

# MEDICAL REPORT™

ADVANCED CARE AND DIAGNOSTIC NEWS FOR PHYSICIANS AND HEALTH CARE PROFESSIONALS

## How Cooper, an Academic Health System, Responded to a Worldwide Pandemic

Faced with a worldwide pandemic, Cooper leadership, physicians, and staff joined forces to provide bold, innovative care to some of the region's sickest COVID-19 patients.

"New Jersey realized early on that they needed a regional strategy to respond to the massive influx of patients in our hospitals," says Joseph M. Montella, MD, MS, CPE, Chief Medical Officer for Cooper. "They divided the state into three regions and designated three academic medical centers as regional hubs—University Hospital in Newark, Robert Wood Johnson University Hospital in New Brunswick, and Cooper in Camden."

Internally, Cooper initiated its incident management structure, which organizes decision making, staff, and resources to respond to disasters. The Incident Management Team addressed critical issues, including communications, patient surge, and procurement of sufficient personal protective equipment (PPE) to keep staff and patients from contracting the COVID-19 virus.

"We were especially conscientious about using PPE appropriately and not wasting it," Dr. Montella says.

Cooper was fortunate to have a newly constructed ICU, which served as a second critical care unit. The post-anesthesia care unit (PACU) was repurposed as an ICU for non-COVID-19 patients. However, an ICU cannot operate without trained practitioners, and Cooper solved this problem with a creative approach to staffing.

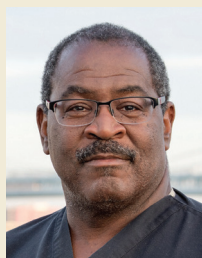
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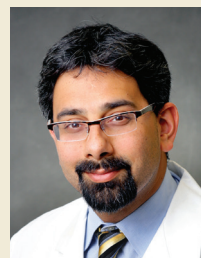
— Nitin K. Puri, MD



Joseph M. Montella, MD  
Chief Medical Officer  
Cooper University  
Health Care



John M. Porter, MD  
Division Head  
Trauma Surgery



Nitin K. Puri, MD  
Division Head  
Critical Care Medicine

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## How Cooper, an Academic Health System, Responded to a Worldwide Pandemic (continued)

"The trauma intensivists joined forces with us and took care of the non-COVID-19 critical care patients so we could focus on those with COVID-19," says Nitin K. Puri, MD, Division Head of Critical Care Medicine. "We partnered med/surg nurses with critical care nurses in the ICU. The critical care nurses delivered the critical level of care, and the med/surg nurses provided less intensive care."

Innovation didn't stop with staffing models. Cooper also pushed the envelope in the treatment of the sickest COVID-19 patients. Proning, or the act of turning intubated patients to lie on their stomach, became a popular approach to treating very sick patients throughout the country.

"At Cooper, we made the decision to prone every patient as soon as they were intubated to improve their oxygen intake," says Dr. Puri. "But proning is labor intensive, and when you are turning 20 or 30 people a day, it can quickly become overwhelming."

To handle the volume of patients and ensure the expertise of the staff responsible for this task, Cooper created multidisciplinary proning teams.

"We were also very aggressive about the use of ECMO [extracorporeal membrane oxygenation] because we felt it would help," says Dr. Puri. "And for many patients, it did."

ECMO is used to support the heart or lungs when a ventilator cannot provide adequate assistance.

During the pandemic, elective surgeries were put on hold, but emergency and trauma procedures continued.

"Cooper is South Jersey's only Level I Trauma Center for adults and Level II Trauma Center for pediatrics," says John M. Porter, MD, Division Head of Trauma Surgery. "So it was vital that we kept those services active."

Dr. Porter is also Medical Director of Supply Chain, and he played an integral role in ensuring that Cooper had an adequate supply of PPE to keep staff and patients safe, although he gives credit to Thomas Runkle, Vice President of Supply Chain.

"Tom spent a lot of time on the phone securing supplies—calling manufacturers as far away as China and Malaysia—and capitalizing on Cooper's relationship with the State Department to arrange air transportation," says Dr. Porter.

Cooper also took steps to alleviate stress and provide support for staff who faced an increased volume of patients and the emotional effects of being exposed to a virus about which little was known.

"We established a Resiliency Team early on, made up of clinical psychologists from our Psychiatry Department," says Dr. Montella. "They would visit the floors and talk to staff, giving staff someone to share their fears with."

Primary care physicians also played a key role in the COVID-19 response. A telehealth system was set up in less than a week to support remote visits and reduce traffic in physician offices.

"We really counted on our primary care providers to take care of patients in the community, if possible, and direct patients to the correct level of care, which eased pressure on the ED," says Dr. Montella. "And they did an amazing job."

"I think the reason we were so successful is that we have a great group of people who share their ideas, and those views are welcomed by leadership," says Dr. Montella. "Sometimes in a crisis there's an impulse to respond very quickly, but we went through multiple layers of vetting to try to get everything right... our end point was taking great care of patients and making sure our staff was engaged and safe. And I think we accomplished that." ■

**"We established a Resiliency Team early on, made up of clinical psychologists from our Psychiatry Department. They would visit the floors and talk to staff, giving staff someone to share their fears with."**

**— Joseph M. Montella, MD**





# Students at Cooper Medical School of Rowan University Play Critical Role in Vaccination Efforts

Embracing Cooper's mission of community service, Cooper Medical School of Rowan University (CMSRU) student volunteers made a major impact on efforts to vaccinate employees and community members.

"During the start of the pandemic, in the spring of 2020, our medical students were sidelined by shelter-at-home mandates set by the state," says Annette C. Reboli, MD, Dean of CMSRU. "But they were eager to help in any way they could."

One of their most notable efforts was the development of Citi-Call.

During the spring of 2020, fourth-year students participated remotely in clinical rounds for critically ill patients who were being treated for COVID-19 in the Cooper ICU. These students served as liaisons between critical care staff and patients' families, providing updates and answering questions. However, once COVID-19 vaccines became available, opportunities for volunteer service became ample and focused primarily on getting shots in arms.

"When I heard about the rollout of vaccines, I very much wanted to get the students at CMSRU involved," says Dr. Reboli, an infectious disease specialist who was involved in the COVID-19 response at the state level. "I thought it would give them a tremendous opportunity to serve the community and gain valuable insight into how you set up this type of mass public health activity."

Dr. Reboli enlisted the help of student leaders in gauging the interest of their classmates and organizing volunteers.

Lauren Burgoon, MD, a fourth-year student at the time, was one of the key leaders of CMSRU's COVID-19 activities. "What we found was that an overwhelming number of medical students wanted to get involved with the vaccination clinics," says Dr. Burgoon.

Burgoon and her classmates formed the CMSRU COVID-19-Associated Response Effort (CARE). The team organized the



Annette C. Reboli, MD  
Dean  
Cooper Medical School  
of Rowan University



Lauren Burgoon, MD  
2021 Graduate  
Cooper Medical School  
of Rowan University

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**— Annette C. Reboli, MD**

effort into eight roles that ranged from greeting patients to performing data entry to administering vaccinations. Students were trained by Cooper staff and supervised by nursing leaders and physicians.

"We were able to incorporate postbaccalaureate students and premed students into the CARE team, along with current medical students," says Dr. Burgoon. "It was a great opportunity because students—especially first- and second-year students—were learning skills they wouldn't usually get that early in their education."

The group began vaccinating Cooper employees on December 26, 2020. Later, they extended their efforts to community vaccination sites at the Kroc Center in Camden and other locations, helping to fulfill the shared desire of Cooper and CMSRU to address equity in vaccinations—particularly in

medically underserved communities.

For the medical students, the COVID-19 pandemic provided important and unique learning opportunities.

"When you're a student at any time, but especially during a pandemic, you are always wishing you could do more," adds Dr. Burgoon. "We see our mentors and our residents doing more because they are further along in their education. Students wanted to do everything they could."

Dr. Reboli was not surprised by the overwhelming popularity of the CMSRU CARE program and the service work that the medical students performed throughout the pandemic.

"CMSRU is a mission-driven school that values servant leadership. Commitment to the community we serve is one of our core values," explains Dr. Reboli. "When we review applications, we look not only for academic excellence but also for a strong history of community service. Those are the kinds of students who will excel at this medical school."

At last count, in late August, over 300 students (about 75% of those enrolled) had volunteered more than 8,000 hours and vaccinated almost 100,000 people.

"I picked CMSRU for its mission of service, and I saw it acted out here during the pandemic," says Dr. Burgoon. "When administration turned the medical student volunteer effort over to us and said, 'Make it work,' it gave me the opportunity to take everything I've learned over the past few years and put it into action." ■

First-year medical student Ryan Moazamian vaccinates a community member at the COVID-19 vaccine distribution megasite at Camden County College while third-year medical student Brian Schonewald looks on.



# Advancing Lung Cancer Treatment: Early Detection and New Treatment Options

MD Anderson Cancer Center at Cooper gives new hope to lung cancer patients in the region by providing a multidisciplinary, disease site-specific approach to cancer care, strengthened by advanced technology and supportive care services.

"Every patient is seen by a medical oncologist, a radiation oncologist, and a surgeon," says David D. Shersher, MD, Thoracic Surgeon and Co-Director of the Aerodigestive Program. "Cases are reviewed with about 30 experts collaborating, and we make a multidisciplinary decision about the best plan of action for each patient."

Even with the best care and providers available, early detection remains a significant component of survival.

"In the early 2000s, 70% of people diagnosed had advanced-stage lung cancer, and we had limited ways to treat them," says Polina Khrizman, MD, Hematologist/Medical Oncologist and Disease Site Leader for the Lung Cancer Program. "The question was, how do we find these cancers before they get to stage III or IV?"

The answer came in the form of low-dose CT lung screening for high-risk patients.

"Often, we see small nodules that may not be easily accessible by bronchoscopy or CT-guided biopsy," says Dr. Shersher. "But if we find them early, determine which are clinically concerning, and get a tissue diagnosis by minimally invasive means, we can offer great chances for cure."

"We approach every case critically to attempt the most minimally invasive procedure," says Dr. Shersher.

## ADVANCED MEDICAL TREATMENT OPTIONS

"Medical therapy has improved significantly in the last five years, so we can not only treat patients more aggressively, but also with a curative intent," says Dr. Khrizman.

One of the recent advances in lung cancer treatment is the use of immunotherapy.

"Immunotherapy triggers the immune system to recognize that cancer cells are invaders, and it should do something about it," says Dr. Khrizman. "It's widely used in patients with stage IV lung cancer, and it is the standard of care for patients with stage IIIB lung cancer, which is operable. Immunotherapy after chemo and radiation therapy decreases the risks of cancer returning."

MD Anderson at Cooper is taking part in ALCHEMIST (Adjuvant Lung Cancer Enrichment Marker Identification and Sequencing Trial). ALCHEMIST consists of identifying people with early-stage lung cancer who have tumors that harbor EGFR and ALK gene alterations and determining whether the addition of drugs targeting these genetic alterations after completion of any standard therapy will result in improved survival.



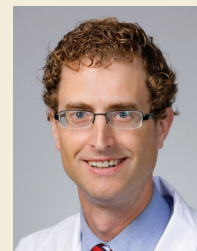
David D. Shersher, MD  
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Disease Site Leader  
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Anthony Dragun, MD  
Chair and Chief  
Department of  
Radiation Oncology



Gregory J. Kubicek, MD  
Radiation Oncologist



MR-Linac device.

MD Anderson at Cooper is also one of only a handful of centers in the nation and the only cancer center in the Philadelphia-South Jersey region to offer patients access to two Phase 2 clinical trials for Iovance—a new treatment option using tumor infiltrating lymphocyte (TIL) cell therapy. The trials include patients with non-small cell lung cancer (NSCLC), melanoma, head and neck cancers, and cervical cancer, especially patients who have exhausted all other treatment options.

TIL therapy is derived from a patient's own lymphocytes that have come to the tumor site to kill the tumor.

## POWERFUL, PRECISE RADIATION TREATMENT

"In addition to detecting cancer earlier and offering patients advanced surgical and medical treatment options, we have also been able to become more precise with radiation therapy," says Anthony Dragun, MD, Chair and Chief of the Department of Radiation Oncology. "Every functional unit of lung left untouched by radiation improves the outcome for the patient."

An exciting new option now available is the MR-Linac—an innovative radiation treatment device that combines a powerful magnetic resonance imaging machine and a linear accelerator into a single device. MD Anderson at Cooper is one of only five cancer centers in the U.S. to offer patients this radiation treatment option.

While MR-guided radiation treatment has been available for a few years, the new technology provides clarity of imaging because of its extremely powerful magnet.

"This is an exciting time for us and tremendous news for patients needing radiation therapy," says Dr. Dragun. "It gives our multidisciplinary team more treatment options, especially for patients with complex and metastatic cancers, and it delivers truly personalized cancer care."

"The technology allows us to deliver pinpoint radiation that we can adjust as the tumor responds, or as things shift in the body during the treatment process," says Gregory J. Kubicek, MD, Radiation Oncologist. "With the MR-Linac, we can minimize side effects and reduce the number of treatments for our patients." ■

**To refer a patient to MD Anderson at Cooper's Lung Cancer Center, please call 855.MDA.COOPER (855.632.2667).**



# The Structural Heart Program: A Regional Resource for Advanced Care

Since its inception in 2011, the Structural Heart Program at Cooper has earned a regional reputation for excellent outcomes and has led the way in clinical trials that advance minimally invasive and catheter-based procedures for patients with moderate to severe structural heart disease.

"We began by treating aortic stenosis because that's where the first nonsurgical or percutaneous treatment option became available for that particular disease entity," says Sajjad A. Sabir, MD, Director of Cooper's Structural Heart Program. "Since then, we have expanded our services to include the treatment of mitral valve disease and left atrial appendage closure."

Loheetha Ragupathi, MD, FACC, was recently named Associate Director of the Structural Heart Program. Dr. Ragupathi joined Cooper and Cardiac Partners in 2019. Her passion for heart care, and advances in heart care therapy, make her a perfect fit for the role.

Cooper was the first hospital on the East Coast to participate in the pilot study for the WATCHMAN device and the first in the region to offer it once it became commercially available.

"By participating in clinical trials from the very beginning—and having excellent outcomes—Cooper has become the only hospital in the region to offer many of these therapies," says Dr. Sabir. "And the formation of Cardiac Partners in 2017 made these services available to even more people in South Jersey."

Cardiac Partners is a joint venture between Cooper and Inspira Health Network that integrates cardiac services between



Sajjad A. Sabir, MD  
Director,  
Structural Heart  
Program



Loheetha Ragupathi,  
MD, FACC  
Associate Director  
Structural Heart  
Program

the two systems, providing patients with access to more coordinated and comprehensive cardiac services across the continuum of care. Although Cooper is the sole provider of structural heart services, the combination of services offered by the two systems makes Cardiac Partners the most extensive cardiac program in South Jersey.



The Cooper Structural Heart team offers a variety of options to treat diseases involving the heart's tissue and valves, including alcohol septal ablation, atrial septal defect transcatheter repair, balloon valvuloplasty, transcatheter aortic valve replacement, the WATCHMAN device, and MitraClip®.

True to its pioneering roots, Cooper is currently the only hospital in the region to offer Amulet™ from Abbott Laboratories, the WaveCrest device from Johnson & Johnson, and WATCHMAN FLX (a second-generation WATCHMAN device) via clinical trials. All devices close the left atrial appendage to prevent stroke in patients with AFib. The devices

eliminate the need for patients to take anticoagulants.

"We were the fourth site to be invited to participate in the Amulet trial worldwide, and we were the tenth highest enrollment site," says Dr. Sabir.

Abbott Laboratories is conducting a second Amulet trial where they will expand indications for the device and, again, Cooper is the only site in the region invited to participate.

"That's an attestation to the skill and excellence of the team we have assembled here," says Dr. Sabir. "We collectively bring the most experience when it comes to these kinds of trials, and we are known for excellent outcomes."

Dr. Sabir says that Cooper hopes to continue growing the Structural Heart Program and ensuring that it remains the region's leading program.

"We want heart patients in our region to have the best and most advanced technology available to them right at home and in their own backyard," says Dr. Sabir. "And we are dedicated to providing that care right here at Cooper." ■

George E. Mark, MD, FACC, Clinical Cardiologist (r), with Patricia Venuto, RT (R) (CV), (I), in the Cooper operating room during a WATCHMAN procedure.



**To refer a patient to the Structural Heart Program  
or for more information, please call 856.968.7812.**

# Innovative Endoscopy Services Bring New Hope to Patients

The Digestive Health Institute at Cooper offers some of the most innovative and advanced therapies for treating gastrointestinal conditions—many of which are not offered elsewhere in South Jersey.

“For many years, the treatment of many GI conditions required surgeries,” says Daniel A. Baik, MD, Interventional Gastroenterologist. “But through significant innovation over the past 10 to 20 years, we have learned to do much more from within solely using an endoscope, sometimes avoiding surgery altogether.”

Dr. Baik and his colleague, Adib Chaaya, MD, specialize in third-space endoscopy, whereby physicians access the deep layers of the gastrointestinal tract by dissecting and tunneling in the submucosal space.

Using special endoscopic knives, Dr. Baik and Dr. Chaaya perform endoscopic submucosal dissection (ESD) to explore and remove precancerous and early cancerous lesions in one piece. “With careful endoscopic removal of these tumors, there is the potential to offer a cure, without the need for surgery,” says Dr. Baik.

In addition, this technique allows pathologists to understand how deep the cancer is and provides accurate staging information. Cooper is the only hospital in South Jersey to perform this advanced procedure.

“No matter what type of cancerous lesion the patient has, small or large, the team approach at MD Anderson Cancer Center at Cooper allows us to precisely tailor treatment to what the patient needs,” adds Dr. Baik.

Patients who have swallowing disorders such as achalasia may also benefit from a specialized procedure called E-POEM (esophageal peroral endoscopic myopathy). With this procedure, a tunnel is created in the wall of the esophagus, and the muscle that is preventing food from passing through is located and then cut from the inside. The tunnel is then closed to prevent any perforation. This procedure can be done without any surgical incisions.

A similar procedure, G-POEM (gastric peroral endoscopic myotomy), is used to treat gastroparesis, a slow-moving or paralyzed



Daniel A. Baik, MD  
Interventional  
Gastroenterologist



Adib Chaaya, MD  
Interventional  
Gastroenterologist

stomach. With this procedure, Dr. Baik uses the same tunneling procedure to find the end of the stomach (pylorus), just before it empties into the intestines, and cuts the muscle to allow food to flow into the intestines more easily.

“Gastroparesis is very difficult to treat, with limited medications and surgical options,” says Dr. Baik. “Although it doesn’t provide a complete cure, G-POEM offers an incision-free, relatively safe procedure that improves the quality of life for patients who have run out of options.”

Dr. Baik and Dr. Chaaya are also skilled in treating pancreatitis by inserting AXIOS stents. In the most severe cases, a portion of the pancreas may die off and turn to liquid, which pools in the abdomen, often near the stomach. These conditions (pancreatic pseudocysts, walled-off pancreatic necrosis) can be difficult to manage.

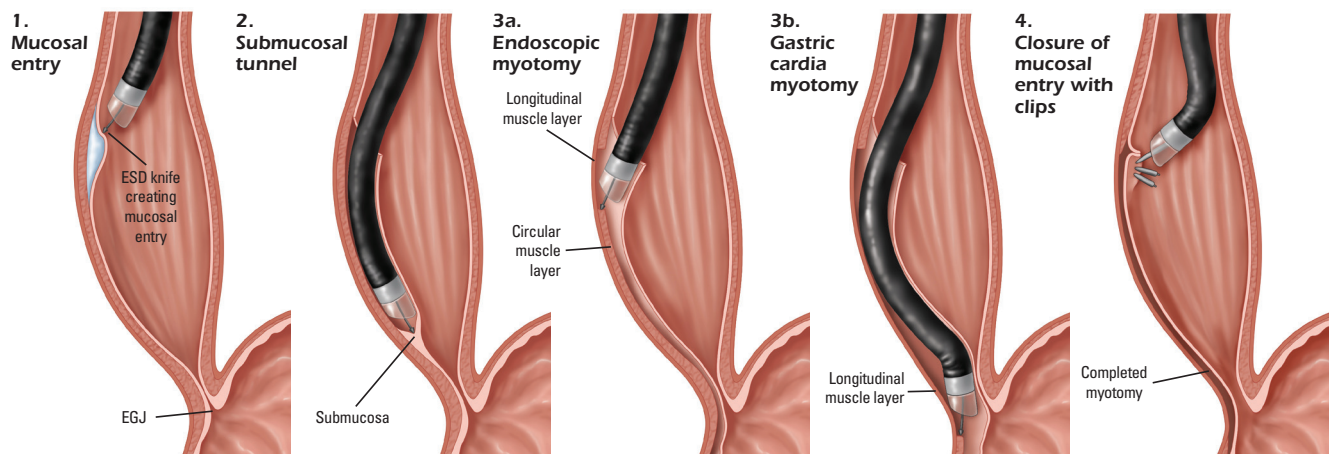
“Surgery for this condition can be quite difficult and complicated,” says Dr. Baik. “Instead, we can place an AXIOS stent endoscopically through the wall of the stomach and drain the fluid. We can also use the stent to access the pancreas and remove any dead tissue.”

Another innovative procedure known as endoscopic suturing has proven helpful in remodeling the stomach for patients who have gained weight after gastric bypass, repairing holes in the GI tract, and closing off abnormal connections (fistulas) to other organs. He also specializes in the treatment of complex pancreaticobiliary diseases and performs the breadth of EUS and ERCP procedures.

Dr. Baik is proud of the wide array of advanced procedures and the expertise of the practitioners at the Digestive Health Institute.

“When someone comes to us, they can be sure that we have a physician who has devoted their life to their specific condition or a specific procedure,” he says. “We work together to come up with the best plan for each patient. I think that’s what makes our center special. We’re prepared to handle anything that comes our way.” ■

## Pathway for peroral endoscopic myotomy (POEM)



**For more information on advanced endoscopy services, or to refer a patient, contact Dr. Baik at 908.331.0550 (mobile), 856.642.2133 (office), or 856.642.2134 (fax).**



# Center for Healing Expands Services with New Location

With the opening of the new community-based office in the Bridgeview Building in Camden, the Cooper Center for Healing further expanded the availability of comprehensive, compassionate treatment to South Jersey residents who have addiction disorders.

"We have a fully integrated medical program that includes physicians, nurses, counselors, social workers, and patient navigators," says Kaitlan Baston, MD, MSc, DFASAM, Division Head of Addiction Medicine at Cooper. "This interdisciplinary team works together to care for patients with substance use disorders, complex pain, chemical or substance dependence, and co-occurring mental health issues in the most destigmatizing and compassionate way we can."

"We think it's essential that addiction is treated just like any other medical condition or struggle that people have in their lives," she says.

"We are evidence based," says Rachel Haroz, MD, Emergency Medicine Physician and Division Head of Toxicology and Addiction Medicine. "We provide excellent wraparound services, but as physicians, we also use the evidence, which is very clear. Using medication is the only factor that impacts mortality."

With that focus, Cooper has taken steps to ensure that patients with addiction disorders can receive life-saving treatment 24/7 with little waiting.

"Several years ago, we took steps to ensure that our Emergency Department knew how to treat people with opioid use disorder—not just stabilize them and let them go, but start treatment and engagement right there," says Dr. Baston.

"We have a 24-hour consult service," says Dr. Haroz. "But if a patient comes to the ED and is admitted, the hospitalist can initiate methadone or buprenorphine treatment, even without having to call the service in the middle of the night."

During the day, the Center for Healing offers walk-in appointments for patients seeking immediate help.

"We have a provider who is dedicated to treating walk-in patients only, five days a week," said Dr. Baston. "And they are often the busiest provider in the building."

Once they walk through the doors, patients can access a vast array of inpatient and outpatient services at the Center for Healing and elsewhere in the Cooper system. The Recovery Village Cherry Hill



At the Center for Healing ribbon-cutting are: Kaitlan Baston, MD, Medical Director, Center for Healing, and Eric Kupersmith, MD, Chief Physician Executive, Cooper University Health Care, front right, are joined by Center for Healing team members (l to r) Carla Noguera, Manager, Ambulatory Operations, Brandon Rivera, Program Manager, Christopher Milburn, MD, Psychiatrist, and Iris Jones, LPC, Manager of Clinical Operations and Therapist.

at Cooper provides medical detox, inpatient treatment, outpatient rehab, intensive outpatient treatment, partial hospitalization, medication-assisted treatment, dual-diagnosis treatment, and more.

"We also provide wraparound services for women who are struggling with addiction, since the impact of their illness can be much more complicated," says Dr. Baston. "When we treat a woman, we also seek to treat their family, whether they have a partner who also needs treatment or whether they are struggling with addiction during pregnancy. We help them to break down barriers to housing, transportation, medical coverage, and everything that is necessary to become stable."

The center also has integrated programs for members of the community who are considered high risk, such as the formerly incarcerated, those with HIV, and individuals with infections related to substance use disorders, such as endocarditis.

In addition to her clinical responsibilities, Dr. Baston serves as Cooper's Medical Director of Government Relations.

"I work with Anthony Welch, who is Vice President and Chief of Government Relations Officer, at the state level on policy that helps to improve access to treatment, whether it is availability, programming, or payment," says Dr. Baston. "It's imperative that people throughout the state get the lifesaving treatment they need with the dignity they deserve, which is what we provide here at Cooper." ■



Kaitlan Baston, MD,  
MSc, DFASAM  
Division Head  
Addiction Medicine



Rachel Haroz, MD  
Emergency Medicine  
Physician  
Division Head  
Toxicology and  
Addiction Medicine

**For more information on the Cooper Center for Healing, or to make an appointment with one of our addiction specialists, please call 800.8.COOPER (800.826.6737).**

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Cooper University Health Care is **South Jersey's Top Hospital** in the U.S. News & World Report's 2021-22 Best Hospitals rankings.

Cooper was nationally rated as high performing in nine procedures and conditions.

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**Fax: 1.855.632.6663**

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*Coordination of all transportation logistics by ground or air.*

For more information about the Cooper Transfer Center, contact  
**Karen N. Gruber, RN, BSN, CEN**, AVP, Patient Care Services,  
Urgent and Emergent Services, at **856.342.2429**.

