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Wellspring

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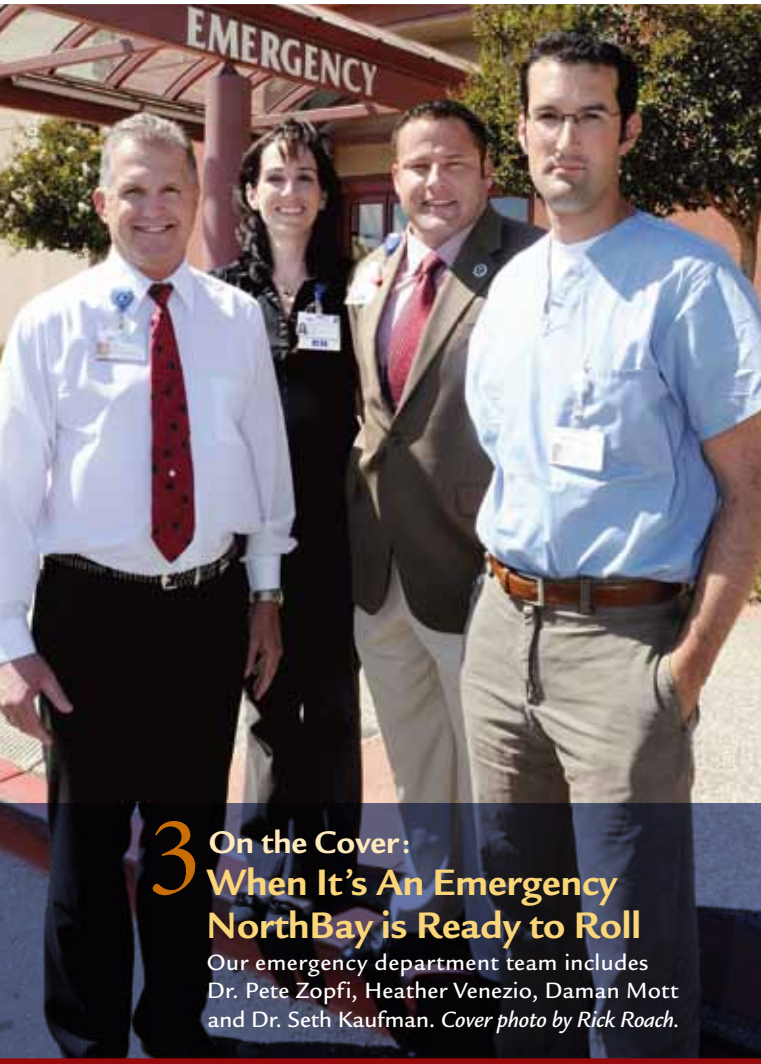
When it's an

EMERGENCY



NorthBay is Ready to Roll

➔ When You Need Help...




3 On the Cover:
When It's An Emergency
NorthBay is Ready to Roll
Our emergency department team includes Dr. Pete Zopfi, Heather Venezio, Daman Mott and Dr. Seth Kaufman. Cover photo by Rick Roach.

Maybe you've fallen, and you can't get up. Or you're suffering chest pain. Or a broken arm. Or a dog bite. Emergency and trauma care are here for you in Solano County. The medical experts in our Emergency Departments at both NorthBay Medical Center and NorthBay VacaValley stand ready to deliver the help you need.

The term "ER," was a popular television show for more than a decade, but at NorthBay, the term is ED—representing two complete Emergency Departments staffed by teams of physicians, nurses and technicians, which network for extended support with other departments within our hospitals.

Years in the planning, trauma care is now available at NorthBay Medical Center in Fairfield. This means that most patients won't be sent to hospitals in neighboring counties for care.

In this issue of *Wellspring* you will learn about the trauma care NorthBay provides. We will take you inside the Emergency Department and chronicle just what goes on there. And most importantly, we will impart some crucial information to help you and your loved ones stay out of the ED.

Our mission is not only compassionate care through advanced emergency care close to home, it is also educating our community to remain safe in hopes you never have to use this critical service. 



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To build Solano County's first trauma center, the program's architects must keep track of hundreds of moving parts.

Gary Passama
President and
Chief Executive Officer

The Time is Now

The undeniable need for advanced trauma emergency services in Solano County hit home here at NorthBay recently when a typical staff meeting turned unusual.

To build Solano County's first trauma center the program's architects must keep track of hundreds of many moving parts—policies, procedures, protocols, staff training, physicians, nurses, new staff recruitment, equipment needs, regulatory hurdles and the massive data collection that is required of a hospital that takes on this responsibility.

There's a lot of communication and synchronization. That's why staff members involved in developing our trauma center meet twice a month at NorthBay Medical Center. Of course, this group is just the tip of an iceberg comprising well over 100 folks who have made this project come to fruition.

During one of these meetings, the hospital's public address system broadcast a "code trauma." A patient had arrived unexpectedly in the Emergency Department. When that code is called, the trauma team springs into action.

At first, I figured it was another drill in preparation of achieving a Level III trauma center designation. But NorthBay's chief nursing officer, who was in the meeting, assured me that it was the real thing. Our trauma medical director, a surgeon, swiftly departed and rushed to the ER.

Heading back to my office, walking along a long corridor that approaches the emergency services area, there was a great flurry of activity. NorthBay's trauma team came flying out of the ER on its way to surgery with the patient on a gurney.

Our trauma program director, a registered nurse, was helping with the patient. Another NorthBay staff person was atop the gurney compressing the patient's chest. Other staff scurried along side and ahead of the tempest. NorthBay security personnel cleared the path. NorthBay was doing its best for this patient.

It was dramatic, particularly for people in an adjacent waiting area. What they saw looked somewhat like what you see in a television show, except this was reality, not TV. I could tell by the looks on their faces that they were concerned by what they had just seen. It was a matter of life or death – right there, in person, in real time.

While local hospitals treat trauma patients all the time, none is yet designated a trauma center. NorthBay will become the first Level III trauma center in Solano County. And we hope to eventually move up to a Level II designation. Until then, many patients must be put on helicopters and flown out of this county for care.

Trauma services have been missing for too long in our community. In this issue of *Wellspring*, we will tell you how we intend to fulfill our mission of providing advanced medicine, close to home. And it will include more advanced trauma services.

That is a guarantee.

Gary J. Passama



MOVING TOWARD TRAUMA



A protocol-driven, well-trained trauma team will improve care by decreasing the 'door-to-operating room time' and expanding the available services to the trauma patient.

Prepping for Trauma

Twenty years ago, NorthBay Medical Center was the defacto trauma center for Northern Solano County. Back then, physicians were required to handle emergency calls 24/7, in addition to their regular practices. It just went with the territory.

Because the burden was so great, many doctors didn't mind when helicopter companies offered to swoop in and deliver trauma patients to bigger, metropolitan hospitals.

But not Pete Zopfi, D.O.

NorthBay Healthcare's new trauma medical director has always thrived in urgent situations. He trained at a large hospital in Dayton, Ohio, and saw more than his fair share of tractor and hay baler accidents, as well as motor vehicle accidents and the "knife-and-gun club" variety. He learned to be ready for anything at any time.

But one doctor does not a trauma department make. Other changes on the medical landscape had to occur in the past decade to bring NorthBay Healthcare to where it is today: Poised to answer all except the most extreme trauma calls.

Now a team of trauma-trained community surgeons, backed by a full field of hospitalists, stand at the ready to deal with everything from broken bones and dog bites to gun shot wounds and industrial accidents.

NorthBay Set to Debut New Service

"Many of the advanced services we already provide, from our Chest Pain Center to our Stroke program, make the transition in trauma planning seamless," says Daman Mott, director of Emergency Services and Trauma.

Actually, NorthBay's Emergency Department staffs have always handled any trauma that arrived at their doors. Some patients just walk in, while others are driven to one of the local facilities.

But when 9-1-1 is called, and patients are picked up by ambulance or helicopter, emergency medical service workers follow protocol, and some conditions require that patients be sent out of the area for help.

NorthBay has been in the planning stages for several years now to become a Level III trauma center, which means that all but the most serious neurological cases can be handled locally.

"It's going to make a big difference to the people of Solano County," says Dr. Zopfi. "When you have to leave the county, the travel time alone may take 30 to 40 minutes away from the golden hour of treatment time.

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...continued from page 3

We're developing a system in which people will receive high quality trauma care quicker and more efficiently."

Dr. Seth Kaufman agrees. As NorthBay's Emergency Department Medical Director he sees a strong benefit for Solano County trauma patients.

Because We Care

"A protocol-driven, well-trained trauma team will improve care by decreasing the 'door-to-operating room time' and expanding the available services to the trauma patient," he says. "The hospital is fulfilling its mission of creating excellent, comprehensive trauma care in a county that needs it. We are taking the lead because we care about the community and therefore believe that long transport times do not benefit the patient."

Developing the system has involved a number of mock drills, involving real people playing the role of patients, and simulated patients or mannequins, which are programmed for the exercise. "It may be a mannequin, but it can be as realistic as the real world. You have to think on your feet and respond quickly or you'll lose your 'patient,'" says Zopfi.

Even though the Level III trauma facility will only exist at NorthBay Medical Center, at least in the beginning, Mott wants his entire Emergency Department team—52 staff members at VacaValley Hospital and 70 at Fairfield—to be fully trained and capable of stepping in. "If someone gets hurt and has to be taken to VacaValley Hospital because it's the closest, I want them to receive definitive care and appropriate, timely transfer to the closest trauma center," he says.

The training, he admits, will probably never stop. "Trauma is like a highly skilled dance; the choreography is essential, so you drill and practice to develop muscle memory and get everyone in synch, so they anticipate their next move because they all have the experience."

"We're really coming together as a team," says Dr. Zopfi. "We've always handled trauma and we've done it really well, but now the focus is on making sure everyone knows what to do and when to do it. We're getting even more efficient as we all understand our roles."

That transformation is a familiar sight for Vice President and Chief Nursing Officer Kathy Richerson. She joined NorthBay in 2000, after helping Mercy San Juan in Sacramento become a Level II trauma center. She knows the challenges well.

First, NorthBay had to make certain that becoming a trauma center was in the best interest of everyone: the patients, the community, staff, physicians and for the nonprofit NorthBay Healthcare.

Fiscally Responsible Decision

"Trauma has to be a fiscally responsible decision for the organization. We have to weigh the mission to the community and our ability to sustain an intense, highly technical program," she explains.

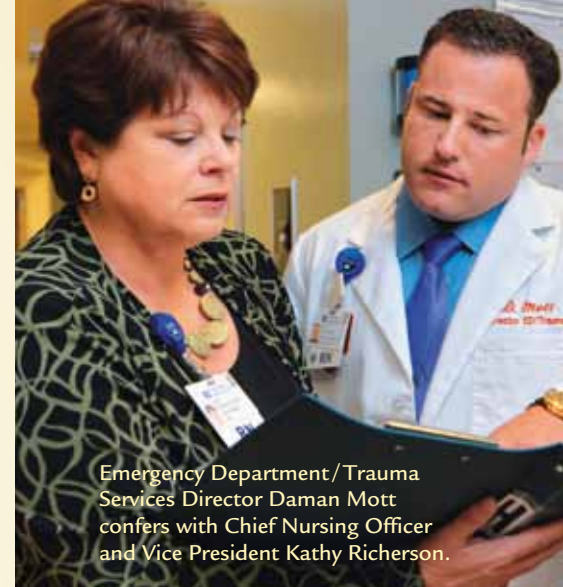
A study made a number of years ago didn't support the plan, but when it was revisited in 2009, not only was there a need, but a vast deficit of appropriate care in Solano County. "We see trauma patients now," says Richerson. "But many get sent out to other centers, far away from their families. We want to be able to help them here. We are responding to the needs of our community."

In fact, NorthBay Healthcare was the first hospital in the area to declare an interest in establishing itself as a trauma center.

The decision to use a team of hospitalists—doctors with a variety of specialties, from intensive care to orthopaedic and general surgery—proved vital, says Richerson. "We are cutting edge in our use of these specialists," she says. "These physicians are getting the chance to do the kind of work they love and we're getting the coverage we need to ensure all patient needs are met."

Combine those trauma-trained community surgeons and hospitalists with Emergency Department physicians, nurses, techs and support staff who have now all been trained to handle trauma cases and you have a team that's not only excited about the prospect, but capable to respond at a moment's notice.

"Trauma is a reality," says Richerson, "not a new line of business for us. We see it every day. But by meeting the requirements of state and national trauma standards, the patients will be able to stay here and we will deliver the very best and most current treatment." ❧



Emergency Services Director Daman Mott confers with Chief Nursing Officer and Vice President Kathy Richerson.

After years of planning, hundreds of hours of staff training, drills and paperwork, NorthBay Medical Center is poised to become Solano County's first Level III Trauma Center.

"This will be a real victory for the citizens of Solano County who will no longer have to take their injured 45 minutes away to a trauma center," says Gary Passama, president and CEO of NorthBay Healthcare.

The designation will come after a team from Solano County tours NorthBay's facility to ensure that all the requirements and criteria are met.

The process was initiated by NorthBay in July with a formal letter to the county seeking designation as a Level III trauma center. "This process was not just new for NorthBay, it's new to all of Solano County," explained Ted Selby, Solano County's emergency medical services administrator.

The county had to create standards, and did so by reviewing the health and safety code regulations that all health-care organizations must meet to be designated as a Level III trauma center. Selby then sent his team to Washington state, where they were able to shadow a team of surveyors who were visiting a hospital seeking to renew its designation.

"We thought it would be beneficial to see firsthand how other government agencies conduct their designation process to ensure a high quality process for Solano County," said Selby.

The designation will mean that emergency medical services personnel will

A Real Victory for the Citizens of Solano

be able to bring most trauma patients, with the exception of neurological cases, to the Fairfield facility's Emergency Department for treatment.

Both of NorthBay's hospitals—NorthBay Medical Center in Fairfield and NorthBay VacaValley Hospital in Vacaville—handle trauma cases already, but those are "walk-ups," or "drive-ins," with the transportation handled by the patient or family and friends. Once an ambulance or helicopter team is involved, (such as when 9-1-1 is dialed) protocol previously required serious trauma be sent to the nearest Level I or Level II trauma center. That has meant a ride or flight to Walnut Creek or Sacramento. But soon NorthBay will be able to handle the majority of these cases right here in Fairfield.

"That's the very definition of advanced care, close to home," says Daman Mott, director of Emergency Services and Trauma, referring to NorthBay's mission statement. "In medicine, we have a 'golden hour' of time to provide the most help for critically wounded patients. If a patient spends 45 minutes of that hour traveling, it greatly diminishes their chances for survival."

NorthBay Medical Center is poised to become Solano County's first Level III Trauma Center.

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. 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.

Solano County is one of the few counties its size within California that does not have a designated trauma center within its boundaries.

During the process, NorthBay has worked closely with the county Emergency Medical Services agency and with providers and first responders who will be bringing trauma patients to NorthBay Medical Center.

"We value their input as we craft our program," says Passama. "It's been a real team approach within NorthBay and with our partners outside the hospital."

There are four levels of trauma centers in California:

Level IV facilities are capable of providing emergency care and have agreements in place to transfer trauma patients to higher level facilities.

Level III facilities are capable of handling most trauma cases, offering surgical, cardio-vascular, obstetrical and orthopaedic care. Level III facilities do not offer neurosurgery on a 24-7 basis.

Level II facilities are capable of tending to all kinds of trauma, including neurosurgery cases.

Level I facilities handle all types of trauma cases and serve as both teaching and research facilities.

Meet NorthBay's Trauma Team

A collection of medical professionals has been hard at work at NorthBay Healthcare the past couple of years handling all the planning that goes into the creation of a Trauma program. Meet our team:

KATHY RICHESON, R.N., M.S.

Vice President and Chief Nursing Officer

Richerson joined NorthBay Healthcare in 2000, knowing that a Trauma Center was on our radar. The former Emergency Department and Intensive Care Unit nurse helped Mercy San Juan qualify as a Level II facility, so she knows the terrain. Her role has been to spearhead the trauma implementation project, and provide the link between administration and Trauma Services. The Vacaville resident earned her bachelor's and master's degrees at UC San Francisco. She's provided the vision and organization and helped NorthBay focus on creating a program that is evidence-based for sound clinical outcomes while remaining fiscally responsible.

DR. PETE ZOPFI

Trauma Medical Director and Chief of Surgery

No stranger to Solano County, Dr. Zopfi is happy to step into his role on the trauma team. A general surgeon, he was trained in trauma during his residency in Dayton, Ohio, and now makes Fairfield his home. He'll be in charge of the trauma surgeon schedule and

will perform surgeries, too. He's in charge of peer review, the quality performance improvement initiatives, medical review of all trauma patients and chairs the Trauma Team's ongoing meetings.



DR. SETH KAUFMAN

Emergency Department Medical Director

Overall, Dr. Kaufman is responsible for the Emergency Department operations from the medical side of the house, and for all resuscitations until relieved by the trauma surgeon or until the patient is admitted to definitive care. He earned a bachelor's degree in neurobiology from UC Berkeley, his medical degree at UC San Francisco, and focused on emergency medicine as a resident at the University of Chicago.

DAMAN MOTT, R.N., M.S.N.

Director of Emergency Services and Trauma

Overall, Mott has cross-campus fiscal and administrative nursing responsibility for emergency and trauma services for NorthBay Healthcare System. A captain in the U.S. Air Force, Mott served as a certified Emergency Department/Critical Care nurse, Emergency Room manager, Special Procedure nurse for Endo, Cardiac Cath lab, house supervisor and department head at Air Force hospitals around the world from 1990 to 2007. The Vacaville resident was director of clinical support services and infection control at NorthBay Healthcare prior to his current role. He serves as the bridge between nursing administration and the operational practice of emergency and trauma nursing.

NorthBay's Trauma Team (left to right): Mary Hernandez, Donna Nayduch, Dr. Pete Zopfi, Kathy Richerson (seated), Heather Venezia, Jackie Nelson, Dr. Seth Kaufman (back row), Daman Mott and Sandy Bauman.



HEATHER VENEZIO, R.N., M.S.

Trauma Program Director

The trauma program director's job is to implement policies and procedures and track education, review trauma cases, ensure the registry data is accurate, and follow the trauma patient from Emergency Department through post discharge and rehabilitation, coordinating the span of caring for trauma patients. Prior to accepting the director position in February, Venezia was clinical lead nurse in the VacaValley Emergency Department. The Vacaville resident received her bachelor's degree in nursing from the University of Louisiana and has a master's from Virginia Tech. She gained extensive experience in trauma as a nurse at a Level II Trauma Emergency Department at Lafayette General Medical Center in Louisiana. She is an instructor for advanced trauma care for nurses through the UC Davis Medical Center Trauma Department and a national speaker for the Emergency Nurses Association.



DONNA NAYDUCH, R.N., M.S.N.

Interim Trauma Program Consultant

Our interim program director is a national trauma consultant and author who has been retained to provide oversight and insight into the details of the framework of the trauma system, both internally and externally, and to serve as a mentor to the trauma program's leadership. Nayduch has filled roles as regional trauma director, acute care nurse practitioner, trauma nurse coordinator and clinical associate at hospitals and medical centers in Colorado, Virginia and North Carolina.

SANDY BAUMAN, R.N., M.S.N.

Clinical Manager of NorthBay's Emergency Department

New to NorthBay Healthcare, Bauman brings a host of trauma experience. In Pennsylvania, she was unit manager for the Emergency Department of Ephrata Community Hospital and served as an assistant nurse manager for the Reading Hospital and Medical Center's Emergency Department and held leadership roles in the Pennsylvania emergency nurses association. At NorthBay, the new Fairfield resident will be responsible for the daily clinical and administration operations of the Emergency Department.

JACKIE NELSON

Trauma Registrar

With data entry as her specialty, Nelson has to populate the registry, filling in more than 200 data points for every trauma patient who is treated at our facility. At NorthBay, the Vacaville resident has held positions of clinic access specialist, quality assurance specialist and supervisor-patient access before taking this data analyst role with clinic informatics.



MARY HERNANDEZ, R.N., M.S.N.

Clinical Practice Manager for Emergency and Trauma Services

Hernandez is in charge of the clinical educational aspects of the Chest Pain Center and STEMI (major heart attack) program and acts as the Emergency Department liaison to the other clinical departments that these programs touch. Hernandez, who earned her bachelor's in nursing from Sacramento State University and a master's in science of nursing in healthcare education from University of Phoenix, has been with NorthBay Healthcare for the past 10 years, working as a nurse in the Emergency Department, and was night shift team lead for five years. She accepted the role as Chest Pain Center Clinical Practice Manager two years ago. She is instrumental in the development and delivery of staff education for all of our specialty programs in the Emergency Department, including trauma.

➔ Life *in the* Emergency Department



It's 6:45 p.m. on a warm Fairfield evening...

The retractable doors to the ambulance bay slide open and an unresponsive "Code 3" patient is rushed into the NorthBay Medical Center Emergency Department. Within seconds, the patient—a heavy-set man in his 60s—is surrounded by a team of caregivers working feverishly to save his life.

Paramedics inform Arnold Cruz, D.O., the attending physician, that the man was discovered lying face down in the kitchen by his wife—and that family is en route.

With calmness and clockwork precision, drugs are administered, vital signs are assessed, medical information is procured and copious notes are recorded as members of the ED team take turns frenetically performing chest compressions.

Meanwhile, in the adjoining hallway, a long-haired man wearing handcuffs is being ushered in by a police officer. His face is bloodied, his eyes glazed. Just moments before his arrival, nurses were busy tending to an elderly woman with a 104-degree temperature and a patient suffering from a life-threatening pregnancy. In the hallway, one family

ED nurses need to treat every case as an emergency, no matter what the severity might be.

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Arnold Cruz, D.O., fields a call during a hectic Friday night in June in NorthBay Medical Center's Emergency Department.

The Golden Hour

Emergency Medical Service personnel rush a patient in to the NorthBay Medical Center Emergency Department.

It is widely believed that a victim's chance of survival is greatest if he or she receives emergency care within the first hour.

In emergency medicine, the “golden hour” refers to the first 60 minutes after a trauma has occurred. It is widely believed that a victim's chance of survival is greatest if he or she receives emergency care within the first hour.

The golden hour was first described by R. Adams Cowley, M.D., at the University of Maryland Medical Center in Baltimore. Dr. Cowley's personal experiences and observations in post-World War II Europe, and then in Baltimore in the 1960s helped him recognize that the sooner trauma patients reached definitive care—particularly if they arrived within 60 minutes of being injured—the better their chance of survival.

The concept of the golden hour comes from U.S. military experience. MASH units and medevac helicopters in the Vietnam War contributed to increasing survival rates. Improvements in medications, techniques and instruments were key to survival, but none of these were of any value if the patient remained separated from the surgeon.



ED support specialist Rachel Martinez checks in with a patient.



Jean Johnston, R.N., brings the computer to chart a patient's electronic medical record.



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waited to find out what was causing their baby's allergic reaction, while a mom, her son and a niece, seated on a gurney, were waiting for a physician to check out a case of ringworm.

Through it all, the waiting room remains crowded. Welcome to the ED, where controlled chaos is a way of life and the ability to think quick, handle stress and be empathetic and ever-versatile are prized personality traits.

“People who work in the ED have to be ready for anything,” says Heather Venezia, NorthBay's Trauma Program director. “You can't afford to specialize. We see a lot of things here that other areas of the hospital never see. We have to be able to take care of everybody.”

NorthBay Healthcare operates two Emergency Departments around the clock—the one in Fairfield and one at NorthBay VacaValley Hospital in Vacaville—staffed with 122 employees, a team of surgeons, attending physicians and specialty hospitalists. In 2010, more than 60,000 patients were treated.

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Lead nurse Jennifer Erickson in VacaValley Hospital's Emergency Department calls NorthBay's Cardiac Catheterization Lab to set up a patient transfer on a late Friday night in June.



A Matter of Priorities

ED nurses Mika Miriani (left) and Missy Smith assist a patient.

Triage Nurse Calls Shots in ED

Emergency departments are organized to care for the most critical patients first. That's why if you come to an ER and your problem is not life-threatening, you may not be seen immediately. The order in which you

are assessed by an emergency department practitioner, in a full emergency department, is determined by the triage nurse.

Who are you, what happened, when did it happen, where did it happen and why or what brings you in?

"Triage" is a French term used for the quick assessment and assignment of level of care for patients according to the resources needed to care for that patient. "An experienced triage nurse can assess a patient in less than two minutes," says Erica Taylor, R.N., an ED nurse at NorthBay VacaValley Hospital. "You're acting as an investigator, trying to gather as much information as you can to navigate the patient to the correct resources."

Pulse, respiration, mental status and skin signs are the four keys used

to assess a patient's condition. Mental state is determined by asking if the patient knows their name, the date, and where they are. By touching the patient's wrist, pulse rate and quality are assessed, while at the same time the nurse is observing the patient's rate of breathing. Skin signs, including whether the skin is cool, clammy or hot, or if bleeding is present, help provide valuable clues to the patient's stability and help to determine the patient's route to care.

"I also ask questions I call the five 'Ws,' Taylor says. "Who, what, when, where, why. Who are you, what happened, when did it happen, where did it happen and why or what brings you in today?"

Both NorthBay Medical Center and NorthBay VacaValley Hospital have a triage nurse available 24 hours a day to monitor the ED waiting rooms.

It is the hospitals' goal to triage every patient within 15 minutes of their arrival and get them to see an ED practitioner as soon as possible.

NorthBay uses five official triage levels, ranked from Level 1 to Level 5.

Level 1 is the highest priority. The patient needs immediate physician evaluation and intervention. Level 1 case includes cardiac arrest, respiratory arrest, stroke, heart attack, critically injured trauma patients and patients having an anaphylactic reaction (a reaction that causes swelling in the airways, usually an allergic reaction).

Level 2 recognizes the patient in a high-risk situation. It could be active chest pain, an overdose, an asthma attack, trauma from a motor vehicle accident or a patient who is confused, lethargic or disoriented.

Level 3 is for the patient who needs two or more resources (lab work, x-rays, IV fluids, etc.) but who can safely wait awhile to be seen by the ED practitioner.

Levels 4 and 5 are reserved for the patient who needs one or no resources. They made need a wound evaluated, sutures, simple cough and/or runny nose, and a possible prescription refill. Patients with minor complaints usually fall into this category and when the ED is busy, they have the longest wait times for treatment.

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Dr. Mark M. Popil, M.D., a 40-year veteran of the ED, knows the terrain better than most. "To succeed here, you have to like the style of the practice—dealing with the unknown and uncontrolled situations," he says, adding that teamwork is essential. "If you can't work together, you can't take care of the patients. It's that simple," Popil says.

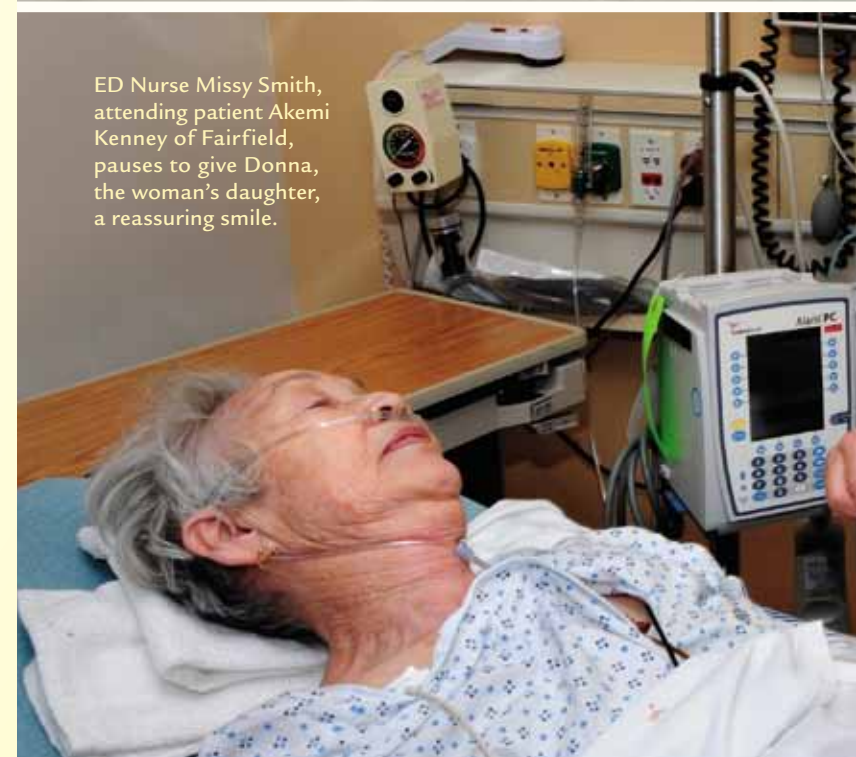
That's why every member of the NorthBay team who plays a role is important. The hub of the ED is a U-shaped counter adorned with computers, monitors and telephones that rarely stop ringing. The night's lead nurse, Jean Johnston, R.N., is stationed here, along

with ED technician Shawn Vasquez. Johnston runs the electronic tracking board, a large, wall-mounted screen that provides a rundown of each patient and which of the department's 19 rooms they occupy. Relying on a system of colorful icons, she is able to instantly alert doctors and nurses to any updates with a simple click of a mouse.

Vasquez, a self-described "adrenaline junkie," is a whirlwind of activity—paging doctors, calling other hospitals for medical records and serving as the ED traffic cop.

Tethered to a long to-do list, she estimates she'll take and make about 100 phone calls during her hectic 12-hour shift. "I've got six things going at once," Vasquez says. "You have to be able to multitask big-time."

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ED Nurse Missy Smith, attending patient Akemi Kenney of Fairfield, pauses to give Donna, the woman's daughter, a reassuring smile.



Care in the Air

Helicopter Flight Crews Handle All Circumstances

Five minutes. From the warning bell in crew's quarters to lift-off from the tarmac, that's all the CALSTAR flight crew has. Even if they have been jarred from a deep sleep, the pilot and two flight nurses are up, dressed and flying off in five minutes or less.

As they strap into their helicopter seats, do they know where they are headed and to what kind of situation? "Sometimes. But usually we don't get that information," says Tim Castelli, a CALSTAR flight nurse. "What we get are general directions—dispatch may tell us to head toward Fairfield or Dixon, for example. So, we just lift and point."

Once in the air, the pilot contacts dispatch again to receive actual latitude and longitudinal directions and the name of a ground contact.

"At first we're in flight mode—getting clearance from the tower and talking with dispatch—and the closer we get to the scene we then shift to a medical mentality," says Ernie Acebo, CALSTAR flight nurse. "If we know we will have a pediatric patient, or a burn or hypothermic patient, we can make special preparations in the aircraft."

Flight rescue has been called to assist for a number of reasons, but usually it's because of ground traffic delays, the accident is far from a trauma center, or because they can provide additional medical interventions at the scene.

As for what kind of medical situation awaits when they do land, frequently "we may have to open the ambulance door to see if it's a pediatric patient or an adult, if it's a car crash or a gun shot wound," says Castelli. "So we have to be equipped to handle anything. If it were a perfect world, flight nurses would always know if they are headed to care for a child or multiple injuries, so we could get set in our frame of mind."

Either way, the crew is trained to handle all circumstances: they are Certified Critical Care Registered Nurses, Certified Flight Registered Nurses, and certified in Pediatric Advanced Life Support, Advanced Cardiac Life Support, and Neonatal Resuscitation.

CALSTAR has 10 bases throughout California; Northern Solano

County is served by a base located at Vacaville's Nut Tree Airport. From here, a three-person crew could be called to the Delta waterways or Lake Berryessa, from Fairfield to Winters or Woodland in Yolo County. Some flights have even gone as far north as Fort Bragg.

"We do whatever we can to save a person, to get them to a trauma surgeon. Our goal is to be overhead the scene ASAP," Castelli says. In large emergencies, CALSTAR could receive backup flight rescue assistance from other CALSTAR bases, or helicopters from REACH or the California Highway Patrol, based in Contra Costa, Napa or Sacramento.



CALSTAR Flight Nurse Ernie Acebo is part of the team trained to handle all medical emergencies.

Most times, the flight crew is on scene for only minutes. "We keep the engine running, load the patient fast and do all interventions in the aircraft, so as to not delay the time to the trauma center." Other times, take-off will be delayed. "There could be extenuating circumstances, such as a combative patient. Each case is different."

Castelli has been a flight nurse for 10 years, but it wasn't his original career path. As a nursing student at UC Davis, he saw the helicopters landing at the nearby medical center and became curious about their mission. After going on a "fly along," he was sold on the concept.

Although the medical cases can be uncertain and the hours long—he works two 24-hour shifts a week—the work continues to challenge him, because "every call is unique."

Acebo has been in the emergency response field since 1988, and finds his work incredibly rewarding. "People who respond to emergencies are confident in their ability to make a person better, or at least not let them get worse. Something awful happened to put them in this situation; we're going to do the best we can to get improvement." ❄️

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Later that same night, in the VacaValley ED, things are just starting to calm down. Doctors and nurses found themselves tending to a 60-year-old woman who came in experiencing "heartburn-like" symptoms, only to learn she was having a heart attack.

Now, lead nurse Jennifer Erickson is on the phone to NorthBay's Cardiac Catheterization Lab in Fairfield, providing EKG results and other medical information as the patient is transported there. "If you're missing anything, call me," she says. "I'm here 'til 7 in the morning."

Meanwhile, in a nearby room, Christine Lowe, R.N. is checking in on her patient, Dan Johnson, and proving to be a soothing presence. He's a Vacaville resident who arrived in the ED complaining of stomach pain and discovered he had pneumonia.

Cases such as these underscore the worst-case-scenario approach to which ED caregivers adhere. "We can't afford to miss anything," says Venezio. "You assume the worst possible thing and then work your way down. If a patient comes in with chest pain you automatically assume it's a heart attack."



Juan Carlos, 16, holds his 4-month-old brother Josef after the baby suffered an allergic reaction.

continued on page 17 ➡



Christine Lowe, R.N., keeps an eye on patient Dan Johnson of Vacaville.

Never a Dull Moment

Maria Miralles, R.N., cut her teeth in a busy Detroit hospital, where her colleagues would see a dozen or more gunshot wounds a day. That was on top of all the other trauma and emergency cases that would blow through the doors, easily filling up their 120 emergency department beds.

It was a far cry from her start in the business as a dialysis nurse. But somewhere along the line, someone saw potential in her ability to corral chaos and redirect the energy into an efficient, streamlined process.

And it's those skills that make her so valuable in NorthBay Medical Center's Emergency Department, say her colleagues, especially as a trauma program is being crafted.

"She's dynamic," says Daman Mott, director of Emergency Services and Trauma. "She knows what needs to be done, and she gets it done. She brings high energy and compassionate care and instills those values in her team."

Mika Miriani, R.N., agrees. "Her experience in trauma is extensive," she says. "You really want to be her friend because she has so much knowledge to offer."

That may be because Henry Ford Hospital in Detroit, where she learned her skills, was a Level I teaching facility.

"When I started there I thought I wouldn't last three months. It was new, scary and intimidating. But I went in and learned everything I could. I studied and learned that I really liked it," says Miralles. "I guess I'm a strong person, and I like looking at the big picture and prioritizing."

On a busy Friday night in June, she's doing just that. Although her day is just winding down about 5 p.m., she's still juggling the needs of several patients, and directing traffic as it pulses around the busy nurses' station.

Miralles puts an arm around Dr. Mark Popil's shoulders and asks if he will promise to have a quiet night so that when she returns at 6 a.m., it won't be too frenzied.

He just smiles.

"I actually like it when it's busy," she confides. "I love helping staff, teaching them what they need to know to get the job done."

Although NorthBay's Emergency Department facilities are much smaller than Detroit (a combined 36 beds), there are still plenty of challenges, she notes. In addition to a steady stream of traffic and a wide variety of cases that you'd find in any ED, she's excited about the new programs NorthBay is adding.

"In Detroit, we already had a stroke program, a trauma program and a STEMI (heart attack) program. Here, we're just adding those things, so I can volunteer my input and be involved as we create our systems. It's really a very exciting time to be here."

Maria Miralles, R.N., provides a little TLC to patient Dixie Doss of Fairfield.



Cindy Vazquez shares a smile with her daughter, Cindy Carr, 8, while waiting to see if the girl needed an appendectomy.

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Despite the drama, the overall pace in Vacaville this night is slow and steady.

But Erickson and fellow nurse Gina Hosking know that can change at a moment's notice. They both recall working a late shift in September two years ago that became a wall-to-wall frenzy.

"There was a big storm, so no helicopters could fly and it was just the craziest night," says Hosking. "We had four codes in a row—back to back, no joke. It reinforced in me just how important trauma work is. It was the fastest 16-hour shift I ever had," Erickson remembers, adding, "I went home and just passed out."

Erickson insists that ED nurses need to treat every case as an emergency, no matter what the severity might be. Whether dealing with a sore throat or a gunshot wound, she respects the fact that a patient's anxiety level is elevated, and that they would much rather be somewhere else.

Gina Hosking, R.N., talks about the pressures of working in the Emergency Department.

Through the years, she and her co-workers have experienced the anguish of watching patients take their final breath. But they also have felt the thrill of sending patients and family members out those ED doors with a sense of relief or even joy.

"That's when you really get a sense of satisfaction," she says. "That's when you get off your shift and go home feeling fulfilled." ❧

"If you're missing anything, call me, I'm here 'til 7 in the morning."



Language is No Barrier



Rodney Manko, R.N., chats with a photographer (top), shows how he'd sign "in two days" (center) and "set up an appointment" (bottom).

If you ask Rodney Manko, R.N., a question, you could get your answer in English, Spanish or with a flash of his hands. He is quadrilingual, if you count the fact that he can sign in either English or Spanish. And in a pinch, he can converse in Italian or Portuguese, although he'll be the first to tell you he has a "funny" accent and that something might be lost in translation.

Manko has been with NorthBay off and on since 2004, even though he owns a home in New Orleans and travels "home" nearly every six weeks. Since Hurricane Katrina wiped out a number of hospitals in the area, he's enjoyed the steady work at NorthBay. He was one of the lucky ones. He lost only a dozen shingles off his home, which is about 20 blocks outside the French Quarter.

He loves his work in the Emergency Department, because you never know what might come next. And with his special skills, he's often called to intercede and help clarify the situation.

One case he remembers was a deaf woman with a rapid heart beat. "She was trying to communicate by writing on a piece of paper, but she was stressed. I was able to come in and calm her down, and take care of her."

Another time, he was called in for a deaf woman about to deliver a baby. "The only problem trying to communicate with her is that she'd keep closing her eyes every time she had a contraction," he chuckles.

When language is a barrier, NorthBay employs the Cyraphone, which offers an interpreter any time of the day or night, in dozens of languages.

"It's a wonderful device," says Rodney. "But sometimes it's just better to be there in person to help translate and to be able to ask questions and get answers faster."



New Emergency Services Director Shares Insights Online

When Daman Mott first started blogging for NorthBay Healthcare in 2009, it was all about the H1N1 flu. As director for infection control, it then was his job to make sure the public understood how to protect themselves and their loved ones against the dangerous virus.

Mott has accepted a new position as Director of Emergency Services and Trauma. So the focus and name of his blog changed.

Instead of "Flu Facts," it's now "Matters of Health," and can be found

on www.NorthBay.org with updates once every week or two.

"I focus on various aspects of health that are informative and interesting to the reader. Lately the discussion is about creating a trauma program,"



says Mott, whose military background often creeps into his posts. The former Air Force captain has written about the critical connection between the military and trauma care. He's also explained Emergency Medical Services in Solano County, and trauma department drills as his team prepares for NorthBay Medical Center to become a Trauma Center.

"It's a great opportunity to share the behind-the-scenes stuff. We have an amazing crew here, and I want to showcase their efforts, and keep trauma in the spotlight—in a positive way."

When to Visit the ER

More than half of the visits to hospital emergency departments nationwide are not emergencies. That's true also at NorthBay Medical Center and NorthBay VacaValley Hospital Emergency Departments, according to Emergency Physician Caesar Djvaherian, M.D.

Because emergency departments are staffed with physicians and nurses with the advanced training to care for any emergency that comes through their doors, unnecessary emergency care is the most expensive care you can receive—especially if you just have a bad cold or the flu.

While no one plans a visit to the emergency department, everyone can learn the warning signs and symptoms of true emergencies. These include difficulty breathing, shortness of breath, fainting, sudden dizziness or weakness, changes in vision or difficulty speaking.

If you're alarmed by unusually severe symptoms, it's best to seek immediate care, Dr. Djvaherian advises. In the case of stroke, quick treatment can reverse the damage, but only if treatment is given within the first three hours following the start of symptoms.

Other reasons to visit the emergency room include any sudden or severe pain, uncontrolled bleeding, severe or persistent vomiting or diarrhea, coughing or vomiting blood, unusual abdominal pain and suicidal or homicidal feelings.



When is Pain an Emergency?

If you have been injured and are in pain, or experience a new pain, especially in your head, chest or abdomen, call 9-1-1 and get to a hospital emergency department, says Emergency Physician Caesar Djvaherian, M.D. Quick action when you suspect a heart attack or stroke will give you the best chance of making a good recovery.

However, if you have chronic pain, or have braved a pain for two weeks or longer, your best course of action is to visit your own physician. "The Emergency Department doesn't have a comprehensive way to treat chronic pain," Dr. Djvaherian says.

Many health plans have an advice nurse available by phone for consultations. An advice nurse may be able to determine whether heading to the Emergency Department is appropriate for your pain.

Treating Children in the ER

If you think your child is having a medical emergency, always seek immediate medical attention. Children may display different symptoms than adults, and what is mild for an adult could be serious for a child. And, young children may not be able to communicate how they feel, which means adults must interpret their condition.

"Often parents just need reassurance that their child is OK," says Dr. Djvaherian. "We will evaluate the child and advise the parents on any medical care that is needed."

Children with serious illness or injury are stabilized and transferred to hospitals that specialize in childhood medical care. These include Oakland Children's Hospital and the UC Davis Children's Hospital in Sacramento.

OK, Call an Ambulance

Why should you call an ambulance instead of driving to the Emergency Department? It's tempting to pile into your car and rush to the hospital when you or a family member is ill or injured, but you're actually delaying important treatment.

Calling 9-1-1 alerts the emergency medical community that help is needed. When the ambulance arrives, the patient immediately receives an expert evaluation and any treatment can begin. The paramedics will know how to move a patient without causing further injury. And, en route to the hospital they will monitor the victim's condition and be ready to act should it worsen or become life-threatening.

What hospital should the patient be taken to? Depending on the illness or injury, the ambulance crew may choose the hospital for you. For example, a patient with a possible heart attack may be routed to a hospital with a Chest Pain Center where heart experts are waiting to provide care.

The ambulance crew also alerts the hospital about the patient's condition and what they need to be prepared for. This gives the ED time to alert any special staff that may be needed.

When you call 9-1-1, the dispatcher will ask a number of questions. Be prepared to give your name, the address, phone number, location of victim (such as upstairs in the bedroom), and nature of the medical problem. Speak calmly and clearly and answer any questions the dispatcher asks.

Morgan's Gift

Donor's Mantra: Save Lives!

It was the last day of their vacation in Puerto Vallarta, Mexico, and Morgan Gallegos couldn't wait to get on the water. The adventurous 14-year-old was eager to try all things fast: roller coasters, motorcycles (Mom always said no) and even zip lines. So, with her brown eyes sparkling, she jumped at the chance to spend the last few hours of vacation on the water with her father and brother while her sister and mom went shopping.

But shortly after the adventure began, there was a collision, and Morgan fell off her personal water craft, hit her head and went under.

It took 15 minutes for a doctor to arrive on the beach, where her distraught father Tim and her brother, Austin, watched in horror as efforts to revive Morgan proved futile.

When her mother, Margot, and sister, Michaela, arrived, all they could do was wait for the ambulance that carried Morgan and her mother to a Mexican hospital for brain scans.

The news wasn't encouraging, but they weren't ready to give up. Later, a prop jet took Margot and Morgan to a San Diego hospital, where they waited for the rest of the family and friends to arrive.



"Save lives, Mom," was how Morgan said goodbye every time Margot left for a shift in the NorthBay Medical Center Emergency Department. "She was so proud that I went back to school and got my nursing degree at age 40," recalls Margot. "She'd even leave me little purple sticky notes that read, 'Save Lives!' and 'I Love You!'"

So when Margot kissed her daughter goodbye for the last time in the hallway at Rady Children's Hospital, she whispered words that resonated: "Go save lives, Morgan."

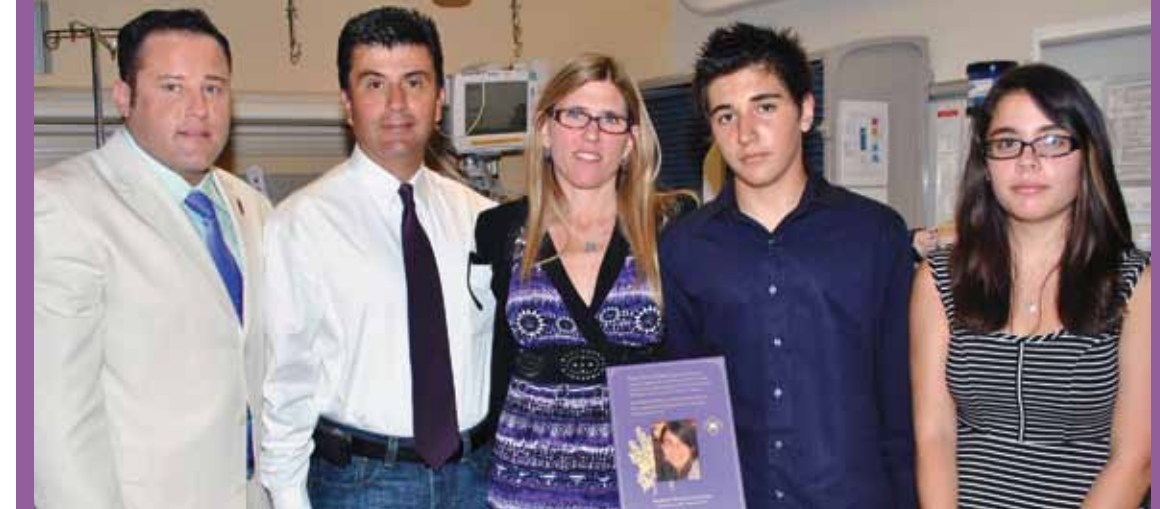
The family never doubted that Morgan would want to be an organ donor.

"Morgan always went out of her way to make people feel comfortable. She was amazing, caring and compassionate. Her brother and sister didn't hesitate in helping us make the decision," says Margot. "It was the right thing to do."

Morgan's generous gift has saved lives: five so far, and counting.

"Thank you for allowing such a precious part of your daughter to be given with the hope that someone else might live," a 51-year-old woman wrote to the Vacaville family. "I am the lucky someone who received her heart, and I am beyond grateful."

Margot and Tim Gallegos, here with Morgan's dog, Colby Jack, know that their daughter's memory will be honored at NorthBay Medical Center, where a plaque in the Emergency Department bears her name.



Daman Mott, director of Emergency Department/Trauma Services, poses with the Gallegos family (left to right) Tim, Margot, Austin and Michaela in the trauma bay now dedicated to Morgan's memory.

Her letter came in October 2010, just seven months after Morgan's tragic accident. "I feel very close to your daughter's heart," she wrote. "Because of her I can now look forward to a longer and healthier life. Because of her, I can do things without chest pain, shortness of breath, dizziness and sudden trips to the ER. Because of her, I can now see a future filled with many new and wonderful things."

A 66-year-old man received her lungs. Before the transplant, he couldn't even walk to the mailbox. Now he's off the oxygen tank completely. "His friends and family threw a party for him, and he asked everyone to write notes to us," says Margot. "They all shared what a wonderful man he is and how much it meant to them that our daughter saved his life."

A 10-year-old boy with congenital liver disease can now do things he couldn't before. Two other recipients benefited from her kidneys. And one more gift, still waiting to be used, are her corneas, says Tim. "She was such an avid reader," recalls Margot. "We hope whoever gets her corneas will also love to read."

Morgan Nicole Gallegos was a triplet, born a minute ahead of her brother Austin and sister Michaela, as she often reminded them, smiles Margot. She was a huge Johnny Depp fan, and her purple bedroom was plastered with posters reflecting that admiration. She saved up her own money so she could go to the Solano Community College's Tom Hanks Program and was shaking with nerves when it began. She loved soccer, books, writing, and was inducted into the National Junior Honor Society at Jepson Middle School.

One of her last assignments was for English class, when she was asked to comment on an excerpt from "The Diary of a Young Girl," by Anne Frank. She selected the famous quote, "I want to keep on living after my death!"

"I think almost everybody wants that," wrote Morgan. "But Anne said it in perfect words. Even I want to keep on living after death. I want people to remember me and know my name. I want to make a difference, big enough that people outside my family will be sad that I'm gone."

The tears flowed on Monday, Aug. 15, when a plaque in Morgan's honor was dedicated at NorthBay Medical Center and placed just outside Room No. 1 in the Emergency Department.

"Not everyone at NorthBay had a chance to meet this amazing young lady, but her story inspires us to be greater than we are. Our hearts go out to the family," said Daman Mott, director of Emergency Services and Trauma.

"Morgan's spirit and her generosity made her immortal. Her unselfish gifts of life embody the heart and soul of NorthBay, which vows compassionate care and advanced medicine, close to home. Daily we will remember and honor Morgan's memory and the ideals she embraced in her all-too-short life." ❧



Back from the Brink...



Quick Treatment Saves Life

On a warm June afternoon, Michael Hermes, 47, was dropping off umbrellas for a graduation party at his niece's home in Napa when the first wave of dizziness hit him. He immediately asked his wife Michelle to drive him home to Vacaville. He was hoping that 40 minutes later, everything would be normal again.

But it wasn't. Not only was he still feeling dizzy, but one side of his body felt numb. Years ago, he suffered a bout with encephalitis, and it felt similar. Could it be coming back? When his vision started to blur, he knew something else was really wrong.

He and Michelle headed for NorthBay VacaValley Hospital, where he was quickly assessed as a potential stroke patient. Soon, he was being introduced to Dr. Alan Shatzel via a teleconferencing robot. Dr. Shatzel,

medical director of Neurology Services for the Mercy Neurological Institute in Sacramento, asked Michael a number of questions and used the robot's cameras to take a closer look at his condition. CT scans were ordered and medication begun.

"I remember that I had one idea of the time line and my wife had another. Now I know why they were so persistent about what time we left Napa. They wanted to make sure I was in the time range to qualify for the medication." All he remembers is taking a medication they called IV-TPA, and then an ambulance ride to Mercy, with his son at his side.

When NorthBay launched its stroke program in 2010, it was in partnership with the Mercy Neurological Institute, which provides neurologists around the clock to teleconference with NorthBay staff and patients. In some cases, NorthBay can handle all the treatment necessary, but in cases such as Michael's where advanced interventional procedures or surgery are required, patients are transferred to Mercy.

Since October 2010, the robot has been used for teleconference in 26 cases, and seven patients have been sent to Sacramento for surgical care.

In Michael's case, stroke intervention was not only essential, it was urgent. By the time he arrived, his left side started to feel numb, too. "They told my wife to say goodbye, that if they didn't do the interventional procedure that minute, I might not make it. I was praying like you wouldn't believe," he recalls.

In Mercy's advanced neuro-interventional bi-plane angiography suite, Dr. Lotfi Hacein-Bey, an interventional neuroradiologist, removed a clot from blood vessels in Michael's brain stem. And a month or so after his stroke, Dr. Hacein-Bey placed a stent in Michael's brain, improving the flow of blood.

Today, Michael is a walking miracle. Yes, he's walking and talking and has no major memory issues. Michael, a produce manager for Food 4 Less in Woodland, says he received some powerful help in Mercy's Acute Care Rehabilitation program. Balance and coordination are still an issue, especially on his left side. But he can eat without help, has good recall and can articulate thoughts without trouble.

Looking back, Michael realizes he could have made some healthier choices. He worked long hours, ate fast food on the fly and stopped taking his cholesterol medicine, even though his family had a history of high cholesterol and circulation issues.

He also had a long history of chewing tobacco, thinking that it was the smoke that presented the danger. "It's a mistake a lot of people make," explained Dr. Hacein-Bey. "It's the chemicals that cause harm. He was just as much at risk with chewing tobacco as with cigarettes."

He also erred in thinking he was OK because he was not overweight and was physically strong. "I thought I was in fairly decent shape, and that it couldn't happen to me. I thought I'd save \$40 a month, but now I'm religious about taking my medication."

His message to anyone on cholesterol medication is to take it seriously and not to skip a dose. And if you do have any problems, get in to the Emergency Department right away. Call 9-1-1 and give the team time to assemble, because when it comes to a stroke, every minute counts.

Dr. Shatzel agrees. "Patients who come to the Emergency Department immediately when symptoms occur have every opportunity to have full and complete recovery," says Dr. Shatzel. "Patients who have access to experienced stroke teams and comprehensive stroke centers like ours have the best chance of survival, minimal disability and many make a complete recovery."

"If Michael did not receive IV-TPA and subsequent transfer to our interventional center for definitive clot removal and vessel repair, he would likely have died or at a minimum be severely disabled," admits Dr. Shatzel.

"I really think it was a matter of everything lining up," Michael says. "That's why I believe in a higher power. I'm not done yet." ❧

Stroke Facts

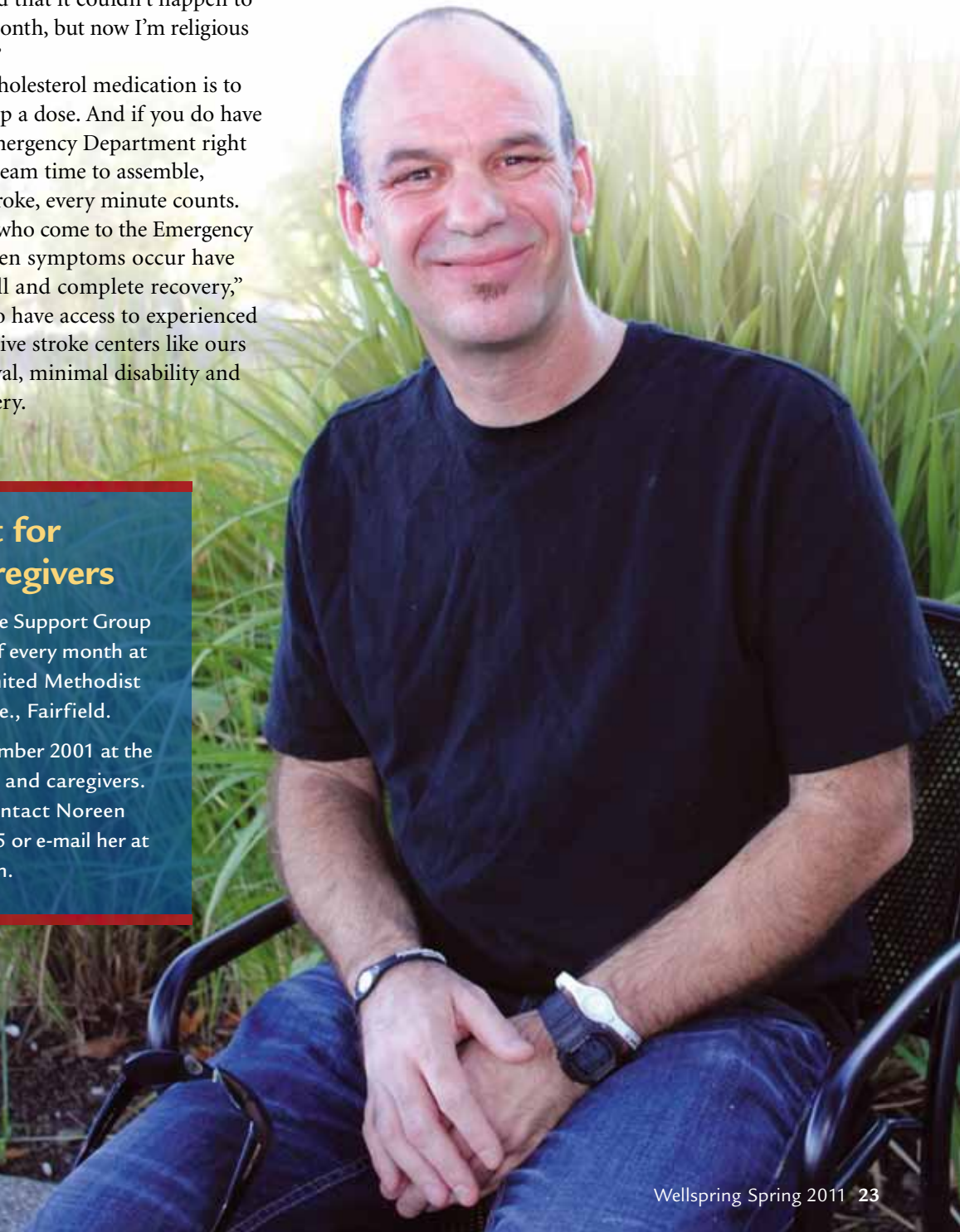
- A stroke is the sudden death of brain cells due to inadequate blood flow.
- Stroke often occurs without warning.
- More than one-half million people in the United States experience a new or recurrent stroke each year.
- Stroke is the third leading cause of death in the United States and the leading cause of disability.
- Stroke is the leading cause of disability in the United States.
- Strokes kill about 160,000 Americans each year, or almost one out of three stroke victims.
- Three million Americans are currently permanently disabled from strokes.
- In the United States, strokes cost about \$30 billion per year in direct costs and loss of productivity.
- Two-thirds of strokes occur in people over age 65 but they can occur at any age.
- Strokes affect men more often than women, although women are more likely to die from a stroke.
- Strokes affect blacks more often than whites, and are more likely to be fatal among blacks.
- Treatment to break up a blood clot, the major cause of stroke, must begin as soon as possible, with limited time frames for stroke treatments to be effective.

Source: Dr. Alan Shatzel, medical director Mercy Neurological Institute

Stroke Support for Survivors & Caregivers

The New Beginnings Stroke Support Group meets the third Tuesday of every month at 10 a.m. in Community United Methodist Church, 1875 Fairfield Ave., Fairfield.

The group started in November 2001 at the urging of stroke survivors and caregivers. For more information, contact Noreen O'Regan at (707) 816-7255 or e-mail her at Noreen.oregan@gmail.com.



Return to Tranquility

Marriage of Cardiac and Vascular Solutions Help Monk



Spread over 5 acres amid a stretch of fertile farmland just outside the Central Valley city of Ceres is the Wat Lo Buddhist temple and monastery. There's no place in the world where 74-year-old Laotian immigrant Khamphanh Nettavong feels more at ease. For the past 10 years, he has made a home here as a monk, leading a quiet life of austere routine and meditative tranquility.

That sense of calm, however, was shattered one spring morning last year when he experienced recurring chest pain and numbness in his left arm. He phoned his eldest daughter, Anna Nettavong, a Vallejo resident who had him transported to Solano County. Eventually, he wound up at the NorthBay Medical Center Emergency Department.

After a series of tests ruled out a heart attack or pneumonia, Nettavong's case came to the attention of Seph Naficy, M.D., a member of NorthBay's Heart & Vascular Team. Via a CT scan, Dr. Naficy determined that the monk's pain was being caused by an enlarged thoracic aorta with a large penetrating aortic ulcer.

"It was an ugly looking thing—a knuckle-sized out-pouching that may or may not rupture," Dr. Naficy recalls. "Potentially, it was a loaded gun that could off at some point." Says the softspoken Nettavong, "If it blew up, I could have died."

The defect had been spotted previously by doctors at other institutions. But they told Nettavong that there was little they could do about it, aside from monitoring his condition and prescribing blood-pressure medication. That the aortic ulcer was wedged in a bed of calcium and close to the main blood vessel that comes off the arm, apparently made surgery too risky.

But Naficy thought otherwise. "I'm looking at this and saying, 'I know how to fix this,'" he says. "I'd fixed similar things before. I knew I had the skill set."

A graduate of Georgetown University Medical School, followed by general surgical training at the Mayo Clinic, he continued in cardiac surgery training at the Cleveland

Clinic and UC Davis, followed by vascular training at the University of Tennessee.

Dr. Naficy traveled an offbeat path to NorthBay. After training extensively as a cardiac surgeon, he craved something more and began a two-year training stint at University of Tennessee, Memphis, Tenn., with an emphasis on endovascular technologies. There, he developed an intense interest in "hybrid" approaches to the treatment of cardiac and vascular diseases.

"I saw a change coming that presented new ways to marry cardiac and vascular techniques," he says. "I think there's a synergy between the two that hasn't been tapped."

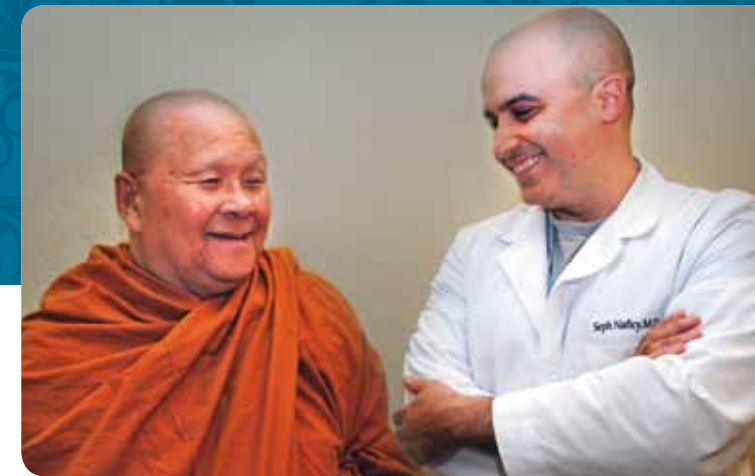
Dr. Naficy was convinced that a hybrid approach was the best way to deal with Nettavong's case and the anatomical complexities it presented. "The standard way of dealing with this would have had us opening the chest as you do in a heart operation," he says. "You'd arrest the heart, freeze the body, and drain it of its blood. In a brief window of time, you'd open the aortic arch and replace that segment with a synthetic graft, and re-implant the vessels. It wasn't the method I wanted for this patient."

Dr. Naficy preferred a relatively unusual alternative, but one that would present fewer complications, less stress on the heart and lungs, and a reduced risk of infection or renal failure. His plan: Combine elements of open surgery with elements of minimally invasive endovascular surgery. He would re-route the blood going to the patient's head and place a stent in the arch of the aorta, which is a large artery that carries blood and oxygen throughout the body. This would be done without opening the chest or arresting the heart.

Anna Nettavong remembers her family being "very nervous" when Dr. Naficy explained his plan. But after conducting some research, she placed her confidence in him. "I knew that if we didn't do it, there was a chance my father could die," she says.



This 3D CT scan shows the patient after the procedure, which included bypass of both neck and left arm vessels, followed by stent graft placement in the aortic arch, through one small groin and two small neck incisions.



Dr. Seph Naficy shares a light moment with Khamphanh Nettavong during a followup appointment after his surgery.



Ana Nettavong listens to her father, Khamphanh, talk about his life in the monastery.

Following the procedure and a stint in rehabilitation, Mr. Nettavong was able to return to the colorful surroundings of his beloved monastery and the company of his fellow monks.

"It was the best feeling—like I was reborn. My spirit just rose," says Nettavong, who, reportedly is pain-free and more active than he had been. "I can't keep up with him," Anna says.

Meanwhile, Dr. Naficy regards the successful procedure as a testament to teamwork and the hybrid approach that he hopes will be more prevalent in coming years.

"It takes the techniques of two areas, and creates a solution that is better than either would be alone," he says. "I know that, in the case of this patient, it truly helped. Where it can go in the future remains to be seen."

Patient Beats the Odds

That Richard Kean is alive is nothing short of a miracle. So says his wife, Laura, one of his doctors and a host of medical workers who responded after his wife dialed 9-1-1 on June 21, 2011.

The couple was at home that morning and Richard was sipping coffee on the porch when he came in and sat down. He said his chest felt “weird.” “I asked him if everything was OK,” recalls Laura. “He said, ‘Oh, it’s gone now.’ But when I started to move away, it was back again. So I told him, ‘You’re going to the doctor!’”

She left the room and was partly dressed when she decided to peek in on him. “I still can’t remember why I came back into the room, but he was in cardiac arrest.”

Laura, a former certified nurse assistant (CNA), leapt into action. She tilted back his chair, ran to

unlock the back door, and dialed 9-1-1. Then she started compressions and was working away when a voice answered. “I was so confused, I forgot to put the phone on speaker. I remember the gal telling me I needed to listen, but I was already busy pushing on his chest and praying.”

Paramedics got to their Vacaville home within minutes and took over for Laura. As the cardiac catheterization lab is in Fairfield, the typical procedure is to send patients suffering a heart attack directly to NorthBay Medical Center, but in this case, paramedics didn’t think there was time to spare. Richard was whisked away to VacaValley Hospital, where he went on to have two more cardiac arrests.

After that, he was sent by ambulance to NorthBay, where he went directly to the cath lab.

But when he arrived, he had no blood pressure. He suffered another

cardiac arrest just after he arrived. “The doctor told me it didn’t look good,” remembers Laura.

But then, what Laura calls Richard’s miracle happened. Despite compressed arteries and a total lack of blood pressure, Dr. Harry Dassah was able to run a catheterization line through Richard’s veins to place two stents in an artery that was totally blocked.

The team watched as blood flow returned and blood pressure climbed to 40, 50, 60 and 70.

One of the main concerns, of course, was that Richard had been without oxygen too long, but that’s another miracle, says Laura: “He didn’t suffer any brain damage.”

Richard, now 69, doesn’t look like your typical heart attack patient. He’s slender, athletic and strong. A co-owner of a drywall business in Vacaville, he works hard, says his wife. But his family has a long history of cardiac issues, so he didn’t take things for granted. In fact, he had just completed lab tests the week before and was planning to get his chest x-rayed prior to his attack.

“His labs came back normal. Nothing could have prepared us for this,” says Laura. “We were blindsided.”

But thanks to her training in the 1980s as a CNA, Laura had more than a passing familiarity with CPR, and when Richard needed her most, she was quick on her feet.

“She did everything right,” said Dr. Dassah. “She called 9-1-1, she acted in time, and she helped save his life.”

In a way, Laura says she was returning the favor, because Richard saved her life three years earlier when she was choking on a piece of food. He performed the Heimlich maneuver and got her breathing again.

“We’re even now,” chuckles Laura. “No more one-upping. We’re even and that’s fine.”



Know the signs and symptoms of a heart attack:

- Discomfort or pain in the center of the chest.
- Discomfort in the arm(s), back, neck, jaw or stomach.
- Shortness of breath.
- Breaking out in a cold sweat, nausea or light-headedness.

Don’t delay, call 9-1-1.

Next Step for Chest Pain Center

What Richard Kean suffered on June 21, 2011, was a “STEMI”—which stands for ST Elevation Myocardial Infarction, otherwise known as a major heart attack. In recent years, it was protocol to send patients suffering STEMI out of county for treatment.

“Transferring patients away takes a big bite out of the ‘golden hour,’” says Diana Sullivan, service line director for NorthBay’s Heart & Vascular Center. “The Golden Hour is that first hour of care—the time when, if given clot-busting drugs or other artery-opening treatments, the patient has the greatest chance of survival. Patients sent by ambulance to Sacramento or Walnut Creek have a 45-minute delay in getting treatment. If we can treat them here, we’ll cut the response time dramatically.”

At Wellspring’s deadline, NorthBay was poised to become a STEMI-receiving center, which means that in the future, patients suffering major heart attacks would be brought directly to NorthBay first. “It goes hand-in-hand with our becoming a nationally certified Chest Pain Center for thrombolysis in 2009. We were certified to use drugs to dissolve blood clots. We also



Dr. Paul McWhirter

And earlier this year, NorthBay joined forces with Dr. Paul McWhirter and a team of physicians to bring 24/7 physician coverage to the cardiac cath lab.

As the evolution of NorthBay’s Chest Pain Center continues, plans call for the team to support the national public education campaign, Early Heart Attack Care. The primary goals are to teach how to recognize the early signs and symptoms of heart attack, the critical importance of calling 9-1-1; and the need for prevention.

“We’re taking our message to the people. We’ll be providing lectures, using posters, ads and we’re happy to visit service clubs to share our message, which is this: “Minutes Matter. Don’t wait more than a few minutes to call 9-1-1.”

.....
Plans call for the team to support the national public education campaign, Early Heart Attack Care.
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started doing primary angioplasty, interventional cardiac procedures, in August 2009, such as placing balloons and stents into blocked heart arteries. The purpose of these procedures is to help re-establish blood flow. In these cases, we’re speeding up the provision of life-saving cardiac care, often saving vital heart muscle and improving survival benefits in high-risk cases,” says Sullivan.

NorthBay ED Treats Lawnmower Accident

The accident happened, as many do, with a moment of inattention. Charles Banks, 62, of Fairfield, was seated on a riding lawnmower, removing equipment from his landscape trailer at the end of a long day.

It was April, and the self-employed landscaper had plenty of business. Suddenly, his lawnmower accelerated, jamming itself under the trailer. In the process, Bank’s right leg was badly broken.

“I was trying to do too much at once,” Banks admits, looking back. But his quick thinking saved his leg from further damage.

“I knew I was hurt real bad because my foot was lying crooked. I had to keep my wits about me,” he says. He jammed the mower into reverse and extricated himself from trailer. By chance, he had bandaged his leg that morning to help with arthritis pain. Now the bandage helped control the bleeding.

As soon as he was free, he grabbed his cell phone and called his girlfriend, Linda McCumber. She arrived immediately and found a neighbor to help Banks off the lawnmower and into a car. They headed to NorthBay Medical Center.

“The ER staff came and got me from the car,” Banks remembers. “Things moved pretty fast and I wasn’t in much pain. In just half an hour, orthopaedic surgeon Dr. Jay Parkin examined me and said I would need surgery.”

After a three-day hospital stay, Banks was released with a brace on his leg and crutches.

Just five weeks later, with two plates and six screws in his leg, he was back riding his lawnmower. By July he was getting ready to discard his crutches. “I had excellent care throughout my ordeal, from the time I entered the ER until I was sent home,” Banks says.



Charles Banks is thankful to be back on his lawnmower.



Dr. Harry Dassah poses with Richard and Laura Kean in their Vacaville home, surrounded by photos of family and friends.

Care Continues From Surgery to ICU, Our Teams are Ready

If your medical care requires surgery or a stay in the Intensive Care Unit (ICU), it's already a serious situation. But trauma puts serious "on steroids," as they say. Just ask the ICU and perioperative staff at NorthBay Healthcare. "When it comes to trauma patients, we in surgery have to be ready for anything, and time is of the essence," stresses Susan Gornall, NorthBay Healthcare director of perioperative services.

Word that a trauma patient may be headed to surgery will come as the patient is being assessed, either in the field, or in the Emergency Department, she explains. "And when we receive the page, we must be ready for the worst-case scenario within 30 minutes."

What happens in those 30 minutes? Surgeons are notified a patient is on the way and they need to attend to the patient in the Emergency Department. The surgical suite is prepared;

it has to be brought to the proper temperature and some fluids must be warmed. Packs and instruments are prepared for the surgery—whether it's for abdomen, thoracic, vascular or orthopaedic trauma—and are all ready and on stand-by.

The surgery staff works as a close, collaborative team. It includes operating room nurses, surgical technologists,



Debra Amos-Terrell

anesthesia technicians, post anesthesia nurses, surgeons and anesthesiologists, Gornall explains.

As the surgical team gears up to treat incoming trauma patients, the ICU team prepares to receive them, says Debra Amos-Terrell, director of critical and telemetry care services. "Patients cared for and transferred to the ICU require the highest level of care, with interventions as often as every hour. Resuscitation and ICU management of trauma patients requires staff to gain additional skills."

NorthBay began building its infrastructure for trauma care and other advanced medical services several years ago, and the latest plank in the platform is assuring its surgery and ICU staff have completed intensive training exercises and received trauma certification.

Surgery staff members are attending Trauma Nurse Core Course (TNCC) training classes and are completing certification for advance life support. Trauma Care After Resuscitation (TCAR) is designed for perioperative nurses and will also be an important component for staff working in the ED, Gornall adds.

ICU staff have also completed TNCC classes and received off-site training at Alameda County Medical Center. "Members of the ICU staff will spend several 12-hour shifts there, learning how to respond to trauma and managing this patient population in the ICU.

It allows them to obtain hands-on training at a Level II facility," Amos-Terrell explains.

In addition to the training, ICU and surgery staff has participated in a number of mock drills over the past several months.

"The drills test the process," Amos-Terrell says. "We are definitely committed. Providing trauma services is such a need for our community and congruent with our mission," she adds. "My staff has been phenomenal in taking on all the required training to assume these specialties, and with such grace. They are so committed to this community, to life-long learning and to excellence. That is truly who they are."



Susan Gornall, director of Perioperative Services, and members of her team.

ED Provides Quick Care for Dog Bite Victim



As her parents watched in horror, the family dog attacked 4-year-old Aaliyah Burrell, pinning her to the ground and tearing at her face. The April evening had started peacefully, with the Burrell children asking to play outside after dinner. But in an instant, everything changed. The children's romp with their dog turned vicious. Alerted by her screams, Aaliyah's parents scooped her up and headed for NorthBay Medical Center. Her ear was hanging away from her face and she had facial lacerations.

"We didn't even think to call an ambulance," says Kristin Burrell, of the rush to care for her daughter. "We wrapped her in a towel, piled into the car and, of course, hit every stop light."

Once they reached the Emergency Department, all lights were green and Aaliyah's care began immediately. "There was no wait at all," says Burrell. "As soon as we entered the Emergency Department a nurse took her for an exam and things began to happen."

Fortunately, the Burrells could prove their dog was up-to-date on his rabies vaccinations. Unfortunately, the severity of her wounds meant Aaliyah would need immediate transfer to Oakland Children's Hospital.

"The care we received was amazing," Burrell remembers. "Within 10 minutes an ambulance arrived to take us to Oakland. I rode with her, and when we got to Children's Hospital a plastic surgeon was waiting to take care of her." Because she had eaten dinner, Aaliyah's facial surgery took place the next morning. With wounds closed, the family was sent home for their child's recovery.

Aaliyah has made a full recovery, but may need additional facial plastic surgery next year. Her parents are just grateful for the quick action taken by the NorthBay Medical Center ER staff.

How to Prevent a Dog Bite

Each year approximately 4 million Americans are bitten by dogs, with about 800,000 seeking medical treatment. Although most dog bite attacks are not provoked, there are several measures that adults and children can take to decrease the possibility of being bitten. Here are some tips to help you avoid a dog bite:

- Remain calm when you feel threatened by a dog.
- Never approach an unfamiliar dog.
- Never run from a dog or scream in the presence of a dog.
- Stand still and avoid eye contact if approached by a dog.
- If knocked down, freeze in place.
- Children should never play with a dog without an adult present.
- Do not disturb a dog that is eating, sleeping or caring for puppies.
- Do not pet a dog without letting it first sniff you.



What to Do When A Dog Attacks

Almost 90 percent of the animal bites seen in emergency departments are from dogs and most occur among children ages 5 to 9.

In addition to physical damage, two deadly viruses can be passed by dogs: rabies and tetanus. That's why it is important to be able to identify and find the dog that has bitten you.

Observation by a veterinarian is appropriate when the vaccination status of the animal is unknown. If the animal cannot be quarantined for 10 days, the dog bite victim should receive rabies immunization.

Most dog bites do require medical attention, because in addition to cleaning the wound, the patient may need antibiotics, a tetanus shot, and/or treatment to prevent rabies.

Seek immediate medical care for multiple or serious bites, especially in younger children and bites that involve the child's head and neck.

After a dog bites, stop any bleeding by putting direct pressure on the wound. Then clean it extensively, flushing it with saline or water to remove as much bacteria as possible. Unless on the face or severe, most bites are not sutured, but left open to heal from the inside out.

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First Stop for Tiniest Patients

Babies are notoriously unpredictable, especially when it comes to sticking to a due date. “Babies decide when they want to be born, when they want to eat or sleep, and even if they want to breathe or not,” says Deb Thorson, R.N., director of women’s and children’s services for NorthBay Healthcare. And while many new moms are happily planning for an anticipated birth day, some babies decide instead to arrive weeks and even months too early.

When a Solano County baby is born prematurely, or is suffering a critical illness, odds are very good that the infant will come under the watchful care of the highly skilled neonatal nurses, neonatologists and respiratory therapists in NorthBay Medical Center’s Neonatal Intensive Care Unit (NICU). Here, a team stands at the ready to care for these tiny patients, whether they have been delivered by moms at NorthBay Medical Center, or transported here after birth at other area facilities, such as Sutter Solano in Vallejo, or David Grant Medical Center.

“These babies come to NorthBay’s NICU because we have the highest level of neonatal care available in Solano County,” Thorson explains. “We are a Community Level III NICU, able to care for babies at 28 weeks of gestation and above.” If a baby is born at 27 weeks or less, or is sick enough to require surgery, however, the infant will be stabilized in NorthBay’s NICU and then

“These babies come to NorthBay’s NICU because we have the highest level of neonatal care available in Solano County.”

transported to either Oakland Children’s Hospital or Sutter Memorial Hospital in Sacramento.

“But, as soon as the infant has recuperated enough, and if he or she still needs neonatal care, the baby will be returned to NorthBay, so those babies can be cared for close to home,” says Richard Bell, M.D., neonatologist and medical director of the NorthBay NICU.

“Anywhere from 9 to 12 percent of all babies born in the United States will spend some time in a NICU,” Dr. Bell notes, and that national average holds true for Solano County’s tiniest, or most ill babies. As many as 200 infants a year may spend their earliest days at NorthBay.

And, while a baby’s birth date may be unpredictable, the care that premature or critically ill babies receive at NorthBay is not. “We always have at least one bed open and ready for those unexpected deliveries,” Thorson says.

Sometimes the NICU staff will be notified that a baby is on its way from NorthBay’s Labor and Delivery department. At other times, the NICU’s highly skilled neonatal transport team is sent to another hospital, such as David Grant or Kaiser, to pick up a baby that needs our care,” Dr. Bell adds. “We have a cadre of nurses and respiratory therapists who are trained on how to stabilize the babies, and the equipment necessary to transport them.”

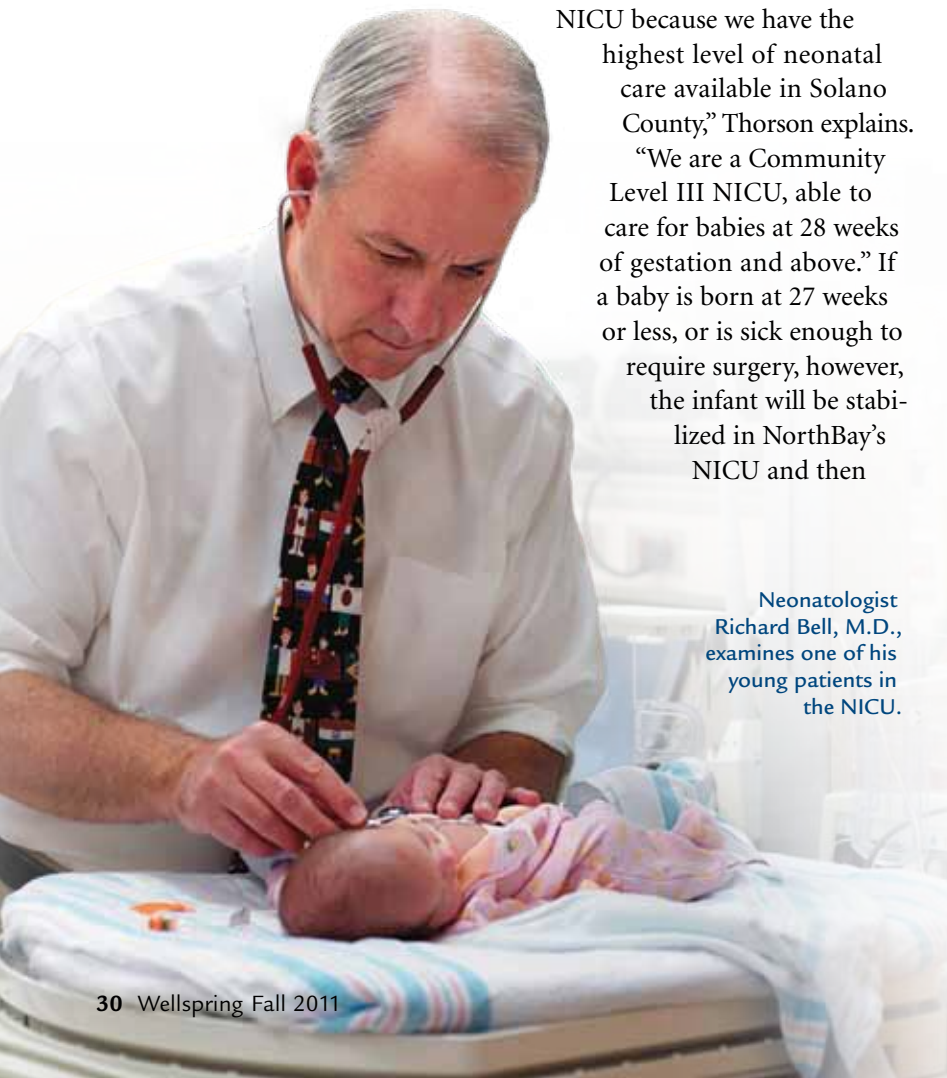
“Providing good care is all about planning, preparation, training and having the right education,” Thorson adds. “If you’re prepared, all the skills just fall into place.”

Although the staff in the NICU is primarily focused on caring for their tiny charges, they also know it’s all about the family.

“The parents are under a lot of stress at this time. So, we allow 24-hour unlimited access to the moms and dads,” Thorson adds. “When the parents go home for some rest, they can call us as often as they want. We absolutely do develop a relationship with these families.”

“As much as we become attached to our babies and their families, our mission is to get those infants safely home as soon as possible,” Dr. Bell adds. “We’re working hard to get them home from the first day they arrive.”

Neonatologist Richard Bell, M.D., examines one of his young patients in the NICU.



A Race to Birth

Fast Action Requires Quick Hands

Although most moms-to-be know that NorthBay Medical Center in Fairfield has plush labor and delivery rooms just waiting for a fantastic birthing experience, some babies may have a different agenda.

When that happens, moms sometimes end up in the very capable hands of one of NorthBay’s two Emergency Department staffs.

One recent birth—at the NorthBay VacaValley Hospital Emergency Department—was particularly memorable because the frantic mother arrived at a time when the ED was running at full tilt and all triage nurses and physicians were busy, recalls Allison Pearson, emergency room technician.

“The front desk called and said a mom at 38 weeks gestation had just walked in and she was in labor. It was the mother’s fourth child and things were moving very quickly,” Pearson says. “I tried to get her into a wheelchair but she wouldn’t sit down. She kept saying ‘the baby’s coming, the baby’s coming.’”

VacaValley has a small OB/GYN room set up just for these rare emergencies, and that’s

where Pearson and the anxious mother headed. As Pearson helped her get up onto the bed, she noticed the baby was crowning. “I kept yelling, ‘hey, can I get some help in here!’ and finally just screamed really loud for the doctor. But then the baby just came right out! I’m glad I was gloved up!”

Within seconds triage nurses were at Pearson’s side. “They clamped the cord, put the baby in a warmer and took care of the mom.”

“Although it’s best for mom and baby if the delivery takes place at NorthBay’s fully equipped and staffed Labor & Delivery department in Fairfield, sometimes these things can’t be avoided,” says Daman Mott, director of ED/Trauma Services. “Dialing 9-1-1 may also be an option to get definitive medical care on scene quickly.”

While Pearson has witnessed the birth of friends’ children, this was her first hands-on delivery. “I’ll never forget it, ever!”

And, as for the mom and the child? “Everything turned out OK. She had a baby girl, and I suggested she consider Allison as her name.”

“I tried to get her into a wheelchair but she wouldn’t sit down. She kept saying ‘the baby’s coming, the baby’s coming.’”



NICU Nurse Jeannette Fegan welcomes former patients during last year’s reunion.

Party Set for NICU Grads

The 26th Annual NorthBay Medical Center NICU reunion is Saturday, November 5, 11 a.m. to 2:30 p.m.

This year’s event is a fall festival and will be held at the NorthBay Healthcare Administration Building in Green Valley. All NICU graduates and their families are invited to attend. More information: NICUREUNION@Northbay.org.

Steer Clear of Trouble

While you can't avoid every accident, there are steps you can take to minimize the risks of everyday tasks. According to the Centers for Disease Control, most events resulting in injury, death or disability are predictable and therefore preventable. Often taking personal responsibility for your actions and learning to be safe in your chosen sport or activity will make you more aware of the dangers you face.



1 Say No to Distracted Driving

Distracted driving is driving while doing another activity that takes your attention away from driving. There are three main types of distraction: visual—taking your eyes off the road; manual—taking your hands off the wheel, and cognitive—taking your mind off what you're doing.

Texting while driving combines all three of the above distractions, making it an especially dangerous activity. Distracted driving also includes using a cell phone, eating, drinking and talking with passengers. Adjusting your vehicle's sound system or navigation system is also a distraction. If you understand that these activities can lead to injury, you are more likely to avoid them.

2 Watch Where You Walk

In the time it takes you to read this article, one pedestrian will be injured in a traffic accident. Walking may be good for your health, but walking near traffic makes you 1.5 times more likely to be killed in a car crash than the occupants of the vehicle.

There are several steps you can take to protect yourself while walking near traffic:

- Be especially careful at intersections, where drivers may fail to yield the right-of-way to pedestrians while turning on to another street.
- Wear reflective clothes and carry a flashlight to increase your visibility at night.
- Cross the street at a designated crosswalk.
- If you cannot walk on a sidewalk, walk facing traffic.
- Pay attention to curbs. Tripping on a curb and falling into traffic was the major cause of non-fatal pedestrian injuries in people age 65 and older.
- Look left, right and left again before crossing a street.
- Never allow children under age 10 to cross streets alone.



3 Know Dangers of Water

Every day, about 10 people die from unintentional drowning, according to the Centers for Disease Control. Drowning is the sixth leading cause of unintentional injury death for people of all ages and 80 percent of those deaths are male.

Nonfatal drownings can cause severe injuries, including brain damage, learning disabilities, and permanent loss of basic functions. However, everyone can learn to be safe around water. Here is what the Red Cross recommends:

- Learn to swim. It's the most important thing you can do to stay safe around water.
- Never swim alone.
- Swim in areas supervised by a lifeguard.
- Read and obey all rules and posted signs.
- Set water safety rules for the entire family based on swimming skills.
- Stop swimming at the first sign of bad weather.
- Enter the water feet first unless the area is clearly marked for diving.
- Children or inexperienced swimmers should always wear a U.S. Coast Guard-approved personal flotation device.
- Always supervise swimming children.
- Learn to recognize and respond to emergencies.
- Be aware of the water environment you are in. Rivers running high and fast or ocean currents and tides can be dangerous even for the most experienced swimmer.

4 Focus on Cycle Safety

Each year, more than half a million people are treated in emergency departments for bicycle-related injuries. About 60 percent of those injuries are children under the age of 15.

Head injuries are among the most serious bike injuries and the most common. Bikers should always wear a bike helmet to reduce that risk. Even with a helmet, a rider who falls and hits his or her head should see a doctor, even if the injury seems minor. In addition to wearing a helmet, these tips can help you avoid injury:

- Make sure your bicycle is in good working order and fits your size and weight.
- When riding on roadways, ride in the same direction as traffic, not facing the traffic.
- Follow the same rules of the road as car drivers, including stopping at stop signs.
- Don't ride on sidewalks, especially when pedestrians are present.
- If you ride in the dark, be sure to have lights and reflectors and wear light-colored protective clothing.



A Bike Rodeo is planned for the Oct. 8 Vacaville Kid Fest. Co-sponsored by the NorthBay Bike to Work Committee, the Solano Transportation Authority and the Monticello Cycling Club, the event will feature bike safety instruction, helmet safety fitting and bike safety inspections. Kids should bring their bike and helmet.

Leading Causes of Injury or Death

1 to 4 years: Motor Vehicle Crashes, Drowning
16 to 24 years: Motor Vehicle Crashes, Homicide
35 to 54 years: Unintentional Poisoning, Suicide
65+ years: Falls, Motor Vehicle Crashes

Older adults and children are more vulnerable to sustaining injury requiring medical attention, but for Americans ages 1 to 44, injuries are the leading cause of death.

What's in Your First Aid Kit?

BASIC SUPPLIES

- Adhesive tape
- Antibiotic ointment
- Antiseptic wipe packets
- Aspirin
- Bandages:
Roll of elastic tape
Bandage strips (Band-aids)
- Gauze pads and roller gauze in assorted sizes
- Instant cold pack
- Cotton balls and cotton-tipped swabs
- Duct tape
- Petroleum jelly or other lubricant

Every home should have at least one first aid kit to help you take care of common injuries and emergencies. Keep your first aid supplies in an easy-to-carry case and make sure everyone in the family knows where it is. You can buy a totally stocked kit or create your own from the list of supplies below.

Once you have a first aid kit, be sure to check your supplies every three months. Replace any supplies that have reached their expiration dates or are no longer usable.

- Plastic bags for disposal of contaminated materials
- Safety pins
- Scissors
- Tweezers
- A needle
- Soap or instant hand sanitizer
- Saline solution
- Oral thermometer (non-mercury/nonglass)
- First aid instruction book

You can purchase well-stocked first aid kits at your local drug store or online at www.redcrossshop.org.

Create an Emergency File

Every family member should have an emergency file that includes their medical history, insurance cards, and current medications. This is especially important for senior citizens, who may be hospitalized and relying on a son or daughter to be their spokesperson.

"I have no idea what medications my mom is taking," is a common reply heard in the Emergency Department.

Having this information ready to grab in an emergency can make your ED visit go smoothly.

Fall Prevention Can Save Your Life

Falls are the most common cause of nonfatal injuries and hospital admissions for trauma. And while women fall more than men, men are more likely to die from a fall. The chances of falling and of being seriously injured in a fall increase with age. And, sadly for seniors, falls can also lead to the loss of independence. Falls that cause hip fractures or head trauma can make it hard to get around and even increase the risk of death.

According to the Fall Prevention Partnership of Solano County, a fall that requires hospitalization costs approximately \$37,000. In a two-year span (2005-2006) 1,343 individuals over the age of 55 were hospitalized due to injuries from a fall. That translated into nearly \$50 million in hospital-related costs in this county alone.

Fortunately most falls can be prevented, according to NorthBay Health at Home Occupational Therapist Carol Daum. "Most falls occur because of safety issues in the home or because the senior was trying to perform tasks beyond their limits," Daum says. She works with seniors on preventing falls by using assistive devices correctly. For example, if you use a wheelchair, learn how to use the locking brakes. If you need a walker, keep it with you and slow down when you use it.

"Then if you fall, you can call for help." Grab bars, devices that help you reach for objects and night lights are relatively inexpensive and available through home improvement stores.

She has assembled this list of tips to help keep your home a safe zone.

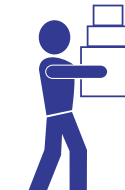
Bedroom and other living areas

- Turn on the light by the door before entering a dark room (install a light switch by the door if one isn't easily reached).
- Keep pathways clear of furniture and clutter.
- Keep a lamp at the bedside or next to your favorite chair within easy reach.
- Keep a phone within easy reach of your bed or favorite chair. Program emergency numbers into the phone or write them down near your phone.
- Avoid throw rugs or make sure they have non-skid backing.

Bathrooms

- Install grab bars in the shower, tub and by the toilet.
- Use a non-skid mat in and outside the tub and shower.
- Wipe up any water on the floor immediately.
- Use a raised toilet seat or three-in-one commode on the toilet.
- Use a night light.

Closets



- Never stack items on high shelves.
- Make sure items are stored securely and won't fall when you're trying to move them.
- Store large or heavy boxes on the floor.
- Install lights in the closet.

Stairways

- Make sure the stairway is well lit.
- Make sure handrails are installed and secure.
- Keep stairs clear of any clutter.
- Make sure carpeting is secure.
- Apply bright tape to the last and first steps if you have a vision deficit.



Garage and Outdoors

- Keep pathways free from clutter.
- Make sure work areas are well-lit.
- Wear non-skid shoes.
- Ask for help before using a ladder.



Kitchen

- Never use a chair as a ladder.
- Keep frequently used items stored on lower shelves for safer access.
- Always wipe up spills immediately.
- Never walk on a wet floor.
- Never carry too many dishes at once.



Other useful tips

- Wear lace-up shoes for better support.
- Keep electrical cords out of high traffic areas.
- Keep your furniture in good repair.
- Mark sliding glass doors with stickers to avoid walking in to them.
- Elevate your seat height with a firm cushion to make it easier to rise from a low surface.
- Sit down to put on or take off underwear, pants, socks and shoes.
- Put weaker leg into clothing first.



- Get a "Life Line" or other alarm system.
- Carry a portable phone or cell phone with you.
- Keep active.
- Exercise regularly.

Hospice Tree of Memories Event

All are invited to join NorthBay Hospice and Bereavement for the annual Hospice Tree of Memories event at 6:30 p.m. on Dec. 8.

It's a holiday-themed ceremony where family, friends, and community members come together to remember their loved ones. The ceremony includes music and reading of names, followed by light refreshment.

The tree will be decorated with special ornaments labeled with the names of those remembered, and will be on display in the NorthBay Medical Center lobby throughout the holiday season.

A suggested donation of \$20 can be made, according to Veronica Wertz, bereavement and volunteer coordinator. As a thank you for your donation you will be sent a holiday keepsake ornament. All proceeds from the donations are used to fund the Hospice and Bereavement program. We also invite you to e-mail a photograph of you and your loved one for a display at the service.

To have your loved one's name or a photo included, please submit your request by Dec. 1 to Shirley Jacks at sjacks@northbay.org.

For more information regarding NorthBay Hospice Tree of Memories, please contact Veronica Wertz or Shirley Jacks at (707) 646-3597 or e-mail sjacks@northbay.org.

For information about making a donation or adding your loved one's name, contact Tim Johnson, NorthBay Healthcare Foundation, at 646-3132 or send an e-mail to txjohnson@northbay.org.



Holding four of the five new breast pumps purchased for the NICU are Cordelia Rotary Past President Nancy Garver, current President Colleen Knight, neonatologist Dr. Walter Berkheimer and lactation consultant Cindy Stade, R.N.

Rotary Club Donation Will Help NICU Moms

New mothers with premature or critically ill infants being cared for in NorthBay Medical Center's Newborn Intensive Care Unit (NICU) have one less thing to worry about, thanks to a generous donation by the Rotary Club of Cordelia.

The Rotary Club of Cordelia donated five Medela brand breast pumps, which will allow the new moms to continue feeding their babies even though the moms have been discharged.

"The long-term health benefits of having a mother be able to feed her baby breast milk are tremendous."

NorthBay Medical Center's NICU cares for as many as 250 premature and critically ill infants each year, according to Deb Thorson, director of Women's and Children's Services for NorthBay Healthcare. "The long-term health benefits of having a mother be able to feed her baby breast milk are tremendous," she notes.

"These types of hospital-grade pumps are the ideal ones to ensure a mother will be able to maintain her milk supply so that the baby can receive the most optimal feeding," notes Cindy Stade, R.N., lactation consultant. "Having a baby in the NICU can be very stressful and this is one less stress she will have to worry about."

The Rotary Club of Cordelia has been a long-time supporter of NorthBay's Pediatric programs, according to Colleen Knight, executive assistant with NorthBay Healthcare Foundation and president of the club. During the past 20 years, the local group has donated more than \$200,000, and this year's \$8,500 donation toward the purchase of these breast pumps "is important because it helps the new moms give their babies a good start."

"The ability to help create healthy families is a universal cause and one that Rotary supports," says Nancy Garver, Rotary Club of Cordelia past president. A portion of the funds for the pumps was raised during the Rotary Club of Cordelia's annual Spring Extravaganza event.

The remaining funds were obtained through a Rotary International District grant, which was pursued by Candy Pierce, past District 5160 Rotary Governor and member of the NorthBay Healthcare Foundation Board of Directors.

Because Medela offered special pricing on the pumps, the group was able to purchase five instead of four.

Oretta's Garden Gift

The NorthBay Adult Day Center in Vacaville is enjoying a renovated outdoor activity area, thanks to a bequeath to the center made by Oretta Cortland, a long-time NorthBay Guild member who passed away in 2009. The renovations include an enclosed patio area and a sunscreen. Cortland had taken out a \$20,000 life insurance policy and named NorthBay Healthcare Foundation and the NorthBay Alzheimer's Program as beneficiaries. The NorthBay Healthcare Foundation then established a permanent endowment fund with \$10,000.

"The Oretta Cortland Endowment will provide funds to help NorthBay Alzheimer's services in perpetuity," says Brett Johnson, Foundation president.

The balance of the donation was then allocated to the NorthBay Adult Day Center. Part of the funds was used to renovate the patio area, and the renovations have been very well received by program participants, Perez says.

"It's like an old-fashioned porch now, and it has really changed the entire environment of our day center," she adds. "We're protected from all elements and it's so comfortable out there now, whether it's hot or cold."

Perez has also reserved some funds from Oretta's bequeath to provide scholarships for her financially strapped families, which means clients and their families will continue to reap the benefits of Oretta's generosity for many years to come.

The NorthBay Adult Day Center, which is open five days a week from 7 a.m. to 7 p.m., is the only program of its kind in northern Solano County. For more information about the NorthBay Adult Day Center, call (707) 624-7970. For more information about how you can leave a legacy of your own through charitable planned giving, contact Brett Johnson, president of the NorthBay Healthcare Foundation at (707) 646-3130.

The Oretta Cortland Endowment will provide funds to help NorthBay Alzheimer's services in perpetuity.



Sandy Perez, manager of the NorthBay Adult Day Center (left) and regular Day Center visitor Misako Woolsey show off the recent renovations made to the center's outside activity area.

Girls' Night Out: Mardi Gras Fun

"Comedy is not what I do, it's who I am..."

—Kat Simmons



Mardi Gras will be the theme of the night when women throughout Solano County gather for the second annual Spirit of Women "Girls Night Out" on Friday, Oct. 7, at the Vacaville Performing Arts Theater (VPAT).

Sponsored by the NorthBay Center for Women's Health, this year's event features nationally known comedian Kat Simmons and a guest appearance by comedian Donna Cherry.



Kat Simmons brings to the stage a taste of Lucille Ball and Carol Burnett rolled into one hilarious show. Her unique talent combines physical comedy with real life situations, laced with things most of women would dare not talk about. She makes it look normal.

You may have seen her on The Comedy Channel, The Jenny Jones Show or Candid Camera. She has appeared with such notables as Tim Allen, Kenny Rogers and Kevin Nealon. When not on the road, the Nevada resident hosts and produces her own comedy show at The Carson Valley Inn, located in Minden, Nevada. "Comedy is not what I do, it's who I am," says Simmons of her talent. Her dad adds, "There goes four years of college."

You may have seen comedian Donna Cherry on "Desperate Housewives" (ABC), in "The Ultimate Gift" (FoxFaith Release with Abigail Breslin and James Garner) or on Disney's "The Suite Life of Zach and Cody," in which she had a recurring role. A regular at The Comedy Store, she has toured with Barry Manilow and Sherman Hemsley, and performed in such prestigious venues as Madison Square Garden, Universal Amphitheatre and London's Wembley Arena.

A former "Miss California," Cherry has made appearances on The Tonight Show and Comedy Central. She brings her hilarious spot-on impressions, voice and stand-up comedy to Vacaville especially for this Spirit of Women event.

"Girls Night Out" made its debut in Vacaville last year with a sell-out performance. This year's event has expanded into the next-door Ulati Community Center and promises even more fun and excitement with boutique shopping, a photo booth, health information booths, hors d'oeuvres and wine tasting. The evening will include enticing gift basket raffles and a few surprises, with everyone invited to wear Mardi Gras costumes.

Tickets are \$35 for Spirit members and \$40 for the general public. Tickets are available from the VPAT box office in Vacaville, the Women's Resource Center in Fairfield, and at NorthBayWomen.org.

For further information, call the NorthBay Women's Resource Center at (707) 646-4267 or e-mail womenshealth@northbay.org.



Donna Cherry

There were plenty of smiles, laughter and feather boas to go around at NorthBay Healthcare's first annual Spirit of Women Girls' Night Out event in 2010.



Genentech, River Cats Team Up to Benefit NorthBay Cancer Center

Baseball fans love it when pitchers throw strikes, and now NorthBay Cancer Center patients appreciate strikes even more, especially when those "Ks" were thrown at Sacramento River Cats home games. The River Cats teamed up with Genentech-Vacaville, a member of the Roche family, to create a fund-raising event to benefit NorthBay Cancer Center and its patients.

As part of its Strike Out Cancer campaign, Genentech agreed to donate \$100 to the Cancer Center for every strike out thrown at a River Cats home game. By season's end in early September, the team—the Triple-A affiliate of the Oakland A's—had thrown enough strike outs to raise the donation past the \$50,000 mark.

Genentech employees also raised additional funds for the Cancer

Center when they held two separate raffles that collected more than \$4,000. The Vacaville employees also accumulated several bins of clothing and donated them to the NorthBay Guild Thrift Shop.

NorthBay Healthcare Foundation Board Member Stanley Davis vowed to join in the K-parade, when he promised to match every strike out thrown at the Strike Out Cancer



NorthBay Cancer Center patients (left to right) Amy Rodoni, Jeff Grossen and Donna Quintero were feted as part of Genentech's Strike Out Cancer event, hosted by the Sacramento River Cats.

kick-off event, which was held June 11. The 'Cats threw nine strike outs that day, and so Davis added \$900 to the pot.

Funds raised through the Genentech-River Cats venture will go toward patient care, and will include the purchase of a

blanket warmer, says Janet Black, clinical manager. "The blanket warmer greatly improves the comfort of our patients while they are receiving treatments. Clinically, the cool fluids being infused lowers the patient's temperature, so the warm blankets will help offset that. But, more importantly, there is nothing more soothing emotionally than being wrapped in a warm blanket."

A Perennially Classic Event



The 28th Annual Golf & Tennis Classic, held July 11 at Green Valley Country Club raised close to \$45,000 for NorthBay programs. A full field of golfers and tennis players competed for prizes and glory during the popular fundraiser sponsored by the NorthBay Guild.

New Bereavement Support Group Offered

NorthBay Hospice and Bereavement will offer an additional Adult Support Group, starting in September. "Our program has increasingly grown as we continue to respond to the needs in the community," according to Veronica Wertz, bereavement and volunteer coordinator. Adults will have the option to attend a support group meeting on either a Tuesday or Thursday night.

Tuesday's group meets from 6 to 7 p.m. and the Thursday group meets from 6 to 7:30 p.m. All meetings are held at the NorthBay Center for Primary Care at 2458 Hilborn Road in Fairfield. (Group times may change.) For more information about other bereavement services, please call (707) 646-3597.



Help Is On Hand During the Holidays

With the holiday season approaching, the holidays can bring joy and excitement, but for those dealing with the loss of a loved one the holidays can also become a time of sadness. "Many grieverers might even isolate themselves and not partake in the festivities the holidays bring," says Veronica Wertz, bereavement and volunteer coordinator.

To help people cope, NorthBay Hospice and Bereavement will offer a special workshop that focuses on grief during the holidays. The workshop will be held at 6 p.m. on Nov. 16 at the NorthBay Healthcare Administration Building, 4500 Business Center Drive in Fairfield. To attend, please contact NorthBay Hospice and Bereavement at (707) 646-3597 before Nov. 13, or send an e-mail to Shirley Jacks at sjacks@northbay.org.

Advanced Medicine Lecture Series

NorthBay Healthcare's Advanced Medicine Lecture Series fall schedule features local physicians.

Thursday, Oct. 27

Art  Knowledge = Courage

Art Show & Reception 4 to 6 p.m. • Lecture Presentation 6 to 8 p.m.

Featuring James Long, M.D.; J.D. Lopez, M.D.; & Brian Vikstrom, M.D., Oncologists, NorthBay Cancer Center.

Experience the courage and dignity of survivors in a special art show that precedes a lecture on the latest updates and information on the treatment of breast cancer.

Thursday, Nov. 10

Coping with ADHD

Hors d'oeuvres at 5:30 • Lecture Presentation 6 to 7 p.m.

Featuring Pediatrician Michael Ginsberg, MD, NorthBay Center for Primary Care.

There are a number of strategies you can employ to help both you and your child, from diet and exercise to therapy and medication.

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



Dr. Ginsberg will offer his insights on ADHD, a disorder that affects nearly 5 percent of children worldwide.

Adventure Continues for Nurse Camp Students

Where in the world is Nightingale Bear? That's the ongoing question in the minds of NorthBay Healthcare's 32 Nurse Camp graduates who completed a four-day session in June that spanned everything from surgery and emergency medicine to obstetrics, gynecology, labor and delivery.

Nightingale Bear, you see, belongs to Mary

Hempen, R.N., one of the camp's cofounders. She decided to bring her little stuffed friend to camp this year, and games ensued. The winner got to baby-sit Nightingale during camp, and a select few got to take her home for a night.

"She became a trophy, and then a mascot," explains Donna Dabeck, manager of nursing recruitment and retention. "Now that camp is over, the game continues, thanks to social media."

It's a way to keep the kids engaged, and have some fun.

Once a month, Nightingale is photographed at some location inside NorthBay Medical Center in Fairfield or NorthBay VacaValley Hospital in Vacaville and the image is posted on Facebook, on a special

page created for the alumni of Nurse Camp. The first student to respond with the correct location wins that round. Nida Baig was the

first winner for July; she took home some NorthBay "swag," a notebook cover with the NorthBay Logo.

"It's a way to keep the kids engaged, and have some fun," says Donna.

The camp, in its eighth year, was again a tremendous success. More than 80 students from around the county and beyond applied. "We only have a limited amount of resources, so we could only take 32 this year," explained Maureen Allain, R.N., and camp cofounder.

During the four-day course, students get a chance to meet nurses, experience a mock drill in the emergency department, experiment with some of the equipment and see a simulated patient (a mannequin) deliver twins.

"It's wild, it's fun, and it really helps kids who think they're interested decide whether this is the career for them.

Not only that, but it's a lot of fun for us, too. It reminds us how important nursing really is and how passionate we are about it," says Maureen.

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Mary Hempen, R.N. (left) and Maureen Allain, R.N., have enjoyed using Nightingale to keep the Nurse Camp alumni playing along.



Maggy and her mom, Leah.

Surgery for Maggy

NorthBay Guild volunteer Shahane Everett is happy to report that the little girl she befriended during a trip to Kenya in 2010 has had a successful surgery on both of her legs and is recovering nicely.

Shahane, 20, met Maggy, then 5, and her mother Leah during a three-week volunteer stint in Kenya, where Shahane worked at a school for special needs children, and later at an orphanage.

Maggy really captured her heart, says Shahane. Despite all her maladies, Maggy always had a smile on her face.

When she was only 8 months old, Maggy became ill with meningitis. Although she survived, it left her with permanent nerve damage on her left side. Her foot was curved around and her leg could not bear weight.

When Shahane returned home, she decided she wanted to do something to make a difference in Maggy's life, so she embarked on a fund-raising campaign to help pay for the cost of the surgery.

Doctors in Kenya determined that the surgery on her leg would cost about \$550. Shahane shared Maggy's story in local newspapers and in *Wellspring*, and the outpouring from residents was tremendous. The college student—who hopes some day to become a doctor—raised enough money to pay for the surgery, and help Maggy with some of her other needs.

Welcome

New Physicians



Shahzad Anwar, M.D., has joined the NorthBay Center for Primary Care in Vacaville. Dr. Anwar earned his medical degree at St. George's University School of Medicine in Grenada, West Indies. He completed a residency in family practice at Family Medicine at Kaiser in Woodland Hills, Ca. Dr. Anwar is board-eligible in family practice.

Andrew Brooks, M.D., has joined NorthBay Healthcare in Vacaville. An orthopaedic surgeon, Dr. Brooks earned his medical degree at the University of Oklahoma College of Medicine in Oklahoma City. He completed an internship and residency in orthopaedic surgery at the University of Arkansas for Medical Sciences in Little Rock. Dr. Brooks is board-certified in orthopaedics.



Jonathan Lopez, M.D., has joined the NorthBay Cancer Center in Fairfield. A medical oncologist and hematologist, he earned his medical degree at the Uniformed Services University of Health Sciences in Bethesda, MD. He completed an internship and residency in internal medicine and a fellowship in hematology/oncology at Wilford Hall Medical Center in San Antonio, Texas. Dr. Lopez comes to NorthBay from David Grant Medical Center, where he was a staff medical hematologist/oncologist. He is triple board-certified in internal medicine, oncology and hematology.

Alfredo Ovalle, M.D., has joined the NorthBay Center for Primary Care at VacaValley in Vacaville. Dr. Ovalle earned his medical degree at the University of La Salle, School of Medicine in Mexico City. He completed his residency in family practice at St. Elizabeth Hospital Family Practice Residency Program in Chicago. Prior to joining NorthBay, Dr. Ovalle was the medical director of Logan Square Health Center of Cook County, Illinois. He is board-certified in family medicine.



Sarah Smith, D.O., has joined the NorthBay Center for Women's Health in Fairfield. An obstetrician/gynecologist, she earned her medical degree at Des Moines University in Iowa. She completed her OB/GYN residency at Akron General Medical Center/Northeastern Ohio University College of Medicine in Akron, Ohio, where she was also a clinical instructor of obstetrics and gynecology.



Zachery Wood, D.O., has joined the NorthBay Center for Primary Care in Fairfield. Dr. Wood earned his medical degree at Nova Southeastern University and completed a residency in family practice at Broward General Medical Center. He is board-eligible in family practice/osteopathic medicine. In addition to English, Dr. Wood is fluent in Spanish.



Kristin Woodbury, D.O., has joined the practice of Dr. Murray Woolf in Fairfield. An ear, nose and throat physician, she earned her medical degree at A.T. Still University of Health Sciences, Kirksville College of Osteopathic Medicine in Kirksville, MO. She completed a residency in otolaryngology/facial plastic surgery at Botsford Hospital at Michigan State University, and a fellowship in rhinology and allergy at the University of Pittsburgh Medical Center Sino-nasal Center.

 *To learn more about NorthBay physicians, please visit northbay.org.*



Pediatrician Matthew Heeren, M.D., with one of his young patients at the NorthBay Center for Primary Care in Vacaville.

Center for Primary Care Ranked Among the Best

The NorthBay Center for Primary Care was rated sixth in the state of California for the overall quality of healthcare physicians and staff provide in its four locations in Fairfield and Vacaville.

The center topped all other local primary care providers in the annual survey of the Pacific Business Group on Health, a leading non-profit business coalition focused on improving the quality of health care while moderating costs. The group comprises a partnership of health insurance plans and consumer organizations.

When asked if they would recommend their doctor to family or friends, patients ranked NorthBay in the top 10 percent statewide. Of the 12 primary care groups reporting in Napa and Solano counties, NorthBay's was rated the highest for overall care, the survey revealed.

While it was the top in the two-county region and sixth overall in the state, the Center for Primary Care also scored high in other areas. Patients lauded NorthBay's physicians for being informed and up to date, for taking time with them during visits, and for giving clear instructions. The staff was ranked 13th in the state for being helpful.

The NorthBay Center for Primary Care serves patients in its four primary care locations, two in Vacaville, one in Fairfield and one in Green Valley. Patients can choose from a panel of 20 physicians backed up by three nurse practitioners, two registered nurses, four licensed vocational nurses, several medical assistants and office staff.

To learn more, or to become a patient of the NorthBay Center for Primary Care, call (707) 646-3280.

Choose NorthBay Healthcare During Open Enrollment

This fall during open enrollment, choose a health plan that lets you stay close to home while receiving care from the highly rated physicians at the NorthBay Center for Primary Care.

With four locations, you're sure to find an office that is convenient for you and your family. And those physicians treat their patients at our local hospitals—NorthBay Medical Center in Fairfield and NorthBay VacaValley Hospital in Vacaville.

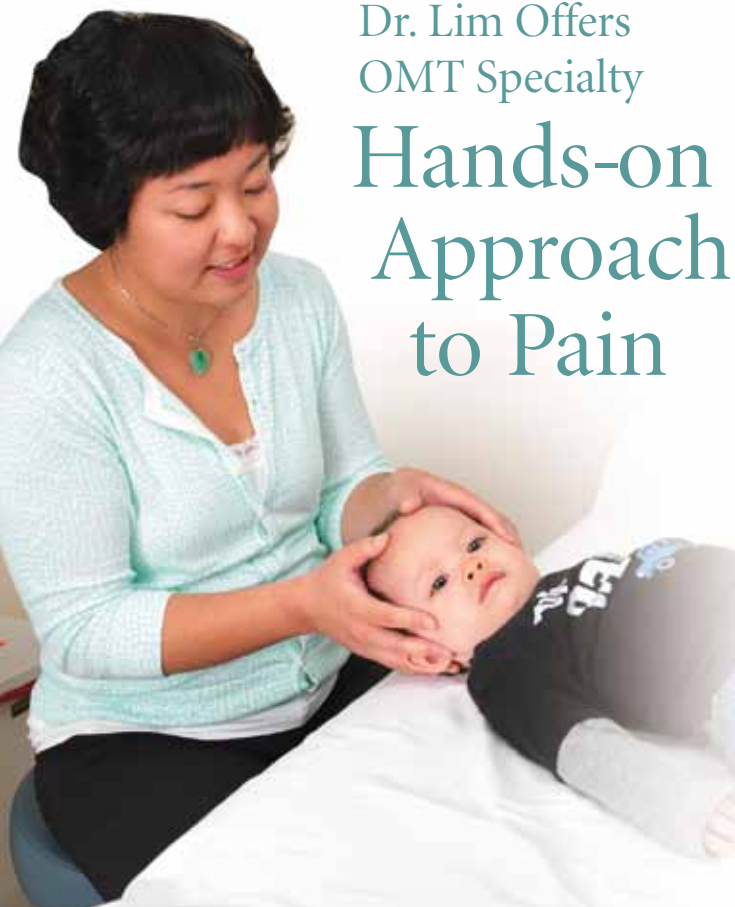
NorthBay Healthcare offers an array of services available nowhere else in Solano County, including the NorthBay Heart & Vascular Center, a Chest Pain Center, Level III Trauma Center and a wound center with the only civilian hyperbaric oxygen therapy chambers.

Major health plans that contract with NorthBay include Aetna PPO; Anthem Blue Cross PPO; Blue Shield HMO, PPO and POS; Cigna HMO, PPO, POS and EPO; TriCare Prime, Standard, Extra and TriCare for Life; and Western Health Advantage.

For further information about the many services offered by NorthBay Healthcare, visit NorthBay.org or call (707) 646-3280.



Family Practitioner Alina Hongsakaphadana, M.D.



Dr. Lim Offers OMT Specialty Hands-on Approach to Pain

With a great demand for osteopathic manipulative treatment or OMT in Solano County, Angela Lim, D.O., has happily accepted a new assignment within NorthBay Healthcare allowing her to focus on her specialty. OMT is a hands-on approach to pain, which takes a patient's musculo-skeletal, circulatory, lymphatic and nervous system into account.

Previously, Dr. Lim was juggling a dual practice, focused on both family medicine and osteopathic manipulative medicine. And while she enjoyed the family medicine practice, her passion is with OMT. "I have received so many OMT referrals and a number of self-referrals from people in the community who have been told by friends or family who saw one of my lectures. From this alone, my practice is filling with OMT patients," she said.

"The uniqueness of what she does in OMT and the success of her therapy has been such that the demand has grown faster than we ever expected," said Margy Walbolt, vice president of administrative services for NorthBay Healthcare.

Dr. Lim's patients have been referred to Jim Wu, M.D., Alfredo Ovalle, M.D., and Pediatrician Judy Yang, D.O., who all work out of the VacaValley Health Plaza Center for Primary Care in Vacaville.

"I see a lot of people with headaches, back pain and neck pain," says Dr. Lim. "I'd like to see more pregnant women who have back pain as well as infants who have difficulty feeding, torticollis, reflux, or misshapen heads. What I do with my hands is good for a lot of conditions and not just pain."

Vacaville Expansion Moves Ahead

Work continues to earn state approvals and secure financing for NorthBay Healthcare's largest expansion project ever. Later this fall construction should begin on a \$118 million modernization of NorthBay VacaValley Hospital in Vacaville that will nearly double its size.

A two-story, 68,000-square-foot addition to the Vacaville hospital will increase its size to 152,000 square feet of space. When completed the hospital will add 24 beds and four modern surgical suites. An upgrade to the central utility plant is also part of the project.

NorthBay VacaValley Hospital will be capable of adding sophisticated services in the future because of the additional intensive care capacity and a more modern facility design. "Our Vacaville campus will be a very flexible medical center, capable of accommodating almost any new service, expanding some of what we already do there, including orthopedics within our Joint Replacement Program," explained Gary Passama.

"Whether it's adding something new, like a Level II trauma center, or shifting services now offered on our Fairfield campus to make room for new programs there, we will be well positioned in Vacaville."

Some parking additions were finished earlier this year in preparation for the loss of existing parking that will occur during the two-year construction cycle. Additional parking will be added in the future.



Wellspring Garners National Awards

NorthBay Healthcare's community magazine *Wellspring* has earned an Award of Excellence in the 2011 APEX Awards for Publication Excellence. The top award was given for the Spring 2010 issue, which featured the physicians of the NorthBay Center for Primary Care.

The APEX Awards are sponsored by Communications Concepts of Springfield, Virginia, which honors the best ideas in print for professional communicators. This is the second year that *Wellspring* has earned this award in the category of magazines and journals with 32 pages or more.

Wellspring has garnered three other awards this year: a bronze Magnum Opus award for outstanding achievement in custom media, presented in conjunction with the Missouri School of Journalism; a bronze award in the 2011 Aster Awards for Excellence in Medical Marketing; and a merit award in the 28th Annual Healthcare Advertising Awards competition, sponsored by the Healthcare Marketing Report.



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.

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.

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.

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.

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

Breastfeeding Support Group • A postpartum support group for moms meets every Tuesday, 12:30 to 2 p.m., in Fairfield. Cost: Free. Call (707) 646-5024.

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. Meets second Wednesday of month, 7 pm to 9 pm at the Adult Day Center. 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.



PEACE (Parent Education And Custody Effectiveness) • Create an effective parenting relationship between divorcing and separating parents. Endorsed by judicial and parenting advocates. Two 3-hour sessions on Saturdays. Cost: \$25 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.

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.

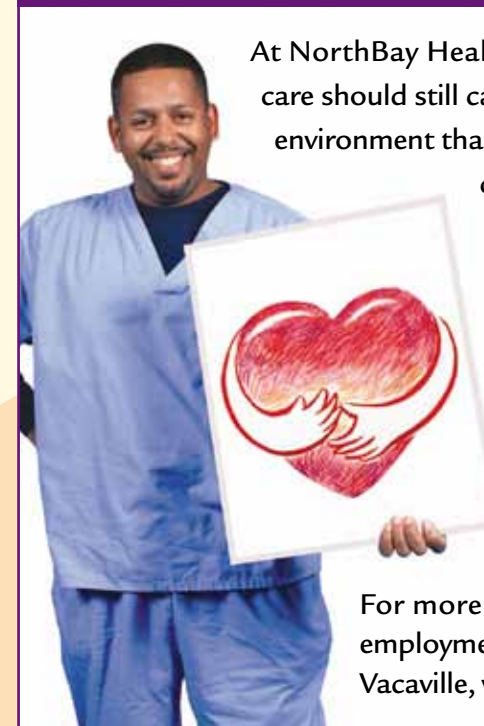
Pulmonary Education Series • A three-session course that meets on Wednesdays from 10 a.m. to noon at NorthBay Medical Center in Fairfield. A new course begins each month. Cost: Free. Call (707) 646-5072 to enroll.

Kick the Butts • Stop smoking classes help adult smokers as well as smokeless users. Free. To register, call the Solano County Health Promotion and Education Bureau at (707) 784-8900 or (800) 287-7357.

Grief and Bereavement Support Groups
Two adult support groups meet on a weekly basis in Fairfield. Cost: Free. Call (707) 646-3517.

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.

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

You'll love it here.

