

# Choices

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 ENGLEWOOD  
HEALTH

Institute for Patient  
Blood Management and Bloodless  
Medicine and Surgery



*Stopping a  
Heart Attack*  
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# New Cardiac Surgery Guideline Embraces Patient Blood Management



Aryeh Shander, MD

When you need heart surgery, you want to make sure that your wishes for bloodless medicine are followed. Updated guidelines from The Society of Thoracic Surgeons and three other medical societies now recommend patient blood management for all individuals undergoing heart surgery.

“Large amounts of blood loss is linked with blood transfusions and their associated risks, longer hospital length of stay, higher overall costs, and reduced survival,” says Aryeh Shander, MD, FCCM, FCCP, FASA, Emeritus Chief of the Department of Anesthesiology and Critical Care Medicine and Senior Consultant at the Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Health. “Blood conservation is one of the pillars of patient blood management, and these organizations now acknowledge the importance of this concept during heart surgery.”

The new guideline features recommendations about presurgical assessment and treatment of conditions, such as anemia, that can cause many hospitals to provide transfusions. Adam Arnofsky, MD, Chief of Cardiothoracic Surgery at

Englewood Health, thinks the guideline will bring more attention to patient blood management.

“These recommendations can guide physicians who are not aware or haven’t regularly used patient blood management in their practices,” he says. “It includes everything from when not to transfuse to other therapies that surgeons can use to treat or prevent bleeding.”

The new cardiac surgery guideline traces its roots to The Bloodless Institute.

“Englewood Health is the cradle of patient blood management,” says Sherri Ozawa, RN, consultant to The Bloodless Institute and President of the Society for the Advancement of Patient Blood Management. “We played a seminal role in creating the science and interest in patient blood management as a gold standard of patient care.”



Adam Arnofsky, MD

## Bye-Bye, Blood Transfusions

The Society for the Advancement of Patient Blood Management no longer includes recommendations for blood transfusions in its clinical standards for patient blood management. This change encourages providers to focus more on optimization and better use of the patient’s own blood.

When the Society for the Advancement of Patient Blood Management (SABM) created its clinical standards in the mid-2000s, patient blood management was more transfusion-focused, according to Sherri Ozawa, RN, Consultant to the Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Health and President of SABM. As patient blood management evolved to de-emphasize transfusions, it no longer made sense for SABM to continue recommending standards about the safe administration of donor blood.

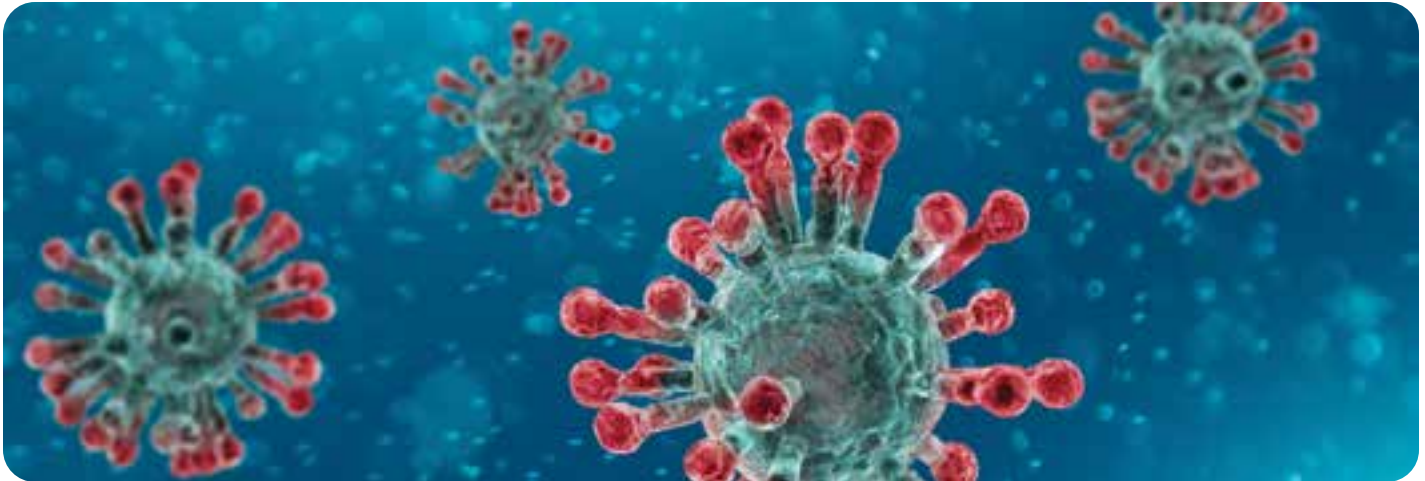
“Patient blood management is not about blood transfusions,” Ozawa says. “Removing the blood transfusion standards has helped hospitals and patient blood management programs return their attention to what they do best. When we eliminated transfusions from the standards, it allowed people to refocus on addressing anemia and other risk factors we can do something about.”

SABM also added standards for pediatric and neonatal patients.

“No one had pediatric or neonatal standards for patient blood management,” Ozawa says. “There are a variety of issues that arise with these patients, including ethical ones, when parents want to decline transfusions for their children. We address those nuances in our standards.”

# A Precious Resource

As the COVID-19 pandemic causes critical national blood shortages, patient blood management allows us to continue to do what we do best at Englewood Health.



Margit Kaufman, MD

Hospitals across the country are facing tough decisions as a result of the severe national blood shortage brought on by COVID-19. But at Englewood Health, our patient blood management program has allowed us to continue to provide the same level of outstanding care.

In 2021, the demand for blood rose 10 percent compared to 2019, according to an investigative story on *CBS Evening News* in July 2021. Many hospitals felt they had no choice but to delay elective surgeries in order to preserve blood for the abnormally high number of emergency room visits and traumas occurring nationwide. Additionally, people who delayed treatment due to COVID-19 are now coming in with more severe disease, raising the demand for blood in hospitals. But Englewood Hospital remains virtually untouched by the shortage.

“While there’s a severe national blood shortage, we also have to realize that it’s always been a limited resource,” says Margit Kaufman, MD, FASA, Medical



Gregg Lobel, MD

Director of the Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Health. “One of the key aspects of patient blood management is avoiding unnecessary blood transfusions.

Because it’s something we’ve always done, we have not had to postpone any elective surgeries or had any delays.”

## Better Patient Care at All Times

At Englewood Hospital, we believe that patient blood management leads to a higher quality of care and better outcomes for our patients.

“Englewood has always seen patient blood management as providing the best patient care,” says Gregg Lobel, MD, FASA, FAAP, Chief of the Department of Anesthesiology and Critical Care at Englewood Health. “By preventing anemia with techniques used in surgical patients such as cell salvage to return a patient’s own blood, or minimizing unnecessary blood tests to prevent anemia from developing in hospitalized patients, we are minimizing the need for that resource while giving our patients the best possible care.”

A multidisciplinary approach ensures that all physicians and nurses are trained in patient blood management.

“It’s not just one doctor who practices patient blood management,” Dr. Kaufman says. “It’s the intensivists, the anesthesiologists and CRNAs, the hospitalists, the oncologists—all of our doctors. All of our nurses are trained as well. We realize that this leads to better outcomes and better care for all of our patients.”

Dr. Lobel urges patients who may not be familiar with patient blood management to learn all they can.

“Patient blood management is a relatively new concept in the grand scheme of medical care,” he says. “I encourage patients to ask questions and be an active participant in their healthcare management.”

Visit [www.bloodlessmed.org](http://www.bloodlessmed.org) to learn more about *The Bloodless Institute*. For a referral to a bloodless physician, call 888-766-2566.

# Stepping into *Patients' Shoes*

Millie Rosado serves patients as the Administrative Assistant at the Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Health. But in July of 2020, after a breast cancer diagnosis, the roles were suddenly reversed.



Millie and her family



Violet Merle McIntosh, MD

As the Administrative Assistant, Millie Rosado's job is to help people navigate care at The Bloodless Institute. She helps patients by answering their questions and connecting them with a bloodless

coordinator who will assist them with their care. But after finding out from a routine mammogram that she had Stage 1 breast cancer in her left breast, she went from being an employee to a patient.

"Nobody wants to have breast cancer, but I was fortunate to be diagnosed here at Englewood Health," Millie says. "Within a few hours, they assigned me a wonderful, compassionate nurse navigator to help me plan the next steps for care. She advised me to come in for a biopsy and meet with a breast surgeon right away."

## Going Above and Beyond

Millie met with Violet Merle McIntosh, MD, Chief of Breast Surgical Services at Englewood Health, shortly after diagnosis. After discussing treatment options, they decided the best choice would be for Millie to undergo a partial mastectomy and bilateral breast reduction.

"We extended the same care to Millie as we do all our patients," Dr. McIntosh says. "She demonstrated such patience and understanding. Because of her faith, support from her family, and confidence in her care team, she rose above the difficult circumstances."

As an employee, Millie had always watched the professional medical attention given to each patient and excellent outcomes that followed. When the tables were turned, the

team at Englewood Health was ready to offer this to her as a patient.

"I received the VIP treatment," Millie says. "They treated me not only as a patient but as a part of the Englewood team. I was navigated through the system in such a caring way."

## Motivated to Heal

Millie had an important motive to finish treatment and heal quickly: her daughter's wedding.

"After my diagnosis, my daughter was hesitant to continue with her upcoming wedding," Millie says. "I told her to continue planning and that I would be there. Every doctor knew I needed to be on the road to recovery by the wedding. My doctors assured me they would do everything in their power to get me there and looking great."

During Millie's partial mastectomy and bilateral breast reduction, pathology results revealed that Millie actually had cancer in her right breast as well. Together, Millie and Dr. McIntosh determined that she would undergo a double mastectomy to address the newly diagnosed cancer in the other breast. In November, only a few months before the wedding, Millie had the additional surgery. She had a few complications after surgery, including fluid buildup and bleeding, but a team of wound care specialists and physical therapists was there to guide her through postoperative issues. And, as promised, her cancer care team made sure she could attend her daughter's beautiful January wedding.

"I cannot thank them enough for their wonderful services and the positive outcome," Millie says. "Nobody should doubt coming to Englewood for any procedure. The compassion, medical expertise, professionalism, and human touch will be a comfort no matter the diagnosis. You'll be in capable, loving hands."

*To learn more about The Bloodless Institute, visit [www.bloodlessmed.org](http://www.bloodlessmed.org). For a referral to a bloodless physician, call 888-766-2566.*

**"AS AN EMPLOYEE, I HAVE SEEN THE EXCELLENT PROFESSIONAL ATTENTION THE DOCTORS AND HOSPITAL STAFF GIVE TO PATIENTS, AND I HAVE SEEN OUTCOMES OF BLOODLESS MEDICINE AND KNOW HOW BENEFICIAL IT IS TO PATIENTS. I DIDN'T WANT TO GO ANYWHERE ELSE FOR CARE."**

—Millie Rosado

# A Heart Attack *Waiting to Happen*

From the outside, Jack Kelly is the picture of health. The 63-year-old from Clifton, New Jersey, exercises regularly and follows a healthy diet—and he hasn't gained a pound in 40 years. But while Jack appears healthy, his arteries told a different story. A severe blockage in his left anterior descending artery meant that Jack was heading toward a potentially deadly heart attack.

Jack began experiencing chest pains about two years ago. The postmaster of Pequannock, New Jersey, didn't think much about it at first: He attributed the discomfort to job stress and the COVID-19 pandemic. But when the chest pains became more frequent in August 2020, Jack knew it was time to act.

"My wife, Olga, works at Englewood Health, and she had mentioned that COVID-19 cases in the hospital finally seemed to be going down," Jack remembers. "I told her that since the hospital wasn't too busy, I thought I needed to go."

Although he could have gone anywhere much closer to his home for medical care, Jack felt it was important to go to Englewood Health for its Bloodless Medicine Program.

## The Right Help, Just in Time

Emergency room (ER) staff jumped to action to take great care of a member of the Englewood Health family, but Jack's electrocardiogram (EKG) and blood work were both normal. The ER doctor was still concerned, though, so he suggested that Jack follow up with a cardiologist. The next day, staff at the Institute for Patient Blood Management and Bloodless Medicine and Surgery

referred Jack to Ramin Hastings, MD, Director of the Structural Heart Program and interventional cardiologist with The Bloodless Institute.

"I was concerned about Jack, because his chest pains were getting worse. That's a red flag that a heart attack is looming," Dr. Hastings says. He performed a second EKG and checked Jack's blood pressure before putting him on a treadmill for an exercise stress test. Within four minutes, Jack experienced chest pains. "I suspected then that he had a significant blockage that needed to be treated sooner rather than later."

Jack and Dr. Hastings agreed that the best option was an interventional procedure that would allow Dr. Hastings to definitively diagnose—and potentially treat—the problem. The interventional procedure could be done through a tiny incision in Jack's wrist, which reduced his potential for blood loss. On September 11, 2020, Dr. Hastings performed the coronary angiography and, as expected, found a blockage.

"I had a 95 percent blockage in my widowmaker artery [the left anterior descending artery], and Dr. Hastings removed the blockage and put in a stent to hold the artery open," Jack remembers. "If he hadn't done that, I would have been headed toward a fatal heart attack."

## Living a Healthy Life

Dr. Hastings told Jack that his blocked artery was probably the result of genetics, but that hasn't stopped Jack from trying to be even healthier. He still exercises most days, and he's cleaned up his diet even more by cutting out almost all red meat. He continues to see Dr. Hastings twice a year.

"I was very impressed by the level of care I received at Englewood," Jack says. "Bloodless medicine is important to me, and Dr. Hastings and his team were aware of what I would require. I was comfortable knowing that I was in a hospital where everyone respects my beliefs."

Visit [www.bloodlessmed.org](http://www.bloodlessmed.org) to learn more about The Bloodless Institute. For a referral to a bloodless physician, call 888-766-2566.



Ramin Hastings, MD



Jack and Olga Kelly



Ki Won Kim, MD

A new endocrine and general surgeon has joined our team.



# Welcome, Dr. Ki Won Kim!

While Ki Won Kim, MD, is newly on staff at the Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Health, he's not new to the hospital.

"I volunteered here in high school, and I did part of my rotation in medical school here," Dr. Kim says.

The Fort Lee, New Jersey, native always knew he wanted to settle down near his hometown, so when the opportunity arose to join Englewood Health and the The Bloodless Institute team, he jumped at it.

## Bloodless Endocrine Surgery

Dr. Kim specializes in endocrine surgery and also performs general surgery.

"My specialty is surgery of the thyroid, parathyroid, and the adrenal glands," Dr. Kim says. "Often, they're very straightforward surgeries, but they do also have the potential to incur a lot of bleeding."

Fortunately, at The Bloodless Institute, Dr. Kim can ensure patients have alternatives to transfusions if bleeding does occur.

"I love being at a place that has the resources available to manage these issues while respecting patients' wishes," Dr. Kim says.

In his spare time, Dr. Kim prefers to spend time with his wife and two children. He enjoys rock climbing, and he plays drums and guitar.

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## ABOUT DR. KIM

**Medical School:** Icahn School of Medicine at Mount Sinai in New York, New York

**Residency:** General surgery at Montefiore Medical Center/Albert Einstein College of Medicine in Bronx, New York

**Fellowship:** Endocrine surgery at the University of Miami/Jackson Memorial Hospital in Miami, Florida

**Board Certification:** General Surgery from the American Board of Surgery

**Languages Spoken:** English, Korean, and Spanish

# Englewood Health Earns Magnet Recognition For the Fifth Straight Time!

Of the approximately 6,000 hospitals in the United States, only 9 percent have earned Magnet recognition, the nation's top honor for nursing practice. Englewood Health has continuously won this award since 2002, making us one of only 30 programs in the country that have achieved this designation a remarkable five times.

"Achieving this designation is no small feat," says Kathleen Kaminsky, MS, RN, NE-BC, Senior Vice President of Patient Care Services and Chief Nursing Officer at Englewood Health. "It's the result of countless hours of dedication, hard work, and community commitment from each and every team member."

Magnet recognition is awarded to a select group of hospitals across the country that meet extremely high standards for the quality and strength of their nursing programs.

Several studies have demonstrated that patients who receive care in Magnet-designated facilities have better outcomes than those in other hospitals. In fact, Magnet hospitals have increased patient satisfaction, improved quality and patient safety, and decreased rates of pressure ulcers, falls, and mortality.

"I am incredibly excited," says Warren Geller, President and CEO of Englewood Health. "I would like to thank all of our nurses and congratulate them for keeping all of our patients as healthy as possible."

# Advance Care Planning— Proxy and Combined Directives: Part Three



By Ashlee P. Howard, RN, BSN  
Patient Blood Management  
Navigator

The final installment of our three-part series on advance care planning will address considerations when designating your healthcare representative or proxy—the person responsible for ensuring your preferences are respected and who will make decisions for you in the event you are unable to speak for yourself.

This article should not be considered medical or legal advice, but it may provide the basis for further discussion on advance care planning with your family and/or physicians in the state where you reside, as there may be slight variation in terminology or legal requirements.

## **Why is it important for me to name a healthcare representative or proxy?**

Most patients of the Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Health already have a combined directive that includes specific instructions with regard to blood transfusions. But there are many other healthcare decisions, especially those pertaining to life-sustaining treatment or end-of-life matters, that may not be addressed. This is where the primary or alternate healthcare representative would be called upon to use his or her best judgement to make all other decisions on behalf of the patient, as if the patient were making the decision for him or herself.

## **Who should I name as my healthcare representative?**

It is important to pick someone ready to act on your behalf, so asking that person's permission is essential. They should be a strong advocate and willing to respect your wishes and make decisions in harmony with your beliefs and preferences, even if they personally disagree with them. Check local laws for specific legal requirements.

Please note: Your primary caregiver is the person who cares for your daily needs, usually accompanies you for doctor's appointments, and is often the most familiar with your medical history.

If your healthcare representative and primary caregiver are NOT the same person, careful consideration should be given when designating emergency contacts in medical records. Why? Because the emergency contact is often the first person called upon when clinical updates are given or when decisions need to be made. If you name your primary caregiver as your emergency contact, your caregiver must know who your healthcare representative is and how to reach that person.

## **What happens if I don't name a healthcare representative? Or what if my healthcare representative cannot be reached or decide they no longer want to serve as my representative?**

This is an area where it is important to verify your local laws. Typically, if your primary and all alternates are unable or unwilling to serve as your representative, or you have not designated anyone, decision-making usually falls to a court-appointed legal guardian, if one exists, followed by next of kin—a spouse, followed by adult children, then parents, then adult siblings, and so forth. If there are no immediate family members or next of kin, hospital policy and/or local law will determine next steps.

We hope this series has helped all to feel confident when taking advantage of the powerful advance care planning tools available to you locally and to patients of the Institute for Patient Blood Management and Bloodless Medicine and Surgery.

*To learn more about advance directives from the team at The Bloodless Institute, call 888-766-2566.*



# ENGLEWOOD HEALTH

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# Can Our Structural Heart Program Help You?



Ramin Hastings, MD

A diagnosis of structural heart disease can feel overwhelming. But the good news is that many conditions can be treated with nonsurgical, minimally invasive options.

“We specialize in offering alternative treatments to surgery, which has a high risk of bleeding, especially in open-heart surgery,” says Ramin Hastings, MD, Director of the Structural Heart Program and interventional cardiologist with the Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Health. “This aligns perfectly with the needs of the bloodless medicine population.”

## Options for Treatment

Structural heart disease happens when there is damage to the valves of the heart. Englewood Health and The Bloodless Institute provide a full range of care for these conditions, including access to cardiologists, nurse practitioners, advanced cardiac diagnostic imaging, and, if needed, cardiac surgeons.

However, three minimally invasive procedures—all of which involve just a needle stick—can treat aortic stenosis, mitral valve disease, and atrial fibrillation (AFib).

“All of these procedures have very low complication rates and usually just require one day in the hospital, and that’s it,” Dr. Hastings says. “The AFib treatment has been very successful, because patients are able to come off their anticoagulation medications [blood thinners], and that’s an extremely attractive option for the bloodless population. We’re always trying to find treatments that are geared for them specifically and in line with their wishes.”

*If you have heart disease, talk to our cardiac team about your options today.*

## MEET DR. HASTINGS

Ramin Hastings, MD, earned his medical degree from the University of Virginia. Following a residency in internal medicine at New York University School of Medicine, Dr. Hastings continued his NYU medical education with a fellowship in cardiovascular diseases. He then completed fellowships in interventional cardiology with a subspecialty in structural heart disease at New York-Presbyterian/Columbia University Irving Medical Center. In addition to providing comprehensive cardiac care, Dr. Hastings also offers these nonsurgical treatments for structural heart problems:

- Transcatheter aortic valve replacement (TAVR) for aortic stenosis
- Percutaneous mitral valve repair (MitraClip) for mitral valve disease
- WATCHMAN left atrial appendage closure for atrial fibrillation