

Health Signs

Spring 2013



Community Health Calendar >

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High Quality Health Care

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Health Events

Upcoming classes at Washington Hospital

Register online at www.whhs.com/event/class-registration or call (800) 963-7070.

All classes will take place in the Conrad E. Anderson, M.D. Auditorium located at 2500 Mowry Ave. (Washington West) in Fremont.

Management of Stroke/Chronic Care and Stroke Rehabilitation

Date: Tuesday, April 2

Time: 6 to 8 p.m.

Speakers: Ash Jain, M.D., Cardiology and Doug Van Houten, R.N.

ABC's of Diabetes

Date: Thursday, April 4

Time: 7 to 8 p.m.

Speaker: Prasad Katta, M.D., Endocrinology

Don't Let Achy Knees Slow You Down

Date: Friday, April 12

Time: 2 to 4 p.m.

Speakers: John Dearborn, M.D., and Alexander Sah, M.D., Orthopedic Surgeons



Finding the Right Health Insurance

Date: Tuesday, April 23

Time: 10 a.m. to Noon

Speaker: Kristi Caracappa, Health Insurance Information Service Coordinator



WASHINGTON WOMEN'S CENTER CLASSES

Classes focus on health topics that are tailored to meet a woman's needs. Call (510) 608-1301 to register or make payment. Visit www.whhs.com/womenscenter for more information.

Learn How to Sleep Better

Date/Time: Wednesday, April 10, 7 to 8 p.m.

Speaker: Nitun Verma, M.D., Sleep Medicine

Location: Washington Women's Center, located at 2500 Mowry Ave. (Washington West).

LET'S GO GREEN TOGETHER!

Join Washington Hospital, the City of Fremont and other local Tri-City organizations as we celebrate Earth Day! Meet with eco-friendly experts and learn new ways to be green.

When: Saturday, April 20

Time: 11 a.m. to 3 p.m.

Where: Conrad E. Anderson, M.D. Auditorium

Visit www.whhs.com/green for more information.



Visit us on Facebook, Twitter and YouTube



Stay connected to Washington Hospital through our social media pages. Watch InHealth Channel videos, learn about upcoming events and seminars and see what's happening at your community hospital.

www.whhs.com

Washington Radiation Oncology Center Earns Prestigious Accreditation

ACR recognition considered 'gold standard' for patient care

The American College of Radiology (ACR) has awarded a three-year accreditation to the Washington Radiation Oncology Center. ACR accreditation is widely recognized as the “gold standard” in measuring quality patient care and safety in the field of radiation oncology. Led by Medical Director Dr. Ranu Grewal-Bahl and Dr. Michael Bastasch, the Washington Radiation Oncology Center offers high-quality radiation oncology services, using state-of-the-art technology that represents the latest advances in radiation therapy.

“For our patients and the community at large, this recognition by the ACR provides confirmation of the excellent services we provide,” says Dr. Bastasch. “We’ve always believed in the quality of our radiation oncology services, but this accreditation is a formal acknowledgement of our quality by an independent panel of experts from around the country.”

The ACR conducted an extensive review of every aspect of the Radiation Oncology Center’s operations.

“It took us several months to prepare the documentation that was required in the accreditation application process,” explains Dr. Bastasch. “Then the ACR sent its panel of experts to conduct an intensive on-site inspection. They evaluated our equipment for calibration and technical specifications. They examined our standards and requirements for staff training and certifications. They reviewed all of our policies, procedures and standards of practice as they relate to quality and safety. The entire accreditation process is designed to ensure the safety of our patients.”

The ACR review panel also scrutinized the medical physicist’s role in quality assurance. Medical Physicist Pam Fuerst notes, “They reviewed the path a patient takes through our department, with emphasis on the performance of the CT scanner and the linear accelerator that supplies the radiation for external-beam radiation therapy. Their goal was to ensure that patients are treated safely, correctly and accurately, and that Washington Radiation Oncology Center is performing up to their high technical standards.”

As part of the accreditation review process, the ACR reviewed patients who had recently completed treatment at the facility, using ID numbers, rather than patient names. The cases had to include a wide range of cancers, including breast, prostate, head and neck, lung and other disease sites such as colorectal, brain and cervix. In addition, the cases selected had to include all of the treatment modalities offered as well as treatment planning documentation.

ACR accreditation includes standards for personnel qualifications as well as staffing levels (the number of full-time-equivalent technical employees based on the average number of patients treated). In accordance with ACR standards, all of the center’s technical staff — including the radiation oncologists, radiation therapists, medical physicists and medical dosimetrist — are board certified.

“At every level, we met the high standards for accreditation that were established by this independent board of experts whose sole concern is



The ACR accreditation of the Washington Radiation Oncology Center is a reflection of the dedicated staff members (above) and their commitment to quality care and patient safety.

that we are following nationally recognized standards of care,” says Ed Lee, Radiation Oncology Center Manager. “We passed the review with no ‘exceptions’ that would have required corrective action. For our patients, this provides outside assurance that the quality control procedures we follow are second to none.”

Lee notes that in addition to providing confirmation of high-quality care to patients who choose Washington Radiation Oncology Center for their treatment, ACR accreditation also offers assurance to outside organizations such as the Veterans Administration, Alameda County and other insurance providers that may refer patients to the facility.

“Our success in gaining ACR accreditation is a reflection of our dedication and the Patient First Ethic that is followed throughout Washington Hospital,” says Lee. “Our emphasis on quality care and patient safety is a commitment we have made to our community, and that has now been confirmed by this prestigious, impartial team of experts in the field.” ♦



The American College of Radiology is the nation’s oldest and most widely accepted accrediting organization for radiation oncology. For more information about the ACR and its accreditation process, visit www.acr.org. For more information about the Washington Radiation Oncology Center, visit www.whhs.com/cancer/roc.

Staying on the Leading Edge of Acute Stroke Management

Stroke Program presents research at the World Stroke Congress in Brazil



Dr. Ash Jain, Washington Hospital Stroke Program Medical Director says that participating in the World Stroke Congress in Brazil is a prime example of Washington's stroke program being among the top 10 percent of stroke care providers.

Providing the best stroke care possible to the residents of Washington Township Health Care District is something that Washington Hospital Stroke Program Medical Director Ash Jain, M.D., takes very seriously. In fact, his goal is for Washington's program to become a true leader in stroke care.

In October of last year, the program took another step toward that goal by stepping onto the international stage during the 8th World Stroke Congress in Brazil — putting Washington's Stroke Program that much closer to being among the top 10 percent of stroke care providers, according to Dr. Jain.

“By participating in the World Stroke Congress, we have achieved two goals,” Dr. Jain explains. “We've made our program more visible in the international stroke community, and we've been able to gain perspective from other institutions and thereby avoid tunnel vision by seeing the true length and breadth of what's happening internationally in stroke care.”

Becoming a leader in stroke care

Dr. Jain points out that attending the event and presenting research has given Washington's Stroke Program a significant advantage in stroke management that many other community hospitals don't have.

“When you make the effort to attend events such as the World Stroke Congress, you put your program ahead of 90 percent of programs, because you are at the cutting edge of stroke research,” he explains. “Typically, regular

community hospitals follow other institutions around the country, suffering from a three- to five-year lag between the time the latest research comes out and the time it reaches them. My goal is for our program to become a model community hospital that is among the top hospitals in providing the best care possible for our patients.”

According to Dr. Jain, Washington's mission is to be on the leading edge and become part of the top 1 percent of stroke programs. However, in becoming a leader, it's necessary to go above and beyond, a factor he says already sets Washington's program apart from the rest.

“To have a top-notch program, it's not only a matter of examining patients and managing stroke inside the hospital,” he says. “We also manage these patients on a long-term basis, which improves the quality of care tremendously. We're not just seeing patients, discharging them, and forgetting about them. We want to see what happens to the patient in three months, six months, and for the rest of their lives. Our program continues to ask, are we doing the right thing and how can we improve? And that helps in improving patients' care.”

The path to great stroke care

During the event, Dr. Jain says it was rewarding to see the path that Washington Hospital was on — of treating the strokes very aggressively and going into the brain and dealing with blockages — was the right one.

“Most stroke is caused by blockages — 87 percent — versus 13 percent caused by bleeding,” he explains. “This reaffirmed that our program is best served by concentrating on better treatment modalities for blockages.”

By honing the methods for treating blockages in the brain and whittling down the time it takes to diagnose and manage acute stroke, Dr. Jain says Washington's program is minimizing costly damage to brain tissue, thus reducing disability.

“If the brain tissue is alive and functioning, then we should do everything possible to re-establish the nutrition to that tissue,” he says. “Nutrition is reestablished to these cells so they can thrive. The concept is the same as it is for the heart attack: we try to do things fast to reestablish nutrition to the cells so that the damage is less and functional status is near normal if not normal.”

Ultimately, Dr. Jain says that presenting at the World Stroke Congress marked years of hard work and data collection by the hospital's Stroke Program as part of a continuing effort to improve stroke outcomes for patients in the local community. ♦

LEADING BY EXAMPLE

To learn more about the exemplary care provided by the Stroke Program at Washington Hospital, visit www.whhs.com/stroke.



Specialized Care in Neurosurgery Saves Modesto Woman's Life

Ruptured aneurysm requires delicate brain surgery

Maria Ramirez went to work one day last June just like any other day. But about two hours into her shift, she started to feel extreme pressure in her neck and head. Soon she began vomiting and an ambulance was called. Maria had suffered a ruptured brain aneurysm, a life-threatening condition that requires surgery to stop the bleeding and relieve the pressure on the brain.

A brain aneurysm is an abnormal bulge on the side of the artery wall. The artery carries blood, and pressure on the wall can cause the bulge to rupture, allowing blood to flow out of the vessel into the brain.

"About 20 percent of the time a ruptured aneurysm is immediately fatal, and many patients are neurologically injured or die later because of severe brain injury," said Dr. Jeffrey Thomas, a cerebrovascular neurosurgeon and medical director of Interventional Neuroradiology at Washington Hospital. "A rupture puts people in great danger and they need to get to a specialized hospital for treatment immediately."

Maria, who lives in Modesto, was taken to a nearby medical center, where a physician diagnosed the ruptured brain aneurysm. There she was referred to Thomas, one of only about 120 neurosurgeons in the United States with dual expertise in microscopic brain surgery and interventional neuroradiology. It was thought that she could benefit from a range of potential therapies at Washington Hospital, including a less invasive procedure that Thomas performs.

Five hours after she arrived at the medical center, Maria was flown by helicopter to Washington Hospital, where she was met by Thomas and a team of specialists.

"At Washington Hospital, we have personnel with high-level expertise in all aspects of neurosurgery, including a neurophysiology monitoring team and neurocritical care specialists," he explained. "You don't usually see this type of specialized care at a community hospital. We also have a new state-of-the-art surgical suite, where we performed Maria's surgery."

The new surgical suite features a BodyTom® portable CT scanner, making it one of only three hospitals in the entire country to have one. The BodyTom® provides three-dimensional images of the body right in the operating room.



Maria Ramirez (center) was airlifted from Modesto to Washington Hospital after suffering a life-threatening brain aneurysm. She was quickly treated by Dr. Jeffrey Thomas (right) a cerebrovascular neurosurgeon and medical director of interventional neuroradiology at Washington Hospital. Thanks to the high level of neuro-surgical care available at Washington Hospital, Maria and her husband Raul (left) are getting back to their normal routine.

Repairing the Damage

Maria had suffered a very large hemorrhage and a lot of blood had surrounded her brain, Thomas said. He determined that the best course of action was to repair the rupture with conventional microscopic brain surgery rather than the newer less invasive technique.

With the newer technique, a tiny microcatheter is introduced into the leg and guided through a series of blood vessels into the chest, through the aorta, and into the head and brain, Thomas explained. A soft platinum wire is pushed through the microcatheter and into the aneurysm. The wire coils up inside the aneurysm, stops the blood flow, and causes the blood to clot. Called coiling, this procedure requires no opening of the skull.

With the conventional microsurgery that Maria received, Thomas removed part of her skull, located the blood vessel that was feeding the aneurysm, and closed it off using a tiny titanium clip. During the delicate brain surgery, the team of specialists monitored her brain waves to ensure that no damage was being done to her brain.

"When you have a patient with this much hemorrhaging, pressure builds up in the brain," he said. "The pressure can cause the brain to swell. All of the other blood vessels start to clamp down, not just the one with the aneurysm. Often patients get very sick a few days after surgery and can die

even though the surgery was successful. But by removing the skull, it helped to alleviate the pressure, and Maria never got terribly sick."

Maria spent 18 days in the intensive care unit at Washington Hospital receiving neurocritical intensive care, and nearly a month in the hospital recovering. Throughout the entire ordeal, her husband and other family members kept vigil.

"From the moment I got the call something happened to her at work, I was worried," her husband Raul Ramirez said. "But I am really happy with the care she received at Washington Hospital."

Maria is still recovering, but feeling good about how far she has come. She is looking forward to the day she can drive again and get back to her normal routine.

"Maria is doing very well, and that speaks to the specialized care that is available at Washington Hospital," Thomas said. "This kind of advanced care used to only be available at university-affiliated hospitals. But Washington Hospital is focused on providing leading-edge technology and specialized care in specific areas." ♦

To learn about the lifesaving programs and services available at Washington Hospital, visit www.whhs.com.





Speaking From the Heart

What being a Magnet-designated hospital means to our nurses, their patients and our community

"Magnet is one of the highest levels of recognition an organization can receive for excellence in nursing care, but for me, it is so much more," says Martha Guilbeaux, RN, Staff Nurse IV, in the Hospital's Emergency Department. "It's about my respect for the nursing profession and the desire to grow both personally and professionally. And, it's about being a part of change for the good of the patients I have been entrusted to serve."

In fall 2011, Washington Hospital was honored to receive Magnet® status designation from the American Nurses Credentialing Center (ANCC). This achievement recognizes our exceptional level of commitment to excellence in nursing and quality patient care.



Being a Magnet hospital is a relatively rare distinction in the Bay Area, California and across the nation. But, what does it mean for the nurses, physicians and staff at Washington Hospital and, more importantly, what does it mean for our community?

"I know Magnet is one of the highest levels of recognition an organization can receive for excellence in nursing care, but for me, it is so much more," says Martha Guilbeaux, RN, Staff Nurse IV, in the Hospital's Emergency Department. "It's about my respect for the nursing profession and the desire to grow both personally and professionally. And, it's about being a part of change for the good of the patients I have been entrusted to serve."

Magnet status is not simply a matter of sustaining a set level of excellence. Rather, it's a continuous journey to reach increasingly higher standards of nursing that translate into better and better outcomes for patients. Nurses at Magnet hospitals work together, and in collaboration with doctors and other staff, to research and develop more evidence-based nursing practices. Not only do these "best practices" benefit patients, they are shared with other organizations to improve the nursing profession as a whole.

At Washington Hospital, our nurses have seized these principles and are bringing them to life. As a resident in this community, when you come to Washington Hospital, you can be confident the nurses who care for

you will demonstrate exceptional levels of professionalism, responsibility and teamwork.

Heather Garcia, R.N., Staff Nurse II on the 5 West Telemetry Unit, explains: "I've always been welcomed to collaborate on improving any aspect of the Hospital I am interested in or passionate about. To me, this is what makes us a Magnet facility."

To continue raising our standard of nursing care, we give our nurses the encouragement, support and resources they need. They are well educated, very satisfied in their work, and interested in pursuing advanced degrees and certifications to further improve their care. The ANCC has given us special recognition for involving more nurses in decision-making and nurturing their leadership abilities.

"Nursing is a dynamic field requiring constant learning and willingness to change," says Darlene Enchill, R.N., Staff Nurse II, Medical/Surgical, "This is what motivated me to continue to advance my career by going back to school to obtain my Master of Science in Nursing degree."

When Washington Hospital is reviewed for Magnet re-designation in 2015, all our nurse leaders will be required to have either a bachelor's or a graduate degree in nursing.

Another key to success as a Magnet hospital is our nurses' dedication to living Washington Hospital's long standing Patient First Ethic. This means every decision they make and action they take is based on what is best for the patient.

"I am continually inspired, working with great nurses who are champions of the Patient First Ethic," states Melissa Canal, R.N., Staff Nurse II, 5 West.

Since fall 2011, our nurses have been living the journey of a Magnet hospital to the fullest. Not only are they improving patient-care outcomes, they're also bringing the messages of excellence, teamwork and innovation out to the community. They enjoy sharing their knowledge and skills at seminars, schools, churches, support groups and more.

Erna Edejar-Lacebal, R.N., Staff Nurse III, Critical Care, relates: "Last summer, as a member of our Hospital's team working to better manage the threat of sepsis for our patients, I helped educate the community at Concert in the Park. Not only was this fun, but it was a very gratifying, enriching experience for me as a nurse." ♦

LEARN MORE ABOUT MAGNET RECOGNITION



For more information about the ANCC's Magnet Recognition Program® and what it means for you, visit nursecredentialing.org. To find out more about Magnet recognition at Washington Hospital, go to whhs.com/magnet.

State-of-the-Art Surgery

New technology means faster recovery, fewer complications



Washington Hospital's upgraded Catheterization Lab will firmly position itself on the cutting edge of catheterization services through its new "biplane" technology, which offers significant advancements in patient diagnosis and care.

In efforts to continually improve patient outcomes, Washington Hospital looks to mark the completion of upgrades to Washington Hospital's Catheterization Laboratory (cath lab). The facility — already the busiest cath lab in the East Bay — will firmly position itself on the cutting edge of local catheterization services through its new "biplane" technology, which offers significant advancements in patient diagnosis and care.

Experienced team, latest technology

Physicians from outside the community are referring patients to Washington's Cath Lab because the hospital offers an experienced team with the highest skill level in catheterization procedures, according to Vera Teyrovsky, the hospital's Chief of Cardiovascular Services.

By improving upon the existing technology, the new Biplane Cath Lab will employ two X-ray sources along with the latest in digital recording equipment, allowing physicians to obtain higher-resolution, three-dimensional images for a better view of what's going on inside the body.

Unlike a traditional "single plane" facility that utilizes one X-ray source for imaging, this new biplane lab will give physicians two separate planes of view, offering a clearer picture with the same dye injection, thus saving time and limiting the amount of contrast dye required, which can be an issue with some patients.

The new technology will enable the hospital's radiologists, cardiologists and surgeons to perform a number of leading-edge procedures said Dr. Ash Jain, medical director of Washington Hospital's Cardiac Care Services and Vascular Services.

The future of medicine

"The new techniques are much less invasive for the patient, which means faster recovery times, fewer complications and better outcomes. It is the future of medicine," Dr. Jain said. "In the future, we will be able to fix heart valves with minimally invasive therapy, and this equipment will make it happen."

Cath lab technology allows specially trained interventionalists to reach the heart and other parts of the body through the use of a catheter, or small tube, inserted into an artery, usually in the leg. These procedures are used for a variety of cardiovascular, brain, carotid artery, kidney, mesenteric and spinal issues.

Notably, Washington's Biplane Cath Lab will increase patients' chances of surviving a stroke or brain aneurysm because specialists will be able to quickly remove a blood clot in the brain without resorting to traditional brain surgery. The facility also will enable experts to shore up the weakened wall of an artery to prevent an aneurysm from bursting, and also to perform minimally invasive heart valve repair and replacement surgery. Additionally, orthopedic surgeons will be equipped to repair ruptured vertebrae by threading a catheter through the spinal column.

Funding the future of local care

The Washington Township Health Care District Board of Directors approved \$1.8 million for the construction of the Biplane Cath Lab which is slated to open in the fall. Additional funding is coming from the Washington Hospital Healthcare Foundation, which two years ago dedicated proceeds to the project from its annual Top Hat Dinner Dance.

In 2010, the Top Hat event raised \$168,000 toward the completion of the new facility, according to Angus Cochran, the foundation's executive director. Included in that amount was a donation — supported by Alameda County Supervisor Scott Haggerty — from Alameda County's 2004 Measure A funding issue for health care services in the county.

The foundation holds the annual Top Hat Dinner Dance to help raise funds for equipment or services and aids in investments, like the Biplane Cath Lab, that will significantly improve patient outcomes. Major improvements like these are often costly and are only achieved through the generous support of residents of Washington Township Health Care District. In past years, the Top Hat event has supported technological advances in the district like the Gamma Knife and an advanced surgical microscope. ♦

TO LEARN MORE

To learn more about the services offered at Washington Hospital and how our cutting-edge technology can help your health, visit www.whhs.com.



CEO Letter

Hospital Construction Surges Forward



Nancy Farber
Chief Executive Officer

This next year will be very busy for Washington Hospital Healthcare System as we continue with construction of the next key elements of our Facilities Master Plan. This fall, construction of the Morris Hyman Critical Care Pavilion will begin with a groundbreaking and extensive site

preparation for the actual building construction. And, in the fall of 2013, construction of our sorely needed parking structure will get underway.

The parking structure is scheduled to be completed by the fall of 2014, providing parking relief for patients, their families and friends and other visitors to our hospital complex. We currently are in the design phase for the parking structure and also in discussions with Bay Area Rapid Transit (BART) regarding using a portion of its parking area for the project. We are pleased that BART officials seem to support our proposal with the condition that we include an adjacent space for BART's police department in the building.

The three-story, 250,000 square-foot Morris Hyman Critical Care Pavilion will take three to four years to complete as it will be necessary to demolish the Whitaker Pavilion building before the required extensive site preparation work can begin. We anticipate the Morris Hyman Critical Care Pavilion will be completed by the late winter of 2016.

This building is essential to the successful completion of the second phase of our Facilities

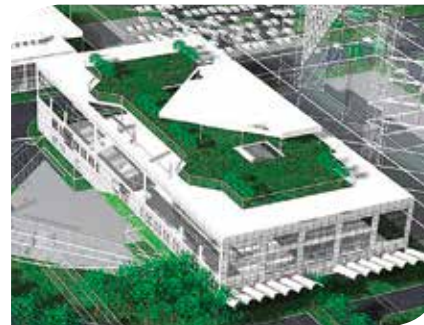


Key elements of the long term Facilities Master Plan including the Central Utility Plant (above) have already been completed.

Master Plan. It will house the new expanded and upgraded Emergency Room, an expanded and upgraded Intensive Care Unit, expanded Cardiac Care Services and additional patient rooms, all of which will be private, single-bed rooms. Additional operating rooms and an expansion of diagnostic capabilities also are included in the Morris Hyman Critical Care Pavilion.

The long-term Facilities Master Plan was approved by the Board of Directors in 2000 to meet California's stringent seismic safety requirements and to meet the anticipated future health care needs of our community. When Washington Hospital opened in 1958, we served a community of 18,000 individuals. Today we serve more than 350,000 persons and we foresee an even higher volume over the next several years.

We have already completed, on time and on budget, key elements of the long-range master plan: the Central Utility Plant and numerous



Construction of the Morris Hyman Critical Care Pavilion is expected to begin in 2013. The facility will house the new expanded and upgraded Emergency Room, Intensive Care Unit and provide more space for lifesaving care.

upgrades to internal circulation routes, walkways and facility access zones were completed in 2011. These projects were funded by Measure FF, approved by district voters in 2004. The new Center for Joint Replacement building, which was not financed with taxpayer approved funding, also has been completed and is serving patients.

The other elements of the long-range master plan will be financed by the balance from

Measure FF as well as new bond funds approved by district voters in November 2012 (Measure Z). These important initiatives will also be funded through revenue from operations and donations. The overwhelming support of district residents and voters for the health care district is why we are able to provide our residents with the very best care possible using the best facilities and equipment available. We thank you for your continuing support. ♦