



UNIVERSITY HOSPITAL  
Newark, New Jersey

ONE LOOK  
A  
ONE YEAR.  
COMMUNITY  
SERVICE  
ONE GOAL.  
ONE PASSION

# **EVERY PATIENT. EVERY TIME.**

## **ONE GOAL. ONE PASSION. EVERY PATIENT. EVERY TIME.**

This University Hospital Credo expresses the commitment that our employees make to our patients and to their coworkers. Each individual promises to deliver the best outcome for each patient he or she encounters, at every encounter. This pledge encompasses everything from warm and professional customer service to a clear and succinct explanation of a medical diagnosis — and everything in between. We understand that each and every one of our patients deserves and will receive our utmost attention and respect. It is our pleasure to help our patients through their health care experiences at University Hospital. It is our privilege to assist them in their journeys. That is our commitment to you.

**OUR MISSION** is to improve the quality of life for all those we touch through excellence in patient care, education, research and community service.

**OUR VISION** is to create the best possible environment for our patients to heal, our physicians to practice and our employees to work.



**WELCOME TO THE NEW UNIVERSITY HOSPITAL**

**2013 / 2014**



▲ JAMES R. GONZALEZ, MPH, FACHE, and HON. DONALD T. DIFRANCESCO

## O

ONE YEAR — and what an extraordinary year of change and opportunity it's been.

The New Jersey Medical and Health Sciences Education Restructuring Act changed the higher education landscape in the State. The legislation, which took effect on July 1, 2013, separated University Hospital from what had been its parent organization for 31 years. The hospital continues as an instrumentality of the State of New Jersey, an independent medical center and a principal teaching hospital on the Newark campus of what is now Rutgers Biomedical and Health Sciences.

The first requirement of independence was the establishment of a Board of Directors charged with the management of University Hospital.

A dedicated and hard-working group of board members ably led the hospital through this critical first year. University Hospital introduced operational efficiencies and implemented strategies that have brought us closer to our key goal of financial stability.

In addition, with the assistance of the State, the hospital secured \$22 million for capital improvements and will gain an additional \$37 million from New Jersey's Higher Education Capital Improvement Fund. This investment in our facility — ranging from upgrading the emergency power system to expanding our electronic medical records capability — will improve safety and quality of care for our patients, our number one priority.

The legislation also mandated the creation of a Community Oversight Board that would be responsible for ensuring community access to services provided at University Hospital. The eight-member Board met twice this year and helped provide direction for our continuing emphasis on community engagement.

Community initiatives this year included special training for our financial counseling staff to help community members navigate the new insurance options available under the Affordable Care Act. They enrolled more than 1,500 individuals. A Federally Qualified Health Center, an innovative partnership with the City of Newark, opened in our Ambulatory Care Center to increase access to care for Newark residents. We supported our Hospital Auxiliary's efforts to bring a farmers market to our neighborhood and continued participation in health fairs and screenings throughout the area — more

than 30 this year alone.

This has been a year of measurable progress and milestones, from the opening of our new Observation Unit to the investment of \$4 million in high-tech patient beds. How best to serve our patient community will be an ongoing discussion for the hospital's leadership.

Finally, if you were one of the more than 5 million viewers who tuned in to NY MED each week on ABC, you not only helped make the program the top-rated show in its time slot, but you saw University Hospital's extraordinary emergency services in action. We were very proud that when ABC News, which produced this series, looked for a New Jersey hospital to share the spotlight with some of New York's finest medical centers, they turned to University Hospital. After all, we are the home of northern New Jersey's Level 1 Trauma Center and a statewide resource for tertiary and quaternary care.

We are very proud of what we have accomplished this year and know that it was a team effort. We thank those who marshaled State support for the hospital through this transition and the members of our Board of Directors, our Community Oversight Board and all who have worked diligently to make this year a secure foundation for a healthier future for University Hospital and those we serve. We look forward to Year Two and a bright future.

We believe this report will bring into focus the many remarkable achievements of this year-long journey for University Hospital and — what is most important — for the people we have helped on their personal journeys to better health. You will meet some of them in the pages ahead. ■



Hon. Donald T. DiFrancesco  
CHAIRMAN, UNIVERSITY HOSPITAL BOARD OF DIRECTORS



James R. Gonzalez, MPH, FACHE  
PRESIDENT AND CEO, UNIVERSITY HOSPITAL



**BACK ON KEY**

## A PATIENT'S STORY

J

Joseph Rufalo is thrilled to be at the piano again. Music has been a part of his life since he was 6, when his grandmother taught him to play. He studied classical music in New York City and made his living

performing in a variety of venues. Over the years he's played with a number of celebrity musicians, including Bob Dylan and Muddy Waters. But when advanced liver disease zapped all his strength and he could not sit up long enough to play, his music stopped.

Like many people with liver disease, Joseph had no idea he was ill. The Kenilworth, NJ, resident recalls he'd have a twinge every now and then near his liver, but he had no other symptoms. "My eyes and skin didn't turn yellow, and I felt fine," he says. It was when he went into the hospital to have a hernia repaired that doctors discovered there was a problem. "I guess you could say when they opened me up, they also opened up a can of worms," he says. After extensive testing, physicians determined he had hepatitis C. Joseph had not engaged in any of the risky behaviors that cause the disease, so he was even more perplexed. "The whole thing was quite a shock," he says.

He came to the Center for Liver Diseases and Transplantation at University Hospital for treatment. He followed doctors' orders to the letter; nevertheless his condition continued to deteriorate. Finally a transplant became the only treatment option. When the doctors told him, he barely thought twice. "I was a little apprehensive, anybody would be," he says. "But I've been married to my wife, Laurel, for nearly 40 years, and I have a daughter and three grandsons. I have a lot to live for."

A healthy, compatible liver turned up in only six months, which is considered a relatively short wait. Dorian Wilson, MD, and Lloyd Brown, MD, attending surgeons at the Center, implanted the new liver. "They are both wonderful," Joseph says. "Besides being top surgeons, they were always available to answer my questions, and they really helped me through the tough times. They're more than my doctors, they're my friends."

Dr. Wilson echoed these sentiments. "Mr. Rufalo is a model patient and an inspiration for us to continue our work," he says. "We are so privileged to



▲ From University Hospital's Center for Liver Diseases and Transplantation:  
**BABURAO KONERU, MD; NIKOLAOS PYRSOPOULOS, MD;  
DORIAN WILSON, MD**

be able to relieve suffering for those who need liver transplants to survive."

University Hospital recently held a Re-Birthday Party for liver donors, recipients and their families to celebrate the second chance at life that transplant patients receive. Joseph was asked to be one of the performers for the event. He decided to play Mozart's Sonata in C, which is one of the first classical pieces he learned as a child. "I thought it would be appropriate," he says. "After all, I was celebrating the re-birth of my life and my music." ■

The first liver transplant in New Jersey was performed at University Hospital 25 years ago by Baburao Koneru, MD, liver transplant program director. UH's Center for Liver Diseases and Transplantation remains one of the busiest in the nation.



# UP AND WALKING

▲ DENISSE HERAZ with SUSAN MERRITT, PA-C

D

Denisse Heraz has only two goals in her life right now: to return to school this fall and to fully recover from cancer. Judging by the way things are going, she is on the way to accomplishing both.

The 13-year-old has been battling cancer for the past four years. Doctors discovered it when she broke her femur while riding her scooter. Denisse had what is known as an osteosarcoma, a type of bone cancer that generally occurs in the large bones of adolescents. It was the bone tumor, in fact, that caused the break.

"When the doctors explained it to me, I didn't want to hear it," she recalls. "I got really upset. I thought, 'I'm going to die.' I didn't want to leave my mother alone with my younger brother and sister. Plus, I played soccer, and I had just started looking for a place to learn gymnastics."

It was all the things she might lose, she says, that ignited her will to do whatever it took to "get better." Joseph Benevenia, MD, chief of service, department of orthopaedics, removed the tumor and placed a noninvasive, expandable prosthesis, known as a Repiphysis®. As Denisse grows, the prosthesis is lengthened using a special external magnet, so multiple open surgeries are not needed. The new



▲ DENISSE HERAZ

“bone” combined with physical therapy and chemotherapy, gave the youngster a good chance for recovery.

Denisse says she worked through the pain, but not being able to walk was frustrating. She was in a wheelchair for an entire year. “I don’t like to depend on people,” she says. “I usually help my mom, but she had to help me.” That was not the last of her challenges, however. Denisse overcame lung metastasis, an infection and had revision surgery.

Because of her treatment and the fragility of her leg, Denisse had to be home schooled. She filled her days singing, listening to classical and pop music — her favorite singers are Adele, Cher Lloyd and Demi Lovato — and doing “anything else that didn’t involve hospitals.” Like many young girls she enjoys experimenting with makeup. “The first time I tried to put eyeliner on, my whole face ended up black,” she says. “It was really funny.”

One of the people who Denisse says was instrumental in getting her through the tough times is Susan Merritt, PA-C, a physician assistant in UH’s department of surgery. “Sue was so kind and helpful,” she says. “I love music and wanted to learn to play the flute. When I told Sue, she brought in her own flute for me to use.” Ms. Merritt was also there when



▲ JOSEPH BENEVENIA, MD

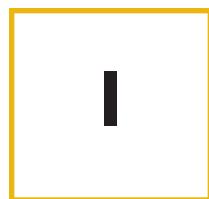
Denisse learned the cancer had metastasized to her lungs. That meant more surgery and more chemotherapy.

Today Denisse is walking with only a cane and is nearly finished with her final round of oral chemo. She’s considered stable, and if all goes well she’ll be in eighth grade with her friends this fall. She may outgrow her prosthesis and need another one implanted at some point, but she’s not thinking about that right now. She just wants to enjoy the life she fought so hard to keep. ■

Orthopedics at University Hospital has been recognized as “high-performing” by *US News & World Report*.



# EASING THE PAIN



It seems nearly impossible that a mere bump to the elbow could dramatically change someone's life, but that's exactly what happened to Sequoia Lawson. She was an active, vibrant 22-year-old

when she tapped her right arm on a department store counter. A few hours later her entire arm was black and blue, her hand was ice cold and she was in excruciating pain. At the emergency room later that day, the doctors recommended she find a neurologist, gave her pain medication and sent her home. But the pain didn't stop; it lasted nearly 10 years.

Sequoia was suffering from complex regional pain syndrome, or CRPS, a rare, chronic condition of the extremities. It usually occurs after some type of trauma — a fracture or sprain — and sometimes occurs after a cast is removed. A trivial injury like Sequoia's can also be the culprit, and it sometimes happens for no discernible reason at all. The triggers may be different, but the symptoms are always the same: dramatic changes in the color and temperature of the skin over the affected limb, intense burning pain, skin sensitivity, sweating, and swelling. Often the pain spreads to other parts of the body, as well.

Experts don't know what causes CRPS and there is no cure. There are treatments, and Sequoia tried them all. She saw acclaimed neurologists and surgeons across the country, and three of them performed surgery. After each procedure, however, her arm became increasingly paralyzed and "the pain came back with a vengeance." She tried nerve blocking injections. The first one quelled the pain for six days, but each subsequent injection had less effect until the procedure didn't work at all. She tried massage therapy, hydrotherapy and physical therapy, all with minimal results. At one point she begged a physician to amputate her arm. "I experienced the depths of hell," she says. "The pain never let up; I couldn't sleep, I couldn't do anything. I took antidepressants, anti-anxiety medication, muscle relaxants and nerve relaxants. I gained a lot of weight and stopped going out. I thought my life was over."

As luck would have it, Sequoia heard about a method of managing pain that uses nerve stimulation. A device the size of a stopwatch, known as a neurostimulator, is implanted just below the skin near a person's beltline. Thin insulated wires, known

as leads, are placed on the spinal cord. The stimulator delivers mild electrical impulses that replace the pain with a soothing massage-like sensation.

Before the implant is performed, however, the patient goes through a trial to determine if in fact the treatment will work. The device is taped to the patient's back and the leads are fed just under the skin through the area outside the spinal cord but inside the vertebral canal. In Sequoia's case, she wore the external stimulator for five days. "It worked. Something finally worked," she recalls. "It worked so well, I was even able to sleep. I was ecstatic."

Antonios Mammis, MD, director of functional and restorative neurosurgery, implanted Sequoia's device. "To understand how it works, think about hitting your thumb with a hammer," he explains. "You instinctively rub your thumb, and it feels better. By activating one type of nerve fiber via the rubbing, you shut down the pain transmission fibers. It is quite dramatic to see the change in someone who has suffered for a long time."

Sequoia is the first to agree. "After Dr. Mammis did the implant, I had a new life. I became pain free for the first time in 10 years, and I was able to begin healing emotionally," she says. "I am now actually living, not just existing. I will forever be grateful to Dr. Mammis." ■

Antonios Mammis, MD, is one of only three physicians in the New York Metropolitan area who is trained to implant both surgical and percutaneous spinal cord stimulators for pain management.

SEQUOIA LAWSON and ANTONIOS MAMMIS, MD



# CRITICAL CARE COUNTS

▲ STEPHANIE LOPEZ and ONAJOVWE FOFAH, MD

V

Vivian Lopez only held her newborn baby girl for a few minutes after she was born. The baby, whom she and her husband, Marcelo, named Stephanie, was full term, weighing in at six pounds, and

she looked like any other healthy infant. But she was seriously ill. Stephanie was born with DiGeorge syndrome, a rare hereditary condition that has a number of manifestations. The most common is a heart condition, known as tetralogy of Fallot, which includes a hole between the ventricles, an obstruction in one or both sides of the heart, and an overriding

aorta. "I didn't hear her cry, so I knew something was wrong," says Vivian. Her obstetrician discovered that Stephanie had DiGeorge while she was *in utero*. Although the Lopezes knew the baby might be born with problems, they were hoping for the best. However, Stephanie had a defective heart that needed immediate repair, or she would die. She was whisked away to the only facility in the New York metro area that could offer the life-saving emergency surgery she needed. But the infant returned to University Hospital for critically important post-surgical care.

She was also born with a cleft palate that made feeding her difficult, and she has a T-cell immune deficiency that puts her at risk for a life-threatening



▲ THE LOPEZ FAMILY

infection. The fragile infant spent five weeks in the Fetal Intensive Care Unit (FICU) at University Hospital, where she got the vigilant, dedicated care she needed.

"I would go every day and sit with her," Vivian says. "The nurses would tell me what was happening with her condition, and that made it easier. They were very kind and very helpful. And they reassured me when I would worry."

Onajovwe Fofah, MD, director of neonatology, says the watchful, 24-hour care the FICU nurses provided was key to the infant's successful recovery. For example, when Stephanie suddenly spiked a fever in the middle of the night, the nurse immediately called Dr. Fofah and started the baby on the antibiotics he prescribed. "She knew the child has an immune deficiency and didn't hesitate to act. There is no time to waste with a child like Stephanie," he says. "If that nurse hadn't acted so quickly, the baby may not have survived. These babies are high risk, so the nurses have to watch them every minute."

Stephanie is now a happy, toddling 18-month old who has a good chance of living a relatively normal life. Her cleft palate has been repaired so eating is easier, and thanks to an early intervention program, she is on a regular schedule of speech therapy, physical therapy and occupational therapy at home. "We are very fortunate to have a team of dedicated perinatologists, neonatology nurses and other specialized skilled workers in the regional

perinatal center here at University Hospital," says Dr. Fofah. "Their collaboration makes a difference in cases like this. The care Stephanie received truly did count." ■

University Hospital's Fetal Intensive Care Unit has a survival rate of 95 percent for premature babies who weigh three pounds or less, based on Vermont Oxford data that is submitted by a network of neonatal intensive care units in the U.S., Europe and Canada.





**MUSIC TO HIS EARS**



Like most 12-year-olds, Jesse Solano is part of today's "wired" world. He has a computer, a smart phone and a tablet loaded with apps. But Jesse relies on technology most other kids do not, which he says has "rocked his world." Jesse has two cochlear implants.

Jesse was born with significant hearing loss, and at 2 got hearing aids in both ears. He managed, but couldn't do many of the things his friends were doing: playing sports, going to the movies and talking on the phone. By the time he was 10, Jesse could barely hear at all. That's when he got his first cochlear implant. "I could hear the birds sing," he says. "I didn't even know that birds made noise." Jesse was so excited, he made a video about his hearing technology that he posted on YouTube. (<http://www.youtube.com/watch?v=uclqk3sZac0>.)

Lisa Bell, MA, CCC-A, audiology director at the Cochlear Implant Center of New Jersey at University Hospital, explains that a normal ear processes sound through a perfectly timed chain of events. Part of that process relies on movement in the fluid of the cochlea, which sets tiny hair cells in motion. A person, like Jesse, with sensorial hearing loss has damage to the cochlea. A hearing aid only amplifies sound, but a cochlear implant bypasses the hair cells completely. It works by capturing sound vibrations with a microphone outside the ear and sends them to a receiver implanted under the skin behind the ear. The receiver takes the coded electrical signals and delivers them to the array of electrodes that have been surgically inserted in the cochlea. These signals are transmitted to the brain by the auditory nerve, which interprets them as sound.

Robert Jyung, MD, director of otology/neurotology at University Hospital, performs all of the implants. The surgery usually takes about two to three hours, and patients generally go home the same day. That is just the first step on the road to hearing, however. Dr. Jyung explains that a person with a cochlear implant does not hear the same way a person with normal hearing does. "People with implants say words sound robotic, or like the teachers on a Charlie Brown cartoon television show," he says. "It takes time for the brain to



▲ ROBERT JYUNG, MD

understand what has happened and adjust. We encourage new implant patients to listen to television news broadcasts or books on tape to learn to decipher the exact sounds."

The implants are continually evolving and improving. They are now waterproof so people can swim without taking them off; they have remote controls; and they have Bluetooth capability and can be synced with smart phones and iPods.

Dr. Jyung says that he feels extremely fortunate to be able to do the work he does. "There is such joy being able to put people back in the hearing and speaking world," he says. "It is very rewarding." ■

The Cochlear Implant Center of New Jersey at University Hospital is one of only three hospitals in New Jersey that performs cochlear implants. UH does implants on more patients than any other institution in the state, at about 30 each year. The success rate is nearly 100 percent.

JESSE SOLANO *listens to the birds.*

# SAVING SIGHT

W

When a routine surgical procedure went wrong, Jeremy Hirsch went to University Hospital. It was there, he says, that doctors not only saved his eye, they also saved his life.

Jeremy's story began when he went to a surgery center to have nasal polyps removed. After the surgery was over, his father, Paul, gently nudged him awake. The elder Hirsch told his son that an ambulance was on its way. A problem

had developed during the operation and Jeremy needed the care of specialists at University Hospital. "I couldn't see out of my right eye because of the swelling," he says. "Soon I couldn't see out of either eye. I didn't know it then, but I had internal bleeding that was affecting my vision. It was very frightening."

When he arrived at UH, Jeremy was met by Paul Langer, MD, director of ophthalmic, plastic and reconstructive surgery in the department of ophthalmology, who determined that one of the



▲ PAUL LANGER, MD

walls of Jeremy's right orbit (the bones that surround the eye) had been inadvertently broken and would need to be surgically repaired. But first, he would need the blood removed from his nose and sinuses. Dr. Langer enlisted the help of Jean Anderson Eloy, MD, director of rhinology and

sinus surgery at University Hospital, who successfully performed the surgery. Jeremy still needed an additional surgery to repair the orbital fracture and to regain full movement of his right eye, however. Nine days later, Dr. Langer performed the procedure and

all was well. Or so everyone thought.

For reasons still unknown, Jeremy began to hemorrhage from the left side of his nose a few days after the second surgery. Because he was bleeding so heavily, the ambulance took him to the hospital closest to his Somerset home. "The doctors tried but

couldn't stop the bleeding," he says. "They gave me two units of blood, but I continued to bleed. Finally at about 5 a.m. they transferred me to University Hospital. Once I got there I felt safe and comfortable for the first time all night." The people in the emergency room joked with him and tried to keep his spirits up, he recalls. But he was bleeding so profusely that, at one point, he told his father he wasn't sure he would live. "I was terrified," he says. "I have two young sons who I want to see grow up." Dr. Eloy arrived at UH and immediately got prepared for emergency surgery. "When I told Dr. Eloy in the OR I was scared, he reassured me. He told me not to worry that he'd take care of me. And he did."

After the surgery Jeremy started on the road to

recovery. He had lost about five units of blood — the average, healthy adult has a total of 10 to 12 units — but he slowly regained his strength. "Everyone was wonderful, at every level," he says. "They genuinely cared about me. If I had to go through what I did, at least I was in the best possible place. My experience at University Hospital was as wonderful as a hospital experience can be."

As a token of thanks for the care he received at UH, Jeremy and his father made a donation to University Hospital and to Drs. Langer and Eloy for their research. Their gift will support the renovation of the patient visitors lounge. ■



▲ JEAN ANDERSON ELOY, MD

## SHARE THE VISION

The Foundation for University Hospital is a 501 c3 nonprofit corporation with the exclusive purpose of supporting the operations of our hospital and our public mission to provide a comprehensive healthcare program and healthcare services to the greater Newark community. This includes outreach and mobile health services as well as programs in collaboration with the Newark-based schools of Rutgers Biomedical and Health Sciences.

For more information, please call University Hospital's Public Affairs Office at 973-972-3474.



# OUR NEW LOOK

A

A walk around University Hospital shows many signs of change. At the end of last year, we completed the renovation of our cardiac catheterization and interventional radiology labs with the most advanced technology, and they are now in full operation. We also began planning for the replacement of CT scanners that will allow us to diagnose patients more effectively, and a new daVinci robot stands at the ready to assist our surgeons.

## An Environment of Healing

We have also made significant improvements in our

patient rooms. We invested \$4 million on 280 state-of-the-art hospital beds that are truly computers on wheels. Besides added comfort, the new beds incorporate the latest technology to prevent problems and promote recovery. The beds were distributed throughout the hospital, and there are five new bariatric beds, designed for patients up to 500 pounds, which are used wherever they are needed. Eight new beds have been helping mothers have more comfortable labor and deliveries.

The new beds are designed to help our patients heal faster. Critical care beds, for example, can be converted to a full chair position when the patient is ready to sit up and to a full standing position when he or she is ready to stand. All new beds have mattresses

▲ *Comfortable patient rooms*

that continually inflate and deflate to help prevent blood clots and pressure ulcers, and they are fully equipped with safety mechanisms and alarms to prevent patient falls.

In addition, patient rooms now feature flat screen TVs with dedicated channels for information and education. “All these new features make the patient experience more positive,” says Barbara Carroll, DNP, APN-C, RN, executive director of patient care services. “They help create an environment of healing at University Hospital.”

### An Epic Step Forward

A few years back University Hospital introduced an electronic medical records system (EMR), EpicCare Inpatient Clinical System, or EPIC as UH staff calls it, to some areas of the hospital. The system was built and customized for this hospital and our needs. “EPIC is one of the best systems available,” explains Jeannette Manchester, DPN, RN. “Because of customization, it recognizes the different needs of different areas of the hospital.”

In addition, EPIC builds in quality measurements and runs reports on key performance indicators that reflect impact on the quality of care. The federal government provided incentives for hospitals to introduce EMRs but required a demonstration of “meaningful use,” evidence that the electronic system improved the quality of care and provided real benefits to the patient. To Dr. Manchester, director of the department of education and professional development, EPIC does just that by promoting the team approach that sharing information electronically facilitates and research shows is best for the patient.

This year preparations were made to introduce new modules that will expand the system and move closer to the integration of all inpatient areas into EPIC. For example, the implementation of Clinical Documentation will eliminate paper records and bring most units into the system, while the aptly named STORK module will meet the special needs of labor and delivery.

EPIC is a user-friendly system that can be accessed from any computer in the hospital so that a care provider can find everything about a patient all at once. “This is a change in practice and the way we use available resources,” Dr. Manchester notes. “It adds a lot of value.”

And something new for our patients, MYCHART provides a special portal where individuals can access their own health records. They can see test results, allergies, medical problems and medications, and the



▲ A daVinci Robot

summary of their inpatient admissions. They can store this information and share it with their healthcare providers. They can also request, confirm or cancel upcoming appointments in the UH clinics.



▲ The Progressa Model, one of the new beds

### Observation Unit Opens

UH’s new Observation Unit opened on June 24 on H-Blue. Observation services are typically ordered for conditions that can be treated in 24 hours or less or when the cause of symptoms has not yet been determined. This outpatient unit accommodates patients awaiting the decision from their healthcare providers to either admit them as inpatients or discharge them home for care in another setting.

The new unit is a more comfortable environment for patients who might otherwise remain in the emergency department. Rooms feature the new high-tech hospital beds, all with telemetry capability, and flat screen TVs. ■



# COMMUNITY ENGAGEMENT

▲ Financial counselors at work

## S

Scores of University Hospital employee volunteers made our participation in more than 30 health fairs and health screenings possible. We visited places of worship, community centers and schools throughout the area, and this year marked the 10th anniversary of the Islamic Community Health Collaborative/University Hospital Pre-Ramadan Health Fair in Newark. Summer Tuesdays are Farmers Market days, thanks to our Hospital Auxiliary, which invites the community to our campus to purchase New Jersey fresh produce.

### **More than 1,500 Community Members now Insured**

With new opportunities for insurance coverage under the Affordable Care Act (ACA), University Hospital immediately began planning for ways to engage and enroll community members. A total of 23 members of the Financial Counseling staff completed two eight-hour days of training to become certified to assist people in applying for health coverage through the ACA Health Insurance Marketplace or through NJ FamilyCare, which is the State's Medicaid program.

“Everyone realized how important this initiative

was and went the extra mile to serve as many people as possible,” notes Qamar Carr, director of the department. In fact, the office extended its regular hours into evenings and Saturdays to accommodate potential enrollees. As a result, 1,503 applications were completed, 220 for ACA and 1,283 for NJ FamilyCare.

In addition, a special effort at Broadway House was also made to help members of North Newark’s community explore insurance options, determine eligibility and enroll in an appropriate plan. Four volunteers worked nonstop from 4 to 9 p.m. one evening to service more than 50 individuals and family groups.

#### **Greater Access to Healthcare for Newark Residents**

A first for University Hospital’s Ambulatory Care Center is a new collaboration between the hospital and the City of Newark that brings a Federally Qualified Health Center (FQHC) to our campus. The ultimate goal of the FQHC is to reduce emergency room visits for outpatient-related conditions by increasing access to healthcare, especially primary and preventative care, for a previously underserved population.

“One of the ways we are doing this is by expanding the hours that the FQHC will be open,” explains Kathy Opromollo, executive director of the Ambulatory Care Center. “The FQHC will be open evenings until 8:00 p.m. to accommodate people who find it difficult to see a doctor between 9 and 5, Monday through Friday. As volume increases, we hope to add weekend hours.”

The FQHC offers primary care services on a sliding fee scale. The Center officially opened in June, but has been seeing patients since March 2014; to date, there have been nearly 200 patient visits by patients referred from our emergency department. These are patients who were not established clinic patients or did not have primary care physicians.

#### **EMS**

University Hospital’s Emergency Medical Services (EMS) continued to provide outstanding service to the cities of Newark and Camden. Nearly 130,000 requests for assistance were answered by the 300 men and women who staff 25 emergency vehicles on these city streets. They cover Newark Liberty International Airport and serve the seaport as well.

This year two additions expanded the special operations unit. EMS added a bariatric unit to its



▲ Site of our first FQHC

fleet of ambulances. It is specifically designed to accommodate larger and heavier patients and is equipped with a specialized loading system that reduces the chances of injuries during transport. A grant from the Healthcare Foundation of New Jersey made the purchase of the new unit possible. And a new Mobile Intensive Care Unit (MICU) stands at the ready at Newark’s airport, financed in part by a gift this year from the Airport Managers Council.

Ours was the only EMS in the State to receive the highest level of recognition, the Mission:Lifeline award from the American Heart Association for successful implementation of specific quality improvement measures for treating patients who suffer from the deadliest form of heart attack. ■

▼ A new bariatric unit





▲ Residents compare notes

**U**

University Hospital sits at the center of northern New Jersey's premier academic health center. Our position here links the educational component of our mission to everything else that we do, from serving patients, community members and our own staff to training future healthcare providers.

#### The Next Generation of Clinicians

University Hospital is New Jersey's largest Graduate Medical Education site for future physicians and

graduate students pursuing other healthcare professions. Helping to educate the next generation of health professionals is an important part of what happens at University Hospital. We are a principal teaching hospital for the schools of Rutgers Biomedical and Health Sciences, which include Rutgers New Jersey Medical School and Rutgers School of Dental Medicine. Our medical staff works with hundreds of students each year, sharing their expertise as the students develop into medical and dental practitioners. Each year UH has nearly 600 residents on campus in 50 different programs, ranging from internal medicine and general surgery to emergency

medicine and pediatrics. This year we congratulated 200 graduates who completed advanced education in their specialties.

#### New Feature at the Community Training Center

After more than two decades of preparing students for American Heart Association certification, University Hospital's Community Training Center (CTC) had some welcome additions to its classrooms this year. Simulation mannequins now provide students with lifelike interaction that, according to Center administrative director Dennis Boos, replicates what a real patient having a medical emergency experiences and how it feels for the responder to act quickly and appropriately.

The CTC offers courses ranging from neonatal resuscitation to advanced cardiac life support and many essential certifications in between, some online. Staff members are experienced practitioners and knowledgeable instructors, well prepared to meet the demands of course participants.

The Center is responsible for training our own hospital staff, residents and medical students. But it brings its special expertise beyond our campus for on-site training at other hospitals, Bayonne and

Hoboken among them, and to corporate neighbors like Prudential and the Port Authority of NY and NJ, which offer their employees classes in CPR and Heartsaver First Aid. "University Hospital's CTC is the largest independent center in New Jersey," Boos notes. "We train between 13,000 and 18,000 people every year." No small accomplishment.

#### A Wealth of Information

A Health Education Center opened in the hospital's main lobby this year to provide health information for patients, employees and community members. The Center features five computer stations to provide easy access to the world of online information.

The Center offers printed materials in a range of literacy levels in English and Spanish. These publications focus primarily on common chronic conditions like heart disease and diabetes. "Patients want to know about their conditions and what they can do to maintain or even improve their health," says hospital librarian Jennifer Kaari, MILS. "This is a great resource for them, especially immediately after discharge."

The Center was funded by a grant from the Healthcare Foundation of New Jersey. ■

▼ *Mastering life-saving skills*





# AWARDS AND RECOGNITION

U

University Hospital's prime time television debut on June 26 was an opportunity to see our Trauma and Emergency Services in action in NY MED, a riveting, fast-paced docu-drama produced by ABC News.

Yes, we know this eight-part series was called New York Med, so what brought the producers to Newark, New Jersey?

University Hospital is the home of northern

New Jersey's Level 1 Trauma Center where our physicians and trauma surgeons are in the business of saving lives every day. So when ABC's news division looked for a New Jersey hospital to share the spotlight with some of New York's finest medical centers, University Hospital was the obvious choice.

The series featured UH trauma surgeons, physicians and EMS professionals, including (l to r) Adam Fox, DO, Terry Hoben, Tiffany Murano, MD, David Livingston, MD, Devashish Anjaria, MD, Ziad Sifri, MD, and Anne Mosenthal, MD.

**Employee recognition events this year honored 388 staff members who had been singled out by patients and their families, visitors, or colleagues for a special thank you for service above and beyond.**

**Employee engagement in the new University Hospital was a major initiative.**

**The Joint Commission** grants University Hospital accreditation effective May 17, 2014, after successful completion of a once-in-three-year survey to assess compliance with Medicare conditions for hospitals through The Joint Commission survey process.



### **U.S. News & World Report**

University Hospital ranks among the Best Hospitals in northern New Jersey and the New York Metropolitan area, according to Best Hospitals rankings, published by U.S. News & World Report. University Hospital is also recognized for "high performance" in clinical specialties of Nephrology, Orthopedics, and Ear, Nose and Throat.



### **Horizon/Leapfrog Hospital Recognition Program**

University Hospital is recognized for its outstanding performance in the Leapfrog Hospital Recognition Program (LHRP). The survey rates each participating hospital on 18 Leapfrog standards and compares individual scores against state and national averages. UH ranks higher than the state and national averages on all three of the composite scores for quality, resource use and value.



### **Get with the Guidelines - American Heart Association/American Stroke Association**

- Gold Plus Performance Achievement in Stroke
- Gold Plus Performance Achievement in Heart Failure
- Target Honor Roll Stroke Hospital



**The Joint Commission** recognizes University Hospital with the Medal of Honor for Organ Donation for raising its donation rates to 75% or higher of eligible donors for the past 12 months.

### **Advanced Heart Failure Care**

University Hospital is the only hospital in northern New Jersey and one of only two in the State certified in Advanced Heart Failure Care by The Joint Commission.



### **Mission: Lifeline EMS Recognition**

This American Heart Association initiative recognizes success in implementing specific quality improvement measures for treating patients who suffer the deadliest form of heart attack, known as a STEMI.

University Hospital's EMS is the only one in New Jersey to receive the highest award possible under the Mission: Lifeline program.



### **Mission: Lifeline STEMI Receiving Center Award**

The Mission: Lifeline Recognition Program of the American Heart Association acknowledges University Hospital for its efforts to improve the quality of care for heart attack patients. This national recognition means that University Hospital provided high-quality cardiac care as measured by accepted standards including timely, evidence-based treatment with angioplasty and medications proven to improve outcomes for heart attack patients.



### **Healthgrades, an Independent Rating Organization**

University Hospital is one of only three hospitals in New Jersey to receive the Healthgrades Neurosurgery Excellence Award.



### **The Star-Ledger** **The Star-Ledger** - New Jersey's largest newspaper

University Hospital is named one of the State's Top Hospitals by "Inside New Jersey," The Star-Ledger's magazine.

# SOME FIRSTS FROM OUR FIRST YEAR



**1 Day one arrives** on July 1 and UH becomes an independent medical center but continues as a principal teaching hospital for Rutgers New Jersey Medical School and Rutgers School of Dental Medicine. President Gonzalez hosts a lively celebration.

**A print ad** campaign introduces the public to the new University Hospital.

**Former Governor**  
Donald T. Di Francesco is named chair of UH's new Board of Directors and additional appointments are made to join the Board.

**UH joins** the National Council of Jewish Women in August for a "Back 2 School Store," where some 575 low-income Essex County elementary students "shopped" for school clothes and supplies.

**UH unveils** a redesigned and updated website at [www.uhnj.org](http://www.uhnj.org).

**A new** electronic newsletter, UH NOW, is introduced to link all members of the UH community with weekly updates.



**The September** day is the hottest of the summer, but members of the hospital's leadership team try to look cool as they man grills and food stations for a staff appreciation barbecue on the hospital patio, an event destined to become an annual happening.

**In October**, the Newark Airport Airline Managers Council presents UH with \$20,000 to support the Emergency Medical Services.

**UH is part** of the Donate Life float in this year's Rose Parade in Pasadena on New Year's Day. A special message of remembrance and hope from the hospital is attached to one of the thousands of roses that make up the Dedication Garden on the float, and several of the floragraphs — portraits made of flowers and

natural materials — are of donors whose organs went to recipients at UH.

**The medivac** helicopter program – Northern Shock-Trauma Air Rescue, or northSTAR – celebrates its 25th anniversary. A joint program with the State Police, UH's EMS flight paramedics and flight nurses provide advanced life support on board.

**UH moves** closer to a Baby-Friendly Hospital USA designation with the publication of a breastfeeding brochure and the celebration of the one-year anniversary of its rooming-in practice of having new babies stay in their mothers' rooms.

**UH marks** its 10th anniversary as a participant in the American Heart Association's annual "Go Red Day." The national event is held every February to raise awareness in the fight against heart disease, the number one killer of women in America.





### Congressman

Donald Payne, Jr., visits UH on March 10 to tour the hospital and learn about the UH initiative to educate the community about the Affordable Care Act.

**UH becomes** the first Essex County hospital and one of only three in the State to offer Radium 223 dichloride for the treatment of select patients with advanced prostate cancer.

**UH's EMS**, a lead agency member of the New Jersey EMS Task Force, is charged with keeping fans at Super Bowl XLVIII safe.



**In March** the Commission on Cancer accredits UH's cancer program for three more years with two commendations: in clinical trials and prevention and early detection of cancer.

**More than** 100 people attend a Supply Chain Management/Supplier Diversity Workshop in March on "How to Do Business with University Hospital."

**No frequent** flyer miles or hotel points, but UH opens its "hotel" seven times during this winter of record-breaking cold and snow to accommodate staff who keep UH going 24/7. A thank-you breakfast to recognize the special effort of employees to beat the winter weather is scheduled.

**A training** center for UH staff members opens in the Cancer Center building. More than 900 employees attend training sessions this year.

**Women undergoing** radiation and/or chemotherapy at UH are invited to a "Look Good, Feel Better" program facilitated by a trained cosmetologist. UH partners for the event include the American Cancer Society and the Personal Care Products Council Foundation. Workshop is featured on CBS News.

**Students at** Newark's Science High get a wake-up call before graduation about distractions and driving when UH's EMS brings the sobering message of the "Every 15 Minutes" program to their school.

**The annual** University Hospital/Islamic Community Health Collaborative Pre-Ramadan Health Fair marks its 10th anniversary.



**UH hosts** more than 200 guests — including nearly 100 liver transplant recipients — at a May re-birthday celebration that also marks the 25th anniversary of New Jersey's first liver transplant, which was performed at UH.

# HOSPITAL LEADERSHIP

## Board of Directors

### **Hon. Donald T. DiFrancesco**

Chairman

*DiFrancesco, Bateman, Coley, Yospin, Kunzman,  
Davis & Lehrer, P.C.*

### **James M. Orsini, M.D.**

Vice Chairman

*Essex Oncology of North Jersey PA*

### **William D. Cassidy, III, PhD.**

Secretary

*The Resource Partnership, LLC*

### **Dominic DiPiero, III**

Director

*Newport Capital Group*

### **Robert L. Barchi, MD, PhD**

Director (*Ex Officio*)

*President, Rutgers, The State University of New Jersey*

### **Cecile A. Feldman, DMD, MBA**

Director (*Ex Officio*)

*Dean, Rutgers School of Dental Medicine*

### **Robert L. Johnson, MD, FAAP**

Director (*Ex Officio*)

*Dean, Rutgers New Jersey Medical School*

### **Brian L. Strom, MD, MPH**

Director (*Ex Officio*)

*Chancellor, Rutgers Biomedical and Health Sciences*

## Community Oversight Board

**James R. Gonzalez, MPH, FACHE** (*Ex Officio*)  
*President & CEO, University Hospital*

**Suzanne H. Atkin, MD, FACEP, FACP** (*Ex Officio*)  
*Chief Medical Officer, University Hospital*

**Robert L. Barchi, MD, PhD** (*Ex Officio*)  
*President, Rutgers, The State University of New Jersey*

**Deborah E. Collins, Esq.**  
*Executive Director, Economic Development Corp. of Essex Co.*

**Thomas M. Daly, FHFMA, CPA** (*Ex Officio*)  
*Vice President & Chief Financial Officer, University Hospital*

**John Gerow**  
*President, Teamsters Local 97*

## **Diane Hill, PhD**

*Assistant Chancellor, Rutgers, The State University  
of New Jersey*

## **Jean Pierce**

*Public Policy Staff, Health Professionals  
& Allied Employees, AFT/AFL-CIO*

## Hospital Administration

### **James R. Gonzalez, MPH, FACHE**

*President & CEO*

### **Nancy Hamstra, MPA**

*Chief Operating Officer*

### **Thomas M. Daly, FHFMA, CPA**

*Chief Financial Officer*

### **Suzanne H. Atkin, MD, FACEP, FACP**

*Chief Medical Officer*

### **Susan Palma, MS, RN, LNHA**

*Interim Chief Nursing Officer*

### **Vincent Barba, MD, FACP, FHM, CPPS**

*Chief Quality Officer*

### **Gerard Garcia**

*Chief Human Resources Officer*

### **Barbara F. Hurley**

*Executive Director of Public Affairs*

### **John Ras**

*Interim Corporate Compliance Officer and Director  
of Internal Audit*

### **Richard Tunnell**

*Chief Information Officer*

### **Paul Wermuth**

*Senior Vice President and General Counsel*

## FOR YOUR INFORMATION

UNIVERSITY HOSPITAL is an acute-care hospital with 519 licensed beds

- Home of northern New Jersey's Level 1 Trauma Center
- A regional resource for tertiary and quaternary care.
- An active medical staff of 549

During the last fiscal year (ending June 30, 2014):

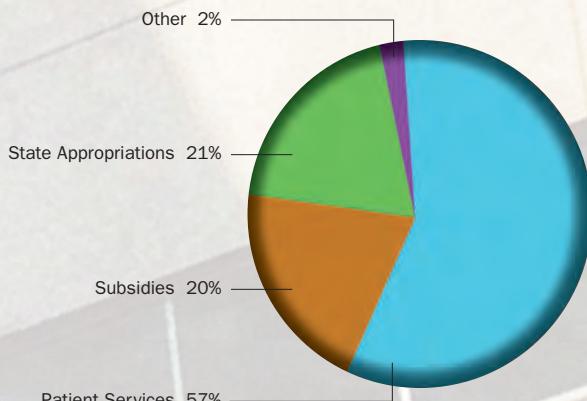
- Admissions: 15,692
- Patient Days: 93,696
- Births: 1,670
- Trauma Cases: 2,429
- Emergency Department Visits: 91,026
- Clinic Visits: 171,909

Our Emergency Medical Services this year covered Newark, Camden, Newark Liberty International Airport and Port Newark:

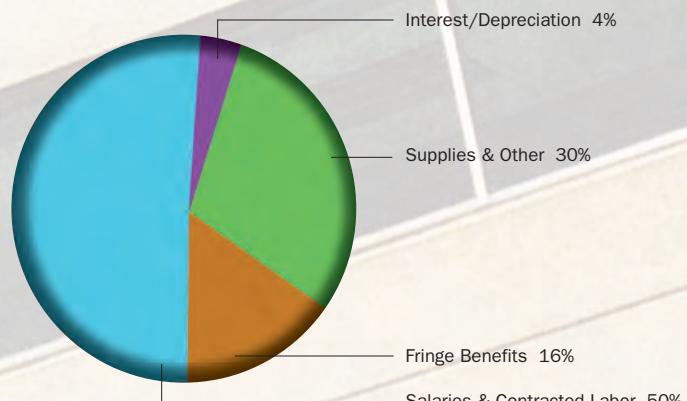
- Total Newark Responses: 100,150
- Total Camden Responses: 24,528
- NorthSTAR Responses: 536

In this first year, University Hospital has introduced operational efficiencies and implemented strategies that have brought us closer to our key goal of financial stability. In addition, with the assistance of the State, the hospital secured \$22 million for capital improvements and will gain an additional \$37 million from New Jersey's Higher Education Capital Improvement Fund. This investment in our facility — ranging from upgrading the emergency power system to purchasing state-of-the-art, high tech patient beds — will improve safety and quality of care for our patients, our number one priority.

Revenue



Expenses





**University Hospital** is grateful to more than 200 adult and teen volunteers who annually contribute approximately 89,000 hours of dedicated service. You will know them by the navy-blue jackets, or t-shirts for our teens, as they walk the halls ready for work.

Our volunteers include students, retirees, and professional men and women from Newark and neighboring communities. They may greet visitors at the main entrance, deliver books and magazines to patient units, or do one of a number of things to make the patient experience better.

We are also fortunate to have an active Hospital Auxiliary that has supported a variety of projects over 35 years. We hope that their commitment to our mission will be a beacon for others who want to share in serving our community and building our future.

For more information about volunteering at University Hospital, you are invited to call 973-972-4065.



This report was written and produced  
by University Hospital's Department  
of Public Affairs

*Design: Eric Miller + Associates  
Principal photography: John Emerson*



*One Goal. One Passion. Every Patient. Every Time.*

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