

RWJBarnabas
HEALTH

WINTER 2024

1 healthy together

A NEW ERA FOR HEART
VALVE TREATMENTS

AWARD-
WINNING
CARE FOR
MOMS AND KIDS

EMERGENCY?
WHAT TO EXPECT

THE ONE
DOCTOR
EVERYONE NEEDS

*Better
Ways*

TO FIGHT
BLOOD
CANCERS

Many Paths to a Healthier New Jersey



RWJBarnabas Health has been dedicated to caring for New Jersey's sick and injured for more than 140 years. As the state's largest and most comprehensive not-for-profit academic healthcare system, we are privileged to pursue our noble mission of building and sustaining a healthier New Jersey.

While we take pride in the incredible array of healthcare services we provide, many of which are regionally and nationally recognized, what distinguishes RWJBarnabas Health—and what we are most proud of—is our

deep commitment to the most vulnerable among us. We are, by two times, the state's largest provider of medical care to those who cannot afford to pay and to beneficiaries of the Medicaid program.

We are also investing in the future health and well-being of all New Jerseyans, dedicating more than \$1 billion, through our transformative partnership with Rutgers University, to increase access to groundbreaking clinical trials and innovative medical care. The partnership also trains and develops the healthcare providers who will take care of the next generation of New Jerseyans. Further, from 2020 to 2025, RWJBarnabas Health will have invested more than \$4.7 billion in new equipment, technology and facilities, with a sizable portion of that in underserved communities, creating thousands of jobs along the way.

RWJBarnabas Health is deeply “in and of” our great state. We thank the residents of New Jersey for trusting us with their healthcare and social needs, and are honored to be one of the state's anchor institutions.

As we step into the future, we look forward to witnessing all we will accomplish together in pursuit of a healthier New Jersey.

Sincerely,

MARK E. MANIGAN
PRESIDENT AND CHIEF EXECUTIVE OFFICER

RWJBarnabas
HEALTH

www.rwjbh.org

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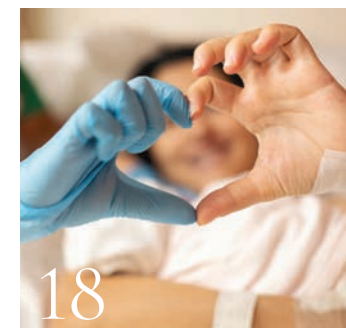
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Participating in the ceremonial groundbreaking along with RWJBarnabas Health, Rutgers Cancer Institute of New Jersey and Monmouth Medical Center senior leadership and board members are state, county and municipal elected officials, including (front, at left) Tinton Falls Mayor and Fort Monmouth Economic Revitalization Authority Board Member Vito Perillo.

A COMMUNITY-CENTERED FACILITY

The five-story, 150,000-square-foot outpatient center, located at the historic Fort Monmouth Myer Center site, is set to open in 2025. It will honor Fort Monmouth's legacy of innovation,

leveraging advancements in medical space

planning and technology to provide easy access for patients and their loved ones and an ideal space for physicians to deliver the highest-caliber care.

"Our collective investment in MMC through the Vogel Medical Campus allows us to expand access to high-quality, equitable care to residents of Monmouth County and beyond," says Mark E. Manigan, President and Chief Executive Officer, RWJBarnabas Health (RWJBH). "It is our privilege to have the opportunity to care for the community, and we thank them for trusting us to be their partner in health and wellness."

The new medical campus is designed to enhance the patient experience by providing comprehensive same-day surgery; on-site specialty physician offices; advanced diagnostic imaging; and multiple floors dedicated exclusively to state-of-the-art cancer services, which will include a comprehensive oncology clinic and centers for advanced infusion and radiation therapy treatment.

"We know that cancer doesn't travel well, and patients shouldn't have to leave the state or go far from home to receive the best care possible," says Steven Libutti, MD, FACS, Director of Rutgers Cancer Institute and Senior Vice President of Oncology Services for RWJBH. "As New Jersey's only NCI-designated Comprehensive Cancer Center, we are at the forefront of cancer research and care—transforming discoveries into clinical practice, advancing our understanding of a disease that impacts so many and supporting our patients from prevention to treatment and survivorship."

The Vogel Medical Campus's services and park-like setting also reflect MMC's and RWJBH's ongoing commitment to Monmouth County.

"Our evolution is only made possible thanks to the community leaders and philanthropic supporters who work alongside us to bring Monmouth County's residents what they need," says Bill Arnold, Executive Vice President and President of the Southern Region, RWJBH, and Chief Executive Officer of Robert Wood Johnson University Hospital. "With the development of the Vogel Medical Campus, we are entering a future where residents can stay close to home to receive world-class healthcare."



BREAKING GROUND AT TINTON FALLS

THE NEW VOGEL MEDICAL CAMPUS WILL EXPAND WORLD-CLASS CARE CLOSE TO HOME.

It's happening: Monmouth Medical Center (MMC) celebrated the groundbreaking of the Vogel Medical Campus at Tinton Falls in June. The new campus will offer seamless access to surgical and imaging services and comprehensive cancer care together with Rutgers Cancer Institute of New Jersey, the state's only National Cancer Institute-designated Comprehensive Cancer Center.

MMC has engaged in years of planning to reach this milestone, working with local community members and partners to develop a campus that will provide exceptional, patient-centered care close to home for more Monmouth County residents.

"We are proud of the trust and confidence placed in us to transform healthcare in the region through the development of the Vogel Medical Campus," says Eric Carney, President and Chief Executive Officer of MMC and Monmouth Medical Center Southern Campus. "Together, we will continue to work with our patients, families, clinicians and partners to advance healthcare in our communities."

Monmouth Medical Center is dedicated to providing the community with timely updates throughout the Vogel Medical Campus building process. For the latest information, visit www.rwjbh.org/vmc.





TRANSFORMING CANCER RESEARCH AND CARE

**A MAJOR INVESTMENT WILL
REVOLUTIONIZE CANCER
TREATMENT AND PREVENTION
IN NEW JERSEY AND BEYOND.**

Through groundbreaking research and innovative cancer care, RWJBarnabas Health (RWJBH) and Rutgers Cancer Institute of New Jersey have partnered to improve cancer diagnosis, prevention and treatment.

Now RWJBH, the state's largest academic health system, and Rutgers Cancer Institute, the state's only National Cancer Institute (NCI)-designated Comprehensive Cancer Center, are making a transformative investment in cancer research and care to maximize their impact; expand access to personalized, compassionate patient care; and advance their joint mission to conquer cancer.

Building on an exceptional partnership, the organizations will unite with donors and community partners to invest in state-of-the-art facilities, translational research, sophisticated technologies and nationally recognized faculty, physicians and staff to ensure that individuals have access to the most advanced treatment options close to home.

"We are at an inflection point in cancer, and our joint investment of resources, expertise, time and compassion means we'll continue to give our patients and their families the care and support they won't find anywhere else," says Steven Libutti, MD, FACS, Director of Rutgers Cancer Institute and Senior

Vice President of Oncology Services at RWJBH. "Through the research and clinical power of the state's only National Cancer Institute-designated Comprehensive Cancer Center, including our NCI Consortium Cancer Center partner, Princeton University, and the healthcare delivery power of the state's largest academic health system, we will reimagine what a cancer diagnosis means and chart a new path for patients on their journeys to survivorship."

SETTING NEW STANDARDS

The unprecedented venture will transform the face of cancer treatment and prevention in New Jersey and beyond by:

- Building new facilities. Capital investment in an integrated network providing comprehensive cancer care is bringing new, state-of-the-art facilities close to home for patients across the region.
- Recruiting and retaining world-class clinical and academic leaders who will expand research and train the next generation of clinicians.
- Promoting groundbreaking advances and clinical trials. RWJBH and Rutgers Cancer Institute together lead cutting-edge cancer research that can be translated directly into patient care, delivering life-changing therapies and treatment. Expanded clinical research programs will allow more patients

to participate in clinical trials and innovative therapies.

- Extending access to care by keeping it local while also providing patients with access to a world-class network of physicians and ancillary services. This provides close-to-home access to advanced treatment options such as clinical trials, precision medicine, immunotherapies, complex surgical procedures and sophisticated radiation therapy techniques that are not widely available elsewhere.
- Enhancing the patient experience by creating a seamless continuum of care—powered by a clinical navigation program and holistic wellness resources—to support patients both physically and emotionally through their entire journey from screening to diagnosis, to treatment and survivorship.

"Through our partnership, RWJBarnabas Health and Rutgers Cancer Institute are translating groundbreaking research into exceptional cancer care for communities across New Jersey," says Mark E. Manigan, President and Chief Executive Officer of RWJBarnabas Health. "Together, we're providing patients with access to a world-class network of physicians, clinical trials and ancillary services that are transforming the prevention, diagnosis and treatment of cancer in New Jersey and beyond."



BEAT CANCER

Join us as RWJBarnabas Health and Rutgers Cancer Institute of New Jersey change the face of cancer. Visit www.transformingcancertogether.org.

RWJBarnabas Health, in partnership with Rutgers Cancer Institute—the state's only NCI-designated Comprehensive Cancer Center—provides close-to-home access to the most advanced treatment options. Call **844-CANCERNJ** or visit www.rwjbh.org/beatcancer.



Spine surgery using the Pulse platform from NuVasive helped Demetri (Dan) DeBiase overcome pain and instability that had hindered activity.

pain, numbness and growing instability. At home, he took a spill when pain caused his knee to buckle.

Dr. Jandhyala indicated that the time had come. “He said, ‘We’ve tried everything nonoperative,’” Dan recalls. “The only thing that will help is surgery.”

EFFICIENT AND EFFECTIVE

Dan knew his surgery would use robotic technology but didn’t realize he would benefit from a new cutting-edge digital technology platform now available at CMC to perform complex spinal surgeries more efficiently, effectively and closer to home.

The Pulse platform by NuVasive is designed to consistently increase the safety and efficiency of spine surgery outcomes by integrating multiple technologies into one platform.

The technologies help reduce radiation, enhance imaging, manage hardware, monitor procedures and achieve precise alignments, all in less time and through smaller incisions.

“The Pulse platform enables us to efficiently and safely do challenging and delicate procedures without injuring surrounding structures,” says Dr. Jandhyala. “Besides decreased time under anesthesia, we are finding that patients have less pain during recovery.”

“This incredible system helps Dr. Jandhyala and I perform our surgeries with more accuracy and efficiency throughout the procedure than any other technology I’ve used,” Dr. Johnson says.

After undergoing a laminectomy and fusion procedure to open up space and stabilize his spine in March, Dan began an active process of healing and rebuilding core muscles. “The pain down my leg was gone the day after surgery,” he says. “I walk a lot and soon got back to the gym. Movement is really important. People in my retirement community can’t believe how great I’m doing.”

NEW TECHNOLOGY TO BEAT BACK PAIN

AN ADVANCED ROBOTIC SYSTEM HELPS A MAN REGAIN HIS ACTIVE LIFE.

Even though he’d had back pain for many years, Demetri (Dan) DeBiase liked to keep active—golfing, bowling, working out regularly in the gym at his retirement community’s clubhouse. “Then, starting about five years ago, the pain got progressively worse,” says the 70-year-old Lakewood resident.

Finally, acquaintances who are medical professionals advised him to seek care at Community Medical Center (CMC), where a team-based approach

to spinal surgery combines expertise from orthopedic surgeon Chanakya (Sean) Jandhyala, MD, and neurosurgeon Stephen A. Johnson, MD. Both doctors are members of RWJBarnabas Health Medical Group and work closely together both in and out of the operating room to ensure the best patient outcomes.

An appointment with Dr. Jandhyala and an MRI (magnetic resonance imaging) made the problem clear. “He noticed severe spinal stenosis,” Dan says. The condition occurs when tight space in the spinal canal, often in the lower back, puts pressure on nerves.

Dr. Jandhyala first advised nonsurgical solutions such as injections to manage pain. “The best result lasted about a week, and pain returned,” Dan says.

The situation became increasingly intolerable. On a Caribbean cruise, Dan had to start canceling excursions due to



CHANAKYA JANDHYALA, MD



STEPHEN A. JOHNSON, MD

To find a spine specialist or to learn more, visit www.rwjbh.org/spine.



TO WATCH A VIDEO ON THE NUVASIVE SYSTEM, SCAN THIS CODE.





Thumbs-up: Anne Wisniewski, with orthopedic surgeon David F. Wiener, MD, could cast aside her wheelchair after hip replacement surgery.



A 'SMART' KNEE REPLACEMENT

As part of their commitment to advanced orthopedic care, Monmouth Medical Center in Long Branch and

Community Medical Center in Toms River are the first hospitals in the region to offer smart knee technology for total knee replacement surgery. The technology consists of a device—the first of its kind worldwide—featuring implantable sensors that allow clinicians to collect data on outcome-related factors such as average walking speed, steps taken and range of motion, helping to ensure the best possible recovery.

When she first saw Dr. Wiener, Anne was in so much pain that she needed a wheelchair. “She couldn’t walk more than 20 feet without stopping, and the pain was with her every night,” Dr. Wiener says. “But I felt confident that a total hip replacement could help her get up and walking again.”

A FRESH APPROACH

Hip replacement surgery can be done in one of two ways—with a posterior approach, using an incision at the back of the hip, or with an anterior approach, using an incision on the front of the hip. Both are effective but have different advantages depending on the patient. Dr. Wiener specializes in the anterior approach, a technique he’s used exclusively for about a decade.

“I’ve found that the anterior approach leads to less pain and faster recovery because it spares muscle tissue around the hip,” Dr. Wiener says. “The anterior approach also lowers the risk for dislocation dramatically. And, because it’s performed under X-ray guidance, it increases the odds for getting leg length correct after surgery.”

That latter point was important for Anne. “When I first saw him, Dr. Wiener told me that one of my legs was shorter than the other—and I had never realized that before,” she says.

Dr. Wiener replaced Anne’s right hip on May 8. Two days later, she was home from the hospital. “I had pain for maybe a day or two, and it’s gone away since,” Anne says. Two weeks after surgery, she had a big surprise for Dr. Wiener: She walked into the office under her own power, assisted by a walker. “I got a round of applause!” she says.

Although she’ll likely always need some assistance from a walker, Anne is now pain-free and doing her regular household chores. She’s grateful for Dr. Wiener. “He’s very pleasant, has a great sense of humor and told me everything about my surgery in detail,” she says. “My daughter has already recommended him to other people we know.”

NEW HIP, NEW LIFE

JOINT REPLACEMENT SURGERY USING AN ADVANCED TECHNIQUE RELIEVES A JACKSON WOMAN’S PAIN.

Anne Wisniewski had hoped the worst was over. In July 2022, she fractured her hip as the result of a fall at her house. She underwent surgery and physical therapy to help heal the fracture, but by mid-January 2023, her pain had grown nearly debilitating. “Something just wasn’t working right,” says Anne, 88, of Jackson.

After trying some further conservative treatments, her doctor recommended she see David F. Wiener, MD, a board-certified, fellowship-trained expert in total joint replacement surgery at Monmouth Medical Center Southern Campus and a member of RWJBarnabas Health Medical Group.

To find an orthopedic specialist or to learn more about treating joint pain, visit www.rwjbh.org/ortho.





HEARTFELT INNOVATION

**A GROUNDBREAKING
ORGAN PRESERVATION
AND TRANSPORT
SYSTEM PROMISES
BETTER OUTCOMES
FOR PATIENTS ON THE
HEART TRANSPLANT
WAITLIST.**

After a careful evaluation finds that someone with end-stage heart failure is a candidate for heart transplant, the person is placed on the transplant waitlist. But the availability of donor hearts continues to be a challenge for patients awaiting heart transplants nationwide, as the number of



DEEPA IYER, MD

people on the waitlist continues to increase. Policy changes in the U.S. organ allocation system have also led to transplant teams needing to travel farther geographically to obtain suitable donor hearts.

Once a donor heart is matched to the wait-listed patient, it needs to be transported to the recipient's hospital. The period between the heart's removal from the donor to its implantation in the recipient patient is called ischemic time.

"Preserving the quality of the donor heart during its transfer from

The SherpaPak organ preservation and transport system keeps a donor heart at a consistent temperature, which prevents damage and reduces the risk of a life-threatening complication.

the hospital of the donor to that of the recipient has a significant impact on transplant outcomes,” says Deepa Iyer, MD, Advanced Heart Failure, Ventricular Assist Device and Transplant Cardiologist, and Program Director of the Heart Transplant Program at Robert Wood Johnson University Hospital (RWJUH) in New Brunswick. “The longer the ischemic time, traditionally the greater the risk of complications, particularly if ischemic time exceeds four hours.”

Now a groundbreaking organ preservation and transport system called SherpaPak being used at RWJUH promises to address many of these challenges.

CURTAILING COMPLICATIONS

Donor hearts conventionally were placed in an isolation bag containing an approved preservative solution, which in turn was placed in second and third isolation bags and transported in commercial-grade coolers filled with slush ice. “Transporting in slush-ice-filled coolers potentially leaves the organ vulnerable to injury due to freezing, called thermal injury,” Dr. Iyer says.

The FDA-approved SherpaPak system instead suspends the donor heart in special pressure-controlled canisters to cool the heart evenly using phase change cooling technology. The canisters are then placed in a rigid outer box with a protective polystyrene material that maintains the internal temperature for over 40 hours.

“SherpaPak uses innovative technology to keep the donor heart between 4 and 8 degrees Celsius during transport,” says Dr. Iyer. “This prevents thermal injury and decreases the incidence of primary graft dysfunction [PGD], a serious complication.”

PGD is a condition in which the transplanted heart fails and is unable to pump enough blood to meet the body’s needs. It usually occurs less than 24 hours after transplant surgery.

Thermal injury during transport increases the risk of PGD, as does longer ischemic time in donor hearts transported in conventional ice coolers. While early use of special pumps called extracorporeal membrane oxygenation (ECMO) to support the heart and lungs has improved survival in transplant recipients post-PGD, the complication remains the leading cause of mortality early after heart transplantation.

“SherpaPak not only prevents thermal injury but also measures and displays the temperature, ischemic time and location of the donor heart in real time using Bluetooth technology,” Dr. Iyer says. “The procuring surgical team members, along with the transplant surgeons, OR team, transplant cardiologists and transplant coordinators, have access to that information. We can actually see where the heart is during transit on an app.”

EXCELLENT OUTCOMES

Some transplant centers report using SherpaPak and going over the current recommended ischemic time of four hours and having good outcomes. “This is huge if we can go farther geographically and decrease waitlist time for our patients,” says Dr. Iyer.

RWJUH is the first and only transplant center in New Jersey to use the advanced SherpaPak technology, with funding made possible through the generosity of donors to the RWJ University Hospital Foundation, including the RWJUH Auxiliary. Appreciation extends toward the foundation from both patients and the transplant team.

“The journey from being diagnosed with advanced heart failure to receiving a heart transplant is not easy,” Dr. Iyer says. “My team and I are in awe of the courage and tenacity shown by our patients and their families. It is a precious moment when we inform our patients that we have found the ideal heart for them. It is exhilarating to watch them recover and progress with



EXPERT CARE FOR ADVANCED HEART DISEASE

The Advanced Heart Failure, Ventricular Assist Device (VAD) and Transplant Program at Robert Wood Johnson University Hospital (RWJUH) offers the full spectrum of care for end-stage heart failure patients, including durable left VADs, access to clinical trials and Medicare-certified heart transplant services. The Joint Commission has awarded RWJUH a Gold Seal Certification as well as an Advanced Certification in VAD Implantation.

RWJUH has dedicated a multidisciplinary team of physicians, nurse practitioners, nurse coordinators, pharmacists, a social worker and a nutritionist solely for its Advanced Heart Failure, VAD and Transplant Program.

their new hearts and get a new lease on life. Our Advanced Heart Failure, Ventricular Assist Device and Transplant Program at RWJUH will continue to use innovative therapies and technologies to improve our patients’ experiences and outcomes.”

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





ADVANCED TREATMENTS TO BEAT BLOOD CANCERS

**WORKING TOGETHER, TOP SPECIALISTS WITH A
RANGE OF EXPERTISE FIND PRECISE THERAPIES
FOR EACH PATIENT'S UNIQUE DISEASE.**

Every three minutes, someone in the U.S. is diagnosed with a blood cancer. Despite this prevalence, however, blood cancer specialists know that individual cases will vary widely.

"There's a bit of a paradox," says Matthew Matasar, MD, MS, Chief of Blood Disorders at Rutgers Cancer Institute of New Jersey and RWJBarnabas



MATTHEW MATASAR, MD

Health (RWJBH). "Blood cancers are relatively common but are very complicated illnesses, with dozens of kinds of leukemia, more than a hundred kinds of

lymphomas, multiple myeloma and so on. A diagnosis of blood cancer requires a lot of medical sophistication brought to bear on a unique illness in the context of a patient's unique life."

Such diagnoses require extensive collaboration. "That's best done at a National Cancer Institute-designated Comprehensive Cancer Center like ours, which has the most resources, greatest expertise and greatest ability to deliver sophisticated and personalized care," Dr. Matasar says. Rutgers Cancer Institute together with RWJBH is one of only 54 NCI-designated Comprehensive Cancer Centers in the U.S. and the only one in New Jersey.

Blood cancer and hematologic malignancy specialists at Rutgers Cancer

Institute collaborate closely with peers throughout the state at the RWJBH facilities. "Oncology is a team sport," says Dr. Matasar. "We have numerous weekly meetings to review, confirm, plan and review again. We draw from a wide range of specialties to get the benefit of many areas of expertise."

As a result, every patient's case receives multiple reviews by multiple experts. "Patients can feel confident that the treatment plan being developed is personalized to be as successful as possible," Dr. Matasar says.

SYSTEMWIDE ACCESS

Patients at Rutgers Cancer Institute and RWJBH facilities have access to advanced and novel treatments, many of which are



NIKETA C. SHAH, MD

NEW HOPE FOR YOUNG PATIENTS

“My vision is to offer stem cell transplants and cellular therapies to our pediatric blood cancer patients near their homes, eliminating the need for pediatric patients and their families to travel far or out of state for treatment,” says Niketa C. Shah, MD, Chief of Pediatric Bone Marrow Transplantation and Cellular Therapies at Rutgers Cancer Institute of New Jersey and RWJBarnabas Health.

Dr. Shah oversees the Pediatric Stem Cell Transplantation and Cellular Therapies Program at Rutgers Cancer Institute in collaboration with The Bristol-Myers Squibb Children’s Hospital at Robert Wood Johnson University Hospital. The program offers children, adolescents and young adults the most advanced treatment options for blood cancers, including stem cell transplants, gene therapy and immunotherapy.

Dr. Shah works with a skilled team including physicians, advanced practice nurses, social workers, pediatric psychologists and more, all providing lifesaving treatments close to home.



BEAT CANCER

RWJBarnabas Health, in partnership with Rutgers Cancer Institute of New Jersey—the state’s only NCI-designated Comprehensive Cancer Center—provides close-to-home access to the most advanced treatment options.

Call **844.CANCERNJ** or visit www.rwjbh.org/beatcancer.

not available elsewhere. The full spectrum of therapeutic procedures and advanced treatment options for all blood cancers includes clinical trials, immunotherapy, CAR T-cell therapy, blood and marrow transplantation and other cellular therapies.

As an NCI-designated Comprehensive Cancer Center, Rutgers Cancer Institute and RWJBH together provide access to cutting-edge, high-impact clinical trials. “We have numerous clinical trials for patients with blood cancers including several innovative trials that are important to patients with a diagnosis of lymphoma,” says Dr. Matasar.

One trial is investigating CAR T-cells. “These are bioengineered T-cells taken from a patient and modified to be given back to the patient as a living therapy,” Dr. Matasar says.

A second trial is researching a therapy called bispecific antibodies. “These attach onto the surface of a cancer cell but also drag nearby healthy immune cells to those cancer cells and stimulate them to attack the lymphoma,” Dr. Matasar says. “Rutgers has been at the vanguard of both CAR T-cells and bispecific antibodies, and has contributed to these treatments becoming FDA approved. We’re now working diligently on developing the next generation.”

Thanks to systemwide collaboration, patients at RWJBH facilities and Rutgers Cancer Institute have access to such advanced treatments close to home. “If a patient requires access to a treatment that’s not available at a given site, they can be transferred elsewhere within the system, and a partnering oncologist will collaborate with their local oncologist,” Dr. Matasar says. “We’ll do whatever it takes to be sure patients get the treatments they need.”

A HOLISTIC APPROACH

Blood cancers can vary widely, which is why it’s important to receive care at a center like ours where knowledge and experience are vast and services are in place to support patients—both physically and emotionally, Dr. Matasar notes.

“Because of our expertise and extensive experience, chances are we’ve been there and done that,” he says. “We can tell our



BLOOD CANCERS: WHAT TO KNOW

- **WHAT THEY ARE:** Blood cancers, also called hematologic malignancies, are cancers of the immune system. Abnormal immune cells grow out of control, interfering with the infection-fighting function of the normal immune system. Three main types of blood cancers are leukemia, lymphoma and myeloma.
- **RISK FACTORS:** These vary but include advancing age, gender (being male) and a compromised immune system.
- **SYMPTOMS:** Fever or chills; persistent fatigue or weakness; unexplained weight loss; bone/joint pain; bleeding or easy bruising; and more.
- **DIAGNOSIS:** May include physical examination, blood tests, body scans and biopsies.

patients, ‘We’ve got you.’ Often, we can connect them with patients and survivors who have faced a similar challenge.”

The blood cancers team offers patients resources for every stage of their cancer journey. An oncology nurse navigator assists them through the entire process, from diagnosis through survivorship. As needed, patients have access to genetic counselors, nutritionists, exercise physiologists, rehabilitation experts, and experts in managing treatment side effects and post-therapy recovery.

“We are not here to deliver yesterday’s care,” Dr. Matasar says. “We are delivering tomorrow’s care today and are transforming cancer care to give patients the best possible chance for successful outcomes. It’s a tremendous privilege and honor—and our team brings focus, dedication, commitment and passion to the work each and every day.”

Elisa D'Amelio was near organ failure when she sought treatment for an eating disorder worsened by the pandemic.



DEFEATING AN EATING DISORDER

**A SPECIALIZED
PROGRAM HELPS A
WOMAN UNCOVER
THE ROOT CAUSES
OF HER DANGEROUS
CONDITION.**

Seeking treatment for her eating disorder wasn't Elisa D'Amelio's idea. "My family essentially had an intervention," says the 40-year-old Wayne resident. "I went along, thinking, 'This is crazy, and everyone is being so dramatic.'"

Fortunately, Elisa's family knew she needed help—and deep down, so did she. But none of them realized how serious her eating disorder had become. "I was already close to organ failure," Elisa discovered.

It had taken years—even decades—to get to this point. The underlying behavioral health issues that contributed to Elisa's eating dysfunction became clear through treatment she received at the nationally recognized Eating Disorders Program at Robert Wood Johnson University Hospital (RWJUH) Somerset. The unit is the only academic eating disorders program in New Jersey, one of just two inpatient programs in the state for patients 14 or older and a leader in eating disorders treatment for over 20 years.

"One of the biggest misconceptions is that the eating disorder is the illness," Elisa says. "People think, 'Why don't you just eat what's on your plate?' But an eating disorder is really a symptom of larger issues. When the real problem is something like anxiety, depression or post-traumatic stress syndrome, if you're not addressing that, the eating disorder will never dissipate."

A COMMON PROBLEM

Most eating disorders—which are experienced by more than 28 million Americans at some point in their lives—fall into two major types. One is anorexia nervosa, in which distorted body perception leads people to see themselves as "fat" when their weight is normal or even much lower. The other is bulimia nervosa, characterized by abnormal body-image perception, constant craving for food and binge eating followed by self-induced vomiting or use of laxatives.

Left untreated, eating disorders can be life-threatening. Lack of nutrients can trigger wide-ranging problems including muscle wasting, weakness, heart damage, low blood pressure, brain damage and organ failure.

"Comprehensive medical care that treats the whole person is critical to healing, wellness and sustainable recovery," says Frank Ghinassi, PhD,



FRANK GHINASSI, PHD

Senior Vice President of Behavioral Health Services at RWJBarnabas Health and President and Chief Executive Officer of Rutgers University Behavioral Health



A partial hospitalization program allowed Elisa (center) the flexibility to regulate her eating behavior at Robert Wood Johnson University Hospital Somerset but also go home at night to be with her supportive family, (from left) Nicholas, Angelina, Colton and husband Adam.

Care. “We provide a multidisciplinary team approach to address the biological, psychiatric, physiological and social issues related to eating disorders for adolescents and adults, which results in more effective treatment and better patient outcomes.”

Elisa’s disordered eating worsened during COVID-19 lockdowns—a common scenario. “Stress and isolation caused by the pandemic has resulted in a significant increase of eating disorders, particularly among teens and young adults,” Dr. Ghinassi says.

Elisa had just come through a difficult pregnancy with her third child, followed by the baby’s hospitalization for a non-COVID respiratory condition. When the pandemic shuttered schools and daycares, she had to quit her teaching job to watch her children. “We couldn’t go anywhere or do anything,” she says.

She became depressed and anxious. “And when I had high anxiety, I physically couldn’t eat,” she says. “It felt like swallowing sand, and I’d get stomachaches afterward.” Eating—or not—seemed the only thing she could control.

PATHS TO RECOVERY

Elisa’s journey to healing started when her online therapist noticed she looked frail, recommending she see a primary care doctor. “Blood work

found my numbers so far out of range that it was apparent I was suffering from severe malnutrition,” Elisa says.

That’s when family members insisted she go to a local hospital. Not wanting to create a scene in front of her kids, Elisa agreed. When doctors said she should check into an eating disorders program, she discovered RWJUH Somerset. “They had everything the family was looking for,” Elisa says—including separate spaces for adolescents and adults to better address those populations’ unique needs.

The program also offered a partial hospitalization program in which Elisa could spend days at the program to receive carefully planned meals and customized therapy but go home at night to be with her supportive family.

Multidisciplinary treatment included both individual and group therapy; family sessions; and art, writing and music therapy. “There were so many different kinds of treatment that if you didn’t do well in one, another would help,” Elisa says.

Treatment helped resolve traumas that she didn’t know drove her eating issues, including a terrible car accident at age 4 that had left facial scars, bullying in middle and high school, teen anxiety over body

A RENOVATION ENHANCES RECOVERY

Robert Wood Johnson University Hospital (RWJUH) Somerset recently opened a renovated and expanded state-of-the-art eating disorders unit. Part of RWJBarnabas Health’s Behavioral Health Services and a partner of Rutgers University Behavioral Health Care, the renovated unit provides a supportive environment for treatment, healing, wellness and recovery for both adults and adolescents, says Lisa Schade-Button, RN, Director, Eating Disorders Unit at RWJUH Somerset. The new unit’s features include:

- An expanded capacity from 14 beds to 20
- Spaces designed specifically to help promote healing, wellness and recovery
- Research-based design elements such as nature-based lighting that mimics daily changes in sunlight; curved lines; and references to nature to create a more therapeutic and healing environment
- A seamless consistency in which design elements flow from common spaces into newly renovated patient rooms
- Flexible spaces that can be reconfigured to accommodate mixed uses

image and a later abusive relationship.

Today, Elisa is maintaining a healthy weight with help from outside specialists such as dietitians and therapists. She speaks about her experiences and has written a book about them under the name Ella Shae to let others know they’re not alone. “I still find myself body checking,” she says. “But I use the skills I’ve learned to bring myself back and remember how far I’ve come.”

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



EXCEPTIONAL EMERGENCY CARE AT EVERY STAGE

HOW EMERGENCY AND HOSPITALIST
MEDICINE OFFERS HIGH-QUALITY
SERVICE FROM PRE-HOSPITAL
THROUGH DISCHARGE

High-quality healthcare happens when delivery is coordinated, with all specialties working closely together. That's why leaders in emergency services and hospitalist medicine at RWJBarnabas Health (RWJBH) prioritize collaborating to ensure consistent best practices across all of the system's hospitals.

"In the traditional model, healthcare providers work in silos," says



MANINDER ABRAHAM, MD



CHRISTOPHER FREER, DO



FARIBORZ REZAI, MD

Christopher Freer, DO, Senior Vice President of Emergency and Hospitalist Medicine. "But to deliver the best care, it's important that providers know exactly what has transpired with each patient—what worked, what didn't, what to do to continue the treatment plan. At RWJBH, we emphasize evidence-based practices and strong, clear handoffs between providers at every stage in the patient's journey."

Those stages follow.

ON THE ROAD TO TREATMENT

"Our Mobile Health team has a special focus on excellent, safe transitions from the community setting

to the Emergency Department [ED] and then from hospital to home or the next appropriate level of care," says James Smith, Vice President, Mobile Health.

For a sick patient, the pre-hospital experience before the ambulance arrives at the ED doors is a vulnerable time. To best respond, the Mobile Health team has created standard protocols for 911 calls.

A specialist first asks the patient specific questions while dispatching an ambulance and perhaps a paramedic unit. A specialized algorithm analyzes patient information from the 911 call to suggest next questions and actions.

"This system ensures that we get the right information from every call and communicate it to everyone who needs it," says Anthony Raffino, Assistant Vice President, Emergency and Transportation Services, RWJBH



TIMELY TRANSFERS FOR SPECIALIZED CARE

Patients who need specialized care beyond the scope of what is available at a given hospital can be transferred to the RWJBarnabas Health (RWJBH) hospital best suited to provide the needed services with one call to the RWJBH Patient Transfer Center. The center connects with a receiving provider, coordinates bed placement and transportation, and communicates the patient's clinical information. The Mobile Health team then helps make the transfer, whether via ambulance or helicopter.

Mobile Health.

Hands-on care begins when emergency medical technicians or paramedics arrive and continues all the way to the ED, where physicians have already seen the patient's information on their computers.

If a patient needs advanced care such as treatment in a Trauma Center like those at Jersey City Medical Center or Robert Wood Johnson University Hospital in New Brunswick, or a Comprehensive Stroke Center, an ED doctor can make just one call—to the RWJBH Patient Transfer Center (see sidebar).

IN THE EMERGENCY DEPARTMENT

RWJBH hospitals see 750,000 ED visits annually, the greatest number in the state, says Dr. Freer. "In each ED, our goal is an empty or nearly empty waiting room," he says. "To accomplish this, we have a process in place in which you are seen immediately by a nurse upon arrival and are provided immediate bedding as appropriate whenever possible." The nurse obtains information, creates a wristband and assesses where you should go next.

Many patients need diagnostic testing and are placed in an ED patient room to be seen by the full care team (including a doctor, nurse, physician assistant, medical scribe and other specialists), ideally within 30 minutes. During downtime such as when a patient is waiting for a test, the collection of clerical information is completed.

"Our system's investment in the Epic Electronic Health Records software system has made the flow of patient care very efficient," Dr. Freer says. "Epic allows us to standardize processes at every ED, and to create dashboards and build metrics from the minute a patient comes into the hospital."

ON A MEDICAL FLOOR

Patients admitted to a hospital from the ED fall under the care of a hospitalist—a specialist with extensive

training in inpatient care.

"The handoff from the ED to the hospitalist is very important," says Maninder ("Dolly") Abraham, MD, MBA, SFHM, Chief of Hospitalist Medicine. "To ensure consistency, we have created a standardized handoff script for each hospital to use." The hospitalist will see admitted patients regularly during rounds with the entire care team. Informing the team of each patient's anticipated discharge date helps ensure that all needs—from final tests to physical therapy to plans for home care—are addressed in a timely fashion.

"We have scripts for everything, such as when to escalate a case or what to put in a discharge summary," says Dr. Abraham. "This allows us to move patients efficiently through a complicated healthcare system. That's the beauty of having a service line to oversee all aspects of care."

IN CRITICAL CASES

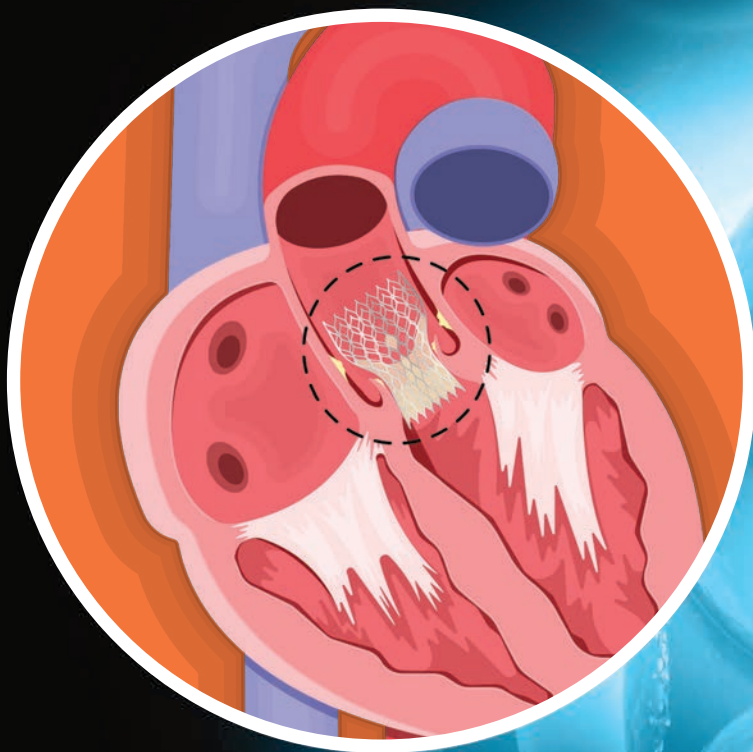
"If an ED doctor or hospitalist assesses that a patient needs intensive care, they call the hospital's ICU team, and we come right away," says Fariborz Rezai, MD, System Director of Critical Care Medicine at RWJBH. "Our intensivist teams are highly organized and include advanced practice providers, residents, fellows, nurses and much more, working closely with a patient's regular physician."

As in other parts of emergency services and hospitalist medicine, critical teams discuss best practices during regular systemwide and hospital-specific meetings. "We make sure we're standardizing care and using the same tools in all our hospitals, from devices and medications to new guidelines and research," says Dr. Rezai.

The true key to the success of emergency services and hospitalist medicine across the system is its collaborative spirit, says Dr. Freer. "No one is siloed," he says. "We are one giant team of providers."

To learn more about emergency medicine at RWJBarnabas Health, visit www.rwjbh.org. If you are having an emergency, immediately call 911.

A NEW ERA FOR TREATING HEART VALVES



MINIMALLY INVASIVE THERAPIES ARE EASIER ON PATIENTS—AND HAVE LASTING BENEFITS.

The heart is a remarkable, durable organ, beating thousands of times a day for years on end. But eventually many people develop problems in the hardworking structures of the heart, especially its four valves—the aortic, mitral, tricuspid and pulmonic.



MARK RUSSO, MD

For example, about one in 14 people develops an especially common structural heart condition called aortic stenosis, in

which the relatively large aortic valve thickens and stiffens, impairing the heart's ability to pump enough blood to the body.

In the past, replacing—or in some cases, repairing—defective valves required open heart surgery, a well-established, highly reliable procedure with low complication rates. In recent years, however, increasing numbers of heart patients have benefited from minimally invasive heart procedures that don't require open heart surgery.

"At RWJBarnabas Health [RWJBH], we're at the forefront of minimally invasive valvular therapies

that are completely transforming treatment," says Mark Russo, MD, Chief of Cardiovascular and Thoracic Surgery and Director of Structural Heart Disease, Robert Wood Johnson University Hospital in New Brunswick; Professor of Surgery and Chief of Cardiac Surgery, Rutgers Robert Wood Johnson Medical School; and a member of RWJBarnabas Health Medical Group.

A CARDIOLOGY REVOLUTION

While open heart surgery often remains the best option for some people with valve disorders, minimally invasive valve procedures offer a number of

open the chest and access the heart through a large incision.

- **No heart-lung machine.** Avoiding open heart surgery means the minimally

invasive surgical team doesn't need to stop a patient's heart during the procedure, and the patient doesn't need to go on a heart-lung machine to keep blood and oxygen flowing to the body.

- **Shorter hospital stays.**

An open heart surgery typically takes about 2½ hours, while a TAVR

procedure takes about 30

minutes to an hour. After surgery, open-heart patients generally spend three to seven days in the hospital, including time in the intensive care unit, while most TAVR patients go home the day after surgery.

- **No general anesthesia.** While the complexities of open heart surgery require general anesthesia, TAVR patients only need to be sedated.

- **Faster recovery.** "It's a reflection of the expertise we have at RWJBH that we have helped develop these less invasive therapies that allow excellent outcomes with a faster recovery and return to normal function," Dr. Russo says.

Dr. Russo contributed to a recent study published in *The New England Journal of Medicine* that shows no difference in outcomes between TAVR and traditional open heart surgery after five years. Such research is important because it demonstrates that results of minimally invasive surgeries like TAVR stand up well over time.

"These procedures not only are less invasive than open heart surgery but also are increasingly shown to produce outcomes that are just as good as—or better than—those of traditional operations," Dr. Russo says.

ARE YOU A CANDIDATE?

The first signs of structural heart problems like aortic stenosis are often subtle. "Fatigue and shortness of breath

are most common," Dr. Russo says.

"Often they develop slowly, and people dismiss them as just a sign that they're getting older."

But these symptoms become progressively worse, often accompanied by additional problems such as chest pain and lightheadedness.

Valve disorders can quickly turn severe, increasing the risk of heart failure. Diagnosis often occurs when a doctor detects a heart murmur during a routine checkup and advises follow-up testing such as a telltale echocardiogram.

When stenosis or other valve problems are found, a multidisciplinary team evaluates each patient's options.

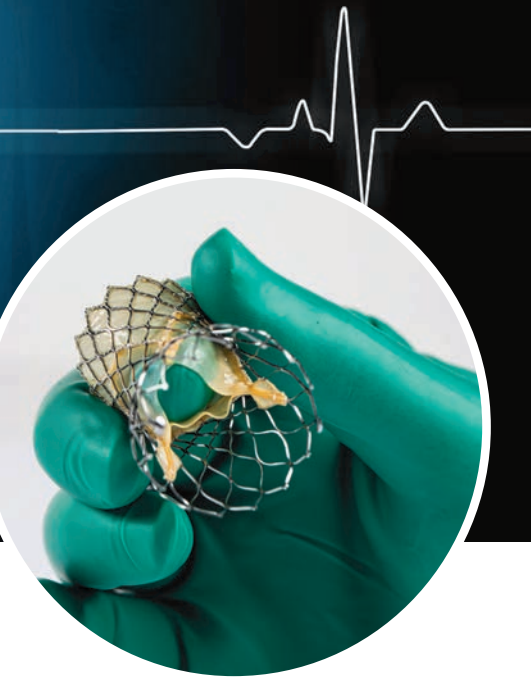
"Multidisciplinary" means that team members have different backgrounds, including surgical, medical, interventional, imaging and anesthesia. Each person on the team brings a different perspective, allowing a well-rounded consensus about the best pathway for treatment.

As research continues to confirm the quality and durability of outcomes from minimally invasive heart procedures, most patients are now considered at least potential candidates for these innovative treatments. TAVR and other minimally invasive heart valve procedures are especially common in patients over 65.

And treatments continue to evolve. For example, Dr. Russo and his team are now using an investigational minimally invasive device called the JenaValve for patients with regurgitation, or leakage, in the aortic valve.

"Our making this available as part of a clinical trial is an example of our expertise and capabilities," Dr. Russo says. "We're leaders in minimally invasive therapies and have access to technologies not available at other centers anywhere in the state. Patients can receive innovative treatments that improve outcomes while staying close to home."

Whoever your heart beats for, our hearts beat for you. To connect with a top cardiovascular specialist at RWJBarnabas Health, call 888.724.7123 or visit www.rwjbh.org/heart.



advantages for patients who are good candidates for the treatments. Among the benefits are:

- **Smaller incisions.** Therapies such as transcatheter aortic valve replacement (TAVR)—one of the most common and well-established minimally invasive heart valve procedures—entail inserting a catheter (a thin, flexible tube) into a blood vessel, usually in the groin. After threading it to the heart, surgeons use the catheter to install a replacement valve inside the patient's original valve. This approach eliminates the need to

To learn more about surgical and transcatheter aortic valve replacement, visit www.rwjbh.org/TAVR.





EXPECTING EXCELLENCE

NEW PROGRAMS EMPOWER MOTHERS AND IMPROVE OUTCOMES DURING PREGNANCY AND CHILDBIRTH—AND AFTER.

Pregnancy, childbirth and motherhood are highly personal experiences that can be challenging—just as they can be awe-inspiring and joyous. To minimize the challenges and amplify the joy, RWJBarnabas Health (RWJBH) birthing hospitals have instituted two evidence-based programs that promote exceptional maternal care, honor parents' choices, ensure the best possible outcomes and prioritize not only physical health but also mental and emotional well-being.

"Many of the protocols at the heart

of these programs are things that our women's healthcare teams have been doing all along," says Suzanne Spernal, DNP, APN-BC, RNC-OB, C-ONQS, Senior Vice President of Women's Services at RWJBH. "But the new initiatives formalize specific measures as standards to help ensure that all families have access to the highest-quality and equitable maternity care at our birthing hospitals."

The two programs—TeamBirth NJ and CenteringPregnancy—each focus on different phases of maternity and address specific needs to help enhance every

mother's experience.

Benefits from the programs quickly became clear after TeamBirth NJ was initiated in fall 2022 and CenteringPregnancy in early 2023. "We knew in implementing these programs that studies supported their value," Spernal says. "But we've now seen their impact firsthand with the first groups of parents, and these moms have done amazingly well."

SHARING RESOURCES AND EXPERIENCES

CenteringPregnancy is a unique model of prenatal care that takes place in a supportive group setting that brings together small circles of expectant parents with similar due dates to support healthy pregnancies and babies.

At each CenteringPregnancy meeting (presented in English and in Spanish), women learn new skills and connect with community resources that can assist with

RECOGNIZED FOR HIGH PERFORMANCE IN MATERNITY CARE

U.S. News & World Report, the global authority in hospital rankings and consumer advice, has recognized four RWJBarnabas Health (RWJBH) facilities among the 2023-2024 Best Hospitals for Maternity Care.

Among those designated as High Performing in maternity care are Cooperman Barnabas Medical Center, Monmouth Medical Center (MMC), Robert Wood Johnson University Hospital in New Brunswick and Robert Wood Johnson University Hospital Somerset.

The annual evaluation looks at hospital data relating to uncomplicated (not high-risk) pregnancies and factors such as scheduled early deliveries, cesarean section rates in low-risk women, newborn complications, the rate of exclusive breast milk feeding and the option of having a vaginal birth after a C-section.

U.S. News evaluated nearly 680 hospitals for its 2023-2024 ratings. Fewer than half of all participating hospitals received a High Performing designation.

In their most recent ranking, *Money* and The Leapfrog Group listed RWJBH's Newark Beth Israel Medical Center, RWJUH Somerset and MMC among just 259 hospitals to receive the organizations' award for Best Hospitals for Maternity Care. Eligible hospitals were required to receive an A or B grade on the Leapfrog Hospital Safety Grade assessment for spring 2022 and meet specific maternity care standards in areas such as early elective deliveries, cesarean birth, episiotomy, deep vein thrombosis (DVT) prophylaxis, bilirubin screening and high-risk deliveries.

pregnancy and childcare. As part of the program, the women meet with doulas, lactation consultants, nutritionists and community health workers.

Developed by the Centering Healthcare Institute and available at Cooperman Barnabas Medical Center (CBMC), Newark Beth Israel Medical Center and, soon, Robert Wood Johnson University Hospital in New Brunswick (RWJUH), the CenteringPregnancy model of care has been shown to result in better outcomes. These include lower rates of preterm birth, low birth weight and admissions to neonatal intensive care units, along with higher satisfaction with prenatal care.

"Moms who participate in CenteringPregnancy feel more empowered and informed about their health," Spernal says. "We've seen directly how this can lead to improved outcomes and better birth experiences."

BIRTH AS A TEAM EFFORT

The TeamBirth NJ initiative is a national model for better communication among providers and patients. Core tenets include a focus on parents' desires and an

emphasis on shared decision making.

"The person giving birth and their support person are viewed as integral parts of the care team," Spernal says. "Everyone on that team should have a clear understanding of the patient's preferences, symptoms, experiences and expectations."

The TeamBirth NJ initiative was launched at CBMC, Monmouth Medical Center and a third New Jersey hospital through the New Jersey Health Care Quality Institute; Ariadne Labs, a joint center for health systems innovation at Brigham and Women's Hospital and the Harvard T.H. Chan School of Public Health in Boston; and the New Jersey Department of Health.

The initiative has been so successful that RWJBH has expanded the program to RWJUH and will soon offer it at Jersey City Medical Center as well.

"If you're having a baby with us, we are with you every step of the way, from



BEYOND BABY BLUES

It's normal to feel mildly downbeat after childbirth—a state sometimes called baby blues. But some women experience a more severe and long-lasting condition called perinatal mood and anxiety disorder, or PMAD. ("Perinatal" refers to the period from pregnancy through about a year after childbirth.)

Maternal care providers at RWJBarnabas Health have pioneered the identification and treatment of patients experiencing PMAD, but the first step is to seek help if you experience symptoms like these:

- Difficulty sleeping—or frequent oversleeping
- Persistent anxiety
- Panic attacks
- Feeling guilty, worthless or ashamed
- Frequently feeling sad or crying
- Lack of interest or pleasure in once-enjoyable activities
- Scary, racing or obsessive thoughts
- Heightened anger, rage or irritability
- Fear of not being a good mother or of being left alone with your baby

Contact the RWJBarnabas Health Perinatal Mood and Anxiety Disorder Centers at:

EATONTOWN: 200 Wyckoff Rd., Ste. 3500; 862.781.3755

LIVINGSTON: 315 E. Northfield Rd., Ste. 1D; 973.322.9501

pregnancy to delivery to postpartum care and ongoing follow-ups," Spernal says. "Birthing hospitals throughout the RWJBH system are using best practices to ensure great, healthy experiences during the entire maternal journey."

For more information about maternity services at RWJBarnabas Health, visit www.rwjbh.org/maternity.





THE DOCTOR EVERYONE NEEDS

PEOPLE WHO HAVE A REGULAR PRIMARY CARE PHYSICIAN STAY HEALTHIER.

About three in four Americans have a primary care physician (PCP), according to a study recently published in *JAMA Internal Medicine*—and that number worries healthcare experts. According to the most recent figures, only two-thirds of 30-year-olds have a PCP.

In fact, everyone should have a PCP, doctors say. People who regularly see a PCP report improved health outcomes, according to a large-scale study, also published in *JAMA Internal Medicine*. Adults with primary care were significantly more likely to fill prescriptions, receive screenings and get early treatment for chronic diseases.

Other benefits of having an ongoing relationship with a PCP include:



Primary care provides a full-picture, holistic view of your health.

“A primary care physician plays a key role in coordinating several aspects of a patient’s healthcare needs in one central location,” says Kerollos Askander, MD, a primary care physician in Howell and a member of RWJBarnabas Health Medical Group. This can include coordinating specialist care and managing multiple treatments, reviewing medications for potential interactions and performing routine screenings.



Primary care can prevent bigger problems. One of the biggest benefits of primary care is that it can nip chronic conditions,

from diabetes to hypertension, in the bud. “The progression of these conditions is often prevented by regular visits with a primary care physician,” says Iniobong Ukonne, MD, also a primary care physician in Howell and a member of RWJBarnabas Health Medical Group.



Primary care enables your physician to get to know you.

“When people are just popping in to see random doctors when they feel ill, they risk the predicament of conflicting medications or over-prescription,” says Jasmeet Mehta, MD, an internal medicine provider in Hamilton and a member of RWJBarnabas Health Medical Group. “When you have an established relationship with your primary care physician, your doctor develops proper insight about your medical history that may be important if you get sick.”



Primary care has become much more convenient.

Spurred by the COVID-19 pandemic, many doctors’ offices have adjusted their practices for patient convenience. “Our office

offers telehealth and video calls for patients who can’t make it to the office during normal business hours, and we are also open one weekend a month,” Dr. Askander says.



Primary care is cost-effective.

Using an emergency department for a condition that is treatable by a primary care provider—for example, the flu or an upper respiratory infection—costs 12 times as much, according to a 2019 United Health Group study. An urgent care visit for this type of condition costs, on average, 10 times as much as a primary care doctor visit.

HOW OFTEN SHOULD YOU GO?

Appointment frequency varies based on a patient’s needs.

“Typically, routine medical exams should happen once a year, depending on your age and health needs. This schedule allows your doctor to detect an easy-to-address medical condition that can put a person at risk if it goes untreated for long periods of time, such as high blood pressure,” says Dr. Mehta.

“A patient who has multiple chronic conditions or has difficulty adhering to a specific medication regimen and/or obtaining follow-up with their specialists should typically see their primary care physician on a regular basis,” Dr. Mehta says.



KEROLLOS ASKANDER, MD



INIOBONG UKONNE, MD



JASMEET MEHTA, MD

To find a primary care provider at RWJBarnabas Health Medical Group, visit www.rwjbh.org/medgroupprimarycare.





EARNING HONORS FOR PEDIATRIC CARE

RWJBARNABAS HEALTH CHILDREN'S HOSPITALS RANK AMONG THE NATION'S BEST.

Reflecting their dedication to outstanding pediatric care, RWJBarnabas Health (RWJBH) children's hospitals were named among the nation's Best Children's Hospitals for 2023-2024 by *U.S. News & World Report*, a global leader in quality rankings.

The Bristol-Myers Squibb Children's Hospital (BMSCH) at Robert Wood Johnson University Hospital (RWJUH) ranked 34th nationally for orthopedics and 47th for urology.

The urology ranking recognizes a four-hospital practice that is based at BMSCH but also provides care at three other RWJBarnabas Health hospitals: Children's Hospital of New Jersey at Newark Beth Israel Medical Center, McMullen Children's Center at Cooperman Barnabas Medical Center and The Unterberg Children's Hospital

at Monmouth Medical Center.

BMSCH was also ranked second in New Jersey and 15th in the Mid-Atlantic region. The rankings help parents of children with rare or life-threatening illnesses and their doctors in choosing the hospital that's best for them.

"RWJBarnabas Health strives to provide children and families with exceptional, family-centered pediatric care," says Andy Anderson, MD, Executive Vice President and Chief Medical and Quality Officer at RWJBH and Interim Chief Medical and Quality Officer at RWJUH. "Earning these outstanding national recognitions in pediatric orthopedics and urology is the direct result of a shared commitment among our physicians, nurses and staff across our entire Children's Health Network to provide families with

comprehensive, quality care."

U.S. News together with RTI International—a North Carolina-based research and consulting firm—collected and analyzed data from 119 children's hospitals and surveyed thousands of pediatric specialists. Children's hospitals awarded a "Best" designation excelled at factors such as clinical outcomes; level and quality of hospital resources directly related to patient care; and expert opinion among pediatric specialists.

"This national honor is the result of the strong partnerships that exist across the RWJBarnabas Health system and Rutgers to advance pediatric care in the region," says Amy Murtha, MD, Rutgers Robert Wood Johnson Medical School Dean. "Through this unique collaboration, our pediatric experts provide children and families with access to advanced research, innovation and technology to address the most complex pediatric medical conditions while increasing access to services that enhance childhood wellness."

A NETWORK OF SERVICES

As New Jersey's largest academic health system, RWJBH, in partnership with Rutgers Health, is the state's most comprehensive children's health network, offering an unmatched range of pediatric services from primary care to specialized treatments and therapies.

In addition to four acute care children's hospitals, the system's vast network of child-friendly facilities and pediatric specialists includes Children's Specialized Hospital, a national leader in pediatric rehabilitative and long-term care, and over 35 community-based primary and specialty care locations across the state.

"These rankings are great news for New Jersey families," says Bill Faverzani, Senior Vice President, Children's Services at RWJBH. "Our communities can be assured they are receiving the highest-quality care for children close to home."

Learn more at www.rwjbh.org/ChildrensHealth. For more information on the *U.S. News* Best Children's Hospitals, explore Facebook, Twitter and Instagram using #BestHospitals.





IMPORTANT ADVANCEMENTS IN CHILDREN'S SERVICES

HOW CHILDREN'S SPECIALIZED HOSPITAL IS EXPANDING AND ENHANCING PEDIATRIC SERVICES THROUGHOUT THE REGION

In a series of recent expansions and improvements, Children's Specialized Hospital (CSH), part of the Children's Health Network of RWJBarnabas Health, has significantly enhanced inpatient and outpatient care for children with special healthcare needs from birth to age 21.

"Over the past several years, CSH has grown immensely," says Matthew B. McDonald III, MD, President and Chief Executive Officer, CSH. "It is our mission to meet the unmet needs of children with special healthcare needs, including increased access to specialized rehabilitation care."

OPENING NEW OUTPATIENT CENTERS

CSH has opened and expanded facilities in communities lacking access to its specialized care. This includes the opening of expanded outpatient centers in Bayonne and Toms River, as well as new outpatient centers in Eatontown, Somerset and Union—all of which offer state-of-the-art amenities. At the beginning of 2024, a new and expanded outpatient center will also open in East Brunswick.

OFFERING UNIQUE SERVICES AND PROGRAMS

Care at CSH focuses on conditions and diagnoses that are often undertreated

in children and young adults with special healthcare needs. In addition to CSH's standard medical and therapeutic services, children now have access to several unique, highly specialized services including:

- Chronic Illness Management Program
- Chronic Pain Management Program
- CSH RUCARES Severe Behavior Program
- Feeding Disorders Program
- Pelvic Floor Rehabilitation
- Rehabilitation Technology

EXPANDING PROGRAMS AND STRENGTHENING COMMUNITY HEALTH

In addition to expanding its physical footprint to increase access, CSH is meeting current and prospective patients and families where they are, learning their biggest needs in the healthcare setting and beyond, and putting that information into action to make positive changes in surrounding communities.

CSH's Center for Discovery, Innovation and Development (CDID) is uniquely positioned to develop, innovate and discover solutions to advance the lives of those with special health challenges by addressing social determinants of health (SDOH)

and improving the lives of the most vulnerable patients and families.

In one initiative that's making a big impact, SDOH screenings have been implemented across all 15 CSH sites across the state. These screenings have helped the CSH team identify and support the needs of thousands of families in New Jersey who are challenged by food insecurity, housing, transportation and legal issues, among others.

ACHIEVING HIGH MARKS

CSH was recognized as one of *Newsweek's* World's Best Specialized Hospitals in 2022 and 2023. In 2022, CSH also ranked in the 100th percentile for the entire year in the Functional Independence Measure for Children (WeeFIM), which tracks disability status in children and the gains they have made by the time they are discharged.

Says Dr. McDonald: "Our WeeFIM ranking reconfirms what we already knew—that we are the No. 1 pediatric rehabilitation hospital in the nation. Thanks to the steadfast commitment of our innovative and skilled team, we are able to ensure that when a patient is discharged from our care, they are returning home with the best possible outcomes."

To learn more about outpatient programs and services at Children's Specialized Hospital or to schedule an appointment, call **888.244.5373** or visit **www.rwjbh.org/cshoutpatient**.

At Children's Specialized Hospital, we provide world-class care for children and young adults who face special health challenges across the state of New Jersey and beyond. We treat everything from chronic illnesses and complex physical disabilities, like brain and spinal cord injuries, to a full scope of developmental, behavioral and mental health concerns. We have convenient locations throughout the state: Bayonne, Clifton, East Brunswick, Eatontown, Egg Harbor Township, Hamilton, Mountainside, Newark, New Brunswick, Somerset, Toms River, Union and West Orange.

RWJBarnabas Health Medical Group

Your primary source for primary care.

The Combined Medical Group of RWJBarnabas Health and Rutgers Health offers residents an exceptional network of primary care physicians to not only treat you when you are sick, but guide you to improved health and wellness. Virtual and in-person visits available.

A primary care provider is your partner in:

-  The treatment of common illnesses and injuries
-  Reaching weight loss and wellness goals
-  Facilitating an annual physical and ordering appropriate tests and blood work
-  Mental health screenings
-  Medication management
-  Managing chronic health conditions like diabetes, arthritis, high blood pressure and lupus

Visit rwjbh.org/medgroupprimarycare to find a provider near you.

