

A Publication of  
**SAINT BARNABAS MEDICAL CENTER**

WINTER 2019

# healthy *together*

A close-up, slightly angled portrait of a woman with dark, wavy hair and light-colored eyes. She is smiling gently at the camera. She is wearing a grey, textured knit sweater with a large button visible at the collar. The background is a soft, out-of-focus light color.

**BETTER SLEEP  
GET IT TONIGHT**

**DELIVERY DAY:  
WHAT TO EXPECT**

**THE SCREENING  
THAT COULD SAVE  
YOUR LIFE**

**EAT LIKE  
AN MVP!**

**NJ DEVILS STAR  
TAYLOR HALL  
TELLS HOW**

## We're Focused on Community

Coretta Scott King once said that the greatness of a community is best measured by the compassionate actions of its members. At RWJBarnabas Health, we share King's belief in the power of compassionate action.

Each of our hospitals is actively engaged in making a difference on critical community issues, including housing, employment, food security and economic empowerment. That includes everything from hiring locally to helping make fresh, affordable produce widely available. System-wide, we've added RWJBarnabas Health TeleMed, a telemedicine service that improves access to care for people with transportation or scheduling challenges.

To expand our community reach, we partner with other organizations, like the New Jersey Devils, to bring about positive change. One example: Collaborating with the staff of the Barnabas Health Hockey House at Newark's Prudential Center, our specialty physicians and nutrition experts have developed a youth hockey program that promotes optimal performance and good health while building confidence, sportsmanship and life skills. It's now available at ice-hockey rinks throughout the state. The Devils organization and players, including NHL MVP Taylor Hall, also work closely with us to bring encouragement and moments of joy to hospitalized children.

At Saint Barnabas Medical Center, we reach thousands of people each year with our community health and wellness programs. For example, working in collaboration with "Healthy Orange," the Orange School District and Community Engagement Officer, we have identified asthma education as a priority and implemented programming.

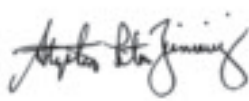
In West Orange, we partnered with the Hispanic Foundation and LaVida to address the needs of the Hispanic population. Together, we determined that nutrition education and diabetes education classes were priorities for the community.

At RWJBarnabas Health, we believe in the greatness of the New Jersey community and are glad to help improve quality of life for everyone who, like us, calls the Garden State home.

Yours in good health,



**BARRY H. OSTROWSKY**  
PRESIDENT AND CHIEF EXECUTIVE OFFICER  
RWJBARNABAS HEALTH

**STEPHEN P. ZIENIEWICZ, FACHE**  
PRESIDENT AND CHIEF EXECUTIVE OFFICER  
SAINT BARNABAS MEDICAL CENTER



## HEALTH NEWS

### SAINT BARNABAS MEDICAL CENTER EARNs ACCOLADES

SBMC's steadfast commitment to improving the health and well-being of the community it serves is exemplified by the awards and recognition we have received. Here are some recent examples:

#### • NURSING EXCELLENCE:

In August 2018, SBMC achieved Magnet recognition from the American Nurses Credentialing Center's Magnet Recognition Program, which distinguishes organizations that meet rigorous standards for nursing excellence. Just 477 U.S. healthcare organizations out of over 6,300 U.S. hospitals have achieved Magnet recognition.



#### • GRADE "A" SAFETY:

SBMC recently earned its 14th straight "As" in the Leapfrog Group's Hospital Safety Grade ranking, one of only 42 hospitals in the nation to earn "As" every year since the program's inception in 2012.



#### • INCLUSIVENESS AND EQUALITY:

In 2018, SBMC was named a leader in LGBTQ Healthcare Equality by the Human Rights Campaign Foundation. SBMC earned top marks in meeting non-discrimination and training criteria that demonstrate a commitment to equitable, inclusive and compassionate care for LGBTQ patients and their families, who often face significant challenges in securing the healthcare they need and deserve.

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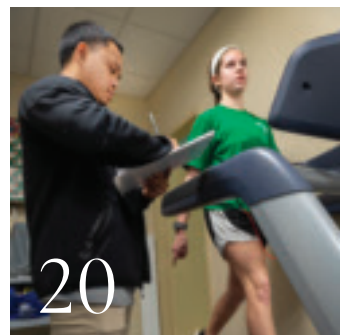
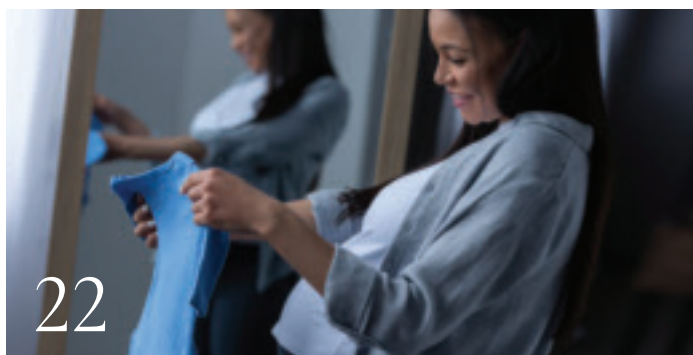


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## TALKING SLEEP, FROM A TO Z

Terms to help you better understand the science of sleep

- **APNEA:** temporary interruption of breathing, which may occur during sleep.
- **CIRCADIAN RHYTHM:** physical, mental and behavioral changes (such as sleep and wakefulness) that follow a daily cycle, responding primarily to light and darkness; sometimes referred to as a “body clock.”
- **REM SLEEP:** REM (rapid eye movement) sleep or dream stage of sleep that occurs at intervals during the night and is characterized by more disorganized brain waves. Insufficient REM sleep can lead to daytime fatigue, memory problems, weight gain and more.
- **SLEEP HYGIENE:** good habits that lead to healthy sleep.
- **ZEITGEBER:** from the German words for “time” and “giver,” this refers to environmental cues, such as temperature or light, that affect biological cycles.

# RESPECT YOUR SLEEP

GOOD SLEEP IS CRITICAL TO GOOD HEALTH. HERE'S HOW TO GET MORE OF IT.

**D**o you get enough sleep? If you don't, your health may be at risk. That's the case for one in three U.S. adults, according to the latest available statistics from the Centers for Disease Control and Prevention. While adults need seven or more hours of sleep per night for optimum well-being, about 35 percent of them get less than that amount.

"Sleep problems aren't new. Insomnia, sleepwalking and nightmares are referenced in Shakespeare's 'Hamlet' and 'Macbeth.' Cervantes described rapid eye movement sleep disorder in 'Don Quixote,'" says Mangala Nadkarni, MD, a neurologist who leads the physician team at The Center for Sleep Disorders at Saint Barnabas Medical Center. "Even as few as 20 years ago, people used to ignore their sleep problems or just get used to them. They would make fun of snoring and that was the end of it. Now, there's more awareness of sleep disorders and their effects."

### THE QUEST FOR REST

Most of us have heard the standard sleep-better advice: Keep your bedroom comfortable, dark and quiet. Avoid heavy meals, as well as alcohol, within a couple of hours of bedtime. Limit or eliminate nicotine and caffeine. Keep a consistent sleep schedule.

More people also have become aware that the blue light emitted by electronic gadgets (computers, smartphone screens, TVs) tends to disturb sleep by inhibiting the production of melatonin, the hormone the body needs to transition to sleep. Experts recommend that people power

down their devices for at least two hours before bedtime.

"To increase melatonin production, try to get exposure to sunlight for at least 20 to 30 minutes daily, without wearing sunglasses,



MANGALA NADKARNI, MD



## HOW DOES SLEEP AFFECT HEALTH?

The physical effects of not-enough-sleep go far beyond needing an extra cup or two of coffee. "Several industrial and public transportation accidents have been reported to be related to sleep deprivation or underlying undiagnosed sleep disorders," says Mangala Nadkarni, MD. "These events have contributed to damage to properties and the environment, and to lost lives." Moreover, the population of people reporting "short sleep" has higher rates of heart attack, heart disease, stroke and diabetes, according to the Centers for Disease Control and Prevention. (Lack of sleep can increase insulin resistance, a risk factor for both cardiovascular disease and diabetes.) Short or fragmented sleep has also been shown to aggravate chronic kidney disease and asthma.

barring any ophthalmological conditions," Dr. Nadkarni advises.

As for what we sleep on, despite the best efforts of marketers, there seems to be no magic-bullet mattress. "From a sleep medicine point of view, there's nothing in that area I can recommend," Dr. Nadkarni says.

### HELP IN A PILL?

What about over-the-counter sleep aids? Dr. Nadkarni says she will sometimes recommend melatonin supplements to her patients, with the amount depending on their weight and other factors.

Many adults, of course, use prescribed sleep aids to get through the night. "Prescription sleeping pills can cause psychological dependency," Dr. Nadkarni says. "In those cases, I may send patients to a psychologist here at Saint Barnabas Medical Center for CBT [Cognitive Behavioral Treatment] so they can learn to really relax body and mind without medications."

Getting a good night's sleep is a serious business, Dr. Nadkarni says. "Our brains are super-computers, and we don't yet know how everything works," she says.

"It's not as though a switch shuts our brain off when we go to sleep. A complex ballet of neurochemicals allows us to sleep well. During that time, many things are happening in the background that affect our hormones, cardiovascular system and cognitive functions. People need to learn to respect sleep."



## SHOULD YOU GET A SLEEP STUDY EVALUATION?

Talk to your doctor if you have two or more of the following:

- Loud snoring
- Gasping for breath or temporarily ceasing to breathe during sleep
- Feeling sleepy or dozing off during daily activities
- Difficulty sleeping three nights a week or more
- Unpleasant tingling, creeping feelings in your legs when trying to fall asleep
- Waking up with a headache in the morning
- Frequent nightmares or sleepwalking

Keep a "sleep diary" for a week prior to the appointment to help inform your doctor about your sleep patterns. For a downloadable sleep diary from the Center for Sleep Disorders at Saint Barnabas Medical Center, visit [www.rwjbh.org/sbmcsleepdiary](http://www.rwjbh.org/sbmcsleepdiary).

The fully accredited Center for Sleep Disorders at Saint Barnabas Medical Center can help diagnose and treat both adults and children. For more information, call **973.322.9800** or visit [www.rwjbh.org/sbmcsleep](http://www.rwjbh.org/sbmcsleep).





## THE HEART-HEALTHY LIFESTYLE

To protect yourself against heart disease and stroke, make the following lifestyle changes recommended by the American Heart Association. To learn more, visit [www.rwjbh.org/heart](http://www.rwjbh.org/heart).

**Eat healthy,** with a diet high in nutrient-rich foods (vegetables, fruits, whole grains, low-fat proteins) and low in sweets, saturated fats and trans fats.

**Be physically active every day.** Three to four 40-minute sessions per week is a goal to shoot for, but start where you are—even if you can only do 10 minutes a day at first.

**Lower high blood pressure** by decreasing the amount of salt you ingest and taking medications as directed.

**Stop smoking.**

**Limit alcohol.** Maximum two drinks a day for men, one drink a day for women.

**Reduce stress.** Studies show it contributes to high blood pressure and may increase the risk of other forms of heart disease.

Your heart doesn't beat just for you. Get it checked. To learn more about the full range of cardiac services at Saint Barnabas Medical Center or to schedule an appointment with one of New Jersey's top cardiac specialists, visit [www.rwjbh.org/heart](http://www.rwjbh.org/heart).

# How to Avoid Becoming a CARDIAC PATIENT

## A GUIDE FOR THE WORRIED

**M**ost patients who come to see Sarah Y. Fan, MD, a cardiologist at New Jersey Cardiology Associates in West Orange, and a member of Barnabas Health Medical Group, already have some form of coronary disease. But not all of them do.

“Some people come to see me as a preventative measure, either because they have a family history of coronary disease or they know they have certain risk factors,” Dr. Fan says. “They get to middle age and start to worry.”

In those cases, Dr. Fan takes a number of steps to assess the patient’s situation—and then either reassure him or her, or determine a course of treatment.

### REVIEW CONTROLLABLE RISK FACTORS.

“These modifiable factors include smoking, high cholesterol and high blood pressure,” Dr. Fan says. She also takes a patient’s age, weight and level of physical activity into account.

### REVIEW FAMILY BACKGROUND.

“We ask whether they have a family history of premature coronary disease. Did someone in their immediate family—siblings, parents, grandparents—have this in their 40s or

50s?” Dr. Fan says. While risk from heart disease does have an inherited component, it’s not an inevitable legacy—especially if a person follows a heart-healthy lifestyle. (See sidebar, opposite page.)



SARAH Y. FAN, MD

### CHECK CALCIUM SCORE.

If a patient’s risk factors are somewhat out of the normal range, or if he or she wants more information, a calcium score test—a low-level CT scan—may be done. “We’re not looking for the kind of calcium that you take in a supplement for healthy bones,” Dr. Fan explains. “This is a mechanism in which there’s calcification of coronary arteries due to plaque buildup.”

### IS THERE CHEST OR OTHER PAIN?

“Very often, a patient comes in with chest pain and wants to know if it’s their heart,” Dr. Fan says. “In addition to looking at risk factors, I ask for specifics about the kind of pain.” For example, is it exertion-related, meaning does it get worse with activity, and relieved at rest? This can indicate stable angina (chest pain caused by insufficient blood flow to the heart), which may indicate a blockage.

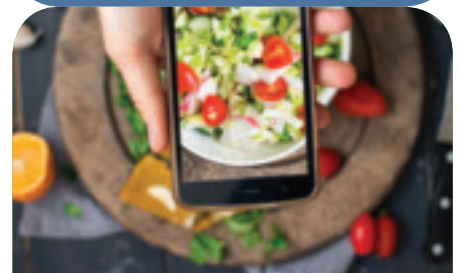
Some patients with heart issues may not have chest pain but may have associated symptoms, such as jaw ache, arm pain or nausea and sweating. Others describe not a pain, but a pressure in their chest.

Any of these situations may call for a stress test, in which a patient is connected to a monitor that measures heart rate, breathing, blood pressure and other indicators as a patient walks on a treadmill. Another possible test is an echocardiogram, in which ultrasound waves produce “pictures” of a heart’s valves and chambers. “There are various modalities of testing that can be done,” Dr. Fan says, “and it’s usually at the cardiologist’s discretion to see which is best for the individual patient.”



### LOW-DOSE ASPIRIN—OR NO DOSE?

Low-dose aspirin is a staple of treatment for people who have had a serious heart attack or stroke. Daily low-dose aspirin has also become a health habit for many people with low or moderate risk of heart disease. However, several recent studies have reevaluated the risk/benefit calculations for those groups. While regular aspirin use can help prevent blood clots, it can also lead to a higher risk of gastrointestinal bleeding. So, should you take it? “It’s a complex issue that depends on a patient’s condition and risk factors,” Dr. Fan says. “Don’t make any changes in your routine without consulting your doctor.”



### WHAT’S YOUR 10-YEAR RISK?

Using an online calculator created by the American Heart Association and the American College of Cardiologists, you can assess your smoking, blood pressure and cholesterol factors as they relate to your 10-year risk for atherosclerotic cardiovascular disease (ASCVD). Visit [www.cvriskcalculator.com](http://www.cvriskcalculator.com).



# PUTTING SAFETY FIRST

## SAINT BARNABAS MEDICAL CENTER REAPS TOP AWARDS FOR ITS SAFETY MEASURES. HOW DOES IT GET—AND STAY—SO GOOD?

It's an achievement to get straight-A ratings in safety from The Leapfrog Group, an independent hospital watchdog organization. It's even more impressive to get top grades for 14 ratings periods in a row, and to be one of only 42 hospitals in the U.S. to do so.

The secret? Constant vigilance, according to Stephen P. Zieniewicz, FACHE, President and CEO of Saint Barnabas Medical Center (SBMC). "In our culture, safety is our number one priority," he says. "We talk about it all the time."

What that means in practice: daily, weekly and monthly tracking of internal metrics and report cards—and listening to patients.

### CHECK AND DOUBLE-CHECK

The Leapfrog Group rates hospitals on 28 measures relating to safety, including preventable errors, injuries and infections, and systems hospitals have in place to prevent mistakes. Rankings by hospital are published at [www.hospitalsafetygrade.org](http://www.hospitalsafetygrade.org).

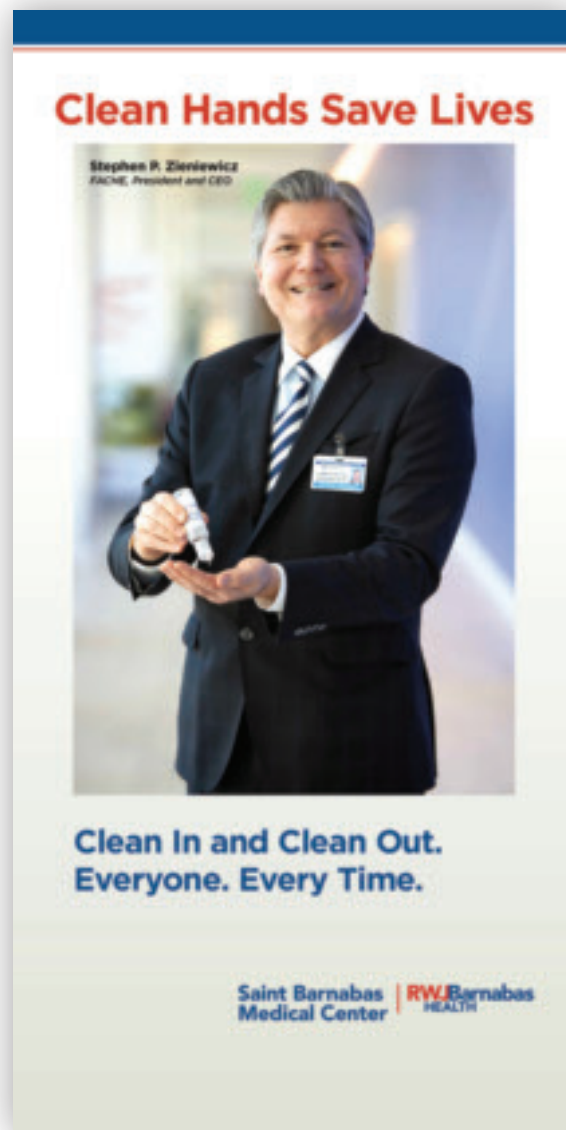
"We monitor all the Leapfrog metrics and many others as well," Zieniewicz says. (SBMC has received numerous other national

awards, most recently the coveted Magnet recognition from the American Nurses Credentialing Center.)

Every morning at 8:15, 20 or so hospital leaders participate in a 15-minute daily safety briefing. "We review what happened during the past 24 hours and anticipate what might happen in the next 24 hours," Zieniewicz says. "Is a storm in the forecast? Is there a possibility of a shortage of a particular drug? The meeting



STEPHEN P. ZIENIEWICZ, FACHE



A handwashing campaign is illustrated in posters throughout the hospital.

allows us to resolve issues on the spot."

In addition to those daily meetings, health professionals meet often to review specific areas of focus. "I regularly attend quality improvement and safety meetings to measure and monitor metrics," Zieniewicz says.

Another key quality tool: checklists, for everything from putting an IV line in place to pre-surgery procedures in the operating room. "Checklists standardize what we're doing and eliminate variations," Zieniewicz explains. "They are an important tool that supports a culture of safety and high reliability."

So, too, is celebrating wins. When a team achieves success in a particular area, they'll receive recognition, including a handwritten thank-you note from the CEO.

### ALL EARS

How do patients feel about their SBMC experience? The medical center wants to know, and pursues the information in a variety of ways. "When a patient is admitted, the nurse and an interdisciplinary team conduct a thorough assessment. Then the nurse and staff continuously and proactively visit the patient throughout each day the patient is in the hospital,"

Zieniewicz says. "In addition, nurse managers and nursing directors round on our patients. I do patient rounds."

A nursing unit member reaches out to patients by phone after discharge, and a percentage of patients receives a survey to fill out. "We also have three patient and family advisory councils that meet quarterly, and are looking to create more," Zieniewicz says.

"This is a team effort," he emphasizes. "We're all—both clinical and non-clinical staff—engaged at every level of the organization. Our Board of Trustees has been exceptionally supportive of our journey of high reliability."

"At all of our hospital entrances, the first thing patients and visitors see are posters providing reminders for hand hygiene by myself and my executive team. Patients recognize me as I walk throughout the hospital. And I say, 'Thank you. Safety is our number one priority!'" Patients and staff can see that safety efforts begin at the top.

For more information about treatment and services at SBMC, visit [www.rwjbh.org/saintbarnabas](http://www.rwjbh.org/saintbarnabas).





# THE DOCTOR IS IN ONLINE

WITH RWJBARNABAS  
HEALTH TELEMED,  
A DOCTOR CAN BE  
AVAILABLE 24/7.

Health needs have a way of happening at inconvenient times. You're on a business trip and forgot a prescription. It is after hours and your doctor's office is closed. Your family is on vacation and you have a sick child. Or you're simply too sick to get out of bed.

For those situations and more, RWJBarnabas Health TeleMed now offers telemedicine—medical care available through a smartphone, tablet or computer—for urgent needs, or for people who feel they just don't have time to visit a doctor.

"At RWJBarnabas Health, we've been doing telemedicine for a long time in specific specialty services," says Amy Mansue, President, Southern Region, RWJBH. "For example, when very fragile babies are sent home, telemedicine lets doctors and nurses see a baby in real time if parents have a concern."

The rollout of the broader RWJBarnabas Health TeleMed program to the general public follows a successful pilot program with the system's 30,000 employees. "We know that telemedicine is not a one-size-fits-all solution for every demographic,"

Mansue says. "But we also know that people's lives are increasingly time-pressed, and that we're in a world of one-click expectations when it comes to service."

"Our job is to find ways to get people access to the services they need, at the right level of care, at the time they need it."

## HOW IT WORKS

Once enrolled, patients can log in at any time of night or day for a videoconference with one of the on-call, U.S. board-certified physicians. There's a flat fee of \$45, payable by credit card at the time of service. (Many private insurance plans cover telemedicine, and in New Jersey, state-funded health insurance plans are required to, as long as certain standards are met.) RWJBarnabas Health TeleMed is secure and compliant with HIPAA, a federal law that sets standards for, among other things, the privacy of health information.

The doctor at the other end of the camera can assess symptoms, look at the area in question and make a judgment as to whether follow-up tests are needed. Though telemedicine is not meant to replace a patient's relationship with his or

her primary care doctor, "we do know that there are people who don't have access to primary care, or don't go routinely," Mansue says. "This is a way to connect them with healthcare."

Older patients may find telemedicine easier to adopt because long-distance healthcare has become common for chronic conditions, such as checking pacemakers or heart monitors over the phone. Younger patients, on the other hand, may actually prefer telemedicine to the in-person kind.

"One study showed that 70 percent of people under age 35 had accessed medical care through telemedicine," Mansue says. "They do everything through their phones—create relationships, order pizza—so it feels natural to do healthcare that way as well."

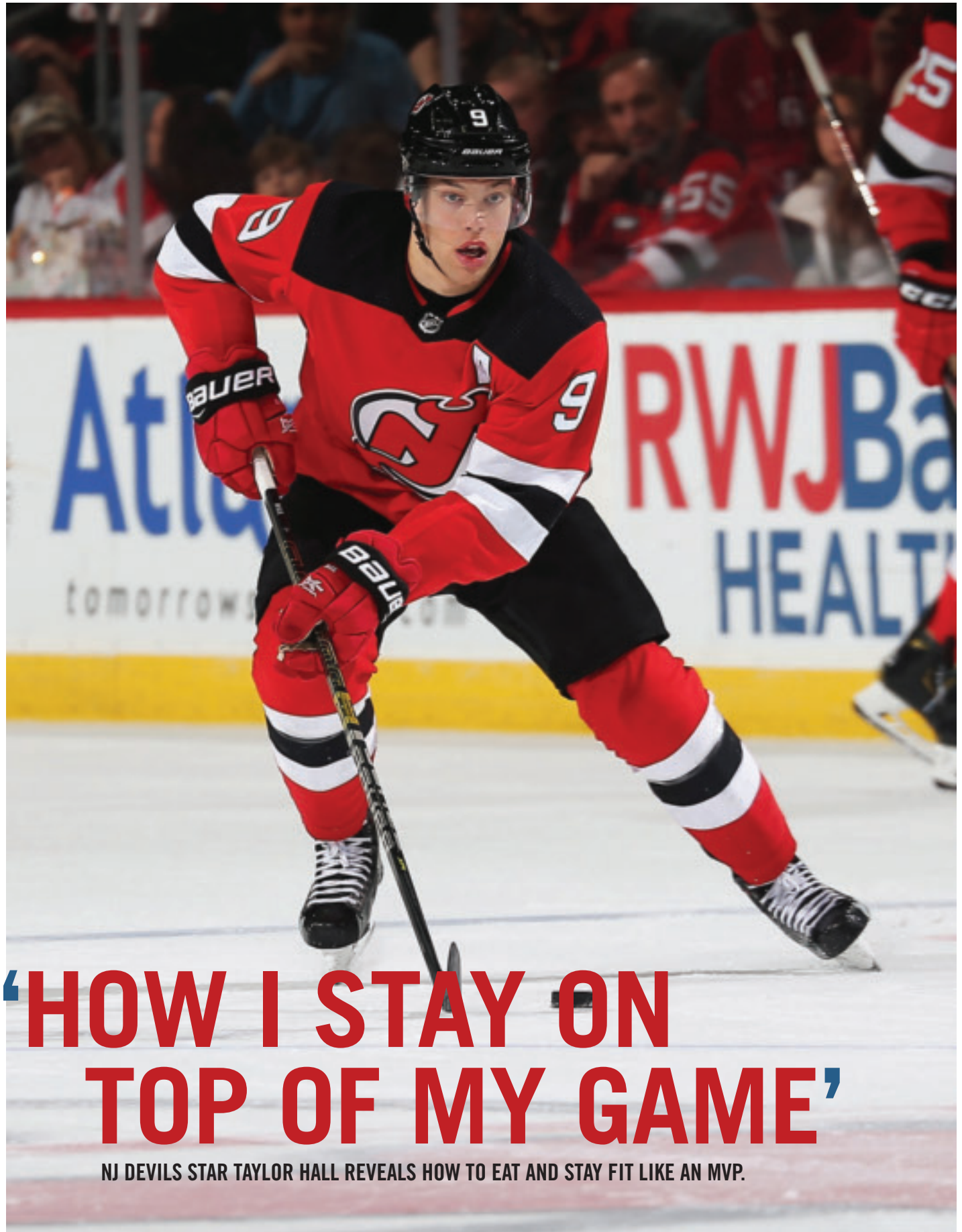
Ultimately, the goal for RWJBarnabas Health TeleMed is for physicians to be able to access, with patient permission, a patient's entire medical record in order to help make better diagnoses.

"That's an aspirational goal right now, because electronic medical record systems don't communicate between themselves as well as they need to yet," Mansue says. "But the technology improves every year."



AMY MANSUE

To enroll or learn more about RWJBarnabas Health TeleMed, powered by American Well, visit [www.rwjbh.org/telemed](http://www.rwjbh.org/telemed), or download the app at the App Store or Google Play.



# ‘HOW I STAY ON TOP OF MY GAME’

NJ DEVILS STAR TAYLOR HALL REVEALS HOW TO EAT AND STAY FIT LIKE AN MVP.

PHOTO CREDIT © JERSEY DEVILS/ANDY MARLIN



Taylor Hall's healthy eating habits started young. "I can remember being at tournaments with my parents. All the other kids would be having Slurpees and chocolate bars after the game, but my parents had oranges and granola bars ready for me," the 26-year-old New Jersey Devils left wing recalled during a post-practice interview at RWJBarnabas Health Hockey House in Newark. "Eating well was instilled in me at an early age and it's something I take pride in, for sure."

Those healthy habits—along with hard work and amazing talent—have paid off, for Hall's career as well as for his team. Last year, he scored a career-high 93 points and led the Devils to the Stanley Cup playoffs for the first time in five years. He also became the first-ever Devils player to win the Hart Trophy as the league's most valuable player.

What's his secret for staying at peak fitness? It turns out that Hall's regimen, while serious, is also simple, with principles that can be followed by athletes at any level.

## EATING TO WIN

Ask Hall to name a favorite food, and you won't hear anything about ice cream or cake. "I tend to avoid sugar," he says. "I'm lucky that I don't often have a craving for it. But with the calories we expend, it's very important for me to digest healthy carbohydrates and lots of protein."

"I keep my diet pretty simple. Protein, carbohydrates and then as much roughage as I can—a side dish like asparagus or sweet potatoes, and always a salad with dinner. Gluten-free pasta, rice and quinoa—those are really good for people like me who expend a lot of energy."

Hall sticks to snacks that are low in carbohydrates and high in fat, like nuts, or high in protein, like Greek yogurt. "That kind of snack is not going to give you a big burst of energy before bedtime, so it will allow you to rest properly," he says.

Less nutritionally worthy foods are limited, but not eliminated. "My cheat foods are cheeseburgers and pizza," Hall says. "Maybe once a week you have yourself a night where you have those things. Certainly, you've got to live your life."

Getting enough fluid takes on special urgency for professional athletes. "Staying as well-hydrated as possible is huge. You don't want cramps during the game," Hall says.

## HELPING KIDS GET HEALTHIER, TOGETHER

RWJBarnabas Health (RWJBH) and the New Jersey Devils have built a robust partnership focused on promoting health and good, clean hockey fun.

RWJBH is the official healthcare provider for the Devils and their home base, the Prudential Center, where healthy snacks are available at all events. With the help of its specialty physicians and experts in nutrition and wellness, RWJBH collaborates with the Devils to benefit pro players, young athletes and children in need. Some examples:

- A rink affiliate program brings youth hockey clinics and wellness and nutrition education to players and coaches at ice hockey rinks statewide.
- The two organizations partner each year on the Running With the Devils 5K Run and Walk, with proceeds benefiting RWJBH hospitals.
- Devils players visit RWJBH hospitals to participate in special events for children. "That's a huge part of being a hockey player," says Devils star Taylor Hall. "We have a platform to give back, whether with a smile or simple encouragement. And not only is it great for the patients, it's also good for us."



From top: practicing shots in the Little Devils zone; membership is free for ages 12 and under; healthy snack options for all Devils fans.

He starts each day with two 500-milliliter bottles of water as soon as he wakes up, to get his metabolism going. "All day, I drink a ton of water, and during games, as many fluids with electrolytes as possible."

## BODY AND MIND

During the 82-game season, players expend energy where it counts—on the ice. After the season, Hall takes up to a month off from any physical activity, to give his body a rest. From then on, he works out and skates three times a day, five days a week.

His advice for other athletes is to focus their workouts on what their weaknesses are. "Some athletes might already have a very strong core, but need to work on their foot speed," he says. "Overall, don't worry about what you're good at. Just try and correct stuff that might be hampering you a little bit."

To prepare mentally, Hall uses meditation and relaxation techniques. "When I have a calm brain and everything seems easy

to me, I seem to play my best," he says.

## A WORD TO YOUNG ATHLETES

Perhaps surprisingly, Hall's advice to aspiring young hockey stars is not necessarily to work harder, but to take a step back. "Some parents have their kids in hockey year-round," he says. "You see these kids who are amazing hockey players, but they just don't seem to have a passion for it. I would say that you have to try out different things and have some free time."

"You have to really love whatever you do," he says. "The thing that you have the most passion for in life is what you're going to be successful at."

To learn more about the RWJBarnabas Health/New Jersey Devils partnership, visit [www.rwjbh.org/devils](http://www.rwjbh.org/devils).



# GOOD FOOD FOR EVERY BODY

**WELLNESS ON WHEELS MOBILE EDUCATION VAN PROVIDES A HANDS-ON APPROACH TO HEALTHY EATING.**

When the big green van pulls up, the kids say “Wow!”—and that’s just the reaction RWJBarnabas Health healthcare providers and their partners are looking for.

The 35-foot vehicle, decorated with bright fruits and vegetables, is the hub of the Wellness on Wheels mobile education initiative, which launched in the fall of 2018. Equipped with a hydroponic and earth-box greenhouse and a full kitchen, the van travels to places like preschools, senior homes and houses of worship in areas where affordable, healthy food is hard to come by.



**BARBARA MINTZ**

It’s fun to see young kids marvel at what an herb’s root looks like, run their fingers through soil, sort plastic fruits and vegetables or smile as they taste-test healthy recipes. Behind those

hands-on activities is an overarching goal: to help communities get healthier.

“At RWJBarnabas Health, we embrace the concept of bringing health and wellness to communities by teaching people in places where they live, work, earn and learn,” says Barbara Mintz, Senior Vice President, Healthy Living and Community Engagement. “We want to make sure that people in underserved communities have a level playing field when it comes to being healthy.”

## HELP FOR HUNGER

More than 900,000 New Jersey residents face hunger every day, according to the Community Food Bank of New Jersey. Unemployment, low wages and high housing costs contribute to the problem. So does the prevalence of “food deserts,” areas where residents live more than one mile from a supermarket and, without a car, must depend on public transportation to get there. Too often, those residents resort to unhealthy packaged or fast foods.

Wellness on Wheels aims to change those patterns and, to increase its impact, partners with local community groups. At a recent event at a New Brunswick preschool, hosted in conjunction with the Puerto Rican Action Board, a dietitian fluent in conversational Spanish showed children how to fill a plate with colorful food and

The Wellness on Wheels van is rolling to communities throughout the state.

demonstrated a simple, healthy recipe. Says Mintz, “We partner with local food banks and farmers markets to distribute healthy foods at our events.” Simple, culturally appropriate recipes are also provided to further support the mission of helping good health begin at home.

## EATING WELL

### CORN AND BLACK BEAN SALSA

We can get protein from plants as well as animals. Corn and black bean salsa makes a protein-packed after-school snack, or the perfect side dish with dinner.

- 1½ cups frozen corn, thawed and drained
- 1 cup low-sodium black beans, drained and rinsed
- 1 tomato, diced
- ½ red bell pepper, diced
- ¼ red onion, diced
- ½ jalapeño pepper, minced (optional)
- 2 tablespoons chopped parsley (or 1 tablespoon dried)
- zest and juice of 1 lime
- 1 tablespoon olive oil
- 1/8 teaspoon salt
- 1/8 teaspoon black pepper

In a large bowl, combine all the ingredients and stir. Set salsa aside to allow flavors to come together. Serve with tortilla chips or on top of your favorite Latin-inspired dishes.



To see a video of the Wellness on Wheels inaugural outing and to learn more, visit [www.rwjbh.org/WellnessWheels](http://www.rwjbh.org/WellnessWheels).



# GETTING OLDER, GETTING BETTER

**GERIATRIC PSYCHIATRY CAN HELP ADULTS NAVIGATE ALL THE TRANSITIONS THAT COME WITH AGING.**

**“I**mproving with Age” is the title of a presentation that Lina Shihabuddin, MD, Chief Medical Officer, Behavioral Health Network at RWJBarnabas Health (RWJBH), likes to give.

“A lot of things do get better with age,” says Dr. Shihabuddin, who is board-certified in adult and geriatric psychiatry as well as hospice and palliative medicine. “Growing older should not be thought of as a bad thing, but as a transition to a different phase of life.”

That’s a call not just to think positive, but also to think about aging and health in a new way. It’s the approach healthcare practitioners like those in the RWJBH Behavioral Health Network are taking when they proactively screen for depression and anxiety in primary care settings.

“It’s no longer ‘I have a disease, so I need to see a doctor,’” Dr. Shihabuddin explains. “It’s ‘I need to be well.’ Screening and early intervention helps patients of every age stay ahead of the game.”

## ISSUES OF AGING



LINA SHIHABUDDIN, MD

Geriatric psychiatry, also known as geropsychiatry, refers to mental health care of a person 65 years or older. “People seek out geriatric psychiatry for two reasons,”

Dr. Shihabuddin says. “One, they may be dealing with very normal life adjustments that come with aging, which may include retirement, loss of a partner or distance from family.

“A second level of the issue is the start of memory problems, erratic behavior, possibly unsafe driving,” Dr. Shihabuddin says. “Is this the beginning of dementia, or a reversible medical problem? That’s where the intersection of primary care, neurology and geriatric psychiatry really comes into play.” Anxiety, depression and other issues can be triggered by a wide range of conditions, such as thyroid dysfunction, vascular problems, obesity or untreated diabetes.

Once the problem is diagnosed, healthcare providers can come up with a treatment plan, which may include anything from treating a disease, to creating a safer environment at home, to finding ways to be sure the patient has activity during the day, to teaching family members how to minimize conflict.

“The last resort, for us, is to offer medications,” such as antidepressants or sleep aids, Dr. Shihabuddin says.

“Medications have more side effects for geriatric patients, and take longer to get out of the system. In treating geriatric patients, you have to start at very low dosages and slowly increase the dose if needed.”

## TAKING THE FIRST STEP

Dr. Shihabuddin urges older adults (or their loved ones) to speak with their primary care provider as soon as signs of depression or anxiety appear. “The earlier you detect and treat a disorder, the better off you are,” she says.

Getting older gets a bad rap, Dr. Shihabuddin believes. “Yes, as the body ages, the neurons in the brain cells get less flexible, so it may be harder to learn new things,” she says. “On the other hand, the mind is more mature, giving older people the ability to look more analytically at situations and take them in stride. That’s what we call wisdom.

“People think about aging and they tend to think about things falling apart,” Dr. Shihabuddin says. “If we do enough early detection and prevention, it does not have to be like that.”



To learn more about geriatric psychiatry services in the RWJBarnabas Health system, visit [www.rwjbh.org/geriatricpsych](http://www.rwjbh.org/geriatricpsych).

## EVALUATING HEART FAILURE

Determining the degree of a patient's heart failure allows doctors to make the best recommendations for preventing, delaying or treating the condition. Cardiologists put heart failure into one of four classes, starting with symptoms. Here is the New York Heart Association Classification:

- **CLASS I:** Ordinary physical activity does not cause undue fatigue or shortness of breath
- **CLASS II:** Comfortable at rest, excessive physical activity results in fatigue and shortness of breath
- **CLASS III:** Symptoms with non-excessive physical activity
- **CLASS IV:** Symptoms at rest

The cardiologist will then do an objective assessment of the degree of heart failure based on observations as well as tests such as a blood test, X-ray, electrocardiogram, stress test and echocardiogram.

# LIVING WELL WITH HEART FAILURE





## IT'S POSSIBLE TO FEEL GOOD AND STAY ACTIVE, EVEN WITH A DIAGNOSIS OF HEART FAILURE.

The term “heart failure” means that this vital organ is damaged in some way. Despite the dire-sounding nature of the term, however, a diagnosis of heart failure is far from a death sentence.

“Care for heart failure patients has improved so dramatically that, although this is a chronic problem, patients who have it can live long and productive lives,” says Gary Rogal, MD, Chief of Cardiology for RWJBarnabas Health and a member of Barnabas Health Medical Group.

The key to this positive outcome is simple—but not necessarily easy. The heart failure patient must take medicine as directed and make the recommended lifestyle changes.

“The patient who listens to the things their doctor recommends they do will do better in the long term,” Dr. Rogal says. “I always tell my patients, ‘50 percent of your outcome is based on what I do, and 50 percent is based on what you do.’”

### UNDERSTANDING THE TERMS

About 5.7 million U.S. adults have heart failure, according to the Centers for Disease Control and Prevention.

“‘Heart failure’ is a generic, umbrella term that covers many different disease entities,” Dr. Rogal says. “In the simplest terms, the heart is a pump, and it is failing as a pump.” The failure can fall into two different categories that often exist together: left-sided and right-sided dysfunction. (See sidebar at right.)



GARY ROGAL, MD

“People

sometimes get confused when they hear ‘heart failure,’ and ask, ‘Am I going to have a heart attack?’” Dr. Rogal says. “The reality is that they’re two different types of pathologies.”

Heart failure does not lead to a heart attack, he explains. Also, heart failure develops gradually, but a heart attack happens suddenly, when blood flow to an artery leading to the heart is blocked.

In either case, patients will receive similar advice for a heart-healthy lifestyle.

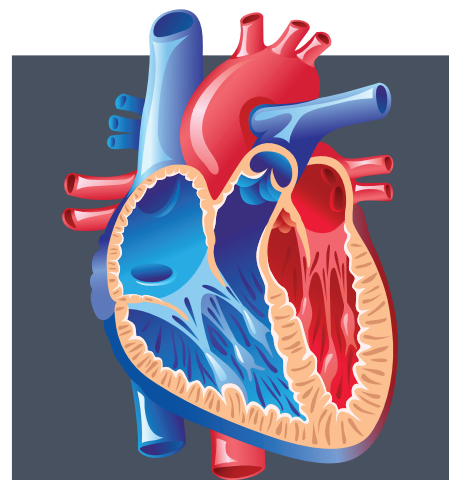
### GETTING TO GOOD HABITS

Those recommendations likely come as no surprise: Take medication as directed. Exercise. Eat a healthy, low-salt diet. Stop smoking. Get enough sleep. Manage stress. Still, many patients don’t follow doctors’ orders, Dr. Rogal says. “People’s lives are so busy, and this tends to be a problem that’s not an immediate issue staring them in the face,” he says. “They think they can pay attention to it tomorrow.”

At the first sign of weakening or abnormality of the heart muscle, “I tell patients they need to start medications to help their heart muscle and begin to exercise,” Dr. Rogal says. “Walking is the easiest way to begin. And over the years, the pharmacology for heart failure has dramatically improved, so that we have a broad spectrum of medicines we can use.”

Dr. Rogal also recommends that patients with heart failure stop drinking. “Alcohol is a direct toxin to the heart muscle,” he says. “It can also lead to other issues, such as excessive sodium intake and dietary indiscretion. In my view, once you’ve started to develop any sign of heart muscle impairment, it’s time to hang up the alcohol.”

The same caution does not hold true for sexual activity. “In most cases, patients



### TWO SIDES OF HEART FAILURE

**WITH LEFT-SIDED HEART FAILURE,** the muscle in the left side of the heart weakens so that the heart can’t pump enough blood properly (systolic dysfunction), or stiffens (diastolic dysfunction) so that the pressure in the heart goes up. Either case can result in fluid in the lungs and reduced heart output, resulting in marked reduction in exercise capacity, breathing difficulty and fatigue.

**IN RIGHT-SIDED, OR RIGHT VENTRICULAR (RV) HEART FAILURE,** the right side of the heart loses pumping power, leading to a backup of blood in the veins that results in swelling and congestion.

can remain sexually active,” Dr. Rogal says. “But be sure to discuss this with your doctor to ensure there are no limitations.”

Heart failure patients will find that the benefits of a heart-healthy lifestyle far outweigh the effort required to create new habits. Says Dr. Rogal, “You can live a very productive and positive life with heart failure—as long as you follow the guidelines shared by your doctor.”

### YOUR HEART DOESN'T BEAT JUST FOR YOU. GET IT CHECKED.

The cardiac specialists at RWJBarnabas Health care for approximately 20,000 heart failure patients in New Jersey each year. RWJBH provides cardiac care for patients of every age and every condition, from wellness programs to heart transplants. To schedule a checkup or to learn more about world-class heart care near you, visit [www.rwjbh.org/heart](http://www.rwjbh.org/heart).



Harley (third from right) came back to Children's Specialized Hospital for a visit with friends and fellow alumni of the Chronic Pain Management Program.

# WORKING THROUGH THE PAIN

HOW A BRAVE YOUNG WOMAN GOT HER LIFE BACK, WITH THE HELP OF CHILDREN'S SPECIALIZED HOSPITAL

When Katherine Bentley, MD, Director of the Pain Program at Children's Specialized Hospital, first met Harley Bourgeois, the 20-year-old had been confined to a wheelchair for more than a year.

Harley had traveled with her mother from their North Carolina home to New Brunswick so that the young woman could be evaluated for the hospital's Chronic Pain Management Program. It had been six years since Harley had been diagnosed with complex regional pain syndrome (CRPS), a chronic condition

that is thought to be caused by an injury to the nervous system, and that grows more excruciating over time.

"It was a long way to come just to be evaluated, but we had to



KATHERINE BENTLEY, MD

meet her, and she had to know what she would be getting into if she came back for the program," Dr. Bentley says. "It's a huge commitment. But she was ready for it."

## UNEXPLAINED ACHES

Harley's problem started when, as a healthy middle-schooler, she had an X-ray for a minor injury that caught a suspicious abnormality on her right femur. An oncologist removed the lump, and all seemed well—but the aching in Harley's right leg never went away.

One day, the horse she was riding bucked, shooting her into the air. She landed on the same aching femur. For many months thereafter, she and her parents traveled from doctor to doctor as the pain escalated. By the time Harley got to Children's Specialized Hospital, the slightest touch—even a breeze—sent pain shooting through her body.

"CRPS is a hard diagnosis because it's a diagnosis of exclusion. You rule out everything else, test by test," Dr. Bentley says. "While we don't know everything about why a youngster might be experiencing this chronic pain, we know that intensive therapies and multidisciplinary treatment plans can help them." Harley worked with a dedicated team of physical therapists, occupational therapists, psychologists, child life specialists and physician/advanced practice nurses.

The Chronic Pain Management Program is not for the faint of heart. "Harley was

weaned off her pain meds, and had hours of therapy every day, six days a week," Dr. Bentley says. The goal of therapy is to re-train the brain to decrease sensitivity to pain. Patients can take advantage of aqua therapy in the hospital's pool, as well as cutting-edge technology like the ZeroG, a dynamic support harness that helps people walk without using their full body weight.

The program also emphasizes mental preparation for reentering the normal life that so many have lost. A typical day would include meditation, individual and group psychology sessions, peer mentoring and evening recreation.

Over the course of eight demanding weeks, Harley made progress: mastering the parallel bars, walking up a stair, walking with a walker and the ZeroG harness. Finally, one day when her mother visited, Harley surprised her by walking to her without assistance, and giving her a big hug.

That was in March 2018. Harley is now a student at North Carolina State University, fulfilling her dream of studying livestock and poultry management. She still makes time to visit her friends and former therapists at Children's Specialized.

"The takeaway of this story is, 'never give up hope,'" Dr. Bentley says. "Harley had been in such pain and dysfunction for a long time, but she kept looking for a way to get better. And thanks to her perseverance and commitment, she did."



To learn more about the Chronic Pain Management Program and other services at Children's Specialized Hospital, visit [www.childrens-specialized.org](http://www.childrens-specialized.org).



# GIVING FOR GOOD HEALTH



## JACOBS FAMILY PULMONARY TESTING ROOM DEDICATION

Saint Barnabas Medical Center celebrated the generosity of Fred Jacobs, MD, JD, and his wife, Miriam Jacobs, for their gift to name the Pulmonary Testing Room in The Cooperman Family Pavilion. Pictured from left: Stephen Crane, MD, President, Medical Staff; Michael McTigue, Vice President, Information Technology; Greg Rokosz, DO, JD, Senior Vice President for Medical and Academic Affairs and Chief Medical Officer; Fred Jacobs, MD, JD, and his wife, Miriam Jacobs; their daughter, Stefanie S. Jacobs, MD, and her husband, Hadley Feldman, JD; John Bonamo, MD, MS, Executive Vice President & Chief Medical and Quality Officer, RWJBarnabas Health; and Patrick Haughey, Chief Operating Officer.



## 5TH ANNUAL "A REASON TO ROCK"

Comfort Project 360 hosted their 5th annual "A Reason to Rock" at Crestmont Country Club in West Orange on November 28. The event, which raised funds to further transform cancer care at Saint Barnabas Medical Center, honored John F. Bonamo, MD, MS, Executive Vice President, Chief Medical & Quality Officer, RWJBarnabas Health, as Comfort Project 360's 2018 Mindy Roth Inspirational Journey Award recipient. Lori Gelman and Ellen Loventhal were also recognized, each receiving Comfort Project 360's Volunteer of the Year Award. Pictured from left: Hyla Weiss, Co-founder, Comfort Project 360; John F. Bonamo; Suzanne Unger, Co-founder, Comfort Project 360; Alison Grann, MD, Chair, Department of Radiation Oncology; and Stephen P. Zieniewicz, FACHE, President and Chief Executive Officer.

Throughout the year, generous donors help Saint Barnabas Medical Center provide the most advanced medical treatments and compassionate care. For information about volunteer or giving opportunities, call **973.322.4330**.



## 5TH ANNUAL FASHION FOR THE PINK CRUSADE

Fashion met philanthropy on October 17 as guests gathered for the 5th Annual Fashion for the Pink Crusade. Presented by Bloomingdale's, The Mall at Short Hills, the event raised funds in support of breast health services

at Saint Barnabas Medical Center and the Barnabas Health Ambulatory Care Center. Pictured from left: Fashion Show Committee Members Marlie Massena; Lisa Marie Latino; Josine Spina Murano; Amy Ruffini; Kerry Gilder; Rosemary Scoppetuolo, Event Chair; Denise Osborn; Elise Liss; and Deborah Belfatto.



## 18TH ANNUAL MIRACLE WALK

Friends and families walked in support of Saint Barnabas Medical Center's smallest patients at the 18th Annual Miracle Walk, held on October 7, in support of Saint Barnabas Medical Center's world-class Neonatal Intensive Care Unit. Pictured

are this year's top fundraising teams along with Stephen P. Zieniewicz, FACHE, President and Chief Executive Officer, Saint Barnabas Medical Center; Hayley Hirschmann, Miracle Walk Founder; and Kathy Zizza, Saint Barnabas Medical Center Trustee, center, cutting the ceremonial banner.



## 4TH ANNUAL PRESIDENT'S UPDATE

On November 7, Trustee Kathy Zizza hosted Saint Barnabas Medical Center's Fourth Annual President's Update at Calabria Restaurant in Livingston. Stephen P. Zieniewicz, FACHE, President and Chief Executive Officer, and Christopher Freer, DO, Chairman, Emergency Department,

updated guests on the Medical Center's continued transformation. Pictured from left: Kathy Zizza; Stephen P. Zieniewicz; and MaryAnn Zizza.



## WHO NEEDS SCREENING?

“Just last spring, the American Cancer Society lowered the recommended starting age for colonoscopies from 50 to 45,” says Raquel Wagman, MD, a radiation oncologist at SBMC. “The incidence of colorectal cancer is increasing dramatically in younger patients. And we have a variety of new ways to treat and even cure it—when we catch it early.” After age 45, people should be screened every 10 years.

Some people need screening at an earlier age or more often. Ask your doctor about your screening schedule if you:

- Have a personal or family history of colorectal cancer
- Have had polyps (growths in the intestines that can turn into cancer)
- Have a history of inflammatory bowel disease, such as Crohn’s or ulcerative colitis
- Have had radiation therapy to the belly or pelvis
- Have a family history of other conditions, like Lynch syndrome or familial adenomatous polyposis (FAP)



Grateful patient Shawn Leyden meets with his surgeon, Mark Gilder, MD.

# COLORECTAL CANCER: WHAT TO KNOW

**THE THREE MOST IMPORTANT THINGS ARE SCREENING, SCREENING AND SCREENING.**



**I** regret not keeping my scheduled colonoscopy appointment,” says Shawn Leyden of Maplewood. “If I’d stuck with what my doctor told me to do, I might not have gotten colon cancer, or I at least could have avoided the need for a six-and-a-half-hour surgery,” he says (see sidebar at right).

Physicians at Saint Barnabas Medical Center (SBMC) have a similar message.

“The three most important things you need to know about colorectal cancer are: screening, screening, screening,” says Delia Radovich, MD, a medical oncologist at SBMC.

Colorectal cancer is cancer of the rectum (the opening where the bowels empty) or colon (the lower part of the intestines). It’s the third-most-common type of cancer, after lung and breast cancer. But unlike those, it can often be prevented through screening.

## TYPES OF SCREENING

Screening for colorectal cancer can be done by a fecal occult blood test or a DNA stool. Most often, however, it involves a colonoscopy—an examination of the entire colon through a thin, flexible tool with a camera at the end. Preparation requires one day of following a liquid diet and drinking a medicine that flushes out the intestines. The procedure itself takes about an hour.

The screening colonoscopy exam is important for two reasons, Dr. Radovich explains. First, during the procedure, the physician can remove any precancerous polyps (a type of growth in the intestine) before they turn into cancer. Second,

## “I DON’T WANT ANYONE ELSE TO GO THROUGH WHAT I DID.”

A busy executive at the state’s largest electric and gas provider, Shawn Leyden, 63, was on an aggressive every-other-year colonoscopy schedule due to a family history of colon cancer. Four years ago, however, he missed a scheduled colonoscopy that might have caught his colon cancer earlier.

When he finally did have it, Mark Gilder, MD, his surgeon at Saint Barnabas Medical Center (SBMC), who is also a member of Barnabas Health Medical Group, found a large polyp. It was later removed with minimally invasive robotic surgery. “Dr. Gilder spent a lot of time with me and my wife, explaining everything that needed to be done,” Shawn says.

Though the surgery was a long one, Shawn recovered quickly, thanks to the Comprehensive Recovery Pathway, a “prehabilitation” program of intensive patient preparation that has significantly reduced SBMC colorectal surgery patients’ length of stay in the hospital. “He was able to comfortably leave the hospital after just 24 hours and begin his rehabilitation,” Dr. Gilder says.

Unfortunately, test results after surgery confirmed that the cancer had spread to a lymph node. Shawn and his wife met with medical oncologist Delia Radovich, MD. “She was incredibly empathetic and caring,” Shawn says. “Her dad had had colon cancer, and she absolutely knew what I was thinking.”

Through the testing, surgery and chemotherapy, Shawn has made many trips to SBMC. “Through all of this, I knew I couldn’t be in better hands,” he says.

Now, he’s been cancer-free for nearly three years and is telling his story in the hope that it will encourage others to get screened. “Compared to the surgery and other treatment, the prep needed for a colonoscopy is no big deal,” Shawn says. “I regret not keeping to my schedule, and I don’t want anyone else to go through what I did. It’s avoidable.”

cancer that is already present can be discovered.

“I diagnose one or two people with colorectal cancer every month,” says Robert Schuman, MD, a gastroenterologist at SBMC and a member of Barnabas Health Medical Group. “We’re only seeing about half the people who need screening. If everyone who needs screening had one,

we could wipe out colorectal cancer.”

Prevention of colorectal cancer is the goal of the experts at SBMC. “We have the ‘A’ team when it comes to diagnosing

and treating colorectal cancer,” says Dr. Schuman. “We each have access to our full team of specialists at a moment’s notice, so together we offer the best care available in a seamless fashion. I would trust my family to this team—and I have.”

Shawn Leyden agrees. “If you have to go through something like this,” he says, “Saint Barnabas is the place to be and has the people you want to be with.”



DELIA RADOVICH, MD



ROBERT SCHUMAN, MD



RAQUEL WAGMAN, MD



**RWJBarnabas Health and Saint Barnabas Medical Center, in partnership with Rutgers Cancer Institute of New Jersey—the state’s only NCI-designated Comprehensive Cancer Center—brings a world-class team of researchers and specialists to fight alongside you, providing close-to-home access to the latest treatment and clinical trials.**

March is National Colorectal Cancer Awareness Month. To make a screening appointment or learn more about the Gastrointestinal Cancer Center of New Jersey at Saint Barnabas Medical Center, call **973.322.9797** or visit [www.rwjbh.org/sbmcgicancer](http://www.rwjbh.org/sbmcgicancer).



## WHAT IS A CONCUSSION?

A concussion is a traumatic brain injury caused by a blow or jolt to the head or body that causes the brain to bounce or twist in the skull. It can result in chemical changes in the brain and damage to brain cells, and can affect brain development. Students with inadequately treated concussions perform significantly worse on measures of attention and concentration. Repeat concussions increase the risk of severe impairment.

# PROTECTING HEARTS AND HEADS

**A PROACTIVE APPROACH TO CONCUSSIONS AND CARDIAC ISSUES IN YOUNG ATHLETES**

Free screenings will be held on March 2 from 8 a.m. to noon at the Essex County Codey Arena. To schedule an appointment, call **888.724.7123**. To learn more about MJM, visit [www.rwjbh.org/morahan](http://www.rwjbh.org/morahan) or call **973.322.7913**.



No one's a bigger cheerleader than a parent rooting for a young athlete. Along with the pride and pleasure of seeing a child play, however, comes concern:

What about those news reports of sudden cardiac arrest during games or practice?

What if he or she gets a concussion?

The Matthew J. Morahan III Health Assessment Center for Athletes (MJM), a Saint Barnabas Medical Center facility, exists to address those concerns. Based in Livingston, MJM also offers a mobile program that conducts cardiac and concussion screenings at schools and sports centers throughout the state. To date, the program has served more than 30,000 young athletes in more than 30 schools.

## SCREENING THE HEART

Sudden cardiac arrest (SCA) in youth sports is rare—about 100 cases are reported nationwide each year—but it is the leading cause of death in young athletes. The major causes are undiagnosed heart problems.

MJM offers cardiac screenings for children ages 6 to 18, including a questionnaire of family history and symptoms. Though an electrocardiogram (EKG) is not required by the state for sports physicals, it is standard in the MJM screening. Among the conditions an EKG may pick up are Long QT syndrome and certain other heart rhythm disorders, as well as thickened, injured or diseased heart muscle caused by hypertrophic cardiomyopathy (HCM).

"I probably can rule out 90 percent of the causes of sudden cardiac arrest," says Donald Putman, MD, Division Chief of Pediatric Cardiology and Medical Director of Cardiac Evaluation and Assessment for MJM. "I can't say we can rule out 100 percent. But if we can identify even one child at risk through what we're doing, that is worth it."

If heart issues are discovered, doctors may prescribe further workup and a consultation with a pediatric cardiologist. If no issues are found, young athletes are encouraged to come back every two years for another screening that can be compared to the baseline tests.

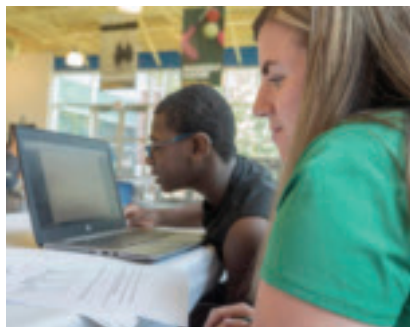
"The goal is not to terrify people, but to try to protect young athletes and also not take them out of the things they love to do," Dr. Putman says.

## CONCUSSION CHECKS

A recent national survey found that 15 percent of students reported having had at least one concussion related to physical activity in



Opposite page, Jeremy Aniciete, Exercise Physiologist, puts patient Devin Lippman through a Return to Play Protocol. This page, an EKG and cognitive testing in progress.



"A lot of times, kids don't think to say anything after they've taken a hit," says Diana Toto, MS, Director of Sports Medicine and Business Development for Saint Barnabas Medical Center. "They have a headache but don't think anything of it, or at times athletes have a delay in symptoms, which could present several days following an injury. This is why it is crucial to remove a child from play right away with any suspected concussive event."

As with cardiac screenings, a baseline concussion screening provides valuable data. MJM assesses memory, reaction time and concentration. If the athlete later has a possible concussion, he or she can re-take the tests.

"You can't see a concussion or do a blood test for it," says John Shumko, MD, PhD, Medical Director of Sports Injury and Assessment at MJM and a member of Barnabas Health Medical Group. "But the eyes are a window to the brain, and are connected to so many neurological centers that you can test their movements to confirm the existence of a concussion."

If a concussion is confirmed, MJM has a well-developed set of guidelines that determine when an individual can go back to school, back to practice and, finally, back to playing his or her sport.

"We are a comprehensive center, a one-stop shop," Dr. Shumko says. "We recently had a father bring his son in for a screening after he'd taken a hit to the head on the field. A local hospital had given the boy a scan and told him he was fine."

"But when he came here, it was a totally different evaluation. We not only treated him for the concussion, we found a heart murmur that had never been identified, and we routed him immediately to have a cardiac screening and see Dr. Putman."

"That's the kind of thing that's going on here every day, and I can't express how great it is, and how rewarding it is for us."

## WHAT IS SUDDEN CARDIAC ARREST?

With sudden cardiac arrest (SCA), the heart stops beating, blood stops flowing to the brain and vital organs, and death can follow within minutes.

In young athletes, the two major causes are an abnormally thickened heart muscle known as hypertrophic cardiomyopathy (HCM), or a congenital abnormality in a coronary artery. While some children with these or other heart conditions show symptoms such as lightheadedness, chest pain or shortness of breath during exercise, many others display no symptoms at all before SCA.

In New Jersey, all public and private K through 12 schools are required to have an automatic external defibrillator (AED) and trained staff on site, thanks to Janet's Law, named after an 11-year-old Warren Township girl who died from SCA while at cheerleading practice.



DONALD PUTMAN, MD



JOHN SHUMKO, MD, PHD

the previous 12 months. New Jersey requires schools to develop policies and educate coaches, athletes and parents about concussions, but misconceptions remain.

# Getting Ready for Delivery Day

THE UNEXPECTED MAY OCCUR—AND THAT'S OKAY.

As your due date draws closer, expect excitement and, possibly, the element of surprise. Will you go into labor in the middle of the night or in the middle of a work presentation? That remains to be seen.

Don't let any of the surprises that your baby may have in store for you throw you for a loop, however. Your doctors are prepared to handle any situation. The birth itself is just the precursor to the best part of all: The arrival of your baby.

"This is probably the most important thing you will do in your life," says Linda Peláez, MD, a maternal-fetal medicine specialist at New Jersey Perinatal Associates in Livingston and a member of the Barnabas Health Medical Group. "No matter what happens, a positive approach will pay off."

Dr. Peláez recommends that expectant moms discuss the following delivery-day matters with their OBs ahead of time so that they're prepared to face common unanticipated situations—just in case.

**BIRTH PLAN:** If unforeseen circumstances require your doctor to deviate from your birth plan, remember that your OB will have the best interests of you and your baby in mind.



LINDA PELÁEZ, MD

"I always encourage a birth plan. Putting your thoughts on paper is good. But I also always say that patients have to have more than the birth plan—they have to have an open mind to other possibilities if they should arise," Dr. Peláez says.

**EPIDURAL:** Many patients insist that they don't want to get an epidural, only to change their minds. If that happens, don't worry.

"You never know what you're going to feel until you're in that situation," Dr. Peláez says. "I can't tell you how many patients want an epidural unexpectedly."

**DOCTOR ON CALL:** Your favorite doctor is likely part of a group OB practice, so another doctor in the practice may be on call when it's time to deliver. However, you can be confident that group doctors are in close communication.

"In this day and age, obstetrics is more commonly practiced in a group setting, as the solo practitioner has become less common," Dr. Peláez says. "There's a chance that someone else will be covering the hospital when you go into labor. Know that he or she will be fully briefed on your needs, wants and your health."

**CESAREAN SECTION:** If you're planning for a vaginal delivery, but a C-section turns out to be necessary, rest assured that it's all for the good of you and your baby. "We won't do a C-section on you unless the situation warrants it," Dr. Peláez says.

If you're carrying twins or triplets or have another type of high-risk pregnancy, it's likely that you'll have a scheduled C-section. What happens if you go into labor early? That depends on how close you are to your scheduled C-section date.

"Sometimes labor can happen before your scheduled C-section date and if it does, the labor and delivery team is able to perform your C-section when needed," Dr. Peláez says. "Sometimes labor can be delayed by a few days or longer. It's a case-by-case situation."



## HOW TO CHOOSE A PEDIATRICIAN

There are many factors to weigh when you're trying to find the right pediatrician for your child, from practical considerations to your gut feeling.

For starters, find out the names of pediatricians who are in-network providers with your health insurance plan, says Tatyana Liptsyn, MD, a pediatrician at Saint Barnabas Medical Center. Then ask local friends and relatives to recommend their pediatricians and see if any of those doctors are covered by your insurance.

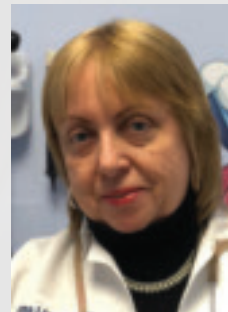
Put your zip code on a form on the American Academy of Pediatrics (AAP) website to see if those pediatricians are fellows of the AAP (FAAP). You can also get information about a doctor's certification on the website of the American Board of Pediatrics.

"If you do this homework, by elimination, you can exclude some doctors," Dr. Liptsyn says. "Then ask yourself: 'My sister takes her child to this doctor and she's happy with this doctor. How far is he or she from my house? Is the practice on my insurance plan?'"

Once you've narrowed your list, make an appointment to meet with a pediatrician to preview his or her philosophy, personality and office space before your baby is born. Ask questions like:

- What are your hours, including evenings and weekends?
- What happens if my baby has an emergency in the middle of the night? Do you return calls?
- Who answers questions by phone during business hours—you or your nurses?
- Who might see my child during scheduled appointments, if not you?
- What is your philosophy about breastfeeding/home remedies/nutrition/discipline?

"That's a very important visit," Dr. Liptsyn says. "The mother should be comfortable and trust the pediatrician. The trust comes partly from how the pediatrician was trained but, more importantly, how the pediatrician came across during your first visit."



**TATYANA LIPTSYN, MD**

To learn about having a baby at Saint Barnabas Medical Center, call **973.322.5360** or visit [www.rwjbh.org/sbmcmaternity](http://www.rwjbh.org/sbmcmaternity).

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