From Bedside Robots to Bioengineered Skin, NorthBay Advances Medicine Close to Home

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High-tech Healthcare

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NorthBay Brings Advanced Medicine Close to Home

In this world of high technology, a mission statement that includes “advanced medicine” may seem like a clever catchphrase for a healthcare organization. But at NorthBay Healthcare, it’s more than just a slogan; it’s a way of life, and of saving lives.

With luck, you’ve never had to visit our diagnostic imaging departments, but thousands do each year. If you did, you’d see some pretty high-tech gadgetry that may look right out of a sci-fi film. There are Sonosites and eye glasses but Frenzel glasses are a mirror to balance problems, as seen through eye movement.

Walk through our halls at NorthBay Medical Center or NorthBay VacaValley Hospital and you might even run into one of our two Intouch Health robots, which bring neurologists from Mercy Neurological Institute of Greater Sacramento right to our stroke patient’s bedside for a consultation with our doctors. If you chat with staff, you could learn that in addition to bypass surgery, our Heart & Vascular program is saving lives by replacing aortic valves and repairing aortic aneurysms, using the latest technology available. You might even hear staff discuss the latest project in our simulation learning laboratory in Green Valley, which uses high-tech computer-operated mannequins to mimic real-life medical situations, from cardiac arrest to child birth.

This list goes on and on, and covers every facility in our system, from our hospitals to our Centers for Primary Care, and specialty centers, including the NorthBay Cancer Center, the NorthBay Center for Wound Care and the Center for Women’s Health.

It’s not enough to just have the latest technology, but to employ a team that puts it to good use. And NorthBay has done just that, when it comes to establishing a systemwide Electronic Health Record, which has put us in the top 1.5 percent of all hospitals in the country. It’s that kind of aggressive approach to advanced medicine that keeps NorthBay Healthcare focused on providing the best care possible for our patients. That’s why our mission—compassionate care, advanced medicine, close to home—resonates.
Doing What Others Can’t

What do we mean when we say, “Advanced medicine, close to home”? Well, how about a robot zipping down our hospital hallway en route to check on a stroke patient? Right out of Star Wars.

Or what about creating 3-D and 4-D (moving images) of the heart taken by a camera-like probe that travels down a patient’s esophagus? Really, it’s not too hard to swallow.

How about a self-expanding metal device made of space-age nitinol that can be fitted during surgery to defuse the danger of an abdominal aortic aneurysm? How about a self-expanding metal device made of it’s not too hard to swallow.

That's why we didn’t stop after creating the county’s only heart and vascular center featuring surgery that occurs while the heart is beating.

Robots pave the way for our accreditation as a primary stroke center. Before we began this endeavor, Solano County was one of the worst places to have a stroke because patients had to be rushed to hospitals in other counties. Now, our robots connect us to the region’s foremost center for such care, the Mercy Neurological Institute. Read on to find out how our partnership will create one more lifesaving medical service for local patients.

As I said, we aren’t done yet. As our stroke program develops, we move ahead to create trauma care services, something also missing in this county.

Our initial trauma center will be established at NorthBay Medical Center in Fairfield. When we complete our expansion work at NorthBay VacaValley Hospital in Vacaville, the trauma center will move there, and will be continually upgraded to advanced trauma care. Accident victims and those with traumatic injuries will then be rushed to a local hospital, not put on a helicopter and transported to Sacramento or Walnut Creek, losing critical time to begin advanced lifesaving procedures.

After that, we’ll continue to bring more cutting-edge medicine to Solano County that others cannot. There is much more to do.

Gary Passama
President and Chief Executive Officer

On the High-tech Highway to Establishing a Stroke Program

Cue the Star Wars music and roll the robots: NorthBay Healthcare has gone high-tech. The arrival this summer of two bright, shiny Intouch Health robots lays the groundwork for NorthBay to become a primary stroke center.

The robots link both NorthBay Medical Center and NorthBay VacaValley Hospital with Mercy Neurological Institute, where neurologists and staff are available to communicate with NorthBay staff 24/7.

“The stroke program using the robots is NorthBay’s first hands-on telemedicine endeavor,” explains Kathy Richerson, vice president and chief nursing officer. “This is very high tech and exciting for us and for our community. We will bring the latest and most effective treatment for patients experiencing a stroke.”

Robots—which look a little more like Rosie from “The Jetsons” than C-3PO—feature a TV screen where the head might be. And in this case, a doctor or nurse’s image appears on that screen, creating the illusion of a face atop the ‘bot. The head gear consists of two cameras. One is for a wide view, or a closeup. That way, the physician or nurse on the other end can see exactly what they need to see, when they need to see it.

The idea is that NorthBay will be able to stabilize stroke patients and offer more advanced treatment options or send them to another facility, should specialized interventions or surgery be required.
“Often, they say, ‘Dr. Shatzel, is that you?’ or ‘How did you get in there?’ or ‘Where are you right now?’ I have 41 hospitals in California, Nevada and Arizona. Mercy Hospital and Mercy San Juan Medical Center to connect NorthBay Medical Center’s hallways, interacting with Mercy Telehealth Network. Catholic Healthcare West (CHW) is the parent company of Mercy hospitals in Sacramento. CHW operates 41 hospitals in California, Nevada and Arizona. Mercy neurologists control the robot from Mercy General Hospital and Mercy San Juan Medical Center to connect to patients at three CHW facilities. NorthBay Healthcare is the first health system outside CHW to join the Mercy Telehealth Network.

“During practice runs, it is pretty neat to drive the robot around and see everyone’s reaction,” says Dr. Shatzel. “Often, they say, ‘Dr. Shatzel, is that you?’ or ‘How did you get in there?’ or ‘Where are you right now?’ I have been across town at a meeting and pre-rounded with critical care nurses and discussed patients, which I would later see in person.”

It might take a little getting used to at first, but once he’s in robot mode, all attention is on the patient. “I really do not think about being ‘the man behind the curtain,’” says Dr. Shatzel. “The time intensity and critical nature of hyper-acute stroke keeps me focused. I obtain as much information as I can to make the right treatment decision, including visual cues, such as vital signs, patient appearance and face-to-face communication with emergency room nurses and physicians at the bedside.” In the robot mode, he can easily consult with the doctor or patient’s family, before weighing in on treatment decisions.

Dr. Seth Kaufman, medical director, who along with Lance Gough, M.D., oversees the emergency departments at NorthBay Medical Center and NorthBay VacaValley Hospital, the No. 1 issue regarding strokes is getting the public to recognize the signs and get patients in as soon as possible.

“Time is brain,” as the slogan goes.

The Five Telltale Signs

1. Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
2. Sudden confusion, trouble speaking or understanding
3. Sudden trouble seeing in one or both eyes
4. Sudden trouble walking, dizziness, loss of balance or coordination
5. Sudden, severe headache with no known cause

If you or someone with you has more than one of these symptoms, call 911.

Know the Signs of a Stroke

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“Time is brain,” as the slogan goes.

Name Those Robots

NorthBay Healthcare invites you to help us name our hospitals’ two newest residents, for a chance to win an Apple iPad.

“We’re really excited about our robots and want the community to get involved with the excitement,” explains Vice President and Chief Nursing Officer Kathy Richerson.

“We thought the contest would be a fun way to do that.”

Robot No. 1 lives at NorthBay Medical Center and stands about 5 feet tall. It moves on wheels and is remotely controlled by staff at Mercy Neurological Institute of Sacramento. Robot No. 2 lives at VacaValley Hospital and is what’s known as a “desktop” model. In other words, it doesn’t have wheels, it rides along on a cart pushed by hospital staff.

“Our ‘Name Those Robots’ contest is open to both children and adults living in Solano County. NorthBay Healthcare employees can submit entries as well. Only one winner will be chosen and announced in the Winter issue of Wellspring due out in January 2011. Deadline to enter is 5 p.m. Friday, Oct. 29. Only one entry per person.

Robot No. 1 lives at NorthBay Medical Center and experiences stroke doctors at the patient’s bedside to make those important decisions, which could literally save their life,” says Dr. Shatzel.

Phase I has already begun, which includes training for about 85 nurses and a dozen physicians, according to Diana Sullivan, Heart & Vascular service line director, who is heading the project. Staff will learn how to interact with the robot for stroke consultations, what treatments they can offer and appropriate transfer for specialized care. The second phase will focus on inpatient care, using the latest treatments for stroke and neurological problems. The third phase will be review by The Joint Commission, in order to gain certification as a Primary Stroke Center, according to Sullivan.

“They’ll look at our patient outcomes and our timing,” adds Richerson. “How fast we get patients evaluated and get medicine going is important. There’s a criteria we need to meet. As they say in neurology—time is brain.”

Certainly, the partnership and collaboration with Mercy is key. “NorthBay can confidently say that they have a high-quality, seamless and effective stroke care program. Advanced Robotic telehealth and technology ensures the presence of highly qualified and experienced stroke doctors at the patient’s bedside to make those important decisions, which could literally save their life,” says Dr. Shatzel.

Diana Sullivan, service line director for NorthBay’s Heart & Vascular Program, and Emergency Department Medical Director Dr. Seth Kaufman accept the robot, featuring the image of Dr. Alan Shatzel, down the hallway to meet staff at NorthBay Medical Center.
Two members of the NorthBay Medical Center’s Rapid Response Team examined the patient in her bed, determined to find the cause of her sudden decline. Observing her vital signs on the cardiac monitor, they listened as she described her symptoms. Respiratory Therapist Darrell Waite and ICU nurse Nora Maligaya, R.N., then sprang into action. Waite placed an oxygen mask on the patient’s face, while Maligaya discussed the patient’s medical history with her assigned nurse.

Fifteen minutes later, the simulated scenario ended, and the patient—a high-tech, computer-operated patient simulator—was set aside while her caregivers discussed the patient’s condition and their actions with clinical practice manager Elisa Jang, R.N., and Respiratory Therapist Rebecca Prenton. This time the training was part of the annual recertification exercise for Rapid Response Team members, but during the past year, more than 400 hospital caregivers have used the Clinical Simulation Lab to sharpen and advance their clinical skills.

“We can simulate many levels of care, from the emergency room to the ICU,” says Ivan Fronefield, simulation lab coordinator. Fronefield perfected his skills as the simulation center manager for David Grant Medical Center’s simulation center on Travis Air Force Base. “Other than military and large academic hospitals, it’s rare to find a community hospital investing in a simulation lab.

“It’s not only a substantial investment to get started, but an ongoing expense to maintain the lab,” he says. “But the benefits are enormous for the clinical staff at NorthBay, and ultimately for the community we serve.”

The NorthBay Simulation Lab includes a “family” of patient simulators consisting of an adult male, a pregnant female, two children, an infant and a newborn, all with amazingly lifelike characteristics. For example, the newborn exhibits umbilical pulses, cries, moves, makes heart and breathing sounds and even turns blue when it simulates difficulty breathing. The trauma mannequin can simulate active bleeding, allow chest tubes to be inserted and have limbs amputated. The pregnant female is programmed to deliver a baby, with many of the complications a delivery can present.

Depending on the case, Fronefield can program complications to test how the clinical staff adapt to and recognize life-threatening situations. The lab provides every clinical staff member an equal opportunity to learn new skills and correct mistakes in a supportive environment without placing themselves or patients at risk.

Each training scenario is videotaped for students and trainers to view and debrief immediately following the sessions.

The simulation lab was installed at NorthBay Healthcare’s Administration Center in Green Valley in the fall of 2008. Much of the past year has been devoted to the program development work required to construct training modules and build realistic scenarios to complete clinical staff training, Fronefield explains. The lab has seen heavy use, advancing the skills of NorthBay Healthcare employees since late 2009.

“It is our hope to eventually expand our program to include classes for student nurses, paramedics and other healthcare professionals in our community,” Fronefield added.

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A RECORD Achievement

Imagine: You are in the Emergency Department and your doctor decides you need an x-ray, as well as medication and some therapy. As he logs on to a bedside computer on wheels—and before he’s even done with his entry—the x-ray technician has arrived. By the time you return to your room, your medicine is waiting for you.

That’s life these days at NorthBay Healthcare facilities, thanks to a fully integrated Electronic Health Record.

There are a lot of ads these days promoting other health system’s electronic advances, and there have been some amazing accomplishments, notes Donald Denmark, M.D., vice president of Medical Affairs. But what sets NorthBay apart from other health systems, at least in Solano County, is full integration.

Not only is every health encounter entered in to every NorthBay patient’s health record, but all physicians using NorthBay’s facilities have access to that record, as they deliver care to the patient.

For example, after a diagnosis, a doctor might prescribe medication. The system will alert the doctor if the patient has an allergy, or if they’re taking another medication that might interact negatively.

“Doctors no longer have to search multiple systems to research possible outcomes. Our system is set up to deliver the best protocols for the best possible patient outcomes,” explains Dr. Denmark.

Although NorthBay has been working toward this goal for eight years, full integration finally occurred in December 2009, when the last segment of our medical population was trained to use the system. Called “Computer Physician Order Entry,” or CPOE, the last piece of the puzzle required that NorthBay train about 225 physicians and more than 800 nurses on its use. “We’ve eliminated illegible handwriting from our system by eliminating the paperwork,” quips Dr. Denmark.

It was a pleasant surprise when the “go-live” launch went smoothly. “We were prepared for all the nightmares we heard from other hospitals, but this launch went incredibly well,” Dr. Denmark says with a smile. “It’s all about preparation. We had good planning and a well-prepared staff. We had at-the-elbow help around the clock during the launch period.”

Achieving full integration with the EHR has placed NorthBay Healthcare in a very elite group in the healthcare industry. “We are in the top 1.5 percent of all hospitals in the country,” explains Dr. Denmark. “We may be one of the smaller systems, but that’s a blessing in disguise, because we’re not tied to a large system’s politics and position. We can set our own direction and invest the way NorthBay believes will be most beneficial to our patients.”

NorthBay’s achievements have not been lost on the healthcare industry. Dr. Denmark and Medical Staff Educator Will Antipuesto were recently invited to a ZynsHealth presentation in Florida, where they shared NorthBay’s story. In addition, Dr. Denmark will visit Kansas City later this month (October) to do a similar presentation at the Cerner Health Conference, an international showcase that is attended by as many as 6,500 healthcare professionals worldwide.

What’s next? Anesthesia and the Powerchart ECG. That means that if a doctor orders an ECG, or electrocardiogram, it will automatically be entered into the patient’s health record.

Physicians can immediately compare ECGs, even superimpose one set of results on top of another. “It’s real-time documentation and accessibility at the time of services, and it’s shared across the entire system,” says Dr. Denmark.

“It’s that access to the system detail that makes NorthBay’s system so special,” says Dr. Denmark. “An integrated EHR clearly sets hospitals above and apart from hospitals that continue to depend on paper records,” says Dr. Denmark. “NorthBay is a healthcare industry leader.”

NorthBay Hires Chief Medical Information Officer

Bolstering its position as a leader in Electronic Health Record technology, NorthBay Healthcare has hired its first-ever chief medical information officer. Stepping in to assist Donald Denmark, M.D., vice president of Medical Affairs, is Justin V. Graham, M.D., M.S.

Dr. Graham, a medical informaticist and a practicing infectious disease specialist, most recently was a physician executive for Dearborn Advisors, an Illinois-based firm specializing in healthcare information technology. He also saw infectious disease patients at Palo Alto Medical Foundation and Stanford University.

He previously served for nearly three years as chief medical information officer for the federal receiver now running the California prison healthcare system.

Dr. Graham supervised healthcare information technology projects and created and chaired the receiver’s Healthcare Information Technology Executive Committee. He also was an attending physician specializing in infectious diseases at California Medical Facility and California State Prison, Solano, both in Vacaville.

His previous roles include medical director for quality and informatics at Lumeta and senior consultant for healthcare strategy and operations at Deloitte Consulting.

“NorthBay is looking forward to Dr. Graham’s leadership and expertise in the process of optimization and expansion of our electronic health record,” notes Dr. Denmark.

High-Tech Tidbits

$6 million The amount, roughly, that NorthBay Healthcare has invested each year, since 2002, to install and train staff to use Electronic Health Records (EHR).

25,000 The number of pages of paper NorthBay saves each month by using an EHR.

11,500 Number of orders that are placed each day with our new system.

2 hours to 15 minutes The time is used to take to register a patient in the emergency department has dropped by an hour and 45 minutes on average.

800-plus Number of nurses trained on Computer Physician Order Entry (CPOE).

225 Number of physicians trained to use CPOE at NorthBay.

4 The number of hours each doctor and each nurse spent in the final phase of training for CPOE.

4 to 1 The number of fax machines the pharmacy department used to use, compared to now.

2 hours to 30 minutes The amount of time physicians spent each day on average playing phone tag, responding to inquiries, clarifying prescription orders and care instructions. Now they spend less than 30 minutes on average.

1.5 The percentage of hospitals in the United States that have fully integrated Electronic Health Records (including NorthBay Healthcare.)
A Shocking Discovery

CT Scan Reveals Aortic Aneurysm, Prompting Urgent, Lifesaving Surgery

Pneumonia may have saved Paul Nolin’s life. The Fairfield resident and his wife, Ann, both fell ill in February, suffering fever, chills and a horrible, hacking cough. At 4 a.m., Feb. 26, Paul was fighting to breathe. Ann rushed him to NorthBay Medical Center’s Emergency Department, where a doctor quickly ordered a CT scan.

What they found was alarming. An aortic aneurysm measuring nearly 6 centimeters (2.36 inches) was visible, but only in the very bottom of the frame.

“And that was just the tip of the iceberg,” says Dr. Seph Naficy, a vascular and cardiothoracic surgeon, who was called in on the case. A subsequent CT scan revealed an enormous aneurysm: 8.4 centimeters (3.31 inches) in size, which typically would require immediate surgery.

The only problem was that Paul first had to get over his pneumonia. For two weeks, he lived with what felt like a ticking time bomb in his abdomen. “He was hacking his head off,” recalls Ann. “It was very stressful.”

An aneurysm occurs when the walls of a blood vessel balloon outward, creating weakness in the vessel wall. The aorta is the largest blood vessel in the body. Put the two together, and you have a recipe for potential disaster.

The aneurysm can contain lipids, calcium clots, fatty deposits and cell debris within its walls. The aneurysm itself is not the danger, it’s the weakness it creates in the vessel wall, which, if it ruptures, would prove fatal.

At 69, Paul was a good candidate for an endovascular procedure, which is far less invasive than full-blown abdominal surgery. Incisions are made at the groin, and a catheter is used to insert a stent into the weakened area of the blood vessel, lining it and protecting it. The aneurysm is simply pushed away from the flow of blood, where it is unlikely to expand or rupture.

But Paul had other medical issues, as well as narrow blood vessels, which make placing a stent a real challenge. To deal with an aneurysm of this size, Dr. Naficy would have to place a number of perfectly sized coils and stents in just the right places.

Dr. Naficy used a state-of-the-art intravascular ultrasound technology (IVUS) to get a “real time” picture of the vessels inside Paul’s abdomen. The original plan was to run the catheter through the left side, but Dr. Naficy detected some resistance, and decided to change his operative approach.

Enter the two-man team of Richard Smith and Kevin Bowman from Medtronic, a company which specializes in stents. The pair collaborated with Dr. Naficy from Day 1 on the case, right through, and during, surgery. They were in the operating room ready to build custom stents, when Dr. Naficy decided to change his approach.

“That’s not a simple thing to do,” explains Dr. Naficy. “The device configuration must be changed, and the measurements must be exact.”

Thanks to high-quality CT scans and the IVUS technology, the team was able to make the adjustments with a positive outcome.

Ann and her daughter were getting antsy in the waiting room. The procedure lasted longer than expected. “But Joanne Jacob, a nurse from the CT Scan, they may not have seen the aneurysm. And when they spotted it, they alerted me right away, so we could consult and get the process started with Medtronic. The CT scans and 3D reconstruction were just amazing work by the techs here, and truly made a difference.”

Dr. Heather Braithwaite handled Mr. Nolin’s case in the Emergency Department and ordered the test, noting that CT scans are frequently used to look for pulmonary embolisms, which sometimes appear similar to pneumonia. Symptoms include painful breathing, shortness of breath and low oxygen.

“Pulmonary embolisms are an important cause of sudden death if missed,” she explains. “His abdominal aortic aneurysm was an incidental finding as part of the imaging. Lucky for him!”

On a warm Saturday in June, Paul Nolin was back on the golf links. The retired Air Force chief master sergeant played nine holes at Cypress Lakes, and just enough to remind him of the days before surgery, when he played two or three times a week.

“It’s been pretty hard on me,” he admits. “But I’m feeling much better now. My back hurts now and then, and holds me back, but I can’t wait to get back out on the course with my friends and get back to my regular 18 holes again.”

Looking back, he doesn’t remember all the details, but he does remember the solid team effort and professional attitude of the NorthBay staff, which made him feel confident about the quality of his care. “Everyone was just exceptional, from the Emergency Department to ICU, to Surgery and beyond,” says Paul. “I feel like I was in good hands.”

Paul and Ann Nolin are grateful for the quick actions of the entire NorthBay team that recognized and then fixed the “ticking time bomb” in Paul’s abdomen. Ann, a NorthBay Guild volunteer, is known for making quilts personalized with the owner’s photo. Here, the quilt’s golfer is her husband, Paul.
**A Good Fit**

NorthBay Partners With Firm, Creates Custom-made Solutions

It’s nice to know when someone has your back. For Seph Naficy, M.D., who specializes in vascular and cardiothoracic surgery, that someone is actually a couple of colleagues who are at his side during procedures, standing by their devices, and ready to make changes at a moment’s notice.

They are Richard Smith and Kevin Bowman of Medtronic Inc., clinical specialists, but so much more. “They don’t just represent a powerful and innovative company,” says Dr. Naficy, “They have been very attentive with their support and availability.”

That means that at least one of them will be in the operating room during procedures that involve their devices, ready to consult if plans change. In the case of Paul Nolin (see story on page 10), that’s exactly what happened. “Our primary role is to discuss the case strategy, primary plans and a series of alternative plans with physicians,” explains Smith.

Medtronic was founded in 1949 as a medical equipment repair shop. Now it is a multinational company that uses technology to transform the way debilitated, chronic diseases are treated. Smith and Bowman are based out of the Santa Rosa division, so they’re geographically close, which is a plus, says Dr. Naficy. Then again, they cover 44 hospitals in California and Hawaii, so they’re traveling a lot.

The advantage of doing 20 to 25 cases each month is that they make a lot of contacts with specialty doctors.

“Recently, Dr. Naficy consulted with a doctor from Baltimore via the Medtronic network regarding a specific patient he was treating. They can share direction, approach and strategy, and best practices,” explains Smith.

“These doctors are a special breed. They’re a subset of a subset of doctors. They’re highly specialized. They never stop learning, and they’re always feeding off each other for information. They’re constantly reaching out to the thought leaders in their industry to strategize on how to do things better,” said Smith.

Endovascular abdominal aortic aneurysm repair has been around since 1990, when Juan C. Parodi performed the first one in Buenos Aires. Medtronic has had a number of devices in the pipeline for more than a decade, explains Dr. Naficy. “They are on the cutting edge.”

The devices themselves are made of nitinol, a self-expanding metal, and Dacron cloth, hand-sewn perfectly to fit the patient’s vessel. Physicians are able to place the devices inside a patient’s vessel, and the heat causes it to expand to the appropriate width. All measurements are handled via highly accurate CT scans and the Intervascular Ultrasound (IVUS) technology, which involves a catheter that takes images via ultrasound.

Devices are often placed in several pieces and conjugated during the procedure. It’s no cake walk, but then Smith and Bowman are always up for a challenge. “I love my job,” says Smith. “We make a great product, we’re involved with a high-caliber audience who value our services, we’re treated well by our company, and we get to be involved in life-saving procedures. What’s not to like?”

Dr. Seph Naficy, center, confers with Medtronic representatives Kevin Bowman, left, and Richard Smith.

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**Bubble CPAP**

Tiny Breath of Fresh Air

In the high-tech world of the Neonatal Intensive Care Unit (NICU), a simple and innovative procedure has babies breathing easier and avoiding the complications that can arise from spending time on a ventilator.

“ar we’ve stepped back in time to a procedure used at New York’s Columbia University Medical Center since 1973,” says Neonatologist Steven Gwiazdowski, M.D., who spearheaded the drive to bring the breathing system, called Bubble CPAP (Continuous Positive Air Pressure), to NorthBay Medical Center.

Dr. Gwiazdowski traveled to New York 18 months ago to observe how Bubble CPAP is used at Columbia University Medical Center. He returned to Fairfield convinced that the system would work in NorthBay’s NICU. A multidisciplinary team consisting of nurses, respiratory therapists, pharmacists and central supply worked for a year to analyze the system and train staff to implement it. On Feb. 1, the NICU seamlessly rolled out the Bubble CPAP procedure and they’re very impressed by the effectiveness of it, according to Dr. Gwiazdowski.

Traditionally, babies with premature lungs are placed on ventilators. Ventilators have a tube that passes through the vocal cords into the airway, efficiently breathing for the baby. However, the ventilator can be a source of inflammation because the ventilator can’t completely adjust to the natural way a baby breathes. And, ventilators can be a source of infection.

A ventilator tube isn’t used with Bubble CPAP. Instead, air pressure is transmitted from the nose, and the baby’s own breathing regulates how high the pressure needs to be. The key to regulating air pressure in the lungs is controlling the exhaled breath. With Bubble CPAP, the end of the tube carrying the baby’s exhaled breath is submersed in water. The depth of the tube in the water determines the air pressure in the lungs. As the baby exhales, bubbles are created, which cause vibrations that travel back into the lungs. It’s speculated that these vibrations stimulate the tiny air sacs in the lungs to expand and contract, helping the lungs to breathe.

Bubble CPAP can be easily monitored by the bedside nurse. And, without their baby attached to a ventilator, parents find holding and feeding their baby much easier.

“This is a kinder, gentler way to care for babies with respiratory distress syndrome,” says Dr. Gwiazdowski. “Bubble CPAP keeps lungs inflated and allows babies to breathe with a lot less work.”

While there will always be a need for ventilators in the NICU, the staff hopes that Bubble CPAP will mean less time spent on a ventilator for many babies, helping their lungs get a healthy head start.

Dr. Seph Naficy, center, confers with Medtronic representatives Kevin Bowman, left, and Richard Smith.

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Neonatologist Steven Gwiazdowski, M.D., and one of his tiny patients.

A kinder, gentler way to care for babies with respiratory distress syndrome...
For two years, physicians trained in the specialty of critical care medicine—called intensivists—have been watching over the most vulnerable of patients at NorthBay Medical Center and NorthBay Vacavalley Hospital. “It’s quite a testimonial to NorthBay Healthcare’s commitment to providing the highest standards of patient care that this program exists,” explains Sreenivasa Ravuri, M.D. “Most intensivists are found in large cities or teaching hospitals.”

Patients whose conditions are life-threatening and who require comprehensive care and constant monitoring following surgery or illness, are monitored by a team of intensivists in the Intensive Care Units 24 hours a day. With an on-going presence, intensivists are able to immediately assess changes in a critically ill patient, explains Dr. Ravuri, medical director for the Delphi Group, a practice of intensivist physicians serving NorthBay’s hospitals.

And, studies show that an intensivist program can reduce hospital mortality by 30 percent.

People who have difficulty swallowing or difficulty with communication because of a range of voice problems can have their conditions more accurately diagnosed and treated by state-of-the-art speech therapy technologies available through NorthBay Rehabilitation Services. The technologies include strobes and electrical stimulation devices.

Medical conditions and neurological disorders can affect your ability to speak and swallow, according to Scott Jackson, speech-language pathologist for NorthBay Rehabilitation Services. These conditions could be caused by head trauma, neck injury, stroke, tumor, head and/or neck cancer, multiple sclerosis, Parkinson’s disease or Alzheimer’s disease.

The vocal cords—when damaged by smoking, too much coughing or yelling, inhaled irritants or even overuse—can make it difficult for everyday people and “professional voice users,” such as teachers, singers and sales personnel, to do their jobs, or live a normal life. “If your voice is perpetually strained, it may be an indication that you have abused your vocal cords, or are not using them properly,” he notes.

Patients with these ailments can have their conditions more accurately diagnosed by Laryngeal Videostroboscopy (LVS). This device uses flashing strobe lights to “freeze” or visually slow down vocal cord movements. Because cords vibrate at high speeds, “when they’re put in slow motion like this, we can get a very good picture of how well they are working, and how they are coming together,” Jackson explains. The technology also allows specialists to spot cysts, polyps or nodules on the cords.

Another advanced tool, a Neuromuscular Electrical Stimulation device, uses electrical pulses to help patients re-learn how to swallow. Depending on where the muscle or nerve weakness is located, small electrodes are strategically placed on the patient’s throat, neck or cheeks. They send pulses to stimulate the nerves and muscles.

Then, the patient eats small servings of a variety of food and liquid textures. With coaching from the speech-language pathologist, they can then learn how to re-use damaged or inactive swallowing muscles. It could enable some patients, previously on feeding tubes, to return to eating foods.

In addition to working with an ear, nose and throat physician to diagnose voice and swallowing problems, NorthBay’s speech-language pathologists also help physicians determine if a patient is in the early stages of dementia or Alzheimer’s disease, by running cognitive-linguistic-memory tests. If such memory losses are found, therapists can establish a regimen to enhance those cognitive strengths. The therapists can also provide diagnostic tests for people with communication deficits, such as speech and language disorders, and stuttering.

“Most intensivists are found in large cities or teaching hospitals.”

Intensivist Sreenivasa Ravuri, M.D., in the Intensive Care Unit at NorthBay Medical Center.
Thanks to Heart Valve Surgery...

The Beat Goes On

NorthBay’s state-of-the-art operating room allows complicated surgeries such as valve replacement to go smoothly.

I can’t believe how much help I got from all the staff there, especially in the ICU,” Ed recalls. “Everybody was great, very compassionate.” Even after he was home, NorthBay Health at Home took some of the burden off, by installing a computer in their bedroom, checking on his vitals and staying in close contact with Ed and Maureen.

“Watching for Heart Attacks

NorthBay Healthcare nurses have a new parameter to observe when their patient is on a heart monitor, and it very well could save lives.

According to Acute Care Nurse Practitioner Jamie Wheelahan, many hospitals in the country have the capability to monitor the “ST Segment,” but less than half have made it a standard of practice. “Starting in April, NorthBay decided to enhance our nursing practice. Our nurses watch the patient’s heart rhythm, looking for changes in the ECG complex, particularly the ST segment. The ST segment may be abnormal if the heart muscle does not receive enough blood and oxygen. If we detect an abnormality, it could be a sign that a heart attack is imminent. Oftentimes the patient may not feel chest pain, but the ST segment helps detect the lack of oxygen.”

It’s just another success story for Dr. Deek, hailed in the industry as “the Valve Surgeon,” because it has become his specialty. He frequently gets referrals from other hospitals in the region because NorthBay Medical Center has the expertise and the equipment to deliver.

“Patients who need this very complex procedure will do extremely well at NorthBay,” he said. “Our patients here will get as good of an operation as they can anywhere in the world, when it comes to valve surgery.”
Genetics Key in Battle Against Cancer

It may sound like something from a sci-fi thriller, but don’t be fooled: Gene profiling is real, and could be a powerful weapon in the war against cancer. “There have been many significant advances in recent years in the area of cancer genetics,” says Brian Vikstrom, M.D., an oncologist/hematologist with NorthBay Cancer Center. “We have a better understanding of how cancers develop and how to affect their growth. And new technologies are being used to develop drugs that more effectively target cancer cells.”

The NorthBay Cancer Center team, which includes James Long, M.D., Florian Ploch, M.D., and Dr. Vikstrom, are making the most of these advanced treatments, and are offering them to their patients. Gene profiling of tumors has become much more common, especially during the past few years, Dr. Vikstrom notes. Researchers have begun to unravel the mysteries of the genetic make-up of cancer cells and are gaining a better understanding of why these cells behave the way they do. They have discovered new proteins and chemical substances that are either produced by cancer cells or affect the growth and development of cancer cells. These new discoveries have shed light on how these genetic differences may make a particular cancer either more sensitive to or resistant to certain drug therapies. Tumor-specific genetics may be able to reveal which treatments, such as chemotherapy or hormone therapy, would be of most benefit to the patient. This would spare the patient from the side effects of a treatment that is less likely to help treat their disease.

The cellular processes exposed by research have resulted in an increase in the development of drugs that “target” a variety of proteins that have been shown to increase cancer cell growth. Several of these new cancer drugs, currently available or in development, are able to block some of the mutations and pathways that cause tumor cells to grow. By using these agents, oncologists may be able to slow or arrest the growth of malignant cells, sometimes without having to use traditional treatments such as chemotherapy and radiation. “If there is a drug that can put a cog in the wheel to stop it from clicking, we can stop the cancer from growing,” Dr. Vikstrom says. “For some cancers, such as renal cancer, we did not have any good treatments, no home runs; now we have something with these new targeted drugs.”

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Today, when it comes to treating cancer, the treatment will likely be as unique and as individualized as the cancer—and the patient. For breast cancer alone, there are more than a dozen treatment regimens, and therapy expanded to include new classes of drugs, Dr. Vikstrom notes. Another area of promise for cancer patients lies within clinical trials. There are hundreds of clinical trials under way, exploring new ways to treat cancers. The trials may involve new anti-cancer drugs, doses and treatment schedules, as well as drug combinations and hormonal therapy. Some trials compare a new treatment against a standard treatment, while others introduce new drugs that haven’t been used before. Several NorthBay Cancer Center patients are participating in clinical trials and the team is always on the lookout for the right patient or right trial.

“We’re doing better, patients are living longer or are being cured,” says Dr. Vikstrom.

Clinical Trials Allow Patients Access to New Treatments

Sometimes there are silver linings in stormy clouds.

In early 2007, Etsuko Bennetts was diagnosed with a rare form of cancer—a gastrointestinal stromal tumor, or GIST—that caused a tumor to grow in her small intestine. “GIST doesn’t normally respond to traditional treatments, such as chemotherapy or radiation,” explains her husband, George. And, even if a GIST is surgically removed, “with this kind of cancer you can almost always count on it coming back.”

But, Etsuko had two things going for her. Because surgeons were able to completely remove her tumor, and because cancer had not been found anywhere else, she became eligible to participate in a clinical trial through the NorthBay Cancer Center that gave her access to a life-lengthening medicine.

The medicine—Gleevec—targets specific proteins within cancer cells and stops the cancer from growing. It is an approved drug for the treatment of certain leukemias and, in this setting, for some specific GISTs.

“Keni Horiochi (oncology nurse specialist at the NorthBay Cancer Center) knew about the trial and told us about it. Etsuko was one of the last to make it in before the trial closed.”

As part of the clinical trial, Etsuko would take Gleevec for one year—with a nine-year follow-up—to see if it prevented any other tumors from growing. In her case, it did.

But, in early 2009, a year after ending the Gleevec trial, Etsuko again developed small lesions on her liver. George explains, and the NorthBay Cancer Center team referred the Bennetts to the Stanford Liver Center. The physicians who specialize in GIST put her into another clinical trial to compare a new targeted therapy drug—Tasigna—to Gleevec. “This new drug is an improved version of Gleevec. After three months we did see the larger tumor had shrunk,” George says. And, if the tumor continues to shrink it may be removed.

“It has been an up and down battle,” he adds. “We’re hopeful the new drug will make her tumors smaller. Targeted therapies such as these are wonderful, miracle drugs.” The couple is grateful for all the advances in targeted therapies, he says, “because for us, there was nothing else out there.”

Oncology Certified Nurse Caroline Bailey, right, comforts cancer patient Nobue Chowanec, and her husband Emile.
Bioengineered Skin Offers Hope

When wounds don’t heal, physicians at the NorthBay Center for Wound Care turn to the 21st century technology of bioengineered skin substitute. One living cell-based product, called Apligraf, has proven effective for healing even the most resistant skin ulcers.

“Sometimes wounds are present for months or even years, affecting a patient’s quality of life,” says Karen Harris, R.N., BSN, clinical manager of the wound center. “At a certain point, wounds lose their ability to heal and need more advanced wound care therapy to help heal.”

Apligraf, made of living dermal skin, contains the needed growth factors to help wounds heal.

This bilayered living cell therapy is approved for use on two common lower extremity ulcers: venous leg ulcers and diabetic foot ulcers.

Apligraf is made of actual living dermal skin, which is bioengineered from neonatal foreskin and contains the needed growth factors to help wounds heal. When standard wound treatments, such as specialty wound dressings, compression therapy, and topical medications, are not enough to promote wound healing, Apligraf plays an active role in delivering living cells, proteins produced by the cells, and collagen, directly to the wound. Apligraf is applied in the outpatient wound center.

The NorthBay Center for Wound Care provides other advanced wound healing technologies, including hyperbaric oxygen therapy, outpatient intravenous-IV therapy, and peripheral arterial disease screening.

Faster, Easier Ways to Detect Diabetes

Nov 30, 2010

Nearly 24 million Americans are living with diabetes, and every year their ranks increase by as many as 1.6 million new cases, according to the American Diabetes Association (ADA). But, thanks to new technology, people are getting diagnosed after a finger-stick blood test right in the doctor’s office. That means diabetes specialists can more quickly steer their patients toward the healthier lifestyles that will stave off future complications of the disease.

Deborah Murray, M.D., director of the NorthBay Center for Endocrinology and Diabetes in Vacaville, now uses that in-office blood test to determine a patient’s average blood glucose level over the past three months. Called a Hemoglobin A1C test, it can detect diabetes as well as pre-diabetes, a condition in which blood glucose levels are high but not high enough to be diagnosed as diabetes.

Previously, patients would have to fast for eight hours (for a fasting plasma glucose test), or undergo multiple blood samples taken for several hours, for the Oral Glucose Tolerance Test (OGTT). The A1C test not only provides a quick determination of historic blood glucose levels, but it is convenient. It has recently been recommended by the ADA as a tool for diagnosing diabetes and pre-diabetes.

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Apligraf plays an active role in delivering living cells, proteins produced by the cells, and collagen, directly to the wound. Apligraf is applied in the outpatient wound center. It’s painless and patients do not need to go into the hospital for treatment as with other types of skin graft procedures.

The NorthBay Center for Wound Care provides other advanced wound healing technologies, including hyperbaric oxygen therapy, outpatient intravenous-IV therapy, and peripheral arterial disease screening.

The NorthBay Center for Wound Care turn to Apligraf, and it can make a big difference in the healing process.”

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New A1C Guidelines

Diabetes: A1C level is 6.5 percent or higher

Pre-diabetes (increased risk of developing diabetes in the future): A1C is 5.7 percent to 6.4 percent

In this range, the higher the percentage, the higher the risk for developing diabetes and cardiovascular disease. Those over 6.0 percent (very high risk) need intensive interventions and vigilant follow-up, according to the ADA.

There are certain conditions where the A1C should not be the only diagnostic tool, according to the ADA. These would be for pregnant women, people with chronic kidney or liver disease, those who have recently had a blood transfusion, or those with blood disorders, such as iron-deficiency anemia.

The NorthBay Center for Endocrinology and Diabetes offers a complete team approach to helping patients manage their diabetes. Not only is Dr. Murray board-certified in endocrinology, but the center offers a fully certified diabetes education process, as well as intensive interventions for patients needing frequent attention, such as those who are newly diagnosed, who are pre- and post-bariatric surgical candidates or on cancer chemotherapy.

Collette DaCruz, R.N., certified diabetes educator, also notes the center has access to some of the newest tools.

“We can use a Continuous Glucose Monitor to determine a patient’s glucose values over the course of 72 hours. The device measures the blood glucose about every five seconds. It is about the size of a quarter and placed just under the skin of the patient. The patient comes back in three days, and the results are read. It’s helpful for those with wide fluctuations in blood glucose or unexplained variations that might not be captured with a glucometer, such as frequent low blood glucose in the middle of the night.”

And, for those diabetics who use an insulin pump to continuously deliver rapid-acting insulin, there are new devices available to make life a little easier, DaCruz notes.

Some are waterproof, so that a patient may go swimming. Others link to a glucometer, or have devices that can control the insulin pump from an external device, such as a Palm Pilot. “Once we determine that an insulin pump is the right option for a patient, we work closely to find the one that best meets that individual’s needs.”

NorthBay Diabetes Education Program Earns Accreditation

The NorthBay Center for Endocrinology and Diabetes is nationally certified by the American Diabetes Association and the American Association of Diabetes Educators to teach Diabetes Self-Management Training, according to Collette DaCruz, R.N. “These certifications ensure that the program meets national standards, assuring educators have the latest information on diabetes care and education.”

The NorthBay program includes individual and group classes that cover the following:

- Healthy eating
- Long-term complications
- Overview of diabetes
- Goal-setting and follow-up support
- Importance of monitoring medications
- Reducing risks
- Exercise
- Healthy coping
- Acute complications
- Long-term complications
- Monitoring medications
- Reducing risks
- Healthy coping
- Acute complications

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The last place you might think to look for an ear problem is in your eyes. But examining your eyes through Frenzel glasses can help determine how the inner ear is functioning. These high-tech glasses are used to diagnose inner ear conditions that cause dizziness and loss of equilibrium.

Your balance is maintained by the vestibular system, which is located in your inner ear. When something goes awry in the inner ear, you may experience vertigo (a spinning sensation) and/or a general sense of unsteadiness. Symptoms can vary from mild to severe.

“I can’t visualize the vestibular system by looking into someone’s ear because it is very deep and is encapsulated in bone,” says Heather Rose, a physical therapist at NorthBay Rehabilitation Services. “What I can do is examine a person’s eye movements while placing their head in different positions. This will actually tell me how the inner ear is functioning.”

Frenzel glasses are composed of a mask, magnifying glasses, and a video camera. They are used to view and record patterns of involuntary eye movement. A patient wears the mask while a physical therapist moves their head and body through a series of positions. The patient sees only darkness. The mask will magnify the eye and the video camera will transmit the images to a television screen so the eye movements can be analyzed in depth and recorded for the therapist and patient to see. The therapist then uses this information to develop a treatment plan for the patient.

Physical Therapist: Heather Rose adjusts the Frenzel glasses on Jane Clark.

For a dozen years she worked as a baker and cake decorator for a grocery store chain, spending hours on her feet, lifting heavy baking equipment and bags of flour. It was a job she loved, and her customers loved her, too. Her wedding cakes were in demand with area brides, and “children called me the Cookie Lady, because I’d give them a little cookie with special icing.”

But all those years on her feet were taking their toll. There would be days when she rated her lower back pain—on a scale of from one to ten—as a 10-plus. On good days, I would be lucky if it would be at seven, and that’s with morphine and handfuls of pills.” Eventually, she had to go on workers compensation. Then, unable to bend, wear shoes, walk or stand for long periods of time, alone lift her beloved grandchildren, Margie was at her wit’s end. “I had done everything—medicines, physical therapy, surgeries; I saw several different doctors and I’d get a temporary fix, but the pain would always come back again.”

When she met with Dr. Amster at the NorthBay Pain Management Center, she thought she might be a good candidate for a new minimally invasive surgical procedure using a Spinal Cord Simulator. “The spinal cord is like a telephone wire,” Dr. Amster explains, “and signals are sent up and down the cord.” Wires with electrodes are placed on top of the spinal cord and the electrode’s gentle electrical impulses send competing signals to the brain. That effectively cancels out the pain sensations being sent to the brain.

It has been a miracle treatment for Margie, who says she now has her life back. “I can do whatever I want. I’ve lost weight because I can move around. I can take walks with my husband, and work in the garden, which I love.” She also spends every day at the Suisun Wildlife Center, where she teaches volunteers how to care for orphaned or injured animals. “We get all kinds of birds, and animals—raccoons, coyotes, foxes, squirrels—here. We nurse them back to health and then they fly off, hopefully to a good life,” she says. “I definitely wouldn’t be doing any of this if it weren’t for the surgery.”

On Her Feet Again

Margie Furco knows well how pain can put a life on hold.

For a dozen years she worked as a baker and cake decorator for a grocery store chain, spending hours on her feet, lifting heavy baking equipment and bags of flour. It was a job she loved, and her customers loved her, too. Her wedding cakes were in demand with area brides, and “children called me the Cookie Lady, because I’d give them a little cookie with special icing.”

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Ray Simonds is your prototypical local boy. He went to elementary school in Fairfield and graduated from Armijo High School. In FFA, he raised cattle and sheep and showed them off at the Solano County Fair. After college, he invested his business locally and he sunk his family's roots deep into the community. So it only made sense to him to have major heart surgery right here in his hometown.

Lugging a box one weekend in April this year, the 72-year-old real estate appraiser felt the classic sign of a heart attack — chest pain. At NorthBay Medical Center he learned major heart surgery was the best option to clear a four-way obstruction.

After he mentioned he heard good things about the cutting-edge “beating heart” surgery being done in a hospital in another county, he learned he could do the same right here, close to home. In fact, the same surgeon — Dr. Ramzi Deeik — would probably be the surgeon at either place.

NorthBay Heart & Vascular Center’s team of heart surgeons specializes in the “beating heart” procedure — mending the heart without stopping it. Such a measure not only limits the risk of infection, it also has been shown to reduce recovery time. Ray also discovered his surgery would be done in a much newer, more sophisticated cardiovascular surgery suite in the Fairfield hospital.

Ray got to stay close to home to have the surgeons he wanted and the procedure done the way he thought best. Three months later, Ray bid a fond farewell to the cardiopulmonary rehab staff in NorthBay Medical Center. When he graduated from his post-surgery recuperative regimen, a 12-week course of therapy, he was feeling as good, or better, than he did before major heart surgery.

“Help for His Heart, Close to Home

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“It’s been real good,” Ray Simonds says of his treatment, especially the rehab work. “The gals here keep an eye on you and make you do the work.”

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“It’s been real good,” he says of his treatment, especially the rehab work. “The gals here keep an eye on you and make you do the work.”

And he especially appreciated the fact he didn’t have to travel. “You’re right here,” he says. “It makes it easier on you and your family. If I had done this somewhere else, it would have been a burden.”

His Health at Home treatment immediately after surgery provided not only the monitoring he needed, but also security and peace of mind. He had someone there to watch over him, explaining how his recovery would progress. Though he has graduated from the cardiopulmonary rehab program, he isn’t about to veer from his course of recovery. “My eating habits are completely different,” he explains. And he avoids stress.

Staying close to home meant he could fulfill his duties as a director of the Solano County Fair, something he’s done for the last 32 years. He, like NorthBay Healthcare, understands what a long-term commitment to the community means.
**Medical Imaging:**

Ever since Wilhelm Conrad Rontgen accidentally discovered the x-ray in 1895, scientists have searched for new and better ways to see inside the human body. When it comes to diagnostic imaging, technology is everything.

Today, our hospitals and related facilities possess a veritable smorgasbord of high-tech equipment that allows doctors to look within the anatomy better than ever before.

Keeping on top of the latest technology, of course, is always an issue, says Jerry Wilcox, director of diagnostic imaging at NorthBay Medical Center and NorthBay VacaValley Hospital. “In this business, even something eight years old is old, when it comes to technology. And that’s especially true if we’re using it 24 hours a day, seven days a week. We’re constantly looking ahead to the next piece of equipment, weighing cost and value.”

That’s why NorthBay Healthcare is the proud new owner of a 64-Slice CT Scanner at VacaValley Hospital, a new E9 Logiq Ultrasound device at NorthBay Medical Center, sonosites, which are portable ultra-sonic devices, at both hospitals, and more.

“All our imaging modalities complement each other,” says Tammy Pagliari, lead sonographer at NorthBay Medical Center. “Some work better than others, depending on what the physician wants to see. But sometimes a second modality can be used to explore in more detail something the first choice revealed.”

**So what is a “modality”?**

For the uninitiated, here’s a summary of the imaging technology you may encounter as an inpatient or outpatient at NorthBay Healthcare facilities:

**Ultrasound**

Ultrasound, or ultrasonography, is a medical imaging technique that uses high frequency sound waves and their echoes to produce images. In a typical ultrasound, millions of pulses and echoes are sent and received each second. The probe can be moved along the surface of the body and angled to obtain various views.

The E9 Logiq is the latest addition to Diagnostic Imaging’s arsenal of equipment at NorthBay Medical Center, providing high-quality ultrasound images and new technology that allows 3-D views.

Ultrasound is often the modality of choice when a doctor wants to look at soft tissue. Also, there’s no radiation used to obtain images, so it’s perfect for pregnant women.

**Nuclear Medicine**

Nuclear medicine uses radioactive substances to help produce images of the body. Doctors can view how the body is functioning and its anatomy to help establish a diagnosis and treatment. Nuclear medicine imaging uses computers, detectors and radioactive substances to look at the body. Various types of radioactive isotopes are injected into the body, depending on the condition being studied. Nuclear medicine imaging is useful for detecting tumors, aneurysms (weak spots in blood vessel walls), irregular or inadequate blood flow to various tissues and inadequate organ functioning, such as thyroid and pulmonary deficiencies.

**CT Scan**

Computed Tomography (sometimes called a “CAT” scan) combines x-rays with advanced computer processing technology to create accurate, detailed images of a patient’s internal structures and organs. The patient lies in the center of a donut-shaped CT Scanner and its x-ray machine circles their body, focused on the area of interest. Software can be used to create 3-D or even 4-D (moving or animated) images for doctors.

This year, a new $1 million Philips 64-Slice CT Scanner was installed at VacaValley Hospital. “Slice” refers to how may x-ray images can be taken with each rotation of the scan.

In 2011, NorthBay Medical Center plans to install a new $2 million, 256-slice CT Scan. This premium CT Scan will perform detailed heart and brain perfusion studies, allowing doctors to see blood flow from arteries to veins. It also has the technology to perform “virtual” colonoscopies within minutes.

**Magnetic Resonance Imaging (MRI)**

Magnetic Resonance Imaging is the method of choice for the diagnosis of many types of injuries and conditions because of the incredible detail it can produce of soft tissue. MRI uses an extremely powerful magnet that changes the direction of protons at the site being imaged. A radio frequency passes through this area and a computer translates the results into two-dimensional pictures. MRI is noninvasive, quick and safe, because the patient is not exposed to radiation. MRI can be used to diagnose multiple sclerosis, view torn ligaments, diagnose stroke in its earliest stages and infection in the brain, spine or joints.

Maintaining the Inside Track
Sonosites Save Steps and Time

When patients need diagnostic imaging, that usually requires a trip through the hospital, either on their bed or in a wheelchair. But moving some patients at all—especially those in the ICU—can be risky. That’s why doctors who work at NorthBay VacaValley Hospital and NorthBay Medical Center’s Intensive Care Units were pleased with the arrival of sonosites. These machines—which resemble a laptop computer, but with some fancy accessories—allow doctors to use ultrasound to see images right at a patient’s bedside. “The quality is actually quite good,” says Dr. Anit Patel. “It’s real-time images that allow us to skip transporting patients who might be unstable.” The images allow doctors to perform procedures, such as live biopsies and interventional drainage of wounds, during routine rounds, according to Jerry Wilcox, director of Diagnostic Imaging. “We knew the doctors were excited about the device when they all showed up for training,” says Wilcox. “It also makes TEE his specialty, and lung tissue. Dr. Roos, who has made TEE his specialty, can view the heart from every angle, and even create 3-D and 4-D (moving) images. That view comes courtesy of the Philips iE33, a state-of-the art piece of equipment that came with the new operating suite, when

NorthBay Medical Center’s Cardiovascular Operating Suite, there’s one that’s not too hard to swallow. Literally.

It’s the “echo transducer” or probe that allows Dr. Filip Roos and a few other doctors to put the Transesophageal Echocardiogram to the test. The diagnostic procedure allows physicians the best possible view of the heart—through the esophagus. That way, the image is as pure as can be, without having to look through skin, bone, muscle and lung tissue. Dr. Roos, who has made TEE his specialty, can view the heart from every angle, and even create 3-D and 4-D (moving) images. That view comes courtesy of the Philips iE33, a state-of-the art piece of equipment that came with the new operating suite, when

NorthBay established its Heart & Vascular Program in April 2009. The procedure is minimally invasive. The probe is placed in the esophagus, or swallowing tube, while a patient is mildly sedated. A little bit of anesthetic is used to numb the throat. The doctor is then able to shift the probe down the esophagus, and use ultrasound to see visuals of the heart. The probe can be rotated, to capture different angles.

The procedure can be used both as a diagnostic tool, to determine possible risk factors, valve disorders, heart infections and best treatment scenarios, as well as a tool during surgery.

The procedure can be used both as a diagnostic tool, to determine possible risk factors, valve disorders, heart infections and best treatment scenarios, as well as a tool during surgery. “It’s the gold standard for diagnosing valve disorders,” explains Dr. Roos. “About 48 percent of patients with valve disorders never get referred for treatment. Valvular disease is under-diagnosed and under-managed. The public needs to know that if they have a history of heart murmur or valve disorders, it’s easier than ever for us to check it out. It’s right on target with NorthBay’s mission of offering advanced medicine close to home.”

New View Can Reveal the Heart’s (Valve) Secrets

NorthBay unveiled its plan in September to create Solano County’s first Level III trauma center, a new service that could be operating by early 2012.

“We will provide trauma services to the communities we now serve in northern Solano County,” said Gary Passama, NorthBay Healthcare President/CEO. “We have been Solano’s leader in investing in new technology and facilities, which allows us to provide advanced medical services not offered by other providers.”

The trauma center would be located at NorthBay Medical Center in Fairfield and open in early 2012. But it will move to NorthBay Vaca Valley Hospital when expansion of that campus is complete in 2014.

Solano County is one of the few counties of its size that does not have a designated trauma center within its boundaries and county health officials expressed their support of the local effort.

“Trauma is an unwelcome event in anyone’s life and we are all vulnerable,” said Michael Stacey, M.D., Solano County’s interim public health officer. “I welcome that a Solano County hospital is seeking trauma designation.”

There are about 1,000 trauma cases a year in Solano County, according to state statistics that show 42 percent are transferred out of the county, typically to trauma centers in Walnut Creek or Sacramento. Most are a result of traffic accidents (50 percent) and falls (39 percent). Less than 7 percent of traumatic injuries are a result of assaults.

While NorthBay’s trauma center will need county and state approval, the hospital plans to go a step beyond to meet the national guidelines set by the American College of Surgeons. During the last three years, NorthBay Healthcare has built the infrastructure for trauma care and other advanced medical services. NorthBay Medical Center was recently designated a Chest Pain Center. And, its Heart & Vascular Center has brought new life-saving surgery to the county for the first time.

Both NorthBay Medical Center and NorthBay VacaValley Hospital have around-the-clock in-house physician staffing for general surgery, orthopedic surgery, anesthesia, OB-GYN and critical care medicine, all of which provide a strong foundation for building a high-quality trauma medical team.

NorthBay’s long-range plan is to upgrade the trauma center in Vacaville to a Level II program, which will require the addition of neurological specialists, including a neurosurgeon.

What is a Level III Trauma Center?

Level III Trauma Centers typically care for patients with serious injuries, mostly from accidents. A Level III center has the resources for emergency resuscitation, surgery, and intensive care of most trauma patients. However, a Level III center does not offer advanced care for those with head trauma and neurological complications. Those patients will continue to be sent to trauma centers elsewhere, typically via air ambulances.

County’s First Trauma Center in the Works
When nurses at NorthBay Medical Center in Fairfield designed their award-winning Nurse Camp in 2005, they hoped to encourage teens to consider nursing careers. Six years later, Nurse Camp welcomed its first success story: Meredith Oates, R.N.

The newly minted nurse opened Day 1 of camp just a week after graduating from nursing school, telling a whole new set of nurse campers what exciting days they were about to experience.

“Four years ago I sat right where you are today,” she told the 30 teens. “Nurse Camp is the reason I’m a nurse today.”

“We are all so proud of her success,” says Mary Hempen, R.N., an ICU nurse and a nurse camp founder. A few months before the 2006 camp began, Meredith had dropped in on a Nursing Club meeting at her high school—not to hear about nursing but for the free pizza. What she learned from a NorthBay nurse ambassador that day changed the course of her life.

“I’ll never forget how she came home after the second meeting and told us she wanted to become a nurse,” says her mother, Stephanie Oates, of Vacaville. “A scramble ensued while we frantically checked out nursing programs and cancelled her plans to attend another university.”

Meredith was accepted into the nursing program at Point Loma Nazarene University in San Diego and earned her degree on May 15.

“Nursing school wasn’t easy,” recent nursing school graduate Meredith Oates told the campers. “But I never found a department that I didn’t want to work in.”

What’s it like to be a hospital nurse? Is nursing the career for me? Thirty teens from throughout Solano County learned the answers to these questions and more at Nurse Camp 2010, held June 22 to 25 at NorthBay Valley Hospital in Vacaville and NorthBay Medical Center in Fairfield.

The program gives students the opportunity to experience the wide range of careers available to hospital nurses. Each year, teens are surprised to find that they don’t sit in a classroom all day. Instead, they get hands-on experience with a number of nursing skills. In the course of four days, they applied soft casts to each other’s arms, experienced laparoscopic surgery on a melon, and learned to take blood pressure, give shots and start IVs. For the first time, students experienced delivering a baby, thanks to one of NorthBay’s computer-operated simulation models.

NorthBay Nurse Camp began in 2005 as a way to introduce high school students to careers in nursing. This year, 60 students applied for the 30 spaces available in the camp. Students came from Dixon, Vacaville, Benicia, Fairfield and Vallejo.

More than 20 NorthBay nurses and a number of other medical professionals contribute to the program. “We work all year planning activities for Nurse Camp,” says Mary Hempen, R.N., one of the camp’s founders. “Each year we listen to the students’ feedback and use it to further develop the program.” This year the student feedback was unanimous—Nurse Camp is too short!
Tickets are now on sale for “Girls’ Night Out,” Thursday, Oct. 28, at the Vacaville Performing Arts Center. Sponsored by the NorthBay Center for Women’s Health Spirit of Women, the evening of fun includes boutique shopping, a vintage fashion show and a performance by comedian Diana Jordan.

This will be veteran stand-up comedian Jordan’s first performance in Vacaville, although she has been an entertainer for 20 years. Oprah called her “One of the funniest people on the planet,” right alongside Jerry Seinfeld, Robin Williams and Bill Cosby. She has been nominated by the American Comedy Awards as one of the Top Female Comedians in the country. She was featured in the HBO special “Women of the Night,” which spotlighted five top female comedians and also has two feature film roles to her credit, including a performance in “Jerry Maguire” with Tom Cruise.

Tickets are $20 for Spirit of Women members and $25 for the general public. For a free membership in Spirit of Women, send an e-mail to womenshealth@northbay.org. A portion of the proceeds will benefit women’s health issues.
Kudos for Communication Efforts

NorthBay Healthcare continues to pull in awards for its communications projects, as the organization recently learned its Wellspring magazine had been awarded the coveted 2010 Bronze Anvil Award from the Public Relations Society of America (PRSA), and that it had won three APEX 2010 awards from Communications Concepts in Springfield, Virginia.

Wellspring received the Bronze Anvil for superior performance in the design and execution of an individual tactic within a broader public relations program. This is the fourth Bronze Anvil Wellspring has earned in the past seven years. NorthBay Healthcare CEO Gary Passama won an APEX 2010 Grand Award for writing an editorial titled “Competing Visions — Trying to Make Sense of Healthcare Reform.” The article ran in both the Daily Republic and The Reporter. APEX Awards of Excellence were also won by Wellspring for magazine writing and the NorthBay Web site for “most improved web & intranet site.” APEX Awards of Excellence recognize excellence in publication work by professional communicators. This year more than 3,700 entries from around the country were submitted.

NorthBay Bridges

Helping Patients Optimize Quality of Life

Hospitalized patients with complicated, chronic, debilitating or difficult-to-manage health issues needn’t fear they will be discharged to home or a skilled nursing facility without a safety net. They simply ask their attending physician, hospitalist or primary care doctor to be referred to NorthBay Bridges—a Supportive Care Service of NorthBay Healthcare.

NorthBay Bridges began three years ago as a hospital service to help seriously ill patients manage their symptoms and optimize their quality of life. Palliative care programs have expanded rapidly in recent years in response to the growing number of people living with chronic, debilitating and life-limiting illnesses.

Palliative care is not hospice, notes Terrell Van Aken, M.D., medical director, “although appropriate patients are sometimes referred to hospice.” NorthBay Bridges is an interdisciplinary program focused on helping patients and their families to make decisions that will optimize their quality of life, despite a debilitating illness. “Our biggest role is to improve and facilitate communication between the patient, family, doctors and nurses, and to serve as a consultant on comfort care and quality of life issues.”

NorthBay Bridges is staffed by an interdisciplinary team, headed by Dr. Van Aken, as well as Valerie Froman, a licensed clinical social worker and Gretchen Shilts, a chaplain. Under the direction of Dr. Van Aken and Administrative Director Patty Kramer, the NorthBay Bridges team works with the patient’s physician to provide treatment that reaches beyond physical pain and symptom relief to address emotional, social, cultural and spiritual needs of seriously ill patients and their families. “Instead of concentrating on a cure for a life-limiting illness, we provide control of overall symptoms,” says Dr. Van Aken. “We can also assist with the emotional support necessary to promote the overall quality of life for the patient and the family.”

The medical director and the team collaborate with the hospital team, which could include other physicians, nurses, social workers and other professional services as needed.

Along with providing symptom relief, the NorthBay Bridges team is trained to help patients and their families understand their choices and give patients tools to communicate those choices to their families. The team also anticipates the course the illness is likely to take and helps educate families and helps them cope with the changes and symptoms as they occur.

Any hospitalized patient diagnosed with a serious illness may request a referral to this program through their hospital physician. For more information about NorthBay Bridges, call 646-4216.

Patients Make Final Care Wishes Known

It’s called a POLST and it’s printed in pink. This new document gives seriously ill people—or those in very poor health, regardless of age—a way to ensure that their care wishes are honored when it comes to end-of-life medical treatment, according to Dr. Van Aken.

The POLST—or Physician Orders for Life-Sustaining Treatment—was created by a bill authored by California State Sen. Lois Wolk that was signed into law in 2009. Filling out a POLST form is entirely voluntary, but California law requires that the physician orders in a POLST be followed by healthcare providers. The POLST allows an individual to stipulate their wishes regarding CPR, aggressiveness of medical care, and artificial nutrition.

The POLST is signed by both a doctor and the patient and the original stays with the patient as they move through facilities. For those in a hospital, nursing home or assisted living facility, the form will be in their medical record or file. If a patient is at home, it should be displayed in a visible place.

Without a POLST form, emergency medical personnel, nurses and doctors would not know the patient’s treatment wishes, notes Dr. Van Aken. In this case, a patient would most likely receive all possible treatments, whether they were wanted or not. Talking about treatment choices with loved ones and your doctor before a problem occurs can be a guide for them and help ensure the patient gets the care they want.

For more information, go to www.finalchoices.org.

NorthBay Healthcare News

Building Is a Design Dandy

The NorthBay Healthcare Administration Center in Green Valley has been honored with an award for design excellence by the City of Fairfield. The building’s developer was NexCore Group. It was designed by the architects at Gensler and built by Hearn Construction.

WellSpring Fall 2010
Soroptimists Support NorthBay Cancer Center to a ‘Tea’

For the past four years, the NorthBay Cancer Center has been the grateful recipient of funds raised during a special event organized by the Fairfield chapter of Soroptimist International. The Soroptimists hold a Virtual Tea Party fund-raiser in June. During this unique event, members buy tickets to a tea party, but forego the actual face-to-face gathering. In return for their donation, Soroptimists can enjoy a cup of tea at any time, knowing their donation is helping the NorthBay Cancer Center to provide some quality-of-life conveniences for patients undergoing treatment. This year, the Fairfield Soroptimists raised $4,119.44, and every penny of it was presented to Janet Black, R.N., clinical manager of the NorthBay Cancer Center. Some donations were made in honor of cancer survivors, according to Leanne Ouelal Rahn, past president and organizer of the Virtual Tea Party. That brings the total donated from throughout the past four years to more than $13,000. As in the past, the funds will be used to provide wigs, prosthetics and wound supplies, as well as transportation, child care and other support services for the center’s female cancer patients. “The list of what we are able to provide our patients goes on and on,” Janet says. “Their donation will definitely touch a lot of women.”

First Nursing Fellowship Program

To encourage nurses to expand their knowledge and better help their patients, NorthBay’s First Evidence Based Practice Fellowship program was launched.

The one-year course is designed to develop clinical, leadership, problem-solving and research utilization skills through an intensive mentorship program, according to founder Elisa Jang, R.N., M.S., C.N.S., a clinical practice manager in critical care services. The program will begin in January with four fellowship positions.

For the first six months, fellowship students will attend nursing research classes, learning how to read and review research and how to use Web resources to find evidence-based material. During the second half of the year, nurses will implement a practice change in their department based on what they’ve learned through research.

“Nursing is more of a science than ever before,” Jang says. “We are encouraging our nurses to use evidence in their practice, rather than doing things ‘because that’s how we’ve always done it.’”

At the end of the year, the fellowship program will host an Evidence-Based Practice Conference where each fellow will present their research study and discuss how change was implemented in their department.

“Research fellowships are usually found in university and teaching hospitals,” Jang explains. “It’s very innovative for a community hospital to sponsor such a program. We want NorthBay to become local leaders in evidence-based practice.”

The nurses chosen for the fellowship will be announced in late November.

Cancer Center Hopes Book Will Raise Funds for Patient Care

Not all insurance is created equal, Janet Black, clinical coordinator for NorthBay Cancer Center, has learned.

One patient capped out of insurance after only one chemotherapy treatment. “What good is that?” asks Black, shaking her head.

There are some funds available to help NorthBay patients, but many come with limitations or requirements. So Black and her colleagues at the Cancer Center decided to cook up a plan to help patients in need.

The result is the Cancer Center’s first-ever “Food for Life” cookbook, which can now be ordered online. About 100 recipes are featured, submitted by patients, caregivers and staff. Recipes include main meals, side dishes, appetizers and desserts.

Anyone who wants to support the cancer center patients by purchasing a book can visit www.blurb.com. The cost is $30 plus shipping and handling for a soft cover. Hard covers are available at additional cost.

All recipes have been tested by the Cancer Center staff, says Black. “We may have to gain a lot of weight, but the recipes will be good, guaranteed.” Some patients have even brought samples by the office, which have been dutifully photographed by Bea Castro, infusion charge specialist.

The cookbook was actually the idea of Becca Weitzel, medical social worker, and while Janet accepted the editing challenge, she had a lot of help, especially with typing from Johanna Martinez, clinic support specialist.

The cover is a photograph by Bea featuring many ribbons representing the colors of various cancers, explained Janet, and inside the book is information about the various cancers, and inspirational quotes that also appear on the quilt about what cancer cannot do:

It cannot cripple LOVE
It cannot destroy PEACE
It cannot kill FRIENDSHIP
It cannot invade the SOUL
It cannot conquer the SPIRIT.

New Director for Cancer Center

Steve Ferris joined NorthBay Healthcare this summer as director of NorthBay Cancer Center and Oncology Service Line. Prior to coming to NorthBay Healthcare, Ferris worked for Aptum Oncology, Inc., as executive director for Alta Bates Comprehensive Cancer Center in Berkeley.

Ferris, who has a master’s degree in healthcare administration from the University of South Florida, brings with him an extensive background in cancer center operations, program expansion, business development and technology acquisition. In addition he has had significant experience in revenue cycle management and acute care and clinic operations.

Ferris will oversee the operations of NorthBay’s Cancer Center, which includes medical oncology, the infusion center, clinical trials, tumor registry and radiation oncology.
NorthBay NICU Celebrates

A “Jungle Adventure” awaited the many graduates of NorthBay Medical Center’s Neonatal Intensive Care Unit (NICU) and their families Saturday, Aug. 21, as the annual reunion celebrated the unit’s silver anniversary. More than 200 people filled the NorthBay Healthcare Administrative Center in Green Valley to enjoy games, crafts and a barbecue while renewing friendships with parents and hospital staff.

The oldest “graduate” was 21-year-old Jonathan Hughes of Vacaville, who hasn’t missed a reunion, while the youngest was 3-month-old Salman Madraswala of Vallejo. Parents of both sons were grateful that the NICU gave their babies a chance at life. “I have no doubt that the NICU saved Jonathan’s life,” his mother Barbara said. “The NICU nurses became like family and we look forward to seeing them every year.”

NICU Medical Director Richard Bell, M.D., beamed as he visited with many former patients. “This is why we do what we do,” he said. “At 2 a.m., when you’re working hard to save a baby’s life, these are the memories that pull you through—all of these precious children.”

The children were treated to face painting, jungle tattoos, games of hopscotch, bean bag toss and a cake walk and crafts, such as making artful hats and animal masks. The NorthBay Guild cooked up and served barbecued hamburgers and hot dogs. The afternoon concluded with a quiet story book reading.

Opened in 1985, the NICU cares for more than 300 premature or sick babies each year. The reunion is an opportunity for families to visit with NICU physicians and staff to celebrate the healthy growth of their children.
NorthBay Healthcare is proud to announce that two of its stalwart volunteers have been honored by the Vacaville Tribute to Seniors Committee for their contributions to the community.

Patricia Dennis is in her second year as president for the NorthBay Guild and has logged more than 5,000 helping at NorthBay’s hospitals and at events to raise money and awareness of local healthcare programs. George Daugavietis has worked more than 15 years with the Hospice & Bereavement program at this time.

George could easily be a model for AARP. Thin, fit and tan, with shock of “silver fox” gray hair and striking blue eyes, he is a vertical advertisement for health and vitality. But he doesn’t simply count on eating right and exercising. The retired U.S. Air Force pilot who currently teaches math and geography at Solano Community College believes a balanced life must include volunteering. For the last 15 years, the Vacaville resident has served NorthBay Hospice & Bereavement.

There are two ways to get things done in life: We can do everything for ourselves or we can do everything for someone else. I personally feel there is more benefit to do the latter,” Born in Germany to Latvian parents, George and his family lived for a number of years in a camp for “displaced persons” after World War II. They managed to find a sponsor in Michigan where he lived until he joined the service. He married his wife, Nancy, a former military nurse, in 1975.

George’s duties vary as a hospice volunteer. They range from reading books or newspapers to patients, taking them outdoors or simply holding their hands. He has also been asked to give a much-needed break for a caregiver or to help with preparing a meal. “I remember one man who had Alzheimer’s. His wife used to push him around in his wheelchair, but she got sick and I did it. One other gentleman just wanted to talk. I visited him for a year and a half and saw him the last night before his death. I was very happy I was there for him.”

“Sometimes people forget that, although someone is dying, they are still living and want to participate in life’s ordinary routines,” says Veronica Wertz, volunteer coordinator for NorthBay Hospice & Bereavement. “George has a keen awareness of how important those routines are, and he is able to meet someone ‘where they are.’ He is always so sensitive and insightful about what is needed by our patients and his quiet modesty makes everyone around him so comfortable.”

“I feel I already have a pretty reasonable attitude about death and dying, but working with those who are looking at the end of life has had an impact,” he says. “Most of those I’ve assisted have a very refreshing approach to dying. There is a level of acceptance. After all, we are all going to get there in the end.”

Because of that, George wishes more people would be inspired to volunteer for hospice—particularly if they are male. “Right now, I’m the only guy,” he says. “And for a lot of men who are going through the end of life, they would appreciate talking to another man.”

He explains that “you don’t have to be a ‘super’ volunteer, but everyone can do something. If we all did just a little bit, the world would truly be a better place.”

So, while it’s tennis on Tuesdays, Thursdays and Saturdays and a run on Mondays, Wednesdays and Fridays, George says he is every bit as dedicated to giving his time to help others. He will continue to keep his physical, mental and spiritual life vital. “We all know that our mortality is finite,” he says thoughtfully. “None-theless, nobody should die alone. That’s why I enjoy working for NorthBay Hospice.”

Pat Dennis: Guild President Brings Grace, Gusto to Role

Sitting with Pat Dennis in her comfortable and spotless Vacaville home, you have the distinct feeling that you’re witnessing something unusual for her. She is sitting still.

Pat, president of the NorthBay Guild, wearing a fashionable outfit and her trademark spiked hair and funky jewelry, defines enthusiasm. At 74, her energy is palpable—and you can see that she enjoys multi-tasking in a way that might make a woman half her age groan.

Becoming a vice president then, finally, president. “Pat is simply tireless,” says Jane Schilling, NorthBay Healthcare director of volunteer services. “She has a strong sense of what needs to be done—and she’s the kind of person who really can make big things happen. We owe a lot of our success with our volunteer program to her and we’re thrilled to formally recognize her accomplishments.”

Born in Collinsville, Illinois (which is about 15 miles from downtown St. Louis), Pat was the daughter of a truck driver and a factory worker. She spent her career in serving the Veterans Administration in admissions, discharge and eligibility. She believes that the demanding work made her stronger. “Not everybody likes you when you had a job like I had,” she explains. “That made me learn to be a bit more aggressive. In fact, most people would say that I’m not really a sweetheart. I’m outspoken and I always have an opinion.”

About volunteering, for example. “Every day you’re volunteering, somebody is going to cross your path and you can make their day or they will make yours. I will keep volunteering until I can’t go anymore.”

Neatly piled on her dining room table are scores of projects she is working on for various organizations including the hospital, Vacaville Museum and Vaca Arts, which provides accessibility to art and culture in the community (she has also been a past member of the Saturday Club, Vacaville Concert Society and Solano Symphony). You have the feeling she’s going to happily dive right into them after her interview.

“I realized I just didn’t want to clean my house anymore. I wanted to do something more,” she says.

Pat has racked up more than 5,000 hours of volunteer time at since she joined the Guild in 2001. Starting at the Guild gift shop, she worked in various capacities, eventually becoming a vice president then, finally, president.

“Pat is simply tireless,” says Jane Schilling, NorthBay Healthcare director of volunteer services. “She has a strong sense of what needs to be done—and she’s the kind of person who really can make big things happen. We owe a lot of our success with our volunteer program to her and we’re thrilled to formally recognize her accomplishments.”

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Dream of a Lifetime

In Their Final Days... Making Dreams Come True

Team Must be Agile to Deliver Wishes in Time

NorthBay Hospice & Bereavement's Dream of a Lifetime program has been granting wishes of terminally ill patients since 2008. It would be nice to report that all dreams come true, but in truth it's often a race against the clock, to deliver magic while a patient still has the strength and stamina to enjoy it, admits Hospice & Bereavement Volunteer Coordinator Veronica Wertz. Sometimes a lot of work goes into fulfilling a dream, only to have a patient pass away before it can be realized.

Sometimes, dreams have to evolve, in order to allow a patient to experience a piece of it, as was the case of Dennis Newstead, who was just too ill to travel to his beloved San Francisco. “We’ve seen some patients hang on by sheer will power to see their dream fulfilled,” says the family. “It’s amazing how once it’s over, they somehow feel free to let go. In almost every case, they’ve died within three days after the dream was fulfilled.”

Supported entirely by the good will of donors, it is coordinated by the Dream Team, led by Wertz and several NorthBay Healthcare Foundation board members. To donate funds or provide services, or learn about the guidelines and rules that govern the program, contact Wertz at 646-3575.

Son’s Return Fulfills Wishes

Just two days before his death, Dennis Newstead was planning a grand adventure. Newstead, 93, was scheduled to be a recipient of NorthBay Hospice & Bereavement’s Dream of a Lifetime program. He was about to go to one of his favorite cities in the world: San Francisco. The former musician and printer wanted to feel the excitement and stimulation of the art and restaurant scene in North Beach.

“San Francisco is a wonderful, come-and-look-at-me city,” he said, his eyes sparkling with excitement during a conversation at the care home in Vacaville where he was staying. “It has everything one would desire: wonderful restaurants, theaters and interesting people. It’s a city that invites you to enjoy it and I enjoy it.”

His dream included a few hours at Vesuvio, long a classic watering hole for artists and musicians. He also wanted to dine at the restaurant called the Stinking Rose, “I hear they season the garlic with garlic there,” the London-born Newstead joked.

Newstead had also hoped his son, Dave, could enjoy the outing, but economically, it simply wasn’t possible. However, thanks to an extra donation at the last minute by “dream maker” Stanley Davis, a Foundation board member, Dave was flown in so he could join his father and Newstead’s beloved wife, Jane, as well as Dennis Newstead’s daughters, Annie and Stacey.

Unfortunately, it was a dream destined not to happen. “It’s strange because now, looking back, there was something distant in his eyes the night before we were to go,” said Stacey. “Then, that evening, he fell, and he died two days later.”

“Mr. Newstead had such an incredible life and this dream was an indication of his adventurous spirit,” said NorthBay Hospice & Bereavement volunteer coordinator, Veronica Wertz, who is in charge of the Dream of a Lifetime program.

Although the San Francisco portion of the dream was not realized, the family said it profoundly shifted shape in a way that was even more meaningful to them. “It was so worth it and after dad fell,” said Stacey.

Carmen’s Day by the Ocean

Carmen Teledano knew a lot about dreams—especially one in particular. The 85-year-old widow followed her husband’s dream and traveled with him to the United States from Spain in the 1960s. Leaving friends and family behind, she uneasily settled in Vacaville where her husband had been born (his family had returned to Spain in the 1920s).

Through the years, Mrs. Teledano tried to get used to her new life, a new language and different customs. While she loved her husband and wanted to support his dream, she never adjusted to her new country. Instead, she longed to be back by the ocean in her beloved Southern Spain, watching the waterfront activity and seeing the boats come in.

“When my mother got very ill, we tried to think of something that would bring her peace and joy,” said her youngest daughter, Trini. “She told us she wanted to see the ocean once more before she passed away and joined our father. When we learned about NorthBay Hospice & Bereavement’s Dream of a Lifetime program, we hoped we could find a way to make her dream a day by the ocean come true.”

“We wanted to find a picture-perfect spot for Mrs. Teledano to enjoy her dream,” recalls Veronica Wertz, “Dream of a Lifetime” coordinator for NorthBay Hospice & Bereavement. “We immediately thought of Tiburon with its amazing, scenic views and of Guaymas, a restaurant there that serves Mexican and Spanish-style food.”

Driven by limousine to Tiburon with her three daughters and grandchildren, Mrs. Teledano loved the enticing views. It was bright and clear—perfect for seeing the splendor of the dappled light on the waves. She was escorted to an outdoor table and enjoyed a heaping plate of shrimp, good, strong coffee and a bite of dessert—all the things she hoped to eat and drink at the restaurant. Beaming at her family and holding the hand of her oldest grandson, she told everyone that this was one of the finest days of her life.

After lunch, the family strolled along the waterfront and watched the sailboats and the ferries gliding by. Mrs. Teledano’s interest in people-viewing was satisfied as couples, bike riders and energetic children shared the walkway she was traveling on via wheelchair.

When she returned to the modest Vacaville home where she had lived for more than 40 years, Mrs. Teledano went to her late husband’s picture, as was her ritual, to speak to him about her day and to give him a kiss. “She told him what a wonderful time she had and how much she enjoyed seeing the ocean again,” said Trini.

“We were so happy watching Mrs. Teledano savor her dream,” said Wertz. “The love she felt for her family and the enjoyment of the food and the scenery were reflected in her face. We are always so pleased when our plans to make someone’s dream come true results in great memories for all those who are a part of it.”

Jesús M. Panizo, S.J.

Fall 2010 Wellspring

Wellspring Fall 2010

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Tree of Memories
NorthBay Hospice & Bereavement will hold its annual Hospice Tree of Memories ceremony at 6:30 p.m., Dec. 8. The location is still to be determined.

Everyone is invited to attend this remembrance of loved ones and special people. During the event, the tree will be decorated with ornaments labeled with the names of those remembered and their names will be read aloud and recorded in the Hospice Book of Memories.

To have someone included in the remembrance, please submit their name to the NorthBay Healthcare Foundation at 646-3372, or send an e-mail to txjohnson@northbay.org.

For more information, contact Tim Johnson, NorthBay Healthcare Foundation, at 646-3372, or send an e-mail to txjohnson@northbay.org.

NorthBay Hospice & Bereavement
NorthBay Healthcare Foundation

Fall 2010 Wellspring
Wellspring Fall 2010
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Longtime Guild volunteer Barbara Lum again coordinated the golf tournament and 24-seed tennis tournament. Local dentist Lee Freeman and NorthBay Foundation board member Chris Sweeney led their four-man team to win the men’s division of the golf tournament. They brought partners Bruce Bishop and John Webber with them to the winners’ circle with a 12-under-par score of 60.

They were chased by runners-up Geoff Harrison, Kevin Finn, Scott Russell and Shawn Moberg, who fired an 11-under-par score of 61. One stroke behind in third place were Scott Reynolds, Scott Greenwood-Meiner, Jerry Sullivan and Josie McNeill. In the mixed division, Dr. David Gilliam teamed up with Foundation board member Candy Pierce and Steve Tolkan and Ryan Gillette to earn a three-stroke victory.

In second place was the team of Vacaville Mayor Len Augustine, NorthBay Vice President of Public Affairs Steve Huddleston, Cindy Thompson and Ryan Chalk. Third-place went to the team of Art and Diana Bergesen, Diane Thompson and Mike Burlison.

Long-drive winners were Tiffany Hite and Chris Bankerd, while Chris Taylor won the putting contest and Geoff Harrison was the best in chipping. Closest to the hole winners included Ty Quilling, Matt Jobe and Steve Huddleston.

In the Guild Tennis Classic competition, David Graham and Sandy Lim prevailed in the A Flight by topping the field. And in the B Flight, Dion Reginado and Josie Rossman were the victors.

Golf & Tennis Classic a Swinging Success
Clad in black-and-white aprons, outfits and uniforms, NorthBay Guild’s scores of volunteers fanned out across the Green Valley Country Club July 12 to extend a formal welcome to all players in their 27th annual Golf & Tennis Classic.

Pat Dennis, president of the NorthBay Guild, said funds raised by the Guild will benefit several NorthBay Healthcare programs, including the Adult Day Center, the hospital pharmacy, Nurse Camp for local teens, and the nursing simulation laboratory, used for ongoing training of healthcare staff.

“It was a beautiful day, and a lot of fun for a great cause,” said Jane Schilling, NorthBay’s director of Volunteer Services, who estimated that the Guild raised more than $65,000 with the event.