

# pulse

Cardiac rehabilitation  
program graduate success

## Steve Jackson

back on the trail after open-  
heart surgery and ablation  
for atrial fibrillation

**FEATURED IN THIS ISSUE:** Investing in nurses and nursing through the Helen Baszucki Center for Nursing Excellence |  
Coming back after open-heart surgery | WATCHMAN™ device for AFib | Breaking the silence around osteoporosis

Summer 2021  
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Community Hospital  
of the Monterey Peninsula  
Montage Health



# From the president

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Certainly, when you look to the heart of Community Hospital and Montage Health, you will find nurses. Nurses who, day in and day out, provide compassionate care and caring. And in 2020, of course, they rose to a new level as we all battled the COVID-19 pandemic.

It seems only fitting that on May 6, 2021, Montage Health announced the formation of the Helen Baszucki Center for Nursing Excellence, thanks to a \$6.5-million gift from Paul Baszucki, in honor of his late wife of 59 years. We tell that story in this edition of *Pulse* magazine, in addition to stories about the recent launching of the Daisy Award for Extraordinary Nurses® and the formation of the Nursing Quality Council.

We also feature a pair of comeback stories, both from our Tyler Heart Institute. We'll meet Steve Jackson, who had quintuple bypass surgery and ablation for atrial fibrillation. He then went on to successfully graduate from our cardiac rehabilitation program. Robert Stolich was overjoyed at celebrating his 82<sup>nd</sup> birthday after having the WATCHMAN™ device implanted into his heart.

This edition also answers questions many of you might have about a variety of things. We offer a visual "map" of the services available at our new Carol Hatton Breast Care Center. We'll help you decide who needs bone-density examinations and when, and then what to do with the results. And now that we've all become vaccine-savvy, check out our review of vaccines in general — from DPT to shingles.

You might be surprised to learn about the variety of treatments — from medication to implants — for erectile dysfunction. Dr. Craig Stauffer shares some valuable information.

Susan Swick, executive director of our Ohana program for child and adolescent behavioral health, pays us another visit with some timely tips for weathering stormy emotional days.

And because it's still summer, we want to remind you that MoGo Urgent Care is available for all the things that might come with it — bee stings, ankle sprains, and sunburns.

For something particularly feel-good, please check out our Community Benefit program feature, which shares many of the important and critical ways we give back to our community.

We also celebrate the latest recipients of our Physician Scholars and Clinical Volunteers grant program.

Finally, this is our annual edition of the magazine that includes the names of our donors. Whether it's a \$50 donation or a \$6.5-million gift, we are exceedingly grateful for your continued generosity. Thank you.

Steven Packer, MD  
President/CEO

## ON THE COVER

*Steve Jackson on a hike in Garland Park*

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HELEN BASZUCKI





*“It reflects Helen, her life, her interests, and it’s something she would have loved.”*  
— Paul Baszucki

## About Helen Baszucki

Becoming a nurse was a lifelong dream for Helen Baszucki, fulfilled when she completed a four-year, in-residence training program at Holy Family Hospital in Prince Albert, Saskatchewan, Canada. Helen brought diligence, caring, empathy, and kindness to her work, and then passed those traits on to others as a clinical nursing instructor.



Her training and experience informed much of her approach to life, and her love and respect for the profession continued until her death in September 2020.

To honor Helen's life and work, Paul Baszucki, her husband of 59 years, provided a generous gift to Montage Health Foundation to establish the Helen Baszucki Center for Nursing Excellence.

 Helen Baszucki  
Center for Nursing Excellence  
by Montage Health

# About Helen Baszucki

Becoming a nurse was a lifelong dream for Helen Baszucki, fulfilled when she completed a four-year, in-residence training program at Holy Family Hospital in Prince Albert, Saskatchewan, Canada. Helen brought diligence, caring, empathy, and kindness to her work, and then passed those traits on to others as a clinical nursing instructor.

Helen eventually focused mainly on raising four children with Paul Baszucki, her husband of 59 years. Still, her training and experience informed much of her approach to life, and her love and respect for the profession continued until her death in September 2020.

To honor Helen's life and work, Paul Baszucki, provided a generous gift to Montage Health Foundation to establish the Helen Baszucki Center for Nursing Excellence. "It reflects Helen, her life, her interests, and it's something she would have loved," Paul says.

# Investing in nurses and nursing through the Helen Baszucki Center for Nursing Excellence

**T**he key elements of nursing for Debbie Sober remain the same today as they were 30 years ago, when her career began: Meet each patient's needs to the best of your ability and make them as comfortable as possible, both physically and emotionally.

Many other parts of the field have changed in those three decades, however, and Sober wants to ensure that nurses at Community Hospital of the Monterey Peninsula and throughout Montage Health have the tools, educational opportunities, and skills to be at the top of their profession. That was the impetus for creating the Helen Baszucki Center for Nursing Excellence at Montage Health.

"We envision a center that creates a culture of lifelong learning, innovation, and professional development, and that continuously integrates best practices into the care of our patients," says Sober, chief nursing officer of Montage Health. "It's important to me to support and promote the critical roles nurses play."

The center's formation was announced in May and is funded with a \$6.5 million gift to Montage Health Foundation from community member Paul Baszucki. It honors Baszucki's late wife, Helen, who was a nurse and clinical instructor.

The center's impacts are designed to benefit patients for years to come. It will invest in the growth of nurses and the nursing profession through initiatives including:

- Supporting education by offering high-quality courses to enhance nursing practice and scholarships for those pursuing bachelor's, master's, and doctoral degrees in nursing
- Increasing training programs for specialized roles in Community Hospital's surgical, maternal health, intensive care, and Emergency department
- Increasing enrollment in the Maurine Church Coburn School of Nursing at Monterey Peninsula College (MPC)
- Introducing research and innovation opportunities to advance the science of nursing and improve the quality of patient care
- Investing in leadership development for nurses and care providers

Community Hospital employs approximately 900 nurses, with most providing direct patient care at the bedside. Others specialize in areas such as diabetes, planning patient discharges, and education.

The center's work will start at the top of the nursing funnel, partnering with MPC to significantly increase the number of nursing students who go through the two-year program. It is estimated that there will be a nationwide shortage of one million nurses in just four years, so action is needed to reduce the impacts on our community, Sober says.

"The Monterey Peninsula's high cost of living makes recruiting health professionals from outside the area challenging," Sober says. "Our success with nursing has been in training people with roots in the community."

Community Hospital and MPC jointly formed the nursing school 38 years ago and continue to share the costs to operate it. It has paid off, Sober says, in that 80 percent of the graduates work at Community Hospital or elsewhere in Monterey County during their careers.

"There is also a need to train more nurses to take on specialized roles in our surgical, maternal health, intensive care, and Emergency departments," Sober says. "Through a three-month internship, we train about 40 nurses each year to work in these complex clinical settings. However, we need to train more to



Family Birth Center simulation room — nurses during an infant resuscitation drill

At work at the nurses' station in **Main Pavilion**



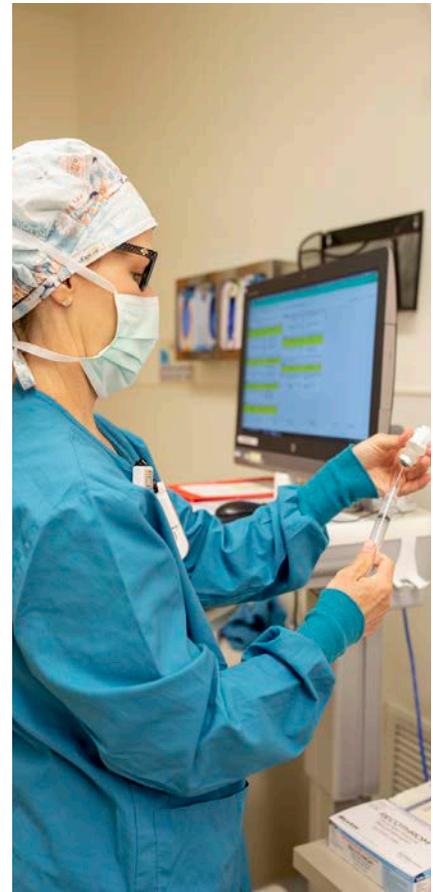
**Main operating room** — nurses setting up for surgery



**Emergency department —**  
nurses waiting at the ambulance  
bay to receive a stroke patient



**Main operating room —**  
nurse setting up for surgery



meet the changing healthcare needs in our community. Our medical team is growing and performing more complex procedures, and we need nurses trained to assist with these procedures and to care for the patients afterward."

The center for excellence will offer scholarships to help nurses pursue bachelor's, master's, and doctoral degrees.

"Studies have found relationships between better-educated nurses and improved patient outcomes, such as reduced patient falls, pressure injuries, infections, and deaths," says Christine Payne, the center's director.

The center's strategic plan includes tracking and sharing what are called "nurse-sensitive indicators." These are patient issues that are highly impacted by nursing care, such as

falls and infections. Community Hospital's results are compared to those of similar hospitals across the United States to measure performance.

Key to the success of the center and its work is giving a greater voice to nurses. Councils are being formed on nursing units at the hospital so nurses can work more closely and collaboratively with their managers in decision-making — within set guidelines — about nursing practices to improve patient care.

The center is focused on having a highly engaged nursing staff by developing a professional practice environment that increases nurses' job satisfaction.

"Data confirms that having an engaged nursing team, with a supportive work environment,

results in an overall improvement in the patient experience," Sober says.

Many of the plans that will be overseen by the center were in the works before Paul Baszucki stepped forward with a gift to help move them forward. Influenced by his late wife's dedication to nursing, he became an enthusiastic supporter.

"Helen had a real affection for the nursing profession and did really well at it scholastically and in practice; she had a special touch for it," Baszucki says. "We are giving to Montage Health because this is an important need and it's a good thing to do."

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## DAISY Award honors outstanding nurses

**D**o you know a nurse at Community Hospital of the Monterey Peninsula who provides extraordinary, compassionate care every day? You can nominate her or him for The DAISY Award for Extraordinary Nurses®.

The DAISY Foundation is a nonprofit organization, established in memory of J. Patrick Barnes, by members of his family. Barnes died at the age of 33 in late 1999, from complications of idiopathic thrombocytopenic purpura (ITP), a little known but not uncommon autoimmune disease. (DAISY is an acronym for diseases attacking the immune system.) The care Barnes and his family received from nurses while he was ill inspired this unique means of thanking nurses for making a profound difference in the lives of their patients and patient families.

Nurses may be nominated by patients, families, and colleagues. The award recipient is chosen by a committee at Community Hospital. Awards are presented throughout the year at celebrations attended by the honoree's colleagues, patients, and loved ones.

To nominate a nurse for the DAISY award, visit [chomp.org/daisy](https://chomp.org/daisy).



## Coming back after open-heart surgery

**F**or Steve Jackson, exercise is neither work nor play; it's a lifestyle — and he was committed to returning to that way of life, even after a quintuple bypass and treatment for atrial fibrillation at age 75.

For years, Jackson routinely hiked and biked, climbing steep hills and barreling down mountains. He'd commuted to work by bike for decades, sometimes up to 25 miles a day.

So, soon after his open-heart surgery and atrial fibrillation treatment were complete and he got the go-ahead from his doctors, Jackson signed up for the Cardiac Rehabilitation program from Community Hospital's Tyler Heart Institute. Jackson worked with Joe Yeary, a cardiopulmonary clinical specialist, to learn how to reduce his risk for heart disease, manage symptoms in a safe environment, and maximize his fitness activities.

"Steve's goal was to get back to the level of exercise he normally did," Yeary says. "Probably the biggest thing he got from the program was learning how to monitor his heart and how fast he should progress in his exercise, as well as how to reduce the risk of future heart problems."

Every week during the eight-week program, Jackson was to set a goal for himself. The goal-setting stopped after the first couple of weeks since he was so motivated; he kept surpassing his own goals.

"It takes a certain kind of spirit to do that level of exercise," says Yeary, "particularly after having had such a serious, significant surgery. With Steve, at 75, so quickly able to get back to his same level of activity, it tells the rest of us recovery is possible."

*Continued on page 12*



*The cardiac rehab program was great, a lot of fun. Joe knows so much about heart health and therapy. I was disappointed when I graduated because I was learning so much from him.*

— Steve Jackson



For some people, the program's value is mainly education and information to learn about their health and well-being. For others, the focus is on the importance of monitoring their vital signs, while exercising, particularly while they recover, to build confidence.

"Some patients seek guidance as they progress and want to know how quickly they will progress, which is about managing expectations," Yeary says. "They may think, 'OK, next week I'll go back to my usual routine. That's unrealistic. Actually, our fitness levels can decline very quickly. If we have been in the hospital for a while, we 'decondition.' But, through cardiac rehab, we can bring about change in the patient's body."

Jackson had been taking excellent care of his body, through his active lifestyle, good diet, and annual physicals. But he couldn't change his genetics: His father died of a heart attack at age 44.

For a while, he ignored the signs of trouble. Sometimes, Jackson found he could ride his bike up and down hills without trouble, but the following week he'd have to get off the bike and walk it up the hill. He also dismissed pain radiating down his right arm and up into his jaw.

Then Jackson encountered a man in distress near Old Fisherman's Wharf. He could tell the man was having a heart attack, and got help. "I could recognize the signs of

heart trouble in a stranger," he says, "but I was denying it in myself."

He saw his doctor, was referred to a cardiologist, and then scheduled for an angiogram, a test to see whether blood flow to his heart was being blocked. It was — to a degree that required open-heart surgery and coronary bypass.

Dr. Gregory Spowart performed the quintuple bypass, restoring blood flow. But the next day, Jackson's heart developed an arrhythmia, an irregular heartbeat caused by malfunctions in the heart's electrical system. His heart was shocked back into rhythm twice, then he was put on medication, and later had a catheter ablation by Dr. Steven Fowler to block abnormal electrical signals and restore the normal heartbeat.

"My lifestyle is all about feeling good, feeling engaged in life, but I learned, sometimes living a healthy lifestyle is not enough," Jackson says. "Sometimes you need to pair it with medicine and medical expertise to make sure you're up to the challenge of that active life."

"The cardiac rehab program was great, a lot of fun. Joe knows so much about heart health and therapy. I was disappointed when I graduated because I was learning so much from him."



## Cardiac Rehabilitation

Community Hospital's 8-week Cardiac Rehabilitation is a medically supervised exercise and education program for those with heart disease.

Participants at all levels learn how to reduce their risk for heart disease, maximize fitness, and manage symptoms in a safe environment.

People with any of these cardiac diagnoses or interventions will benefit from the program:

- Heart attack
- Heart failure
- Angina
- Angioplasty/stent
- Coronary artery bypass surgery
- Valve repair or replacement surgery

## Assessment

The program starts with a comprehensive assessment by clinical staff, which provides the basis for an individualized treatment plan that takes into account your medical history, symptoms, functional capacity, risk factors, and personal goals. Each participant receives an individualized plan that includes:

### Education

- Coronary artery disease: diagnosing and treating
- Exercise and your heart
- Risk factors for heart disease
- Setting SMART goals
- Stress management
- Emotional aspects of heart disease
- Healthy eating for your heart
- Your heart medications

## Monitored exercise

- Supervised exercise including telemetry (EKG) monitoring
- Blood pressure monitoring
- Symptom recognition and management
- Personal exercise prescription
- Cardiovascular, strength, and flexibility training and progression
- Guidelines for an independent exercise program





*I feel fortunate that I was a good candidate for the WATCHMAN™ device. Dr. De is very skilled, and she explained the whole process. She got me back into my life, back into my garden, where I can put my hands in the dirt and thrive.*



— Robert Stolich



WATCHMAN™ is about the size of a quarter and made from very light and compact materials



# WATCHMAN™ device for AFib

**W**hen Robert Stolich turned 82 on May 30, it might have felt like just another day, except he hadn't been sure he'd still be around to celebrate. Suffering the recent loss of his wife after nearly 60 years of marriage, plus battling atrial fibrillation, which reduces the heart's ability to pump blood efficiently through the body, he was coping with emotional and physical heart issues, which were keeping him from thriving.

When the heart is in atrial fibrillation (AFib), it quivers instead of pumping normally, which can cause blood to pool in a pocket in the heart called the left atrial appendage. Where the blood collects, it can form a clot, which can break free and travel to other parts of the body, cutting off the blood supply to the brain, and causing a stroke.

On April 27, Stolich was put on an anticoagulation drug to help thin the blood, reducing the risk of clotting and, thus, a stroke.

But that treatment itself comes with a risk.

"The concern with anticoagulation medication is that patients bleed and bruise easily," says Structural Heart Program Coordinator Lisa Nelson, RN, BSN. "Coumadin® (warfarin), among other anticoagulants, is the first-line stroke defense for patients who have AFib because it helps keep clots from forming in that pocket in the heart. Yet, while Coumadin has been the gold standard, it presents huge quality-of-life issues for these patients."

There is good news, though, for patients. Blood thinners are no longer the only option to guard against strokes. The advent of the WATCHMAN device has enabled patients with AFib not caused by a heart valve problem to stop taking anticoagulants without increasing the risk of blood clots.

Although the launch was delayed by the pandemic, Tyler Heart Institute has now implemented WATCHMAN therapy into its program. No bigger than a quarter, the implant fits snugly into the left arterial appendage to permanently close it off and keep blood clots from escaping into the bloodstream.

"The WATCHMAN is implanted into the heart in a one-time procedure," Nelson says. "It's a permanent device that doesn't have to be replaced and can't be seen outside the body. The patient goes into the cath lab where, through image guiding, we place the plug into the left atrial appendage. We secure a tight fit and good seal to eliminate blood from transferring into that pocket."

On behalf of Stolich, cardiology intervention specialist Dr. Ajanta De made a small incision in his upper leg and inserted a narrow tube, through which she guided the WATCHMAN device into the left atrial appendage of his heart. The procedure was done in an hour, under general anesthesia. Stolich remained in the hospital overnight and went home the following day.

Typically, within a month or so, heart tissue heals over the device, closing off the pocket. In clinical trials, 96 percent of WATCHMAN patients were able to stop taking blood thinners 45 days after the implant procedure. Stolich is among them.

"I feel fortunate that I was a good candidate for the WATCHMAN device," he says. "Dr. De is very skilled, and she explained the whole process. She got me back into my life, back into my garden, where I can put my hands in the dirt and thrive. As long as I've got good doctors like Dr. De, I know I'm going to be all right."

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# Breaking the silence around osteoporosis

**A**n estimated 10 million Americans — 80 percent of them women — have osteoporosis, a weakening of bones that makes them more prone to fractures.

As we age, especially after menopause for women, the minerals in our bones can become less dense, to the point that even a low-impact injury can cause a break called a fragility fracture.

"Our ultimate goal is to try to prevent that," says Dr. Tricia Markusen, an obstetrician/gynecologist in Monterey. "Osteoporosis is a pretty silent disease. We don't know if somebody has low bone density unless they start sustaining fragility fractures as they get older."

An important tool to help break that silence is a bone density test, which uses low-dose X-rays to measure bone loss. The test compares your bone density to the bones of an average healthy young adult and gives a result called a T-score. The test can:

- Identify bone-density decreases before you break a bone
- Determine your risk of broken bones
- Confirm whether you have osteoporosis
- Be a baseline for monitoring loss

"We've all heard the adage that knowledge is power, and we want people to become proactive about their health," Markusen says. "Learning about your critical baseline bone density helps people become proactive."

Many people may put off this test, Markusen says, because they incorrectly assume it is done in an enclosed scanner. In reality, the patient lays on a table and scanners pass above and below them.

"Unlike a CT scan or most MRI scans, it's non-enclosed — you lie flat on the machine — so it's non-invasive, not at all uncomfortable or intimidating, and the entire procedure only takes 15 to 20 minutes," Markusen says.

A bone mineral density test compares your bone density to the bones of an average healthy young adult. The test result tells you how strong your bones are, whether you have osteoporosis or osteopenia, and your risk for having a fracture.

The National Osteoporosis Foundation recommends bone-density tests for:

- Women 65 or older and men 70 or older
- People who break a bone after age 50
- Women of postmenopausal age with risk factors
- Postmenopausal women under age 65 with risk factors
- Men ages 50–69 with risk factors

Risk factors include a family history of osteoporosis, being small and thin, and broken bones or height loss.

Bone density typically remains stable until women go through menopause, at which point they become estrogen deficient. After menopause, they lose between 2–4 percent of bone per year, in some cases.

"If a woman is experiencing significant hot flashes, or other menopause-related symptoms, she might want to consider hormone therapy to prevent or delay further bone loss," Markusen says.

Men also can develop osteoporosis, but they rarely experience a dramatic decrease in bone density as they age, unless they are taking certain medication, such as prednisone or other steroids.

"If a man is being treated for prostate cancer, and he is taking medications that lower his testosterone, he may be at increased risk of developing osteoporosis," she says.

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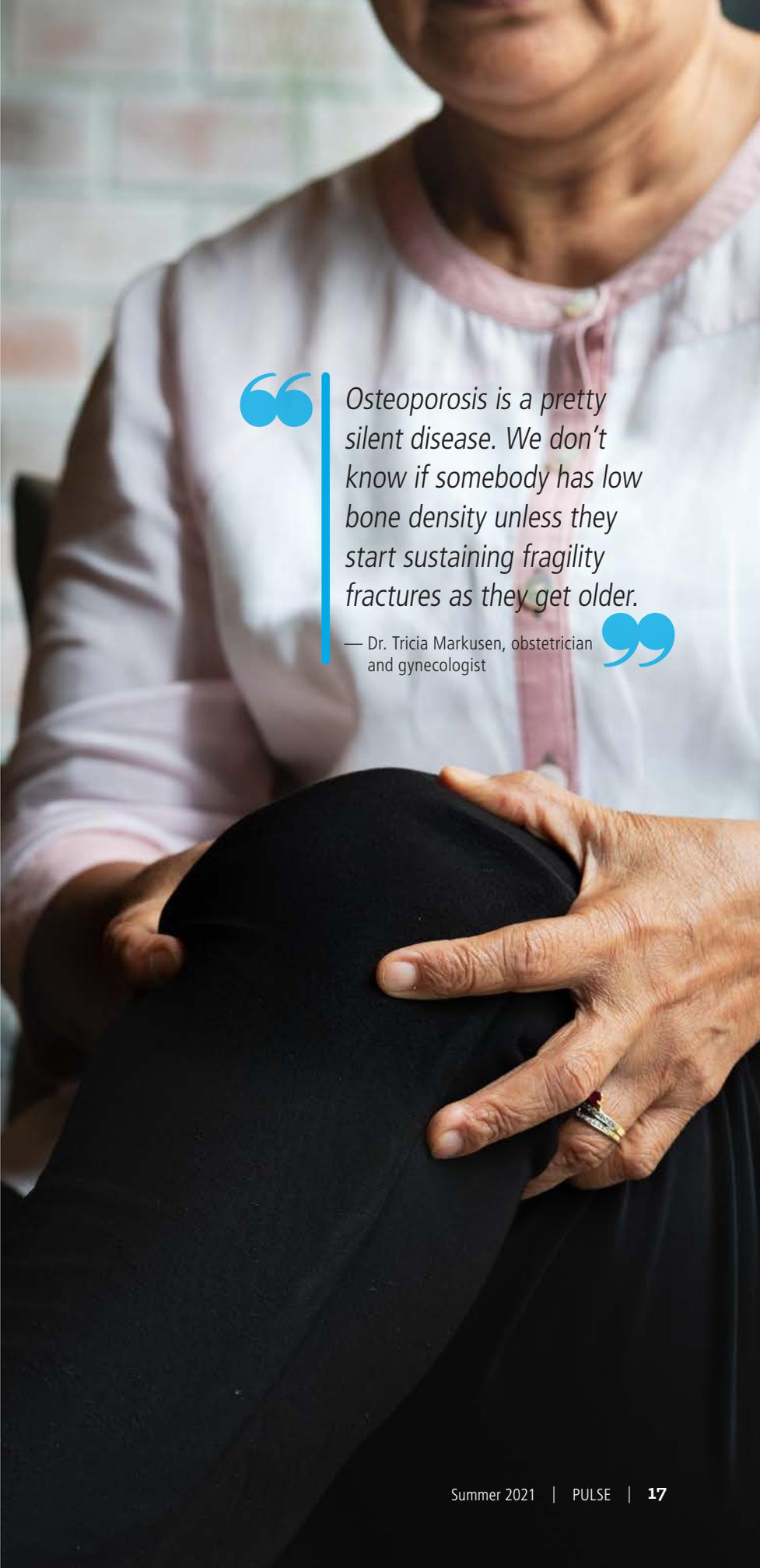
Supplements such as calcium or vitamin D also can be helpful, but Markusen cautions against overusing calcium because of increased risk of developing kidney stones or calcification of the coronary arteries.

Teenage girls with eating disorders such as bulimia or anorexia risk not developing their peak bone mass during their lifetimes, and might be more prone to developing osteoporosis later in their lives.

"There also is a genetic component to osteoporosis," Markusen says. "If your parents or grandparents had osteoporosis, you might be at greater risk of developing it yourself."

"If we find that a person has fragile bones, there are treatments we can try, including medications like Evista®, Prolia®, Tymlos®, or Forteo®, or bisphosphonates," medications that maintain bone density by slowing the rate at which bone is broken down in the body.

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*Osteoporosis is a pretty silent disease. We don't know if somebody has low bone density unless they start sustaining fragility fractures as they get older.*

— Dr. Tricia Markusen, obstetrician and gynecologist

**B**one tests are most commonly requested by general practitioners, endocrinologists, rheumatologists, and obstetrician/gynecologists. The tests are available for both men and women at the new Carol Hatton Breast Care Center in Monterey's Ryan Ranch, which has two bone-density scanners.

## What can you do to protect your bones?

- Eat a well-balanced diet
- Get enough calcium and vitamin D
  - Calcium: women 50 and younger and men 70 and younger, 1,000 mg a day; women 51 and older and men 71 and older 1,200 mg a day
  - Vitamin D: men and women, under 50, 400–800 IU daily; 50 and older 800–1,000 IU daily
- Get regular exercise, both weight-bearing and muscle-strengthening
- Avoid smoking
- Limit alcohol to 2–3 drinks per day or less

SOURCE: National Osteoporosis Foundation

# Inside the Carol Hatton Breast Care Center

**T**he new center at Ryan Ranch is about 10,000 square feet, with advanced technology and expertly trained staff for the best in breast care and bone-density scanning.

- 1 3D mammography**  
Using an advanced technique called tomosynthesis, multiple images of the breast are combined into a highly detailed 3D image for preventive screening.
- 2 Diagnostic and 3D mammography**  
Diagnostic mammograms are performed when a patient has a breast concern, such as a lump or pain, or needs further examination after a screening mammogram.
- 3 Interventional and 3D mammography**  
Targeted biopsies are done when lesions are detected through a mammogram.
- 4 Automated breast ultrasound**  
An automated ultrasound is used in addition to mammography for women with dense breast tissue. About 40 percent of women are in this category.
- 5 Diagnostic automated breast ultrasound**  
Automated ultrasound is used for diagnostic studies after a screening has detected an issue that warrants further examination.
- 6 Ultrasound**  
Hand-held ultrasound scanning of the breast and underarm are done for diagnostic and interventional exams, such as needle-guided biopsies and placement of wires used as guides in breast-cancer surgery.
- 7 Bone density**  
Specific areas of bone are scanned during a bone-density exam to determine the risk for osteoporosis, which causes bones to become weak and brittle.



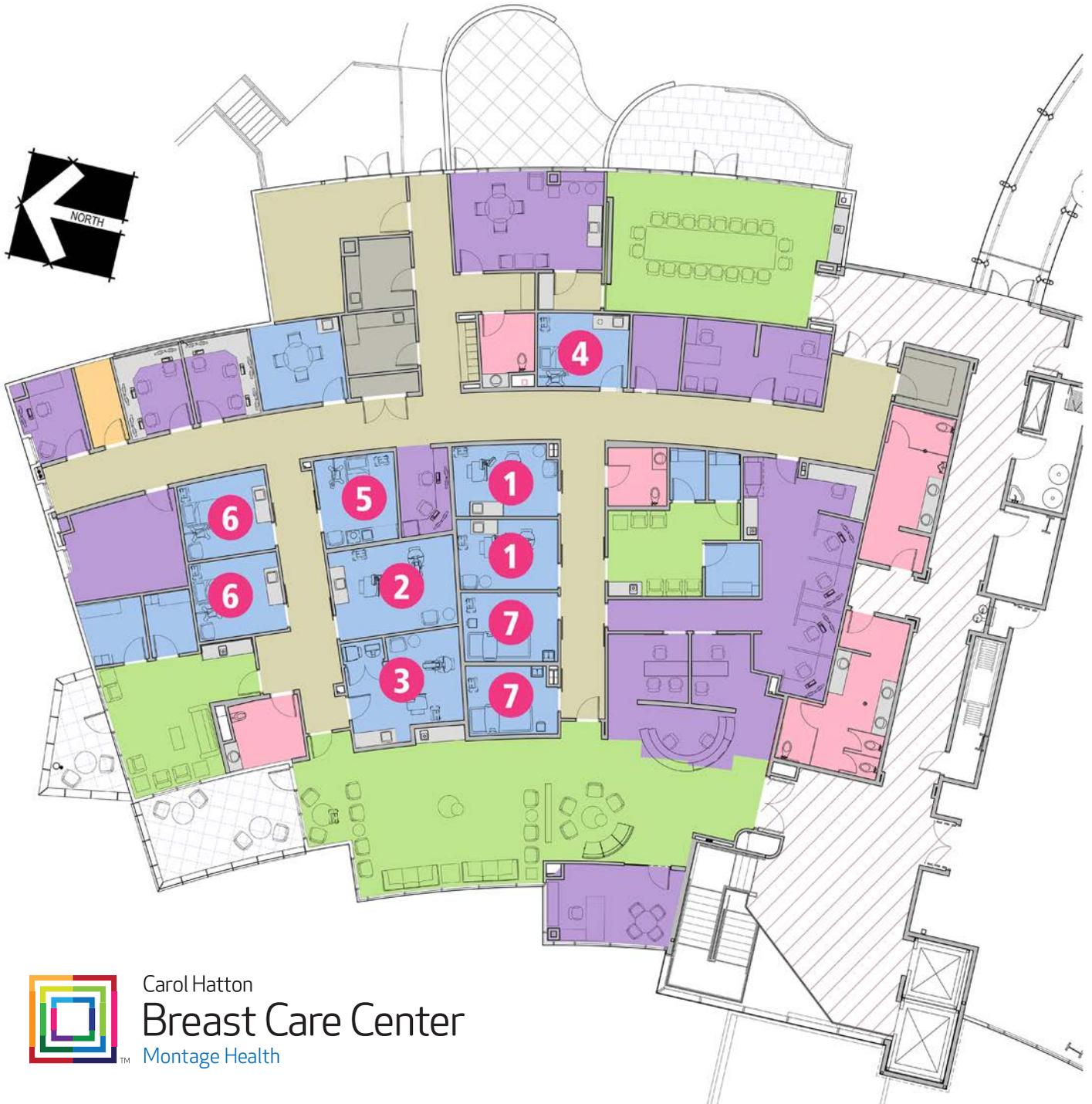
3D MAMMOGRAPHY



LOBBY



BUILDING EXTERIOR



Carol Hatton  
**Breast Care Center**  
 Montage Health

# Erectile dysfunction treatments

**M**ore than two decades after its introduction, Viagra® remains among the most common treatments for erectile dysfunction, but doctors have numerous other tools for treating an issue that affects many men at some point in their lives.

The first step is determining the cause of erectile dysfunction (ED), says Dr. Craig Stauffer, a urologist with Montage Medical Group in Monterey and vice chair of the urology division of Community Hospital's medical staff.

"ED can be the first sign of metabolic changes in the body and should be taken seriously," Stauffer says. "Finding and treating the cause or causes of your ED can improve your overall health and your sex life."

ED happens when blood doesn't flow well into the penis, or when the nerves in the penis are injured. It can be caused by other health issues, including an injury, surgery, diabetes, heart disease, and high blood pressure, or the medications taken for a health issue. It can also be due to lifestyle choices, such as drinking too much alcohol, using drugs, or smoking. Stress, depression, and anxiety can cause or worsen ED.

"I do a very systematic approach to help determine the priorities of the patient and his partner, and identify the therapy that will sustain them," Stauffer says. "A lot of people know about some of the therapies but not all of them."

Non-invasive treatments are often tried first, most commonly prescription medications such as sildenafil (Viagra®), tadalafil (Cialis®), vardenafil (Levitra®), and avanafil (Stendra®). Each of these has a different profile in terms of speed of onset, duration of action, adverse reactions, etc., and should be discussed with a healthcare professional.

These work by increasing blood flow to the penis and require that the user have normal nerve function. They should not be taken by men who take nitrates to improve blood flow to the heart. The Urology Care Foundation reports that about 70 percent of men who take them report good results; rates are lower for people with diabetes or cancer.

Those who don't have success with oral medication should talk further with their doctor, Stauffer says, because studies indicate that up to 50 percent of failures can be remedied with proper education.

If medication isn't the solution, there are other options to consider.

- I Penile injections with vasoactive drugs** — these work by increasing blood flow through a variety of mechanisms. Self-injections can be done after instructions from a doctor or other medical professional. Success rates of up to 85 percent have been reported, but most men discontinue use after a short period. "This takes a patient who's willing to push a needle into a very sensitive area, but they are very effective," Stauffer says
- I Intraurethral medication** — this involves placing a tiny pellet of alprostadil in the urethra, the tube that carries urine from the body. The pellet dissolves to increase blood flow. Success rates of up to 65 percent have been reported, but most men discontinue use in less than a year because of discomfort
- I Vacuum devices** — these use a plastic tube with a low-pressure vacuum. The device creates a negative pressure, which increases blood flow. Most devices are coupled with some form of constriction device at the base of the penis to maintain the erection. With proper training, according to the Urology Care Foundation, about 75 percent of users find it successful
- I Non-inflatable penile implant** — this implant is malleable and, when bent, stays in that form
- I Inflatable penile implant** — this uses a pump implanted in the patient's scrotum, which shifts water from a reservoir to cylinders within the penis, mechanically creating an erection. "Patients and partners alike tend to be very satisfied with the outcomes of this procedure," Stauffer says

*Continued on next page*

In addition to addressing ED from a physical standpoint, Stauffer also focuses on mental well-being. By collaborating with a mental health professional who helps with issues such as adherence to treatment, performance anxiety, stress, and depression, he approaches the patient in a holistic manner.

"I explain to my patients that stress is a very potent anti-erection agent," he says. "It turns on the sympathetic nervous system, which can prevent erections. This can be a very real response to the psychologic stress of erectile function"

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“*ED can be the first sign of metabolic changes in the body and should be taken seriously. Finding and treating the cause or causes of your ED can improve your overall health and your sex life.*”

— Dr. Craig Stauffer, urologist  
Montage Medical Group

# MoGo: An act of prescience

**D**eveloping and establishing MoGo — Montage on the Go — was an act of prescience. Montage Health's urgent care clinics opened in Monterey in March, in Marina in April, and in Carmel in October of 2020, just in time to treat patients experiencing minor illness and injury outside the hospital setting during an unprecedented pandemic.

While practitioners had spent months training to provide urgent-care services to the community, once COVID-19 came to Monterey County, MoGo retrained staff to follow pandemic protocols in receiving and treating patients to enable everyone to feel safe to come in for care.

"Even during a pandemic, people get injured or sick with something other than covid," says Chris Stegge, chief operating officer for MoGo. "We needed to be prepared to treat patients, while not exposing them to anything other than what brought them through the door."

Now, since the summer season is coinciding with a less-restrictive status related to pandemic protocols, people are venturing back outside to enjoy an active-outdoor lifestyle. This typically means more bug bites, bee stings, sprains and strains, bumps and bruises, ticks, and poison oak.

MoGo is ready and waiting to evaluate and treat minor injuries and afflictions, and to assess and triage more serious illness or injury before referring patients to the Emergency department at Community Hospital of the Monterey Peninsula.

"In establishing MoGo," says Stegge, "we were going for a different look and experience than traditional urgent care clinics. Once greeted at the door, a patient is brought directly into an exam room, if available, where the registration process takes place in private, and then care is administered."

If a patient does wait briefly in the lobby, they do so in a fresh, comfortable "living room" setting, with coffee, tea, hot chocolate, and bottled water. Some patients have likened the space to a relaxing spa lobby.

Although a satellite to the hospital, says Stegge, MoGo provides clinical staff — a medical assistant, licensed vocational nurse, and radiological technician — who can perform X-rays, process visit-related lab work, and administer medications on site. All sometimes critical when it comes to summer mishaps.

"If a patient is unsure where to go for medical attention," he says, "they can start with MoGo, and we can advise them on the care they need — especially on weekends or after hours, when they can't contact their doctor or other healthcare providers."

MoGo is ready and waiting, 8 a.m. to 8 p.m., 365 days a year. Patients can call, walk in, or make a reservation online at [mougoutgentcare.org](https://mougoutgentcare.org).



**CARMEL**  
26135 CARMEL RANCHO BOULEVARD  
SUITE B-1



**MARINA**  
2930 2ND AVENUE  
SUITE 120



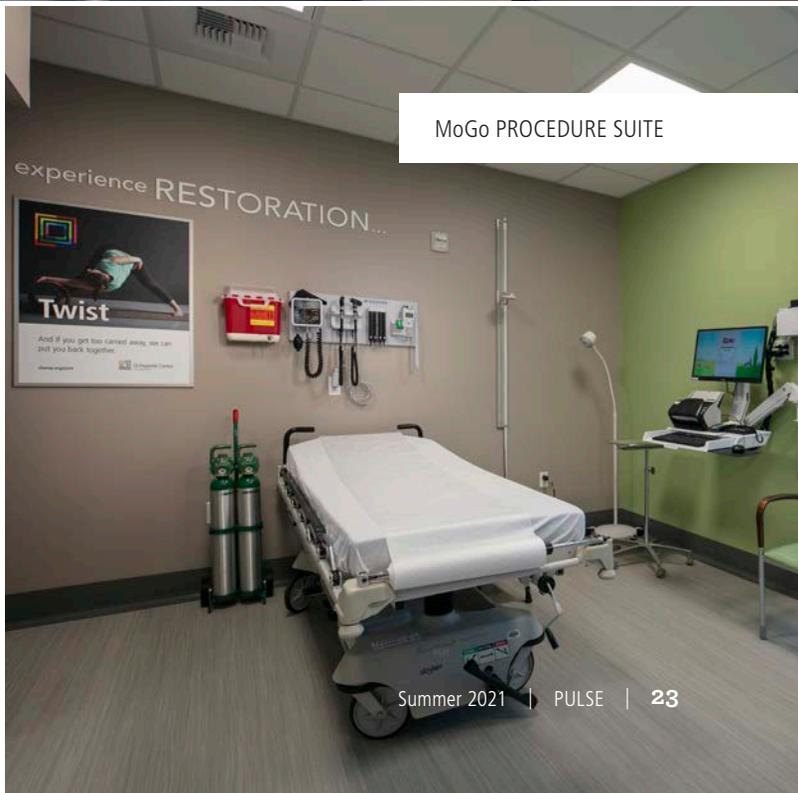
**MONTEREY**  
2020 DEL MONTE AVENUE  
SUITE B



MONTEREY MoGo LOBBY



MoGo X-RAY SUITE



MoGo PROCEDURE SUITE

# I feel dizzy, is it vertigo?

**W**hen patients come into the Emergency department at Community Hospital of the Monterey Peninsula, they don't always know what's wrong, and they don't always have the language to describe how they feel. But they tend to be very clear that they don't feel well.

"A common phrase patients use when seeking emergency medical attention is that they feel dizzy. Yet 'dizzy' doesn't mean anything medically," says Dr. Casey A. Grover, emergency medicine specialist and Community Hospital's vice chief of the medical staff.

"Dizziness is simply a sensation," he says, "but when broken down into one of four syndromes, it can give us an idea of what we're dealing with. Perhaps the patient's balance is off, they feel like they're going to faint, they feel light-headed, or maybe they have vertigo, a sense of spinning when the body's not moving."

A patient may feel off balance because they stood up too quickly. They may feel light-headed because they are dehydrated, or they feel faint because they haven't eaten enough. Yet maybe the room seems to be spinning because they have vertigo, a condition of the inner ear. It's caused by infection, a build-up of fluid affecting pressure, a blow to the head which dislodged tiny crystals or, less often, brain problems related to a tumor or stroke.

"Since dizziness is not a diagnosis," says Grover. "We have to dig deeper to figure out what the patient really means. When faced with the challenge of interpreting the sensation, we can bring in a vestibular physical therapist to tell us if the patient has vertigo, caused by symptoms

peripheral to the ear, or if the patient has suffered a stroke in an area of the brain that affects balance."

Because the eyes are a critical resource in evaluating both vertigo and stroke, says Grover, lead vestibular therapist Lindsay Clark can video eye movement to quickly determine the cause and appropriate therapy. Sometimes it's a matter of applying therapy maneuvers to help crystals float back into place within the inner ear, providing patient relief within minutes. Or maybe the inner ear is inflamed, requiring medication and outpatient follow-up.

Other times, resolving the dizziness is more complicated.

If the vestibular therapist determines the vertigo is related to an abnormality in the brain, the doctor acts quickly to mitigate the effects of a stroke.

"Not every emergency department patient experiencing dizziness needs an evaluation by a vestibular therapist," says Grover, "and not every patient with vertigo has had a stroke. But when needed, a vestibular therapist is an incredibly useful, helpful, amazing resource. It's such an important skill in diagnosing vertigo, its cause, and how to address it. I've never worked with another hospital that has them."

---



*Since dizziness is not a diagnosis.  
We have to dig deeper to figure  
out what the patient really means.*



— Dr. Casey A. Grover, emergency medicine specialist,  
Community Hospital's vice chief of the medical staff



# Recommended immunizations

**W**ith all the focus on COVID-19 vaccines, it's a good time to make sure you are up-to-date on all vaccines for your age group. The Centers for Disease Control recommends numerous vaccines throughout our lifetimes, from one-time shots to annual injections. Review this chart, and then be sure to talk with your doctor about what's right for you.

And if you want an easy way to track your vaccine history, use MyChart, our free, secure, online patient portal. Information is available at [mychart.montagehealth.org](https://mychart.montagehealth.org)

Vaccine	What it can prevent
<b>Influenza</b>	Flu
<b>Tetanus, diphtheria, pertussis</b> (Tdap or Td)	<b>Tetanus</b> — infection that can cause painful muscle contractions <b>Diphtheria</b> — infection that can lead to difficulty breathing, heart failure, paralysis, and death <b>Pertussis</b> — highly contagious respiratory illness, also known as whooping cough
<b>Measles, mumps, rubella</b> (MMR)	<b>Measles</b> — highly contagious virus that causes red blotchy rash, fever, cough, runny nose <b>Mumps</b> — viral disease that causes fever, headache, muscle pain, swelling <b>Rubella</b> — viral infection that causes a red rash
<b>Varicella</b>	Highly contagious virus that causes skin rash that forms small blisters; also known as chicken pox
<b>Shingles</b>	Viral infection that causes a painful rash, often around the torso
<b>Human papillomavirus</b> (HPV)	Most common sexually transmitted infection in the US; can cause cancer
<b>Pneumococcal conjugate</b> (Prevnar 13)	Pneumonia
<b>Pneumococcal polysaccharide</b> (Prevnar 23)	Pneumonia
<b>Hepatitis A</b>	Highly contagious liver infection
<b>Hepatitis B</b>	Liver infection
<b>Meningococcal A, C, W, Y</b> (meningitis)	Infection that causes the membranes that cover the brain and spinal cord to become inflamed and swell, leading to headache, fever, and a stiff neck; can be deadly in a matter of hours
<b>Meningococcal B</b> (meningitis)	See above
<b>Haemophilus influenzae type b</b>	For a range of infections caused by <i>H. influenzae</i> bacteria, from ear to bloodstream

SOURCE: Centers for Disease Control

# for adults



19–26 years	27–49 years	50–64 years	65 years and older
1 dose annually			
1 dose Tdap, then Td or Tdap booster every 10 years			
1 dose Tdap for each pregnancy; 1 dose Td/Tdap for wound management			
1 or 2 doses (if born in 1957 or later)			
2 doses (if born in 1980 or later)		2 doses	
2 doses			
2 or 3 doses			
27–45 years			
1 dose			1 dose
1 or 2 doses			1 dose
2 or 3 doses depending on vaccine			
2 or 3 doses depending on vaccine			
1 or 2 doses			
2 or 3 doses depending on vaccine			
19–23 years			
1 or 3 doses			

**LEGEND:**

 Recommended for adults who meet the requirement, lack vaccine documentation, or lack evidence of past infection

 Recommended for adults with additional risk factor or another indication; talk to your doctor

 Talk to your doctor about whether this is recommended for you



# Doctors receive grants for mentoring program, increasing expertise in addiction treatment, and more in foundation program

**A** medical-career mentoring program for first-generation college, low-income students from underrepresented groups and efforts to reduce opioid abuse are among the latest projects by local doctors to receive grants from Montage Health Foundation's Physician Scholars and Clinical Volunteers program.

The program recognizes outstanding Monterey County doctors and provides grants in support of their pursuit of professional excellence and volunteer work.

Selected as physician scholars were: **Dr. Reb Close**, **Dr. Kenneth Gjeltema**, and **Dr. Casey Grover**. **Dr. Juan Magaña** was selected as a physician scholar and also received a clinical volunteer grant.

"Our Physician Scholars and Clinical Volunteers program is now in its second year, and the foundation is extremely pleased to have been able to recognize outstanding members of the local medical profession and to help support the important work they do," says Kevin Causey, vice president and chief development officer of Montage Health. "They have used their grants to increase their knowledge in areas from cancer treatment to assessing autism and to volunteer around the world. Our community is so fortunate to have them."

The Physician Scholars and Clinical Volunteers program was established by Montage Health Foundation as part of Montage Health's efforts to engage, recruit, and retain excellent doctors to care for our community. Awards are made twice a year and the program is open to all independent, private-practice, Montage Medical Group, or hospital-based physicians on the Monterey Peninsula. Since the program began, more than \$384,000 in grants has been awarded to 24 recipients.

The most recent honorees were selected by the foundation's grants subcommittee, led by Dr. Dan Hightower and Margi Wiest, a member of the foundation's board,

and including Dr. Lauren Farac, Dr. Guru Khalsa, Dr. Zach Koontz, Dr. Hallie Metz, Dr. Craig Stauffer, Dr. Kathryn Swanson, and Dr. Susan Swick.

Following is information about the latest honorees and their work.

**Dr. Casey Grover and Dr. Reb Close** are Emergency department physicians at Community Hospital and the leaders of Prescribe Safe, a nationally recognized effort to reduce opioid abuse and misuse. They were each awarded grants to become board-certified in addiction medicine, enhancing their education, training, and experience to support their work to reduce overdoses, improve access to addiction treatment, and increase drug-abuse prevention.

**Dr. Kenneth Gjeltema**, a family practice doctor with Montage Medical Group, was awarded a grant to support training in the use of the Butterfly IQ, a handheld ultrasound device usable on the whole body. It's about the size of an electric razor and can plug into a smartphone. It will enable imaging for issues like cysts, gall stones, and deep vein thrombosis in the primary care office.

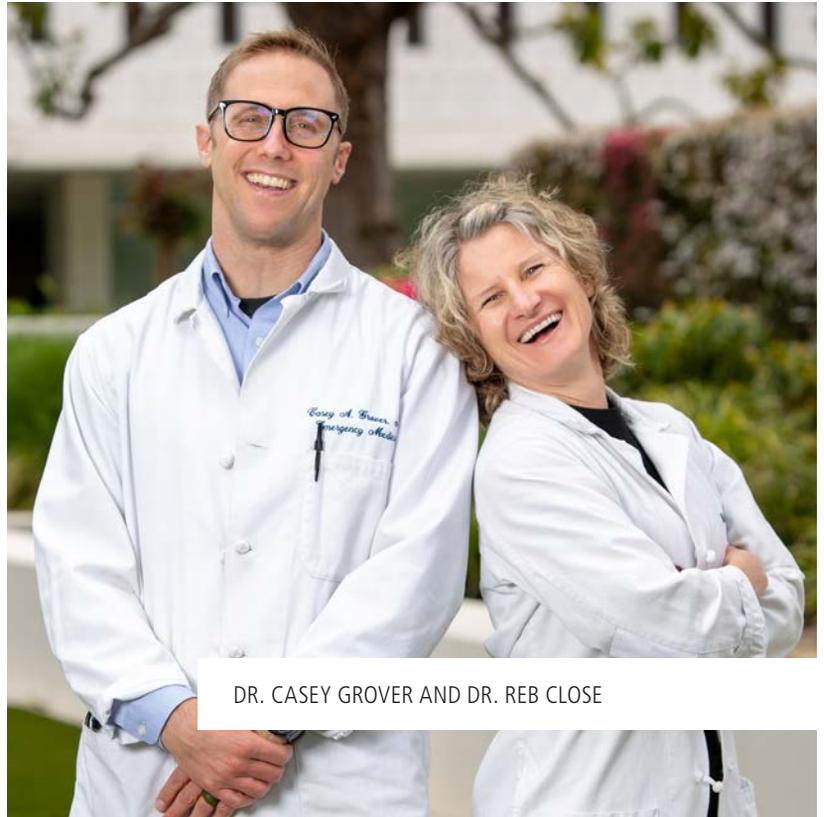
**Dr. Juan Magaña**, a hospitalist at Community Hospital of the Monterey Peninsula, was awarded a grant to develop a strategic plan for a year-long shadowing program at the hospital for 12 first-generation, low-income college students from under-represented minority groups who are interested in careers in medicine. Magaña and his colleagues have been mentoring students, but many face significant barriers to regular participation, including lack of transportation or demands from jobs.

*Continued on next page*

“ They have used their grants to increase their knowledge in areas from cancer treatment to assessing autism and to volunteer around the world. Our community is so fortunate to have them. ”

— Kevin Causey, vice president/chief development officer, Montage Health Foundation

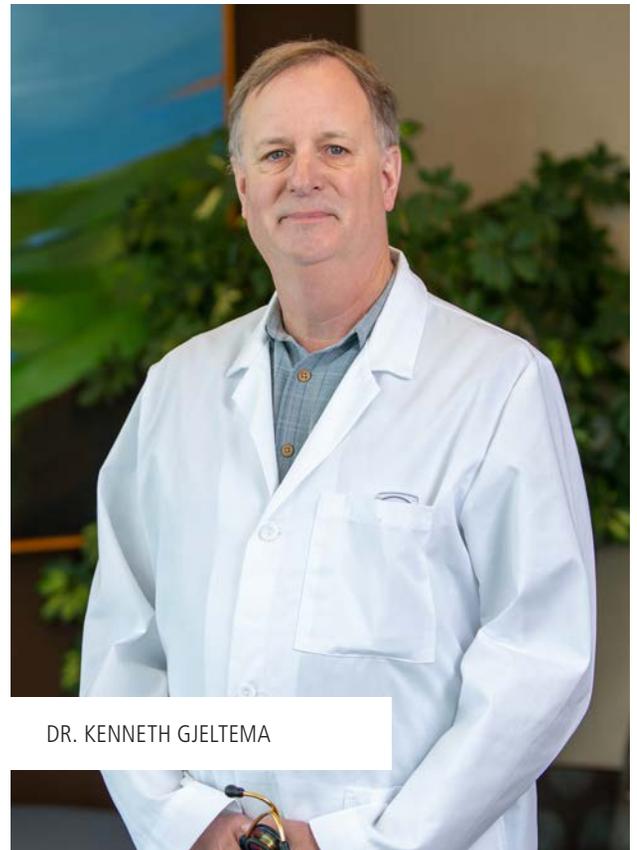
The strategic plan will detail what additional funding and support would be needed to enable students to participate. Magaña also received a volunteer grant from the foundation to continue mentoring students while he develops the formal plan.



DR. CASEY GROVER AND DR. REB CLOSE



DR. JUAN MAGAÑA



DR. KENNETH GJELTEMA

# Weathering a storm — and growing from it



**Susan Swick, MD, MPH**  
Executive Director  
Ohana, Center for Child and Adolescent Behavioral Health

If we were describing the past year-plus like a weather forecast, it would be cloudy ... with a chance of more clouds ... and then some more. Lots and lots of gray days as the world made its way through the COVID-19 pandemic. It had not only physical ramifications, but emotional consequences as well.

There was heightened stress and anxiety. Extreme loneliness and isolation. Depression. A rise in suicides. And, of course, death.

Sometimes, though, talking about unpleasant emotional weather can be helpful and healing. Dr. Susan Swick, executive director of Ohana's Center for Child and Adolescent Behavioral Health, gathered a group of young people last spring to share and sort through feelings and thoughts and emotions, using weather as a talking tool.

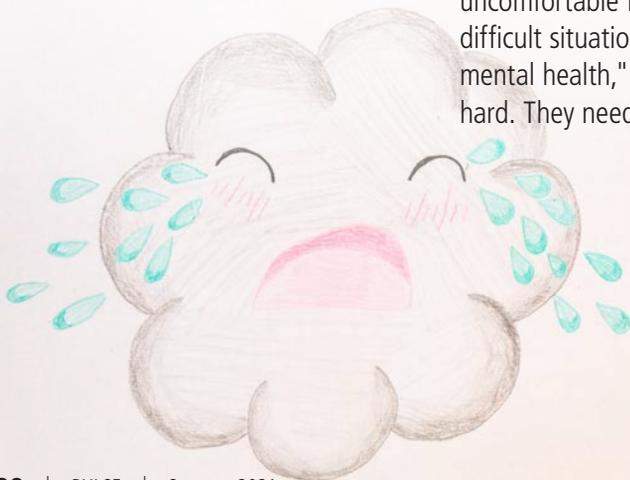
It's the kind of get-togethers that happen at Ohana — children, adolescents, and their families identifying and then working through challenges in pursuit of resilience and mental fitness.

"Every time a child manages an uncomfortable feeling or faces a difficult situation, you're building mental health," Swick says. "It's hard. They need good sleep,

exercise, and nutrition. They also need to be connected to caring adults. They need adults who can cheerlead or comfort, who can offer perspective or guidance. They also need adults who know where to turn when there are concerns that a child's distress reflects more than a passing storm."

Ohana continues to build this community of support — creating relationships with families and with other local advocates and providers — with an eye on the opening of Ohana House, the physical home of the program, in 2023.

You can see, and more importantly, hear, a video of Swick's discussion with a group of children and adolescents on weathering storms online at [chomp.org/swicktips](https://chomp.org/swicktips).



# \$168.8 million

**T**hat's how much Community Hospital provided in support and services to community members and organizations last year.

Through our Community Benefit program, we worked with more than 230 organizations, businesses, and public agencies to improve the health of our community.



**\$162.2 million** Improving access to care

**\$3.6 million** Health education and wellness

**\$2.7 million** Building healthy communities

**\$302,000** Giving special care for special needs

**Plus, more than 8,500 volunteer hours**

Learn more about all of our Community Benefit programs at [chomp.org/communitybenefit](https://chomp.org/communitybenefit)

# Thank you to our donors

## Bringing hope and better health to Monterey County

On the following pages, you'll see the names of those who strengthened the health of our community by giving to Montage Health Foundation in 2020. Their generosity funded critical health needs, forward-thinking special projects, and meaningful medical programs that are improving lives and wellbeing. Thank you to our donors for helping us offer the highest quality, compassionate healthcare to every patient in their time of need.

## Legacy Society of Montage Health Foundation

A legacy gift is the ideal opportunity to ensure your philanthropy has meaning and impact in the future. We are grateful to these donors who are using planned giving, such as a bequest in a will, a charitable gift annuity, or endowed fund, to build legacies that are important to them and Montage Health.

If you have included Montage Health Foundation in your estate plan and are not listed here, please let us know so we may thank you and ensure your legacy has the impact you desire. Please call (831) 658-3630.

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We gratefully acknowledge all of our donors who strengthened community health in 2020 through a gift to Montage Health Foundation. We are honored that so many individuals, corporations, and foundations share our goal to improve lives and wellbeing in Monterey County, and to continue providing the highest quality care for our patients.

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### \$100,000 OR MORE

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Tribute gifts honor friends and loved ones on their birthdays, anniversaries, or other special occasions. Friends who have made tribute donations are listed following the names of the honorary person.

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To make it easier for our patients and community members to find our services, locations, doctors, etc., many of our websites have been merged into one online place — **montagehealth.org**.

This new web experience includes valuable information for Community Hospital, Montage Medical Group, Montage Wellness Center, Montage Health Foundation, and MoGo Urgent Care.

You'll be able to find out how reach us, view MyChart, pay a bill, get medical records, and much more — all faster than before. All in one place. Give it a spin, and we hope you enjoy it.  
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