Unlocking the Secrets of Healthy Aging

Caring for Our Tiniest Patients

Children Reaching Their Full Potential

Learning to Dance Again

Sutter Health CPMC
Beginnings and endings come readily to mind as our Bay Area summer sun (or, often, fog) gives way to the clear days and crisp nights of fall. The end of summer means getting back to a more normal routine for many of us, the beginning of “new years” both at school and at the workplace.

The birth of a child – the beginning of a new human life – brings joy that many of us consider the most profound in our lives. But what if that new baby is too new, not only premature, but an ultra-preemie?

Sutter Health is pioneering care for these infants, called micro-preemies, with skilled specialists and specialized equipment at the Neonatal Intensive Care Unit (NICU) at CPMC.

On page 8, we meet the men and women who care for babies from throughout Northern California who are born at less than 26 weeks of gestation (compared with normal gestation of about 40 weeks).

These babies, some weighing scarcely 1 pound, receive state-of-the-art treatment even before birth, allowing them to come into the world with a far greater chance to survive and thrive.

You’ll also meet Pablo Licon, who was born at CPMC at 26 weeks of gestation, having undergone steroid treatment prior to birth that better prepared him for life “on the outside.” After almost three weeks at the CPMC NICU, Pablo was sent home to Sonoma County – to Sutter Santa Rosa Regional Hospital (SSRRH) – where medical personnel continued his beginning-of-life specialized care.

In October, we will open SSRRH, a new $284 million, state-of-the-art facility, which includes a brand-new neonatal ICU. This is one way Sutter Health shows that new beginnings are happy occasions, whether for parents or for a community that is in a health partnership with Sutter Health.

Warren Browner, MD, MPH
Chief Executive Officer, CPMC
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THE WOMEN’S BOARD OF CPMC FOUNDATION

In an era fueled by innovation, and a city often cited as leading change, an enduring tradition flourishes: a record 34 local young women were introduced at the 50th annual San Francisco Debutante Ball at the Westin St. Francis in June, raising nearly $200,000 for Sutter Health’s CPMC.

Founded in 1964, the Women’s Board of CPMC Foundation stages the annual affair to benefit different services at CPMC each year. Over 50 years, the Board has generated nearly $5 million for patient care in a variety of areas.

Last year the proceeds of the Ball helped fund an ultrasound machine for Pediatric Emergency, a ventilator for the NICU and a new online database for pediatric treatment called PEMsoft. This year their beneficiary was CPMC’s Hospital Elder Life Program or “HELP,” which trains volunteers to assist elder patients in daily activities like walking and reading while they are hospitalized.

“Participation in the Ball gives the debutantes, and their families and escorts, the opportunity to learn about the vital functions of the hospital and the important role of philanthropy,” says 2013–2014 Women’s Board President Jennifer Biederbeck. “We believe the impact extends far beyond the immediate funds raised.”

1 Martin Brotman, MD, Senior Vice President of Education, Research and Philanthropy at Sutter Health (left) with Farron Brotman and CPMC’s CEO Warren Browner, MD, MPH
2 The Class of 2014 at the San Francisco Debutante Ball
3 Jennifer Biederbeck, 2013—2014 Women’s Board President (left) with Vanessa Getty
4 2014 Debutante Ball Chairwoman Pamela Healy (center right) with debutantes (left to right) Caroline Bertain, Alex Robertson and Lindsay Bettinger
5 Women’s Board members Barbara Brown (left) and Merrill Kasper
6 Women’s Board members Stacey Dobos (left) and Ann Girard
7 Women’s Board members Kathryn Brown (left), Kelny Denebeim (center right) and Karen Weber (far right) with former debutante, Alexandra Farber (center left)
People in their senior years often remark how the latter stages of life are anything but golden. That’s because the effects of aging can range from the occasional ache or pain, to frighteningly debilitating physical and mental illnesses that rob the joy from life.
What if the aging process could be slowed, delayed or treated?

That’s the focus of scientists at the California Pacific Medical Center Research Institute (CPMCRi), home to some of the largest, richest data sets about aging in the U.S. As part of the San Francisco Coordinating Center (SFCC), this group of research professionals is at the forefront of exploring longevity and common illnesses associated with aging. Age-related neurodegenerative illnesses, including Alzheimer’s disease and dementia, and the physical decline associated with osteoporosis and osteoarthritis, are being investigated to uncover new targets for earlier prevention and treatment.

“Aging ‘normally’ is not necessarily a good thing,” says Steven Cummings, M.D., CPMCRi senior scientist and director of the SFCC. “If we could find a way to slow down the aging process, people would be less likely to contract many diseases that often impact their quality of life.”

“We’re not in search of preventing diseases that shorten your life,” he clarifies. “We’re in search of things about our biology, cells, muscles and patterns of sleep with respect to aging. These are all features that, if understood, could help us remain active longer doing the things we love to do. So it’s not just the idea of living longer, but living longer in good health. And that seems to be worth trying to figure out.”

Walking Slowly—a Link to Other Risks

One area of aging that Dr. Cummings has studied extensively is slow gait or “dismobility.” This is a condition in which a person can walk only at very slow speeds—no more than 10 feet in five seconds.

Dr. Cummings and two colleagues recently published their findings in the Journal of the American Medical Association (JAMA). Their research revealed that people who have a slow gait are more likely to fall, break a hip and/or experience other serious mobility injuries. They also found that these individuals are at increased risk of contracting other illnesses such as chronic obstructive pulmonary disease, diabetes, congestive heart failure and dementia.

Even though slow gait speed is a strong predictor of future problems and illnesses, doctors rarely test for it, so it’s seldom recorded in the patient’s medical records. “We think it’s important to know who these people are,” says Dr. Cummings.

If made aware of this problem, he says, clinicians could conduct studies around what kind of testing could pinpoint underlying causes of the dismobility. They could also proactively develop and prescribe exercise or physical therapy that might improve gait speed and help prevent the onset of other potentially serious problems later.

Dr. Cummings’ research suggests that gait speed—which is highly reproducible and widely used in clinical and epidemiologic research—should be measured annually beginning at age 70 when the prevalence of dismobility substantially rises.

Dismobility has serious financial implications. By 2040, the United States is expected to have more than 81 million adults age 65 years or older. Approximately 19 percent, or 15.4 million of these adults, are expected to have impaired mobility (unable to walk more than three blocks), potentially adding an estimated $42 billion to annual health care costs. Diagnosing slow gait is an important first step toward helping to prevent disability and dependence for millions of elderly and chronically ill patients.

Exploring Loss of Muscle Function

In a similar vein, research conducted by CPMCRi scientist Peggy Cawthon, Ph.D., M.P.H., is exploring how age-related loss of muscle mass and strength, a condition defined as “sarcopenia,” can impair muscle function, putting people at risk for falling and suffering serious injuries.

“Sarcopenia is to muscle loss what osteoporosis is to bone loss,” she explains.

The human body has the most bone and muscle mass around age 30, which slowly diminishes over time. “But while losing bone is a normal part of aging, there is a point at which you have lost enough that it is characterized as osteoporosis,” she says.

The same idea applies to sarcopenia. “At some point, the amount of muscle that you have and the amount of muscle function that you’ve lost has crossed over from what is considered ‘normal’ to sarcopenia,” she continues. “Part of what we’re working on is defining those parameters.”

In addition to losing mobility, people who have reduced muscle strength are more likely to fall, a significant cause of severe and disabling injuries, says Dr. Cawthon. This puts them at risk for fractures, bruising, bleeding and head injuries.
By learning more about sarcopenia and how to diagnose it, researchers hope to one day develop drugs and exercise interventions (similar to treatments for managing osteoporosis) that could help people retain or improve their muscle strength.

**Mining the Human Genome for Clues to Aging**

“Through my research I am discovering the genetic factors involved in the aging process,” says CPMCRI scientist and professor Greg Tranah, Ph.D. “And not just age-related diseases, but also the ways in which we degenerate while we age. We’re trying to identify specific genetic factors that play a role in physical and cognitive degeneration.”

Working together with Dr. Cummings, Dr. Tranah is attacking this issue from a different angle. Rather than studying people who are sick, his research teams are studying healthy older individuals. “If we can discover how a centenarian has accomplished a healthy life, at least the genetic factors involved, that will give us leverage for finding ways to improve everybody’s health.”

In these genetic studies, Dr. Tranah’s teams are discovering genes and specific genetic variants in DNA associated with cancer, dementia, longevity, macular degeneration, depression, sleep and circadian rhythms. Much of his work is focused on examining the role of mitochondrial DNA (mtDNA) sequence variation in human aging, including the age-related changes in mtDNA that impact neurodegeneration, disability, vision and hearing.

“We’re looking for genetic clues that will lead to the development of interventions for preventing or treating diseases and conditions as they develop,” he says.

“Genetic research may also help us design more personalized, precise treatments or behavioral interventions,” he continues. “Not everyone responds to medicine the same way. But by identifying genetic markers associated with diseases and degeneration, we hope to pinpoint which people will respond to specific treatments.”

Of the many age-related diseases, Dr. Tranah says the prevalence of Alzheimer’s disease is particularly terrifying. “The number of deaths caused by heart disease and cancer are leveling out or decreasing,” he says. “But Alzheimer’s is going through the roof as America ages. It’s really frightening. So if we can find a way to delay the onset of Alzheimer’s by even five years, we could keep people healthier longer, relieve the burden on millions of families and save billions of health care dollars.”

Visit cpmcri-currents.org to view aging-related research and news from CPMCRI investigators.
Cecilia Licon is not a doctor. But she knew that seeing blood in her urine 24 weeks into her pregnancy meant something was very wrong.

"Bleeding is a sign that the placental lining might be peeling away from the uterus," says Christopher Retajczyk, M.D., a specialist in neonatal medicine and the medical director of the Neonatal Intensive Care Unit (NICU) at Santa Rosa Regional Hospital. Placental abruption is a potentially dangerous situation, he says, because it can deprive the baby of oxygen and nutrients, often resulting in premature birth.

The Level 3 NICU in Santa Rosa is equipped to handle premature infants born as early as 26 weeks. But the Level 3 NICU at California Pacific Medical Center (CPMC) in San Francisco has additional specialists and equipment to care for micro-preemies — babies born earlier than 26 weeks.

So, as a precaution, Cecilia was transferred to CPMC just in case baby Pablo had to be delivered early. "It’s much safer to transport a pregnant mother than a micro-preemie baby," says Dr. Retajczyk. Meanwhile, Cecilia was also given corticosteroids to speed the development of her baby’s lungs and prevent other problems related to prematurity.

Although Cecilia agreed to the transfer, she was nervous. "The doctors, nurses and staff in Santa Rosa made me feel so safe, so comfortable," she says. "Would little Pablito and I get the same great care at the hospital in San Francisco?"

The ambulance ride was smooth and uneventful. As soon as Cecilia arrived at CPMC, she was served a meal and one of the nurses started chatting casually with her in Spanish. "I found myself relaxing and feeling at home just like I did in Santa Rosa," Cecilia recalls. "I knew my baby and I were going to be OK."

Caring for the Tiniest Babies

"We get babies from all over Sutter Health’s coastal and western regions," says Terri Slagle, M.D., director of the NICU at CPMC. "We take babies who are really tiny or have known birth defects that require surgery or specialist evaluations after birth." she continues. "Then, once they’re out of danger, we work to get them transferred back to their own community hospitals where they stay until they’re strong enough to go home." This saves the families time, bridge tolls and stress traveling to and from the city, and is also more cost effective, she explains.

On March 1, 2014, two weeks after his mother arrived at CPMC, baby Pablo was delivered by cesarean section. "At 24 weeks, everything is so incredibly fragile," says Dr. Slagle. "Their skin is only cells deep and the breathing machine we use to support the baby can do damage to the lungs." But Pablo had an additional precious 14 days in the womb that gave the steroid shots his mother had received time to help him get ready for birth.

"So even though he was only a pound and a half, he was a pretty robust baby and never had to go on a ventilator," says Dr. Slagle. Instead, Pablo was on CPAP to help him breathe, and received intravenous nourishment and other specialized preemie care.

“We take babies who are really tiny or have known birth defects that require surgery or specialist evaluations after birth,” says Dr. Slagle.
Following early delivery at 26 weeks, Cecilia and baby Pablo are healthy and enjoy spending time with the rest of their family.

A Team Approach
According to Drs. Slagle and Retajczyk, the key to the best possible infant outcomes are obstetric and neonatal departments working together with an emphasis on cooperative relationships, continuous communication and standardized procedures.

“I was on call at CPMC in the weeks following Pablo’s birth, and had the opportunity to help manage his care along with my colleagues,” recalls Dr. Retajczyk. During that time, I got to know the family and how eager they were to get back to Santa Rosa. When the time came for Pablo to be transferred, I was able to coordinate his care with my NICU colleagues in Santa Rosa to make sure that all the protocols were consistent, from respiratory care to nutrition, and everything in between.”

Meanwhile, the nurses were also communicating among themselves via Sutter’s electronic health record, which enables caregivers to share doctor’s notes and patient information.

“We also share many of the same protocols and procedures at both NICUs,” says Lisa Gammon R.N., MSN, patient care manager at the Santa Rosa NICU. “So the families experience equally professional, seamless, integrated care for their baby from both teams at both hospitals.”

On October 25, a new, $284 million state-of-the-art Sutter Medical Center will open its doors in Santa Rosa including a brand-new 12-bed NICU with private rooms for mothers and babies. At the same time, a new family housing facility will also be available, allowing families to stay close to their newborn infant while in the NICU.

“Sometimes families tour our NICU ahead of time if they know their baby is being transferred here,” says Lisa. “It gives them a chance to meet our nurses and doctors, and learn how they can participate in their baby’s care. Most families are very comforted knowing how closely we work with CPMC.”

On the Move Again
Nineteen days after his birth, Pablo was strong enough to go back to the hospital in Santa Rosa. “At first I was worried that a ride in an ambulance might be dangerous for him,” Cecilia recalls. “But the nurses and doctors assured me that they wouldn’t transfer Pablo unless they knew it was safe.”

“Babies are transported in heated, mobile incubators with specially trained personnel to monitor their vital signs and provide food or medicine as needed throughout the trip,” Lisa says. “It’s kind of an NICU on wheels.”

Two months later, Pablo was released from Santa Rosa. He is now four months old, weighs close to eight pounds and is doing well. “I call him my miracle baby,” says Cecilia. “We are so thankful and grateful to all the loving, caring doctors and nurses at both CPMC and Santa Rosa.”

Visit babies.sutterhealth.org to learn about Sutter Health’s pregnancy-related services or call 1-888-637-2762 to find an OB/GYN near you. ✯
When P.J. Dougherty was born nine weeks early at Sutter Health’s CPMC, she was so small her torso was about the size of a soda can. After 20 days in the Newborn Intensive Care Unit, P.J. was cleared to go home, but as her mother Dawn says, “she still only weighed four pounds – it was a scary time for us.”
Compounding their fears, P.J.’s early birth also put her at higher risk for a developmental disability. So like all “preemies” in California, P.J. was assessed at a high-risk newborn follow-up clinic upon her release from the nursery and returned at 6, 12 and 24 months to track her developmental progress.

“A follow-up clinic is crucial for these kids. The sooner we identify a problem, the earlier we can address it, which we know improves outcomes.”

“We were amazed at the insight they provided,” says Dawn, who took P.J. to the Whitney Newborn Follow-Up Clinic at CPMC’s Kalmanovitz Child Development Center (KCDC). “They knew almost exactly when she was supposed to be doing things like stacking blocks or going up stairs. It was like having a roadmap for her and as soon as they cued us in to something specific, we would focus on that and – bingo – she was doing it.”

Frank Miraglia, M.D., director of the High-Risk Infant Follow-Up Clinic at Santa Rosa Regional Hospital, has been caring for preemies for 35 years. “The clinic is crucial for these kids,” he says. “The sooner we identify a problem, the earlier we can address it, which we know improves outcomes.” In fact, of premature babies born over two pounds, the Santa Rosa clinic has a 95% survival rate with no disability.

In addition to clinic appointments, physical and occupational therapists make in-home visits to perform assessments. Dr. Miraglia says this gives staff a better sense of the child’s true progress. “When a 12-month-old comes to a three-hour clinic, by the time she’s done with all her appointments, she’s fried. In-home assessment is more revealing and far less stressful.” With additional philanthropic funding, Dr. Miraglia hopes to expand these in-home services to Lake and Mendocino counties.

Reaching Out to the Underserved
Children with developmental disabilities such as learning delays, behavioral issues, autism, ADHD and other developmental challenges can receive comprehensive care at one of KCDC’s four locations. Their Terra Linda clinic is associated with Sutter Health Novato Community Hospital and provides care for children in Marin County.

“Even though we are in a relatively affluent area, we see kids from all socio-economic backgrounds,” says clinical psychologist Joe Gumina, Ph.D. Working in collaboration with the Marin Community Clinic, KCDC staff treats many children from low-income, immigrant families. “We even started doing on-site visits at their clinics,” says Gumina. “A lot of these parents have challenges with transportation or getting time off from work to bring their child to the appointment. So any way we can decrease barriers to care will ultimately help the child.”

KCDC also has two locations in San Francisco and one in San Mateo that provide treatment for developmental and behavioral challenges, therapy for feeding, educational...
and speech difficulties, psychology/psychiatry services and more. It is the largest multidisciplinary clinic of its kind in the region and handles more than 20,000 patient visits a year.

“Many of these children have significant challenges,” says developmental pediatrician Lalaine Dimagiba-Sebastian, M.D. “It often takes more than 100% of your energy, but it’s worth it because I believe the biggest breakthroughs come from the child. We don’t know when or how it will click for them, but when it does, it feels great to know we’ve made a difference.”

Nearly 1 in 4 KCDC patients need financial assistance. According to clinic director Suzanne Giraudo, Ed.D., much of that help comes from philanthropy. “We’re tremendously grateful for those gifts, because at our center all kids get the same great care, regardless of the family’s income.”

Generosity Drives Innovative Care
Philanthropy also played a key role in creating a new mobility park at Sutter Lakeside Hospital in Lake County. This innovative facility features surfaces such as gravel, tile, stairs and more, which help physical therapy patients learn to cope with “real life” situations.

Thirteen-year-old Jaden Bussard was born with cerebral palsy, a condition that caused his knees to constantly rub together. But he recently had surgery to straighten his legs – which was successful, but it required him to learn how to walk again.

“He was really wobbly when he first started, kind of like a baby deer,” says his mother Tiffany. But Jaden recovered quickly and within four short months he was walking and running all over the mobility park. Tiffany attributes much of his rapid recovery to the care of Joe Prisco, director of physical therapy at Lakeside.

Prisco politely disagrees, saying it was Jaden’s own determination that made the difference. “I really challenged him. Jaden is tireless and has an amazing ability to focus his energy to accomplish a task,” he says. “Frankly, I have to rack my brain to come up with more difficult things for him to do – what an amazing young man.”

How You Can Help These Children

Many families who need child development services require financial assistance. In fact, according to a study published by the American Academy of Pediatrics, children from lower-income families have a nearly 30% higher rate of developmental disabilities. By making a gift to your local Sutter Health hospital, you can help ensure these kids get the care they need.

SAN FRANCISCO AND BAY AREA
Sutter Health CPMC / CPMC Foundation
415-600-4400
cPMC.org/giving

MARIN COUNTY
Sutter Health Novato Community Hospital Fund Development Office
415-209-1828
novatocommunity.org/foundation

SONOMA COUNTY
Santa Rosa Regional Hospital Fund Development Office
707-576-4009
suttersantarosa.org/philanthropy

LAKE COUNTY
Sutter Lakeside Hospital Foundation
707-262-5121
sutterlakeside.org/giving
Jean Bruscher is an artist. In addition to painting, sewing, designing woodwork, and teaching dance at San Francisco Recreation and Parks, the 83-year-old San Franciscan choreographs for the Grant Avenue Follies, a troupe of senior Asian-American dancers who do outreach performances throughout Northern California and who have become an integral part of San Francisco Chinatown’s colorful cultural life.

For seven years Jean created the troupe’s vibrant tap combinations until a sudden illness literally stopped her in her tracks. One morning last July she was rushed to Sutter Health CPMC after she woke up to excruciating pain all over her body and could barely move.

**Specialized Continuity of Care**

Jean’s perplexing case was brought to Mark Saleh, M.D., who directs CPMC’s Neurology Consultation Service. The service is dedicated to treating inpatients who have non-stroke neurological conditions, like seizures, meningitis, Parkinson’s disease, and multiple sclerosis. While other hospitals often rely on office-based neurologists, at CPMC an in-house physician manages patient treatment from admission to discharge, even if the patient transfers from one hospital unit to another. This provides continuity of care, and also faster patient evaluation since physicians across various neuroscience specialties can easily communicate.
In Jean’s case, Dr. Saleh turned to the neuromuscular department to help pinpoint a diagnosis. Together, doctors determined that Jean had Guillain-Barre syndrome (GBS), a rare autoimmune disorder that affects the peripheral nerves in one to two out of every 100,000 people a year. Most patients experience weakness or pain, often after a gastrointestinal or upper respiratory infection.

“It was awful,” Jean remembers. “Nothing could relieve my pain.” Doctors tried to minimize Jean’s suffering with pain medication, and then when she was stabilized, she moved to the skilled nursing facility (SNF) at CPMC’s California campus, where a multidisciplinary team started her rehabilitation.

Even in her new location, Dr. Saleh remained Jean’s neurologist. “CPMC is unique in that we have multiple campuses, but the same doctors continue to manage each patient no matter where they are,” Dr. Saleh explains. “It’s great for patients because they see a familiar face who has known them throughout their hospital course.” “Dr. Saleh is wonderful,” Jean emphasizes. “He’s attentive and genuinely concerned. He would sit down with me, and if I wanted to talk longer, he didn’t have a problem with it.”

**Back on Her Feet**
Unable to walk, button her clothing, or fully use her hands, Jean faced an uncertain future. Although most GBS patients eventually recover, it can take weeks, months or years for symptoms to subside. Still, both physical and occupational therapists at the SNF worked with Jean every day. “When we work with patients, we look at them as a whole person,” says Bobbie Becker, an R.N. caseworker at CPMC. “Jean is an unbelievable artist, so we brought in art and dance therapy to help her rehab physically and emotionally.” “The staff got me paper, pencils and chalk so that I could sketch,” Jean recalls. “They went out of their way to take care of me.”

Given her uncertain prognosis, the staff couldn’t predict how Jean’s recovery would go. “She’d make progress and then have a setback, and we kept plugging along,” says Bobbie. “But she was extremely motivated and worked hard. We were excited whenever she made a big step.” Eventually Jean could stand, and the staff cheered the first time they saw her walking in the hall with a walker.

**Shall We Dance?**
After two long months in the hospital, Jean could finally return home, but her care didn’t stop there. Bobbie arranged for in-home care with physical therapist Jeff Mauk. “I was crazy about him,” says Jean. “He pushed me to do things that I didn’t think I could. He insisted, ‘Now I want you to hold onto the kitchen counter and tap dance’. It was awkward, but I did it!”

After her in-home care was complete, Jean finished her physical therapy at CPMC’s Outpatient Rehabilitation Program. Physical therapist Anne Castellano was impressed with Jean’s dance background. “Jean could do things most people her age couldn’t do,” marvels Anne. “She was nimble and flexible, and the fact that she was still able to dance was fun for me—we could make rehab more creative.”

Through the following months, Jean improved her strength and endurance. “Then this spring, Jeff called and asked me if I had returned to teaching and choreographing,” says Jean. “When I told him no, he said that I should go back. So now I’m hanging onto my walker when I’m dancing, but I’m doing it!”

It’s been a year since Jean was diagnosed with GBS. Although she still feels pain and uses her walker when she’s out, she now walks around her home unassisted and has returned to the dance studio choreographing for the Grant Avenue Follies.

She attributes all her progress to the staff at CPMC. “I was treated so well by everyone there,” says Jean with a smile. “I’m amazed every time I think about it. I don’t believe you could find better care anywhere else. They saved my life.”

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**CPMC’s Rehabilitation Services**
CPMC offers a wide variety of physical, speech, and occupational therapy to patients hospitalized and needing rehabilitation services at its Skilled Nursing Facilities and the Regional Rehabilitation Center.

Additionally, CPMC offers care at the Outpatient Rehabilitation Program, which includes a neurological services. There, a dedicated team of neurologic-rehabilitation therapists provides individualized care to patients who have experienced neurological deficits resulting from stroke, traumatic brain injury, spinal cord injuries, multiple sclerosis, and Guillain-Barre syndrome.

For more information, please contact Outpatient Rehabilitation at 415-600-5393. If you have a referral for therapy, you can contact the department for an appointment at 415-600-2700. Visit us at cpmc.org/rehab.
Community Classes and Groups

CPMC offers a wide variety of classes, events and support groups promoting a healthy lifestyle. See the reference key on the next page for contact information and locations (unless otherwise noted). Visit cpmc.org/classes for a full listing.

Cancer

Breast Cancer Support Group (CAN)
Mondays & Wednesdays, 5:30-7p.m. Free.
Breast Health Center,
3698 California Street
Call 415-600-2717 for more information.

Liver Cancer Support Group (CAN)
2nd Tuesdays, 2–3:30 p.m.
Free. Call 415-600-1209 for more information.

Lung Cancer Update (CHRC)
Lung cancer is characterized by coughing, wheezing, shortness of breath, chest pain, and repeated respiratory infections. Learn about the signs and treatment options. Thursday, November 13, 5–6:30 p.m.
2333 Buchanan Street, Level A Conference Room

Macular Degeneration (CHRC)
Discuss early signs of macular degeneration, examination for proper diagnosis, prevention strategies, and treatment options. Tuesday, November 4, 2–3:30 p.m.
2333 Buchanan Street, Level A Conference Room

Cancer Caregiver Support Group (CAN)
4th Thursdays, 4–5 p.m. Free.
Call 415-600-3977 for more information.

NEW Colorectal Support Group (CAN)
2nd Wednesdays, 2-3:30 p.m.
Free. Call 415-600-3081 for more information.

Look Good…Feel Better: For Women with Cancer (WHRC)
Receive cosmetics and wigs.
November 20, 1–3 p.m. Free.
Lymphedema Education, Exercise & Prevention Group (CAN)
4th Thursdays, 5:30-7p.m.
November 20, 1–3 p.m.
Call 415-600-3081 for more information.

Liver Cancer Support Group (CAN)
2nd Tuesdays, 2–3:30 p.m.
Free. Call 415-600-1209 for more information.

Lung Cancer Update (CHRC)
Lung cancer is characterized by coughing, wheezing, shortness of breath, chest pain, and repeated respiratory infections. Learn about the signs and treatment options. Thursday, November 13, 5–6:30 p.m.
2333 Buchanan Street, Level A Conference Room

Melanoma Support Group (CAN)
3rd Thursdays, 2–3:30 p.m.
Call 415-600-3977 for more information.

Ovarian & Reproductive Cancer Recovery Program (WHRC)
Call 415-600-0500 for dates and times.

Mind & Body Wellness

Healing Harp (IHH)
Free intros: Monday, October 6, 10–11:15 a.m.; Thursday, October 9, 5:45–7 p.m.
8 weeks: Mondays, starting October 13, 10–11:15 a.m.; Thursdays, starting October 16, 5:45–7 p.m. $325 (additional $75 for music book).

General Health

Facials (WHRC)
75 min. $85; 90 min. $100.

Health Consultations (WHRC)
Discuss menopause, osteoporosis, preparing for hysterectomy, mental health assessment and referral and/or nutrition, $60/hour.

Macular Degeneration (CHRC)
Discuss early signs of macular degeneration, examination for proper diagnosis, prevention strategies, and treatment options. Tuesday, November 4, 2–3:30 p.m.
2333 Buchanan Street, Level A Conference Room

Understanding Fibroids (CHRC)
Fibroids are a common tumor that almost half of the female population grows over time. This lecture will provide an overview and discuss options for dealing with them. Thursday, November 6, 5–6:30 p.m. 2333 Buchanan Street, Enright Room

Diabetes

CALIFORNIA CAMPUS (DIAB):
Adult Diabetes Education (physician referral needed)
415-600-0506
- Type 1 and Type 2 Individual and group sessions
  Basic education
  Advanced education
  • Carbohydrate counting
  • Insulin pumps
  • Continuous glucose monitors
  • Prediabetes-diabetes/preventing diabetes

Adult Support Groups
- Type 2—Living with Diabetes: 11 a.m.—12:30 p.m. September 24, October 22, November 18.
- Type 1—Insulin Pump Group: 6—7:30 p.m., October 1, November 12.

Diabetes and Pregnancy Program (Sweet Success)
Call 415-600-6388 for more information.

Pediatric Diabetes Education Program
Call 415-600-0750 for more information.

ST. LUKE’S CAMPUS (DIAB*):

Diabetes Adult Education
- Individual appointments
- Continuous glucose monitoring
- Pregnancy and Diabetes (Sweet Success)
- Insulin Pump Initiation and Support
By appointment, M.D. referral required. Call 415-641-6826 for more information.

Move to Improve, Exercise for People with or Who Are At Risk for Diabetes
Tuesdays, 11 a.m.—12 p.m., Bayview YMCA, 1601 Lane St., SF
Thursdays, 11 a.m.—12 p.m., St. Luke’s Campus 3355 Cesar Chavez St. 415-641-6682
Senior Health

**Fit for Life (SWC)**
- Mondays, 10:30–11:15 a.m.
- Tuesdays, 2:30–3:15 p.m.
- Thursdays, 10:45–11:30 a.m.

**Memory Loss (BHC)**
- Compassionate Communication & Challenging Behaviors
- Healthy Body, Healthy Brain: Alzheimer's Education Class
- What to Expect: Caring for Someone with Memory Loss

**Savvy Caregiving Training (BHC)**
This 6-week course provides clinical-level training for family caregivers. You will leave with skills to access abilities of your loved ones with dementia, confidence to set and alter caregiving goals, strategies to manage activities of daily living, and perspective on the course of Alzheimer's and related disorders.
- Wednesdays, 12:30–2:30 p.m., October 15, 22, 29 and November 12, 19. Free.
- Please commit to attending all meetings, registration is required. Call 415-600-5566 for more information.

**Yoga for Seniors (IHH)**
- New students – 3 classes for $20.
- Wednesdays, Chair Yoga, 11:30 a.m.–1 p.m., $110/10-class card; $14 drop-in.
- Thursdays, Gentle Yoga, 9–10:30 a.m., $110/10-class card; $14 drop-in.

Physical Fitness and Mobility

**Pilates Mat Classes (SWC)**
- Mondays, 9–10 a.m. & 6-7 p.m.; Wednesdays, 6–7 p.m.; Fridays, 10–11 a.m.

**Total Body Fitness (SWC)**
- Level I: Tuesdays 10–11 a.m., Thursdays, 3–4 p.m.
- Levels I & II: Saturdays, 10–11 a.m.

**Feldenkrais® (IHH)**
- Free intros: Thursday, October 2, 7–8:15 p.m.; Monday, October 6, 2–3:15 p.m.
- 10 weeks: Thursday, October 9, 7–8:15 p.m.; Monday, October 16, 2–3:15 p.m.
- Workshop $85 Walking Effortlessly, Role of Hips, Knees and Ankles; Saturday, November 18, 10 a.m.–4 p.m.

Reference Key

**BHC** = Ray Dolby Brain Health Center provides patient care, education and research in the area of memory loss, dementia, and Alzheimer's disease.
- 415-600-5555
- Castro & Duboce, Level B
- cpmc.org/brainhealth

**CAN** = Bryan Hemming Cancer Care Center offers patients a variety of helpful and compassionate care options in a caring environment.
- 415-600-3081 | 2351 Clay St., 1st Floor | cpmc.org/cancer

**CHRC** = Community Health Resource Center, your resource for accessible health information and support. Classes offered on a donation basis.
- 415-923-3155
- 2100 Webster St., Room 106 | cpmc.org/chrc

**DIAB** = Center for Diabetes Services at California campus offers adults individual and group education sessions for type 1 and 2 diabetes self-management.
- 415-600-0506
- 3801 Sacramento Street, 7th Floor | cpmc.org/diabetes

**DIAB* = Center for Diabetes Services — St. Luke’s Diabetes Center offers diabetes education for pregnant women and adults in English and Spanish.**
- 415-641-6826
- 3555 Cesar Chavez Street

**IHH** = Institute for Health & Healing classes support wellness. Harp: 415-600-3746 and Feldenkrais 415-600-1584
- 2040 Webster Street
- myhealthandhealing.org

**NBC** = Newborn Connections offers education and resources for pregnancy, breastfeeding, and parenting, as well as a breastfeeding and baby boutique.
- 415-600-BABY
- 3698 California Street, 1st Floor
- cpmc.org/newbornconnections

**SLM** = Maternity — St. Luke’s offers a variety of pregnancy and childbirth classes, as well as activities to supplement the care provided by your physician.
- 415-641-6911
- 3555 Cesar Chavez Street

**SWC** = Sports Wellness Center, where certified physical therapists are specially trained in sports and wellness programs.
- 415-600-5860
- 2360 Clay Street
- cpmc.org/sportswellness

**WHRC** = Women’s Health Resource Center offers women’s health classes and support, and boutique for hair loss and post-surgical breast needs.
- 415-600-0500
- 3698 California Street, 1st Floor
- cpmc.org/whrc

Pregnancy and Parenting

**Newborn Connections (NBC)**
- Big Brother, Big Sister Sibling Celebration
- Breastfeeding
- Childbirth Preparation
- Childbirth Preparation Express
- For Expectant Fathers Only
- Maternity Tour — available in English & Chinese
- Newborn Parenting
- Pain Relief Options: Ask the Anesthesiologist
- Prenatal Yoga: 6-Part Series
- Starting Solid Foods
- Transition to Parenthood: 3-part series
- Twins, Triplets and More!

**Childbirth Preparation (SLM)**
- Saturdays, 9 a.m.–2 p.m.
- November 8
- en Español: 1580 Valencia St., Suite 508C

**Postnatal Yoga for Parents and Babies (SLM)**
- 1st and 3rd Saturdays, 11:15 a.m.–12:30 p.m. Free.

**Prenatal Yoga (SLM)**
- Saturdays, 9:45–11 a.m. Free.
More than neighbors, San Francisco partners.

What would life be like without partners? At Sutter Health, our primary and specialty care doctors listen to you. And provide tools that connect you and your doctor quickly—like email messaging, online medical records, prescription refills and same-day appointments. And, when you need to visit your doctor, we’re nearby with eighteen physician offices and four CPMC hospital campuses throughout San Francisco. Because partners help make life a little easier. It’s just another way we plus you.
CHILD-SIZED ER FOR PARENT-SIZED NEEDS

At Sutter Health’s CPMC, we’ve understood for years that kids are a lot braver around other kids, and parents count on us for expert care. That’s why our Pediatric Emergency Department, San Francisco’s first, gives kids their own waiting area and pediatricians specially trained in emergency medicine. And our Child Life staff helps families cope with emergencies, whenever they happen. Helping brave kids get better. It’s another way we plus you.

Pediatric Emergency Department
415-600-4444
3700 California Street (at Cherry)
San Francisco
cpmc.org/PedsED