals such as improving wellness, preventing the problem from getting worse or reducing your reliance on medication.

“When a patient comes to me, the first thing we need to do is determine

if a complaint is due to an acute or chronic cause,” says Bismah Najeeb, MD, a primary care physician affiliated with Robert Wood Johnson University Hospital in New Brunswick and a

member of RWJBarnabas Health Medical Group. “A chronic condition may require education, lifelong treatment and a certain amount of discipline from the patient.”

A PCP—who takes a holistic view of your overall health and is often the first point of contact with your health care team—is an important source of guidance about disease management.

Dr. Najeeb points to these measures as key steps in managing a range of chronic health issues.

SEE A PCP REGULARLY

Each appointment with your primary care doctor is an opportunity to learn more about your condition and fine-tune your continuing care. “Education is one of the biggest parts of what we do,” Dr. Najeeb says. “Health promotion and disease prevention take ongoing counseling and discussion of health-maintenance strategies.”

KEEP UP WITH TESTS

Tests proactively track a chronic condition, helping to guide management of the disease, especially the use of medication. If you seem healthy, screenings can flag potential problems in early stages when they’re easier to

control. Your doctor can keep you up to date if new research prompts changes in any guidelines.

GET PHYSICAL

Keeping physically active is important in just about any disease management program. Doctors generally recommend a minimum of 150 minutes of moderate activity such as brisk walking each week.

EAT DISEASE-FIGHTING FOODS

Consuming a healthy diet is a cornerstone of disease management in part because many types of fruits, vegetables, nuts and healthy oils help fight inflammation, which plays a role in a range of chronic conditions, including diabetes, heart disease, arthritis and COPD.

CONTROL WEIGHT


Obesity is an inflammatory state that’s linked to many chronic diseases. “Lifestyle interventions that help control obesity and broadly protect health such as physical activity and a healthy diet have become central to what we do,” Dr. Najeeb says. “I’ve seen patients who embrace them go off medications for conditions such as high blood pressure and diabetes.”



BISMAH NAJEEB, MD

To learn more about primary care or to make an appointment, visit www.rwjbh.org/medgroupprimarycare.





TOMORROW'S CANCER TREATMENT TODAY

WHAT TO KNOW ABOUT A
HIGHLY SPECIALIZED THERAPY
THAT'S TRANSFORMING
CANCER CARE

Michael Hreha needed another option. Diagnosed in 2019 with non-Hodgkin's lymphoma, a type of cancer that affects the body's lymphatic system, he had already undergone chemotherapy. By



ANDREW M. EVENS, DO, MBA

summer 2024, the 76-year-old's cancer had become resistant to the treatment.

Andrew M. Evens, DO, MBA, offered an alternative. As Deputy Director

for Clinical Services and Chief Physician Officer, Rutgers Cancer Institute and Jack & Sheryl Morris Cancer Center, and System Director of Medical Oncology and Oncology Lead, RWJBarnabas Health Medical Group, Dr. Evens knew that Michael could benefit from a groundbreaking type of immunotherapy that uses a patient's own immune cells to fight cancer.

Called CAR T-cell therapy, the highly specialized treatment is part of a transformative area of research known as cell therapy. Michael is just one of hundreds of patients throughout New Jersey and beyond that RWJBarnabas

Health (RWJBH), together with Rutgers Cancer Institute, the state's only National Cancer Institute-designated Comprehensive Cancer Center, have treated using CAR T-cell therapy.

"I am incredibly grateful for the opportunity to receive CAR T-cell therapy close to home," says Michael. "This treatment has given me a chance to fight back against my cancer and spend more time with my two sons and four grandchildren. I'm looking forward to the future with renewed optimism."

"Having administered hundreds of CAR T-cell treatments to date is a major milestone," says Dr. Evens, who

HOW CAR T-CELL THERAPY WORKS

Doctors collect T cells (immune system cells that fight illness) from a patient's blood through an infusion-like process called apheresis. Scientists modify the T cells in a lab, adding a special receptor called a chimeric antigen receptor (CAR) that enables the T cells to seek out and kill cancer cells. When the reengineered CAR T cells are returned to the patient through an infusion, they multiply, seek out cancer cells, attach to them and destroy them.

As the immune system aggressively fights the cancer, most patients experience temporary side effects. Many undergo a phase akin to a severe flu marked by high fever, body aches and fatigue. Medication can help relieve these side effects, and most patients readily recover.

CAR T-cell therapy has shown remarkable success in treating advanced cases of cancers such as blood cancers, lung cancer, melanoma, advanced bladder cancers and more.

HOW IT'S DIFFERENT

Unlike traditional treatments like chemotherapy or radiation, which attack both cancer cells and healthy cells, CAR T-cell therapy precisely targets cancer at the cellular level. By harnessing the patient's own T cells to recognize and destroy cancer cells, CAR T-cell therapy provides a targeted, personalized approach to cancer treatment.

WHY IT'S SIGNIFICANT

CAR T-cell therapy operates as a "living drug," with the potential to provide long-lasting responses, as T cells may continue to fight cancer if there's a relapse. The therapy may lead to lasting remission and even cure some diseases that have resisted other therapies, giving new hope to patients who even several years ago might otherwise have succumbed to their cancer.

The therapy offers the added advantage of relatively short treatment time and recovery compared with, for example, chemotherapy.

WHERE IT'S AVAILABLE

Because it's a highly personalized treatment, CAR T-cell therapy is available at a limited number of cancer centers around the country with specialized expertise in cellular therapies. For example, centers offering CAR T-cell therapy for blood cancers must also perform stem cell transplants, be certified by the Foundation for the Accreditation of Cellular Therapy and have specially trained clinicians and health care professionals to administer the treatment.

Together, RWJBH and Rutgers Cancer Institute meet these requirements, and their experts are among the nation's most knowledgeable and experienced in treating blood cancers with immunotherapy. Doctors throughout the RWJBH system collaborate to carefully evaluate all treatment options for a given cancer to decide who is a good candidate for CAR T-cell therapy.

WHY LOCAL CARE MATTERS

Cancer doesn't travel well, especially when care is as complex as cellular therapy. CAR T-cell therapy requires multiple stages of care; transitions between providers; coordination and transportation between doctors, labs and manufacturing facilities; and close communication between members of multidisciplinary teams.

Once treatment is completed, the focus shifts to community oncologists for ongoing support and continuity of care. Having all of these resources and capabilities available in a single health system such as RWJBH helps ensure a seamless patient journey.

WHAT'S AHEAD

Researchers are looking for ways to treat more types of cancer using cellular therapy, and to make treatment safer and more effective. Clinical trials to test new innovations in CAR T-cell therapies aim to broaden not only the range of treatable cancers but also the population of people who can receive it. RWJBH and Rutgers Cancer Institute are driving the development of next-generation CAR T-cell therapies through on-site research, which will further propel the future of cancer discovery and care.



BEAT CANCER

RWJBarnabas Health, in partnership with Rutgers Cancer Institute—the state's only NCI-designated Comprehensive Cancer Center—provides close-to-home access to the most advanced treatment options. To schedule an appointment with one of our cancer specialists, call **844.CANCERNJ** or visit www.rwjbh.org/beatcancer.

To learn more about cancer care at RWJBarnabas Health, visit www.rwjbh.org/beatcancer.

is an international leader in lymphoma treatment and research. "It demonstrates our commitment to offering cutting-edge therapies close to home and providing hope to patients like Michael who may have felt their options were exhausted."

Only a handful of cancer centers across the country provide CAR T-cell therapy, giving New Jersey residents served by the RWJBH system access to a significant oncology advance. Here are key facts you need to know.

A large, glossy red heart is positioned on the left side of the page. A silver stethoscope is draped across the center, with its chest piece resting on an ECG strip. The background is a light blue and white grid pattern, typical of medical charts.

IMPROVING HEART HEALTH

A CARDIOVASCULAR LEADER FURTHERS A VISION OF PROVIDING ADVANCED SERVICES CLOSE TO HOME.

Doctors focus on heart health for good reason: Heart disease is the leading cause of death for men and women alike. Significant risk factors for cardiovascular problems are extremely common and include high blood pressure, diabetes, obesity, unhealthy eating, lack of physical activity and elevated levels of certain types of cholesterol.

Improving cardiovascular health throughout New Jersey is a key goal for RWJBarnabas Health. The health system continues to invest in medical expertise, technology, facilities and leadership to meet that goal.

Conor Barrett, MD, MBA, the recently named Chief Clinical Officer and Senior Vice President, Heart and Vascular Services, RWJBarnabas Health, offers his views on the challenges and opportunities of improving heart health in communities statewide.

What drew you to RWJBarnabas Health?

For decades, RWJBarnabas Health has delivered advanced heart and vascular care while pioneering breakthrough techniques that have revolutionized the field. As an award-winning cardiac care hospital network serving New Jersey, the RWJBarnabas Health Heart and Vascular program is among the top heart programs in the United States. We bring innovation to the changing landscape of heart care with a truly integrated and united network



CONOR BARRETT, MD, MBA

approach to managing care across the system's 12 hospitals and approximately 100 ambulatory practice locations.

RWJBarnabas Health's extensive

network of cardiac diagnostic, imaging and therapeutic technology—including more than 30 cardiac catheterization labs, ambulatory diagnostic testing, cardiac CT and cardiac PET/CT—is New Jersey's most comprehensive.

With one of the nation's largest heart transplant programs (and the only one in New Jersey), RWJBarnabas Health is a leader in advancement of interventions for heart failure patients. More than 1,450 heart transplants have been completed at our two transplant centers: Robert Wood Johnson University Hospital (RWJUH), in New Brunswick, and Newark Beth Israel Medical Center (NBIMC).

Each of the system's four cardiac surgical centers—Cooperman Barnabas Medical Center, RWJUH, NBIMC and Jersey City Medical Center—is an award-winning cardiac hospital with an integrated and expert team of cardiac specialists.

In addition, as New Jersey's largest provider of charity care and care to beneficiaries of Medicaid, RWJBarnabas Health is an essential component of New Jersey's safety net for patients with heart disease.

What are some developments that excite you about the future?

Our heart surgeons continue to enhance outcomes as leaders in minimally invasive valve repair procedures and structural heart abnormalities. As the state's largest collective structural heart program, we have performed over 5,000 structural heart procedures. We're also a regional leader in stroke-risk reduction for patients with atrial fibrillation.

In partnership with Rutgers Robert Wood Johnson Medical School and RWJUH, RWJBarnabas Health is also New Jersey's most comprehensive academic health system. We train tomorrow's heart specialists through residency and fellowship programs while also advancing breakthroughs in cardiovascular research, conducting more research than any other system in the state. Our broadly integrated fellowship programs include more than 75 fellows in training today. So not only are we providing care to those who need us currently, we are also continuously

investing in educating and mentoring the heart and vascular experts of the future.

How do you see technology making a difference going forward?

RWJBarnabas Health is pioneering advancements in artificial intelligence, imaging and digital health. Through our deep collaboration with Rutgers, as well as SciTech, we continue to innovate and deliver on our mission of advancing cardiac care. As a hub for multidisciplinary collaboration, we bring together cardiovascular scientists, engineers, imagers and trainees to drive innovation from concept to clinical implementation. Our engineering and research efforts are strongly supported by integrated, cross-disciplinary innovation with internationally recognized investigators ranked among the top 1 percent of U.S. physicians.

We're committed to integrating innovative technologies that directly enhance patient outcomes and the quality of care.

Can you give some examples?

One of our most impactful advancements has been realizing the return on our investment in our Epic electronic medical record system to improve clinical decision-making, patient safety and care coordination.

Since our final site went live in October 2024, we have focused on optimizing Epic to enhance patient scheduling and experience, reduce hospital readmissions and implement critical safety measures. For example, in our critical-care settings, our team designed an initiative that demonstrated how automated alerts to providers' handheld devices ultimately help prevent complications before they arise.

Our paradigm of "keeping appropriate care local" is facilitated by both our advanced IT infrastructure and our cardiac network's broad scale and scope.

We continually improve our ability to provide the highest level of care in the most efficient and quality-oriented fashion at a location most convenient to each patient. In essence, we aim to deliver the most advanced care available as close as possible to each patient who needs us. Utilizing our broad cardiac network of providers and our unified, system-wide electronic medical record, we are very well placed to help our patients see the correct heart specialist within the correct timeframe at the most patient-convenient location.

With significant funding from the National Heart, Lung and Blood Institute; the National Science Foundation; and industry partners, we've led transformative studies—including the use of wrist-worn sensors for early detection of heart attacks, pocket ultrasound devices to reduce heart failure hospitalizations and AI-driven ECG models (also known as EKG) for diagnosing structural heart diseases. We have also led the way in procedural clinical studies, allowing patients of the RWJBH Heart & Vascular program to access trials not easily available elsewhere.

How does being a comprehensive program benefit patients?

Factors such as operating New Jersey's largest advanced heart failure program, having the state's only heart transplant program, providing 30-plus cardiac catheterization labs with the highest volume in the state, and being equipped with cardiac surgical and hybrid operating rooms have a cumulative impact. They allow innovative technologies to be available not only at our major academic centers but also throughout our heart and vascular network in New Jersey.

By combining advanced technology with a strong focus on patient satisfaction, safety and outcomes, RWJBarnabas Health continues to set new standards in cardiac care, ensuring patients have access to cutting-edge treatments across the state.





LIFE-CHANGING CARE FOR KIDS

A NEW PEDIATRIC ORTHOPEDIC PROGRAM BRINGS MANY SERVICES UNDER ONE ROOF.

Two children with very different challenges show how a newly launched Pediatric Orthopedic Multidisciplinary Program at the Children's Health network of RWJBarnabas Health (RWJBH) can change kids' lives—and improve their future outlooks.

John Evans, a then-13-year-old who loves fishing, was helping his dad prepare a moored boat for a storm when he sliced

his index finger while trying to cut a zip tie with a filet knife. Children's Health pediatric orthopedic surgeon Deidre Bielicka, MD, a member of RWJBarnabas Health Medical Group, recognized how serious the injury was: John had cut both his tendon and nerve in a worrisome location where adhesions could form and limit John's finger function.

Dr. Bielicka surgically repaired both the tendon and nerve. John then went on

to receive extensive occupational therapy at Children's Specialized Hospital (CSH) to help his tendons heal, restore motion and regain use of his hand. He's now back to activities such as fishing and sports.

The other patient, James Martin, uses a wheelchair and has limited muscle function. He came to CSH wanting to improve capability in his right arm to help with everyday tasks such as schoolwork, eating and riding a bike. James first received occupational therapy for about nine months to loosen tightness in his hand and improve motion. Dr. Bielicka then performed surgery that further improved his ability to use his wrist and fingers and allowed him to meet his goals.

"One of the challenges in treating children with complex medical issues is that they often require a lot of different doctors," Dr. Bielicka says. "Our goal is to put not just the doctors but the therapists and everyone needed for comprehensive care under one roof. That allows us to see those patients together and coordinate their care in a way that hasn't been possible in New Jersey before."

TEAMS OF SPECIALISTS

The new state-of-the-art Pediatric Orthopedic Multidisciplinary Program is a partnership of CSH and the Pediatric Orthopedics program at The Bristol-Myers Squibb Children's Hospital at Robert Wood Johnson University Hospital (BMSCH), whose physicians are part of RWJBarnabas Health Medical Group. The groundbreaking initiative provides comprehensive, coordinated



Opposite page, far left: James Martin works with Deidre Bielicka, MD (left), and occupational therapist Janelle Lenzo-Werner, OTR. Remaining photos: A variety of exercises help John Evans restore hand and finger function.



THE BRISTOL-MYERS SQUIBB CHILDREN'S HOSPITAL RANKS NATIONALLY IN ORTHOPEDICS AND IS ONE OF THE TOP-RANKED CHILDREN'S HOSPITALS IN NEW JERSEY.

care in one location for children with complex neuromuscular and orthopedic conditions.

Located in East Brunswick, the program offers families the convenience of having multiple specialists working together to ensure the best outcomes for children. RWJBH's Children's Health network hospitals are recognized among the nation's best children's hospitals by *U.S. News & World Report*.

The Pediatric Orthopedic Multidisciplinary Program is designed to treat conditions such as cerebral palsy, spina bifida, muscular dystrophy, improper hip development, scoliosis and fractures, along with other orthopedic and neuromuscular disorders, including, for example, joint disorders, upper limb congenital differences and tendon repairs.

"We are thrilled to offer families this unique and comprehensive approach to pediatric orthopedic care," says pediatric orthopedic surgeon Thomas McPartland, MD. "By bringing together specialists from across disciplines, we are able to provide the highest level of care in a convenient and supportive environment."

The multidisciplinary pediatric

orthopedic team includes experts from various specialties such as orthopedic surgery, physiatry, physical therapy and occupational therapy. Specialists together develop individualized care plans using the latest evidence-based techniques and cutting-edge technologies such as EOS imaging and gait analysis.

"This new partnership brings together nationally recognized experts in surgical and nonsurgical treatments," says Colin O'Reilly, DO, Vice President and Chief Medical Officer, CSH. "Families can expect expert guidance on everything from mobility equipment and medical tone management to spinal deformity correction and limb reconstruction."

TREATING THE WHOLE CHILD

"We're really excited about having a multidisciplinary program for kids who have multiple different problems," Dr. Bielicka says. "With all services in one location, this partnership makes care easier not only for parents and kids

but also for clinicians, who are able to communicate better with each other and with families to make sure we're taking care of the whole kid and not just individual aspects of a child."

For example, CSH therapists with advanced training work closely with RWJBH pediatric orthopedic surgeons to complete custom splinting, orthosis fabrication and casting as needed for infants through young adults as part of their treatment or postsurgical needs.

"The multidisciplinary nature of this program allows us to deliver more family-centric, holistic and personalized care," says Ferd Ferrer, MD, Chief Pediatric Officer at RWJBH. "By collaborating closely across specialties, we can tailor treatments to each child's unique needs and maximize their functional outcomes."

Children receiving care through the program have access to a full spectrum of services, including inpatient and outpatient rehabilitation, surgery at BMSCH and ongoing physical and occupational therapy from CSH. Orthotists will also be on-site to address patients' bracing needs.

James, reflecting on how the Pediatric Orthopedic Multidisciplinary Program's coordinated services helped him meet his goals and function better in daily activities, sums it up this way: "In this kid's heart, for me and my mom, [the program] has been a lifesaver."

To learn more about the Children's Health network at RWJBarnabas Health, visit www.rwjbh.org/childrenshealth.





UNDERSTANDING ENDOMETRIOSIS

**LEARN THE FACTS
ABOUT THIS SERIOUS
AND OFTEN-MISSED
GYNECOLOGIC
CONDITION.**

Painful periods and intense pelvic pain might be enough to make many women seek medical attention, for good reason: These are symptoms of endometriosis, a common, chronic gynecologic condition. But more subtle signs of endometriosis such as gastrointestinal issues, fatigue and frequent urination often get overlooked.

Endometriosis affects about 10 percent of women and girls worldwide but is often undiagnosed, leaving many others to endure the condition in silence. You

can better gauge your risks—and get relief if you're affected—by understanding answers to questions like these:



JESSICA OPOKU-ANANE, MD

What is endometriosis?

Endometriosis is a long-term hormonal and immune disease that can affect women from puberty to menopause. It occurs

when tissue similar to the inner lining of the uterus grows outside the womb, generally on organs in the pelvic cavity such as the ovaries, fallopian tubes and bowel. Cysts, scar tissue and adhesions may form. The condition can be painful and may have a devastating effect on quality of life.

How does lack of awareness boost risks?

Studies show that about 54 percent of people don't know what endometriosis is. Of those who realize endometriosis is a gynecologic condition, 35 percent can't name any symptoms.

"Lack of knowledge of the disease combined with stigma causes an average delay of 10 years from onset of symptoms to diagnosis," says Jessica Opoku-Anane, MD, an obstetrician/gynecologist (OB-GYN) at Robert Wood Johnson University Hospital; a minimally invasive gynecologic surgeon and associate professor and section chief of benign gynecological surgery at Rutgers Health/Robert Wood Johnson Medical School; and a member of RWJBarnabas Health Medical Group. "At the same time, girls with endometriosis have been shown to be at greater risk for 12 cancers, seven autoimmune diseases, allergic diseases and heart disease. Receiving an early diagnosis and treatment for this condition can have a major impact for patients."

What causes the condition?

The cause isn't clear, but possible contributing factors include retrograde menstruation, in which menstrual blood flows back into the pelvic cavity instead of leaving the body; movement of endometrial cells to other parts of the body; the transformation of cells due to hormones or other factors; surgical scar complications; and abnormal immune responses.

What are warning signs to watch for?

Symptoms of endometriosis include periods with pelvic, lower back and stomach pain; heavy periods and/or bleeding between periods; painful bowel movements and/or urination; pelvic

USING ROBOTIC SURGERY FOR ENDOMETRIOSIS

Surgeons throughout RWJBarnabas Health offer minimally invasive laparoscopic and robotic surgery using the da Vinci Xi Surgical System to treat numerous gynecologic conditions, including endometriosis. The computer-assisted system integrates advanced imaging and sophisticated instruments that allow surgeons to access the body without large incisions. Robotic-assisted procedures are less invasive than traditional surgeries, and using the da Vinci system typically results in comparatively less post-op pain; lower risk of infection and scarring; and faster recovery.

During a procedure, the surgeon sits at a console with tools that virtually extend human eyes and hands. A high-definition camera provides a magnified, 3D view of the entire surgical area. Robotic arms give the surgeon a 360-degree range of motion not possible with a human wrist, allowing precise, real-time movements in delicate and hard-to-reach areas. Such advanced control allows doctors to remove endometriosis tissue more effectively while preserving healthy tissue.

pain outside of periods; and painful intercourse. In addition to frequent urination and fatigue, women also may experience diarrhea, constipation, bloating, nausea and nerve problems. Up to 50 percent of women with endometriosis have difficulty conceiving.

Endometriosis can be mistaken for conditions with similar symptoms and is often misdiagnosed as, for example, pelvic inflammatory disease, ovarian cysts, irritable bowel syndrome, appendicitis, ovarian or colon cancer, fibroids, polycystic ovary syndrome or sexually transmitted diseases. Regular pelvic exams and discussions with an OB-GYN and/or endometriosis expert can help identify and correctly diagnose endometriosis.

Who is at risk?

Women with a low body mass index, those who have never given birth and those with increased estrogen levels carry a greater risk of developing endometriosis. So do those who experience early-onset menstruation or late-onset menopause, short menstrual cycles (less than 27 days) and heavy menstrual flow for longer than seven days. Women who have one or more

close relatives with endometriosis are three to seven times more likely to have the condition.

How can endometriosis be treated?

While no known cure exists for endometriosis, hormone medicines and surgical treatments can help. Lesions tend to extend deep into tissue, and many doctors recommend fully removing the growths through various types of surgery. Hospitals throughout the RWJBarnabas Health system offer minimally invasive laparoscopic and robotic surgery using the da Vinci Xi Surgical System (see sidebar). In some cases, hysterectomy may be suggested.

Timely treatment may help halt progression of the disease and reduce associated infertility and pain. "It's really important to get the diagnosis as early as possible to treat either with hormonal medications or surgery to try and prevent that progression," says Dr. Opoku-Anane. "Women who have bad periods that truly affect their lives should not wait to see a physician. If your menses are preventing you from doing your normal activities, that's not normal. You should see your OB-GYN."

To learn more about comprehensive women's health services available through RWJBarnabas Health, visit www.rwjbh.org/womenshealth.





Ronald Kishun (left) and Sheila Devaney (right) gather with TV host Tamron Hall at the studio where a post-transplant segment brought patient and donor face to face for the first time.

THE GIFT OF LIFE

**A WOMAN'S ORGAN
DONATION GIVES A
VETERAN A NEW CHANCE
TO CARE FOR HIS FAMILY.**

As a husband, father and Navy veteran, Ronald Kishun always looked out for others, including his wife, Esperanza, and their children. But a battle with end-stage kidney



ADVAITH BONGU, MD



RONALD PELLETIER, MD

disease threatened his ability to be there for his family.

For seven years, the Spotswood resident needed regular dialysis treatments to keep his kidneys functioning. As his condition worsened, it became challenging for him to care for his adult son Sebastian, who lives with special needs. Ronald needed a kidney transplant—and if he couldn't find a donor soon, Sebastian would need to move to a group home.

"It was important for me to support my wife and Sebastian," Ronald says. "No one can take care of your kid better than you."

Ronald's first hope was to find a deceased kidney donor, a long and sometimes arduous process. "In our region, patients sometimes have to wait six to eight years on the transplant list before they can find a suitable organ," says Advaith Bongu, MD, a transplant surgeon at Robert Wood Johnson University Hospital (RWJUH) and a member of RWJBarnabas Health Medical Group.

Unfortunately, several attempts to match Ronald with a viable organ from a deceased donor didn't work out. Then one day while receiving dialysis in late 2022, a fellow patient and veteran told Ronald about Donor Outreach for Veterans (DOVE), a nonprofit organization that matches living donors with veterans awaiting transplants.

"He said I should give DOVE a try," Ronald says. Little did Ronald know that his phone call to DOVE would change his life.

TWIST OF FATE

Just days after that call, Sheila Devaney was watching the "Tamron Hall" show in her Annandale home when she saw a segment featuring Sharon Kreitzer, DOVE's executive director.

"I watched 30 minutes of the show, and I was enthralled," says Sheila, who has actively supported veterans'



Members of the RWJBarnabas Health transplant team gather with Ronald Kishun and Sheila Devaney to celebrate the kidney transplant that changed Ronald's life.

foundations for years and participates annually in the Tunnel to Towers 5K Run & Walk, which benefits first responders and catastrophically injured service members.

Inspired by what she saw on TV, Sheila emailed the executive director and asked how to become a living donor. The next day, the two met on Zoom.

"Sharon told me she had a veteran in need who matched my blood type and encouraged me to read his bio on their website," Sheila says. That patient was Ronald, and Sharon quickly agreed to be his living donor.

"Sheila is the real MVP in this story," Dr. Bongu says. "Living donation was the best option for Ron, because kidneys from living donors work the fastest and last the longest, and Sheila's gift of life made that possible for him."

Ronald experienced several medical issues leading up to his transplant, which required multiple surgeries and a few delays. "Thankfully, we had the expertise at RWJUH to get him ready for transplant safely," Dr. Bongu says.

A TELEVISED MEETING

Finally, in April 2024, Dr. Bongu and Ronald Pelletier, MD, surgical director with RWJUH's Kidney and Pancreas Transplant Program, performed the

living donation surgery.

Five months later, Ron and Sheila met for the first time on the set of the "Tamron Hall" show. They were joined by family, friends and members of the RWJUH Kidney and Pancreas Transplant Program to tape an episode that aired for the first time on November 27, 2024.

Ronald soon regained his energy, resumed looking after his family and prepared to start enjoying activities such as hunting and fishing once again. He's eternally grateful for Sheila's generosity.

"In my book, she falls under the saint category," he says. "I can't comprehend how someone would go to this length to help someone they don't know."

Sheila encourages others considering living donation to take the first step and schedule a consultation. "After my first appointment, I was already excited about donating a kidney," she says. "But when I learned more about Ron through DOVE, then I knew it was really meant to be."

TRANSFORMING LIVES THROUGH ORGAN TRANSPLANTS

The Kidney and Pancreas Transplant Program at Robert Wood Johnson University Hospital (RWJUH) offers a comprehensive range of options for patients facing end-stage kidney disease and complications from diabetes. The program's team performs transplant surgeries for adults and children using both living and deceased donors.

"Transplant surgery is a true team activity," says RWJUH transplant surgeon Advaita Bongu, MD. "Our team cares for the most complex patients, and everyone who works here is committed to giving patients the best outcomes and the best experience possible."

The Kidney and Pancreas Transplant Program accommodated more than 2,800 patient visits last year and ranks first in New Jersey and second in the Mid-Atlantic Region for the number of pancreas transplants performed.

Additionally, RWJBarnabas Health is home to the largest transplant program in New Jersey, restoring lives through kidney, heart, pancreas and lung transplants. The health system's unique, multidisciplinary program is:

- The sixth-largest kidney transplant program in the U.S.
- Among the nation's top 10 for heart transplants
- New Jersey's only lung transplant program

To learn more about transplants at RWJBarnabas Health, visit www.rwjbh.org/transplant.



BACK IN THE SADDLE

PAIN-RELIEVING DOUBLE HIP REPLACEMENT SURGERY HELPS A WOMAN REGAIN HER ACTIVE LIFE.

Cheryl Allen-Munley of Tewksbury never imagined she'd need a hip replacement, let alone two. Until 2022, the now-68-year-old retired engineer, who teaches math at a local college, had been vibrant and active—an avid horse rider who also loved to dance, walk, bike and do Zumba workouts.

During a summer visit to friends at the Shore with her partner, Jon, things started to turn. “During a mile walk back to their house, I felt something uncomfortable,” Cheryl recalls. After a moment’s rest on a bench, the discomfort went away.

Then in October she had a similar—but more painful—experience after a night of dancing. This time, the pain continued.



STEPHEN KAYIAROS, MD

Cortisone shots from an orthopedist in January 2023 helped for only three days. By May, Cheryl found it hard to sleep and could barely walk without



Cheryl Allen-Munley (right, with partner Jon) returned to horseback riding last fall after her double hip replacement surgery alleviated pain that had prevented her from enjoying her typically active lifestyle.

pain. She scheduled a hip replacement surgery for July.

Well-informed friends suggested that Cheryl have what they called an anterior procedure. Unsure how this approach differed from the traditional posterior surgery she'd booked, Cheryl did some research.

“I found that the posterior approach involved more cutting,” she says. She canceled her procedure and began looking for a new surgeon. “That’s when I found Dr. Kayiaros,” she says.

THE RIGHT SURGEON

Stephen Kayiaros, MD, Medical Director of the Joint Surgery Program at Robert Wood Johnson University Hospital Somerset, uses the anterior approach—a tissue-sparing technique that can lead to less pain, faster recovery and improved mobility—for more than 99 percent of his hip replacements.

He could plainly see the cause of Cheryl's pain. “X-rays showed degeneration in her hips that was very advanced,” he says. “She had no cartilage



TWO HIPS, ONE SURGERY?

For patients who need both hips replaced, having them done at the same time can offer several benefits.

Known as simultaneous bilateral hip replacement, the procedure entails having anesthesia once rather than twice, and requires just one hospital stay and recovery. But it's a longer surgery that can involve

more blood loss and lengthier anesthesia.

"A good candidate generally has severe arthritis or degenerative changes in both joints that are equally debilitating; is younger than 75; has no significant medical comorbidities; and has no history of blood clots," says Stephen Kayiaros, MD, of the Joint Surgery Program at Robert Wood Johnson University Hospital Somerset.

Surgeons also evaluate potential candidates for lung problems, cardiovascular disease or other conditions that could increase the risks of complications during or after surgery.

"We consider each patient case by case," says Dr. Kayiaros. "It's a shared decision between doctor and patient."

left. It was bone-on-bone."

A diagnosis of advanced osteoarthritis from ongoing wear and tear sometimes shocks people, Dr. Kayiaros says, especially when symptoms seem to develop quickly. "But arthritis doesn't happen overnight," he says. "It can go undetected for years. Then some event triggers an avalanche of symptoms. People may think the event caused the arthritis, but that's rarely the case."

Cheryl's anatomy suggested she also may have been born with subtle hip dysplasia—a misalignment in the joint that can predispose people to arthritis later in life.

"I was now in terrible pain in both hips," Cheryl says. She and Dr. Kayiaros decided she would have both hip joints replaced in one surgery.

TWICE THE RELIEF

The double procedure in December 2023 took less than two hours. With each hip joint, Dr. Kayiaros made a small, four-inch incision at the top of the upper thigh. Approaching the hip from the front (anterior) rather than the rear (posterior) allowed him to access the joint by navigating between muscles without cutting them.

In each hip, Dr. Kayiaros installed

an implant made of materials such as titanium, medical-grade polyethylene and ceramic. Implants allow the joint to function smoothly, with certain surfaces roughened so bone more readily grows into them for strength and stability.

Cheryl was walking shortly after surgery. "I had no nausea, no grogginess, nothing," she says. Normal post-op discomfort felt like nothing compared with her pain before the procedure.

"All I used for pain after surgery was Tylenol," she says.

She used a walker for the first week of recovery, quickly progressing to a cane in the second. She was soon driving and teaching again.

"I have more mobility in my joints and a much longer stride than I did before," Cheryl says. Exercise helped build strength and flexibility so she could swing onto a horse. By late 2024, she was riding again.

"I'm so grateful to Dr. Kayiaros," Cheryl says. "He's an artist, and his staff is great, too. Having this surgery was the best decision I ever made."



AWARD-WINNING ORTHOPEDIC CARE

For the second consecutive year, RWJBarnabas Health (RWJBH) has been named among the 100 Hospitals and Health Systems with Great Orthopedic Programs by *Becker's Hospital Review*. The recognition honors orthopedic programs that:

- Deliver comprehensive, compassionate care for patients with musculoskeletal conditions and injuries
- Offer minimally invasive treatments
- Conduct forward-thinking research
- Perform breakthrough clinical trials that drastically improve patient outcomes

Programs on Becker's list also have earned recognition from organizations such as *U.S. News & World Report*, *Newsweek* and Healthgrades; receive funding from organizations such as the National Institutes of Health; serve as official providers for elite sports teams; and hold the Gold Seal of Approval from The Joint Commission.

To learn more about orthopedic care at RWJBarnabas Health, visit www.rwjbh.org/ortho.



PREDICTING FREEDOM FROM SEIZURES



RESEARCHERS FIND A NEW WAY TO TELL WHO COULD
BENEFIT MOST FROM EPILEPSY SURGERY.

Epilepsy can be difficult on many levels. Various types of seizures that are part of this neurological disorder can disrupt normal life. And outcomes from treatments such as medications and surgery can be challenging to predict.

Now an advance from researchers at RWJBarnabas Health (RWJBH) and Rutgers Health is helping to clarify some of the uncertainties about surgical treatment. The researchers' new findings may encourage patients to seek effective care that they otherwise might have avoided.

Seizures from epilepsy arise when nerve cells don't signal properly, causing surges of electrical activity that can affect brain and muscle function.

Medications can help people with epilepsy experience fewer or less-intense seizures. But finding the right medications in the right combinations at the right doses can be difficult. About a third of the nearly 3 million Americans who have epilepsy don't respond adequately to medications.

For these patients, surgery to remove or disable the part of the brain causing seizures can be an effective treatment. Surgical options include traditional open surgery along with minimally invasive approaches that use laser technology. But which patients will emerge seizure-free after surgery often isn't clear ahead of time.

GAUGING SUCCESS

To help address the challenge of predicting outcomes, RWJBH and Rutgers researchers, along with colleagues at Emory University, honed complex methods to create a simple scoring system. The scoring can give doctors a more precise idea of when patients will likely become seizure-free after minimally invasive epilepsy surgery.



ROBERT GROSS, MD

The researchers' study, published in the *Annals of Clinical and Translational Neurology*, introduces a predictive model—a statistical tool that uses past

data to identify patterns and create forecasts—that could expand access to surgical treatment. Experts say surgery for epilepsy is underused, so a tool that better identifies good candidates for procedures could potentially result in life-changing improvements for more patients.

Many patients hesitate to undergo traditional open, invasive brain surgery out of concern about the pain and recovery associated with it as well as the possibility of cognitive side effects. Minimally invasive laser procedures may be more appealing, especially if patients can get a clearer picture of their chances for success.

"We've pried open the therapeutic window with this minimally invasive approach," says Robert Gross, MD, senior author of the study, who is Senior Vice President of Neurosurgical Services and co-lead of Neuroscience at RWJBH and chair of the Department of Neurosurgery at Rutgers Robert Wood Johnson Medical School and Rutgers New Jersey Medical School. "Now the question is, how well do we think the patients are going to do [based on] the information we have before doing the procedure?"

The predictive model that researchers developed draws on data from 101 patients who underwent a minimally invasive treatment called SLAH (stereotactic laser amygdalohippocampotomy). This procedure uses a type of laser therapy called LITT (laser interstitial thermal therapy) to target and disable a small area of the brain that causes seizures in many patients.

Using an innovative approach, researchers identified eight clinical factors associated with a higher likelihood of becoming seizure-free after the SLAH procedure. The factors include the patient's history, certain abnormalities in results of their MRI scans, brain lesions and the presence or absence of certain signs and symptoms.

A SIMPLE SCORE

In their approach, the researchers chose not to rely on complex statistical models.

Instead, the team created a simple 8-point score, assigning a point for each factor present.

This approach outperformed other predictive models. For example, it did better than models based on more complex multivariate analyses (which simultaneously consider numerous variables) or those based solely on results from MRI scans (a common way to predict surgery outcomes).

Patients scoring 6 or higher on the 8-point scale had a 70 to 80 percent chance of becoming seizure-free after SLAH—a success rate comparable to that of conventional open surgery. Those with lower scores had progressively lower chances of a positive outcome.

Dr. Gross has already seen how the new scoring system could help patients gauge their options. With one recent patient, "I was able to go to this young woman and her mother and say, 'OK, let's look at this: You've got a 71 percent chance of being seizure-free,'" he says.

While such uses are now possible, researchers say the model still needs further validation using larger amounts of data on patient outcomes. They also note that the scoring system doesn't account for all factors that might affect surgical outcomes, such as the exact ratio of abnormal brain activity between hemispheres of the brain or specific seizure traits.

Despite these limitations, the study authors say their work represents a significant step in personalizing epilepsy treatment. Providing a more nuanced and accurate prediction of surgical outcomes with this new tool could help more patients with drug-resistant epilepsy find effective relief through minimally invasive surgery.

As research continues, further refinements to the model are in store. With more data and more study, researchers look toward developing even more precise predictions—and better patient outcomes.

To learn more about neurosurgery at RWJBarnabas Health, visit www.rwjbh.org/neuro.





BEAT BINGE EATING

HOW TO RECOGNIZE AND TREAT A COMMON BUT OFTEN HIDDEN EATING DISORDER

Binge eating disorder is the most common eating disorder in the U.S. But it's not always recognized as a serious medical problem because patients don't necessarily face immediate health risks from their disordered behavior. Yet binge eating can have serious long-term consequences if not addressed.

Matthew Johnson, DO, Medical Director of the Eating Disorders Program at Robert Wood Johnson University Hospital (RWJUH) Somerset and Clinical Assistant Professor at Rutgers Medical School, explores the condition and how treatment can help.

What is binge eating disorder?

Binge eating disorder occurs when people consume food in larger amounts



MATTHEW JOHNSON, DO

than would normally be expected—even if they're already full or not hungry. Often, they experience significant weight gain or already had elevated weight.

How is it different from eating disorders like bulimia and anorexia?

With binge eating disorder, there's no compensatory behavior such as purging. And with bulimia and anorexia, there's usually no weight gain.

How do you know if binge eating is a problem for you?

One sign is if you're consistently eating more and faster than usual, even when you have no appetite or you're no longer hungry. People with binge eating disorder often feel a loss of control over food intake. They sometimes eat alone and isolate themselves because of that, and they may feel embarrassed, disgusted, depressed or guilty after eating.

Why is binge eating dangerous?

Unlike bulimia and anorexia, which carry a more imminent risk and danger, the risks of binge eating are more long-term. Over time, people with binge eating disorder are at risk of serious health issues such as obesity, Type 2 diabetes, high blood pressure and various types of heart disease, each of which can lead to other problems.

The Eating Disorders Program at Robert Wood Johnson University Hospital Somerset opens doors to recovery from binge eating disorder and other disordered eating behaviors.

How is binge eating disorder treated?

In general for eating disorders, the primary treatment is therapy that helps get to the root cause or causes, which may include trauma or difficulty with mood regulation, for example. We often take a health-at-every-size perspective while targeting underlying cause(s) and work toward changing behaviors and thought patterns that surround eating. With that said, it's not uncommon for patients to see their weight decline naturally as the underlying issues are addressed and food intake patterns change. However, weight loss in particular isn't the goal with treatment of the eating disorder itself. Concerns or risks that may otherwise surround an individual pertaining to their weight may be better addressed once the eating disorder is in remission.

How successful is treatment?

It can be very successful—but only as successful as the effort an individual puts into it. It's possible to experience complete remission. And the prognosis is very good.

What's special about the RWJUH Somerset program?

The Eating Disorders Program is part of RWJBarnabas Health's Behavioral Health Services together with Rutgers Health University Behavioral Health Care. We are one of only two inpatient hospitals for eating disorders in the state, and one of very few partial hospitalization and intensive outpatient programs to treat binge eating and other eating disorders.

We treat both adolescents and adults, and our dietitians, therapists, doctors and nurses are focused on treating eating disorders and restoring healthy eating behaviors. This may include helping patients in other ways such as addressing, for instance, mood dysregulation; medication regimens requiring a change or titration; overlapping addictions; and various other comorbid or exacerbated medical conditions.

For more information about the Eating Disorders Program at Robert Wood Johnson University Hospital Somerset, visit www.rwjbh.org/eatingdisorders.



One of the first DAISY Award presentations at RWJBarnabas Health, in 2012, showcased how the honor uplifts relationships not only between nurses and patients but also between colleagues.

‘THEIR EFFORTS ARE EXTRAORDINARY’

THE DAISY AWARD FOR NURSES LETS PATIENTS, FAMILIES AND COLLEAGUES OFFER PRAISE AND THANKS.

For a sense of how important nurses are to health care, just listen to what patients and families say.

“She has made me feel so comfortable while I have been here,” says a patient. “She provided not only my father with the best care but me as well,” says a family member. “[She] deserves this honor because of the impact she has had in helping the underserved population of the area identify cancer,” says another care receiver.

These are just a few examples of praise for RWJBarnabas Health (RWJBH) nurses who are among the most recent recipients of The DAISY Award, bestowed by The DAISY Foundation based on nominations from patients, families and colleagues.

Each year, nurses in all types of health care settings across the country, around the world and throughout the RWJBH system are honored with DAISY Awards to recognize their care, compassion, skill and contributions that made a difference to a patient, their family or a coworker.

“Nurses often take for granted the work they do, but their efforts are extraordinary,

and that’s what DAISY represents,” says Kathy Easter, MSN, RN, CCRN-K, Assistant Vice President, Nursing Excellence, RWJBH. “The award represents caring and placing patients and families at the center of what we do.”

EXCELLENCE AND INSPIRATION

The DAISY Award was started by the family of a Seattle man named Patrick Barnes who died of an autoimmune disease in 1999. During his illness, the family experienced the best of nursing.

Out of appreciation for nurses’ kindness, compassion and sensitivity, the family founded the nonprofit DAISY Foundation (the acronym stands for Diseases Attacking the Immune System) to honor Patrick and thank nurses. The DAISY Award has since been adopted by

ACCLAIMING NURSES

Below are comments describing just a few of the many RWJBarnabas Health nurses nominated for DAISY Awards.

Maryse Annulyse, MSN, RN, CCRN

RWJBarnabas Health School of Nursing

“Her compassion and caring are genuine.

This is the way we want to see our students practicing as nurses.”

Zakiyah Rawlins, RN

Jersey City Medical Center

“From the moment we arrived on the unit, we felt at ease because of the excellent care that Zakiyah had given to us.”

Dustin Bullock, RN

Robert Wood Johnson University Hospital Hamilton

“Dustin respected me and put me at ease.”

Lori Prussack, RN

Robert Wood Johnson University Hospital

“When they say, ‘Treat the patients as if they were your own family members,’ she truly embodies that.”

thousands of health care organizations and nursing schools.

Award presentations are held at different times of the year across the health system at every hospital, and often gather hospital colleagues, along with hospital and executive leadership, for a recognition ceremony that in many cases surprises the recipient.

“The award recognizes that we not only care for patients and families but for each other,” says Nancy Holocek, MAS, MHA, BSN, RN, FNAP, Executive Vice President and Chief Nursing Officer, RWJBH. “It’s about kindness, which reflects the culture and values of our health system, and inspires our nurses.”

Nurses who receive the award feel honored—and often moved. “It is personal for that nurse, and pretty emotional,” Easter says. “It’s very celebratory and special because it is a personal recognition about the nurse and nursing practice that comes from the heart.”

To learn more about The DAISY Award or to nominate a nurse at RWJBarnabas Health, visit www.rwjbh.org/daisyaward by scanning this code.





A VISIONARY SERVICE

A FREE APP HELPS VISUALLY IMPAIRED PATIENTS NAVIGATE AND MEET THEIR HEALTH CARE NEEDS.

Navigating health care can be taxing for many people, but it can be especially challenging for those who are blind or visually impaired.

That's why RWJBarnabas Health (RWJBH) offers Aira, an innovative mobile app that provides on-demand remote visual interpretation services for people who have lost their sight or experience low vision. The health system expanded the service in 2024, after piloting it years before at Robert Wood Johnson University Hospital Somerset as part of an ongoing commitment to accessibility, inclusion and equitable care.

"Aira connects users to trained visual interpreters, or agents, who provide real-time guidance to help them navigate various tasks," says Suzette Robinson, Senior Vice President and Chief Diversity, Equity and Inclusion Officer at RWJBH. "The service is available free to all patients, visitors, employees,

volunteers, providers and vendors within our acute-care facilities and medical group offices."

Accessibility challenges too often keep people from seeking health care. Aira eliminates barriers and increases accessibility by helping blind and low-vision people seamlessly complete a variety of necessary tasks. "It empowers users to navigate health care spaces with independence and dignity," says Robinson.

'LIKE CALLING A FRIEND'

Anthony Rodriguez, a 33-year-old New Brunswick resident, knows this firsthand. Blind since age 17, Anthony uses Aira regularly and finds it indispensable.

"It has been completely life-changing," he says. "It does everything my eyes are supposed to do but can't. The agents are real people, not bots, so I can interact better with them."

With the Aira app, trained visual interpreters help people who have lost their sight or are visually impaired navigate health care settings.

He especially appreciates that agents don't just give generic instructions but are able to answer questions and offer explanations. "If I have a doctor's appointment, the agent will not only tell me how to get there, but will guide me to be sure I'm walking in the right direction and taking the safest, fastest route through the facility," he says.

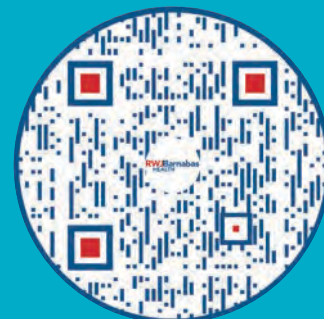
Aira is available 24 hours a day, seven days a week at RWJBH hospitals and medical group offices, and provides immediate access to an agent.

"Users simply download the app from the iOS App Store or Google Play, launch it on their smartphone and connect with an Aira agent for immediate assistance," says Robinson.

"It's like picking up the phone and calling a friend who is always there to help you," says Anthony. He even uses Aira to help him access his MyChart patient portal. "I can share my computer screen with the agent and they help click on the information I need, read test results or messages, or help me fill out forms and submit them," he says.

Anthony affirms that Aira helps him feel independent. "When you use the app, you don't feel like you're being a burden to anyone," he says. "It's simple to use, and I would encourage anyone with impaired vision to try it. I'm telling you, it will change your life."

TO LEARN MORE ABOUT
AIRA SERVICES AT
RWJBARNABAS HEALTH
FACILITIES,
SCAN THIS CODE.





HELPING ENSURE FOOD SECURITY

SNAP NAVIGATORS HELP RESIDENTS GET NUTRITION ASSISTANCE THEY NEED TO LIVE HEALTHIER LIVES.

Food insecurity impacts millions of families nationwide. People who are food insecure lack or have limited access to enough food or healthy nutrition. As a result, they have difficulty maintaining healthy lives.

Almost 1 million people in New Jersey, including more than 260,000 children, were food insecure in 2024—an increase of 22 percent over the previous year, according to an annual study by Feeding America, a hunger relief organization.

Reasons for limited availability of nutritionally sound foods often go beyond financial barriers to include complex social factors. In fact, access or lack of access to food is a critical social determinant of health—that is, a non-medical factor that influences a person's health and well-being.

RWJBarnabas Health (RWJBH) has long been committed to addressing food insecurity and enhancing access to food for low-income New Jersey residents. Examples of RWJBH efforts to address food insecurity include the Beth Greenhouse and Farmers Market at Newark Beth Israel Medical Center, Sadie Vickers Community Garden in South Toms River, the health system's Food Farmacy Program and Common Market Farm to Pantry deliveries, among others.

Now RWJBH has launched an initiative in partnership with the New Jersey Department of Human Services' Division of Family Development (DFD), with support from the New Jersey Food Security Initiative (NJFSI).

The initiative is the state's first-

of-its-kind program to embed Supplemental Nutrition Assistance Program (SNAP) navigators in all 12 RWJBH acute-care hospitals. SNAP provides low-income families with food assistance to help them buy groceries using a benefits card.

PILOTING THROUGH PROCESSES

"It's a privilege to work with the DFD to help more people connect with SNAP, especially considering the strong connection between food and our health," says Barbara Mintz, MS, RDN, Senior Vice President, Social Impact and Community Investment, RWJBH. "This program is important in addressing key drivers of food-related diseases, such as diabetes, obesity and heart disease, which can often be managed through diet and education. Food really is medicine."

Hospital-based SNAP navigators can help eligible residents with processes such as SNAP applications, which Mintz says can be arduous. "We have a team of 12 highly trained navigators and two managers who help individuals apply for, enroll in and keep their SNAP benefits," she says.

SNAP navigators answer questions, provide information and offer guidance about how SNAP works as well as eligibility requirements, documents needed when applying for benefits and more. They also assist with recertification when necessary.

Tiffany Aybar, a SNAP Navigator Program Manager, has seen the initiative's impact firsthand. "The SNAP navigator program empowers people with knowledge and resources," Aybar says. "Whether we're helping a single mother access SNAP benefits or a senior stretch a limited budget, seeing the gratitude on someone's face when they realize they're not alone in this journey is a constant reminder of why this work matters."

To learn more about the SNAP Navigator Program at RWJBarnabas Health, visit www.rwjbh.org/snap.
For more information on SNAP navigators statewide, visit www.njsnappnavigators.gov.





Built to silence cancer

The new Jack & Sheryl Morris Cancer Center

New Jersey's only freestanding cancer hospital

NCI Comprehensive
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A Cancer Center Designated by the
National Cancer Institute