Breast reconstruction after cancer
End-of-life assistance
Gifts from our community
Community Hospital began performing open-heart surgeries on Valentine’s Day eve five years ago because there was a strong local need: More than 1,500 Monterey Peninsula residents were traveling outside the area every year for cardiac surgery or interventional diagnostic procedures.

With the addition of that next level of treatment to our already extensive cardiac services, community members have been able to get the expert care they need close to home and close to those who support them.

We’re marking the fifth anniversary of our Tyler Heart Institute, named for generous donors William and Susanne Tyler, in this issue of Pulse through an interview with Dr. Vincent Gaudiani, the renowned surgeon who heads our cardiac surgery program. Under Gaudiani’s leadership, the program has established exemplary results, with survival rates well above the national average.

We’re also catching up on the stories of our first two cardiac surgery patients, telling you a little about what to expect when you or a loved one is preparing for a major heart procedure, and introducing a program to bring heart-health education to local businesses and organizations.

In addition, you’ll read about our multidisciplinary approach to breast reconstruction after breast cancer, clinical trials for cancer treatment, efforts to bring wellness to the workplace, the intricate care provided to heal challenging wounds, and the broad range of services offered by Hospice of the Central Coast.

We would also like to introduce you to Connie Andrew, our 2011 Employee of the Year, who exemplifies the dedication Community Hospital staff members have to caring for our organization and our community.

Finally, this is our annual donor issue, in which we have an opportunity to thank each of you who contributes to Community Hospital and its mission. You’ll find brief profiles of several of our donors and a list of everyone who supported us in 2011.
Pulse magazine is published twice a year by the Communication and Marketing department of Community Hospital.

We’d love to hear your comments. Mail to: Editor, Pulse magazine, P.O. Box HH, Monterey, CA 93942. Or e-mail to: pulse@chomp.org. To receive a free subscription to Pulse, call 625-4506.

Visit Community Hospital’s web site at www.chomp.org for information on health and wellness, classes, support groups, events, volunteering, career opportunities, and more.

As part of Community Hospital’s commitment to responsible environmental practices, Pulse is printed on recycled paper and can be recycled in communities that accept magazines for recycling. We encourage our readers to recycle. Information on recycling facilities throughout Monterey County can be obtained by calling the Monterey Regional Waste Management District at (831) 384-5313.
Patients facing heart surgery are filled with a mixture of fear, anticipation, hope, and questions. The range of emotions is appropriate, and so are the questions — but they should be the right questions, says Dr. Vincent Gaudiani, director of cardiac surgery at Community Hospital of the Monterey Peninsula and senior cardiac surgeon at Pacific Coast Cardiac & Vascular Surgeons.

Gaudiani inaugurated the open-heart surgery program at Community Hospital on Valentine’s Day eve five years ago, and it is now the dominant program in Monterey County, with about 800 operations performed to date.

Gaudiani has had a long and successful career in the Bay Area and at Community Hospital, performing about 13,000 cardiac surgeries during his 30 years in practice. In a recent interview, he shared his thoughts about patient care and the key factors patients should consider when approaching open-heart surgery. His emphasis is on outcomes, a theme he returns to in interviews, in the extensive annual report produced by his practice, and even in videos on YouTube. He has been publishing his outcomes for 15 years, and they are available online at www.pccvs.com. Results for Community Hospital specifically are available at www.chomp.org.

When considering heart surgery, what should patients focus on?
Cardiac surgery has two key features. First, more than any other specialty, it is about outcomes. Ultimately, for patients to make intelligent decisions, they should look carefully at the results of the team they are considering. The outcomes should provide all the basic information a patient needs to make sure the surgeon is sufficiently skilled and experienced.

The second important factor patients should consider is whether they are personally comfortable with the surgeon they are considering. If you must risk your life and well-being, it’s a bit easier if you feel confident in your surgeon. Patients should spend enough time with the surgeon to decide whether he or she is a good fit.
What are the most important questions patients should ask about the procedure they plan to have?

The first is, “Will I be alive at the end of this procedure?” That is, what is the mortality rate for the contemplated operation? This must be compared against the mortality for the underlying condition if the operation is not performed. The next questions to ask are, “How effective is this operation in relieving my symptoms? How much better will I feel?” The final questions to ask are, “How long will I be disabled, and where will my incision be?” Patients frequently ask about the incision before asking about their survival.

You have built several cardiac surgery units in your career. How is it done?

You can build a solid cardiac surgery program if you understand what a high-reliability organization is. First of all, it is a team of people who share very specific goals about patient safety and comfort. The team includes administrative leadership. At Community Hospital, CEO Steve Packer and his administrative team have provided great support for the technical members of the team. They built a technical team with Tom Housen, RN, director of Surgery; specialized anesthesiologists; excellent nursing and physical therapy; and strong surgical talent. We were very lucky to have surgeon Greg Spowart join us as associate medical director of cardiac surgery. He is not only an excellent surgeon, but he also has great skill in postoperative care.

How does cardiac surgery differ at a community hospital vs. a university hospital? Are larger settings safer?

Universities exist primarily to teach and do research. If a patient needs experimental therapy, the university hospital may be the better choice. For cardiac care, patients are best served by experienced veterans whose results are public. It doesn’t matter what their hospital affiliation is. Patients at Community Hospital are getting the best cardiac care available.

What role does new technology play in the standard of care?

Patients often hear about something new and want to try it without asking the right questions. How do you know it is valuable? How do you know new is improved? When a new procedure is developed, the question should be, “Do I have enough information to consider it reliable?” particularly in comparison to what is currently being done. New technology is one thing, but old technology also continues to improve.

We need to be careful about running after brand-new and untried technology instead of comparing it to what is at the top level of existing technology. The first rule of business is buyer beware. But surgeons don’t give credence to the business end of it. What we do is held to a completely different standard. Our rule is: First, do no harm. So we can’t be influenced by what is new on the market; we have to do what we know works.

How we measure up

Community Hospital collects data using guidelines established by the Society of Thoracic Surgeons (STS). We compare our results with national results to determine whether we are meeting quality standards.

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Community Hospital’s risk-adjusted mortality rates have been lower than the national average in all major heart-surgery categories.

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Community Hospital has performed a higher percentage of valve operations than the national average.

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Community Hospital’s rate of infections acquired during heart surgery has been below national averages.

(Figures are from January 2007 through September 2010, the most recent available from STS.)
A wide range of heart care had been offered by Community Hospital for decades, but open-heart surgery began with the establishment five years ago of the Tyler Heart Institute and the arrival of nationally renowned cardiac surgeon Dr. Vincent Gaudiani.

Elster had been a marathon runner and still led an active, vigorous life. But in the fall of 2006, he found himself easily short of breath. And any sort of sustained, high-energy activity, such as running up stairs or even a fast walk, caused rapid, irregular heartbeats. The sensation was neither painful nor life-threatening at the time, but it was profoundly uncomfortable, and Elster didn’t feel well until he rested long enough to let it resolve.

After determining that Elster’s aortic valve was leaking, Monterey cardiologist Dr. Riaz Ahmed monitored it until it got to the point where he determined it needed replacement.

“By luck or coincidence,” says Elster, “the Tyler Heart Institute was being launched by Community Hospital. So I waited. I was 67 years old. Thanks to my surgery, I am now 72. I have three children and seven grandchildren, the youngest of whom may not be the first woman president, but she’ll be one of them. And I have to live another 30 years to see it.”
Flores, officially patient No. 1, had been leading a busy life before his heart problems developed, working part-time at the rodeo complex in Salinas, bowling with a local league, golfing, and walking most everywhere he went. Then, like Elster, he began to slow down, to feel winded and out of breath.

Salinas cardiologist Dr. Anthony Sintetos diagnosed a leak in his aortic valve, telling him it was like shoveling a load of sand into his truck, only to have half of it slip back out.

“The surgery went very, very well,” says Pearl Flores, Joe’s wife of 57 years. “It gave Joe a new lease on life. He could breathe deeply and well, walk wherever he wanted. He went back to bowling, to golfing, to washing his truck and my car. He was as active as he had ever been.”

Joe kept up that pace for four years. Then in 2011, his doctor identified a spot on his stomach and diagnosed it as cancer. Three weeks later, he passed away.

“Joe and I were together for 60 years,” says Pearl. “I never knew a more active man. Watching him recover from that heart surgery, I thought nothing could stop him. It gave me four more years with this good man, this wonderful husband, father, and grandfather. And I know I will always have his heart.”

Above, Joe Flores (with his wife Pearl) and Richard Elster, just hours after their surgeries.
Navigating a major heart procedure

The road to and through a major heart procedure, whether elective or urgent, has many twists and turns for patients and their families to navigate.
“It’s a very personal event,” says Dr. Richard Gray, medical director of Community Hospital’s Tyler Heart Institute. “Unless someone has been through it, it is hard to explain or understand the anticipation and anxiety of the patient and the family. Because of this, patients are often in a poor place to learn or remember what they have been told. So our mission has been to create ways we can inform, educate, and guide, so we can reduce anxiety and help the patient understand what to expect.”

People need to know everything, from the practical — Where do I park? — to the deeply personal — How will I overcome the fear of a recurrence and get on with my life?

“We try to approach it by anticipating the full range of needs and providing information in advance and then at steps along the way,” Gray says.

First comes a letter of welcome and a package containing answers to the practical questions, contact information, and a detailed brochure about what to expect during the hospital stay.

The day of the procedure, arrival at the hospital starts with a greeting and parking assistance from a valet. “The valet service is a wonderful introduction,” says Gray. “It is important that our patients feel welcome and assured.”

At Community Hospital, a patient navigator approach is employed to help guide patients. The navigator provides continuity of care, including direct patient care and monitoring; education to manage the condition that’s being treated; coordination of care among multiple specialists; and facilitation of the discharge planning process.

“Navigators provide cohesive patient care, extending the work of doctors and the nursing staff,” says Mike Barber, RN, director of Tyler Heart Institute.

After discharge, patients are contacted by hospital staff to see how they are progressing and whether they have new questions, concerns, or needs. The cardiac patient also receives a thank-you card and a patient satisfaction survey.

Most patients have high expectations about the medical care they will receive; it’s why they choose the practitioner and the place. What can make a difference beyond that, Gray says, is how they feel they were treated: Was it a smooth process? Were their questions answered? Were they prepared for what would happen before, during, and after? Did their caregivers listen to them and then respond to their needs?

“Service is key,” Gray says. “It’s about taking ownership for the overall experience — education, information, treatment, follow-up, respect, response. It’s about understanding that how a patient is treated equals the quality of his care.”

 Richard Gray, MD
Automated external defibrillator (AED)

There when you need it

Howard Evans usually plays tennis at home, but one day last fall he met some friends for a match at the Beach & Tennis Club at Pebble Beach. And that decision probably saved his life.

During the game, Evans collapsed on the court, in cardiac arrest.

"My good fortune started immediately," Evans says. His playing partners and others nearby started cardiopulmonary resuscitation, 9-1-1 was called, and club staff members retrieved one of their automated external defibrillators (AED), used to restore the heart’s natural rhythm by delivering an electric shock. Paramedics arrived and took further steps to stabilize Evans before transporting him to Community Hospital.

Evans says he owes his life to the people who acted so quickly, and to the AED.

"What you want to do is have an event like this in the right place, to be near an AED," he says. "It’s a lifesaver."

To increase those odds of being in the right place, Community Hospital started the Heart Healthy Communities program, through which the hospital makes AEDs and heart-health educational programs available to businesses and organizations that become affiliates of Tyler Heart Institute. CSU Monterey Bay (CSUMB) and the cities of Monterey, Pacific Grove, and Seaside, are among the first affiliates.

"I call the AED the second chance," says Mike Barber, RN, director of Community Hospital’s Tyler Heart Institute. "In most cases, every minute you wait to shock the heart of someone experiencing sudden cardiac death, mortality increases by 10 percent. To give a victim that shock within the first minutes of a cardiac episode requires an AED onsite. And administering a shock to the heart within the first minute gives a person a greater than 90-percent chance of surviving."

Under the Heart Healthy Communities program, AEDs are supplied at Community Hospital’s cost or, in some instances, at no cost. The hospital maintains the AEDs and provides information on how to use them. They are designed to be very easy to operate, Barber says, with voice commands coaching operators through the procedure to jump-start the heart.
Improving response

Unless CPR and defibrillation are provided within minutes of collapse, few attempts at resuscitation are successful, according to the American Heart Association. In 2010, the association issued new guidelines for CPR, making rapid chest compressions the mainstay of basic life support and forgoing mouth-to-mouth resuscitation efforts.

Automated external defibrillators are available for workplaces that become affiliates of Community Hospital’s Tyler Heart Institute. For information, call 625-4538.

CPR classes for the public are offered in Monterey County by several organizations including:

- American Red Cross: 800-733-2767
- Monterey County Regional Fire District: (831) 455-1828

CPR classes for healthcare providers are offered monthly by Community Hospital. For information, call 649-7777.

Reducing risk

Making these lifestyle changes reduces the risk of heart attack:

- Stop smoking.
- Choose good nutrition.
- Reduce blood cholesterol.
- Lower high blood pressure.
- Be physically active every day.
- Aim for a healthy weight.
- Manage diabetes.
- Reduce stress.
- Limit alcohol.

Source: American Heart Association

“The AED is a lifesaving tool, and anywhere you have a lot of people gathered, you need to be able to respond in a crisis.”

Dr. Ronnie Higgs
Clinical trials are typically the purview of large metropolitan and research hospitals. But partnerships with community hospitals provide access to more potential participants — and opportunities for those hospitals’ patients.

“Nearly every cancer drug on the market today came about because of a clinical trial,” says Phillip Williams, RN, director of the Comprehensive Cancer Center at Community Hospital of the Monterey Peninsula.

By participating in a clinical trial, patients may gain access to a drug that could be superior to the standard of care, Williams says. And by having a greater number of patients participate in the trial, successful drugs may get to market sooner.

Community Hospital participates in cancer-related clinical trials through collaborations with Stanford’s cancer center and the Helen Diller Family Comprehensive Cancer Center at the University of California San Francisco.

“These close relationships with National Cancer Institute-designated cancer programs are a significant benefit to our community,” Williams says.

Clinical trials are conducted in three phases before potential approval, and they are done on devices and drugs. Each study is designed to identify the risks and benefits, and test the level of safety. Williams notes that clinical trials are often misunderstood or underappreciated.

Community Hospital is currently involved in clinical trials evaluating the effectiveness and outcomes of specific cancer treatments involving surgery, chemotherapy, and radiation therapy. One current trial, for example, is studying conventional whole-breast irradiation versus partial-breast irradiation. Others involve chemotherapy for patients with lung or colon cancer.

Access to cancer trials increased in 2011 under a new affiliation with UCSF. Additional benefits of the relationship include continuing education for doctors, staff, and the public on cancer prevention and treatment; joint participation in “tumor boards” made up of experts in a range of disciplines who review cases; and opportunities for Community Hospital to refer patients to UCSF for specialized treatment.
Clinical trials: What you should ask

Anyone considering a clinical trial should feel free to ask any questions concerning the trial at any time. The following suggestions from the National Cancer Institute may help, as well as help you think of your own questions.

The study
- What is the purpose of the study?
- Why do researchers think the approach may be effective?
- Who will sponsor the study?
- Who has reviewed and approved the study?
- How are study results and the safety of participants being checked?
- How long will the study last?
- What will my responsibilities be if I participate?

Possible risks and benefits
- What are my possible short-term benefits?
- What are my possible long-term benefits?
- What are my short-term risks, such as side effects?
- What are my possible long-term risks?
- What other options do people with my risk of cancer or type of cancer have?
- How do the possible risks and benefits of this trial compare with those options?

Participation and care
- What kinds of therapies, procedures, and/or tests will I have during the trial?
- Will they hurt? If so, for how long?
- How do the tests in the study compare with those I would have outside of the trial?
- Will I be able to take my regular medications while in the clinical trial?
- Where will I have my medical care?
- Who will be in charge of my care?

Personal issues
- How could being in this study affect my daily life?
- May I talk to other people in the study?

Cost issues
- Will I have to pay for any part of the trial, such as tests or the study drug?
- If so, what will the charges likely be?
- What is my health insurance likely to cover?
- Who can help answer any questions from my insurance company or health plan?
- Will there be any travel or child-care costs that I need to consider while I am in the trial?
It takes a team:

Plastic surgeons (from top):
David Goldberg, MD
David Morwood, MD
Jeremy Silk, MD
Douglas Sunde, MD
When Amy Anderson was diagnosed with breast cancer, she was unsure about having breast reconstruction surgery, concerned that a major operation could leave her unable to pursue her passion — playing the cello.

“There is my life, and there is my life as a cellist,” says Anderson, who left a career in biology to focus on music. “On my left side is my fingering arm, and I wondered if breast reconstruction would affect my mobility. Also, I had a bad reaction following knee surgery in the late ’80s, which caused reflex sympathetic dystrophy (RSD), a problem with the sympathetic nervous system. It diminished the use of my leg by 75 percent for a couple of years. I couldn’t have this happen to my arm.”

She shared her concerns with Monterey plastic surgeon Dr. David Goldberg, who began researching options that would preserve her health, her appearance, and her musical prowess. Her general surgeon, Dr. Jeffrey Hyde of Monterey, presented her case to a multidisciplinary group of doctors that meets weekly at Community Hospital to review breast cancer cases and discuss treatment options under the leadership of Dr. Susan Roux, medical director of the Carol Hatton Breast Care Center.

Ultimately, Anderson chose an approach recommended by Goldberg that she believed would achieve all her goals.

“People decide whether they will do reconstruction — and if so, how — for very personal reasons,” Anderson says. “I was surprised at the complexity of making my decisions. Until you’re in it, you really don’t know what you’re going to choose. It brings up all kinds of thoughts and feelings. I have been very impressed and grateful that my doctors respected my decision and understood and accepted the very personal nature of it. In fact, throughout my treatment, all the doctors on ‘my team’ were very sensitive to my concerns and choices.”

breast reconstruction after cancer
Anderson’s experience reflects the evolution in breast cancer care, as women have more options than ever in treatment and reconstruction. There was a time when the only solution to breast cancer or the threat of breast cancer was a radical removal of the breast. The outcome was no cancer and no breast, says Dr. David Morwood, another Monterey-based plastic surgeon whose specialties, like Goldberg’s, include breast reconstruction.

"Fast forward to today, when a woman diagnosed with breast cancer no longer has to choose between saving her life and having her breasts," Morwood says. "She can do both through breast reconstruction."

Not every woman diagnosed with breast cancer needs or wants reconstructive surgery. With early diagnosis, more women are having lumpectomies, where only part of the tissue is removed, so reconstruction may not be necessary or desired. Women who have a mastectomy, in which the entire breast is removed, are more likely to consider reconstruction. Among those who do, the principal reasons are to restore shape and symmetry, and to preserve self-confidence.

"Breast reconstruction can be an important step in the healing process," Goldberg says. "It deals with making a person be and feel whole."

A plastic surgeon is typically involved soon after diagnosis, as decisions are made throughout treatment that will affect the reconstruction options and outcomes.

Plastic surgeons in the Monterey area frequently work together on complex reconstruction cases; one recent case was performed through the combined efforts of Goldberg, Morwood, and their Monterey colleague Dr. Douglas Sunde.

"We have a very solid multidisciplinary program for caring for patients with breast disease," says Goldberg. "It starts with the latest diagnostics at the Carol Hatton Breast Care Center being evaluated quickly by radiology experts, and it also includes the primary care doctor, general surgeon, oncologist, radiation oncologist, pathologist, and plastic surgeon — an entire team."

At weekly case conferences, a cadre of specialists discusses diagnosis, treatment, individual circumstances, options, and outcomes.

The multidisciplinary approach to breast care is recommended, but relatively unique, says Dr. Jeremy Silk, a plastic surgeon who practices in Monterey and Salinas.

"It’s more common in universities, but should be done everywhere," Silk says. "It is really effective because it makes everybody aware of all aspects of care and consideration. Every involved doctor is there, which gives us a chance to get multiple opinions and consensus from physicians working on different aspects of the same case. And ultimately, the patient is served by best practices."

Anderson agrees.

"Every time I met with the doctors, another would say, ‘Oh, you’re the cellist,’" she says. "I was so impressed that they remembered talking about my case. They knew which side was my fingering arm, and they understood the concern about my cello playing. That’s really something in this day and age, when doctors have so much to do and so little time to do it."

Anderson considered numerous options for reconstruction. She and her husband, also a biologist, did their own research, asked the medical team many questions, and then agreed on a recommendation from Goldberg.

A variety of complex, modern options for breast reconstruction are available to "custom design" the outcome for each individual. Approaches can involve the use of implants; the patient’s own muscle, fat, and skin; or a combination.

"We can offer every available type of breast reconstruction at Community Hospital, from the simplest kind to the most complex, microsurgical breast reconstruction," says Sunde, who, like Morwood, has advanced training in microsurgery.

To help women navigate the decision-making process about reconstructive surgery, Morwood developed an educational DVD, Breast Reconstruction: Know Your Options — A Guide for the Woman with Breast Cancer. Hosted by Morwood and television journalist Dina Eastwood, it features physician and patient perspectives on what women should know.
Choosing a plastic surgeon

When considering a plastic surgeon to do breast reconstruction surgery, ask these questions:

- Are you certified by the American Board of Plastic Surgery?
- Were you trained specifically in the field of plastic surgery?
- How many years of plastic surgery training have you had?
- Do you have hospital privileges to perform this procedure? If so, at which hospitals?
- Is the office-based surgical facility accredited by a nationally or state-recognized accrediting agency, or is it state-licensed or Medicare-certified?
- Am I a good candidate for this procedure?
- What will be expected of me to get the best results?
- Where and how will you perform my procedure?
- What surgical technique is recommended for me?
- How long of a recovery period can I expect, and what kind of help will I need during my recovery?
- What are the risks and complications associated with my procedure?
- How are complications handled?
- What are my options if I am dissatisfied with the outcome?
- Do you have before-and-after photos I can look at for this procedure, and what results are reasonable for me?

Source: American Society of Plastic Surgeons

“It offers the most comprehensive information on breast reconstruction that I’ve seen,” says Sunde, who recommends it to his patients. “In this format, viewers can take in the information at their own pace and review it again and again, paying attention to particular details as they get down to their decision.”

Anderson found the video very helpful in working through some of the doubts and questions she had about the procedures. “It really helped to see the photos of ‘real bodies’ that were in various stages of reconstruction,” she says. “It helped me visualize the process on a personal level.”

Not so long ago, a woman’s sole option for breast reconstruction was the insertion of a round silicone implant. It did not work for all women, and it did not work well for some. But it was a start. Today, surgeons and manufacturers have designed a wide array of implants — silicone or saline, smooth or textured surfaces, and more anatomically shaped implants in a variety of sizes.

“An option for women who desire breast reconstruction with an implant is a relatively new device called a tissue expander,” Morwood says. “It is designed to prepare the breast reconstruction area to accommodate the implant. The device is essentially a water balloon inserted surgically under the skin. After a period of healing, the woman makes weekly visits to the plastic surgeon’s office to have saline injected into the tissue expander, thereby stretching her skin in preparation for her implant surgery.”

In most cases, women have choices and time to plan ahead, allowing them to consider their options and map out the reconstruction process with their medical team, as Anderson did. She scheduled her surgery to take place after her annual visit to a music workshop in Southern California and after she could tie up some loose ends as president of Chamber Music Monterey Bay.

“Bottom line,” she says, “I am healthy and I still feel ‘whole.’ And I will play the cello again.”
Three years ago, Barbara Tosetti, nearly 70, had been waiting to exhale until she received the results of her regular mammogram. Her mother had breast cancer at 75, her younger sister at 38, and her own daughter just three years before at 45. Her relief at the screening results was palpable — but then, so was the lump she found a short time later during a self-examination in the shower.

A biopsy confirmed it: Tosetti had cancer that had not shown up in an area of her mammogram obscured because of the density of her breast tissue.
While she began investigating her options, another daughter, Linda Tosetti Gulley, scheduled her own mammogram and learned that she, too, had breast cancer. She was 38.

Today, mother and daughter talk easily about their tandem journey through treatment and their reconstruction choices.

“When my mother had breast cancer at 75, she wanted to ignore it,” Tosetti says. “She had a mastectomy, and they pretty much took it to the bone; yet she opted to forgo reconstruction. But that was then. Today, there are more options than I could have imagined. I needed to get the whole picture and make the right choices for me.

“I had had my children, and I was celebrating my 50th wedding anniversary, so part of me thought my breasts didn’t matter,” she continues. “But they do; they are part of what makes me feel like a woman, and I still wanted to look like and feel that aspect of myself. I already had breast implants. I decided to have a lumpectomy, followed by radiation and having my breast implants replaced. I also had three months of chemotherapy. I knew it would be a bumpy road, but I had confidence in my general surgeon, Dr. Jeffrey Hyde; in Dr. John Hausdorff, my oncologist; in my plastic surgeon, Dr. Jeremy Silk; and in my decision.”

Gulley’s diagnosis came soon after the birth of her second child.

“I hadn’t had a mammogram in awhile, but my mom’s circumstances prompted me to schedule one,” she says. “When I got the call that I, too, had ductal cancer, I looked at my 2-year-old daughter and my newborn son and thought, ‘I don’t have time for this, I need to make dinner.’ My family history and my lifestyle had a lot to do with the options I chose. What was the fastest way to get back to my life and my kids, and to stay there? I went for a double mastectomy [as a prophylactic measure against recurrence] and reconstruction.

“I had had two kids, but I had never had surgery,” she says. “It was not fun, but I knew it was the right choice for me. My mom had already done a lot of research, which helped me make my decisions. I chose Dr. Michael Stuntz as my general surgeon because he and I fit well together. And I worked with Dr. Silk as plastic surgeon because I felt he was totally current, totally up to speed. I believe being comfortable is a really good reason to choose a qualified surgeon.”

Gulley looks at her daughter and has high hopes for the future.

“The only female in my family who has not had breast cancer is Sophia, my daughter,” she says. “I’m really hoping a lot of progress is made toward eradicating this by the time she grows up. But the good news is, if we stay on top of it with her, and focus on her options, she will have the chance to grow up and become a healthy woman. And we’ll be there to see it.”

Breast Care Center turns 10

For many women in the region diagnosed with breast cancer, the journey starts at Community Hospital's Carol Hatton Breast Care Center, opened a decade ago to provide a cohesive, coordinated approach to care.

Over the past 10 years, the center has marked numerous milestones, including the addition of digital equipment to improve diagnosis. In 2011, the center was renamed for Carol Hatton, a development officer at Community Hospital who died of breast cancer in 2009 after leading fundraising campaigns for new breast care equipment and for care for women who can’t afford it.

Also in 2011, the center was the first in the area to be named a Breast Imaging Center of Excellence by the American College of Radiology. The accreditation signifies that it meets the highest level of safety, imaging quality, and technical ability in mammography, stereotactic breast biopsy, and breast ultrasound.

“I am extremely proud to be completing 10 years of teamwork with Community Hospital’s great group of general and plastic surgeons, oncologists, pathologists, radiation oncologists, and primary care doctors, all working toward the best possible outcomes for each woman diagnosed and treated here,” says Dr. Susan Roux, medical director of the center. “Through Carol Hatton’s work and our amazing donors, we have the best tools available to diagnose early breast cancer and improve the lives of our patients.”

For more information, go to www.chomp.org or call 649-7233.
When wounds won’t heal

Sometimes, despite time and personal attention, a wound is too big, too deep, too hard to heal without professional help.

For Sarah Jennison, it all started with a dog bite to her foot.

For Stephen Skoda, the initial cause wasn’t clear, but his wound, also on his foot, was exacerbated by numbness in his feet that allowed him to stand for extended periods, unaware of the pain and worsening condition.

Both found relief and resolution through the Wound Healing and Hyperbaric Medicine program at Community Hospital.

Multiple wound-care clinics are held at the hospital each week, staffed by physicians with specialty areas. Dr. Scott Smith, a podiatrist, focuses on foot and leg wounds. Dr. Patrick Feehan addresses radiation oncology-related issues. And a range of cases are seen by Dr. Edward Johnson, a hyperbaric medicine and wound care specialist; plastic surgeon Dr. Jeremy Silk; general surgeon Dr. Richard Zug; and internist Dr. Michele Hornet.

Each day, from 20 to 30 patients are seen at the clinics. The physician handling the case assesses the wound, prepares a diagnostic evaluation, and works with a case manager to create a comprehensive treatment plan. Once a month, the doctors meet to discuss particularly difficult cases and collaborate on action plans.

Most plans involve a series of visits in which the wound is cleaned to avoid infection, dead tissue is removed or debrided, and the wound is dressed. But many other measures can be and are taken to ensure that underlying causes are determined and addressed, and that healing is promoted.

“When a wound won’t heal, there is usually something else going on,” says Barbara Dangerfield, program coordinator and a physical therapist and certified wound specialist. “Sometimes, what seems like the simplest wound, if left to heal on its own, becomes a complex wound because of underlying problems. By creating an interdisciplinary team in wound healing, we can get to the root of it and resolve the problem so the wound can heal.”

When Skoda was evaluated during a wound-care clinic, Smith, the podiatrist, determined that his big toe was pointing unnaturally upward, causing an irregular gait that put too much pressure on the ball of his foot. That prompted what probably started as a small wound to develop into a big, wide-open one, measuring 2-by-2 inches and nearly a half-inch deep.

Smith addressed the underlying problem by surgically correcting the issue with Skoda’s toe. Then Skoda went through a regimen of regular visits to the program’s clinicians for the cleaning, debriding, and dressing that would foster the healing that had eluded him for nearly four years.

“Once we understood what was causing the wound,” says Skoda, “Dr. Smith was able to relieve the strain through surgery, enabling the wound to heal. After that, it was a matter of watching the wound heal. One day I looked down and realized the wound was closed. It was healed.”
Jennison’s path to the wound-care program began with the pet of a family friend, a Scottish terrier she had known for years. While vacationing at Lake Tahoe, the Jennison family filled the cabin with friends, grandkids, and a few dogs. As everyone gathered after breakfast, Jennison saw the Scottie make an aggressive move toward her Shih Tzu. She extended her foot to separate the animals, and the Scottie bit her.

“He bit all the way through the joint, the muscle, and the tendon, to the bone in my foot,” Jennison says. “I battled inflammation for two to three weeks and then had an MRI to find out what was going on inside. I was referred to podiatrist Dr. Scott Smith, who scheduled me for surgery. But my foot didn’t wait; the abscess exploded. I had emergency surgery at Community Hospital to clean the wound, and a culture found three different bacteria from the dog’s saliva.”

After she was discharged from the hospital, Jennison underwent wound-care treatments for 17 weeks.

“The hole in my foot had to close from the inside out,” says Jennison, “so they couldn’t stitch it closed. I had IV antibiotics. I also wore a wound vacuum, which was amazing.”

Vacuum-assisted closure (VAC) promotes healing by using a sealed wound dressing connected to a vacuum pump to apply pressure to the wound. During her visits to wound-care clinics, clinical staff took her vital signs, measured the swelling on her foot, and cleaned and debrided the wound.

“During debridement,” says Dangerfield, “we remove dead cells of a wound, where the cells have stopped reproducing, to trigger healing by making it an acute or active wound. We want to stimulate the calling in of other cells to the wound bed. With the wound VAC, we massage the wound to release growth factors, draw out fluids, and suck the wound closed.”

The wound-care program also uses two hyperbaric oxygen chambers to bring a high concentration of pure oxygen to damaged tissue. The pressurized oxygen gets into the blood plasma and stimulates growth of new blood vessels.

During hyperbaric treatments, called “dives,” patients lie comfortably in an acrylic-walled cylinder on a padded bed with head and shoulders elevated, so they can focus less on their therapy and more on the flat-screen television overhead. Each dive typically lasts nearly two hours.

“Wound patients will undergo a number of dives, depending on their diagnosis, in which they are compressed with enriched oxygen,” says Sydney Smith, hyperbaric technician. “We create a custom dive profile for each patient to stimulate the growth of white blood cells that will fight infection, decrease swelling, and create new blood vessels. It’s remarkable.”

Jennison found her overall experience remarkable.

“Whatever body part is wounded, you feel exposed and very vulnerable, but the care I received made me feel comfortable,” she says. “This is a team of people working together for you, explaining everything, and telling you there is going to be an end to this.”

Patients do not need a doctor’s referral to be treated in the wound-care program. For more information, please call 625-4742.

“When a wound won’t heal, there is usually something else going on. Sometimes, what seems like the simplest wound, if left to heal on its own, becomes a complex wound because of underlying problems.”

Barbara Dangerfield, physical therapist and certified wound specialist
Vanquishing vertigo

For many, the word “vertigo” conjures the classic 1958 Alfred Hitchcock film starring Jimmy Stewart and Kim Novak. But for those who suffer from the abnormal sensation of spinning, the problem can be a lot more frightening than a psychological thriller.
The range of symptoms is somewhat broad and the severity varies. But most people affected by vertigo complain of some combination of nausea, dizziness, imbalance, and the illusion of motion and rotation. It’s similar to the sensation of riding the legendary teacups at Disneyland, except the sufferer isn’t actually moving or having a good time.

“Vertigo has quite a few different causes,” says Melanie Franke, a physical therapist in Community Hospital’s Rehabilitation Services department. “But nearly 20 percent of all dizziness is classified as benign paroxysmal positional vertigo (BPPV). This is caused by crystals that dislodge in the vestibular system in the inner ear, fall into the sensory canal, and disrupt sensory input to the brain. The result is dizziness or a sense of imbalance. BPPV can result from a bump on the head or some other trauma, such as a fall; or sometimes it is the result of an inner ear infection. In half of all cases, it has no apparent cause.”

Franke treats her BPPV patients with repositioning maneuvers. These consist of specific head and/or body movements to clear the crystals from the canals. Through this process, she is able to resolve the condition in at least 80 percent of her patients, sometimes with just one treatment.

Vertigo can also result from an acute vestibular dysfunction, a virus that attacks the vestibulo-cochlear nerve connecting the inner ear to the brain, inflaming the vestibular system and actually damaging nerve cells. Without proper balance information, the brain sends out the wrong signals, resulting in dizziness, vertigo, and difficulty with balance, vision, or hearing.

“Because the damaged nerve only partially regenerates, at best,” says Franke, “we work with patients to compensate for this loss using exercises that will help the system adapt. This includes head, body, and eye motions, such as focusing on a letter or object and slowly moving the head from side to side or up and down. We start with the patient sitting or standing and progress to higher balance challenges, like walking or moving from side to side.”

The physical therapists also use a NeuroCom Equitest® — equipment that looks like a phone booth and can assess the body’s three systems for balance: somatosensory, vestibular, and visual.

“The patient steps into the booth and goes through a series of tests where he or she tries to maintain balance,” Franke says. “This helps distinguish which systems are experiencing dysfunction. It also provides an objective assessment, so we can track a patient’s improvements.”

Although some say vertigo seems more prevalent, Franke believes it is increased awareness about what causes vertigo and how to treat it that is more common, not the incidence of the affliction. And the good news, she says, is that it can be treated successfully.

For information about Community Hospital’s balance programs, call Rehabilitation Services at 883-5640.
Around 1980, a California entrepreneur established a company to implement health and wellness programs in other companies. The progressive thinking was that this would improve health and well-being while reducing healthcare costs, sick days, and productivity challenges. But the idea didn’t catch on and the company folded.

Thirty years later, times are changing, with more people believing in the values of a healthy lifestyle — and in the role employers can play.

“The level of readiness in an organization and within each individual is critical; and fortunately, we are seeing a significant positive change,” says Paola Ball, employee wellness program coordinator for Community Hospital of the Monterey Peninsula. “The concept of workplace wellness is becoming embedded into our culture.”

The movement is being driven in part by healthcare reform, as employers and healthcare providers emphasize prevention and keeping people well, rather than focusing on healthcare issues after they arise.

Community Hospital is championing wellness internally, through the efforts of Ball and other staff members, and externally through the Working Well Initiative, which offers wellness programs to other employers in the region. Being a leader in promoting evidence-based health and wellness in the community is a key element of the hospital’s strategic plan.

“The cultural shift is notable at Community Hospital,” Ball says. “There's more awareness about food choices, more people are exercising regularly, and many employees have proudly shared their wellness success stories in the Wellness Buzz, a quarterly employee wellness newsletter.

Starting a workplace wellness program
Community Hospital works with local employers to start workplace wellness programs, which include health assessments and education tailored to the employees’ needs. For information, call Gene Fischer at 622-2718. The state of California also offers a tool for employers: the California Fit Business Kit. Information is available on the department’s web site, at www.cdphe.ca.gov.
"A healthier workforce has lower absenteeism, fewer workers’ compensation claims, and less ‘presenteeism’ — people who come to work but are less productive because of health-related problems," says Fischer. "Through collaboration, we can help control these costs — and importantly, achieve a healthier community."

The Working Well Initiative offers an array of services, most available at the worksite. Some components are funded by Community Hospital while others are fee-based.

"We provide health education, screening services, disease-management programs, weight-loss and nutrition education, ergonomics, executive physicals, health-risk appraisals, individual health reports, and many other services," Fischer says.

Participants include Monterey Bay Aquarium, whose collaboration started with a weight-management program in 2007 and has continued through programs that include screenings and a lecture series by Community Hospital clinicians.

"We have a points-based program, which accrues wellness rewards for healthy lifestyle behaviors," says Anna Archer, wellness coordinator for the aquarium. "Through our wellness program, we offer gym membership subsidies to six area gyms, plus twice-yearly health screenings for employees. We also have a monthly wellness lecture series; on Wellness Wednesdays, 35 to 65 employees bring their own lunches and listen to a speaker present on various health-related topics."

In the works are plans to offer aquarium employees the hospital’s Life Connections program, with classes and coaching to control diabetes and high blood pressure.

"It is so exciting to see our program grow and to know that the culture of wellness has really taken hold here," Archer says. "When we come from a place of good health, mentally and physically, we just do our jobs better."

The Working Well Initiative is also making inroads into the agriculture industry. Sister companies Rocket Farms and Growers Transplanting Inc. in Salinas are among those working with Community Hospital. The two companies now hold annual health fairs over two days for about 225 employees, with screening and educational information provided by Community Hospital and about 15 other local organizations, including United Way, Monterey County Eye Associates, and Salud Para La Gente, a Watsonville clinic.

"We want our employees to understand that the work they provide for us is very important," says Oscar Cervantes, safety coordinator for both companies. "This is one way we contribute to them for their hard work. We provide free services and screenings and useful information they can take home and share with family members and friends. They really enjoy the day and the benefit."

Success has been measured in many ways, from individual improvements in employees’ health status to tens of thousands of dollars of annual savings in healthcare costs and outside recognition. In 2011, Community Hospital was named a Fit-Friendly Company at the platinum level by the American Heart Association.

Community Hospital is working to replicate the internal successes externally through the Working Well Initiative, in which Gene Fischer, corporate relations specialist, works with community employers to implement wellness programs.
When the road ahead is uncertain

After being diagnosed with a terminal illness, many people eventually reach a crossroads where they decide whether to continue treatment or shift to care that focuses on providing the best quality of life possible near the end of life. When that time comes, hospice services are a key resource.
While people often equate hospice with either a physical place or a form of care provided at the very end of life, it can play a much bigger role for patients and families coping with a terminal illness, says John Juster, a social worker with Community Hospital’s Hospice of the Central Coast.

“Hospice services are an option for anyone faced with a life-threatening illness who has chosen to focus on comfort,” Juster says. “It is important to understand what kinds of services are available and how soon patients can access them. Folks often wait until very late in their illness to seek care when they could have been helped earlier and benefited from the breadth of hospice care. When they seek assistance earlier, instead of a crisis, death can become a more peaceful, gentle process.”

Increasingly, says Juster, doctors and other healthcare professionals are guiding patients who are ready into hospice care. “I wish we could eliminate ‘There is nothing more that we can do’ from our vocabulary,” Juster says. “There is always more we can do. It’s just that the nature of healing shifts; the focus of what we do moves from curing to comforting and supporting emotionally, spiritually, and physically.

“It is the hope of the hospice team that with hospice care, a patient doesn’t see death as a failure; that when the end of a patient’s life comes, the patient feels at peace and is ready to let go. End of life is more than just a physical process. I believe that a patient has influence on how the end-of-life process will unfold, such as through one’s readiness to die or through one’s will to stay. Although, ultimately, the body will go when ready, the person inside the body has a lot of influence on the process.”

Hospice usually comes into a patient’s consciousness when the doctor, patient, or family realizes the patient is not getting better and asks, “What do we do now?” says Mitch Matthews, community liaison for hospice. Then the patient can access hospice two ways. One is through healthcare providers. After a discussion between patient and doctor, the doctor can make a referral to hospice and a hospice nurse meets with the patient to make a physical assessment for appropriate admission to hospice care.

The second route to hospice is through self-referral, either by the patient or a family member. An informal evaluation will follow, but an official evaluation requires a doctor’s referral.

Patients who have a life-threatening illness can enroll in Community Hospital’s Transitions program, which works with patients to connect them to resources needed to continue living at home with illness. Anyone with a serious illness can benefit from Transitions services in their home, nursing facility, or assisted-living facility. The Transitions team identifies appropriate community resources and can arrange transportation to medical appointments, weekly telephone check-ins, massages, grooming, pet care, volunteer support, and caregiver support.

When the time is right, the patient can transition into hospice care, which can be provided in a private home, residential care facility, or at Westland House or another skilled-nursing facility.

“Whether in a nursing facility or at home,” Matthews says, “hospice is a concept of care uniquely prepared to ease the path of those reaching the end of their journey.”

“Hospice services are an option for anyone faced with a life-threatening illness who has chosen to focus on comfort. It is important to understand what kinds of services are available and how soon patients can access them.”

John Juster, medical social worker
Sheila Michasiow has shared an intimate relationship with cancer for nearly 16 years, the disease coming and going, wreaking more havoc each time.

As a nurse, a wife, and mother of two, Michasiow got good at believing and proving she could handle anything, despite bouts with her cancer. She survived the loss of both children as young adults and the passing two years ago of her husband. She says she owes her courage to commitments she made to her children to carry on with joy, to her faith, and to Hospice of the Central Coast.

“People seem to think hospice is a place,” says Michasiow, “but it is a concept, an offering of care and concern. If I had to ‘go’ to hospice, I might not make it. But they’ve been coming to me for years. My cancer has finally spread. It has been with me for so long, and now I’m 85. I know where it’s going, and it wants to take me with it. So I’ve stopped all curative treatment. But I want to feel well for the remainder of my life; I want to enjoy the people I love. So I turned to the hospice Transitions program and now hospice care for help. Already I feel better.”

Transitions coordinated the activities that enabled Michasiow to remain safe, comfortable, cared for, and in her home. Hospice did the same for her husband and children.

Through Transitions, a social worker met with Michasiow to identify and coordinate community resources to help her. He arranged for transportation to medical appointments, scheduled weekly telephone check-ins, and assigned volunteers to shop for her groceries, trim her hair, and, when she needed it, help her care for her infirmed husband Mike.

“I will never forget the care and compassion with which hospice saw him through the end of his life,” she says. “Now I am coming to the end of my journey. I want to stay in my home, to sit on my deck and read, to look at my garden and listen to the birds for as long as I can. Hospice gives me that.”
What Paulette Walker appreciates most about driving patients to and from their medical appointments as a volunteer for Hospice of the Central Coast is that they are in such good spirits.

“I don’t know that I’ve ever given a ride to someone who is negative about what they’re going through,” Walker says. “These patients may tell you how they feel, but they’re not complaining about it. You would never know, in many cases, that they have a terminal illness; they seem so positive and upbeat. They demonstrate a lot of character and integrity — much more than some people who are well and complaining about the details of their day.”

Walker is one of more than 140 hospice volunteers who provide everything from rides for patients to respite for caregivers and assistance for people near the end of life and their families. She has volunteered with hospice for about two years. Her mother was under hospice care when she passed away in 1984, so Walker, grateful for that care, vowed to become a hospice volunteer; a vow she fulfilled after retiring.

“I’m involved in a little bit of everything,” she says. “I’ve offered respite to caregivers, delivered flowers, and participated in comfort watches, where I visit with a patient. I also do vigiling, where I stay with a patient who is actively dying, so they have some warm presence there. It is very humbling. I feel very somber, but it’s a very respectful, dignified presence for them, so they’re not alone. And I think they are aware of it.”

When sitting with patients who are very sick or reaching the end of life, Walker has experienced a renewal of her own life spirit and has developed a different perspective on the end-of-life process.

“I look at people who are terminally ill; I watch how they approach that,” she says, “and I ask myself how much can I adopt of that kind of grace and character now, in my active life. These patients seem very much at peace.”

For information about volunteering with Hospice of the Central Coast, please call 649-7755.
2011 EMPLOYEE OF THE YEAR

connie andrew

“Connie has proven to be a sincere, dedicated, customer-oriented, team player. Anyone who has come in contact with Connie experiences her willingness to help others, her flexibility, and her positive, professional demeanor.”

Raul Lopez, director of Environmental Services
Any time you take your seat during a class, lecture, or other gathering at Community Hospital, there is a good chance Connie Andrew put it there. Same with the table, TV, easel, and anything else you might need for your meeting. An aide in Environmental Services (EVS), Andrew takes pride in setting up a room exactly the way her guests want it because she knows it will help whoever is meeting there do their part to “move Community Hospital forward.”

Andrew isn’t entirely sure why she was chosen Employee of the Year for 2011, but she imagines the selection committee looked for someone who does their job well, who does it for the right reasons — for the patients, their families, and the hospital — and who enjoys doing it.

A Community Hospital employee since 2003, Andrew began her employ as a housekeeper.

“Connie has proven to be a sincere, dedicated, customer-oriented, team player,” says Raul Lopez, director of EVS. “Anyone who has come in contact with Connie experiences her willingness to help others, her flexibility, and her positive, professional demeanor.”

Andrew says she was surprised when her name was called at the annual dinner that honors 10 finalists.

“There were so many worthy nominees, I knew I was not going to win,” she says. “And then I did. It was a total shock. My mom was there with three of my siblings, and she was screaming like crazy. Watching her was the best part.”

Andrew’s father died of a heart attack at age 40. He left behind his beloved wife and their eight children, ages 5 to 13.

“My hero is my mom,” says Andrew. “She lost the love of her life at a very young age and raised eight kids, including two sets of twins, always managing to make sure we had a roof over our heads, as well as clothing, food, and shoes. Never once did she say, ‘I get what I want before you do.’ She struggled every day to keep us together. Seeing my mom get up and go to work every day to provide for us is what motivates me, is exactly why I need to go above and beyond for other people, so they can get along in life, too.”

Our top 10 finalists for 2011 Employee of the Year (from left): George Palmer, Carol Blaushild, Kathy Gordon, Sherry Bettencourt, Terry Solomon, Connie Andrew, Andrew Tronick, Elisa Paul, Dee Randolph, and Mary Savale.
Philanthropic contributions are crucial to Community Hospital’s health. They help pay for patients who can’t pay their own way, for new technology to diagnose diseases earlier and treat them more effectively, and for the overall environment, designed specifically to promote healing. Who gives? Patients pleased with their care. Neighbors who want to invest in the community’s well-being. Staff members who believe in Community Hospital’s mission. In the pages that follow, we spotlight a few specific donors and thank all the rest through our annual honor roll of contributors for 2011.
Maurine Church Coburn
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Dave and Mary Kay Basham love to travel yet always look forward to returning to the Monterey Peninsula with its beautiful scenery, community-minded residents, and plentiful opportunities for golf.

Dave has called the Peninsula home since attending high school at Stevenson School. After college he enlisted in the Army and his last assignment at Ft. Ord returned him to the area. For the next 20 years, he worked as a medical sales representative, counting Community Hospital among his clients. Ultimately, he joined the hospital and has been director of Materials Management for 12 years.

Mary Kay moved to the Peninsula 15 years ago when she and Dave married. Raised in a family that valued community service, she has volunteered for Hospice of the Central Coast and at the hospital. In 2004, she began working with Jake, the family Border Collie, in the Therapy Dog Program at both Westland House and the hospital. It is her favorite volunteer job.

"Jake brightens each patient’s day and brings a sense of normalcy to them," Mary Kay says. "I can see it the moment he walks into the room."

The Bashams began supporting Community Hospital well before Dave became an employee and Mary Kay started volunteering.

"Not only do we believe in Community Hospital’s mission, we trust in the quality of its outcomes," Dave says. "We give generously within our means because we want to help the hospital continue to thrive. Our investment is emotional as well as financial; this is ‘our’ hospital."
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Randy and Linda Charles still feel relatively new to the Monterey Peninsula. Yet they are quite connected to the area’s culture of giving, a practice they brought with them from Palo Alto when they became full-time residents here in 2002.

They have long been interested in high-tech, cutting-edge projects, demonstrated through their support of the Palo Alto Medical Foundation. Now they have taken a similar interest in Community Hospital, with a major gift to the Fund for Innovative Clinical Practices. This initiative enables doctors and clinical staff to explore health-system designs that go beyond conventional thinking to improve healthcare delivery. Ultimately, the fund will support implementation of best practices aimed at measurably improving clinical outcomes and hospital operations. This approach, which tests protocols and methodologies and then employs them on a broader scale, appealed to the couple’s keen interest in education and advanced technology.

“I retired from educational publishing when we moved and became interested in doing other things, so I got involved in the Big Sur Land Trust,” Linda says. “In that environment, we got introduced to a number of people with additional interests and commitments, which led us in other directions, as well.”

Randy taught primary and secondary math, was a mathematics professor at San Jose State University for 13 years, and has authored math textbooks for 30 years. He got involved with York School and serves as chair of its board.

“People are so willing to share their friends here,” says Randy. “A connection we made through our acquaintances at York School was to Community Hospital.

“A number of people we’ve met who are connected to CHOMP have become so because they had some major health event that got them intimately involved in the hospital. We haven’t had that, but we realize, now that we live here full-time, we want a hospital of CHOMP’s caliber as a resource. Like many people when they move, we feel we can bring suggestions and ideas from our [previous] experiences, which may enhance Community Hospital. And they are listening.”
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Memorial gifts provide a way for people to express their sympathy when words just don’t seem adequate. Such gifts also play an important role in enhancing the programs and services of Community Hospital. Friends who have made memorial donations are listed following the names of the person whose memory they honor.

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Several years ago, Sidney and Lynn Morris bought a package at a fundraising auction that included lunch for six in Community Hospital’s board room with CEO Dr. Steven Packer, as well as a tour of the hospital art collection led by curator Amy Essick.

The special tour gave them a unique opportunity to learn about the depth and breadth of the healing environment, but neither Sidney nor Lynn was a stranger to Community Hospital. Sidney, a local attorney who specializes in estate planning, has been advising clients on bequests to the hospital since 1974.

“Every client who walks through my door wants to talk about giving; sooner or later, health and well-being touches everybody in the community,” Sidney says. “Nobody wants to be sick or in the hospital, but if you are and have to be there, what a great place to be.”

Meanwhile, Lynn has volunteered with the hospital Auxiliary since 1991 and has been on its board nearly six years.

“I have gotten to know many volunteers and some hospital staff, and I find everyone, without exception, caring and outstanding in their work,” Lynn says. “Everyone believes in the mission to create a healing environment, which is why it feels so good to be there.”

“The hospital is light and airy,” she continues, “a really beautiful place to volunteer; and everyone strives to create that same experience for patients. All that positive stimulus from the environment, plus the quality of care, can’t be anything but helpful. And I love the Auxiliary. I’ve made great friends, all there for a common cause, which brings people together.”

“Community Hospital is well-managed and well-run,” says Sidney, “with excellent doctors and very fine staff. And the volunteers are amazing. It is one thing to write a check. But it is something else to work four hours on your feet, and yet so many people happily volunteer their time. We find it easy to support something that does such a good job for its community.”
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Health education and support close to home

From meditation to cancer wellness, stress management to grief support, Community Hospital provides education and information on many health-related topics. For a complete list, including dates, times, meeting places, and registration information, go online to www.chomp.org and click on Classes & Events or call 888-45-CHOMP (888-452-4667). You can also scan the QR code on page 69 using your smartphone.

cancer

Healing Art Retreat
Find a creative outlet for healing the mind, body, and spirit in a one-day art workshop. No art experience required.

Look Good . . . Feel Better
Learn techniques for wearing wigs and scarves and using makeup to enhance your appearance and outlook during treatment. Cosponsored by American Cancer Society.

Patient Navigator
Trained cancer survivors become one-on-one “buddies” to those with a new diagnosis. Call to find your “match” or to volunteer.

Radiation Therapy Orientation
Tour the department, meet staff, and ask questions before treatment starts.

Your Personal Cancer Guide:
A Prescription for Healing
Meet with an oncology nurse educator to design a personal program for coping with the physical and emotional challenges of cancer.

diabetes

Diabetes Program
A comprehensive, individualized program on diabetes self-management, including nutrition, blood glucose monitoring, medications, and foot care. Doctor’s referral required.

Diabetes Refresher: Staying on Track
If it’s been more than a year since you took part in Community Hospital’s Diabetes Program, it’s a great time for a refresher with this 90-minute class.

Pre-diabetes: Stop Diabetes Before It Starts
Learn five key behavior changes to help you stop diabetes.

Topics in Diabetes
Monthly speakers on the latest in diabetes.

heart health

Cardiac Rehabilitation
Medically supervised program includes lifestyle counseling, exercise training, and education after heart attack, cardiac surgery, angioplasty, or stent.

Healthcare Provider CPR
(Cardiopulmonary Resuscitation)
This course is designed for those who work in a healthcare setting. Participants will receive a course completion card after successfully completing the written exam and skills demonstration.

Taking Control of Your Blood Pressure
Learn to manage blood pressure through diet, exercise, and stress reduction in this four-session class.

WellFit Rx
Discover how you can manage high blood pressure, irregular heartbeat, diabetes, or other conditions through exercise and lifestyle changes, all in a supportive, monitored environment with clinical professionals to guide you. Program is a bridge to independent exercise.

lung health

Asthma Management
Manage asthma by working with a respiratory therapist, who will review your symptoms, triggers, and medications.

Kick the Nic: Stop Smoking Now
The most successful approach to quitting smoking combines counseling, medical assessment, medication, and group support. Free introductory evaluation and consultation. Monthly one-on-one sessions with a tobacco-cessation counselor can be arranged for a fee.

Pulmonary Rehabilitation
Medically supervised exercise and education program for those with chronic obstructive pulmonary disease, emphysema, chronic bronchitis, asthma, or cystic fibrosis, and pre- or post-lung surgery patients. Manage symptoms and anxiety, and increase activity.

pre-teen/teen

Safe Sitter
Two-day class for 11–13-year-olds, who will learn CPR, sitter safety, accident management, and basics of childcare.
Survival Skills for Teens
Learn skills to reduce stress, communicate better with family and friends, and be more in control of actions and emotions. Six-week class for 9th–12th graders.

wellness: body and mind

American Bone Health Lecture Series
Experts talk about how bone is built, risk factors for osteoporosis, effects of medications, the role nutrition plays, and more.

Attention Issues 101 — For Adults
Develop strategies to improve concentration, planning, and organization in this four-week class. For ages 18 or older. Screenings available for additional fee.

Better Bones and Balance
Halt bone loss and restore bone mass. Learn Pilates-based exercises to correct posture, strengthen muscles, improve balance and flexibility. For those who have difficulty getting up and down from the floor.

Pilates for Bone Building
Bone-building class using foam rollers, exercise tubes, bands, and weights. Focuses on alignment, breathing and core control, balance, spinal mobility, and postural correction. You must be able to get up and down from the floor.

Health Resource Library
Our community lending library has an extensive collection of books, videos, and audiotapes on health-related topics. Also lends wigs and caps. Guided tours of internet resources by our librarian or volunteer staff.

Living Well Workshop: Take Charge of Your Health
Learn to work with your doctor and manage your symptoms from an ongoing health condition like arthritis, diabetes, or heart, breathing, or back problems.

Mindfulness Meditation
An eight-week course on coping with stress or a chronic condition through meditation, gentle movement, and group support; based on the work of Jon Kabat-Zinn.

Mood Management I
Conflicts in relationships? Overwhelmed by emotions? Acting in self-defeating ways? Understand the connection between thoughts and emotions, and learn to manage change in this six-week class.

Mood Management II
Focus on interpersonal skills in this six-week class and learn effective ways to interact with family, co-workers, and others.

Stress Less
Feel stretched thin and overwhelmed by even everyday tasks? Find tools to help manage stress and enjoy life in this one-hour class.

T’ai Chi
T’ai chi’s slow, gentle movements strengthen arms and legs, improve balance and flexibility, prevent falls, and help manage stress.

Total Joint Replacement
Information session on pain management, physical therapy, recovery, and more for those planning hip, knee, or shoulder replacement surgery.

Walk and Win
Strengthen your heart and body in this walking program at Monterey Peninsula College track.

weight management

Body Composition Analysis
Learn your percentage of body fat, lean tissue, body water, and body mass index (BMI).

Emotional Eating
Learn to manage troubling thoughts and emotions, reduce stress and anxiety, and change self-defeating behaviors related to weight in this six-week class.

Preparing for Bariatric Surgery: What Can You Eat Afterward?
How and what can you eat after gastric bypass or lap-band surgery? Find out in this one-session class.

Supermarket Tour
Registered dietitian leads an eye-opening supermarket tour, teaching you how to read nutrition labels.

Weight of Life
Don’t diet. Learn long-term, positive changes to manage weight. Clinical dietitian leads this 16-week course.

Weight-loss Surgery Informational Seminar
Learn about obesity, strategies for weight loss, and surgical options from Dr. Mark Vierra.

end of life/bereavement

A Conversation with Life
Discuss personal, practical, medical, and spiritual aspects of end-of-life preparation in this half-day class. Learn to prepare and communicate your healthcare wishes to your family and medical team.

Grief Support: Hospice of the Central Coast

Adult Bereavement Support Groups
Transform pain of loss into a healing journey. Groups meet in Monterey and Salinas.

Griefbusters
One-on-one and in-school grief support for children and teens.

Grieving the Loss of a Child
Support group for bereaved parents. Find friendship, understanding, and hope.

support groups

Alzheimer’s Family
AWAKE: Alert, Well, and Keeping Energized (sleep apnea)
Breast Cancer Early Support
Cancer Wellness®
Caregivers’ Drop-in Program
Chronic Pain
Diabetes
Epilepsy
Ostomy
Parents of Difficult Teens
Prostate Cancer Self-Help Group of the Central Coast
Restless Legs Syndrome
Stroke
Weight-Loss Surgery (4 groups)
  • For recent patients
  • Advanced — after 1 year
  • Adjustable bands
  • Back on track
Women’s Cancer Support

Accommodations (services and aides) are available for those with special needs by pre-arrangement. Please call 888-45-CHOMP (888-452-4667) at least one week in advance to make arrangements.

For more information, go to www.chomp.org or scan this QR code with your smartphone.
She learned how to speak before she could walk. We thought her exceptional, in a good way. Until somewhere around her 3rd birthday, when she still couldn’t quite navigate her way safely across the nursery. Her doctor placed her at the far end of the spectrum of normal and dismissed our concern.

When she didn’t learn to tie her shoes until she was 8, we dismissed it and lay the blame on the ease of Velcro®. It was easier than facing the probability that something was really the matter. She still hasn’t learned to ride a bike.

She won friends quickly and lost them just as fast, her social judgments just off-center enough that she threw other kids off-balance. It was an awkwardness that fueled itself.

We loved her as she slept each night, feeling a bit guilty that we had buried our affection under annoyance as she chattered her way inanely through the day.

If we just had a name for it, we reasoned, surely we could find a definition that matched. And at least there, within that framework, our child might seem normal.
Help flew into our lives on a particularly rainy day. Our daughter was distressed, moving from side to side like a caged animal, compensating for the claustrophobia of home confinement imposed by the weather. Anxiously, she watched the rain spray sideways in the wind and pelt the window, tapping on the glass like a visitor at the aquarium.

We decided to go to Starbucks®, to brave the weather and our child’s temperament, to offer a change of scenery, sip something steaming from a paper cup, and act as if everything was all right.

As we waited in line, the door opened with a gust of wind and the newest arrival stepped inside. She efficiently closed her umbrella, wrapped it tight, and took her place behind us.

I watched her watch us out of the corner of my eye, wary but somehow comforted by her interest. With kind eyes she witnessed my daughter shift her weight from one foot to the other, rocking, her arms wrapped tightly around her small frame. Somebody laughed in line. My daughter looked up, certain they were laughing at her. And still, the woman watched.

As we turned with our cups of coffee and cocoa, the woman smiled and handed me her card. It said her name was Mary. Of course it was. It also said she was a child psychologist. By the time I finished studying the card and looked up, she was gone.

I called Mary later that same evening, after my husband agreed we had nothing to lose, and I made an appointment for our daughter to meet her the following week.

For our child, Mary provided a safe place, a sounding board, someone who seemed to get her. For us, she came up with the name we had been seeking for our daughter’s distress. “Your daughter has the signs and symptoms of a rather complex syndrome known as ‘nonverbal learning disorder,’ an uncommon and often misunderstood neurological condition characterized by the inability to understand nonverbal information.” It was a start.

During the weeks and months and years that followed, our daughter continued to meet with Mary. She also continued to misplace her belongings, panic on the playground, and work with painstaking precision to set up her math problems, leaving no time to compute them. Until one day she didn’t. One day, she brought home her backpack with everything in it. One day, she joined a group of girls at recess. One day, she did her math, one problem at a time. And one day, she graduated from high school.

We don’t know whether our daughter will ever be able to go to college or drive a car or ride a bike. But we have a name for her disorder. We have compassion for what she deals with every single day. And while we know that she will contend with this condition for the rest of her life, there are ways and means for her to do so — to become a capable, confident young woman.
Diabetes care gets the Gold Seal of Approval

Community Hospital has been awarded the Joint Commission’s Gold Seal of Approval for its advanced inpatient diabetes care — one of only six hospitals in California and 41 in the nation to achieve this distinction. If you or a loved one has diabetes, you know how important it is to have the best care available when you need it. We are committed to providing that. Because when it comes to your health, everything matters.