



News for friends of the Fairchild Medical Center Foundation

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SUMMER 2008



MISSION STATEMENT

The mission of the Fairchild Medical Center Foundation is to support Fairchild Medical Center by securing funding to provide exceptional health care to all in need.

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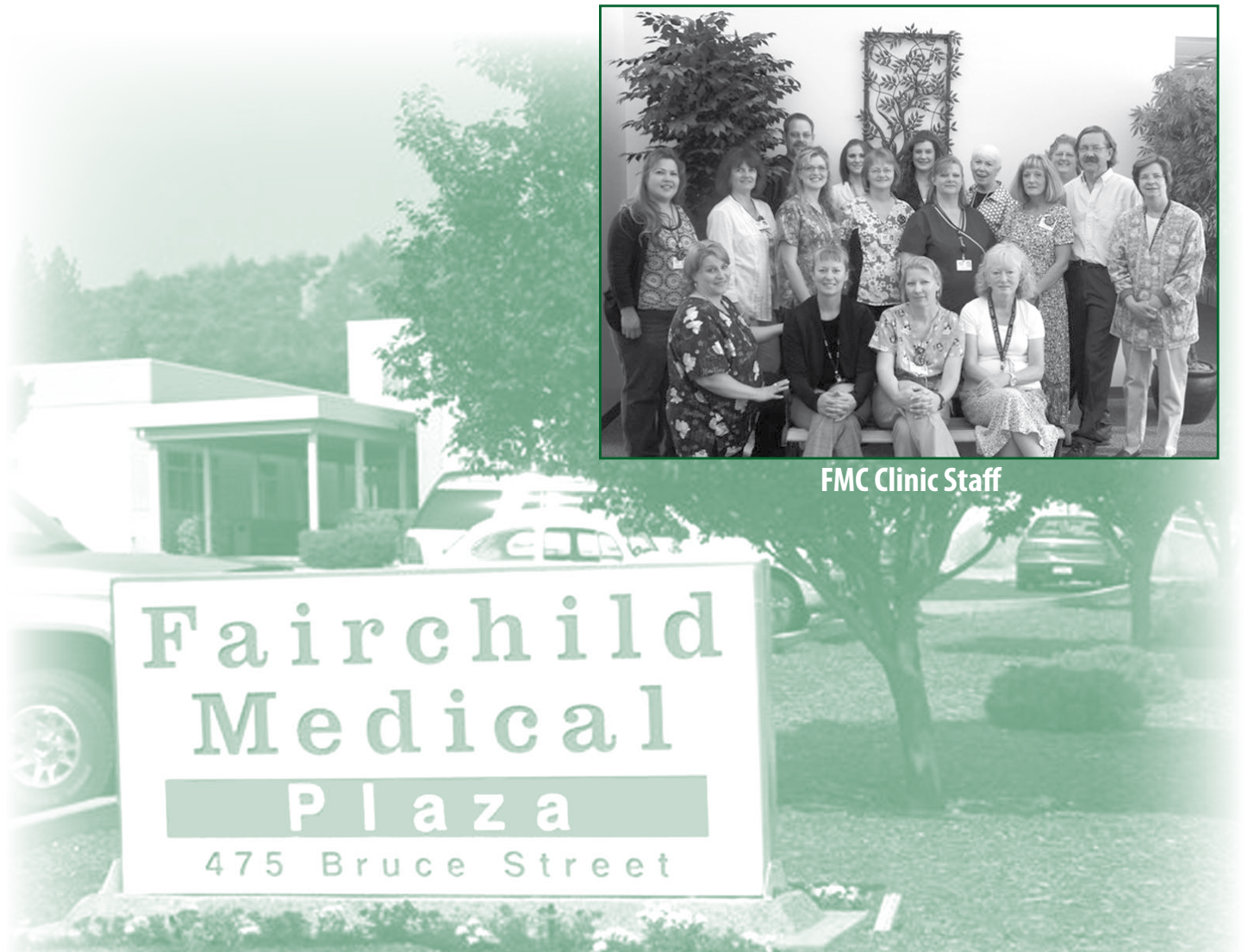
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Fairchild Medical Center Foundation News is published four times a year by the Community Relations Committee of the Fairchild Medical Center Foundation for all community members, our employees, medical staff and friends of the Fairchild Medical Center. If you wish to be included or removed from future mailings contact the FMC Foundation Office, 444 Bruce St. Yreka, CA 96097

FAIRCHILD MEDICAL CLINIC A NEW MODEL FOR PRACTICE



FMC Clinic Staff



There are transformations going on across the street from the hospital in the FMC Medical Group building. Outwardly, nothing looks different. Inside, however, in addition to major remodeling and finish work are changes that reflect a shift in ways of doing business and providing local medical services through the clinic.

These changes are retooling the former "Fairchild Medical Group" to the newly reorganized and soon-to-open "Fairchild Medical Clinic". The Scott Valley Rural Health Clinic, which has been hospital-based for many years, will maintain the same physical location and name, and Scott Valley residents will enjoy the same services as always. Everything connected with the services in each clinic are subject to the same standards, regulations and philosophy as that of Fairchild Medical Center.

A recent discussion with the top two senior management officials of FMC, Dwayne Jones, CEO, and Jonathan Andrus, Associate Administrator, provides further insight.

Andrus explains, "While we will maintain existing primary care services, we also seek to further develop and expand specialty medical services as is required to meet community need. We consider changing demographics (such as the increase in our aging

population), physician needs, and of course, we must conform to complicated governmental regulations and standards".

Jones and Andrus observe that while our current physicians have provided many years of excellent and dedicated service to our community, it is a "mature" staff, and some of these physicians want to retire or at least take more time off. Thus the obvious need for new physicians to add to our services, or to provide options for doctors who would like to continue practice, but perhaps desire to work less, or at least, ease some of the burden of private practice.

Physician recruitment to a small rural area has always been a challenge and one which the Board of Directors and the hospital administration has put a great deal of effort, thought and attention to. Andrus and Jones note the new generation of medical school graduates is looking at their practice and life style options differently than did previous generations of doctors. It is typical for doctors just out of training to have educational loans, and usually, young families. While a rural small community may have great appeal for a young family, often career options are limited. Some doctors want to avoid the office overhead, management issues, personnel/employee considerations, long hours, and often, unrelieved "on call" responsibilities that

can make practice in a smaller community difficult for quality family life. The FMC Board of Directors and Administration recognizes these issues and are working to create progressive, positive options for recruiting new doctors and specialists, as well as retaining our presently practicing physicians. The new clinic structure offers doctors who wish to move here and practice medicine an alternative way to do so, freeing them to focus energy and talents on the practice of medicine and care of their patients. The doctors are not hospital employees, but "independent contractors", working in the clinics, their compensation is production based.

Clinic Function/Services:

Paulette Adams, RN, is the newly appointed Director of Hospital Clinics. Paulette is no stranger to FMC, having worked for the hospital since 1986; she has extensive administrative as well as "hands on" nursing experience, having served for many years as Surgery Manager and prior to that Manager of Emergency Services at Siskiyou General Hospital.

While both clinics have an office manager who oversees daily operational issues, Paulette is in charge of the nursing and medical functions, working closely with the physicians and all other medical personnel. As an experienced organizer and manager in the acute hospital setting, Paulette has high standards and is enthusiastic about the clinics. She comments, "One of my main goals is satisfaction, with quality of care and service to all our patients."

Following are a few often-asked questions regarding the clinics.

What services will be available?

In general, all services that would be provided in any physician's office will be available. The doctors can order any tests or procedures as needed.

Who can use the clinics?

The clinics are open during regular business hours to anyone needing services. The clinics are owned by the hospital and thus follow the same guidelines, legal requirements, mission and philosophies of service, as does the hospital.

Will I be able to see the doctor of my choice?

By appointment, patients may see the clinic physician of choice.

Is walk-in service available?

Walk-in service will be available weekdays 8:00 AM to 4:30PM.

Who are the providers of the medical services?

The clinics have a Medical Director, and are staffed by Medical Doctors (MD) of various specialties, including Family Practice, Internal Medicine, Pediatrics, and Urology.

Additionally, "mid-level" practitioners such as Family Nurse Practitioners (FNP), Physician Assistants, (PA) and the clinic nursing staff will provide services.

What about insurance, billing, financial assistance, etc.?

All accepted insurances, billing services, financial assistance/counseling, and related services are provided as for any hospital customer.

Jones and Andrus point out that among the advantages to the community and users of the clinics are an assurance of consistent quality. "It raises the level of performance of every element of function. Every regulation, inspection and licensing requirement the hospital must meet and pass will also be required of the clinic," explains Jones. Through the years FMC has provided known, trusted, dedicated service; a private, non-profit hospital, owned and managed by our local residents. The Hospital Board and Administration are pleased to assure continuance of this tradition.

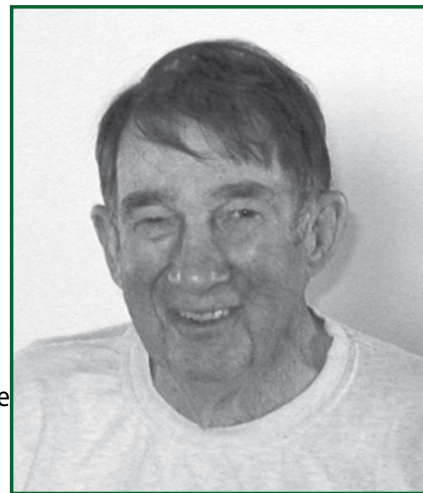


Carol Pattison, Manager, Dr. Peter Beoris, Medical Director, Paulette Adams, RN

FOCUS ON THE FOUNDATION

by Mary Ellen Bryan

Michael Crebbin



Interviewing Mike Crebbin was a treat! His home is located in the upper middle of Shasta Valley with an outstanding all-around view with Mt. Shasta awesome to the south east. A transplanted family goose from the midwest had recently arrived and was enjoying the pond located beyond the house's south door. Mike's present home is situated on what was part of the Lawrence and Hazel Dunlap property (Harriet Dunlap Houston's parents).

Mike is a native. Born in Yreka, he is a fourth generation citizen of Siskiyou County. His maternal great grandfather - John Baptiste Rohrer - settled in Little Shasta as a squatter near Little Shasta Church in 1855. During that time, he was able to purchase his land from the US government at bargain prices. His cabin became the first school.

His dad worked for forty years for the US Forest Service, and his mother was active in community affairs. Mike is a middle child of three sons and the only survivor. After graduating from Yreka High School, he spent one year at Cal Poly studying animal science and then returned in 1961 to relieve his uncle, James Rohrer, on the family ranch.

His ranching operation involves raising approximately two hundred pairs of cows and calves and selling the offspring to the Harris Ranch, following the Harris Ranch guidelines for genetics and their health program for cattle. The cows summer on the east part of Goosenest and are checked on regularly. Mike is considered a good neighbor, rancher, and fence builder. As a good steward of the land, he keeps his cows where they belong.

Mike is a long time member of the Montague Rotary and the Cattlemen's organization. As a semi-retired rancher, he takes time to indulge his pastime of fishing in Alaska once or twice a year and fishing for steelhead in the Umpqua River at least four times annually. His biggest catch was a twenty-one pound trophy steelhead that he caught in the Umpqua. The fish was 39" long and had a 22" girth!

With his first wife, Sandy, Mike has two daughters. First born Colleen Crebbin Alvaraz recently moved back to the ranch with her spouse and Mike's two granddaughters to partner in the ranch operations. His daughter Susan Crebbin teaches physical education and is head women's basketball coach at Valley Community College in San Bernadino.

In November 2007, he married Carol Peterson Fowler who had returned to the Montague area after thirty years of living and working in agricultural stabilization services in Kansas. As a step dad he has three daughters and one son; two from his recent marriage to Carol Fowler and two from his former marriage to Carol Hedin Cunningham who was in charge of the FMC Foundation Fund Development before her untimely death in 1999. (Presently, Susan Ikenberry has that responsible role).

In Carol's memory, Mike commissioned an unusual and beautiful drywall mud painting on the upper north wall in the main waiting room at FMC. Mike began his present involvement with the FMC Foundation in 2000 and is serving on the Planned Giving Committee. He is most appreciative of FMC: "We're fortunate to have a wonderful hospital in our community".

In case you want to contact him presently, don't bother. He and bride Carol have "GONE FISHING"!

Clip and Mail

"Together We Can Climb Any Mountain"

Pinnacles of Giving Society

Annual Giving Program

- | | |
|--------------------------------------|--|
| _____ \$5,000 Mt. Shasta President | _____ \$250 Black Butte Pioneer |
| _____ \$2,500 Marble Mountain Leader | _____ \$100 Willow Creek Mountain Assoc. |
| _____ \$1,000 Goose Nest Partner | _____ Other _____ |
| _____ \$500 Mt. Eddy Fellow | |

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Enclosed is my tax-deductible contribution of: \$ _____ payable to FMC Foundation

Your tax-deductible gift will help maintain the highest quality health care for those we service today and for future generations.

Annual Giving Donors at the \$500 level and above receive an invitation to our Pinnacles of Giving Society Donor Recognition Dinner.

Heart Warmers
by Susan Wade RD, CDE

SPICY PUMPKIN RAISIN BREAD

Pumpkins, sweet potatoes and acorn squash are all rich in vitamin A and beta-carotene, two nutrients that work together to help stop cancer before it starts. Research clearly shows that diets high in vitamin A and beta-carotene lower the risk of certain types of cancer, including cancers of the lung, breast, cervix, uterus, esophagus, stomach, colon, and mouth. So if instead of candy this Halloween, chose a healthy treat!

- | | |
|----------------------------|---------------------|
| 1 ½ cups canned pumpkin | ½ cup rolled oats |
| ½ cup honey | 1 tsp baking powder |
| ½ cup canola oil | ½ tsp cinnamon |
| 2 eggs, beaten slightly | ½ tsp allspice |
| ½ cup milk (2%) | ¼ tsp nutmeg |
| ½ cup raisins | ¼ tsp ginger |
| ½ cup walnuts, chopped | ¼ tsp cloves |
| 1 cup all-purpose flour | ½ tsp salt |
| ½ cup fine yellow cornmeal | |

Preheat oven to 350 F degrees. Place pumpkin in medium-size bowl and add honey, canola oil and beaten eggs, stirring well with each addition. Stir in milk, then add the raisins and chopped nuts. Measure dry ingredients into a large bowl and make a big well in center. Carefully pour in blended wet ingredients. Stir carefully and blend well without over-working batter. Pour batter into well-greased 6 x 9 -inch loaf pan. Bake for 1 hour or until a cake tester inserted in center of loaf comes out clean. Remove to cooling rack for 10 minutes. Slide a clean table knife blade around the edges of the loaf to loosen and turn onto a board or wire rack to cool completely.

Makes 1 loaf

BEHIND THE SCENES AT FMC

By Betsey Shuteroff

FMC Pharmacy: No Room for Error

Our pharmacy is not a large space, but the shelves are packed with literally thousands of medications and preparations. The working staff is a team of skilled Licensed Pharmacists and Pharmacy Technicians who work diligently to supervise the safe and appropriate use of medications throughout the hospital and the clinics.

Pharmacy Manager Pharmacist Terry Harbaugh elaborates: "We are responsible for all aspects of medication use, from assisting physicians in medication selection, to ordering, stocking, preparing and wasting drugs."

The area of therapeutic drugs and their administration is stringently regulated, ever changing, and extremely critical to patient treatment and safety. Pharmacists are really scientists; they must know and understand chemical formulas, human physiology, disease, and complicated scientific facts about virtually thousands of drugs. But as Terry comments, "that is the fun part," it would be a luxury to just be able to consider the drugs and their uses. Nowadays, pharmacists whether in a hospital or a conventional drug store, (or any part of the industry for that matter) have a huge set of tasks that involve laws, regulations, paper work, tracking, reporting, security and monumental safety issues.

In the hospital setting, our pharmacy staff works closely with physicians who rely on them to help develop therapeutic regimens and treatment protocols. They serve on committees with physicians and others that critically evaluate new drugs as well as those in well-known use, and as a committee they add and delete the drugs that are in the hospital Formulary, i.e., stocked and available in the pharmacy.

The issue of which of the thousands of drugs to be stocked and available is huge, and changes in research and availability are rapid and constant. One of the problems in the industry can be a short supply of drugs. Not necessarily the newest or most expensive, but more typically the common and most in-demand drugs may be in short supply. Pharmacy personnel spend many hours tracking down needed medications, and there is a critical safety element built into the process. The hospital uses only "Pedigree" suppliers of the drugs we order. Pedigree drug suppliers are the only ones who can guarantee the integrity of the drugs as to origin, manufacturer, chemical content and purity, and no other suppliers are ever used. Our hospital may receive overnight deliveries of drugs six days a week.



Linda Koopman, Bob Matzen, Karin Witherall, Selena Ghan & Terry Harbaugh

The Pharmacists help identify and treat adverse drug reactions when they occur within the hospital. Adverse reactions are reported to administrative personnel here, and are entered into a national database, which tracks all such information.

The issue of drug "wastage" or disposal is another area of concern to Pharmacy; proper disposal of all drugs is a matter of public safety. The State Board of Pharmacy is just starting to consider the safest ways for drugs to be disposed of, but as of now, is unfinished.

The pharmacy team must also be computer whizzes, mastering electronic medication administration systems that function within the hospital (and everywhere else). They continually strive to build safety systems into the hospital to help reduce medication errors, such as double check systems for high-risk medications. In addition to the Pharmacists, the Pharmacy Technicians form the other part of the team. Terry cannot say enough about the vital role the Pharmacy Techs fill. "We truly function as a team. The task load is so heavy it would be virtually impossible for the pharmacists alone to accomplish the work. The department would close without their contributions. They dispense, compound, and maintain stock and bill for all our products, all of course, under the supervision of the Pharmacist. Together, we dispensed over 152,000 doses in 2007. The volume is enormous, and the team approach provides more than one set of eyes on everything that comes in and goes out."



Karin Witherell

DON'T BUG ME

By Georgeanne DeMarco, RN

Infection Control Nurse

As I get used to the idea that I am retired from Fairchild Medical Center, I need to send you one last important message

You know how important it is to wash your hands, but is also a very good idea to get a Shingles vaccination. I am going to get mine at the Siskiyou Public Health Department.

THE AGONY OF HERPES ZOSTER

Shingles, also known as Herpes Zoster, is a painful skin rash often with blisters. Anyone who has had Chickenpox is at risk for developing Shingles. One million plus cases occur each year in the United States. A Shingles rash of blisters usually appears on one side of the face or body and lasts from two to four weeks. Its main symptom is pain, which can be quite severe; other symptoms are fever, headache, chills and nausea. A common complication is postherpetic neuralgia (PHN), a chronic, often debilitating pain that can last months or even years. Eye involvement is another complication that can cause facial scarring and visual damage.

Shingles is caused by the Varicella Zoster virus, the same virus that causes Chickenpox. Only someone who has had Chickenpox – or gotten the Chickenpox vaccine can get Shingles. The virus lays dormant in your body. It may reappear many years later to cause a case of Shingles.

Prompt treatment with oral antiviral drugs, corticosteroids and/or pain medications may help an acute case of Shingles; but, unfortunately, many people have to learn to live with the pain.

You can't catch Shingles from another person with Shingles. However, a person who has never had Chickenpox (or Chickenpox vaccine) could get Chickenpox from someone with Shingles (rare).

Shingles is far more common in people over the age of 50.

A vaccine for Shingles was licensed in 2006. In clinical trials, the vaccine prevented Shingles in about half of the people 60 years of age and older. It can also reduce the pain associated with Shingles and reduce the frequency of PHN. A single dose of Shingles vaccine is indicated for adults 60 years of age and over. The vaccine can be given to those that have had Shingles in the past.

People should NOT get this vaccine if they have certain allergies or a weakened immune system. Please, consult our doctor for more information. People under the age of 60 are not approved to be given this vaccine.

So...I strongly advise those of you who are 60 years of age and above to get the Shingles vaccination. I am.

AND AS OUR MOTHERS TOLD US...WASH YOUR HANDS!

Information for this article came from the Center for Disease Control, the New England Journal of Medicine and the Association for Professionals in Infection Control.

The staff of FMC Pharmacy has two full-time and one part-time Licensed Pharmacists, Terry, Victoria and Bob. Each of these has been a pharmacy manager at one time. Terry and Victoria have completed post-graduate training programs specializing in the treatment of disease. Together the pharmacists have over 90 years of experience.

There are six Pharmacy Techs, some working full-time, others part-time. Karen and Selena are certified by the PTCB (Pharmacy Technician Certification Board) a national organization that trains, tests and develops technician skills. All have extensive pharmacy experience and training to prepare them to function in their roles of high responsibility.

We are fortunate to have our experienced and dedicated Pharmacy staff to help supervise and oversee the medications so needed in the healing and treating process of the hospital. Thank you Pharmacy staff!



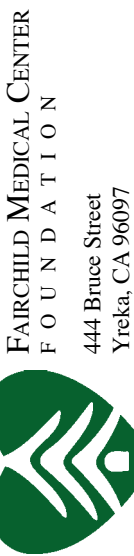
Your Chapter on Philanthropy

Each of us begins life with a blank sheet of paper. Well, it's more like a book of blank pages. As we go through the days and years, we write our story through our thoughts and doings. Some of us live long enough to have a book of many pages...and some live for only a few pages. Some have many chapters denoting a variety of interests and involvements; others have only a half dozen or so.

As you write your life's story through your deliberations and deeds, will there be a chapter devoted to philanthropy, will it include gifts to Fairchild Medical Center Foundation? Our hope is that your book of life will include many wonderful thoughts and experiences regarding your association with Fairchild Medical Center and that your chapter on philanthropy will include something like, "My Bequest to Fairchild Medical Center Foundation: What I Gave and Why." Or perhaps your philanthropic chapter will have a section on, "My Fairchild Medical Center Foundation Annuity: The Gift That Gave Back." Perhaps another section might be, "The Day I Discovered Endowments and Why I Established One in My Spouse's Name." There are lots of possibilities for filling a chapter on giving.

For more information on finding the right way to express your support for Fairchild Medical Center Foundation, please call the Foundation Office at (530) 841-6239.

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MARK YOUR CALENDARS

Warm up for the 14th Annual Fairchild
Medical Center Foundation
Golf Tournament - September 7, 2008

CONTRIBUTIONS HAVE BEEN MADE TO FAIRCHILD MEDICAL CENTER FOUNDATION TO HONOR THE FOLLOWING

In Memory of Ernesta Rizzardo
Mike & Teresilla Precie

In Memory of Sylvia Coward
Fairchild Medical Center Guild, Yreka Branch

In Memory of David Madden
Tag & Liz Pimentel

In Memory of Dennis Egeline
John & Edna Rizzardo

In Memory of Bertha Nylund
Michael & Carol Crebbin, John & Edna Rizzardo

In Memory of Larry Wernicke
Bob & Dorothy Jenott

In Memory of Stephan Laws
Dr. Louis & Amanda DeRouchey

In Memory of Barbara Robinson
Mary Lindley, Betty Deffley

In Memory of Earl Leggett
Carl & Pat Cates

In Memory of Dave Biondi
Carl & Pat Cates

In Memory of Shirley Hammond
Carl & Pat Cates

In Memory of Peggy Christianson
Carl & Pat Cates

In Memory of Jim Eiler
Michael & Carol Crebbin

In Memory of Kohlie Crawford
Dave & Liz Dealey

CROSS PETROLEUM “WOMEN IN NEED “ (WIN) MAMMOGRAPHY FUND

By Rose Cardoza

It began in October 2007 during the annual Think Pink Breast Cancer Awareness Day. Cross Petroleum patrons could purchase bright pink donation cards at the Yreka Chevron and the Stage Stop 3 station in Ft. Jones resulting in a grand competition between the two. With the enthusiastic encouragement of Chevron and Stage Stop 3 staff and the generosity of the patrons bright pink cards filled the walls. Yreka Chevron and Stage Stop 3 raised over \$4000!

Jim Cross called on FMC Fund Development Director, Susan Ikenberry, to collaborate in creating a program for women in Siskiyou County. Understanding the economic situation of our County the program was a no brainer. Women who are under insured, without health insurance, in financial straits or who do not qualify for other programs due to age or medical history would truly benefit from such a fund. Susan presented this program to Drs. Gary Wade and Michael Maloney of the FMC Radiology department. Dr. Wade and Dr. Maloney were impressed with the program and agreed to perform the screenings “at cost” as their support for such needed health care. Upon receiving such positive response from the Radiologists and FMC Susan sent letters to the Doctors in Siskiyou County alerting them to this great program and to encourage their patients who may qualify to contact FMC for further information and an application.

Cross Petroleum plans to keep a perpetual fund for the mammography screening program. We hope others will join in on “Think Pink Breast Cancer Awareness Day” by forming a fundraising activity and donating the proceed to Cross Petroleum “Women in Need” Mammography

Fund (or WIN) so more women in our County will be able to take advantage of this generous health benefit. Early detection followed by appropriate treatment provides women with a better chance for long term freedom from breast cancer. Thank you Cross Petroleum and their employees and patrons, Drs. Gary Wade and Michael Maloney, and FMC for forming this much need co-operative sponsorship.

If you know someone who may qualify for WIN , please contact Fairchild Medical Center Foundation for information. Our community stands strong when we stand together.



Mike Baker, Imaging Director; Susan Ikenberry, Fund Development Director, Jimm Cross, of Cross Petroleum.