A Celebration of Spirit
Taylor Church's Journey from Tragedy to Triumph

A Mighty Fine Spine
Find Back Pain Relief with Minimally Invasive Surgery

Mayo Clinic Celebrates 150 Years
Join Us June 10 for a Free Community Event

Thin Again!
Patients and Physicians Choose Pomerado Hospital for Weight Loss Surgery

Listen Up, Ladies
Do You Know Your Top Four Health Threats?
Write from the Top

Dear Friend of Palomar Health,

As we approach the mid-year mark, I want to share a few observations surrounding the most controversial topic in health care today – the Affordable Care Act (ACA). I am often asked how this new piece of legislation is impacting Palomar Health and the care we provide.

While it’s still premature to understand all the effects the new law will have, it appears that individuals will be paying higher co-pays and have higher deductible payments – a trend that could affect our ability to receive reimbursement for care rendered. We are also experiencing an increase in the use of our Emergency Departments due to access capability.

But perhaps the better question is what is Palomar Health doing to positively impact patients during this critical era of change? There are many facets to the ACA, but as quality-based reimbursement measures roll out and new provisions take effect, it is clear that tools to improve efficiencies and engage patients have become increasingly important.

Here are some of our most recent accomplishments:

- Our new online portal (MyPalomarHealth) helps patients manage their care privately and securely at any time of the day or night.
- We now offer a certified enrollment counselor to assist anyone with choosing the right health insurance plan.
- Palomar Health was recently approved to immediately review and approve MediCal applications – eliminating a previous wait time of up to 45 days.
- We are pursuing new “Center of Excellence” (COE) designations – a process that recognizes hospitals who consistently achieve positive patient outcomes and high cost-efficiency measures. These designations will help position us as a preferred care provider now and into the future.
- The ACA includes a specific expectation for improvement of patient satisfaction scores – an area where we have made significant progress during the past two years.
- Prevention is also a pillar of the ACA, and Palomar Health is responding with continued focus on effective management of chronic disease conditions such as diabetes.

These are just a few of many endeavors we are tackling to meet the demands of health care reform. Ultimately, we are driven by one demand of our own – to take care of people. And we do that to the best of our abilities every day.

In good health,

Michael H. Covert, FACHE
President and Chief Executive Officer
Palomar Health
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SPECIAL FEATURES

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Two years ago, a devastating illness caused Taylor Church’s hands and legs to be amputated. Her journey from tragedy to triumph is an inspiring testament to the human spirit. Today, the 23-year-old is not only surviving, she’s thriving, thanks to the incredible patient care and rehabilitation she received at Palomar Health. Read the full story on pages 4 – 6. (Photo by Martin Mann)

Read Us Online!
The HealthSource magazine is now available online. Discover our new “flippable” format and enhance your reading experience.

Find Your Reason to Give
Poway resident Stephen T. Hundley shares a personal account of why he supports the Palomar Health Foundation.

PreventionPlus
Get smart! Palomar Health is offering more than 50 community health-education classes during May – August. From childbirth and breastfeeding to heart health and weight loss, we have a class for every age and stage of life. See the centerfold insert for details. View our classes online at www.PalomarHealth.org/Classes, or call 800.628.2880.

The views and opinions expressed throughout this publication are provided for informational purposes only and do not necessarily reflect those of Palomar Health. Featured articles and classes are not intended to substitute for professional medical advice, diagnosis or treatment, nor are they intended to reflect all possible opinions on a subject. We recommend that all patients seek the advice of their physician or other qualified health provider with any questions they may have regarding treatment options or a medical condition.
Taylor credits her successful physical and emotional healing to her family, her 3-year-old son and the Palomar Health medical staff, especially Occupational Therapist Darlene Maalouf.

“My parents and my son, Aiden, were the only reason for me to go on. My family kept me sane and level headed,” says Taylor, who lives with her parents and son in Escondido. “But it was Darlene and (occupational) therapy that made a huge impact on my life. And it’s not just about my hand. Darlene understood a lot of things about me as a person and made me realize who I am.”

It all began in May 2012 when Taylor felt nauseated and feverish and thought she had the flu. However, when her symptoms continued to escalate, she went to the Emergency Department at Palomar Medical Center. A blood test determined she was in septic shock and her bloodstream was infected with life-threatening toxins.

“I was going downhill fast and fighting the ventilator so they put me into a medically-induced coma to keep me still and stop me from rejecting things that might help me,” she says. “When I woke up from the coma two weeks later, my legs were already gone.”

The vasopressors, the powerful drugs that induced vasoconstriction and elevated arterial pressure, moved blood from her limbs to her core to feed her vital organs.

“They tell me my legs had gangrene and started turning black,” Taylor says. “They took my legs to save my life.”

Both legs were amputated at four inches below her knees. Soon after that, doctors were forced to amputate her hands near the wrists.

“Taylor went through something pretty unimaginable, experiencing both physical and emotional pain,” says Surgeon David Cloyd, M.D., who performed two of her amputations and managed all four of her extremities. “It was devastating and traumatic for everyone involved in her care. There are still a lot of emotional scars.”

Septic shock has a “very high mortality rate,” adds Dr. Cloyd, and when Taylor came to the ICU, “it was more likely that she would die than not.”

Her entire Palomar Health medical team was impressed by Taylor’s strength of character. “She didn’t blame anyone or anything for what had happened,” Dr. Cloyd says. “She had the ability to focus on recovery without anger.”

Plastic Surgeon Yale Kadesky, M.D., performed amputation revisions on Taylor at Palomar Medical Center. He remembers her being “extremely brave.”

“Her attitude was always so positive,” he says. “Her attitude was ‘let’s just get this fixed and move on.’”

Taylor remained at Palomar Medical Center from May through July 2012. For the first couple of months after returning home, Taylor says she “just laid on the couch and tried to heal. My parents did everything for me and my son.”

With the help of physical therapy, time and determination, Taylor gained proficiency in using her prosthetic legs. She’s currently on her fourth set and walks without a walker or cane. She looks forward to another new pair of legs that will allow her to wear high heels again.

Her hands were a different story, however. Taylor was fortunate to get one of the most advanced prosthetic hands available, the i-Limb Ultra by Touch Bionics. Unlike
conventional prosthetics, the i-Limb Ultra features five individually-powered articulating digits, enabling the user to perform a variety of complex grips. The majority of i-Limb users are war veterans from Iraq and Afghanistan.

Although it seemed to be a bionic miracle, there was a problem. Taylor had never been trained to use the i-Limb. This only led to anxiety, anger and stress – negative emotions for anyone – but especially for Taylor who was trying to heal physically and emotionally. “Taylor was very frustrated when she came to her first appointment with me,” Darlene says. “She had attempted to use her (prosthetic) hand for certain tasks and had spilled and broken items. She joked that she wanted to sell it on eBay.”

Taylor had become very skilled at using what she nicknamed her “nubs,” her amputated forearm stumps, before she got the i-Limb. She wondered why she should even bother to learn to use the device when she was able to function better without it.

Darlene was also frustrated. In her 25 years as an occupational therapist and 15 years as a certified hand therapist, she had little experience with extremely high-tech prosthetics like the i-Limb Ultra. However, she knew she must learn how the device worked so she could help Taylor.

Darlene connected with a renowned hand surgeon and professor at UCLA, asking him to spread the word that she needed help using the i-Limb. He sent 7,000 emails to occupational and physical therapists across the country; Darlene heard from 50 of them the next day.

“Darlene is helping me to learn how to make my hand more functional for me,” Taylor says. “I now have general control over it. I can pick up a cereal box, manipulate stuff and move things from one place to another.”

She wears her i-Limb on her non-dominant left hand since her right “nub” has become extremely functional for her. A cosmetic prosthetic is on her right hand.

“My right hand looks just like my real hand but it’s not functional, it’s purely cosmetic. It can assist my (i-Limb) hand and I can even get my nails done on the right hand so it makes me feel girly,” Taylor says with a laugh.

The i-Limb uses electrical sensors to pick up the nerve signals in the residual limb, which are then translated via an on-board computer into natural, intuitive movement of the mechanized hand. It requires the wearer to learn a language of muscle movements around the wrist, which correspond to pre-programmed hand and finger motions. It takes focus and concentration, especially in the beginning, but becomes intuitive once muscle memory takes over.

Learning to relax and focus was essential to using the i-Limb successfully, but that didn’t come easy for Taylor.

“I used to get upset easily and stress out. But, now I’m learning to relax and be in control of my body, which means I’m in better control of my hand,” she says, noting that Darlene introduced her to yoga, which has helped calm her emotions. Darlene described the i-Limb as a “mood ring.”

“We figured out that her control of the device declined when she got mad. When she could stay calm, her ability to separate the neuromuscular signals and control the device improved,” Darlene says. “The irony for Taylor was that not only does she have these amputations to deal with, but she also had to master her mindset to make the i-Limb work properly.”

No matter what happens during an occupational therapy session, it always ends on a high note.

“I have never left Darlene feeling upset. We always find something positive to leave on,” Taylor says. “Positivity is the key to my progress and success.”

Levanduski marvels at Taylor and Darlene’s relationship.

“Along the way, Darlene and Taylor developed more than a friendship, it’s a bond,” he says. “When she’s working with Darlene I look at Taylor and I see a twinkle in her eyes. Darlene is doing what good therapists do – we teach patients how to live their lives again.”

Darlene calls it “a privilege” to be able to work with Taylor. “I have worked with a few highly remarkable people in my years. Taylor is one of them,” she says.
Now, two years after her amputations, Taylor says that the experience has changed her for the better. “When it happened, I was like any 21-year-old girl. I was vain and having fun. But I was never comfortable in my own skin. Today, I am,” she says. “I can now see beauty for what it really is. And, I now know that it’s not on the outside, but comes from the inside.”

Today, Taylor is mentoring other amputees. In the near future, she hopes to work with the Amputee Coalition of America, whose mission is to reach out to people with limb loss and empower them through support, education and advocacy.

“It’s very hands-on and very rewarding. Kids are learning to walk and use prosthetics. They’re learning to accept themselves – something I’ve been forced to do lately,” she says.

Before and after therapy sessions, Taylor spends a lot of time talking with other patients who are interested in her story. “I think she really helps them,” Levanduski says. “They are truly inspired by her focus and determination.”

Taylor has a laundry list of goals. She wants to become more proficient at using her hand so she can cook, drive and be more independent. She’d also like to be a spokesperson for sepsis, the severe blood infection which caused her to lose her limbs.

“My biggest goal is to be the best mom I can be to my son. I want to take care of him and do what every parent does,” Taylor says. “After that, anything else is a bonus.”

To learn more, visit www.PalomarHealth.org/Rehab.

Continued from page 5

On April 28, the Rehabilitation Institute at Palomar Health Downtown Campus in Escondido officially expanded to include all-private patient rooms – making it the first all-private inpatient rehabilitation facility in San Diego.

The $500,000 expansion and renovation project, largely funded through a generous donation to the Palomar Health Foundation, resulted in an additional 25 private rooms on the 5th floor, conversion of the 9th floor to private rooms and new therapy gyms.

“We are so thrilled with the magnificent updates at our facility,” says Virginia Barragan, district director of Rehabilitation Services. “These changes provide our patients and their families with a more peaceful, healing environment to help aid in their optimal recovery.”

The Rehabilitation Institute provides assessments for admission to its CARF (Commission on Accreditation of Rehabilitation Facilities) accredited programs, 7 days a week.

To learn more about Rehabilitation Services at Palomar Health, visit www.PalomarHealth.org/Rehab or call 800.628.2880.

New Doc

Orthopedic Spine Surgeon, Daniel Barba, M.D., has joined Palomar Health’s foundation medical group, Arch Health Partners, with privileges at Palomar Medical Center and Pomerado Hospital.

Dr. Barba attended medical school at Michigan State University, served his residency at the University of Buffalo, and completed a spinal surgery fellowship at the San Diego Center for Spinal Disorders.

“I’m fortunate to be able to team up with the orthopedic surgeons here to take care of spine patients in North County. With the new technologies that are out, we can now perform traditional spinal procedures using minimally invasive techniques to help foster quicker positive outcomes,” he says.

Dr. Barba specializes in degenerative spinal conditions, adult scoliosis and cervical spine surgery.

“It’s exciting to be at Palomar Health,” Dr. Barba says. “Not only is the new hospital aesthetically pleasing, but it’s also a state-of-the-art facility with responsible, caring professionals at all levels of care. This creates a positive environment for patients and their families.”

To learn more about orthopedic and spine care at Palomar Health, visit www.PalomarHealth.org/Ortho.
Severe back pain not only threatened Juliet Beezley’s quality of life, but it also nearly ended her career.

“I could hardly walk. Standing or sitting for any amount of time was unbearable,” says Juliet, 56, who suffered from degenerative disc disease. “I had pain all the way down one leg and then down the other and it seemed only to get worse each day.”

Unfortunately, a large part of Juliet's job as national safety trainer for a large insurance company was to sit for hours on airplanes while she flew around the country several times a week.

“The effort it took to walk started to affect my breathing and my blood pressure,” Juliet says. “I was afraid I was going to stroke out just trying to move around.” She tried physical therapy, epidurals and pool therapy, but nothing relieved her pain, until she was treated by Choll Kim, M.D., Ph.D., one of several orthopedic and spine surgeons affiliated with Palomar Health.

“I had heard good things about Dr. Kim and about his minimally invasive TLIF back surgery,” Juliet says. “After talking with him, I was so impressed that I immediately decided to have it done. I had to. I’d tried everything else.”

Transforaminal lumbar interbody fusion (TLIF) is a type of spinal fusion that is often performed as a minimally invasive surgical procedure. TLIF is used to stabilize the spine by restoring disc height and fusing the vertebrae together, which enhances spinal stability and alleviates nerve compression.

TLIF is used to treat conditions such as spondylolisthesis, spinal stenosis, serious degenerative disc disease and herniated discs, all of which cause spinal instability and considerable pain. Unlike open surgery, the minimally invasive TLIF approach allows the lumbar spine to be accessed through two small incisions in the back with muscle dilation gently separating the muscles.

“Minimally invasive TLIF surgery is the same as traditional surgery but the incision is made in a way that decreases damage to the surrounding soft tissue and muscle,” Dr. Kim says. “We make two small incisions instead of one big incision. All of this means less pain and faster recovery for the patient.”

After Juliet woke up from her surgery at Palomar Medical Center, the first thing she noticed was the absence of pain. “My legs didn’t hurt. In fact, I got out of bed and walked to the bathroom,” she says. “Everything went so well that the doctor said I could go home the next day if I wanted to. It went better than I ever could have expected.”

As soon as she got home, she climbed a flight of stairs without problem or pain. “I hadn’t been able to do that for years. It used to take me 15 minutes to climb 13 stairs,” she says. “I hadn’t felt this good in a very long time.”

So, why aren’t more orthopedic surgeons doing minimally invasive TLIF surgeries even when an open approach could yield similar long-term results?

“It’s technically more challenging,” Dr. Kim says. “It also requires more and different equipment as well as specific training. Most of us have gotten very good at open TLIF surgery, but to do minimally invasive TLIF, a doctor needs to take time off from his practice and learn how to do it properly.”

Today, Juliet is back to walking, sitting, working and commuting without pain. “I thought my back pain was going to be the end. I didn’t have any hope,” Juliet says. “Dr. Kim’s surgery changed all that.”

To learn more, visit www.PalomarHealth.org/Spine.

TLIF ADVANTAGES
- Discharged to home the day after surgery
- Reduced blood loss and less need for blood transfusion
- Reduced postoperative pain
- Reduced risk of infection
- Faster recovery
- Less risk of another spinal surgery
Just five months into a new working relationship, Palomar Health and Mayo Clinic are ensuring world-class care close to home for North County San Diego patients.

Palomar Health became the first and only California member of the prestigious Mayo Clinic Care Network last December, and the interest among physicians and patients to take advantage of the valuable tools provided is growing.

“We are very proud of the recent relationship we have established with Mayo as part of the Mayo Clinic Care Network,” says Michael Covert, president and chief executive officer of Palomar Health. “Our physicians have led the effort to enhance the improvement we are seeing in clinical care and outcomes. This is another step in the journey.”

The program is designed to help physicians and patients at Palomar Health gain the benefits of Mayo Clinic knowledge and expertise close to home.

“We are excited about the opportunity to continue to become more Mayo-like,” Covert says. “After careful review and evaluation of our process systems and clinical outcomes here at Palomar Health, Mayo believed that we were worthy of establishing a close relationship today and into the future.”

Palomar Health physicians who have had the opportunity to use the Mayo Clinic Care Network’s offerings are pleased and impressed with the results.

“The Network seems to be working very smoothly, helping both doctors and patients,” says Plastic Surgeon Chi Ha, M.D., who used Mayo Clinic’s “eConsult” tool to get a second opinion from a surgical oncologist. “We are always searching for the best answers and treatments for our patients. With the help of Mayo Clinic, everybody is happy in the end.”

Membership in the Mayo Clinic Care Network provides physicians with new tools and resources in specialty areas where Mayo Clinic’s knowledge and experience may be helpful. The result is that patients can be assured of the finest care anywhere.

“Although we have great primary and specialty care at Palomar Health, sometimes we get unique cases which none of us see very often in our practices,” says Orthopedic Surgeon James Bried, M.D. “Being part of the Mayo Clinic Care Network affords us the opportunity to connect with other physicians and share information on these problems to help bring the best quality care to patients.”

Earlier this year, Dr. Bried sought Mayo Clinic’s expertise for Joan McDonald, a patient who was referred to him with a broken femur which hadn’t set properly. It resulted in her leg being two inches shorter than the other and rotated outward 45 degrees.

“I had never seen a case identical to that and there were a couple of different treatment options. That’s why I wanted to talk to the doctors at Mayo,” Dr. Bried says. “In the end, Mayo Clinic and I came to the agreement that the best treatment plan was to re-repair the fracture. It was reassuring to know that what we planned as the best course of action was in agreement with what physicians at Mayo Clinic would do.”

The patient was also reassured.

“I’m really happy I had the chance to get a second opinion from Mayo Clinic without leaving my own community,” Joan says. “As far as I’m concerned, Palomar Health’s relationship with Mayo Clinic works well. I’m very pleased.”
Dr. Hasan Benler, a patient of Cardiologist Roger Acheatel, M.D., is another satisfied customer. The 73-year-old retired Navy ophthalmologist had stenosis of the aortic valve. Although Dr. Acheatel followed Hasan’s case closely, as the stenosis progressed, it became more difficult to determine the course of action.

“The question was when did it need to be fixed,” Dr. Acheatel says. “We wrestled with this and then we decided we’d get another opinion from the Mayo Clinic doctors.”

Both Dr. Acheatel and Hasan were happy with that decision.

“I got an eConsult with Mayo and went over it with the patient. We decided to pursue many of the recommendations they made, confirming what I was planning to do with a little tweaking,” Dr. Acheatel says. “It was a very good experience working with Mayo Clinic and it’s good that we always keep the lines of communication open.”

Hasan also valued a second opinion from Mayo Clinic.

“Mayo Clinic is in the top echelon of cardio clinics in the world and I thought it was a great idea to see what their cardiologists had to say about my case,” Hasan says. “I think that top-notch consultation possibilities over long distance is now the direction medicine is heading. To be able to access the most competent, well-known medical centers of excellence is an advantage to your health. I feel fortunate to have been a part of it.”

Della Shaw, chief clinical outreach officer for Palomar Health, has also received a great deal of positive feedback from Palomar Health patients about the alliance with Mayo Clinic.

“I have talked with patients who tell me how happy they are to have this network in the community,” Shaw says. “I think everyone is very enthusiastic about the way we can cooperate and collaborate with Mayo Clinic. Overall, it’s proving to be a very valuable relationship.”

To learn more, visit www.PalomarHealth.org/Mayo.
Keeping it in the family – no matter if it’s a cherished heirloom or a secret recipe – has its advantages. There’s a feeling of trust and confidence when dealing with those you know. The same can be said for health care.

When Lydia Castillo fell and shattered her kneecap, her pain and frustration were eased by keeping her care – from the ER to rehab – within the “family” of Palomar Health.

“By having everything done through Palomar Health, everybody knew what was going on. All the doctors and therapists communicated and interacted with each other,” Lydia says. “It made it all go so smoothly.”

It all began a little over a year ago when Lydia fell down a few steps at a shopping mall and landed on her kneecap. “As soon as it happened, I immediately knew what I had done. I knew I had fractured it,” says Lydia, 60, a physical therapy assistant.

A friend drove her to Palomar Medical Center. “In the ER they were great,” Lydia says. “They took X-rays, they explained what happened to my knee and they put me in a knee immobilizer. They told me to go to my primary physician as soon as possible.”

The next morning, Lydia went to Pomerado Outpatient Pavilion to see Elizabeth Salada, M.D., her primary care physician for the past 14 years. “She sent me right away to Dr. Owsley, an orthopedic surgeon with Arch Health Partners. Because his office is also at Pomerado, she was able to make an appointment for me and I got in to see him just an hour later,” Lydia says. “It was all very fast and convenient.”

Lydia hoped her knee would mend itself. The Ramona resident leads an active and diverse life. Besides her full-time job in physical therapy, she also owns and operates a small winery and farm. “I was too busy to be down with knee surgery,” Lydia says. “I asked the doctor if we could wait on the surgery for a little while.”

After putting her knee in an immobilizer and giving her a prescription for pain medicine, K.C. Owsley, M.D., agreed to wait on surgery. However, just a week later, Lydia came back to him because her knee was swollen and painful.

“Dr. Owsley showed me my X-rays and said if I didn’t have the surgery, my knee would not heal properly,” Lydia says. That finally convinced her to give in and have the surgery.

“Dr. Owsley says Lydia’s continuum of care at Palomar Health – from emergency care to primary care to surgery to physical therapy – was “like a handshake back and forth. It’s very helpful and produces good outcomes.”

Lydia had outpatient surgery the next day at Pomerado Hospital. The surgical procedure, called an open reduction internal fixation, used screws and cable to wrap around and hold together the shattered pieces of her kneecap, enabling them to heal together.

After nearly four months of physical therapy and regular visits with Dr. Owsley, Lydia was ready to go back to work and resume her busy life. She credits her successful recovery to the communication and coordination between all of her caregivers at Palomar Health.

“Each (health-care professional) sent me to the right place and person for the next step in my surgery and rehab. They all had the same access to my medical records and made sure my meds were in order,” Lydia says. “I felt like I had a strong connection with all of my caregivers, and I felt safe and confident in the care I was getting.”

To learn more, visit www.PalomarHealth.org/Ortho.
I spend a lot of time outdoors during the summer. How should I protect my skin?

It’s important to protect your skin from the sun for several reasons. The sun can cause skin cancers including basal and squamous cell carcinoma. It may also cause melanoma, which can be deadly.

Wrinkles and dark spots also can be reduced by protecting yourself from the sun’s rays. I recommend a multi-faceted approach to sun protection. Here are some tips to keep your skin healthy:

Apply sunscreen regularly. Look for a sunscreen with a SPF (Sun Protection Factor) of 30 or higher, which blocks about 97 percent of the sun’s rays. Apply liberally.

Consider sun protective clothing. This is sun protection you don’t need to reapply. Most sun protective clothing has a UPF (Ultraviolet Protection Factor) rating of 50+, similar to SPF 50+, with broad spectrum UVA and UVB protection.

Wear a wide-brim hat. People with thinning hair especially need to protect their scalps. The wide brim also protects your ears and the back of your neck – something a baseball cap can’t do.

Wear sunglasses. Look for sunglasses with 100 percent UV protection. UV light can lead to cataracts, pterygia (benign conjunctival growth) and possibly macular degeneration. Sunglasses also protect the eyelids from cancer.

Seek shade. Find a tree or use a large umbrella.

Know your environment. Rays are stronger at high altitude, close to the equator and from 10 a.m. to 4 p.m. Reflective surfaces, such as water, sand and snow also increase the sun’s intensity.

Breastfeeding is a real challenge for me. I’m pregnant with my second baby – can you provide some tips?

While it seems like breastfeeding should be instinctive, that’s not always the case for some mothers.

Try to identify your previous breastfeeding challenges. What were they and what can you do differently? Two more common problems new mothers have are pain during feeding, sore nipples and concerns about milk supply.

Sore nipples are often the result of the baby not being properly latched to the breast. Most often this is caused by how the baby is positioned, but also can be caused by anatomical issues with the breast or baby’s mouth.

Women concerned about low milk production should seek lactation counseling. Mothers may be surprised by how often the newborn feeds, causing her to worry about milk supply. In the first couple of months, it’s normal for babies to nurse 10 to 12 times per 24 hours.

In the hospital, healthy newborns are placed skin to skin with their mother right after birth. This keeps the baby warm and promotes early breastfeeds. Baby should stay skin to skin as much as possible until milk supply is established. Skin-to-skin contact causes milk-making hormones to flow and contributes to mother-baby attachment.

Before the baby arrives, it may be a good idea to take a prenatal breastfeeding class. If a mother has worries or concerns about breastfeeding after she and the new baby are home, she needs to call a lactation consultant or join a breastfeeding support group for help as soon as possible.

### Summertime Skin Care FREE SCREENING!

Pomerado Outpatient Pavilion, Education Classroom  
Tuesday, June 24

FREE Skin Cancer Screening: 5:15 – 6 p.m.  
Class: 6 – 7:30 p.m.

Join Dermatologist Vanessa London, M.D., for more important tips to help keep your skin safe.

**FEE:** Free – registration required

### Successful Breastfeeding (Prenatal)

**Palomar Health Downtown Campus – Escondido**  
Mondays, May 19 or July 21  
6:30 – 9 p.m.

**Pomerado Outpatient Pavilion – Poway**  
Thursdays, June 5 or August 7  
6:30 – 9 p.m.

Enhance your opportunity for a positive breastfeeding experience with this informative class led by a certified lactation consultant.

**FEE:** $25 / mom or couple
The Bariatric Surgery Center of Excellence at Pomerado Hospital is more than just a source of pride for Palomar Health. Its stellar reputation also helps draw patients from outside the North County area and bariatric surgeons from beyond San Diego County.

As a resident of Mission Hills in San Diego, Joan Miller knew little about Pomerado Hospital, approximately 25 miles from her home. What she did know, however, was that she needed bariatric surgery to get her health and quality of life back.

“I just wanted to live. I had cancer in 1997 and six months of chemo and radiation. I was 237 pounds and I just knew I had to do everything I could to hold onto my life,” says Joan, 64, who because of her size, suffered from high blood pressure, diabetes, joint pain, sleep apnea and depression.

She was adamant that the procedure be done by the best bariatric surgery center she could find, even if it meant she had to drive across the county to get it. That’s what brought her to Bariatric Surgeon Charles Callery, M.D., and the Bariatric Surgery Center of Excellence at Pomerado Hospital.

The Palomar Health Bariatric Surgery Center received the designation as a Bariatric Surgery Center of Excellence by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) in 2006.

“The (MBSAQIP) designates hospitals as an accredited Center of Excellence if the facility, physicians and the pre- and post-operative programs all meet a broad range of standards,” says Dr. Callery, medical director of the Bariatric Surgery Center.

Since its inception, the surgical weight loss program at Palomar Health has helped more than 3,875 patients overcome their struggle with obesity.

“A Center of Excellence means that patients can have a level of assurance that all the people they will be dealing with at the Bariatric Surgery Center are well trained to take care of their needs,” Dr. Callery says. “They also have the assurance that the hospital has the proper equipment and people who know how to use it.”

Even though Joan had to drive across the county to come to Pomerado Hospital’s Bariatric Surgery Center, she says she had come to “the right place as soon as I walked in the door.”

“Everyone there is very professional. They return your calls promptly, the doctor is on time, they answer all your questions, and everyone is so personable,” says Joan, who had gastric bypass surgery at Pomerado Hospital in August 2011. “It was an awesome experience.”

Joan lost about 80 pounds and went from a size 18 to an 8 or 10. Thanks to the nutrition training and counseling she received as part of her procedure, she has been able to maintain her weight loss since the surgery, nearly three years ago.

“Today I have a lot more energy, I sleep better, I can walk and talk without panting. I feel more alive and healthier than I have in years. I even look 10 years younger,” Joan says with a giggle, adding that her husband is also appreciative of her weight loss success. “Every morning when I leave for work, he says, ‘Goodbye, gorgeous.’ He’s very proud of me.”

It doesn’t surprise Joan that Pomerado Hospital’s Bariatric Surgery Center has received the prestigious Center of Excellence designation.

“Dr. Callery, the nurses, the staff, everyone was just awesome. I would recommend them to anyone who’s considering the surgery,” she says.

Physicians outside Palomar Health are also attracted to Pomerado Hospital’s Bariatric Surgery Center because of its high standards.

David Suh, M.D., a bariatric surgeon at Southwest Healthcare in Temecula, sometimes performs procedures on his patients at Palomar Health. Even though his own medical group is also a Center of Excellence, some insurance companies only offer coverage at certain designated medical centers. Dr. Suh’s patients with Blue Cross Anthem insurance are cared for at Pomerado Hospital’s Bariatric Surgery Center, which is covered by the insurer.

“I could do surgeries at other hospitals, but because of the good reputation of Palomar Health and its Bariatric Center, I strongly favor Pomerado Hospital over other medical centers for its level of expertise in taking care of patients,” Dr. Suh says. “Dr. Callery

Patients and Physicians Choose Pomerado Hospital for Weight Loss Surgery
has set up a very ethical Center of Excellence program. My patients and I have always had a great experience there.”

Dr. Callery says that he’s pleased that both patients and physicians are coming to Pomerado Hospital’s program because of its good reputation.

“Pomerado’s Bariatric Surgery Center of Excellence is an example of how the hospital and doctors can come together to provide the best care possible,” he says.

To learn more, visit www.PalomarHealth.org/Bariatrics. 

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**What's In A Name?**

The Palomar Health Bariatric Surgery Center holds the designation as a Bariatric Surgery Center of Excellence (BScoE) by the Metabolic Bariatric Surgery and Quality Improvement Program (MBSAQIP). So what does that mean?

“A Bariatric Surgery Center of Excellence means the facility is prepared, the people are prepared and we all have the right attitude,” says Dr. Callery.

The application process to become a BScoE is one of the most rigorous in the industry. Applicants must meet a strict list of requirements. Once the center and its surgeons achieve this prestigious designation, they must continue to work hard to keep it. They are re-evaluated and the site is inspected every three years. All BScoE applicants must pass the following requirements:

**Site inspection.** This includes a full review of the facilities to ensure the hospital is properly equipped to take care of very overweight patients.

**Education and commitment.** BScoE surgeons must be board-certified and demonstrate significant expertise in bariatric surgery. Each BScoE hospital must perform at least 50 bariatric surgical cases each year. COE validated surgeons must perform at least 25 surgical cases each year with a minimum of 100 total bariatric cases in their lifetime.

**Multidisciplinary care.** A multidisciplinary team is required for BScoE designation. The team includes nutritionists, psychologists, pulmonologists, cardiologists and other medical specialists trained in bariatric care.

**Data sharing.** To be designated a Center of Excellence, hospitals must agree to pool and share information on clinical pathways, protocols and patient outcomes. Data sharing allows bariatric surgery programs to develop best practice pathways to further refine their care.

“We want to follow up on any long-term complications and to look at the success of weight loss and the relief of other medical problems that come with obesity, such as diabetes, sleep apnea and hypertension,” Dr. Callery says.

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**Bariatric Surgery Options**

The Pomerado Hospital Bariatric Surgery Center offers three types of weight loss surgeries, including:

**Gastric Bypass:** Gastric bypass surgery reduces the size of the stomach and allows food to pass quickly into the small intestine so that patients have an early sense of satisfaction from eating smaller quantities of food.

**Vertical Sleeve Gastrectomy:** This surgery, also known as gastric sleeve, involves partial removal of the stomach. The reduced stomach volume restricts the amount of food that can be eaten.

**Lap-Band:** The Lap-Band (Adjustable Gastric Band) procedure places a band around the upper stomach to restrict the amount of food that can be accommodated. The band is periodically adjusted (tightened or loosened) through an infusion port placed under the skin. The adjustments help achieve the desired gradual weight loss.

Are you 85 pounds or more overweight or considering weight loss surgery to treat an obesity-associated condition? Palomar Health offers free informational classes led by board-certified bariatric surgeons in Poway and Escondido. See the Prevention Plus class insert for more information, or call 800.628.2880.

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Most women already have their hands – and minds – full. Between caring for the home, the kids and often an outside career, many women end up putting themselves at the bottom of their priority list.

But, when it comes to their own health, women need to pay attention. The top four health concerns of women are breast cancer, heart disease, osteoporosis and depression.

Although these are serious concerns, there’s some encouraging news. Healthy lifestyle choices, knowing the symptoms and regular screenings can go a long way toward reducing women’s health risks.

**1 BREAST CANCER**

According to Breast Surgery Specialist Elizabeth Revesz, M.D., a little over 12 percent of women will be diagnosed with breast cancer in their lifetime. Currently, about 2.8 million women in the United States are living with breast cancer.

Some risk factors for breast cancer include:
- Increasing age
- Genetics / Family history
- Early onset of menstruation and/or late menopause
- Not having children
- Obesity
- Too much alcohol

Help minimize your risk with these lifestyle changes:
- Limit alcohol.
- Control your weight.
- Be physically active.
- Breastfeed. It may play a role in breast cancer prevention.
- Limit hormone therapy.

However, even women with healthy lifestyles can still get breast cancer. That’s why it’s imperative to be vigilant about detection. Dr. Revesz recommends yearly mammograms starting at age 40.

“They’re your breasts and you know them better than anybody,” she says. “If you notice any changes, bring it to the attention of your doctor.”

**2 HEART DISEASE**

Heart disease is the leading killer of women and men. In women, the condition is responsible for about 29 percent of deaths, according to the U.S. Centers for Disease Control.

“Heart disease is very common in women, but one of the real difficulties is recognizing the symptoms because they are different than men’s symptoms. Women don’t experience the same classic ‘elephant on the chest’ severe chest pain,” says Cardiologist Dan Mulvihill, M.D. “Instead, they tend to have a more referred pain pattern – feeling pain in the shoulder, upper back, arm or jaw.”

When a woman is having a heart attack, she may also feel queasy, sweaty and maybe a little nauseated.

“Women need to pay attention if they have these symptoms and go to their doctor and get an EKG right away,” Dr. Mulvihill says. “The quicker they get into the system and treated, the better their outcome.”

Risk factors for heart disease include:
- Genetics and race. People with a family history of the disease have a greater risk. So do African-Americans, Hispanics, Native Americans and Native Hawaiians.
- Increasing age
- Smoking. “Smoking is a huge risk factor for women,” Dr. Mulvihill says. “Smoking makes the blood more likely to coagulate and form clots in women.”
- Obesity or being overweight
- Poor diet with too much fat
- High cholesterol
- High blood pressure
- Diabetes

“Women can make changes in their life and health to reduce their risk of heart disease. These modifications are extremely potent in women,” Dr. Mulvihill says.
Ladies, take action to reduce your risk of heart disease:
› Don’t smoke, and avoid second-hand smoke.
› Eat a healthy diet rich in vegetables, fruits, whole grains, fish and lean sources of protein.
› Maintain a healthy weight.
› Manage stress.
› Get regular health screenings. High blood pressure and high cholesterol can damage the heart and blood vessels.

3 OSTEOPOROSIS
Osteoporosis causes bones to become weak, brittle and more prone to fracture. Of people who are 50 and older, half of them have osteoporosis to some degree. Eighty percent of those people are women, says Rheumatologist Smitha C. Reddy, M.D.

People used to think that osteoporosis was an inevitable part of aging for women. Thankfully, today we know a lot more about how to prevent, detect and treat this silent, often symptomless disease.

Risk factors for osteoporosis include:
› Low body weight
› Low estrogen level
› Smoking
› Certain medications
› Low vitamin D level
› Lack of exercise
› Genetics
› Junk foods / drink

“Osteoporosis has to be caught at the right time. Don’t wait until it’s too late,” says Dr. Reddy. “If you notice a change in posture, back pain for no reason or if you know you have a family history of osteoporosis – talk with your doctor.”

To minimize the risk of osteoporosis:
› Have a bone density check.
› Take a vitamin D supplement.
› Eat nutritious foods with high vitamin D content such as salmon and tuna.
› Be active and participate in weight bearing exercise.
› Get enough calcium through your diet.

According to Dr. Reddy, medicines are used to both prevent and treat osteoporosis. Some medicines, taken as pill or injection, slow the rate of bone loss or increase bone thickness. Even small amounts of new bone growth can reduce the risk of broken bones.

4 DEPRESSION
Depression appears to affect more women than men. The National Institute of Mental Health reports that about 12 million women are affected by a depressive disorder each year compared to about 6 million men.

“One in every five women will suffer depression in her lifetime. However, once a woman is post-menopausal, her depression rate is equal to men’s,” says Psychiatrist Badalin Helvink, M.D., noting that there is a connection between depression and hormones.

Common risk factors for depression include:
› Serious chronic illness
› Substance abuse
› A stressful life event, such as a death or job loss
› Marital problems
› Certain medications
› Being a worrier or overly anxious

Learn to recognize the signs and symptoms of depression:
› Sadness or a lack of pleasure for at least two weeks
› Changes in sleep or appetite
› Low energy levels
› Problems with concentration
› Feelings of hopelessness and helplessness
› Thoughts of suicide

“If you have symptoms of depression, you need to be evaluated,” Dr. Helvink says, adding that cognitive behavioral therapy along with medication “is usually a good combination” treatment.

Take care of yourself:
› Talk about your feelings with someone you trust.
› Keep up with some social activities even if you don’t feel like it.
› Limit alcohol consumption.
› Get moving. Studies show that regular exercise can be as effective as antidepressant medication.
› Aim for 7 to 8 hours of sleep.
› Get a little sunlight – it can help boost your mood.
› Practice relaxation techniques. Yoga, deep breathing or meditation can help relieve symptoms of depression.

To learn more about Women’s and Children’s Services at Palomar Health, visit www.PalomarHealth.org/women.

LISTEN UP, LADIES!
Take advantage of Poway’s best kept secret. Did you know that the Jean McLaughlin Women’s Center for Health & Healing at Palomar Health offers a comprehensive Breast Center as well as a bone density screening program for osteoporosis? Learn about these services and more at www.PalomarHealth.org/Women or call 800.628.2880.
Imagine sadness so profound, despair so deep, that it seems the only way out is suicide. Tragically, that scene plays out for hundreds of San Diegans every year.

In 2012, 413 men, women and yes, even children, died at their own hands – a record number of suicides in San Diego. Sadly, the number of self-inflicted deaths continues to rise, with no end in sight. (See my Q&A with Dr. Badalin Helvink on page 17.)

Perhaps that explains the huge turnout recently for the annual “Save a Life” Walk sponsored by Survivors of Suicide Loss. A record crowd of 2,000 gathered for the annual 3.1-mile trek around Balboa Park, with most walking in memory of loved ones lost to suicide. (Learn more at www.soslde.org)

Despite the disturbing theme, as a survivor (I lost my mother to suicide) and participant, I assure you the “Save a Life” Walk is neither depressing nor somber, but full of love, laughter and hope – due, in part, to the presence of Pastor Joe Davis.

As we gathered together before the 5K begins, emotions run raw for many. But Joe’s uplifting invocation never fails to include a perfect prayer to comfort those who have survived the loss of a loved one to suicide.

You might say Joe’s the perfect guy for the job! Every day, as chaplain for the San Diego County Medical Examiner’s office, Joe ministers to grieving families dealing with all kinds of traumatic death, including suicide.

Every time he speaks at the annual Walk, Joe says he can count on someone coming up to him, reminding him about the time he came to their home, “with the news that their son, or wife, or father had died at their own hands.”

It’s an emotionally taxing job, but the affable and easy-going Joe believes he’s been called to comfort families and friends of loved ones who have died. He deals with death of every description. “What makes suicide different,” says the chaplain, “is that other deaths can usually be explained.” So Joe says his job is to be there for distraught loved ones “trying to make sense out of something that never makes sense.”

He admits, dealing daily with death and human anguish hasn’t been easy. Several years ago, plagued by emotional stress and stomach problems, Joe turned to prayer asking, “If I’m supposed to be doing this, why is it so hard?”

He believes God’s answer was loud and clear, “If you’re going to get that involved, you’re no good to the families and you’re no good to me.”

“Now, instead of being part of the storm,” explains Joe, “I’m the calm in the midst of the storm.”

But last year, in a tragic irony, the “storm” came to Joe personally when he got the call that rocked his world. Following years of depression, his own father had taken his life. “It was the most painful, horrible training I’ve ever had,” Joe told me, tears welling up.

As he deals with his own lingering pain, Joe believes his experience has helped him better help others. “Now I can honestly say, ‘I know what you’re going through.’”

And so Joe continues his unpaid job, as the only full-time chaplain for a medical examiner in the U.S., with his faith and signature sense of humor to carry him through the next crisis.

“I don’t know the shelf life of a coroner’s chaplain,” quips Davis. “I’m just being obedient to where I’m supposed to be.”

Thank you for making a difference, Joe. – Carol LeBeau

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**Embracing Your Emotional Health**

Thursday, May 29 6 – 7:30 p.m.

Pomerado Hospital, Conference Room C/D

May is Mental Health Awareness Month. Join Carol LeBeau along with Palomar Health Psychiatrist Badalin Helvink, M.D., for a small-group discussion addressing common behavioral health issues facing people of all ages. Space is limited. Register at www.PalomarHealth.org/Classes or call 800.628.2880.

FEE: $5 / person – registration required

Light refreshments will be served.
Q&A with Badalin Helvink, M.D.

According to Badalin Helvink, M.D., medical director of the Psychiatry Program at the Palomar Center for Behavioral Health, suicide is our nation’s top public health issue. Here she explains how we all play a role in saving lives.

Carol: Why is the suicide rate rising?
Dr. Helvink: Violence, economic stress, substance abuse, depression and anxiety, family history of mental illness, access to guns, lack of access to health care … take your pick!

Carol: How do we get a handle on the problem?
Dr. Helvink: First, by talking about it. Sadly, a stigma still exists when it comes to mental illness.

Carol: Why can’t we get past the stigma?
Dr. Helvink: Unfortunately, the barriers are still there. Families don’t want to talk about it, and patients don’t want to be on medication.

Carol: What about the media?
Dr. Helvink: Sensationalized celebrity suicides can actually cause a copycat effect. Cyberbullying through social media causes severe pressure on kids. Nearly 16 percent of kids admit thinking about suicide.

Carol: Sounds like an issue for everyone.
Dr. Helvink: It takes a village – a collaborative effort of family, friends, community and providers.

Carol: How can I help prevent suicide?
Dr. Helvink: If you know someone who’s struggling – isolated, consumed with sadness or morbidly preoccupied – don’t wait for them to “snap out of it.” Reach out.

Carol: How do you know when it’s serious?
Dr. Helvink: In my practice, when I hear, “I’m a burden” or “I can’t live like this anymore,” or when a teen hears her friend say she “wishes she were dead.” If they voice it, take it seriously.

Carol: Some say suicide is an act of cowardice.
Dr. Helvink: I invite them to have compassion about something that’s tragic, and for many, a result of a major depressive disorder.

Carol: Can there be a happy ending?
Dr. Helvink: I had a patient who took a serious overdose. After successful treatment for her depression, she told me she never knew she could actually feel good again.

Carol: What do you want people to know?
Dr. Helvink: Depression is a very treatable condition. Suicide is a permanent solution to a temporary problem. There is help.
I grew up with Palomar Health, and I still choose it today because I want the best for my family.

From urgent care for the kids, to support for Dad’s diabetes, my well woman care and Jim’s sports injuries, Palomar Health has all the expertise and resources we need. Knowing that it’s all right here in our community gives me real peace of mind. So I can take care of everything else.

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May – August 2014 www.PalomarHealth.org
Six years ago, Stephen T. Hundley of Poway went to Pomerado Hospital in hopes of finding answers and relief for his sudden, intense upper back pain. “My back was killing me,” recalls Steve. “I was breathing rapidly and I just knew something wasn’t right.”

What he discovered terrified him but ultimately changed his life for the better. “Until I had my heart attack, I didn’t think that was something I needed to worry about,” says Steve.

Steve found relief through a stent put in by his cardiologist, Dr. Roger Acheatel. And, despite the fears that come with this life-saving procedure, Steve is grateful he had a doctor and medical staff he could trust. “It gave me great confidence to be under their care,” he says.

Today, Steve is 80 pounds lighter and healthier thanks to the Palomar Health Cardiac Rehabilitation Program. “I’ve never had a day of pessimism since my heart attack,” says Steve. “I learned how to exercise and eat right. They taught me how to be healthy.”

Steve demonstrated his gratitude by making a generous gift in support of patient programs at Palomar Health. “I generally like to make donations when I really believe in something,” says Steve. “Beyond the new bricks and mortar, I am impressed by the intangibles at Palomar Health. It’s the quality of care that really counts.”

Find your reason to give. To learn more about charitable gift planning, contact the Palomar Health Foundation at 760.739.2787 or visit www.PalomarHealthFoundation.org.
For a physician referral, or to register for a class, call Palomar Health at 800.628.2880.