TAKE ME TO LITTLE COMPANY OF MARY

The South Bay’s FIRST Comprehensive Stroke Center
Mary Potter’s words are as inspiring today as they were in the late 1800s. In our current day efforts to extend our healing ministry deeply into the community, we have not really changed what we are doing, but simply how we are doing it. From our commitment to whole person care to advances in genetic testing and innovative diabetic management to digital express and virtual care options, each story in the magazine demonstrates how care is evolving to better meet the needs of our community and respect for their busy lives, while staying true to the words of our founder.

Our partners are instrumental in achieving our vision: “Health for the World”. Both the Harbor Community Clinic and Wilmington Community Clinic support care for the poor and vulnerable and provide a medical home for those in need. Read about how we work together to achieve the best outcomes together. Our own surgical technologist Veronica Marella, works with other caregivers and volunteers in the “du eOud” project to take discarded wraps from surgical trays in our operating rooms to sew them into sleeping mats for the homeless. Several hundred have been created and distributed in the South Bay community to help the rising homeless population.

Two years of dedicated clinical expertise between Providence Neuroscience Institute and Providence Little Company of Mary Medical Center combined with over $9 million in investment from Providence St. Joseph Health System reimagined our Neuroscience Service Line, culminating in being recognized as a Los Angeles County designated Comprehensive Stroke Center, the first in the South Bay. On January 8, the very first day of the LA County program, we received our initial comprehensive stroke patient, Aida Fernandez, via Emergency Medical Services from San Pedro. She shares her remarkable story on page 17.

Members of our community have partnered to continue in the spirit of Mary Potter through the gift of their time and expertise serving on our boards—like Tom Cornaghan, Chris Caras Jr., Bill Murin, and Todd Tylka. Philanthropy benefits humankind—like gifts received from Joan & Chris Caras Sr., Marion Scharffenberger, Donald & Priscilla Hunt, and Kori Clausen. Celebration of the success of the Heart to Heart Campaign, which raised $36 million for the newly named Del Vicario Cardiovascular Center of Excellence—hosted by Julian & Carolyn Elliott.

If you feel called to be a healing presence, begin by getting to know us at our Golf Classic on May 14, mark your calendar for our Celebration Gala on September 15th, or learn more about Women’s Wellness at our conference on November 2. You too, have the power to be a healing presence in some one’s life!
WHERE TO GO FOR THE BEST

Heart Care

Meet Arturo

“When every heart beat means the difference between life or death, you want the best care. From the bottom of my heart, I know the expertise of Little Company of Mary saved my life. To learn more about my story, go to providence.org/MyHospital.”

My Hospital is

888-HEALING
providence.org/MyHospital

TABLE OF CONTENTS

INSIDE
3 Message from the Chief Executive
11 Datebook
36 Out & About

UPFRONT
6 Exer Clinics Open
7 Leapfrog Awards Boost Medical Centers
9 Local Clinics Get Grants

COMMUNITY OUTREACH
14 Surgical Mats Help the Homeless

FEATURES
12 Genetic Testing Q&A
Ora Karp-Gordon, MD, fills in the gaps on why genetic testing is so powerful — and important.
16 Comprehensive Stroke
The South Bay’s first Comprehensive Stroke Center has compiled an unbeatable team.
22 Virtual Care for Your Health
New apps bring healthcare as close as your fingertips.
24 Empowering the Whole
Whole person care is an idea whose time has come.
28 Legacy of Health
Kerry is just the latest in a long line of family members to help the community.
30 Solving the Diabetes Puzzle
An innovative test can determine a patient’s risk for developing diabetes.

DONOR PROFILES
34 Three New Board Members
37 Tom and Joan Connaghan
Everybody knows about box-style, quick clinics that can provide antibiotics and other fast services at a low cost. Now Exer is expanding that model with a suite of services—all with the same fast treatment, close to home. This January, Providence Little Company of Mary Medical Centers celebrated the opening of partner Exer More than Urgent Care’s newest location in Manhattan Beach. The facility joins seven other Exer clinics, including a location in Redondo Beach that opened in August of 2016.

Exer provides comprehensive medical services beyond the typical urgent care clinic, so patients with non-life-threatening illnesses and injuries are treated in an affordable and timely manner without having to step foot into an emergency room. The staff at these clinics is made up of physicians trained and practiced in emergency medicine. The doctors have an average of 15 years of emergency room experience.

It’s not just about stitches and antibiotics. The services Exer offers include X-ray, IV, lab, splinting, laceration, diagnostics, pediatric services, on-site prescriptions, physical exams and immunizations. If Exer cannot provide the services that a patient might require, the clinic will refer or send them directly to Providence Little Company of Mary Medical Center.

It takes a strong team of dedicated care providers to reach the top, and that’s just what Providence Little Company of Mary Medical Center Torrance has done. In December, the medical center was recognized as a 2017 Top General Hospital, one of just six in California and one of two across Los Angeles County. The rating comes from The Leapfrog Group, which scored thousands of hospitals on a 1 to 5 scale. More than 20 standards were used, including the ability to submit computerized orders to providers to 24-hour physician staffing in intensive care units to transparency in caring for patients.

The Top Hospital award is given to the highest performing hospitals on each year’s Leapfrog Hospital Survey. It takes a unique combination of leadership, teamwork and dedication to patients to win the rating—a recipe the medical center has mastered. “Everyone in the entire hospital shares this recognition,” says Jeremy Baker, Providence Little Company of Mary’s director of quality and safety. “It’s a complete commitment across the board.”

When it comes to keeping patients safe, no bar is too high, and Providence Little Company of Mary Medical Centers Torrance and San Pedro both earned a top score in a study from Leapfrog.

An A grade comes after Leapfrog assessed 2,600 hospitals nationwide, looking at everything from handwashing to protocols for preventing errors in surgery. Scores were based on 30 publicly reported measures—preventable hospital conditions such as infections, falls, medication mix-ups, pressure ulcers and other sources of harm.

Local urgent care options bring health care closer to patients in the South Bay.

**LOCATIONS**

Exer Urgent Care Manhattan Beach
3215 N. Sepulveda Blvd
Manhattan Beach, CA 90266
(424) 295-0540

Exer Urgent Care Redondo Beach
725 South Pacific Coast Highway
Redondo Beach, CA 90277
(424) 296-3100

Lilia Stephenson, RN, has seen a lot of patients in her 27-year tenure at Providence Little Company of Mary Medical Center Torrance. Before entering nursing, she was working in telecommunications, but she always felt the pull to a life of service. “I just found myself wanting to help people and I was interested in health, nutrition and medicine,” she says. “Nursing felt like a perfect fit.”

She completed her preceptorship in oncology at Providence Little Company of Mary Torrance in oncology in 1990 and was hired immediately. “This is where I grew up as a professional nurse, and this is where my work home and my work family are,” says Lilia. “I like that I work for an organization that invests in staff development.”

Lilia has been part of the medical center’s journey to Magnet Recognition, the highest acknowledgement awarded for nursing excellence. Only 31 hospitals in California have earned this title from the American Nurses Credentialing Center, and throughout the country, only about 8% of hospitals receive the designation.

“We deliver care on a very personal level, and because we are a magnet hospital, all aspects of our care are cutting-edge and grounded in evidence-based practice,” she says. “That makes me feel that we are delivering highly skilled care to our patients and I love being part of it.”

MAGNET DESIGNATION: BEST PLACE TO BUILD A LIFELONG CAREER
Harbor Community Clinic

In San Pedro, the Harbor Community Clinic is a lifeline for people who don’t have access to medical care. The medical center has a longstanding partnership with the clinic, where both organizations work together to provide patients with linkage to primary care and resources, such as assistance with enrolling in health insurance and CalFresh.

Tamra King, Harbor Community Clinic’s CEO, explains the support came at a really perfect time. “We’ve been looking at expanding and adding services for our pediatric patients, so we’ve been able to allocate the grant money to explore those avenues.” That even includes things like hiring a realtor and looking at properties where they can expand services.

Harbor Community Clinic is a federally qualified health center and has served patients in San Pedro since the 1970s. Each year, the clinic provides care to more than 7,000 patients at two locations—everything from pediatric and prenatal to general medicine and outpatient ambulatory care. The clinic is dedicated to providing low-cost and no-cost health services to residents with low incomes and those whose employers do not provide health insurance coverage.

Tamra says the clinic also helps with Medicaid and MediCal enrollment, getting people on plans to lead a healthy lifestyle and manage any chronic illnesses they may have. In addition, the clinic offers access to psychotherapy and other mental health options, full obstetrics and gynecological care, and pediatric services to help children stay healthy from birth through their teen years.

Wilmington Community Clinic

At the Wilmington Community Clinic, patients are offered diabetes classes, dental screenings and assistance with enrolling in health insurance and CalFresh. They also get a big dose of hope, and that’s one reason Providence Little Company of Mary Torrance backed the clinic with a grant for general operating support. The funds will assist the clinic in its crucial work providing access to medical care in Wilmington.

The grant money has already helped the Wilmington Community Clinic with a construction project that provided the clinic with four additional dental operating areas, to give the health center a total of six dental chairs, according to Dolores Bonilla, CEO of the Wilmington Clinic. “This is a much-needed service at our clinic,” she says. From June through December of last year, the treatment center served more than 900 people with dental services.

The clinic is growing in its clients—expanding the number of patients they can see each year by nearly 500%. A majority of the Wilmington Community Clinic staff are from the local area and have worked with the clinic for more than five years, providing services to the families living in the surrounding areas. They are also expanding their areas of care. For example, the clinic recently started a dedicated program to treat asthma.
TREATING AND SURVIVING STROKE
MAY 9 (TORRANCE)
Free Blood Pressure and Stroke Risk Assessment
5:30-6:30 Lecture 6:30-8:30
Learn what you can do to prevent a stroke, recognize symptoms and find supportive care during stroke recovery.

GOLF CLASSIC
MAY 14 (PALOS VERDES GOLF CLUB)
As the Golf Classic enters its 39th year, we are proud to continue our tradition at the stunning Palos Verdes Golf Club. All golfers will enjoy an afternoon tee time, including lunch and dinner.

THE SUN AND YOUR SKIN
JUNE 13 (TORRANCE)
Free Facial Skin Health Assessment
5:30-6:30 Lecture 6:30-8:30
Sun exposure is the main cause of skin cancer, but the earlier it is identified the easier it is to treat. Learn about the dangers of sun exposure and skin cancer.

PRECISION MEDICINE
SEPTEMBER 10 (TORRANCE)
6:30-8:30
Learn about unlocking the power of genetic information to prevent cancer and chronic diseases.

CELEBRATION GALA
SEPTEMBER 15 (TERRANEA RESORT)
Join us for our signature fundraiser – a chic and charming evening where you will enjoy sumptuous dining, sublime cocktails, inspired entertainment and dancing in the luxurious coastal setting of Terranea Resort.

WOMEN’S WELLNESS
NOVEMBER 2 (TORRANCE)
An inspirational and informative conference focused on the health and well-being of a woman’s body, mind and spirit. We are also bringing together the community’s best artisans and female-owned businesses to create a pop-up boutique and unique shopping experience!

There are three ways to find out more about Medicare: call the Medicare.com Help Line, go online and shop plans side-by-side, or attend a convenient in-person meeting. You choose!

1 Call the Medicare.com Help Line 1-844-593-4226 (TTY 711)
Call any time Monday – Friday, 5 am – 5 pm to speak to a licensed insurance agent to help you choose a plan.

2 Visit Medicare.com/65PHS to shop plans side-by-side. We chose Mediare.com as our Help Line and online partner because their well-trained insurance advisors specialize in Medicare. This is a free service and there is no obligation to enroll in a plan. Medicare.com may help you save money on your out-of-pocket health care expenses.

3 Attend a FREE workshop and learn about your Medicare options. Please call 866-909-DOCS (3627) for dates and times.

LOCATION FOR LECTURES
In Torrance: Providence Little Company of Mary Medical Center Torrance, Del Webb Center for Health Education
Interview by Kate Gammom

I don’t think there’s anyone who hasn’t heard about BRCA or genetic risk for breast cancer. Genetic screening for cancer and heart disease is so important. Torrance, Ora Karp Gordon, MD, describes why genetic screening can actually empower patients in the right way. At Providence Little Company of Mary Medical Center Torrance, Ora Karp Gordon, MD, describes why genetic screening for cancer and heart disease is so important.

There was recently a patent war over genetic testing for breast cancer genes. What was the outcome?

From the time of discovery of the BRCA (breast cancer) genes in the mid 1990s until 2012, two genes—BRCA1 and BRCA2—were held under patent and only available through one lab for all of the U.S. and Europe. Once that patent was overturned, it changed everything. Today labs can do next-generation sequencing, which lets us examine multiple genes at one time for greatly reduced costs and very high fidelity. One of these labs we work closely with lets you test for 50 hereditary cancer susceptibility genes at the same time—for $250. It’s accessible through our clinical program. By offering very competitive pricing, they are taking away the barrier of meeting strict insurance eligibility in order to test. Here’s why it matters: 2% of the population, even with no family history, may carry a genetic susceptibility to a disease. This knowledge can change how doctors care for them. That’s not to diminish how important information about your family history is—but having the ability to test for genetic predispositions is another tool we have.

How do people interpret that information for risk? Does it empower them?

Many people are anxious about the idea of knowing risk of cancer when they are healthy. My genetic counselors and I spend a lot of time talking this through with patients. It is really important to explain: I will not test you for anything if I can’t do something about it.

If we do find a genetic susceptibility, the first thing we can do is suggest a higher level of screenings, like more frequent or earlier breast imaging with mammograms or adding breast MRIs. We could also change the timing of colonoscopies or even prescribe medications that can prevent cancer, like aspirin as a preventative medicine for colon cancer. And then in the highest risk categories, we discuss preventive surgeries. It’s really important that people don’t think: “If I am already a bilateral mastectomy, I shouldn’t base genetic testing,” because that’s not at all the case. It is a very individualized decision, even if the very highest risk genes are found.

At the same time, the process of genetic testing can actually give people relief. For somebody who might have always perceived themselves to be just waiting to get cancer because of their family history, genetic testing may be able to show they are at no higher risk than the general population—and their children are not either.

What percentage of cancer is hereditary?

It depends on the organ and the type of cancer. We used to say about 5% to 10% of common solid tumors—breast cancer, colon cancer, pancreatic, ovarian—were due to a genetic predisposition. But now we really see that in some of those cancers, it’s much higher than that. In breast cancer, it may be 15%. In ovarian cancer, it’s close to 25%.

Where do you think this field will be in another five or 10 years?

I think everybody’s going to be offered genetic testing as part of their primary care. When everyone is able to test for a variety of conditions, it will help to make health care and prevention much more tailored to each individual patient—and hopefully far more cost effective.

What is Providence Little Company of Mary doing in the field of genetic testing?

In addition to hereditary cancer risk assessment, Little Company of Mary is a leader in cardio genetics. While cancer genetic testing is getting more common, there really is no cardiovascular disease genetic testing anywhere else in LA. Understanding cardiovascular risk helps people optimize their lifestyle. For some people, it takes knowing that they have a direct hereditary susceptibility to get motivated to exercise and maintain an ideal body weight. I really believe in a “prescription” to help people maintain wellness instead of treating disease.

Understanding the genetic background on many common diseases has taken a leap forward in the past few years. For some, it provides relief from a lifetime of worrying about a particular condition that runs in the family. For others, it may guide patients toward a healthier way to live. At Providence Little Company of Mary Medical Center Torrance, Ora Karp Gordon, MD, describes why genetic screening for cancer and heart disease is so important.

What is happening in the field of genetic testing right now?

There has been an incredible transformation in genetic testing since 2014. New technology is allowing doctors to test many genes at once, and at the same time, the cost of genetic testing has fallen 50 fold. We’re really starting to shift much more toward identifying risk in the general population, and we can use that information as a springboard for prevention and early surveillance. As we are able to test large numbers of people, we’ve come to realize that many more people than previously thought should be tested for a genetic vulnerability to cancer.

One in three Americans will develop cancer in their lifetime, and advancements in medicine have identified certain risk factors that may influence an individual’s chance of developing a variety of cancer types.

A consultation with a genetic counselor can help assess your cancer risk. Take a quiz at [providence.org/our-services/cancer/quiz](http://providence.org/our-services/cancer/quiz). If you answer “yes” to any of the questions, we encourage you to schedule an appointment with us by calling 818-748-4748 or emailing ProvidenceGenetics@ protonhealth.org.
Operating rooms produce thousands of tons of waste per day. Veronica Marella, a surgical technologist at Providence Little Company of Mary Medical Center Torrance, found a way to turn that trash into treasure for an oftentimes overlooked population.

Last May, as Veronica and her coworkers unwrapped surgical instruments from the large blue mats that the tools had been sterilized on in preparation for surgery, an idea came to her. It was an idea born from a memory of her earlier career as a deputy sheriff at USC Medical Center in Los Angeles County, which harbors one of the largest homeless populations in the country.

“When I was a deputy sheriff, I would go to work early in the morning, and I used to drive by and see homeless people sleeping on the sidewalks with nothing underneath, nothing to protect them, sometimes just a cardboard box, and it broke my heart.”

Veronica knew these mats, designed to be heat absorbent and water repellent, could be recycled into a direly needed resource for the homeless—a sort of barrier between them and the elements. “I thought, ‘I can do something with these,’” she says.

That night Veronica, who lives in Gardena with her four children, took two mats home, laid them on top of one another, sewed them together and added elastic ties to the ends so it could be easily rolled up like a yoga mat. The next day she showed her manager her prototype: a sleeping mat for the homeless made entirely out of the recycled surgical instrumentation wraps.

“I said, ‘these are just being thrown away, they’re sterilized and they are removed before the patient comes in so they’re not contaminated. I can recycle these and put them to good use. And he said, ‘It’s a go!’”

Since getting the go-ahead, Veronica estimates she has sewn more than 1,084 sleeping mats, a labor of love she undertakes at home after almost every OR shift. Each mat takes her five minutes to sew, from start to finish. “I have fun doing it. I just feel bad for my son. His room is kind of becoming the stock room for mats.”

Her children do not appear to mind, however, and seem to have picked up their mother’s kindness and love of helping others. Veronica’s 9-year-old and 11-year-old sons even took part in the inaugural distribution of the mats last Labor Day at Venice Beach.

“They were thrilled that each sleeping mat
shown to the corner of a teddy bear holding a sign that says: du cOeuR Project.

Veronica’s 9-year-old and 11-year-old sons even took part in the inaugural distribution of the mats last Labor Day at Venice Beach.

“They were thrilled that each sleeping mat that is distributed dons a patch in the corner of a teddy bear holding a sign that says: du cOeuR Project. The process, a relatively simple one for beginner to intermediate sewers, involves the following four steps:

1. Remove info and security stickers
2. Fold wraps (two wraps per mat) in half, then sandwich and pin them together
3. Mark 5.5 inches from both ends and place the elastic bands in hoop shape
4. Sew around all four sides, an inch from the edge of the mat

There is even a YouTube instructional video showing each step—in detail—if you need help. The du cOeuR Project can also be found on Facebook.

Workers, whom she is quick to credit. “Without my coworkers I wouldn’t be able to do this,” she says.

Her coworkers not only help collect the surgical mats within the hospital but also have distributed the completed sleeping mats at missions and shelters around the South Bay area on weekends, with a total of 834 sleeping mats distributed so far. Others have asked for sleeping mats to keep in their car for when they see people in need while driving, Veronica adds.

In addition to Veronica and her coworkers at Providence Little Company of Mary Torrance, Providence Little Company of Mary San Pedro and Keck Hospital at the University of Southern California have started to collect mats for the project. Local members of the community have also taken up the charge.

Veronica hopes the word spreads to other institutions, not only to reduce suffering but also to make sure we take care of our own backyard too. We need to take care of those in need here and then expand out.”

With a full-time job and four kids, Veronica could easily be excused from seeking out time-intensive volunteer projects. But she says, the Providence mission of helping the poor and vulnerable is an idea she has taken to heart, and now the project is something she cannot imagine giving up.

“I just feel so passionate about doing this. And then working for Little Company of Mary, working in this particular hospital, there’s so much inspiration. It’s like sleeping out of the seams. That’s really how I feel working there.”
As the first Comprehensive Stroke Center in the South Bay, Providence Little Company of Mary Medical Center Torrance has put together an unbeatable team to save patients.

Written by Kate Gammon
Photographed by Lauren Pressey

On January 8, Aida Fernandez was coloring her hair in the shower when she felt her legs starting to get weak. Aida, who just turned 81, was planning to fly to Texas a few days later for a wedding, and she wanted to look nice for the event. But after her legs got weak, she turned off the water and lay down in her bathtub; it took her a few minutes to get up.

Eventually Aida was able to dry and dress herself. She then moved to the bedroom, where she stretched across the bed and called her husband to say she wasn’t feeling well. “After that, I remember nothing,” she says.

“I’m very thankful to the doctors and nurses. It’s hard to believe it, but here I am. I love life, and I want to be here for my grandchildren as long as I can.”
Aida Fernandez got the care she needed by the quick actions of her family.

Aida’s husband and daughter-in-law, Carol Fernandez, soon rushed to the house, where they found the bedroom door locked. Carol could hear a faint voice on the other side of the door. After a few futile attempts to knock down the bedroom door, Carol called Aida’s son, Luis, who dialed 911.

The paramedics arrived quickly and determined that Aida was having a stroke. Luis reached the house as Aida was being taken out of the house on a stretcher. “She wasn’t totally out of it, but her eyes were kind of drowsy,” he recalls. “I held her hand, and she just looked at me, unable to say anything.”

After assessing Aida using a set of criteria, the paramedics made a quick choice to pass two hospitals on the way to Providence Little Company of Mary Medical Center Torrance. They wanted to make sure Aida would arrive at a hospital with the staff expertise to care for the sickest of stroke patients. The whole journey took about 20 minutes.

When Aida arrived, the emergency department team including Andrew Louie, MD, as well as two vascular neurology specialists, Allison Arch, MD, and Jason Tarpley, MD, were waiting for her. Dr. Arch remembers that the hospital received the information ahead of time, as they usually do, to let the specialists know someone with a potential stroke was about to arrive. “We get information about a patient’s age, condition and their LAMS score, which lets us know how serious the stroke is,” says Dr. Arch. “Having that information ahead of time lets us prepare.”

Together with the emergency department team, Dr. Arch and Dr. Tarpley met Aida in the ED and took her to a CT scan. They suspected right away she had a large-vessel occlusion, and they read her CT imaging results as soon as they were available. The doctors’ suspicions were correct. Aida had a large-vessel occlusion. The stroke was on her left side, paralyzing her on the right side and affecting her language and cognition.

“We try to treat every patient as if it was our mom coming in,” says Dr. Arch. The team aims to get them into the interventional lab—where clot-removing surgery can happen—within an hour. That requires a lot of departments to work seamlessly together, including neurology, radiology, the emergency department, the neuro ICU.

“One thing Little Company of Mary does so well is get all the moving parts on the same page,” says Dr. Arch. Having in-house vascular neurologists like her means everything can happen faster.

Moving from one hospital to another takes longer: often 80 minutes or more, which would equate to a 40% to 50% decrease in the brain blood flow, according to Dr. Tarpley. Aida benefited by passing two other hospitals to arrive at a comprehensive stroke center right away.

**THE SURGERY**

Taking out a clot—also known as thrombectomy—is a minimally invasive procedure. Dr. Tarpley put a catheter about the size of a phone charging cable into Aida’s leg artery, then navigated a clot-removing device up to the base of her brain. Through that catheter, he put a tiny tube which is 21/3,000ths of an inch in diameter. A tiny wire drove that tube into the area of the brain where the clot was located. “It is relatively complex, but if you go to a hospital that does it a lot, you should be able to get it done quickly,” says Dr. Tarpley. His record reaching the clot is just 10 minutes. “They don’t all go that way, but it is something we have to strive for.”

A stent retriever is deployed into the clot, which is a goopy, rubbery, red mass, and the clot is pulled out with suction, opening the artery. The quick surgery had immediate results. “Right on the table, Aida started moving her right side and talking to us,” recalls Dr. Tarpley. It’s not that rare to see patients make a huge improvement on the operating table. he says. “They go from being blind and unable to speak to immediately being nearly normal.”

Dr. Tarpley asked Aida to identify his eyebrows and knuckles, testing her speech and language functions. She was able to speak and understand. If she had had the stroke a day before, she may not have had the same outcome. That’s because Aida was the first patient treated after a change in paramedic routing protocol. Any patients with suspected large vessel occlusions must now be taken directly to a stroke center with clot removal capabilities rather than primary stroke centers. That’s why she bypassed two community hospitals to reach the medical center in Torrance. Getting effective treatment quickly after a stroke is critical, and it would have taken time for Aida to go to her local medical center and then be transferred to a Comprehensive Stroke Center like Providence Little Company of Mary Torrance, where the surgery to remove the clot could be performed. Dr. Tarpley opened her blood vessel in just 27 minutes—a critical factor in her positive recovery.

The first thing Aida remembers after collapsing on her bed is being in the hospital, surrounded by two of her three children, and her nieces and nephews. She was surprised to learn she had suffered a stroke and even more surprised to learn she’d had surgery to remove the clot.

**GATHERING THE TEAM TOGETHER**

Aida’s quick stroke treatment at the medical center is a testament to how protocols have changed for stroke patients. Starting January 8, paramedics assess patients and then route them to a comprehensive stroke center, as long as that hospital is within a 50-minute drive.

Comprehensive Stroke Center Certification recognizes hospitals like Providence Little Company of Mary Torrance meet standards to treat the most complex stroke cases. Eligibility standards include elements like 24/7 basic and advanced imaging technologies, and physicians trained in vascular neurology, who are on call around the clock. They also require hospitals to have specialized facilities where procedures like the one Aida had are performed. The hospital has trained nurses with stroke care expertise across the entire hospital, from the emergency department to the stroke units.

“We see a very large number of strokes at this hospital, averaging more than 700 every year,” says Richard Glimp, MD, Chief Medical Officer of Providence Little Company of Mary Torrance. Strokes can affect people of all ages, although older people have a greater stroke risk.

The hospital leadership had been noticing a trend in increased numbers of patients with strokes and wanted to provide the best care for the South Bay community. But when a complex stroke came in, the medical center would have to transfer them to a neurosurgical care. “It didn’t sit right with us, putting a patient on an ambulance on the 405,” says Dr. Glimp. “So we started...
and management and initiate specialized critical care. “The depth of the team caring for these critical patients is just huge,” she adds.

Dr. Gimp sees the potential to change health care for the better in the South Bay community. “Our goal is that no patient in the South Bay will ever have to leave the South Bay for neurologic care,” he says. “That’s really the goal around stroke care and really all neurological care.”

Los Angeles County is over 4,000 square miles with 10 million people, so there’s an enormous need for hospitals to make the commitment to become a Comprehensive Stroke Center, says Marianne Gausche-Hill, MD. Medical Director for Los Angeles County EMS Agency. “We are fortunate that in the South Bay, Providence Little Company of Mary has made that commitment.”

**Road to Recovery**

Aida is back home and recovering well. She goes to speech and exercise therapy at Providence Little Company of Mary Medical Center San Pedro (a rehab center that is ranked in the top 2% of the country) and has resumed many of her favorite activities, like cooking for her grandchildren and spending time with family. “She’s almost 100%.”

About 95% right now,” says son, Luis. “She’s like before, her mind is fine. She has energy now, she’s walking like she used to. You could trick someone by telling them she never even had a stroke.”

Dr. Tarpley says the new routing procedures have really been a dream come true for patients and the medical center. “We have seen the benefit of patients coming directly to us.” In fact, in January after the protocols changed, he did six or seven thrombectomies like the one Aida had during the nine days he was on call at the hospital. “We have more strokes at Providence Little Company of Mary Medical Center Torrance than any other Providence hospital,” he adds. “Ultimately this certification means that we can take care of patients who are neighbors and need advanced care.”

Dr. Tarpley points out that even though large vessel occlusion is the main driver of routing, the neurology specialists at the medical center can handle everything patients may need in neurology—no matter how complex or serious.

What makes Providence Little Company of Mary Torrance especially able to treat all kinds of conditions is the medical center’s complement of neurology and neurosurgery specialists, explains Dr. Tarpley. The hospital has specialist physicians in neurocritical care, vascular neurology, neurointerventional surgery and neurosurgery. Other community hospitals simply don’t have this level of expertise.

Luis is thankful for the quick thinking and assessment of the paramedics. “A lot of things had to work for this outcome to happen,” he says. “Even a day before, it would have been different.”

The paramedics told Luis that sometimes patients or families argue with them about which hospital to drive to. “Luckily, we just said, ‘OK, we trust you guys,’” says Luis. “I’m so glad we did.”

“I’m very thankful to the doctors and nurses,” says Aida. “I’m so happy it makes me cry. It’s hard to believe it, but here I am. I love life, and I want to be here for my grandchildren as long as I can.”

According to the American Heart Association, stroke is a leading cause of death in the United States, affecting nearly 800,000 people a year and killing nearly 130,000. BE-FAST is an easy way to remember and identify the most common symptoms of a stroke. Recognition of stroke and calling 911 will determine how quickly someone will receive help and treatment.

Getting to a hospital rapidly will more likely lead to a better recovery.

The warning signs of a stroke are:

- **B**: Balance: Does the person have a sudden loss of balance?
- **E**: Eyes: Has the person lost vision in one or both eyes?
- **F**: Face: Ask the person to smile. Does one side of the face droop?
- **A**: Arms: Ask the person to raise both arms. Does one arm drift downward?
- **S**: Speech: Ask the person to repeat a simple phrase. Is their speech slurred or strange?
- **T**: Time: If you observe any of these signs, call 911 immediately. A person does not have to be experiencing all these symptoms to be having a stroke. Any one symptom is enough to call 911 right away. The faster treatment can be started, the better.

The American Heart Association says there are additional symptoms that may signal a stroke, such as:

- Sudden confusion
- Sudden numbness or weakness of face, arm or leg, especially on one side of the body
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause

Source: stroke.org, heart.org
I'm true that millennials—the 80 million Americans aged 23 to 37—want to get information online, whether it’s a recipe for the best avocado toast or how to treat their 2-year-old’s cough. They want answers now, and they want them on their phones.

Providence Little Company of Mary provides a couple of services that offer quick, convenient, online access to medical care and health information by connecting through a smartphone, tablet or computer.

And you don’t have to be a millennial to love what’s going on at Providence Little Company of Mary. Since 2016, two virtual services known as Providence Express Care Virtual online office visits and provide health information by connecting through a smartphone, tablet or computer.

Since 2016, two virtual services known as Providence Express Care Virtual online office visits and provide health information by connecting through a smartphone, tablet or computer.

And you don’t have to be a millennial to love what’s going on at Providence Little Company of Mary. Since 2016, two virtual services known as Providence Express Care Virtual online office visits and provide health information by connecting through a smartphone, tablet or computer.

And you don’t have to be a millennial to love what’s going on at Providence Little Company of Mary. Since 2016, two virtual services known as Providence Express Care Virtual online office visits and provide health information by connecting through a smartphone, tablet or computer.

And you don’t have to be a millennial to love what’s going on at Providence Little Company of Mary. Since 2016, two virtual services known as Providence Express Care Virtual online office visits and provide health information by connecting through a smartphone, tablet or computer.

And you don’t have to be a millennial to love what’s going on at Providence Little Company of Mary. Since 2016, two virtual services known as Providence Express Care Virtual online office visits and provide health information by connecting through a smartphone, tablet or computer.

And you don’t have to be a millennial to love what’s going on at Providence Little Company of Mary. Since 2016, two virtual services known as Providence Express Care Virtual online office visits and provide health information by connecting through a smartphone, tablet or computer.

And you don’t have to be a millennial to love what’s going on at Providence Little Company of Mary. Since 2016, two virtual services known as Providence Express Care Virtual online office visits and provide health information by connecting through a smartphone, tablet or computer.

And you don’t have to be a millennial to love what’s going on at Providence Little Company of Mary. Since 2016, two virtual services known as Providence Express Care Virtual online office visits and provide health information by connecting through a smartphone, tablet or computer.

And you don’t have to be a millennial to love what’s going on at Providence Little Company of Mary. Since 2016, two virtual services known as Providence Express Care Virtual online office visits and provide health information by connecting through a smartphone, tablet or computer.

And you don’t have to be a millennial to love what’s going on at Providence Little Company of Mary. Since 2016, two virtual services known as Providence Express Care Virtual online office visits and provide health information by connecting through a smartphone, tablet or computer.

And you don’t have to be a millennial to love what’s going on at Providence Little Company of Mary. Since 2016, two virtual services known as Providence Express Care Virtual online office visits and provide health information by connecting through a smartphone, tablet or computer.

And you don’t have to be a millennial to love what’s going on at Providence Little Company of Mary. Since 2016, two virtual services known as Providence Express Care Virtual online office visits and provide health information by connecting through a smartphone, tablet or computer.

And you don’t have to be a millennial to love what’s going on at Providence Little Company of Mary. Since 2016, two virtual services known as Providence Express Care Virtual online office visits and provide health information by connecting through a smartphone, tablet or computer.

And you don’t have to be a millennial to love what’s going on at Providence Little Company of Mary. Since 2016, two virtual services known as Providence Express Care Virtual online office visits and provide health information by connecting through a smartphone, tablet or computer.

And you don’t have to be a millennial to love what’s going on at Providence Little Company of Mary. Since 2016, two virtual services known as Providence Express Care Virtual online office visits and provide health information by connecting through a smartphone, tablet or computer.

And you don’t have to be a millennial to love what’s going on at Providence Little Company of Mary. Since 2016, two virtual services known as Providence Express Care Virtual online office visits and provide health information by connecting through a smartphone, tablet or computer.

And you don’t have to be a millennial to love what’s going on at Providence Little Company of Mary. Since 2016, two virtual services known as Providence Express Care Virtual online office visits and provide health information by connecting through a smartphone, tablet or computer.

And you don’t have to be a millennial to love what’s going on at Providence Little Company of Mary. Since 2016, two virtual services known as Providence Express Care Virtual online office visits and provide health information by connecting through a smartphone, tablet or computer.

And you don’t have to be a millennial to love what’s going on at Providence Little Company of Mary. Since 2016, two virtual services known as Providence Express Care Virtual online office visits and provide health information by connecting through a smartphone, tablet or computer.

And you don’t have to be a millennial to love what’s going on at Providence Little Company of Mary. Since 2016, two virtual services known as Providence Express Care Virtual online office visits and provide health information by connecting through a smartphone, tablet or computer.

And you don’t have to be a millennial to love what’s going on at Providence Little Company of Mary. Since 2016, two virtual services known as Providence Express Care Virtual online office visits and provide health information by connecting through a smartphone, tablet or computer.

And you don’t have to be a millennial to love what’s going on at Providence Little Company of Mary. Since 2016, two virtual services known as Providence Express Care Virtual online office visits and provide health information by connecting through a smartphone, tablet or computer.

And you don’t have to be a millennial to love what’s going on at Providence Little Company of Mary. Since 2016, two virtual services known as Providence Express Care Virtual online office visits and provide health information by connecting through a smartphone, tablet or computer.

And you don’t have to be a millennial to love what’s going on at Providence Little Company of Mary. Since 2016, two virtual services known as Providence Express Care Virtual online office visits and provide health information by connecting through a smartphone, tablet or computer.

And you don’t have to be a millennial to love what’s going on at Providence Little Company of Mary. Since 2016, two virtual services known as Providence Express Care Virtual online office visits and provide health information by connecting through a smartphone, tablet or computer.

And you don’t have to be a millennial to love what’s going on at Providence Little Company of Mary. Since 2016, two virtual services known as Providence Express Care Virtual online office visits and provide health information by connecting through a smartphone, tablet or computer.

And you don’t have to be a millennial to love what’s going on at Providence Little Company of Mary. Since 2016, two virtual services known as Providence Express Care Virtual online office visits and provide health information by connecting through a smartphone, tablet or computer.
It took years for Ira Byock, M.D., to change his thinking.
As a first-year resident working 120-hour weeks in Fresno nearly four decades ago, Dr. Byock experienced several encounters with patients or families that caused him to rethink all his years of medical training. The first was a Mexican-American man he can now only refer to as Mr. Rodriguez, who reported feeling well despite suffering from a terminal illness. Around the same time, the family of a mother in hospice care reported that the last month of the woman’s life was the best the family had ever spent together.

These, and other similar experiences, threw Dr. Byock for a loop. He was flabbergasted and confused. He wondered how it was possible for these people to report feeling well when they or a loved one was seriously ill and quickly approaching the end of their life.

He fought the urge to explain away the phenomena as side effects to medications, or as pleasantries uttered to distract others from what they really felt. Over time, the doctor realized that the feelings of well-being experienced by dying patients had more to do with their personal, rather than medical, needs.

“Nothing in my medical training had prepared me for that,” Dr. Byock said in a recent interview. “Quite the contrary.”

Dr. Byock decided that it wasn’t enough to focus only on a patient’s diagnosis, medical professionals had to do more. They had to strive to prioritize a patient’s physical, emotional, social and spiritual well-being when it came to their care. It’s a concept he calls “whole person care.”

To make that dream a reality, Dr. Byock founded the Institute for Human Caring in June of 2014; it is part of the Providence St. Joseph Health system, which operates health care facilities across the western United States. Two of the system’s facilities are in the South Bay, where Dr. Byock’s vision is being successfully implemented at Providence Little Company of Mary Medical Center Torrance and Providence Little Company of Mary Medical Center San Pedro.

The Torrance and San Pedro locations serve as pilot facilities to measure how the Institute’s tools and vision can be most effectively implemented throughout the rest of Providence St. Joseph Health.

“The pilot locations have helped us to be better change agents,” Dr. Byock says, “to better know how to help busy clinicians as well as busy managers of health care to make good use of these tools.”

The changes are already having an impact in the South Bay. Dr. Byock says providers who work at the Torrance and San Pedro locations are beginning to initiate the necessary patient-based conversations with patients, to track those conversations using a “goals of care” charting tool integrated with their electronic medical record system. It has also become routine to encourage all of their patients to complete advance care directives that allow patients to document their wishes concerning who they trust to make medical decisions for them in their electronic medical records. To further support these efforts, Providence St. Joseph Health is encouraging professional caregivers to complete advance care directives in order to set a positive example for those they care for.

These practices, and all of the tools provided by the Institute, are being taught across the Providence Health system. Dr. Byock has been pleased with the changes at Torrance, particularly in the telemetry intensive care unit and the oncology unit.

“These whole person care conversations have become routine, which just makes me smile broadly,” says Dr. Byock. “What we’ve often said is that we want whole person care to become the new normal.”

But the mentality that underlies whole person care has not always been normal. At some point in time, medical care experienced a paradigm shift.

What started as a simple human connection between patient and doctor, transformed into an assembly-line type of interaction, focusing solely on the treatment and curing of disease and illness. This shift has its roots in the bevy of technological advancements that have taken place over the years. Better technology allows medical health professionals to cure more ailments than ever before and to develop treatments that allow patients to live longer with chronic diseases.

As a result of these medical advancements, the number of patients being cared for has increased dramatically and the physician’s bedside manner has become more
impersonal as doctors see more and more patients every day. Students in medical school are taught to treat patients while maintaining an emotional distance. Dr. Byock wants to reverse that mindset by introducing them all to the concept of whole person care—which he describes as a “cultural shift”—while not taking away from the medical advancements that have allowed people to live longer and healthier lives.

“It turns out there’s nothing in modern medicine, in high-tech medicine, that actually disallows human warmth and tenderness,” Dr. Byock explains. “We’re trying to make it possible to do both at once.”

That’s not always easy. According to Dr. Byock, part of changing the culture in modern health care practices is deprogramming those same clinicians who were taught for years not to become too emotionally involved. The doctor adds that medical professionals often forget treating an illness is both a personal and a medical endeavor.

Glen Komatsu, MD, senior advisor for strategy and education at the Institute, says the challenge lies in changing the focus of health care providers who are conditioned to only diagnose and treat diseases.

“It’s the way we’re trained, it’s the way we’re socialized, it’s what our society and our culture expects,” Dr. Komatsu says. “It’s not just from within the medical profession. It’s what our society anticipates will happen when they go to a doctor. They want that doctor to fix the problem, to make the disease go away or make the injury better, and they want life to go back to normal.”

Dr. Byock, whom Dr. Komatsu considers one of the pioneers in palliative care, says teaching medical students a whole-person approach is key to having better outcomes for patients across the board, no matter what ails them. It even lowers health care costs.

“Part of our basic knowledge and skill set ought to be being able to ask people about what matters most to them in the difficult situations that we meet them in, to give them the best diagnostic and therapeutic treatments for their medical condition in a way that acknowledges their fears and their physical discomforts, and tries to maximize their comfort through difficult medical procedures, their hopes and their emotional, social, spiritual concerns,” Dr. Byock says. “I know it sounds more complicated to do it all. But because we’re taking care of human beings, it turns out, paradoxically, it’s more straightforward to actually take care of them in the context of their lives; we cannot simply separate their physiology from the rest of their life.”

Dr. Komatsu first met Dr. Byock in January of 2014, when Dr. Byock asked for a meeting with him to discuss his vision of whole person care and whether PSFM was interested in adopting it. What resulted from the conversation was an “alignment of visions” regarding how to treat patients and the eventual creation of the Institute for Human Caring.

But before Dr. Byock pitched Dr. Komatsu his vision, he had influenced many throughout his years advocating for whole person care. Donna Sultso, a palliative care social worker at Dartmouth-Hitchcock Medical Center in Lebanon, New Hampshire, where he formerly served as director of palliative medicine, says she was “moved” after seeing Dr. Byock speak at a conference on hospice and palliative care.

“I thought, ‘This guy gets it,’” recalls Donna. She also describes him as a “visionary.”

“Dr. Byock isn’t satisfied with a system that makes people choose death rather than be a burden to their families,” Donna says. “He isn’t satisfied with treating pain with medications alone when we neglect the impact of our psycho-social-spiritual challenges on physical pain. He isn’t satisfied with understanding a patient’s medical issues without knowing the patient himself. He pushes the limits in health care because he knows, acutely, that we can do better. He knows because he pays attention, he processes information through his heart as well as his mind, and he creates a vision to move toward. It’s exciting and inspirational to work with him.”

Dr. Byock not only incorporates his medical training into his whole person care initiatives, he also uses a set of unique experiences learned during his formative years as he studied to become a doctor. While in medical school, in an effort to make some extra money, he worked for two years as a mental health associate in a Denver psychiatric hospital. There he learned how to communicate effectively with patients, often having to initiate difficult conversations with people in a caring way.

“It’s those difficult conversations delivered in a compassionate manner that the health care providers at Providence Little Company of Mary Torrance and San Pedro are implementing. Dr. Byock and his team believe these conversations are essential to whole person care, which he calls ‘a model for the future of health care.”

While he is well versed on the topic now, at the beginning of his journey Dr. Byock struggled to make the pieces fit when his patients expressed feelings of well-being while dying.

“I didn’t even have the language to talk about it initially. I really didn’t,” Dr. Byock says. “How do you talk about a sense of well-being when somebody is dying—in Western language, in English, in Western medical culture? It seemed like it didn’t fit. So I spent a lot of time working out in my own mind what the heck was going on here and how you could talk about it.”

One of the goals of the Institute is to recreate what Dr. Byock witnessed almost 40 years ago with Mr. Rodriguez. And while the Institute has not reached its fourth birthday yet, the mission seems to be on the right track. Dr. Komatsu believes the path to normalizing whole person care will likely never end. But Dr. Byock and his team have a sense of what success for his vision looks like.

Dr. Byock sees a world where every patient has completed advance care directives in their chart and has talked to their health care providers about their physical and emotional needs. He wants to see this become the standard of care for everyone.

“We’ll know we succeeded when it feels abnormal for a doctor or a nurse to send somebody to surgery without having these things on file, not having had this type conversation,” Dr. Byock explains. “When that feels as abnormal as sending someone to surgery without having discussed their allergies and what medications they’ve been taking—we would never do that—that’s what we’re trying to promote.”

Origin of Whole Person Care

Whole person care was not a concept just born out of thin air. It is the combination of various practices and ways of thinking that have been around for years. Whole person care can be defined as a highly personalized medical treatment that attends to several facets of a person’s well-being. The goal of whole person care is for patients to achieve physical, social, emotional, psychological and spiritual wellness. It casts aside the idea that medical professionals are only to care for a patient’s illness and send them on their way once they do.

These ideas were once reserved only for patients in hospice care who were nearing the end of their lives, and for whom settling certain affairs became more important than curing their disease. When the palliative care field was established, it became clear that many of the ideas executed in hospice care also applied.

Dr. Byock’s vision differs in that he believes a patient does not have to be terminally or chronically ill in order to receive whole person care. In his quest for whole person care to be “the new normal,” Dr. Byock feels medical professionals can spend time making sure the full spectrum of patient needs are met, whether they have a broken leg or have been diagnosed with cancer.

“In the end, creating whole person care means taking the knowledge, attitudes and skills of hospice and palliative care and applying that to all patients, with a focus on emotional, social and spiritual well-being,” Dr. Byock says. “So that’s what my team and I do around here.”
Kerry McOsker's roots grow deep in the South Bay—and it's made all the difference in her career at Providence Little Company of Mary Medical Center San Pedro.

Written by Eichey Tapias | Photographed by Lauren Pressey

“Ur roots here grow deep,” says Kerry McOsker on her family’s strong ties to the South Bay, specifically to Providence Little Company of Mary. Kerry and three of her siblings were born at the hospital in Torrance. Kerry’s father, a retired dentist, was on the Foundation Board of Providence Little Company of Mary when her siblings were growing up. Three of Kerry and husband John’s four children were also born at the medical center in Torrance. Today Kerry works at the medical center in San Pedro as an emergency room nurse.

“I mean, who can say that? Especially in Southern California,” explains Kerry. “I feel very connected to this hospital and know that I am so lucky. I could not have worked that out better myself.”

Kerry joined the staff of Providence Little Company of Mary Medical Center San Pedro seven years ago after interning there during nursing school. She says she likes the variety of patients she sees in the emergency room and the comradery she feels with her fellow caregivers.

“It’s a great group of nurses and staff,” she says. “We go through some interesting things together, and I’ve made some really special friends.”

Before becoming an emergency room nurse, Kerry worked in a Catholic school as a teacher and in other administrative capacities for 12 years before taking a brief interlude to raise her children.

During that break, she took care of a longtime next-door neighbor with cancer whose husband could no longer physically handle her medical needs. Kerry says, “It was an enormous privilege” to help out and that the community “lost a lot” when the neighbor passed.

That neighbor encouraged Kerry to become a nurse and not long after, Kerry heeded her advice and enrolled in an accelerated RN program.

The work seems a perfect fit for Kerry. For while most people strive to love the neighbor, arguably few do it as well as she does—a trait she no doubt learned from her family, who have a long history of serving their community.

Kerry fondly recalls memories of her parents volunteering often, giving up weekends to work with Marriage Encounters, an organization that counsels couples in marriage, and Engaged Encounters, for couples preparing to wed.

“We grew up in the big loving community among people who were very dedicated to their marriages and their families,” she explains. “It was kind of a special way to grow up.”

Through that organization, her parents met priests and nuns for whom her father would do free dental work when he knew they couldn’t afford it.

After her father retired from his practice in Torrance, he drove from the South Bay to the Los Angeles Catholic Worker’s dental clinic once a week for 18 years, to provide care for the poor and homeless.

“It really is incredible when you think about it, being that dedicated for that long,” says Kerry. “I think if I did it, it fed him spiritually.”

Five years ago, he was forced to give up his volunteering hours at the clinic to take care of Kerry’s mother, who was diagnosed with Alzheimer’s disease 15 years ago. “I’m very proud of his work,” says Kerry.

Today Kerry and John live in San Pedro—in the same house he grew up in (“a very San Pedro thing to do,” says Kerry). John is a lawyer and former vice president of the United Firefighters of Los Angeles City (Kerry’s brother-in-law) and the other two are in high school.

Kerry says her family is active and loves to hike, but when everyone is home it’s also mandatory that they go to mass. “Mass and a meal,” she jokes.

The McOskers go back to John’s alma mater for football games, which has been made more interesting in recent years with her son at Navy—Notre Dame’s rival. “In the end, you kind of want both sides to win,” Kerry says.

The important thing to Kerry is not what they are doing but the fact that they are together. As her sons grow up and face deployment or potentially moving out of the area for their careers, she knows their family time is going to become more and more scarce. “So we just really savor our time together.”

Both sides of Kerry’s family have long-standing traditions of serving their community. If Kerry’s name looks familiar, it may be because you know one of the many members of the McOsker family who are in public service in San Pedro.

- Tim McOsker, former chief of staff to Mayor James K. Hahn (Kerry’s brother-in-law)
- Patrick McOsker, a Fire Department engineer and president of the United Firefighters of Los Angeles City (Kerry’s brother-in-law)
- Mike McOsker, also a Fire Department engineer and former first vice president of the United Firefighters of Los Angeles City (Kerry’s brother-in-law)
- John, former vice president of the city’s Harbor Area Planning Commission (Kerry’s husband)
- Mack McOsker, a Los Angeles firefighter for 27 years (Kerry’s father-in-law)
- Dr. Rich and Mrs. Pat Meehan (Kerry’s dad and mom)
Concerned about Jeremy Stern’s potential risk for developing diabetes, his longtime physician, internist John Armato, MD, arranged for him to undergo a revolutionary test—only available in the South Bay at Providence Little Company of Mary Medical Center Torrance—that would identify his precise risk years earlier than a conventional test might diagnose the disease.

The test results gave Dr. Armato precise, high-definition-like insight into Jeremy’s physiology, revealing his risk of developing diabetes was 17 times greater than that of the general population.

That was seven years ago.

Thanks to a prevention-based plan of action recommended in the test results, guided by Dr. Armato and followed by Jeremy, there is no sign of elevated diabetes risk today.

The test is known as the Glucose Insulin Stress Test (GIST™) and it’s offered through the Cardiometabolic Health Center at Providence Little Company of Mary Torrance. It measures glucose tolerance, insulin sensitivity, beta cell response and body mass index, offering a sophisticated look into how the patient’s body manages sugar intake and insulin production.

Armed with this information, doctors can intervene and apply a precise, personalized treatment strategy to prevent the onset of diabetes and even prediabetes.

Dr. Armato and endocrinologist, Ronald Ruby, MD, brought GIST and its umbrella Robust for Life program to the medical center 10 years ago, after seeing numerous research studies on the subject conducted by the foremost diabetes experts in the field. The science showed that patients could be alerted to cardiovascular and metabolic disease as much as a decade before they might typically learn of the problem.

With one-third of the U.S. population—about 86 million people—qualifying as prediabetic, Dr. Ruby and Dr. Armato knew they owed it to their patients to bring this research to life locally.

“We are the real-world application of the principles studied and published by revered pioneers in diabetes research,”
WHO SHOULD CONSIDER THE GLUCOSE INSULIN STRESS TEST?

Are you a candidate for the Glucose Insulin Stress Test (GIST)? Consider the American Diabetes Association’s risk factors for prediabetes and diabetes and speak with your doctor.

In addition to being overweight or obese or being age 45 or older, factors include:
- being physically inactive
- having a parent, brother or sister with diabetes
- having a family history of the disease
- giving birth to a baby weighing more than 9 pounds or being diagnosed with gestational diabetes (diabetes that is first found during pregnancy)
- having high blood pressure or being treated for high blood pressure
- low levels of HDL, or “good” cholesterol
- high levels of triglycerides
- having polycystic ovary syndrome
- having impaired fasting glucose (or impaired glucose tolerance on previous testing)
- having other conditions associated with insulin resistance
- having a history of cardiovascular disease

These are the types of things your doctor will discuss with you to determine if more advanced testing, like GIST, could be right for you.

Interested in taking steps toward prevention? The Centers for Disease Control leads a National Diabetes Prevention Program that can help prevent type 2 diabetes. The year-long program shows how to make healthier food choices, be more physically active and find effective ways to cope with stress. It’s carried out in hundreds of communities across the country and includes a trained lifestyle coach and small groups of people working toward the same goal. You can participate online or in person.

In general, you can lower your risk for developing type 2 diabetes by maintaining a healthy weight, getting at least 30 minutes of exercise five days per week, eating better and not smoking.

THE GIST OF IT

Beta cells make insulin. When there is poor insulin sensitivity in muscles and organs, also known as insulin resistance (imagine a rusty door that is difficult for insulin to unlock in order to let glucose in to nourish the cells), beta cells overcompensate by making more insulin. But over time, they wear out. By the time diabetes is typically diagnosed, 66% to 80% of beta cell function has been lost. (The body still may be able to control blood sugar, which is why standard glucose tests may not signal a problem, even when up to 50% of beta cell function is lost.)

GIST quantifies and measures this beta cell activity. If the results are normal, the patient can simply keep doing what they’re doing to stay healthy. But if there are significant reductions in insulin sensitivity and/or beta cell response, diet and exercise programs—sometimes in conjunction with medication—can restore insulin sensitivity and beta cell function, and in turn delay or even reverse the process.

“If your glucose and insulin signaling is out of balance, there is a cascading effect on many different aspects of your health,” Dr. Ruby says. “It’s critical to restore balance.”

GIST is simple to administer and undergo, requiring a series of four blood tests. The results show how well controlled sugar is, how well the body responds to insulin and how well the beta cells are doing. It takes about two hours.

On the cardiovascular side, an ultrasound of the arteries is included in addition to lab work, and the patient’s vascular age versus their chronological age is evaluated. The technology is radiation-free, noninvasive, scientifically validated and approved by the Food & Drug Administration.

Specially trained technicians at the medical center administer the test.

THE ACTION PLAN

Among the benefits of GIST are that it not only identifies a problem but points toward potential solutions.

“The test allows us to pull back the curtain years in advance and focus on prevention, so that we’re not overtreating people who don’t need it.”

Dr. Armato says.

Conservative, moderate or aggressive preventative strategies are recommended, based on individualized GIST assessments.

The conservative approach includes lifestyle modifications with daily exercise, a target weight loss of 7% of body weight, limited daily alcohol intake and six to eight hours of sleep each night. The moderate and aggressive approaches involve lifestyle changes as well as various medication options, dependent on the patient’s physiology. A reassessment occurs six months later to be sure the selected approach is working, and it is modified if needed.

“People want personalized care that focuses on prevention and quality of life,” explains Dr. Armato. “We’re moving away from a disease-based treatment model to a model that gives people vitality throughout their lifetime.”

YOU CAN DO SOMETHING ABOUT THIS

In Jeremy Stern’s case, the GIST results gave Dr. Armato a clearer picture of his physiology and imbalance that showed elevated diabetes risk. It also armed doctor and patient with the tools needed to walk back from the ledge of type 2 diabetes.

“Being given such precise information can really motivate patients to change their lifestyle in order to impact their health,” Dr. Armato says. “For Jeremy, this information led to a multifaceted approach including changes to diet and exercise—tactics which proved effective.”

For Jeremy, this information led to a multifaceted approach including changes to diet and exercise—tactics which proved effective.

Dr. John Armato and Dr. Ronald Ruby help patients focus on prevention before they develop cardiometabolic conditions like diabetes. They have screened more than 1700 at-risk patients over nine years through the Robust for Life program.

Jeremy says he was motivated by the realization that his health was in his control and that he had the power to do something about it. He modified his diet with professional nutritional advice, significantly reducing his sugar intake and eating whole grains and only healthy carbs.

He began exercising five to six days a week and went on to lose 40 pounds. He also had regular visits with Dr. Armato to stay on his plan. Today Jeremy is a triathlete who enjoys a rigorous swimming, biking and running regimen.

“I am energized,” Jeremy says. “I struggled at first, thinking the work I needed to do was too hard, and I think a lot of people feel that way. But it’s a lot easier than you think and the results are beyond inspiring.”

He calls his normal GIST results a miracle.

“Dr. Armato’s influence on me was life-changing. I can’t say enough about how grateful I am for his expertise and the great services that Providence Little Company of Mary provides to our community.”

Dr. Ruby says.

The two have also conducted years of their own studies modeled after that of the academic, screening more than 1,700 at-risk patients over nine years through Robust for Life.

Their data has shown they may be able to prevent up to 80% of people who might develop diabetes from getting the disease. This is critical, explains Dr. Armato, because even prediabetes can mean a 50% greater risk of heart attack and an increased risk of Alzheimer’s disease, and it can lead to vision problems.

“People with prediabetes face the consequences of diabetes without even having the disease yet,” he says.

As for diabetes, when it is untreated or complications arise, heart disease, kidney damage, nerve damage, fatty liver disease and more serious diseases can result. Not only are these illnesses life-threatening, they are also extremely expensive to treat. Diabetes can be managed when it’s caught early, but often people are not diagnosed until some 15 years after they have diabetes because conventional tests used to diagnose it do not do so until later.

“Many of the diseases Dr. Ruby and I are concerned with are a decade in the making,” Dr. Armato says. “This is also true for cardiovascular diseases, which can lead to stroke or heart failure. You can have normal cholesterol and be at risk for heart attack, for example. It’s also true for metabolic disease, which relates to issues processing sugar, and that can lead to Alzheimer’s, heart disease and stroke, and even some forms of cancer.”

The A1C test, commonly used to diagnose type 2 diabetes, does not measure whether a patient is making too much insulin to control blood sugar (a key indicator of disease) but rather, only whether the body is controlling blood sugar over a period of time.

“A significant percentage of people with prediabetes receive a screening test that is not a great indicator for them,” says Dr. Armato.

Coming Up

Dr. Ruby and Armato have published four research papers centered on the Robust for Life program results and have had 65 citations of their work. And they’re not finished. Currently they are working on a paper that they hope, when published, will further validate their studies and lead to GIST being widely available to doctors and patients around the world.

“We’re following 400 high-risk patients over two to five years who have been on different preventative therapies, and we’re looking at prevention rates between 70% and 100%,” Dr. Ruby says.

Dr. Armato adds, “Diabetes is a massive problem in this country, but we are significantly moving the needle in decreasing risk. It’s very exciting.”

Later this year, the Cardiometabolic Health Center will move to the new Providence Advanced Care Center in Torrance. To learn more about Robust for Life and GIST, call 310-545-7280. For more information on diabetes and prediabetes, including prevention and risk assessment, visit www.robustforlife.com and see accompanying sidebar.  

Dr. John Armato and Dr. Ronald Ruby help patients focus on prevention before they develop cardiometabolic conditions like diabetes. They have screened more than 1700 at-risk patients over nine years through the Robust for Life program.

Jeremy says he was motivated by the realization that his health was in his control and that he had the power to do something about it. He modified his diet with professional nutritional advice, significantly reducing his sugar intake and eating whole grains and only healthy carbs.

He began exercising five to six days a week and went on to lose 40 pounds. He also had regular visits with Dr. Armato to stay on his plan. Today Jeremy is a triathlete who enjoys a rigorous swimming, biking and running regimen.

“I am energized,” Jeremy says. “I struggled at first, thinking the work I needed to do was too hard, and I think a lot of people feel that way. But it’s a lot easier than you think and the results are beyond inspiring.”

He calls his normal GIST results a miracle.

“Dr. Armato’s influence on me was life-changing. I can’t say enough about how grateful I am for his expertise and the great services that Providence Little Company of Mary provides to our community.”

Dr. Ruby says.

The two have also conducted years of their own studies modeled after that of the academic, screening more than 1,700 at-risk patients over nine years through Robust for Life.

Their data has shown they may be able to prevent up to 80% of people who might develop diabetes from getting the disease. This is critical, explains Dr. Armato, because even prediabetes can mean a 50% greater risk of heart attack and an increased risk of Alzheimer’s disease, and it can lead to vision problems.

“People with prediabetes face the consequences of diabetes without even having the disease yet,” he says.

As for diabetes, when it is untreated or complications arise, heart disease, kidney damage, nerve damage, fatty liver disease and more serious diseases can result. Not only are these illnesses life-threatening, they are also extremely expensive to treat. Diabetes can be managed when it’s caught early, but often people are not diagnosed until some 15 years after they have diabetes because conventional tests used to diagnose it do not do so until later.

“Many of the diseases Dr. Ruby and I are concerned with are a decade in the making,” Dr. Armato says. “This is also true for cardiovascular diseases, which can lead to stroke or heart failure. You can have normal cholesterol and be at risk for heart attack, for example. It’s also true for metabolic disease, which relates to issues processing sugar, and that can lead to Alzheimer’s, heart disease and stroke, and even some forms of cancer.”

The A1C test, commonly used to diagnose type 2 diabetes, does not measure whether a patient is making too much insulin to control blood sugar (a key indicator of disease) but rather, only whether the body is controlling blood sugar over a period of time.

“A significant percentage of people with prediabetes receive a screening test that is not a great indicator for them,” says Dr. Armato.
CHRIS W. CARAS, JR.

Chris W. Caras is a real estate professional specializing in brokerage, development and management. He lives in Manhattan Beach with his wife and three children.

Caras says the medical center was his family’s go-to while he was growing up in the area. His parents were heavily involved with various philanthropic projects for the hospital for more than 30 years, and his father, Chris Sr., was a longtime board member.

Last year, when Chris Sr. passed away, Chris knew he had to keep the family legacy alive and joined the board shortly after. “That was probably one of the biggest reasons I was interested in doing it, to keep the family involvement going,” he says.

Now Caras hopes to carry on the love his parents had for the hospital and its mission to provide the best possible care for the community. “That’s important for people who can afford the care and especially for those that can’t afford the care,” says Caras. “You want to be able to be helpful for everybody.”

In joining the board, Caras says he also hopes to engage more people from the surrounding beach cities to get involved in the hospital as well as encourage a new generation to participate.

BILL MURIN

Bill Murin grew up in Torrance and remembers riding his bike to the opening of Providence Little Company of Mary when he was just 10 years old. He says the hospital has been a mainstay in his family’s lives ever since. “I’ve gotten stitches there, my brothers had surgery there, it’s where my father passed away, and where our youngest son was born,” says Murin.

He even worked at the hospital for a brief stint in the 1980s. Almost three decades later, Murin has joined the board as one of its newest members. With him he brings a wealth of knowledge acquired from a long and successful career as a health care executive in the Southern California region, from which he retired at the end of 2015. Now he says he feels lucky and blessed to give back to the hospital.

“It just aligns with my values and I respect a great deal what they do for their patients and the surrounding communities,” he says.

Murin currently lives in the South Bay area with his wife, Carol. They have four children and four grandchildren, all of whom are local. He also lectures at Loyola Marymount University. On weekends, he says he is most likely either at one of his grandchildren’s sporting events or traveling with Carol.

TODD TYDLASKA

Todd Tydlaska has worked in commercial real estate for more than 15 years, and lives in Palos Verdes. With four kids, ranging in age from 10 years to 18 months, he says he’s been lucky that his family has never had to use the emergency services at the medical center. He does have many friends whose babies were born there, though.

Tydlaska’s uncle, John Colich, serves as treasurer of the board of Providence Little Company of Mary Foundation, and recently Tydlaska felt a pull to do more service. “I felt like it was time professionally and personally to find an outlet for a charitable pursuit,” he says. “So I reached out and got involved.”

When he’s not working, Tydlaska coaches three AYSO soccer teams. He enjoys running, snowboarding, and staying active in the schools his children attend in Palos Verdes.

Tydlaska will turn 40 this spring, making him one of the younger people on the board—something he sees as an advantage when it comes to recruiting others to serve. “I’d love to try to get more people from the beach cities on board,” he says.
Tom Connaghan’s long and successful career in the financial services industry took him and his wife, Joan, all over the globe—from London to San Francisco. When it came time for Tom to retire in 2006, they decided to return home to the South Bay area, where they had raised their three children. Since then, they have dedicated their time and expertise to helping those in their own backyard.

Today both Tom and Joan are active volunteers in the community. Their first call to duty came close to home when, in 2007, their 9-month-old granddaughter needed a liver transplant. “We were at our daughter and son-in-law’s home when they got the call that they had a transplant for the baby,” says Joan. That call came exactly 11 years this past Super Bowl Sunday. Immediately, Tom and Joan stepped up to be available for their daughter and son-in-law, including watching the couple’s other two children, who were preschoolers at the time. “We happily held down the house while they traveled back and forth to the hospital. That was our first big volunteer duty,” says Joan. “We are blessed that the results have been so fabulous.”

Today their granddaughter, one of the couple’s 11 grandchildren, is in sixth grade and doing great. But the event planted a seed in Tom’s mind about the importance of the medical sector. “Something like that certainly gets your attention,” he says. “I became interested in the medical hospital business and all of the changes that were happening within it.”

Soon afterwards Tom got involved with Providence Little Company of Mary Foundation and has served as a trustee of the foundation since 2009. He initially joined at the request of a friend and fellow trustee and stayed because of the importance he found in the foundation’s work. “Once I got involved and learned more and more about the medical center—the doctors, and nurses, and techs working there—the more and more intrigued I became,” says Tom. “You see how critical it is to the community. And it’s hard not to be impressed.”

Tom cites the recent Heart to Heart campaign as one of his favorite moments since joining the foundation. The four-year campaign raised $35 million to build a new state-of-the-art Cardiovascular Center of Excellence at the Torrance medical center.

“That has been one of the most exciting parts for me,” says Tom. “Once you get a little older, you start looking at your proximity to good care. To have this world-class cardiovascular center right in our backyard is really important.”

In addition to his work with the foundation, Tom is also Chairman of the Advisory Board for Little Sisters of the Poor in San Pedro. He says his desire to give back originates from the example his mother and father set while he was growing up. His father was the president of the St. Vincent De Paul Society for 61 years. “Maybe it’s a little bit in my blood,” he says.

Joan also volunteers with the Los Angeles Philharmonic to raise money for music in the Palos Verdes area schools, and jokes that supporting Tom is her volunteer work. When they are not volunteering, Tom and Joan are golfing or enjoying the company of close friends and family. “We just love being with people,” she says.
Caras Dedication Reception

On March 7, PLCM Foundation supporters and friends of the Caras family came together to celebrate the dedication of the Chris W. and Joan Caras Reception Area within the medical center.

1. Rosalind Halikis and Rhea Caras
2. Retired PLCM physicians Jim Mollenkamp and John Spalding
3. Rosalind Halikis and Jan Brandmeyer
4. (L-R) Dr. John Spalding, Sister Terence Landini, LCM, Rita Spalding and Kurt Hirschian
5. The Caras family
6. Joan Caras and Mary Kingston with the plaque dedicating the space.
7. James Anastasiou, Joan Caras and Carolyn Elliott
8. Chris Caras, Jennifer Caras and their children
9. Sister Terence blesses the reception area.
10. Marlene Young with Patty and Tom Sullivan
11. PLCM Chief Executive Mary Kingston with Pat and Debby Greene

WHERE TO GO FOR THE BEST

Women’s Care

Meet Cass and Caroline

“Little Company of Mary’s extraordinary labor and delivery specialists stepped in with split-second decisions that saved not only my life, but Cass’s life too. To learn more about my story, go to providence.org/MyHospital.”

My Hospital is

Little Company of Mary Medical Centers
San Pedro and Torrance

888-HEALING
providence.org/MyHospital

OUT & ABOUT
YOU HAVE A MILLION QUESTIONS.
WE HAVE AN APP.

Download Circle by Providence to your smartphone at no cost and tap into a vast network of local, Providence-approved resources and tools for moms and moms-to-be.

CIRCLE OFFERS:
• Articles with answers to your questions about pregnancy, babies and parenting
• Breastfeeding support from videos and articles, and a guide to local resources
• Information about classes and groups for new moms and moms with older children
• A to-do checklist from Providence experts to guide you through every stage of pregnancy and motherhood
• Health-tracking tools so you can update providers about your pregnancy and your growing child
• Appointment reminders when you connect to MyChart through Circle

It’s easy to download Circle to your smartphone, and it’s free. Go to the App Store to download to an iPhone, or Google Play to download to an Android device.

OUT & ABOUT

SCHARFFENBERGER
DEDICATION RECEPTION

On February 23, PLCM Foundation supporters, friends of the Scharffenberger family, and caregivers were pleased to dedicate the reflecting pool in front of the main entrance of the medical center as the Marion Scharffenberger Reflecting Pool in honor of the Scharffenberger family’s generosity.

1. Ann Scharffenberger Allen, John Allen; Terry Durham and Wally Durham
2. Joan Scharffenberger Laarkers, Karen Learned, Paul Millman
3. The blessing commences.
4. Sister Terrence Landini, LCM, blesses the reflecting pool as Marlene Young and Rick Fridrick look on.
5. Dr. Peter Barrett with Marion Scharffenberger
6. Attendees gathered in the Halikis Waiting Room on the 3rd floor of the medical center for a lunch to celebrate Marion’s birthday.
7. Dr. James Scharffenberger, longtime PLCM physician, addresses the group on behalf of the family.
8. Celebrating Marion.
OUT & ABOUT

THE DEL VICARIO CARDIOVASCULAR CENTER OF EXCELLENCE IS ANNOUNCED

Providence Little Company of Mary Foundation supporters gathered at the home of Carolyn and Julian Elliott to celebrate the success of Heart to Heart, our $35M campaign to create the Del Vicario Cardiovascular Center of Excellence.

1. The view from the Elliotts’ house is unparalleled!
2. Sister Terrence Landini, LCM, contemplates where to start at the appetizer table.
3. Kurt Hinrichsen, Patty Sullivan, and Mark Paulin
4. Board of Trustees member Bill Murin with his wife Carol.
5. Chief Executive Mary Kingston with Paula and Dr. Michele Del Vicario just after revealing the honorary naming.
6. Maureen and Stanley Moore with Chief Executive Mary Kingston and Dr. Michele Del Vicario
7. Phoebe Joan, Chris and Jennifer Caras
8. Paula Del Vicario and Marion Scharffenberger

KORI CLAUSEN

On February 13, Kori Clausen and her four daughters presented a check of $15,000 to the Providence Little Company of Mary Foundation. These funds were raised at the annual 4DK Fours Volleyball tournament, which raises awareness for heart health as well as funds for Kori’s four daughters’ college funds. This is the third year that Kori has donated funds back to Little Company of Mary. These dollars will allow 60 people in underserved communities to obtain a $250 heart screening for free.

2018 Events
Save the Dates

C Golf Classic
Monday, May 14
Palos Verdes Golf Club

Celebration Gala
Saturday, Sept. 15
Terranea Resort

Women’s Wellness Conference
Friday, Nov. 2
Marriott Torrance

You won’t want to miss any of these exciting events!

California.Providence.org/PLCMEvents

For more information and sponsorship opportunities, please contact Katie Moe, Events Manager at (310) 303-5350 or Katherine.Moe@providence.org.
Jeremy Stern found out he was at risk of developing diabetes so he made some changes.

Dr. Ora Karp Gordon is making strides in testing patients for genetic susceptibilities to cancer and heart disease.

Thanks to the quick work of paramedics and the team at Providence Little Company of Mary, Aida Fernandez is making a full recovery from her stroke.