

Wellspring

Care
Around
the
Clock

We're Here
When YOU
Need Us



Evolving and Advancing Medicine for Solano County



Nearly 34 years ago, a noted author thought he was way ahead of his time and published a much-discussed tome, “Can Hospitals Survive.” That was about the time the Board of Directors gave me the opportunity to lead a community-based organization that has evolved into NorthBay Healthcare.

The writer outlined all the changes occurring in health care and painted a very dismal picture of the future of hospitals in a landscape that was becoming very competitive. Of course, he was proven wrong by us and others. Some hospitals

have stumbled, fallen or collapsed, but those like us embraced the notion that you can build a high-quality hospital by integrating other services in a continuum of care—from birth to primary care to specialty care to palliative care.

In short, if you understand the needs of your community, your friends and family and neighbors, you can build a strong health care system that will attract those looking to improve their quality of life. If you focus on your patients, and “do the right thing,” not necessarily the easy thing, then you will become the trusted provider.

In this issue of *Wellspring*, we illustrate those principles with an around-the-clock look at the services we provide. It’s an impressive array, if I say so myself. A lot of long-range planning has gone into ensuring we have compassionate care, advanced medicine, close to home.

Because we only focus on Solano County, we aren’t distracted the way the mega-systems get sidetracked. We aren’t trying to control things in faraway places or in corporate board rooms in other parts of California or beyond.

As a result, NorthBay Medical Center in Fairfield is the most complete hospital in our area. If it’s a baby’s challenges at birth, a heart-attack victim’s surgery and recovery, or a patient’s victory over cancer, we are here for them. They do not travel long distances to get that type of care.

Enjoy this *Wellspring*. I hope you will take the time to learn about what advanced medicine is offered close to home by a not-for-profit local institution that puts you first.

Gary J. Passama

Gary Passama
President and Chief Executive Officer



2 Minutes Matter When It’s a Heart Attack

ER Nurse Dawn Hanneman has seen her share of emergencies, but this one involved her father. Dawn knows better than most that every minute matters.



12 Imaging’s Test of Time

Much has changed in the 33 years that Teri Russell has worked in imaging, but the commitment to the patient remains the same.

When it Comes to Your Health, We Rock Around the Clock

When it comes to your health and safety, we don’t clock out at 5 p.m. on Friday. NorthBay Healthcare’s workforce of 2,400-plus employees collaborates to put your well-being first, 24/7/365.

You probably guessed that both our hospitals in Vacaville and Fairfield work ’round the clock and through every holiday, handling everything from emergencies and trauma care to surgeries, deliveries and same-day medical procedures.

The hospitals function like small cities unto themselves, with teams overseeing nutrition and security as well as the basics—ensuring our sewer, water and electrical service continues uninterrupted.

At our Center for Primary Care in Vacaville and Fairfield, we’ve rolled out “Care ’til 8” every day, and yes, that means weekends—to ensure our patients have access to a medical professional for those stressful but non-life-threatening issues, without having to line up in the emergency rooms.

And thanks to our super-efficient patient portal, “My NorthBay Doc,” patients can review lab results as soon as they are available, any time, any day. They can use the portal round the clock to schedule appointments, and soon will be able to schedule e-visits and virtual (video) visits with their physicians.

When it comes to your health, we know time is of the essence, but we don’t cut corners for the sake of efficiency. Safety comes first, closely followed by courtesy, compassion and the desire to connect with our patients, every encounter, every time. That’s the NorthBay Way.

You can count on it—time and time again. 



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16 After Hours? You Bet!

A Napa family chose NorthBay Healthcare’s Care ’til 8 program over a nearby emergency room in Napa, because they wanted their daughter to be seen as soon as possible.



26 Guardian Angels

These phenomenal foster parents have not only been there for scores of at-risk babies through the years, they’re now planning a legacy fund and urge others to do so as well.

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Editorial Staff
Steve Huddleston
SHuddleston@NorthBay.org
Diane Barney
DBarney@NorthBay.org
Marilyn Ranson
MRanson@NorthBay.org
Sally Wyatt
SWyatt@NorthBay.org

Publication Designer
Page Design Group

Photographers
Henry Khoo, Gary Goldsmith,
Diane Barney and Joel Rosenbaum



Mark Hanneman, right, is grateful his grandson Zac Correia and daughter Dawn Hanneman, R.N., knew what to do when his chest pain began.

Minutes Matter When It's a Heart Attack



Mark Hanneman was sheering sheep with his grandson, Zac Correia, when the chest pain started. It was a hot and dusty day in June 2014 and as they wrestled with the sheep he thought the pain meant he was becoming dehydrated. Healthy and strong at age 71, it never occurred to him that he might be having a heart attack. Retired after 21 years as an Air Force navigator, followed by 20 years at Explosive Technology, he was enjoying life in the country.

"We took a break and sat in the shade, but my chest pain grew worse," Mark remembers. Zac called his mom, Dawn Hanneman, R.N., who said, "Call an ambulance."

Dawn, the emergency services clinical manager at NorthBay Medical Center, feared her dad was more than dehydrated. And when it comes to hearts—time is muscle. The quicker you can get help, the better your outcome will be. And the best way to get help is to call 9-1-1 and request an ambulance.

Medic Ambulance rushed Mark to NorthBay Medical Center, which is both an accredited Chest Pain Center and a STEMI (heart attack) receiving center. By the time he reached the hospital, the results of his EKG were already in the hands of an emergency room physician and a Code STEMI had been called. The code alerts the cardiac catheterization team and interventional cardiologist to prepare for an emergency patient.

Interventional Cardiologist Cyrus Mancherje took Mark to the cardiac catheterization lab where he diagnosed Mark with blocked arteries and began the procedure to open them. But within minutes, Mark suffered a cardiac arrest and required an electric shock to return his heart to a normal

rhythm. Once he was stable, the doctor completed the procedure and Mark had two new stents keeping his arteries open.

"When I woke up, Dr. Mancherje was still working. He turned the computer screens my way and explained what he had done, showing me before and after images of my blocked arteries," Mark says.

Not five minutes later, Mark's chest pain returned fast and strong. The nurses were shifting him to a bed, but they quickly read his EKG and knew something was wrong.

In the minutes following his cardiac catheterization, a blood clot had formed and caught in one of the new stents, shutting off blood to his heart and causing Mark's intense pain.

Dr. Mancherje immediately began a second catheterization, removing the blood clot and adding a third stent. From the time Mark entered the hospital, to the exact time his arteries were cleared, was 36 minutes.

When Mark woke up again, he was in the intensive care unit. "That's when I learned the rest of the story," Mark says. "My heart stopped multiple times and I had a total of five electrical shocks and at one point the nurses performed two minutes of CPR."

Three days later, Mark walked out of the hospital to begin his recovery.

He was referred to the Cardiac Rehabilitation Program at NorthBay Medical Center and he and his wife of 48 years, Wilma, decided to participate together. Wilma, 70, had undergone open heart surgery 10 years before and Mark worried more about her health than his own.

Now, more than a year later, he has made a full recovery. And, in addition to his repaired arteries, he has a second reason to be grateful to Dr. Mancherje.

The quicker you can get help, the better your outcome will be. Call 9-1-1 and request an ambulance.

"I'm a private pilot, and the first thing they do when you have a heart attack is pull your license to fly," Mark says. "I needed proof of a full recovery for the FAA to reinstate my license. Dr. Mancherje did me a big favor by supplying all of the paperwork that was needed to restore my license. I owe him a flight, and he said he'd take it." ❧

Warning Signs

If you experience any one of the following symptoms for more than five minutes, call 9-1-1. You could be having a heart attack.

- ❧ Tightness or discomfort in the center of the chest. Sometimes described as pressure, aching, burning, numbness, or a squeezing sensation.
- ❧ Pain or discomfort in the upper body, including left shoulder, back, neck, jaw or stomach.
- ❧ Difficulty breathing.
- ❧ A "cold sweat."
- ❧ Nausea or vomiting.
- ❧ Light-headedness, dizziness, extreme weakness or anxiety.
- ❧ Rapid or irregular heartbeats.

ADDITIONAL SYMPTOMS IN WOMEN

Although most women experience chest pain, they also often report:

- ❧ Pain in the upper back or shoulder.
- ❧ Jaw pain.
- ❧ Light headedness.
- ❧ Pain that spreads to the arm.
- ❧ Unusual fatigue for several days.

We Deliver

Birthing Teams Ready for Action Around the Clock

“I knew it was an emergency, but everyone moved fast and did a great job.”

~Angelica Carter

When her doctor prescribed a “birth by appointment,” Angelica Carter thought she knew what she was getting into. After all, the Suisun City mother had labor induced seven years earlier, when her first son was born.

Now pregnant with twins, her doctor scheduled delivery at 38 weeks gestation. But this time, things were different. Shortly after the IV was started about 5 p.m., the contractions became intense.

“After about an hour and a half, I kept thinking, ‘Really? Really? Really?’ she recalls. “The pain was pretty strong. But the nurses were so kind; they brought me a yoga ball to lie on and warm towels for my back.”

Angelica was determined to have a drug-free and vaginal delivery, but by 9:30 p.m., the intense contractions were really sapping her resolve. “I finally agreed to an epidural,” she recalls.

Solano County’s Only Baby-Friendly Hospital

NorthBay Healthcare was named a Baby-Friendly hospital in August, 2014, putting the facility in elite company not only in Solano County, but across the country. Only 14.4 percent of babies are born in the 286 hospitals or birthing centers that have earned the distinction.

What makes a hospital Baby-Friendly? After undergoing a two-year process to change practices, NorthBay’s specially trained staff works to educate, encourage and support breastfeeding moms. The program also enables moms to stay with their healthy babies 24 hours a day after delivery and have at least a full hour of skin-to-skin contact immediately after birth. Additionally, all procedures that occur after birth are now performed either with the baby in mother’s arms or in the mother’s room. “We’ve learned skin-to-skin contact is so important for new babies, and we know that breastfeeding is one of the best things a new mom can do for her baby,” Katie explains. “We’ve trained our staff to be able to provide support and education to make the effort as successful as possible.”



After another hour of labor, it was time for the doctor to check her progress. The doctor could feel a baby’s head, and something unexpected. “I think it was about 10:30 p.m. when the doctor said the umbilical cord was prolapsed.”

The umbilical cord is a flexible, tube-like structure that, during pregnancy, is the baby’s lifeline to the mother, delivering nutrients and oxygen. When the umbilical cord presents ahead of the baby’s body during delivery, it becomes a very serious complication.

“It is an obstetrical emergency,” stresses Katie Lydon, R.N., director of Women’s and Children’s Services. “When the umbilical cord becomes trapped against the baby’s body during delivery, there is a risk of lack of oxygen to the fetus; the situation must be dealt with immediately.”

Angelica’s doctor tried to lift the baby’s head off the cord but was unsuccessful. “She said this was serious, that we’re going to have to do a C-section and we’re rushing you to surgery. There was no time even to grab my husband.

“Everything happened so fast. I was so nervous, didn’t know what to expect. But my nurse, Hannah (Gregerson), was so calm, she held my hand, told me everything was going to be OK and that she would be right there with me. I knew it was an emergency, but everyone moved fast and did such a great job.”

The OB anesthesiologist was on hand and Angelica quickly fell asleep. “When I woke up, about an hour later, the first thing I said was ‘Where are my babies? What happened?’”

Elijah was born at 10:36 p.m., and brother Jeremiah was born at 10:38 p.m. Both boys weathered the emergency birth very well, and neither needed any time in the Neonatal Intensive Care Unit. “Elijah is my little fire-cracker,” Angelica says. “He’s so demanding, but cute. Jeremiah is a little more chill.”

Although Hannah could have clocked out at the end of her shift, she stayed alongside



Angela Carter brought in Jeremiah, left, and Eliza to meet nurses Autumn Thacker and Hannah Gregerson, but they slept through the reunion.

to provide some reassurance, and then the night team took over.

It’s the evening shift—from 3 p.m. to 11 p.m.—that seems to see the most action, Katie says, attributing the uptick in births to the number of inductions that were begun during the day shift.

All day, every day, there are at least three Labor & Delivery nurses on shift, as well as an OB Tech and a Unit Clerk, who has an eye on the board that shows which rooms are occupied, and how far along in labor the patient may be.

“There is a lot of coming and going,” Katie explains, “not only with our patients who are in labor, but with outpatients with high-risk pregnancies who arrive to have their scheduled stress tests or ultrasounds performed, or those who have been scheduled to have their labor induced or to have a Cesarean section.”

The Unit Clerk is at the hub of communication and the OB Tech ensures patient safety through constant readiness for any delivery or emergency.

Overseeing all is the lead nurse. Autumn Thacker, R.N., is one of several nurses to have

this role, and she says it’s a perfect fit because her 12-hour schedule crosses all three shifts, allowing her to work with incoming and outgoing Labor & Delivery, Mother-Baby and NICU nurses and doctors, providing a valuable level of continuity in patient care.

No matter the time of day, intensity of the patient load, or emergency situations such as Angelica’s, staff is determined to keep the chaos away from laboring moms, as part of the Baby-Friendly experience, Katie explains.

Each one of the eight Labor and Delivery rooms is treated as if it is an oasis of calm and quiet so that the families and their newest members are able to focus on each other, bonding and building memories for life.

“I was in the hospital for about five days,” Angelica recalls, “and a couple of my labor nurses and Dr. Berkheimer from the NICU came by to see my babies. They were all so great that night; they did an awesome job.”

And that’s according to plan, says Katie. “Our Labor & Delivery nurses work with moms and their labor support partners. We do our best to deliver the birth experience they want.”

Each one of the eight Labor and Delivery rooms is treated as if it is an oasis of calm and quiet.



Robert Thrash, chief engineer at NorthBay VacaValley Hospital, is quite familiar with the inner workings of the hospital.

Jacks of All Trades Keep Hospitals Humming

To be an engineer at NorthBay Healthcare, you have to be a jack of all trades, capable of performing rigorous maintenance routines on million-dollar machinery and fixing equipment you never knew existed. One day you might find yourself face to face with a swarm of bees. Or a sink hole. Or a sewer line break.



Frank Chavez

Anything is possible. The cape is optional. Engineer Frank Chavez starts his day at 7 a.m., making the rounds, checking in on electrical, medical gas, steam, water, air handling, HVAC, Fire/Life Safety and sewer systems that serve NorthBay Medical Center in Fairfield. “Temperature control is critical in a hospital,” he says, reviewing a map on his computer. He can see that the neuro-surgery operating suite is a chilly 65 degrees, while the trauma bay in the Emergency Department is a toasty 78 degrees, as requested, all while maintaining required air pressures within those rooms to help with infection prevention. Not only does he ensure that the climate is as requested, but a team of three other engineers maintain the chillers, boilers and cooling towers critical to sustaining those temperatures. One of them is always on call. Robert Thrash, chief engineer at NorthBay VacaValley Hospital, is part of a three-man team with similar tasks. Both hospitals have emergency generators that kick in within 10

seconds when power goes out. Those generators have to be tested every week, and “load tested” every month to make sure they can handle even more than the basics. “Our engineers operate a wide variety of essential healthcare facility equipment and systems, and are expected to safely and effectively handle all types of emergencies to keep the hospital functioning at the highest level at all times,” explains Greg Duncan, director of plant operations. “What happens if the medical gas system goes into low pressure alarm and stops providing oxygen or medical air to the hospital? What if a boiler used to provide steam for sterilization stops functioning? Our engineers must be able to handle these and countless other critical problems to hospital operations 24 hours a day, 365 days per year,” says Greg. There are calendars filled with maintenance tasks that are performed and recorded throughout the year. First alarms must be tested. Transformers must be maintained. Permits must be

“It’s the best possible job for an engineer. You get to think on your feet and learn something new all the time. And you make a difference, because the team you serve is saving lives.”

~Engineer Frank Chavez

stored for elevators, boilers, pressure vessels and more. And don’t even get Robert started on the cogeneration system, which takes an inordinate amount of attention. “It’s worth it, though,” he says, noting that the system has saved NorthBay Healthcare millions of dollars in energy costs since it was installed nearly six years ago. While half the job is dealing with regular maintenance and repair issues, the other half is dealing with the unique challenges that present themselves from day to day. Robert got a call from Security one Friday night in July. A sinkhole had formed in the grassy area near the helicopter landing pad. “They’d roped it off by the time I arrived,” he recalls. By Saturday morning, an excavation team had been called to dig down and figure it out. By the end of the day, the sinkhole had been filled. “Crisis averted,” says Robert. In June, he came face to face with a swarm of bees near a construction trailer on campus. He teamed up with Environmental Services Manager Jeff Lipscomb and called in a local bee-keeping business. Within an hour, the bees were sucked safely into a shop vac for transport. “You have to like to solve problems,” adds Frank. “It’s the best possible job for an engineer. There’s never a dull moment. You get to think on your feet and learn something new all the time. And you make a difference, because the team you serve is saving lives.”

The Future is Nearly Here

Patient Portal Will Soon Offer Virtual Visits

When patients of NorthBay’s Center for Primary Care first signed up to use My NorthBay Doc in 2012, they were assisted — electronically speaking — by the care team that included their doctor, an allied health professional and a medical assistant. Anyone on the team could answer their e-mail, help them schedule a visit and provide links to some test results. Those were just baby steps. Today, radiology and pathology reports are immediately available for patient review. (Just a few months ago, a 72-hour wait was typical.) And if Dr. Kulbir Bajwa has her way, by the end of 2016 patients will be able to conduct an e-visit (using e-mail technology to chat) and even schedule a virtual visit with their physician using video technology similar to Skype. The patient will enter a virtual “room,” and wait for the physician to begin the meeting. A smart phone or a computer with a camera are all that’s needed. “We’re trying to work out the payment details,” explains Dr. Bajwa. “We’ll be testing it out to see what the best practices might be. I suspect we’ll have doctors set aside blocks of time to handle the virtual visits.” A similar work plan may be in order for doctors to handle electronic visits — basically arranging for a time that the physician and patient could chat via secure e-mail. “Obviously it would have to be for simple conditions that could be managed through messaging, and not something that the physician would have to see in person to make a diagnosis,” she points out. More than 13,000 patients — about 33 percent of those who use NorthBay’s Center for Primary Care — already have signed up for My NorthBay Doc. “As an industry, healthcare has been slow to adopt digital technology and create a more convenient experience for patients,” says Sarah Jewel, director of Business Development. “Yet consumers expect that making a healthcare appointment and similar transactions should be as easy as online banking or booking travel. People want ready access to their personal health information.” Digital technology is creating new opportunities for patients and NorthBay Healthcare to connect, she adds, noting, “It’s not the right solution for everyone, but as we expand what we offer through My NorthBay Doc, we will see many more patients using it.”

Digital technology is creating new opportunities for patients and NorthBay Healthcare to connect.



Dr. Kulbir Bajwa



Recipe for Success

Nutrition Staff Cooks Healthy Meals for Hundreds

Everyone working in the kitchen has their assignments and Rosa Pantoja's is to slice, dice and dish up fruit bowls and make desserts.

It's 5:30 a.m., and the sun is barely up, but Nutrition Services employees are already clocking in. Their day's hectic but choreographed pace gets under way as soon as a truck, loaded with meats, breads and non-perishables, arrives at the loading dock behind NorthBay Medical Center. Another truck, loaded with fresh fruits and vegetables, arrives a few minutes later. Time is of the essence here, as hundreds of patients, guests and employees are looking forward to their breakfast.

While mornings may be busy, the pace never really slows until the last Nutrition Services employee clocks out at 9 p.m., says Kathleen Shafer, director of Nutrition Services for NorthBay Healthcare.

On an average day, staff can expect to prepare more than 460 trays for patients at both NorthBay Medical Center and NorthBay VacaValley Hospital, as well as more than 650 meals between the two cafés, and almost 100 special snacks and nourishments. In a week's time,

they'll make more than 160 gallons of soup, prepare 205 pounds of chicken, 235 pounds of beef, 120 pounds of fish and 568 pounds of fresh produce.

On this day, however, work begins with an inventory of the deliveries, and then employees start preparing breakfast: whisking eggs and pancake batter, browning sausage and hash browns, and dicing fruit for the day's breakfast. Two cooks are busily stirring up food for patient trays and the cafés. Staff has to move fast, because breakfast needs to be ready for plating on patient trays by 7 a.m., Kathleen says.

The plating process is like a choreographed dance, with trays filled assembly line-style. Atop each tray is a menu the patient filled out the day before. A Nutrition Services employee has already doubled-checked it to assure the foods selected mesh with the patient's diet restrictions and doctor's orders, Kathleen explains. As the tray slides down the line, employees add what the patient has requested,

before moving it along to the next station: eggs, oatmeal, sausage or bacon there, hash browns there, toast, no toast. Juice, check. Coffee, check.

Because the kitchen at NorthBay VacaValley hospital is too small for large-scale food preparation, meals for patients must be made at NorthBay Medical Center. Patient trays are then transported to Vacaville by a delivery truck in insulated carts. When the carts arrive in Vacaville, they are placed in a special "retherm" unit that uses advanced convection technology to boost heat, or in some cases chill, the trays before they are delivered to patients.

All eyes are on the clock, because at 7:30 a.m. the truck leaves for Vacaville, the café in Fairfield opens, and the first groups of patient trays start to make their way around the Fairfield hospital.

The coordinated chaos in the kitchen continues all day long, Kathleen says. After breakfast, preparations begin almost immediately for the lunch and dinner menus. Employees chop vegetables for the fresh soup of the day, make salads and desserts, and bake and braise chicken and beef—perhaps for tacos at lunch or pork tenderloin for dinner. Patients can expect to start seeing lunch trays around noon and dinner service is started at 4:30 p.m.

Overseeing the menus are two highly trained chefs: Kerry Harris, manager of Nutrition

Services for NorthBay VacaValley Hospital, who got his stripes serving soldiers in the U.S. Army, and Miguel Reyna, manager of Nutrition Services for NorthBay Medical Center, who obtained his executive chef degree from the San Francisco California Culinary Academy.

They create menus based on recommendations from the American Academy of Nutrition and Dietetics, using recipes for low salt-, carbohydrate-controlled, heart-healthy, diabetic or renal diets.

"We also accommodate patients' religious or cultural restrictions. Sometimes, depending on the level of 'strictness' the patient follows, if we can't prepare it, we will purchase it," Kathleen notes. "Special requests from patients or physicians are not a problem."

Even though the cafés closed at 8 p.m., staff still has lots of work to do.

"Evenings are a busy time," Kathleen says. "We're doing a lot of clean up, sanitizing, preparing a few meals for patients who may be admitted afterhours, and readying the kitchen for the next days' meals." ❧

On an average day, staff can prepare more than 460 trays for patients, as well as more than 650 meals between the two cafés, and almost 100 special snacks and nourishments.

Making the Menu Fit Patient Needs

Every patient admitted to either NorthBay Medical Center or NorthBay VacaValley Hospital receives a nutritional screening as part of the Adult Admission Record, according to Kathleen Shafer, director of Nutrition Services.

Nurses ask their new patients several key questions—such as their height, weight, if they've experienced any unusual recent weight gain or loss, if they have difficulty swallowing, have recently been diagnosed with diabetes or are on chemotherapy.

The information is entered into the patient's record, and when the registered dietitian reviews it the patient is assigned a "nutrition risk level." Higher ratings are given for specific medical and physical criteria, such as with a non-healing wound, a brand-new diabetes diagnosis or chemotherapy regimen, or altered (tube) feeding.

Registered dietitians are also available to consult with patients who have questions, want more information about their diet or need specific nutrition education.

"Nutrition Services and our registered dietitians work very closely with the healthcare team to provide care that will help our patients to heal," Kathleen notes.

"Our goal is to help our patients feel better, become stronger or healthier, and to return to their normal lives," she says. "Sometimes that includes nutrition education that will help them get ready for a cardiac rehabilitation program, or whatever the case may be."



Partnering with Patients

The Bedside Shift Report is also known as the patient hand-off.

Chest pains awoke James Alvarez, 82, in the middle of the night, but the Rio Vista resident tried to brush them off. His wife, Jeri, knew this was nothing to mess around with, as he had had a heart attack 20 years before. She called 9-1-1, even though he insisted he was fine.

Paramedics didn't agree, and James was rushed to NorthBay Medical Center where, in the wee hours of the morning, he underwent an angiogram in the catheterization lab. Results revealed major blockages in three arteries and within an hour he was being visited by the cardiovascular team. Vein mapping was conducted in Radiology, consent forms were filled out, and James was put on the schedule to have open heart, bypass surgery the next day.

"This is healthcare at its finest," says Peter Dhaliwal, R.N. "Imagine the teamwork! From chest pain to angiogram, and then assembling a surgical team, ready to possibly do open heart surgery in the middle of the night? It's an extraordinary effort."

The emergency surgery was delayed, however, due to James' elevated enzyme levels, and he was transferred to Peter's Acute Care Unit, where he was monitored for a couple of days before a successful open-heart surgery.

In addition to monitoring his vital signs, reassuring James and his family was an important part of the care Peter focused on during his 12-hour shift. He had received all of James' medical history during the "Bedside Shift Report" when he came on duty at 7 a.m. Outgoing nurse Remy Casiano, R.N., had filled Peter in on the fact that James experienced a heart attack earlier that morning, and that he and his family were nervous about the surgical delay.

"The Bedside Shift Report is also known as the 'patient hand-off,' and this important step in patient care is handled at the bedside at every shift change," explains Jennifer Ha, R.N., lead nurse for the Acute Care Unit's day shift. As nurses work both eight- and 12-hour shifts, these hand-offs happen at every shift change. They are also conducted between nurses any

Shifts Change, But Focus Doesn't

time a patient is transferred between departments, whether it is the Emergency Department, the ICU or Acute Care Unit.

Patient hand-off used to be handled by nurses huddled over computers at the nurses' station, far away from the patient and their families, Jennifer explains, but procedures were changed in 2014 in an effort to improve the patient experience.

"We've discovered that patients and their families love it when we hand off at the bedside. It gives them a chance to chime in and ask questions."

During the hand-off, the outgoing nurse introduces the patient and the family to the incoming nurse and then, for privacy considerations, asks if the patient is comfortable with the nurses sharing medical information in the presence of people in the room. The nurses then open the

patient's medical record on the computer, review pertinent history and what occurred during the previous shift, check current vital signs, upcoming lab work or tests, what medications have been administered, and if any forms need to be completed.

"It's our chance for the two of us to put our eyes on the patient," Jennifer says. Together, the nurses inspect all wounds, incisions, drains, IVs, and catheters, and visually sweep the room for any physical safety issues.

"We also ask the patient and family if they have any needs or concerns, if the patient is in pain or what might have gone better for them in the past 12 hours, and what they hope for during the next 12 hours," Jennifer adds. "We've found that doing this at the bedside helps reduce anxiety and helps the patients and families feel like they are really involved in their care and that their voices are being heard."

"Patients and their families love it when we hand off at the bedside. It gives them a chance to ask questions."

~Jennifer Ha, R.N.

InQuicker Makes Big Difference at VacaValley ER

Imagine going to the emergency room and only waiting 15 minutes to receive care. That's the goal of InQuicker at NorthBay VacaValley Hospital for patients with low-level emergency care needs who make an appointment online.

Unveiled in the spring for patients with low-level emergency care needs, usage of InQuicker has soared, according to Sandy Piedra, clinical manager for Emergency Services. 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. 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.

InQuicker is a Nashville-based company that provides scheduling software to emergency departments in more than 300 hospitals nationwide. "Our goal is to have the patient seen by a provider within 15 minutes of their appointment time," says Piedra. "And although it's impossible to predict how long something will take, we want to have the patient in and out within an hour. If something does come up that inundates the Emergency Department, the InQuicker software can quickly send out notices to reschedule patients."

InQuicker is not offered at NorthBay Medical Center in Fairfield because of the high volume of patients already using the Emergency Department.

The goal is to have the patient seen by a provider within 15 minutes of their appointment time.

At shift change, Peter Dhaliwal, R.N., center, introduces James Alvarez to Paige Weisbrod, R.N., who will care for him during the next 12 hours. Together they discuss his medical condition and upcoming care plans.



Test of Time

High-Tech=High-Speed, Quality Results

Teri Russell can make time fly for her diagnostic imaging patients, thanks to the incredible leaps in technology she has witnessed during her 33-year career operating NorthBay Medical Center's CT Scanner. Today, a test that took almost an hour in 1982 can take less than 6 seconds in the hospital's state-of-the-art CT Scanner.

Technology this fast is critical when dealing with a trauma, stroke or cardiac patient.

"We can perform a CT scan and the results will arrive in the Emergency Department by the time the patient returns from the test," Teri says. "Everything is digital, the results go from our computer right into the patient's electronic medical record. Nothing is on paper."

Computed Tomography, or CT for short, was a completely new diagnostic tool when the U.S. Air Force trained Teri to use it. When she left the military, the Minnesota native saw an opening for an x-ray technologist at NorthBay Medical Center and took it.

Within a year, the hospital had its first CT Scanner and Teri became the first and only full-time and after hours on-call CT tech. Today, as diagnostic imaging supervisor, she manages a staff of 32 in a department that operates 24 hours a day.

NorthBay VacaValley Hospital also offers CT scanning.

When CT was new, a diagnostic scan could take 45 minutes to an hour, and the

Teri's wish for every patient is the same—that in time, everything will turn out OK.

department scheduled eight patients a day. "The early CT scans not only took a long time, they were very uncomfortable for the patient," Teri says. "The patient would enter the CT with arms over their head, and be asked to remain still for the duration of the test. For each image, I would ask the patient to hold their breath, and I could multi-task at my desk while that scan was completed."

A CT imaging system produces cross-sectional images or "slices" of anatomy, like the slices in a loaf of bread. The cross-sectional images are used for a variety of diagnostic and therapeutic purposes. The early machines took one single slice each time the x-ray beam made a full rotation around the patient. Multi-image scanners were soon developed – thus a 16-slice CT Scanner can take 16 images on each full rotation, while a 256-slice CT Scanner, like the one at NorthBay Medical Center, can take 256 images in one rotation.

"In the early days, if I took 200 slices, the radiologist would have to juggle eight sheets of film to make a diagnosis," she explains. "Now, the physician can scroll through 500 slices on the computer in minutes."

With such fast imaging, the department now performs about 60 scans in a 24-hour day. The department only treats emergency, trauma and inpatients, while outpatient scanning is performed at Solano Diagnostics Imaging. "Patients are amazed at how fast a scan is. They often ask 'That's it?' It has taken longer to get on and off the scanning table than the test itself," she says.

The addition of the trauma center and stroke certification at NorthBay Medical Center has changed life in diagnostic imaging. The fast-paced department is constantly busy.

When a trauma code is called, there must be instant access to the CT. Someone from diagnostic imaging calls the Emergency Department to report the CT is ready and available and often patients go right from the ambulance into the CT Scanner.

The No. 1 use of the CT is for trauma caused by vehicle accidents, followed by patients with gunshot wounds brought in from as far away as Vallejo, Teri explains.

On any given day, diagnostic imaging will see a mix of patients seeking diagnosis for conditions ranging from stroke to broken bones to head trauma.

"I've seen just about everything, from a hatchet in a head to tumors and broken bones," she says.

Early on, she wasn't content to just watch the scans, so she asked a radiologist to teach her about what the scans revealed. After more than 30 years, she is a good, if unofficial, diagnostician.

"If I see something unusual on a scan, I'll call the physician and alert him to view the scans right away," Teri says.

"CT scanning has evolved into an amazing diagnostic tool," says Jerry Wilcox, director of diagnostic imaging. "CT is the primary imaging tool used to detect brain bleeds in stroke patients. It is the workhorse of trauma care and now it is even used to guide interventional procedures."

Interventional radiology uses the CT scan to direct tumor biopsies and to put drainage tubes into abscesses. A pre-surgery brain scan often aids in neurosurgery. It's even possible to do CT angiograms as comprehensive as the cardiac catheterization lab. And, the CT uses a very low dose of radiation compared to when it was first developed.

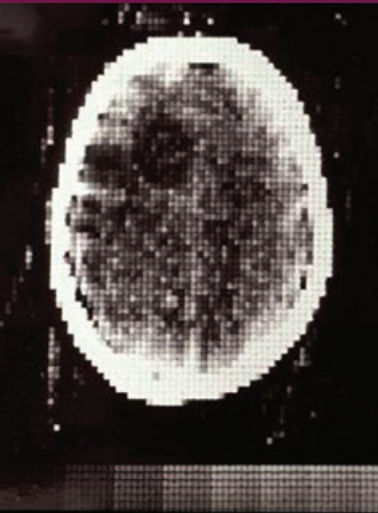
Technology may have exploded, but for Teri it's all about the patient.

"I love patient care," she says. "We may never know what injury or illness will come through the door next, but people are all alike. They need support and reassurance and kindness, whatever they face."

Teri fondly remembers one stroke patient brought in for a head scan. He couldn't speak and he was very upset about that. She kept talking to him and telling him everything would turn out OK. Months later, when he had completed therapy, he returned to the hospital with cookies to thank Teri for her care. And he could talk again.

Teri's wish for every patient is the same—that in time, everything will turn out OK. ☘


Imaging Then & Now



The head scan above was the best image available in 1982. Look closely and you can find a dark oval tumor in the upper left section.



A CT scan taken today is not only in color, it can be three dimensional and let the physician rotate the view of the patient.

 **ONLINE EXCLUSIVE**
Watch a 3-D scan online at Wellspring/NorthBay.org.



Jesse Dominguez, M.D.

Suite Success

Surgical Suites See Action Seven Days a Week

What's going to be surgically repaired today in any one of the five operating rooms (OR) at NorthBay Medical Center, or the two at NorthBay VacaValley Hospital? You name it.

A typical day could start off with an Achilles tendon repair in one suite, and a double mastectomy and breast reconstruction surgery in another,

NorthBay's surgery suites are busy seven days a week, handling not only elective surgeries and unexpected traumas, but urgent cases as they present.

all while unscheduled trauma surgeries for gunshot wounds or traffic accidents are being carried out in yet another surgical suite. "Just like a box of chocolates," suggests Jesse Dominguez, medical director

and chief anesthesiologist, "you never know what you're going to get."

And, unlike other medical facilities in Solano County, NorthBay's surgery suites are busy seven days a week, handling not only elective surgeries and unexpected traumas, but urgent cases as they present.

Those urgent cases may involve tending to a patient who is already in the hospital but whose condition has changed, such as for appendicitis or gallbladder. "If we can repair them on the weekend, it means we can resolve urgent issues quickly, decrease the patient's length of stay and improve their outcomes."

The strategy to have NorthBay's surgery suites available 24/7 really began about four years ago, even before NorthBay became a Level II Trauma Center, Dr. Dominguez

explains. "Since we had to have anesthesiologists available at all times to support the trauma surgeons, we developed a shift rotation system that keeps teams rested, even though they work hard."

The teams need to be prepared to handle anywhere from 15 to 20 surgeries a day, for everything from that Achilles tendon repair—which takes about 30 minutes—to reconstructing a crushed pelvis—which can take 12 hours or more, Dr. Dominguez notes.

On a typical day, staff arrives before 7 a.m. and checks the surgical schedule, which has been prepared late the day before. It notes which surgeon has been assigned to which suite for what procedure. "Everyone knows it will be augmented with last-minute additions, whether the patient arrives from the ED or from Labor & Delivery, the hospital's Intensive Care Unit, or from another facility," Dr. Dominguez says.

The OR crew has been specially trained to prepare the suites for their respective surgeries, and when each procedure is complete, they spend from 15 to 20 minutes setting up for the next one including replacing or sterilizing equipment and restocking supplies.

In the meantime, "I go to meet the next patient," Dr. Dominguez says. "The operating room nurse tells me their name, what concerns they may have, what their medical condition is and what drugs they may be taking. This is my chance to introduce myself and address their concerns. The hand-off is efficient and routine, much like a pre-flight experience. We may be a 'little' hospital, but we have amazing things going on here." ✂

Blood Work

Phlebotomists Answer the Call When Fluid Tests are Key

Morning arrives early for hospital patients. Long before the sun is up, phlebotomists are making their rounds, drawing blood from nearly every patient before they have a chance to eat or drink.

These fasting blood samples, taken between 3:30 and 4:30 a.m., are delivered to the clinical laboratory for testing so the results are ready for doctors who arrive between 7 and 8 a.m.

Phlebotomists, also called lab technicians, are trained to draw blood from a patient for clinical or medical testing, and at NorthBay Medical Center they are available 24 hours a day.

Phlebotomist Samantha Howell has worked every shift during her eight years at NorthBay Medical Center. It's a job she began right after graduation from high school, thanks to a five-month vocational program sponsored by the county. She is licensed by the state and must renew her license every two years.

"I found a career I love," Samantha says. "My job is fast-paced, and every day is different."

When she arrives at 6 a.m., her first goal is to help other techs finish their work and then she begins time studies. Time studies are performed when the blood has to be drawn on a patient at a set time. For instance, if a person is given a medication at 7 a.m., their blood has to be drawn before the medication is given and again at 7:30 a.m. to make sure they've received the correct dose. Some antibiotics and anticoagulation medicines fall into that category.

The lab has a rhythm built around physicians' orders, sent via computer and printed out as labels in the lab. The labels are sorted by time sensitivity to build the day's priorities.

In addition to drawing 20 to 30 blood samples a day, Samantha prepares it for examination by the clinical lab scientists. But she doesn't just work with blood. Phlebotomists prepare all bodily fluids, including spinal fluid, joint fluid, urine, stool and abdominal fluid for examination.

Phlebotomists drop everything to respond to all trauma codes, as well as calls of Code Blue, Code Stroke and Code STEMI (heart attack).

"When I respond to a stroke code, for example, the blood sample I draw will tell the doctor how the patient's



Phlebotomist Samantha Howell, left, and Clinical Lab Scientist Suzette Del Mundo load blood samples into a centrifuge in the NorthBay Medical Center laboratory.

blood is clotting so they know whether it is safe to give a blood thinner for a potential blood clot in the brain," Samantha explains.

She has even drawn blood while a patient received CPR. "Trauma is different, every time," she says. "When a trauma code is paged, we (phlebotomists) communicate with each other to see who can most quickly respond. If more than one patient is involved, a second phlebotomist responds."

"When we respond to a trauma case, we wait to see where we're needed. If the trauma is severe and there is a lot of blood, we suit up in gowns and eye protectors. We work very quickly because the results of the blood tests can provide the ER physicians with critical information."

Phlebotomists also respond to cardiovascular operating room patients. After a patient has open heart surgery, the lab is called and notified when the patient will leave the operating room. "At that time we go up to the ICU and wait for the patient to arrive," Samantha says. "The nurse will draw the blood for us from their arterial line and we are required to bring it back to the lab, process it, and have it resulted in 30 minutes or less."

"Each day is different and brings new challenges. I'm still learning, every day. I've seen babies born and lives end and everything in between. It is all very special to me." ✂

After Hours

Isabelle Rodriguez, 10, had been feeling lousy for days. Chills. Headache. And a fever that wouldn't stop climbing. Her parents alternated aspirin and ibuprofen so her temperature would drop—for a bit. Then it would climb again.

Her father, Luis Rodriguez, a medical assistant for a pediatrician at NorthBay's Center for Primary Care in Vacaville, knew when her fever hit 103.7 degrees on Day 5, it was officially worrisome.

"We didn't know what was going on, maybe she had an infection, maybe strep throat," he recalls. "I work for Dr. Bruce Hewett and I see a lot of patients with these symptoms. We wanted someone to take a look at our daughter and run some tests."

Luis and his wife, Tara, talked it over and considered their options. The family lives two blocks from a hospital in Napa, but they knew a trip to the emergency room on a Sunday would likely result in a very long wait with a very high price tag.

"That's true, even with two different insurers covering us," says Luis.

With Western Health Advantage as his insurer, Luis knew that Isabelle could be seen

quickly on a Sunday afternoon under NorthBay Healthcare's new Care 'til 8 program.

Care 'til 8 launched at the Center for Primary Care facilities in Fairfield and Vacaville this past February, providing extended hours from 8 a.m. until 8 p.m. on weekdays and care from 9 a.m. to 8 p.m. on weekends and most holidays. In the months that followed, more than 6,000 patients have taken advantage of the service, offering rave reviews.

Tara didn't hesitate. "Let's take her to the Hilborn facility," she suggested.

It was a 25-minute car ride but it was worth it, says Luis. "We would have waited much longer to see a doctor in the emergency room. In Fairfield, we were taken care of the minute we walked in the door."

"My husband called ahead, so they knew we were coming," recounts Tara. "Still, it was a shock when we walked in and were helped immediately. It was so clean and quiet. We didn't have to wait at all."

Nurse Practitioner Christie Martinez understood the couple's concerns, and did a thorough exam, followed by a quick throat culture. "The parents were very worried because they had done all they knew to do at home with

Care 'til 8 Provides Peace of Mind

treatments of Tylenol, rest, etc., but the illness had not improved and Isabelle continued to run a high fever," recalls Christie. "I assured them that I would evaluate her for any signs of infection including a 'Rapid-Strep' throat culture and have answers in minutes."

Seven minutes later, the family had their answer: No strep throat. "It turned out to be a virus," says Luis. "But the testing was

important because we were able to eliminate other potential problems. We could relax and let the bug run its course."

Today, Isabelle has completely recovered, Luis is happy to report. He's also happy to share that he received a follow-up call from Christie, something he wasn't expecting. "She took the time to follow up and see how her patient was doing. I'm very pleased with the service and care that was shown."

Tara agrees. "I couldn't have asked for a better experience. I had no idea it was so close, a 25-minute drive. If I need it again, I'll be back." ❧

"We would have waited much longer to see a doctor in the emergency room. In Fairfield, we were taken care of the minute we walked in the door."

~Luis Rodriguez



Weekends, Too? You Bet!

NorthBay Center for Primary Care has expanded hours daily and are now open on weekends at two locations, drawing enthusiastic reviews from patients. Called "Care 'til 8," the program provides care for minor illnesses and injuries Monday through Friday, from 8 a.m. to 8 p.m., and on Saturday and Sunday, from 9 a.m. to 8 p.m. at 2458 Hilborn Road in Fairfield and 421 Nut Tree Road in Vacaville. The programs are open on most holidays except Thanksgiving and Christmas.

Appointments can be made by phone and online, but walk-ins are also welcome and most insurance plans are accepted. For more information, go to NorthBay.org/care8.

More than 6,000 people have found Care 'til 8 to be a great option since the service began in February. "We're just pleased to be able to serve the needs of our communities," said Aimee Brewer, president of the Ambulatory Division of NorthBay Healthcare Group. "We know people don't just get sick between 9 and 5. Expanded access and hours allows us to care for them when they need it."

In addition to handling flu and other such illnesses, the Care 'til 8 crew can also deal with cuts, sprains and casts and splints. "We understand our patients have busy lifestyles," says Aimee. "We are committed to making sure their access to healthcare is both convenient and timely."



Tara and Luis Rodriguez were relieved to take their daughter, Isabelle, to Care 'til 8 at the Center for Primary Care in Fairfield, where she was seen by Nurse Practitioner Christie Martinez.



Pharmacist Chris Smith, PharmD

Dispensing Knowledge

Pharmacists Make Rounds, Ensure Meds are Safe

Mention the pharmacy and you think of white-coated professionals, quietly reading prescriptions and filling bottles of pills. Nothing could be further from the truth when it comes to hospital pharmacies. Today's hospital-based pharmacist is often part of the patient care team, making regular rounds with physicians and consulting with patients and families about appropriate medications. They are experts who incorporate the latest evidence-based practice guidelines into the science of dispensing drugs.

The pharmacy at NorthBay Medical Center is open 24 hours a day to meet the increased demand of the trauma center and a surgery department that operates daily. (The NorthBay VacaValley Hospital pharmacy is open from 6:30 a.m. to midnight.) Twenty-four pharmacists are on staff, and in addition to working in the main pharmacy, they are cross-trained in outpatient oncology and in the decentralized pharmacies in the ICU and on the medical-surgical floor. To meet these high expectations, their credentials include doctoral degrees, residency training and board certification.

In a 132-bed hospital with a busy emergency department, there is a constant demand for medications. Because hospitalized patients tend to have more complicated conditions and take multiple drugs, it is critical to find compatible solutions.

"Every day we are fine-tuning drugs for acutely ill patients," says board-certified pharmacist Chris Smith, PharmD. "There are many grey areas when patients have multiple issues that take research and sometimes a little detective work to find the best medication."

In a typical day, Chris could be found consulting with Nutrition Services to manage IV feedings, in the Neonatal Intensive Care Unit discussing electrolyte solutions, or offering poison control and overdose information to the emergency department. He may consult with a respiratory care practitioner about inhaled medications or a case manager regarding a patient's blood thinners.

"I like the daily interaction with nurses, doctors and patient care team," Chris says. "We have an excellent group of professionals here who are dedicated to their patients."

Timing is often critical in the pharmacy. When a code is called for a stroke or heart attack, or a trauma case arrives, medications are needed now, and everyone in the pharmacy stops what they are doing to focus on the request, Chris explains. "There may be an urgent need for a drug that can stop bleeding, or a drug that can stop seizures. And along with the urgency we need to ensure the drug we provide is safe for the patient. Our goal is to get the correct medication to the patient as quickly as possible. Checks and balances are in place and our team excels at this." ❧

Hospital pharmacists are experts who incorporate the latest evidence-based practice guidelines into the science of dispensing drugs.



Four Surgeries Later...

Cyst, Infection Gone; Shunt System Working Again

When Felix Edens, 30, of Fairfield woke up with stomach pain last March, he thought he'd picked up a simple bug. But by the end of the day, he knew he needed medical help. "I couldn't eat or drink without throwing up," he remembers. "Pepto Bismol did nothing, and I was in too much pain to go to work."

His mother called the Center for Primary Care, which referred Felix directly to the NorthBay Medical Center Emergency Department.

Felix had been diagnosed with congenital hydrocephalus when he was born, a rare condition where fluid collects in the brain. It is most often treated by surgically inserting a plastic drain tube, or shunt system. The shunt diverts the excess fluid from the brain to another area of the body where it is naturally absorbed. Felix had received the shunt as a baby, and in his case, it ran from his brain into his abdomen.

For 30 years, occasional headaches were the only reminder Felix had of his shunt. But that was about to change.

In the Emergency Department, an ultrasound revealed a cyst pushing up against his kidneys. The cyst was caused by an infection that had started at the tip of his shunt. It was a rare, but not unheard of, side effect of the shunt. The following morning he underwent abdominal surgery to remove the cyst and was placed in the intensive care unit (ICU) on IV antibiotics. But the stubborn infection remained.

He was referred to neurosurgeon Jeffrey Dembner for removal of his shunt. "Felix had all the signs and symptoms of shunt failure," Dr. Dembner says. "An infection could have been brewing for a long time before Felix felt any symptoms. But now it was apparent that the shunt had to be removed to stop the infection."

Three days after his first surgery, Felix and Dr. Dembner began the journey that would restore the young man's health. In the first of what would be three surgeries, Dr. Dembner removed the shunt from his abdomen. Felix remained in the ICU receiving strong antibiotics, but the infection was tenacious.

In a second surgery, Dr. Dembner removed remnants of the shunt from his

For 30 years, occasional headaches were the only reminder Felix had of his shunt. But that was about to change...

brain and add a new drain. In the days that followed, his infection was cured. "At this point, we discussed whether Felix even needed a new shunt," Dr. Dembner explains.

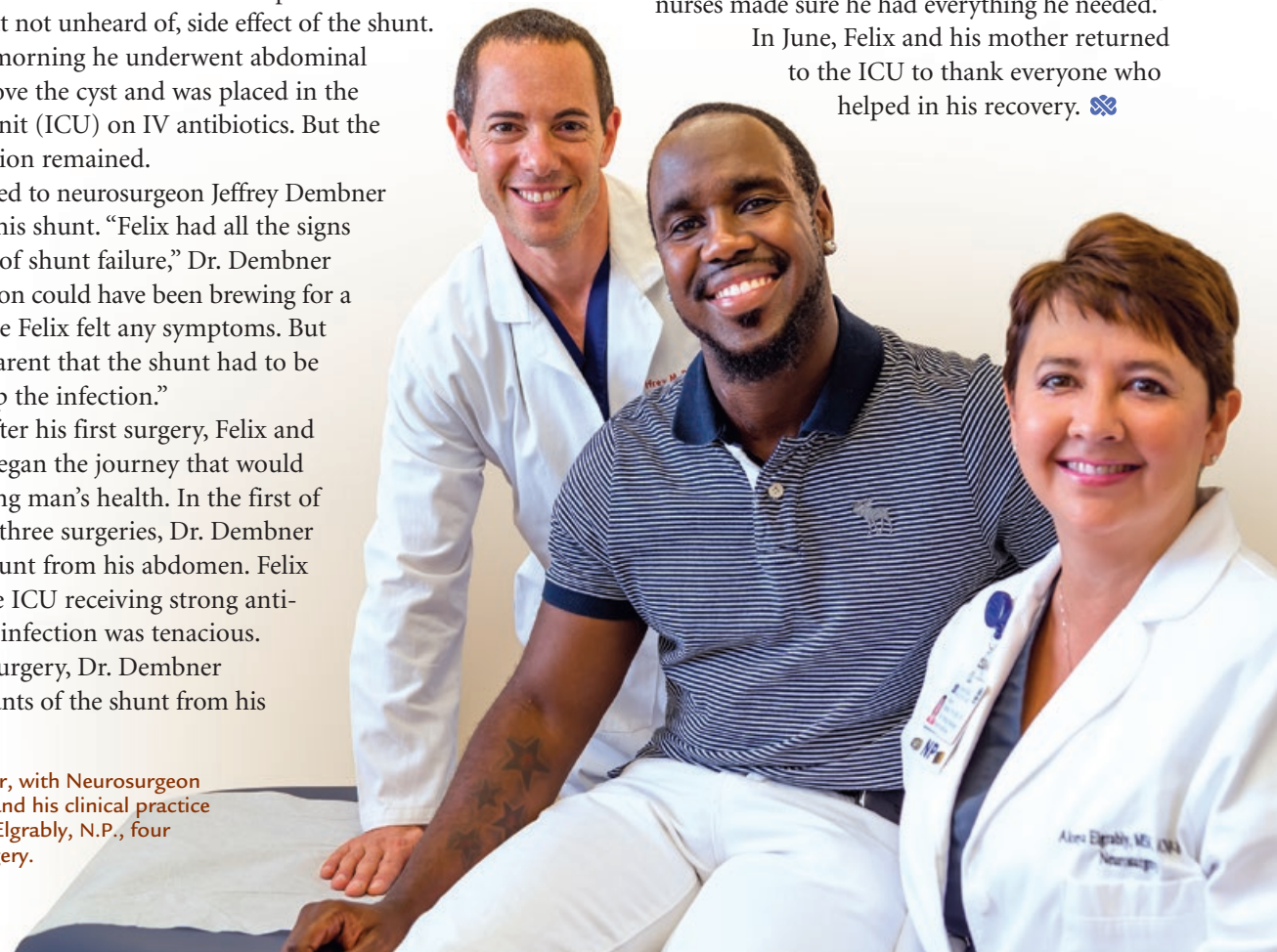
But within a few days Felix began to experience painful headaches caused by too much fluid pressure in his brain. He needed a new shunt, and in a final operation, Dr. Dembner placed the plastic tube, which this time drained into a chamber of his heart.

Felix spent a total of three weeks in the ICU on IV antibiotics. He has nothing but praise for Dr. Dembner, his ICU nurses and Alonya Elgrably, nurse practitioner and clinical practice manager for Neurosurgery.

"It's hard to keep a healthy man in an ICU bed, simply because he's hooked up to monitors and needs antibiotics," Alonya says. "I made rounds daily to check on his progress and provide some companionship. I know the ICU nurses made sure he had everything he needed."

In June, Felix and his mother returned to the ICU to thank everyone who helped in his recovery. ❧

Felix Edens, center, with Neurosurgeon Jeffrey Dembner and his clinical practice manager Alonya Elgrably, N.P., four months after surgery.





STAR Treatment

Cancer Center Helps Patients Find ‘New Normal’

David Amar, right, wanted his post-cancer life to be as close to normal as possible—including a return to bike riding—and his care team of Dr. Jonathan Lopez and Maricel Roblez prepared a STAR Survivorship Plan that guided him to his goal.

Most people see their physician once a year for regular check-ups, and perhaps trade a few emails if they have non-urgent medical questions.

But it’s quite different for patients of the NorthBay Cancer Center. “We do wind up building a close relationship with our patients, because they’re in contact with some member of our team on a daily or near-daily basis,” says Teresa Langley, director of Oncology Services.

“It’s so much more than just the time they might spend in the chemotherapy infusion chair, if that’s what their treatment requires. They’re meeting with their doctors, being followed up on lab work, being scheduled for, or perhaps recovering from, surgery.”

All this interaction means a true bond is built between the patients, their families, and our oncologists, nurse navigators, and others in the cancer-fighting effort that can stretch over weeks, months, and even years, Teresa agrees.

David Amar, 56, a Vacaville father of five, is one of those patients. He is quick to tell you how grateful he is for the support he received from NorthBay physicians, surgeons, and cancer specialists, since first starting treatment there in May, 2013.

“There are amazing angels at the Cancer Center,” he says. “Everyone is caring, sympathetic and smiling. Even on the bad days, the ones where it’s hard to get out of bed, the nurses were, without exception, kind, encouraging and accommodating.”

David’s cancer journey began with a visit to his primary care physician in December, 2012. For years he been suffering from stomach pains and intestinal difficulties, but admits he was very reluctant to undergo a colonoscopy. But by December, he was feeling worse.

“My primary care physician at the NorthBay Center for Primary Care in Vacaville understood my discomfort and walked me through the procedure.

“This program was a way for me to work on getting back to my ‘new normal,’ without being tethered to physical or pharmaceutical crutches.”

~David Amar

He probably saved my life, and is one on a long list of true heroes I have met along the way.”

His doctor referred David to Mounzer Al Samman, M.D., a NorthBay gastroenterologist, who performed a colonoscopy. It revealed a very aggressive form of Stage 3 cancer. Within days, surgery was scheduled, and when David awoke, he learned a third of his colon, along with 13 lymph nodes, had been removed. “Things became very real, very serious at that point.”

His recovery was complicated by an extended hospital stay. “I received extraordinary care all the way, and when I was released from the hospital, Jonathan Lopez, M.D., an oncologist at the NorthBay Cancer Center, came into the picture. His bedside manner and communication skills are fantastic; he told me I was going to be an active participant in my treatment, and I appreciated that.”

An aggressive round of chemotherapy began, and during his near daily visits to the cancer center for infusions, David says he was always met with welcoming faces, starting at the front desk and throughout the office.

Once his chemotherapy ended, David’s care team guided him to the next phase: recovery, where he became one of the first patients to enroll in NorthBay’s STAR Program (Survivorship, Training and Rehabilitation).

An avid mountain biker and runner, David had been referred to the STAR Program because he suffered debilitating side effects from the chemotherapy. “I got severe neuropathy. It really knocked me off the rails. I was dropping things, couldn’t walk, lost my sense of balance and even hit my head.”

He was also suffering from “chemo brain,” a kind of foggy mental after-effect of chemotherapy. On many medications and suffering from lymphedema, David was determined to find a way to get better.

“This program was a way for me to work on getting back to my ‘new normal,’ without being tethered to physical or pharmaceutical crutches.”

He was then referred to Maricel Roblez, nurse practitioner and patient navigator for the STAR

Program. “When I first met with Maricel, she asked me what I wanted. I told her I wanted as close to normal a life without medications as possible. I wanted to run and ride my bike again.

“Maricel laid it all out, helped me identify my goals and understand what was achievable. She prepared me for what was to be a very challenging and emotional battle.

“It was a very difficult time,” he recalls. “I could have just accepted my limitations and numbed up on drugs. Instead I pushed myself to do the work that Maricel laid out for me.”

Maricel set up a treatment plan for David that included visits with physical and lymphedema therapists. She also continued to set up David’s other follow-up appointments and keep an eye on his CT scans and lab tests. “She was the ombudsman of all my data; she had me covered 360 degrees.”

When he started with STAR, he wasn’t even able to stand on his own at first. “It was very, very challenging.” But, NorthBay’s physical therapists were persistent and patient, and after nine months of therapy and follow-up visits, David is pleased to say he has nearly met all his personal goals.

“My new normal? I may only take Motrin. I can’t run, but I can speed walk! I’m riding a bike, not on mountain trails but on paved roads. In fact, I rode my bike to a Relay for Life event last fall, and when I got there, I looked up and there was a group of NorthBay Cancer Center infusion nurses. When we saw each other, we gave each other hugs and high fives. It was fantastic.”

STAR Shines Way for Patients

NorthBay’s STAR Program (Survivorship, Training and Rehabilitation) was begun in May, 2014, to help patients return as quickly as possible to their pre-cancer functionality. The program uses a team approach to deliver state-of-the-art cancer rehabilitation services to patients, whether they are in remission, living with cancer, or cured.

Patients are referred to the program by their oncologists, and care is covered by most insurance plans. They meet with Maricel Roblez, nurse practitioner, who develops a survivorship plan of care based on individual needs and goals, and may include appointments with physical, speech or occupational therapists, social workers and mental health counselors, with the goal of improving their patients’ daily function and well-being.

For more information about NorthBay’s STAR Program, call the NorthBay Cancer Center at (707) 646-4000.

Uplifting Experience

Coaches Lend a Hand, Equipment to Boost Patient Care



Lift Coach Cory Barber rolls a lifting device through the ICU at NorthBay Medical Center.

Lift Coach Cory Barber hits the ground running as soon as his shift starts at NorthBay Medical Center. Professionally trained in safe patient handling, he works at the bedside with nurses, physical therapists and occupational therapists whenever help is needed moving patients. “My phone starts ringing and the requests come in,” Cory says. He logs each call into his computer tablet and begins to make his rounds of the patient care units. On a typical day he will assist in patient repositioning, lift transfers and the use of mobility equipment.

“I make regular rounds to check in with the nurses and ask if they need help,” Cory says. “As I help, I’m also coaching the nurses on safety techniques. For a nurse, one wrong lift can cause a career-ending injury, and that’s what I’m here to prevent.”

Because the risk of injury is so high, California law requires all healthcare workers in acute care hospitals to be trained in safe lifting techniques, the appropriate use of lifting devices and equipment and the types of patient handling that may expose them to increased risk of injury.

NorthBay Healthcare contracts with Atlas Lift Tech, Ltd., a Bay Area-based firm dedicated to promoting safety in health care settings, to provide training in safe patient handling. Their lift coaches debuted at NorthBay Medical Center in 2012 as part of an on-going effort to create a culture of safety within the organization. The program proved so valuable that lift coaches were added at NorthBay VacaValley Hospital the following year. Lift coaches now work at NorthBay Medical Center and NorthBay VacaValley Hospital daily from 7 a.m. to 11 p.m.

Their No.1 priority is to provide bedside coaching and education on safe patient handling and mobility, but their responsibilities also include responding to patient falls, codes and Rapid Response Team calls. “When a code is called, or in the rare instance when a patient falls, it’s my responsibility to bring the appropriate lifting device, if it is needed,” Cory says. In addition to training staff, lift coaches are responsible for maintaining the inventory of a wide range of lifting materials and equipment.

Nurses have embraced the lift coaches and consider them an integral part of the health care team. “The coaches help us carry out the daily tasks of transferring and repositioning patients in an easier, more efficient and safer way, without the added stress and strain on our bodies, especially our backs,” one nurse wrote in a recent survey.

Since implementing this program in September 2012, NorthBay Healthcare continues to experience a decreasing trend in paid claims related to the patient lift/transfer of care staff injuries.

“I love my job,” Cory adds. “I enjoy the interaction with both staff and patients. When you can help someone get out of bed for the first time and then see them progressively get better, it’s very rewarding.”

“One wrong lift can cause a career-ending injury. That’s what I’m here to prevent.”

~Cory Barber, Lift Coach



The security team at NorthBay Medical Center and NorthBay VacaValley Hospital has grown to 65-plus and works round-the-clock, 24/7/365.

Your Safety Comes First Team Creates NorthBay’s Security Bubble

When a verbal altercation between two groups of visitors erupted into a fistfight in the parking lot of NorthBay Medical Center, it only took moments for NorthBay Healthcare’s security team to step up and deftly diffuse the situation, dispersing the crowd, restoring calm.

It was all over in minutes and no one was hurt. “They did everything they were supposed to do, and they did it beautifully,” says Rich Cinfio, NorthBay’s chief security officer.

“They brought control and influence. They were a strong, professional presence. That’s the security bubble we’ve created at both of our hospital campuses.”

Violence in hospitals across the nation has been on the rise for the past several years, notes Rich. Healthcare providers continue to grapple with how best to identify early indicators of violence to enhance prevention, and what response strategies are most effective. At the same time, it’s no secret that Fairfield has had its share of challenges in the past few decades, with crime, drugs and gang activity.

Just a few years ago NorthBay Healthcare contracted with a security-for-hire company, but a survey made it clear that staff wanted more.

Enter Rich Cinfio, a longtime lawman, who was hired as NorthBay’s security program director. After an assessment, he proposed a sea change: that NorthBay hire and train its own security force.

Within a year, 43 part-time and full-time security officers, supervisors and plainclothes officers were on the team. By the end of this year, more than 60 will pledge allegiance to the NorthBay force. “It gives us more control on training and consistency,” says Rich.

Rich, who retired as captain of the San Carlos Police Department after three decades, spent a year and a half on the security team at Stanford University, where he learned Human Behavioral Threat Assessment—skills that he uses to this day.

As a result, NorthBay’s security staff is trained to handle not only physical confrontations but practice conflict resolution.

Security staff is trained in conflict resolution as well as being able to handle physical confrontations.

“It sometimes requires a little verbal judo,” Rich explains. “It’s a very academic approach to assessing danger. It’s not just reacting on a hunch, it’s analyzing the data to determine how real a threat might be.”

Rich, an FBI National Academy and West Point Leadership Program graduate, has not only trained his security team, but also makes training available to every employee, and writes an occasional blog about best safety practices and security measures.

“Unfortunately, society is growing increasingly violent. Social service does a fantastic job, but the lack of mental health resources in this state is a sad state of affairs. It’s easy to get overwhelmed quickly,” says Rich. “That’s why we’re here. We keep our campus safe for employees, patients and visitors.”

Lung Cancer Screening Offered in December

Thanks to a local nonprofit foundation, lung cancer screenings will be offered to “high-risk” local residents for whom cost would be a barrier.

NorthBay Cancer Center and Solano Diagnostics Imaging (SDI) will offer the free screenings as well as low-cost CT lung scans from 10 a.m. to 2 p.m. on Saturday, Dec. 5, at Solano Diagnostics Imaging in Fairfield.

“High-risk” candidates for lung cancer are between the ages of 55 and 74 and have a 30-pack-a-year history of smoking. Candidates are eligible if they’ve quit within the past 15 years or are still smokers.

A painless 10-second CT scan can detect lung cancers at a very early stage and result in a surprisingly high rate of survival. Ronnie Link of Vacaville had a lung scan in 2013 which detected her cancer at its earliest stage. Following surgery to remove part of her lung she is now cancer free. She vowed to start a foundation to provide screening for those who couldn’t afford the test.

SDI is an American College of Radiology designated lung screening center, which means it has the equipment needed to perform the scan and the expertise to read the scans and provide follow-up if necessary. SDI will bill the patient’s insurance company and Link’s foundation will cover the screening cost for patients with no insurance or with an unaffordable insurance co-payment.

For complete screening criteria or to make an appointment, call SDI at (707) 646-4646. 

Three New Senior Execs Join the NorthBay Team

Three new faces have been added to the NorthBay Healthcare executive team, all focused on improving quality of the patient experience.

Traci Duncan starts this fall as NorthBay Healthcare’s vice president and chief nursing officer, replacing Kathy Richerson who retired in July after a 15-year stretch. She comes to NorthBay from the University of California, San Francisco Medical Center, where she served as associate chief nursing officer for six years.



Prior to her role at UCSF, Duncan worked as vice president and chief nursing officer for Swedish Health System in Seattle. She has a Doctorate of Nursing Practice (DNP) from University of San Francisco, a master’s degree from the University of Portland and a bachelor’s from Oregon Health Science University. She is a Wharton Nurse Executive from the Wharton School at the University of Pennsylvania.




In June, **Diana Nalett** assumed the role of vice president of operations for the Ambulatory Division. Nalett joined NorthBay in 2014 as director of Orthopedics and Rehabilitation, before taking the reins of operations at Ambulatory Services.

She oversees the directors and managers who operate Health at Home, Hospice, Cardiovascular Services, Women’s Health, Rehabilitation Services, Specialty Services, Oncology and the Adult Day Center.

She has more than 25 years of experience in physician practice management and most recently was director of orthopedics and service line operations at Bronson Healthcare Midwest in Kalamazoo, Mich.

Nicole Brocato was promoted to vice president and chief quality officer in February, six months after joining NorthBay as director of Performance Management. Brocato provides oversight and direction to that team as well as case management, patient safety, corporate risk management, medical staff services and infection prevention.

She is a registered nurse and has a master’s degree in business administration from the University of San Diego, and certification in Project Management and Lean/Six Sigma. She has led quality divisions for other health care organizations. 



Thrilled to Build



In September, the walls went up at the new facility in Vacaville.

A massive crane gently lifted 57 individual 42-foot-tall concrete panels into place in early September as a new Wellness Center quickly began to rise on the grounds of the NorthBay Vacaville Hospital campus in Vacaville.

The 110,000-square-foot building, which should be completed this time next year, will house a new NorthBay Cancer Center, a medical fitness center and a variety of specialty services. It and a three-year modernization project at NorthBay Medical Center in Fairfield represent NorthBay Healthcare’s investment of more than \$200 million in advanced medicine in Solano County.

On the site to witness the first 200,000-pound panel being lifted into place, NorthBay President and CEO Gary Passama noted, “It’s a big day for NorthBay, because after three and a half years of planning, the walls are finally going up.”

Once the exterior walls were in place, work began on the interior. The three-story structure will also include an outpatient diagnostic imaging center, diabetes and endocrinology, orthopedics, rehabilitation services and cardiac rehabilitation.

The west end of the building will host the county’s first medical fitness center. In 56,000 square feet, it features




A new parking lot is under construction behind NorthBay Medical Center.

a natatorium (aquatic center) with lap pool, general purpose pool, warm water therapy pool and whirlpool. There will be two group exercise rooms, a Queenax fitness system, dedicated Pilates and cycling rooms, a large cardio area, and strength training and personal training areas.

Meanwhile in Fairfield, preliminary site work is well under way as a good portion of NorthBay Medical Center is replaced, renovated or modernized. The first phase comprises a 4,500-square-foot welcoming pavilion as well as new

infrastructure in preparation for the next phase.

Once the welcoming pavilion is completed, emergency services and the NorthBay Trauma Center will expand into the old lobby.

A 76,000-square-foot three-story wing will feature a new concept in surgery suites as well as 22 “patient rooms of the future.” The wing will replace older sections of the 50-year-old Fairfield hospital and will include diagnostic imaging services, and a spacious cafeteria and kitchen facility. 

Hard Hat Report Tracks Construction

With the frenzy of construction activity occurring at both NorthBay Medical Center and NorthBay Vacaville Hospital campuses, a new section has been created on our website to help visitors navigate buildings and parking quickly and safely. NorthBay.org/hardhat offers construction and traffic updates, as well as background about the projects, details on the architects, builders and renderings of the final designs. The website has live web cams at both sites, so progress can be easily monitored.



Guardian Angels of NorthBay's NICU

With deft and practiced movements, Corinne Vogel, 72, of Fairfield scoops up a 3-month-old boy from his bassinet and cradles him in one arm, while answering the phone with her free hand.

It's a social worker checking in. Corinne, a veteran foster mom, answers questions while grabbing a bottle from the refrigerator. She scoops up a handful of pretzels and places them on the table as she calmly sits down.

Her husband, Roger, also 72, joins her, cradling a 4-month-old girl who quietly watches the activity around her. Next to them is a tow-headed toddler in leg braces. Sitting in a high chair, he giggles as he picks up the pretzels one by one, clearly enjoying his treat.

They may look like seasoned grandparents enjoying a visit, but make no mistake, this couple has mastered all the parental chores and then some. They've served as foster parents to scores of medically fragile children in the past 40 years.

They've learned to deal not only with midnight feedings, tummy aches and active toddlers, but with respirators, drug withdrawals and countless therapy appointments around Northern California.

"I've been working with the Vogels for 28 years," says Kathy Smith, supervisor of the Pediatric Program at NorthBay Healthcare. "They are a vital part of our care team. They may have a child for a few days, months or sometimes years, and they treat them as if they are their own. These children thrive under the love and care they give."

Since 1973, the Vogels have provided a home and health care to more than 120 children. Of those, six children have never left their care, Roger explains, as they were adopted into the Vogel family. These special additions join their five biological children. In all, the Vogel children range in age from 22 to 45.

Fostering was not something they aspired to do as newlyweds, Corinne explains. When their first biological

The Vogels share their story now in hopes that it will encourage others to become foster parents.

child was just over 2 years old, the notion came to them through a Bible passage. "We realized there are so many kids out there, and they need help. And, in the Bible it says to feed the hungry, clothe the naked, and shelter the homeless."

They were living in Pennsylvania at the time, but became licensed in California when Roger's job with Chevron brought them to Fairfield—and NorthBay—in 1985, the year after NorthBay opened its Neonatal Intensive Care Unit.

"Through the years we have developed good working relationships with pediatricians, the NICU nurses and pediatric respiratory and physical therapists at NorthBay," Roger says.

"We take the children to the pediatricians or specialists they're already



Corinne and Roger Vogel have embraced the needs of more than 120 medically fragile children over the years, and have established a fund through NorthBay Healthcare Foundation to assure that their legacy of caring continues.

seeing, because we believe in consistency," Corinne says, even if it means making daily or weekly treks to pediatricians or specialists in Vacaville, Fairfield, Oakland, Sacramento or San Francisco.

"Our foster children may have been drug-exposed, have medical conditions a parent is not able to handle, have suffered neglect or abuse," explains Corinne. "We've cared for children who have suffered burns, have fetal alcohol syndrome, spina bifida, cleft palates or have trouble swallowing."

The Vogels are well respected within the system for what they do, says Kelly McMahon, speech language pathologist with NorthBay Healthcare. "Fostering these children is a demanding job, physically and emotionally, but Corinne and Roger do it with such grace that it looks easy."

Kelly notes the Vogel home bustles with the constant flow of visitors—from social workers to therapists and early interventionists. "People are constantly in their space, but it

doesn't seem to faze them," says Kelly. "They strive to give that individual child whatever he or she needs."

The Vogels are humble, but proudly share success stories and special memories. "The first child we fostered came to us at 10 weeks old and had a heart condition," recalls Roger. "She now is grown, has three kids of her own, and lives in Sacramento. She was also the first one we adopted."


And then there is the young lady adopted at age 5. "She came to us as a failure to thrive at three months. She had been drug-exposed," he adds. "She had such a tough start. But, two years ago she graduated from Fresno State University on a swimming scholarship. Now she is married and just had her own baby a few months ago."

In 2010, the Vogels were honored with the "Outstanding Foster Parents" award by the American Society for Public Administration's Section on Democracy and Social Justice. "The Vogels are an exceptional family," said Supervisor John Vasquez at the time. "They demonstrate compassion, love,

faith, and above all, the hope that these children need so they know there is a better day possible."

The Vogels share their story now in hopes that it will encourage others to become foster parents. "There really is a shortage of people who can care for the medically fragile," says Roger. "And, we established an annuity through NorthBay Healthcare Foundation so that the NICU will continue to receive funds into the future. We'd like others to consider something like that, too."

"NorthBay has provided such valuable, essential services, we wanted to give back," Corinne adds. "Setting up an annuity was a way for us to ensure that these essential services are there for others."

They have no plans to retire as there are children who need them, admits Corinne. "It's so rewarding to take these little guys with such problems, get the medical care they need, give them attention, and watch them blossom." 



A Gift Guaranteed for Life

Corinne and Roger Vogel have made the care of children a cornerstone of their legacy, by establishing a charitable gift annuity through NorthBay Healthcare Foundation. Charitable gift annuities provide purchasers with a fixed stream of income, a portion of which is tax-free and also generates a significant tax deduction.

Payments from a gift annuity are based on the age of the donors, and are guaranteed for life. After they no longer need the income, the Vogels have instructed that the remainder of the annuity be used by NorthBay Healthcare Foundation to create a permanent fund that will support the NorthBay Neonatal Intensive Care Unit.

NorthBay Healthcare Foundation is the only Solano County-based nonprofit organization officially licensed by the state of California to offer charitable gift annuities. For more information, contact Brett Johnson, president of the NorthBay Healthcare Foundation at (707) 646-3130.

Welcome New Physicians



Ameer Almullahassani, M.D., neurologist, has joined the NorthBay Medical Group in Fairfield. He earned his medical degree from the Damascus University School of Medicine in Syria. He completed his internship in internal medicine at Atlantic City Medical Center in New Jersey and a residency in neurology and a fellowship in neurophysiology and neurology at The University of Texas and MD Anderson Cancer Center in Houston.



Herkanwal Singh Khaira, M.D., urologist, has joined the NorthBay Medical Group in Fairfield. Dr. Khaira earned his medical degree from the University of Southern California in Los Angeles. He completed his internship at the University of Michigan Medical Center in Ann Arbor, and a fellowship in urology at The Royal Melbourne Hospital in Australia. He is board-certified in urology. Dr. Khaira cares for children and adults, both men and women.



Nazia Hasan, M.D., interventional gastroenterologist, has joined the NorthBay Medical Group in Fairfield. Dr. Hasan earned her medical degree from George Washington University School of Medicine and Health Sciences, and completed her internship, residency and fellowship training in gastroenterology at New York University School of Medicine. She then completed an advanced endoscopy fellowship at Harvard Medical School in Boston.

 *View all of our NorthBay physicians at NorthBay.org.*



Annual Flu Shot is a Healthy Choice

Flu season is 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 Locke, 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 September and continue as late as March.


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

Open Enrollment Time

It's open enrollment season and you probably have questions. NorthBay Healthcare has a solution—Call Kelly!

It's not only the catch phrase of our fall advertising campaign, it's a quick link to Kelly Rhoads-Poston, NorthBay marketing representative, who is our expert at helping you navigate the murky waters of healthcare insurance options.

She can answer questions about the major health plans that contract with NorthBay, including Covered California (Western Health Advantage and Anthem Blue Cross); Aetna PPO; Anthem Blue Cross PPO; Blue Shield HMO, PPO and POS; Cigna HMO, PPO, POS and EPO; Medicare, United-Healthcare PPO; TriCare Prime, Standard, Extra and TriCare for Life; and Western Health Advantage.

Call Kelly at (707) 646-3280 or visit NorthBay.org. 

Community Health Education Classes

Healthier 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. For information or to register, call (707) 646-5469 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 • Adult support groups meet every other Wednesday in Fairfield. Cost: Free. Please call (707) 646-3517.

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

Widows Grief Support Group • A grief support group for widows meets every other Tuesday. Cost: Free. Call (707) 646-3517.

Teen & Children's Bereavement Support Groups • Teen support group meets every other Monday for eight weeks. Children's support group meets every Wednesday evening for eight weeks. Parent/Guardian approval required for participation. Cost: Free. Call (707) 646-3517.

Adult Grief Support Class, Journey Through Grief • Class meets weekly for eight sessions. Limited to 12 people per group. Participants follow a step-by-step approach using a book and journal. Cost: Free. For schedule and to register, call (707) 646-3517.

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. at NorthBay VacaValley Health Plaza, Suite 240 or Suite 290, Vacaville. Cost: Free. Call: Elizabeth Gladney, (707) 646-4034.

Nutrition Class for Cancer Patients • Join NorthBay Dietitian Devin Robinette, R.D., to learn what to eat before, during and after cancer treatment and how to eat to enhance your response to treatment. Cost: Free. Limited seating. Call (707) 646-4014.

Veteran's Widowers Support Group • A grief support group for veterans meets on Thursdays from 10 to 11 a.m. Cost: Free. Call (707) 646-3517 for dates.

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: \$40 per person. 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.

Maternal/Child Health Classes

All prenatal and maternal child health classes are free if you are delivering at NorthBay Medical Center.

Sign up at www.NorthBay.org or call (707) 646-4162.

Brothers & Sisters To Be

Prepare children ages 3–9 for the arrival of a new baby.

Labor of Love

A four-week prepared childbirth class for moms and dads or coaches; register in fourth month of pregnancy or earlier.

Labor of Love—Weekend Class

A prepared childbirth class for moms and dads or coaches. Held Friday evenings and Saturdays.

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.

Newborn Care

Expectant parents are instructed on daily care, nutrition, safety and development for the first few months of life. One-session course.

Maternity Orientation and Tour

A tour of NorthBay Medical Center’s maternity unit. Information about hospital registration, birth certificates, and other pertinent information is provided.

Breastfeeding the Baby-Friendly Way

Babies are born to breastfeed. Learn normal newborn behavior and what to expect from a lactation expert. Support persons are encouraged and welcomed.



Pulmonary Education Series • Three-session course 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.

Five Friendly Tips

to Help You Choose the Right Medical Group



Find doctors who will help you stay healthy and listen to your concerns.

Meet our doctors at
NorthBay.org/Doctors

Select a group with locations close to where you live or work.



See for yourself:
NorthBay.org/Locations

Choose a group that sees you when YOU need to be seen!

Same day appointments
until 8 pm, 7 days a week.

Make an appointment:
NorthBay.org/InQuicker

Make sure it's easy to talk with your doctor!



It's simple. Download our App or go online with MyNorthBayDoc!

NorthBay.org/MyNorthBayDoc

Still have questions?...

Open enrollment is confusing. Feel free to discuss your open enrollment options with our insurance specialist.

Ask Kelly!
(707)646-3280

KRhoadsPoston@NorthBay.org

NorthBay.org/OpenEnrollment



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