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NorthBay Medical Center in Fairfield and NorthBay VacaValley Hospital in Vacaville are your locally based, non-profit hospitals. Both hospitals were built by the community, for the community.

NorthBay Healthcare is committed to providing Solano County residents with the best health care available.



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We live our mission:

Compassionate Care, Advanced Medicine, Close to Home.

Wellspring



Winning Hearts

Solano's first cardiac center brings cutting-edge medicine close to home



Our Commitment, Cross Our Hearts

The advent of Solano County's first center for heart surgery and specialized vascular treatments simply underlines NorthBay Healthcare's mission and promise to bring advanced medicine close to home.

In this issue of *Wellspring*, we present a comprehensive look at the skilled professionals who work in state-of-the-art facilities to deliver life-saving heart and vascular medicine.

Our friends, neighbors and family faced long-distance medical care before the establishment of the NorthBay Heart & Vascular Center. In cardiac care they say "time is muscle," which means the longer it takes to get a patient to a heart center, the more damage will be done to the heart muscle. Too many patients could not survive the delay.

NorthBay's program includes the county's first accredited Chest Pain Center and the latest in vascular intervention techniques in our recently upgraded, state-of-the-art cardiac catheterization lab. It also boasts Northern California's most modern, most technologically advanced cardiac operating room. It also comprises the top cardiac surgeons in the region supported by a trained and highly skilled clinical staff—from the emergency room to the operating room to recovery and beyond.

Creating the Heart & Vascular Center took the total commitment of the entire hospital system—a dream conceived 20 years ago that has now come true.

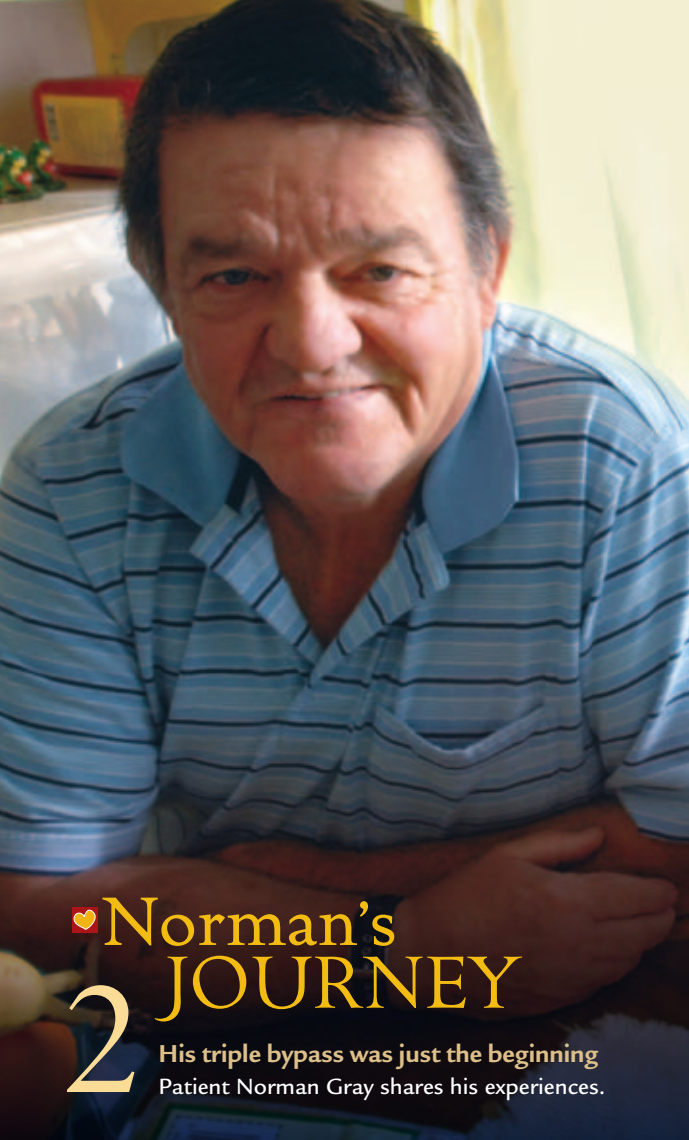
Our achievements in this arena come amid the backdrop of the most ambitious—and at times most acrimonious—national healthcare debate of the century. The two cannot be separated.

Will the new healthcare system being reconstructed in Washington support non-profit, community hospital systems such as ours as we strive to advance medicine close to home? We certainly hope so. The system that underpays California hospitals for those covered by Medicare cannot be extended to other government-run programs. If they do, physicians and community-based hospitals cannot continue to care for everyone who comes to them.

The challenge we face here at NorthBay Healthcare is sustaining the advanced medical programs we have made a huge effort to create. And, of course, to build new ones such as the NorthBay Heart & Vascular Center.

Gary J. Passama

Gary Passama
President and Chief Executive Officer



Norman's JOURNEY

His triple bypass was just the beginning
Patient Norman Gray shares his experiences.



Life in the ICU

Compassion when it's needed most.



If it's an Emergency...

NorthBay's ready to respond.

February is Heart Month

The Perfect Time to Focus on Matters of the Heart



For NorthBay Healthcare, that means bringing our Heart & Vascular Center into the spotlight in this edition of *Wellspring*.

If 2009 was the year of building the center, then 2010 is the year it all gels. From interventional cardiac procedures to high-tech diagnostic services to open heart surgery, it can all be done right here in Solano County and in keeping with NorthBay Healthcare's mission: Compassionate care, advanced medicine, close to home.

In this special issue, you'll meet Norman and Jackie Gray, who have invited our readers to follow along as he recovers from triple-bypass surgery and begins his path to a healthier heart. Along the way, we'll meet all the people that Norman met on his journey and learn about the role they play, as part of NorthBay's Heart & Vascular Center team.

You'll learn more about the disease itself, which is important because it is a leading cause of death in Solano County, second only to cancer. In 2007, three in 10 adults in Solano County had been diagnosed with high blood pressure and three in five were overweight, both major risk factors for heart disease and stroke.

You'll also learn about classes, seminars and support groups, all focused on cardiac health.

It's enough to warm your heart.



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Norman's JOURNEY

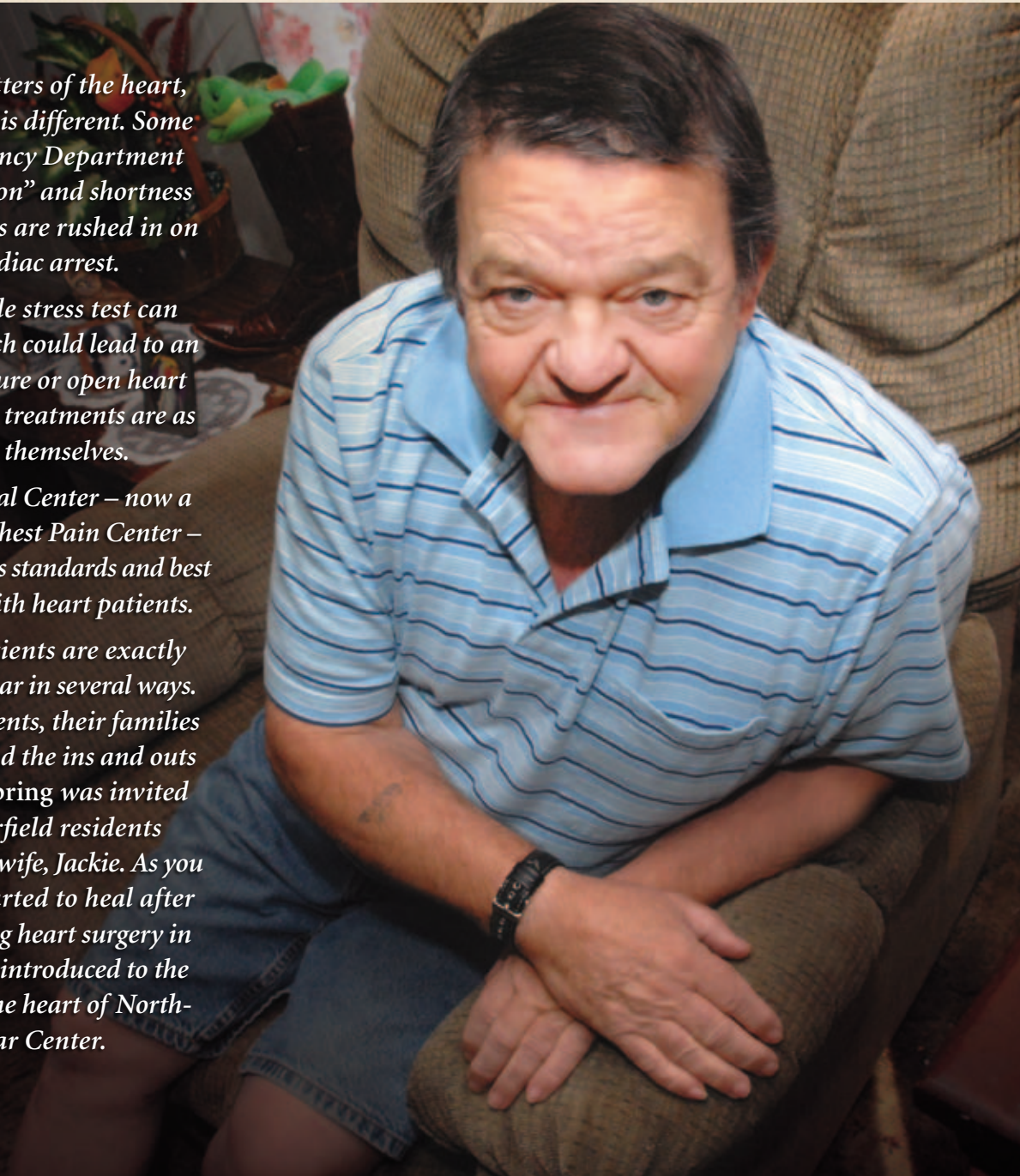
His triple bypass was just the beginning

When it comes to matters of the heart, everyone's experience is different. Some stroll into the Emergency Department with "a little indigestion" and shortness of breath, while others are rushed in on a gurney suffering cardiac arrest.

In some cases, a simple stress test can start the journey, which could lead to an interventional procedure or open heart surgery. Response and treatments are as diverse as the patients themselves.

Still, NorthBay Medical Center – now a recognized national Chest Pain Center – has established rigorous standards and best practices in dealing with heart patients.

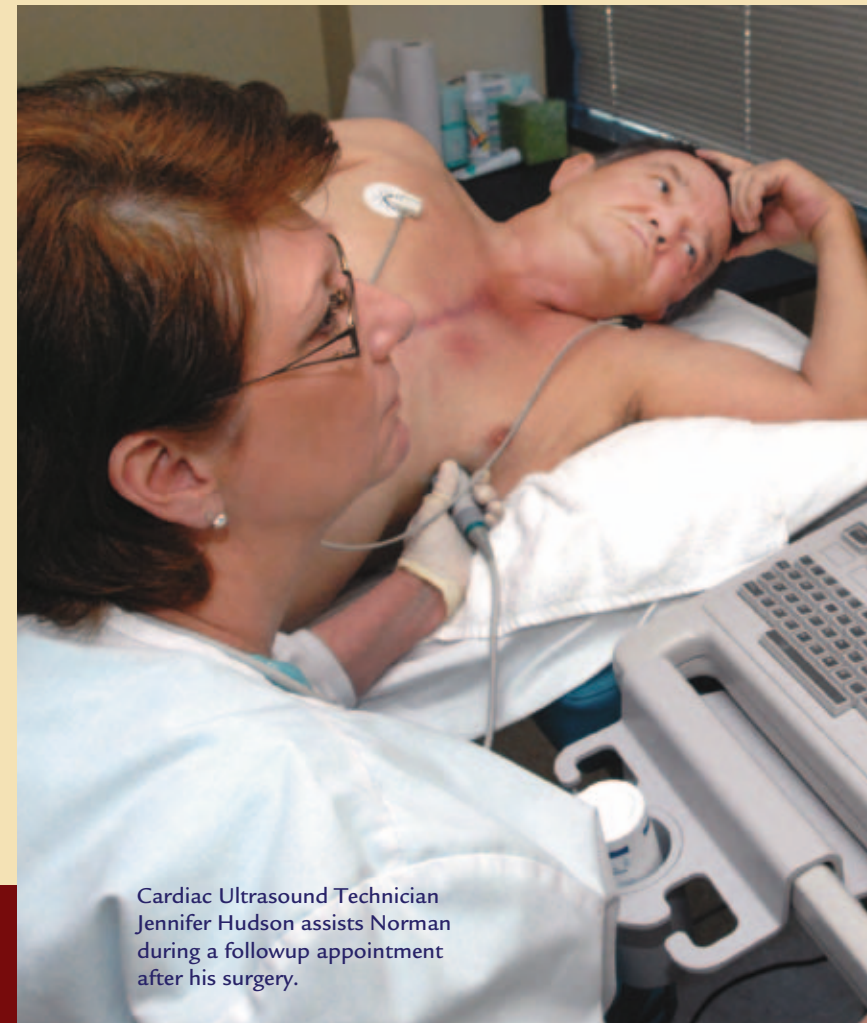
And while no two patients are exactly alike, each case is similar in several ways. To help potential patients, their families and friends understand the ins and outs of cardiac care, Wellspring was invited to tag along with Fairfield residents Norman Gray and his wife, Jackie. As you read how his heart started to heal after a triple-bypass, beating heart surgery in May 2009, you will be introduced to the teams that comprise the heart of North-Bay's Heart & Vascular Center.



The night of May 15, 2009, is still a blur to Norman Gray.

The 66-year-old retired assistant truck stop manager was trying to sleep, but something was wrong. Five months earlier he had undergone an interventional procedure that placed two metal stents (tiny tubes of wire mesh) in arteries around his heart to open a blockage.

Things seemed to be going well, until that night. He was restless, and couldn't seem to get comfortable. When his labored breathing became gasps for air, **his wife Jackie dialed 911.**



Cardiac Ultrasound Technician Jennifer Hudson assists Norman during a followup appointment after his surgery.

The Grays spent 12 hours in the Emergency Department that night. Norman remembers little of it, and Jackie remembers all too much. There was the ride in the ambulance, a seemingly endless number of tests and a visit to the cardiac catheterization lab for an angiogram, which helped determine that Norman was going to need surgery: a triple bypass.

Norman had had a heart attack.

Surgery became necessary. After waiting several days in intensive care for the blood thinners he had been given in the Emergency Department to wear off, things moved quickly.

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Jackie Gray says the handbook was a lifesaver.

NorthBay's Patient Handbook Roadmap to Recovery

When the NorthBay Heart & Vascular Center was still in its planning stage, clinicians agreed that a comprehensive guide was needed for patients undergoing open heart surgery. The result is the 60-page Cardiac Surgery Patient & Family Handbook, compiled by Acute Care Nurse Practitioner Jamie Chohon.

"We want our patients to be well informed about their surgery, their stay at our hospital and how to recover when they get home," says Chohon. "I wanted to speak to them from a holistic point of view, involving their support systems, as well."

Coming to NorthBay from an established cardiac surgery program gave Chohon further insight into the common questions and issues that arise after surgery and when patients return home.

"Giving the patients and their families an idea of what to expect, every step of the way, was the fundamental goal of the book, all the while expressing that we are all unique individuals and we tailor our care to each individual's needs," she says.

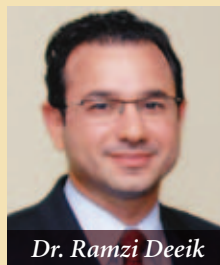
Inside the handbook, patients may recognize some of the providers who cared for them at NorthBay Medical Center. The guide includes photos of physicians, nurses and a former patient who demonstrates, step by step, the exercises cardiac patients are asked to do at home. Additional chapters range from "Understanding Your Heart," "The Healing Heart," and "Your Hospital Stay," to "Your Daily Routine at Home" and "Diet and Nutrition." The book concludes with an extensive Educational Resources section that includes heart information Web sites, nutrition information, books and cookbooks.

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Remembers Jackie, "People started coming out of the walls. The whole program starting clicking right then."

That's when the Grays met Acute Care Nurse Practitioner Jamie Chohon and ICU nurse Paula Azure, R.N., who Norman calls his guardian angels. Norman's appointed surgeon, Dr. Ramzi Deeik, director of Cardiac Surgery at NorthBay, came by to visit and explain what was going to happen.

"His heart was working at about 50 percent of capacity," recalls Dr. Deeik. "That means his heart muscle was thirsty for more blood flow and oxygen. The beating heart surgery allows us to operate on the heart while it's beating. We don't need to stop it, or arrest the heart. By doing so, the heart will tolerate the operation better. There is less risk for bleeding and blood transfusions, kidney failure or lung problems." It meant the best chance for a quick recovery and fewer complications for Norman.



Dr. Ramzi Deeik

The Grays were given NorthBay's "Cardiac Surgery: Patient & Family Handbook," which Jackie calls her ultimate guide to navigating the journey. Jackie says on Monday she started to recognize people from the book. Several pictured in it came by to introduce themselves and to patiently answer all the questions the Grays and their family had.

Norman remembers going from Room 21 to the elevator on the day of surgery.

They put an IV in, and "the rest is history," he chuckles.



Norman is surrounded by supporters: (left to right) Paula Azure, R.N., his adoring wife Jackie and Acute Care Nurse Practitioner Jamie Chohon.

"History" actually involved a four-hour surgery, and six days in ICU before being discharged.

Veins had been harvested by a scope from Norman's legs, leaving inch-and-a-half-long incisions, which healed quickly.

The recovery team at NorthBay included physical and cardiac rehabilitation therapists and a nutritionist, all devoted to making sure the Grays would be comfortable and confident to continue the healing process at home. Norman learned how to safely get in and out of bed, using a pillow to brace against his healing breast bone. He was given post-surgical exercises to help him build his strength. And a nutritionist helped him determine the right combination of medicines and diet to stabilize his blood sugar and blood pressure.

"Discharge planning starts from the moment the patient comes through the doorway," explains Tina Simon, R.N., inpatient case manager and discharge planner.

"I was involved in Norman's journey from the beginning. I followed his pathway from hospitalization through discharge, maintaining contact with patient, family and staff and coordinating his discharge care."



Norman was finally released with supervision from NorthBay Health at Home.

This is a program that allows a patient to recover at home, but under the watchful care of a medical team. It was decided that a Telehealth monitor could be installed in the Grays' bright-green mobile home in Fairfield. Each day, Norman had to answer questions on the computer screen. It helped him track his vitals. "Blood pressure, blood sugar, weight, everything," says Jackie, noting it was a huge relief.

"All that information went directly to the nurses and doctors. They were in constant contact," she says. "That eases the caregiver's mind a lot."

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Caring at Critical Moments It's Just Life in the ICU

“We outline our plan of care, including what they can expect to see and feel when they wake up in the ICU.”

The first hours after a cardiac event are a critical time in a patient's path to recovery, and especially so during the first 24 hours following cardiac surgery. Helping to shepherd patients along at this time is Jamie Chohon, acute care nurse practitioner.

Patients come under Chohon's supervision when they arrive in the ICU, either to await cardiac surgery, or when they are moved there immediately after surgery.

“I meet with patients and their families before surgery, if possible, to explain what is about to happen, from the surgery itself all the way until they go home,” Chohon says. “I explain the tests they undergo that help us get a good idea of how their body is functioning before surgery.” These tests include, among other things, lab work, x-rays, ultrasounds and measurements of lung function.

“We outline our plan of care, including what they can expect to see and feel when they wake up in the ICU.”

This initial meeting can take about 45 minutes to an hour, and provides an excellent opportunity for patients and their families to have any and all questions answered.

After surgery, one or two nurses—depending on how critical the patient is—will be assigned to oversee their recovery. Chohon joins these nurses to serve as an extra set of eyes and hands. She works in close collaboration with the nurses, as well as the cardiac surgeon, the anesthesiologist, and the intensivist, to serve as a “roving bridge” between the physician, the medical staff, and the family.

“A patient's recovery during these first 24 hours is actually guided by milestones known as a ‘clinical pathway with patient daily outcome goals,’” Chohon explains. Basically, that means a normal recovery would follow a general time line. “Patients should slowly awaken about three to four hours after surgery, and we should be able to take the breathing tube out in about six hours. It's a nationally recognized time line, but we only push as hard as the patient will allow.”

Throughout the 24-hour window, Jamie and the nursing team monitor IVs and deliver medication through them, and continuously check blood pressure and heart rate to assure it is all well controlled. They're also on the lookout for such things as post-operative bleeding, and improved pulmonary and gastrointestinal function.

The morning following surgery, many tests are repeated, such as x-rays, ECGs, and lab work, to see if the patient is ready and stable enough to transfer to the telemetry unit.

Since Chohon is following her patient's recovery nearly every step of the way, she is able to develop personal, face-to-face relationships with them and their families, something that they not only appreciate, but also improves patient outcomes.

“I see them every day until discharge. It's one-on-one, individualized, personalized care. The surgeons use their gifted hands in the OR; my gift is in the work I can do at their bedside, and in the relationships I can develop with my patients,” Chohon says.

Acute Care Nurse Practitioner Jamie Chohon keeps a watchful eye on her patients in the Intensive Care Unit.

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Of course, once Norman was on the mend, the monitor was removed.

He began a rigorous schedule of checking in with his primary doctors, including his endocrinologist, and his cardiologist.

A July visit with his endocrinologist Dr. Deborah Murray left the Grays overjoyed. Despite a shaky start maintaining his blood sugar, Norman managed to get his average glucose (or hemoglobin A1c) levels down.

“This is perfect,” an enthusiastic Dr. Murray told the couple. “This is almost non-diabetic. It means that you've made such a change in your blood sugars that you're almost normal. **This is remarkable.**”

Norman was diagnosed with type 2 diabetes in 1998. Maintaining his blood sugar had always been a struggle, Jackie recalled.



Dr. Milind Dhond checks Norman's heart.

The heart attack was a wake-up call that couldn't be ignored.

“Heart disease is the thing that kills diabetics,” explains Dr. Murray. “Eye disease, kidney disease, vascular disease and amputations are all things that people think about that are complications of diabetes which we try to avoid. Those are terrible, but what kills the diabetic is cardiovascular disease.”

The Grays then met as a team with Norman's cardiologist, Dr. Milind Dhond, who was pleased with his progress. He took note of his medications, checking on the cardiac rehab schedule and scheduling a followup echocardiogram to stay on top of Norman's progress.

“While a patient might meet once with their surgeon before, and once after a procedure, they'll usually never see the surgeon again,” explained Dr. Dhond. “But the relationship with their cardiologist becomes a lifelong thing for the patient. It is the modification of risk factors, leading a healthy life, keeping weight issues under control, and doing all those things.

If all goes well, we'll be seeing each other for many years to come.”



Shannon Morales checks Norman's blood pressure.

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When Muscle Matters

NorthBay Cardiac Rehabilitation is a nationally certified program located inside NorthBay Medical Center. The staff works directly with the cardiology team to provide care for patients once they are discharged from the hospital. Patients entering the cardiac rehabilitation program are ready to learn and put into practice the tools they'll need to live successfully with their heart condition. The program includes exercise to strengthen the heart, nutrition counseling, and lifestyle counseling that focuses on modifying risk factors.

"Our goal is to help each individual return to the life they enjoyed before their heart event," says Debbie Gordon, clinical manager of the program. "That may mean getting back to work, enjoying retirement activities, or caring for a young family."

The cardiac patient's first step toward recovery after leaving the hospital is a visit to the cardiac rehab department. Spouses or other family members are strongly encouraged to join the patient in this visit. They meet the staff and sit down with a nurse to discuss their recent hospitalization, their

medical history, their current treatment plan, medications and to learn what their next steps are.

"This is often a very emotional time for both the patient and the family, as the visit usually coincides with the realization of what exactly happened 'hits them,'" Gordon says. Many times, patients enter the program with multiple prior medical problems that have complicated their recovery further.

"The typical 40-something male patient of long ago no longer exists. We now see both men and women, ranging in age from late 20s to the late 80s," Gordon says. The rehab staff needs to find balance between helping the patient face their new reality, and being the first cheerleader for their recovery. Once this is done, goals are negotiated, and the patient is admitted to start working toward recovery.

Patients receive a comprehensive education program when admitted to cardiac rehabilitation, which also includes consistent lifestyle changes and exercise. Exercise therapy ranges from eight to 12 weeks, with sessions three times a week for 30 to 60 minutes. The first session includes a

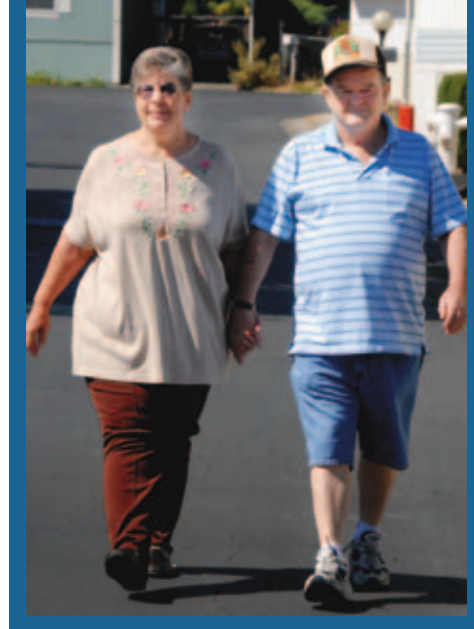
functional assessment of their current condition that results in an individualized exercise prescription aimed to strengthen the heart muscle and improve circulation. Along with strengthening the heart, the prescription is designed to improve their strength, balance and endurance so they can do the things they enjoy.

Feedback and encouragement from staff is weekly and ongoing.

Patients are monitored closely by intensive care nurses with special training in therapeutic cardiac exercise. Heart monitors and oxygen levels are constantly and closely assessed to keep patients safe. In this environment, patients feel secure challenging themselves because they know that they have a safety net in case something unexpected happens. After a few weeks into the program, patients begin to bond with each other.

"Our patients find strength in being with others who are going through the same experience and who understand their feelings," Gordon adds.

She also encourages her patients to join North Bay Mended Hearts, an educational and ongoing support group which meets monthly, alternating between Fairfield and Vacaville.



Debbie Gordon, (at right) clinical manager of Cardiac Rehabilitation, offers encouragement to Norman during one of his exercise visits.

Karen Loewe, R.N., (below) smiles as Norman sits down for a breather after completing the exercise circuit.



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In cardiac rehabilitation three days a week at NorthBay Medical Center for a 12-week stint, Norman attacks the bikes and the treadmill with gusto.

His every action is closely tracked. He wears a monitor that reports his blood pressure, pulse and other key stats to nurses who run the facility.

It's a mini-gym of sorts, with exercise equipment squeezed into a main room ringed by offices. "They work you good," Norman confides between exercises.

The women who oversee the operation have all been intensive care nurses with cardiac experience.

"I know I can go to work and he can go to rehab, and he'll be in good hands," says Jackie.

Debbie Gordon, clinical manager of NorthBay Cardiac and Pulmonary Rehabilitation, confirmed that Norman was right on track, learning to manage his routine, his blood sugars, his diet and exercise.

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Surgical Team Set to Focus on the Heart of the Matter

NorthBay Medical Center's unique situation and location will make it one of the most sought-after heart programs in Northern California, says Dr. Ramzi Deeik, director of Cardiac Surgery Clinical Outcomes at the NorthBay Heart & Vascular Center. The cardiothoracic surgeon has been with the program since its planning stages.

"We have the experience, the infrastructure, the physician expertise and the nurse expertise to perform a high level of cardiac care," he adds.

It has taken two years, lots of planning and millions of dollars in equipment, training and recruiting, but today NorthBay Medical Center has a five-man surgical team ready to take on heart, vascular and thoracic cases in its new state-of-the-art surgical suite. Now patients can come to the Fairfield facility for everything from open heart surgery to valve repair.

"It's been an honor to be involved in the initial stages of developing this heart program," says Dr. Deeik. The planning committee began nearly three years ago, and was made up of physicians, administrators, experts in the field, nurse practitioners and leaders throughout NorthBay Healthcare. "It's been a very unique experience," says Dr. Deeik. "We have a very dedicated team of people here who are excited about what they're doing."

While the surgery team has had plenty of experience at other Northern California hospitals, that was not the case for others on the team. Before the first surgery could take place in Fairfield, NorthBay nurses had to go to other hospitals for hundreds of hours of training.

"The nursing staff's new expertise was really on display when the first surgery was performed," recalls Dr. Deeik. "The feelings we shared during that first operation back in April were incredible. The fact that we were able to help patients in their own community and make sure their family was close to home, well, patients do extremely well in the recovery process. It has been very uplifting."



NorthBay Medical Center's Heart, Vascular & Thoracic Surgery Team

Dr. Ramzi Deeik, director of Cardiac Surgery Clinical Outcomes, a cardiothoracic surgeon (from left to right); Dr. Jeff Brooks, a vascular surgeon; Dr. Robert Klingman, director of Cardiac Surgery, a cardiothoracic surgeon; Dr. Samer Kanaan, a cardiothoracic surgeon; and Dr. Sepehre Naficy, a vascular and cardiothoracic surgeon.



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Several months later, Norman's rehab gym time is over, but his exercise routine continues.

He walks nearly every night with Jackie, and works out every day at a local gym. He has lost 20 pounds since his surgery and established a whole new diet and exercise routine. He has also gained a healthy new outlook on life.

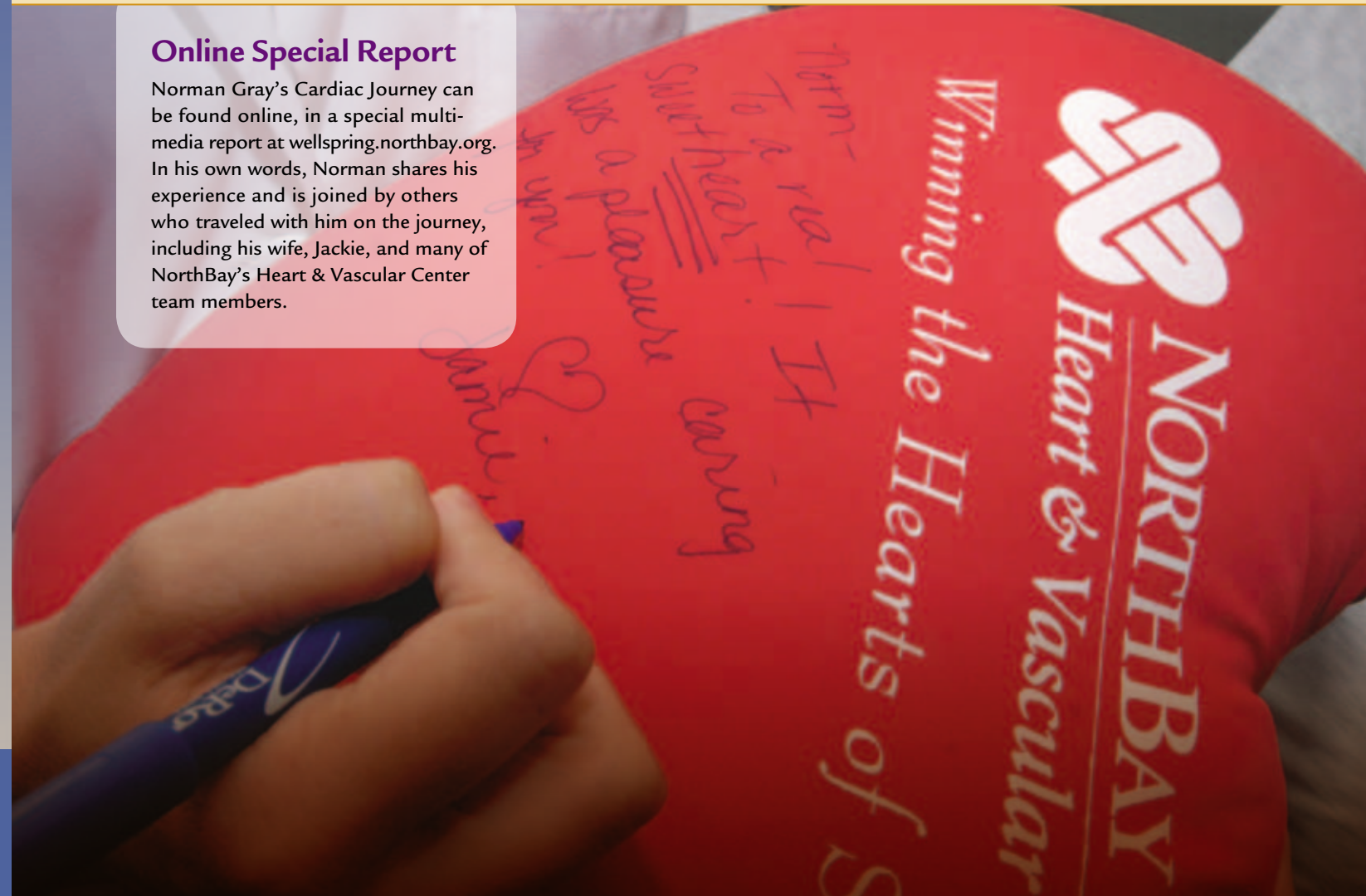
The journey, say the Grays, would not have been possible without a dedicated team at NorthBay Medical Center that has continued to check in with the couple over the past several months.



During a recent hospital visit, Norman took his "NorthBay" bright red, heart-shaped pillow and asked "his heart team" to autograph it. It sits on a special shelf in his living room, a reminder of how many people literally and figuratively touched his heart. ❤️

Online Special Report

Norman Gray's Cardiac Journey can be found online, in a special multi-media report at wellspring.northbay.org. In his own words, Norman shares his experience and is joined by others who traveled with him on the journey, including his wife, Jackie, and many of NorthBay's Heart & Vascular Center team members.





Supporters of the Chest Pain Center include (standing from left) Medic Ambulance Operations Manager James Pierson, Mary Hernandez, R.N., M.S.N.; and Fairfield Fire Station 37 Engineer, Paramedic Andy Cranston and (seated from left) Fairfield Fire Chief Vince Webster and Medic Ambulance Paramedic Ben Davis.

Chest Pain Center is a Community Effort

When it comes to heart attacks, doctors say that time is muscle. No one understands this better than the paramedics of the Fairfield Fire Department, Vacaville Fire Department and Medic Ambulance. They are first on the scene when a “9-1-1” call is made for a possible heart attack.

So when NorthBay Medical Center took on the challenge of becoming a nationally accredited Chest Pain Center, the community’s life savers were on board from the beginning. “What happens to the patient before they get to the hospital can be critical to their survival,” says Mary Hernandez, RN, MSN, clinical practice manager for the Emergency Department. “Our journey to accreditation as a Chest Pain Center brought hospital staff and the local emergency response staff together to cross-train and learn how to best implement life-saving treatment.”

Studies show that if a patient who is having a heart attack receives treatment within 90 minutes, the chances of saving damaged heart muscle greatly increase. With that goal in mind, cardiologists and emergency physicians provided education for paramedics while the ER staff learned from paramedics how patients are cared for in the field. Together they developed a streamlined system of care for patients with chest pain.

EMS personnel and hospital staff now meet on a regular basis to review cases and participate in training exercises.

“The Chest Pain Center means patients are minutes away from care, which keeps our response teams close to home too,” says Fairfield Fire Chief Vince Webster.

The Society of Chest Pain Centers stresses a structured approach to care that uses evidence-based, best-practice standards for heart attack treatment. Within the hospital, the Cardiology and Emergency Departments integrated their services to provide patients with immediate medical evaluation by a team of emergency physicians, cardiologists, and emergency nurses who have received extensive training in triage and rapid interventions for cardiac patients.

“Chest Pain Center accreditation involved many departments in the hospital,” Hernandez says. “The Society’s surveyors reviewed in detail our care of patients with chest pain, from the time of the 9-1-1 call to the patient’s discharge from the hospital.”

In August 2009, NorthBay Medical Center became a nationally accredited Chest Pain Center—one of 17 accredited centers in California and 500 in the world.

With specially trained and accredited staff available 24 hours a day, seven days a week, the Chest Pain Center can quickly determine if a patient is experiencing a heart attack and move them to the next level of care.



If it’s an Emergency, We’re Here to Help

Patients entering the Emergency Department with chest pain are immediately placed in a protocol that will quickly identify if a patient is having a heart attack. The first step is giving the patient an electrocardiogram (ECG or EKG), a diagnostic tool that measures and records the electrical activity of the heart. The standard test is called a 12-lead electrocardiogram because it measures the electrical activity of the heart from 12 points of view. In a heart attack, part of the muscle dies and is electrically silent, no longer radiating energy. Interpretation of these detailed views allows diagnosis of a wide range of heart conditions.

The results of the ECG determine what happens next for the patient. If the ECG detects a heart attack, a very specific, structured plan of response is initiated that leads to the rapid selection of the proper treatment, according to Pat Wentworth, director of Emergency Services. For some patients, a clot-busting drug may be an appropriate way to treat their condition. Others will be sent to the cardiac catheterization lab for a diagnostic procedure. The ED’s goal is to administer the clot-busting drug within 30 minutes of arrival or to

have the patient in the cath lab within 90 minutes.

“The cardiac cath lab is the gold standard of cardiac diagnostic tools,” Wentworth adds. “The procedure is safer and more effective than using a clot-busting drug.”

While the ECG can diagnose a heart attack, it can’t rule one out. When an ECG is inconclusive, the patient will undergo lab tests and observation for several hours until the lab tests are completed. If there is any concern for the patient’s heart, they will spend the night in the hospital and undergo a cardiac stress test.

“Even if a cardiac problem is ruled out, there are several serious health problems

that mimic heart attack,” says Wentworth. Conditions that cause chest pain can originate from other organs in the chest, the chest wall, the spinal column or the abdomen. Chest pain is a common symptom of gastroesophageal reflux disease (GERD), a pulmonary embolism (blood clot in the lung), a perforated ulcer and in gall bladder disease. Even a cervical disk can irritate the nerve roots going into the chest wall and produce chronic chest pain.

No matter what condition causes chest pain, it is important to never ignore it. All chest pain should be checked out at your closest emergency department.



Pat Wentworth, director of Emergency Services, NorthBay Medical Center and NorthBay VacaValley Hospital.

Heart Surgery’s High-tech World

NorthBay opened its state-of-the-art cardiovascular operating room in April 2009, after years of planning.

The new \$4.6 million surgical suite, the most sophisticated in the region and twice the size of a normal operating room, meant that a whole host of procedures could be performed for the first time at NorthBay Medical Center, including coronary artery bypass and heart valve repair.

In the months that followed, NorthBay Medical Center earned a prestigious national Chest Pain Center designation, and in August, cardio interventionists in the catheterization lab were able to go beyond the diagnostic procedures that have been performed for years and offer coronary angioplasty, also called Percutaneous Coronary Intervention or PCI. (See related story on page 14.)



Sonia De Guia, R.N.

PCI Puts Bounce Back in Her Step

If you glance at Eva Bierma with her smooth, alabaster skin, strawberry blonde hair and bright blue eyes, you would be shocked to learn that she's not only a mother and grandmother, but a great, and great-great-grandmother.

The Big Piney, Wyo. native was just a 6-year-old cowgirl on the Flying W ranch south of Yellowstone when her mother died. During the Great Depression, her father lost his job managing the ranch, remarried, and moved his family to Ohio, where he worked in the coal mines.

Eva has been active all her life, she says, riding horses when she was young, working a number of fascinating jobs while raising a family, and more recently in retirement gardening, exercising and enjoying her family.

So it was a shock when she experienced a series of heart attacks Oct. 28, which ultimately landed her in NorthBay Medical Center's cardiac catheterization lab for PCI—Percutaneous Coronary Intervention.

It not only saved her life, it has given her a bounce in her step once more, says her

doting husband, Harold. The two have been married for 55 years.

Eva had her first PCI in 2004, when she needed a stent to help open a blockage. Back then, she and Harold had to travel to Walnut Creek for the procedure. That was difficult, explains Harold, because he couldn't spend the night, he had to drive home and back the next day to check on her.

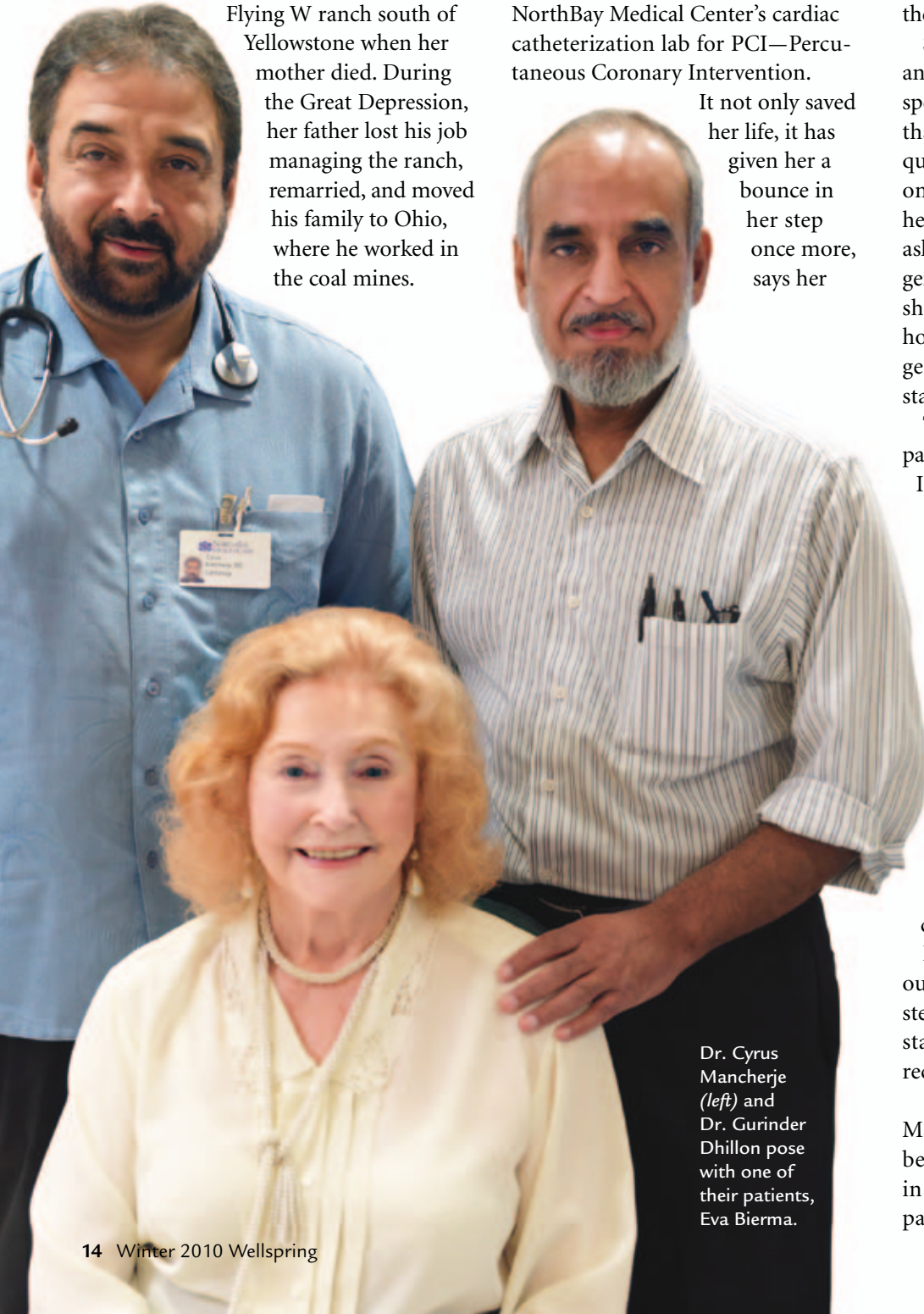
Still, the procedure was a success, and she thought all was well. In retrospect, she says, she should have noticed that she was getting tired more frequently. She went to bed one night, only to wake up with severe pain in her chest and arms. At 3:30 a.m. she asked Harold to take her to the Emergency Department. She later learned she had suffered angina attacks at home, and a heart attack in the Emergency Department, before she was stabilized enough to undergo the PCI.

The procedure is not surgery. The patient is only mildly sedated, explains Interventional Cardiologist and Medical Director Gurinder Dhillon, M.D. A catheter is placed in an artery in the groin, and a catheter line is run up toward the chest, allowing the physician to insert a balloon or stent, as needed.

In this case, the doctor was Cyrus Mancherje, M.D., the same physician who had placed a stent in an artery leading to her heart before. But this time, Dr. Mancherje was able to do it in Fairfield, and Harold Bierma was able to go home and rest before coming back to check on his wife.

Dr. Mancherje reinforced the previous stent and placed three additional stents to eliminate Eva's blockage. She stayed in the hospital a few days for recovery, before going home.

"I'm a Solano County cardiologist," Mancherje says. "It's great to finally be able to perform this procedure in Solano County. It's great for our patients, it's great for us."



Dr. Cyrus Mancherje (left) and Dr. Gurinder Dhillon pose with one of their patients, Eva Bierma.

Cath Lab Blossoms with New Capabilities

Right on schedule, NorthBay Medical Center's Cardiac Catheterization Lab continues to blossom with new capabilities, technologies and services.

NorthBay has had a "Cath Lab" available to perform diagnostic procedures since 1992, but it is only in the last two years that expansion has been a recurring, almost daily, theme.

A \$3.6 million remodeling in 2007 set the groundwork for one of the hospital's busiest departments, a place where as many as a dozen different doctors come to perform a variety of procedures that improve blood flow in arteries all over the body—arms, legs, and even around the heart.

The procedures are not considered surgery. A catheter is inserted into a

large artery and various wires and devices can be inserted through the catheter line, which allows a physician to place balloons or stents, or even maneuver a clot-busting laser.

In the fall of 2007, vascular surgeons began performing balloon angioplasties, stenting and atherectomies on peripheral (arm and leg) arteries.

In March 2009, the first laser atherectomy ever performed in Solano County took place. An Excimer "cool tip" laser was used to vaporize artery blockages into particles smaller than a red blood cell.

Then in August 2009, NorthBay began to offer Percutaneous Coronary Interventions. This procedure uses a similar

balloon and stents to open up blockages but in coronary (heart) arteries. In just four months, there have been more than 50 PCIs performed, and doctors believe 2010 will see more than 200.

During a procedure, a physician is assisted by a team of four, both registered nurses and x-ray technologists. In all, there are 14 staff members of the Cath Lab, covering Monday through Friday, from 7 a.m. to 5:30 p.m. Staff is on call 24 hours a day, 365 days of the year. The Cath Lab Observation Unit is staffed with registered nurses who care for the Cath Lab patients both before and after their procedures. The lab has become so busy, with so many doctors and so many procedures, that there is already talk of adding a second lab.

Who's Who DOCTORS IN THE NORTHBAY CATH LAB



Dr. Jeffery Breneisen
Medical Director of Cardiology
Diagnostic cardiac cath, implants pacemakers



Dr. Gurinder Dhillon
Medical Director of Interventional Cardiology
Percutaneous coronary intervention (PCI), implants pacemakers



Dr. Milind Dhond
Medical Director of Peripheral Vascular Program
Diagnostic cardiac cath and percutaneous peripheral vascular intervention, implants pacemakers



Dr. Steven Anton
Cardiologist
Diagnostic cardiac cath, implants pacemakers



Dr. David Hill
Cardiologist
Diagnostic cardiac cath



Dr. Andrew Wong
Interventional cardiologist
PCI



Dr. Stephen Arnold
Interventional cardiologist
Percutaneous coronary intervention (PCI)



Dr. Cyrus Mancherje
Interventional cardiologist
PCI, Implants pacemakers



Dr. Edward Yoon
Cardiologist
Diagnostic cardiac cath



Dr. Jeffery Brooks
Vascular surgeon
Percutaneous peripheral vascular intervention



Dr. Brian Mundy
Interventional cardiologist
PCI

Dr. Henry Chen
Cardiologist/Electrophysiologist
Implants pacemakers



Dr. Harry Dassah
Interventional cardiologist
PCI, Implants pacemakers



Dr. David Weiland
Interventional cardiologist
PCI

Dr. Dinesh Thakur
Interventional cardiologist, PCI



Prior to discharge, clinical dietitian Cindy Liu, M.S., R.D., talks with patients and details the importance of adopting heart-healthy eating habits to prevent future cardiac-related problems.

Heart-Healthy Eating Plan Fuels Recovery



In the days following surgery, cardiac patients receive many visits, including one from the clinical dietitian, Cindy Liu, M.S., R.D. Her initial visit, on the third or fourth post-surgical day, is to introduce herself and to complete a nutritional assessment to assure her patients' appetite has returned and they are eating—first liquids and then solid foods. “We may add supplements or snacks if necessary,” she notes.

Prior to discharge, Liu details the importance of adopting heart-healthy eating habits to prevent future cardiac-related problems. These dietary guidelines may include low salt, low fat or low cholesterol foods. During the consultation, she also answers any other questions her patients may have about nutrition. She individualizes their plan, making accommodations for food allergies, intolerances and any spiritual or cultural needs.

“We also tailor the diet to the support they have at home. That’s why it’s very important to have the family members who will be doing the cooking or grocery shopping present during this visit,” Liu says.

She also tries to find out if the patient will be able to follow a heart-healthy diet once they get home.

“Some people are fearful; they don’t have enough food or money available, or might not have the support necessary to follow a new diet,” she says.

Since patients have distractions during their hospital stay and are in the early part of their recovery, they may not be ready to discuss dietary recommendations in depth. In this case, she returns to spend more time with her patients and their families just before discharge.

Patients who choose to attend cardiac rehabilitation at NorthBay Medical Center following their discharge can receive additional nutritional counseling with Liu.



Tina Simon, R.N., is focused on getting patients prepared for the day they go home.

Discharge planning at NorthBay is truly a collaborative effort and it involves a multi-disciplinary approach. It’s a process that usually starts when a patient comes to the Same Day Center for pre-admission tests, and the evaluation continues all through their hospital stay.

When It’s Time to Leave... You’ll be Ready

As soon as a patient arrives at NorthBay Medical Center, Tina Simon, R.N., starts planning for the day when they go home. As an inpatient case manager, “discharge is something I start working on the minute the patient comes in through the door.”

It’s not that the hospital is in a particular hurry to get patients on their way; it’s more about making sure that when they are discharged, it’s to a place that is best prepared to meet their post-surgical needs.

Discharge planning at NorthBay is truly a collaborative effort, Simon stresses, and it involves a multi-disciplinary approach. It’s a process that usually starts when a patient comes to the Same Day Center for pre-admission tests, and the evaluation continues all through their hospital stay.

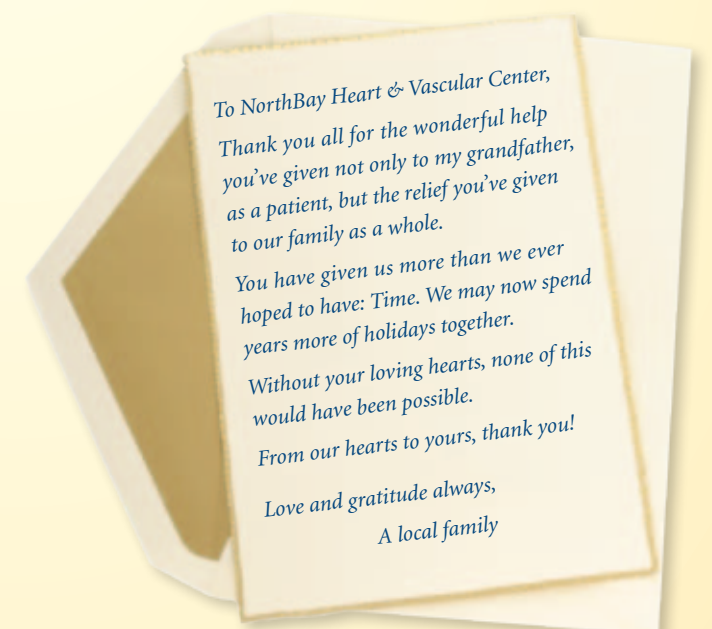
“I try to meet with the patient as early as possible, before surgery even, to introduce myself and evaluate their home history,” Simon says. Is there support or help available from family or friends, for at least the first week after discharge? If not, perhaps discharge plans need to be made to a skilled nursing facility, until the patient is ready for independent living again. Is the patient diabetic or on dialysis? That will trigger special post-discharge needs, such as nutrition counseling or out-patient treatment. Simon is also in close communication with Jamie Chohon, acute care nurse practitioner, who is the case manager for all cardiovascular surgical cases.

Since each patient’s post-surgical needs and home situations are different, determining what’s best for them requires a coordinated effort between the patient, their family and friends, the cardiologist and nursing staff, Simon explains. “Some patients have plenty of help from family and friends; others may have little support or even be homeless,” in which case they would be referred to Social Services. “We discuss the options

available and re-evaluate them as the patient recovers, and make any necessary adjustments.”

Simon has been a nurse at NorthBay for 23 years, and has spent the past five years in case management. Working with cardiovascular patients offers her a “new clinical picture” with a pleasant surprise.

“I find my patients are recovering quickly—within three to four days—and before you know it, they’re up and ambulatory. It has changed my expectations; I thought I would have more time to plan for their discharge!” she says. “I am also impressed with the level of care and attention our patients are getting; there is always someone with them. It’s a very supportive team, and that is good for our patients.”



It Takes a Team to Save Lives



Staff from departments throughout the hospital come together to care for patients on their cardiac care journey. These are just a few of the many employees involved in this specialized care.



First Mended Hearts Chapter Forms

It was standing-room-only for the first charter meeting of the local chapter of Mended Hearts, the international organization comprised of people who have had a heart event.

The group meets once a month at locations rotating between the NorthBay Medical Center and VacaValley Health Plaza in Vacaville. Meetings are from 4 to 5:30 p.m. and include a speaker followed by discussion time facilitated by a social worker.

For more than 50 years, Mended Hearts has offered the gift of hope to heart patients, their families and caregivers. Mended Hearts chapters offer support groups, health information workshops and an accredited visiting program. Members learn more about heart disease and share support and encouragement with others who are living with heart disease.

For further details, please call (707) 646-5072.



'Electric Hearts' Meetings Offer Pacemaker Support

A support group for people living with pacemakers is offered quarterly by the NorthBay Medical Center Cardiac Cath Lab observation nurses. Attendees meet others who are learning to live with an implantable cardiac defibrillator (ICD). The meetings feature guest speakers and give participants the opportunity to discuss their feelings, fears and questions with others who understand, including the R.N.s who care for ICD patients.

For further information, please call (707) 646-5074.

Learn CPR to Save a Life



Most cardiac arrests happen at home, according to the American Heart Association (AHA), leaving immediate, emergency care in the hands of loved ones. In fact, the AHA says almost 80 percent of out-of-hospital cardiac arrests occur in private residences.

Would you know what to do if an adult suddenly collapsed, whether at home or in a public setting? Being trained in how to perform cardio-pulmonary resuscitation (CPR) can mean the difference between life and death, effectively doubling a victim's chance for survival.

When sudden cardiac arrest occurs, the victim collapses, becomes unresponsive to gentle shaking, stops breathing normally and, after two rescue breaths, still isn't breathing normally, coughing or moving. If bystander CPR is not provided, a victim's chance of survival falls between 7 percent to 10 percent for every minute of delay until defibrillation occurs.

CPR helps maintain vital blood flow to the heart and brain and increases the amount of time that an electric shock from a defibrillator can be effective.

If you have had training in CPR, you will know how to provide life-saving support until emergency personnel can take over.

CPR training also includes knowing how to use an automatic electronic defibrillator (AED), but bystanders can use AEDs without specific training. These portable devices—with their distinctive red and white logos—are designed to be simple to use, even for the untrained. They are required by law to be in public places, such as health clubs and shopping malls, but many communities also keep them near the entrances to community centers, theaters, swimming pools, and in workplaces and government offices. AEDs are portable enough to be used in the home and are especially beneficial for families with known existing heart conditions.

Want to learn CPR? There are a number of places that teach the class.

CITY OF VACAVILLE regularly holds CPR classes at McBride Senior Center. The next classes are Feb. 9 and 23 from 6 to 9 p.m. The class fee is \$49. Call (707) 469-6660 for details.

MEDICAL TRAINING SERVICES provides CPR classes for individuals or businesses. Call (707) 446-6220.



Chew an Aspirin after Calling 911

If you're having a heart attack, you need to get to the hospital fast. You also need an aspirin to keep the platelets in your blood from clotting.

First, call 9-1-1. Then, reach for the aspirin bottle. Studies show that chewing one standard 325-mg dose of aspirin is the quickest way to get the drug into your bloodstream. Make sure to use a full-size tablet (not baby aspirin or an enteric-coated tablet).



Heart Attack Symptoms

A heart attack can strike like a sledge hammer, leaving no doubt that you're in a cardiac emergency. A heart attack can also be so subtle that you mistake it for indigestion. That's why it's so important to understand the warning signs for heart attack.

WARNING SIGNS OF HEART ATTACK

- Pain or discomfort in the center of the chest that lasts for more than a few minutes or goes away and comes back. It can feel like pressure, squeezing, fullness or pain.
- Discomfort in other areas of the upper body such as in one or both arms, the back, neck, jaw or stomach.
- Shortness of breath that occurs with or before chest discomfort.
- Other symptoms include breaking out in a cold sweat, nausea or light-headedness.

WARNING SIGNS OF A HEART ATTACK IN WOMEN

Heart attack symptoms in women can be very different than those in men.

- Pressure, fullness, squeezing pain in the center of the chest, spreading to the neck, shoulder or jaw pain.
- Chest discomfort with light-headedness, fainting, sweating, nausea or shortness of breath.
- Upper abdominal pressure or discomfort
- Lower chest discomfort
- Back pain
- Unusual fatigue
- Unusual shortness of breath
- Dizziness
- Nausea



Pat Suderow, R.N., and Maureen Allain, R.N., are ready to answer questions about the heart.

Don't take chances with chest pain. If you or someone near you experiences chest pain or other symptoms of a heart attack, don't delay! Seek medical attention immediately.

Symptoms of Heart Disease

Heart disease is one of the leading causes of death for both men and women in the United States.

Heart disease includes a number of problems affecting the heart and the blood vessels in the heart. Some progress quietly for years until they are announced by a heart attack. These conditions include coronary artery disease, heart failure and heart arrhythmias.

Coronary artery disease (CAD) is the most common type of heart disease and the leading cause of heart attacks. When you have CAD, your arteries become hard and narrow. This restricts the flow of blood to the heart and can lead to angina and heart attack.

Angina is chest pain that happens when the heart does not get enough blood. It isn't a heart attack, but it is an indicator that you may have a heart attack.

Heart failure doesn't mean that the heart stops. It occurs when the heart is not able to pump blood through the body as well as it should. This means that other organs don't get all the blood they need.

Heart arrhythmias are changes in the beat of the heart that can cause flutters, dizziness or feeling faint. These changes are harmless for most people and tend to increase with age. If these symptoms are extreme and include shortness of breath, call 9-1-1 right away.

Warning signs of heart disease include:

- Increasing shortness of breath, even when not exercising or moving much
- Chest pain that goes away with rest
- A sudden feeling of exhaustion
- Rapid weight gain
- Swelling or pain in the abdomen
- Increased swelling of the legs or ankles.

Discuss these symptoms with your doctor and ask that you be screened for heart disease.



Telehealth clinician Elizabeth Moffat checks on Ramiro Gutierrez of Fairfield after his successful triple bypass surgery at NorthBay Medical Center.

Telehealth: An Online Lifeline

Some post-surgical patients will be discharged to home, but are not quite well enough to immediately resume all the activities of daily life, such as driving to their doctor's office for follow-up appointments. Patients in this situation will still get their vital signs and progress checked every day—without leaving home—through Telehealth, a sophisticated electronic health monitoring system.

Telehealth uses medical monitoring equipment, a touch-screen monitor and telephone lines to help a patient collect their vital signs, which are then transmitted to a clinician such

as Elizabeth Moffat, Telehealth clinician for NorthBay Health at Home.

Telehealth checks a patient's temperature, heart rate and blood pressure, and their blood's oxygen saturation and blood glucose levels. It can also check a patient's weight or use a Web cam to do a wound assessment, according to Moffat.

"It helps us to look for trends or abnormalities and to catch any symptoms—such as fluid retention or elevated blood pressure—early. We can then make adjustments to medications, if necessary," she says.

Telehealth uses medical monitoring equipment, a touch-screen monitor and telephone lines to help patients collect their vital signs.

These daily check-ups are particularly beneficial if the patient has diabetes, congestive heart failure or hypertension.

There are many benefits for home-bound patients being followed through Telehealth, Moffat notes. "Early detection can help prevent a visit to the emergency room or even hospitalization, and it gives our patients peace of mind, because they check in with us every day, seven days a week."

Patients typically spend 10 to 20 minutes with the machine each morning, answering general health questions on the touch-screen monitor and providing vital sign information. "The whole system is easy to use, even for those who aren't so 'computer-literate,'" she says.

In addition to the Telehealth program, NorthBay patients also receive home visits and telephone monitoring, Moffat says.

High Blood Pressure is The Silent Killer

When was the last time you had your blood pressure taken?

It's an important health screening and yet so easy that we often overlook it. That's why high blood pressure is called the "silent killer."

Blood pressure is the force your heart uses to circulate your blood. It's measured in two numbers, the systolic (top number) and the diastolic (bottom number). The systolic number measures the heart beat; the diastolic reading measures the heart's relaxation.

High blood pressure, or hypertension, means your heart is working harder and harder to circulate your blood. No one can withstand that for long without some damage taking place. High blood pressure greatly increases your risk of heart disease, stroke and kidney failure.

Blood flows through your body like water flows through a pipe. If water pressure builds and builds, the pipe will burst. In the case of high blood pressure, the force of the blood actually damages the lining of the arteries. The injured arteries eventually stiffen, which in turn increases blood pressure even more. Unchecked, the high pressure will cause tiny capillaries in your kidneys, liver and eyes to burst, often causing irreversible damage.

Studies show that artery damage can begin even at a blood pressure level once considered normal. The risk of heart disease and stroke starts to increase at readings as low as 115/75. It doubles for each increase of 20/10. And, even people whose readings are normal at age 55 have a 90 percent chance of eventually developing high blood pressure.

The only way to know if you have high blood pressure is to have your blood pressure checked. While 50 million Americans have high blood pressure, only 30 percent of them know it.

Maintaining your good health depends on the prevention and control of high blood pressure.



Have Your Blood Pressure Taken

- ♥ Don't drink coffee or smoke cigarettes 30 minutes before having your blood pressure measured.
- ♥ Before the test, sit for five minutes with your back supported and your feet flat on the ground. Rest your arm on a table at the level of your heart.
- ♥ Wear short sleeves so your arm is exposed.
- ♥ Go to the bathroom prior to the reading. A full bladder can change your blood pressure reading.
- ♥ Get two readings, taken at least two minutes apart, and average the results.
- ♥ Ask the doctor or nurse to tell you the blood pressure reading in numbers.

Lower Your Blood Pressure

- Lose excess weight
- Exercise more
- Quit smoking
- Eat more fruits and vegetables
- Eat low-fat dairy products
- Avoid caffeine
- Avoid alcohol

A Calm Refuge for Families

A private waiting room keeps the family and friends of cardiac surgery patients comfortable, thanks to the creative efforts of Susan Gornall, director of perioperative services, and Carmen Perry, manager of facilities planning.

The Cardiac Surgery Family Waiting Room opened last summer and is conveniently located just off the main lobby of NorthBay Medical Center. Formerly the Meditation Room, the space was updated with new paint and carpet, additional lighting and a television. A phone was installed that allows local phone calls.

"We created this room in response to requests for a waiting room that is separate from the public areas and dedicated to cardiac cases," says Perry.

The waiting room can hold six to eight people and includes club chairs, sofa seating and a table with chairs. The wall art was selected by the clinical team and represents the life forces with air, land and sea, according to Perry. A white board mounted on the wall and a heart model, which doubles as art, are available for family consultations, support training and discussions between the clinical staff and the family.



Susan Gornall, director of perioperative services, standing, and Carmen Perry, manager of facilities planning, created the comfortable, new cardiac surgery family waiting room.



Risk Factors for Heart Disease

Some things in life you just can't change. Your age. Your family history. Your ethnicity. All are risk factors for heart disease.

More than 80 percent of people who die of coronary heart disease are 65 or older, according to the American Heart Association. And, as people age, they are more prone to develop high blood pressure, which is a major risk factor for heart disease.

If your parents had heart disease, you are more likely to have it as well. Heredity plays a large role in who develops heart disease. African-Americans and Hispanic Americans are at higher risk of the disease than Caucasians.

Diabetes also increases a person's risk for heart disease. About three-quarters of people with diabetes die of some form of heart or blood vessel disease, according to the Centers for Disease Control and Prevention.

Fortunately, there are many risk factors you can control. The choices you make every day can determine whether you maintain good health or fall victim to disease.

Here are the risk factors you can change:

WEIGHT Statistics show that three out of 10 Solano County residents are either overweight or obese. Excess weight causes 75 percent of high blood pressure cases. Losing weight can lower your blood pressure and reduce your risk of heart disease.

DIET Eating foods high in saturated fats and cholesterol can increase your risk of developing atherosclerosis (plaque deposits in the arteries). A diet high in salt raises blood pressure levels. A healthy diet includes lots of plant-based foods, including fruits, vegetables, whole grains and legumes. Small servings of protein will help you maintain a good weight as well as avoid heart disease.

INACTIVITY Being a couch potato not only makes you vulnerable to heart disease, but increases your other risk factors, such as developing high blood pressure, obesity and diabetes. Regular physical activity—just walking 30 minutes a day—can lower these risk factors.

SMOKING Tobacco use increases your risk of heart disease and heart attack. Cigarette smoking promotes atherosclerosis and increases the levels of blood clotting factors. Nicotine also raises blood pressure, and carbon monoxide reduces the amount of oxygen your blood can carry. Even exposure to second-hand smoke can increase your risk of heart disease.

ALCOHOL Excessive alcohol use leads to an increase in blood pressure, and increases the risk for heart disease. Alcohol also increases the levels of triglycerides in your blood, which contributes to atherosclerosis.

METHAMPHETAMINES This highly addictive, illegal street drug, known as crystal meth, is ruining hearts right here in Solano County. A central nervous system stimulant, crystal meth causes high blood pressure, rapid heart rate, and extensive heart damage.



It's His Special-TEE

A probe in the esophagus gives doctors an unbeatable view of the heart



Cardiac anesthesiologist
Filip Roos, M.D.

Dr. Filip Roos is a man with a mission.

The goal of the energetic cardiac anesthesiologist is to educate his colleagues and the community on the wonders of the Transesophageal Echocardiogram—also known as TEE.

The diagnostic procedure is the best way to look at the heart and its valves. “It offers a 4-D experience,” Dr. Roos explained. “That’s like 3-D in motion.”

That view comes courtesy of the Philips iE33, a new piece of equipment which was purchased and installed in April 2009, along with everything else in NorthBay Medical Center’s new Cardiovascular Operating Room.

“It’s just the best,” explained Dr. Roos. “It allows me to view the heart from every angle and in amazing detail.”

The procedure is minimally invasive. An “echo transducer”—probe—is placed in the esophagus, or swallowing tube, while a patient is mildly sedated. A little bit of anesthetic is used to numb the throat. The doctor is then able to shift the probe down the esophagus, and use ultrasound to see visuals of the heart. The probe can be rotated, to capture different angles.

A standard echocardiogram would involve placing a transducer on the chest, but the ultrasound has to travel through skin, muscle, bone and lung tissue to “see” the heart, and that makes the image less detailed, explained Dr. Roos. In TEE, the transducer is in the swallowing tube that is right behind the heart and that makes the image quality unmatched.

The procedure can be used both as a diagnostic tool, to determine possible risk factors, valve disorders, heart infections and best treatment scenarios, as well as a tool during surgery.

During surgery, Dr. Roos’ specialty is “hemodynamic management.” That means he’s watching to make sure the patient’s pulse, blood pressure and cardiac output are all on track. But the tool can do so much more.

“I can’t tell you how many patients I’ve seen in surgery, and I just know that if I’d had a chance to look at their heart five years earlier, they wouldn’t be in the operating room today but much earlier and the surgery would have been much easier.”

A leaky valve, for example, makes the heart work twice as hard. “The heart’s an amazing machine. It works nonstop for 90 years. But if you make it work twice as hard year after year, you’ll pay the price.”

To get to those patients who could benefit most from his iE33, he has to educate primary care doctors to send patients his way.

“It’s the gold standard for diagnosing valve disorders, but about 48 percent of patients with valve disorders never get referred,” he said. “It’s under-diagnosed and under-managed. The public needs to know if they have a history of valve disorders, it’s easier than ever for us to check it out. It’s right on target with NorthBay’s mission of offering advanced medicine close to home.”



Previous technology only provided doctors with a two-dimensional view of the heart.



The latest technology allows doctors a 4-D experience—which Dr. Filip Roos describes as 3-D in motion—a highly detailed, moving image of a heart as it beats. It gives doctors the ability to diagnose valve disorders and other issues earlier than ever before.



With Lessons of the Heart, There's Always More to Learn



Diana Sullivan

A series of seminars, called Nursing Clinical Conferences and Cardiology Grand Rounds, cover an array of topics.

A great deal of training by an array of medical professionals was undertaken in the months before the first cardiac surgery was even performed at NorthBay's Heart & Vascular Center, and the educational process has not slowed since. In fact, it has accelerated, according to Diana Sullivan, Ph.D., RDCS, director, Cardiovascular Service Line.

Employees have indicated a keen interest in building and reinforcing their cardiovascular knowledge base and skills, in an effort to provide the highest quality of care for their Heart & Vascular patients, Sullivan says.

As a result, Sullivan has coordinated a series of seminars—called Nursing Clinical Conferences and Cardiology Grand Rounds. They have been presented by several of NorthBay's cardiovascular specialists nearly every other week since July. They cover an array of topics and attendance at these educational conferences has been excellent, Sullivan notes.

In fact, suggestions for additional topics of discussion are continually coming from Heart & Vascular Center physicians and employees. Seminars have covered such topics as "Aortic Stenosis: Little Hole, Big Disease," "The Art of Endoscopic Vessel Harvesting" and "Post-Op Management of PCI," to "Acute Coronary Syndrome."

These continuing medical education seminars are open to any primary care provider, hospitalist, neurologist, intensivist, surgeon, anesthesiologist, cardiologist, registered nurse or allied healthcare professional who wants to better understand cardiovascular disease, diagnosis, prognosis and treatment, Sullivan adds.

Not all educational seminars are geared strictly toward NorthBay's medical personnel, she adds. Several informational opportunities exist for the general public. The North Bay Chapter of Mended Hearts, for example, has held support group meetings and seminars to answer questions about such things as heart surgery, heart medications, and how to eat healthy and avoid stress.

To learn more about Mended Hearts or their support group meetings, call 646-5072.

A Valentine's Day Double for NorthBay and Vacaville Museum

This Valentine's Day give two precious gifts: One of love and one of life.

On Saturday, Feb. 13, the Vacaville Museum partners with NorthBay Healthcare for a day of healthy hearts and sweethearts.

During the day, the Pacific Blood Center's mobile unit will be in the museum courtyard accepting donations of critically needed, life-giving blood. In the evening, you and your sweetheart can join friends for a chocolates and champagne/wine reception in the Museum gallery.

The community blood drive is from 10 a.m. to 3 p.m. Donating blood is free and benefits local hospitals. From 5 to 7 p.m., relax with your sweetheart, enjoy the sweets, and support your museum at the "Love Your Museum" reception. Tickets are \$25 per person and include photos with your sweetheart and a rose to take home.

For further information, contact Shawn Lum at the Vacaville Museum, by calling (707) 447-4513 or e-mail Lumdirect@sbcglobal.net.



Just for Women New Center Focuses on Their Unique Issues

After months of planning, NorthBay Healthcare officially opened the doors to its Center for Women's Health in January, creating a comprehensive, coordinated, one-stop shop for women of all ages.

Based in the Gateway Medical Building, on the NorthBay Medical Center Campus, the Women's Services practices are on the third floor, with a shiny new Women's Resource Center on the ground floor, just off the lobby.

The resource center, co-operated by the NorthBay Guild and Women's Health Services, features books, CDs, DVDs, books on tape, a boutique of interesting, beautiful and health-conscious items and more.

Women—and men—are welcome to come and check out a book, use one of two computers to research health issues, or just relax and browse in the center, explained Jane Prather, service line director for Women's

Health. There's also a spacious conference facility, which can be scheduled by women's support groups or system educational providers for meetings or classes.

On the third floor, the ABC (A Baby's Coming) Clinic offers pre-natal care for low income, pregnant women. The offices

of OB-GYN Andrew Lin, M.D., Medical Director of Women's Health at NorthBay Healthcare and the new Women's Primary Care practice are also located on the third floor. Joining him are Drs. Robin Price and Teresa Whitley, specialists in women's health.

In addition to traditional OB-GYN visits, services offered include pre- and post-menopause consultation, urogynecology, cardiovascular screening, PAD screening and holistic health.

"Traditionally, women are most often the decision makers in their family when it comes to health care," explained Prather. "They select doctors,

schedule appointments and procedures and get prescriptions filled. We want to provide a one-stop shop to make life a little easier for them.

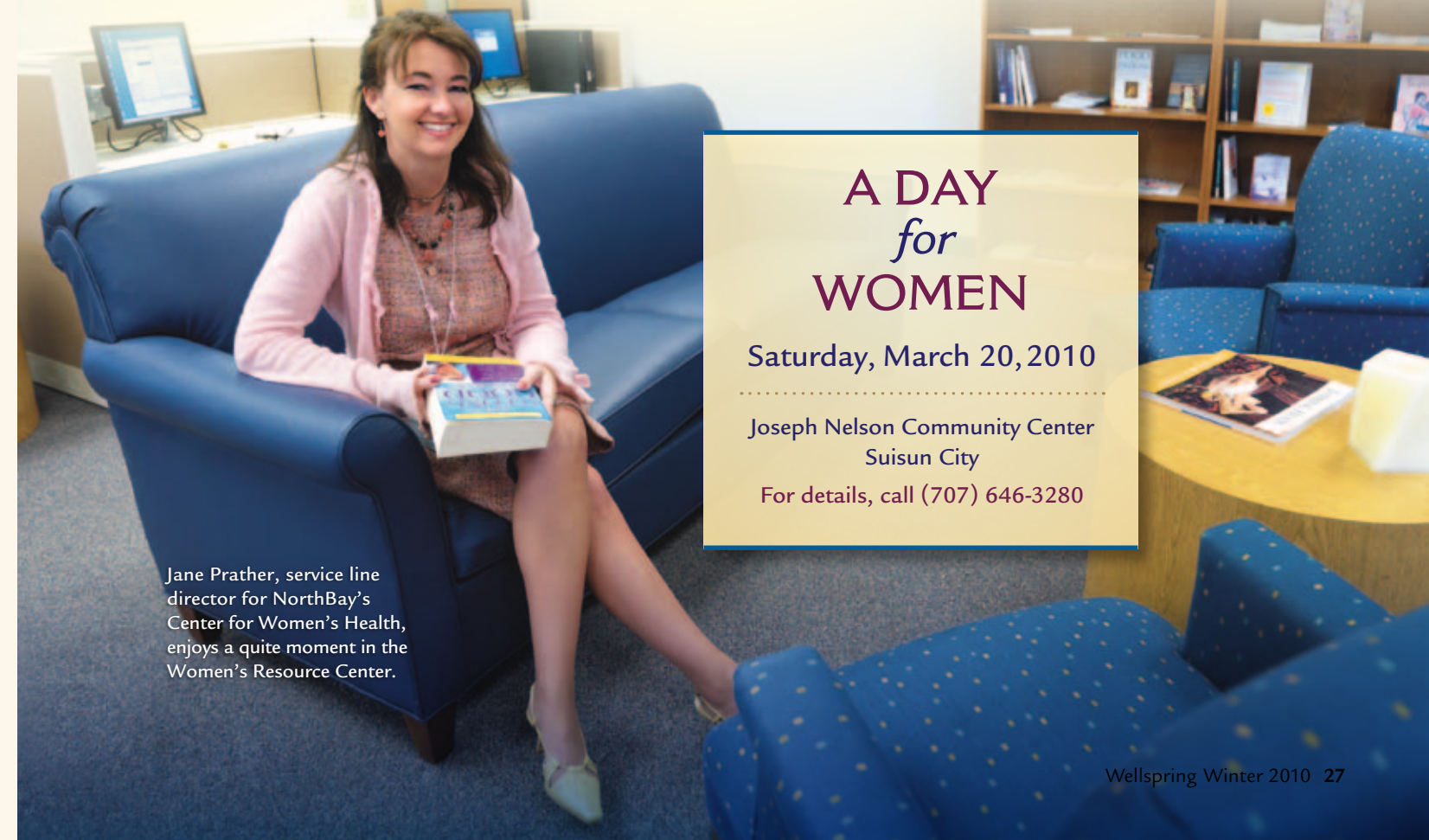
Our goal is to facilitate convenient and coordi-

nated healthcare where they can get consecutive appointments made to have all of their healthcare needs met in one stop."

"We're trying to make it easier than ever to be healthy and health-conscious," said Prather.

A grand opening with health screenings is planned for 10 a.m. to 2 p.m., Saturday, Jan. 30, at the Fairfield center.

Women will be able to access information in the resource center, and talk to experts in women's health.



Jane Prather, service line director for NorthBay's Center for Women's Health, enjoys a quiet moment in the Women's Resource Center.

A DAY for WOMEN

Saturday, March 20, 2010

Joseph Nelson Community Center
Suisun City

For details, call (707) 646-3280



**Sepehre Naficy, M.D.
Joins Heart & Vascular
Surgical Team**

Vascular and Cardiothoracic Surgeon Sepehre Naficy has joined the NorthBay Heart & Vascular Center surgical team. He graduated from Cornell University in Ithaca, N.Y., and earned his medical degree at Georgetown University in Washington, D.C. He completed his general surgery training at the Mayo Clinic in Rochester, Minn.

Dr. Naficy completed cardiothoracic, cardiac, and cardiovascular surgery training fellowships at the University of Maryland in Baltimore; Mt. Sinai Hospital in New York City; and the Cleveland Clinic Foundation, in Cleveland, respectively. His cardiothoracic surgery training was completed at UC Davis Medical Center in Sacramento, and followed by vascular surgery training at the University of Tennessee, Memphis, Tenn., with an emphasis on endovascular technologies.

Dr. Naficy has a special interest in exploring and promoting hybrid approaches in the treatment of cardiac and vascular diseases.

A Leader in the Digital Age

A three-year mission to move NorthBay Healthcare's two hospitals into the top tier of information technology leaders culminated Dec. 1 as physicians shed the paper world for the digital age of electronic medical records.

Hundreds of tasks previously tracked and recorded on paper-and-ink charts are now entered and stored electronically. The outcome, project leaders report, is higher quality, more efficient care and greater patient safety.

"Outstanding care in our hospitals will be even better," said Dr. Donald Denmark, vice president for Medical Affairs. In spearheading the technology initiative, he noted, "This is an enormous undertaking for a system our size, one which required collaboration across every department and extending into the community to include physicians and everyone who works within NorthBay Medical Center and VacaValley Hospital.

"This puts NorthBay in the top 2 percent of hospitals using information technology across the clinical setting, according to data collected by the *New England Journal of Medicine*," he explained.

An integrated electronic record system connects doctors and nurses to the latest evidence-based medical practices related to the management of their patient's condition. Once data is in the electronic "chart," links to best-care practices are automatically generated, giving physicians and

staff the latest and best information from journals and other publications at their fingertips.

A more complete medical history for each patient will be immediately available to all care providers across all hospital services. This will prevent unnecessary tests and thereby save costs. It will provide better data to produce better outcomes.

And entering everything via the computer means a physician's hard-to-decipher penmanship is no longer an issue.

Delivering patient care will be more efficient, especially the time it takes to discharge a patient once he or she is ready to go home. Since it is faster to move orders electronically, completing discharge paperwork, planning for follow-up care and providing education materials related to the patient's diagnosis will be completed in a more efficient and timely fashion. Patients get more care-at-home instructions to speed up their recovery after leaving the hospital.

"In most cases, except for seeing the physicians and staff working on computers in their rooms, this will not be very noticeable to patients," said Dr. Denmark, "but it will greatly improve the quality of their care and prevent errors."

Dr. Donald Denmark (right), vice president of medical affairs, explains the CPOE program to Dr. Craig Dennis while Karmen Gilbert of Cerner looks on.



She's Back in the Saddle Hip Replacement Gives Ranch Owner a New Lease on Life

Cindy Andrachek has known more than her share of burdens. At 24, the Vacaville resident lost her first husband to leukemia. Only five years later, her second husband was tragically killed in a bicycle accident, leaving her alone to raise four children.

She refused to let the grief overcome her, and instead got busy rebuilding her life. Her love of horses sustained her through some tough times. She remarried, had two more children, and built an amazingly successful business, Canyon Creek Ranch, on 6 acres nestled up against the Vaca Mountains in Mix Canyon.

Hard work just goes with the territory. Cindy would rise early each morning to get started. Her day included feeding, exercising and grooming the horses, mucking the stalls, teaching children how to ride, sharing her devotion to horses and riding and more.

But when excruciating pain gripped her hip two years ago, she really thought her life was over.

"I thought I had seen everything, but there's nothing like the fear of losing your independence," she said. "My physical strength is what I pride myself on. I've always been a very independent person."

So a year ago, she had her hip replaced by the NorthBay Healthcare Joint Replacement Program at VacaValley Hospital. "Coming out with a walker, I had to wonder if I'd ever be able to get back to what I'm so passionate about. But 10 months later, here I am. There's almost nothing I can't do at this point."

Cindy agreed to be one of two joint replacement patients featured in a special video documenting the program's two-year anniversary.



Joint Replacement Program Manager Cynthia Giaquinto (left) joins hip replacement patient Cindy Andrachek of Vacaville in making a video about NorthBay's program.

Cynthia Giaquinto, program manager, also appears in the video, interviewing former patients who have found a new lease on life.

"One of the most fun things we do is when we get to visit with patients who have gotten their lives back," said Cynthia.

The video made its debut at an anniversary celebration for the Joint Replacement Program in October at NorthBay's Green Valley Administration Center and can be found online at <http://newsroom.northbay.org>.

Also featured in the video is Mely Mamaraldo, a NorthBay Healthcare employee who had both knees replaced and reports the surgeries were a complete success. "I tell everybody if you have joint pain, you should do it. I did it, and I'm so glad I did!"

Giaquinto reports that in two years, NorthBay's Joint Replacement Program, "Highway to Home" has performed 125 knee replacements, and 75 hip replacements and is just starting to

do shoulder replacement in an environment that promotes interaction between patients to encourage and nurture the healing process.

About 30 people attended the October celebration, some former patients who wanted to share their stories, and some who came to learn about the joint replacement program. Orthopedic Surgeon Andrew Brooks gave a brief talk about joint replacement, touching on the history of the procedure and what today's patient can expect.

Joint replacement surgery first became available in the 1960s. In those days, Dr. Brooks explained, it took four hours for the surgery, and the patient had to spend a fair amount of time in a wheelchair after that.

In the last 10 years, surgical techniques and the materials used in the artificial joints are so improved that a joint can be replaced in an hour and the patient is quickly up on their feet.



"A New Lease on Life" video online at <http://newsroom.northbay.org>



NorthBay Departments Adopt 62 Classrooms for Holidays

Santa Claus waited patiently in the hallway of Fairview Elementary School in Fairfield Dec. 18, while Megan Hanson's kindergarten class of Room 6 grew more and more excited. Then, on cue, Santa made his grand entrance, to cheers and applause.

It was all part of NorthBay Healthcare's Adopt-a-School Project, in which employees and departments volunteer to bring a little holiday cheer to students at two local, low-income schools.

Every classroom at Fairview Elementary in Fairfield and Padan Elementary in Vacaville—62 in all—were recipients of NorthBay's holiday generosity.

Each November, NorthBay asks the teachers to submit their "wish lists" for classroom parties. The lists usually include school supplies, games, balls, and books along with a pizza party or hot chocolate and cookies. The wish lists are posted on NorthBay Healthcare's Intranet for departments to review and select their classes.

According to NorthBay Executive Assistant Sylvia Spanos, 47 individuals or departments stepped forward to adopt individual classrooms. The remaining 15 were sponsored by NorthBay's corporate office, with Spanos and Executive Assistant Debbie Hooks, the head elves and coordinators of the

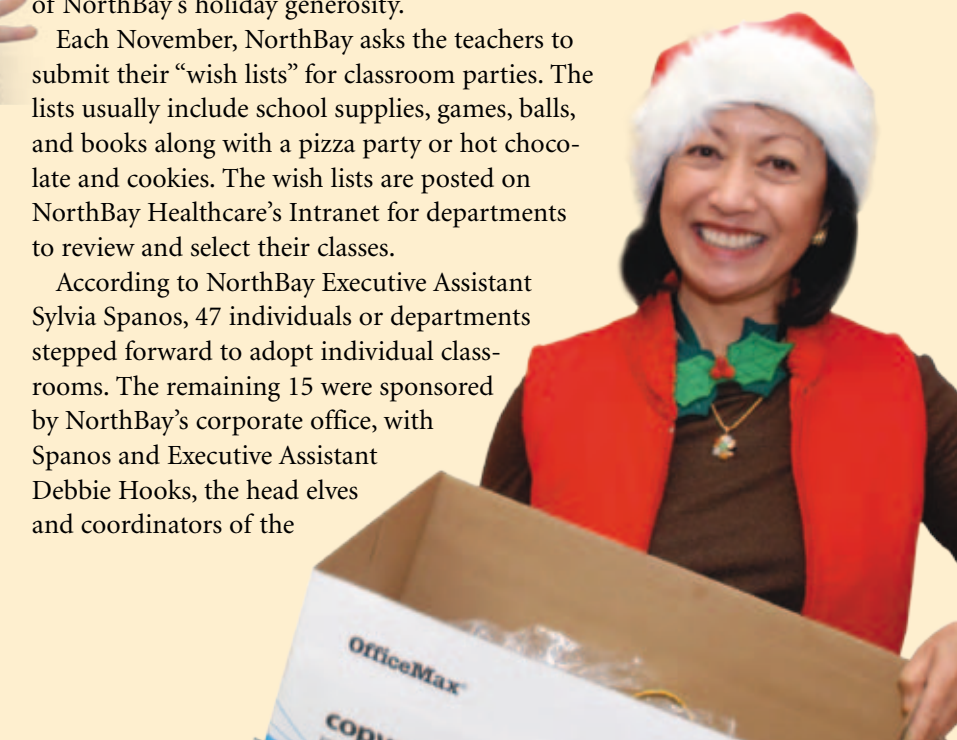
project who spent hours shopping, wrapping, organizing and delivering the goods.

"It's so amazing how much they bring," said Megan Hanson of Fairview, whose kindergarten classroom donned paper Santa caps for the party. "These kids are always so grateful."

"We had a blast again this year," reports Janice Colomb, senior systems analyst at NorthBay. "And we got back so much more than we delivered."

The parties happened between Dec. 16–18 at both schools, with NorthBay Santas dropping in with all the fixings for the festivities.

"I'm proud of our staff for stepping up and making a difference during the holiday season for students at these schools," said Gary Passama, president/CEO of NorthBay Healthcare. "They do a tremendous job."



Genentech Brings Santa to Annual ABC Party

Santa Claus made a special trip to visit scores of children and their families who were invited to participate in the eighth Annual ABC party.

In partnership with Genentech, NorthBay Healthcare once again collected toys, offered arts, crafts, food, music and fun for families of patients of NorthBay's A Baby's Coming (ABC) Clinic, which serves low- and no-income families.

Because of the increased visitor restrictions in the lobby of the hospital, this year's party moved to United Methodist Church, which is just down the street from NorthBay Medical Center.

The room was festively adorned with tables of toys, candy canes, a tree and of course, a special chair for visits with Santa.

Children were invited to make a craft with members of the NorthBay Guild, and then patiently waited their turn for a visit with Santa. After that, they could pick out the toy of their choice from a table with hundreds of toys.

"It's great to see the smiles on all these little faces," said Diane Harris, director of the ABC Clinic.

Many of the toys were donated by employees the night before at a fundraiser sponsored by NorthBay Healthcare Foundation.





NorthBay Medical Center's new state-of-the-art laboratory opened for business Dec. 8, giving employees plenty of room to analyze blood and other samples.

The 4,000-square-foot facility features a flexible, open floor plan that will make it easier to expand as the hospital grows.

NorthBay's Fab New Lab Offers Space and Flexibility

NorthBay Medical Center's clinical laboratory moved into a new \$5.5 million facility in December, doubling the size of the old lab's workspace. The 4,000-square-foot facility features a flexible, open floor plan that will make it easier to expand as the hospital grows in the future.

The clinical laboratory operates 24 hours a day, every day of the year, to serve hospital inpatients. It now has a new refrigeration system and ample space for scientists to

analyze blood and other samples. It also will add capacity and efficiency to its blood bank and the ability to do DNA testing.

The staff has an ergonomically correct working environment, complete with height-adjustable work and countertops, plenty of natural light from high windows and a natural color scheme that fosters a pleasing work atmosphere.

"For many years our laboratory staff has been working in a very small and crowded space. Despite this, they have continuously provided high quality service to our physicians, patients, and staff," says Bridgit Strachan, vice president of Quality and Professional/Support Services. "This dedicated team now has a state-of-the art facility in which to do their work. This new lab space will also accommodate the addition of new technologies and future growth."

Building contractor was Hearn Construction of Vacaville, with design by BFHL Architects of San Francisco.

In the old lab at NorthBay Medical Center, employees were crammed into a much tighter space.



Flu Fighters

When vaccine arrives, NorthBay delivers

The 2009-2010 flu season pulled no punches both locally and around the world, and NorthBay Healthcare's medical professionals have had to stay on their toes to keep the community healthy.

It started in October, when the first waves of seasonal flu vaccine arrived, and NorthBay's teams began drive-through vaccination clinics and a walk-in clinic at its Center for Primary Care facilities in Vacaville and Fairfield.

Then in November, the Novel H1N1 vaccine started to trickle in—much slower than originally promised—and NorthBay had to make difficult decisions about distributing vaccine.

The first priority—as recommended by the World Health Organization—was to vaccinate healthcare workers, so they in turn could care for the sick. Then, attention was turned to the high-risk patients at NorthBay's Centers for Primary Care.

In all, nine drive-through H1N1 vaccine clinics were held for the general public at NorthBay's three Center for Primary Care facilities in Fairfield and Vacaville.

In late October, NorthBay Healthcare made the decision to restrict young visitors from patient areas at NorthBay Medical Center and Vacaville Hospital.

The decision, according to Dr. Donald Denmark, vice president of Medical Affairs, "was to put the safety of the patients first, and the safety of those who will be visiting a facility that has a growing number of patients with the flu."

Dr. Denmark was featured in a NorthBay Healthcare video that was posted on NorthBay.org, Youtube,

our Intranet, and on several media outlet Web sites announcing the decision.

The policy will remain in effect throughout flu season, and will be reviewed next spring to determine if it should be continued.

NorthBay's policy acknowledges that there may be cases with extenuating circumstances, and staff will work with families to coordinate special visits with children under 16, if deemed appropriate.

Other hospitals across the country have implemented similar visitation

restrictions, but NorthBay Healthcare is the first in Solano County to do so. Daman Mott, director of infection control and clinical support services, has continued to maintain a high profile during flu season, writing a "Flu Facts" blog with

frequent updates and answering questions from a concerned public.

He also taped interviews and public health messages with KUIIC morning show host John Young.

By the end of 2009, NorthBay staff had vaccinated nearly 6,000 residents to defend against the H1N1 influenza.



Clinical Assistant Manager Jennifer Raulston gives a dose of nasal mist to 2-year-old Crispin B. Smith while his mother, Myra, holds him and Leah Marie Perez, 9, looks on.

Sharing the Caring



A Latina Daughter Receives Help from NorthBay Hospice

In a modest, cozy Vacaville ranch house that smells of fresh herbs, powders and aromatic lotions, Juana Martinez sleeps. The 98-year old native of El Salvador has been bedridden for a number of years, and in her final chapter of life, has come to the home of her daughter Cecilia Vega.

Vega's dedication to her mother has been her main focus, almost without respite, for the past decade. Cecilia, 57, is the youngest daughter in her traditional Salvadorian family. As expected in her culture, she is the one who is designated to wash, feed, tend wounds and give constant care and comfort to her mother for as long as it takes. But now, breaking with tradition, she is receiving help. That help comes from NorthBay Hospice & Bereavement's team of doctors, nurses and volunteers.

"It's very typical in Latino families that either the youngest or oldest daughter is in charge of caring for their elderly parents," explains NorthBay Hospice & Bereavement Volunteer Coordinator Veronica Wertz, who is also of Latin descent. She says that one of the most difficult challenges for women in Cecilia's position is to accept assistance with her mother's care. "It takes a lot for someone who gives that much to let someone else take part," she says. "It's a kind of cultural leap to admit that you need assistance."

Because of all that was expected of her, Cecilia remembers feelings of fatigue, depression and desperation until Dr. Kathryn Amacher, a private practice physician specializing in geriatrics, began to talk with her about all that could be done to lift some of the heavy burden of full-time home care (including Cecilia's literal burden of lifting and carrying her mother!). "I saw how caring and kind the NorthBay Hospice nurses were, and it was great to know my mother was OK and I could relax a little and let them take over for awhile."

Dr. Amacher also pointed out that the NorthBay Hospice & Bereavement team helps caregivers to become more confident with providing for the special needs of their dying loved ones, and offers a much important break. "It's so easy for the caregiver to get burned out—particularly someone as conscientious as Cecilia," she says. "She's really an angel—an amazing, giving daughter. But, if she doesn't get time to rest, take full care of her family and herself,

"I saw how caring and kind the NorthBay Hospice nurses were, and it was great to know my mother was OK and I could relax a little and let them take over for awhile."

— Cecilia Vega

she's not going to be able to sustain it. And, I'm sure her mother wouldn't want her to wear herself out and not have any joy in living her own life."

Gently stroking her mother's cropped hair, Cecilia tells stories about Juana's life as a loving mother and gourmet cook in El Salvador. She remembers that the meals created and skillfully served were so wonderful that Juana worked for a wealthy family as their personal chef for a number of years. A photo taken of her mother over 70 years ago shows an exotic beauty, with high cheekbones, slightly almond-shaped eyes and a shiny cascade of caramel-colored hair. Cecilia says Juana was healthy and energetic well into her older years, always ready to cook her famous chili rellenos and gather the family together. Those days are, sadly, gone.

NorthBay Hospice & Bereavement officials say that those who give care to their ill loved ones need to discuss and face the inevitability of the end of life. "Families

really need to talk to their doctors or call hospice directly," says Dr. Amacher. "Who wants to talk about death or dying? But it is a reality, and it should start with an honest discussion about when hospice care is needed."

Wertz adds that she hopes other women will do what Cecilia has done and find new ways they can accept much-needed help. "Most of the women of all cultures I talk with who are mothers say they are not raising their daughters to give up everything just to care for them at the end. They want them to have a freer life. We gently encourage them to think of themselves to be just as important to the family as their children are and to seek help from hospice when they want help caring for their loved ones at home. Many of them are surprised to learn that they or their loved ones don't have to be a patient of NorthBay to receive our services—and it's free."

For more information about NorthBay Hospice & Bereavement, call (707) 646-3575.



DREAM of a LIFETIME

Juana Martinez's family members were recipients of NorthBay Hospice & Bereavement's Dream of a Lifetime program that grants wishes of the terminally ill. For Juana's dream, her family gathered at Cecilia's home and were treated to a several-course, catered Salvadorian meal, similar to what their mother used to prepare. To find out more about this special program and its rules and guidelines, call (707) 646-3575.



NORTHBAY HEALTHCARE FINANCIAL PARTNERSHIP

Help Yourself by Helping Others

Planning for retirement but weary of uncertain financial markets? Retired and looking for additional income as well as a tax break? Wishing to help a cause you support, such as NorthBay Healthcare? Consider establishing a charitable gift annuity through NorthBay Healthcare Foundation.

Charitable gift annuities offer a very advantageous way for you to make a donation to your favorite non-profit organization, in return for lifetime income and a sizeable tax deduction. A portion of the income from the annuity is tax-free, and you can avoid paying capital gains taxes if funding with appreciated assets.

NorthBay Healthcare Foundation, the fund-raising arm of NorthBay Healthcare—as a member of the American Council on Gift Annuities (ACGA)—can now arrange charitable gift annuities without involving a third party, assuring that even more of your donation goes to the causes you support.

With gift annuities, payments are fixed and not affected by the stock market or interest rates. The size of payments

depends on the interest rate returns set for all non-profits by the ACGA, and that helps donors make philanthropic decisions based on the causes they support, rather than variations in rates. Size of payments will also depend on the value of the contribution and the age of the donors. Upon the donor's death, the remaining balance of the annuity would be transferred to NorthBay, and used for the purpose the donor specified when the gift was made. Gift annuities can be established with a minimum gift beginning at \$10,000.

Thanks to our community's continued generosity, NorthBay is able to expand its state-of-the-art services right here in Solano County, providing compassionate care, advanced medicine, close to home.

For more information about charitable gift annuities or other forms of lifetime income arrangements, or a sample rate of return chart, please contact Brett Johnson, NorthBay Healthcare Foundation president, at (707) 646-3131.



Solano's Premier Fundraiser Keeps Growing Jubilee Under the Big Top

Solano County's biggest party is about to get bigger and better.

The 23rd Annual Solano Wine & Food Jubilee—the premier fund-raising event for NorthBay Hospice & Bereavement programs—returns to the Nut Tree Complex on April 23, where it will be held under a bigger tent than ever before.

Having a larger tent is good news for those lucky enough to attend the perennially sold-out affair. Not only will attendees have more room to move about, but the bigger venue means there's room for an even larger number of vendors. "We had a record number of vendors with us last year, and we expect an equally great turnout this time," noted Brett Johnson, president of NorthBay Healthcare Foundation. With more vendors on hand, ticket-holders will be able to sample a wider selection of gourmet foods, wines and brews, even as the ticket price remains the same, as it has for many years.

The bigger tent comes courtesy of the Total Home & Garden Show, which will be held at the Nut Tree the weekend prior to the Jubilee. Total Home & Garden Show organizers are supporting NorthBay Hospice's fund-raising efforts by leaving their tent in place and offering it to Jubilee organizers. "We're excited about

teaming with the Total Home & Garden Show in this way, because it means our big party just got bigger and better," Johnson said.

During the past 22 years, the Solano Wine & Food Jubilee has offered people an opportunity to share great food and wine, good music and the pleasure of each other's company, all while raising funds for the NorthBay Hospice & Bereavement programs. This year, the festivities get under way at 6:30 p.m. on April 23 at the Nut Tree Complex in Vacaville.

Throughout the evening, ticket-holders can sample some of the best foods, wines and brews from local businesses, peruse items up for bid at the silent auction, take a chance on winning a \$1,000 Nut Tree shopping spree or cash raffle, and dance to the popular Latin band Sapó Guapo.

It's an evening of fun that continues to benefit NorthBay Hospice all year long. Funds raised that evening assure that NorthBay's hospice services remain available for all who need them throughout the year.

These services include access to an integrated program of physical, emotional and spiritual care for the terminally ill, allowing these patients—and their families—to live their final days as peacefully and comfortably as possible.

Leading the fund-raising effort this year are several presenting sponsors, including Sacca Family Burger King, The Hofmann Company, and the Nut Tree.

In addition to supporting the NorthBay Hospice program, Jubilee sponsors also earn exclusive

benefits, including hotel rooms, limousine shuttle service, a pre-event VIP reception and invitations to other exclusive events. Organizers are still seeking sponsorships, ranging from \$500 to \$20,000, and invite interested individuals and businesses to call the NorthBay Healthcare Foundation at (707) 646-3131 for more information.

Tickets are \$75 each and must be purchased in advance. Attire is black tie optional, and only adults, age 21 and older, will be admitted. To purchase tickets, call (707) 646-3133, or visit www.wineandfoodjubilee.org.



Community Health Education Classes

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

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

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

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

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

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

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

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

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

Parenting in Today's World • This course covers the emotional needs of children from birth through 19 years. Call (707) 421-4155.

Baby Sign—Parenting the Young Toddler (9-24 months) • This class helps parents understand the unique needs of a toddler. Call (707) 421-4155.

Parent Project Jr. (5-10 years)** • Six-week parenting skills program created to help parents prevent and intervene in destructive behaviors. Class is taught in English and Spanish. Call (707) 428-7327.

Parent Project Sr. (11-18 years)** • A highly structured parenting skills program created to help parents prevent and intervene in the most destructive of adolescent behaviors. Class is taught in English and Spanish. Call (707) 428-7327.



Advanced Medicine Lecture Series

MARCH 18

Carpal Tunnel and Hand Problems

Dr. Michael Petersen
Valley Oak Orthopaedics

APRIL 15

Osteoporosis

Dr. Deborah Murray
NorthBay Center for Diabetes & Endocrinology

*For reservations or further information,
please call (707) 646-3293.*

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

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

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

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

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

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

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

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

** These classes are offered by the Fairfield Police Department in collaboration with NorthBay Healthcare.

Anger Management—Understanding Your Anger • This interactive class will help participants analyze and change their behavior. Topics covered include Understanding Self Control, Stress Management, Communication, and Understanding Role Models. Cost: Free. Call (707) 421-4155.

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

Electric Hearts Support Group • For patients and their families learning to live with implantable Cardioverter Defibrillators. Class meets quarterly. Cost: Free. Call (707) 646-5074.

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

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

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