A Team in Your Corner Makes a Difference

Hope is Here

A Team in Your Corner Makes a Difference
“You gotta have hope.” That’s what they sang in the Broadway hit, “Damn Yankees,” and it pretty much applies to modern medicine as well. As much as we can do with all the new technology and knowledge about the human condition, the patient still needs to believe.

So it is we bring you this edition of Wellspring.

Many of you will recognize the Vacaville restauaranteur featured on the cover of this magazine. Joe Murdaca took over the family business in Vacaville started by his Italian immigrant parents who had hope for a better life in America and found it. Their son, Joe, sought to continue his passion of serving good food and good friends. His hope, and the quick response of firefighter paramedics and NorthBay Healthcare specialists, means he will continue.

Our hope at NorthBay Healthcare is that we will be able to keep Health, the first and only verified Level II trauma center, and most of the local community.

For the cover photo shoot, Joe Murdaca was joined by his wife Kathy and son Joey, as well as part of the team that helped save his life, including Vacaville firefighter paramedics back row left, Joe Shorum and Kevin Erickson; cardiac catheterization lab clinical coordinator Shady Navarro, R.N.; and heart surgeon Robert Klingman, M.D.

A Team in Your Corner Makes All the Difference

It’s all about hope... Whether you’re battling cancer, diabetes or a weak heart, it’s important to know there’s a team in your corner, ready to help you fight for your life.

Those teams are forged and focused at NorthBay Healthcare, made up of physicians and nurses, navigators and technicians who work in our Center for Primary Care and Specialty Care clinics and our hospitals. This issue of Wellspring shares stories of our friends and neighbors who have faced those medical challenges, and have emerged victorious and a whole lot healthier today because of the care they received. Through it all, they never gave up hope. You’ll meet:

A Vacaville restauaranteur who was thrown for a loop by a massive heart attack, but is back in action today.

A 71-year-old retired construction worker who had been told his back pain was permanent, but found a surgeon willing to take a chance on him.

A 19-year-old cinema student who is documenting his courageous battle against testicular cancer.

An 80-year-old with diabetes and congestive heart failure who refuses to give up or give in.

A stroke patient who benefited from immediate treatment and is fully functional today.

A successful outcome is not the only thing these patients have in common. They all had teams in their corner, focused on delivering the best and most effective treatment. They received advanced medicine and compassionate care, close to home. And they never gave up hope.

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Wellspring is published quarterly by NorthBay Healthcare, Solano County’s locally based nonprofit healthcare organization.

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On the Cover: Hope is Here

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Brain Gain

Minutes matter, when it comes to a stroke, as Wayne Semálik, chairman of NorthBay HealthCare Foundation, can testify. He suffered a stroke in May, but a quick trip via ambulance to the stroke center at NorthBay’s Fairfield hospital meant he received the medication he needed quickly, making all the difference in the world for Wayne and his family.

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Above, cardiac surgeon Robert Klingman, M.D., with Joe Murdaca at his restaurant.

Vacaville Restaurateur Has a Team to Thank for His Life...

The way Joe Murdaca figures it, he was clinically dead for about 48 seconds.

It was Oct. 10, 2013, and he was driving back from his restaurant, Pietro’s No. 1, in downtown Vacaville. He was just back from a vacation and should have been relaxed, but instead wasn’t feeling well. He couldn’t answer, so she called 9-1-1.

Suddenly, he could barely breathe. “I was gasping for air,” he recalls. A neighbor saw him driving erratically and called him to ask what was wrong. He couldn’t answer, so she called 9-1-1. Even though he was almost home, he swerved into his son’s driveway, just down the street. “I don’t remember what I said to Joey but I was slurring my words,” recalls Joe. “He called 9-1-1 right away.”

With two frantic calls, a team of three Vacaville firefighters and two paramedics were on the scene in minutes. Joe struggled to breathe, and then turned blue. After CPR, a 12-lead EKG determined immediately that Joe was suffering a massive heart attack. “I was oozing everywhere,” he remembers with a shudder. So off he went to NorthBay Medical Center, home to Solano County’s only Chest Pain Center.

Joe’s blockage was severe. Three coronary arteries were blocked by 90 percent or more. The fourth was more than half blocked. Joe’s blockage was severe. Three coronary arteries were blocked by 90 percent or more. The fourth was more than half blocked.

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After his heart attack, his kidneys started to fail. Dialysis was necessary and continued during his stay in the hospital, in rehab, and even after he was released to home. “My biggest fear was that I’d have to do this the rest of my life,” he says, remembering his frequent visits for dialysis. “Some people have no choice, but I was lucky. I got better and I don’t need dialysis anymore.”

Looking back, he realizes that prior to his heart attack, he was tiring out more easily. A climb up the steep hill to his home was overwhelming, and he’d have to stop and catch his breath. “He was pretty quiet about it, though,” says Kathy.

He was active, worked out in the gym and played a lot of golf. He also worked a lot of hours at his restaurant, a labor of love, he insists. “When you enjoy your work, it’s not really work,” he explains. “It takes a whole team, from the doctors and nurses to the paramedics and therapists to save my life, but I’m back and I’m grateful.” —Joe Murdaca

Joe, 64, doesn’t remember his trip to NorthBay Medical Center, or his visit to the cardiac catheterization lab, where Dr. Laybon Jones placed a ventricular assist device called an Impella into his chest, helping his heart beat for him.

Because of severe swelling and a possible infection, he was not a candidate for surgery right away. In fact, it was five days later before he underwent a beating heart quadruple bypass surgery, performed by cardiac surgeon Robert Klingman, M.D.

Years ago, the standard was to stop the heart and use a pump to circulate blood during surgery. The beating heart approach allows the heart to continue to function during the surgery. Not only is there less risk for bleeding and blood transfusions, kidney failure or lung problems, but recovery time is faster.

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Joe was put on a ventilator and sedated for 19 days. During that time his body started to heal, as his family kept a fervent watch in the ICU. Joe’s blockage was severe. Three coronary arteries were blocked by 90 percent or more. The fourth was more than half blocked.

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At our grand opening, my dad gave it away so people would learn. It helped that Travis Air Force Base was in our backyard, because people who had spent time on the East Coast or in Europe knew about pizza.”

And while pizza is still 58 percent of his sales, he’s not eating as much of it these days. “It’s more salads and protein.”

“And I’m on him about the salt,” says Kathy. They still host a family dinner once a week, and he goes to the gym every day. He’s grateful that everything happened, just in time, to save his life and give him the opportunities to visit his hometown of Calabria, Italy, to see his son get married this summer.

“It took a whole team, from the doctors and nurses to the paramedics and therapists to save my life, but I’m back,” says Joe. “I’m back and I’m grateful.”
Wayne Senalik was feeling fit and relaxed on a balmy Sunday in May. He and his wife, Scottie, were looking forward to a family gathering at their daughter Ryan’s house in Rancho Solano, and spending time with the grandchildren.

Wayne, 71, was sitting in a chair when he bent down to play with his grandson, Weber, asked his mother what was wrong.

“‘Ryan told me I hurt my head,’” Wayne recounts. “‘Weber said, ‘I have a great idea,’ and ran off to get a Band-Aid.” Despite the adorable—and tension-breaking—gesture, Wayne knew he was going to need much more help, because his speech was slurred and he couldn’t move anything on his left side.

Time is Brain

About 87 percent of all strokes are ischemic. These types are caused by a blood clot, which blocks the blood supply to the brain. The other 13 percent of strokes are hemorrhagic, when a blood vessel in the brain bursts. Either way, quick treatment is of the essence, ideally within hours, because “time is brain.”

Since Wayne’s family had summoned paramedics so quickly, his initial critical care easily fell within that golden window. In fact, only 35 minutes had passed between the 9-1-1 call and when Wayne arrived at NorthBay Medical Center, where a Code Stroke had been called.

The code activates a specially trained team of nurses, physicians, lab techs, and respiratory therapists, explains Emergency Department physician Kyle Holmes, M.D., who was on duty that day. The Code Stroke also alerts the Radiology Department to free up the CT scanner, because the exam would reveal if Wayne had suffered an ischemic or a hemorrhagic stroke.

“We were waiting at the ED doors for the ambulance and as soon as the lab tech took the blood sample, we rolled right through the ED to the CT scanner,” says Dr. Holmes. The stroke team is under great time pressure, Dr. Holmes explains. “We want to get the blood draw done within a minute or two of the patient’s arrival, then into and out of the CT scanner within 10 minutes. We don’t take our eyes off the clock because the best outcomes occur when treatment begins within 90 minutes of the first symptoms.”

NorthBay Healthcare launched its stroke program in 2010 in collaboration with the Mercy Neurological Institute of Greater Sacramento. The partnership means Mercy’s neurologists are available around the clock. When a Code Stroke is activated and the patient arrives at NorthBay Medical Center, a teleconference is immediately established between NorthBay and Mercy staff via telephone and a robot.

Mercy neurologists, along with Dr. Holmes, reviewed Wayne’s initial lab and CT results, and assessed his cognitive and physical function. It was unanimous: Wayne was experiencing an ischemic stroke and should immediately receive an infusion of tPA, a clot-busting drug. “It’s an effective drug and the sooner you get it, the more effective it is,” says Dr. Holmes.

Wayne received the drug 61 minutes after 9-1-1 was called. “That’s a fantastic response,” Dr. Holmes notes. Just 15 minutes after the drug was given, Wayne reported some tingling in his fingers and then was able to squeeze his hand. “That was a very good sign,” Dr. Holmes says.

But, Wayne still couldn’t move his leg, and precious minutes were adding up. The team agreed he should be flown to Mercy via helicopter for additional treatment. Once at Mercy San Juan Hospital in Sacramento, Wayne had another CT scan, and since there was still no movement in his leg, preparations began for interventional surgery to break up the clot.

But suddenly, Wayne was able to lift up his foot. The clot-busting drug had finally done its magic.

Wayne, a retired executive and chairman of NorthBay Healthcare Foundation’s Board of Directors, spent just three days in the Mercy ICU where he was soon up and walking. From there he was discharged to an acute rehabilitation facility for a week of speech, physical and occupational therapy. He was sent home with a cane but never used it. Less than two months after his stroke, he reports only occasional tingling in his left foot, but otherwise has made a full recovery.

“That’s a great outcome,” says Dr. Holmes, “and there are two main reasons for it: His family recognized the signs and called 9-1-1 right away. And, our stroke team all came together and we were able to administer the tPA quickly. Obviously, it’s a team effort where so many people helped.”

In retrospect, Wayne is amazed how it all could have turned out so differently. “What if I had been alone or we took too long to call 9-1-1? I had no warning signs. My blood pressure and cholesterol levels were under control.”

In good physical health, the avid golfer also walks four miles a day and he and Scottie work out twice a week with a trainer. But, he lost his father to a massive stroke at age 75; his mother had one at age 80.

“I wouldn’t be here today without the excellent stroke program they have at NorthBay,” he says. “I had all the experts I needed around me at all times. Never did my life feel threatened, nor did it cross my mind that I would die. Everyone taking care of me knew exactly what they were doing and I knew I was in the hands of experts. I thank God I was there.”

STROKE Warning Signs

It is important to recognize stroke symptoms and act quickly. Common stroke symptoms seen in both men and women include:

- Numbness, weakness of face, arm or leg especially on one side of the body.
- Confusion, trouble speaking or understanding.
- Blurred, decreased or double vision.
- Dizziness, trouble walking, or lack of coordination or balance.
- Severe headache with no known cause.

Women may experience unique stroke symptoms such as: face and limb pain, hiccups, nausea, general weakness, chest pain, shortness of breath.

Wayne credits his family’s quick action for helping him survive his stroke. With him from left, Scottie Senalik and Jeremy and Ryan Epperson with children Evan and Weber.
Orlando’s Journey
Cinema Student Shares Story on Camera

With dreams of becoming a director someday, 20-year-old cinematography student Orlando Torres was much more comfortable behind the camera, until a dramatic diagnosis compelled him to step into the spotlight.

Orlando learned he was suffering from testicular cancer in January. He’d noticed some swelling and discomfort last fall, but it was during a trip to Mexico to visit family that the pain grew more intense.

He did what most college students do these days: He logged on to Google to learn more. “I went down the checklist and said, ‘Yep. Yep. Yep. I was pretty sure I had cancer.’”

Still, he hoped the pain would go away. He endured the long trip home to Suisun City, and made it through the night, but the next day, he was Emergency Room-bound. An ultrasound confirmed his worst fear and surgery was scheduled in March.

A tumor was removed successfully, but the cancer had spread to a lymph node, so chemotherapy was in order. That’s when he met Dr. Jonathan Lopez, an oncologist and hematologist at NorthBay Cancer Center, and the two clicked.

“I trusted him. I considered my options, and I knew he’d help me make the best choices,” recalls the soft-spoken Orlando during an infusion treatment in June.

“We wanted to make sure that the cancer wouldn’t spread through my body.” So he started spending a lot of time in the infusion suite at the NorthBay Cancer Center. Every three weeks during a three-month period, Orlando would go for infusion from 10 a.m. to 4 p.m.

Monday through Friday, and always, he was accompanied by his devoted mother, Esperanza. His brother, Leonardo, and numerous cousins were also known to drop in for a visit, making his corner of the infusion suite more festive than most. Soccer games were watched on TV. Lunch was shared.

It was during that first cycle of chemotherapy that Orlando decided he wanted to shave his head. “I didn’t want the cancer to take my hair,” he says resolutely. “I wanted to do it myself.”

So he decided to have a party, and invited his family members to help him by cutting off a lock. Somehow, turning on the video camera seemed like the right thing to do. A documentary was born. Orlando began recording snippets of his experiences on camera. He filmed his initial thoughts about the diagnosis, sharing all of his emotions.

“I told one of my professors at Solano Community College about my diagnosis, and she told me she had two other students who went through something similar. One was cured, but the other had waited too long,” he recalls. “I realize I wanted to face it right away. Maybe my story can help others.”

His prognosis is good. According to Dr. Lopez, individuals treated with this type and stage of testicular cancer have up to a 95 percent cure rate. A CAT scan this summer will determine if another surgery is needed, or if his cancer is retreating.

“I’m already expecting surgery, but that’s the way I think. I like to be prepared,” says Orlando.

“Cancer is not funny, but we can make fun of it.” He knows a lot of men—especially young men his age—shudder to think about, much less discuss, testicular cancer.

That’s why he decided to record his journey on video. He’s not planning to enter it in a contest or submit it for a class project, but he would like to share it with others, to help men like him face their diagnosis.

“There’s nothing to be ashamed of,” he says. “We have to talk about these things and not shy away from them. We have to send a message that we can beat cancer if we face it head on.”

Watch for video snippets from Orlando’s journey coming soon to Wellspring.NorthBay.org.

“I trusted Dr. Lopez. I considered my options and I knew he’d help me make the best choices.”

—Orlando Torres

What are the symptoms?
TESTICULAR CANCER
• A swelling and/or lump in one or both of the testes. There may or may not be pain in the testes or scrotum.
• A heavy feeling in the scrotum.
• A dull pain or feeling of pressure in the lower belly or groin.
• A sudden collection of fluid in the scrotum.
• Enlargement or tenderness of the breasts.

Jonathan Lopez, M.D., of NorthBay Cancer Center, and Orlando Torres discuss his cancer treatment.

Orlando, pictured above with friends from his hair-cutting party, shows off his new look. A friend used the picture to send him a message of encouragement.
Then you'll be prepared. “I could feel a lump and see changes in my breast. But I didn't have health insurance,” she shares. “It was a lame excuse.”

So, when Janet finally did get insurance in November 2011, one of the first things she did was to make an appointment for a mammogram. The results revealed cancer in her left breast, and inconclusive areas in her right.

The diagnosis, unfortunately, came within days of the first surgery, and they followed their course for an average of 21.9 years. The authors’ conclusion was that undergoing an annual mammogram did not improve women’s survival from breast cancer any more than a physical exam alone. “Many of the mammograms performed during this study were done before the era of digital mammography,” says Dr. Marengo. “In the past 10 years, women have benefited greatly from the added contrast and detailed image provided by digital mammography. This has been particularly true with patients who have dense breasts.”

Overcoming Scars with Reconstructive Surgery

“He gave me such hope,” she recalls. “Dr. Marengo is wonderful. After the surgery, I was ecstatic; I felt complete and whole again.”

Janet’s first surgery took place in June of 2013, and the second was in January, 2014. She’s very glad she went through with the procedures, although recovery from the first was difficult. “That’s because I didn’t listen to my doctor and tried to do too much. The second time, I listened and knew what to expect.”

Janet hopes other people can learn from her experience. “Just because you don’t have health insurance doesn’t mean you can’t have a mammogram. There are services, such as Solano Midnight Sun, that can help you.” (The Solano Midnight Sun Breast Cancer Foundation is a nonprofit organization that provides both emotional and financial support to women who are uninsured or underinsured. For information, visit solanomidnightsun.org.)

And, listen to your doctors, she advises. “They will tell you what your limitations may be. Learn everything you can about the procedure so you know what to expect, and reach out to others who may have had a similar experience. Then you’ll be prepared.”

Know the Symptoms

Being aware of how your breasts normally look and feel is the first step toward keeping up with your breast health. Mammograms and regular exams are important screening tests that can help detect breast cancers in early stages. If you have any of the following symptoms, consult your doctor right away.

A LUMP in your breast is the most common symptom of breast cancer. Lumps can be hard and painless, while others are painful. But not all lumps are cancerous.

SWELLING in and around your breast, collarbone or armpit.

SKIN THICKENING OR REDNESS, particularly if your breast starts to feel like an orange peel, or gets red.

BREAST WARMTH and ITCHING may be a sign of mastitis, or inflammatory breast cancer.

NIPPLE CHANGES. If your nipple turns inward, or the skin on it thickens, gets red or itchy, or you have a discharge (other than milk).

PAIN, especially if it is severe and persistent, and is not related to your menstrual cycle.

“Learn everything you can about the procedure so you know what to expect, and reach out to others who may have had a similar experience. Then you’ll be prepared.”

—Janet Fowler

For information, visit solanomidnightsun.org.

For appointments, call 1-624-7500.

Cancer Center Launches Survivorship Program

The NorthBay Cancer Center has been giving its patients the STAR treatment since May 2014, in collaboration with a national program. Survivorship Training and Rehabilitation, or STAR, ensures cancer patients receive quality care long after initial life-saving treatments have ended.

“After a cancer diagnosis and treatment, patients have to learn to live with a ‘new normal,’” explains Brad Gould, service line director for Cardiovascular and Oncology Services. “For many, that ‘new normal’ may mean dealing with the after-effects of chemotherapy, radiation and surgery, fatigue, weakness, insomnia, memory loss, anxiety and depression.”

Patients are referred to the STAR Program by their NorthBay oncologists, whether they are in remission, living with cancer or cured. A survivorship plan is created to improve their daily function and well-being.

“We’ve always provided post-cancer treatment care,” Brad stresses, “but the STAR program is a true survivorship plan. We follow our patients for months, even years after their treatment.”

NEW MAMMOGRAM CONTEST

Women Should Know

A British study published this year that questions the usefulness of annual screening mammography for women age 40–59 doesn’t take the latest technology into account, says Jason Marengo, M.D., oncoplastic surgeon at NorthBay Healthcare in Fairfield.

The randomized study began enrolling patients in 1980, and followed their course for an average of 21.9 years. The authors’ conclusion was that undergoing an annual mammogram did not improve women’s survival from breast cancer any more than a physical exam alone. “Many of the mammograms performed during this study were done before the era of digital mammography,” says Dr. Marengo. “In the past 10 years, women have benefited greatly from the added contrast and detailed image provided by digital mammography. This has been particularly true with patients who have dense breasts.”

Digital mammography actually improves detection of cancer in dense breast tissue by up to 70 percent, says Dr. Marengo, noting that as women age, their breasts usually become less dense. Mammography has been found in multiple studies to be an effective tool to screen women at risk and improve their survival from breast cancer. High quality mammography, on average, is able to detect breast cancers significantly smaller than what can be detected by a physical exam performed by a clinician or a patient.

“Finding breast cancer at an earlier stage and size using mammography not only has a survival advantage. A smaller cancer may require less radical treatment,” explains Dr. Marengo.

Know the Symptoms

NEWBORNS

OMM related to abdominal tissues. In addition, patients with nerve issues along the central diaphragm and rib cage, freeing

Dermatitis herpetiformis, a rare skin condition, can benefit from OMM, improving both symptoms and quality of life.

Acid reflux have in common? All can find help at the hands of Dr. Lim. “I was told that it was every woman’s right to be made whole again, but I just wasn’t sure what I wanted to do at that point.”

After surgery and treatments, Janet opted for prosthetics. She gave them a try, but found them uncomfortable, and they made her feel self-conscious.

“Whole” is not related to your menstrual cycle.

Common, and your body can retain fluid, which can cause other

Heartburn is a common problem in pregnancy. The baby’s nose and mouth, which can greatly

Memory loss, anxiety and depression.

Patients are referred to the STAR Program by their NorthBay oncologists, whether they are in remission, living with cancer or cured. A survivorship plan is created to improve their daily function and well-being.

“We’ve always provided post-cancer treatment care,” Brad stresses, “but the STAR program is a true survivorship plan. We follow our patients for months, even years after their treatment.”

Making Her Whole Again

Janet Fowler went 12 years without a mammogram. She was busy keeping a roof over her family’s heads and being a caregiver for others, including her boyfriend who had liver cancer. But she knew she was taking a chance with her health. “I could feel a lump and see changes in my breast. But I didn’t have health insurance,” she shares. “It was a lame excuse.”

So, when Janet finally did get insurance in November 2011, one of the first things she did was to make an appointment for a mammogram. The results revealed cancer in her left breast, and inconclusive areas in her right.

The diagnosis, unfortunately, came within days of the first surgery, and they followed their course for an average of 21.9 years. The authors’ conclusion was that undergoing an annual mammogram did not improve women’s survival from breast cancer any more than a physical exam alone. “Many of the mammograms performed during this study were done before the era of digital mammography,” says Dr. Marengo. “In the past 10 years, women have benefited greatly from the added contrast and detailed image provided by digital mammography. This has been particularly true with patients who have dense breasts.”

Digital mammography actually improves detection of cancer in dense breast tissue by up to 70 percent, says Dr. Marengo, noting that as women age, their breasts usually become less dense. Mammography has been found in multiple studies to be an effective tool to screen women at risk and improve their survival from breast cancer. High quality mammography, on average, is able to detect breast cancers significantly smaller than what can be detected by a physical exam performed by a clinician or a patient.

“Finding breast cancer at an earlier stage and size using mammography not only has a survival advantage. A smaller cancer may require less radical treatment,” explains Dr. Marengo.

Cancer Center Launches Survivorship Program

The NorthBay Cancer Center has been giving its patients the STAR treatment since May 2014, in collaboration with a national program. Survivorship Training and Rehabilitation, or STAR, ensures cancer patients receive quality care long after initial life-saving treatments have ended.

“After a cancer diagnosis and treatment, patients have to learn to live with a ‘new normal,’” explains Brad Gould, service line director for Cardiovascular and Oncology Services. “For many, that ‘new normal’ may mean dealing with the after-effects of chemotherapy, radiation and surgery, fatigue, weakness, insomnia, memory loss, anxiety and depression.”

Patients are referred to the STAR Program by their NorthBay oncologists, whether they are in remission, living with cancer or cured. A survivorship plan is created to improve their daily function and well-being.

“We’ve always provided post-cancer treatment care,” Brad stresses, “but the STAR program is a true survivorship plan. We follow our patients for months, even years after their treatment.”

Know the Symptoms

Being aware of how your breasts normally look and feel is the first step toward keeping up with your breast health. Mammograms and regular exams are important screening tests that can help detect breast cancers in early stages. If you have any of the following symptoms, consult your doctor right away.

A LUMP in your breast is the most common symptom of breast cancer. Lumps can be hard and painless, while others are painful. But not all lumps are cancerous.

SWELLING in and around your breast, collarbone or armpit.

SKIN THICKENING OR REDNESS, particularly if your breast starts to feel like an orange peel, or gets red.

BREAST WARMTH and ITCHING may be a sign of mastitis, or inflammatory breast cancer.

NIPPLE CHANGES. If your nipple turns inward, or the skin on it thickens, gets red or itchy, or you have a discharge (other than milk).

PAIN, especially if it is severe and persistent, and is not related to your menstrual cycle.

“Learn everything you can about the procedure so you know what to expect, and reach out to others who may have had a similar experience. Then you’ll be prepared.”

—Janet Fowler

For information, visit solanomidnightsun.org.

For appointments, call 1-624-7500.
Steps to Success

Who says you’re supposed to slow down as you hit your silver years? Not Ennio DePianto. A lifelong runner, the 75-year-old also loves to play golf, dance, travel and ski. He exercises regularly and keeps himself busy maintaining more than 700 olive trees on his 160 acres in rural Vacaville.

But, about 10 years ago, Ennio found he couldn’t run on the street anymore because it made his right knee sore. So, he switched to a recumbent bicycle in his home gym. As the pain continued, he saw his doctor for treatment that included cortisone shots, but his knee just kept getting worse. An exam revealed what he suspected, there was no cartilage left and his knee was bone-on-bone.

“My knee pain impaired everything and I wasn’t able to do what I wanted to do. I knew I would need to have it replaced, but I was apprehensive.”

That is, until he ran into a friend who had knee surgery just the month before, through the Joint Replacement Program at NorthBay VacaValley Hospital. “She said, ‘Ennio, you need to see Andrew Brooks, M.D., an orthopedic surgeon for the NorthBay Joint Replacement Program. ’He was very easy to talk with, and spent a lot of time explaining what I could expect.”

Ennio also spent some time before the surgery with the staff at the Joint Replacement Program, including Cynthia Giaquinto, orthopedic program manager. “They really prepare you beforehand,” he says, giving him hope that the surgery would allow him to continue doing all the activities he loved.

The NorthBay Joint Replacement Program is designed to offer hip and knee replacement surgeries with a two- to three-day hospital stay. Every step in the program has been carefully planned to speed recovery and assure a successful outcome. Surgery takes place on the first day and the following days focus on getting the patient up right away and walking. A family member or friend steps up to serve as “coach” through the process, and all patients who had their surgery on the same day are there to urge each other on and celebrate their successes.

After patients go home, a home health nurse helps with rehabilitation exercises until the patient is ready to attend out-patient rehabilitation. “Oh, they were right there the way they said they would be,” Ennio recalls, “getting you up and out of bed right away.”

Those first steps on his new knee were strange, he admits. “It felt different, but normal again. Cynthia assured me that this is the process. The staff was wonderful and did a great job. And when the rehab nurses came to my home, they were very helpful, and motivated me to measure how far I could bend my knee and increase my range of motion.”

Ennio also did his part to make sure the surgery was successful, by making sure he was in the best pre-surgical physical condition. He exercised his leg muscles, including his quadriceps, at his home gym.

Now, 18 months later, Ennio is preparing to have his left knee replaced. “I have no hesitancy at all,” he says. “I just need to find the time when I can be less active for about two months. And for anyone else who is suffering with bad knees, I would say there is relief ahead. Just do it!”

Orthopedic Surgeon Andrew Brooks, M.D., gives Ennio DePianto a look at a total knee implant similar to the one he will receive.

New Knee, New Lease on Life

Getting Ready for Joint Replacement Surgery

The better physical shape you are in before your surgery, the better your recovery will be, says Cynthia Giaquinto, NorthBay Healthcare’s orthopedic program manager. But, for some people—particularly those with degenerative arthritis—pain can make exercising difficult. That sets up a vicious cycle, she notes. “The irony is that the less you move around, the more you lose muscle tone and range of motion. The more you work your joints and keep them lubricated, the better it will be for you.”

She offers these tips to help you prepare:

Eat well. If you are overweight, your doctor may recommend a weight loss program.

Ask your doctor for pre-surgical exercises. Also ask about post-surgery exercises.

If you smoke, cut down or quit. Smoking changes blood flow patterns, delays healing and slows recovery.

Take supplements. Some people find that supplements, such as glucosamine and chondroitin, may help ease joint pain.

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People with Type 1 diabetes cannot produce a mere 34 miles—six of really knocked her out. “I couldn’t make it. I couldn’t exercise. I was exer-

ating. They say to eat healthy, and take care of herself.

She didn’t see it coming. She started feeling tired more frequently. Then a cycling trip to Lake Solano from her Vacaville home—a mere 34 miles round trip—really knocked her out. “I couldn’t make it. I thought, ‘What’s the matter with me?’ I actually had to call my daughter to come and pick me up.”

So she went to her doctor, who ran a battery of tests, looking at everything from thyroid problems to anemia. “She called back in 48 hours to tell me, ‘You are diabetic.’ There was a pregnant pause. I said, ‘Me? Huh? No, that can’t be.’” She slipped into a six-week funk, feeling depressed and confused. “I didn’t know what to do anymore,” she recalls. “The fruit I thought was so healthy for me was hurting me. All the things they usually tell new diabetics weren’t relevant for me. They say to exercise. They say to eat healthy. I thought I was. Now I had to learn to eat in a whole new and different way. For a while, I just pulled into my little shell. I thought, ‘What now?’ There were some bad days.” She realized she didn’t have any close friends who were diabetic, but she did have siblings—six of them—so she started making calls. “I didn’t want to tell my mom at first, but I called my sister and then my younger brother, both who had been diagnosed as pre-diabetic years ago. My sister reminded me that our father’s side of the family had the disease.” Then she called her mom, who reminded Mercille about her grandmother. “I was just a little child when I last saw my father’s mother, and she scared me to death. She had no legs. She was in a wheelchair. I never put it together as an adult that she lost her legs to diabetes.”

Mercille knew early on that she wanted to be a nurse and became a licensed practical nurse right out of high school. She attended college in Detroit, where she earned her bache-

lor’s degree in nursing, before deciding she wanted to travel. So she joined the Air Force as a flight nurse, which eventually brought her to Solano County, where she met her husband Kevin, a pilot.

She worked as a commissioned officer in the ICU at David Grant Medical Center and later became a reservist, working as an on-call administrative coordinator at NorthBay Healthcare in 1999, and later as an infection preven-
tionist. She retired as a lieutenant colonel in 2007 and worked as a commissioned officer in the ICU at David Grant Medical Center and later became a reservist, working as an on-call administrative coordinator at NorthBay Healthcare in 1999, and later as an infection preven-
tionist. She retired as a lieutenant colonel in 2007 and accepted the full-time management position at NorthBay Healthcare last year. “Looking back, she says, getting diagnosed with Type 2 diabetes was a blessing. “I had an ‘aha moment,’ when I finally realized what was going on,” she admits. “And while it has taken me a little time to regroup, I’m finally feeling good again.”

Husband Kevin and daughter Nikki, 19, are learning what works and what doesn’t for Mercille. She remembers that shortly after her diagnosis, Nikki went on the Internet and found a low-carb recipe for spaghetti squash, with tomatoes and onions that she fixed for her mom. “It meant a lot to me that she’d do that,” says Mercille. “Now it’s my new comfort food.” She realizes that if she didn’t have such an active lifestyle, she probably would have experienced stronger symptoms earlier in her life. “She’s not riding as far or alone these days, but she hasn’t lost her passion for cycling. In fact, one of her goals is to ride in the Tour de Cure Women’s Series in October. ‘That will be the one-year mark from when I learned of my diagnosis. ‘It’s taken awhile, but I’m back in control, and I’m still riding,’ says Mercille. ‘And that feels good.’

For five years, Mercille Locke, R.N., has been a champion for diabetes education and awareness. She helped found NorthBay Healthcare’s Ride to Defeat Diabetes fundraiser for local programs, she participated in and volunteered for the National Diabetes Association’s Tour de Cure bike ride in Napa, and she raised thousands of dollars for the cause.

But on Oct. 11, 2013, everything changed when she learned that her cause is indeed her cause. Mercille, NorthBay’s Infection Prevention Program manager, has Type 2 diabetes. It was a shock for the physically active Mercille, a cycling enthusiast, who has been known to pedal more than 100 miles in a single day. Exercise was her friend, giving her peace of mind from stressful situations. As a nurse, she knew enough to eat healthy, and take care of herself.

Her Cause is HER Cause

What’s the Difference?

TYPE 1: People with Type 1 diabetes cannot produce insulin, a hormone needed to convert sugar, starches and other food into energy.

TYPE 2: People with Type 2 diabetes produce too little insulin or cannot use it effectively.

How prevalent is it?

In 2011 and 2010, the most recent years for which statistics are available, Solano County had the dubious distinction of having the most diagnosed cases of diabetes per capita. In 2011, Solano reported that 10.7 percent of its population was diagnosed with diabetes, up from 10.6 percent in 2010.

Fast Facts

About 95 percent of people with diabetes have Type 2. It can occur at any age, and can be prevented or delayed by maintaining a healthy weight, eating sensibly and exercising regularly. Symptoms of Type 1 diabetes usually occur in childhood or young adulthood.
She almost lost her foot.

Mirian Cepeda of Fairfield was usually so careful. As a diabetic, with little or no feeling in her feet, she was typically vigilant about examining them. Yet it only took a few weeks of inattention for a wound to spiral out of control.

She and her husband, baseball Hall of Famer Orlando Cepeda, were in New York City for the All Star game last summer when her foot problems began. Something just didn’t feel right although she couldn’t see anything amiss. The couple traveled to Puerto Rico and returned to New York for a ceremony at Cooperstown. Something still felt wrong with her right foot.

“I’m very careful about monitoring my diabetes and paying attention to my feet, ” she says. “So when my foot continued to bother me, I knew I had to see a doctor.”

She sought help from a Long Island doctor and was shocked at the diagnosis.

“X-rays showed that a piece of glass had worked its way into my foot all the way to the bone,” she says. “I had to undergo surgery to remove the glass and there was a chance I might lose a toe.”

“They assured us that they could indeed heal my wound, so I was able to come home.”

The center has the only civilian hyperbaric oxygen chambers in Solano County. HBOT is a medical treatment in which a patient breathes 100 percent oxygen while in a pressurized chamber. Under pressure, large doses of oxygen are dissolved into the patient’s blood and body tissues, which stimulates small blood vessel and skin growth and helps fight infection. It also is a proven method to reduce the incidence of amputations due to diabetic foot ulcers.

Mirian started treatment in August 2013 and underwent a total of 60 two-hour HBOT sessions, five days a week. Her wound, which was quite extensive, was assessed and treated weekly by podiatrist Randy Osborn. Two weeks after starting HBOT, negative pressure wound therapy was added to her care plan. This is a vacuum tool that is placed over the wound to help it close.

“My wound was very scary, “ Mirian says. “I had to email photos to Orlando so he could see what I was dealing with.”

In October, Dr. Osborn placed a dermal skin substitute on the wound to stimulate skin growth and serve as a scaffold for cells to grow on.

She also wore a special shoe— an off loading boot— so no pressure would be applied to her wound, which was on the bottom and extended to the side of her foot. By mid-December she was able to go to Puerto Rico for Christmas. In January she returned to Dr. Osborn’s care and underwent blood tests, x-rays and an MRI.

“Everything was perfect!” she exclaimed happily. Her wound was healed and her five-month ordeal was over.

“Everyone at the wound center took such good care of me,” she adds. “I cried when I had to say goodbye to them.”

X-rays showed that a piece of glass had worked its way into my foot all the way to the bone. I had to undergo surgery to remove the glass and there was a chance I might lose a toe.”

—Mirian Cepeda
Baby Liam is Mom’s Sweet Success

Gestational diabetes is a form of diabetes that develops during pregnancy.

Amber Barraclough, left, proudly shows off son Liam to ABC Prenatal Program social worker Heidi Beck, and dietitian Melinda Scholten, four months after his birth.

At 4 months old, Liam Barraclough glows with good health. The bright and happy baby is his mother’s reward for her dedication to making every healthy move she could to give him a good start in life. And mom Amber credits the team of professionals at NorthBay Medical Center’s ABC (A Baby’s Coming) Prenatal Program for guiding her through her pregnancies. “I was worried about this pregnancy right from the start,” Amber, 29, says. “With my daughter, I had preeclampsia and remained in the hospital for five days after giving birth. I didn’t want to go through that again.”

Preeclampsia is a disorder that only occurs during pregnancy and the postpartum period and affects both the mother and the unborn baby. It is a rapidly progressive condition characterized by dangerously high blood pressure and is a leading cause of maternal and infant illness and death. The ABC Prenatal Program provided Amber with care that was essential to diagnose and manage her preeclampsia. During her second pregnancy she worried that the preeclampsia would return. But it wasn’t preeclampsia that threatened Amber’s second pregnancy. It was gestational diabetes.

Gestational diabetes is a form of diabetes that develops during pregnancy. It means having more sugar (glucose) in your blood than your body needs or uses. That extra sugar is transferred to the baby who stores it as fat. That’s why many women with gestational diabetes have very large babies. Large babies are more difficult to deliver and can be prone to birth injuries such as a broken arm or shoulder. In other cases, a baby can be stillborn due to chronic, unchecked blood sugar.

Amber’s diagnosis came a few days before Thanksgiving but she immediately chose to eat right and exercise to protect her baby. She also discovered that woman on both sides of her family developed diabetes during pregnancy.

Melinda Scholten, a nurse and registered dietitian, enrolled Amber into the ABC Prenatal Program’s Sweet Success class and helped her create a meal plan that provided good nutrition while controlling her blood sugar.

“Amber made a commitment to check her blood sugar four times a day during her pregnancy,” Melinda says. “And she learned what foods would cause a spike in her blood sugar. For her, it was potatoes. If her sugar spiked, she would walk for at least 30 minutes after eating.”

Hanging a 3-year-old at home made it a challenge to eat right, Amber says. She gave up drinking sodas and changed her breakfast to old-fashioned oatmeal. And she started walking four to seven days a week.

“Amber cheerfully made the changes necessary to protect her baby and she soaked up information that would help her baby be healthy,” Melinda says.

On Feb. 20, Liam was born full-term (40 weeks) at NorthBay Medical Center. He weighed a healthy 7 lbs. 14 oz. “I wanted a natural delivery with no pain medications and no IV fluids,” Amber says. “I went into labor at 8:30 a.m. and Liam was born at 8:57 a.m. My goal was a healthy baby and that’s what I have.”

Amber is now committed to breast-feeding her son, another step she can take to help him avoid a diagnosis of diabetes later in life.

“My goal was a healthy baby and that’s what I have.” — Amber Barraclough

Diabetes is a complication for up to 14 percent of pregnant women. The program’s goal is to reduce maternal and infant morbidity and mortality for this high-risk group.
Team Lucia Puts Patient Back on Track

For nearly 10 years, Lucia Contreras and her trusty pacemaker ticked along like clockwork, keeping the Vacaville woman energized and engaged, so neither she nor her heart missed a beat. But pacemakers have a limited life, so in March 2013 she checked in to NorthBay Medical Center’s cardiac catheterization lab to get a new one. A few months later, she started to experience chest pain. Although the pacemaker was functioning fine, her arteries were blocked, requiring triple-bypass heart surgery, and beginning a downward spiral of medical maladies that might have overcome a less determined individual.

But Lucia, who has already battled the odds with Type 2 diabetes for half her life, and a heart attack in 2004 (which resulted in the placement of the first pacemaker and three stents), has a NorthBay Healthcare team in place to help her navigate her dark days, which were plenty. After a successful open-heart surgery, she went to a rehabilitation facility, but ended up back in the hospital because she couldn’t breathe. She was battling congestive heart failure, which caused swelling in her extremities as her organs started to shut down. “They were treating my liver, kidneys, everything,” she recalled. She focused her energy on healing and started the New Year on a bright note: Released to come home. But, it wasn’t long before an infection and bleeding caused her sister Bertha Salot to drive her to the NorthBay VacaValley Hospital Emergency Department, where she received an ultrasound, antibiotics and some TLC. Two more visits to the hospital followed in the months to come, including two stays at NorthBay Medical Center, where she received excellent care from a team of doctors who weren’t about to send her home until she was back in control.

This time, it was pneumonia, and she had to have a lung drained. “There was an amazing team of doctors—Drs. Anit Patel, Gurinder Dhillon and Pushkar Pandy, who really focused on me,” says Lucia. “I’ve picked my fingers so many times for blood readings that I have callouses,” smiles Lucia.

Her primary care team of Drs. Kulbir Bajwa and Tiffany Montoya, R.N., have been superb, says Lucia. “Any time I have a problem, they say, ‘Call us!’ And I do, I let them know right away.”

Lucia wanted to take back control of her life, says Tiffany. “I simply supported her by giving her a call and asking how her daily exercises, breathing, weight control and medications were going,” explains Tiffany. “From there, I taught her to call me, giving her the control of when the calls took place. Lucia has blossomed into what she knew she could be. Although she is still not at 100 percent, she’s willing to battle every day to regain her dignity and self-preservation.”

The team concept allows a physician and a nurse care coordinator to reach out to the patient, to make sure they’re keeping appointments and to answer questions. Medical Assistant Shon Jones is also an integral part of the program, focused on time management and serving as the gatekeeper and front-line responder to all patient care issues.

“We are striving to provide team-based care to all of our chronic patients, especially those with multiple medical problems and confusing medications,” explains Dr. Bajwa.

“Lucia is a good example of someone who needed help, but wanted to be independent. She was afraid she might get her medications confused. With constant help and phone contact, there was plenty of support and she managed to regain her confidence.”

Lucia gives the credit to Dr. Bajwa and the team. “Dr. Bajwa is my lifesaver,” says Lucia. “She is extremely attentive, and a good communicator. And Tiffany works with me every day, checking my stats to see if there are any problems. I feel so much more confident with this team in my corner. Some days are hard, but there’s always lots of good support.”

Her message to people with diabetes or heart issues: don’t wait, visit your doctor and get your team in place to help you. Listen to what the doctor says and know there is hope.

“Don’t wait, visit your doctor, get your team in place to help you, listen to what the doctor says and know there is hope.”

— Lucia Contreras

Lucia Contreras is the center of attention for her NorthBay team, which includes, from left to right, Medical Assistant Shon Jones, Primary Healthcare Coordinator Tiffany Montoya, R.N.; Certified Diabetes Educator Susan Rosten, N.P.; and Dr. Kulbir Bajwa.

Lucia Contreras keeps her oxygen machine close to her at night. What is CHF?

Congestive Heart Failure is not a heart attack, but a sign that the heart is not pumping blood the way it should to meet the body’s needs. It can lead to cardiac arrhythmia or an irregular heartbeat. It is the leading cause of hospitalization and death in those age 60 and over. Early symptoms include:

- Easy tired.
- Shortness of breath.
- Heart is racing.
- Weak or dizzy.

As heart failure gets worse, fluid builds up in the lungs and other parts of your body. The patient may experience:

- Shortness of breath, even at rest.
- Severe fatigue and weakness.
- Dry cough or cough that produces blood.
- Frequent urination during the night (right-sided failure).
- Swelling of the ankles and feet.
- Rapid weight gain due to fluid retention.
- Abdominal pain and a feeling of fullness.
- Swollen neck veins.
- Loss of appetite, nausea and/or vomiting.
- Irregular or rapid heartbeat.
- Anxiety; in severe cases irritability, restlessness, and mental confusion.

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Lucia Contreras keeps her oxygen machine close to her at night.
Painfree & Grateful
Surgery Gives Retiree His Life Back

After Iranian doctors told Valiollah Eslami Amirabadi that he’d have to live with intense back pain, he felt hopeless. But during a visit with his daughter and her family in Solano County, the 71-year-old retired construction worker was inspired to meet with neurosurgeon Jeffrey Dembner, M.D., and his life changed.

“My father was hoping Dr. Dembner would give him physical therapy or exercises to make him feel better, because of what he had been told,” explained Sedigheh Ghods. “But Dr. Dembner gave him a very thorough exam and said ‘I can fix this.’ My father was so excited he couldn’t believe it.”

Before the surgery, he was almost immobile. “It was getting worse,” she recalled. “He couldn’t walk or do the things he wanted to do. He even had pain in his sleep.”

Sedigheh’s husband, Ehsan Ghods, D.O., primary care physician at NorthBay Healthcare’s Center for Primary Care in Green Valley, had been referring patients to Dr. Dembner and was getting great feedback from them, she notes.

Dr. Dembner, the medical director for NorthBay’s Center for Neuroscience, typically strives to offer patients the most conservative, minimally invasive procedure.

“Valiollah was quite debilitated and had a combination of issues,” he recalls, “including widespread spinal degeneration and a fracture. I knew that it was essential to identify the source of his pain in order to offer him the most conservative treatment option. We focused our approach on the degeneration as the fracture was not quite as serious. We saved him any need for screws, rods or other such hardware.”

And so Dr. Dembner did fix Valiollah’s back. Immediately following the surgery, “he said it was like night and day,” Sedigheh reports.

“Except for the incision, my father was pain-free right after the surgery. Compared to what he had been feeling, that was like nothing,” she says, “He was so grateful he kissed the doctor’s hands. Now he can do the things he wants to do. He can walk, play with my children, and work in the garden.

“My father says he wishes he could speak the language so he could tell Dr. Dembner how much he appreciated. He tells me to tell him, ‘I owe you my life.’ He gave him hope for a better life for the rest of his life. Even though there is the language barrier, my father still feels as if Dr. Dembner treats him like one of his own family. We are blessed to have him in our community.”

Sometimes she’s lucid, and they talk for hours. Other times she’s difficult and doesn’t remember who they are. Lydia Simmons, 82, has Lewi Body Dementia, which is characterized by foreign proteins in her brain that disrupt its function. She’s fortunate to live with her son, Russell Simmons, and his partner, Michael Hall.

“When Russell realized his mom could no longer live alone, he moved her from Virginia to their Vallejo home. The men had no idea what they were in for. “Mom was more than we could handle. We weren’t prepared to care for someone with dementia,” Russell says.

Lydia had high anxiety and confusion during the day and terrors at night. So they placed her in a senior home in Alameda while they learned how to care for her. Through caregiver training classes and YouTube videos by Toria Snow, they learned the scope and breadth of Alzheimer’s disease and how to best help her. After two years, they brought her home.

Lydia had spent most of her life as a homemaker with a husband in the Marines. The couple was married 48 years until he passed 13 years ago. They met in a small town in North Carolina. “Dad used to say ‘I found a million dollar baby in a five and dime store,’” Russell says. “Mom took his death hard.”

Now it’s hard for Russell and Michael, her full-time caregivers, to watch this strong woman change before their eyes. “Housing Mom home is much like welcoming a new baby into the family,” Michael says. “Everything has changed as we take care of her needs first. She can be lucid at times and at other times violent and destructive, but she can’t tell us why.”

They learned all they could about dementias, and adopted an organic diet. With the help of her physician, they now keep her on a minimum of drugs. “Once, during a lucid period after her diet and medication change, Mom looked at us and said ‘I feel like I’ve come out of a coma,’” Michael says.

“Unfortunately, those times were few, and we took every setback personally.”

They tried two day programs unsuccessful. A friend referred them to the NorthBay Adult Day Center in Vacaville. Now Lydia attends the center five days a week.

“As soon as we met Sandy Perez, manager of the program, we knew we had found a place for Mom,” Russell says. “You have to believe that things can improve and she gives us hope and encouragement.”

With a daily routine, Lydia has relaxed and become more self-assured. “We love that they cook for the participants and take the time to get to know them,” he adds. “The entire staff is warm and compassionate.”

With Lydia well cared for during the week, Russell and Michael can pursue their own professional lives. The weekends are devoted to Mom.

Last year they took Lydia with them on the local Alzheimer’s Walk. “She was amazed at all of the people coming out for her disease,” Michael says. “I think it was the first time she realized how big this disease is.” They plan to walk as a family at this year’s event, on Sept. 13 at the Suisun Waterfront.
Our program has elevated the quality and competence of care throughout our hospital. It raises the bar and makes our team better because of the additional training and experience everyone receives.

NorthBay Trauma Center
First to Earn Distinction

NorthBay Medical Center is the first hospital in Solano County to earn the prestigious verification of the American College of Surgeons as a Level II trauma center.

A Level II center comprises the expertise to care for most injured patients. Elements include 24-hour immediate coverage by general surgeons, as well as coverage by the specialties of orthopedic surgery, neurosurgery, anesthesiology, emergency medicine, radiology and critical care.

“Verification from the well-respected American College of Surgeons is the gold standard that we have sought to reach since the beginning,” said Kathy Richardson, vice president and chief nursing officer, who was part of the initial planning of the trauma program nearly a decade ago.

This was an accomplishment earned through the collaboration of countless teams within the system, all in the spirit of doing the right thing for our NorthBay patients—every patient, every encounter, every time,” said Lydon.

NorthBay Trauma Center and its supporting departments during a spring visit. Their final report, issued in July, noted no deficiencies and highlighted 20 strengths of the program, including the “institutional support at the physician, nursing, and administrative levels for the trauma program with obvious expertise and corps.”

NorthBay Medical Center began providing trauma care in 2011. It was the first in Solano County to achieve ACS verification as a Level III trauma center in December 2012.

“NorthBay Healthcare’s plan was to develop the most comprehensive, most advanced trauma program we could, which meant achieving this national recognition,” explained Deborah Sugiyama, president of NorthBay Healthcare Group. “Everyone has been working hard to ensure all aspects of our program meet more than 200 Level II ACS standards.”

“While the county’s designated Level II trauma center is in Vacaville, NorthBay’s Fairfield hospital handles more than 60 percent of all local trauma cases, including some Level II patients,” according to Dr. J. Peter Zopfi, trauma medical director. NorthBay First in Solano to Earn Friendly Status NorthBay Medical Center is the first hospital in Solano County to earn the prestigious designation as a Baby-Friendly Hospital, it was announced in August. The Fairfield hospital joins only 195 hospitals and birthing centers in the county to have the distinction, said a jubilant Katie Lydon, director of Women’s and Children’s Services. The process to change practices included 24-hour immediate after birth.

“We’ve learned skin-to-skin contact is so important,” explained Lydon. “We know breastfeeding is one of the best things a new mom can do for her baby. So we’ve trained our staff to be able to provide support and education to make the effort successful.”

NorthBay Medical Center has five certified lactation consultants who are available for one-on-one sessions with new moms. The support doesn’t stop there; outpatient support groups and consultations are available after mother and baby leave the hospital.

Less than 8 percent of all mothers and their babies born in the United States receive this special attention at a Baby-Friendly facility.

The hospital team that cares for mothers and babies partnered with the staff of the ABC (A Baby is Coming) prenatal program and the NorthBay Center for Women’s Health to achieve the special status.

“This was an accomplishment earned through the collaboration of countless teams within the system, all in the spirit of doing the right thing for our NorthBay patients—every patient, every encounter, every time,” said Lydon.

NorthBay Healthcare has been a leader in establishing quality care for mothers and babies for more than 25 years, said Rhonda Martin, assistant vice president of nursing operations.

“We established the first and only Neonatal Intensive Care Unit in Solano County in 1985, and now we’re the first to establish ourselves as a Baby-Friendly Hospital. We have always put the health of mothers and babies first.”

NorthBay Hospitals Earn Advanced Primary Stroke Center Certification NorthBay Healthcare’s hospitals in Fairfield and Vacaville have been certified by The Joint Commission as Advanced Primary Stroke Centers, in conjunction with The American Heart Association/ American Stroke Association. “This achievement reflects NorthBay’s dedication toward fostering better outcomes for our patients,” said Rhonda Martin, assistant vice president of nursing operations for NorthBay Healthcare.

Both NorthBay Medical Center in Fairfield and NorthBay Vaca-Valley Hospital in Vacaville underwent rigorous on-site reviews in June. A Joint Commission expert reviewed the hospitals’ compliance with the requirements for The Joint Commission’s Disease-Specific Care Certification program as well as primary stroke center requirements.

When NorthBay launched its stroke program in 2010, patients suffering stroke caused by blood-clots were treated with a clot-busting medication and then transferred to a neurological institute if necessary. In the second phase, NorthBay’s hospitals could not only treat, but also admit a patient who received the clot-busting medication.

The arrival of neurosurgeon Jeffrey Dember, M.D., in 2013 meant that NorthBay could also treat hemorrhagic strokes.

$1.5 Million MRI Installed in Fairfield In August, a new $1.5 million, state-of-the-art MRI was installed on the NorthBay Medical Center campus in Fairfield. The Toshiba Vantage Titan, Open-bore 1.5 Tesla (high field) MRI features quiet technology and high definition scanning. It has the shortest magnet with the largest field of vision currently available in the industry.

The MRI offers up to 100 percent more clearance space above the patient’s head, significantly reduces the noise in and around the MRI environment, making exams more comfortable and easier to complete.

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A circuitous route has led renowned surgeon Ramin Beygui, M.D., to his new role as medical director of cardiothoracic and vascular surgery at NorthBay Healthcare. Yet every step of the way, he’s followed his heart.

He left Iran as a teenager with his family in the late 1970s, just before the overthrow of the shah and the Iranian Revolution. He lived in England and France before moving to the United States to live with his brother in Michigan. Although he was keen on medicine, his math and science skills were strong, so he decided to pursue computer science and engineering at UC Berkeley. In just two-and-a-half years, he completed his bachelor’s degree and was on to his master’s, hoping to one day develop prostheses. He landed a great job in Sunnyvale, building circuit boards for computers, but something was missing. The human touch.

He remembers breaking the news to his father, on a long walk in Nice, France. “After all that, I thought we were going to get a job,” his dad said. “But he came around,” smiled Dr. Beygui. “Once he understood that it was really what I wanted to do, he was very supportive.” “I always knew I wanted to become a doctor,” he added, noting that his father was his role model: an endocrinologist wanted to do, he was very supportive. “Having someone with his credentials was missing. The human touch.”

He served as director of thoracic aortic aneurysm at UCLA and was surgical director of lung and heart–lung transplantation at Stanford University Medical Center. And, for the past seven years, he was an associate professor of cardiothoracic and vascular surgery in the Stanford University School of Medicine.

So why Solano County, and why now? “It is a terrific opportunity to practice the entire scope of my experience with respected colleagues and friends,” says Dr. Beygui. “I’m very excited about focusing on adult cardiac and aortic surgeries.” And, he’s impressed with NorthBay Healthcare’s training and teamwork in its critical care units. “It’s as good here as any university where I’ve practiced,” he said. “The quality and focus of the whole team, from hospital physicians to the nursing staff, is tremendous. It is one thing to perform a complex surgery well, but it’s another to get a patient through an arduous, complex healing process. For that, you need a qualified team ready to handle any complication. That’s what we have at NorthBay.”

NorthBay Healthcare officials are equally pleased with the development. “The arrival of Dr. Beygui signals a new phase in the development of our heart program,” explained Deborah Sugiyama, NorthBay’s future president of NorthBay Healthcare Group. “We are far better equipped to handle the complex patient process, he says), Dr. Beygui is interested in pursuing new, high-tech alternatives to transplants.

“The technology is evolving quickly and in some cases may be far less risky than a transplant,” he explained. “You don’t have to worry about a body rejecting the heart. IVAOS (Left Ventricular Assist Devices), for example, are technology of the future.”

NorthBay Healthcare opened Solano County’s first heart and vascular center in 2009 in NorthBay Medical Center in Fairfield. Since the first open heart surgery, the heart team has operated on 245 patients. In 2010 NorthBay received certification by the American Society of Chest Pain Centers as a Level II Chest Pain Center, affirming its capability to provide immediate, life-saving treatment for patients having heart attacks.

Dr. Beygui and his wife, Nazy, a speech therapist, look forward to relocating to Solano County in the near future.
NorthBay Healthcare Honored With American Heart Association’s Resuscitation Silver Quality Achievement Award

NorthBay Healthcare has received the Get With The Guidelines®-Resuscitation Silver Quality Achievement Award for implementing specific quality improvement measures outlined by the American Heart Association for the treatment of patients who suffer cardiac arrests in the hospital. The award is given to programs that achieve at least 12 consecutive months of 85 percent or higher adherence to all “Get With The Guidelines—Resuscitation Achievement Indicators” for quality of patient care and outcomes. Guidelines include following protocols for patient safety, medical emergency team response, effective and timely resuscitation (CPR) and post-emergency care.

The Get With The Guidelines-Resuscitation program was developed with the goal to save lives of those who experience cardiac arrests through consistently following the most up-to-date research-based guidelines for treatment. More than 200,000 adults and children have an in-hospital cardiac arrest each year, according to the American Heart Association.

“We are dedicated to helping our patients have the best possible outcomes, and implementing the American Heart Association’s Get With The Guidelines–Resuscitation program. It helps our teams put proven knowledge and guidelines to work on a daily basis,” said Kathy Richerson, vice president and chief nursing officer for NorthBay Healthcare. “We are pleased to recognize NorthBay Health- care for their commitment in following these guidelines,” said Deepak L. Bhatt, M.D., M.P.H., national chairman of the Get With The Guidelines steering committee and Executive Director of Interventional Cardiovascular Programs at Brigham and Women’s Hospital and Professor of Medicine at Harvard Medical School. “Shortening the time to effective resuscitation and maximizing post-resuscitation care is critical to patient survival.”

NorthBay Healthcare earned the Get with the Guidelines–Stroke Silver Quality Achievement Award in 2013. 🎉

Flu season is almost here and the Centers for Disease Control (CDC) recommend getting your annual flu shot as soon as the vaccine becomes available. Influenza (the flu) is a contagious respiratory illness caused by a variety of viruses. It can cause mild to severe illness, and at times can lead to death. Older people, young children, and people with certain health conditions are at high risk for serious flu complications. The best way to prevent the flu is by getting vaccinated each year.

An annual flu shot is needed because flu viruses are constantly changing. According to Mercille Lacke, R.N., infection prevention program manager at NorthBay Medical Center in Fairfield. Also, the protection offered by a flu vaccine declines over time, which is why annual vaccinations are important.

Each year, laboratories around the world collect flu viruses to determine what strains will be most active during the upcoming flu season. From this information three virus strains are selected for the flu vaccine that is offered in the fall. The timing of flu is very unpredictable and can vary from season to season. Flu activity most commonly peaks in the United States in January or February. However, seasonal flu activity can begin as early as October and continue as late as May.

The CDC advises everyone age 6 months and older to get a flu vaccine every year. It is especially important that certain people get vaccinated, including pregnant women, people age 50 and older or younger than 5, anyone with certain chronic medical conditions, such as diabetes and asthma, and people who live in or work in nursing homes or long-term care facilities.

It takes about two weeks for your body to build antibodies after you receive the shot. During that time you may still get the flu. Whether you get your vaccination early or late in the flu season, you will be protected for the entire year.

Talk to your physician about receiving this year’s flu vaccination. More information can be found at NorthBay.org 🎉

Annual Flu Shot, Healthy Choice

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Talk to your physician about receiving this year’s flu vaccination. More information can be found at NorthBay.org 🎉

InQuicker Makes a Big Difference at VacaValley

When the dull ache in Rachel Scott’s arm grew more intense and her hand grew numb, she knew she needed to go to a doctor, but she was juggling a hectic schedule and her children had afternoon practices.

So the Vacaville mom went online to NorthBay.org and scheduled a 7 p.m. appointment in NorthBay VacaValley Hospital’s Emergency Department. Within an hour of her appointment time, she was registered and checked out, thanks to NorthBay Healthcare’s InQuicker program.

“Given the fact she had a 12- and 13-year-old with her, she was relieved to be on her way so soon,” said Rachel. “When I walked in, they took me right back and took care of me,” she recalled. “We’ve never had such a quick experience at any hospital emergency department.”

Unveiled in the spring for patients with low-level emergency care needs, usage of InQuicker has soared, leading Emergency Room managers to add hours daily.

Morning appointments are now offered at 2, 6 and 9 a.m., and afternoon/evening appointments are taken at 1 p.m., and between 3 and 10:30 p.m., seven days a week.

In the first three months, nearly 200 patients registered through InQuicker, with 100 percent indicating they would recommend the service to family and friends. “It’s part of our effort to provide a ‘Wow!’ patient experience,” explains Eloisa Cameron, vice president of strategic development.

“Our goal is to have the patient seen by a provider within 15 minutes of their appointment time, said Sarah Jewel, director of business development who designed the program with InQuicker, a company out of Nashville that provides scheduling software to emergency departments in more than 300 hospitals nationwide.

“And although it’s impossible to predict how long something will take, it is our goal to have the patient in and out within an hour,” said Sandy Piedra, director of Emergency Services.

“We can’t do this at NorthBay Medical Center’s Emergency Department in Fairfield because we’re at capacity with the current volume of patients. But, we are making a difference now at VacaValley, and perhaps that will ultimately reduce some of the waiting time at NorthBay as well,” explains Sandy.

If something does come up that inundates the emergency room, the InQuicker software can quickly send out notices to patients to reschedule them, giving staff breathing room to address the crisis of the moment.

“It’s the perfect service for a parent whose child is growing progressively sicker during the evening,” explains Sarah. “Mom doesn’t want to wait until morning, but dreads the idea of dragging her child to an emergency room where she could be waiting quite awhile. This will allow the child to stay at home in a comfortable setting and still be seen by a physician without having to wait at the hospital.”

The patient fills out a form online with basic information and selects their desired appointment time. This information is immediately relayed to the charge nurse who reviews the information to ensure it is appropriate for the patient to wait at home.

For Rachel, the quick turnaround made a huge difference. “I’d definitely recommend it to my family and friends,” she said. 😊

The goal is to have the patient seen by a provider within 15 minutes of their appointment time and to have the patient in and out within an hour.

Amanda Decker, R.N., with the InQuicker display at VacaValley Hospital.
Golfers Brave Heat for Golf & Tennis Classic

A warm day didn’t deter a full complement of golfers and tennis players from turning out for NorthBay Guild’s 31st Annual Golf & Tennis Classic on Monday, July 14.

“This is the Guild’s fourth year of a five-year commitment to support the NorthBay Medical Center Trauma Program through funds raised at the Classic,” explained Jane Hilliard, director of volunteer services, “so we invited our volunteers to come up with ways to keep the trauma theme going throughout the golf course.”

Trauma touches included offering players cocktails at the registration desk served through saline bottles and “IV drips.” Volunteers drove around in golf “crash carts” with flashing blue lights, and Jell-O shots in Code Blue syringes were offered to golfers at the 17th hole. Others enjoyed “Washington Apple-tinis” in tiny specimen cups labeled with reminders that “An Apple a Day Keeps the Doctor Away.” It was all in fun for a good cause, and raised $42,000 for our trauma program, said Jane.

Everyone seemed to enjoy themselves, and we couldn’t have done it without the help of our tireless volunteers, staff and the generous support of our sponsors.

It’s Open Enrollment Time

This fall during open enrollment, choose a health plan that lets you stay close to home while receiving care from the highly rated physicians affiliated with NorthBay Healthcare. With three locations for primary care, a center focused on women’s health and specialty practices in both Fairfield and Vacaville, there are more than 60 physicians from which to choose.

When outpatient services aren’t enough, NorthBay-affiliated physicians treat 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, and a wound center with the only civilian hyperbaric oxygen therapy chambers. Our specialty care offices offer services in everything from functional medicine and acupuncture to urology, orthopedics and neurosciences.

In addition, NorthBay’s Patient Satisfaction Assessment scores for both primary and specialty care are in the 90th percentile in every category when it comes to satisfaction. Of 174 health groups surveyed in California, NorthBay ranked ninth.

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; United Healthcare PPO; Tricare Prime, Standard, Extra and Tricare for Life; and Western Health Advantage. For a complete and updated list and further information about the many services offered by NorthBay Healthcare, visit NorthBay.org or call (707) 646-3280.

Riders, Teams Sought for R2D2 Ride

Looking for a fun and healthy activity to do with friends and family? Grab a bike, a group of your best buddies, and sign up to ride in NorthBay Healthcare’s 3rd Annual Ride to Defeat Diabetes, set for Sunday, Oct. 5. Enjoy family-friendly camaraderie while raising awareness of Solano County’s diabetes crisis. Funds raised during the event will benefit the NorthBay Center for Diabetes and Endocrinology.

R2D2 offers three separate rides: an easy 10-mile ride to the unincorporated area of Elmira, and 25-mile and 60-mile rides for more serious cyclists. All will start from NorthBay VacaValley Hospital, 1000 Nut Tree Road in Vacaville.

Anyone wishing to volunteer on the day of the event is encouraged to sign up at the R2D2 website at NorthBay.org/r2d2. The 60-mile ride departs at 7:30 a.m., the 25-mile ride at 8 a.m., and the 10-mile ride will depart at 10 a.m. The 10-mile ride is free for children age 12 and under, 13 and up will register for $10. There is a $25 registration fee for the 25-mile ride, and the 60-mile registration fee is $35. T-shirts, aaffle ticket, lunch and refreshments will be provided for registered riders. Register online at NorthBay.org/r2d2.

Strike Out a Success

It was a great “pink” turnout for Genentech’s Strike Out Cancer event, held on June 28 at a Sacramento River Cats game. Hundreds of NorthBay Healthcare employees, friends, family members and cancer patients wore pink in a show of support for Genentech’s fund raising venture that will benefit the NorthBay Cancer Center.

Genentech has promised to donate $100 for every strike out a River Cats pitcher throws at a home game this season, up to $25,000. The June game was the official kick off of the fund raising promise.

More than 200 NorthBay supporters, wearing pink T-shirts, made a colorful statement at the ballpark. Three patients who received Genentech cancer-fighting drugs, and who had been treated by Northbay, were featured during a special pre-game video. The patients were also invited to come down to the field before the game started and one, Curt Joedeman, tossed out the first pitch. They then enjoyed the ball game from private box seats, as guests of Genentech and the River Cats.

“Their stories were part of a big ‘pink’ campaign to inspire to contribute toward NorthBay Healthcare’s mission of providing compassionate care by making a donation—a regular donation—or of stuffed animals.

Tammy knew how much comfort a stuffed animal could bring to a child—scared and in a strange environment. Her own son spent a lot of time in hospitals when he was young, and there was always a comforting stuffed animal to calm him down. So after receiving excellent care, she said she was inspired to contribute toward NorthBay Healthcare’s mission of providing compassionate care by making a donation—a regular donation—or of stuffed animals.

She put out a few calls, including to Girl Scout Troops and the Moms of Dixon organization, and everyone started collecting.

They soon had enough for the first donation, which she delivered to VacaValley Hospital’s Emergency Room this past spring. She’s calling the project “Living Cuddles for Kids.”

“We’re going to keep this up, so we can keep the Emergency Departments stocked,” said Tammy. “I’d like to try and deliver bags of stuffed animals every two weeks.”

The animals are for the children to keep. “It is so comforting for children to have a toy with them during medical procedures,” said a grateful Sandy Piedra, director of Emergency Services.

To donate or help with the project, call Tammy at (707) 685-5428 or visit Loving Cuddles for Kids on Facebook.

Tammy Williams of Vacaville was a patient in the NorthBay VacaValley Hospital Emergency Department when she overheard a conversation between two nurses. They were dealing with a young patient, and had just run out of stuffed animals.

Gift of Compassion

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Community Health Education Classes

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 – Weekend Class - A prepared childbirth class for moms and dads or coaches. Held Friday evenings and Saturdays. Cost: $75. 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.

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.

Breastfeeding Support Group - A postpartum support group for moms meets Wednesdays from noon to 1 p.m. in Fairfield. Cost: Free. Call (707) 646-5024 or (707) 646-4166.

Heather Living - A six-week class offered several times during the year, taught in conjunction with Solano Public Health and the Area Agency on Aging. Classes are free but space is limited. Call (707) 646-5469 for information or to register or visit NorthBay.org/healthierliving.

Caregivers’ Support Group - For anyone involved in caring for a loved one with Alzheimer’s disease or a dementia-related illness. Meets second Wednesday of month, 7 to 9 p.m. at the Adult Day Center. Cost: Free. Call (707) 624-7971.

Grief and Bereavement Support Groups - Four adult support groups meet every Wednesday in Fairfield. Cost: Free. Call (707) 646-3517.

SAND (Support After Neonatal Death) - A support group for parents experiencing grief for the loss of a pregnancy or infant. Cost: Free. Call (707) 646-5433.


Loss Due to Suicide Support Group - Meets every other Monday from 6 to 7:30 p.m. Cost: Free. Call (707) 646-3517.

New Beginnings Support Group - For stroke survivors, caregivers and family members. Third Tuesday of the month, 10 to 11:30 a.m. in the NorthBay Medical Center Annex, Fairfield. Cost: Free. Call (707) 432-5710.

NorthBay Cardiac Education Series - Ongoing series of classes on heart disease and related topics meets quarterly on the fourth Tuesday in January, April, July and October from 4 to 5:30 p.m. Cost: Free. Call (707) 646-5072.


Journey to Health - A seven-week class offered several times during the year. Taught by physicians, registered dietitians, a physical therapist, a psychologist and nurses. Cost: $60 per person, or $100 for two family members. Teens are welcome to attend with a responsible adult. Call (707) 646-5489.

Laugh Out Loud - A class on urinary incontinence. Do you control your bladder or does your bladder control you? Learn the latest treatment options, including pelvic floor exercises. Cost: Free. Call (707) 646-4150 for class dates and to reserve your seat.

Pulmonary Education Series - A three-session course that meets on Tuesdays from 12:30 to 2 p.m at NorthBay Medical Center in Fairfield. A new course begins each month. Cost: Free. Call (707) 646-5072.

Congestive Heart Failure Class - Class meets every Wednesday from 12:30 to 1:30 p.m. at NorthBay Medical Center. Cost: Free. Call (707) 646-5072.