

# Healthy

TIMES

winter '09



## Your Baby. Your Delivery. Your Way.

St. Luke's works with you to achieve the birthing experience you want

## Is a Woman's Heart Different From a Man's?

Women face different risks and symptoms of heart disease

## Art for Heart's Sake

Cardiovascular Center exhibit raises funds for vital services and programs

## Tango Without Tears

How to prevent and treat dance-related injuries



*California Pacific  
Medical Center*

A Sutter Health Affiliate  
*With You. For Life.*

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# Your Baby. Your Delivery. Your Way.



Jack Spartacus Trudeau

## *Working with you to achieve the birthing experience you want*

Liz and Paul Trudeau were elated when they learned they were expecting their first child. Like most new parents, they began planning for the baby's arrival, selecting furnishings for the nursery and considering possible names. Then they took their planning process one step further by creating a list of labor and child-birth preferences, describing how they wanted to be treated by health care professionals attending the birth.

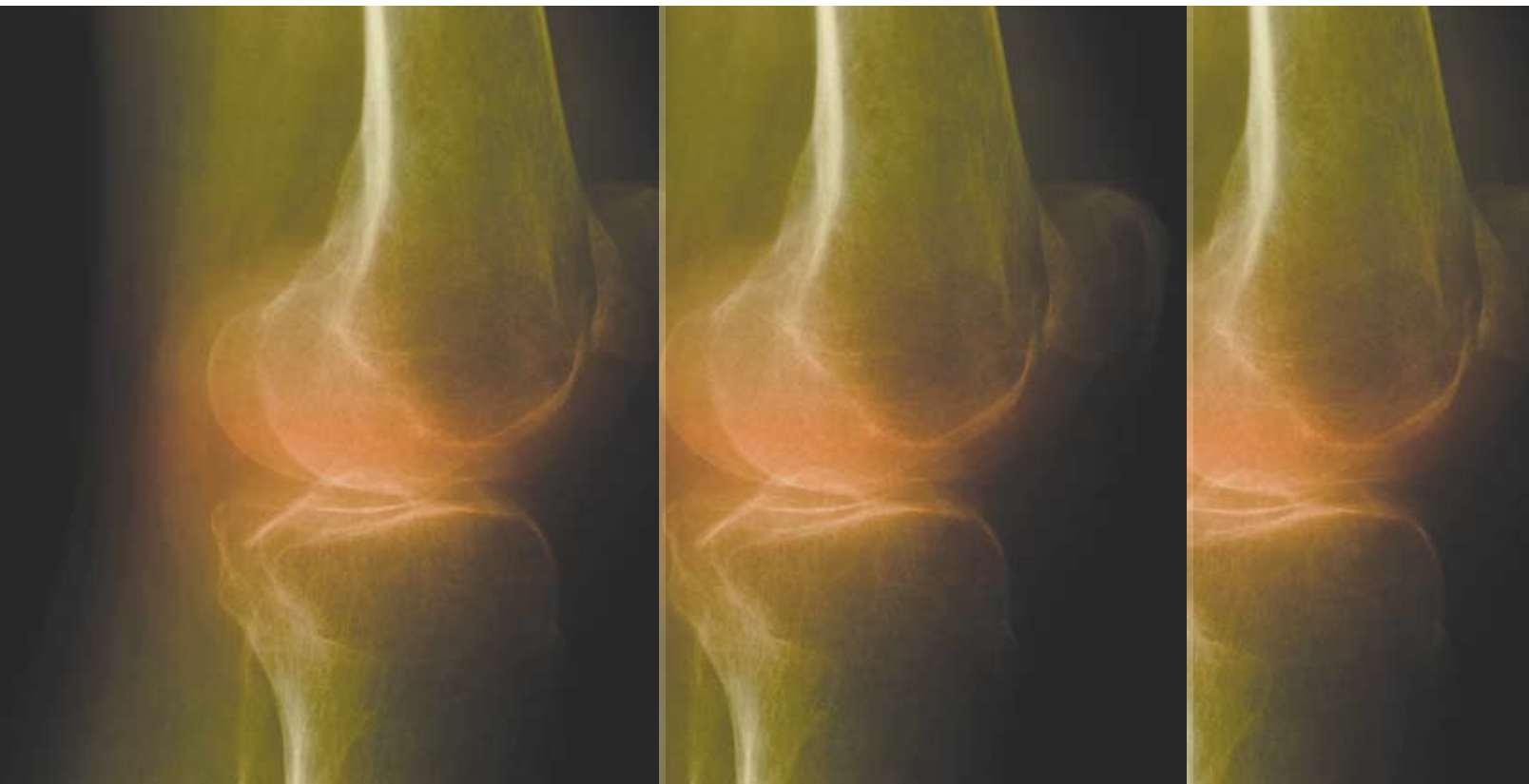
"My top priority was to have a natural childbirth with as few interventions as possible – medical tests, exams and procedures that interfere with the natural process of birth," Liz says. "The first decision was to choose St. Luke's because of its reputation for supporting natural childbirth. We were familiar with St. Luke's because Paul, who is a minister, served as a chaplain there for three months as part of his ordination process."

The couple met regularly with obstetrician Laura Norrell, M.D., seeking information about St. Luke's standard procedures for labor and delivery. They were reassured by Norrell's responses.

"We want to help women and their families have the type of childbirth experience they envision," Norrell says. "Our number one role is to be guardians of our patients' safety, and natural childbirth is a safe option for low-risk women. A lot of people's image of labor and delivery is what they see on television, where everything looks like an emergency. That's a disservice to nature. We need to use interventions sparingly and wisely. With any intervention we might recommend, such as delivering fluids intravenously, we discuss the options with the mother and her partner so they understand their choices."

Liz and Paul also attended sessions of the group prenatal care program at St. Luke's, Centering Pregnancy, led by nurse-midwife Emily Beck, CNM. "The idea for creating a birthing plan came up during a Centering Pregnancy class," Liz notes. "The midwife worked with us to determine our preferences, and she reviewed my plan and followed up with any questions."

"YOUR BABY," CONTINUED ON PAGE 8



# Tango without Tears

**Lack of proper body conditioning and flexibility, as well as improper stretching and overexertion can result in a wide variety of injuries ranging from strains and sprains to joint dislocations and bone fractures.**

## Preventing and treating dance-related injuries

With the popularity of television programs such as *Dancing with the Stars* and *So You Think You Can Dance*, more and more people are taking an interest in ballroom dancing and other forms of dance as a form of recreation.

That's good news, according to St. Luke's Chair of Orthopedic Surgery Dave Atkin, M.D. "Dancing is great exercise," he explains. "An evening of dancing will raise your heart rate, burn calories and tone up your leg and arm muscles. Dancing is good for your heart, your lungs and your mind – not to mention fun. People might not want to go to a gym to work out for two or three hours at a time, but they frequently will dance for that long. And, because it's fun, they're likely to do it regularly."

The downside of this increased interest is that dance and injuries often go hand in hand. Lack of proper body conditioning and flexibility, as well as improper stretching and overexertion can result in a wide variety of injuries ranging from strains and sprains to joint dislocations and bone fractures.

"You don't want to just get up off the couch and start dancing for several hours," Atkin says. "Newcomers to dance may be unfamiliar with the limits of their own bodies or those of their dance partners. It's important to start out slowly and get your body in good condition. There's nothing better than developing the baseline strength of your legs, knees and ankles with non-gravitational exercises such as swimming, biking and walking. Plus, right before you actually begin dancing, you should do some warm-up and stretching exercises."

Even experienced and professional dancers can sustain injuries caused by high-impact jumping, overextension of muscles and repetitive stress on muscles and ligaments. Those injuries can become chronic or disabling if dancers ignore them and continue to dance through the pain.

"By far, the most common dance injuries are ankle strains and sprains," notes Atkin, who completed an exclusive two-year fellowship in sports medicine following his five-year residency in orthopedics. "One frequent culprit in ankle strains and sprains is wearing improper shoes. Those spiky high heels may look attractive, but it's easy to lose your balance in them while spinning or dancing backward."

A strain is caused by overstretching the muscles. A few days of rest will usually ease the pain of a muscle strain. An ankle sprain is a small tear in a ligament, the connective tissue that links bones together. Even the smallest ligament tear can produce a lot of swelling.

Treatment for a minor ankle sprain generally follows the "R.I.C.E" regimen until the swelling disappears:

- **Rest** – Avoid putting weight on the injured ankle.
- **Ice** – Apply an ice pack for 15 minutes at a time, repeating every three or four hours.
- **Compression** – Use an elastic bandage to wrap the ankle for stability and to reduce swelling. The wrap should be snug, but should not cut off circulation.
- **Elevation** – Keep the ankle elevated higher than your heart as often as possible to encourage proper blood circulation.

The R.I.C.E. treatment is also useful in treating another common dance (and yoga) injury – a tear in the medial collateral ligament (MCL) on the inside of the knee. "In addition to icing and resting the knee, a short course of anti-inflammatory medications such as ibuprofen might be appropriate," Atkin says. "If the knee continues to hurt and remains swollen, the patient might benefit from physical therapy and a knee brace."

If an injured ankle or knee is still weak, painful or swollen in spite of time and rehabilitation, it is a good idea to consult a doctor.

"It's important to have a qualified orthopedic specialist evaluate injuries that do not improve," Atkin advises. "For example, persistent knee pain and swelling may indicate a tear in the meniscus cartilage that acts as the shock absorber for the knee."

Torn knee cartilage and severe ligament tears might require surgery, which now can be done arthroscopically.

"We make a very small incision and insert a miniature camera that shows a picture of the inside of the joint on a computer monitor," Atkin explains. "Then we make an additional small incision to insert instruments to repair the problem. The advantage of arthroscopy over traditional open surgery is that the joint does not have to be opened up fully. This causes less trauma to the joint, so recovery is much faster."

Which means you can get back out on the dance floor sooner.

*In addition to his work at St. Luke's, Atkin also serves as director of Operation Rainbow, a nonprofit organization that provides free medical care to needy patients in countries around the world.*

# The Heart of the

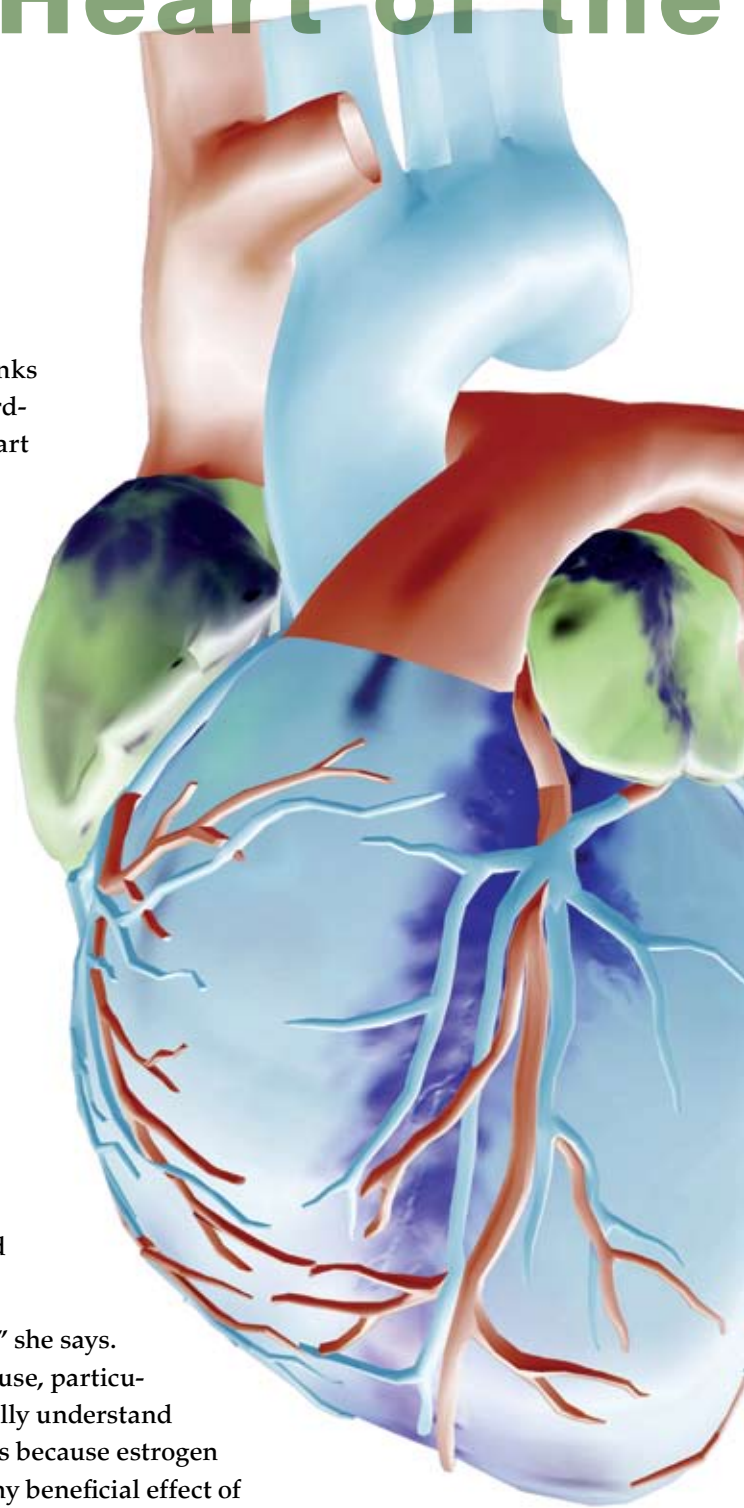
Many people mistakenly assume that heart disease is just a men's health issue. Yet heart disease also ranks as the number one killer of American women. According to the American Heart Association, coronary heart disease is responsible for 35 percent of all deaths in women – more than all types of cancer combined, including breast and lung cancer.

"Women often aren't aware of their risk factors for cardiovascular disease, including heart disease," says Sophie Barbant, M.D., a cardiologist at the St. Luke's Cardiovascular Center.

"Overall, women's risk factors are similar to those for men – including age, family history, obesity, high cholesterol, high blood pressure, lack of exercise and smoking," she explains. "There are some important differences, though. Low blood levels of HDL – the 'good' cholesterol – are more associated with cardiac disease in women than in men. In addition, high blood levels of molecules called triglycerides and lipoprotein (a) appear to be stronger predictors of heart disease in women than in men. Type 2 diabetes may also be a stronger contributing risk factor for women."

Barbant notes that some risk factors, such as age and family history, are beyond a woman's control.

"Menopause is another risk factor you can't control," she says. "Heart disease in women is unusual before menopause, particularly in the absence of other risk factors. We don't fully understand why that is the case. Researchers used to think it was because estrogen protected the heart, but recent studies don't show any beneficial effect of hormone replacement therapy in reducing heart disease."



# Matter

**Women suffering a heart attack also may experience a range of other symptoms unrelated to heart pain, including:**

- **nausea and dizziness**
- **pain in the shoulder and upper back**
- **atypical pain in the stomach or abdomen**
- **unexplained weakness or overwhelming tiredness**
- **cold, sweaty skin and paleness**
- **swelling of the ankles or lower legs**

Risk factors related to lifestyle, such as lack of exercise, poor eating habits and smoking are another matter. “You really can control the risk factors associated with lifestyle choices,” Barbant emphasizes. “For example, smoking has been associated with nearly half of all coronary events in women. Even one cigarette per day actually puts you at risk.”

Women’s symptoms of heart disease, including heart attacks, often differ from men’s, too.

“Women are less likely to have ‘typical angina’ – which is chest pain after exercise that can be relieved by nitroglycerin,” Barbant says. “With a heart attack, women don’t always experience a crushing pain in the chest. A study published in 2006 in the *American Journal of Cardiology* showed that women who had heart attacks described their chest pain as more sharp and burning, accompanied by other pain in the neck and throat.

“There is no explanation, so far, for why women have different symptoms of heart disease and heart attacks than men,” Barbant acknowledges.

“The important thing is that if a woman experiences any of these symptoms, or any sign of chest pain or a sense of an irregular heart beat, she should consult a physician right away.

“Don’t make the false assumption that your symptoms could not possibly be heart-related,” she adds. “Insist on being tested for heart disease. It’s your heart – and your life.”

For more information about the Cardiovascular Center at St. Luke’s, or to schedule an appointment, please call 415-641-6640.



# Art for Heart's Sake

For the past five years, St. Luke's Chief of Cardiology Ed Kersh, M.D. has arranged for displays of artwork by local artists in the Cardiovascular Center at St. Luke's. The current exhibit, *Cheers to Muses: Contemporary Works by Asian American Women*, was unveiled at a special reception November 20. The event, which included a patient education lecture on "How to Survive a Heart Attack," was sponsored by donations from patients, the Boston Scientific Corporation and the California Pacific Medical Center Foundation.

"This important event raises vital funds for equipment, services and educational programs at the Cardiovascular Center," says Maria Vicente-Puletti, a clinical social worker at the St. Luke's Health Care Center and a trustee with the foundation. "The party and the exhibit itself are an opportunity to not only showcase local artists, but also to thank the patients of the Cardiovascular Center and encourage community support."

Local noted artists Mario Rosales and Antonio Huerta have curated previous exhibits. *Cheers to Muses*, on display through March, is presented by the Asian American Women Artists Association (AAWAA). Contributing artists include Cynthia Tom, Machiko Kondo, Melissa Chow, Naylyne Lunati, Kristina Soriano, Shari Arai DeBoer, Sue Tom and Susan Almazol. Additional AAWAA exhibits at the Cardiovascular Center this year will include:

- *A Place of Her Own*, March 2009 – July 2009
- *Asian American Art*, July 2009 – November 2009

Various members of the AAWAA also are featured in a current exhibit at the De Young Museum: *Asian/American/Modern Art: Shifting Currents*. For more information on AAWAA, call 415-722-4296 or visit [www.aawaa.net](http://www.aawaa.net).

The exhibits in the Cardiovascular Center at 1580 Valencia Street, Suite 412, are open to the public, 9 a.m. to 6 p.m. on weekdays. Most of the artwork is available for sale, with a portion of the proceeds going to the California Pacific Medical Center Foundation.

“Investing in one of these important pieces of art or donating to the foundation is a win-win proposition that benefits you, our artists, our patients, our staff and the community,” Puletti says. “Donors can designate their funds for the Cardiovascular Center or to the general fund for St. Luke’s. For many of our grateful patients, donating is close to their hearts.”

Among the pieces of art on display in the Cardiovascular Center are several works by local artist Cynthia Tom, including (left to right) “Daughter on the Ceiling,” “Floatation Device and a Place of Her Own,” and “Location, Location, Location.”



Invest in one of these important pieces of art or donate to the foundation.

## “YOUR BABY,” CONTINUED FROM PAGE 1

Beck explains: “Birthing plans are all about expectations. Many women simply express a preference for having a midwife and perhaps a doula – or labor coach – attend their labor and delivery. Other plans are more detailed, with some even requesting specific interventions such as pain medications. We encourage women to bring in their birthing plan, and we work with them to develop realistic expectations, recognizing that unexpected circumstances may arise during the birthing process.”

Originally, Liz had not planned to hire a doula, but after learning about the services doulas provide, she decided it would free up Paul to participate more fully in the birth if a doula was present. Her doula, Kara Engelbrecht, worked with Liz to refine the birthing plan.

“Helping clients develop a birthing plan is an exercise in preparing them for what to expect,” says Engelbrecht, a certified doula for over five years. “The plan is a way of conveying your wishes and preferences to the labor and delivery team, but it also helps women understand what the realities are. Birthing doesn’t always go according to plan.”

A few of the specific requests in Liz’s birth plan included:

- Avoiding the use of pain medications.
- Having as few pelvic exams as possible and minimal fetal monitoring to keep track of the baby’s heartbeat.
- Allowing her husband to catch the baby as it was born, and placing the baby on her stomach immediately after delivery.

## Our Family Is Growing to Care for *Your* Growing Family

The St. Luke’s Women’s Center is adding new members to our family of dedicated health care professionals in order to provide the best possible care for our patients. Please help us welcome the “new kids on the block.”

### Nicholas Rubashkin, M.D. | Obstetrics and Gynecology

“As a medical student, I did research at St. Luke’s on disparities in birthing outcomes,” Rubashkin says. “I always kept it in the back of my mind that this would be a rewarding place to work. St. Luke’s has a special mission, serving a diverse population and making a unique, valuable contribution to the city.”

Rubashkin earned his medical degree at Stanford University School of Medicine. He then went on to complete an internship and an OB/GYN residency at the University of California, San Francisco. “My philosophy of practicing maternity care is to provide women with information about their birthing options so they can make informed decisions,” he says. “I support the process of natural childbirth, backed up with the experience and expertise to handle the unexpected. The physicians at St. Luke’s have a collegial relationship with the midwives and nurses. Working together, we provide a level of patient care that is not available in many hospitals.”



- Leaving the umbilical cord unclamped and uncut until it stopped pulsing.
- Breastfeeding only, with no water, formula or pacifier provided without parental consent.

Acknowledging that unexpected circumstances might warrant a Cesarean delivery, Liz also listed her preferences for that possibility, including having her husband accompany her during the surgery.

“Many of the preferences in most women’s birth plans are simply standard operating procedures at St. Luke’s,” Beck notes. “Routine enemas and shaving are definitely a thing of the past. We allow patients to continue eating and drinking throughout labor unless anesthesia is needed. We encourage them to move around while in labor and to change

positions during the pushing phase. We perform an episiotomy – an incision into the vagina to create more room for the baby’s head to come out – only when absolutely necessary. I’ve done an episiotomy only twice out of 500 births.”

Fortunately, Liz’s labor and delivery were relatively uneventful. Engelbrecht joined the Trudeaus at home during labor. After several hours of labor, the Trudeaus and Engelbrecht left for St. Luke’s at 1 a.m. Baby Jack Spartacus Trudeau, 8 lbs., 3 oz., was delivered at 4:36 a.m.

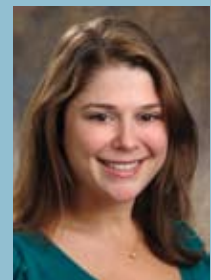
Liz describes the birth as an extremely positive experience. “The entire labor and delivery team made me feel supported,” she says. “There was a sense of trust and mutual respect. I really trusted their judgment, and they respected my choices.”

“YOUR BABY,” CONTINUED ON PAGE 11

**Rebecca Amirault, R.N., MSN, CNM | Certified Nurse Midwife**

Living in New York City seven years ago, Amirault attended a birth to ensure that the mother – a recent immigrant – was provided with the proper care. That experience led her to become a doula, or labor coach. She went on to earn a Bachelor of Science in Nursing degree from Columbia University, followed by a Master of Science in Nursing degree and certification as a nurse-midwife at the University of California, San Francisco.

“I was born and raised in the Miraloma neighborhood of San Francisco, and I did my midwifery training at St. Luke’s, so it’s nice to return to where I began,” she says. “St. Luke’s has a remarkable team of doctors, midwives and nurses, and I’m thrilled to be a part of it. This is also a fun and rewarding place to work because people here really love what they do. St. Luke’s is dedicated to helping women have the birthing experiences they want. I appreciate the way the natural birth process is respected here.”



**Julie Vivalda, R.N., MSN, CNM | Certified Nurse Midwife**

“I earned my bachelor’s degree in biology, and I’ve always been interested in science and medicine,” Vivalda says. “I also was interested in alternative therapies, and I worked as an aromatherapist and massage therapist. I decided to become a nurse-midwife because it combines the world of medicine with holistic care. It is more family-centered and personalized, focused on caring for the whole person.”

Vivalda earned her Master of Science in Nursing degree and certification as a nurse-midwife at the University of California, San Francisco. While a midwifery student, she also worked as a nurse at San Francisco General Hospital. “I enjoyed working as a nurse, but I was glad to come to St. Luke’s and focus on my craft of midwifery,” she notes. “I am aware of the cultural needs of this community. St. Luke’s has an excellent reputation among midwives and in the community for supporting natural childbirth. I have found my life’s calling. This is what I was meant to do.”



# Ask Your Doctor...

Here's your opportunity to get basic medical questions answered by a St. Luke's physician. **Individuals do not get a personalized response from a doctor.** Answers are printed here in *Healthy Times* – and they are not intended as a substitute for advice from your own doctor. To find a personal physician, please call our Physician Referral Service at 415-821-DOCS (821-3627), or visit [www.cpmc.org/stlukes](http://www.cpmc.org/stlukes) and click on the link for "Find a Physician."

Do you have a question to "Ask Your Doctor?" If so, please email it to: [SLHmarketing@sutterhealth.org](mailto:SLHmarketing@sutterhealth.org) or mail it to: "Ask Your Doctor" c/o Marketing Department, CPMC-St. Luke's Campus, 633 Folsom Street – 5th Floor, San Francisco, CA 94107.

**Q: At what age should men start being screened for prostate cancer? What is a PSA test?**

**A:** As men age, both benign prostate conditions and prostate cancer become more frequent. Many doctors, including myself, recommend screenings in men age 50 or older. For men at higher risk (for example, those who have a family history of prostate cancer or who are African American, where there is the highest incidence of prostate cancer), it is recommended to start earlier, perhaps at age 40. Some doctors encourage yearly screenings for all men over age 50 and over age 40 for higher risk men. Other doctors caution against routine screenings, or counsel men about the risks and benefits, and encourage them to make their own individual decisions.

The screening should include a prostate-specific antigen (PSA) test, along with a digital rectal exam (a gloved finger is inserted in the rectum to feel the prostate for abnormal areas). PSA is a protein produced by the prostate gland. The PSA test measures the level of PSA in the blood. Men normally have low levels of PSA in their blood. Prostate cancer or benign prostate conditions can increase PSA levels, so the test can help detect prostate cancer

My bottom line: I offer screenings to all men beginning at age 50, or earlier if they are at high risk. I find that most men want to know whether they have prostate cancer or are at risk for developing it.

Kenneth Barnes, M.D.  
Internal Medicine  
1580 Valencia Street, #201  
San Francisco, CA 94110  
415-550-0877



**Q: My sister was recently diagnosed with breast cancer. I would like to have a mammogram screening, but I am currently breastfeeding. Is it safe to have a mammogram while you are breastfeeding?**

**A:** There is no scientific evidence that it is not safe for a woman to have a mammogram while she is breastfeeding. Unless there's a compelling reason to perform a mammogram right away, we generally would wait until three months after a woman stops breastfeeding. First of all, a mammogram would likely be more uncomfortable for a woman who is breastfeeding. More importantly, the mammogram would be more difficult to analyze since the woman's breast tissue would be denser because of glandular enlargement.

You do have a valid cause for concern, since women who have a mother or sister who has been diagnosed with breast cancer are at greater risk of developing breast cancer, too. If you don't want to stop breastfeeding, we certainly could perform a screening mammogram to put your mind at ease.

John Bokelman, M.D.  
Radiologist, St. Luke's  
Breast Health Center  
3555 Cesar Chavez Street  
San Francisco, CA 94110  
415-641-3360



**“YOUR BABY” CONTINUED FROM PAGE 9**

Paul echoes his wife’s sentiments: “It was a much more relaxed atmosphere than I would have imagined. I loved the fact that Dr. Norrell allowed me to be part of the process in delivering the baby. Catching my son and being able to hand him to my wife was amazing. I will always be indebted to St. Luke’s.”

Not every birth goes as smoothly as Liz’s, however.

“I encourage patients to prepare for the unexpected and remain flexible,” says obstetrician/gynecologist Yamilee Bermingham, M.D. “In childbirth, as in parenting, things happen that require deviation from the ideal plan. Ideally, when issues arise, everyone works together to achieve the best possible outcome, recognizing that each situation is different. Our patients should be aware that we are just as motivated for them to have the best possible experience as they are. Our doctors, midwives and nurses are all personally invested in their patients’ well-being.”

Ruth Breech and her husband Denny Larson had prepared a birthing plan similar to the Trudeaus’, and they also chose St. Luke’s because of its reputation for respecting the natural birth process. In her 39th week of pregnancy, Ruth was diagnosed with mild pre-eclampsia, an abnormal condition of pregnancy characterized by high blood pressure, fluid retention, swelling and the presence of protein in the urine.

“My blood pressure just kept getting higher and higher,” she recalls. “It was clear that the risks of my pregnancy were increasing. After careful monitoring, we returned to St. Luke’s to induce labor, fully aware of the possible scenarios, thanks to detailed conversations with the staff.”

After 30 hours of labor, Ruth finally asked for an epidural – an injection of pain medication into the lower spinal cord. “They knew I had wanted to avoid pain medication, and they asked me if I was sure about that decision,” she says. “The anesthesiologist carefully explained the risks and benefits so I could make an informed choice.”



Josephine Lucia Breech-Larson

A few hours later, the baby’s heartbeat became irregular, and Ruth ended up having an unplanned Cesarean section delivery, bringing 8 lb., 15 oz. Josephine Lucia Breech-Larson into the world.

“It was not easy to shift our plan, but throughout the process, the staff at St. Luke’s involved us in the decision-making process, communicating my options and explaining what could happen,” Ruth says. “Ultimately, it was a positive experience, and we really appreciate the consistent care everyone provided. And, of course, the end result is a healthy, happy baby.”

Information about how to develop a birthing plan is available on many Web sites, including [www.birthplan.com](http://www.birthplan.com) and [www.babycenter.com](http://www.babycenter.com). For more information about the St. Luke’s Centering Pregnancy Program, please call 415-641-2133. For information about obstetric services and programs at St. Luke’s, please visit [www.cpmc.org/stlukes/programs](http://www.cpmc.org/stlukes/programs).

# Rapid Transfer of Heart Attack Patients

# Saves Lives



*If you're having a heart attack, time truly is of the essence.*

The national goal established by the American College of Cardiology and the American Heart Association calls for performing a balloon angioplasty procedure on heart attack patients within 90 minutes of their arrival in the emergency department – known as the “door-to-balloon” time.

“This goal is reasonable for hospitals that have a cardiac catheterization lab that is able to perform an emergency balloon angioplasty,” says St. Luke’s Chief of Cardiology Edward Kersh, M.D. “It can be a more difficult goal to achieve, however, if a patient is transferred to the cath lab from a different hospital’s emergency department.”

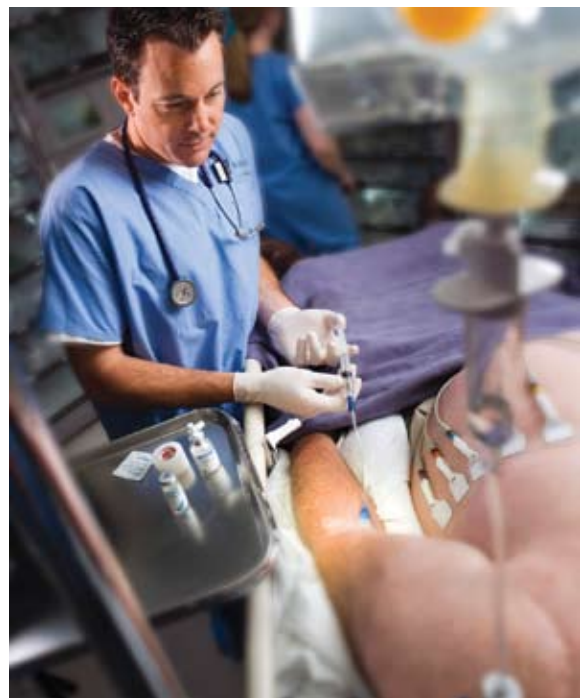
Two years ago California Pacific Medical Center’s Pacific and St. Luke’s campuses launched a cooperative effort to address this vital concern. They developed a reliable process to rapidly assess patients coming into St. Luke’s emergency department with a heart attack and transfer them to the cath lab at the Pacific campus, with a door-to-balloon time of under 90 minutes.

“The program has been a great success,” Kersh notes. “We haven’t had a single mortality in the two years we’ve been following this process, and the model has been expanded to the Davies campus as well.”

The protocol calls for performing an electrocardiogram (EKG) on possible heart attack patients within 10 minutes of their arrival in the emergency room. If the St. Luke’s ER physician diagnoses a heart attack, an ambulance is on standby to transfer the patient to the Pacific campus cath lab. While the ambulance is on its way to St. Luke’s, the ER staff administers a variety of medications to the patient: aspirin, the blood thinner heparin, beta blockers to regulate the heartbeat and protect the heart, and an anti-platelet medication that breaks up blood clots.

“We have carefully tracked the performance of this process, reviewing every case,” Kersh says. “In 2006 the mean door-to-balloon time was 230 minutes. After the new process was implemented in April 2007, the mean time declined to 120 minutes in 2007 and to 79.5 minutes in 2008.”

A summary outlining the process and results of the program was a poster presentation at the 11th Congress of Chest Pain Centers Conference in Orlando, Florida.





## Continuing Our Journey to Excellence

As part of our efforts to incorporate the recommendations of the Blue Ribbon Panel that was created to help plot the future of health care delivery in San Francisco, California Pacific Medical Center has announced key organizational changes for the St. Luke's campus.

**Steve Lockhart, M.D., Ph.D.**, will assume the newly created role of Vice President-Chief Administrative Officer and Associate Vice President-Medical Affairs. He will have full responsibility for all operations, as well as medical affairs. In addition, he will work with senior California Pacific executives in the ongoing process of integrating medical staff activities across all campuses.

President and CEO of California Pacific Martin Brotman, M.D., notes: "Dr. Lockhart has served our mission with integrity, dedication and skill for 18 years, including most recently as the project leader for the SimSurg Education Center, which he will continue to oversee. We enthusiastically look forward to the same high level of accomplishments in his new assignments."

Lockhart worked closely with the Blue Ribbon Panel in developing its recommendations. "Much of the focus on the panel's recommendations involves rebuilding the hospital, but I believe what is really needed is an integrated health care delivery system that includes not only the hospital, but also more outreach to the community," he says.

"We are working toward a vibrant future for St. Luke's, transforming health care for a large number of San Franciscans," he adds. "St. Luke's will be known as a provider of the highest quality community-based care, particularly focused on the care of seniors, maternity patients and families. This community-based care program will be supported by California Pacific's overall plan to integrate services across all our facilities throughout the city."

**Judy Li, DrPH**, who has served as St Luke's Chief Administrative Officer for the past two years, will take on the role of Vice President of Health System Innovation and Community Benefit. In this position, she will develop an integrated public/private health care delivery system, working to achieve California Pacific's aspirations to provide world-class quality and safety in patient care. She also will develop strategies in the areas of public policy, community benefit programs and community-based ambulatory services.

"Our efforts to rebuild the health care delivery system South of Market will focus on affordable access to quality care, with an emphasis on prevention, education and primary care," Li says. "Bringing the resources of California Pacific into this process, we plan to launch a new Center for Health Innovation that will explore partnerships with schools and public health agencies to conduct research and launch pilot programs for new ways of delivering health care services."



# calendar

St. Luke's offers a variety of classes and activities to supplement the care and education provided by your physician.

## JANUARY

### Saturdays, January 3, 10, 17, 31:

Prenatal Yoga, 9:45 – 11 a.m.  
Postnatal Yoga (Baby Welcome),  
11:15 a.m. – 12:30 p.m.

### Tuesday, January 20:

Maternity Tour (English),  
5 – 6 p.m.

### Wednesday, January 21:

Maternity Tour (Spanish),  
5 – 6 p.m.

### Saturday, January 24:

Childbirth Class (English),  
9 a.m. – 2 p.m.

## FEBRUARY

### Saturdays, February 7, 21, 28:

Prenatal Yoga, 9:45 – 11 a.m.  
Postnatal Yoga (Baby Welcome),  
11:15 a.m. – 12:30 p.m.

### Tuesday, February 17:

Maternity Tour (English),  
5 – 6 p.m.

### Wednesday, February 18:

Maternity Tour (Spanish),  
5 – 6 p.m.

### Saturday, February 28:

Childbirth Class (Spanish),  
9 a.m. – 2 p.m.

## MARCH

### Saturdays, March 7, 14, 21, 28:

Prenatal Yoga, 9:45 – 11 a.m.  
Postnatal Yoga (Baby Welcome),  
11:15 a.m. – 12:30 p.m.

### Tuesday, March 17:

Maternity Tour (English),  
5 – 6 p.m.

### Wednesday, March 18:

Maternity Tour (Spanish),  
5 – 6 p.m.

### Saturday, March 28:

Childbirth Class (English),  
9 a.m. – 2 p.m.

## APRIL

### Saturdays, April 4, 18, 25:

Prenatal Yoga, 9:45 a.m. – 11 a.m.  
Postnatal Yoga (Baby Welcome),  
11:15 a.m. – 12:30 p.m.

### Tuesday, April 21:

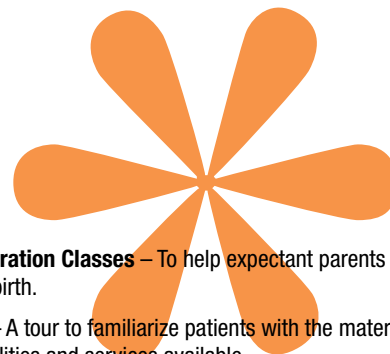
Maternity Tour (English),  
5 – 6 p.m.

### Wednesday, April 22:

Maternity Tour (Spanish),  
5 – 6 p.m.

### Saturday, April 25:

Childbirth Class (Spanish),  
9 a.m. – 2 p.m.



**Childbirth Preparation Classes** – To help expectant parents prepare for childbirth.

**Maternity Tour** – A tour to familiarize patients with the maternity and newborn facilities and services available.

**Yoga Sessions** – Prenatal exercise sessions for expectant moms and postnatal sessions for new moms (and their babies).

Yoga classes meet in the Griffin Room. All other classes meet in the main lobby. A spouse, partner or other support person may attend classes with expectant mothers. For more information, call 415-626-BABY (626-2229).



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## Rediscover St. Luke's

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