

# Wellspring

## Timing is Everything

*Dr. J. Peter Zopfi,  
medical director of  
trauma, and our team  
are ready to respond  
at a moment's notice.*



### PATIENTS SHARE THEIR STORIES



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Aortic Aneurysm:  
Beating the Odds



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Heart Attack:  
Minutes Matter



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Lung Cancer:  
Ten-Second Test



## New Year, New Triumphs

**A** new year brings new hope we will accomplish more in the next 12 months than in the year prior. When we do, it will represent quite an achievement, because our progress last year was nothing short of valiant.

In 2012, we pursued with vigor our mission of bringing new and needed advanced medicine to Solano County, filling the gaps that often mean the difference between life and death for our family, friends and neighbors.

NorthBay Trauma Center continues to be the busiest and most productive in the county. And its quality of care was affirmed by a blue-ribbon panel from the American College of Surgeons after it conducted a rigorous review late last year. Solano County's Emergency Medical Services agency requires all trauma centers to pass muster from the Verification Review Committee of the College of Surgeons to continue to operate. We have spent years planning for trauma and building a solid base to support it, and I think the review committee recognized that fact.

Another keynote advanced medical service, the NorthBay Cancer Center, also earned accolades last year. Following another thorough assessment, it earned a commendation for outstanding performance, and a full, three-year accreditation from the Commission on Cancer. Barely half of community hospital cancer programs come through the evaluation process with both three-year approvals and the coveted commendations.

The NorthBay Cancer Center team keeps up to date on the latest cancer research, and has the ability to create new programs based on that knowledge. When a new study came out that found low-dose CT scans can detect lung cancer at a treatable stage, our team put the research into action. The Cancer Center began a low-cost, lung cancer screening program that has already saved one life. Just last month, the American Cancer Society endorsed this form of early lung cancer screening. Once again, NorthBay was the early adapter of change.

We earned many other achievements and awards, such as being chosen a Best Place to Work by a regional business journal. All of our achievements will be published in our 2012 Annual Report this spring.

Moving into 2013, our greatest challenge is the president's health reform package. Some of it will prove beneficial. But some of it, especially how it will be put into practice, remains undefined and unwieldy. Change is coming and NorthBay Healthcare is prepared to orchestrate it all to ensure patients benefit from the new law and regulations.

Enjoy this edition of *Wellspring* as we not only describe bringing more advanced medicine to our community, but also its positive impact on some people you may know.

**We call it "performing with precision at the speed of life."**

**Gary Passama**

President and Chief Executive Officer



## 13 When Minutes Matter

Rapid Response Team—the name says it all. When you need help fast, they're ready to jump into action.



## 18 Special Delivery

When Sarah Ruffins went into labor 11 weeks early, a number of teams went into action to deliver her twins—two healthy baby boys.



## 24 Meeting Knee Needs

Call it a joint venture for NorthBay's Joint Replacement Program. Partial Knee replacements are now available, which means no overnight hospital stays and quicker recovery times for patients.



# It's All About Teamwork & Timing


*Saving lives is a complicated proposition.*

It's not just about state-of-the-art facilities and medical expertise, although those are essential. It's also about teamwork and timing. In this issue of *Wellspring*, we bring you a number of stories that showcase both.

Take the case of Rashad Craft, who happened to be in the wrong place at the wrong time. But once he was delivered to NorthBay Medical Center's Emergency Room, he was in the right place to benefit from teamwork and a precision performance by NorthBay's trauma team.

Precision also came into play when Sarah Ruffins went into premature labor with twins. She had three teams assigned to the delivery—one for her, and one for each baby, who are doing quite well now despite their austere beginning.

And when Betty Wasserman's abdominal aortic aneurysm ruptured, she couldn't have had a better team at her disposal. That team spanned both VacaValley Hospital and NorthBay Medical Center, and included a standout performance by her husband of 67 years, Morry, who made the right call just in time.

The patients and their cases are all vastly different, but they are woven together by a common thread: a caring group of physicians and medical experts in our community came together, performing with precision at the speed of life, to make all the difference. You'll meet some of these physicians, surgeons, anesthesiologists, nurses, medical technicians and more who know that minutes matter and are ready to respond at a moment's notice. 



## 10

### Under Pressure

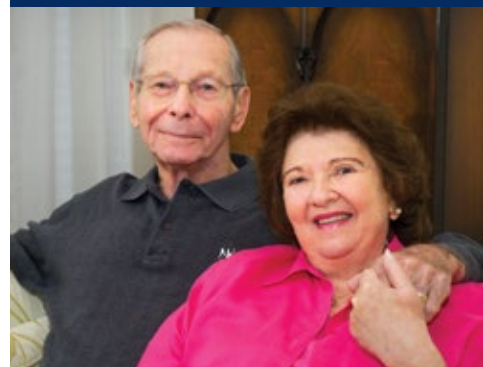
Martin Santos and his wife Esther are channeling positive energy into Martin's recovery from a massive heart attack.



## 2

### Teamwork in Trauma

A Fairfield man was in the wrong place at the wrong time and suffered life-threatening injuries. Our trauma team saved his life.



## 6

### Beating the Odds

When an aneurysm burst inside Vacaville resident Betty Wasserman, timing was everything, as her husband Morry will tell you.

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# Wrong Place, Wrong Time... Right Response



Rashad Craft

On a warm August morning, Rashad Craft was leaving his mother's Suisun City home to pick up his two sons. As he headed down the driveway, he spotted a suspicious, slow-moving car coming down the street.

When the two occupants of the vehicle saw him and got out, the 37-year-old cable technician didn't flee. "I stood there and watched them come toward me," he recalled. "Why did I do that?"

While Rashad's gut instincts warned him something wasn't right, things started happening too fast for him to react. The pair of young men accosted him by waving a gun in his face and demanding he open the garage door and go inside with them. He refused. During the ensuing struggle Rashad remembers his only purpose was to prevent them from entering the house. "My mother was in there," he explained. "And it would be the end of me if I went inside with them."

Suddenly the gun went off and Rashad fell to the driveway, a bullet piercing his back. As the assailants escaped, he yelled for help, but no one responded. "I tried to get up and get inside the house as fast as possible," he said. The best he could do was crawl into the kitchen, where he lay hollering to his mother.

"My mom was pretty shaken up but calm. The pain felt like I had been hit by a baseball bat. I was feeling numb, gasping for air, scared and panicking. But, I didn't want to let go," he remembered.

Rashad may have been in the wrong place at the wrong time, but the minute his mother dialed 9-1-1, a well-trained precision team stepped up to save his life.

## Golden Hour Clock Starts Ticking

The NorthBay Medical Center Trauma Team includes highly trained surgeons, Emergency Department physicians and technicians, hospitalists, anesthesiologists, infection control experts, ICU nurses, and more. They have many years of trauma experience—battle-tested in many cases—enabling them to deal with everything from broken bones, dog bites, and industrial accidents to gunshot wounds like the one Rashad suffered.

His traumatic injury underscores the importance of having a trauma center close to home and the expertise of life-saving emergency



Trauma team members, from left, Heather Venezio, R.N., trauma program director; Dr. Wayne Walker; Jackie Nelson, trauma registrar; and Dr. J. Peter Zopfi, trauma medical director.



response teams standing at the ready, says J. Peter Zopfi, D.O., NorthBay's trauma medical director, because "it all starts in the field. We call it 'The Golden Hour,' when a victim's chances of survival are greatest if he or she receives prompt emergency care within this time."

An ambulance crew was dispatched to Rashad's mother's home within minutes, and as the paramedics swiftly went into action, a full trauma team activation was sounded within NorthBay Medical Center in Fairfield. That meant an array of specialists immediately assembled in the Emergency Department, awaiting Rashad's arrival.

The ER team prepared for an initial resuscitation. Then the trauma team, led by a specially trained trauma surgeon, was ready to take over. It was a well-choreographed response backed up by an anesthesiologist, a specially trained operating room crew and other ancillary services, from lab personnel to X-ray technicians.

### Experienced Trauma Experts

Upon arrival, paramedics were met by emergency physicians Dr. Rizwan Tokhi and Dr. Rachel Hight, an Air Force trauma surgeon who works at NorthBay Medical Center as a result of a training affiliation agreement with David Grant Medical Center at Travis Air Force Base. The agreement ensures military medical personnel, physicians and nurses are ready for wartime deployment. In this mutually beneficial program, NorthBay can draw on their experience as battlefield surgeons.

"The Air Force's outreach to the county was intended to help our local community strengthen and develop its trauma programs," Dr. Hight explains. "We offer our training and experience in a knowledge-sharing relationship that we have with Dr. Zopfi and the NorthBay trauma team, and it has been a very good collaboration. We share tips, ideas, best practices, and Dr. Zopfi can apply or tweak them as they fit into the NorthBay system."

Fortunately, Dr. Hight was on duty the morning Rashad was shot, and her experience, garnered during a deployment to Afghanistan, proved invaluable. "The paramedics had notified us they were bringing in a 'penetrating thorax trauma,' and that immediately puts us on our highest alert," Dr. Hight says. "These kinds of traumas tend to need the earliest, most active interventions because they can affect the heart and lungs."

The team found Rashad awake, extremely anxious and toiling to breathe. "The most important thing was to secure his airway," explained Dr. Wayne Walker, trauma team anesthesiologist, and one of four anesthesiologists on duty 24/7 in NorthBay Medical Center.

*continued on page 4 >>*

.....  
*Suddenly the  
gun went off  
and Rashad  
fell to the  
driveway, a  
bullet piercing  
his back...*  
.....



From left, Jennifer Tudor, R.N.; Jo Apilado, anesthesia technician; Erica Brunie, R.N.; Dr. Rizwan Tokhi; Daman Mott, R.N., director of Trauma and Emergency Services; and Maureen Allain, R.N.

“He had lost a lot of blood and was receiving a lot of transfusions. We needed to stabilize his fluids and blood pressure.”

Dr. Hight quickly inserted a chest tube to drain blood from his chest cavity so that breathing was made easier. The team next needed to get Rashad, now somewhat stable under anesthesia, to a CT scanner that would show the severity and location of his wounds and then into the operating room. “Sometimes we don’t have that luxury,” Dr. Hight explains. “Sometimes we have to start surgery right in the ED.”

Fortunately for Rashad, all of this was accomplished well within The Golden Hour.

As a trauma anesthesiologist, Dr. Walker knows a trauma surgeon cannot begin lifesaving work until the patient is safely asleep, with relatively stable breathing and blood pressure. His team is so practiced, he said, “We’re like fire extinguishers: We’re there, the system is in place and we can be used quickly in any emergency.”

### Off to Surgery

The CT scan revealed blood in Rashad’s left chest, damage to his liver and possibly to his spleen. During surgery, it was discovered the bullet had just missed his heart, but nicked his diaphragm, damaged a lung, his liver and passed through his stomach. The combined injuries required more than three hours of surgery. Another skilled trauma surgeon, Dr. William Fulton, as well as Dr. Zopfi, assisted Dr. Hight that morning.

“We do want to get patients off the operating table as quickly as possible,” Dr. Zopfi says, “and

the fact that he was in surgery for just over three hours was a good sign.”

### Intensivist Care in the ICU

The teamwork didn’t stop at the operating room. Rashad was transferred to the Intensive Care Unit and to Dr. Mohammed Qureshi, a critical care intensivist who specializes in internal medicine, critical care and pulmonology. Possessing the right skills to care for Rashad’s injuries, Dr. Qureshi noted, is not unusual at NorthBay. Intensivists are physicians specially trained in critical care medicine and they provide in-hospital assistance for trauma patients around the clock.

“The next day we woke Rashad up, and we were able to get him off the ventilator right away,” said Dr. Qureshi. “Getting someone off a ventilator within 24 hours represents a good success because it prevents the potential development of pneumonia and other complications.”

During the next 72 hours, Dr. Qureshi kept an eagle eye on Rashad’s pain levels and breathing. He served as a vital communication link between trauma surgeons, ICU staff and Rashad’s family.

“We not only treat the patient, but the family,” he explained. “They need to know what is going on, the staff needs to know what is going on, so there are no surprises.”

### ICU Nurses Dole Out Tough Love

One other team component, ICU nurses, are the unsung heroes, especially in cases such as Rashad’s, said Dr. Zopfi. “They must have the tough love approach. They know how important it is for the patients to get up, get moving, and get breathing. It’s not something people are so willing to do when they have surgical stitches or chest tubes, as Rashad did.”

“Oh, no, he did not want to get out of bed,” recalls Maureen Allain, R.N., “and his expression was kind of like, ‘You really want me to do this? Don’t you know I’ve been shot?’”

But, she explains, “We have to get them out of bed, expanding their lungs, breathing deep and coughing. We know it hurts and they will have pain, and we can control some of that.” But, she stresses, it takes a whole team—physical therapists, social workers, nurses and family members—to push patients past that pain so they can become ambulatory and more self-sufficient. “Then they can be moved downstairs (to the regular unit) and on to home.”

During the next 10 days, Rashad admits he reluctantly followed his nurses’ steady urging to complete his breathing exercises. “They were tough on me; made me do a bunch of things that were really hard.”

## NorthBay Earns Verification

NorthBay Medical Center’s Level III Trauma Center received verification in December from the American College of Surgeons, a scientific and educational association of surgeons founded in 1913 to raise the standards of surgical education. Verification is a voluntary process for hospitals, but one that is required for trauma centers operating in Solano County.



Verification recognizes the trauma center’s dedication to providing optimal care for injured patients. Hospitals are required to provide not only the resources necessary for trauma care, but also the entire spectrum of care to address the needs of all injured patients, from first responders in the field through the patient’s rehabilitation process.



His only setback came 10 days after surgery when his white blood counts started to rise, as did his fever, suggesting an infection or other complication. Enter Dr. Gregory Warner, another member of the trauma team and an infection expert. Fever and inflammation are expected outcomes following gunshot wounds, he said, but not after 72 hours.

"This is when we start asking what else we might be missing," Dr. Warner says. "We also had to ask, 'Could he have an abscess in his abdomen, problems with his kidneys or other challenges?' It's a balancing act."

Another CT scan revealed blood clots and fluid in his lungs. On Day 10 of his recovery, Rashad underwent a second surgery—a video-assisted thoracoscopy—to remove the fluid and blood clots, Dr. Warner explained.

His recovery then moved quickly, his appetite improved, he could move easier, and was transferred to a regular medical unit. Sixteen days after the shooting, he was sent home.

### Miracles Stack Up

Three months later, Rashad was back coaching football and basketball, driving and caring for his boys, ages 8 and 6.

"This completely changed my life," says Rashad, whose family has seen more than their share of gun violence. "My brother was murdered in 1999, and so were my grandparents."

As his mother's only surviving son, Rashad is extremely grateful to the NorthBay team that saved his life. He returned to NorthBay just before Thanksgiving to express his gratitude to many of those who oversaw his recovery.

"They were very positive and reassuring and it helped my spirits a lot. They really took good care of me. I am indebted to them, because they helped me to recover. I see everything differently now. I see how important it is for me to be here for my kids; they need me the most.

"I cherish my life. I get to wake up and see my boys. They were almost taken from me. My oldest son asks me all the time if I'm in pain, if I'm OK. I tell him, 'Don't you worry about me. You just stay in school, and I'll take care of the rest.'" ❧

Rashad returned to NorthBay Medical Center to express his gratitude to some of the trauma team members—Heather Venezia, R.N., and J. Peter Zopfi, D.O.—who helped him on his road to recovery.



Betty and Morry Wasserman are thrilled that she's back in her Vacaville home, recovering quite nicely after a ruptured aneurysm.





# Beating the Odds

## Surgical Team Moves in Tandem at the Speed of Life

*Something wasn't right.*

Morry Wasserman, 91, knew it the minute he woke up Aug. 22, 2012, and noticed his wife Betty had slipped out of bed to use the bathroom. She called through the door that she was fine, but moments later she stumbled into their bedroom, a sight he'll never forget.

"She looked 15 months pregnant, her belly swollen, her face swollen, her tongue hanging out, and gasping for breath," he recalls.

He dialed 9-1-1, and then hustled down the stairs, ignoring the pain in his back and the neuropathy in his legs, to open the door for paramedics. Once they arrived, the question was where to take her.

"VacaValley Hospital is the closest," Morry reasoned.

Today, he considers it one of the best decisions he's ever made. His best decision? To marry Betty 67 years ago.



An abdominal aortic aneurysm had ruptured inside Betty Wasserman that morning and was leaking at a steady pace. By the time she arrived at VacaValley Hospital's Emergency Department, her blood pressure was extremely low, but she was conscious and alert, and able to answer questions.

She knew enough to tell Dr. Craig Dennis that if surgery was her only chance to survive, she wanted it.

"Most patients with this problem die within minutes to an hour," says Dr. Dennis. "We figured out that her aneurysm likely ruptured in the early hours of the morning, and blood was slowly filling her abdomen. The fact that she was still alive at 7 a.m. when they brought her in to see me is remarkable."

The team ran tests and stabilized her, but kept her blood pressure intentionally low, realizing it was the safest thing for her. Medically, it is called "permissive hypotension." To allow the blood pressure to rise to normal levels would allow her to bleed faster. Then they loaded her into an ambulance and sent her to NorthBay Medical Center.



Cardiothoracic and vascular surgeon Seph Naficy, M.D., was already in scrubs at his Fairfield home, getting ready for work at NorthBay Medical Center when he got the call. He in turn called Joanne Jacob, R.N., and tasked her

with assembling the surgical team. "If each member of the team is a branch of the tree, Joanne was the trunk" says Dr. Naficy. "I knew she was in a position to quickly connect everyone together."

Then he hustled to the Emergency Department to meet Betty when she arrived.

Betty was conscious and breathing when she was wheeled in. "I asked her if she was willing to take some serious risks to save her life, and she said yes," recalls Dr. Naficy. "I decided that there was hope and that she had a chance."

Technically speaking, Betty's odds were not good. Aneurysms are the 13<sup>th</sup> leading cause of death in the United States. Only a small fraction of people who suffer a rupture make it to the hospital, and only half of those survive the surgery. Fewer than that survive the prolonged recovery. At 86, and with a series of health issues including the recent placement of stents in coronary arteries, and on medication to prevent blood clots from forming, Betty's chance of survival was 10 percent at best.



Morry Wasserman, a retired Air Force officer and pilot, faced formidable odds himself during World War II, when he flew 34 missions in a B-17 bomber over Germany.



Betty and Morry, circa 1944.

When he came home in 1944, it was to a hero's welcome. The 22-year-old carried with him the Distinguished Flying Cross, with a Purple Heart, and four air medals. His family threw a big party for him in Los Angeles. That night he met his future bride, a

reluctant teenage guest who didn't have any interest being at a party for a soldier she'd never met.

He took one look at Betty and insisted on a date. "I couldn't shake him," chuckles Betty.

Less than six months later, they married. He was 22, she was 18. "I promised her then that I'd always be there to take care of her, and I'm still taking care of her today,"

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says Morry. “It’s gotten pretty hard lately, but I’m not about to give up.”



As “board runner” that morning for the surgery department, one of Joanne’s first calls was to the blood bank, making sure they were prepared for a mass transfusion.

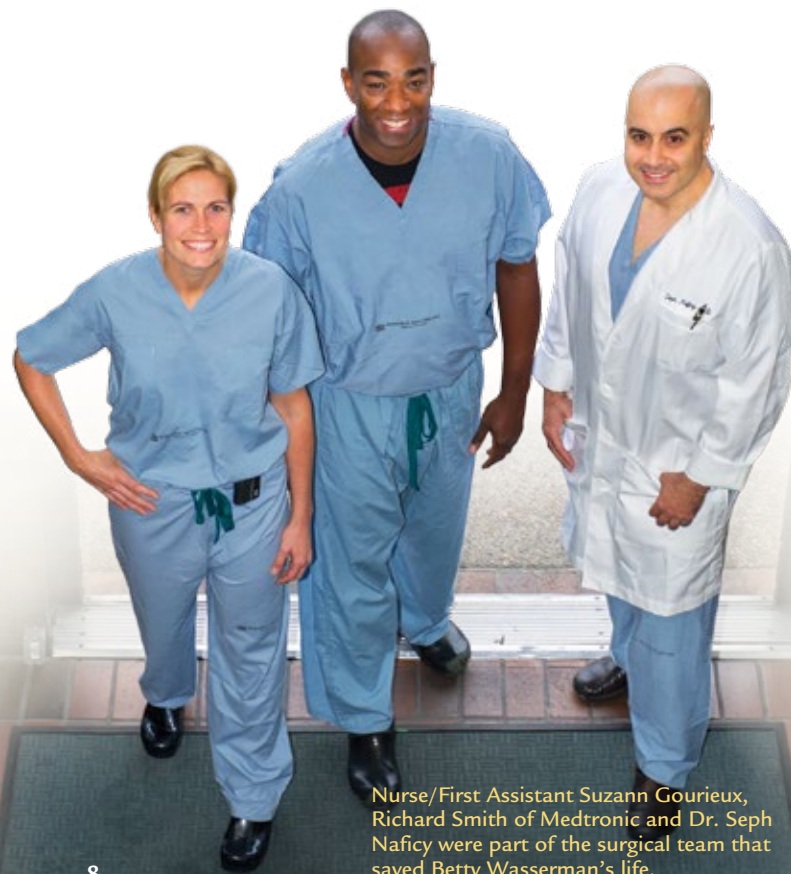
“Thank goodness we’re a Level III Trauma Center,” recalls Joanne. “New protocols with the blood bank now ensure that there’s always a cooler of O Negative ready at a moment’s notice. That’s the only blood type that can be given to anyone without issue. Being able to give her blood when she was ready for it made a huge difference in this case.”

When Betty was rolled into the operating room, there was no time for discussion. Dr. Naficy had to make the first incision in her groin, using only local anesthetic, while a team of two anesthesiologists hurried to set up an IV.

“It was very tricky,” explains Dr. Naficy. “Because she had stents placed in July, she was on blood thinners. We did not want to have to open her abdomen for surgery if we could help it. She also had a lot of blood pooling in her abdomen.”

The decision was made to use an endovascular procedure—running a catheter up her artery and using that path to place a balloon and later stents strategically, all the while paying close attention to her blood pressure.

“Betty was constantly bleeding, so her pressure was dropping,” explains Dr. Naficy. “If we had tried to raise it too quickly or if it dropped too low, she would not have survived. We had to move fast if we were going to save her.”



Nurse/First Assistant Suzann Gourieux, Richard Smith of Medtronic and Dr. Seph Naficy were part of the surgical team that saved Betty Wasserman’s life.

*Dr. Naficy insists that credit be spread to the whole team, which covers both hospitals, a multitude of departments and even outside consultants.*

“It was organized chaos,” remembers Joanne.

In addition to the surgeon, two anesthesiologists, four nurses, a technician, and others came and went as needed, including three radiologists, blood bank staff and more.

Kevin Bowman and Richard Smith from Medtronic in Santa Rosa arrived just in time to deliver a quickly configured stent graft combination designed to fit Betty’s aorta.

“Think of it as making a custom-designed three-piece suit based on a phone conversation,” explains Dr. Naficy. “I barked a quick series of numbers on the line over a span of a minute while the patient was rolled into the OR. Usually, a rigorous computer-based process would design the stent.”

Dave Martel arrived to operate the Cell-Saver, a piece of equipment that allows a patient’s own blood to be recirculated into their system. “The Cell-Saver vastly improves one’s chance of recovery,” says Joanne. “It was one more thing we could offer to aid in her recovery.”

Looking back, everything flowed like clockwork, remembers Joanne. “All day, every one did their job, in harmony,” she said. “There were as many as 13 people in the room at one time and if you needed something, bam, it was there in an instant.”

“You’d think I would get calmer as we completed each step,” recalls Dr. Naficy, “but I wasn’t. Each positive step gave me faith that she could come out of this alive, but there was no room for error. It was even more important that we do every step right.”

During the four-hour-plus surgery, Joanne remembers that not only did the surgical crew function with perfect and precise teamwork, but other departments down the line also interacted flawlessly.

“We always have teamwork, but this was something more. It was so urgent and she could have died at any moment. It was a whole list of unbelievable conditions,” says Joanne. “She’s one lucky lady.”



Betty remembers very little about that day, or recovering in NorthBay’s Intensive Care Unit, where she stayed for 19 days, before being transferred to a convalescent care facility for another 55 days. She knows that she’s lucky to be alive, and is grateful for the gifted doctors she’s met along the way, whom she calls jewels.

“I know a lot of people look outside Solano County for help, but I’m here to tell you we have amazing doctors



right here. I couldn't have lived through it anywhere else," says Betty. "It was just a miracle."

Dr. Naficy insists that credit be spread to the whole team, which covers both hospitals, a multitude of departments and even outside consultants.

And he has strong words of praise for Morry, who made all the right decisions when it mattered most.

During Betty's long recovery, Morry was there, sleeping in the chair at her bedside for hours, holding her hand, stroking her hair, or chasing away family members if he decided she was too tired for a visit.

"I was her pit bull when I needed to be," Morry admits gruffly. "Here I am, coming up on 92; it wasn't easy. But I think we have an angel looking out for us. I call her the miracle kid."

Betty beams at him, so pleased to be recovering at their Vacaville home, comfy in her own recliner.

"In 67 years, we've never uttered an obscenity to each other, never slammed our door in anger," says Morry with pride. "And I played golf, so I do know all the bad words."

"We've had a wonderful life," says Betty, with a contented sigh. "I probably would have just thrown in the towel when this happened, but now that I'm breathing again, I think there must be a reason. There's something I'm meant to do, and I'm going to figure it out."

For Morry, just having her by his side is reason enough.

"I told her all those years ago I was going to take care of her, and that I'd always be there for her," he says. "That's what I've done, and what I'm going to keep doing." ❧

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## Answers About Aneurysms

- ▶ An aneurysm occurs when the walls of a blood vessel balloon outward, creating weakness in the vessel wall.



- ▶ An aneurysm can contain lipids, calcium clots, fatty deposits and cell debris.
- ▶ The aneurysm itself is not the danger, it's the weakness it creates in the vessel wall. If the vessel ruptures, blood can leak.
- ▶ Aneurysms are the 13<sup>th</sup> leading cause of death in the United States.
- ▶ Only half of patients who suffer a ruptured aneurysm make it to the hospital for surgery.

Of that number, only half survive the surgery.

- ▶ It is not clear what causes aneurysms. Sometimes aneurysms are present at birth. In many cases, an aneurysm can exist for years without an individual knowing it's there.
- ▶ Treatment is based on the size and location of an aneurysm. Physicians often monitor the growth of an aneurysm, which can exist for years without causing the patient any discomfort.



Cancer patient Margarita Lopez, left, shares a laugh with Soroptimist Stephanie Beardsley, in the new Glamour Room at NorthBay.

## A Touch of Glamour

Women with cancer no longer have to travel outside Solano County to receive a free hat, scarf or wig. Thanks to a partnership between NorthBay Healthcare and the American Cancer Society, they can visit the "Glamour Room" at the Gateway Medical Building in Fairfield.

The idea developed after a fire in January 2012 destroyed the wig room and office building of the Fairfield American Cancer Society. The NorthBay Cancer Center team of Magi Philpot, licensed clinical social worker, and Bea Castro, oncology administrative supervisor, worked with NorthBay's Property Manager Kay Draisin and Facilities Planning Manager Carmen Perry, and local designer Donna Lucchio of AIM Consulting to create the room.

"It had to be purple," explains Philpot, "because purple is the color for cancer survivors. It's also gorgeous and dignified." And so, the room is two-tone, painted with an eggshell white and purple, and is adorned with a purple settee and ribbon. A salon chair and station, and a salon store drawer round out the former office. A portrait of Marilyn Monroe on the wall was one of the finishing touches, says Philpot.

Funds raised by a "Virtual Tea" hosted by the Soroptimist International of Central Solano last April were used to purchase the settee, the salon equipment, as well as new scarves, hats and wigs. Items collected during a fundraiser last summer with local fire departments, headed by Lynne DiModica of the Center for Women's Health, a NorthBay affiliate, will also be made available at the room.

Cash donations to help with the room are always welcome. Checks should be made out to NorthBay Healthcare Foundation, with Cancer Center Glamour Room in the memo field and sent to NorthBay Healthcare Foundation, 4500 Business Center Drive, Fairfield, CA 94534.

For now, the room will be open on Tuesdays and Thursdays, by appointment, for any cancer patient in the community and will be staffed by the American Cancer Society. For more information or to set up an appointment, call (415) 454-8464 or (800) 227-2345.

Martin Santos and his wife Esther proudly show off the recovery pillow he used after his open heart surgery. It was signed by NorthBay staff who worked with the Santos family during his recovery.

# Under Pressure

## Overcoming Obstacles—Again

**M**artin Santos is no stranger to the medical malady. At 19, a strep-throat infection led to a disease that caused his kidneys to begin shutting down. At 36, he needed a new kidney, a gift of life that came from his wife, Esther. At 55, despite unrelenting adherence to a strict diet and plenty of exercise, he suffered a massive heart attack.

But with every setback he's encountered, Martin emerged, more determined than ever to be healthy, positive and strong. "It's not the end of the world. It's a second chance," says the Vacaville resident. "It's a blessing. You've got to move on."

His wife, Esther, agrees. "You've got to have hope. You can't sit around feeling sorry for yourself."



Sept. 29, 2012, was a busy Saturday for the Santos family. First a soccer game for 6-year-old grandson Isaiah and then a family barbecue to celebrate their

daughter-in-law's birthday. Martin planned to veer off his diet that day, looking forward to a rare splurge. But once at his son Issac's house, he started feeling light-headed and woozy; he told Esther he needed to go home and lie down. "Fine," she said.

When he ran into Rosie, his daughter-in-law, on the way to his car, she noticed something was amiss. "He looked awful," she told Esther a few minutes later. "You should call him to make sure he made it home."

He never did. In the car on the way, Martin started to sweat profusely and he got the chills.

When he felt his chest clench, he knew something was really wrong. "I felt like my heart was a water balloon and someone was trying to squeeze all the water out of it."

Instead, he drove to NorthBay VacaValley Hospital and walked right into the Emergency



Department. “They took one look at me and got me in a wheelchair.”

Within minutes, an EKG confirmed Martin was having a major heart attack. He was whisked to NorthBay Medical Center, the only receiving center for chest pain in Solano County, where Martin could receive immediate attention at a time when every minute matters.

His first stop after the Emergency Department was the cardiac catheterization lab where cardiologist Benjamin Romick, M.D., valiantly tried to open the blockage using endovascular procedures. It wasn’t enough. Surgeons Rob Klingman and Seph Naficy were called into action.



Dr. Klingman decided to perform “beating heart surgery.” Instead of using the traditional method of stopping Martin’s heart in order to perform surgery, the muscle continued to beat while Dr. Klingman and Dr. Naficy worked in tandem to perform a double bypass.

“In all cases, beating heart surgery is a good option, but in high-risk cases, it’s the very best choice,” explains Dr. Klingman.

“You don’t have to use blood thinners as much, and you don’t have to put big tubes into the blood vessels, which can be problematic,” he says. “With beating heart surgery, you decrease the risk of stroke, kidney failure and other issues after surgery.”

In addition to end-stage renal disease, Martin also had hypertension, and high cholesterol levels, says Dr. Naficy.

The team had to leap into motion quickly.

While nurses/first assistants Dan Hartley and Suzann Gourieux worked to extract a vein from Martin’s leg, Drs. Naficy and Klingman concentrated on removing an artery from the chest wall. Both would be instrumental in bypassing the blocked arteries.

“It takes a lot of teamwork just to take a vein. There’s a lot of precision involved with the whole team,” says Dr. Klingman.

A perfusionist used a Cell Saver machine to recirculate Martin’s own blood, so little or no transfusion would be needed.

Anesthesiologist Filip Roos, M.D., monitored multiple points of data and vitals, which were measured and displayed by catheters placed in Martin’s heart and arteries.

He also kept his eye on images from the Transesophageal Echocardiogram, or TEE. By slipping a scope down Martin’s throat, he was able to let

everyone in the room see the very best images of the heart from the advantageous location inside the esophagus.

Very fine needles are used for sutures—so small they can’t be seen by the naked eye, says Dr. Klingman. A loop is used to magnify them 3.5 times their size.

Each person in the room—as many as seven or eight at a time—knew their job and the risks.

“I’ve practiced this kind of medicine in very large hospitals, where they do 1,600 open heart surgeries a year, but I prefer doing this type of surgery at a smaller institution because I get to know the team very well. We know how to communicate when things are urgent,” says Dr. Klingman. “We also have more ability to follow up with the patient.”



Martin doesn’t remember much after arriving at the Fairfield hospital, or much about his recovery in the ICU where he spent three days. He does remember his last two days in the hospital, especially the people he met before his discharge.

“I know we’ve been blessed with great doctors,” he says. “There were so many caring staff members. They made sure at every step that I knew what was going on.”

While Martin and Esther encountered dozens of nurses, techs and other staff members, a few stand out, such as Amy Ziegler, a nurse practitioner, whose job is to look out for cardiac care patients, from the moment their surgery is complete until they leave for home.

“Being a kidney transplant recipient, Mr. Santos had special medication needs, so I worked with a nephrologist, Dr. Oleg Rubin, to coordinate his post-operative medications to help in his recovery,” she remembers.

Of course, nothing compares to the value of having a solid family member at the bedside, being the patient’s eyes and ears, says Amy. “Having his wife Esther there was pivotal—she was a rock, very calm and grounded and reassuring during what was certainly a difficult time for him.”

After 37 years of marriage, Esther rolls with the punches. “I learned a long time ago not to panic,” she says with a smile. “I just try to stay calm and learn as much as I can. I think the doctors appreciate that and share more with me because they trust I can handle it.”



*Martin is enjoying life, and reveling in his cardiac rehab classes in NorthBay Medical Center.*

*continued on page 12 >>*



## Grilled Bass Filet

In a zip-lock bag, place: 1 lb of bass filets, 1 tbsp olive oil, a dash of fresh rosemary, ¼ tsp lemon pepper, ¼ tsp garlic and 2 tbsps of lemon juice.

Marinate for 2 hours.

Grill on barbecue, 4 minutes on each side.

Top with fresh diced tomatoes and avocado.



## Spicy Chicken

On the bottom of a pan: line six boneless, skinless thighs.

Cover them with the following: half an onion, cut in fourths; ½ tsp garlic; ½ tsp pepper; two bay leaves; three fresh jalapeño peppers, cut in half long-ways (leave seeds in if you want it spicy); an 8 oz. can black olives, drained; 1 c uncooked baby carrots; 1 c raisins; 8 oz. low-salt tomato sauce, 8 oz. water.

Cover pan and cook over medium heat for 30 minutes.

Enjoy over steamed rice.



## Albóndigas (Meatball Soup)

Bring 6 quarts of water to a boil.

In a separate bowl, mix together 1 pound of lean ground beef or turkey, an egg, ¼ tsp fresh oregano, ¼ tsp fresh mint, half of a diced tomato; half of a diced onion; ¼ tsp pepper, ¼ tsp garlic and ¼ c of rice and form into small or medium-sized meatballs.

Add meatballs to boiling water, then add in another ¼ tsp pepper, ¼ tsp oregano, ½ tsp mint, ¼ tsp of garlic, the other half of the diced tomato, the other half of the onion, and another ¼ c of rice.

In addition, add two potatoes, cut into fourths, 1 c of baby carrots, 1 fresh squash, yellow or green, cut into slices, and 1 c of fresh spinach.

Cook for another 30 minutes, or until potatoes are done.

Spicy option: Add hot sauce to taste.



>> continued from page 11

In the first weeks of recovery, Esther made sure Martin got plenty of rest. She even posted a sign outside their Vacaville home for potential visitors: “Thank you for all your prayers... Martin is doing well, but at this time no visitors. Thank you for your understanding.” Courteous friends left notes of encouragement.

Today, Martin is enjoying life, and reveling in his cardiac rehab classes in NorthBay Medical Center. “I love being active and moving around,” says the retired postal worker who used to walk about seven miles every day. “It just gives me a boost of energy.”

Esther continues to prepare heart-healthy—and kidney-healthy—meals for him, a special diet that is devoid of sodium and sugar. Martin’s diet is no different than the diet he’s been on since his kidneys first failed.

“I learned a long time ago how to cook for him, so he could be as healthy as possible,” says Esther. “You have to be creative sometimes, or it gets boring, but I’ve learned.”

“Well, yes, my food is bland,” Martin admits, “but she finds ways to spice it up. Lots of garlic, pepper, rosemary and our friend, Mrs. Dash.”

In fact, the couple’s cheerful kitchen is decorated with red chili peppers. “It did take about a year to get used to it,” Esther remembers, “but even our children ate that way. And now if they have fast food, it tastes too salty to them.”

She knows how difficult it can be at first, to make the adjustment toward cooking for someone who cannot consume salt or sugar, so she offers some of her favorite tips and recipes. ❧

### Esther's Tips

- ♥ Always buy fresh fruits and vegetables.
- ♥ Don't buy vegetables in cans; there's so much salt and preservatives.
- ♥ Limit the amount of meat, but if you want protein, use more chicken and fish.
- ♥ Shop for groceries at least every other day because it's the only way to make sure the vegetables and fruit are as fresh as can be.
- ♥ When eating fruits and vegetables, leave the skin on because it's rich in nutrients.
- ♥ Mrs. Dash is a great way to add some spice without the salt.





Members of the Rapid Response Team at NorthBay Medical Center include, from left, Joshua Mefford, R.N.; Laura Corson, R.N.; Cheryl Veikos, R.N.; Cathy Carrasco, R.N.; Michelle Largaespada, R.N.; Micheline Ceccatti, R.C.P.; and Iris Roberson, R.C.P.

## When a Patient Needs Help, Our Rapid Response Team is Ready

The safety of hospitalized patients is the focus of several national initiatives and a top priority at NorthBay Medical Center and NorthBay VacaValley Hospital. Hospitalized patients are often seriously ill, which makes them vulnerable to develop other sudden conditions, such as cardiac arrest, stroke, sepsis and acute renal failure.

A patient's condition can quickly change and the sooner such a change is recognized, the sooner a serious event can be avoided. To respond to this problem, NorthBay developed Rapid Response Teams (RRT), which has become a national standard for improving patient safety.

More than 80 nurses and respiratory therapists at both hospitals have been trained as rapid response teams. Each team consists of an intensive care registered nurse and a respiratory therapist, who are available to evaluate a patient's condition immediately upon request, 24/7.


"Anyone can call a Rapid Response Team to evaluate a patient, including the patient's family," says Elisa Jang, clinical practice manager for Critical Care Services. "If you have a loved one in the hospital and you recognize a change in his or her condition, we encourage you to call the team."

There are many early warning signs present within hours of a possible heart attack or stroke. With an early intervention, the condition can often be prevented. Family members should be alert for any mental changes in the patient, breathing problems, seizures, chest pain or a new severe pain. Any concerns raised by the patient, the family or any nurse will be evaluated by the team.

The RRT made its debut at NorthBay hospitals in August 2008. Since that time, teams have responded to 796 cases, according to Jang.

"One of our main goals is to prevent Code Blues or cardiac arrests," she explains.

Studies show that hospitals with RRTs can reduce the number of cardiac arrests and resulting deaths as well as reduce post-operative emergency ICU transfers and deaths. The top three reasons the RRT has been called this year include cardiac-related chest pain/low blood pressure, respiratory compromise, and mental status change. Identification of at-risk patients and early intervention is the key in preventing Code Blues and making an impact in positive clinical outcomes.

Signs are posted in both hospitals with instructions about how to contact the RRT. To activate a Rapid Response Team at NorthBay Medical Center, dial 1111; at VacaValley Hospital, dial 2222. 

## Patient Says Thanks ...One Year Later

One year after a dramatic rescue from cardiac failure, 19-year-old Nichelle "Nickie" Fisher came back to NorthBay VacaValley Hospital — to say thank you.

Accompanied by her mother, Dottie Mulligan-Fisher and a small army of family friends, Nickie set about sharing her gratitude — with certificates of appreciation, a spread of refreshments and lots of heart-felt hugs in the cafeteria.

Nickie is in end-stage renal failure and has been on dialysis since she was 17. On Dec. 14, 2011, her potassium levels rose dangerously high and she went into cardiac arrest, her mother recalled. Dottie dialed 9-1-1, and the Vacaville Police were first to arrive, quickly followed by Vacaville firefighters and paramedics. Compressions were started, and soon Nickie arrived at the VacaValley Emergency Department, where Emergency Room Technician Allison Pearson took over the compressions, and Dr. Paresch Pravin and Dr. Joseph Dane stepped in.

Her mother remembers that Nickie was shocked 13 times, and that resuscitation continued for an exhausting 93 minutes. "I wasn't about to give up on this girl," remembers Allison, one of many who came to the reception Friday, Dec. 14, 2012, at VacaValley Hospital. "I was determined she was going to make it."

And she did. Dottie had nothing but kind words to say for everyone who touched her daughter's life during the recovery. "Everyone here at VacaValley was so kind and thoughtful. I just can't say thank you enough," she told the crowd, tearing up. "I wouldn't have Nickie today if it weren't for all of you."







# Ten-Second Test Leads to Lung Cancer Diagnosis

When Vacaville Realtor Veronica “Ronnie” Link received a flier in the mail offering a low-cost lung cancer screening, she didn’t hesitate to accept the offer. Although she no longer smoked, she looked forward to the test’s assurance that she was as healthy as she felt.

She never expected a cancer diagnosis. But thanks to her chance encounter with a screening offer, the NorthBay Cancer Center found her lung cancer at an early stage and referred her for treatment. She considers herself cured.

Lung cancer is one of the greatest challenges the cancer community faces today, mainly because early screening has been limited. Lung cancer usually is not diagnosed until a patient has symptoms, and by then the survival rate is very low. Smoking cessation is the most important thing you can do to decrease the risk of lung cancer. But for those who have quit after smoking for many years, the risk is still significant. Ronnie, 64, had smoked for 40 years, although less than a pack a day. When she finally



*Lung cancer usually is not diagnosed until a patient has symptoms, and by then the survival rate is very low.*

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quit some years ago, she thought she had avoided the pitfalls of long-term tobacco use. “When I was growing up, everyone smoked,” Ronnie says. “Smoking meant you were an adult. It wasn’t until my grandchildren started asking about my smoking that I realized I needed to quit.”

With the help of a nicotine patch, she kicked the addiction in three months.

Last June, NorthBay Medical Center and the NorthBay Cancer Center began offering low-dose CT lung scans to former smokers who are patients of the Center for Primary Care and who meet the criteria of being at high risk for lung cancer. Ronnie was one of the first patients to participate in the screening.

When her initial scan revealed a shadow, she was referred to pulmonologist Dr. Maqbool Ahmed. He thought she might have a lung infection so he ordered a course of antibiotics. Five weeks later, a second scan showed the shadow remained. He explained her options, which included a biopsy, a PET Scan, and surgery.


She underwent a PET scan at NorthBay Medical Center and received the unwelcome diagnosis of lung cancer. Two days later she met with cardiothoracic surgeon Dr. Samer Kanaan, a specialist in thoracic oncology. He performed a video-assisted RUL lobectomy to remove the entire upper right lobe of her lung. Dr. Kanaan is the only surgeon in Napa, Solano, and Sonoma counties trained in this minimally invasive surgery.

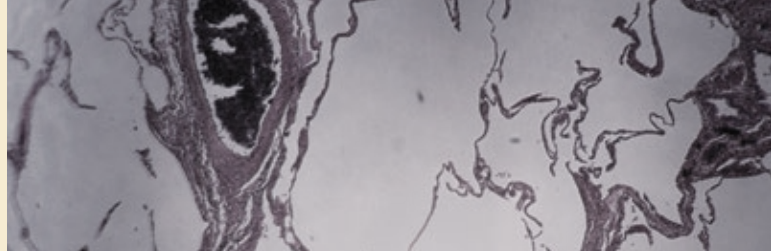
“Fortunately, Ronnie’s cancer was caught at Stage 1—making it very curable,” says Dr. Kanaan. “I’m convinced that this type of lung cancer screening saves lives.”

More patients die every year of lung cancer than of breast, colon and prostate cancer combined, according to Dr. Kanaan. That’s because lung cancer does not have the screening protocols of the other three types of cancer.

Ronnie was playing golf just a month after her surgery. Her follow-up care includes a CT lung scan every six months. She’s so grateful for the early screening test that she wants to make it available to others who might not be able to afford it.

“I’ve created a local foundation to help low-income Solano County residents have access to early lung cancer screening,” she says. “I don’t want anyone to miss a lifesaving test because of finances.”

For more information about Ronnie’s foundation, call her at (707) 447-7011. 



## Scanning for an Early Cure

**R**ecent studies have shown conclusively that detecting lung cancers at a very early stage, before they cause any symptoms, can result in a surprisingly high rate of survival. The best way to detect these cancers early is to screen those who are at risk with computerized tomography, or CT scans. A lung scan is completed in the time it takes to hold one breath, less than 10 seconds. The scan uses a low dose of radiation and no IV contrast material is required. The American Cancer Society has just endorsed this screening test.

NorthBay Medical Center and NorthBay Cancer Center are sponsoring a low-cost lung cancer screening CT for patients of the NorthBay Center for Primary Care who meet the “high-risk” criteria defined in a national screening protocol.

This includes being an ex-smoker between the ages of 55 to 74 and having a 30-pack-a-year history. The cost is \$265 and includes the CT scan and a review of the scan by a physician. The results are also reviewed by the multi-disciplinary lung tumor board at the cancer center.

For further information, please call (707) 646-4008.

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Left: Ronnie Link gets a hug from NorthBay Cancer Center nurse navigator Keni Horiuchi, R.N.

Below: Ronnie reviews her lung x-rays with cardiothoracic surgeon Samer Kanaan, M.D.





# Stroke *is an* Immediate

Every minute matters when it comes to treating a stroke. Stroke is the fourth leading cause of death and the leading cause of adult disability in the United States. It is an immediate emergency.

Stroke is also known as a “brain attack.” It usually happens without warning, when an artery in the brain becomes blocked (ischemic stroke) or when an artery bursts (hemorrhagic stroke). In either case, blood and oxygen can no longer reach parts of the brain. Deprived of oxygen, brain cells begin to die within minutes. The longer the condition remains untreated, the more brain cells die, and parts of the body begin to shut down.

NorthBay Medical Center and VacaValley Hospital have spent the past year planning, educating staff and

physicians, and conducting mock stroke drills leading up to Phase II of its new Stroke Program, which went live in November 2012.

“Now, in Phase II, patients who come to our Emergency Department experiencing an ischemic stroke can be admitted and treated here rather than automatically being transferred to another hospital,” says Rhonda Martin, assistant vice president, nursing operations. “Responding to a patient experiencing a stroke requires an orchestrated sequence of interventions, which are time-sensitive and must be consistently followed.” Our program ensures we follow the most current standards as published by the American Heart and Stroke Association for assessing, diagnosing and treating stroke victims.”

## Myths About Stroke

**Myth** Stroke is unpreventable.

Reality: **Stroke is largely preventable.**

**Myth** Stroke cannot be treated.

Reality: **Stroke requires emergency treatment.**

**Myth** Stroke only strikes the elderly.

Reality: **Stroke can happen to anyone.**

**Myth** Stroke happens to the heart.

Reality: **Stroke is a “Brain Attack.”**

**Myth** Stroke recovery only happens for a few months following a stroke.

Reality: **Stroke recovery continues throughout life.**

## Warning Signs of Stroke

Do not ignore the warning signs of stroke, even if the symptoms seem to go away. It’s always best to assume that all stroke symptoms require a trip to the Emergency Department for medical assistance. Stroke symptoms include:



- ▶ Difficulty speaking or understanding others.
- ▶ Numbness, weakness or paralysis on one side of the face or body.
- ▶ Blurred, decreased or double vision.
- ▶ Dizziness, trouble walking, or lack of coordination or balance.
- ▶ A rapid-onset, severe headache, or an unusual headache that comes with vomiting, dizziness or altered consciousness.

Here’s a simple tool to help you recognize the signs of stroke:

Remember to act **FAST**

**FACE** Ask the person to smile. Does one side of the face droop?

**ARMS** Ask the person to raise both arms. Does one arm drift downward?

**SPEECH** Ask the person to repeat a simple sentence. Are the words slurred? Can he or she repeat the sentence correctly?

**TIME** If the person shows any of these symptoms, time is important. Call 911 or get to the hospital fast.



# Emergency

Emergency treatment depends on the type of stroke you have, according to Julian Gallegos, clinical practice manager/nurse practitioner-stroke program, for NorthBay Healthcare.


For strokes caused by a blood clot, physicians strive to clear the clot and restore blood flow. If the patient gets to an emergency room within three hours of experiencing the first stroke symptoms, a clot-busting drug called TPA (tissue plasminogen activator) can be administered to dissolve the clot.

For strokes caused when an artery bursts in the brain, the treatment is to control the bleeding and reduce pressure in the brain. Patients who have experienced a minor bleed can recover with bed rest and supportive care. A patient with a major bleed may require surgery at a hospital that offers neurosurgery.


Unless the stroke has been very mild, most patients need some type of rehabilitation therapy to regain their strength and recover as much function as possible to resume a normal life. ❧

## Risk Factors You Can Change

A stroke is a life-changing event that can have long-term consequences for you and your family. While some risk factors you can't change, including your age, sex, race and family history, there are other risk factors that can be changed to reduce your likelihood of having a stroke. These include:




**HYPERTENSION** • High blood pressure is a strong risk factor for stroke. Uncontrolled high blood pressure can damage the blood vessels in and around the brain, leaving them more vulnerable to hemorrhage.



**OVERWEIGHT or OBESE** • Obesity and excess weight put a strain on the entire circulatory system. Losing excess weight, even 10 pounds, can help lower your blood pressure and thus reduce your risk of stroke.

**SMOKING** • If you smoke, your risk of stroke is two to four times greater than if you don't. Stopping smoking—at any age—can reduce your risk of stroke.

**PHYSICAL INACTIVITY** • A sedentary lifestyle can lead to weight gain, hypertension, high cholesterol, heart disease and diabetes, which all increase your risk of stroke.



**EXCESS ALCOHOL** • Heavy drinking can lead to high blood pressure, which in turn can lead to stroke. However, moderate drinking—one drink a day for women of all ages, and two drinks for men under age 65—may even offer protection from stroke. The benefits are not enough to encourage you to take up drinking if you don't already.

**DRUG ABUSE** • Drugs such as cocaine, heroin and amphetamines can constrict arteries and lead to stroke.



## Don't Drive, Dial!

If you or someone near you is experiencing a life-threatening emergency, the first thing you should do is to call 9-1-1, says Daman Mott, R.N., Director of Emergency Services and Trauma for NorthBay Healthcare.

It might seem obvious, but sometimes people panic and jump in the car, thinking that driving themselves or their loved one to the hospital is the best decision.

But that could delay life-saving care, Daman notes. It only takes emergency personnel minutes to get to the scene of an emergency, and they can start treatment as soon as they arrive. They also know how to move a patient without causing further injury, and can monitor the patient's condition on the way to the hospital and be ready to act if it should worsen. But, if you drive yourself, all the time on the road equals precious pre-treatment minutes that are now lost.

The ambulance crew may also choose which hospital to take the patient, depending on the illness or injury. A patient suffering a possible heart attack, for example, would be taken to a hospital with a designated Chest Pain Center.

"In reality, the sooner you can get definitive care to your side, the better it will be," Damon advises.

# Labor & Delivery

Sarah Ruffins was swept up in a dramatic dance to delivery when she went into labor with twin boys, almost three months too soon. Moments later, the Labor & Delivery team at NorthBay Medical Center jumped into action. They are trained to handle all situations, from birthing fire drills to the laboriously long and drawn out experience.

For emergency deliveries such as Sarah's, "that's when it becomes all hands on deck to take care of Mom and the baby," says Richard Bell, M.D., medical director of the NorthBay Neonatal Intensive Care Unit (NICU), and one of three neonatologists on the staff.

When the NICU gets a call that an emergency delivery is imminent, both NorthBay's Labor & Delivery and NICU teams swing into action, "in a tightly choreographed process that we've been practicing for more than 25 years," Dr. Bell says.

Sarah, a radiation therapist with the NorthBay Cancer Center, and her husband, Brett, had been mid-way through a normal pregnancy. As first-time parents, the couple was just getting adjusted to the idea that Sarah was carrying twins. "To be honest, when I heard I was having twins I had a panic attack," Sarah recalls. "When we found out they were developing well, I got really excited."

But the excitement changed to anxiety after a routine ultrasound in early August 2011. The NorthBay ultrasound technologist and radiologist discovered Sarah's cervix had begun to thin, almost 12 weeks too early. Already a "high-risk" pregnancy because of her age—35—and the fact that she was carrying twins, her OB/GYN immediately ordered bed rest. "Strict, strict bed rest," Sarah recalls.

Medicines to deter contractions and steroids to help the boys' lungs develop were also ordered.

But Sarah's boys had other ideas. With only 10 days of bed rest behind her, Sarah went to her OB/GYN to see about some strange "feelings" she had been experiencing, that her OB/GYN confirmed were actually contractions. She was immediately rushed to NorthBay Medical Center's Labor & Delivery Department.

The first thing NorthBay's team did was to turn up the heat in the delivery room, Dr. Bell explains.

"Usually it's about 62 degrees in there, because that's more comfortable for laboring moms and the doctors. But for



Dr. Richard Bell was delighted to see the Ruffin family—Brett and Sarah with twins Devin and Cameron—when they stopped by the NICU for a visit.



# Team Delivers

pre-term babies, that's too cold. So, we warm the room up to about 75 degrees. We are required to measure how close to normal a baby's temperature is on admission to the NICU; our NorthBay staff has one of the best records in the state."

The NICU team also readied its special newborn beds, called Stabillettes; and had them on standby in the delivery room.

When Sarah arrived in the delivery room, she was met by two teams: one was led by her obstetrician, an anesthesiologist, and a nurse; and the other was from the NICU, which included a neonatologist and two NICU nurses, one of whom was assigned to care for "Baby A," and another one for "Baby B."

"The OB/GYN, anesthesiologist and Labor and Delivery OR team were caring for Mom, and as soon as the babies were born, they were handed off to the neonatologist and the NICU nurses," says Katie Lydon, NorthBay's clinical manager for Women's and Children's Services. "They were working simultaneously in the same room."

Actually, Katie adds, a NICU nurse—specially trained in neonatal resuscitation—is on hand for all births. This nurse will instantly step in if it appears the newborn is struggling to breathe. "But, if a baby is born crying, that's a good thing, and the nurse will probably say 'OK, looks like it's all good here,' and head back over to the NICU," Katie notes.

NorthBay's NICU team has years of experience caring for the smallest, sickest infants born not only at NorthBay, but other area facilities, because the NorthBay NICU offers the highest level of neonatal care in Solano County, Dr. Bell says. "No matter who gets the call, we all know the drill. We are very well practiced, everyone understands their particular role. Our goal is to stabilize the baby within 30 minutes, because it makes such a difference."

Sarah's boys were born 10 weeks early after an emergency C-section; Cameron weighed 3 pounds, 2 ounces and Devin weighed 3 pounds. They spent the next seven weeks in the NorthBay NICU.

The NICU team is acutely aware that premature births can be an extremely stressful time for families. "These new parents are scared, uncertain and worried for their tiny babies, and while the team is focused on caring for the infant, they are also focused on caring for the families," Dr. Bell adds. "We know these children may be with us for days

and weeks, and we become extremely close to our families. The relationships we develop are precious."

The Ruffins spent every available minute during the next seven weeks at the NICU while their boys got bigger and stronger. "The nurses were so nice. We were there every single day, staying for hours." Brett would visit after work, and sometimes even came back over in the middle of the night, "just to hold them," Sarah recalls.

The Ruffins appreciated the nursing staff's support. "The nurses helped me learn how to change diapers, give the boys a bath, how to feed them and get them on a schedule." The compassionate care meant a lot to this new mom, "because we were not ready to have them so early; we didn't even have their room ready!"

Today the boys are doing very well. They are reaching all their developmental milestones, if not surpassing them, Sarah reports.

"We deal with families who are desperately worried, and when their child does well, it is a tremendous gift," Dr. Bell says.

Of the NICU and Labor & Delivery staffs, Sarah says, "We're life-long friends now. I am so happy I delivered my babies at NorthBay." ❧

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*"I am so happy  
I delivered  
my babies at  
NorthBay."*

— Sarah Ruffins



## NICU Reunion Celebrates Children

Maya Walker, 1 month, was the youngest NICU graduate to attend the 27<sup>th</sup> Annual NICU Reunion, held in November at the NorthBay Administration Center in Green Valley. The event drew scores of children and their parents who enjoyed games and refreshments and sharing milestones with the doctors and nurses who cared for them.





# Physical Therapy

## A Bounty of Benefits

Many people think physical therapy is only available for injury recovery. The truth is that physical therapy treats a broad range of conditions. Some of those include:

- ▶ Orthopedic conditions, such as back and neck pain, headaches, and osteoporosis.
- ▶ Joint and soft tissue injury, including sprains and strains, fractures and dislocations.
- ▶ Workplace injuries such as carpal tunnel syndrome.
- ▶ Arthritic conditions.
- ▶ Neurologic conditions, including stroke, traumatic brain injury, Parkinson's disease and multiple sclerosis.
- ▶ Cardio pulmonary and circulatory conditions such as congestive heart failure, emphysema and chronic obstructive pulmonary disease.

For more information, call NorthBay Rehabilitation Services at (707) 646-4150.

**Physical therapy is often the last step on the road to recovery, whether a patient has suffered a traumatic injury, undergone surgery or is making a comeback after an illness.**

"The goal of physical therapy is to help patients return to their normal state of health, free from pain and suffering, so they can perform their daily activities with minimal difficulty," explains Doug Hinton, manager of NorthBay Rehabilitation Services in Fairfield and Vacaville.

Physical therapists have the knowledge to help maximize their patients' movement and function. They assess joint motion, muscle strength and endurance, heart and lung function and understand what each patient needs for daily living. They are state board-certified health care professionals who hold graduate degrees from accredited physical therapy programs. They study biomechanics, anatomy, physiology, neuroscience, and pharmacology and also complete clinical rotations, enabling them to gain supervised work experience in areas such as acute care and orthopedic care.

"Physical therapists have the manual skills to mobilize joints and soft tissue that individuals can't perform on

## She's a Nonstop Dynamo Once Again After Successful

Anyone who knows Pat Dennis, knows she is a nonstop dynamo who lets nothing stand in her way. So when the former NorthBay Guild president found herself sidelined by a painful knee, she embraced the idea of a knee replacement. Pat, 76, of Vacaville, is back on the go following her total right knee replacement in October. She credits her fast recovery to the Joint Replacement Program at VacaValley Hospital and her long-term commitment to physical therapy.

"The staff at the Joint Replacement Program has every detail of your care planned," Pat says. "My surgeon, Dr. Andrew Brooks, was awesome and I began my journey through physical therapy the day after surgery."

A physical therapist coaches the joint replacement patients on how to stand and sit without pain and they

take a short walk within 24 hours of their surgery. By the time they leave the hospital, most patients are walking with little help.

Once she was home, Pat was visited twice a week by a nurse from NorthBay Health at Home and a physical therapist from NorthBay Rehabilitation Services. She put her boundless energy to work to strengthen and heal her new knee.

"I had exercises to do on my own and exercises to do with the physical therapist,"

Knee replacement veteran Pat Dennis, right, gives encouragement to her friend, Arlene Fedoroff, who was celebrating the success of her own joint replacement.





# is Key to Recovery

their own,” Hinton says. And the sooner the patient starts treatment, the better their chance for a good recovery.

Scar tissue, which is the body’s natural response to immobilization, can form in joints or muscles within 72 hours, especially following surgery. Bed rest and a lack of movement will also cause muscles to atrophy. That’s one of the reasons your doctor wants you up and moving as soon as possible.

“When scar tissue builds up it can restrict movement,” Doug says. “A physical therapist knows the techniques necessary to help minimize scar tissue formation. An injury needs time to heal and a therapist’s intervention can help the healing process.”

Patients undergoing physical therapy may find their overall strength and health improve with long term work. But for any treatment to be effective, the patient must approach it with a positive attitude.

Studies show that a patient’s mental disposition also can affect their body’s rate of healing and its response to injury. Physical therapists help their patients stay motivated and hold them accountable for performing their exercises—something they miss trying to manage a program on their own.

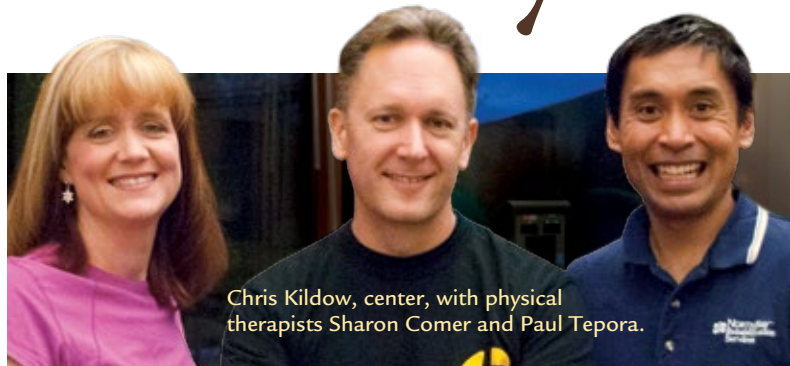
## Knee Replacement Surgery

Pat explains. “Let’s face it, sometimes it hurts like the dickens, but you’ve got to do the work if you want a complete recovery. There’s no place for feeling sorry for yourself; you’ve got to get moving.”

She feels fortunate to be blessed with overall good health. Her knee problem began with a torn meniscus (the rubbery padding between the knee joints) and an unsuccessful surgical repair in 2011. She spent the following eight months in pain before deciding on joint replacement.

“How painful was my knee before the joint replacement? There were times when the pain made me sit down and cry,” Pat adds. “I just wish I had replaced my knee sooner.”

When her prescribed physical therapy ended, Pat joined a sports rehabilitation center in Vacaville. There she has a physical therapist who guides her exercise and keeps her progressing. “I’ve learned how to take care of my knee and what to expect as I heal,” Pat explains. “I have a therapist who’s always right at hand and who knows I’m committed to doing what it takes—whether it hurts or not.”



Chris Kildow, center, with physical therapists Sharon Comer and Paul Tepora.



## Fit and Healthy Again After Rare Virus Attacks

Sports marketing professional Chris Kildow, 44, of Fairfield, knows a lot about athletics. And just like the athletes he represents, he keeps himself fit and healthy. To suddenly fall ill and then lose the use of his legs within hours of entering the NorthBay Medical Center Emergency Department was something no one could have predicted.

Chris had become the victim of two rare viruses that attacked his spinal cord, shutting off communication between his brain and legs. What started with pain in his knees and ankles now threatened his mobility. “After three weeks I went home in a wheelchair and my doctor told me it would take six months for me to get back to work,” Chris says. But his doctor had underestimated Chris’ drive to get well.

He was referred to NorthBay Rehabilitation Services and began working with therapists Sharon Comer and Paul Tepora several times a week.

“Physical therapy is hard work. But the hardest part is the mental challenge,” Chris explains. “Imagine having to learn to walk again at age 44—it’s very sobering. Suddenly the little things I took for granted became very important.”

He put all of his energy into the program and returned to work in just a month. “When I was in the hospital I saw people with horrible injuries refusing to do their part in physical therapy,” Chris remembers. “My approach was that I needed to get as much out of this program as possible. At first, I didn’t feel like I was making progress but I had to trust the physical therapist when she told me things would get better. You have to believe that it’s going to happen and I couldn’t have accomplished any of this without the care and treatment I received from Sharon and Paul.”

His hard work and faith have paid off. He was recently able to join his physical therapist in running a 5K race, and is looking forward to a half marathon.



# Cardiac Rehab is His Life After the ‘Big One’

When retired businessman Hanson Shishido, 65, of Fairfield, says he survived the “big one,” he means it. Back in 2002 he didn’t just have a major heart attack. His heart went into cardiogenic shock, a condition in

which a suddenly weakened heart isn’t able to pump enough blood to meet the body’s needs. The condition is a medical emergency and is fatal if not treated right away.

His cardiologist, Cyrus Mancherje, M.D., said it is an event only 10 percent survive. To help him recover, the

doctor prescribed a course of cardiac rehabilitation, a medically supervised program that helps improve the health and well-being of people who have heart problems. The program includes exercise training monitored by specially trained nurses, health education, and support to help the patient return to an active life. It can help patients recover after a heart attack or heart surgery with a program tailored to the individual’s health needs.

Hanson had tried cardiac rehab in the mid-1990s, but quit after two years. He returned with a new commitment, and for 10 years he’s made mornings at NorthBay Medical Center’s Cardiac Rehabilitation department part of his routine. The supervised program has helped keep his diabetes in check, his cholesterol down and increased his energy level. In 2011, the staff did even more: they saved his life following a second heart attack.

“I had just gotten off the treadmill and was talking to the nurses,” he recalls. “I felt faint and when I woke up I was in the Emergency Department.”

The cardiac rehab nurses had called a Code Blue and immediately begun CPR. Code Blue means cardiac arrest and signals an immediate response for life-saving treatment. Following diagnostic tests, Hanson went to the cardiac catheterization lab where a stent was placed in a blocked artery. Two weeks later he again felt faint and underwent surgery to have a defibrillator placed in his chest. This device delivers a therapeutic dose of electrical energy to the affected heart to restore a normal rhythm.

He’s once again in cardiac rehabilitation. “I’ll be here for life,” he says. “I quit once but I won’t quit again. Exercise is just one of the benefits of being in this cardiac rehab program. We all know each other and have the same problems. There’s a great camaraderie among patients and staff and it’s the reason I’m alive.”

*Cardiac rehabilitation is a medically supervised program that helps improve the lives of people with heart problems.*



Karen Loewe, R.N., clinical coordinator of Cardiac Rehabilitation at NorthBay Medical Center, chats with longtime participant Hanson Shishido.



# New Choice

## for Breast Reconstruction Following Cancer Surgery

A diagnosis of breast cancer can be overwhelming. Not only do you have decisions to make for treatment, you also have choices when it comes to breast reconstruction. Until now, cancer surgery came first, and plans for reconstruction followed at a later date.

Meet Jason Marengo, M.D., the newest member of the Center for Specialty Care, a NorthBay affiliate, in Fairfield. Dr. Marengo is an oncoplastic surgeon—one of a handful of surgeons nationwide trained in both surgical oncology and plastic surgery.

He knows first-hand how breast cancer surgery can have long-term consequences—his grandmother is a breast cancer survivor.

“My grandmother had breast cancer at a time when procedures were much more invasive,” Dr. Marengo remembers. “I witnessed how she coped with the side effects of such radical surgery.”

While a surgical resident at UC San Diego, he had a mentor who was dually trained in plastic surgery and surgical breast oncology. The physician was performing breast reconstruction at the same time he removed breast cancer.

“When I saw the incredible psychological difference this made for women, I knew this was my field,” Dr. Marengo says.

After his general surgery training, Dr. Marengo completed a Surgical Breast Oncology Fellowship at UT-Southwestern Medical Center in Dallas. Following this fellowship, he completed a Plastic and Reconstructive Surgery program at the University of Utah.

“I feel that I am in a unique position to provide a truly comprehensive surgical plan to our patients,” Dr. Marengo says. “Breast reconstruction is often

only discussed in the context of recreating a breast after mastectomy. I believe that reconstructive principles should be applied to every breast procedure, from the smallest breast biopsy to recreating a breast after mastectomy.

“These principles, classically used in breast lift, breast reduction, and breast augmentation, provide me with the tools to not only remove a breast cancer, but through careful placement of incisions and the use of breast-shaping techniques, restore and in some cases improve the breast’s appearance.”

These reconstructive principles also guide his approach to the cancer portion of the operation.

“The principle here is to remove the cancer with as little damage to existing breast structures as is oncologically safe,” he adds. “This is a marriage of surgical oncology and plastic reconstructive principles, often referred to as oncoplastic surgery, but in my case done by a single surgeon with dual oncology and reconstructive training.”

Women have a number of options to reconstruct their breasts after mastectomy. Each has the potential to provide an excellent outcome. Two questions can help a patient with her decision: What is the anticipated recovery time? And, is radiation required as part of the patient’s treatment course?

In terms of recovery time, breast implant-based reconstruction is usually the easiest to physically recover from, Dr. Marengo explains. When radiation is required following surgery, breast reconstruction using a patient’s own tissues is preferred.


“In addition, I can further contour the breast through fat transfer,” he



*“In terms of recovery time, breast implant-based reconstruction is often the easiest to physically recover from.”*

—Jason Marengo, M.D.

adds. “In this procedure, fat is harvested using liposuction, and transferred to the breast to improve the contour and create a more natural-looking breast.”

For further information, please contact the Center for Specialty Care at (707) 646-4180. 

# Joint Venture *for* Joint Replacement

NorthBay Healthcare's successful Joint Replacement Program has a new service that offers patients with some mobility issues a leg up. Well, make that a knee. A partial knee.

Under the direction of surgeon Andrew Brooks, M.D., who serves as medical director for NorthBay's Joint Replacement Program (JRP), patients can now receive partial knee replacements on an out-patient basis, which means that hours after their surgery, they're on their way home.

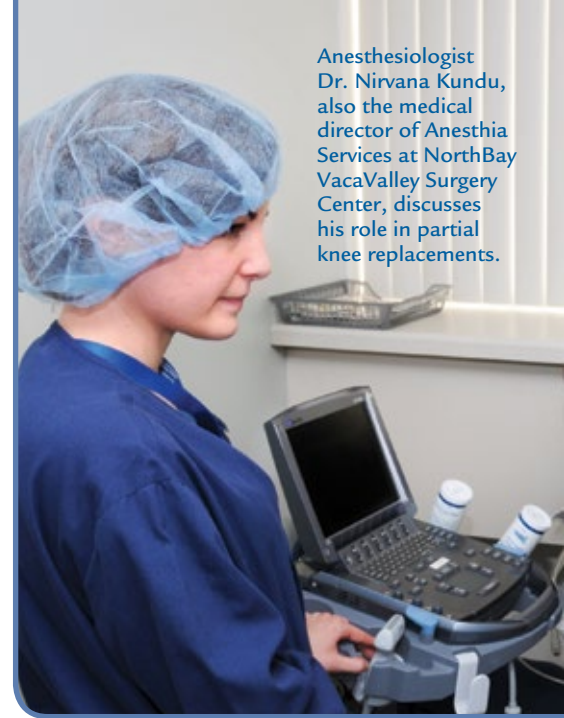
Traditionally, patients undergoing knee replacements would spend two to three nights in the hospital, but new pain management techniques,

*A total knee replacement typically requires 12–16 weeks of recovery, where a partial knee replacement patient recovers in four to six weeks.*

.....

minimally invasive surgery and patient education makes an early release part of the plan.

It's a joint venture for the joint program—with patient surgeries being performed at the Surgery Center at NorthBay VacaValley, right across the campus from VacaValley Hospital, home of the JRP.



Anesthesiologist Dr. Nirvana Kundu, also the medical director of Anesthesia Services at NorthBay VacaValley Surgery Center, discusses his role in partial knee replacements.

"It's ideal for us," explains Dr. Brooks, "because the Surgery Center is better equipped to help patients get in and out quickly. Patients love the idea of being able

From left, Clarissa Tarnate Fegan, MBA, R.N., administrative director of The Surgery Center at NorthBay VacaValley; Cynthia Giaquinto, program manager of the Joint Replacement Program; and orthopaedic surgeon Andrew Brooks, M.D.








to get the surgery done and then going home for recovery. No stay in the hospital is necessary.”

A total knee replacement typically requires 12–16 weeks of recovery, where a partial knee replacement patient recovers in six to eight weeks. In a partial knee replacement, the surgeon removes less bone and no ligaments, leaving all normal surfaces of the knee intact, explains Dr. Brooks.

“The patient feels much more normal right after surgery. It’s minimally invasive surgery and the recovery is much quicker,” says Dr. Brooks.

The program began in January, and includes preoperative education for the patient, followed by a rehabilitative program after surgery.

“This is an excellent procedure for some patients who have arthritis limited to one area of the knee,” says Dr. Brooks. “On average, about one in eight patients with knee arthritis would be considered for partial knee replacement. We used to ask patients to put off surgery as long as possible before proceeding with knee replacement, but this gives us a good option for those patients who might be considered too young for conventional total knee replacement.”

Patients interested in this can call (707) 624-7600. 

## NorthBay Healthcare Program Joins National Joint Registry

NorthBay Healthcare’s Joint Replacement Program is among the first in the country to become a member of the American Joint Replacement Registry. The independent, not-for-profit database is designed to store comprehensive data about joint replacement procedures to help physicians and artificial joint manufacturers improve the experiences of patients who undergo joint replacement surgery.



“It’s a real feather in our cap,”

says Cynthia Giaquinto, R.N., manager of the Joint Replacement Program, which is based at VacaValley Hospital. “Our closest reporting neighbor is UC San Francisco, which puts our benchmarking in good company.”

Only about 50 hospitals across the country are part of the registry, which was formed in 2009, explained Giaquinto, noting that Europe has had one for several years. “This benefits our patients because implants are monitored for the life of the implant,” said Giaquinto.

“The goal is to improve patient safety and quality of care, and reduce the cost of hip and knee replacements,” explains Andrew Brooks, M.D., medical director for the NorthBay Joint Replacement Program. “We’ll be able to glean a lot of useful information from the registry. It’s a big deal for programs big and small to be involved.”

More than a million hip and knee replacements are performed each year in the United States, and most are successful, offering patients years of trouble-free use. But a few patients—about 7.5 percent, according to 2006 figures—experience problems following surgery that require the artificial joint to be replaced.

“NorthBay’s Joint Replacement Program has always been committed to ensuring its patients have the best experiences possible, and now we’ve taken an added step toward improving patient experiences by joining AJRR,” said Giaquinto. “By participating with other hospitals in sharing information about artificial joint performance and physician and patient experiences, we can help joint replacement procedures become safer nationwide, while optimizing our own patients’ experiences here at NorthBay.”

About 130 hip and knee replacement surgeries are performed in NorthBay’s JRP each year, and the number continues to grow.

NorthBay officially started documenting patients into the registry on Sept. 1. “It’s a real commitment of time and effort, and I’m proud that NorthBay realizes the importance of the project,” says Dr. Brooks.



**Girls Rock:** Elizabeth Fry, a Vacaville breast cancer survivor who is the co-founder of the Midnight Sun Foundation, was honored with the second annual Christine Franklin award during the NorthBay Spirit of Women Girls' Night Out, Nov. 9, at the Vacaville Performing Arts Theatre. Applauding is Jane Prather, service line director for women's health services at NorthBay Healthcare.



**R2D2:** Dr. Deborah Murray poses with Colin Kent, of Fairfield, a Type 1 diabetic who lead the 10-mile family ride in the NorthBay first-ever Ride to Defeat Diabetes—or R2D2—on Oct. 14. There was also a 25-mile and a 60-mile ride. The event raised more than \$4,000 for the NorthBay Center for Diabetes and will be used to start community support groups for diabetics.



**Parties Galore:** It was all about putting smiles on the faces of youngsters in December, as NorthBay Healthcare hosted parties at two elementary schools and at the ABC (A Baby's Coming) Prenatal Program. NorthBay employees hosted parties for 62 classrooms in all—at Padan Elementary School in Vacaville and at Fairview Elementary School in Fairfield, delivering everything from pizza and cupcakes to colorful paper, pens, printers and ink. For the ABC event, NorthBay teamed up with Genentech of Vacaville to host a party that featured Santa Claus handing out teddy bears courtesy of Genentech and a trip to Santa's workshop for all, hosted by NorthBay Healthcare.

## Celebrating a Place of Comfort

A place where those who grieve find comfort and solace became a place of celebration in October 2012, when more than 70 guests gathered to toast the grand opening of the NorthBay Bereavement Center.

Bryson Roatch, brother of Papa Roach lead singer Jacoby Shaddix, surprised the group with a sneak peek at a new video called, "Leader of the Broken Hearts," which features several teenagers who use the NorthBay bereavement service. Bryson also surprised bereavement center benefactors Al and Patt Shaw with a guitar signed by his brother. The Shaws provided the space for the center at 1411 Oliver Road, Suite 220.

NorthBay started offering bereavement services 25 years ago, but they were scattered around the county in available spaces, including at schools and in doctors' offices.



Al and Patt Shaw of Fairfield are presented with a guitar by Bryson Roatch, signed by his brother, Papa Roach lead singer Jacoby Shaddix, during the NorthBay Bereavement Center Open House.



# Welcome New Physicians



**Courtney Chambers, M.D.**, general surgeon, has returned to Fairfield and will practice at the NorthBay Center for Specialty Care. Dr. Chambers was on the NorthBay Medical Center medical staff from 2003 to 2007 before moving to New Milford, CT. Dr. Chambers earned his medical degree from the

University of Connecticut School of Medicine in Farmington, CT. He completed a surgical residency at the Hospital of Saint Raphael in New Haven, CT. He is board-certified in surgery and a diplomat of the National Board of Medical Examiners. For further information, call (707) 646-4180.



**Jason Marengo, M.D.**, oncoplastic surgeon, has joined the NorthBay Center for Specialty Care in Fairfield. Dr. Marengo earned his medical degree from the USC School of Medicine in Los Angeles. He completed a surgical residency at the UC San Diego Department of Surgery, a surgical breast

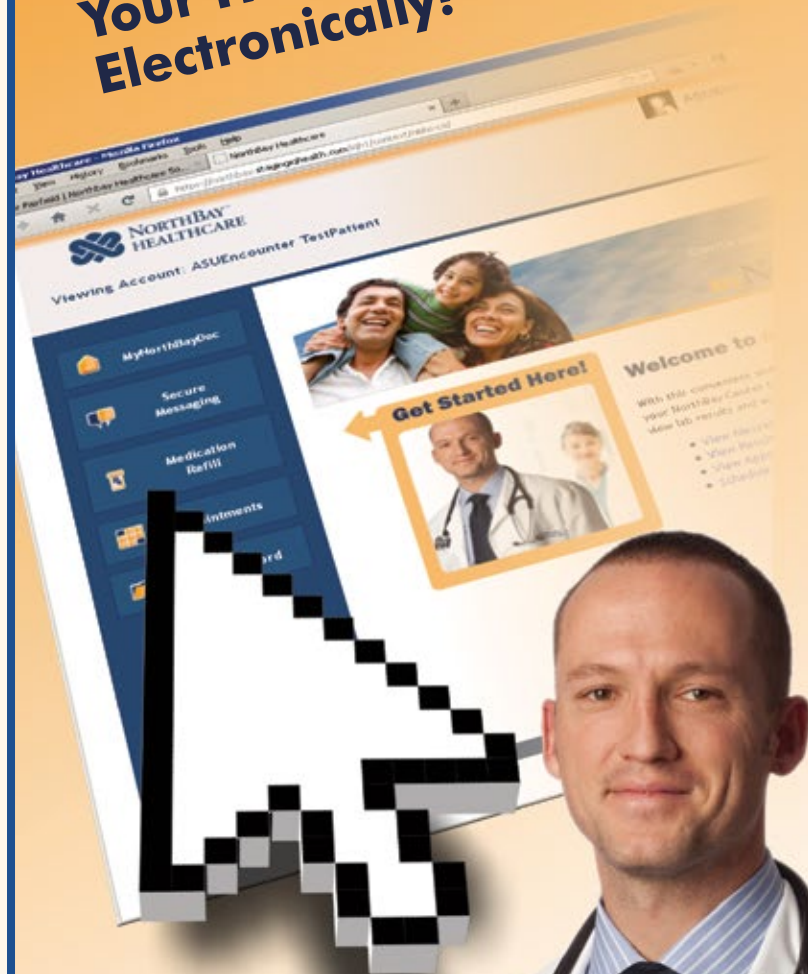
oncology fellowship at UT-Southwestern Medical Center Division of Surgical Oncology, a plastic surgery residency at the University of Utah Division of Plastic Surgery, and a fellowship in aesthetic surgery at State of the Art Surgery Center in Beverly Hills. He is board-certified in surgery. Dr. Marengo's unique training combines surgical oncology and plastic reconstructive principles, which gives him the tools to remove breast cancer and restore the breast's appearance in one surgery. For further information, call (707) 646-4180.



**Sarah Minasyan, M.D.**, cardiothoracic surgeon, has joined the practice of Ramzi Deeik, M.D. Dr. Minasyan earned her medical degree from USC Keck School of Medicine in Los Angeles. She completed general surgery residencies at the University of Virginia and UC San Diego, where she was chief resident. She completed

cardiothoracic surgery residencies at Oregon Health and Science University in Portland and UCLA. She is board-certified in surgery. In addition to English, Dr. Minasyan is fluent in Russian, Armenian and medical Spanish. For further information, call (707) 576-7100.

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**Nut Tree Complex**

**Tickets are available now!**  
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 (707) 646-3133

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## Save the Date for 26<sup>th</sup> Annual Solano Wine & Food Jubilee

The 26<sup>th</sup> Annual 2013 Solano Wine & Food Jubilee, the area's premiere food- and wine-tasting event, returns to the Nut Tree Complex in Vacaville on April 19, 2013.

The Jubilee, organized by NorthBay Healthcare Foundation to support the programs of NorthBay Hospice & Bereavement, has raised more than \$2.8 million, enabling NorthBay to provide physical, emotional and spiritual care for the terminally ill, regardless of their ability to pay. This year, two additional fund-raising events precede the Jubilee: Passport Sunday and the Tour de Rustic Wine Country Bike Ride on April 14. For information, go to [SVEVENTS.com](http://SVEVENTS.com) or call (707) 688-6637.

Momentum Auto Group of Fairfield has donated a car to the Jubilee Raffle. A lucky ticketholder can choose either a Toyota Camry, Hyundai Sonata or Volkswagen Passat. In addition to the top prize, \$10,000 in cash prizes will be awarded. Raffle tickets are \$50 each or three for \$100. They can be purchased by calling (707) 646-3133, by fax with credit card by calling (707) 646-3135, or in person at the NorthBay Healthcare Foundation office at 4500 Business Center Drive in Fairfield. You do not need to be present at the Jubilee to win.

The Jubilee's Presenting Sponsors for 2013 are the Nut Tree, Patt & Al Shaw, Freeman Family & Cosmetic Dentistry, Gold's Gym and Momentum Auto Group.

The Jubilee, featuring the music of the Time Bandits, is a black tie-optional affair (denim discouraged). It begins at 6:30 p.m. at the Nut Tree Complex. Tickets, for those ages 21 and over, must be purchased in advance and are \$75 each, or \$100 at the door, if still available. To purchase tickets, call (707) 646-3133 or visit [www.wineandfoodjubilee.org](http://www.wineandfoodjubilee.org).

### Day of Dance Goes to the Movies

The third annual NorthBay Spirit Day of Dance is Saturday, Feb. 23, at Brenden Theatre in Vacaville. The event will feature a free screening of the new Nicholas Sparks movie "Safe Haven" starring Julianne Hough, Josh Duhamel and Cobie Smulders.

The event begins in the theatre lobby, where several health screenings are planned. Each participant will receive a card listing the screenings and will receive a stamp on their card at each booth. When completed, the card can be exchanged for the afternoon's movie ticket.

Day of Dance will also hold the "Make the Call—Don't Miss a Beat" dance competition featuring NorthBay employees. For more details, contact Lynne DiModica at (707) 646-4267.



### New Digs for Thrift Shop

The NorthBay Guild's Thrift Shop is on the move. The shop, dubbed "Secondhand Rose — NorthBay Guild Thriftique," opens in a new location at 322 Parker Street in Vacaville in February. The location—in the former Bowman's Stationery Store—is a larger and brighter space that will offer shoppers a wider array of items from which to choose. All proceeds from sales at the shop go to the NorthBay Guild and are used to support a number of NorthBay programs.

The new shop is open 10 a.m. to 4 p.m., Monday, Tuesday, Thursday and Friday, 10 a.m. to 1 p.m. Wednesday, and 9 a.m. to 4 p.m. Saturday. For information, call (707) 451-0462.





# Community Health Education Classes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

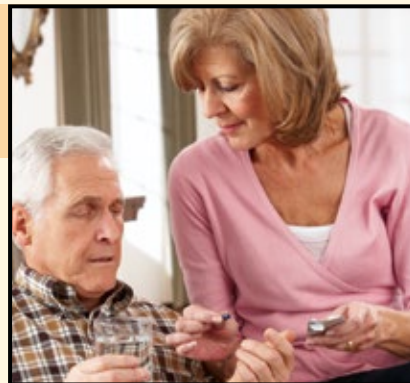
**Laugh Out Loud** • A class on urinary incontinence. Do you control your bladder or does your bladder control you? Learn the latest treatment options, including pelvic floor exercises. Cost: Free. For class dates and to reserve your seat, please call: (707) 646-4267.

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

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

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

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



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

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

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

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