Getting to the Heart of the Matter
Enloe Cardiovascular Care Center
The Need
Cardiovascular disease affects more and more Americans every year. The number of patients cared for at Enloe Medical Center continues to grow. Our physical space dedicated to cardiovascular care has not kept pace with the demand for treatment and cannot accommodate the many new technologies available.

The Solution
Enloe Medical Center will create a state-of-the-art Cardiovascular Care Center in space available inside our main hospital building on the Esplanade. The expanded space will provide more treatment areas, newer technologies, improved patient access and a well-appointed family lounge.

The Result
The new Cardiovascular Care Center will provide the space and flexibility to more efficiently and effectively manage patient needs, improving patient outcomes and providing a comfortable environment for patient families. Importantly, the new Center will also assist the community in recruiting the next generation of physicians to serve our north state region.

The Campaign
The Enloe Foundation is seeking donations from our region totaling $5 million over 5 years to assist the Medical Center in constructing this $17 million project. The remainder of the funding has been committed by Enloe Medical Center from operating funds and in part with savings achieved through a recent bond debt refinance.
Cardiovascular Disease
Cardiovascular (heart) disease is the leading cause of death in the United States for both men and women, claiming 610,000 lives annually\(^1\) - that's 1 in every 4 deaths. Each year, Enloe Medical Center manages thousands of cardiovascular patient visits, with demand increasing every year. The people who walk through Enloe’s doors are our neighbors, friends and loved ones. Nationally and worldwide the impact of cardiovascular disease is staggering and statistics show that people are experiencing heart disease at younger ages.

Providing quality cardiovascular care in our region is a critical component of a healthy community. Enloe Medical Center is proud of the extraordinary level of care our cardiovascular program is known for, however we require expansion of our current physical space in order to keep pace with the growing needs of our regional population. Our goal is to provide the highest quality, comprehensive care today, tomorrow and well into the future. In this document we will present our plan to meet this important goal.

Meeting High Standards
The future Cardiovascular Care Center at Enloe Medical Center will raise the level of care for residents throughout the North Valley and serves as an important tool in recruiting the next generation of interventional cardiologists and cardiac surgeons to our region. Enloe’s reputation of providing excellent patient-centered and specialized cardiovascular care to the region continues to advance. The creation of a new Cardiovascular Care Center will extend the already high expectations that patients have of service, technology and comfort during their treatment experience.

Additionally, creating a physical space that more closely aligns with the extremely high level of care provided at Enloe Medical Center will ensure our ability to recruit contemporarily trained physicians for the future, providing continuity of care for our families, friends and neighbors into the next generation.

\(^1\)Centers for Disease Control: http://www.cdc.gov/heartdisease/facts.htm
“Enloe Medical Center’s growth and establishment of high quality demands that we apply these same standards to the growth of cardiovascular care. This is part of Enloe’s mission to our North State community. This campaign will deliver the means to take cardiac care for this community to the next level of quality.”

—Dr. Peter and Kathryn Magnusson
“Enloe is one of the foundations of our community. We depend on its services and its capacity to meet our needs in time of crisis. The hospital needs our help, your help. To help to attract and retain the quality physicians we have always counted on, it is imperative that current facilities be upgraded to reflect the latest advances in the field. The new Cardiovascular Care Center will represent the cornerstone of cardiovascular care in our region. As community members and an Enloe heart patient, we are committed to insuring our doctors have the tools necessary to continue Enloe's tradition of excellent care.”

- Tom and Anastacia Snyder Lando
History

Advances and “firsts” in cardiovascular care at Enloe Medical Center have made the Heart Program a leader in the region for decades. Once Enloe opened the first Coronary Care Unit (CCU) north of Sacramento in 1968, the list of firsts came quickly...the North Valley’s first cardiac pacemaker in 1968...its first Swan-Ganz heart catheter in 1972...and its first implanted atomic-powered pacemaker and echocardiography in 1974. Dr. Fred Evans, founder of the CCU worked alongside registered nurse Carol Huston and Professor Walt Schafer of CSU, Chico to establish Enloe’s Cardiac Rehabilitation Program in 1979, an early acknowledgement of the ways in which lifestyle affects heart and cardiovascular health.

The Cardiac Catheterization lab opened in 1982, giving patients access to sophisticated new diagnostic capabilities and treatments. This meant that people in far northern California would no longer need to travel to the San Francisco Bay Area for specialized care.

The service line continued to develop with the addition of a cardiothoracic surgery team. The first open heart surgery north of Sacramento and south of the Oregon border was performed at Enloe Medical Center in 1983.

As our surgical team evolved and the program grew, Enloe became one of the few centers nationally to offer patients both on pump and off pump (beating heart) surgeries. Additionally, coronary bypass surgeries became less painful as Enloe began offering endoscopic removal of arm or leg veins used for bypass surgery.

2005 was a banner year for the Cardiovascular Care Program. We began our Electrophysiology Program to diagnose electrical-conduction abnormalities in the heart using intra-cardiac ablation techniques and implantable cardiac defibrillators as corrective treatment.

In 2010 Enloe Medical Center was designated a STEMI receiving center, the first north of Sacramento and south of the Oregon border. STEMI (or ST elevated myocardial infarction) is the most critical kind of heart attack, with a high likelihood that one or more of your major coronary arteries is totally blocked. The designation of STEMI receiving center means that Enloe can treat the most critical heart attack patients at a higher level than other non-STEMI hospitals.

“The skilled surgeon that he was, Newton T. Enloe would surely be amazed to witness the miracles in heart care almost routinely accomplished at his namesake hospital.”

–Excerpt from The First Hundred Years, An Appreciation of Enloe Medical Center

Opposite Page

Photo 1
Enloe Hospital on Flume Street opened in 1913.

Photo 2
Enloe Hospital moved to the Esplanade in 1937.

Photo 3
Enloe Hospital Expansion on the Esplanade in 1981.

Photo 4
Enloe Medical Center as it looks today.
A heart attack can strike virtually anyone at any time.

I had my first heart attack when I was 44. On a Monday morning in December, walking back to my car after delivering a large gingerbread house to my children’s school, I suddenly felt as if I’d been stabbed straight through my heart.

I remember thinking, “There is just no way I’m having a (STEMI) heart attack. I’m young. I’m fit. And besides, everyone in my family dies of cancer.” I got out of my car and hurried to the school office as someone quickly located the school nurse. Trying to put me at ease, she joked that usually she would just take my temperature and call my mom. We decided it would be best to call 9-1-1. An ambulance ride and a short 20 minutes later, I’m in the Cath Lab at Enloe Medical Center having a stent placed in my blocked artery.

I’ll take the blame for my first heart attack. I didn’t really watch what I ate. In truth, my family often joked of my love for mayonnaise and fried foods. I exercised, but it usually only consisted of playing soccer, baseball or football with my young kids. My cholesterol was a moderate 150 and my blood pressure was normal. An event like this simply never crossed my mind.

–Eric Moxon, Cardiovascular Patient
Once out of the hospital I resolved to make sure I never repeated the experience, so I attended Enloe’s Cardiac Rehabilitation Program for twelve weeks. I learned about all the things I had never paid any attention to: saturated fats, cholesterol, sodium, stress, and aerobic exercise. My family changed eating habits and I became an avid runner. My cholesterol dropped to under 110 and my 5K race times were breaking 21 minutes. Life was good.

And then came the second heart attack. I was 49 years old and in training to qualify for the Boston Marathon. As part of my training, I was running in the Bidwell Classic Half Marathon setting the pace to finish the fastest half marathon of my life. The symptoms of this heart attack were much different than the first, and with less than a mile to the finish line I convinced myself that I was just dehydrated.

I completed the race out of pure stubbornness, collapsing as I crossed the finish line. An EMT crew was close by and within 15 minutes I was back inside Enloe’s Cath Lab. My longtime cardiologist, Dr. Peter Wolk, just happened to be on call that morning and skillfully implanted stent number two.

I blame the second heart attack on my parents. I was doing everything right, so it had to be the result of my genetics! I still run almost daily but have since made modifications and set new limits for distance and speed. This makes my wife happy and helps me, as I want to see my kids grow up.

In reflection, I realize that things would have been much different for me twenty years ago. I am thankful for the high level of medical technologies and procedures available today. The skilled physicians, nurses and staff of the Cardiovascular Care program at Enloe Medical Center were there when I needed them, and I know they will be there if I ever need them again.

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–Eric Moxon, Cardiovascular Patient
The New Cardiovascular Care Center Plan

**The Need**
Last year, Enloe Medical Center managed more than 50,000 cardiovascular care patient encounters. This number continues to grow, severely stretching the capacity of our current physical space dedicated to this program. The new Cardiovascular Care Center will provide the optimal space and equipment necessary to keep up with the increasing needs of our regional population.

The new Center will include three additional procedure rooms, two of which will have state of the art imaging equipment and technologies allowing us to perform the next generation of therapeutic procedures. A third procedure room will be available to meet future demand. Also included is a ten-patient pre-procedure/post-procedure area allowing our outpatients and their families to remain in a single location for the duration of their visit. Additionally, the space includes a new diagnostic treatment area and a large dedicated family lounge with a private physician and family meeting room.

**The Goal**
The Enloe Foundation and a campaign steering committee composed of local physicians and community leaders embrace the opportunity to raise $5 million by 2019 to help cover the expense of this $17 million project. The campaign will help to fund the construction, technology and furnishings for our new advanced Cardiovascular Care Center. The balance of the project costs will be absorbed by the Medical Center through financing options available.

“It is time to take the next step to ensure the program has the expanded facilities and upgraded equipment necessary to serve the community for the next 30 years.”

– Dr. Peter Wolk
A Patient-Centered Approach to Cardiac Care

An important benefit of the new Center will be the ability to provide improved access for patients including greater flexibility in scheduling and reduced wait times. Currently, our capacity for meeting the needs of our growing population is stretching the limits of our physical space, impacting our ability to move our patients through the treatment program as quickly as we’d like. Additionally, in order to continue advancing our options for technology, we must create adequate space now to meet the needs of this growing program well into the future.

The Cardiovascular Care Center will double our capacity, update technology and enhance our ability to recruit new physicians. The addition of three procedural suites will greatly improve our ability to accommodate emergency and elective patients. Two of the procedure rooms will have state of the art imaging technology. The third will handle non-imaging procedures.

The project also includes amenities that accommodate the needs of patients and their families during treatment; 10 recovery bays for pre- and post-procedure care, a large and spacious family lounge area and a private physician/family conference room.

Providing Continuity of Care

Healthcare professionals at Enloe Medical Center provide our patients and their family members the knowledge and support they need while in the hospital, as well as assist the patient in continuing their recovery after returning home.

An emphasis on education will promote family involvement in the patient’s recovery. The patient and their family members, or other support persons of their choosing, are recognized as members of the care team and fully involved in the healing process. The Enloe Cardiovascular Care Team will work with each patient on a treatment and intervention plan tailored to the patient’s individual needs, including transition to outpatient Cardiac Rehabilitation as well as tools to assist with ongoing recovery at home.
A Story from the Heart

It was the afternoon of November 10, 2010 when, waking from a short nap, I began to feel pressure in my chest. Thinking it was indigestion, I took an antacid and waited for relief. I recalled that I had completed a treadmill test about a week prior, so I dismissed the notion of a heart attack; but the pressure continued to build. My wife was away shopping, so I left a message on her cell phone that I wasn’t feeling well and was going to call for assistance. I then dialed 9-1-1. Explaining my symptoms to the operator, she asked me to try to collect all of my medications to have ready when the paramedics arrived.

I was transported by ambulance to Oroville Hospital where my wife was waiting. An EKG determined I was indeed having a heart attack. The folks at Oroville Hospital made me comfortable and informed me that I was going to be transported to Enloe Medical Center for treatment. As if on cue, I looked up and saw three men in flight suits approaching. With speed and professionalism, the crew of Enloe FlightCare prepared me for the helicopter ride to Chico.

Upon landing at Enloe, my transport gurney was met at the door by a man in surgical scrubs who introduced himself as Dr. Pete Magnusson, the cardiologist who would be taking charge of my care. He walked alongside me as we made our way...
way to the Catheterization Lab. The care team was ready for my arrival and prepped me for an angiogram. Dr. Magnusson explained in detail what was going to happen. As he did this, he introduced me to each member of his team and explained their role in the procedure.

Soon I felt a slight pin prick in my right groin, just as Dr. Magnusson had explained I would, but that was the only discomfort I felt as the dye began to flow through my arteries. As Dr. Magnusson called out an order for an injection of medication, another team member repeated the order, which was then verbally confirmed by the team member who released the medication into my system. Dr. Magnusson held complete command of the situation, and his care team performed like a finely tuned watch. At the same time, I felt completely humanized and cared for by those working hard to save me. I knew without a doubt that I was in competent hands.

About half way through my procedure, I began to slip into a state of calm peacefulness, and I clearly remember someone saying to me, “Stay with us Glenn.” Immediately following, I received a strong electric shock that raised my body from the table.

Over the next two hours, my heart was shocked nine additional times as I tried to leave this world. I did not lose consciousness during the procedure. Later, Dr. Magnusson explained that my previous heart attack had completely blocked one of my arteries, making it impossible to reopen. The heart attack I had just experienced was a second artery that was beginning to block, but Dr. Magnusson had successfully inserted a stent to restore blood flow. Although I was in “grave” condition, I rebounded the next day much to everyone’s surprise. An angiogram performed weeks later revealed that a collateral artery had grown around my first blocked artery and I had in essence “grown my own bypass,” according to Dr. Magnusson.

Dr. Magnusson’s ongoing care resulted in my receiving a pacemaker, which has greatly improved my life. Each time I have visited Enloe since that life-changing day five years ago, I recall the professionalism, teamwork and personal care under the leadership of Dr. Magnusson.

–Glenn Zogg
Cardiovascular Patient
 Expansion Achieves:
- 4 large rooms for cardiovascular care
- A dedicated family lounge
- 6,800 additional square feet for a total of 9,500 square feet

$5 Million Goal
$4.5 Million
$4 Million
$3.5 Million
$3 Million
$2.5 Million
$2 Million
$1.5 Million
$1 Million

$3.9 Million Raised

12 Cardiovascular Care Center ♥
Project Budget  $17,045,000

Design & Construction
$8,800,000
Architectural Drawings, Demolition, Construction, Fees, Permits

Equipment & Furnishings
$6,450,000
Diagnostic Equipment, Physiologic Equipment, Information Systems (IS), Patient Monitoring Equipment, Office & Lobby Furniture

Construction Contingency
$1,795,000
Quality Cardiovascular Care in the Heart of Northern California.

For more information or giving opportunities contact Jolene Francis, CFRE, Director or Advancement & Communications: jolene.francis@enloe.org | (530) 332-4564

Enloe Foundation

enloe.org/cccgive

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