

pulse

CJ Euresti takes charge of his health



FEATURED IN THIS ISSUE: Preserving vision in more people | Technology and human touch in joint replacement
Combating kidney stones | Preventing diabetes: Don't feed The Beast

Winter 2020
chomp.org/pulse



Community Hospital
of the Monterey Peninsula
Montage Health

2020



From the president

While the COVID-19 pandemic has dominated news for the last year, many of us are dealing with more common health issues — joint pain, vision problems, or kidney stones, for example. So we are going to focus on those topics and more in this issue of *Pulse* magazine.

The ophthalmologist's office is the site of most eye care, but more often than you might think, issues arise that need to be addressed in a more advanced setting. That's where Community Hospital's Outpatient Surgery Center or, occasionally, the main operating room, come in. Nearly every day, procedures are done to treat glaucoma, macular degeneration, cataracts, and other problems that can rob us of our sight. We'll be able to do even more in a new procedure room being constructed.

Having a joint replaced can be a daunting experience. To make it less so, we are turning to both technology and the human touch. We've added an app and a nurse navigator to support patients going through the process, before, during, and after, and early reviews are positive.

This issue also covers kidney stones, an ailment that's been discussed at least as far back as Hippocrates, the father of medicine. (The Hippocratic Oath specifically promises not to cut out kidney stones.) Learn about the best ways to avoid these painful deposits and how they are treated with modern medicine.

We also explore a question faced by some cancer survivors: Can you develop a relationship after a diagnosis? The wedding picture that accompanies this story provides the happy answer.

Please enjoy those stories and more, and have a safe and healthy new year.

ON THE COVER

CJ Euresti, 14, has taken charge of his health and is ready for high school.

Steven Packer, MD
President/CEO

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Pulse is published by Community Hospital of the Monterey Peninsula, a nonprofit subsidiary of Montage Health.

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Advances in technology, medicine, and expertise combine to preserve vision in more people



A haunting memory from the ophthalmology internship of Dr. Eric Del Piero, circa 1980, is the day he perused medical records at a clinic in San Francisco and saw doctors' notes in several files that had been written only a few years earlier: "Send patient to learn Braille," they recommended.

"It's humbling to remember where we were in ophthalmology 40 years ago and then compare it to where we are today," says Del Piero, a Monterey-based retinal specialist. "It's great to think of all the things we can do today to help patients keep their vision for their entire lifetime."

While most eye care is provided in a doctor's office, more serious issues are addressed in a surgical setting. In 2019, more than 800 eye procedures were performed in the Outpatient Surgery Center or the main operating room at Community Hospital of the Monterey Peninsula.

That number could grow with a remodel and enhancement of the outpatient center that will provide new tools and capabilities for preserving and protecting vision. The project, with expected completion in summer 2021, is being funded with a substantial gift to Montage Health Foundation from Carmel resident Marvin Silverman.

The project includes a dedicated procedure room and multiple advances in technology, including a transscleral laser for the treatment of glaucoma.

"We'll also have the ability to do laser-assisted cataract surgery in the Outpatient Surgery Center, a significant upgrade that will improve the accuracy of some of the steps we now do by hand," says Dr. Leland Rosenblum, who specializes in the treatment of cataracts and glaucoma.

The new equipment will enable procedures that could previously be performed only in Community Hospital's main operating room.

"We'll be able to perform more complicated surgeries than ever before on an outpatient basis," says Del Piero, who helped design the hospital's first ophthalmology rooms in 1990.

Glaucoma and cataracts are the most commonly addressed eye conditions at Community Hospital. Glaucoma is a group of eye conditions that damage the optic nerve, usually from abnormally high pressure in the eye. There is no cure, but there are treatments, including prescription eye drops, oral medications, laser treatment, surgery, or a combination.

"Drops are still the mainstay, but patients need more than that many times," says Dr. Philip Penrose, an ophthalmologist in Monterey since 2005. "They may be suffering from side effects of the drops or they're not lowering their eye pressure enough."

To reduce fluid buildup that causes the pressure, laser therapy can be done to increase outflow through channels in the eye, or surgery can create an opening in the white of the eye to enable drainage. Doctors can also insert a tiny stent in the eye to act as a drainage tube.

"Better microscopes enable us to see in these small areas and place these stents that are about the size of the '1' in the date on a penny," Penrose says.

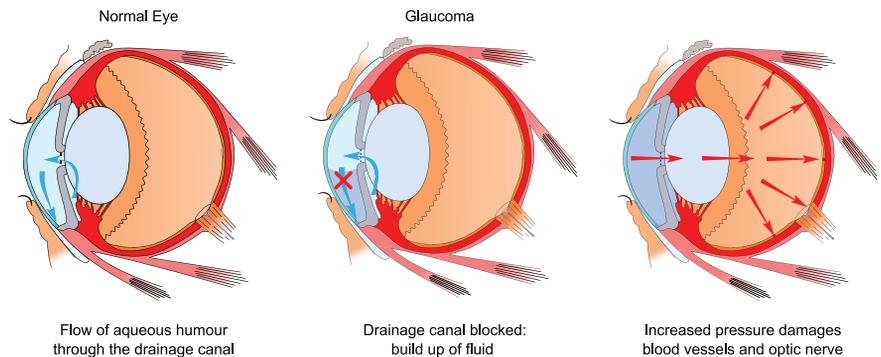
Ophthalmology was the first medical field to use microscopes in surgery, and the technology has evolved substantially in recent years. Advanced microscopes, lasers, and lenses are also improving surgery and outcomes for cataracts, when the lenses become cloudy, obscuring vision.

“The one tissue you look at and pay the most attention to in cataract surgery is the lens capsule, the thin membrane that supports the lens and keeps it centered,” says Penrose, who specializes in cataract surgery and has done more than 800 laser procedures. “You want to protect the tissue in the eye and around the cataract, especially the capsule and the cornea. You want to efficiently remove the cataract, protect the tissue, and maximize their vision so they have relatively less dependence on glasses. The technology of the microscopes we’re using is unbelievable. We can see that membrane, and micro-granules on that membrane, and make sure it’s intact during the surgery.”

Del Piero says the advances in ophthalmology during his four decades as a physician have been wondrous.

“When I did my internship in 1980 and ’81, they were using an instrument called a Xenon arc photocoagulator, which predated the lasers we use now. It was roughly the size of a small room,” he says. “It was only after we started using the Xenon arc photocoagulator and lasers that

Glaucoma



Glaucoma is a group of eye diseases that can cause vision loss and blindness by damaging the optic nerve, in the back of the eye. Primary types are:

- Open-angle glaucoma, the most common; many people don’t have symptoms until they start to lose vision.
- Angle-closure glaucoma, which develops when the outer edge of the iris (the colored part of the eye) blocks fluid from draining out of the front of the eye, causing a sudden increase in pressure. It is a medical emergency and requires treatment right away. Untreated, it can cause blindness in just a few days

Symptoms: Usually starts slowly and goes unnoticed. Over time, may lose side vision, especially closest to the nose. Angle-closure glaucoma can cause sudden symptoms including intense eye pain, upset stomach, red eye, blurry vision and requires emergency treatment

Risk factors: Anyone can get glaucoma but increased risks are for those over age 60, African American or Hispanic/Latino over age 40, family history of glaucoma

Diagnosis: Dilated eye exam

Treatment: There’s no cure, but early treatment can often stop damage and protect vision and includes medicated drops, laser treatments, and surgery

SOURCE: National Institutes of Health



Dr. Eric Del Piero

we were able to get some kind of control over the really severe diabetic retinopathy that developed in patients.

“The lasers we have today are much better; they’re very precise, and our ability to deliver them correctly is vastly improved.”

Del Piero commonly treats patients with age-related macular degeneration and retinal disease, detachments, and retinal defects.

“Those things can cause you to go blind, so we place the retina back into its normal anatomical position so it functions correctly,” he says.

Many of the surgeries Del Piero has been performing in Community Hospital’s main operating room are on patients with diabetic retinopathy and intraocular hemorrhaging. When the remodeling and enhancements are complete, he’ll be able to do those in the hospital’s Outpatient Surgery Center.



Dr. Philip Penrose

Rosenblum’s specialties include cataracts and glaucoma, including surgeries for pterygium (scar tissue that grows across the eye, caused by chronic exposure to sun and wind), YAG laser capsulotomy (scar tissue that sometimes forms behind implant lenses after cataract surgery), and trabeculoplasty and iridotomy (laser procedures to treat glaucoma).

“The technology just keeps getting better,” Rosenblum says. “We’re now able to use a laser to assist with cataract removal. We have intraocular lenses to correct for astigmatism, and multifocal lenses that correct for both nearsightedness and farsightedness.

“We have the ability now to work through very small incisions — two millimeters, or even smaller,” Rosenblum says. “We have selective lasers that don’t leave scar tissue, and selective lasers that can deliver energy across the wall of the eye to lower eye pressure in patients with glaucoma.”

The physicians also focus on prevention and nonsurgical interventions.

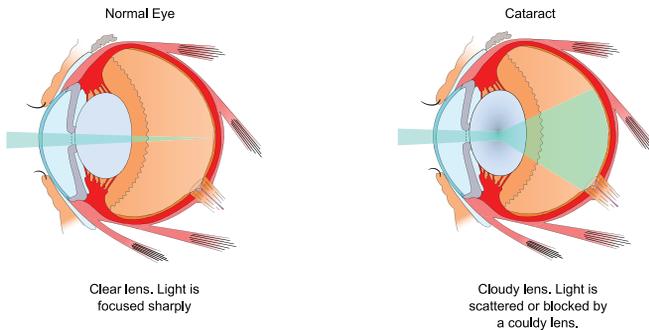
Glaucoma can often be treated with special eyedrops. Macular degeneration can often be thwarted by wearing effective sunglasses and a hat, and using eyedrops to reduce irritation. Many factors can contribute to cataracts, including age, family history, diabetes, smoking, too much sun exposure, and prednisone medication, says Rosenblum.

“Prevention is something I really push,” Del Piero says. “How do you prevent a diabetic from developing diabetic eye disease? By making sure primary care doctors help them keep their diabetes under control. I’m a big cheerleader for prevention.”



Dr. Leland Rosenblum

Cataracts



A cataract is a cloudy area in the lens of the eye. More than half of Americans 80 or older have cataracts or have had surgery to get rid of cataracts.

Symptoms: Blurry vision, faded colors, light sensitivity, trouble seeing at night, double vision

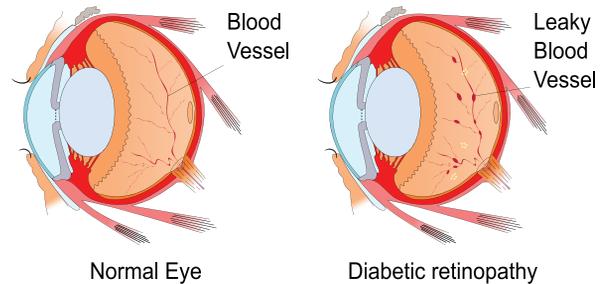
Risk factors: Risk rises with age. Other factors: certain health problems, like diabetes; smoking; too much alcohol; family history of cataracts; eye injury or surgery or radiation on upper body; a lot of time in sun; steroid use

Prevention: Quit smoking; wear sunglasses and a hat to block sun; eat more fruits and vegetables, especially dark, leafy greens

Diagnosis: Dilated eye exam

Treatment: Surgery

Diabetic retinopathy



Diabetic retinopathy affects the blood vessels in the retina (the light-sensitive layer of tissue in the back of the eye) and can cause vision loss and blindness in people who have diabetes.

Symptoms: Blurry vision, floating spots or streaks in vision, blindness

Risk factors: Any kind of diabetes

Prevention: Manage your diabetes, keeping blood sugar levels as close to normal as possible; high blood pressure and cholesterol increase the risk

Diagnosis: Dilated eye exam

Treatment: Medicine, laser treatment, surgery

SOURCE: National Institutes of Health

When should you see an ophthalmologist?

No symptoms of eye problems or risk factors:

Get a baseline eye disease screening at age 40, with follow-ups as recommended by the doctor, based on the results

With symptoms of eye problems or risk factors:

See an ophthalmologist now to determine how often to have eye exams if you have a family history of eye disease, diabetes, or high blood pressure

Injections save vision after macular degeneration diagnosis



On December 30, 2006, Bee Epstein-Shepherd was returning from a trip, passing the time on the airplane by reading. When she got home, she turned on her computer, stared at a line of type that was supposed to be straight, and noticed that it looked wavy.

"I panicked, because I knew what it meant," says Epstein-Shepherd, a doctor of clinical hypnotherapy who has built a career on helping people deal with fear and stress.

She was diagnosed with "wet" macular degeneration, a chronic eye disorder that her mother also had. It can cause blurred vision or a blind spot from abnormal blood vessels that leak fluid or blood. Most people diagnosed with age-related macular degeneration (AMD) have "dry" AMD, in which the central portion of the retina thins; vision is compromised, but there is no leakage or bleeding.

Seeing a straight line appear wavy was a strong indication that a vessel in Epstein-Shepherd's eye was bleeding into her macula, the part of the retina responsible for central vision.

"In a matter of a few hours, from the time I got off the plane to the time I got home, my eye apparently had bled very quickly, so I immediately picked up the phone and called my ophthalmologist," says the Carmel Valley resident.

"It was the Saturday night before New Year's Eve, and Dr. (Eric) Del Piero responded right away," Epstein-Shepherd says. "He saw the urgency and had me in his office at 8 o'clock Sunday morning, which showed exactly what kind of doctor he is."

Wet macular degeneration is usually treated by injecting medications into the eye that can help stop the growth of new blood vessels. The injections may be needed as often as once a month. If vision has been lost or compromised due to the disease, it may be partially restored in some cases as the blood vessels shrink and the fluid is absorbed.

In Shepherd-Epstein's case, regular treatments over the past 14 years have preserved her vision: At 83, she showed 20-25 vision in her right eye and 20-30 in her left in her most-recent exam.

The injections are done in the Outpatient Surgery Center at Community Hospital of the Monterey Peninsula.

Injections into the eye sound daunting, but Epstein-Shepherd, the professional stress reliever, offers this reassurance:

"They are painless, because your eye is numbed beforehand," she says. "You'll feel a little pressure, but, honestly, I feel a lot more pain if I get poked picking my roses than I've ever had from the injections.

"Doctors advise you to take Tylenol® if you experience any discomfort after a treatment, but I've never had to do that," says Epstein-Shepherd, who estimates she's had more than 50 injections since January 2007. "I can't say I've ever had an unpleasant experience from the treatments I've received."

Epstein-Shepherd also takes vitamins to boost eye health on her doctor's advice, and says she's experienced almost no loss of vision since she began the treatments.

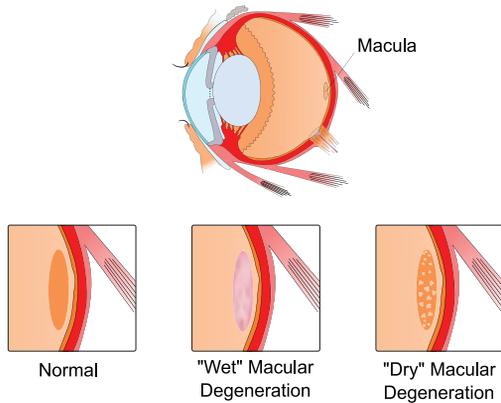
"It's been 14 years since we started," she says, "and if my vision has changed at all, those changes have been so slow and so minimal that I hardly notice."



It's been 14 years since we started, and if my vision has changed at all, those changes have been so slow and so minimal that I hardly notice.

— Bee Epstein-Shepherd, patient

Age-related macular degeneration



Age-related macular degeneration (AMD) affects the macula, or central area of the retina. It blurs central vision, making it hard to see faces, drive, or do close-up work. It is a leading cause of vision loss for people 50 and older.

Symptoms: Blurry area near center of vision; may get bigger or have blank spots over time. In some cases, straight lines start to look wavy; if this happens, see an eye doctor right away

Risk factors: Age, family history of AMD, white race, smoking

Prevention: Quit smoking, get regular physical activity, maintain healthy blood pressure and cholesterol, eat healthy foods, including leafy green vegetables and fish

Diagnosis: Dilated eye exam

Treatment: Vitamins and minerals, injections, laser treatment

SOURCE: National Institutes of Health



EYE INTERVENTIONS

More than 800 eye surgeries and procedures are performed annually at Community Hospital of the Monterey Peninsula, including:

- Surgery for:
 - Retina detachment
 - Diabetic retinopathy
 - Holes or puckers in the macula, the central area of the retina
 - Drooping eyelids and eyelid malposition
 - Removing tumors
- Glaucoma surgery with valve insertion to reduce pressure
- Laser trabeculolasty to reduce eye pressure in patients with open-angle glaucoma
- Laser iridotomy to treat patients with narrow- or closed-angle glaucoma
- Transscleral selective laser treatments to reduce eye pressure in all forms of glaucoma
- Implants of sustained-release eye medications to treat glaucoma or other eye diseases
- Injections to treat macular degeneration and retinal circulatory problems
- Laser surgery to remove “secondary cataracts” or cloudy capsule membranes that can develop months or years after successful cataract surgery
- Lens implants during cataract surgery to correct astigmatism and both distance and near vision
- Intraocular gas/fluid exchange for persistent or recurring bleeding between the lens and retina
- Pneumatic retinopexy with cryotherapy for retinal detachments, in which a gas bubble is injected into the eye to push the retina against the back of the eye, and then is frozen in place
- Removal of foreign bodies
- Laceration repairs



Architect's rendering of the new eye procedure room being built at Community Hospital, thanks to a gift to Montage Health Foundation from Marvin Silverman of Carmel.



Technology + human touch support successful joint replacement



Steadily evolving medical technology has made joint replacement easier than ever before, but teamwork and a clear before-during-and-after plan among patient, surgeon, and hospital staff are critical to a successful outcome.



Force Therapeutics enables us to get information to our patients at the time they need it, and keep every member of our team on the same page with our plan.

— Dr. Christopher Meckel
Orthopedic surgeon

“It’s still a major operation, but what we’ve learned through the years is that patients do much better if they have a better understanding of the process, its risks and complications, and how important their own participation is in the outcome,” says Dr. Michael Pitta, an orthopedic surgeon.

To help develop that understanding, the Orthopedic Center at Community Hospital of the Monterey Peninsula has added a dedicated nurse navigator to work with patients having knees, hips, or shoulders replaced, and an interactive software tool that helps guide them through the process. The software, from Force Therapeutics, has been used by Pitta, Dr. Christopher Meckel, and others at Monterey Spine & Joint for more than a year, generating positive response from patients.

“It has been a great way to stay connected, get the information I need, and feel well cared for,” says Meredith Manhard, who had a hip replacement by Dr. Christopher Meckel earlier this year. (See related story.)

Through the Force software, medical teams can send information, reminders, and instructional videos

to keep the patient on track before surgery and through recovery. It also allows patients, or their advocates, to communicate with those team members through secure texting, so they don’t have to navigate a phone system or track down the person who can address their issue.

Force is now also used by Dr. Scott Kantor and Dr. Gregg Satow and available to other Orthopedic Center surgeons.

“Force enables us to get information to our patients at the time they need it, and keep every member of our team on the same page with our plan,” says Meckel, “it wasn’t that we didn’t have a plan in previous years — it’s just that those plans weren’t always well-articulated.”

An additional human touch is provided by the nurse navigator. After meeting with a surgeon and determining that a knee, hip, or shoulder replacement is the best option, a patient connects with the Orthopedic Center at Community Hospital.

“Patients first meet with our nurse navigator, or with me, at a pre-anesthesia testing appointment,” says Sarah Wurtz-Huseby, program manager of the center. “This is the



Sarah Wurtz-Huseby, Orthopedic Center program manager, left, and Jessica Hare, RN, nurse navigator

first touchpoint, where we explain our role, which is to build a bridge between the patient, the patient's family, and the surgeon, and be that one-to-one clinical companion through the entire process.

"From that appointment on, patients always have the ability to call us, message us, or meet with us in person, through 90 days after leaving the hospital."

In Manhard's case, she met with nurse navigator Jessica Hare, RN, before surgery for a thorough discussion of what to expect and how best to prepare. At an appointment in the hospital's preoperative clinic, essential tests were done and medical history

gathered — a critical step for a successful surgery. After the surgery, when it was time to leave the hospital, Wurtz-Huseby had a 45-minute call with Manhard's husband to review at-home care and monitoring for issues that might arise.

Then, as is standard practice, Hare called Manhard's home within 48 hours of the surgery to make sure pain was under control and she had all needed medications and supplies. Follow-up calls continued every two weeks for three months, to ensure progress.

"This is the next level in comprehensive care, easing those transitions between home and

hospital, then back home again after surgery," says Hare, the designated navigator.

Also integral to the team is a "coach," typically a family member or friend of the patient whose role is to support them at home for a minimum of three days after surgery. In Manhard's case, it was her husband.

"We educate the coaches about the things they need to know and familiarize them with a reference guide we provide," Meckel says. "If a patient has pain, the coach can flip to the page that addresses pain and immediately find things they can try — elevation, massage, ice, distraction, medication ..."



Joint replacement was arguably one of the most-difficult surgeries to overcome, but today is a much-easier, very-successful type of surgery.

— Dr. Michael Pitta
Orthopedic surgeon

The coach also helps the patient get in and out of bed safely, ensures that the patient attends appointments with doctors and physical therapists, and helps process information and instructions from the doctor.

“It’s not unusual for a patient to forget things because of the stress of surgery,” Pitta says. “The coach is there to be the sponge that can absorb information and relay it back to the patient.”

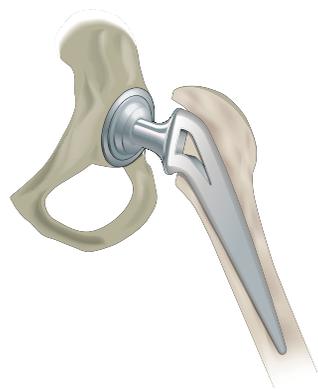
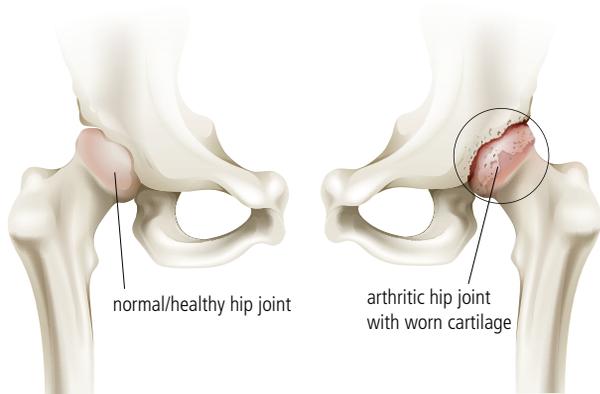
“Joint replacement was arguably one of the most-difficult surgeries to overcome, but today is a much-easier, very-successful type of surgery,” Pitta says. He and Meckel cite numerous advances in anesthesia, pain management, post-op recovery, physical therapy, and tools and technology, including:

- The newest generation of artificial joints are composed of ultra-high molecular-weight polyethylene, more durable than previous versions, and less likely to loosen during use
- Patients previously were hospitalized 3–5 days after joint surgery, but today go home the following day in most cases. Reasons for the quicker release include improved anesthesia (spinal anesthesia, rather than gas, resulting in less nausea and fewer blood clots), more-effective pain medication (a combination to regulate pain in different ways, as opposed to a single narcotic painkiller), and elimination of a catheter (less necessary because modern surgeries are quicker)
- Joint-replacement patients once spent two weeks, and sometimes up to a month, recovering in a skilled nursing facility, but a change in philosophy has reduced the need. Bed rest no longer is encouraged, because active patients recover much more quickly. And patients also tend to do better at home, in their own, comfortable environment

“You’re not sick after joint replacement; on the day of surgery, once the anesthesia wears off, the patient needs to stand and walk,” Meckel says. “The idea that you need to stay in bed, with people bringing everything you need, is wrong. Getting out of bed to fetch your own glass of water is great therapy.”

“Community Hospital has an orthopedic floor, with orthopedic nurses who know how to care for joint patients after major surgery,” Pitta says. “We feel very fortunate that CHOMP provides us with that level of personnel, and has allowed us to bring in technology that has been shown to benefit our patients.”

Learn more about Community Hospital’s Orthopedic Center at chomp.org/joint



Total hip replacement surgery

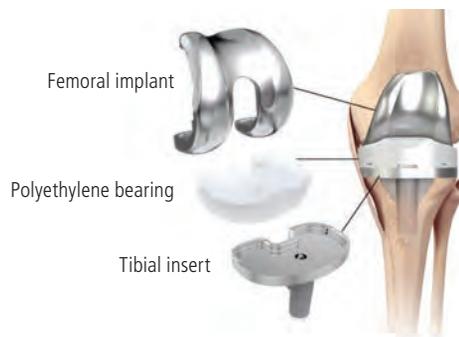
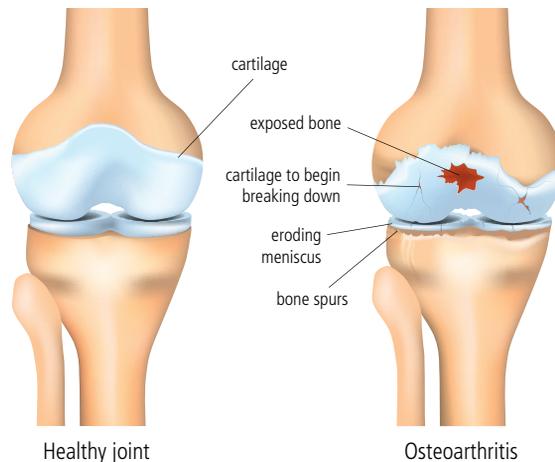
Total hip replacement surgery replaces the upper end of the thigh bone (femur) with a metal ball and resurfaces the hip socket in the pelvic bone with a metal shell and plastic liner.

Total hip replacement surgery replaces damaged cartilage with new joint material in a step-by-step process.

Doctors may attach replacement joints to the bones with or without cement.

- **Cemented joints** are attached to existing bone with cement
- **Un-cemented joints** are attached using a porous coating that adheres the bone to the artificial joint. Over time, new bone grows and fills the openings in the porous coating, attaching the joint to the bone

There are different approaches for hip replacement surgery. If you are interested in joint replacement, discuss the various options with an orthopedic surgeon.



Total knee replacement surgery

Knee replacement surgery involves replacing some or all of the components of the knee joint with a synthetic implant to repair the damaged weight-bearing surfaces that are causing pain. Total knee replacement surgery replaces all three compartments of the diseased knee joint. While there are non-surgical and surgical interventions short of knee replacement that often provide temporary relief, the long-term resolution to most knee degeneration is joint replacement.

There are two main benefits from knee replacement surgery: elimination of pain and improved range of motion. Of all possible surgical interventions, total knee replacement offers the greatest quality of life improvement and has a high success rate.

In the swim after hip replacement



Meredith Manhard loves to swim. Most mornings, she slips into her fins, adjusts her snorkel, and swims, freestyle down the outer lane of the pool at Carmel Valley Athletic Club.

In the water, nothing hurts. Particularly her hip joints which, over time, have become stiff and painful. Recently, the pain had caused her to limp.

"I've been having joint pain for years," says Manhard, 72. "My diagnosis is osteoarthritis. Over time, the cartilage in my hip joint has worn away, and the space between the bones has decreased, causing bone to rub against bone."

Manhard's general practitioner referred her to orthopedic surgeon Dr. Christopher Meckel of Monterey Spine & Joint. Meckel determined, via imaging and examination, that Manhard would be a good candidate for a right hip replacement.

"My pain and discomfort had been affecting my mobility and my well-being for years," she says. "I wanted the surgery as soon as possible, but I was hesitant to undergo surgery during the COVID pandemic."

After learning about the safety practices and protocols in place at Community Hospital of the Monterey Peninsula, Manhard decided to move ahead. On Tuesday, September 8, she underwent hip-replacement surgery. On Wednesday, September 9, she went home.

"Before my surgery, Dr. Meckel introduced me to the Force patient health and fitness app, through which he electronically sends patient alerts and information," says Manhard. "He also provided care instructions and positive thoughts through the app. It has been a great way to stay connected, get the information I need, and feel well cared for. Dr. Meckel says to be successful, I need to feel informed and supported throughout the whole experience, and this software supported that."

Before surgery, Manhard met with Community Hospital's Orthopedic Center nurse navigator and was seen in the preoperative clinic for tests and a thorough review of her medical history. She also received a binder from the Orthopedic Center, with information essential to managing her joint-replacement process.

"The Force program got me into the mindset that I need to participate in the process and my own healing," Manhard says. "I need to eat well, which includes a lot of protein, do my assigned exercises, and have a designated caregiver to help manage my meds and assist me. I couldn't go home without an identified caregiver."

She identified Scott Manhard, her husband of 40 years, as her coach/caregiver.

"Caregiving is not easy, and Scott's doing a great job," says Manhard, a retired dietitian for Carmel Valley Manor. "It's good to have someone who knows me so well and is right there for me."

As her coach and caregiver, Scott talked with the Orthopedic Center coordinator for a thorough review of how to support his wife's recovery. The binder was a valuable tool; the "Life after Joint Replacement" section, in particular, explained how to maneuver daily tasks, such as showering, walking, sitting, and climbing stairs.

"Dr. Meckel did my surgery from an anterior approach, coming in from the front to replace my hip joint," said Manhard. "This was better for me than a posterior approach, he said, which would have caused more restriction of movement. Even right after the surgery, I had more range of movement. I could already bend down — not that I wanted to quite yet."



Manhard's biggest challenge was learning how to manage early pain. "We didn't medicate soon enough, so we let the pain get away from us. We learned you have to stay ahead of the pain."

She began physical therapy one week after her surgery and had her first follow-up doctor's appointment at six weeks.

"I'm told it takes a full year for everything to heal," she says. "As much as Community Hospital and the Force program did to prepare me, I still was surprised at how challenging the recovery has been for me. That's why it's so important to have the ongoing support throughout the whole experience."



The Force program got me into the mindset that I need to participate in the process and my own healing.

— Meredith Manhard

Combating kidney stones through prevention, treatment



She awoke at 3 o'clock in the morning with a pain in her lower abdomen that rivaled childbirth. She felt an urgent need to urinate, but nothing would come; and bearing down was intolerable. Soon, she headed to the Emergency department at Community Hospital, while her husband stayed home with their sleeping children.

She'd never had a kidney stone before but had heard they were horrible, so she assumed this was her first. A doctor confirmed her self-diagnosis and introduced her to another first: treatment to break up the stone so it could pass more easily.

Fortunately, not every kidney stone rises to the level of an emergency, and there are ways to reduce the risks of having them, says Dr. Michael Jacobson, a urologist with Montage Medical Group.

Kidney stones occur in the urinary tract when urine contains more crystal-forming substances — calcium, oxalate, or uric acid — than the urine can dilute. Though stones can form anywhere in the urinary tract, they form most often in the kidneys.

There are a variety of causes for kidney stones, but the most common are poor diet and dehydration.

"Kidney stones form most commonly in people who don't drink enough fluid, particularly during exercise or hot weather," Jacobson says.

"People, particularly those who have a history of forming stones, need to

consume at least 2.5 liters of fluid a day to produce at least 2.5 liters of urine per day, which is a lot."

In general, people need to maintain enough hydration so their urine is light yellow or clear.

"For the most part, it doesn't matter what fluids are consumed; water, coffee, tea, even beer, lemonade, or clear sodas don't cause stones," Jacobson says.

"Something about dark sodas, however — Pepsi®, Coke®, Dr. Pepper® — perhaps the caramel coloring, makes people secrete a lot more calcium, which can cause stones."

Another cause is over-consumption of salt. Jacobson and his fellow Montage Medical Group urologists, Dr. Andrea Chan, Dr. Harsha Mittakanti, and Dr. Craig Stauffer, advise a low-sodium diet, generally 3 grams or less per day. They recommend reading food labels, and if an item contains more than 30 percent of the recommended daily allowance of sodium per serving, make another choice.

"People say they don't eat much salt but often have no idea how much sodium they consume," Jacobson says. "Salt is insidious, particularly in pre-packaged, pre-prepared, canned, and frozen foods, which often contain large amounts of salt to make them more palatable."

Over-indulging in animal protein is another contributor.

"I say anything that ever swam or walked or had a face — poultry, fish, or muscle meat — should be consumed sparingly," Jacobson says. "We don't necessarily recommend becoming a vegetarian, but we do suggest to anyone who's had a problem with stones that they limit the consumption of purines, a chemical compound found in high concentrations in meat and meat products. Purines, which break down into uric acid, can cause kidney stones."

People concerned about kidney stones often turn to the internet. The first thing to come up, says Jacobson, is avoiding oxalate. Ironically, it is found in typically healthy foods such as greens, nuts, and berries.

“Healthy people are not going to have a problem with these foods,” he says, “with the exception of spinach. It contains a gigantic amount of oxalate. A spinach shake with almond milk is like an oxalate bomb.”

So, with all due respect to Popeye, someone who has a history of kidney stones may want to reduce or eliminate spinach consumption.

Common kidney stone symptoms include:

- Severe, sharp pain in the side and back, below the ribs
- Radiating pain in the lower abdomen and groin
- Pain that fluctuates in severity
- Pain or burning while urinating

You should seek immediate medical attention if you have:

- Pain so severe you can't get comfortable
- Pain with nausea
- Pain with fever and chills
- Blood in urine
- Difficulty urinating

If a stone is diagnosed and the doctor feels it will pass without infection, the best course may be no intervention. Otherwise, Jacobson says, shockwave treatments have been the standard since the 1970s to break up the stone so it can pass. If the stone is particularly large, laser treatments can be used to pulverize it.

“An emergency situation is when a stone is trying to pass from the kidney into the ureter, the tube that connects the kidney to the bladder, blocking the flow of urine and causing an infection,” Jacobson says. “The blocked urine can go backward and enter the blood stream, causing sepsis. When people are septic from a kidney stone, this is a potentially deadly problem requiring surgery.”

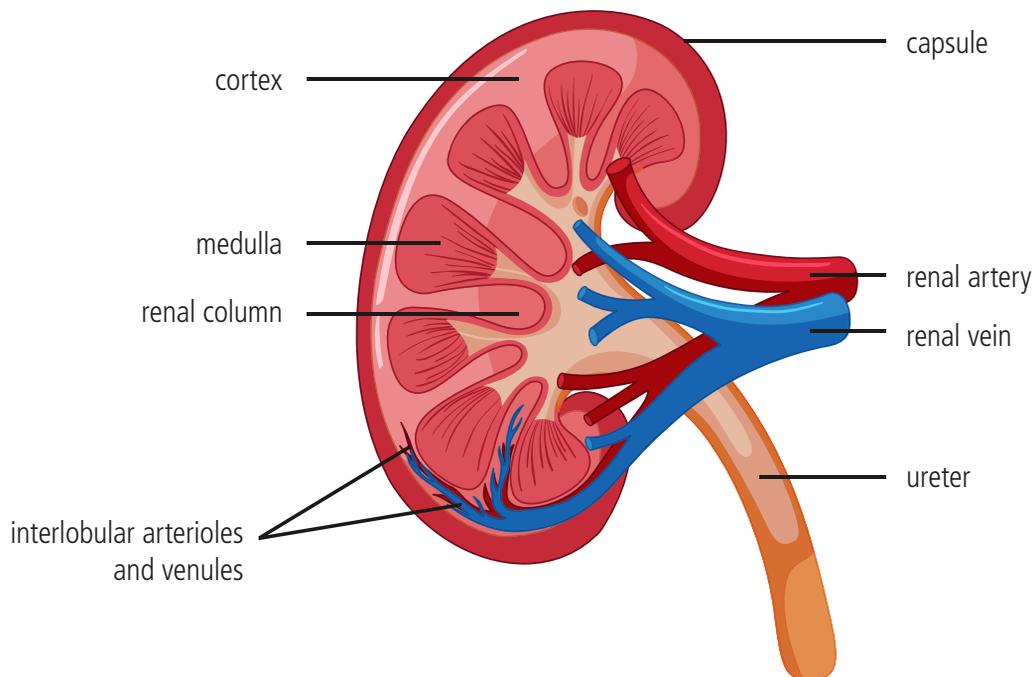
“Kidney stones are so common, and we’ve been really fortunate to have the support of Community Hospital to acquire the most advanced equipment possible to resolve them,” Jacobson says. “But most important to understand is that most stones are preventable, if we know how.”



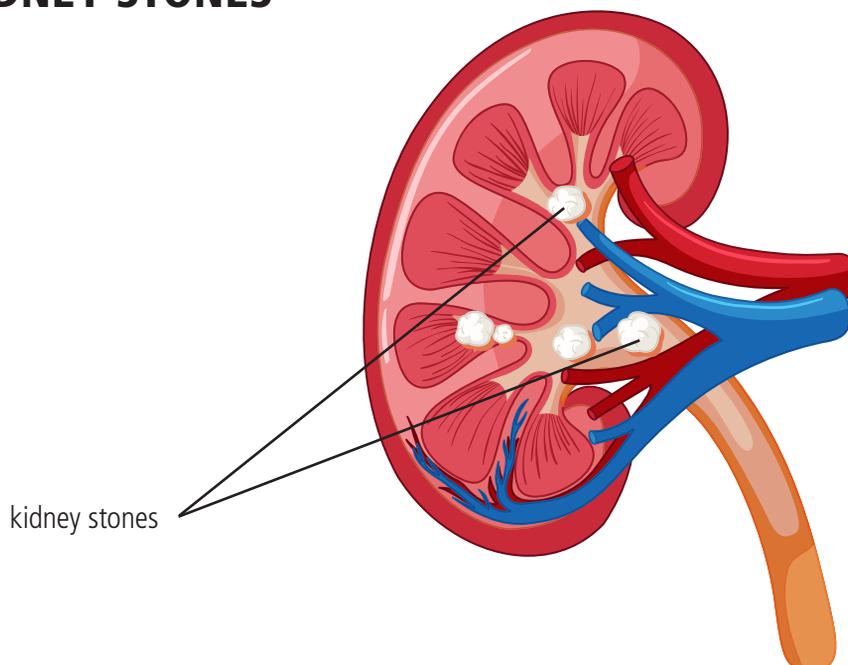
Kidney stones are so common, and we’ve been really fortunate to have the support of Community Hospital to acquire the most advanced equipment possible to resolve them. But most important to understand is that most stones are preventable, if we know how.

— Dr. Michael Jacobson, urologist

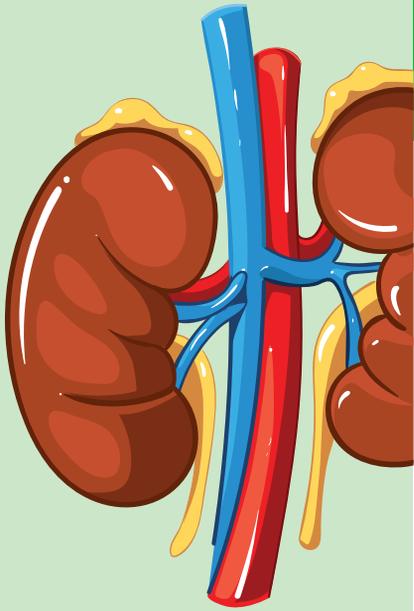
HEALTHY KIDNEY



KIDNEY WITH KIDNEY STONES



DIET RECOMMENDATIONS TO REDUCE RISK OF KIDNEY STONES



■ Drink plenty of fluid: 2–3 quarts/day

- This includes any type of fluid such as water, coffee, and lemonade, which have been shown to have a beneficial effect, with the exception of grapefruit juice and soda

This will help produce less-concentrated urine and ensure a good urine volume of at least 2.5L/day



■ Eat a moderate amount of protein

High-protein intake will cause the kidneys to excrete more calcium, which may cause more kidney stones to form

■ Avoid high salt intake

- High-sodium intake increases calcium in the urine, which increases the chances of developing stones

- A low-salt diet is also important to control blood pressure



■ Limit foods with high oxalate content

Spinach, many berries, chocolate, wheat bran, nuts, beets, tea, and rhubarb should be eliminated from your diet



■ Eat enough dietary calcium

Three servings of dairy per day will help lower the risk of calcium stone formation



■ Avoid high doses of vitamin C supplements

- It is recommended to take 60mg/day of vitamin C
- Excess amounts of 1,000 mg/day or more may produce more oxalate in the body

■ Avoid extra calcium supplements

Calcium supplements should be individualized by your doctor and registered kidney dietitian



SOURCE: National Kidney Foundation

Connecting patient records for safer, more efficient care



When one of Dr. Sharon Wesley's patients had care at Community Hospital of the Monterey Peninsula, tracking the details previously required a series of phone calls, release forms, faxes, and more to ensure she had the complete picture of their health issues. Today, Wesley has a direct window into the care and history, without all the back-and-forth, because her office and Community Hospital use the same electronic medical record system.



"We're all on one chart, essentially — inpatient or outpatient, we can easily communicate," says Wesley, a family practice doctor in Monterey since 2002. "It's better for doctors, but more importantly, it's better for our patients."

Community Hospital began using the system, called Epic, in August 2018 and has been working closely with local doctors who are interested in adopting the provider version, Epic Connect. The hospital subsidizes most of the cost, considering it an investment in patient safety and efficiency.

"It supports better, safer care and reduces costs by avoiding duplication," says Rose Wheelus, provider support services manager at Community Hospital. "And it gives patients the same kind of access to their own records. If I'm seeing a primary care doctor, an endocrinologist, and a cardiologist, and they are all using Epic, then everyone knows what everyone else is doing."

Wheelus recently had her own positive experience with the system. A family member received care

We're all on one chart, essentially — inpatient or outpatient, we can easily communicate. It's better for doctors, but more importantly, it's better for our patients.

— Dr. Sharon M. Wesley

at both Community Hospital and Stanford Medical Center. Both use Epic so the doctors involved could easily share records to inform and support the care they provided.

The secure patient record system is now used by more than 70 percent of the hospitals in the United States and a growing number of medical practices. All the doctors with Montage Medical Group, part of Montage Health, are on the Epic system. In addition, Wheelus and her colleagues at Community Hospital have worked to bring 20 local providers on board, and five more offices are in the pipeline.

Wesley was in the first-adopter group in December 2018, after she served as a subject matter expert on a Community Hospital committee that evaluated new record systems.

"I loved Epic from the moment I saw it because I could see the potential," she says. "It is used in university medical systems and in places all over the world. Patients are mobile; to have a chart that traveled with them made sense to me."

"I had a patient come to me from the Bay Area, for example, and she didn't have all the information I needed about her history, the medications she has taken, what doctors had seen her," Wesley says. "I was able to go into Stanford's Care Everywhere from Epic and find all the information I needed in order to make sure I was managing her healthcare correctly."

Patients have access through a portal called MyChart. "My patients are very happy," Wesley says.



It's been phenomenal. It's very easy to document notes from visits and procedures, to capture encounters, and then process the encounters for billing.

— Dr. Richard Ravalin

"They can see their lab and radiology results. They can send me messages. They can look at their appointments." (See page 24 on how to sign up.)

Dr. Richard Ravalin, an orthopedic surgeon in Monterey, began using EpicConnect in March 2019 and has found benefits from both care and business perspectives.

"It's been phenomenal," Ravalin says. "It's very easy to document notes from visits and procedures, to capture encounters, and then process the encounters for billing. I can literally see 40 patients and formulate my notes within 24 hours of seeing them, charges go to a payer (insurance company), and sometimes within 24–48 hours, I'm getting reimbursement...and all the information is linked into the patient's chart without a lot of data entry work."

By law, Community Hospital can't subsidize billing-related software or hardware for physicians. But the expense has been worth it to Ravalin, who no longer uses a billing company.

"I was told initially that it's not recommended to do your billing yourself, but it turns out it has so many capabilities to deliver ease of billing, and I'm still uncovering how much potential there is," he says. "There were some growing pains for 3-4 months, but it's been a lifesaver."

Wesley is happy to talk to offices considering moving to Epic, and sharing her experiences.

"I think it would be wonderful if we were all on one chart in our community," she says. "I think it would be really important for patient safety and efficient care of patients."

To learn more about EpicConnect, doctors can call (831) 658-3989.

Patients of Community Hospital or physicians who use Epic can sign up for MyChart at montagehealth.org/mychart

BENEFITS TO PATIENTS

If you are a patient of Montage Health (including Community Hospital of the Monterey Peninsula, Montage Medical Group, and MoGo Urgent Care), or any of the doctors using EpicConnect (see page 25), you have free access to MyChart. This patient portal is a free, secure and easy way to see your health records, lab and imaging results, manage medications, and much more.



View medical information

Access your own medical information or your family member's, to stay on top of your medical care.



Access your test results

View your results and caregiver notes within a couple days of the appointment.



Pay bills

View and pay your healthcare bills.



Update your information

Manage your personal and insurance information. Fill out health questionnaires as needed by your health team.



Viewing and sharing

Share your healthcare information with other healthcare providers, friends, and family, with a one-time access code.

And, if you are a Montage Medical Group patient, you will be able to:



Communicate with healthcare team

Ask your care team questions or ask for a referral between appointments.



Manage medications

View medications and request refills.



Manage appointments

Request, view, or cancel an appointment. Check in for your appointment from home.

Learn more and sign up at montagehealth.org/mychart

DOCTORS USING EPICCONNECT

These doctors in Monterey County are using EpicConnect as their electronic health record, making it easier for them to see a patient's whole health picture and for patients to see and share their records.

- Dr. Jean-Philippe Abraham
- Dr. Nupur Aggrawal
- Dr. Lancelot Alexander
- Dr. Nina Amelio-Simulcik
- Dr. Shaida Behnam
- Dr. Jon Benner
- Dr. Larry Berte
- Dr. Martha Blum
- Dr. Barbara Boyer
- Dr. Lellivi Carmen
- Dr. Grace Casserly
- Dr. Andrea Chan
- Dr. Steven S. Chang
- Dr. Kathleen Chase
- Dr. Elizabeth Clark
- Dr. Michael Cuenca
- Dr. Heather Cunningham
- Dr. Thomas Cunningham
- Dr. Ajanta De
- Dr. Hulbert Do
- Dr. Kalen Erickson-Moreo
- Dr. Jeffrey Ettinger
- Dr. Steven Fowler
- Dr. Richard Garza
- Dr. Gillian Generoso
- Dr. Kenneth Gjeltema
- Dr. Steven L. Goldberg
- Dr. Michael Gorman
- Dr. Richard Gray
- Dr. Murtuza Gunja
- Dr. Shinkai Hakimi
- Dr. John Hausdorff
- Dr. Georgina Heal
- Dr. Michael Jacobson
- Dr. Shama Jesudason
- Dr. James Joye
- Dr. Kenneth Juenger
- Dr. Richard Kanak
- Dr. Thomas Kehl
- Dr. David Keller
- Dr. R. Bryan Klassen
- Dr. Susan Kubica
- Dr. Ambreen Laeeq
- Dr. Eugene Y. Lee
- Dr. Maris Stella Legarda
- Dr. Aarush Manchanda
- Dr. Evangelina Martinez
- Dr. Dana McDermott
- Dr. Michael McGlue
- Dr. JP Meckel
- Dr. Peter Andreas Michas-Martin
- Dr. Harsha R. Mittakanti
- Dr. Mark Morrow
- Dr. Harry Nervino
- Dr. Jeanne Phillips
- Dr. Resmi Premji
- Dr. Michael Presti
- Dr. Amir Rahnavaad
- Dr. Carlos Ramirez
- Dr. Richard Ravalin
- Dr. Jayme Rock-Willoughby
- Dr. Gediminas Ruibys
- Dr. Shehab Saddy
- Dr. Keiko Saito
- Dr. Leonard Sanders
- Dr. Pir Shah
- Dr. Nupur Sinha
- Dr. Diane Sobkowicz
- Dr. Gregory Spowart
- Dr. Craig Stauffer
- Dr. David Straface
- Dr. Michael Stuntz
- Dr. Douglas Sunde
- Dr. Jill Tiongco
- Dr. Daniel Torba
- Dr. Pablo Veliz
- Dr. William Verlenden
- Dr. Mark Vierra
- Dr. Kearnan Welch
- Dr. Sharon Wesley
- Dr. Samantha Williams
- Salinas Valley Medical Clinic



Love in the time of corona — and cancer



On June 20, 2020, Stacy Wilmoth and Mike Koleszar exchanged marriage vows during an intimate ceremony in the Toro Park backyard of a family friend. The wedding had been postponed once because of the COVID-19 pandemic, but that was far from the biggest obstacle getting to this day.



Survivors wonder whether a partner or potential partner can handle this, how someone would handle it if the disease recurred. It's easy to slip into doubt if there are physical and lifestyle changes that could infringe upon a relationship.

— Mary Welschmeyer, therapist and Community Hospital support group leader

Three-and-a-half years earlier, Wilmoth was diagnosed with acute lymphoblastic leukemia, a cancer of the blood and bone marrow that progresses rapidly. Intensive treatment and rehabilitation followed — 89 days in a hospital in one stretch, followed by six weeks in a rehabilitation center, and then a 100-day hospital stay for a stem cell transplant.

Wilmoth was ready to go home, but not to return to work. Her compromised immune system meant she couldn't go back to her job as an elementary school special education teacher. So she found a new way to use her skills, teaching English online to children in China.

Single and 40, she also began to think about her personal life. And that's where she saw a huge hurdle: Could someone who had cancer find love?

"My biggest fear in starting to date was that I didn't want to make somebody a widower," Wilmoth says. "Did I dare let someone get close to me when I couldn't know if I'd get sick again?"

She shared her feelings in a Cancer Wellness Support Group at Community Hospital of the Monterey Peninsula, led by Mary Welschmeyer, a nurse and licensed marriage and family therapist. And what she heard, from Welschmeyer and the other survivors, shifted her

perspective. Her fears were valid, she recognized, but they shouldn't keep her from letting someone love her.

"Stacy is not the first person who's thought 'Am I loveable now that I have had a life-threatening diagnosis?'" says Welschmeyer, who has led support groups at Community Hospital for more than 27 years. "Survivors wonder whether a partner or potential partner can handle this, how someone would handle it if the disease recurred. It's easy to slip into doubt if there are physical and lifestyle changes that could infringe upon a relationship."

But cancer, Welschmeyer emphasizes, is only part of the person; the person has a rich history — and future — that is not about cancer.

"In our support groups, I facilitate discussions to help remind participants of who they are beyond cancer," she says. "Cancer survivors are in the process of reinventing themselves, reevaluating their priorities and finding meaning in the beauty of each new day. Typically, there is an increased awareness of one's mortality and worthiness for a loving relationship."

So, a year after her treatment and her support group experience, Wilmoth joined an online dating site — and she made a match, with Mike Koleszar. During their third



date, before either of them got too invested, Wilmoth shared the story of her cancer journey.

"I was so afraid to tell him," she says. "Would he hear 'cancer' and say he couldn't do this?"

Koleszar was unfazed, almost seeming to dismiss it. Wilmoth was relieved, but she also worried:

"Did he really understand what I was telling him, what I'd gone through, what could happen?"

So she took him on an unusual "date," a blood cancers conference in San Francisco, "so he could hear more about what I'd been through and what it could mean."

He remained undaunted; and a year and a day after their first date, Koleszar took Wilmoth hiking at Point Lobos, where he asked her to marry him.

They set a date: April 6, 2020. When the day came, they were sheltering in place instead of walking down the aisle. They regrouped and rescheduled for June 20.

"Our venue was still closed, and certainly coronavirus was still going on," Wilmoth says, "so it wasn't the big wedding we'd planned on. My mom's friend opened up her beautiful backyard in Toro Park to my family, my three bridesmaids, and my flower girl.

"If I had it to do over, I wouldn't change anything, actually. It was a lot more intimate and less stressful than it might have been had we had the opportunity to do the big wedding.

We're really happy; we had a great time. Someday we'll go on that honeymoon, maybe to Cabo San Lucas or Hawaii. Either way, we'll have a wonderful time celebrating life and our marriage."

Community Hospital's Comprehensive Cancer Center now offers cancer-support classes and groups online, including a cancer survivorship series and Cancer Journey. Check our free offerings at chomp.org/classes.

New breast care center nearing completion



The new Carol Hatton Breast Care Center is taking shape, with anticipated opening in early 2021. It is nestled among other Montage Health buildings in a growing medical campus at Ryan Ranch in Monterey.

Half of the 21,000-square-foot building will house the breast care center, while the use of the other half is still under discussion as community health needs are assessed.

The breast care center has outgrown its current site, on Cass Street in Monterey. The new center will improve access to care by expanding capacity and feature advanced technology to support early detection of breast cancer.

Highlights include:

- 4 3D mammography machines
- 2 3D breast ultrasound machines, for women with dense breast tissue
- 2 handheld ultrasound machines
- 2 bone density scanners

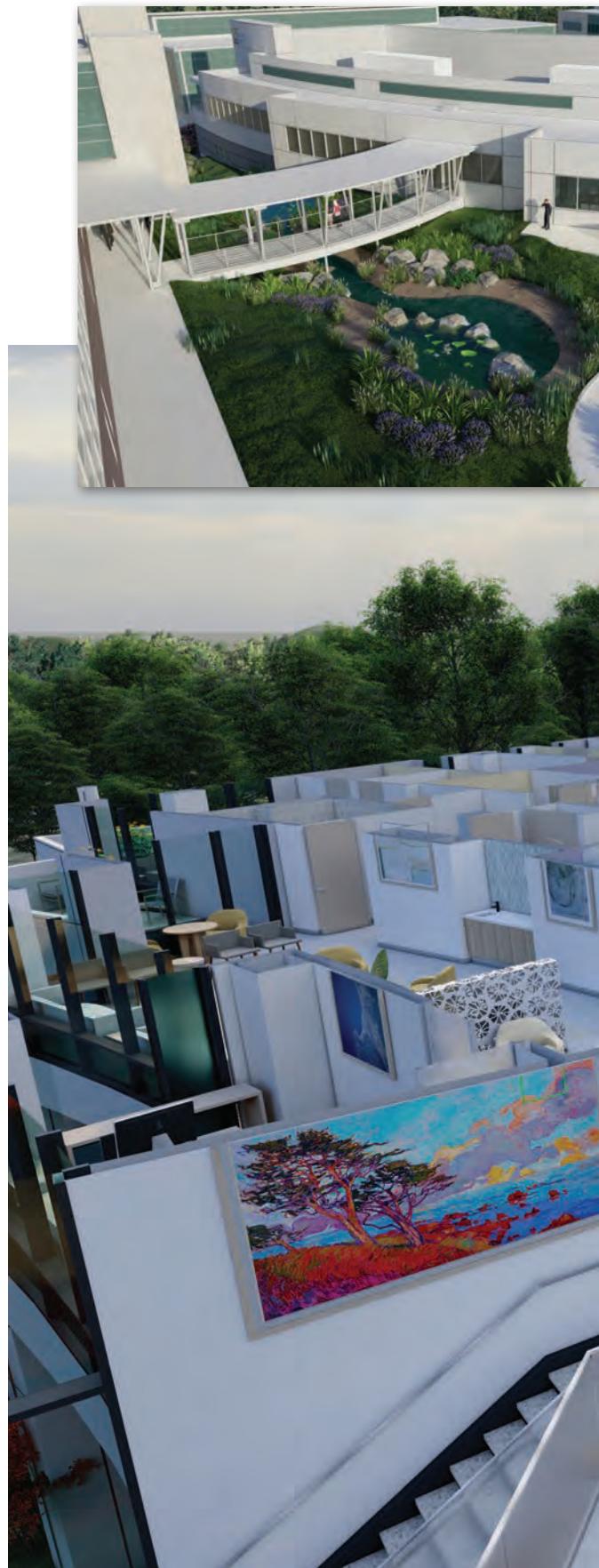
The projected cost is \$23.5 million, paid for in part by gifts to Montage Health Foundation. It is named for Carol Hatton, a former foundation employee who led campaigns to raise money for breast cancer care, before passing away from the disease.

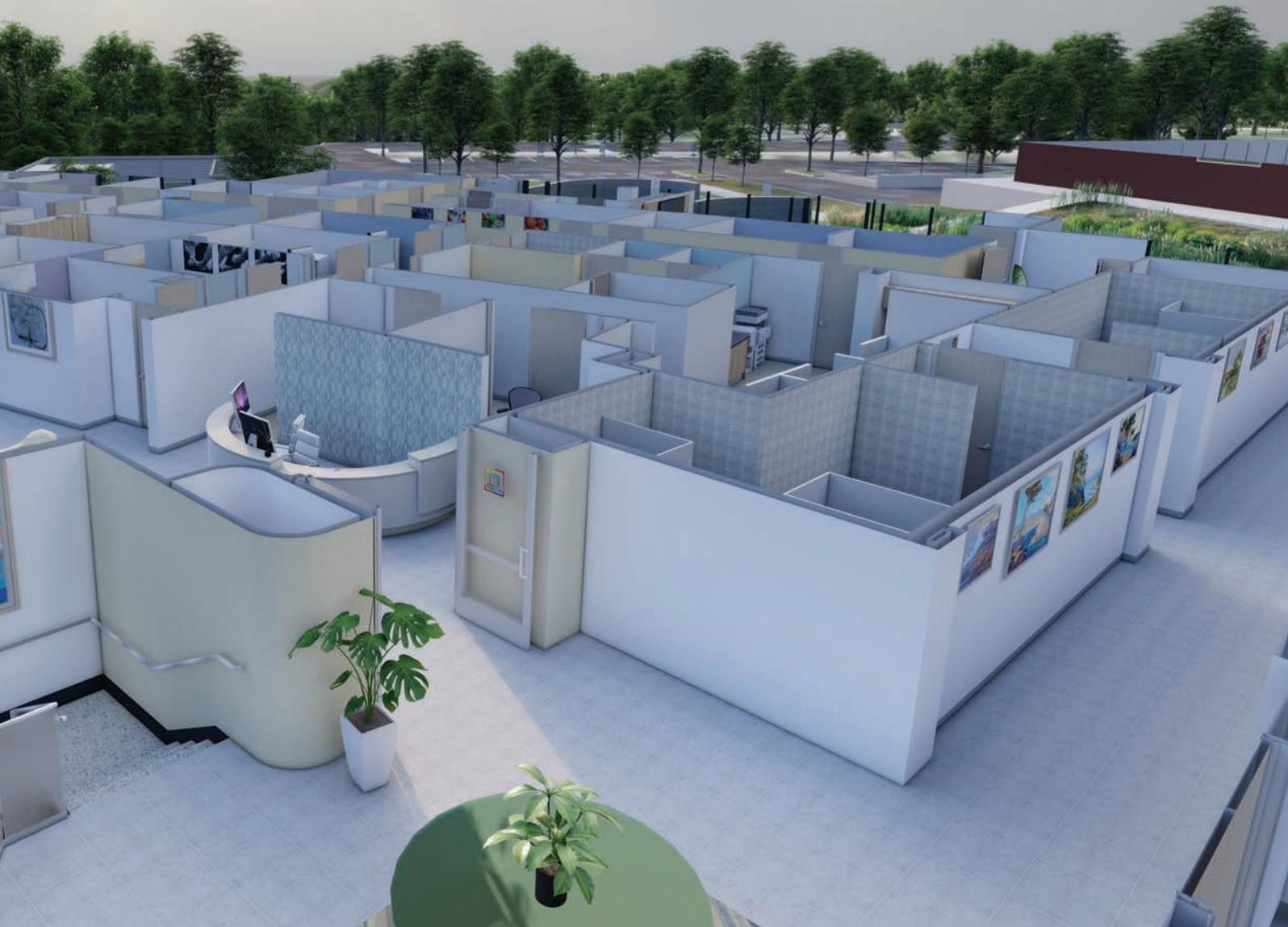
Reduce your risk of breast cancer

- Be physically active
Adults should engage in at least 150 minutes of moderate intensity or 75 minutes of vigorous intensity activity each week, or an equivalent combination, preferably spread throughout the week
- Limit sedentary behavior
- Limit alcohol
Have no more than 1 drink a day for women (2 drinks a day for men)

Get screened

- If you are age 45 or older, get yearly breast cancer mammograms
- Talk with a doctor about your breast cancer risk
- Talk with a doctor about your medical history and your family history to find out if you need to start testing earlier or have MRIs along with your mammograms





Ohana House



Ground was broken November 23 for Ohana House, which will be home to many of the programs and services of our innovative mental and behavioral health program for children and adolescents. While the anticipated opening of the unique site is early 2023, Ohana is already serving families in our community.

Nearly 500 children and young people have been evaluated and/or are in treatment with Ohana, with more than 6,200 patient visits since 2019. Dr. Susan Swick, physician in chief of Ohana, has been building a team that now includes three child psychiatrists, eight therapists, three family care managers, a psychiatric nurse practitioner, medical director, clinical director, and director of operations.

Services now provided include:

- Family care management, connecting with parents seeking care to refer to appropriate resources in the community or guide into Ohana services when appropriate. A clinician from this team calls parents within a business day of their reaching out to Ohana seeking help
- Diagnostic evaluations with an Ohana child psychiatrist or nurse practitioner
- Evidence-based individual therapy for the most common childhood psychiatric problems (anxiety disorders and obsessive compulsive disorder in early childhood, depression and mood dysregulation in adolescence) and for select problems that are more rare
- Evidence-based group therapy for these same disorders
- Individual and group programs for parents to help them build skills to help their children who are mastering problems of anxiety, mood, or self-regulation

Plans for 2021 include:

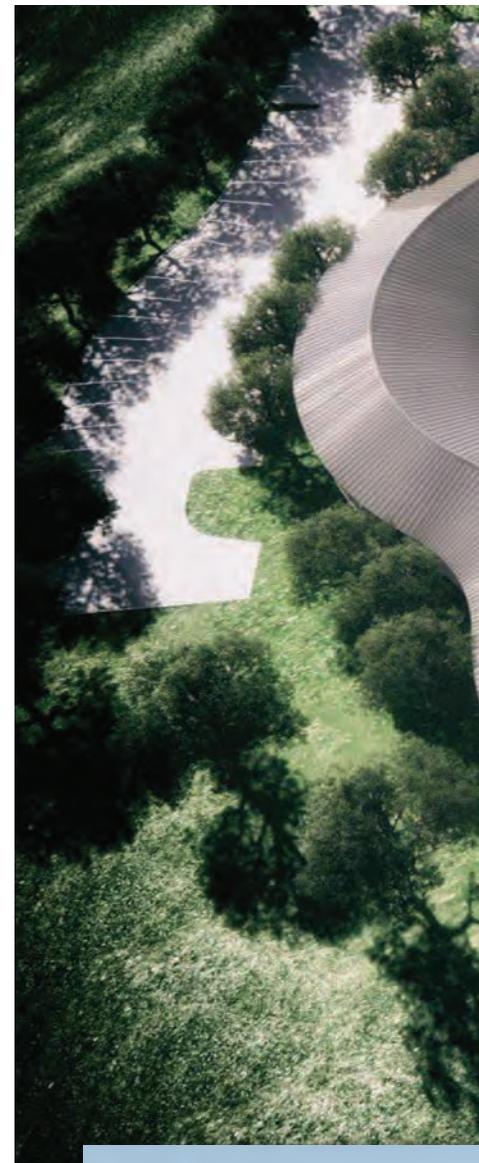
- Pilot a family support team to help stabilize youth who come to Community Hospital's Emergency department in crisis
- Launch a parent program for parents of young children with disruptive, dysregulated, and oppositional behaviors
- Create full-day and afterschool programs for adolescents with more severe mood disorders

Ohana is made possible by an unprecedented gift of \$105.8 million from Bertie Bialek Elliott to Montage Health Foundation in 2018.

"This is an unmet need," Elliott said in making the gift. "Young people need help at times. It's not an illness that kids want to get. But because it shows up in behavior, there is more judgment from others. If you have a big enough family, it's hard to say you've never been touched by a young person who needs help.

"I had the sense that this project would take a lot of money to get it going. It would take a chunk of money or it might not ever get done. Since I had money to give, I thought it was worthwhile. If you can help young people early, rather than waiting to rescue them later, how great is that?"

**For assistance from Ohana, call (831) OHANA01.
Find more information about Ohana at chomp.org/Ohana.**





You thought you knew type 2 diabetes, think again: Meet The Beast



Type 2 diabetes and prediabetes affect 45 percent of Monterey County residents — well above the national average. In response, Community Health Innovations (CHI), a partnership formed by two of the area's leading health systems, Montage Health and Salinas Valley Memorial Healthcare System, has taken a stand with its joint Monterey County Diabetes Initiative.



To help people understand the complexity of type 2 diabetes and to combat misperceptions, the initiative teams explored a campaign to bring the disease to life in a tangible way. That's how "Don't Feed the Diabetes" was born. Featuring an ornery blue beast that feeds off risky behaviors like binge-eating and skipping workouts, the educational

campaign shines a light on the symptoms and dangers of diabetes. Meet The Beast above, and keep an eye out for this devious creature around town — in advertising, social media, local schools, public events, and more.

We also want to introduce you to some actual people who have diabetes — and who are proving

you can do something about it. Their profiles are on the following pages.

By changing beliefs and behaviors about type 2 diabetes, we can starve The Beast — all for the good of Monterey County.

Learn more:
DontFeedTheDiabetes.com

Thomas McCrea becomes his own advocate



Sitting at home one night, Tom McCrea noticed a small sore on his foot. His dad had foot ulcers from type 2 diabetes and eventually lost part of his foot, so McCrea began to worry. "I also have type 2 diabetes. I didn't sleep at all that night." The next morning, he went to see his doctor. The sore wasn't an ulcer caused by type 2 diabetes, but McCrea's proactive approach to managing his diabetes keeps him healthy.

"You've got to stay on top of things. I'm my own advocate," he says. "If I don't do it, no one else is going to do it for me."

McCrea's grandmother also had diabetes, and so does his mother. So, when he was diagnosed six years ago, he took the disease seriously right from the beginning.

He enrolled in Community Hospital of the Monterey Peninsula's Diabetes Self-Management Series, started taking classes, joined a support group, and meets with his dietitian every few months. "I ask a lot of questions. The instructors explain how to eat smarter and keep you motivated. In this community, there are people who can help you out."

McCrea learned that he didn't need to change everything to get healthier; he just needed to make better choices. "I stopped eating so much junk and buy healthier foods instead."

At family gatherings, he sticks to high-protein choices and eats smaller portions. An app on his phone, My Fitness Pal, helps him track his food and count calories.

"I might have a small piece of pie," he says "If you don't ever indulge, you might end up binge-eating. You've got to figure out what works for you."

He also walks three to four miles every day, taking along his young nieces and nephews.

"I explain to them that diabetes is genetic and they could get it, too, if they don't eat right." A FitBit helps keep him motivated to take more steps every day. Small changes helped McCrea lose nearly 60 pounds and drop his A1C score from 7 to 5.7.

"I was taken off Metformin over the last few months because my blood sugars have been really good."

It hasn't all been easy. McCrea needed a hip replacement in 2019, so he couldn't do as much walking for a while. He developed diabetic ulcers and gained back some of the weight he had lost. The wound care team at Community Hospital helped take care of his feet, and McCrea kept his eye on his goals. He knew that if he lost the weight before, he could do it again.

Getting back on track wasn't hard, he says. "It's just a matter of eating a little healthier and getting some exercise. It doesn't take much, but it makes a big difference."

Learn more about Community Hospital's diabetes services at chomp.org/diabetes.

CJ Euresti takes charge



Weighing 10 pounds at birth, CJ Euresti was “always a big boy,” says his dad. By his 13th birthday, CJ weighed 287 pounds.

CJ’s knees hurt because of his weight and he developed asthma, so it was hard to be physically active. He was homeschooled because of an anxiety disorder, and the medications prescribed for it increased his appetite. Eventually, he developed acanthosis nigricans, the dark lines on the neck and other creases in skin that can be an early sign of diabetes.

And in 2019, a blood test at the pediatrician’s office confirmed it: CJ had an A1C score of 7 and a confirmed diagnosis of type 2 diabetes.

CJ was prescribed Metformin, an oral medication to keep blood sugar under control. But CJ’s mom said

“No, we’re going to do this through diet and exercise.” Both mom and dad were diagnosed with diabetes years ago and had already cut most carbohydrates and sugar from their diets. “When we found out CJ was diabetic, too, we started to make more changes.”

CJ and his parents spoke with a dietitian, who told him, “It’s not so much what you eat, but the amount you eat.” CJ learned to decrease portion sizes slowly, first by a quarter, then a third, then by half as his appetite adjusted. He also decreased his carbohydrates by eating fewer tortillas and eating hamburgers without the bun. He gave up sodas and fruit juice, drinking water instead. When the family had pizza for dinner, he’d enjoy one slice instead of two or three. CJ’s nutritionist said, “We’re not saying you can’t eat pizza. Once in a while is fine, but moderation is the key.”

CJ and his dad started going to the park more to shoot baskets and kick a ball around. And CJ started to lose weight. He set a goal of 270, and when he hit it, he set a new goal. Then the COVID-19 pandemic arrived and his family needed to shelter in place. His parents bought a set of weights and CJ worked out at home once or twice a day. “Then he started to lose weight fast, and dropped to 240,” says his dad.

After losing 30 pounds, CJ stopped losing weight, no matter what he did. “That happens,” his dietitian told him. “You’re going to hit a plateau. Don’t worry and don’t starve yourself. Just keep doing what you’re doing and your body will adjust. If you lose one to two pounds a week, that’s good. It’s a gradual process.”

Soon, CJ started losing weight again. Ten months after his diagnosis, he is down to 209 pounds. He’s grown a few inches, too, stretching to 5’ 9” — still a big guy, but a healthy one. And his most recent A1C score is 5.4. Because type 2 diabetes is diagnosed by a test result of 6.5 or higher, that means CJ has put his diabetes into remission.

CJ’s asthma and migraines have disappeared, and he has more energy. “

And when CJ turns 14 in the fall, he says he’s done with homeschooling. He wants to go to high school with the other kids his age. He’s ready.

CJ participated in Community Health Innovations’ Pediatric Wellness Program, which is funded by Montage Health Foundation.

Susana Mazon's small steps make big differences



I am Susana Mazon. I have been married for 24 years, and my husband and I have three beautiful children.

Awhile ago, my doctor diagnosed me with prediabetes during my annual physical. I was scared because I knew that having type 2 diabetes would complicate my life. My mom has diabetes and needs to inject herself with insulin every day. I also have an aunt who lost her eyesight due to diabetes. I thought that with type 2 diabetes, life always becomes more difficult. I knew that diabetes can make you very sick and can damage your feet, heart, kidney, or your eyes — because that's what happened to my aunt.

I knew I did not have type 2 yet, but being prediabetic was scary enough. So, I started to make drastic changes in my diet. And that made me unhappy because it was

difficult to try to change everything all at once. I talked with friends who had type 2 diabetes or who had relatives living with diabetes. And that scared me even more because there was too much information, and sometimes it was contradictory or confusing.

Then I went to a meeting at my son's school and felt much better. Community Health Innovations was there, talking about their Diabetes Prevention Program (or DPP), and I decided to join the program.

DPP taught me that I can still eat a little pan dulce, but just not at every meal. And once in awhile turned out to be enough.

Class by class, I learned how to improve my lifestyle by modifying and reducing foods instead of eliminating them. I learned that small steps like that make a big difference in making it easy to change your habits. I started losing weight and, after six months of being in the DPP, I lost 19 pounds — without crazy diets or pills or beverages that cost a lot. My health coach provides me with support and resources to help me prevent diabetes. And participating in the program cost me almost nothing.

And so, my life started changing. I knew I was making progress because I started behaving differently. I became more curious and learned more. For example, I started reviewing nutrition labels when shopping for food to be sure I was buying the right kinds of food.

I am very grateful for this program because it changed my life and it transformed my family. DPP reinforces the importance of involving your friends and family for support as you change your habits. Now our family spends more time together, cooking healthy meals and going for hikes around Monterey County. We enjoy our weekends and free time together more than ever, and we're all getting healthier.



Missing my volunteer service at Community Hospital during pandemic

By Chuck Sambar, Auxiliary volunteer since 2016



Chuck Sambar and Steven Packer, MD, President/CEO

Other than family, what I miss most while sheltering due to the horrific COVID-19 pandemic are the terrific Auxiliary volunteer friends, medical staff, and my volunteer service in the Outpatient Surgery Center at Community Hospital of the Monterey Peninsula.

There are nearly 450 volunteers who offer their time to help others and enhance the quality of Community Hospital's healthcare through the Auxiliary, Therapy Dog Program, Hospice of the Central Coast, and Chaplain Services. I am very fortunate and privileged to volunteer with the Auxiliary, alongside an incredibly impressive and amazing group of individuals who find great satisfaction supplementing the work of the medical, clinical, and non-clinical staff at the hospital and beyond.

You can tell an Auxiliary volunteer by the bright red jacket or red or gold polo shirts they wear in hospital locations that include the reception desk, Carol Hatton Breast Care Center, Tyler Heart Institute, Emergency department, Fountain Court Café, surgical services, and the Comforts Gift Shop, among other places.

Volunteers welcome, check-in, and transport patients, greet visitors, answer questions, give directions, deliver flowers and magazines, walk around with their Fido, and act as a liaison between doctors, nurses, and family members. Outside the hospital, volunteers serve in ways and places including Rehabilitation Services in Marina, Salinas, and Hartnell Professional Center; with the mobile health clinic; and transporting hospice patients to medical appointments or simply providing them with friendly visits.

My assignment with the Auxiliary is in the Outpatient Surgery Center, where I serve as a liaison between patients, their families, and the nursing and medical staff. My duty is unbelievably enjoyable, satisfying, and rewarding. I welcome wonderful people and work with an incredibly dedicated, skilled, professional, caring, and proud group of nurses, surgeons, and staff. The patients and their families are always gracious, warm, and very appreciative.

COVID-19 has kept me and fellow volunteers away from Community Hospital, but we can't wait to return to our volunteer duties.

To become an Auxiliary volunteer, you apply and undergo an interview, health screening, vaccinations, and important training on safety procedures, patient privacy, and hospital services. Volunteers are guided by the Auxiliary mission statement:

"To enhance the quality of service given for the comfort, care, and well-being of patients, and related needs of their families, visitors, staff, and community."

If you are interested in volunteering with the Auxiliary or the other volunteer services at Montage Health when they resume, find information at chomp.org/volunteer.

Heather Bowers honored as 2020 Employee of the Year

Heather Bowers stepped into the role of infection prevention coordinator at Community Hospital of the Monterey Peninsula in 2019; less than a year later, the COVID-19 pandemic erupted. The former operating room nurse rose to the challenge, becoming a critical leader in Montage Health's efforts to ensure the safety of patients, staff, visitors, and the community as a whole — and earning her selection as the 2020 Employee of the Year at Community Hospital of the Monterey Peninsula.



Working side-by-side, Bowers and Dr. Martha Blum, medical director of infection prevention, guided implementation of evidence-based practices organization-wide, often as those protocols were evolving from the Centers for Disease Control and others.

"As evidenced by the fact that Heather received six nominations as Employee of the Year, she accepted the challenges brought by COVID-19 with grace, diligence, and the application of evidence," says David Wood, director of Quality Management and Bowers' supervisor.

"Heather quickly became recognized as a critical resource across the Montage Health enterprise, whether that involves returning a call from a worried patient, meeting in-person with a group of employees to assuage their concerns, answering questions for the media, or updating protocols for the organization," Woods says. "Heather represents the epitome of professionalism and professional excellence."

Bowers joined Community Hospital in 2016 as a nurse in the main operating room. She became infection prevention coordinator in 2019.

Blum called her "irreplaceable" in Montage Health's COVID-19 efforts. "I feel like I can hardly begin to describe all that she has done to prepare and protect our hospital and our community from COVID-19," she says.

Bowers was among 10 finalists for the honor of Employee of the Year, along with Tim Bates, Health Information Technology, Bernie Castaneda, Facilities Planning and Properties, Kindra Castor, Comprehensive Cancer Center, Charlene English, Short Stay Unit, Daniel McKernan, Safety, Paola Ruiz, Health Information Technology, Melvia Salvant, Nutrition Services, Allison Smith, Communication and Marketing, and Sandra Vazquez, Administration.

COVID-19 RESOURCES

Montage Health and Community Hospital are committed to your health and safety, and helping you stay updated on information related to the COVID-19 pandemic.

INFORMATION RESOURCES

Community Hospital website chomp.org

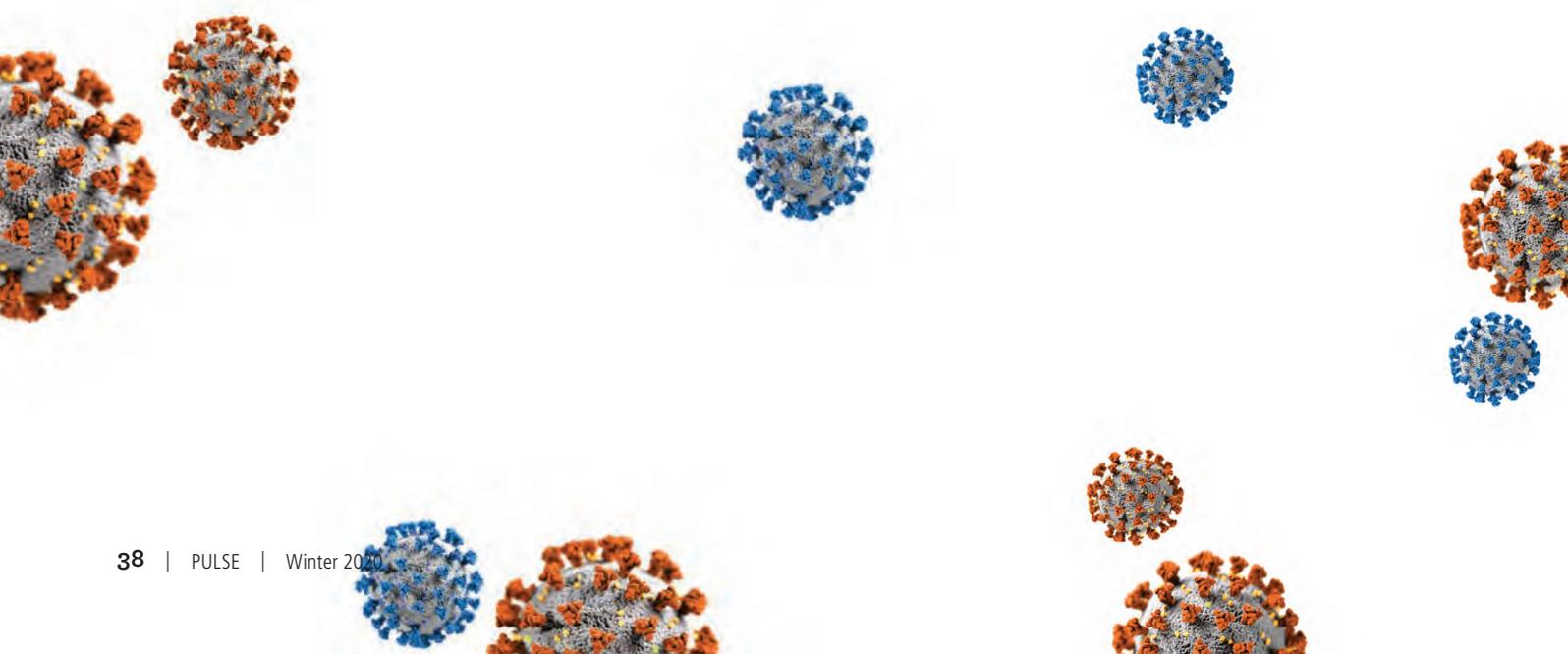
Our website is updated regularly with information about COVID-19, including where to get tested, how to stay safe, and what we are doing to keep our patients safe as we provide care. We update the number of COVID-19 patients we are treating every weekday. And we have links to information from Monterey County information and statistics, which is updated every day.

Free eVisits for flu-like symptoms evisit.montagehealth.org

Montage Health offers free eVisits for those with mild respiratory symptoms, done from the comfort of your own home. Answer a series of questions about your symptoms, and a clinician will provide a treatment recommendation, usually within an hour. Available 24/7.

Montage Health e-newsletter chomp.org/subscribe

Sign up for our newsletter, sent about once a week, for pandemic updates, classes, lectures, special events, health tips, videos, and more from our doctors and other health experts.





Looking for a reset in 2021?

TRY OUR ONLINE CLASSES, LECTURES, AND MORE.

Community Hospital continues to add online resources to help you stay healthy, from the comfort of your own home.

Whether you need help with nutrition tips, chronic pain, information on a surgery, cancer support, or some mindfulness meditation — we are here to help. Most programs are free or covered by insurance.

Learn more at chomp.org/classes or, even better, sign up for our e-newsletter at chomp.org/subscribe.

Here's to an amazing, safe, and healthy 2021.

pulse

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Those are the places to get the latest about Community Hospital, including new classes and special events.

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