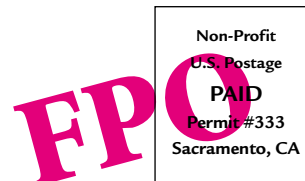




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Wellspring



High-tech Healthcare

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

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High-Tech Healthcare
NorthBay Brings Advanced
Medicine Close to Home

Dr. Seth Kauffman, in a patient room at NorthBay Medical Center, uses one of NorthBay Healthcare’s new robots to confer with Dr. Alan Shatzel from the Mercy Telehealth Network.



6 Sim Lab Helps Train Staff
A mannequin family replete with medical maladies provides plenty of practice for NorthBay staff.



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Whether you need a CT Scan, Ultrasound, nuclear medicine or a good old-fashioned x-ray, NorthBay Healthcare has you covered at both hospitals and at Solano Diagnostics Imaging.

High-tech Healthcare
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 that test your balance, nuclear medicine detectors and more.

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 bedsides 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.



13 A Tiny Breath of Air
Physician learns about a procedure that has been around nearly 40 years and brings it home to Fairfield where it’s making a big difference in young lives.



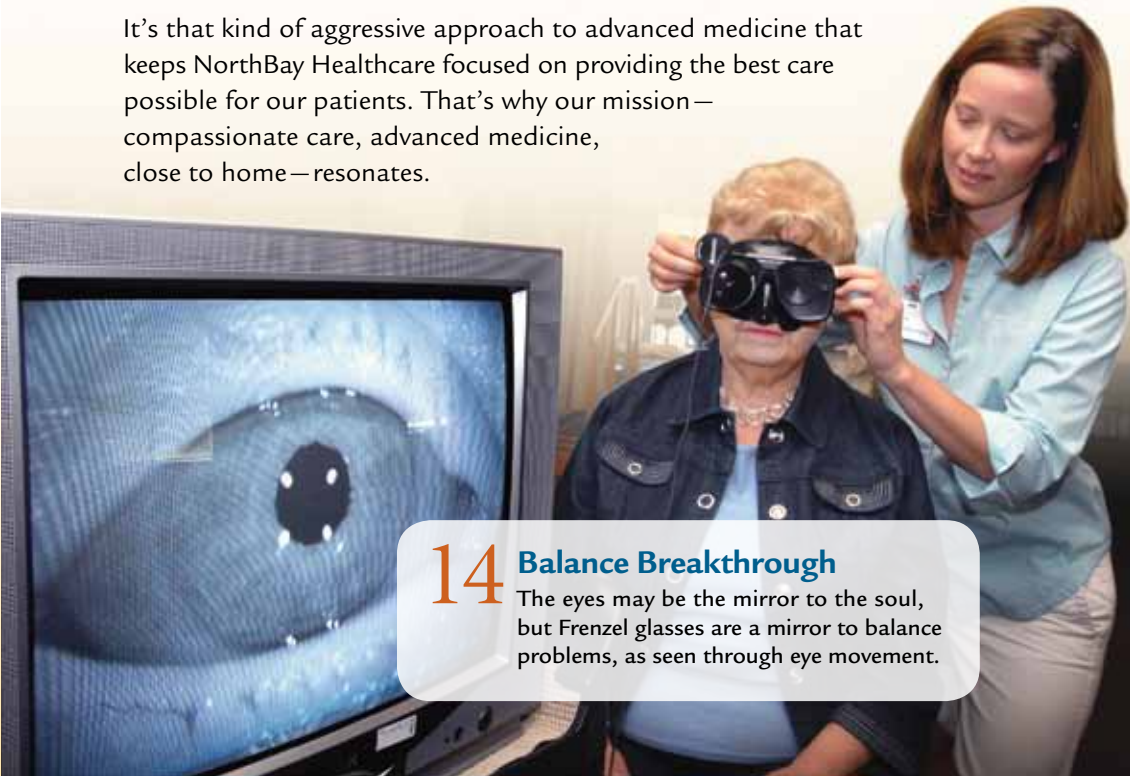
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When he needed bypass surgery, Ray Simonds discovered that he didn’t need to travel outside of Solano County.

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14 Balance Breakthrough
The eyes may be the mirror to the soul, but Frenzel glasses are a mirror to balance problems, as seen through eye movement.

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?

The list of advanced medical procedures, now standard tools for healing offered at NorthBay Healthcare, goes on and on. And it continues to grow. In this issue of *Wellspring*, you will learn about 21st century—and beyond—medicine practiced every day, close to home.

We believe our family, friends and neighbors shouldn’t be shipped far from home to receive the best and latest lifesaving medical technology. That’s why we didn’t stop after creating the county’s first neonatal intensive care unit for premature babies, or its first accredited cancer center, or the 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



ROBOT READY

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 angle shot, one for close-ups.

Medical staff at the Mercy Neurological Institute in Sacramento can remotely control all the robot’s moves, whether it looks up or down, needs 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.

The robot has no arms, per se, and instead of legs, the NorthBay model rolls along with high-tech sensory equipment designed to stop on a dime if the operator is about to run into something or something is about to run into it. The VacaValley version rolls out on a cart. Both have a special stethoscope to listen to a patient’s heart and lungs and a telephone receiver on the back for private conversations.

This summer, Dr. Alan Shatzel, medical director of Neurology Services for the Mercy Neurological Institute, offered a demonstration. Controlling the



Antwon Band and his father, Lavar, get a peek at NorthBay Medical Center’s robot.



Diana Sullivan, service line director for NorthBay's Heart & Vascular Program, and Emergency Department Medical Director Dr. Seth Kaufman escort the robot, featuring the image of Dr. Alan Shatzel, down the hallway to meet staff at NorthBay Medical Center.

robot from Sacramento, he remotely strolled down NorthBay Medical Center's hallways, interacting with staff and even chatting with a patient or two. Dr. Shatzel has been with Mercy for six years, and with the Mercy Telehealth Network since its inception three years ago. 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 robots 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

"How fast we get patients evaluated and get medicine going is important. As they say in neurology – time is brain," says Kathy Richerson, vice president and chief nursing officer.

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 Dr. Lance Gough oversees the emergency departments at both NorthBay hospitals, says the whole idea of working with a robot just isn't outlandish. "In our minds, it will be like having progressive neurologists right there in the ER to assist us with these cases."

Since treatment for stroke is time-dependent, having the Mercy Neurological Institute on speed dial is a real boon, he said. "This will give us a portal to access them any time, and that can make a huge difference in the lives of our patients."

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.

E-mail your entry to DBarney@NorthBay.org or send a post card with your entry to Robot Contest, Public Relations, NorthBay Healthcare, 4500 Business Center Drive, Fairfield, CA 94534. Be sure to include your name, phone number, e-mail address, mailing address and city of residence.

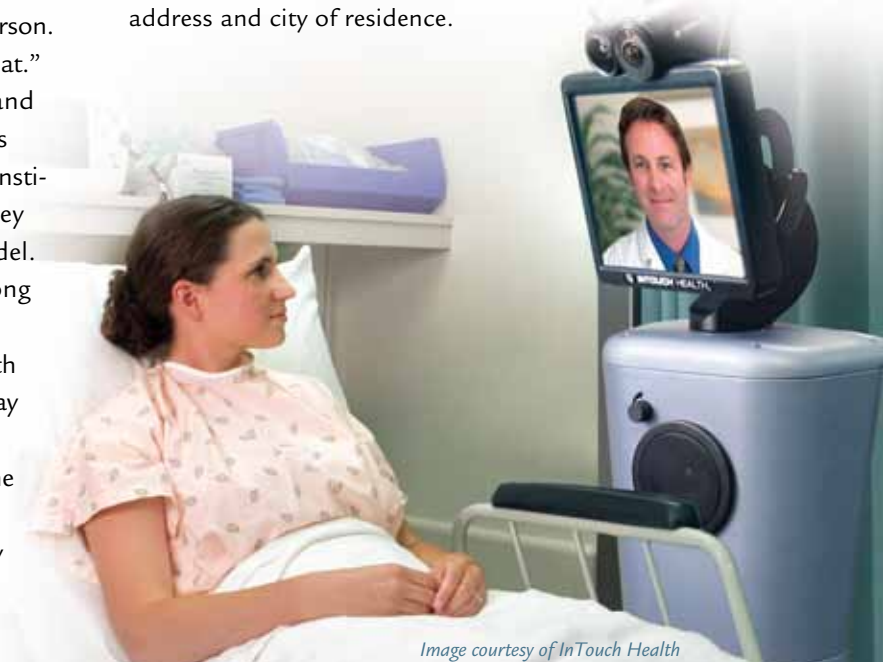


Image courtesy of InTouch Health

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.

Know the Signs of a Stroke

According to 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 stroke 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

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

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

Mannequins Simulate Medical Dilemmas to Give Staff Hands-On Experience

This is Only a Test...

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 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.

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.



Left: Respiratory Therapist Darrell Waite, RT, listens to the heartbeat of his simulation model patient during a recertification test.

Right: Simulation Center Manager Ivan Fronefield, center, directs the plastic patient's movements and gives her a voice during a training exercise.



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 access 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



NorthBay’s Data Dream Team included Dr. Donald Denmark (seated behind desk, and moving clockwise) Pharmacy Information Technology Supervisor Tom Jurewitz, Dr. Justin Graham, Dr. Kyle Holmes and Ed Ballerini, director of Clinical Systems/Technology.

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 ZynxHealth 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 across-the-system detail that makes NorthBay’s system so special. “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.”

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 pieces 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 it 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.)

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 physi-

cian 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. Justin V. Graham



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 Lumetra 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.

A Shocking Discovery



Using a CT Scan, NorthBay Medical Center's Radiology Department was able to create a 3-D image, above, of the aneurysm inside Paul Nolin's aorta. The two bulbous images on the right and left are Mr. Nolin's kidneys. The round image in the center is the aneurysm. The image below shows how the stent placed inside the aorta was able to redirect and eliminate the flow of blood into the aneurysm.



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 surgery, kept coming out and telling us he was OK. If she hadn't done that, I would have been crawling the walls," Ann says with a smile.

Ann has been a member of the NorthBay Guild ever since the couple retired and moved to Fairfield in 2002. She's served as floor chairwoman at NorthBay Medical Center, rolled pennies for fundraisers and even made numerous quilts for Guild raffles. She



Paul and Ann Nolin are grateful for the quick action 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.

suddenly found herself on the other side of the courtesy cart.

"It was a little strange, but everybody was so helpful every step of the way," she says. "They followed up on everything and really showed compassion. Even the nurses recognized me and asked how we were doing. I felt good about being there, because it felt comfortable and familiar."

"It's a fancy science, and constantly evolving," says Dr. Naficy, who is board-certified in multiple cardiac, thoracic and vascular programs. He has an active interest in combining the benefits of both open and endovascular surgery and in presenting a hybrid approach in treating these diseases.

"It was really the collaboration and teamwork that made this a positive outcome," says Dr. Naficy. "It took everyone paying attention and delivering on all levels. If the emergency department doctor hadn't ordered 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."

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.

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 debilitating, 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.

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

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 device 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 conjoined during the procedure. It's no cakewalk, 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?"

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.

"In a sense we've stepped back in time to a procedure used at New York's Columbia University NICU 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.

A kinder, gentler way to care for babies with respiratory distress syndrome...



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

A Critical Component

Intensivists Provide Expertise in Busy ICUs

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 in 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.

“We care for the sickest patients in the hospital,” Dr. Ravuri says. “Many of them have multiple conditions that need care. While the cases can be complex, it is so rewarding to see your patients walk out of the hospital.”

At any one time, patients in the ICU can include accident victims, patients requiring post-operative care following complex surgeries, patients in respiratory failure or those with heart and lung problems. “You must think and act quickly because a patient’s condition can change in an instant,” says Dr. Ravuri, an intensivist since 1992.

Intensivists often recognize changes earlier, which can lead to a shorter length of stay in the ICU and a shorter time the patient stays on a ventilator. The intensivist also can assist a patient’s own doctor in caring for a critical illness and is available as a consultant to all members of the medical staff.

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

The intensivist also can assist a patient’s own doctor in caring for a critical illness and is available as a consultant to all members of the medical staff.

Intensivist Sreenivasa Ravuri, M.D., in the Intensive Care Unit at NorthBay Medical Center.



Language pathologist Scott Jackson demonstrates the latest diagnostic tool used to detect voice and swallowing problems.

Giving Voice Back to the Patients

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 stroboscopes 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

Patients can learn to re-use damaged or inactive swallowing muscles with coaching from a speech-language pathologist.

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.



Contact NorthBay Rehabilitation Services at (707) 646-4150 for more information about these advanced diagnostic and therapeutic tools or other speech pathology services.

Thanks to Heart Valve Surgery... The Beat Goes On

To look at Clarence “Ed” Logan, you’d have a hard time believing the man is 80 years old, much less that he recently went through valve replacement surgery. The spry Fairfield resident loves to spend time with his bride of 55 years, Maureen, and take walks with his spunky Jack Russell terriers, Tugg and Buddy.

But it was on one of those walks when he realized something was not quite right. Out of the blue, he was having a hard time breathing.

Ed, who retired from the Air Force and then from the City of Fairfield after 20 years, has always been active, cutting wood, doing chores, taking long walks. He’d had a heart attack when he was 51, and so he knew what he had to do to take care of himself.

With a family history of heart issues, he stayed in contact with his cardiologist, who was keeping a watchful eye on his aortic valve. Suddenly, he was a good candidate for a valve replacement.

No longer do patients like Ed have to travel outside Solano County for such a procedure. NorthBay Healthcare opened its Heart & Vascular Program in April 2009. At the time, valves weren’t really part of the plan. “We were anticipating bypasses, mainly,” explains Acute Care Nurse Practitioner Jamie Wheelahan. But only a few months later, valve surgery became a reality at NorthBay, and has been ever since.

“We realized rather quickly that we had everything we needed to do valve surgery,” says Ed’s surgeon, Ramzi Deeik, M.D., director of Cardiac Surgery at NorthBay Medical Center. “Our operating room is state-of-the-art and not short in any way of the latest and greatest technology. That allows complicated surgeries such as valve replacement to go smoothly.”

Still, the procedure is no walk in the park. In order to replace or repair a valve, the heart has to be completely stopped.

The Medtronic Performer, a state-of-the-art heart and lung machine, pumps blood through the body and is maintained by a top-notch perfusion team, says Dr. Deeik. The equipment is completely computerized and follows the values of patient temperatures, electrolytes

and even features bioactive coating on its tubes, which prevents clotting. “That means we can use less blood thinner during the surgery.”

For many patients, blood thinner is part of their reality after valve surgery. That is, if they decide to have a mechanical valve. After consulting with Dr. Deeik, it was determined that Ed would be given a tissue, or porcine, valve so he won’t have to be on the blood thinner Coumadin the rest of his life. “There’s less stress. They don’t have to worry about using too much or too little. And a tissue valve, especially in an older person, can last up to 25 years,” says Dr. Deeik.

Ed’s surgery took a little over two hours. “We are very expeditious,” recalls Dr. Deeik. “We don’t want to keep the heart arrested for a long period of time. The national average is 90 minutes, but mine is usually less than an hour.”

Dr. Deeik says he doesn’t hesitate to replace the valve of a patient who is in their 80s or even 90s.

“Look at the alternative,” he says. “They have a tight valve that doesn’t allow blood to leave the heart, they’re not getting

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

enough to the brain, their arms or legs; they feel tired and weak, their body is hungry for oxygen and blood. The heart is working overtime to squeeze blood out of a tiny hole.” When a heart works that hard—sometimes for years—it ultimately will start failing.

Although the recovery process was a little rough, Ed’s feeling “really good now,” he says.

He goes to NorthBay’s cardiac rehab program three times a week, and is back to walking his beloved dogs. They bicker at his feet over a new toy Maureen made using Ed’s hospital stockings and a couple of tennis balls.

“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.

“It was really good help,” says Maureen, who confides that at one time she wanted to be a nurse. She got her wish, helping Ed navigate those first scary weeks. Now the couple is planning a trip to Hawaii to celebrate.

It’s just another success story for Dr. Deeik, 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.”



Ramzi Deeik, M.D.



Fairfield residents Maureen and Ed Logan are planning a vacation to celebrate Ed’s recovery from valve replacement surgery.



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. Often times the patient may not feel chest pain, but the ST segment helps detect the lack of oxygen. We call it silent ischemia, which means lack of oxygen to the heart muscle without signs of chest pain.”

It’s just one more way NorthBay is aggressively using technology to provide better and safe care for patients, says Wheelahan.

Clinical Trials Allow Patients Access to New Treatments

Sometimes there are silver linings in stormy clouds.

In early 2007, Etsuko Bennett 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 Horiuchi (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 there 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.”

Keni Horiuchi performs an exam.

Genetics Key in Battle Against Cancer

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

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

Several of the new cancer drugs, currently available or in development, are able to block some of the mutations and pathways that cause tumor cells to grow.

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.”

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 has 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.

Bioengineered Skin Offers Hope

Karen Harris, R.N., points to the Web site display of Apligraf bioengineered skin the Wound Center uses to help wounds heal.

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.

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

therapy to promote skin growth and closure. That's when we turn to Apligraf, and it can make a big difference in the healing process."

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. 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.

Faster, Easier Ways to Detect Diabetes

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. And it has recently been recommended by the ADA as a tool for diagnosing diabetes and pre-diabetes.

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

Balancing Breakthrough

Frenzel Glasses Give Peek Into Inner Ear Issues



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

Your balance is maintained by the vestibular system, which is located in your inner ear.

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.

For more information about the vestibular and balance program, call (707) 624-7470.



Wildlife Manager Margie Furco and friend.

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."

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 10—"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, let 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, he 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."



Curious raccoons at the Suisun Wildlife Center.

Pain Plan

Hit your thumb, bang your elbow or knock your head and you know for a few moments it will be hard to focus on anything else past that initial blast of pain.

But pain that is constant, throbbing and chronic—whether the result of an accident, workplace injury or illness—can easily become the primary focus in a person's life.

Pain experts in the NorthBay Pain Management Center treat more than just the injury or illness, says Michael Amster, M.D., medical director. "We focus on the whole patient—their physical, emotional and spiritual selves—to create an individual

method of treatment that helps people take control of their pain and regain their life. We really are a one-stop program, and no one else offers all that in our area."

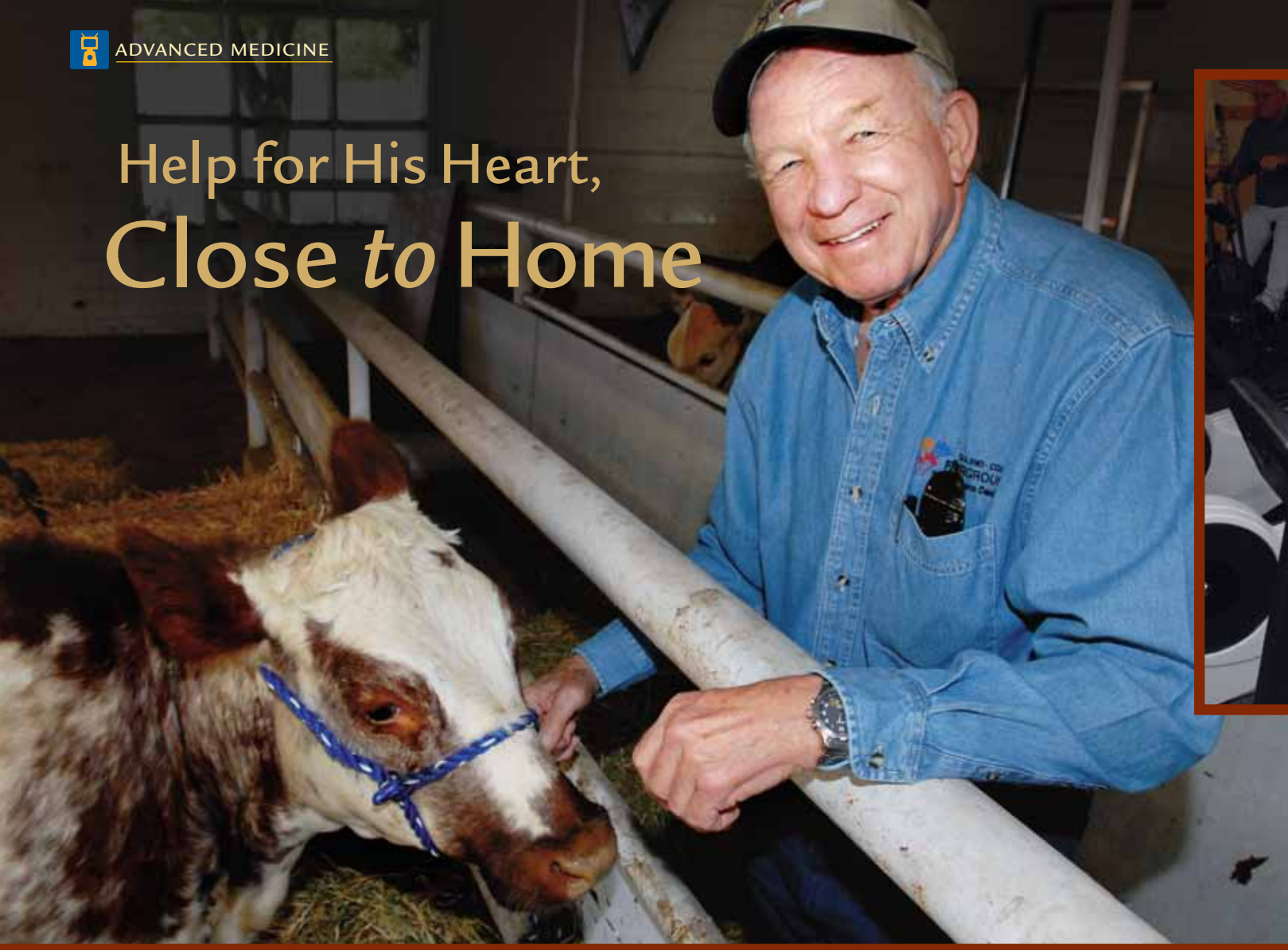


Not everyone deals with pain in the same way, Dr. Amster explains, and that's why the NorthBay Pain Management Center draws upon an arsenal of state-of-the-art pain defeating techniques for each individual case. These treatments may include a combination of physical therapy, medications and minimally invasive procedures, as well as complementary techniques such as yoga, acupuncture, massage, meditation, guided imagery and relaxation techniques.

In addition to the individualized care, the center also offers a unique program called Pain Management Essentials. During the course of eight weeks, patients—in a group setting—are taught strategies to manage their pain, using modern medicines and alternative treatments. After the group meeting, led by Dr. Amster or Cynthia Pena, M.D., pain specialist, as well as David Green, Ph.D., pain psychologist, and Tamara Manzagol, R.N., M.S.N., patients will then spend time with members of the NorthBay Rehabilitation Services staff.

"We have a wonderfully amazing team," Dr. Amster says.

Help for His Heart, Close to Home



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.

“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



Sonya Grant coaches Ray Simonds through his routine.

“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.”

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.

Green and Healthy

A few years ago, NorthBay dutifully followed state requirements by having a heavy tome called the *American Dietetic Association Nutrition Care Manual* in every patient care unit in both hospitals.

As you can image, updating didn't happen all that often, and when it did, the exercise involved distributing 11 three-ring binders of information throughout the facilities. Only one person could use each volume at a time, which made it somewhat cumbersome.

Fast forward to today: The entire publication is online, with supplemental material that makes it easy to search and find reams of information.

Employees with a computer can access it at the same time. And updates are fast and frequent.

“Now we're saving money, trees and labor,” says Kathleen Shafer, nutrition services manager for NorthBay Healthcare. “The beauty of this is that as updates are available, we have them immediately at our fingertips. We are not stuck with an old version until a new one is purchased. As practices change, we have instant access. Our patients benefit and it keeps us current, too.”

The Nutrition Care Manual is the gold standard, Shafer explains. “Our clinical dietitians use it for patient education regarding medical nutrition therapy needs, and it's also a great resource for them because it features calculators and other reference material,” says Shafer.

Employees can easily find meal plans specific to any number of medical situations from acute renal failure to urinary stones.

In addition, an online manual in some cases helps bridge the communications gap. A number of client information lessons are available in English and Spanish, and a recent addition was the heart-healthy education and menu suggestions in Vietnamese.

Clinical Dietitian Adrienne Bowen counsels a patient on diet choices.



Medical Imaging: Maintaining the Inside Track

“Our imaging modalities complement each other,” says Tammy Pagliari, lead sonographer at NorthBay Medical Center.

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 ultrasound 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.

Sonographer Tammy Pagliari demonstrates the new 3-D ultrasound technology.



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 many 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.

X-ray

X-rays are the oldest form of body imaging. They are to this day the most requested diagnostic modality at hospitals and medical facilities around the world. X-ray technology lets doctors see straight through human tissue to examine broken bones, cavities and swallowed objects with ease. Modified X-ray procedures can be used to examine softer tissue, such as the blood vessels or the intestines.

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.

Cami Hoff, Radiologic Technologist, is a welcoming face in the Diagnostic Imaging Department at NorthBay Medical Center.



Sonosites Save Steps and Time

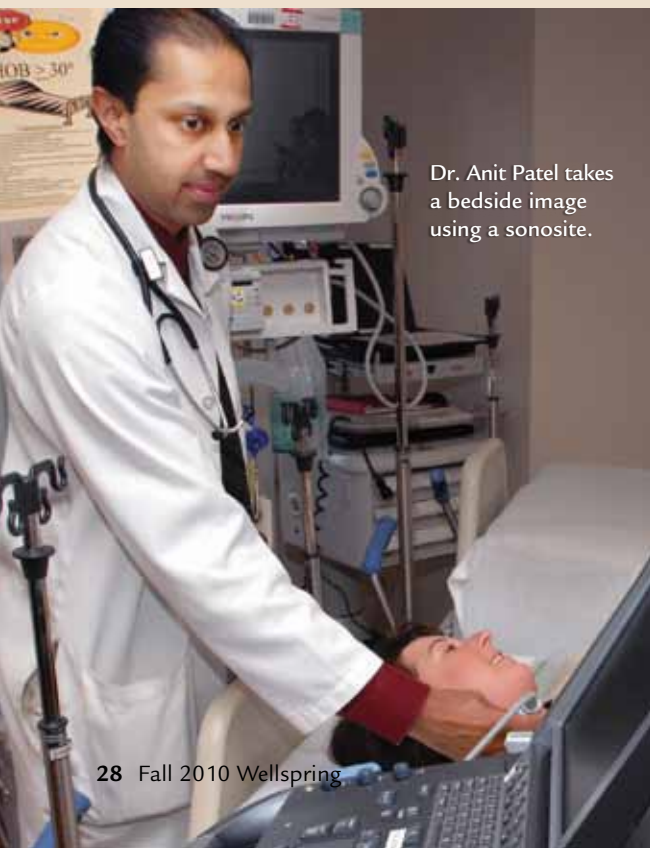
When patients need diagnostic imaging, that usually requires a trip through the hospital, either on their bed or in a wheelchair. But moving some patients at all—especially those in the ICU—can be risky.

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 takes a little bit of the burden off our ultrasound staff."



Dr. Anit Patel takes a bedside image using a sonosite.

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

Amid all the high-tech wonders in 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.

"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."

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.

County's First Trauma Center in the Works

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 VacaValley 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."



Ted Selby

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.





2010 Nurse Camp

This year the student feedback was unanimous—Nurse Camp is too short!

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 Vacaville 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!

Thirty Solano County teens were all smiles during their Nurse Camp experience.



"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."



Camp Inspires New Nurse

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," she told the campers. "But I never found a department that I didn't want to work in."



Upper Right: Mary Hempen, R.N., congratulates 2010 nursing graduate Meredith Oates, R.N.

Above: in 2006, Mary Hempen, R.N., guided high school student Meredith Oates through an exercise during Nurse Camp.

NorthBay Healthcare Fall Schedule ADVANCED MEDICINE LECTURE SERIES

Thursday, October 14

BREAST CANCER SEMINAR

with oncologists

James Long, M.D., and Brian Vikstrom, M.D.

Thursday, November 11

TIME IS BRAIN

with the Mercy Neurological Institute.

All seminars are held at the NorthBay Healthcare Administration Building, 4500 Business Center Drive in Fairfield. Please RSVP by calling (707) 646-3280.



Drs. Vikstrom and Long

Comedian Headlines the First Girls' Night Out

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.

Diana Jordan



Welcome New Physicians



Alina Hongsakaphadana, M.D., has joined the NorthBay Center for Primary Care in Green Valley.

Dr. Hongsakaphadana earned her medical degree from Michigan State University College of Human Medicine. She completed an internship and residency at the University of South Alabama, Mobile, AL, University of South Alabama Medical Center and University of South Alabama Children's and Women's Hospital.

She is board-eligible in family medicine. In addition to English, Dr. Hongsakaphadana is fluent in Thai.



Angela Lim, D.O., has joined the NorthBay Center for Primary Care in Vacaville.

She earned her doctor of osteopathic medicine degree from Michigan State University College of Osteopathic Medicine in East Lansing, Mich. She completed an internship and residency in family medicine and neuromusculoskeletal medicine at Metro Health Hospital, Grand Rapids, Mich.

She is board-eligible in family practice and neuromusculoskeletal medicine.



Madhavi Vemulapalli, M.D., has joined the NorthBay Center for Women's Health in Fairfield.

She earned her doctor of medicine degree from American University of the Caribbean, St. Martin, Netherlands Antilles. She completed a residency in obstetrics and gynecology at Providence Hospital, Southfield, MI.

She is board-eligible in OB/GYN.



Gregory Y. Warner, D.O., a specialist in infectious diseases, joined NorthBay Healthcare this summer.

Prior to starting medical school, Dr. Warner served as an epidemiology analyst for Los Angeles County's Department of Health Services. Prior to that appointment, he was a program manager for the Epidemiology Division at UC Irvine Department of Medicine.

Dr. Warner earned his medical degree from Western University of Health Sciences in Pomona, and his graduate degree from San Diego State University. He completed his residency in Internal Medicine at UC Irvine Medical Center, and a fellowship in Infectious Diseases at Los Angeles County/USC Medical Center. He is board-certified by the American Board of Internal Medicine.

Fourth Primary Care Center Opens Soon

When asked if they would recommend their primary care physician to family and friends, patients at the NorthBay Center for Primary Care overwhelmingly said "yes." So it's no wonder expansion plans are under way.

The newest medical office, expected to open by year's end, will be located in VacaValley Health Plaza on the campus of NorthBay VacaValley Hospital at 1010 Nut Tree Road in Vacaville.

The practice will open with two family practitioners and an internal medicine physician. The new 8,400-square-foot center will eventually grow to six physicians.

"We saw a need for an additional location. We are out of room in the current office and the demand for primary care continues to grow," explains Margy Walbolt, vice president of administrative services. "We have great doctors and a compassionate and caring staff. It's an understandable attraction to new patients."

NorthBay physicians were rated among the highest in the state by their patients, according to a special Quality Report Card released by the California State Office of the Patient Advocate.

Physicians were ranked in the top 8 percent of the 139 medical groups participating in the annual study.

The Office of the Patient Advocate is an independent state office established to represent the interests of health plan members. Operating under the umbrella of the California Department of Managed Health Care, its mission is to help patients get the care they deserve and to promote transparency and quality in health care.

"What is best about this Report Card is that these high ratings come from the people who matter the most—our patients," Walbolt added.

NorthBay Healthcare's Center for Primary Care currently operates three clinic locations: 421 Nut Tree Road in Vacaville; 5140 Business Center Drive in Green Valley; and 2458 Hilborn Road in Fairfield.

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.

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.

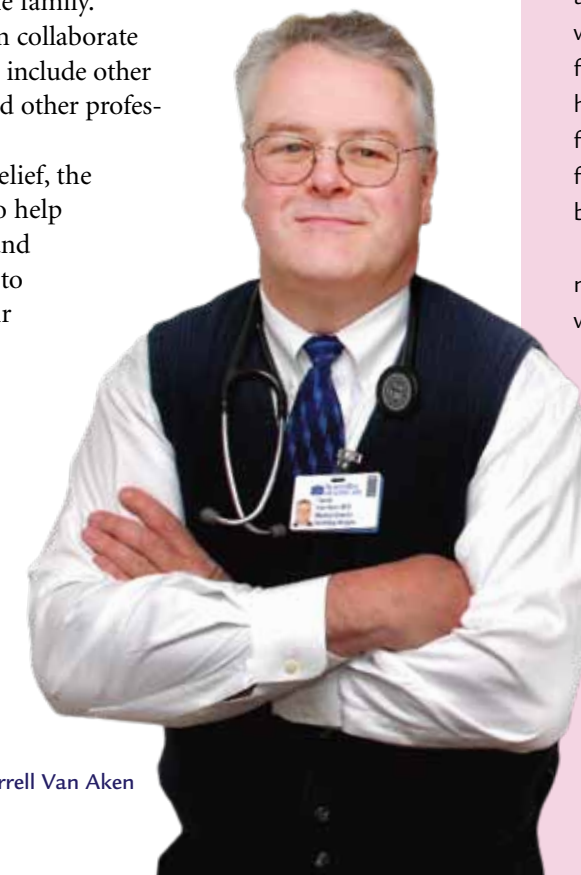
Palliative care is not hospice, notes Terrell Van Aken, M.D., medical director, "although appropriate patients are sometimes referred to hospice." NorthBay Bridges is an interdisciplinary program focused on helping patients and their families to make decisions that will optimize their quality of life, 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.



Dr. Terrell Van Aken



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.

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 Outlaw 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."



There are more than 40 members in the Fairfield chapter. Soroptimist International is an organization of women dedicated to transforming the lives of women and children through service and partnerships. For more information about the group, contact Lynn Recknagel at (707) 864-1005.

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.

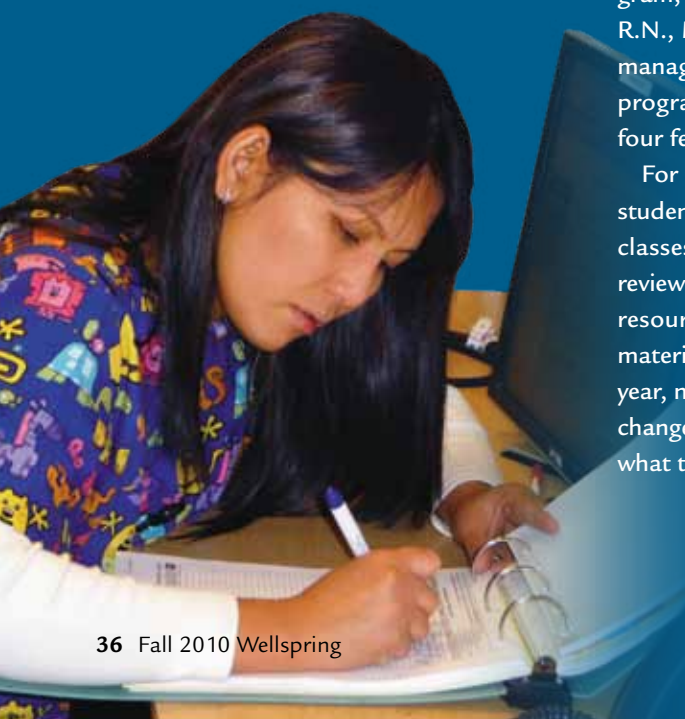
For the first six months, fellowship students will attend nursing research classes, learning how to read and review research and how to use Web resources to find evidence-based material. During the second half of the year, nurses will implement a practice change in their department based on what they've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



What's Cooking?



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 destroy CONFIDENCE
It cannot invade the SOUL
It cannot conquer the SPIRIT.

Top Photo: NorthBay Cancer Center Clinical Coordinator Janet Black, left, holds a quilt donated to the center by A Quilted Heart. The quilt's quotes will be included in the cancer center's new cook book. Recipe editors include Tanya Colbert, Bea Castro and Johanna Martinez.

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 Aptium 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 equipment 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

Silver Safari

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 and is the only male volunteer with the program at this time.

On these pages, we share their nomination essays. Patricia and George were both honored at the annual event, which took place Oct. 6 at the Vacaville Performing Arts Theatre. Also featured during the daylong celebration was Dr. Seph Naficy, who spoke to the crowds on "Recognizing and Preventing Stroke."

Tribute Honors

George Daugavietis: Hospice Volunteer Delivers Compassion in the Final Days

If a rocking chair had feelings, it would be endlessly frustrated by George Daugavietis. That's because the 62 year-old will never be inspired to give into it.

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 provide 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

Amazing Volunteers

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. "Nonetheless, 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.

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."

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."

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 (*See story, far right*). So plans have to be adjusted.

"You learn to be nimble because when bottom line, it's about giving the family a happy memory of their loved one in their final days," she says. "We've seen some patients hang on by sheer will power to see their dream fulfilled. 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"

Funded 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.



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 of 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. Teldano 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

Carmen Teledano (at the head of the table) is surrounded by her family for a special day and meal in Tiburon.

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-watching 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. Teladano 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."

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.

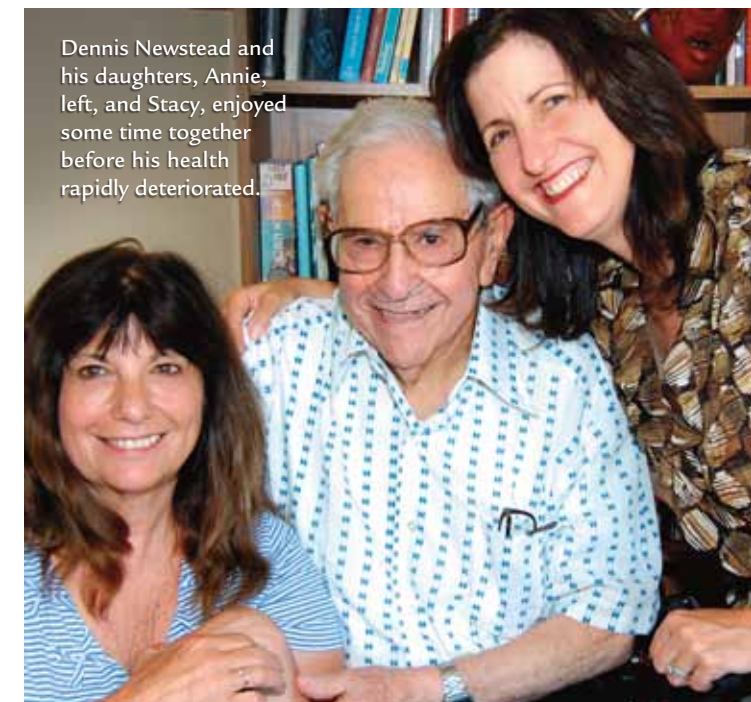
Newstead had also hoped his son, Dave, could enjoy the outing, but economically, it simply wasn't possible. However, thanks to an extra donation at the last minute by "dream maker" Stanley Davis, a Foundation board member, Dave was flown in so he could join his father and Newstead's beloved

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 to have Dave here just before and after dad fell," said Stacey.



Dennis Newstead and his daughters, Annie, left, and Stacy, enjoyed some time together before his health rapidly deteriorated.



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.

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-Meinert, Jerry Sullivan and Jose McNeill.

In the mixed division, Dr. David Gilliam teamed up with Foundation board member Candy Pierce and Steve Tolkman 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.



For more information, contact Tim Johnson, NorthBay Healthcare Foundation, at 646-3132, or send an e-mail to txjohnson@northbay.org.

Community Health Education Classes

The Art of Breastfeeding • Learn the "how to's" of breastfeeding. This class addresses the health benefits for mom and baby, the role of the father, the working mom and more. Cost: \$15. Call (707) 646-4277.

Brothers & Sisters To Be • Prepare children ages 3-9 for the arrival of a new baby. Cost: \$10 per family. Call (707) 646-4277.

C-Section Preparation • Individual counseling available to women delivering at NorthBay Medical Center who may require a C-section. Cost: Free. Call (707) 646-4277.

Discipline is 1-2-3 Magic • Simple, effective discipline strategies for children 2-12. This program is easy to learn and it works. Cost: \$30 per couple. Call (707) 421-4155.

Labor of Love • A six-week prepared childbirth class for moms and dads or coaches; register in fourth month of pregnancy or earlier. Cost: \$75. Call (707) 646-4277.

Labor of Love in Review • One-session childbirth refresher course for moms and labor partners. Pre-requisite: previous attendance in a prepared childbirth education course. Cost: \$20. Call (707) 646-4277.

Prenatal Care • Expectant mothers learn important information about pregnancy. Topics include nutrition, exercise, fetal growth and development, "pregnancy do's and don'ts," and much more. It is recommended this class be taken as early in pregnancy as possible. Cost: \$10. Call (707) 646-4277.

Maternity Orientation and Tour • A tour of the NorthBay Medical Center's maternity unit. Information about hospital registration, birth certificates, and available birthing options provided. Cost: Free. Call (707) 646-4277.

Newborn Care • Expectant parents are instructed on daily care, nutrition, safety and development for the first few months of life. One-session course. Cost: \$15. Call (707) 646-4277.

Systematic Training for Effective Parenting (STEP)

- Parenting Young Children (9-24 Months)
- Parenting Young Children (24-36 Months)
- Parenting Children of All Ages (Birth-19 Years)
- Parenting Teenagers

For more information, call (707) 421-4155. These classes are offered through the Fairfield-Suisun Adult School.

Siblings' Birthing Preparation • Parents who are considering having children present during delivery can have one-on-one counseling. Cost: Free. Call (707) 646-4277.

Pulmonary Education Series • A three-session course that meets on Wednesdays from 10 a.m. to noon at NorthBay Medical Center in Fairfield. A new course begins each month. Cost: Free. Call (707) 646-5072 to enroll.

Help with Child Care • Are you looking for child care or help paying for it? Are you a child care provider in need of support? Call Solano Family & Children's Services at (707) 863-3950.

Caregivers' Support Group • Anyone involved in caring for a loved one with Alzheimer's disease or a dementia-related illness is invited to participate. Monthly. Cost: Free. Call (707) 624-7971.

SAND (Support After Neonatal Death) • Friendship and understanding for parents experiencing grief over the loss of a pregnancy or infant. Cost: Free. Call (707) 646-5433.

Grief and Bereavement Support Groups • Adult support group is on-going. Cost: Free. Call (707) 646-3575.

Teen & Children's Bereavement Support Groups • NorthBay Hospice & Bereavement offers free bereavement support groups for teens, age 13 through 17, and children age 6 through 12 on an as-needed basis. Cost: Free. For a schedule and more information, call (707) 646-3575.

PEACE (Parent Education And Custody Effectiveness) • Create an effective parenting relationship between divorcing and separating parents. Endorsed by judicial and parenting advocates. Classes meet on Saturday. Call (707) 421-4155.

Look Good, Feel Better • A program to help women currently undergoing cancer treatment cope with appearance-related side effects of treatment. Register for classes by calling the American Cancer Society, (800) 227-2345. Cost: Free.

The New Beginnings Stroke Support Group • Provides participants an opportunity to connect with others who have similar experiences associated with stroke. Group meets third Tuesday of every month. Topics include: impact on daily living, coping with challenges and stressors, treatment and available resources. Cost: Free. Call (707) 624-7015.

North Bay Mended Hearts • A support group for cardiac patients and their families. Monthly meetings rotate between Fairfield or Vacaville. For details, call (707) 646-5072.

Kick the Butts • Stop smoking classes help adult smokers as well as smokeless users. The two-hour classes are held once a week for five weeks. The class includes overcoming nicotine addiction, creating support systems, rewards and stress reduction. Free. To register, call the Solano County Health Promotion and Education Bureau at (707) 784-8900 or (800) 287-7357.

You'll love our passion for compassion.



At NorthBay Healthcare, we believe that health-care should still care. That's why we've created an environment that cultivates your commitment to compassionate care and allows it—and you—to flourish.

We offer opportunities in:

- Allied Health
- Clerical
- Management
- Nursing
- Service

For more information about us or our employment opportunities in Fairfield and Vacaville, visit www.northbayjobs.org. EOE

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