Better Together
Providence and St. Joseph Health join forces
Welcome to our fall edition of Providence magazine. So much has happened in the past few months, and we’re excited to share our news. We at Providence are celebrating our new union with St. Joseph Health, based in Orange County, as a new organization called Providence St. Joseph Health. In announcing our partnership, we pledged to work together on one of the nation’s most pressing needs: improved mental health.

“Better Together” is our resounding theme as Providence expands. But be assured our focus remains on quality care. Read on page 26 about our efforts to improve access to care through urgent care clinics, apps for virtual visits with a nurse-practitioner and even convenient, home-based visits. You can also learn about the rapidly expanding, high-quality neurological services offered throughout the region (page 20). Our neurologists and neurosurgeons are using the latest therapies to prevent long-term damage from strokes, quell the symptoms of Parkinson’s disease and treat brain tumors.

Providence Little Company of Mary Medical Center Torrance and Providence Saint Joseph Medical Center have introduced the “gentle” cesarean section, providing for instant skin-to-skin contact with mom and baby to help families bond (page 8). This contact has long been the norm in vaginal deliveries, and women who undergo C-sections often feel they are missing a very special moment.

And finally, Providence never moves forward without recognizing the foundation we were built upon: the religious orders that founded our hospitals with the goal of caring for all who come through our doors. On page 24 is a story about Sister Terrence Landini, a retired nurse administrator at Providence Little Company of Mary Medical Center Torrance who remains a spiritual leader at the hospital where she frequently visits patients. “Sr. T” is among the legends who have built our ministries and their dedication to quality and compassionate care.

Erik Wexler
Chief Executive
Providence St. Joseph Health, California Region, Los Angeles
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special section

Learn More About Providence Medical Institute
Open enrollment for Medicare begins Oct. 15. Open enrollment for health insurance purchased through the HealthCare.gov marketplace exchange begins Nov. 1, and many employers also conduct open enrollment in the fall. Learn more about Providence Medical Institute and our top-rated primary and specialty care physicians who are located throughout the county. See the special pull-out issue in the back of the magazine.
Healthy Eating
If you haven’t cooked with farro yet, here’s your chance. Farro is known as an ancient grain because it likely originated in Egypt many centuries ago. Some people still refer to it as “pharaoh’s wheat.” Farro has a chewy texture and a nutty flavor and looks like barley. It can be used in a variety of dishes.

Recipe provided by Andrea J. DeSantis, chef, Providence Little Company of Mary Medical Center San Pedro.

Farro with Italian Sausage and Vegetables

Heat 1 tablespoon of the oil in a medium pot over medium-high heat. Add farro and cook, stirring often, until fragrant and toasted, 4 to 5 minutes. Add broth and bring to a boil. Reduce heat to medium, cover and cook, stirring occasionally, until liquid is absorbed and farro is tender, 20 to 25 minutes.

Meanwhile, heat remaining ½ tablespoon oil in a large skillet over medium-high heat. Add sausage and cook, breaking it up into small chunks with a spatula, until almost cooked through, 6 to 8 minutes. Add onions and garlic and cook until onions are translucent, about 5 minutes. Add mushrooms and tomatoes; toss well and cook, stirring occasionally, until just softened, 4 to 5 minutes. Remove skillet from heat and stir in spinach until wilted. Season with salt and pepper.

Stir parsley, oregano, salt and pepper into pot with farro, then spoon onto plates. Top with sausage-mushroom mixture, sprinkle with Parmesan and serve.

NUTRITIONAL INFORMATION (per serving)

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Exercise is the Magic Bullet

“If regular physical activity were a pill, then perhaps more people would take it,” says the author of a new report—in the journal Cardiology—that extols the virtues of exercise. The report, by researchers from Florida Atlantic University, analyzes the evidence that exercise makes people less prone to common diseases, such as heart disease and cancer.

They note that Americans typically gain from 1 to 3 pounds of weight a year starting in their 30s. By age 55 many people are 30 to 50 pounds overweight. This increase in body fat and loss of lean fat contributes to many disease processes.

Regular physical activity could offset that weight gain. Regular exercise also confers other health benefits beyond control of body weight, such as its effect on mood, energy, sleep and cognition. Yet only about 20 percent of U.S. adults meet the recommended levels of physical activity.

The authors note that brisk walking for only 20 minutes a day burns about 700 calories a week. Physical activity should also include strength training. Almost everyone, even the very old and people with chronic conditions, can incorporate safely some fitness into their lifestyles. Talk to your doctor about beginning an exercise program.

Is Butter Bad?

No one ever said nutrition science was simple. After years of debates about whether it’s better to eat margarine instead of butter, a new study published recently in the journal PLoS One suggests that butter may not play a huge role in various diseases. Researchers at Tufts University in Boston undertook a systemic review of studies on butter and compiled data on more than 636,000 people from 15 countries. The studies looked at butter consumption and chronic diseases and deaths.

The study found that consuming butter, from less than one serving a day (one tablespoon) to 3.2 servings a day, didn’t seem to make much difference to people’s health. Butter consumption slightly elevated the risk of death from any cause. But it didn’t seem to influence the risk of death from heart disease and even seemed to protect people somewhat from developing diabetes.

The authors noted, however, that people who ate more butter generally had worse diets and lifestyles. It could be that butter is a better alternative than sugar or starch but a worse choice than margarine or cooking oils that contain healthy fats, such as canola oil. Why butter consumption was linked with a lower risk of diabetes is unknown. It could have to do with some other factor linked to eating butter—such as eating lots of vegetables dressed in a bit of butter.

But that’s a study for another day. Like we said, nutrition science is not easy.
in good health

Providence High School Hosts Preview Day for Prospective Students

Founded in 1955, Providence High School is a private, Catholic, co-educational, independent, college preparatory school serving students from diverse religious, cultural and socio-economic backgrounds. As a ministry of Providence Health & Services, Providence High School continues the educational heritage and vision of our founders, the Sisters of Providence, and is accredited by the Western Catholic Education Association and the Western Association of Schools and Colleges, a member of the California Association of Independent Schools and a nationally recognized Blue Ribbon High School.

At Providence, the faculty and staff are committed to providing an education that values each student as a unique individual with distinct abilities, insights and needs. Guided by these principles, students are led toward a responsible and God-centered life, preparing them for higher education and lifelong learning. Students are encouraged to make positive choices, to demonstrate personal responsibility and to be involved in promoting human dignity.

Providence High School offers a comprehensive college preparatory curriculum that includes honors and Advanced Placement courses. Providence also offers three selective focus programs in the fields of health care, media and technology. In addition, the school boasts award-winning performing arts, rewarding Christian service and campus ministry opportunities, competitive athletics, and numerous clubs and activities. When we say, “You belong here,” we truly mean it.

Discover for yourself all that Providence High School has to offer at the preview day on Saturday, November 19, 1-4 p.m. For more information, go to providencehigh.org.

Your Mammogram

Breast Cancer Awareness month is a good time to ask yourself if you’re due for mammography screening and whether you are well-versed in your family history of breast cancer. Today women have lots of options for screening, including traditional mammography, 3-D mammography (also called breast tomosynthesis) and breast MRI.

Breast tomosynthesis is available at Providence Saint John’s Health Center, Providence Little Company of Mary Medical Center Torrance and Providence Saint Joseph Medical Center. This type of imaging produces a three-dimensional view of the breast instead of the traditional two-dimensional view.

Using 3-D, radiologists can identify and characterize breast abnormalities with less interference from overlapping tissue. According to Judy Fauria, administrative director, ancillary services at Providence Saint Joseph Medical Center, “Studies show 3-D mammography may not only identify more cancers, it may also reduce the number of patients who receive false-positive results and are called back for more views.”

Women should consult with their doctors about the best method of screening and how often to be screened, says Dennis R. Holmes, MD, the interim director of the Margie Petersen Breast Center at Providence Saint John’s Health Center.

“If someone has a strong family history or previous atypical breast biopsies, then their risk is elevated,” he says. “They may wish to consider screening with breast MRI as well as mammography. We also now have a greater understanding of how high breast density can increase breast cancer risk and impair breast cancer detection. A state law now instructs physicians to notify women if they have dense breasts so that they may consider additional screening measures, such as breast MRI.”

For more information about breast tomosynthesis, visit us online at California.providence.org or call 1-888-HEALING.
Dissolvable Cardiac Stent Approved by FDA

A new dissolvable heart stent now is available for qualified patients at Providence Little Company of Mary Medical Center Torrance. The Food and Drug Administration approved the device on July 5.

The Absorb stent is the first of its kind. It’s a drug-eluting stent used to prop open a diseased blood vessel in the heart. However, unlike traditional metal stents the Absorb stent is made of a material similar to sutures; it gradually dissolves. By the time the stent has vanished (in about three years) the blood vessel has healed and remains open with no need for a stent.

“The Absorb bioresorbable scaffold removes the metal aspect of a stent,” says Ryan Lindner, cardiovascular services director at Providence Little Company of Mary Medical Center Torrance. “The Absorb scaffold avoids future complications related to metal stents, restores natural vessel function allowing the artery to naturally regulate blood flow and expands long-term treatment options for patients. This nonmetal, bioresorbable scaffold therapy dissolves and keeps the artery open.”

Studies show the device performs similarly to the leading metallic stent. Stents were first used to treat clogged coronary arteries in the 1980s. Stents that release medications to heal the artery became available in the 2000s. Providence Little Company of Mary Medical Center Torrance participated in the clinical trial of the Absorb stent and is one of the first Providence Health & Services hospitals to offer the device.

Sharing Stories to Improve Health Care

Sharing your “story” with others is often a cathartic experience for the storyteller and helps listeners understand and relate. Stories surrounding health care experiences—whether it’s surviving cancer or operating on a child—are among the most dramatic stories in life.

This fall the Providence Institute for Human Caring is partnering with the national organization StoryCorps to digitally record and archive stories gathered from patients, family members and caregivers at Providence St. Joseph Health ministries. StoryCorps aims to preserve and share humanity’s stories in order to build connections between people. The Providence project, called Hear Me Now, seeks to re-personalize care through storytelling and to improve patients’ well-being, caregiver and patient engagement, caregiver retention, community outreach and the frequency of advance care planning conversations.

Studies show storytelling can help lower patients’ blood pressure and help them cope with challenging conditions like cancer. Storytelling can change medical school students’ perspectives on illnesses like dementia and improve health knowledge.

“While research suggests that storytelling and reminiscence provide enormous benefits, few hospital systems offer programs for caregivers, patients and families to share their stories,” says Ira Byock, MD, founder and chief medical officer of the Institute for Human Caring. “Hear Me Now remedies that and does so in a way that honors the spirit and Mission of Providence.”

To learn more, contact Lindsay Flacks at 1-310-543-7263 or lindsay.flacks@providence.org
A Different Kind of Cesarean Section

Childbirth tops the list of life’s greatest moments. While many couples write birth plans to explain their hopes for childbirth, those wishes may be set aside if conditions warrant a cesarean delivery. Creating the ideal cesarean delivery for the family can help reduce fear and lead to a more satisfactory patient experience.

Jamie Lipeles, DO, an obstetrician and gynecologist at Providence Little Company of Mary Medical Center Torrance, recently helped design and implement a program to improve the experience of cesarean section in order to give families the kind of birth experience they desire. Dr. Lipeles has spent several years thinking about and studying methods to improve the C-section birth experience. We asked him to explain this refined philosophy.

Q: Do patients’ views of childbirth sometimes conflict with physicians’ views of the experience?
“Every mother has envisioned what a perfect delivery would be. When you have a vaginal delivery, the new parents are typically surrounded by family, a doula or midwife and the nurses. There is often a sense of tranquility and peace in the labor and delivery room. With a C-section, most doctors see it as a surgery. Yes, it’s surgery, but we can’t forget that there is a patient who is becoming a mother.”

What prompted the creation of the Gentle C-section?
“As childbirth has evolved, doctors have been challenged to figure out all the things people want from their cesarean delivery. I found that a vast majority of women who underwent a C-section shared the same feelings towards the surgery. I was shocked to hear how frequently fear was present. When I looked and listened further, I found that almost all of these fears stemmed from processes that can easily be eliminated or altered.”

What is a Gentle C-section?
“It’s a family-centered cesarean delivery that focuses on creating a gentle, enjoyable and tranquil experience for everyone. As opposed to just the patient and husband or partner, one other person can be in the operating room. It can be a doula, sister or mother or whomever the patient wishes. It doesn’t alter our ability to do our jobs to have two people in the operating room.

We also allow the mother to watch the baby being born. Women who have C-sections sometimes say they feel robbed of the traditional birthing experience. Everyone
puts up a big, blue drape that prevents the mother from seeing the baby being born. We use see-through drapes so if the patient wants, we can elevate her head and she can watch. This allows the mom to see her baby’s first facial expression, witness her baby’s first breath and appreciate being a more active participant.

We also let the respiratory therapist or neonatologist resuscitate the baby on mom’s chest. That’s the best place for the baby’s temperature regulation, and mom can ease her baby’s transition into life through touch.”

Are there benefits from this immediate skin-to-skin contact?
“Yes. Resuscitation on mom’s chest also stimulates a shorter interval into breastfeeding. If the baby is hungry, we can have a lactation consultant or nurse there to assist in initiating breastfeeding. All of the Providence nursing staff are trained in lactation support. Evidence has shown time and again that early breastfeeding is beneficial to both the newborn baby and the well-being of the new mother.”

Does the atmosphere even seem like an operating room?
“With a vaginal delivery, the mood is often light. Why should that stop in a C-section? Obstetricians perform so many C-sections in our careers, it becomes second nature; we can still focus with music playing and interaction with others in the room. Throughout history music has calmed people. It has set the mood for weddings to life celebrations to childbirth. Why would we change that in the birth of child by C-section?”

In the visits before a scheduled C-section, we can get to know what the patient wants and what would make their day outstanding. An extra five to 10 minutes of work can make a huge difference in what will be remembered for the rest of the patient’s life.”

Do mothers recover faster if they experience a Gentle C-section?
“If done correctly, recovery from our Gentle C-section can be the same as recovery from a first vaginal delivery. Extensive research has been done in identifying which steps in a traditional C-section cause the most post-op pain. If these steps are performed with finesse and in a certain manner, the level of post-op pain can be drastically reduced.

We can implant a non-narcotic pain pump that is used for three or four days. If we can control pain this way, most patients won’t need narcotic pain medication. Mom will be more easily able to bond with the baby and narcotics won’t be in the breast milk. It’s rare for patients not to go home on post-op day two after our Gentle C.”

How did the hospital develop this program?
“Over one-third of deliveries are performed by cesarean section. Yet C-sections don’t get nearly as much appreciation and TLC as vaginal deliveries. We listened to patients, midwives, doulas and other health care professionals. We grabbed the best practices of every surgeon we’ve worked with to create what we think is the perfect C-section. We looked at research in America and abroad and kept a list of things patients requested but were denied.”

Has there been any resistance to this style of C-section?
“We had some difficulty at first. People would say it was against the rules and regulations to fulfill some of the requested activities in the operating room. After challenging their resistance, we found that these aversions were a product of habits that have compounded over the years and that many of these activities could be done in an operating room setting.

My hat (or scrub cap) goes off to the staff at Providence Little Company of Mary Medical Center Torrance; their team-based, family-centered approach to patient safety and satisfaction transcends any hospital that competes with them. They have gone above and beyond what I’ve expected in making this program a reality. The hospital has all of the amenities and technology for safety protocols. But this is not just about medicine. This is a personal, intimate moment for a family. They have welcomed the Gentle C-section with open arms.”

Any final words?
“With the Gentle C, the patients no longer have to fear surgery. Just because you have one C-section doesn’t mean you will always have them. We created steps in surgery to decrease the risks that would limit the ability to have a vaginal birth after C-section (VBAC). The patient can rest assured that bringing their baby into the world by C-section can be a pleasant, exciting and memorable experience.”
Signing Up for Medicare?
We Can Help

Will you turn 65 soon? We invite you to attend a free seminar to learn about your Medicare health plan options. A licensed independent insurance agent, sponsored by Providence Medical Institute, will review Medicare health plan choices and help you consider which plan best suits your current and future needs. Our doctors and hospitals participate with many health plans.

Here are some upcoming seminars. For reservations or to find additional meeting dates in November and December at locations near you, call 1-866-909-DOCS (3627).

Facey Medical Group
October 19, 10 a.m.
Presenting: CHM Insurance
Facey Medical Group, 191 S. Buena Vista St., #100, Burbank

October 20, 10 a.m.
Presenting: Paul Davis & Alberta Belissario Ins. Services
Facey Medical Group, 26357 McBean Parkway, Valencia

October 24, 10 a.m.
Presenting: HCA Insurance Services
Coco’s, 10841 Sepulveda Blvd., Mission Hills

November 1, 2 p.m.
Presenting: Humana
Facey Medical Group, 11333 Sepulveda Blvd., Mission Hills

November 10, 10 a.m.
Presenting: Scan Health Plan
Facey Medical Group, 18460 Roscoe Blvd., Northridge

November 14, 9:30 a.m.
Presenting: Health Net
Facey Medical Group, 11333 Sepulveda Blvd., Mission Hills

November 21, 3 p.m.
Presenting: CHM Insurance
Facey Medical Group, 191 S. Buena Vista St., #100, Burbank

Providence South Bay
October 14, 9:30 a.m.
Presenting: AEP Multi Plan Expo
Providence Little Company of Mary Medical Center Torrance, 4101 Torrance Blvd., Torrance

October 17, 11 a.m.
Presenting: United HealthCare
Providence Little Company of Mary Medical Center Torrance, 4101 Torrance Blvd., Torrance

October 18, 10 a.m.
Presenting: SCAN Health Plan
Providence Little Company of Mary Medical Center Torrance, 4101 Torrance Blvd., Torrance

October 25, 11 a.m.
Presenting: Broker Presentation
Providence Little Company of Mary Medical Center Torrance, 4101 Torrance Blvd., Torrance

Providence Valley
October 17, 4 p.m.
Presenting: CHM Insurance
Providence Tarzana Medical Center, 18321 Clark St., Tarzana

October 18, 10 a.m.
Presenting: CHM Insurance
Denny’s Canoga Park
8330 Topanga Canyon Blvd., Canoga Park

October 20, 10 a.m.
Presenting: Broker Presentation
Providence Little Company of Mary Medical Center San Pedro, 1300 West 7th St., San Pedro

October 27, 10 a.m.
Presenting: CHM Insurance
Woodland Hills Country Club
21150 Dumetz Road, Woodland Hills

October 28, 3 p.m.
Presenting: Clear Financial Insurance Services
Providence Tarzana Medical Center, 18321 Clark St., Tarzana

Providence Little Company of Mary Medical Center Torrance, 4101 Torrance Blvd., Torrance

October 27, 5 p.m.
Presenting: Anthem Blue Cross
Providence Little Company of Mary Medical Center Torrance, 4101 Torrance Blvd., Torrance

November 1, 10:30 a.m.
Presenting: Broker Presentation
Providence Little Company of Mary Medical Center Torrance, 4101 Torrance Blvd., Torrance

November 3, 10 a.m.
Presenting: CHM Insurance
Providence Tarzana Medical Center, 18321 Clark St., Tarzana

November 7, 3 p.m.
Presenting: CHM Insurance
International House of Pancakes, 5031 Kanan Rd., Agoura Hills
Is a Medicare Advantage Plan Right for You?
Written by SHARI ROAN

Insurance coverage known as HMOs (health maintenance organizations) has been popular with Americans for several decades. When it’s time to sign up for Medicare, you still have the option of receiving care in an HMO plan. That’s just one of the many important decisions that face older adults when they sign up for Medicare at age 65.

“The most common phone call I get is from people turning 65 in three months, and they say, ’I’ve got 50 things in the mail, I’ve read through about half and I’m more confused than when I started. Can you tell me what to do?’” says Paul Davis, an insurance agent who focuses on senior health insurance.

Today there are more choices in Medicare plans than ever. That’s good, but the options can be confusing. Every person needs to consider their own circumstances—health conditions they have, medications they take, economic circumstances—and find the best fit among the options that exist.

Moreover, every year seniors should evaluate what kind of health insurance they need for the coming year. The annual open enrollment period runs from Oct. 15 to Dec. 7.

In its basic form, Medicare has two parts: Part A and Part B, which cover a range of medically necessary services such as hospitalization, office visits and diagnostics. But those parts, called Original Medicare, don’t cover prescription drugs, and they don’t have a limit on out-of-pocket expenses.

“That can be horrific if you get really sick and have lots of services; it can run into the tens of thousands of dollars,” Davis says.

“Most people recognize and understand that they probably need something more.”

So then the choice becomes purchasing a Medicare supplement plan or enrolling in Medicare Advantage. A Medicare supplement plan (also called Medigap) pays after Original Medicare Part A and Part B pay their share of costs and limits your out-of-pocket expenses. However, a supplement plan doesn’t cover prescription drugs, so a separate Part D drug plan is also needed for medication coverage.

The alternative insurance to Original Medicare with a supplement plan and a drug plan is a Medicare Advantage plan. This is an HMO-style plan. “The plan carrier dictates the benefits, not Medicare,” Davis says.

In Los Angeles County most Medicare Advantage plans have no monthly premiums (although you must continue to pay for Part B Medicare). “Typically, the cost difference between a Medicare Advantage plan and a top Medicare supplement plan is about $200 a month for someone at age 65,” Davis says.

“A zero monthly premium is a big savings, especially considering it includes Part D drug coverage. However, people in Medicare Advantage plans can only go to doctors who are in their plan, must obtain referrals for most services, and can still accrue out-of-pocket expenses as high as $6,700 per year.”

Medicare Advantage plans are not all the same. Some may offer services not normally covered by Medicare, such as vision, dental, hearing, acupuncture, chiropractic, gym memberships and nurse hotlines.

These plans are rated by the federal government for how well they do in making sure people get preventive health care, such as well checks, screenings and vaccinations. In addition, electronic medical records used within HMOs help coordinate a patient’s care and eliminate wasteful, duplicative testing. Billing is also typically simplified.

“Medicare Advantage tends to be best suited for people who are already in HMOs and are comfortable with those plans, and people who dislike the cost of a Medicare supplement plan,” Davis says. “You get more value for your money on a Medicare Advantage plan; you just have to be comfortable with the network of providers you have access to.

“For people signing up for Medicare for the first time, it’s critical to think over the decision,” he adds. When you turn 65 and sign up for a Medicare Advantage plan, you have a 12-month “trial period.” But after that first year, things change.

If you want to switch out of a Medicare Advantage plan to Medicare supplement insurance, you have to wait until an enrollment or disenrollment period and then answer some questions about your health. “If you have a chronic health problem, you may be turned down,” Davis says.

The Affordable Care Act made it illegal for insurance companies to ask questions about your health or refuse coverage based on a pre-existing condition. But that is only true for people under age 65 on non-Medicare plans.

“One of the biggest areas of confusion is that people say, ’I’ll go for the HMO plan now, and later when I need it, I’ll change over.’ That’s not always possible,” Davis says.

Moreover, each Medicare Advantage and Part D prescription drug plan changes benefits and fees, adding or dropping certain services and changing their premiums and copays. These plans only receive one-year contracts from Medicare, so you must pay attention to the Annual Notice of Change that you receive in the mail.

You can also seek help from a senior health insurance agent or attend a free Medicare information seminar. When you have a supplement plan, the benefits are standardized and permanent, as long as you pay your premium.

“The most important thing I communicate to people is the need to shop around and review periodically. The best time to do that is during the annual enrollment period,” he says.
Torrance and San Pedro Farmers Market
A farmers market is held every Thursday from 10 a.m. to 2 p.m. in the west parking lot at Providence Little Company of Mary Medical Center San Pedro, 1300 W. 7th Street, San Pedro. Another farmers market takes place every Friday, 10 a.m. to 3 p.m., in the Atrium parking lot at Providence Little Company of Mary Medical Center Torrance, 4101 Torrance Boulevard, Torrance.

Low-Cost Heart Screenings
Providence Little Company of Mary offers low-cost heart screenings to the community, now available in three convenient locations: Torrance, San Pedro and Manhattan Beach. Screenings are available during the week as well as on the weekends. Getting screened today could help avoid problems in the future.
Register online or call 1-888-HEALING (432-5464).

Genetic Screening and Testing, South Bay
Providence Little Company of Mary offers genetic testing and genetic screening. Services are available at the Women’s Imaging Center in Torrance located at 20929 Hawthorne Boulevard. With good information, you can make informed choices, assess your risk of developing cancer and plan for tomorrow. We provide complete, state-of-the-art care for all members of families who are at increased risk of breast, ovarian, colon, uterine, pancreatic and other cancers due to inherited tendencies.
To schedule a consultation, call 1-310-303-7087.

Bariatric Wellness Center
If you (or a loved one) are struggling with weight issues, the nationally renowned experts at the Bariatric Wellness Center would love to help you find the right option for your successful weight loss. The board-certified specialists at Providence Saint Joseph Medical Center also provide minimally invasive options.
To schedule a consultation, call 1-888-HEALING (432-5464).

Diabetes and Nutrition Education
Diabetes Self-Management Training classes, a diabetes support group and a nutrition roundtable are held on a regular basis at Providence Saint Joseph Medical Center. Individual appointments with a certified diabetes educator or nutritionist can also be arranged. Physician referral may be required.
For diabetes classes and information, contact the Diabetes Education Department at 1-818-847-3277 or access scheduling at 1-818-847-3550. For nutrition counseling, access scheduling at 1-818-847-3550. For the nutrition roundtable, contact the Providence Saint Joseph Health and Fitness Center at 1-818-953-4494.

Bereavement Support Group
Journeying down the path of grief can feel overwhelming when you are walking by yourself. Join others at Providence Tarzana Medical Center and share your stories to help you heal. No charge to participants.
For more information, call the spiritual care department at Providence Tarzana: 1-818-708-5015.

Health and Wellness Lectures
Providence Tarzana Medical Center will host health and wellness lectures on a variety of topics the first Tuesday of the month from 10 to 11 a.m.
To register, call 1-888-432-5464 or sign up online at california.providence.org/tarzana/events.

Tarzana Patient Advisory Council
Have you been a patient at Providence Tarzana Medical Center? We’re looking for community volunteers to serve on a new
Patient Advisory Council that will focus on improving care delivery at our medical center. Call Pam Egendorfer at 1-818-708-5176 if you are interested in serving on the council.

Hip or Knee Pain Referrals
If hip or knee pain has limited your mobility, you have options. The board-certified orthopedic specialists at all Providence Medical Centers can provide advanced treatments that can help you regain function, relieve pain and experience the life you deserve. For a free physician referral, call 1-888-HEALING (432-5464).

Pregnancy and Early Loss Support Group (Sharing to Heal Early Loss)
Free six-week sessions are available to new participants. The group meets at Providence Tarzana Medical Center, 18321 Clark Street, Tarzana, in the Administrative Conference Room. For more information, call Yanelin Ramo: 1-818-609-2264.

Cancer Genetics and Prevention Program
Does your family have a history of cancer that makes you feel like you might be at risk? The Genetics and Prevention Program at the Sheri and Roy P. Disney Center for Integrative Medicine, Providence Saint Joseph Medical Center, provides risk assessments, genetic counseling services and genetic testing for people concerned about a family history of cancer.

To schedule a consultation, call 1-818-748-4748.

OCTOBER 5, NOVEMBER 2, DECEMBER 7
Diabetes Support Group – San Pedro
Providence Little Company of Mary Medical Center San Pedro, 4 West Conference Room.
3:30 to 5 p.m.
The Diabetes Support Group is an informal drop-in support and education session with Providence Little Company of Mary’s diabetes management team. The group meets the first Wednesday of every month. The sessions are free, and reservations are not required. The support group provides opportunities to discuss topics of interest and learn more about diabetes in a supportive, friendly atmosphere. For more information, call 1-310-514-4332.

OCTOBER 12, NOVEMBER 9
Diabetes Support Group – Torrance
The Douglas and J. Glass Family Center, 5315 Torrance Blvd., Torrance.
3:30 to 4:30 p.m.
The Diabetes Support Group is an informal drop-in support and education session with Providence Little Company of Mary’s diabetes management team. The group meets the second Wednesday of every month. The sessions are free, and reservations are not required. The support group provides opportunities to discuss topics of interest and learn more about diabetes in a supportive, friendly atmosphere. For more information, call 1-310-543-7280.

NOVEMBER 4
Stroke Support Group
Providence Saint John’s Health Center
2121 Santa Monica Blvd., Santa Monica.
Third floor, Flora Thornton Conference Room.
2 to 3 p.m.
Join us as we help stroke survivors and their families cope with the aftermath of a stroke. Free meetings are held on the first Friday of every month. We will discuss recovery, coping skills and resources. The group is facilitated by a stroke survivor and includes guest speakers with expertise in stroke recovery. Free valet parking. For more information, contact Renee Ovando, stroke program manager: 1-310-582-7383 or Renee.Ovando@providence.org.

NOVEMBER 10 (TORRANCE)
NOVEMBER 16 (SAN PEDRO)
Lecture: Keep Diabetes in Check
Providence Little Company of Mary Medical Center Torrance Del Webb Center for Health Education
6:30 to 8:30 p.m.
Providence Little Company of Mary Medical Center San Pedro, De Mucci Conference Center
6:30 to 8:30 p.m.
Your choices can have a big effect on your health. Eating a balanced diet and getting regular exercise are beneficial to your overall well-being—and they’re also important to preventing and managing Type 2 diabetes. Get a free blood glucose screening to help determine if you’re at risk for diabetes, and join us for a lecture on managing prediabetes and diabetes. We’ll talk about who’s at risk, signs and symptoms of prediabetes, tests to diagnose the condition and treatment options. Register online or call 1-888-HEALING (432-5464).

VISIT US ONLINE
From support groups to fitness classes, Providence provides the programs you need to live healthfully. View our many classes, events and screenings online at ProvidenceClasses.org or call 1-888-HEALING (432-5464).
A Fitting Venture

Two prestigious nonprofit health care organizations align—and begin with improving mental health care.

Written by SANI DRAPER
Illustrated by AJAY PECKHAM
If Providence Health & Services and St. Joseph Health were people, their recent union might be best described as a perfect marriage. The combined Providence St. Joseph Health system is now the nation’s third largest nonprofit health system, dedicated to providing outstanding care—especially for those most in need.

The two organizations, with a combined 100,000 caregivers across seven states, became one company on July 6. Now, that relationship is off to a promising start.

“The culture of both organizations is very similar in that both our organizations are founded on a spiritual Mission,” says Erik Wexler, chief executive of Providence St. Joseph Health in Los Angeles. “That similarity allows for immediate collaboration in meeting our combined missions.”

His counterpart, Rick Afable, MD, chief executive of Providence St. Joseph Health in Orange County and the High Desert, agrees. St. Joseph Health system has 16 acute-care hospitals in three states, including St. Joseph Hospital in Orange, Mission Hospital in Mission Viejo and Hoag Memorial Hospital Presbyterian in Newport Beach.

“The two organizations have a long history of working in the western United States to improve the health of their local communities,” he says. “We share similar traditions and heritages, having both been founded by religious women who started Catholic health care ministries. Independently, our organizations operated in a very similar manner. So our histories made coming together much easier.”

Both health care organizations were founded by sisters who traveled to the western United States to provide health care to communities without such resources. “Each organization brings a rich history that defined the organization,” Wexler adds. “When you combine, it’s important to honor individual histories as you shape something new.”

**SHARING EXPERTISE AND RESOURCES**

Wexler and Dr. Afable emphasized that the partnership will be nearly invisible to patients and health care providers. The system will share resources and expertise. However the names of the hospitals and clinics will remain the same.

“Our local providers will be conducting their care in the same fashion,” Dr. Afable says. “Communities identify with their local health care organizations. And we will honor the relationships people have with their physicians and hospitals.”

However, several benefits are soon expected from the new organization. The new arrangement creates a larger network of health care services for patients to access.

“Let’s say you’re an employee of a company based in Los Angeles. Your health plan may limit you to receiving care in LA-area facilities. But maybe you live in Orange County. The larger footprint created by the Providence St. Joseph partnership will allow consumers to access care nearer to where they live,” Wexler says.

**LEARNING FROM EACH OTHER**

The underlying theme of the partnership is “better together.” Wexler explains: “Better together means pursuing best practices, particularly in offering clinical services. Additionally, as a much larger system we can develop a network of services that can be embraced by payers [insurance companies or government programs] who seek outstanding care for their members. So the partnership provides a strong complement for patients across the entire region, regardless of their payer.”

While acknowledging that health care in America will always need to find ways to work smarter, Wexler emphasizes that the partnership was not created for cost-cutting.

“Rather, the combined system will allow us to reach more people and expand our care,” he says. “Services will not be reduced. Our intention is to take the great competencies of each other and share them across counties to allow us to deliver an even higher level of care. That’s the aspiration we hope to achieve.”

The Providence St. Joseph partnership will create efficiencies so caregivers can dedicate more time to serving our patients, Wexler adds. Behind-the-scenes functions such as information technology, back office functions and care-management systems will evolve and improve as the two organizations learn from each other.

There will be some things that Providence does better, other things that St. Joseph’s does better, Wexler says. “The partnership will give us the best of both,” he says, adding that the end goal is “to provide care at the right
time and the right place.”

“We are very confident that we are ‘better together,’” Dr. Afable says. “There are many manifestations of that—the most important of which is our larger and more significant capacity to take on the health issues in our communities.”

**COMMITMENT TO IMPROVED MENTAL HEALTH CARE**

One such issue is mental health—one of the most under-serviced areas of health care in the country. The partnership wasted no time in tackling that issue by immediately creating the Institute for Mental Health and Wellness. And the partnership is not just paying lip service to the concept; the institute is backed by an initial $100 million investment.

“There remains a great stigma around mental health care in our country,” Wexler says. “Mental illness is as serious as cardiac illness. Our organization is dedicating $100 million ($30 million in California alone) across the West Coast to help improve access to care.”

He uses depression as an example, explaining that “1 in 4 people have depression. Many are not getting the care they need. Depression leads to other clinical issues as well. If we can treat the depression, we’ve taken a step toward a healthier whole person.”

The initial goal of the project is to conduct a community needs assessment to determine where the demand is and what types of services are needed. “We want to target the greatest needs first and expand from there,” Wexler says.

Needs will vary by community, Dr. Afable says. “In an upscale community, the needs may be driven by addiction and access. In a poor community, the needs may be driven by poverty and isolation. The first step is to assess and better understand mental and behavioral health issues that are most prevalent in our region. The second step is to invite interested partners to join us. The third part—the easy part—is doing the work. But without the first two steps, we would have far less impact.”

The Institute for Mental Health and Wellness will consist of programs and initiatives unfolding throughout the entire system, and may not be limited to one facility, Dr. Afable adds. “You don’t treat disease by building facilities to put people in. We must reach out to those who need our help and offer assistance in their neighborhoods.”

**LEADING A NATIONAL CONVERSATION**

An expert advisory panel will collaborate with mental health experts in government and advocacy organizations to create a blueprint for improving care nationwide. Maureen Bisognano, recently retired president and chief executive officer of the Institute for Healthcare Improvement, will chair the panel, working alongside Rod Hochman, MD, president and chief executive officer of Providence St. Joseph Health.

“Improving mental health care takes leadership on all levels, as well as a major commitment of resources,” Bisognano says. “I am looking forward to leading a national conversation around mental health and am excited about what we can achieve together.”

It’s difficult if not impossible for smaller organizations to address the mental health issue on a piecemeal basis, so Providence St. Joseph Health is well positioned to assume this challenge. “There are many social determinants of health: poverty, housing, nutrition and spiritual well-being. As a significant, interdisciplinary organization, we can address those needs,” Dr. Afable says.

Providence St. Joseph Health views the $100 million commitment as seed money and an invitation to other agencies to contribute. “The partnership puts us in a place to influence and impact the problem.”

Dr. Afable continues: “We have to focus on all of the health needs of our communities. Employers, insurers and providers have been addressing them for many years both together and apart. But mental and behavioral health is one area with little emphasis and few resources. We have a responsibility to address it today. If not us, then who?”

**BY THE NUMBERS**

Statistics show the profound need to improve the diagnosis and treatment of mental health disorders in the United States.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
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<tbody>
<tr>
<td>18.1%</td>
<td>Percentage of U.S. adults with any type of mental illness</td>
</tr>
<tr>
<td>4.2%</td>
<td>Percentage of U.S. adult with a serious mental illness</td>
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<tr>
<td>6.7%</td>
<td>Percentage of U.S. adults who had at least one major depressive episode in the past year</td>
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<tr>
<td>20%</td>
<td>Children who had a seriously debilitating mental disorder</td>
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<tr>
<td>58.7%</td>
<td>U.S. adults with a serious mental illness who received treatment</td>
</tr>
<tr>
<td>50.6%</td>
<td>U.S. children with mental disorders who have received treatment for their disorder within the past year</td>
</tr>
</tbody>
</table>

Source: National Institute of Mental Health
The St. Joseph Health system is home to many hospitals in Orange County and elsewhere in California.

**ORANGE COUNTY AREA**
- St. Joseph Hospital of Orange in Orange
- Mission Hospital in Mission Viejo
- Mission Hospital in Laguna Beach
- St. Jude Medical Center in Fullerton
- Hoag Memorial Hospital Presbyterian in Newport Beach
- Hoag Hospital in Irvine

**GREATER CALIFORNIA AREA**
- St. Mary Medical Center in Apple Valley
- Santa Rosa Memorial Hospital in Santa Rosa
- Petaluma Valley Hospital in Petaluma
- Queen of the Valley Medical Center in Napa
- Redwood Memorial Hospital
- St. Joseph Hospital in Eureka

Facts about Providence St. Joseph Health, the parent organization of Providence Health & Services and St. Joseph Health

- Hospitals in Alaska, California, Montana, New Mexico, Oregon, Texas and Washington
- System offices based in Renton, Wash., and Irvine
- 50 hospitals
- 829 physician clinics, senior services, supportive housing and many other health and educational services
- Employs more than 100,000 caregivers
What a Calling
Dr. Timur Azhibekov and his staff work tirelessly to help fragile newborns.

Written by NANCY BRANDS WARD
Photographed by LU TAPP
Timmer Azhibekov, MD, didn’t set out in his medical career to care for children. Indeed, he trained as a physician for adults, but when he saw his first neonate during a rotation through anesthesiology in his residency at Volgograd Medical Academy, he knew he’d found his calling.

“As soon as I got to the neonatal intensive care unit (NICU), I realized that I could not do anything but that,” Dr. Azhibekov says. “With the ability to intervene early in a baby’s life, there’s the potential to make a difference in their entire life. That was very powerful and attractive for me.”

As the new medical director for the NICU at Providence Holy Cross Medical Center in Mission Hills, Dr. Azhibekov, who is also on staff at Children’s Hospital Los Angeles (CHLA) and an assistant professor of clinical pediatrics at the Keck School of Medicine at USC, expects to extend neonatal expertise around the clock to the northern San Fernando and Santa Clarita valleys. Most of Providence’s hospitals have NICUs; the one at Holy Cross was established four years ago.

Neonatologists have a job much like a firefighter’s—no one wants one until they need one, and then they really need one.

“If there’s a potential for early delivery, complications or anomaly,” Dr. Azhibekov says, “prospective parents should find a sense of comfort and safety in coming to this hospital and knowing that a neonatologist is here for them 24/7, together with a full range of services.”

Dr. Azhibekov’s new role at Holy Cross is part of a partnership between CHLA and Providence, which includes Providence Tarzana Medical Center, to raise the level of care delivered to the most fragile newborns in the medical center’s NICU. Part of that is an academic focus on improving quality and processes of care, along with research into minimizing risk of complications and implementing new technologies. A regional review process is part of the academic mission, as is sharing knowledge with other hospital and community pediatricians.

Because they can’t talk—can’t tell you where it hurts—neonates pose a unique challenge for physicians. “You have to think and be very attentive to minor details to identify the problem,” says Dr. Azhibekov. “That’s one of the most fascinating things about neonatology.”

What sustains his passion is the daily inspiration of each unique patient, frequent “miracle” stories and a smoothly functioning care team. “No one person alone—physician or nurse or respiratory therapist—can make it work. It really does take a village. And when collaboration is well established, you see the difference in the patient’s care and outcome.”

Several advances in recent years have improved the care of neonates, including a trend in noninvasive support, says Dr. Azhibekov. A device called the RAM cannula, designed by a member of the USC faculty, Rangasamy Ramanathan, MD, is used to provide noninvasive respiratory support. Whole-body cooling is another advance for certain babies with decreased oxygen supply during a difficult delivery or an event that requires CPR, though more work needs to be done to optimize this treatment, he says. And point-of-care ultrasound is increasingly allowing neonatologists to assess basic functions in real time at the bedside.

In the future, Dr Azhibekov believes that genome sequencing will lead to huge advances in treating neonates by identifying which patients respond to specific treatments.

Despite the advances he’s witnessed and the rise in survival rates from 30 percent to about 50 percent for the most immature babies born as early as 23 weeks, Dr. Azhibekov says today’s key challenges remain the same.

“We’re able to help them survive,” he says, “but we have way more to do to improve their health and quality of life for the future.”

Dr. Azhibekov’s primary research tackles low blood pressure in neonates—one of the major risk factors for complications in early life. A study underway at CHLA collects information on the many factors that may affect blood pressure, including heart rate, breathing rate, oxygen concentration in the blood, blood volume and oxygen distribution to the brain, kidneys and other organs. The data will help researchers understand which part of the circulation is affected, and will allow neonatologists to provide individualized care in the future.

“Learning how to help neonates with low blood pressure in the right way at the right time, that’s the goal of my career in terms of moving the field forward,” he says.

With such a busy career, Dr. Azhibekov probably isn’t really joking when he says that what he likes to do outside of work is sleep. He and his wife, Elena, also have a busy family life, with a 7-year-son, 4-year-old daughter and twin 7-month-old girls. They keep in touch with family in Russia via Skype and Facetime and have enjoyed jumping in the car to explore the diversity of California over the last four years they’ve lived here. Then about once every three months, the doctor counts himself lucky to do some deep-sea fishing. He says, a bit wistfully, “Being out on the sea helps to reset the mind.”

“**You have to think and be very attentive to minor details to identify the problem. That’s one of the most fascinating things about neonatology.**”

Dr. Azhibekov.
Saving Brains

Neurological services expand to cover a range of serious disorders.

Written by VICTORIA CLAYTON

Stroke is ranked as the third leading cause of death in the United States.

Alzheimer’s disease is ranked as the sixth leading cause of death in the United States.

About 5.4 million Americans are currently diagnosed with Alzheimer’s disease. That number is expected to triple to 16 million by the year 2050.

Parkinson’s disease affects 1 million Americans, with at least 60,000 new cases reported annually.

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Our brains make us who we are, and preserving brain function must be a health care priority. That’s what the physicians and other caregivers at Providence Health & Services believe. Recent strides in neurological services throughout the region mean two things: One, more patients than ever with stroke, aneurysm, Parkinson’s and movement disorders are regaining all or some function related to speech, cognitive functioning, personality and mobility and, two, more patients are getting this treatment in their communities, closer to home.

At the forefront of Providence’s advancements in neurological treatment is the first-of-its kind telestroke program operated from Providence Saint Joseph Medical Center’s Hycy & Howard Hill Neuroscience Institute in Burbank. The telestroke program serves as a command center of sorts, staffed by eight full-time neurologists who specialize in stroke diagnosis via video conferencing.

Providence Saint Joseph, Providence Holy Cross Medical Center and Providence Little Company of Mary Medical Centers Torrance and San Pedro participate in the program. The service is also extended to patients of other valley hospitals which are not in the Providence network. Providence Saint John’s Health Center in Santa Monica also has a telestroke program. All of these facilities are Primary Stroke Centers—a designation that means the hospital is staffed with expert stroke neurologists, stroke-trained nurses and therapists who can deliver the highest standard of care.

**FAST EVALUATIONS OF STROKE PATIENTS**

When health care providers at these hospitals call a “code stroke,” a Providence telestroke neurologist is summoned for an immediate video evaluation of the patient. Through a two-way, high-definition teleconferencing system the neurologists consult with staff—usually in the emergency room—in evaluating patients suspected of stroke.

Why the rush? The stroke treatment mantra is “time is brain,” explains Robert Pickett, RN, director of neurovascular services at Providence Saint Joseph Medical Center.

“That means that the quicker a patient can be evaluated and appropriate treatment started, the greater the chances at brain preservation,” he says. Through the telestroke program, Providence aims to have patients evaluated by a physician within 15 minutes of arrival to the emergency room.

By far the most common type of stroke is ischemic, which occurs when a blood vessel supplying blood to the brain is blocked. Ischemic stroke accounts for some 87 percent of all stroke cases, according to the American Stroke Association.

Tissue plasminogen activator, or tPA, is the most effective medication for ischemic stroke victims. The medication works by dissolving the clot and improving blood flow to the part of the brain being deprived of blood. But there’s a catch.

“tPA is most effective when administered as soon as possible from the time of symptom onset, up to 4.5 hours,” says Pickett.

“Again, time is the most crucial element when dealing with stroke.”

**THROMBECTOMY TO REMOVE CLOTS**

An additional stroke treatment option is a clot retrieval surgery called thrombectomy. With tPA acting as the “Drano” first, a thrombectomy is used much like a plumber’s snake if the tPA fails to work because the blockage is too big.

A neurointerventionalist navigates a tiny catheter into the brain and uses a device to pull out the clot. Again, time is brain. Roughly 1.9 million brain cells die every minute of an acute stroke. Aneurysm, which is a bulging or rupture in the wall of the artery that supplies blood to the brain, can also cause brain damage and requires immediate attention.

With the video telestroke program, however, more patients than ever are getting the immediate diagnosis and the treatments they need to preserve maximum brain function. Pickett says that each Providence telestroke neurologist typically receives up to six patient calls a shift, meaning hundreds of area patients are receiving quicker brain care each month.

**DEEP BRAIN STIMULATION FOR PARKINSON’S DISEASE**

At Providence Saint John’s Health Center in Santa Monica, neurologist Melita Petrossian, MD, and neurosurgeon Jean-Philippe Langevin, MD, have opened a new movement disorders program that includes deep brain stimulation (DBS)—an innovative surgical treatment for patients with Parkinson’s disease, essential tremor, dystonia and many other brain and movement disorders. DBS is also available at Providence Saint Joseph Medical Center.

Medication is still the first-line treatment for most neurological and movement disorders. As Parkinson’s disease progresses, medications may lose efficacy and/or patients may begin to experience more bothersome dyskinesias (abnormal, involuntary movements). That’s where DBS comes in.

DBS is best described as a pacemaker for the brain. Surgeons implant a battery under the skin near the collarbone. Leads or wires are then tunneled under the skin, in the neck, behind the ear and into deep regions of the brain such as the subthalamic nucleus or the globus pallidus interna.

“The exact placement of the electrodes depends on the patient. It’s a very fine-tuned, personalized procedure—we’re often working on regions no bigger than 5 millimeters,” says Dr. Petrossian. The paradox with DBS is that stimulating the STN or GPi regions with the electrodes actually reduces abnormal electrical over-activity, improving mobility and calming the involuntary movements experienced by patients.

“For the right patient, a successful DBS procedure can be life-changing. And I’m not saying that lightly,” says Dr. Petrossian.
“However, DBS isn’t a cure or even a treatment that prevents progression of the diseases. But it does provide a better quality-of-life, sometimes lasting for many years.”

On average, patients with Parkinson’s disease who undergo DBS gain five valuable hours per day of productive, dyskinesia-free time. Tremor is also reduced by about 75 percent compared to prior to the procedure.

“Not all patients with Parkinson’s, essential tremor or other diseases are candidates for DBS,” says Dr. Petrossian. “But many, many are. Recently, the Food and Drug Administration approved DBS for use earlier in the course of Parkinson’s disease. So DBS should not be considered a last resort for patients and should be considered if a patient with Parkinson’s disease has dyskinesias or fluctuating response to medications for four months.”

At the movement disorders and deep brain stimulation program, Dr. Petrossian also treats a full spectrum of neurological and movement disorder patients with medications as well as Botox injections. “People are always really surprised that Botox can be used in a non-cosmetic way,” she says.

Botox, a neurotoxin that temporarily disrupts communication between the nerves and muscles, allows the muscles of patients with spasms in the face, eyelid, neck, arms and legs to relax. And every year more medications and different treatment options become available for movement disorders, giving Dr. Petrossian, who admits to being an optimist, plenty of reasons to believe in a brighter future for movement disorders.

“My patients are often very discouraged,” she says. “Very often we see people who have suffered for years with a tremor, for example, and they think there’s nothing that can be done because that’s what they were told many years ago. The message I really want to get out is that there may be plenty we can do for you right now to drastically improve your quality of life,” she says.

The key, though, is seeing a neurologist trained in the movement disorders subspecialty. “The vast majority of cases are clinically diagnosed, which means the doctor has to have a trained eye. Being a specialist in the area also means you’re aware of the most recent treatments and advances in the field.”

EXPANDING NEUROSCIENCE SERVICES IN THE SOUTH BAY

For too long, too many neurology patients in the South Bay have been forced to venture outside the community for some types of neurological and stroke care. But Providence Little Company of Mary Medical Center in Torrance is changing that, says neurologist Laura Jong, MD. “Providence is in the process of building a neuroscience institute so that our patients will not have to commute long distances to receive certain types of neurological care,” she says. “Presently, we are a Primary Stroke Center, and a stroke patient can have neurological consultations within 15 minutes through telemedicine. We also have a state-of-the-art spinal cord rehabilitation center at Providence Little Company of Mary Medical Center San Pedro, that additionally has excellent services for post stroke and traumatic brain injury rehabilitation. In the future, Providence will have services and clinical trials available to provide the comprehensive care for diseases such as multiple sclerosis, dementia, traumatic brain injury, peripheral neuropathy, muscular diseases, migraine, epilepsy, Parkinson’s, stroke, amyotrophic lateral sclerosis (ALS), brain tumors and more.”

“Patients in the South Bay find it difficult to travel outside of the beach cities for treatment, she says. “It’s exciting that Providence is committed to investing in the health of this community and recognizing the need for local neurological services.”

With greater access to care, Dr. Jong says she expects that there will be improvements to the health of the community. “When it’s difficult or inconvenient to get care, patients will often postpone their care until it is too late to intervene. But that doesn’t work when you’re talking about neurological and movement disorders. You really shouldn’t wait.”
ADVANCES SEEN IN TREATING BRAIN TUMORS

While much progress has been made in cancer, brain tumors represent one of the most feared diagnoses, says Tiffany Avila, MD, a neurosurgeon at Providence Holy Cross Medical Center in Mission Hills. However, several new treatments have become available to improve the outlook for people diagnosed with both primary malignant and metastatic brain tumors.

“There are a lot of new advances,” Dr. Avila says. “There’s never a good time to get a brain cancer, but at least there are more options now compared to five years ago and especially compared to 10 years ago.”

One area of progress is in medications that work by targeting cellular processes that give rise to the tumor. Patients can undergo genetic testing of the tumor to find DNA mutations. If certain mutations are present, doctors may be able to administer medications that target those mutations to stop cancer growth.

This approach, called “targeted therapy,” appears to work particularly well on metastatic or less aggressive types of brain tumors, Dr. Avila says. “Research shows there are a lot of these patients who do better when we can identify the specific DNA of the cancer and tailor treatment for that specific patient. This is personalized cancer treatment.”

Significant progress has also been made in the treatment of metastatic brain tumors, which are tumors that originate in other parts of the body but have spread to the brain. A class of medications called immunotherapies has been successful in some patients with melanoma, certain types of lung cancer and renal cell cancer that has metastasized to the brain.

For patients with the most aggressive form of brain cancer called glioblastoma, an innovative treatment was recently approved by the Food and Drug Administration. Tumor Treatment Field therapy is a cap-like device that a patient wears over the scalp to deliver low-intensity electromagnetic therapy into the brain to halt or slow the growth of primary brain tumors.

“Studies show it has resulted in increased control and regression of tumors,” Dr. Avila says. “It’s exciting because patients who are evaluated here at Providence Holy Cross will now have access to that treatment if they qualify.”

Dr. Avila is also helping conduct a joint study with Providence Saint John’s Health Center on how the caregivers of patients with brain or spine cancer cope with their responsibilities.

NEW NEUROLOGY TEAM AT PROVIDENCE HOLY CROSS

Dr. Avila is one of three neurosurgeons who recently joined Providence Holy Cross to provide neurological treatments for brain and spine conditions. The team includes Dr. Justin C. Spooler, MD, and Jasvinder S. Nangiana, MD.

Providence Holy Cross Medical Center now offers radiosurgery (radiation therapy delivered to the brain to shrink tumors) and a broad range of other types of head and neck surgery, including some innovative new procedures. For example, patients at Providence Holy Cross can now take advantage of artificial cervical disk replacements—a new treatment for people with cervical disc herniation who have significant pain.

“We have a team here that can provide the full breadth of neurosurgical services,” Dr. Avila says. Patients in the neighborhoods surrounding Providence Holy Cross don’t need to travel to other parts of the county or state to get state-of-the-art care, she adds. “There was definitely a need in this area to have these services, and patients are very grateful.”
Perfect Fit

By being both a nun and a nurse, Sister Terrence Landini fulfilled her calling.

Written by SHARI ROAN
Photographed by LAUREN PRESSEY

Sister Terrence Landini was making her way through the hospital recently when a nurse stopped her. “Sister, when are you going to retire?” the nurse asked. Landini laughs at the memory. “I’m going to be 82 in August. I retired when I was 73!” she responded.

The former nurse and director of nursing service is still a beloved, visible presence at Providence Little Company of Mary Medical Center Torrance. Having worked at the hospital for 43 years in various capacities, she is now honorary president of the auxiliary, serves on the ministry and foundation boards and helps the Mission leader with various events and ceremonies.

Even two knee replacement surgeries—one late last year and the second in
This is where I can best use the talents I have.”

Born Jean Landini on the north side of Chicago, she entered the Little Company of Mary Sisters in 1952 and on April 28, 1953, received the habit and the name Sister Terrence. She attended the Little Company of Mary School of Nursing and then earned a bachelor’s degree in nursing from St. Louis University in 1963. Sr. Terrence then began working as a nurse at Little Company of Mary Hospital in Evergreen Park, Ill.

“I loved nursing,” she says. “The majority of my patients were cancer or cardiac patients. I worked a lot with chronic and terminally ill patients. My mother wanted to be a nurse, but her family couldn’t afford it. But she had a gift for being with sick people and making them feel comfortable. I wanted to do that.”

The Little Company of Mary sisters’ charism, or special calling, is to be with—and pray for—the dying. “We had what we would call night watches. We woke up in middle of night and would go to chapel and would pray for all those who were dying.”

That commitment to end-of-life care never waned. Sister Terrence was an inspiration for the palliative care program at Little Company of Mary Medical Center Torrance and the No One Dies Alone program. In her honor, the Sister Terrence Landini Endowment for Palliative Care was established in 2006 and has grown to more than $1 million.

In 1965 Sister Terrence was thrilled to learn she had received a grant to teach cardiac nursing. However, two weeks later her leadership asked her to transfer to Little Company of Mary Hospital in Torrance.

“I had to go where I was asked to go,” she says. “I had no idea that a greater joy awaited me.”

She held several administrative roles and helped establish the cardiac surgical program and cath lab in the early 1970s. The cardiac unit expanded from a four-bed unit to a 15-bed unit and was one of the first hospitals to have defibrillators at every bedside.

In 1973 she was transferred back to Evergreen Park to serve as chair of the board of Little Company of Mary Hospital. But in 1980 she returned to the South Bay and was appointed as Superior of the Little Company of Mary convent in Torrance.

She says she was able to adapt to various nursing and administrative positions by asking others for help and advice. “I met a lot of wonderful people who taught me about the different aspects of their careers. It’s always been about trying to learn as much as you can and do the best you can in the position you’re in.”

Sister Terrence says she takes great joy in the growth and development of the hospital but enjoyed the days when the community was smaller. “We were small enough where we could hold events for the staff in the cafeteria.”

Today Sister Terrence tries to find time to work on jigsaw puzzles, listen to classical music and read espionage thrillers. And she can’t walk through the hospital without running into a friend to talk to—some of them are third-generation hospital employees.

“I hear people say, ‘Is Terrence still around?’” she says with a chuckle. “It’s my joy and privilege to be with all of these people.”
all about ACCESS

Urgent care, house calls and virtual visits add convenience to health care.

Written by SHARI ROAN | Photographed by JAMES ACOMB
Lyn Bradley was worried about her 12-year-old son, Jack. It was a hot July Saturday afternoon, and he had come home from a friend’s house saying he didn’t feel well. He went to bed, complaining of being dizzy and nauseous.

Bradley, a single mom living in Los Feliz, worried that her son had overdone it playing outside and had heat exhaustion. “He didn’t look right,” she says. “He wasn’t hungry. He felt clammy. I was concerned.”

What to do? The pediatrician’s office was closed, and she didn’t think Jack was so ill he needed attention at a hospital emergency room. Going to an urgent care center was an option, but Bradley hated the thought of making Jack wait to be seen in a crowded urgent care or emergency room when it was possible he just needed to stay cool, rehydrate and rest. Since she does not have health insurance, Bradley weighed her options.

“If it was serious, I would have rushed him to the ER,” she says. “But obviously I didn’t want to do that if I didn’t have to. And I wanted something faster than urgent care.”

That’s when she did an internet search and found Providence Express Care Virtual, a service that allows consumers to conduct an on-demand, virtual office visit with a nurse practitioner for minor medical concerns. Bradley opened her tablet, signed up and within 10 minutes was looking at a Providence nurse practitioner on the screen while sitting on the bed in her son’s room.

The nurse talked to Jack, asked questions, had Bradley take his pulse and concluded that he was dehydrated—a less serious situation than heat sickness or heat exhaustion. She recommended lots of water, some juice and cold compresses, and she called in a prescription medication for Jack’s nausea.

“I was so excited to find this service,” Bradley says. “I got the information I needed to make the right decision about Jack’s care. I was thrilled I didn’t have to leave the house. The nurse practitioner was wonderful, and it was just $39. I just think this is genius.”

Providence Express Care Virtual is only $39 and is billed directly to some insurance plans or payable by credit card or debit card. Consumers can later submit the claim to their insurance company. Coverage is not guaranteed, although more insurance companies are reimbursing for virtual visits.

Consumers can use Providence Express Care Virtual by first creating an account online or downloading the app—which features video-conferencing software—on a smartphone or tablet. When you need a visit, you log in online or open the app and answer a few questions that will...
help you determine if a virtual call is appropriate. You then initiate a visit and, usually within five minutes, the visit with the nurse practitioner begins the call. The virtual visit is secure and confidential. “By using the content on our website, the patient can make a determination if they think a virtual visit will work for them,” says Heidi Amrine, product marketing director for telehealth for Providence Health & Services. “If they do get on the call with the provider and the provider says it’s not appropriate for them to have a virtual visit, the provider will help the patient find a suitable place to be seen. The patient is not charged. But what we’ve found is that patients are pretty good at self-triaging and making good decisions about that.”

The nurse practitioner not only reviews your symptoms and health history, he or she can inspect visual symptoms, such as a rash or red eye.

“The cameras on these devices are high-quality and good enough to diagnose a lot of issues,” Amrine says. “So, for example, the nurse practitioner can look in your throat, via the camera, although they can’t take a throat culture (a swab to test for a virus or bacteria). If the nurse practitioner thinks further diagnostics are needed or they want you to get a throat culture, they can put in an order at a nearby clinic, so all you have to do is walk in and get that and they will get back to you with a diagnosis.”

Today few people feel they have to be in the same room as a medical professional in order to get good care for minor illnesses, she adds. “People are seeing these services as a viable way to get the same quality care. So much of the exam is about asking the right questions and visual inspection. It’s not appropriate for all things, but it’s appropriate for many conditions.”

Bradley has been telling friends and family about the service and says she had no qualms about not being in an exam room with the nurse and her son.

“She was sitting at her desk. I saw her credentials. It was like we were sitting in front of the doctor,” she says. “I think there is a big need for something like this. Not everyone can afford health insurance, and this is a nice, interim service that is really affordable for situations where you’re not quite sure if you need attention or not.”

In addition, the nurse practitioner will call the patient two or three days after a visit to check in and make sure the patient is improving.

Providence Express Care Virtual has been used in California, Washington and Oregon, Amrine says. Thousands of patients have been seen, and tens of thousands have downloaded the app.

“It’s just a big time-saver for people,” she says. “Wait times are typically under five minutes. It’s a much more cost-effective way to get care for these issues than going in for urgent care or going to the emergency room.”

Providence Express Care Virtual is also touted for helping new mothers with breastfeeding challenges such as latching difficulties, painful feeding or excessive fussiness during feeding. They can also address concerns related to mastitis, clogged milk ducts, sore nipples or questions about the quantity of milk you’re producing. The nurse-practitioners have completed First Latch breastfeeding support training, Amrine says.

“Through the two-way video, the provider can observe you feeding your baby and provide guidance,” she says.

Research shows the #1 driver for consumers is convenience. Providence is looking at how we can deliver new ways of care how, when and where consumers want it.”

PROVIDENCE EXPRESS CARE AT HOME
Providence Saint John’s Health Center recently rolled out a program that allows people to receive care for minor health problems within the privacy of their homes. While Providence Express Care Virtual requires a comfort level with digital technology, Providence Express Care at Home determine whether they can treat it. If they don’t feel they can, they refer you to the appropriate health care setting.

Nurse practitioners are trained to handle minor health care problems and are licensed to prescribe medications. They have undergone additional training beyond that which is required to become a registered nurse.

Studies show consumers trust nurse practitioners with these sorts of problems and are grateful for the convenience of being seen at home. Patients say the home visit feels more private, there are fewer distractions, and the nurse practitioner can even take note of any environmental factors that may play a role in the illness, such as the presence of a pet that may be causing al-

PROVIDENCE FALL 2016
For parents with young children, if they have one child who is sick they don’t want to drag all the kids to the doctor’s office and risk them picking up some new germ,” Cianciarulo says. “Busy professionals have trouble carving time out of their day for an office visit; we have the provider come to you so you don’t have to leave your office.”

Perhaps the most surprising thing about Providence Express Care at Home is its cost: only $199. While that is slightly higher than a typical in-office visit for a minor problem, many consumers feel the convenience is well worth the added cost. The visit is covered by most insurance plans, although Medicare does not cover home visits.

AUGMENTING TRADITIONAL IN-OFFICE CARE

Both Providence Express Care Virtual and Providence Express Care at Home are available from 8 a.m. to 8 p.m., seven days a week. Providence Express Care at Home is currently only available on the Westside, through Providence Saint John’s Health Center. However, the house calls and virtual visits are not intended to replace traditional doctor’s visits with a primary care provider who knows your health history and has treated you for years, Cianciarulo notes.

In fact, since Providence Health & Services uses electronic health records, any home visit or virtual visit is noted in the patient’s file so the primary care physician and specialists who treat that individual are kept in the information loop. The nurse practitioner also reviews the patient’s electronic health record before the visit begins.

The Providence Express Care services augment traditional in-office care, says Amrine. “We know this trend is picking up steam really quickly,” she says. “It addresses the issue of improving patient access to care and gives patients options to access care immediately.”

ADDITIONAL URGENT CARE CENTERS OPEN

People need a number of options to access high-quality health care quickly and conveniently, and Providence Health & Services is providing them. Besides virtual health care and home visits, for example, Providence’s partnership with Exer—More Than Urgent Care clinics is expanding throughout Southern California.

Exer operates clinics within the communities served by Providence Southern California, providing an emergency room alternative for patients whose conditions are urgent or serious but not life-threatening. Exer has clinics in Northridge, Calabasas, Beverly Hills and Newbury Park in Ventura County. A new clinic recently opened at Fulton Avenue and Riverside Drive in Sherman Oaks, and before year’s end Exer will open new clinics in Manhattan Beach, Redondo Beach and Stevenson Ranch.

“Thanks to an unprecedented partnership with Providence Health & Services, together we are pioneering a medical movement to bring affordable emergency medicine care directly to more communities while easing the strain on local emergency departments,” said Dr. Cherlin Johnson, founder and chief executive officer at Exer. “We are committed to offering our patients an unparalleled combination of clinical expertise in pristine, modern environments that focus on care and convenience.”

As many as one-third of all visits to hospital emergency departments are not true emergencies, according to national studies.

“The opening of Exer in Sherman Oaks is an exciting first for our new partnership,” says Erik G. Wexler, chief executive of Providence St. Joseph Health, California Region, Los Angeles. “Our goal in teaming with Exer is to provide patients with a quality and affordable option to busy hospital emergency departments. Exer will allow us to offer a high level of care for conditions that are serious but not life-threatening.”

At Exer, board-eligible or board-certified emergency physicians are always on-site. Exer has on-site laboratories and diagnostics equipment. Patients in need of more complex screenings or treatment are referred to a Providence facility or directly admitted to a hospital. Exer doctors communicate with a patient’s primary care or specialty physicians and transfer the patient’s medical records to the appropriate people.

The clinics also offer pediatric services, on-site prescriptions, immunizations and physical exams for those in the workplace and in school sports.

Exer—More Than Urgent Care accepts all PPO and many HMO insurance plans. In addition Exer offers several affordable payment options for people without health insurance. Exer clinics are open daily from 9 a.m. to 9 p.m. with little to no wait time; walk-in or call-ahead appointments are welcomed.

To learn more about Exer—More Than Urgent Care, including locations for new and existing clinics, visit ExerUrgentCare.com or California.providence.org and search “urgent care.”
HONDA CAFÉ DEDICATED

Providence Little Company of Mary Medical Center Torrance dedicated the medical center dining area as the Honda Café in honor of American Honda Motor Co., Inc. The automaker has been a generous and valued partner in supporting community health services since 1984 and is a lead supporter of the Heart-to-Heart Campaign to create a world-class Cardiovascular Center of Excellence for the South Bay community. We are truly grateful to have the Honda Café as the hub of the medical center’s daily life.

GO RED FOR WOMEN

Providence Little Company of Mary Medical Centers San Pedro and Torrance were major sponsors of the Go Red For Women Luncheon on May 13. It was an honor to help lead the fight against heart disease, and Providence packed a one-two punch with Mary Kingston, chief executive, chairing the event while Dr. Nazanin Azadi, a board-certified cardiologist, shared valuable information as the keynote speaker.
NICU GRADUATION

Several parents and graduates of the neonatal intensive care unit returned to Providence Little Company of Mary Medical Center Torrance recently for the NICU graduation event. This day recognized the courage and commitment demonstrated by parents while their infants reside in the NICU.

BELOVED PROVIDENCE TRINITYKIDS CARE LEADER RETIRES

After devoting her professional life to caring for those in need at the bedside, in the boardroom and in the halls of government, Gay Walker, RN, is retiring from her position with Providence TrinityCare. For the past 15 years, Walker, one of the founders of the TrinityKids Care program, has been actively involved in leading-edge hospice and palliative care services in Southern California. Her passion for her patients was equally evident in her dedication to every life she touched as well as the energy she brought to developing and implementing new hospice programs alongside some of the great innovators in this field.

SAN PEDRO HOSPITAL NAMED NONPROFIT OF THE YEAR

Providence Little Company of Mary Medical Center San Pedro was named Nonprofit of the Year in June at the San Pedro Chamber of Commerce 2016 Annual Business Awards and Board Installation Luncheon. The hospital was recognized for its 90 years of serving the Harbor and Peninsula communities. The hospital has plans to expand its emergency department and other programs to further meet demands for quality health care in the local community.

Above: LaRae Mardesic Bechmann, senior director of development at the Providence Little Company of Mary Foundation, was installed for another term on the San Pedro Chamber of Commerce board of directors. The board is pictured with Joe Buscaino, city councilman for the 15th District.

Left: Anne Lemaire, administrator of Providence Little Company of Mary Medical Center San Pedro; Caroline Brady, executive director of the Cabrillo Marine Aquarium and San Pedro Chamber of Commerce board member; and Mary Kingston, chief executive, Providence Little Company of Mary Medical Centers San Pedro and Torrance.
“RIGHT, BEFORE I DIE” EXHIBITION

The Providence Institute for Human Caring presented a life-affirming photo exhibit entitled “Right, before I die,” August 15 to September 30, at the Museum of Tolerance. “Right, before I die,” created by artist Andrew George, showcases the face of whole-person care and asks that we expand our tolerance, understanding and compassion for those with serious illnesses.

George talked to patients about their joys, fears and pleasures and collected their stories and images. Most of the participants were patients of Marwa Kilani, MD, medical director of palliative care at Providence Holy Cross Medical Center.

“‘Right, before I die’ creates the space for us to collectively reflect on what it means to be human,” said Ira Byock, MD, chief medical officer at the Institute for Human Caring, “and gives us the courage to reclaim a rich part of living through the twilight of our lives.”

WARNER BROS. WELLNESS FAIR

Providence Saint Joseph Medical Center caregivers participated in the annual Warner Bros. Wellness Fair on Sept. 14. Caregivers provided DermaScan screenings for skin cancer, blood pressure checks, cholesterol and glucose screenings, stroke prevention information and maternal-child health services information.

END-OF-SUMMER CELEBRATION

Providence Tarzana hosted an End-Of-Summer celebration on Sept. 16. Caregivers enjoyed a barbeque lunch and a gift shop tent sale. The celebration included pledges for the annual Caregiver campaign.
PALOS VERDES STREET FAIR
Providence Little Company of Mary Medical Centers Torrance and San Pedro were proud supporters of the 2016 Palos Verdes Street Fair. Caregivers shared information about the services available at Providence and offered free skin health assessments.

CHAMBERFEST LA EXPO
Providence Saint John’s Health Center hosted a booth at the Chamberfest LA Expo in June in Playa Vista to promote its services for the Westside community and Playa Vista. More than 80 businesses showcased their products and services, and more than 2,000 local residents attended.

STROKE AWARENESS LECTURE
More than 50 community members attended Providence Holy Cross Medical Center’s annual Stroke Awareness lecture in late August. Attendees received free carotid artery screenings and blood pressure checks. Dr. Kanwal K. Nayyar presented an informative lecture on the warning signs of stroke, how to prevent it and what to do if a loved one experiences a stroke.

BACK TO SCHOOL HEALTH FAIR
Providence Tarzana Medical Center provided free health screenings and information on healthy eating on July 30 as part of the Child Development Institute’s annual Back to School Health Fair.
We value feedback from our patients and visitors and strive to ensure that every individual entering Providence Health & Services is treated with kindness and respect. We are proud to share some of the wonderful comments we've received in the past few months. We invite you to share your story with us at providence.org/share or join us on Facebook at facebook.com/Providencecalifornia.

“"It is the energy of the staff at Providence Saint John’s Health Center that gives us a welcoming and calm feeling day and night. Everybody is professional and courteous, eager to be of service and patient with our needs and requests. So many of the staff we have encountered have spent countless minutes listening and talking, showing no signs of needing to be anywhere else. They are personable as they share their backgrounds and stories while getting to know us and responding to our personalities. It is truly remarkable.” — Shannon and Stephen Gabor

“"I can’t thank you enough for the loving care you provided to my wife and new baby at Providence Saint Joseph Medical Center. You were there for us during a very stressful and exciting time in our lives, and we are eternally grateful for your calming presence and compassionate care.” — Grateful Patient

“"This is the second time one of my children has ended up in the pediatric unit at Providence Tarzana Medical Center for an extended visit. We feel very well taken care of. The nurses and staff have gone out of their way to accommodate our family. Ready to go home, but glad we’re in good hands.” — Natalie L.

“My husband had a fairly involved stroke that left him partially paralyzed on one side. He was transferred to Providence Little Company of Mary Medical Center San Pedro. The results were very encouraging! Eventually he was able to walk with a cane and was able to visit family in Canada and enjoy trips to the Pacific Northwest for the next few years. We both believe that his improvement was the direct result of the excellent rehab and care he received under the direction of Dr. Ahn Long and the physical, occupational and speech therapists at Providence San Pedro.” — May Anne W.

“I want to compliment whomever hires the staff at Providence Little Company of Mary Medical Center Torrance’s radiation oncology department. The entire staff is very professional, efficient, responsible, helpful, humorous and fun! The whole experience was first-class! I have just finished 28 treatments of radiation at Providence Little Company with Dr. Garth Green, and so far I am doing very well! Keep up the great hiring!” — Mary Lou LaVallee
70¹/₂ or Older?

You may be eligible for a high-impact tax break with a charitable IRA rollover.

“A high-impact tax break” is how The Wall Street Journal described the charitable IRA rollover giving opportunity:

“While the taxpayer doesn’t get a deduction for the gift, neither does it count as income. This popular move also can help reduce a taxpayer’s adjusted gross income, which in turn can help minimize Medicare premiums or taxes on Social Security benefits.”

If you’re looking for a high-impact tax break at the same time that you help advance the future of health care and education in our communities, consider making a 2016 IRA rollover gift to Providence.

For more information, contact The Office of Gift Planning (818) 847-HOPE
Early Intervention
Providence partners with Children’s Hospital Los Angeles to provide neonatal care.

PROVIDENCE HEALTH & SERVICES SOUTHERN CALIFORNIA LOCATIONS:
Providence Holy Cross Medical Center
Providence Little Company of Mary Medical Center San Pedro
Providence Little Company of Mary Medical Center Torrance
Providence Saint John’s Health Center
Providence Saint Joseph Medical Center
Providence Tarzana Medical Center
Providence TrinityCare
Providence Affiliated Medical Groups

Exercise is Everything
A new study shows why you need regular physical activity.