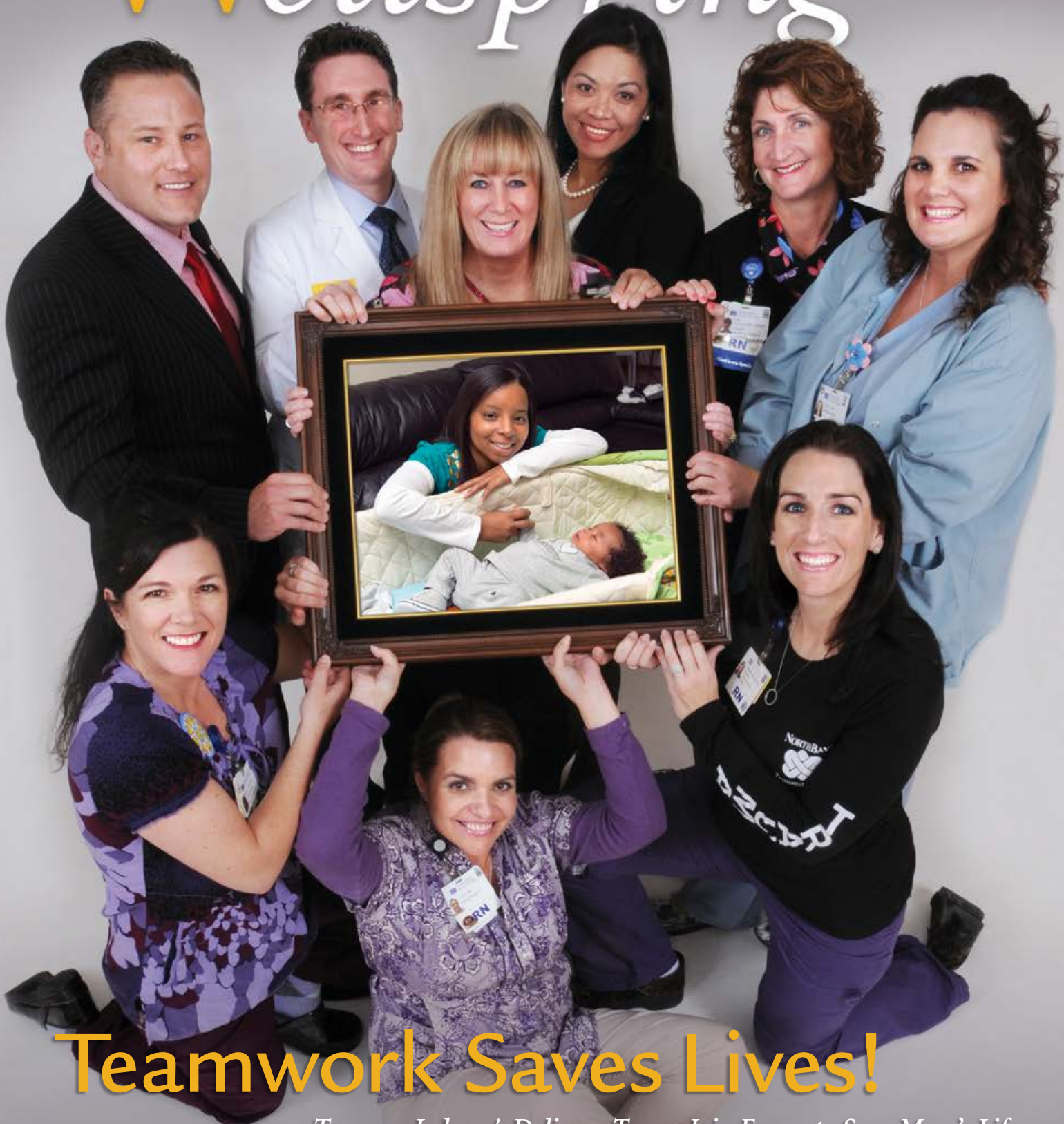


Wellspring



Teamwork Saves Lives!

Trauma, Labor & Delivery Teams Join Forces to Save Mom's Life



Focusing on Children

This year, the emergency departments of our two hospitals expect about 10,000 visits from pediatric patients, those vulnerable young people who come with a fever, an aching tummy, a broken arm, and unfortunately, some things worse.

While NorthBay Healthcare has been busy developing new advanced medical services for women, heart attack patients and those with neurological injuries, we have not forgotten the children. From birth, to the almost inescapable visit to the ER, and all through the growing years, young patients get our full attention.

In this issue of *Wellspring* you will learn a lot about the breadth of services for young patients, and hear from some of them how they benefited from our care.

This year we expect to earn designation as Solano County's first EDAP—an Emergency Department Approved for Pediatrics. To achieve that status, we must prove that we stand ready when a child arrives in need of prompt care. We know that a child's medical needs are quite different from an adult's.

Our Level III NorthBay Trauma Center and our respected Neonatal Intensive Care Unit distinguish us from the other healthcare providers in Solano County. Our care is complemented by our partnerships with pediatric trauma centers at UC Davis Medical Center and Children's Hospital Oakland.

The most seriously injured children will be cared for by these regional centers. But our around-the-clock hospital-based pediatricians can admit and care for most youngsters.

Our Center for Primary Care and its three locations in Fairfield and Vacaville buttress our pediatric care system. The number of pediatricians and family practice physicians who have chosen to practice medicine at NorthBay Healthcare has grown steadily over the last decade, a sign of our commitment to our family, friends and neighbors, regardless of their ability to afford quality care.

Enjoy this edition of *Wellspring*. We are proud of our dedicated, highly skilled team that is here when you need it.

Gary Passama
President and Chief Executive Officer



2 On the Cover: Porsha's Blessing

It took multiple teams of doctors, nurses, lab techs, pharmacists and more to save the life of Porsha Jenkins on Jan. 11, 2013. On the cover are just a few of the folks who responded that day, including team members from Labor and Delivery, the Emergency Department and ancillary services. Pictured are (seated beneath the framed photograph and moving clockwise) Lori Gould, R.N.; Katie Lydon, R.N., clinical manager for Women's and Children's Services; Daman Mott, R.N., director of Trauma and Emergency Services; Dan Ford, pharmacist; Leigh Fannin, R.N.; Rowena Vince-Cruz, blood bank director; Deborah Thorson, R.N., Women's and Children's Services director; Amy Ciraulo, R.N.; and Heather Venezia, R.N., Trauma Program director.



6 Broken Leg Can't Stop Kelan

A playground tumble turned ugly and left a 5-year-old with a fractured femur, but help wasn't far away.

Parents, Don't Panic; Come to NorthBay

When a child is injured, it's understandable that parental panic can set in. But take a deep breath, dial 9-1-1, and know that NorthBay Healthcare's professional physicians and staff are ready to respond in a moment's notice.

Not only does our Level III Trauma Center at NorthBay Medical Center stand ready to help patients of all ages, but NorthBay's Emergency Department is focused on providing the very best pediatric care for young patients. That means specially sized tools and equipment are ready and our staff is trained for the unique needs of children. NorthBay even promotes an "Ouchless ER," using innovations in pain control and fluid delivery to make a scary day a little less scary.

In some cases, a child's most critical moments happen at birth, but new parents can find comfort in knowing that our Neonatal Intensive Care Unit and trained staff are ready to step in and provide TLC to the little one and parents alike.

Of course, older children are not immune from crises either. Falls are the leading cause of trauma cases, regardless of age and particularly active youngsters—on bikes, skates, scooters—tend to do real damage.

That was certainly true in the case of 5-year-old Kelan Metzler-Pell, who was running when he tripped and broke his femur. And 11-year-old McKenna Sacca, who was in the middle of an intense soccer match when she suffered a head injury and ended up in our Emergency Department.

Emergency visits are not always injury-related. The No.1 reason kids end up in the emergency department is fever, followed by abdominal pain and vomiting. When your child suffers any of these symptoms, it can be scary, but rest assured:

Help is here. ☘

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17 A Grand Milestone

NorthBay's prenatal educator is teaching a second generation about preparing for new life.



26 Christening Christine

NorthBay Guild Volunteer Christine Franklin's memory lives on, her name emblazoned across the front of a pink fire engine.

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Editorial Staff
Steve Huddleston
shuddleston@northbay.org
Diane Barney
dbarney@northbay.org
Marilyn Ranson
mranson@northbay.org
Sally Wyatt
Debbie Hooks

Publication Designer
Page Design Group

Photographers
Henry Khoo, Gary Goldsmith,
Diane Barney



Porsha Jenkins is counting her blessings, now that she's back at home in Dixon, taking care of Corrie-Ray and her other children, Uriah and Japre. She and her husband, Elvin, believe the hand of God was at work, guiding the hands of NorthBay doctors and nurses.

Trauma Team Delivers Dramatic Rescue

Porsha's Blessing

It should have been one of the happiest days of Porsha Jenkins' life. The 27-year-old mother of two reported to NorthBay Medical Center for a Caesarean section, her third "birth by appointment." And for once, all the planets seemed aligned, according to her husband, Elvin.

There was little traffic on the freeway, Porsha's mother, mother-in-law and grandmothers all arrived on time. And the procedure went off without a hitch, with the birth of 6-pound, 13-ounce Corrie-Ray Jenkins, at 1:04 p.m. on Jan. 11, 2013.

Then it all went sideways, when a life-threatening complication occurred.

"I remember when the nurse began to massage my stomach, it really hurt," Porsha recalled. "I looked at the monitor and my blood pressure was plummeting. I'm a medical assistant and I knew that wasn't normal. I got very scared and started crying."

She remembers very little about the next two weeks, other than being rolled back into the operating room.

What no one knew at the time was that Porsha had some severe scar tissue on her bowel from a previous surgery. It's uncertain what prompted the scar tissue to break loose, but one thing is certain: she began bleeding profusely.

Leigh Fannin, R.N., Porsha's labor and delivery nurse, took only a second to react, calling a "Code Blue"—hospital-speak for life-or-death emergency. Within minutes, Porsha's room was filled with physicians and nurses from across the hospital.

Dr. Camile Barnes, Porsha's obstetrician, had already left following the delivery, but came back as soon as she was paged. Hospitalists and anesthesiologists responded, as did Women's and Children's Services Director Deborah Thorson, R.N., and Daman Mott, R.N., director of Emergency and Trauma



"The beauty of a trauma program is to have a plan to bring resources together and to put systems in place."

—Dr. Pete Zopfi

Services. Heather Venezio, R.N., Trauma Program director, came up from the ED to start the IV on the young woman whose veins were collapsing. Lori Gould, R.N., brought a rapid blood infuser from the post-anesthesia care unit, while Labor and Delivery nurses Michelle Harris, R.N., and Wislise Zamor, R.N., assisted Fannin. Pharmacist Dan Ford came to help the anesthesiologists and physicians avoid potential drug interactions.

The team began to implement NorthBay's Massive Transfusion Protocol, but Porsha was losing blood as fast as it was going in. In the end, she required more than 40 units of blood—four times her body's volume.

A former military nurse, Mott could tell more needed to be done, so he made a split-second decision to call a "Code Trauma" to summon another set of doctors and nurses. He has seen his share of traumatic casualties and knew Porsha was in grave condition.

Mott contacted David Grant Medical Center at Travis Air Force Base as well as local blood banks to ensure a constant supply would be available. NorthBay Blood Bank

continued on page 4 >>



Leigh Fannin, R.N.



Just six weeks after Corrie-Ray was born, Porsha was happy to be home and posing for photos with her family, including Japre, left, Uriah, 3, and husband, Elvin.

>> continued from page 3

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“Everything worked together for us to be in the right place at the right time with the right people.”

 — Porsha Jenkins

Director Rowena Vince Cruz coordinated efforts to keep the blood coming, and Thorson and Women’s and Children’s Services Manager Katie Lydon, R.N., literally ran downstairs to the lab and back to the second floor numerous times to deliver blood.

“It was obvious at this point that this was not a simple repair surgery,” Thorson said. “Dr. Barnes looked up and said, ‘I need a thoracic surgeon,’ and just like that, Dr. Seph Nafacy was there. She said, ‘I need a trauma surgeon,’ and Dr. Pete Zopfi appeared. It was as seamless as it could be.”

With two teams of doctors, nurses and support staff in the room, it could have been chaos, but “Dr. Zopfi is very calming,” Venezio said. “When he walked in, everyone felt like things would be OK.”

According to Dr. Zopfi, the key to the calmness is communication, organization and teamwork. “The beauty of a trauma program

is to have a plan to bring resources together and put systems in place,” Dr. Zopfi said.

“Lots of times, you look at life and death and focus on the surgeons. But we can’t accomplish anything without having the team set up and ready to do their part. This comes from planning ahead, and it allowed me to simply step into my role as surgeon.”

During the next four hours, the source of the bleeding was discovered and repaired, and a hysterectomy and temporary colostomy were performed. Porsha was finally stable.

“We were relying on everyone’s knowledge to do their thing,” Thorson said. “I was humbled and so proud to watch that team work that day. I feel truly blessed to have witnessed them working together as a cohesive team and be part of it. It’s the magic that happens when we work together for the patient.”

A second surgery was completed the next morning. By the time Porsha woke up, she was in the ICU asking about her baby.

Two weeks later, she returned to her Dixon home, where she and Corrie-Ray are surrounded by their loving family, including his big brother Japre, 7, and big sister Uriah, 3.

Porsha, moving gingerly as she recovers, is grateful. “If I had been any place else, I wouldn’t have made it,” she says emphatically. “If that team wasn’t there, or if I had been somewhere else, I don’t think the response time would have been as fast—they recognized something really bad was happening.”

Traumas can happen anywhere, even in the hospital. And often, trauma patients are our friends and neighbors, not strangers.

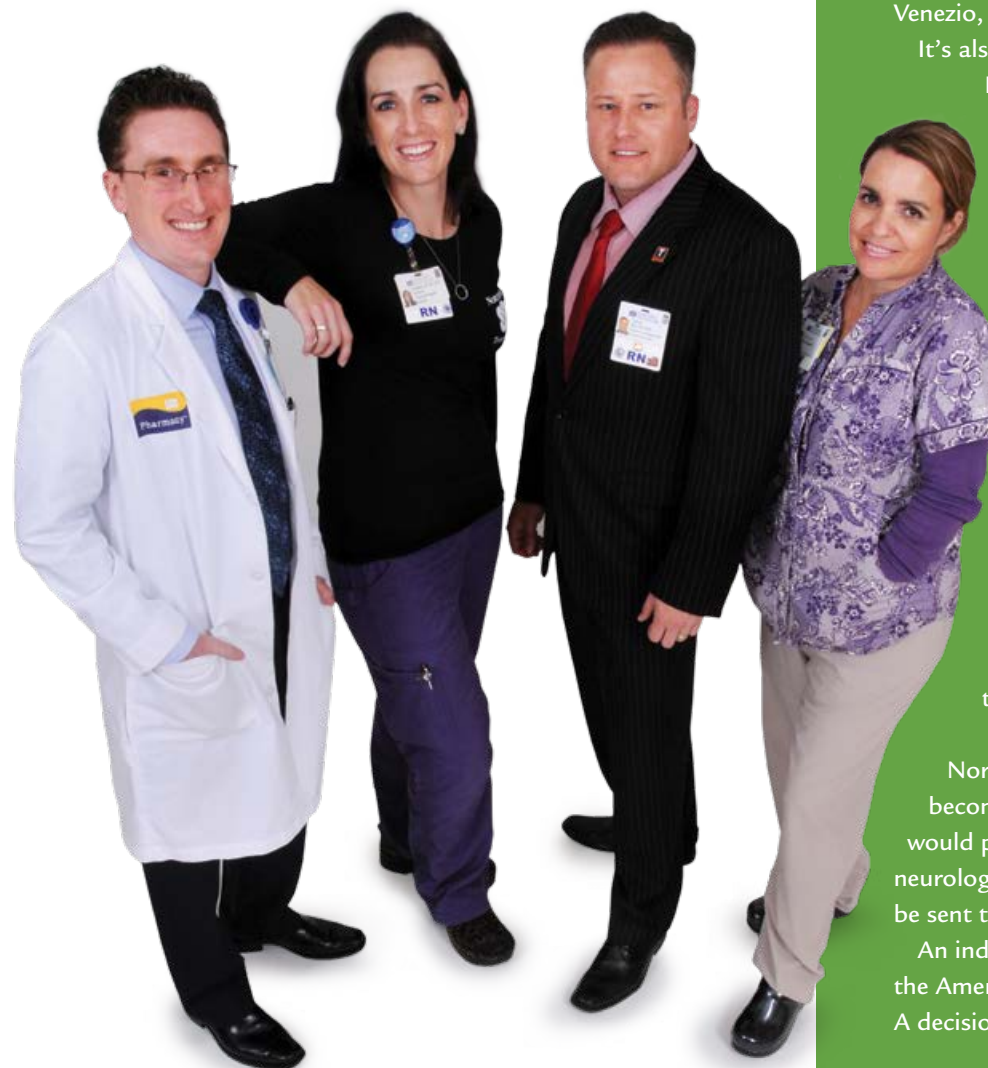
“When I was in surgery, my whole focus was on saving this young mother and we accomplished that,” Dr. Zopfi said. “But when she came to the office for her post-op check-up, I realized that I knew her—I had shopped at the medical supply store where she worked. She had such a bright outlook and spirit that I couldn’t forget her. It really brought home to me just how important it is to have advanced trauma services at NorthBay to care for our community.”

Porsha is living proof of that and her experience has convinced her to follow her dream to become a nurse. She knows she

has much to give back. “I think about the what-ifs—what if it had been an uneventful surgery and I was in my room holding my baby? But it wasn’t and the NorthBay nurses and doctors were wonderful. They revived me and kept me alive.

“Everything worked together for us to be in the right place at the right time with the right people,” Porsha continued. “Everyone worked together so smoothly and so quickly—they weren’t going to let me go. I am thankful and happy that they didn’t get tired or give up. We have so much life ahead of us—we are blessed.” ☘

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 Among the many team members to pitch in once a Code Trauma was called were Pharmacy Clinical Coordinator Dan Ford; Trauma Program Director Heather Venezio, R.N.; Trauma and Emergency Services Director Daman Mott, R.N.; and Recovery Room clinical nurse Lori Gould.



NorthBay Staff Replenish Supply

Susan Gornall, director of Perioperative Services, is all smiles as she donates blood to BloodSource at NorthBay Medical Center in April. More than 100 NorthBay Healthcare employees, family and friends—as well as friends and family of Porsha Jenkins—turned out to replenish the supply. Porsha needed 40 units of blood during her crisis, nearly four times her body’s volume.



NorthBay Medical Center is Schooled in Trauma Care

NorthBay Medical Center was designated Solano County’s first Level III trauma center in 2011. Now, severely injured patients are able to receive care quickly and close to home rather than being transported long distances for care.

Level III centers typically care for patients with serious injuries, mostly from accidents. However, as Porsha Jenkins’ story reveals, a trauma team is ready to respond no matter what the cause of the trauma.

Having a Level III Trauma Center with obstetric capability and training made the critical, life-saving difference in this case, says Daman Mott, R.N., director of Emergency Services and Trauma.

NorthBay’s trauma plan is based on policies and procedures to cover any conceivable trauma situation, including obstetrics. Every department at NorthBay Medical Center has trauma drills to allow nurses and physicians from across the hospital to get to know each other and learn what to expect during a traumatic situation. “Having specialized nurses oriented to trauma means we all respond faster, with greater focus. This situation is a testament that we are able handle anything,” adds Heather Venezio, Trauma Program director.

It’s also a reminder that traumas are not just delivered to the Emergency Department by ambulance. They can happen anywhere, even in the hospital.

NorthBay Medical Center has invested years building an infrastructure for trauma care and other advanced medical services. It is now an advanced Chest Pain Center with PCI—Percutaneous Coronary Intervention, which involves placing stents to restore blood flow to the heart. It is also a STEMI Receiving Center, which means ambulances are required to bring suspected heart attack patients to the hospital for treatment. NorthBay Medical Center has the only civilian cardiovascular operating room in the county.

A complete panel of around-the-clock, in-house specialists—including general surgery, orthopedic surgery, anesthesia, OB-GYN and critical care medicine—provide a strong foundation for a high-quality trauma medical team.

In April, neurosurgery became available. This month, NorthBay Medical Center will submit a letter of intent to become a Level II trauma center. If approved, the hospital would provide advanced care for those with head trauma and neurological complications, so these patients would not have to be sent to out-of-county hospitals.

An independent review panel will evaluate the proposal and the American College of Surgeons will make a recommendation. A decision is expected in the fall.

Playground Fall Fractures Femur

Falls are the No. 1 cause of pediatric trauma seen at NorthBay's emergency departments.

It looked like an acrobatic stunt went awry. Kelan Metzler-Pell, 5, was running on the playground at his Walnut Grove pre-kindergarten when he took a tumble and landed doing the splits.

"At first it appeared to be a simple fall," says his mother, Valerie Metzler, of Rio Vista. "But his pain didn't go away and Kelan couldn't be consoled."

By the time she collected her son and raced to NorthBay Medical Center, two hours had passed.

Once they reached the hospital, things happened fast. He was immediately admitted to the emergency department, examined and sent for x-rays.

"The first thing the doctor told me was that Kelan's left femur was completely fractured and he would need surgery," Valerie says. The femur, or thigh bone, is the largest bone in the leg.

Arrangements were made to transport Kelan by ambulance to Children's Hospital in Oakland. "Everyone in the Fairfield ED made it so easy for him," Valerie says. "I was surprised at how well my son took it all. They quickly splinted his leg and even gave him pain meds, which I didn't think a small child could get."

More than 200,000 children ages 14 and younger are treated for playground-related injuries every year, according to the Centers for Disease Control. And, close to half of those injuries are severe—fractures, internal injuries, concussions, and dislocations.

Falls are the No. 1 cause of pediatric trauma seen at NorthBay's emergency departments

Looking back, the entire experience is a blur for Metzler.

"I was so worried," she says. "Until then, Kelan hadn't even cut his finger so I was a mess. The staff was very cool and calm. They calmed me down... I'm one of those moms who asks a million questions and the staff was so good at dealing with me."

Kelan underwent surgery the next day at Oakland Children's Hospital. Two flexible nails were placed inside his femur in a technique called internal fixation. This meant he could avoid wearing a cast on his leg while he healed.

After two nights in the hospital, he was sent home. His follow-up care was handled by his pediatrician, Judy Yang, D.O., at the Center for Primary Care in Vacaville.

Today, Kelan is back in school and walking, although he won't be running soon. ☘

Valerie Metzler and her son Kelan are all smiles now that his broken leg has mended.

Top Five Reasons Kids Visit the ED

More than 9 million children visit Emergency Departments in the United States each year. Nationwide and at NorthBay Medical Center, the No. 1 reason is the same—fever, says Dr. Seth Kaufman, pediatric director for the Emergency Department.



1 Fever. While worrisome for parents, most fevers are just a sign that your child is fighting off an infection. The American Academy of Pediatrics advises parents to make the feverish child comfortable, rather than focus on bringing the temperature down to normal. Fever becomes an emergency when it rises to 100.4° in babies under 3 months old or is higher than 102.2° for more than 24 hours in children under age 2 and more than 72 hours in children age 2 and older.



2 Abdominal Pain. Abdominal pain in children can have many causes, from constipation and urinary tract infections, to milk allergies and even emotional upsets. Abdominal pain is an emergency if it is a symptom of appendicitis. Rare in children under age 5, the first sign of appendicitis is a complaint of constant stomachache in the center of the abdomen, and later the pain moves down and over to the right side.



3 Vomiting. Because many common childhood illnesses can cause vomiting, you should expect your child to have this problem several times. Usually it ends quickly without treatment. Persistent vomiting becomes an emergency when it causes dehydration, when it happens after the child has hit his head, or if the child is throwing up greenish fluid, blood or what looks like coffee grounds (blood mixed with stomach acids).



4 Injuries. According to the Centers for Disease Control, injuries are the No. 1 cause of death among children in the United States. In Solano County, accidents caused by falls account for the most injuries among children who visit the emergency department, followed by motor vehicle accidents. Call 9-1-1 if you suspect an injured child needs help.



5 Skin Rash. Most skin rashes are not dangerous. They can be caused by allergies such as hives or poison oak or by viruses such as measles. A skin rash becomes an emergency if your tot breaks out in one and has trouble breathing at the same time. Another emergency: your child develops petechiae, flat purplish dots caused by broken blood vessels that are usually a sign of a serious infection or bleeding problem. ☘

Concussion Sidelines Young Soccer Player



McKenna Sacca

Forward McKenna Sacca, 11, was lunging for a soccer ball during an indoor match in Vacaville with her team, Hysteria, when she fell head-first into the Plexiglas wall surrounding the field.

Although she didn't lose consciousness, it was a stunning blow, so her coach pulled her out. By the end of the game, McKenna seemed to have recovered, and was allowed to play the final five minutes.

"I noticed she was a little disoriented after the game, and she complained of a headache when we got home," recalls her mother, Cindy Sacca. "I was upset and concerned about her accident so I gave her an Advil and told her to rest."

That night McKenna felt well enough to go to a birthday party, where one of the parents noticed her pupils were dilated. "She has dark brown eyes, so it's very hard to see dilated pupils," Cindy says. "When she texted me that she didn't feel good, I went and picked her up."

Cindy and her husband agreed that it was time to seek medical help, and McKenna's doctor urged the family to go to the emergency department.

"With three active children, especially two boys in the family, we've been emergency room patients before, but never with soccer," says Cindy. "All of my kids have played since they were 5, and we've had a couple of minor injuries, but no broken bones or stitches or anything like that."

Head injuries in children can have serious consequences if they are not recognized and treated quickly. The VacaValley Hospital emergency physician took a detailed history of McKenna's symptoms, examined her and ordered a CT scan to rule out severe injuries. Her CT scan was sent to UC Davis Medical Center for review, and the physician there recommended her immediate transfer to their care.

That night, Cindy and McKenna boarded a REACH medical helicopter for a trip to the Sacramento medical center, where McKenna was admitted to the ICU. Every two hours she was given neurological and cognitive tests. She was released on Monday only to return to UC Davis Medical Center at the end of the week after her legs suddenly gave out and she fell.

"The doctors concluded her collapse was unusual but probably just a side-effect from her head injury. So, after a one-night stay, we brought her home for good," Cindy says.

Her final diagnosis: a concussion—the most common type of traumatic brain injury. The only reminder of her ordeal is the fact that she's restricted from playing soccer or any contact sport for six months to a year, just to make sure her head has time to heal. 🌀

Symptoms of Head Injury



If your child displays any of these symptoms following a head injury, call your pediatrician or go to the emergency department immediately:

- ▶ Vomiting that continues four to six hours after the injury
- ▶ A severe or worsening headache develops
- ▶ Is confused or not acting normally
- ▶ Has a hard time walking or talking
- ▶ Unequal size of pupils
- ▶ Double vision or blurry vision
- ▶ Persistent ringing in the ears
- ▶ Blood or watery fluid coming from the nose or ears
- ▶ Develops a stiff neck
- ▶ Has a seizure (convulsion)
- ▶ Has weakness or numbness in any part of the body
- ▶ Becomes more and more drowsy or is hard to waken

Ouchless ER Helps Children Cope with Emergency Care

A visit to the emergency department can be a frightening experience for a child. Already ill or injured, they are suddenly in an unfamiliar place facing unknown equipment and procedures—including the dreaded needle prick.

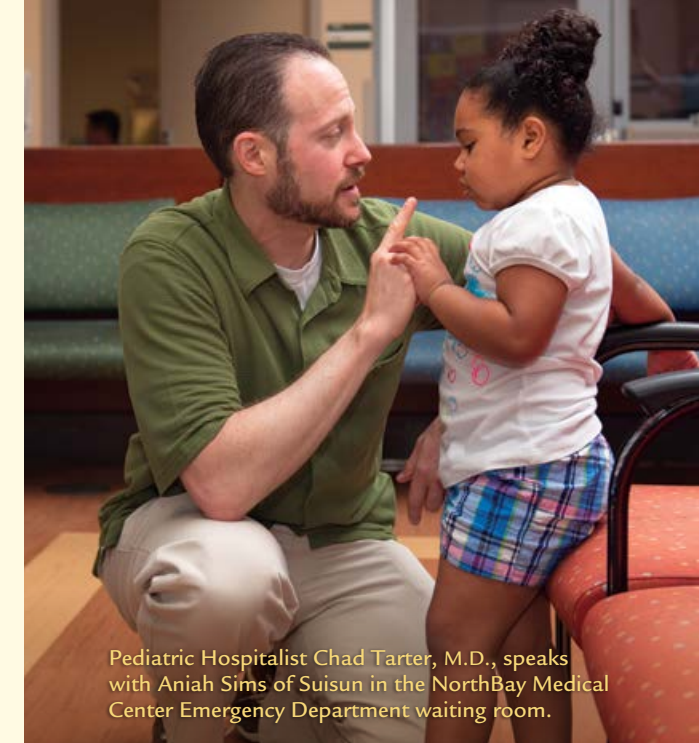
Now, new methods of pain control and hydration are helping emergency department physicians make treatment easier than ever for their youngest patients, according to Seth Kaufman, M.D. "We want to reduce the pain and anxiety children feel in the ER as much as we can," says Dr. Kaufman, who is also pediatric director of the NorthBay Medical Center Emergency Department.

Some forms of pain medication no longer require an injection. For example, intranasal Fentanyl is applied to

the inside of the child's nostrils where it is absorbed by the skin. Topical anesthesia cream can be used to numb a child's skin when an injection is needed. It is also used before an IV line is placed.

There is also an easier way to administer fluids to a child who is dehydrated. Instead of an IV line, which is a needle placed in the child's vein, subcutaneous hydration has proven to be just as effective. In this procedure, a topical anesthesia is applied to numb the skin and then a needle is placed just under the skin.

The Fairfield Emergency Department also has a pediatric-friendly examining room, complete with colorful walls and comfortable surroundings.



Pediatric Hospitalist Chad Tarter, M.D., speaks with Aniah Sims of Suisun in the NorthBay Medical Center Emergency Department waiting room.

Pediatric Hospitalists Cover NorthBay Medical Center

Pediatric hospitalists are pediatricians who specialize in the care of children and well babies in the hospital. At NorthBay Medical Center, they are on-call 24 hours a day.

"Pediatric hospitalists fill many different roles, depending on the hospitals where they work," according to Pediatric Hospitalist Chad Tarter, M.D. At NorthBay Medical Center, most of his patients are newborns.

"I make morning rounds and check on all of the well babies," he explains. "If a child is admitted, I supervise his or her care as well." Dr. Tarter is also available to consult in the Emergency Department if questions arise about a child.

Children who need hospitalization, even those whose care originates in the VacaValley Hospital emergency department, are sent to NorthBay Medical Center, where specially trained pediatric nurses are available in addition to the hospitalists.

Tarter is a physician with NorthBay Neonatology Associates, Inc., a medical group that also provides the neonatologists who work in the hospital's Neonatal Intensive Care Unit. A neonatologist is on-site 24 hours a day and often serves as the on-call pediatric hospitalist.

Youth-Focused Program Receives Support from Solano Community Foundation

NorthBay's journey toward certification as a Emergency Department Approved for Pediatrics (EDAP) has been helped with support from local foundations, businesses and individuals, such as the Solano Community Foundation.

The foundation recently awarded NorthBay a \$28,000 grant to purchase several pieces of important pediatric trauma equipment, including a pediatric tracheostomy tray; a large capacity blood refrigerator for use in trauma and mass transfusion situations; and pediatric treatment protocol training services, which includes software and flat screen monitors.

The grant came from the Leslie Anderson and Virginia May Anderson Fund, which was established by the Andersons to provide care for Solano County children.

Financial support for pediatric equipment is also coming from the NorthBay Guild, through funds raised during this year's Golf & Tennis Classic. This is the third year of a five-year commitment the Guild has made to support NorthBay's trauma program with funds raised at the popular golf tournament.

Tournament funds may be used to purchase special wheelchairs; cell washers and centrifuges for use in mass transfusion situations; and an MRI ventilator for neurologic trauma patients needing an MRI diagnosis.

"NorthBay exists to care for all in our community, including the young and vulnerable," says Brett Johnson, president of NorthBay Healthcare Foundation, "and the care we've been able to provide for more than 55 years has been made possible through our community's consistent and generous support. Any individual or business interested in helping us in our fund-raising efforts is encouraged to contact the foundation at (707) 646-3132." ❧



Tina Myers, clinical lab technician, checks out the stock in the new large-capacity blood refrigerator.



Emergency Department nurse Kristin Patterson tends to Santana Rivera, 13 months.

NorthBay to Enhance Emergency Care Services for Children

The NorthBay Medical Center Emergency Department is seeking designation as an Emergency Department Approved for Pediatrics (EDAP). It would be the first in Solano County to achieve this new standard of care for children. Hospitals in other areas of the state consider it a best practice to earn this special certification.

NorthBay VacaValley Hospital would later seek the same designation. NorthBay's two emergency departments receive more than 10,000 pediatric visits per year.

"NorthBay Medical Center is the only facility in northern Solano County with a full-spectrum pediatric program — around-the-clock pediatric hospitalists, in-patient services, mother-baby care and neonatal intensive care," explained Deborah Sugiyama, president of NorthBay Healthcare Group. "With the significant investment in services we have made, this new initiative ensures we will meet the highest standards of care for younger patients."

Ronald Dieckmann, M.D., M.P.H., a national expert on emergency pediatrics, is assisting NorthBay as it refines its current procedures and develops new protocols. Dr. Dieckmann was chief of Pediatric Emergency Medicine at San Francisco General Hospital for 25 years and is professor emeritus of Emergency Medicine and Pediatrics at the University of California, San Francisco.

NorthBay's two hospitals will continue to partner with pediatric trauma centers at UC Davis Medical Center and Children's Hospital Oakland, where the most seriously injured and ill children receive care.

ERR ON THE SIDE OF CAUTION

When to Take Your Baby to the Hospital



Pediatrician Judy Yang, D.O., gives young Benjamin Boekee of Dixon a hug.

Babies cry, gurgle and cough as a regular part of their growth and development. Parents soon learn what is normal and when they need to consult their pediatrician. However, some conditions develop quickly and need immediate care. That's when a trip to your local emergency department is advised.

"Parents should always err on the side of caution and seek immediate medical care when they're worried that something might be wrong with their newborn," advises Judy Yang, D.O., a pediatrician with the Center for Primary Care, a NorthBay affiliate, in Fairfield.

Symptoms you shouldn't ignore include:

FEVER: If an infant younger than 3 months old has a fever that rises to 100.4 degrees or higher, the baby needs immediate medical care. This is because of the risk of serious infection or diseases such as meningitis.

JAUNDICE: If a newborn's color is increasingly yellow, it may have worsening jaundice. While jaundice is normal, it should be fading, not growing darker.

BLUE LIPS: If your newborn's lips are turning blue, or if he has a blue tinge to his skin, he's not getting enough oxygen. Call 9-1-1 immediately.

TROUBLE BREATHING: If the baby is wheezing, making a high-pitched noise while breathing, or has noticeable difficulty breathing.

VOMITING: Any vomiting by a newborn should be checked. Green vomit is always an emergency.

BRUISES: Bruises to the head of a newborn or baby at any age should be checked out. ❧

Information to Keep Handy

Whether you're visiting your pediatrician or the emergency department, make note of the following information:

- ♥ Your baby's temperature and when the fever began.
- ♥ Any medications and when they were given.
- ♥ The last time the baby nursed.
- ♥ Time of last wet diaper.
- ♥ When and how much did baby vomit/ have diarrhea.
- ♥ Any other symptoms that you are worried about.

TIPS

Every four seconds, a child is treated for an injury in an emergency department, according to the Centers for Disease Control. Boys are more frequently injured than girls by a margin of 2 to 1...

to Prevent Childhood Injuries

NorthBay Medical Center and NorthBay VacaValley Hospital receive more than 10,000 pediatric patients each year. Falls are the No. 1 cause of injury among children visiting the ED, according to emergency physician Seth Kaufman, M.D. That's followed closely by motor vehicle accidents and bicycle/scooter accidents. By planning ahead, many of these and other childhood accidents can be avoided. Here are some tips for parents:

Suit-up for Sports

Make sure your child wears the proper protective gear during sports and recreation. For example, use a properly fitted helmet while bike riding, life vests when swimming or boating, and wrist, knee and elbow protection, in addition to a helmet, when skating or skateboarding.

Supervise Playgrounds

Supervision is key to keeping young children safe in all aspects of their lives. On the playground, make children play on age-appropriate equipment. Ensure that the ground under the equipment can absorb shock—wood chips and shredded rubber are best.



Take Care in the Car

It is estimated that car seats are installed improperly 85 percent of the time. Have your car seat installation checked by a pro. Children under 80 pounds or 8 years old must be in a booster seat for proper placement of the seat belt straps. Baby seats must be rear-facing and placed on the back seat. Never leave a child alone in a car, especially on warm days when the heat inside the car can rise to lethal temperatures.



No Burns, Baby

Scalds account for 40 percent of the burn injuries seen in children up to age 14. Most are second-degree burns caused by boiling-hot liquids in the kitchen. Place pots on back burners with the handles turned inward, out of the reach of children's hands.

Misjudging the heat of bath water is another reason for scalds. Never place a child in bath water before checking its temperature.

Fewer Falls

Always strap children into car seats, strollers and shopping cart seats. Keep stairs free from clutter and safe with solid hand rails. Use night lights in children's bedrooms, halls and bathroom to prevent falls at night. Keep young children away from heights, such as decks, porches and balconies.

Watch Windows

A screen will not keep a child from falling out a window. Even a fall from a first floor window can be deadly, so make sure windows are locked or install child-safety window guards. Don't place furniture near open windows, since small children can climb up a chair or table and tumble out.

On the Water

Drowning is called a quiet killer. A child will not yell or start flailing—he'll just sink under the water. Small children can drown in an inch of water, so proper supervision is a must. Children should wear life vests when around pools and beaches, and learn to swim as soon as possible. Parents should know CPR. Keep backyard fences around swimming pools and hot tub lids locked.



Poison-Proof Your Home



Poisoning is among the leading causes of childhood injury, according to the Centers for Disease Control. Every day, more than 300 children in the United States (babies to age 19) are treated in emergency departments, and two children die, as a result of being poisoned.

Everyday items in your home, from household cleaners to plants, cosmetics and medicines, can be poisonous to children. Active, curious children will often investigate—and sometimes try to eat or drink—anything that they can get into. Here are some tips to help poison-proof your home.

-  **Use containers with child-resistant tops.** Be aware that by the age of three, many children are able to open child-resistant tops, even if it takes them a little longer.
-  **Keep all dangerous chemicals in original containers.** For example, do not store weed killer in an old drink bottle as a young child may mistake it for something safe to drink.
-  **Discourage your children from eating any plants or fungi when outside.** Some can be extremely poisonous and even fatal. Avoid buying plants with poisonous leaves or berries.
-  **Read the label.** Follow label directions and read all warnings when giving medicines to children.
-  **Don't keep it if you don't need it.** Safely dispose of unused, unneeded or expired prescription drugs and over-the-counter drugs, vitamins and supplements. To dispose of medicines, mix them with coffee grounds or kitty litter and throw them away. You can also turn them in at a local take-back program or during National Drug Take-Back events.

KNOW THE NUMBER

The nationwide poison control center number is (800) 222-1222. They are available 24 hours a day, seven days a week. Call 9-1-1 if you have a poison emergency and your child has collapsed or is not breathing.

Diabetic Emergency



Changes in your child's habits could be warning signs...



SYMPTOMS Diabetic Ketoacidosis

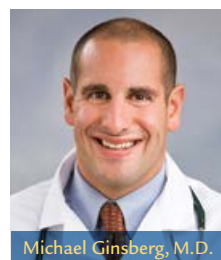
Diabetic ketoacidosis is a life-threatening condition that can affect children and adults who have Type 1 diabetes. Severe cases must be treated in the Emergency Department, and then in an Intensive Care Unit. Blood sugar levels can be quite high before you even notice the symptoms, which may include:

- ▶ Flushed, hot, dry skin
- ▶ Blurred vision
- ▶ Feeling thirsty
- ▶ Drowsiness or difficulty waking up, or a lack of interest in normal activities for young children
- ▶ Rapid, deep breathing
- ▶ Strong, fruity odor to the breath
- ▶ Loss of appetite, belly pain and vomiting
- ▶ Confusion

Busy, active children are naturally thirsty, but if you notice your child is consuming lots of liquids, making frequent trips to the bathroom and still complaining of thirst, take note, says Michael Ginsberg, M.D., pediatrician with NorthBay Center for Primary Care in Fairfield.

If your child's onset of increased thirst and frequent bathroom trips suddenly takes a different turn—with complaints of hot and dry skin, blurred vision, drowsiness or difficulty waking, confusion and vomiting—it's time to take your child to the Emergency Department.

These are all symptoms of diabetic ketoacidosis, a life-threatening condition that develops when cells in the body are unable to get the sugar (glucose) they need for energy. Without adequate glucose, the body begins to break down fat and muscle for energy, causing ketones to enter the bloodstream. This creates a dangerous chemical imbalance that must be treated with insulin, fluids and close monitoring, first in the emergency department, and then in the Intensive Care Unit, until blood sugar reaches normal levels, Dr. Ginsberg says.



Michael Ginsberg, M.D.

People who have Type 1 diabetes, or those who don't take enough insulin, are at risk of diabetic ketoacidosis. Thankfully, it's rare for Dr. Ginsberg's young patients to discover they have the disease via an emergency department visit. It's more likely they may find out in his office, when parents bring them in to talk about their child's increased thirst and frequent urination.

"Type 1 diabetes in children, is actually a rare disease," Dr. Ginsberg says, "almost like being struck by lightning." More often than not, a child who goes to the bathroom a lot may have "dysfunctional voiding," or doesn't completely empty his or her bladder every time they go.

However, Dr. Ginsberg becomes suspicious of Type 1 diabetes if one or both of the child's parents have Type 1 diabetes, "and if the child is consuming gallons of liquids a day and trips to the bathroom have elevated to the point where they can't function normally because they can't even make it through class or home on the bus."

Either way, parents shouldn't hesitate to see their pediatrician if they have concerns about any change in their child's eating, sleeping or bathroom habits. ❧

Diabetes Education Team Adds Certified Instructor

The Center for Diabetes and Endocrinology, a NorthBay Affiliate, now has two Certified Diabetes Educators (CDE).

Nurse Practitioner Susan Rosten recently earned certification after completing rigorous eligibility requirements and an examination. Susan, a nurse practitioner for more than 15 years, is now focused on diabetes care.

"It was really important to me to take the extra steps to qualify for this certification," Susan says. "It adds credibility to my role here and credence to the organization as a whole." Achieving certification demonstrates to people with diabetes and employers that the health care professional possesses distinct and specialized knowledge.



Susan Rosten, N.P.



Collette DaCruz, R.N.

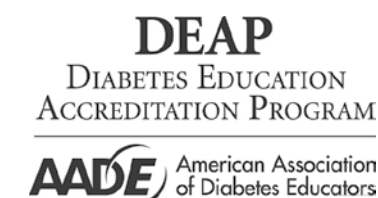
Patient Education Coordinator Collette DaCruz, R.N., first received her CDE from the National Certification Board for Diabetes Educators five years ago, and was recently re-certified for another five years. She is the second educator in the center.

"Solano County is on record for having the second-highest number of people with diabetes in the state," Collette says. "Our emphasis here is not just on education, but on support for our patients who want to maintain optimum health."

Renewed Accreditation for Diabetes Education Program

In addition to having two Certified Diabetes Educators, the Center for Diabetes and Endocrinology has a Diabetes Self-Management Education program accredited by both the American Diabetes Association and the American Association of Diabetes Educators, indicating their commitment to high standards.

"Assuring high-quality education for patient self-care is one of the primary goals of the Education Recognition program," according to the American Diabetes Association. "Through the support of the health care team and increased knowledge and awareness of diabetes, the patient can assume a major part of the responsibility for his or her diabetes management. Unnecessary hospital admissions and some of the acute and chronic complications of diabetes may be prevented through self-management education." ❧



Education Classes Diabetes Self-Management

The NorthBay Center for Diabetes and Endocrinology is using a new interactive type of diabetes education. "Participants are encouraged to share their knowledge and draw from each other's experiences, which can be a powerful way to learn and gain support," says Collette DaCruz, R.N.

The classes run in a series of four beginning with the "Overview of Diabetes" and then "Healthy Eating." Next is "Monitoring Diabetes" and finishing up with "Natural Course of Diabetes" to tie it all together.

Classes are held once a month on Saturdays and interested people can attend with a referral from their primary care provider.

The meetings run from 9 to 11 a.m. at the VacaValley Health Plaza, 1010 Nut Tree Road, Room 290, in Vacaville. Call (707) 624-7996 for more information.



ABC Lifts Mom in Need

By her own account, Alexandra O'Neal, 26, had everything going for her. A child of well-to-do parents, she was a student at the University of the Pacific in Stockton.

But, one year ago, she had dropped out of college, was homeless, in jail, and estranged from her family. What could have led to such a dramatic change? "I'm here to tell you that meth will destroy your life," she says.

Alexandra was on a downward spiral, but all that changed when she got some unexpected news. "I was in jail for probation violation when I learned I was pregnant," she says. Instead of panicking, she saw it as an opportunity to turn her life around.

"I was ecstatic. I realized what was important in life. Do you want to party and have a good time, or do you want to achieve something, be able to give back to society? I was hanging around with the wrong people; I got lost, I went too far. I had been using meth and that's why I was homeless. Now, I'm a recovering addict and all I can say is, thank God I got arrested. Thank God for my baby. I had to get clean for her."

Out of jail and living in an emergency shelter, Alexandra learned she could receive plenty of help during her pregnancy through the NorthBay A Baby

is Coming (ABC) Prenatal Program. It offers women without insurance or a regular physician access to a comprehensive perinatal services program that includes health education, medical care, nutrition and social services.

"Alexandra came to us in the second trimester of her first pregnancy," says Diane Harris, ABC Program director. "She took full advantage of all the resources we have to offer here—working with our nurse practitioner, medical social worker, health educator, and our registered dietitian."

The program also includes an array of free prenatal classes, such as Labor of Love, the Art of Breastfeeding and Newborn Care. ABC staff are certified to grant temporary Medi-Cal coverage, and can coordinate referrals to other Solano County agencies.

Alexandra O'Neal and her daughter Savannah Leafy, center, return to the ABC Prenatal Program to visit Maria Escalera, left, clinic support specialist, and Sylvia Rosell, perinatal care specialist.

"My baby is amazing and I am blessed. I don't have much, but I see how much more I can achieve."

— Alexandra O'Neal

"The ABC program has proven to be an important bridge for people in tough times," says Kathie Thoming, prenatal educator for NorthBay. "No matter what their circumstance may be, or how the baby came about, there is a baby coming and we're just going to make the best of it! It should be a time of excitement; a new life is on the way!"

On numerous occasions it has also proven to be an opportunity for new parents to get the resources they need to make a change of direction or to become motivated to get out of abusive or drug-addicted situations, Kathie says.

"I love that place," Alexandra says. "I loved my instructor. I took all the classes and it was really cool when they gave us those little gifts. I just loved the Christmas party they had for us. I still have the pillow and baby blanket. It all meant so much to me, because I had barely anything."

During one of Alexandra's third trimester assessments, she was talking with Sylvia Rosell, Perinatal Care Specialist, when she confessed that she had taken the Solano Car Seat Class and spent the \$25 gift card she received for completing it on shoes for herself. Her shoes had holes in them, and she needed a new pair but was now worried that without the voucher she would not have a car seat for the baby.

After the appointment, Sylvia mentioned Alexandra's dilemma to her co-worker, Mari Escalera, a clinical support specialist. "Mari sprung into action," Diane recalls. "She clocked out and went home to get her own Graco stroller and car seat and gave them to Alexandra."

"I was amazed by the generosity," Alexandra says. "I couldn't believe my good fortune."

It has been just over a year since Alexandra found herself at the precipice. Her baby, Savannah Leafy, was born in November. Today they live in Mission Solano's Bridges to Life transitional housing.

Alexandra is going back to school, has been talking with her parents and is in love with being a mom. "My baby is amazing and I'm blessed. I don't have much, but I see how much more I can achieve. I would recommend the ABC program to anyone. They really care about their patients. They're amazing." ❧



Rojana Turner, Kathie Thoming, Kaylee and her mom, Janae Hansen have a happy reunion.

Prenatal Educator Teaching Second Generation of Moms

NorthBay Healthcare Prenatal instructor Kathie Thoming has reached a "grand" milestone. One of her very first students 25 years ago encouraged her daughter to take Kathie's prenatal classes when the daughter became pregnant. "I went through Kathie's classes for all three of my children," says Rojana Turner, 44, of Vacaville. "I was young, just 19 at the time, and Kathie was a phenomenal educator. She was so supportive. With everything I learned from her, I was able to make informed decisions about my deliveries and be prepared for labor. So, when my daughter, Janae, got pregnant five years ago, we didn't even consider going to anyone else."

"I guess that makes Janae a 'grand' student," quips Kathie, who has been teaching expectant moms and dads for a quarter of a century, longer than NorthBay's A Baby's Coming (ABC) Prenatal Program has even been around.

What keeps her so excited about imparting prenatal care? She enjoys helping others understand health education, especially when it involves creating the best beginnings for a new life. "My ABC moms are really great people; they come from all different places and circumstances in life. It's a vulnerable time, and they may not be getting that guidance and emotional support."

Kathie teaches 11 different classes for NorthBay—not just for ABC program participants, but also for those who sign up for NorthBay's Community Health Education Classes—and estimates she has guided thousands of new moms over the years.

"I run into my former students everywhere I go," she says, and is thrilled when one of them sends her a letter or Christmas card, which is not an unusual occurrence.

"It makes me feel a little old, seeing my students' children become students themselves," she says, "but it's also very rewarding."

Lactation support coordinator Cindy Stade, R.N., center, is surrounded by healthy babies and happy moms who have made the choice to breastfeed.



More Moms Making Best Choice *for* Babies

Support Groups

Breastfeeding: For moms with full-term, healthy babies. Every Tuesday from 12:30 to 2 p.m. in the Women's Resource Center in the Gateway Medical Building, on the same campus as NorthBay Medical Center in Fairfield. Free. Call (707) 646-5024.

NICU Moms: For moms whose babies spent time in NorthBay's Neonatal Intensive Care Unit. Classes are on Thursdays from 12:30 to 1:30 p.m. on the second floor at NorthBay Medical Center. Call (707) 646-5024.

More new moms at NorthBay Medical Center are choosing to exclusively breastfeed their babies than ever before. New statistics had staff celebrating this spring, when they learned that nearly 40 percent more new moms have made the decision to give their babies the healthiest start possible than just one year ago, according to Cindy Stade, R.N., lactation support coordinator.

In February, 72 percent of patients who gave birth at NorthBay Medical Center opted to exclusively breastfeed their babies. Another 24 percent said they planned to use a combination of breastfeeding and formula, which means only 4 percent planned to exclusively use formula.

"This is great news, and it coincides with our efforts to become a Baby Friendly Hospital," explains Deborah Thorson, director of Women's and Children's Services.

That journey is part of a four-phase process, which began nearly a year ago, when NorthBay Medical Center was one of 90 hospitals around the country selected to participate in Best Fed Beginnings.

It's a program developed by the National Improvement of Childhood Health Quality's collaborative to advance perinatal services and breastfeeding education to improve long-term health for women and children.

About the same time NorthBay was chosen to be in Best Fed Beginnings,

it also launched an outpatient lactation service for new moms.

"We recognized that budget cuts in local organizations have reduced the number of lactation consultants available," explains Vice President and Chief Nursing Officer Kathy Richerson. "This is a service specifically aimed to help the uninsured and under-insured in our community."

Although breastfeeding is one of the most effective preventive health measures for infants and mothers, about half of all U.S. born babies are given formula within the first week, and by 9 months, only 31 percent of all babies are breastfeeding.

According to Richerson, the hospital experience plays a big role in influencing a mother's ability to start and continue breastfeeding. "We are committed to implementing evidence-based care through the Baby-Friendly designation process," she said. "This will ensure that mothers delivering in our facility who intend to breastfeed are fully supported."

It starts with birth, of course. Cindy, along with lactation consultants Abbie Hoag, R.N., and Christi Tenret, R.N., will visit new moms to make sure they have the support they need. They coach, encourage and invite moms to come back and visit NorthBay's ongoing breastfeeding support groups.

Cindy offers one group for moms with full-term, healthy babies, and another for those who are learning to nurse the "graduates" of NorthBay's Neonatal Intensive Care Unit.

"We separate the two groups, because the needs and issues are different," explains Cindy. "Right after birth, we put a lot of emphasis on the value of skin-to-skin contact with mom and baby, within the first two hours of life."

"It makes such a difference. It helps with the baby's temperature, mom's milk supply and the baby's blood sugar regulation."



Lactation consultants Christi Tenret, R.N., left, and Abbie Hoag, R.N., are happy to help new moms with breastfeeding issues.

Staff in the Women's and Children's Services Department have all been educated on the value of breastfeeding and are quick to encourage moms who show an interest.

"Some moms come in thinking they want to bottle-feed, but once they have the skin-to-skin contact, they change their minds. We're here to support them in whatever choice they make. We want them to know that breast milk is the healthiest choice possible, but if that doesn't work for them, we teach them how to use formula or a combination of the two." ❧

Breast Milk is the Best Milk

Nature designed human milk especially for human babies, and it has several advantages over substitutes. Mother's milk contains just the right balance of nutrients in a form most easily used by the your baby's immature body systems. Here are some reasons why breast milk is best:

Nutrients: Mother's milk is rich in the nutrients that best promote brain growth and nervous system development. It is the perfect first food to help your baby achieve every aspect of ideal growth and development. The American Academy of Pediatrics recommends that all breastfed babies receive a supplement of 400 IU per day of vitamin D. Consult your baby's physician for details.

Anti-infective Properties: Only mom's milk is alive with many different kinds of disease-fighting factors that help prevent mild to severe infections. Babies who are fully or almost-fully breastfed have significantly fewer gastrointestinal, respiratory, ear, and urinary infections. Other anti-infective factors create an environment that is friendly to "good" bacteria, referred to as "normal flora," and unfriendly to "bad" bacteria, viruses, or parasites. Human milk also appears to have properties that help a baby's own immune system work best. If your baby does become ill when breastfed, the infection is likely to be less severe.

Suitability: Mom's milk allows your baby's body to function most efficiently while spending a lot less energy on body functions. Suitability is also thought to be one reason that breastfed babies are less likely to develop allergic-related skin conditions and asthma.

Is It HOT in Here?

Helping Women Weather 'The Change'



Dr. Teresa Whitley is happy to meet with women experiencing symptoms of menopause to help figure out how they can best weather "the change."

Eat right, exercise, sleep well and avoid stress. And remember: This too shall pass...

It's not a four-letter word, but you might think it is, by the reactions it invokes. The symptoms aren't all that charming either: Mood swings. Hot Flashes. Night Sweats. Headaches. Weight gain.

Some will argue that the only good fact about menopause is that it's not actually a disease. It just feels like one.

And it's only temporary, assures Dr. Teresa Whitley, an internist in the NorthBay Center for Women's Health, who has made it her mission to help women through that tricky time in life when their body is in transition.

It's all about hormones, she explains. And hormones aren't bad things. Our bodies need them. But there comes a time in a woman's life—usually between the ages of 45 and 55—when some hormones are starting to dissipate.

That can lead to all sorts of issues, from mood swings to migraines. And that's why hormone replacement therapy was all the rage in the 1980s. But a study that came out in 2002 showed that estrogen supplement treatment had its own string of repercussions, including an increased risk of stroke, heart attack, blood clots and colorectal cancer.

Now the trend is toward more holistic approaches, and a greater focus on treating the systems, just to get through "The Change."

"The study created a lot of fear, but it's not a clear-cut issue," explains Dr. Whitley. "For some women, menopausal hormone therapy is perfectly appropriate and considered low-risk, based on their health and history. It's important that every woman who wants to address her symptoms visit

a doctor to determine whether hormone therapy—or some other form of symptom management—might be appropriate."

No one size fits all when it comes to dealing with menopause, says Dr. Whitley, but here are a few ways women are coping:

- ♥ **Black cohosh**, an herb, can help with hot flashes and night sweats.
- ♥ **Melatonin**, an over-the-counter supplement, can help with sleep disturbances.
- ♥ **Anti-depressants** can help with night flashes and hot sweats.
- ♥ **Topical estrogen** can help with issues involving vaginal tissue and atrophy.
- ♥ **A contraceptive pill** can diminish some symptoms, because it provides a high dose of estrogen.
- ♥ **Patch therapy** is another way for a woman to receive a lower dose of synthetic hormone.

See your doctor before embarking on any of these solutions, says Dr. Whitley.

There's some good news: Menopause usually doesn't last more than five years. And there's a blood test women can take to determine if they are post-menopausal.

Dr. Whitley's best advice for weathering the change is actually pretty good advice for anyone, whether they're combatting menopause or not: Eat right, exercise, sleep well and avoid stress. And remember: This too shall pass.

For more information about menopause, symptoms, treatments and more, visit www.menopause.org.

Fresh Face Joins Center for Women's Health



Esthetician Stefanie Gioia has joined the Center for Women's Health, a NorthBay affiliate. She is a licensed skin care therapist, trained in the cosmetic treatment of the skin. She is available to perform individual skin analysis and various cosmetic procedures, including facials, body wraps, chemical peels and microdermabrasion.

The center also offers corrective skin care products, including Osmosis and Derma-ware, to address all skin types and conditions.

To make an appointment, call the Center for Women's Health at 646-4100.

New Medical Offices Coming to Green Valley

Construction of a new medical office building on the Green Valley campus of NorthBay Healthcare should be well under way by this fall. This is the first of two new buildings planned for the site now anchored by the NorthBay Healthcare Administration Center at 4500 Business Center Drive.

The 34,630 square foot building will be home to Center for Primary Care physicians Gilbert Chang, M.D.; Lara Charneco, M.D.; Ehsan Ghods, D.O.; and Alina Hongsakaphadana, M.D.; and gastroenterologist Al Samman, M.D. The offices of NorthBay Hospice and Bereavement and Health at Home will

also move to the new building. Those services are now located at 5140 Business Center Drive.

Developer of the facility is Nexcore, a partner of NorthBay that developed the Green Valley administration center. The general contractor is DPR Construction.



What's New? Neuroscience at NorthBay



The arrival of neurological surgeon Jeffrey M. Dembner, M.D., means the NorthBay Center for Neuroscience is ready for business. The Yale University graduate has operated his own practice in Newport Beach for more than a decade and is ready to serve Solano County with a comprehensive approach to neuroscience.

"It's my goal to establish strong relations with the primary care physicians and other specialists here at NorthBay Healthcare and in the greater community

to provide comprehensive care in neuro-oncology, neurovascular, degenerative spine, and traumatic cranial and spinal injuries.

"Providing both elective and non-elective needs as well as incorporating pain management and rehabilitative care, I seek to provide for the gamut of patient needs in Solano County and beyond." He notes that all these service lines are already well established and respected. His role, he says, is to complete the team. "It's a

major cornerstone of the complex,

and advanced service that NorthBay is dedicated to bring to Solano County," says Deborah Sugiyama, president of NorthBay Healthcare Group. "I'm proud to have someone of Dr. Dembner's caliber leading the development of NorthBay's new Center for Neuroscience."

Dr. Dembner will also ensure neurological care for trauma patients, representing the last piece of the equation as NorthBay builds its proposal to be designated as Solano County's Level II Trauma Center.

"We don't want people to have to be flown by helicopter 50 miles away to receive care that they can now receive here, which will make it easier for their families to stay

close to home while they help their loved one through hospitalization," said Dr. Dembner. As medical director for the Center for Neuroscience, he will oversee an on-call team of local and area neurological surgeons, so uninterrupted trauma service is available.

Dr. Dembner also will participate in the stroke program, providing a new level of care to patients NorthBay currently has to transfer to other hospitals for surgical intervention, says Kathy Richerson, R.N., vice president and chief nursing officer.

She noted that both NorthBay Medical Center and NorthBay VacaValley Hospital will maintain their relationship with the Mercy Neurological Institute in Sacramento, and use the Intouch Health robot to communicate when appropriate. "We have transfer agreements with tertiary care facilities when needed, but the arrival of Dr. Dembner means that almost 90 percent of stroke cases can be handled here in Solano County," she said.

NorthBay has been busy in recent months procuring all the specialty equipment Dr. Dembner will need for procedures, including imaging and navigation devices known as the "Stealth" and the "O-Arm", which will help him perform procedures in the head and spine with decreased risk of complication. "It's state-of-the-art equipment, which will ensure that patients at NorthBay will receive the safest, minimally invasive treatments possible," he said.

Dr. Dembner said that most people think of a neurosurgeon as someone who exclusively performs brain surgery, but that's just a part of it. His practice includes degenerative diseases of the spine, as well as tumors, infections and trauma to the spine. "I often recommend all the more conservative options before surgery. I do more than surgery, I do a lot of medical management of neurosurgical disease."

Don't Let Bedtime Be a Childhood Nightmare



Never underestimate the value of a good night's sleep. Take it from Pediatrician Bruce T. Hewett, M.D., who learned the hard way, when his own children (now grown) were infants. "We had one who wouldn't stop crying and another who wanted to nurse every hour," he recalls with a chuckle. "It's enough to make you crazy."

But Dr. Hewett didn't give up, instead turning to books, studies and colleagues to try and get a firm grasp on the topic. But back in the 1980s, physicians weren't talking much about sleep problems. So he worked closely with the parents of his young patients and realized quickly that sleep issues can cause problems for children of any age—and that strategies should vary, based on their age and situation.

In his past 30 years as a pediatrician—the first 25 in the Air Force—he's learned to help parents set realistic expectations, and has taught them what they can do to create an environment more conducive to a good night's sleep. He's learned how the stimulation that teenagers crave—in the form of late-night television, videogames and computer surfing—can keep sleep at bay and turn their life cycles upside down.

And—for all ages—he emphasizes the value of a healthy diet, exercise and plenty of sunshine. Sleeping pills are not the answer, he says.

Dr. Hewett—whose practice is at the NorthBay Center for Primary Care in Vacaville—has turned to NorthBay.org to share his message with parents of all age groups. This spring he videotaped segments that offer some commonsense advice

that could lead to a good night's sleep, not only for the child, but the rest of the weary family. Children who are experiencing severe and ongoing sleep issues should visit their pediatrician. "If they come see me, I can work with them and their parents to create an individualized plan that should help them significantly," he says, noting that he takes each child's individual situation and the parenting styles into account.

"Virtually all sleep training techniques are simple concepts," says Dr. Hewett. "Following the plan is the difficult part. Getting a good night's sleep takes work, but if you consider that good quality sleep results in better health, increased learning ability, and healthier relationships, the effort is worth it."

To make an appointment with Dr. Hewett, call (707) 624-7500. To see his video segments, visit www.NorthBay.org.

Dr. Hewett helps parents set realistic expectations and teaches them what they can do to create an environment conducive to a good night's sleep.



Dr. Bruce T. Hewett, M.D., shows some of the tools of the trade to Damien Farrow.

Assemblyman's Program Aids NorthBay Parents

When freshman Assemblymember Jim Frazier stopped by NorthBay Medical Center for a tour in March, it wasn't his first encounter with the Fairfield hospital.

In fact, a nonprofit foundation he and his wife, Janet, established after the death of their daughter Stephanie in 2000 has been serving the families and loved ones of NorthBay's youngest and most fragile patients for three years.


It all started when the Fraziers' two daughters, Stephanie and Lindsay, were involved in a car crash. Their parents rushed to the hospital to be by their sides. They hadn't thought to bring

food, money or a change of clothes, but a kind nurse shared her lunch.

That resonated with the couple, who started a foundation in memory of Stephanie who died from her injuries. Lindsay was gravely injured but recovered and is now actively involved with the foundation, which delivers meals to families and parents whose newborns are in the Neonatal Intensive Care Unit. Recently, they started delivering meals to parents with children in trauma care.

The foundation delivers meals to family members in 55 hospitals in California and Colorado. And on March 4, Jim got a chance to visit NorthBay's Neonatal Intensive Care Unit, and meet some of the nurses and doctors who work there. He also toured NorthBay's cardiac surgery suite where open-heart surgery is performed, and our Emergency Department and Trauma Center, which also resonated with him.

The accident that took his daughter's life actually gave birth to Jim's political career. Grief-stricken, the family learned that there had been 143 accidents and many fatalities on that stretch of Highway 50. Jim's family succeeded in convincing Caltrans to widen the median and install a new pavement to prevent black ice on that part of the highway. This unfortunate tragedy sparked his interest in highway safety and transit problems and eventually led to his political career.

Jim, a small-business owner, was elected in November, 2012 to serve in the State Assembly representing the 11th Assembly District. He opened a district office in Fairfield March 14, the first time an assembly district office has been in Fairfield since Retired Assemblyman Tom Hannigan left office in 1995. 



Chatting with Women's and Children's Services Clinical Manager Katie Lydon, R.N., Assemblymember Jim Frazier peeks in on a newborn in NorthBay Medical Center's Neonatal Intensive Care Unit on a recent visit.



Jim and his wife Janet have established a lunch program for parents who find themselves spending hours and hours in the NICU and the Emergency Department with a loved one.



Left to right, Eric Hassid, M.D.; Andrew Brooks, M.D.; and Angela Lim, D.O.

Introducing the Vacaville Center for Specialty Care

The Vacaville Center for Specialty Care has opened in VacaValley Health Plaza on the campus of NorthBay VacaValley Hospital. The center has a focus on musculoskeletal care and includes three physicians: Dr. Eric Hassid, M.D., Andrew Brooks, M.D., and Dr. Angela Lim, D.O.


Dr. Hassid is a specialist in functional medicine, which focuses on the factors that are the underlying causes of many diseases. Some of those factors include diet, weight issues, inactivity and environmental exposures, such as smoking. He helps patients maximize their core strengths by identifying their barriers to good health.

Orthopedic surgeon **Andrew Brooks** is the medical director of NorthBay's Orthopedic Program. He is an expert on joint replacement, including the new partial knee replacement techniques.

Dr. Lim is an expert in Osteopathic Manipulative Medicine or OMM. OMM is a hands-on approach to pain, which takes a patient's musculoskeletal, circulatory, lymphatic and nervous system into account. Dr. Lim uses her hands to move muscles and joints, using techniques that include stretching, resistance and pressure.

Plans call for a rheumatologist to join the practice in the fall.

The Vacaville Center for Specialty Care is located in Suite 200 of VacaValley Health Plaza, 1010 Nut Tree Road. This was a former location of the Center for Primary Care. "The Center for Specialty Care complements other specialty services offered there," explains Stephanie Tarter, senior director of ambulatory services for NorthBay Healthcare.

On the first floor is the Center for Diabetes & Endocrinology as well as the NorthBay Center for Wound Care and infectious disease specialist Greg Warner, D.O., and Maqbool Ahmed, M.D., a specialist in pulmonary-critical care. 

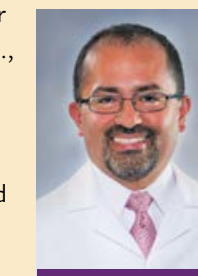
CPC Physicians Move

When the Vacaville Center for Specialty Care office opened, the two doctors who practiced at the VacaValley Health Plaza Center for Primary Care moved to other medical offices in the NorthBay family.



Pediatrician Judy Yang, D.O., is now located at the Center for Primary Care at 2458 Hilborn Road in Fairfield. Call (707) 646-5500.

Family Practitioner Alfred Ovalle, M.D., is now located at the Center for Primary Care at 421 Nut Tree Road in Vacaville. Call (707) 624-7500.



Christening 'Christine'



Christine Franklin's memory lives on, her name emblazoned across the front of the Solano Chapter of the Guardians of the Ribbon/Pink Heals' first pink fire engine.


Just days before her death in June 2011, NorthBay Guild volunteer Christine Franklin was honored by a visit from a pink fire engine, and a number of burly firefighters clad in pink, bearing pink roses.

Today, her memory lives on, her name emblazoned across the front of the Solano Chapter of the Guardians of the Ribbon/Pink Heals' first pink fire engine.

The truck was dedicated in her honor at a very pink ceremony May 23 at NorthBay VacaValley Hospital, and her family, friends and community members were on hand to witness it, and sign the truck themselves.

The first signature, however, came weeks earlier, when the pink delegation made a special trip to Nevada City to visit Christine's sister Tracey, also dying of cancer. She had

entered hospice, but the Solano Chapter very much wanted her to have a chance to sign the truck. And so, in very large print on the very front, it reads, "You are always with me OXOX your sister, Tracey." She died in May.

NorthBay partnered with the national chapter of the Guardians of the Ribbon in 2011 to display the trucks. Three of the chapter's pink engines were featured in that year's Fiesta Days parade, along with about 300 pink-clad employees. This year, NorthBay went pink again—but this time the featured engine was the Solano Chapter's new truck, which originally belonged to the Vacaville Fire Department before it was donated to the local nonprofit. NorthBay pitched in by purchasing the decals that bear Christine's name and the Solano's chapter's emblem. 



Above: NorthBay Healthcare Foundation Board Chairman Jim Lawrenz sits in a crowd of pink during the dedication ceremony.

Right: Captain Cliff Campbell of the Vallejo Fire Department, left, and Vacaville Fire-fighter Matt Moreno, unveil "Christine" while Suisun Fire Chief Michael O'Brien watches from the podium.



Joyous Jubilee Winner Drives Away with a Car

It was another sell-out success for the 26th Annual Solano Wine & Food Jubilee, as more than 2,000 ticket-holders turned out to sample an array of foods, wines and brews on April 19 under the big tent at the Nut Tree in Vacaville.


In addition to the wine and food tasting, this popular benefit for NorthBay Hospice & Bereavement also featured a raffle. The raffle's grand prize—a brand-new car donated by Momentum Auto Group—was won by Vacaville resident Amelia Carson.

Amelia was not at the Jubilee when her ticket was pulled, but several friends called her just moments after they heard her name called, she says. "I had told one of them the day before I felt certain I was going to win the car, so when he called to say I won, my first thought was 'he's joking with me.'" But, she knew it was no joke just an hour later, when Tim Johnson of the NorthBay Healthcare Foundation called to confirm her winning ticket.

Both Amelia and her husband, Les, came to Momentum Auto Group just a few days later to sign paperwork and begin the process of taking home their grand prize. Amelia picked a Hyundai and decided to take an upgrade. She also hopes to order special license plates for the car: RFFLPRZ.

In addition to all the food and beverage tasting and the raffle at the Jubilee, ticket-holders were able to browse among items in the silent auction and dance to the Time Bandits. Special guest Rick Stevens, original lead singer with Tower of Power, joined the band on a few songs, including his signature tune, "You're Still a Young Man."

Raffle, silent auction and ticket sales numbers are still being tallied, but all signs indicate it was an extremely successful night, according to Brett Johnson, president of NorthBay Healthcare Foundation.

Feedback on the overall event has been very positive, notes Chris Sweeney, Jubilee chairman. "I am amazed at the community's support for this great event, which is essential to continue the critical work of NorthBay Hospice & Bereavement," he says. "I want to thank all sponsors, vendors, volunteers and members of the community who once again came together to make this year's Jubilee the best ever." 



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Visit www.wineandfoodjubilee.org
for a complete listing of sponsors
and participating vendors.



Run for Good

It was a sea of sapphire on the old courthouse steps in downtown Fairfield Saturday, April 13, when NorthBay Healthcare fielded its largest running team ever—332 participants—in the annual Run for Good event. More than \$28,000 was raised to benefit the Matt Garcia Youth Center. The event, now in its fifth year, features both a 5K and 10K, and added a children’s race this year.



Bicyclists travel along Suisun Valley roadways on April 14, participating in the first-ever Tour de Rustic Wine Country” event, raising money for NorthBay’s Hospice & Bereavement programs.

Bike Event Benefits Hospice

By all accounts it was a beautiful day for a fundraising bike ride, and a good turnout for a first-time event. The first-ever “Tour de Rustic Wine Country” was held April 14 and all funds raised during the ride were to benefit the programs of NorthBay Hospice & Bereavement.

The three routes—10-, 20- and 65-mile loops—wound their way past Suisun Valley wineries, farms and fruit and vegetable stands, and had enough variety to appeal to families as well as serious cyclists. The ride was organized by Anne and Steve Niffenegger of SV Events.

The Tour de Rustic Wine Country ride was held the same day as another Suisun Valley event, Passport Sunday. Now in its sixth year, Passport Sunday has become a popular tasting tour that brings together a number of Suisun Valley wineries and area restaurants, and a portion of the proceeds were also set aside to benefit the programs of NorthBay Hospice & Bereavement.

“We are honored that there are individuals and organizations here in our community who chose to put their time and efforts into helping us raise funds for NorthBay Hospice & Bereavement,” noted Brett Johnson, president of NorthBay Healthcare Foundation. “Our community is a better place because of so many caring people.”

Community Health Education Classes

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

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

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

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

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

Labor of Love — Weekend Class • A prepared childbirth class for moms and dads or coaches. Held Friday evenings and Saturdays. Cost: \$75. Call (707) 646-4277.

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

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

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

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

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

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

PEACE (Parent Education and Custody Effectiveness) • Create an effective parenting relationship between divorcing and separating parents. Endorsed by judicial and parenting advocates. Two three-hour sessions on Saturdays. Cost: \$25. Call (707) 421-4155.



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 pm to 9 pm at the Adult Day Center. Cost: Free. Call (707) 624-7971.

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. For class dates and to reserve your seat, please call: (707) 646-4267.

Grief and Bereavement Support Groups • Four adult support groups meet on a weekly basis in Fairfield. Cost: Free. 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.

Teen & Children’s Bereavement Support Groups • NorthBay Hospice & Bereavement offers free bereavement support groups for children, middle schoolers, teens and young adults on an as-needed basis. Cost: Free. For a schedule and more information, call (707) 646-3575.

Bereavement Support Group for Adults Who Have Lost a Loved One to Suicide • Group meets every other Monday from 6 to 7:30 p.m. Cost: free. Call (707) 646-3517.

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

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

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

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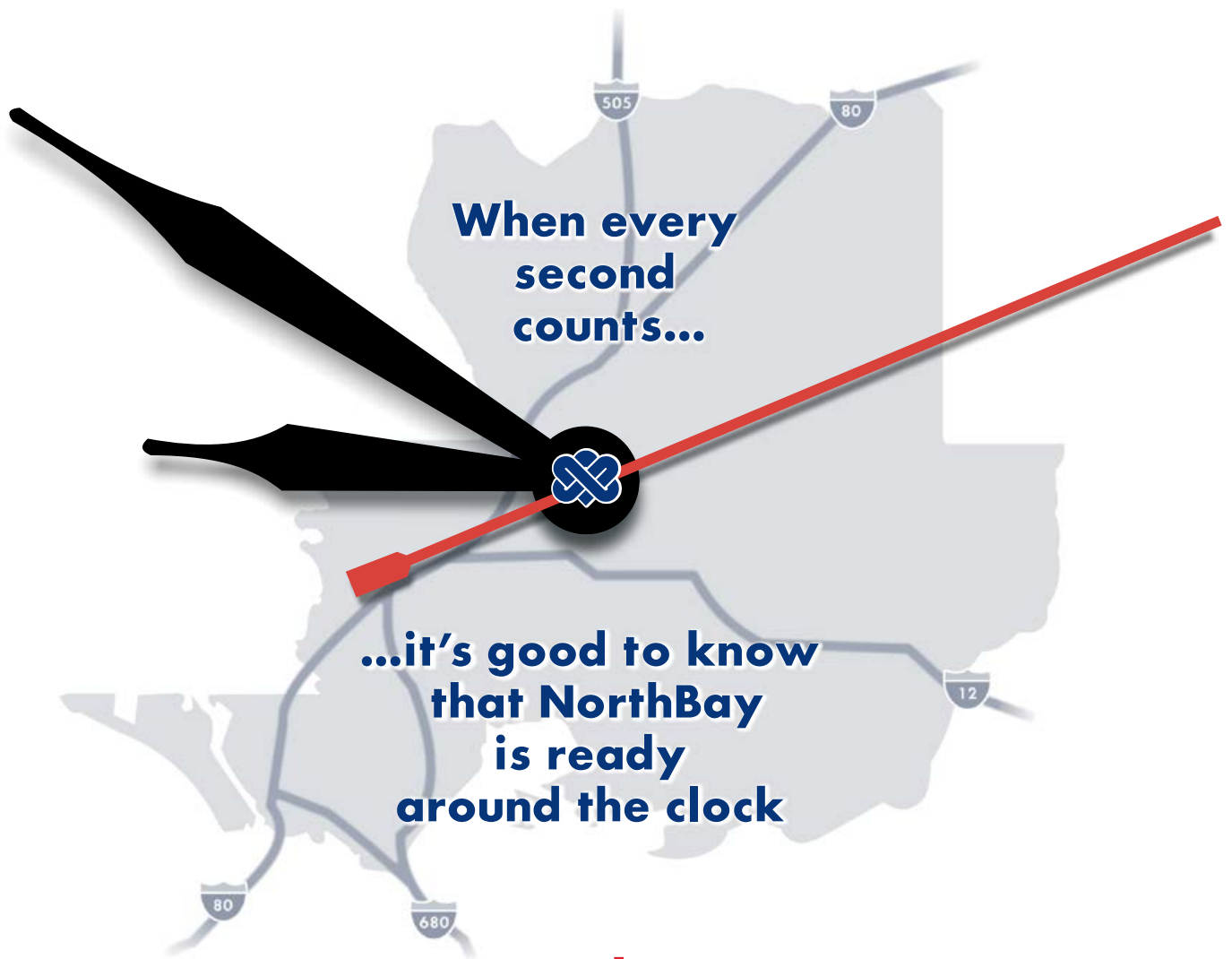
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