YEARS AFTER NORTHRIDGE

When the earthquake struck, a committed hospital staff vowed to rebuild
Each New Year brings with it a chance to reflect on the past, cherish memories made and forge ahead with a renewed sense of purpose. It is no different for Saint John’s Health Center.

For us, the year started with a palpable loss. We were saddened by the passing of our beloved Donald L. Morton, MD, founder of the John Wayne Cancer Institute at Saint John’s Health Center. Dr. Morton dedicated his professional life to improving the lives of patients with melanoma. In this effort, he was more successful perhaps than anyone in history, and his contributions will continue to benefit cancer patients for generations.

Then on January 17, we reflected on an event that shook us to our core more than 20 years ago—the Northridge earthquake. The 6.7-magnitude shaker hit the hospital hard, but with a dedicated staff, leadership from the Sisters of Charity of Leavenworth and a community behind us, the Health Center was able to come back stronger than ever (page 12). To this day, our patients and visitors continue to experience technologically advanced care in a compassionate, healing environment.

As we surge forward in 2014, we look to the finalization of an agreement to join the outstanding health system of Providence Health & Services. With this transition, we thank the Sisters of Charity for their many years of dedication to Saint John’s Health Center. We were proud to honor them with a special event late last year (page 32).

In this issue of Breakthroughs, we also showcase our outstanding staff—from the work of nurse Tess Duenas, who recently returned from the Philippines where she helped care for victims of the typhoon (page 28), to the expertise of William Katkov, MD, our new chief of staff who describes important advances in the treatment of hepatitis C (page 18).

As always, I am proud to be a part of Saint John’s Health Center and wish each one of you a happy, healthy new year.

Mike Wall
Acting President and CEO
contents

departments
2 | Letter from the CEO
10 | On the Horizon
30 | Happenings
34 | In Memoriam: Donald L. Morton, MD

in good health
5 | Joining Providence Health & Services
6 | Be Skimpily With Salt
7 | Healthy Recipe
8 | Can Skiing and Safety Co-exist?
9 | Healthgrades’ Nod of Approval

features
12 | The Day the Earth Let Loose
Hospital staff recall the horrific earthquake and overcoming the damage.
18 | Gaining Ground on a Sneaky Virus
With a new medication available, doctors are beating back hepatitis C.
24 | A Revolutionary New Spine Procedure Debuts
The Coflex implant is the solution some back-pain patients have been waiting for.

profiles
22 | That Nice Emergency Room Doc
Victor Candioty, MD, scores off-the-charts in patient reviews.
28 | After the Typhoon
With donations in hand, Tess Duenas, RN, joined the Philippines typhoon relief efforts.

ON THE COVER
Maura Winesburg helped with the post-earthquake rebuilding effort.
BY THE NUMBERS

Saint John’s Health Center will soon become part of Providence Health & Services, one of the largest healthcare providers in the Western United States.

<table>
<thead>
<tr>
<th>Founded by the Sisters of Providence; incorporated in 1859</th>
<th>Hospital network in the Western United States</th>
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<tr>
<td>Headquarters in Renton, Washington</td>
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<tr>
<td>Southern California region:</td>
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<tr>
<td>Burbank: Providence Saint Joseph Medical Center</td>
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<td>Mission Hills: Providence Holy Cross Medical Center</td>
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<td>San Pedro: Providence Little Company of Mary Medical Center San Pedro</td>
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<td>Santa Monica: Saint John’s Health Center</td>
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<td>Tarzana: Providence Tarzana Medical Center</td>
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<td>Torrance: Providence Little Company of Mary Medical Center Torrance</td>
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<table>
<thead>
<tr>
<th>Eight largest employer in Los Angeles County</th>
<th>Employees: More than 12,000</th>
<th>CHARITY: Provided nearly $167 million in community benefit services in 2012</th>
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<tr>
<td>Hospitals: 29 in 5 states</td>
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<td>Alaska, California, Montana, Oregon, Washington</td>
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<td>Eighth largest employer in Los Angeles County</td>
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<tr>
<td>Employees: More than 12,000</td>
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<td></td>
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<tr>
<td>Annual admissions: 72,000</td>
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<td></td>
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<tr>
<td>Annual emergency admissions: 275,000</td>
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<td>Affiliated physicians: 4,000</td>
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<td>Saint John’s Health Center Foundation</td>
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SAINT JOHN’S FACTS:
- Founded in 1942 by the Sisters of Charity of Leavenworth
- 266 Beds
- Home of the renowned John Wayne Cancer Institute
- Provided nearly $167 million in community benefit services in 2012

Founded in 1942 by the Sisters of Charity of Leavenworth
- 266 Beds
- Home of the renowned John Wayne Cancer Institute
- Saint John’s Health Center Foundation

Largest Catholic hospital network in the Western United States

Charity: Provided nearly $167 million in community benefit services in 2012
Saint John’s Health Center To Become Part Of Providence Health & Services

The new year is shaping up to be a momentous one for the staff at Saint John’s Health Center as it awaits an agreement finalizing a change in sponsorship from the Sisters of Charity of Leavenworth (SCL) to Providence Health & Services.

The Denver-based SCL healthcare group announced its intention to sell Saint John’s Health Center in early 2013. Exclusive negotiations with Providence began in April 2013, and a definitive agreement was reached in September.

Saint John’s Health Center becomes the sixth hospital to join the roster of the not-for-profit Providence Health & Services, Southern California. Providence is the region’s second-largest provider of acute care, serving patients from the South Bay to Tarzana. The company is part of the larger Providence Health & Services chain based in Renton, Washington.

Besides its hospitals, Providence Health & Services, Southern California has numerous ancillary facilities including hospice care, long-term care, outpatient clinics, the Providence Medical Institute and Providence High School. The addition of Saint John’s Health Center to the group will give the company a geographical presence throughout the South Bay.

Leaders of both Saint John’s Health Center and Providence have described the union as a perfect fit. The shared belief that every person deserves compassionate, high-quality healthcare is at the root of both Catholic-based organizations, says Michael Hunn, senior vice president and chief executive of Providence Health & Services’ California region.

“It starts with our respective missions,” he says. “Both organizations are focused and dedicated to their communities, and they are very clear about their service to the poor and the vulnerable. Because our missions are so aligned—our histories are so similar, the foundresses of the two orders have so many similarities, the passion for healthcare—it’s a wonderful match-up.”

With the number of insured Americans expected to grow, the aging population, and the many technological and medical advances of the genomics age of medicine, healthcare is undergoing a transformation. Alliances are needed to manage the complexities of the marketplace, says Donna F. Tuttle, the former chair of the Saint John’s Health Center Foundation board of trustees.

“We benefit by having someone close by who knows the marketplace and has a stake in it,” she explains. “When we talk about our vision, they understand it. They understand the competitive nature. They understand the need to reach out and have alliances with other medical institutions. You can’t be isolated in the marketplace.”
Give the Saltshaker a Rest
A new report shows American diets are still too high in sodium.

We all know that too much salt is unhealthy. Excess dietary sodium causes high blood pressure and contributes to cardiovascular disease. But it’s proving hard to get Americans to cut back. A new report from the Centers for Disease Control and Prevention calls sodium reduction a “national priority” but says we have made little progress over the past decade in reducing salt intake.

About 90% of people ages 4 and older are at risk for high blood pressure attributable to excess sodium intake. The average American adult still consumes 3,400 milligrams or more of sodium a day—equivalent to about 1.5 teaspoons of salt.

The survey of almost 50,000 Americans, part of the National Health and Nutrition Examination Survey, found little has changed in salt consumption from surveys taken between 2003 and 2010. According to the Institute of Medicine, daily sodium intake should not exceed 1,500 milligrams per day for ages 1 to 3; 1,900 milligrams per day for ages 4 to 8; 2,200 milligrams per day for ages 9 to 13; and 2,300 milligrams per day for ages 14 and older.

The Stork Can Wait
For about 10% to 15% of babies delivered prior to 39 weeks of gestation, there is no good medical reason to justify that early delivery, according to a new study. The study attempts to shine a light on a practice that health experts say is harmful—elective delivery in the early-term period between 37 and 39 weeks of gestation.

While the risks linked to preterm births are well known, less attention has been paid to the dangers associated with early-term deliveries, according to the research published recently in the Mayo Clinic Proceedings. Even among babies born between 37 and 39 weeks gestation, there are higher rates of respiratory problems, feeding difficulties, ventilator use, admission to intensive care units and longer hospitalization compared to full-term infants.

The risks for mothers rise as well. Those delivering in the early-term period had longer labors and higher risks of cesarean sections, instrument delivery, bleeding and infection compared to women delivering at full term.

THE PREGNANCY TIMELINE

Early preterm................. Before 34 weeks
Late preterm.............. 34 to 36-6/7 weeks
Early-term............... 37 to 38-6/7 weeks
Full-term................... 39 to 41-6/7 weeks
Post-term............... 42 weeks or later
Healthy Eating
Pasta dishes are often high in carbohydrates or include high-fat sauces. But they don't have to be unhealthy. Here's a dish that will satisfy your pasta craving while being good for you too.

Courtesy of Mary Rotolo, RD, Saint John's Health Center

Italian Pasta with Greens

Ingredients:
- 2 cups water
- 3 cups bowtie or medium-size dry shell pasta (use whole wheat, if desired)
- 1/2 tablespoon bottled minced garlic
- 3 tablespoons olive oil
- 3 to 4 tablespoons balsamic vinegar
- 2 cups torn fresh spinach
- 1 cup torn radicchio
- 1 cup canned white cannellini beans, rinsed
- 1/4 cup shredded or grated Parmesan cheese

Directions:
1. In a large saucepan, bring water to boil over high heat. Add pasta. Reduce heat slightly and boil gently, about 8 minutes or until pasta is al dente. Drain.
2. Meanwhile, in a small skillet, cook garlic in oil over medium heat until tender, about 1 minute. Stir in vinegar.
3. Place spinach, radicchio and beans in a large bowl. Add hot pasta. Pour hot garlic mixture over pasta and spinach mixture. Toss to mix well. Sprinkle with Parmesan.

Serves 5 (generous 1-cup serving)

Nutrients per serving
- Calories: 230
- Fat: 9 grams
- Cholesterol: 4 milligrams
- Sodium: 114 milligrams
- Carbohydrates: 33 grams
- Fiber: 3.4 grams
- Protein: 9 grams

DID YOU KNOW?
Pasta cooked al dente (for about 5 to 10 minutes) has a slightly lower glycemic index than pasta cooked longer. The glycemic index is a ranking system that indicates how quickly a carbohydrate food raises blood glucose. Aim for eating foods that are lower on the glycemic index.

Source: American Diabetes Association
Have a Healthy Ski Season

The snow is piling up on the slopes, and ski season is in full swing. Before you hit the slopes, however, heed some words of advice from Benjamin Butts, director of Performance Therapy at Saint John’s Health Center, about staying safe on the mountain.

Q: It’s sure fun to ski. Is it good exercise?

“Skiing burns about 220 to 260 calories per 30 minutes of activity. Skiing also works your upper body because you’re using poles to help with maneuvering.”

Do you need to be super fit to ski?

“You need great core stability with both skiing and snowboarding. Studies show the trunk position—from your shoulders to butt—is considered the most important predictor of whether skiers and snowboarders injure their knees. It’s about having your center of mass over your base of support. When you’re not doing that, that is when people get injured.”

Is taking a lesson prior to hitting the slopes helpful to prevent injury?

“Taking a lesson is very important because they teach you how to fall. They also teach you the pitfalls of riding different mountains. Mountain rankings are arbitrary. Get educated on where to position yourself and where people get in trouble. Know what the conditions are that day—icy or powder. Keep a safe distance from other skiers. Have proper-fitting equipment. You may also want to consider wearing wrist guards while snowboarding so you have protection against fall injury.”

Should skiers and snowboarders wear helmets?

“People oftentimes do not wear helmets. But recent research is pointing to the fact that they should. There is no such thing as a mild concussion. You’ve injured your brain. Safety helmets have definitely been shown to decrease the severity of injury in both skiing and snowboarding. People are beginning to wear helmets on the slopes more often. We need everyone using helmets with skiing and snowboarding.”

What can you do on the slopes to prevent injury?

“For strengthening your core, what’s in fad right now is planks. Planks are when you lie on your stomach, boost up on your forearms with toes on the ground and then hold it. It’s like pushups, but you hold the position. We need to train the muscles in the spine neutral posture position so they have endurance to hold you there. Another great one, called bridges, is where you lie on your back with knees bent at 90°. Squeeze your butt muscles and lift your butt and back off floor. Those butt muscles control a lot of what happens at the knees.”

Orthopaedic and Sports Medicine Group’s foundation did one program relating to soccer. It’s called the Prevent Injury, Enhance Performance program. It addresses muscles at the hips and the muscles that surround the knee. You do it three times a week for up to six weeks before going to the slopes. It’s been shown to pay off in other sports, so I recommend it for skiing.”

INJURIES ON THE SLOPES

Falls account for the majority of ski injuries. The most common injuries are sprains, followed by fractures, lacerations and dislocations.

<table>
<thead>
<tr>
<th>INCIDENT</th>
<th>INJURY RATES</th>
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<tbody>
<tr>
<td>Falls</td>
<td>75% to 85%</td>
</tr>
<tr>
<td>Collisions</td>
<td>11% to 20%</td>
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<tr>
<td>Incidents on ski lifts</td>
<td>2% to 9%</td>
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Source: American College of Sports Medicine
Donald L. Morton, MD, co-founder of the John Wayne Cancer Institute and one of the world’s foremost authorities on the research and treatment of melanoma, died on January 10 at the age of 79.

The son of a coal miner born in West Virginia, Dr. Morton was well known to physicians and biomedical researchers around the world. His pioneering efforts in the development of sentinel node biopsy transformed the surgical management of many solid tumors, particularly melanoma and breast cancer. He also founded the Institute’s Surgical Oncology Fellowship Program to educate future generations of surgical oncologists, training more than 140 fellows.

Dr. Morton authored more than 1,000 scientific papers but stressed that the success of his research efforts were only made possible through the contributions, friendship and collaboration of other dedicated people who shared his vision. In honor of his contributions to cancer research, the Institute’s board has established the Donald L. Morton, MD, Melanoma Research Program in his honor. The program will be dedicated to advancing the values of Dr. Morton so that the work he started may be preserved and extended into the future.

To learn more about supporting the life-saving cancer research at the Donald L. Morton, MD, Melanoma Research Program, please call the John Wayne Cancer Institute development office at 310-315-6111.

Cancer researchers are increasingly interested in the role bacteria may play in the disease. This field of research rose to prominence when scientists discovered that the human papillomavirus—or HPV—was responsible for most cases of cervical cancer.

At the John Wayne Cancer Institute at Saint John’s Health Center, Delphine Lee, MD, PhD, is exploring the role of bacteria in cancer. In a new study published in the journal PLOS ONE, Dr. Lee and her colleagues found that healthy breast tissue contains more copies of bacterial DNA than tumor tissue from breast cancer patients, suggesting that the bacteria may actually be protective.

Dr. Lee, director of the department of translational immunology in the Dirks/Dougherty Laboratory for Cancer Research, plans to investigate possible mechanisms for bacteria to protect against breast cancer.

Saint John’s Health Center Excels in Latest Healthgrades Scores

Saint John’s Health Center has once again been recognized by Healthgrades for overall excellence in cardiac care, orthopedics, critical care and women’s health. The Health Center was also recognized for excellence in both neuroscience and gastrointestinal care.

Healthgrades is the leading online resource that helps consumers search, compare and connect with physicians and hospitals. Saint John’s Health Center’s achievements were released with other new findings in “American Hospital Quality Outcomes 2014: Healthgrades Report to the Nation,” which evaluates hospital performance at more than 4,500 hospitals nationwide for 31 of the most common inpatient procedures and conditions. Saint John’s Health Center’s Healthgrades awards include:

- Patient Safety Excellence Award (2009–2013)
- Top 5% in Nation for Patient Safety (2013)
- 100 Best Hospitals for Cardiac Care (2012–2014)
- 100 Best Hospitals for Cardiac Surgery (2014)
- 100 Best Hospitals for Coronary Intervention (2012–2014)
- 100 Best Hospitals for Joint Replacement (2013–2014)

Additional information on the Healthgrades report, including the complete methodology, can be found at healthgrades.com/quality.
People with type 1 diabetes must monitor their blood sugar levels and carefully balance insulin doses. A monthly class at Saint John’s Health Center can help with daily management.

**FEBRUARY 27**

**The Westside Diabetes Management Group**

*Saint John’s Health Center*

6:30 to 8 p.m.

People with type 1 diabetes who require multiple daily injections or insulin pump use can participate in an evening of information sharing and discussion on managing therapies, helpful resources and new products. Please feel free to bring your dinner or a snack.

**For more information or to reserve a spot:** call Sandy Andrews, RD, at 310-829-8077.

**MARCH**

**Childbirth Preparation Classes and Maternity Tours**

Two-part childbirth education classes at Saint John’s will be held on March 5 and 12, 5:30 to 8:30 p.m.; March 6 and 13, 5:30 to 8:30 p.m.; March 8 and 15, 10 a.m. to 1 p.m. Also, a one-day class will be held March 9, 10 a.m. to 4 p.m. Maternity Tours will be held March 4 and March 25 at 11 a.m., 2 p.m. and 4 p.m.; March 22 and 29 at 10 a.m., 12:30 p.m. and 3 p.m.; and March 18 and March 27 at 2 p.m. and 6 p.m.

**For more information or to make reservations:** 310-829-8887 or elsa.ruedas@stjohns.org.

**APRIL 5**

**29th Annual JWCI Auxiliary Odyssey Ball**

*Beverly Wilshire, Beverly Hills, CA*

The annual benefit organized by the John Wayne Cancer Institute Auxiliary will honor the Mandela family with the “True Grit” Award for continuing the mission of former president of South Africa and Nobel Peace Laureate Nelson Mandela, who helped to end apartheid. Anton Bilchik, MD, PhD, will be presented with “The Duke” Special Service Award. Dr. Bilchik, a native of South Africa and chief of medicine at the Institute, is an internationally recognized surgical oncologist who has pioneered techniques to improve staging in colon cancer and minimally invasive treatment approaches for liver and pancreatic cancer. The Odyssey Ball is the signature annual event of the Auxiliary, currently led by Anita Swift, a granddaughter of John Wayne. To date, the Auxiliary has raised more than $18 million to fund research, provide financial support to the prestigious Surgical Oncology Fellowship Program and purchase vital new laboratory equipment.

**For more information:** development@jwci.org or 310-315-6111.

**APRIL 8**

**Pituitary & Brain Tumor Patient Support Group**

*Saint John’s Health Center*

6:30 to 8 p.m.

This is an interactive meeting designed for patients, family, friends and the general public to ask important questions regarding hormones and how they affect quality of life.

**For more information:** brain-tumor.org.
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
<th>Time</th>
<th>Details</th>
<th>Contact Information</th>
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<tr>
<td>FEBRUARY 23</td>
<td>Surf Competition for Kids</td>
<td>Beach (South)</td>
<td>8 a.m. to 4 p.m.</td>
<td>Surf competition for local high school and middle school surf teams.</td>
<td>For more information: 760-518-2727 or surffss.org.</td>
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<td>MARCH 8</td>
<td>NEDA Walk</td>
<td>Crescent Bay Park</td>
<td>9 a.m. to 12 p.m.</td>
<td>In the United States, 30 million men and women will suffer from a clinically significant eating disorder during their lifetime. NEDA Walk helps raise awareness and funds in the fight against eating disorders. Proceeds support the missions and programs of the National Eating Disorders Association, including prevention and treatment research.</td>
<td>For more information, 212-575-6200 or nedawalks.org.</td>
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<tr>
<td>MARCH 9</td>
<td>ASICS L.A. Marathon</td>
<td>Marathon Route Segment</td>
<td>5 a.m. to 5:30 p.m.</td>
<td>Join the 29th anniversary of the iconic “Stadium to the Sea” course that finishes overlooking the beach and pier in Santa Monica.</td>
<td>For more information: 213-542-3000 or lamarathon.com.</td>
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<tr>
<td>MARCH 13</td>
<td>Third Annual Otis Kite Festival</td>
<td>Beach (Central)</td>
<td>11 a.m. to 4 p.m.</td>
<td>Please join Otis College Art and Design for free kite-flying adjacent to the pier. Professional flyers showcase this art. No-cost, sustainable kites are given to children.</td>
<td>For more information: 310-846-2617 or otis.edu.</td>
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<tr>
<td>APRIL 26</td>
<td>Walk To Cure Psoriasis – Los Angeles</td>
<td>Santa Monica Pier</td>
<td>8 to 11 a.m.</td>
<td>Join the 7th annual walk and fundraiser, which features a 1K and 5K.</td>
<td>For more information: 877-825-WALK (9255) or walk.psoriasis.org/12-walk.</td>
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Maura Winesburg was part of the executive team that spearheaded the hospital rebuilding project.
Josephine Chao, RN, loved the night shift. It was where she was comfortable, caring for women in labor and new moms and their infants. It was what she was doing in the early morning hours of January 17, 1994.

It had been an uneventful night. At 4:31 a.m., Chao sat at the nursing station on Two Main. In a few hours, the pink light of dawn would fill the windows, and the relative quiet of the night would fade into another bustling day at Saint John’s Health Center.

But that’s not what happened.

Suddenly, the building swayed violently, the lights flickered and then went out. Chunks of plaster fell from the walls, and wall clocks crashed to the floor. The 6.7-magnitude Northridge earthquake rumbled across Southern California, unleashing its worst jolts of energy into Santa Monica and the surrounding cities of Northridge, Sherman Oaks and Fillmore.

Across the Southland, 57 people died, and more than 7,000 were injured. Some 40,000 buildings were damaged.

Chao and fellow nurse Nora Binder grabbed each other. Binder hugged Chao and murmured, “I don’t want to die here.”

Today, 20 years after the quake severely crippled the hospital, Chao is among the many staff members who look around with pride at the resurgence of Saint John’s Health Center. Last fall the hospital celebrated the opening of Mullin Plaza and Mullin Gardens, the new entrance to the Health Center and the final piece of the massive rebuilding project precipitated by the Northridge quake.

It was a long road back. But it was a severe blow to overcome, notes Maura Winesburg, director of risk management and a key member of the team who oversaw the reconstruction project.

“It was the most fascinating thing I
The Long Road Back

have ever been involved with,” she says of the project. “In a weird way, it was the best thing to happen to Saint John’s. It was a life-changing event, for myself personally and for the hospital. But what doesn’t kill you makes you stronger.”

Winesburg was among the many hospital employees who also experienced severe damage to their homes but who put their personal lives on hold to attend to the hospital and patient needs. She was asleep in her home in Granada Hills when the temblor struck.

“I was very close to the epicenter,” says Winesburg, who has been employed at the Health Center for 35 years. “I didn’t even know there was damage to the hospital. I had no phone, power, gas, water. My house was practically destroyed. I couldn’t even get out of where I live.”

By dawn on January 17, the destruction was clear. Chao had spent the hours following the quake checking on patients and helping them exit the building. Many nurses carried out newborn babies, wrapping them in lab coats. The staff cared for patients in the parking lot, sheltering them in cars to keep them warm. Clutching flashlights, the nurses took turns ducking back into the damaged building to retrieve supplies.

“We needed diapers. We needed formula. Patients needed pain medication,” Chao recalls. “We took turns going in and out of the hospital to get supplies. Each time we said goodbye to each other in case we didn’t come out.”

Inside, some of the patients remained, including women in labor. “Several of those nurses stayed with the ladies in labor.

They were so wonderful,” she says. “One of the respiratory therapists stayed in the Neonatal Intensive Care Unit with a baby who was critically ill, manually bagging the baby to provide oxygen. He said, ‘You guys go out. I’ll stay with the baby.’”

Gloria Miller, who was director of VIP services and leadership gifts at the Saint John’s Health Center Foundation at the time of the earthquake, stepped around broken china and toppled furniture in her Santa Monica apartment to arrive at the hospital shortly after 6 a.m. She was met outside by Larry Fortensky, whose wife, actress Elizabeth Taylor, was a patient. Miller had been attending to the couple’s needs during Taylor’s hospitalization.

Miller took Fortensky to Taylor’s room, where the actress shouted, “Get me out of this hospital!” Fortunately, Taylor was well enough to go home. Miller spent the remainder of that day calling patients’ families and helping escort those who could go home from the building.

“It was devastating,” she recalls. “No elevators. No telephones. We used pay telephones to call families. Cars were lining up in front of the hospital.”

Despite broken pipes, shattered windows and cracked walls, the hospital didn’t collapse, Winesburg notes with pride. “The building did not fall down. Life was saved. The rebar cracked in the walls, but the building remained standing and did exactly what it was supposed to do.”

As bad as January 17 was, the days that followed were just as trying. When she made it to the hospital a few days later, Winesburg was shocked at what had
Earthquakes occur in Southern California every single day (Robert Graves, USGS earthquake seismologist).

The Northridge quake, classified as a blind-thrust temblor, occurred on a previously unknown fault nine miles underground. The quake caused visible ground cracks, rockslides and some liquefaction.

80,000–125,000 People temporarily or permanently displaced because of damage to their houses and apartments following the Northridge earthquake.

$25 billion Damage costs from the Northridge quake (National Institute of Standards and Technology).

60 people dead (U.S. Geological Survey).

11,846 People treated for quake-related injuries in LA after the Northridge earthquake (according to figures compiled by Michael Durkin and published in the state Division of Mines and Geology in 1995).

80,000–125,000 People temporarily or permanently displaced because of damage to their houses and apartments following the Northridge earthquake.

The quake could be felt as far away as Las Vegas (20 mi. from epicenter), (26 mi. from epicenter), (25 mi. from epicenter).

More than 40,000 buildings in the region sustained damage.

60 & 11,846

The Long Road Back
happened to her beloved workplace.

Like many administrators, she worked long hours in the weeks and months following the earthquake. At home, her kitchen remained unusable for a year, and final repairs to her home weren’t completed until 1996.

On January 20, an inspection revealed that the hospital was unsafe and would need to cease admitting inpatients. “We were all crying,” Chao recalls of hearing the news. “We had no jobs, no income. It was really scary.”

Other area hospitals employed many of the Saint John’s Health Center nurses. Chao worked at three different hospitals over a six-month period before she was re-hired. “Saint John’s takes good care of their employees,” says Chao, who has been at the Health Center for 37 years and will retire soon. “They did everything to help the nurses.”

Three hundred patients were moved to other area hospitals or released after the January 20 announcement, Winesburg recalls. The next morning, the Sisters of Charity of Leavenworth held an 8 a.m. meeting in the medical office building across the street from the Health Center to decide the hospital’s future. Winesburg and other members of the executive staff nervously waited outside the meeting room.

“At 9 a.m., the president and CEO of Saint John’s, Sister Marie Madeleine Shonka, came out and she said, ‘We will rebuild.’ The Sisters made the decision that Saint John’s was needed in the community and that we would find the resources,” Winesburg recalls. “The Sisters’ commitment was so strong. There was so much camaraderie, teamwork and a sense of what we had to do.”

Donors and the Foundation trustees were quick to extend a helping hand, Miller recalls.

“As soon as telephone service was restored in the Foundation office, we received continuing calls offering financial help and recommendations of what should be done to enable the hospital to survive the disaster,” she says. “The philanthropist Howard B. Keck, Sr. came over to the hospital to ask Sister Marie Madeleine what he could do to help. A few days later Sister received $10 million from Mr. Keck, Saint John’s largest gift ever at that time, to finance the beginning plans to rebuild the Health Center.”

Health Center executives began planning a beautiful, state-of-the-art hospital that would never again falter in the face of a natural disaster. Winesburg and her colleagues on the planning committee visited more than 40 sites to learn about the latest hospital construction and seismic safety measures. They interviewed architects, building firms and consultants.

The end result—the Chan Soon Shiong Center for Health Sciences building, completed in 2004, and the Howard Keck Center, completed in 2009—is a monument to modern, seismically sound hospital construction. While patients and visitors may only see soothing colors, beautiful artwork and comfortable furnishings, the Health Center’s most impressive furnishings, the Health Center’s most impressive attributes are behind the scenes.

The buildings rest on support columns and dozens of 2.5-ton base isolators made of rubber, steel and lead that act like shock absorbers on a car, displacing energy created by a quake by allowing the building to move with the motion of the quake and then return to its original position. Resting the buildings on the base isolators reduces lateral forces by 75%.

For example, during an earthquake with force levels twice that of Northridge, the building and occupants would experience force levels 50% less than that of Northridge. The buildings contain flexible conduits that allow pipes to bend at elbow-joints and plumbing and electrical systems to remain functional despite severe displacement.

The Health Center also has dual electrical feeds from separate substations, dual fuel for boilers, dual water supplies from separate water mains, emergency generators, on-site domestic water storage and on-site sewage storage. Those on-site resources ensure that the Health Center can remain functional even if city services are inaccessible for several days.

Rebuilding Saint John’s Health Center had its fair share of challenges, Winesburg notes. Delays were caused by long waits while the state approved plans, by a steel shortage linked to construction of facilities for the Beijing Olympics, by the bankruptcy of the first contractor hired to build the new hospital, and by fundraising hurdles.

But on January 17, 2014, the 20th
The Long Road Back

anniversary of the quake, everyone was safe, snug, warm and well cared for in the buildings at 2121 Santa Monica Boulevard. “We waited for so long,” Winesburg says of the completed project. “It took much longer than we thought. But we overcame so much.”

Miller, who now works part-time at the Foundation and is in her 40th year of employment at Saint John’s Health Center, says she never doubted that her beloved employer would overcome the challenges. “It had been so good before that I could not imagine it not being better than ever.”

“The hospital sustained major damage during the Northridge earthquake but did not collapse. No lives were lost as a result of the quake, a credit to the heroic actions of the hospital staff and the courage shown by patients and family members.

“We” The Sisters’ commitment was so strong. There was so much camaraderie, teamwork and a sense of what we had to do.”
WINNING THE BATTLE AGAINST HEPATITIS C

New game-changing treatments mean the disease can be easily cured.

Written by VICTORIA CLAYTON
A full 3.2 million Americans have something crucial in common with the likes of Steven Tyler, Keith Richards, Naomi Judd and Pamela Anderson. Unfortunately, it has nothing to do with music or Baywatch nostalgia. It’s chronic hepatitis C (HCV), an infection that can be asymptomatic for decades yet may lead to devastating, long-term consequences such as liver failure, cirrhosis and liver cancer.

In fact, according to the Centers for Disease Control and Prevention, more people now die each year in the United States from hepatitis C-related conditions than from HIV/AIDS. Yet too many people are still unaware of the disease and the possibility that they may have it.

“About 75% of HCV-infected adults are from the Baby Boom generation. They may be carrying HCV for decades, but they don’t even realize it,” says William N. Katkov, MD, a gastroenterologist with Saint John’s Health Center.

Many people may have become infected during the 1970s and 1980s, when rates of hepatitis C were highest, and before the virus was identified or testing was available. The virus is primarily spread through contact with blood from an infected person.

Many Boomers could’ve become infected from contaminated blood and blood products before widespread screening of the blood supply began in 1992. Others may have become infected from injecting drugs. Many don’t know when or how they were infected.

“In the end, it’s not essential to know how you got infected. That’s pretty irrelevant,” says Dr. Katkov. “The important point is that you should get tested and consider treatment if it’s appropriate.”
Winning The Battle Against Hepatitis C

In 2012 the CDC issued a recommendation that anyone born between 1945 and 1965 get tested for HCV regardless of risk factors. Also, people with a past history of IV drug use or those who may have come into contact with HCV-contaminated blood should be tested.

A fairly straightforward blood test, the kind you might get during a routine physical, will indicate if you have elevated liver enzymes—a sign that you may have been exposed to HCV. From there, further blood testing can detect if you still carry the virus. A small number of people who are exposed to hepatitis C actually clear the virus without treatment, but most don’t.

“The great news, though, is what’s happening with treatment,” says Dr. Katkov. “It’s tough to overstate how important the latest breakthroughs are to patients. We are at a game-changing point in the fight against hepatitis C.”

In the past, an otherwise healthy HCV-infected patient without any signs of advanced liver disease could—and often did—make a choice not to treat HCV, he explains. Until recently HCV treatment hinged on a daunting cocktail of drugs including interferon, a concentrated form of a chemical our own immune systems make.

“Interferon is what makes you feel sick when you have something like the flu,” Dr. Katkov explains. “It makes you feel like you have no energy, you’re achy and you can’t concentrate. Now imagine taking a super-concentrated form of that and administering it to yourself every week for about a year. Then add a couple of other drugs, which also have side effects. That’s what HCV treatment used to entail.”

Dick Henkel, 67, of Mar Vista, found out he was infected with the virus about 20 years ago. He had been feeling “run down,” and after hearing that an acquaintance had hepatitis C—whose symptoms sounded very similar to his own—he decided to be tested for the virus.

Henkel has been seeing Dr. Katkov for years but has resisted treatment until now. He also quit drinking and improved his diet.

“My approach has been to just hold off on treatment,” says Henkel, a semi-retired graphic artist and a driver for a service that gives rides to elderly and disabled people. “Dr. Katkov keeps track of all my numbers and, so far, I haven’t been sick enough to where I wanted to go through treatment. I’ve had friends who did, and I know what they went through, particularly with the interferon. What I heard and have seen is that you feel as bad as a person can possibly feel for an entire year. That was what treatment for hepatitis C was.”

Unfortunately, that wait-and-see strategy is a gamble.

“These patients were often sophisticated and very well-informed,” Dr. Katkov says. “They would weigh the pluses and minuses and decide that the side effects of the treatment weren’t worth it. They would decide to wait and see how or if the disease progressed.”

But, he adds, “You can’t predict which patients will have liver failure or other health problems because of HCV and which patients will be able to live a full and relatively healthy life.”

In December 2013, however, a new drug called sofosbuvir...
Winning The Battle Against Hepatitis C

An estimated 3.2 million persons in the United States have chronic hepatitis C virus infection. Most people do not know they are infected because they don't look or feel sick.

Approximately 75% to 85% of people who become infected with hepatitis C virus develop chronic infection.

In 2009, there were an estimated 16,000 acute hepatitis C virus infections reported in the United States.

HEPATITIS C FACTS

Source: Centers for Disease Control and Prevention

The actual number of acute, or new, cases of hepatitis C in the United States is estimated to be 13.4 times the number of reported cases in any given year. So the actual number of cases in 2011 could be closer to 16,500, according to the U.S. Centers for Disease Control and Prevention.

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(requested content)

Sofosbuvir works by interfering with the ability of the hepatitis C virus to replicate. When combined with antiviral medication and interferon, treatment time for genotype 1 is now 12 weeks.

For genotypes 2 and 3, the regimen may be interferon-free. Dr. Katkov says the side effects are radically reduced because of the reduced treatment time—and the cure rate is better.

“This is really a medical success story. We've gone from being able to treat maybe 10% to 15% of cases successfully in the 1980s to now looking at a 90% or higher cure rate,” says Dr. Katkov.

And what’s in the pipeline has him even more hopeful. A pill that combines sofosbuvir with the drug ledipasvir is now in the final phase of FDA clinical trials.

“In the next six months or so, we should be looking at regimens that produce better than a 95% cure rate within 12 to 24 weeks by taking a single pill. At that point, we can start to talk about a strategy to actually get rid of this infection in our population. That’s really amazing.”

Henkel is now considering treatment to rid himself of the virus and the worry. “It would be nice to get rid of hepatitis C, to have it not be an issue in my mind,” he explains. “I haven’t been as bad off as many people with hepatitis C, but it’s a health issue I don’t need. I would really like to treat it and put it behind me.”
Gaining Patients’ Trust
When the Pressure’s On

Dr. Victor Candioty recognizes that compassion goes a long way in the emergency room.

Written by ZOE SOPHOS  Photographed by LAUREN PRESSEY
When Victor Candioty, MD, isn’t flying his plane, conquering a bike ride through the Santa Monica Mountains or playing alto sax in a jazz band, the father of two is busy with his favorite activity: attending to patients in the emergency room of Saint John’s Health Center. Dr. Candioty has practiced emergency medicine at the Health Center for 20 years, earning a resounding reputation for compassion in the process.

“Everybody loves him,” says Russ Kino, MD, director of emergency services and Dr. Candioty’s supervisor. “The patients treated by him are really lucky to get such a sweet, warm guy as well as a superb doctor. He doesn’t have to try—it’s just who he is.”

Dr. Candioty, a Southern California native who attended UCLA for medical school, credits his primary care background for his empathetic, personal manner in treating emergency patients under tremendous time pressure. And he has a 98th percentile Press Ganey rank to show for it, meaning he is recognized among the top 2% of doctors nationwide for overall patient satisfaction.

“I like to connect and talk with patients,” Dr. Candioty says. “Sometimes you have to tell them things they don’t want to hear, and they don’t know me. It’s all about gaining their trust in a very short period of time. That’s the greatest challenge of being an emergency physician.”

One of the most rewarding parts of the job for the devoted doctor is when the families of former patients return and are relieved to see him on duty, knowing their loved one will be in good hands. “I feel like I am responsible for the whole community when they are in trouble,” he says. “I feel like the community is my office.”

Dr. Candioty recalls one case when a 6-month-old boy was brought to the emergency room after falling and hitting his head on the floor. The infant was immediately given a CAT scan revealing a rapid arterial bleed and compression on his brain. An astute physician assistant notified Dr. Candioty, who called an off-duty neurosurgeon.

“The neurosurgeon dropped everything and came running,” Dr. Candioty recalls. “Everyone in the emergency room rallied around this child.” Just one hour after the family’s arrival, the infant was in the operating room where the blood was evacuated and the results of a second CAT scan showed the surgery was a success.

“Our administration walks the walk when they say it’s about compassionate caring,” Dr. Candioty says. “They give us the freedom to really care for patients, and that’s exceedingly rare.”

“Everyone crowded around the CT monitor waiting for the result, and when it showed up we cheered as if we were watching the first moon landing,” Dr. Candioty says. “Miracles happen like that on a regular basis.”

He credits the unique set-up and philosophy of Saint John’s Health Center for the way he and his colleagues are able to excel at their jobs. When patients enter the emergency room, they are greeted by both a triage nurse and a physician assistant. This way, the appropriate tests or pain medicine can be ordered quickly, cutting down on wait time later. Also, the hospital is based on “traditional, old-fashioned physician values” that focus on caring for a patient’s physical as well as emotional needs.

“Our administration walks the walk when they say it’s about compassionate caring,” Dr. Candioty says. “They give us the freedom to really care for patients, and that’s exceedingly rare.”

Dr. Candioty’s tendency to deflect attention away from himself and onto his teammates is a classic example of his self-deprecating attitude, according to Dr. Kino. “He gave all the credit for the great handling of [the case of the 6-month-old] to the physician’s assistant. That is just typical of him.”

But the hospital’s beloved emergency room doctor wouldn’t have it any other way. “I feel like I won the lotto getting to work at Saint John’s,” Dr. Candioty says. “I just do what I love and am encouraged to be the kind of doctor that I want to be. It’s wonderful.”
For years, back trouble sent pain shooting down Ken Josefsberg’s legs, kept him awake at night and restricted his physical activity. The 50-year-old investment banker and father of two teen girls tried everything—including using a stand-up desk at work, balancing on a large ball instead of a desk chair, Pilates and acupuncture.

Advil was his constant companion. Three doctors he saw were quick to recommend spinal fusion, a surgical procedure that would alleviate pain but limit mobility. Then Josefsberg went to see Hyun Bae, MD, an orthopedic surgeon and medical director of the Spine Institute at Saint John’s Health Center.

“My pain was in the 7-8-9 range on a 10-point scale, I was tolerating it. Dr. Bae’s philosophy was that orthopedic medicine was evolving so quickly that the longer you waited for surgery, the more advancements would be made and the more options you would have.”

The Spine Institute team and a Coflex implant gave this patient a new lease on life. He hasn’t stopped running, biking, hiking and swimming since.

Off to the
RACES

Written by SANDI DRAPER
The wait paid off big for Josefsberg when Dr. Bae and the Health Center became part of a nationwide clinical trial testing traditional spinal fusion surgery against Coflex interlaminar stabilization. Coflex is a flexible, C-shaped device that acts as shock absorber when inserted between vertebrae.

“Coflex is really as close as you can get to having a spring in your back,” Dr. Bae says, likening it to the effect of gel or coils in athletic shoes. Dr. Bae considered Josefsberg an ideal candidate.

Coflex, which was approved by the Food and Drug Administration in August, was developed by Paradigm Spine, a privately held company focused on the design, development and marketing of solutions for the treatment of spinal conditions and diseases. The device is appropriate in cases of spinal stenosis (a narrowing of the open spaces within the spine, which puts pressure on the spinal cord and the nerves that travel through the spine) and degenerative spondylolisthesis (a condition where a vertebra slips forward or backward compared to the next vertebra).

Traditional spinal fusion remains the best choice for scoliosis patients and those needing full spinal reconstruction, Dr. Bae says. Coflex had a statistically superior outcome over those patients treated with fusion at two years’ post-operation, according to a study in the August 15, 2013, issue of the journal *Spine*.

In the clinical trial, patients were randomly assigned to either fusion or Coflex and were followed for several years. “A new treatment has to be shown at least as good as the existing ‘gold standard’ of treatment,” Dr. Bae explains. “In this case, Coflex was up against spinal fusion. Unlike spinal fusion, we didn’t place screws to immobilize or fuse the back; instead we inserted a small titanium spring like device to support the spine as it moves.”

Studies showed that not only did Coflex patients have better results than spinal fusion, the surgery is less complex and invasive, has a lower rate of complications and a faster recovery. As a group, the Spine Institute at Saint John’s Health Center has participated in more than 20 clinical trials.

“Innovation happens when a surgeon and a hospital come together to bring new treatments to patients. Saint John’s is well known for truly cutting-edge procedures.”
known for truly cutting-edge procedures. It’s a Center of Excellence for spinal care, meaning that it provides leadership, best practices, research, support and training. The Spine Institute at Saint John’s is well-recognized in the world of spinal medicine—probably much more so than it is in the local community,” Dr. Bae says.

The Spine Institute is comprised of four surgeons and about 25 support personnel including nurses, physicians’ assistants, schedulers and office staff. The Spine Institute team and Coflex combined to give Josefsberg a new lease on life—and he’s run with it. And biked with it. And swam with it. And golfed with it.

Josefsberg had been a lifelong athlete. However, after about age 40, physical activity became horribly painful. But in the six years since his surgery, he has completed 39 endurance events including three Ironman competitions, a run from the North Rim to the South Rim of the Grand Canyon, three climbs of Mount Baldy and a 10-mile ocean race in La Jolla cove. He’s also resumed playing golf, capping that with a hole-in-one at El Caballero Country Club in Tarzana in April.

That’s a far cry from the man whose wife would glance over at him in their Cheviot Hills home and find him curled up in a ball trying to ease the pain so he could sleep. “I think what most people don’t understand is how irritable you are when you’re in that kind of pain,” Josefsberg says. “So many millions of people live with that pain every day. It affects everything you do—emotionally, mentally, physically.”

Of course, all of his training and endurance events are not pain-free. But these days, the pain comes not from basic existence but from “pushing the limits of what I can do,” he says. “You only have a certain time with the body you have; why not push it?”

So among the eight endurance events he has planned for this year, Josefsberg will swim in a 23-mile Catalina relay event with members of an endurance team that he belongs to, known as Team B. He will also tackle his fourth Ironman competition, a grueling event that includes a 2.4-mile swim, a 112-mile bike race and 26.2-mile marathon.

His personal best Ironman time is 12 hours and 14 minutes. He hopes to break 12 hours in the Whistler, BC, Canada Ironman in late July. All of this is thanks to innovation at the Spine Institute.

“Dr. Bae has a way about him—calming, reassuring, on the cutting edge of things,” Josefsberg says. “I can tell you that leading up to the surgery, the surgery and the follow-up care afterward was pretty amazing. I’ve got no complaints.”
A Vacation Becomes an Opportunity to Serve Others

Tess Duenas, RN, returns to her native Philippines to help those hit hardest by Typhoon Haiyan.

Written by JEANNINE STEIN

Tess Duenas can’t really say why she decided to book a flight last summer to the Philippines to see her family over Christmas. She typically visits in January or February.

But that decision, so out of the ordinary, proved fateful. Super Typhoon Haiyan hit on November 8, 2013, leveling much of the country. Seeing the devastation on the news, says Duenas, a pre-operative unit charge nurse at Saint John’s Health Center, “touched me so much. To not have a home, to have to line up to get something to eat—that broke my heart.”

It also compelled her to help those who had lost so much. (Fortunately her family had been spared). As she thought about her upcoming trip, she emailed friends and family around the world, and a plan and a purpose began to gel: to raise money for children affected by the category 5 typhoon so they could have a memorable Christmas.

“I hate collecting money,” she says. “I’ve never been a money person.” But she managed to solicit $2,580 for her trip via Facebook and from family, friends and colleagues at the Health Center.

Duenas even wrote a letter about her efforts to Saint John’s Health Center acting chief executive, Mike Wall, which resulted in a donation drive from the Health Center’s owner at the time, SCL Health System. The proceeds from the drive were directed to established charities such as the Red Cross.

Asking for money may not come easily to Duenas, but helping people certainly does. The daughter of a minister, she wanted to be a missionary, until an uncle she cared for suggested she’d make a good nurse.

Although she grew up middle class, her parents’ devotion to charity made an indelible impression on Duenas. She also got a visit from American missionaries while she was in the hospital as a child, which touched her deeply.

“What stuck in my mind,” she says, “was the sweetness, the love from a complete stranger. I cannot ever forget that. It was about people being loving.”

Seeing photos and footage of the hardest hit areas prepared Duenas for what she encountered on her trip from December 13 to January 5, but “it still made me very sad to see people’s houses in disrepair or completely flattened,” she says.

“One thing about Filipinos,” she adds, “they have a very strong sense of family and a neighborly attitude. They help each other almost by instinct. Filipinos might not have much, but they have a lot of love for each other.”

With a few family members and new friends in tow, Duenas went to Ajuy, a municipality in the province of Iloilo (located in the middle of the country) that suffered major damage. Before she left for her trip, she made contact with a local pastor who arranged for her to visit a church while there.

“It was more than I dreamed it was going to be,” Duenas says. “Seeing the children laughing, dancing and smiling—when some of their homes were gone or ruined—was so much more than I can ever express.”

The Christmas celebration for 118 children was filled with toys, bikes, gift bags and a party. Duenas was able to order a fishing boat with the money she raised, which will be donated to a church on one of the islands. Bikes and toys were also given to children of Coron, a municipality in the province of Palawan along the country’s western coast.

“There is joy with being able to give,” she says, “and I’m very glad that I was given the opportunity by others to be their vessel for caring and giving. For that, I am most grateful.”
BENEFACTORS DINNER
The elegant Four Seasons Hotel in Los Angeles was the site of the annual John Wayne Cancer Institute Benefactors Dinner on December 8. The event honored the generous annual and major donors who supported innovative cancer research at the highest levels of giving in 2013.

Clockwise from top:
1. Mike Wall, Barbara Wall, Michael Hunn, Patrick Wayne, Brenda Surowitz, Dale Surowitz
2. Ilene Eisenberg, Anton Bilchik, MD, PhD, Lois Rosen
3. John Gebbia, Gloria Gebbia, Patrick Wayne, Anita Swift, Michael Wayne
4. Howard Banchik, Jackie Banchik, Patrick Wayne
5. Laura Coats, Thom Schulz, Joyce Green
2013 EMPLOYEE SERVICE AWARDS
Saint John’s staff was celebrated at the 2013 Employee Service Awards on December 4 and 5 in the Mullin Plaza and Mullin Gardens. Employees who were honored have worked with the Health Center from five to 45 years.
THE SISTERS OF CHARITY OF LEAVENWORTH
The Sisters of Charity of Leavenworth have always been the heart and soul of Saint John’s Health Center. Their presence can be felt throughout our halls and is reflected in the history of our Health Center. On November 21, Saint John’s Health Center held a special surprise event to celebrate the amazing Sisters and all they have done for the hospital. The Sisters from the Mother House in Kansas visited to share apple pie and coffee as Saint John’s Health Center presented a special book to the SCL Sisters in gratitude for their service.
SANTA MONICA FIRE DEPARTMENT AWARDS
Saint John’s Health Center received an award for the ongoing collaborations with the Santa Monica Fire Department. Although The Santa Monica Fire Department does not transport all of Saint John’s Health Center’s patients, they go to every 911 call and always respond first.
in memoriam

DONALD L. MORTON, MD

September 12, 1934 — January 10, 2014

“Donald Morton is truly a legend in surgical oncology, an icon as a surgical investigator, a pioneer in melanoma, a valued mentor, an authentic role model and a cherished friend to many of us around the world.”

— Charles M. Balch, MD, professor of surgery at Johns Hopkins Hospital, from a 2011 editorial in the Journal of Surgical Oncology
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NewStJohns.org
Dr. Victor Candioty loves to fly his plane when he’s not attending to appreciative patients in the Saint John’s Health Center emergency department.

Saint John’s Health Center will soon become part of Providence Health & Services.

Since its founding in 1942 by the Sisters of Charity of Leavenworth, Saint John’s Health Center has been providing the patients and families of Santa Monica, West Los Angeles and ocean communities with breakthrough medicine and inspired healing. Saint John's provides a spectrum of treatment and diagnostic services with distinguished areas of excellence in cancer, spine, orthopedics, neurosurgery, women's health, cardiac and specialized programs such as the internationally acclaimed John Wayne Cancer Institute. Saint John’s is dedicated to bringing to the community the most innovative advances in medicine and technology.