HEROES WORK HERE

NOW YOUR DOCTOR IS JUST A CLICK AWAY

A MIRACLE HEART TRANSPLANT

WELCOME BACK!
WE’RE READY FOR YOU
A MESSAGE FROM LEADERSHIP

Staying Healthy Together

For all of us who call New Jersey home, the COVID-19 pandemic has been a sobering reality. Every one of us has been affected in some way; and some have lost loved ones. To them, we extend our sincerest condolences.

Throughout these extraordinary months, New Jerseyans have come together to encourage each other and the hospitals that care for their communities. At RWJBarnabas Health, we truly have been inspired by the support we’ve received, and offer our heartfelt thanks for every donation and card, and for the countless other gestures of caring.

Most of all, of course, we wish to express our gratitude to our amazing staff—doctors and nurses caring for patients; hospital workers in the offices and on the floors; researchers seeking a cure and a vaccine; those charged with carrying out our demanding new cleaning procedures; and those who have quickly adapted our facilities to care for COVID-19 patients.

Now, it’s important to look ahead and begin caring for ourselves again. During the height of the pandemic, many people delayed getting healthcare—a choice that can have devastating consequences. Please rest assured that we’ve gone above and beyond all the measures recommended by the Centers for Disease Control and other national and regional experts to keep everyone in our facilities safe.

Throughout our COVID-19 pandemic response, our team at RWJUH New Brunswick has been inspired by the tremendous outpouring of support we have received from the communities we serve. Whether it was food donations, artwork, financial contributions or simply your kind words, the entire RWJUH family is deeply grateful for your support. Your health and well-being are our top priorities, and we have taken every possible safety measure, which includes using advanced technology such as ultraviolet light, to deep-clean and disinfect our facility as we welcome you back and provide the exceptional care that you expect from us.

We look forward to supporting your good health in whatever way we can.

Welcome back.

Yours in good health,

BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH

JOHN J. GANTNER
PRESIDENT AND CHIEF EXECUTIVE OFFICER
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL

HEALTH NEWS

THE RWJUH AUXILIARY DONATES $40,000

The Auxiliary of Robert Wood Johnson University Hospital (RWJUH) contributed $40,000 to the hospital’s Emergency Relief Fund. These funds will be used to provide personal protective equipment, such as masks, face shields and isolation gowns, for our frontline workers, and to pay for employee COVID-19 testing. The Auxiliary also donated new and refurbished iPads, which enabled patients in isolation to communicate with their loved ones via video calls.

GENEROUS SUPPORT FROM BAPS CHARITIES

BAPS Charities generously donated $15,000 to our COVID-19 Emergency Response Fund. Infectious Disease Specialist Dr. Pinki Bhatt, one of Robert Wood Johnson University Hospital’s and Rutgers Robert Wood Johnson Medical School’s very own, is actively involved with BAPS.

YOU CAN HELP BY GIVING BLOOD

An unintended consequence of social distancing has been a severe drop in blood donations, and the blood supply is now at a critically low level. We urge everyone to please consider donating blood. Blood Services is open Monday through Friday and Saturdays by appointment. Please go online to www.rwjuhdonorclub.org to schedule an appointment to donate.

YOU CAN HELP BY GIVING BLOOD

Robert Wood Johnson University Hospital

1 Robert Wood Johnson Pl., New Brunswick, NJ 08901
888.MD.RWJUH (888.637.9584)

CONNECT WITH US ON

@RWJUH
@RWJUH
RWJBarnabas Health

Healthy Together | COVID-19 Special Issue
2. WELCOME LETTER.
   A community update from our CEOs.

4. HEROES WORK HERE.
   We’re beyond grateful for the incredible work of our teams on the COVID-19 front lines.

6. DONORS ARE HEROES, TOO. A sampling of the valuable—and much appreciated—support we’ve received during the pandemic.

8. STRONGER TOGETHER.
   Two sisters—both nurses—support their patients, and each other.

9. STAYING STRONG WHILE SOCIAL DISTANCING. Simple steps can help you regain a feeling of control.

10. 6 QUESTIONS ABOUT TELEMEDICINE, ANSWERED. You don’t have to be a technology whiz to have a video visit with your doctor.

12. CLINICAL TRIALS: WHAT EVERY CANCER PATIENT SHOULD KNOW. A trial offers patients a chance to benefit from the latest treatment.

14. NEW WAYS TO LEAD IN CANCER TREATMENT. Collaboration and innovation are driving a new era in oncology.

15. ADVANCED OPTIONS FOR TREATING AUTISM. Telehealth services and intensive treatments offer new help.

16. POWER PARTNERSHIPS. Working together to help make New Jersey healthier.

17. YOUR SUPPORT SUSTAINS US. Communities have stepped up for their local hospitals—and you can still help.

18. AN UNFORGETTABLE HEART. In the thick of the COVID-19 pandemic, a miracle heart transplant saves a life.

20. SAFE AND SOUND IN THE E.D. Rigorous procedures ensure the safety of Emergency Department patients and staff.

22. WELCOME BACK! COVID-19 testing of staff and patients, extreme cleaning and many other measures make our facilities safe for care.
Our providers and staff have risen to—and well above—the unprecedented challenges of caring for patients with COVID-19. Robert Wood Johnson University Hospital is proud and grateful beyond words for the indomitable spirit and incredible work done by our teams on the front lines.
1  DO YOUR PART: Our Emergency Department team has been working hard caring for COVID-19 patients. They ask everyone to help reduce the spread of this dangerous disease by staying home as much as possible.

2  STAYING STRONG: We’re thankful to all members of our 2 Core Unit, who rose to the occasion when their step-down open heart surgery unit was converted to caring for COVID-19 patients.

3  SIGNS OF SUPPORT: Special thanks to South Brunswick residents Christine Resnick, Lisa Rodgers and Azra Baig for launching the “Wall of Thanks” initiative, which encourages township residents to send notes of appreciation to our team at RWJUH.

4  THUMBS-UP: Thank you to our Blood Services team for their hard work and dedication!

5  FIGHTING BACK: Our Infection Prevention team, led by Pat Lafaro (far left) and Hospital Epidemiologist Dr. Susan Boruchoff, Division Chief, Allergy, Immunology & Infectious Disease (third from right), work hard to stop COVID-19 from spreading within the hospital.

6  BE A LIFESAVER: Neurocritical Care providers remind residents to stay home to stay safe and save lives.

7  SHOW OF STRENGTH: Despite the extra challenges brought by the COVID-19 pandemic, our Transplant team continues to help save lives.

8  TRANSPORT TEAM: Our Patient Transport team is #RWJUHStrong!

9  GIVE THEM A HAND: The Facilities team keeps RWJUH running smoothly!

10  TEAM SPIRIT: Endoscopy team members, ready to care for patients.

11  BABY LOVE: Thank you to members of our Neonatal Intensive Care Unit, who’ve been working tirelessly to care for our tiniest patients.

12  HEART OF THE HOSPITAL: RWJUH’s Cardiac Care and Heart Center units are dedicated to keeping patients’ hearts strong.

13  MOBILE HEALTH: During the pandemic, the first responders of RWJBarnabas Health Mobile Health Services have stood ready to provide expert care in any emergency.

14  BEHAVIORAL HEALTH: Dedicated staff and providers from RWJBarnabas Health Behavioral Health Center have been available 24/7 to meet critical mental and emotional health needs during the pandemic.

15  STRONGER TOGETHER: RWJUH Physical and Occupational Therapists help patients get back on their feet.

16  PEER RECOVERY: Certified Peer Recovery Specialists from the RWJBarnabas Health Institute for Prevention and Recovery offer support to patients with substance use disorders.

To share your thanks or make a donation in support of our healthcare heroes, visit www.rwjbh.org/give.
At Robert Wood Johnson University Hospital (RWJUH), we’ve dedicated everything we have to fighting COVID-19. And just as we’ve had the community’s back, you’ve had ours, with a steady outpouring of food, supplies, personal items and love. Please know that each and every gift has helped to keep us going. From the bottom of our hearts, thank you!
HEROES HELPING HEROES: Thank you to our valued partners, the New Brunswick Fire Department, who showed their appreciation for our team by donating meals to our Emergency Department. RWJUH is proud to serve our community with you!

ENERGY BOOST: Thanks to Texas Roadhouse in Old Bridge for their thoughtful donation of delicious meals to keep our RWJUH family going strong during this very challenging time!

FUEL FOR HEROES: A huge thank you to Middlesex County PBA 214 (Detectives and Supervisors of the Middlesex County Prosecutor’s Office) who partnered with George Street Ale House in New Brunswick to provide two days of meals for our staff.

3-D PRINTED PPE: Eric Wemenkang and Steve Davidson generously donated 50 face shields they created using a 3-D printer. Thank you from the bottom of our hearts! Accepting the donation is Jesse Torres-Manalastas, BSN, RN, CCRN-NIC, staff nurse in the NICU.

HELPING NEIGHBORS: Through a much-appreciated donation from Johnson & Johnson, RWJUH New Brunswick’s Community Health Promotions Program and RWJUH Somerset provided hygiene kits to residents in New Brunswick, Perth Amboy, Bound Brook and South Bound Brook who have been economically impacted by the COVID-19 pandemic.

CHILDREN’S SPECIALIZED HOSPITAL (CSH): The Long Term Care team of CSH in Mountainside thanks the Front Line Appreciation Group for a donation of breakfast sandwiches.

FLOWER POWER: Thank you to Hionis Greenhouses for their donation of beautiful flowers to help our team members celebrate spring! Tim Hionis drove a truck with 2,000 flowers to the hospital where he was met by Security, Materials Management and Reception staff who brought in nine carts of lilies and eight pallets of tulips.

To share your thanks or make a donation in support of our healthcare heroes, visit www.rwjbh.org/give.
For 33-year old Junerose Gambito and her sister, 32-year-old Sheikha (Shae) Gambito, nursing is both a family tradition—their parents are nurses—and a calling. Junerose began her career as a certified care technician (CCT) 13 years ago at Robert Wood Johnson University Hospital New Brunswick (RWJUH) and fell in love with her job. A year after her sister, Shae also started as a CCT at the hospital.

Today, both certified nurses and still at RWJUH, the sisters work side by side on the 2-Core floor, a step-down unit for open heart surgery patients.

One of the many things Junerose loves about her career is the opportunity it offers to make a profound difference in patients’ lives. “It’s not even the big lifesaving moments,” she says. “It’s the small moments, like washing my patients’ hair or shaving their faces. There are little things you can do to improve someone’s day—even just being in the room and having an extra conversation with them can make a difference.”

Shae echoes those sentiments. “We were put on this earth to be nurses,” she says. “I feel in my heart that it’s our duty to take care of people.”

THE WORLD CHANGES

Before the pandemic, finding extra time to brighten patients’ days was easier. After the sisters’ post-surgical floor was converted to a COVID-19 unit, they found it more challenging to spend time with patients. And with visitor restrictions in place, patients were isolated from their families, something that really weighed on both Junerose and Shae.

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The COVID-19 pandemic has brought all kinds of uncertainty—to our finances, our health and our ability to make plans. “People have lost an important aspect of control over their activities,” says Frank Ghinassi, PhD, ABPP, Senior Vice President, Behavioral Health and Addiction, RWJBarnabas Health, and President and CEO of Rutgers University Behavioral Health Care. “As a result, we’re seeing a lot of people feeling stressed—and even a little more than that, feeling distressed.”

“We all had a rhythm and routine for our days,” he continues, “from what time we took a shower to how we dressed for work to the kinds of things we did for fun. Now all of those old rhythms are challenged, and that makes people feel confused and off-balance.”

While that’s a perfectly normal reaction, Dr. Ghinassi says it’s important to take the next step. “Ask yourself, ‘What can I do in this new reality to help myself feel better and more in control?’” The answer lies in reintroducing predictability, to the degree possible in this unpredictable time.

• Create a new routine. Establish a new set of patterns,” advises Dr. Ghinassi. “Go to bed and get up in a regular way. Eat at set intervals, not all day long just because you’re not far from the refrigerator. Work out or take a walk regularly. These new routines will become familiar and comforting.”

• Make plans to socialize with others. “Meaningful connection with family and friends is not going to happen automatically,” says Dr. Ghinassi. “Create ways to communicate with people who are important to you, using FaceTime, letters, phone calls or whatever medium you do best. And keep in mind that Snapchat and Instagram are one-way communication, not true socializing.”

• Build a new set of activities that give you pleasure. “A lot of things we like to do can’t happen now because they involve going to crowded places like movie theaters, restaurants, concerts and stadiums. We need to find activities that will bring us pleasure and are doable within our current limitations,” says Dr. Ghinassi. “That could involve playing or listening to music, streaming films, gardening, painting or any other enjoyable hobby.”

If social distancing has led to behaviors that could be destructive, such as overeating or drinking too much, or if the blues have crossed the line into depression, don’t hesitate to reach out for help. “There are many front doors to behavioral healthcare,” Dr. Ghinassi says. “You can ask a trusted healthcare provider to recommend a counselor. If your employer has an Employee Assistance Program, take advantage of that. Seek out your local mental health facility or call the New Jersey Hopeline at 855.654.6735. Call the RWJBarnabas Health Access Center, which is available 24/7, at 800.300.0628.”

• And take heart. “We’ll get through this,” says Dr. Ghinassi. “Humans are enormously adaptable. Through millennia of plagues, famines, wars and pestilence, we’ve risen to every challenge. It’s in our DNA. We’re going to learn and restructure, draw strength from each other and find solutions.”

For help accessing mental health services, call the RWJBarnabas Health Access Center at 800.300.0628.

STAYING STRONG WHILE SOCIAL DISTANCING

SIMPLE STEPS CAN HELP YOU REGAIN A FEELING OF CONTROL.
YOU DON’T HAVE TO BE A TECHNOLOGY WHIZ TO HAVE A VIDEO VISIT WITH YOUR DOCTOR.

Virtual online doctor visits have been available for some time—but since the COVID-19 pandemic, they’ve soared. “During just one week in April, doctors in our medical group conducted more than 10,000 telemedicine visits,” says Andy Anderson, MD, President and Chief Executive Officer of the RWJBarnabas Health medical group.

Stay-home orders during the lockdown have played a huge role in the increase, but other causes are also speeding up telemedicine’s adoption. Dr. Anderson tells how and why:

1. **What factors are contributing to telemedicine’s surge?**

   Historically, demand for telemedicine was driven by urgent issues, rather than by routine or other kinds of care. Habit has played a role, too—the expectation that
patients and physicians need to physically be together in order to get the best possible care.

Now, there’s a greater openness to using technology platforms in all realms of our lives. Those platforms are increasingly sophisticated, so that patients and providers can really see each other, see the parts of the body in question and read each other’s expressions.

In the RWJBarnabas Health medical group, we have an easy-to-use platform for telemedicine visits. It’s as simple as a click to get into a virtual room for an appointment. It’s also secure and is fully HIPAA-compliant.

What are some examples of conditions that can be treated in a virtual visit?

Let’s say a person falls and cuts himself. A telemedicine visit can help determine whether he needs stitches and/or an antibiotic. Symptoms and treatment for a urinary tract infection can also be discussed virtually. If someone has a sore throat, he or she can show the back of the throat and tonsils to the doctor via video.

Chronic conditions, such as COPD [chronic obstructive pulmonary disease], congestive heart failure or asthma could be managed through a video visit, as a physician is able to observe whether a person is short of breath, for example, or whether his legs are swollen.

Diabetes that is not well controlled can also be discussed, as the patient can report his blood sugar levels and medication can be adjusted accordingly.

It’s important to note that in any of these cases, a visit can begin as a video visit and then become an in-person visit if the condition warrants it. If you aren’t sure what the best course of action is—video, in-person office visit or Emergency Department visit—don’t feel you have the burden of having to make the decision on your own. Call your physician’s office and have a conversation.

Am I at risk for contagion if I visit a physician’s office?

At RWJBarnabas Health medical group offices, we’ve taken the necessary steps to make it very safe to visit in person. We have social distancing plans, including the use of Plexiglas barriers, a distance line at checkout areas, modified waiting room seating and limitations on the number of patients scheduled during a specified time frame. We also follow rigorous cleaning regimens, offer hand sanitizer stations and more.

Are telemedicine visits covered by insurance?

During the early stages of the pandemic, Medicare, Medicaid and many private insurances expanded their coverage for telemedicine. The situation is evolving, so check with your insurer, but our sense is that coverage for telemedicine will continue to expand.

How will telemedicine change healthcare in the future?

While the COVID-19 crisis has pushed us into this world fast, I think healthcare will be sticking with telemedicine from now on. Telemedicine is not a solution for everything, but it is a solution for a lot more things than we realized. It’s a great tool to have in our toolkit.

The most important message we have for patients is to continue to make your health a priority. Don’t put off care if you aren’t feeling well, or postpone contacting your physician for help managing any chronic health conditions. Whether virtually or in person, your provider is there to help you.
If you or a loved one is diagnosed with cancer, you’ll want to seek the highest possible level of care—and clinical trials can be a critical aspect of that care. “Clinical trials offer tomorrow’s treatments today,” says Howard S. Hochster, MD, FACP, Director, Oncology Research for RWJBarnabas Health, and Associate Director, Clinical Research and Director, GI Oncology for Rutgers Cancer Institute. “As the state’s only NCI-Designated Comprehensive Cancer Center, Rutgers Cancer Institute of New Jersey and RWJBarnabas Health provide patients access to a wide range of clinical trials, many of which are not available elsewhere. We do this at Rutgers Cancer Institute in New Brunswick and...
Across the state at RWJBarnabas Health hospitals. What should patients know about clinical trials? Dr. Hochster explains:

**What happens in a clinical trial?**
Clinical trials are research studies that evaluate new treatment options for diseases and help doctors learn which treatments are most effective.

Generally, clinical trials evaluate the safety and effectiveness of new drugs, use current drugs in a new manner or combine drugs to evaluate their effectiveness. Every clinical trial must be approved by regulatory authorities to be sure the scientific evidence merits this kind of investigation and that it’s ethically sound.

Clinical trials are undertaken only when we have evidence that the new approach is likely to be better than the standard treatment. Patients should speak with their physicians about the risks and benefits, including possible side effects, of the treatment being studied.

During a trial, patients will have many staff members paying attention to them—physicians and research staff including nurses, data managers and others—whose job is to make sure they get the treatment exactly as written in the protocol.

**Who’s eligible for a clinical trial?**

Every patient who has a cancer diagnosis should ask whether a clinical trial might be right for him or her, and should consider a clinical trial at every step of the cancer journey. Sometimes a trial isn’t appropriate at the beginning, but may be later on.

Requirements for participation vary. Criteria may include age, gender, type and stage of cancer, other existing medical conditions and treatment history.

Before patients can participate in a clinical trial, they must sign an informed consent document, which explains all aspects of the trial as well as alternative treatment options.

**What are some examples of cancer research taking place in clinical trials?**

For years, everyone with certain cancer diagnoses received the same type of treatment for their cancers, but not everyone reacted the same way. Now we’re able to use clinical trials to make progress in precision medicine, where we can specifically target, on a molecular level, the gene mutations or changes that make an individual’s normal cells turn into cancer cells.

Another exciting area now is immunotherapy—using a person’s own immune system to fight cancer. We’ve learned that cancer cells have ways to mask themselves from the immune system. Today, we’ve seen many breakthroughs in drugs that restore the body’s ability to fight off cancer cells.

**A CLINICAL TRIAL FOR COVID-19 TREATMENT**

Rutgers Cancer Institute is spearheading a statewide clinical trial for the drug hydroxychloroquine as a potential treatment for COVID-19 patients. Though the trial is not limited to cancer patients, Rutgers Cancer Institute is well positioned to lead such a study because of its extensive experience with clinical trials as the state’s only NCI-Designated Comprehensive Cancer Center.

Hydroxychloroquine, while a subject of much public discussion, has not yet been tested in a large, controlled clinical trial to determine its effectiveness. “Until we get the results of a clinical trial, we just don’t know if there’s any role for hydroxychloroquine in treatment for COVID-19,” says Rutgers Cancer Institute Director Steven K. Libutti, MD, who is also Senior Vice President, Oncology Services, RWJBarnabas Health, and Vice Chancellor, Cancer Programs, Rutgers Biomedical and Health Sciences.

“Both the initial hype about the benefits of hydroxychloroquine and the stigma that followed were inappropriate. With this trial, we’ll have well-analyzed data from a well-conducted study in order to make a recommendation about that agent’s use.”

**THREE PATHWAYS**

The study consists of three “arms.” One will test hydroxychloroquine in conjunction with the antibiotic azithromycin; one will test hydroxychloroquine alone; and one will provide supportive care for six days, followed by a course of hydroxychloroquine. Patients’ blood will be tested for levels of the SARS-CoV-2 virus prior to treatment and at regular intervals thereafter. The study is open to people who are age 18 or over, have been diagnosed with COVID-19 and meet other eligibility requirements.

In addition to Rutgers Cancer Institute in New Brunswick, the trial is being offered at Robert Wood Johnson University Hospital in New Brunswick; Monmouth Medical Center in Long Branch; Saint Barnabas Medical Center in Livingston; Morristown Medical Center; Overlook Medical Center in Summit; and University Hospital in Newark.

For information on how to take part in the trial, call Rutgers Cancer Institute’s Office of Human Research Services at 732.235.7356 or email statewide_research@cinj.rutgers.edu.
NEW WAYS TO LEAD IN CANCER TREATMENT

COLLABORATION AND INNOVATION ARE DRIVING A NEW ERA IN ONCOLOGY.

Every week, up to 40 of New Jersey’s top cancer experts virtually convene as part of the new N.J. Statewide Cancer Programs Collaboration—a unique approach initiated and implemented by Steven K. Libutti, MD, Director, Rutgers Cancer Institute of New Jersey, and Senior Vice President, Oncology Services, RWJBarnabas Health.

“As the state’s only NCI-Designated Comprehensive Cancer Center, we felt that it was important that we communicate with other cancer programs in New Jersey during the COVID-19 pandemic,” says Dr. Libutti. “We felt we could learn quite a bit from hearing about other experiences, and that each program shouldn’t have to go through the learning curve on its own.”

In addition to Rutgers Cancer Institute and RWJBarnabas Health, all major cancer programs in the state participate, including those at Atlantic Health System; Capital Health Cancer Center; MD Anderson Cancer Center at Cooper; John Theurer Cancer Center at Hackensack University Medical Center, Hackensack Meridian Health; Hunterdon Healthcare; Inspira Health Network; Regional Cancer Care Associates; Saint Peter’s Healthcare System; St. Luke’s University Health Network, Warren; Summit Medical Group; Trinitas Comprehensive Cancer Center; and Penn Medicine/Virtua Cancer Program.

MANY MINDS

Subgroups in the areas of medical oncology, radiation oncology, surgical oncology and operations meet throughout the week to discuss topics relevant to their programs. On Friday mornings, all participants join a call to exchange information and insights.

“We’ve come up with plans for how to safely expand and then augment surgical oncology and other care during the pandemic,” says Dr. Libutti. “What are the right testing regimens to use? How do you open up surgery facilities safely to protect patients and providers from exposure? Which treatment regimens can be delivered at home, and which can be delayed without bad consequences for patients?

“Oncology itself is a very collaborative field, because so many modalities are used to treat a cancer patient in a very coordinated way,” continues Dr. Libutti. “It’s not a huge leap for us to extend collaborations beyond the borders of health systems.”

Patients in New Jersey will reap the benefits. “Our state sees 50,000 new diagnoses and 16,000 deaths from cancer every year,” says Dr. Libutti. “We’re going to leverage the strengths of each program to work together to help cancer patients.”

VIRTUAL CARE FOR CANCER PATIENTS

The Rutgers Cancer Institute of New Jersey, in partnership with RWJBarnabas Health (RWJBH), had already begun a pilot program for cancer consultations via video. The pandemic accelerated the expansion of the plan to almost all of the groups’ cancer specialists.

The specialists are using a secure platform, which is private and simple for patients to access. In addition to convenience, telemedicine has a number of benefits for cancer patients:

• The elimination of potential exposure for patients with compromised immune systems
• The ability to have several specialists virtually present at the meeting
• The capacity to have geographically distant family members at the meeting
• The means to effectively share information with patients. “As I’m talking to a patient, I can show a picture of, for example, lymph nodes, and also type out instructions on the screen and then email these to the patient,” says Andrew M. Evens, DO, MSc, Associate Director for Clinical Services and Director, Lymphoma Program, Rutgers Cancer Institute, and Medical Director, Oncology Service Line, RWJBH.

“As we always say, ‘Cancer doesn’t travel well,’” explains Dr. Evens. “Telemedicine doesn’t replace in-person care, but we knew there was an appetite for this service. Who wants to drive an hour or more on the parkway or turnpike for a consult when you don’t have to?”

STEVEN K. LIBUTTI, MD

ANDREW M. EVENS, DO
Stay-at-home orders during the pandemic have posed particular challenges for children and adults with autism spectrum disorder (ASD). Deprived of face-to-face services, they have been lacking the stimulation and training they need, and have spent much less time interacting with others than usual.

“It’s a situation where problem behavior is more likely to occur,” says Wayne Fisher, a professor in the Department of Pediatrics at Rutgers Robert Wood Johnson Medical School and Director of the Rutgers Center for Autism Research, Education and Service (RUCARES). “We wanted to provide support for kids and families to help them manage the situation more effectively.”

The result was the development of ABA (Applied Behavior Analysis) Short-Term Telehealth Services provided by Children’s Specialized Hospital (CSH). The services begin with a quick-start evaluation. For children with severe problems whose behavior may be dangerous to themselves, a behavior stabilization and safety program is developed in two 90-minute appointments. For children with mild to moderate ASD, a quick-start behavior management program and behavior management group are available over the course of eight appointments via a simple-to-access, private telehealth platform.

Though telehealth services for people with autism have been available in other states, it was not an option in New Jersey until an executive order as part of the COVID-19 response allowed it. Fisher hopes the trend continues.

“This method has many benefits. It really helps families, many of whom travel quite a distance for in-person specialized care, in terms of convenience,” he says. “For specialists, there’s therapeutic value in seeing the child and family at home, under naturalistic conditions.”

EXPANDED SERVICES

The ABA short-term telehealth program is part of an expansion of autism services that CSH now offers through a collaboration with RUCARES. This summer will see the opening of CSH RUCARES, the first center of its kind in New Jersey dedicated to innovative research, education and service to support children and adults with ASD.

CSH RUCARES will accept patients for a new Severe Behavior Disorders Program, which will provide specialized services to children and adolescents with autism and other developmental disabilities who display dangerous behavior such as self-injury and aggression. Patients will undergo intensive outpatient treatment from a team of board-certified behavior analysts and registered behavior technicians. “Our program has a data-based approach based on empirical research, and all of our staff and faculty are highly trained,” explains Fisher, who is the Director of CSH RUCARES.

CSH is also expanding its Pediatric Feeding Disorders Program with a new program for children who have not progressed through traditional feeding programs. “It’s a data-based, intensive, goal-driven day program. We see patients for about eight weeks, then transition to outpatient follow-up services once or twice a week,” says Cathleen Piazza, Director of the Pediatric Feeding Disorders Program at CSH and a professor in the Rutgers Graduate School of Applied and Professional Psychology. “We also find telehealth services very valuable because we can work with and see the patient where he or she eats, in real time.”

To learn more about Children’s Specialized Hospital, call 888.244.5373 or visit www.childrens-specialized.org.

At Children’s Specialized Hospital, we provide world-class care for children and young adults who face special health challenges across the state of New Jersey and beyond. Our locations in Bayonne, Clifton, East Brunswick, Egg Harbor Township, Hamilton, Jersey City, Mountainside, New Brunswick, Newark, Toms River and Warren treat everything from chronic illnesses and complex physical disabilities like brain and spinal cord injuries to developmental and behavioral issues like autism and mental health.
To learn more about corporate partnerships at RWJBarnabas Health, visit www.rwjbh.org/partnerships.

At RWJBarnabas Health (RWJBH), we have always been committed to meaningful partnerships with organizations that share our vision to create healthier communities. Their efforts during the COVID-19 pandemic, however, have taken their support to a whole new level. “We asked our partners to help us in several ways—through donations, through disseminating educational information and through support for our frontline healthcare heroes,” says Justin Edelman, Senior Vice President, Corporate Partnerships, RWJBH. “The response was beyond what we ever could have imagined.”

Our corporate partners had our back. New Jersey Devils/Prudential Center provided a significant and impactful monetary donation in addition to protective equipment and more than 10,000 tickets to future events for our healthcare heroes. Rutgers University Athletics donated protective equipment and used its reach on social media to educate our communities on important safety tips, while the Somerset Patriots raised funds through online memorabilia auctions, merchandise sales and a pop-up food truck event. Too numerous to mention, the supportive efforts from so many of RWJBH’s partners (see list at right) have been crucial to our mission.

On behalf of RWJBH and all of our partner organizations, we wish you good health and good fortune at all times. Together, we’ll be there for you.

To learn more about corporate partnerships at RWJBarnabas Health, visit www.rwjbh.org/partnerships.

FRIENDS IN NEED

Warmest thanks to these partners:
- Cedar Stars Academy
- Cure Insurance Arena
- George Street Playhouse
- Lakewood BlueClaws
- Mets Radio Network
- Monmouth University Athletics
- MSG Networks
- New Jersey Devils/Prudential Center
- New Jersey Golf Foundation
- NJPAC
- New Jersey Youth Soccer Association
- Novo Nordisk New Jersey Marathon & Half Marathon
- Princeton University Athletics
- Pure Basketball
- Rutgers University Athletics
- RWJBarnabas Health Arena
- Seton Hall University Athletics
- Somerset Patriots
- Special Olympics New Jersey
- Trenton Thunder
- Yankees Radio Network
The offers from the public began as soon as the crisis did. People emailed, texted and called hospitals, some in tears, wanting to know how they could help local healthcare providers. They sent money. They donated dinners. They sent cards. Someone had a friend who had a friend whose company could provide personal protective equipment (PPE). A small painting business had 20 face masks to donate. A hardware store provided gloves. The contributions came in a steady stream.

“The donations were from longtime loyal donors as well as those who had never made a gift to one of our hospitals before,” says Glenn Miller, Executive Vice President and Chief Development Officer at RWJ Barnabas Health (RWJBH). “People wanted to make sure that our doctors, nurses and staff had what they needed to stay healthy and do their jobs.

“The word ‘heroes’ gets used a lot, and admiration for the dedication of our caregivers was driving this outpouring of support,” he continues. “Supporters saw our caregivers getting up to go to work every day under incredibly difficult circumstances, fighting to save lives.”

As of mid-May, the RWJBH system as a whole had received nearly $11 million in support. Of that amount, $6.7 million came in checks and online gifts, large and small; $3.2 million in donated PPE and other supplies; and $870,000 in food donations.

“RWJBH hospitals have always enjoyed wonderfully generous support from the communities they serve,” Miller says. “In recent months, I think our doctors and nurses were certainly reminded about how much people value them and the work they do.”

ONGOING NEED

The money raised goes into the RWJBH system’s Emergency Response Fund, where it’s used to purchase much-needed equipment and supplies.

The fund also is used to support frontline hospital workers. “When employees need to be quarantined away from their families, we’ve been able to help make that happen,” Miller says. “Other colleagues needed childcare so they could come to work. And sadly, we’ve lost colleagues, and we’re working to develop resources to address the repercussions of such terrible losses.”

Beyond tangible support, the outpouring from the community provided an invaluable morale boost. “For healthcare workers going through this experience, to take a break and find a hot meal or a card or a note—it’s meant the world to them,” Miller says. “When you feed someone, you’re enriching their body, obviously, and also their soul.”

The Emergency Response Fund remains open. “We’re in an ongoing crisis, and philanthropy will continue to play an important role in helping us prepare for any surges or future outbreaks,” Miller says.

In addition, capital projects, new programs and equipment upgrades will still need to be funded for each medical center. “We’re incredibly grateful for the outpouring of support, and the tremendous positive impact it has on our work and our commitment to keeping communities healthy,” Miller says. “We cannot thank people enough.”

The gifts also have a benefit for the giver. “We’ve heard that people in the community want to feel that they have the ability to bring hope,” says Miller, “and that they’re empowered to make a difference.”
IN THE THICK OF THE COVID-19 PANDEMIC, A MIRACLE HEART TRANSPLANT SAVES A LIFE.

Dashawn Womack is thankful to be alive. Diagnosed with nonischemic dilated cardiomyopathy, the Trenton resident’s heart was failing, unable to pump blood properly throughout his body. This greatly restricted the 34-year-old’s ability to perform day-to-day activities—he couldn’t even walk short distances without becoming profoundly short of breath.

In January, as his condition affected his liver and kidney functioning, he was transferred to Robert Wood Johnson University Hospital (RWJUH) in New Brunswick. There, he was evaluated and placed on the heart transplant list. The multidisciplinary team that treated him was led by Deepa Iyer, MD, Heart Transplant Program Director specializing in Advanced Heart Failure and Transplant Cardiology; Hirohisa Ikegami, MD, Surgical Director of the Heart Transplant Program; and Mark Russo, MD, MS, Chief of the Division of Cardiac Surgery and member of RWJBarnabas Health Medical Group.

In early March, Dashawn’s condition became more critical. He suffered from repeat episodes of life-threatening cardiac arrhythmias. To avert a sudden cardiac death, Dr. Ikegami and the team at RWJUH placed Dashawn on two life support devices: extracorporeal membrane oxygenation (ECMO), which temporarily takes over the work of the heart and lungs, and the Impella, a ventricular assist device (VAD) that helps the heart pump blood. Doctors hoped that, together, these two devices could do the work of Dashawn’s heart and lungs until a donor heart became available.

“ECMO is the most aggressive form of...
temporary life support available,” explains Dr. Iyer. “It works by drawing blood out of the body, oxygenating it and then returning it to the body. It isn’t meant to be a long-term solution, but remarkably, Dashawn was on the ECMO machine for almost four weeks as we waited for a suitable donor heart.”

COVID-19 CHALLENGES
As they waited, Dashawn’s care team focused not only on stabilizing him for a transplant surgery, but also combating additional challenges presented by the COVID-19 pandemic.

“I’ve been involved in hundreds of transplants, and this case stands out for so many reasons,” says Dr. Russo. “First, I can’t remember a patient who survived as long on ECMO support while awaiting heart transplant. Also, we needed to protect against COVID-19, which would have severely impacted Dashawn’s already fragile condition and precluded us from safely going forward with the transplant. Finally, for a variety of reasons related to the new realities created by this pandemic, already scarce donor organs have become critically scarce.”

On April 6, more than two months after he entered the hospital, Dashawn got the good news from Dr. Iyer that there was a suitable heart for him. “I was so happy,” says Dashawn. “I didn’t really have any fear. My mom passed away from the same disease so I knew if didn’t get the transplant I wouldn’t be here anymore. I knew it was something I needed to do.”

That night, Dashawn received his new heart. “The transplant couldn’t have gone more smoothly,” says Dr. Russo. Just five days after his heart transplant, Dashawn was walking. After only nine days, he went home.

“It’s really a miracle,” says Dr. Iyer. “There were so many factors that made this case very complex. To see him up and walking just five days after his transplant was a special moment for our entire team. It was just incredible.”

GAINING A SECOND FAMILY
For Dashawn, his care team at RWJUH has become a second family. With strict visitor restrictions in place due to COVID-19, he relied on their support, compassion and friendship during his hospital stay. His team helped keep his spirits up and arranged for FaceTime conversations with his family.

“It’s all about the people who surround you,” says Dashawn. “Everyone has been great and helped me get my life back. The doctors and nurses all really care. You can tell this is much more than just a job for them. They’ve all become my second family. I’m really grateful.”

Dr. Iyer feels the same about Dashawn. He’ll continue to be treated by her team indefinitely. “He’s part of our family now,” she says.

In addition to Drs. Iyer, Ikegami and Russo, Dashawn’s physician team included Drs. Kenneth Dulnuan and Danyaal Moin, who also specialize in Advanced Heart Failure and Transplant Cardiology. Other members of the care team included specially trained and certified nurse practitioners; cardiac anesthesiologists; cardiac perfusionists; critical care specialists; registered nurses; registered dietitians; pharmacists; social workers; cardiac rehabilitation therapists; and other medical professionals dedicated to heart care.

“It truly takes a village to care for critically ill patients like Dashawn,” says Dr. Iyer. “Doing so during a pandemic adds to the complexities, but at RWJUH we have the right systems in place and the caregivers to ensure we can provide the highest level of care.”

Dashawn is recovering at home, where he’s practicing strict social distancing measures to avoid any complications post-transplant. “I’m really happy to be home, feeling good and looking forward to hopefully being able to return to work once I’m recovered and the coronavirus is no longer a threat,” he says.

“Dashawn’s case is likely one that not one of us will ever forget,” says Dr. Russo. “At a time in our history marked by fear and untimely death, Dashawn demonstrated remarkable courage, persistence and a will to live. He has been an inspiration to all of us at a moment when it has been greatly needed.”

Your heart doesn’t beat just for you. Get it checked. To reach a Robert Wood Johnson University Hospital cardiac specialist, call 888.724.7123 or visit www.rwjbh.org/heart.
RIGOROUS PROCEDURES ENSURE THE SAFETY OF EMERGENCY DEPARTMENT PATIENTS AND STAFF.

“The problem is that disease prevalence doesn’t change,” he explains. “Heart attacks, strokes, asthma, intra-abdominal diseases such as appendicitis and diverticulitis—COVID-19 didn’t make them go away, but we’ve been seeing these patients in the ED less and less.”

The probable reason: fear. “The likelihood is that people have been putting off care because they’re afraid to go into the hospitals and be exposed to COVID-19,” says Dr. Eisenstein. “That concerns us because delaying care for many conditions can lead to disability and even death, and those risks are not necessary.

“The main message we want people to hear is that it’s safe to come to the Emergency Department, so don’t put it off,” he continues. “We’ve put many layers of protection in place for our patients and for our staff.”
SAFETY MEASURES
Safety steps taken by Emergency Departments throughout the RWJBH system include:

- Separation of COVID-19 and non-COVID-19 patients upon entry
- Setting aside special areas that are completely separate from COVID-19 patients and caregivers
- Creation of “negative pressure” isolation rooms that prevent airborne contaminants from drifting to other areas in the hospital
- Provision of masks for all staff and patients
- Frequent disinfectant wiping of surfaces and equipment.

“Our environmental services staff is doing a fantastic job of deep-cleaning our EDs,” says Dr. Eisenstein. “Every doorknob, every surface, is continuously being wiped with disinfectant.”

CARDIAC CONCERNS
Doctors have long pounded the drum for patients to call 911 if they experience symptoms of a heart attack. “Time is heart muscle,” says Anthony Altobelli III, MD, Chief of Clinical Cardiology at RWJUH. “The sooner we can treat you after the onset of symptoms—ideally, within 90 minutes—the less damage to your heart.”

Dr. Altobelli urges people to be aware not only of the classic symptoms of a heart attack (see list, above) such as chest pain or a feeling of heaviness in the chest, but of non-traditional symptoms such as shortness of breath as well.

Adding complexity to the situation is the fact that the novel coronavirus seems to exacerbate a range of other cardiovascular problems. “COVID-19 is a vascular disease as well as a respiratory disease,” says Dr. Altobelli. “It can lead to clotting in the arteries. It’s possible that a patient may have heart disease that has not been recognized, and with the stress of COVID-19 illness a cardiac event occurs. The event can be any of the known cardiac syndromes, including heart attack or heart failure. We just don’t have the answers yet.”

The important thing to know, he says, is that the advice for going to the ED is the same now as it was before COVID-19. “Pay attention to symptoms,” says Dr. Altobelli, “and don’t hesitate to call 911.”

STROKE RISK
The coronavirus-related clotting that can lead to heart attacks also appears to increase risk for stroke.

A stroke occurs when a blood vessel that leads to the brain is blocked by a clot, or ruptures, leading to death of brain cells as they’re robbed of oxygen- and nutrient-rich blood. Immediate treatment can minimize the long-term effects of stroke, such as speech and movement difficulties, and even prevent death.

People with uncontrolled high blood pressure or diabetes are at increased risk of stroke, as are smokers. But the pandemic has introduced a new wrinkle: a striking increase in strokes among COVID-19 patients as young as their 30s and 40s, who had no stroke risk factors and no other COVID-19 symptoms. This new risk makes it all the more important for people to act when they have symptoms (see list, below).

“Pay attention to the suddenness of the symptoms, which could include confusion and severe headache, and call 911 so you can be taken to the hospital right away,” advises Kiwon Lee, MD, Chief of Neurology Service, Director of the Comprehensive Stroke Center, Director of the Neuro Intensive Care Unit at RWJUH and Professor of Neurology and Chief of the Division of Stroke and Neurocritical Care in the Department of Neurology at Rutgers Robert Wood Johnson Medical School.

COVID-19, can affect the nervous system in other ways, too. “One of the most common ways is the loss of smell,” Dr. Lee says. “Another is exacerbation of seizures in people who are prone to them. All of these things have to be further investigated.”

What’s not in question is this emphatic advice from doctors: Don’t be afraid to go to the hospital if you need to. “You really have to weigh the risks and benefits,” says Dr. Lee, “and realize that the risks are much higher if you stay at home.”

To learn more about how we’re ensuring your safety at RWJBarnabas Health, visit www.rwjbh.org/welcomeback.
The safety and health of our patients and team members have always been top priorities at RWJBarnabas Health (RWJBH). Now we’ve taken everything the medical profession has learned about COVID-19 and implemented best practices at Robert Wood Johnson University Hospital and all of our facilities.

“At RWJBarnabas Health, we’ve been on a safety journey to becoming a High Reliability Organization for three years,” says John Bonamo, MD, Executive Vice President, Chief Quality Officer and Chief Medical Officer for RWJBH. “The high safety standards we had before the pandemic are making it possible for us to come back confident.”

Safety is an all-encompassing effort. “Every little thing we do is a building block aimed at making our facilities COVID-free,” says Dr. Bonamo.

WHAT WE’RE DOING
Testing is a major way RWJBH hospitals are keeping COVID-19 from spreading. Every admitted patient, every surgical patient and every Emergency Department patient with flu-like symptoms is tested. In addition, team members—whether they
work directly with patients or not—are tested, many of them multiple times.

Hospital administrators and staff also have taken a hard look at all relevant processes, including how rooms are cleaned, how personal protective equipment (PPE) is used—even how air in the hospitals is circulated.

“As we discharge COVID-19 patients, the rooms in which they were cared for get a special deep cleaning,” says Dr. Bonamo. “We clean everything in the room to the nth degree, from top to bottom—including changing all the air filters and cleaning all the vents.”

RWJBH has taken the enormous step of retooling all of its heating and cooling systems to pull in fresh air from outside, rather than continuously recirculating the air inside a building. “It’s a big expense for the small number of infections it’s likely to prevent,” says Dr. Bonamo, “but each small yield of prevented cases adds up and is very important because of how quickly this disease spreads.”

**WHAT YOU CAN DO**

Although healthcare is an essential service, many people have avoided going to the doctor or hospital to limit their risk of exposure to COVID-19. That fear is unfounded when visiting RWJBH facilities—and it could be dangerous. Putting off urgent medical care or physician visits for chronic disease management, childhood immunizations and other health services can have devastating effects.

“You don’t want the virus, but you also don’t want a heart attack or a stroke, or for your child to get a different infectious disease,” says Dr. Bonamo. “You’re not protecting your health by staying away, you’re jeopardizing it.”

“We take public health and safety extraordinarily seriously,” Dr. Bonamo continues. “We understand why people might want to avoid coming to the hospital, but it’s important for everyone to know that we can keep them safe and help them get healthy.”

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**NEW PROCESSES AT ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL**

For your safety, we’ve made some changes in the way we’re delivering outpatient care at Robert Wood Johnson University Hospital.

Appointments are now needed for all outpatient therapy. When you call, please ask about our new check-in procedures.

- New Brunswick Physical Therapy and Occupational Therapy: 732.545.0494
- Old Bridge Physical Therapy: 732.727.2220
- East Brunswick Physical Therapy and Cardiac Rehab: 732.238.3202
- Monroe Physical Therapy and Cardiac Rehab: 732.561.8031

At the above locations, all patients will be required to:

- Wear a face mask for the duration of their visit
- Follow social distancing guidelines while in the office (keep at least 6 feet from other patients and staff)
- Complete a form asking about any present COVID-19 symptoms (shortness of breath, fever, loss of taste or smell)
- Wash hands before and after their appointment.
You’ve taken every precaution. So have we. Welcome back.

If you’ve put off any medical care due to COVID-19, please don’t delay it any longer. As a high reliability organization, we’ve taken every precaution and continue to provide health care services. We have initiated a resumption of services in adherence to all public health guidance and regulatory policies. Learn more at rwjbh.org/WelcomeBack