IN GOOD COMPANY

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A NEW AGE IN NEUROSCIENCES

Leading-edge care for brain diseases comes to the South Bay
A WORD FROM OUR CHIEF EXECUTIVE

Mary Kingston RN, FACHE
Chief Executive, Providence Little Company of Mary Medical Centers
San Pedro and Torrance

Over the last several years, Providence Little Company of Mary Medical Center leadership has been devoted to advancing clinical excellence in neuroscience care for the South Bay. More than 40% of people living in the South Bay have sought neuroscience care outside of the South Bay, so it was our aim to initially invest more than $10 million to provide an exemplary Neuroscience Program in our own community. We wanted to make sure that only in the rarest of circumstances would someone have to leave the South Bay for first-class care.

It took a comprehensive approach involving experts from their specialized fields to collaborate in the design and execution of our advanced Neuroscience Program. To that end, a partnership with the Pacific Neuroscience Institute brought to us a team of outstanding and experienced fellowship-trained neurosurgeons specializing in brain tumors, stroke and aneurysm, pituitary disorders, movement disorders and adult hydrocephalus. Supporting this team are fellowship-trained neuro-interventionalists, neuro-hospitalists, neuro-critical care intensivists and ambulatory neurologists, along with nurse practitioners, physician assistants and navigators. State-of-the-art surgical and interventional equipment was purchased to make sure our clinicians have exactly what they need to deliver excellent patient outcomes. Our advanced bi-plane catheterization lab will open in early 2018 and will be the most up to date in Los Angeles County.

In 2018, our objective is to become the first Joint Commission Comprehensive Stroke Center in the South Bay. Currently our hospitals receive the fourth largest volume of stroke patients in Los Angeles County, via our emergency departments. Both Providence Little Company of Mary Medical Centers in San Pedro and Torrance are certified Stroke Centers. Our acute rehabilitation center in San Pedro was named in the top 2% in the nation for rehabilitation services and is providing neuro rehabilitation, including the exoskeleton robot to assist patients with spinal cord injury in learning to walk again. Complementing our care is the first telestroke service in the South Bay, guaranteeing 24/7 expert consultation from experienced neurologists as backup to our in-house neuro-hospitalists.

Along with our investment in the most current technology and clinical expertise, we are committed to our core mission of delivering compassionate, whole-person care in concert with our Promise to all patients: “Know me, Care for me, Ease my way.” As health care is changing, so is Providence Little Company of Mary… becoming what we need to be in order to best meet your evolving health care needs.
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RECOGNIZING EXCELLENCE IN MAINTAINING PATIENT SAFETY

"Providing Little Company of Mary Medical Center Torrance is proud to once again receive the Healthgrades' Patient Safety Excellence Award, says Mary Kingston, chief executive of the medical center. "The fact that we have received this award for five years in a row speaks to the dedication and excellence that is evident everywhere in the hospital, from the clinical and medical staffs to our support services and even volunteers."

The Patient Safety Excellence Award was given to 460 hospitals, which puts them in the top 10% of hospitals in the country for superior performance in safeguarding patients from serious, potentially preventable complications during their hospital stays. The safety award is determined by evaluating the occurrence of observed incidents and expected performance for 13 patient-safety indicators, as defined by the Agency for Health Care Research and Quality."

URGENT CARE OPTIONS: WHEN SICK HAPPENS, PROVIDENCE LITTLE COMPANY OF MARY HAS ANSWERS

Getting sick is never convenient, but it’s a fact of life. Depending on what kind of malady you are dealing with, Providence Little Company of Mary Medical Centers Torrance and San Pedro have several different options for care. Here they are in order of the level of the illness/injury severity:

1. EXPRESS CARE VIRTUAL VISIT: This modern option lets you receive care in the comfort of your own home. There is no appointment necessary, and you can get treatment for common issues through the audio and visual components of your computer or smart phone. Nurse practitioners are available at any time to treat such illnesses as fevers, cold, sore throats, rashes, gastrointestinal issues, sprains and even women’s wellness issues such as breastfeeding support. "Being able to provide patients the option of a virtual visit is redefining how healthcare is delivered. It provides convenience at an affordable cost," says Andrew Werts, director of marketing, Providence Little Company of Mary Medical Center Torrance and San Pedro.

For more information visit Virtual Providence.org or call 888-432-5464.

2. URGENT CARE: For injuries or illnesses that are more severe (but don’t necessitate a trip to the ER), urgent care is the next step. Urgent care facilities are walk-in and many are open 24/7. This is the place to go for a chimneying stomach, burns and broken bones. They treat serious issues that aren’t life-threatening. There are five Providence urgent care centers in the South Bay. San Pedro, Redondo Beach, Manhattan Beach, Torrance and Del Amo. For more information visit California Providence.org/urgentcare or call 888-432-5464.

3. EXER - MORE THAN URGENT CARE: The newest addition to the urgent care options is Exer, which is an emergency-room alternative staffed with ER-trained doctors. It offers a higher level of care than urgent care, for more serious conditions that are not life-threatening. "We are hearing extremely positive feedback from our patients who have visited the new Exer location. This is truly a wonderful addition to the South Bay community," says Werts. They are open from 9 a.m. to 9 p.m. No appointment is necessary, and there is usually little or no waiting time. The sites in Redondo Beach and Manhattan Beach (coming soon) are convenient and close to neighborhoods, schools and community hospitals. Exer locations also offer on-site X-ray, lab, splintering and diagnostics. For more information visit ExerUrgentCare.com or call 888-432-5464.

4. PROVIDENCE LITTLE COMPANY OF MARY MEDICAL CENTER TORRANCE AND SAN PEDRO EMERGENCY ROOMS: If you need immediate care for a life-threatening emergency or you call 911, you need an emergency room—the highest level of care. If you are having shortness of breath, severe chest or abdominal pain, stroke symptoms such as weakness or speech problems, this is where you should head. Additional events that require an emergency room visit include accidental poisoning, behavioral health and chemical dependency issues. If you are experiencing a life-threatening emergency, please call 911.

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Jennifer Frisina, BSN

"Four years ago, after I finished college in Northern California, I came back to the South Bay and didn’t think I would be able to get a job at Providence Little Company of Mary Torrance because it is so competitive," says Jennifer Frisina, BSN. "But I was so excited that I did, and I have been here ever since." Frisina was raised in the South Bay and born at Providence Little Company of Mary Torrance. "The hospital has such a great reputation," says Frisina. "And the Magnet recognition has enhanced that."

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This year marks the seventh year that Providence Little Company of Mary Medical Center San Pedro has received the American Heart Association/American Stroke Association’s Get With the Guidelines® Stroke Gold Plus Quality Achievement Award. "The Gold Plus award validates the quality and consistent performance we have offered in San Pedro for our stroke patients," says Darcie Fitzgerald, stroke and orthopedics program manager. "Every year the American Stroke Association reviews our data and determines that we have at least 85% adherence to the achievement indicators."

One of the major criteria for this award is the quick administration—when applicable—of the clot-buster tissue plasminogen activator or tPA. This medication, if given intravenously within the first three hours (or up to 4 1/2 hours for some patients) after an ischemic stroke (an obstruction within a blood vessel supplying blood to the brain), can reduce the effects of the stroke and lessen the chance of permanent disability.

"With stroke, it is so important to get to a hospital with a quality program," says Fitzgerald. "We like to say ‘Time is brain.’ San Pedro is, in essence, isolated from the rest of Los Angeles. Our hospital felt it was important for our community to have access to quality, rapid acute stroke care provided by a certified Primary Stroke Center accredited by the Joint Commission. We were the first Primary Stroke Center in the South Bay because of the need here. For a long time, we have had an excellent certified stroke rehabilitation center, and we have worked hard to gain recognition, as well, for our treatment of the acute phase of stroke."

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Achieving recognition as a Magnet hospital is the highest acknowledgement that a medical center can get for nursing excellence. That journey was undertaken by Providence Little Company of Mary Torrance and culminated last year with the medical center receiving Magnet recognition—just one of 31 hospitals in California to do so.

And, while this is a draw for patients who know that with this designation they are getting the best nursing care possible, it is a big bonus for nurses as well.

FRONT
There is a massive construction project happening on Torrance Blvd. that represents a sea of change in patient care for residents of the South Bay. The former site of the Daily Breeze building, located at 5215 Torrance Blvd., is being transformed into the Little Company of Mary Advanced Care Center (ACC)—which is good news for residents who need convenient, local access to advanced outpatient care. The ACC, slated to open in the summer of 2018, will house multiple state-of-the-art services, all in one place.

The $80 million, 106,000-square-foot facility will provide key programs including City of Hope’s Multidisciplinary Cancer Center and Providence Little Company of Mary’s Orthopedic and Spine Institute, among others. “This is a real benefit to the community,” says Uriah Melchizedek, director of business development and strategy for Providence Little Company of Mary Medical Centers San Pedro and Torrance. “The partnership with City of Hope means South Bay patients can receive local, high-quality, coordinated cancer care in one convenient place, when in the past, they may have had to travel all the way to Duarte to receive City of Hope’s nationally-recognized services.”

Back in the planning stages, the idea for the ACC was to anticipate the kinds of medical services that would be in greater demand in the South Bay in the future, move them out of the hospital setting going forward and house them in one place. “We saw the need for more advanced cancer care as well as orthopedic care. We wanted to provide outpatient care for those needs, that is close to home and community-oriented,” says Melchizedek, “and this new facility does all of that.”

**CITY OF HOPE PARTNERSHIP**

The ACC will also house City of Hope | Torrance, a new comprehensive ambulatory cancer center, allowing local patients in need of treatment to remain under the care of their local physicians while gaining access to the expertise of City of Hope specialists, clinical research and treatments. City of Hope | Torrance will offer radiation therapy, medical oncology, chemotherapy, surgical oncology and other cancer-related services within the ACC.

**AND MORE**

In addition to cancer treatment, the ACC will house Providence Little Company of Mary’s Orthopedic and Spine Institute, Women’s Breast Center, an ambulatory surgery center, restorative therapies (including physical and occupational therapies), genetic testing and counseling, a cardiometabolic program and an advanced imaging center. The many advanced diagnostic and treatment modalities that the imaging center will offer include: CT simulation, digital tomosynthesis (3D mammography), digital X-ray and more.

In closing, Melchizedek says, “When the ACC is up and running, South Bay residents will be able to see high-quality specialists, complete imaging and other tests, have surgery if necessary and avail themselves of restorative therapies, all on one campus.”
The Fit Food Fair, sponsored by the Providence Little Company of Mary Medical Centers San Pedro and Torrance, has been a wonderful event and we are so grateful to be a part of it,” adds Harney. “The food is fresh, the vegetables, yogurt and farro. After lunch, the groups switch. Popsicles with our chefs, and the adults are divided into two groups. One activity, says Harney. “And then the group breaks off into sections. The whole family, is not a series of lectures. It entails games, hands-on cooking and—of course—eating. "We start with a wellness moving meditation in technology offer more treatments than ever to improve your health and quality of life. Join us to learn about the newest treatments for brain tumors and movement disorders. Register online at ProvidenceClases.org or call 888-HEALING (432-5464).

CELEBRATION GALA®
October 29
Terranea Resort, Palos Verdes
6 p.m. Cocktail Reception
7:30 p.m. Dinner

On October 28, more than 600 people will gather at the Terranea Resort for an evening of dinner, drinks, dancing and silent and live auctions featuring truly unique and sought-after items. The annual event sells out quickly. Tickets are $350, sponsorships, $5000. For more information, visit California.providence.org/PLCMevents.

TASTING BRAIN TUMORS AND MOVEMENT DISORDERS
October 23 (Torrance)
6:30 to 8:30 p.m.

Today’s groundbreaking advances in technology offer more treatments than ever to improve your health and quality of life. Join us to learn about the newest treatments for brain tumors and movement disorders. Register online at ProvidenceClases.org or call 888-HEALING (432-5464).

Location for lectures in Torrance: Providence Little Company of Mary Medical Center Torrance, Del Webb Center for Health Education.
San Pedro: Providence Little Company of Mary Medical Center San Pedro, De Munis Conference Center.

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TREATING BRAIN TUMORS AND MOVEMENT DISORDERS
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SUFFERING FROM TENDONITIS PAIN?
SEPTEMBER 12 (TORRANCE)
6:30 to 8:30 p.m.

If you’ve ever had sudden pain when making a repetitive movement during a sport or everyday activity, it could mean tendinitis. Find relief at this free lecture. Learn how to prevent tendinitis and find out how the latest treatments can help you get back in action. Register online at ProvidenceClases.org or call 888-HEALING (432-5464).

FIT FOOD FAIR
Making good nutrition fun
Providence Little Company of Mary Medical Centers San Pedro and Torrance have a firm commitment to helping build stronger local communities. One symbol of this endeavor is the Fit Food Fair, which is a recurring event that provides educational opportunities and healthy meals for families, people with diabetes and elderly people.

The center also sponsors quarterly Fit Food Fairs, thanks to Tom Harney, director of hospitality services for both Providence Little Company of Mary Medical Centers. After visiting the center as part of a training program, Harney decided to volunteer and offer his expertise to improve opportunities for healthy eating in this underserved community—in a fun way!

THE FESTIVITIES
So far there have been two Fit Food Fairs, and they have been so successful that they are now quarterly and growing, with plans to bring the concept to other communities. “The part of my job that really infuses me with energy,” explains Harney, “is doing things that help the community—this is part of the Mission of Providence Little Company of Mary, as well. The food fair, which will be offered each season, has attracted more than 150 people—parents, kids, grandparents—to each event.”

The Fit Food Fair, which strives to bring nutritional information to the whole family, is not a series of lectures. It entails games, hands-on cooking and—of course—eating. “We start with a wellness moving activity,” says Harney. “And then the group breaks off into sections. The kids go outside for a fun activity, such as making smoothies or fruit popsciles with our chefs, and the adults are divided into two groups. One group starts out in a room playing nutritional jeopardy and the second group has a cooking demonstration. We like to show how a traditional dish can be made healthy. For the fair in May, we made enchiladas with vegetables, yogurt and farro.” After lunch, the groups switch.

At the end of the event, each family goes home with a bag full of fruits, vegetables and staple food items—enough for a family of six. “The spirit of Providence was really alive as seen on the smiles of the folks we were able to serve and the laughter that we shared together. It really is a wonderful event and we are so grateful to be a part of it,” adds Harney.

COMMUNITY OUTREACH

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What is a stroke?
Stoke occurs when blood flow to the brain is cut off. There are two types of stroke: ischemic and hemorrhagic. The most common type of stroke, which occurs nearly 9 out of 10 times, is ischemic stroke. In this type of stroke, there is brain cell death and damage from impaired circulation to the brain (ischemia). Impaired circulation can come from a blood clot in the brain, or it can come from poor circulation in the blood vessels of the brain due to thickening of the artery walls, which is called “atherosclerosis.” The second type of stroke, a hemorrhagic stroke, occurs when a blood vessel in the brain ruptures and causes hemorrhage.

What are the symptoms of stroke?
Almost any symptom can indicate stroke. Most commonly we say that sudden numbness on one side of the body, sudden weakness on one side of the body, or sudden speech difficulty can be early signs of a stroke. To identify stroke quickly, it’s helpful to remember the mnemonic “FAST,” which stands for: Facial drooping, Arm weakness, Speech difficulties, Time to call 911.

Are there other possible signs or symptoms of stroke?
Sometimes people might experience sudden onset of dizziness, loss of consciousness, double vision or walking difficulties. These can be additional symptoms that may represent a stroke. Sudden inability to do something simple like dialing the phone or inability to do things that are typically done without thinking may also suggest stroke.

Anything unusual that happens suddenly could be a symptom of stroke, especially in people who have risk factors such as smoking, diabetes, hypertension (high blood pressure) or high cholesterol.

If someone is experiencing any of these symptoms, what should they do?
They should IMMEDIATELY call 911, take an aspirin and wait for help to arrive. If the person experiencing symptoms is unable to call 911, they should try to seek help from a loved one, neighbor or other nearby person.

Why is it critical to get help ASAP?
In the past, there wasn’t much that could be done to help stroke victims. But now we have treatments that can make a huge difference, and the faster stroke can be diagnosed and treatment begun, the better the chances are of preventing the spread of damage to the brain that can cause loss of normal functioning and even death. For every minute of ischemia, 1.9 million brain cells are destroyed. This is why it is imperative to get to a Primary Stroke Center hospital without delay. One possible treatment is a “clot-buster” medication, called tissue plasminogen activator or tPA, which helps dissolve clots and return the flow of blood to the brain in 1 of 3 people experiencing ischemic stroke. If patients receive this drug treatment within 4½ hours of the onset of symptoms, it can be lifesaving! Additionally, a new procedure can literally pull blood clots out of brain vessels to restore the brain’s circulation and prevent brain cell death. This procedure, called thrombectomy, can only be performed at Primary Stroke Center hospitals such as Providence Little Company of Mary Torrance. Providence Little Company of Mary Torrance offers these emergency services 24 hours a day, 365 days a year.

Why is Providence Little Company of Mary Torrance a good place to go if stroke is suspected?
Our medical center has earned recognition from the Joint Commission as an Advanced Primary Stroke Center. The Joint Commission is an independent, not-for-profit organization that accredits and certifies nearly 21,000 U.S. health care organizations yearly. This designation means it has passed a rigorous set of standards to qualify as a designated Primary Stroke Center and follows national standards and guidelines that can significantly improve outcomes for stroke patients. It acknowledges that we use proven best practices for stroke patients, including around-the-clock care, excellence in staff education and training, comprehensive patient education and an award-winning stroke rehabilitation program. We have highly skilled and dedicated stroke teams on standby around the clock, ready to immediately treat any stroke patient who comes through our doors. We treat some 700 patients with strokes each year.

What are the chances of having a good recovery from stroke?
Chances are very good if a patient can be treated as soon as symptoms begin. The oft-repeated phrase in stroke care, “Time is Brain,” refers to the fact that human nervous tissue is rapidly lost as a stroke progresses and that the sooner treatment is started, the smaller the area of damage to the brain will be.

Who’s at risk for stroke?
In general, people most at risk for stroke are older, smoke, have high blood pressure, high cholesterol and diabetes. People who have atrial fibrillation or heart valve vegetation, in which growth of bacteria on one of the heart valves leads to an infected mass, are also at increased risk for stroke. See sidebar for more specifics on who is at risk.

Can stroke be prevented?
Yes, strokes can be prevented by exercising, eating well—a Mediterranean diet is recommended—taking prescribed medication, controlling blood pressure, quitting smoking and having regular preventive visits with your primary care physician.
Deep Brain Stimulation

Transforming quality of life for people with Parkinson’s, essential tremor and more

 Written by
Kristin Reynolds
Photographed by
Kristin Anderson

A gentleman with Parkinson’s disease sent his physician a video of himself gliding down a ski slope, thrilled he could rekindle a lifelong passion. Another Parkinson’s patient was back on his surfboard again. A drone engineer suffering from essential tremor—an involuntary trembling unrelated to Parkinson’s—returned to work, his now steady hands able to control drones again.

These scenarios represent outcomes of Deep Brain Stimulation (DBS), a surgical procedure used to treat a variety of disabling neurological symptoms caused by Parkinson’s disease, essential tremor and dystonia, a movement disorder that causes muscle spasms. DBS is part of a family of treatments known as neuromodulation—the practice of altering nerve activity by delivering electrical currents to highly targeted, personalized areas in the brain.

Each patient mentioned above underwent DBS under the care of Jean-Phillipe Langevin, MD, director of restorative neurosurgery and deep brain stimulation surgery at the Pacific Neuroscience Institute, which is affiliated with Providence Little Company of Mary Medical Center Torrance.

Though DBS is not a cure for movement disorders like Parkinson’s disease, Dr. Langevin says it can significantly lessen symptoms so people can return to normal activities and feel like themselves again. “It’s like seeing somebody rediscovering life,” he says of post-DBS treatment. “I’ve treated patients who had resigned themselves to a life of suffering and then have undergone DBS. It’s like having a huge part of their life unlocked. For me, it’s an amazing feeling to witness that.”

What happens during DBS

DBS uses technology to alter brain activity in a nondestructive, reversible and minimally invasive way. “The idea is to find the ‘sweet spot’ in each patient’s brain and then to stimulate that highly targeted area,” Dr. Langevin says. “In the past, surgeons used to make lesions in specific regions of the brain to treat movement disorders. With DBS, we are targeting small regions with a tiny electric current. Unlike lesioning, DBS is reversible.”

DBS surgery is done in stages, usually about two weeks apart. During the first stage, two small openings (each about the size of a dime) are made in the skull and electrodes are placed deep in the brain. The first surgery can take up to five hours, and the patient stays in the hospital overnight for observation. In the second stage of the procedure, a small cardiac pacemaker-type device is implanted near the collarbone, and a connecting wire from the electrodes is tunneled under the scalp and behind the ear, leading to the “brain pacemaker.” Physicians can, using a remote-control device, then adjust the electrical current depending on the ailment. From there, a constant current is delivered to the brain to reduce or eliminate the patient’s symptoms. Stage two is an outpatient procedure that takes about an hour.

I’ve treated patients who had resigned themselves to a life of suffering and then have undergone DBS. It’s like having a huge part of their life unlocked.”
DBS was pioneered in France in the late 1980s. It was FDA-approved in the United States in 1997 for patients with essential tremor and in 2002 for patients with Parkinson’s. Since then, it is reported that more than 150,000 Parkinson’s patients worldwide have received the treatment.

Melita Petrossian, MD, who specializes in essential tremor, Parkinson’s disease, dystonia and more, is part of a multidisciplinary care team at Providence Little Company of Mary Torrance that includes movement disorder neurology, neurosurgery, speech therapy and support groups—all comprising a comprehensive, well-rounded treatment program for patients with movement disorders.

“People are skeptical of the idea of brain surgery and electrical stimulation,” Dr. Petrossian says. “They immediately think of electroshock therapy or lobotomy. But DBS is not experimental, and it’s not weird science fiction. DBS is well established as a treatment for movement disorders.”

Determining Eligibility

As many as 1 million Americans have Parkinson’s disease, according to the Parkinson’s Disease Foundation, and about 60,000 new cases are reported annually. Those numbers are expected to increase as the average age of the population increases. Essential tremor is eight times more common than Parkinson’s, according to the National Organization for Rare Disorders.

“Patients with Parkinson’s typically have a good initial response to medication,” Dr. Petrossian says. “But over time, they may find that it isn’t as reliable, wears off more quickly and that side effects appear. These patients are good candidates for DBS, since the procedure can prolong the effects of medication and increase the number of hours in the day when they feel good.”

“DBS doesn’t reverse or halt disease progression, but it can mean that a patient gains five good hours in a day. They can meet friends for lunch, go to work or participate in athletics without the fear of, ‘Is my medication going to wear off?’”

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While DBS is not a last resort for Parkinson’s patients, it is also not considered a first-line treatment. DBS candidates are typically at least five years out since diagnosis.

With essential tremor, Dr. Petrossian explains, there are fewer advances in medical treatment, making DBS that much more life changing.

“Essential tremor can disable a dentist or a jeweler,” she says. “Patients can walk and get dressed, but when they want to eat, they are embarrassed to go out in public. Handwriting is affected, so writing a check is challenging. They can’t do things online because they can’t type well due to loss of motor control. DBS can be transformative for these patients. It has been shown to reduce tremor by about 70% and can mean the difference between being isolated and embarrassed, and living a fulfilling life.”

The reaction time is also very fast, according to Dr. Petrossian. “Within seconds of turning on the current, their tremor is gone.”

DBS is FDA-approved to treat obsessive-compulsive disorder, as well, and is under investigation as a treatment for depression, bipolar disorder and other psychiatric conditions.

Why It Works

Researchers and specialists don’t completely understand exactly why DBS works, but they believe the electrical activity regulates abnormal electrical signaling patterns in the brain.

“Parts of the brain communicate with each other, controlling movement and other functions, using electrical signals,” Dr. Langevin says. “Neurological disorders occur when one part is disruptive and sending abnormal signals. We think the DBS current acts as a static signal, rendering meaningless the area of the brain that is sending disruptive messages. The brain discounts bad messaging and hears white noise instead. From there, better communication in the brain leads to lessened symptoms.”

Through DBS doesn’t stop the disease from advancing, it can greatly reduce disability resulting from Parkinson’s disease,” Dr. Petrossian says. “And there is mounting evidence that undergoing the procedure earlier, which helps patients get back to their routine activities, is better for the body—especially since patients with Parkinson’s, in particular, greatly benefit from physical activity.”

Risk vs. Reward

As with any surgery, there are risks associated with DBS. However, they are rare: Infection occurs in about 4% of cases, and there is a 1% chance of stroke as a result of insertion of electrodes into the brain.

And while short-term side effects can occur—tingling and muscle contraction among them—the rewards outweigh the risk, both doctors say.

“If there is a problem, DBS can be reversed,” Dr. Langevin says. “If there is misplacement of electrodes, the device can easily be shut off. DBS does not damage the brain tissue.”

There are, however, significant strides being made in the short and long term with regard to improved treatment options for patients.

“We are in an age of information in medicine,” Dr. Langevin explains. “Just as the information gained through precision medicine is revolutionizing cancer treatment—in our field, we’re getting breakthrough information from DBS.”

“In the future,” he adds, “the ‘brain pacemaker’—as opposed to the neurologist or patient—will be able to automatically adjust the electrical current based on information gathered from the brain.” Further, he believes this technology will be merged with our consumer technology wearables—the Watch, for example.

“We are on the cusp of something even greater than DBS, and I think we’ll see profound changes in the treatment of Parkinson’s, essential tremor and other neurological conditions in the next five to 10 years,” Dr. Langevin says.

Even at this moment, according to Dr. Petrossian, there is a new DBS device on the horizon that improves the way electric stimulation is being delivered and is more user-friendly. “It’s a very exciting time to be in this field,” she says. “You can see the excitement in patients, too. It’s gratifying to be able to impart realistic hope—to tell people, ‘There is a lot we can do to help you now, and there’s even more to come.’”

Call to Action

For more information about Deep Brain Stimulation, visit Providence neurosurgeon drmelita.angevinsmd.com or ask your doctor.

1. Parkinson’s disease, essential tremor and dystonia patients should see a movement disorder specialist for a consultation before making treatment decisions.

2. DBS to treat Parkinson’s, essential tremor, dystonia and obsessive-compulsive disorder is covered by insurance.

3. Not everyone is a DBS candidate. Patients who are newly diagnosed with Parkinson’s are not candidates for DBS, nor are the medically frail.

4. DBS is not a last-resort treatment. Patients shouldn’t wait until all other options are off the table before considering DBS.

5. DBS will not reverse or cure Parkinson’s disease or essential tremor, but it can lessen symptoms and in turn, significantly improve quality of life by helping patients return to the normal, everyday activities they enjoy.

5 Things to Know about Deep Brain Stimulation

Melita Petrossian, MD, part of the multidisciplinary care team at Providence Little Company of Mary Torrance, says there’s much in the way of quality of life that Deep Brain Stimulation (DBS) can improve. Here are five things to know if you think you or someone you know may be a good candidate for DBS:
Providence Little Company of Mary Medical Center Torrance is leading the way in diagnosing and treating brain tumors.

Written by Kristin Reynolds
Photographed by Kristin Anderson

Late last year, Gene Juckett kept falling. He also noticed he was losing strength on his left side, and soon he was unable to lift his left leg. Before long, he was wheelchair-bound.

“It must be my back,” he remembers thinking. He had undergone three back surgeries in previous years, so it was a reasonable self-diagnosis.

But after seeing neurologist Laura Jong, MD, at Providence Little Company of Mary Medical Center Torrance and having an MRI, the 77-year-old Hawthorne resident got a different diagnosis: a large brain tumor was compressing his motor cortex. Since this is the area of the brain that controls movement, the weakness, falling and inability to walk unaided made sense.

Within two weeks, Juckett was in the operating room undergoing microsurgical resection of his tumor. It was a meningioma, the most common benign brain tumor in adults 65 and older. (See sidebar, page 23 for more information about tumor types.)

Neurosurgeon Achal Singh Achrol, MD, performed Juckett’s surgery using a minimally invasive, MRI-guided technique that allowed him to precisely and successfully access and remove the tumor.

Dr. Achrol specializes in the minimally invasive treatment of brain tumors, aneurysms and vascular malformations, as director of neurovascular surgery and chief of the Glioma Surgery Program at Pacific Neuroscience Institute (PNI), which is newly affiliated with Providence Little Company of Mary Torrance. Its multidisciplinary team of specialists in neurosurgery, interventional neuro-radiology and neuro-oncology are now offering inpatient care and emergency stroke center services here, and an outpatient brain tumor clinic is in the works.

“We are thrilled to bring highly complex microsurgical care for brain tumor patients to the South Bay,” Dr. Achrol says. “This is care that would typically only be available at academic centers. Our patients often travel nationally and internationally to be treated here at PNI.”

“Gene is a prime example of how the new neuroscience services at Providence Little Company of Mary Torrance will continue to make a significant difference for brain tumor patients in the South Bay.”

And for many patients, they are indeed seeing a difference—not only in the types of innovative therapies that are available to them, but also in life expectancy after diagnosis.
According to the National Cancer Institute, the five-year survival rate for all brain tumors—including benign tumors—is about 23%, though this number drops for the highly malignant glioblastoma tumor type.

In general, however, brain tumor patients are living longer, thanks in large part to the prevalence of molecular profiling and subsequent targeted therapies designed especially for specific tumor types.

“The overall direction of the oncology field is moving away from a one-size-fits-all approach as it was for many years, but rather, it is now personalized for each individual patient’s tumor,” Dr. Achrol says. “As we better understand the molecular and genetic underpinnings of a tumor, we are learning how critical it is to individually tailor each treatment approach.”

Also the marriage of state-of-the-art technology and leading edge research is offering patients the most promising array of removal techniques and treatments yet.

Neurosurgeon Dan F. Kelly, MD, director of the PNI Brain Tumor and Pituitary Disorders Centers, says, “This is one of the major challenges in brain surgery—getting out all of the tumor while making sure not to remove any parts of the normal brain that control critically important functions.”

The optimal approach to tumor removal is different for every patient and is determined by the location of the tumor, as well as the surrounding anatomy. The goal is to remove as much of the tumor as possible, while minimizing manipulation of healthy areas of the brain.

Surgeons are accessing tumors in a variety of minimally invasive ways:
- Endonasal endoscopic route, through the nostrils for skull base tumors
- Superorbital route, through a small eyebrow incision
- Retromastoid route, through an incision behind the ear
- Gravity-assisted approaches, which use patient positioning and gravity to allow normal brain to fall away, creating a surgical pathway to the tumor.

To reach tumors located deep in the brain, a small tube is guided to the tumor using MRI fiber-mapping to minimize damage to healthy brain. The tumor is removed through the tube.

On the oncology front, physicians and researchers are learning more every day about how to use new developments in the lab to help more patients. Though brain tumors are notoriously difficult to treat due to their accessibility and ability to spread quickly, new key learnings in the lab are making their way to the bedside with promising results.

“We are increasingly finding other ways to attack cancer cells besides the traditional chemotherapy and radiation method, because the old way is nonspecific to cancer cells and comes with tough side effects. It’s much better to be able to target the tumor directly,” Dr. Achrol says.

**NOVEL WAYS OF DELIVERING NEW THERAPIES**

Precision medicine, a hot topic in cancer treatment across the board, is about identifying what mutations drive each individual patient’s cancer, identifying drugs that provide the best match for it and then using combination therapy, such as immunotherapy, targeted therapy and chemotherapy, to treat it.

“There is so much progress in oncology. It is a great time to be in the field,” says neurologist and neuro-oncologist Santosh Kesari, MD, PhD, who leads the Pacific Neuroscience Research Center at PNI.

“We are continuing to improve on utilizing all the new developments—and optimizing them—so that we can better help our patients and also help more patients.”

“A big part of this,” Dr. Kesari agrees, “is understanding each patient’s tumor. Then we can work to identify off-label drugs that may help patients while we’re waiting for new drugs to be approved.” Clinical trials are the pathway to new drug development—the key to improving quality of life and patient outcomes.

Dr. Achrol, who leads a translational research team at PNI and works closely with Dr. Kesari, says, “For today’s patient and their loved ones, waiting for future treatments aren’t going to save their life. They’re looking for something today that can help them. To be a part of a clinical trial is to be part of something innovative right now, at this very moment.”

Among the promising clinical trials that PNI offers is one using targeted, MRI-guided Convection Enhanced Delivery (CED) of drugs to a tumor, using a small catheter inserted into small openings in the skull. The study is led by Dr. Achrol as principal investigator for the trial, in collaboration with Dr. Kesari in neuro-oncology. This technique is especially promising for treating a recurrence or progression of glioblastoma, the most aggressive malignant brain cancer (see sidebar, page 22). With this drug delivery technique, medication is infused directly into the tumor.

“The therapeutic agent is a biengineered fusion protein that acts as a Trojan horse,” Dr. Achrol explains. “The protein is engineered to specifically target tumor cells that unknowingly take in the toxin, a process that selectively kills these tumor cells without affecting the surrounding normal brain.”

Average survival for glioblastoma has traditionally hovered at just more than a year, but now it’s closer to 16 months with aggressive surgical resection, radiation and chemotherapy. This tumor type is particularly challenging—it tends to come back again and again, even after surgery and rounds of treatment. It grows rapidly and is often referred to as having tentacles that extend from the mass into normal brain tissue. Efficient drug delivery to the tumor can be challenging, which is why techniques like CED show considerable promise.
Despite the complexities around tumor removal and treatment, it’s important for brain tumor patients to remember to keep the faith, all three doctors say, because the treatment landscape will only continue to broaden. “I remind my patients about Magic Johnson,” Dr. Achrol says. “Many of us remember when he announced his devastating HIV diagnosis in 1991. Not much was known on how to treat it at the time, and frankly he wasn’t expected to live. But he went after cutting-edge treatments year after year, and he climbed the mountain one step at a time—he didn’t try to tackle it all at once. It would be five years before the life-saving triple-therapeutic protocol for HIV was even invented, but he made it there. It’s the same with brain tumor treatment. Every year the clinical trial landscape is different; what’s happening now in brain cancer treatment wasn’t happening last year. “While there is no cure yet, if we can get a patient to next year, then we’ll have a whole new set of options to offer them.”

I say to my patients: ‘You can be like Magic—living well—20 to 30 years later,’” adds Dr. Achrol.

Speaking of living well, meningioma patient Gene Juckett is feeling back to normal these days, though he isn’t ready just yet to get back out on the field with his senior softball league. But it’s not because he can’t. “Sure, I miss the game,” he says, “but my new hobby is garage sale hunting with my wife. I enjoy adding to all my collections. That’s keeping me busy these days.”

And on the brain tumor front? His most recent MRI revealed a clean scan. “In Gene’s case, I believe he has a very good chance of a cure from this surgery alone without requiring any further treatment,” says Dr. Achrol.

BE LIKE MAGIC

Despite the complexities around tumor removal and treatment, it’s important for brain tumor patients to remember to keep the faith, all three doctors say, because the treatment landscape will only continue to broaden.

CALL TO ACTION

For more information about the latest in brain tumor therapies offered at Providence Little Company of Mary Torrance, visit Providence.org/torrance or call 866-HEALING (432-5464).

THERE ARE MORE THAN 120 TYPES OF BRAIN TUMORS, ACCORDING TO THE NATIONAL BRAIN TUMOR SOCIETY, AND THE EXACT CAUSES ARE NOT KNOWN. HERE ARE SOME OF THE MOST COMMON TYPES:

MENINGIOMA

A primary brain tumor, meaning it begins in the brain. Meningioma accounts for 37% of primary brain tumors in the United States, according to the American Society of Clinical Oncology. Most meningioma tumors are not malignant. They are most common in adults 65 and older.

GLIOBLASTOMA

A primary brain tumor that arises from the cells that make up the glial, supportive tissue of the brain. These tumors are usually highly malignant because the cells reproduce quickly and are supported by a large network of blood vessels. Glioblastoma represents about 15% of all primary brain tumors, according to the American Brain Tumor Association, and it is the most aggressive form of glioma (a tumor that begins in the brain or spine). This is the tumor type with which Sen. John McCain was diagnosed.

METASTATIC

A tumor that starts somewhere else in the body and spreads to the brain. This is the most common type of brain tumor in adults. The incidence of brain metastasis is estimated to be 10 times higher than that of all primary brain tumors combined.

PITUITARY

A tumor arising from the pituitary gland. This tumor type is usually a benign, slow-growing mass that represents about 10% of primary brain tumors. Women are more affected than men, particularly during their childbearing years.

MEDULLOBLASTOMA

A fast-growing tumor located in the cerebellum, the lower, rear portion of the brain. It accounts for 18% of all pediatric brain tumors. Nearly 70% of all pediatric medulloblastomas are diagnosed in children under age 10. This tumor type is less common in adults.

COMMON BRAIN TUMOR SIGNS AND SYMPTOMS

Here are some of the most common signs and symptoms associated with brain tumors. However, these symptoms can also result from other conditions. Always speak with your doctor if you experience any of the below:

- Headaches, which may be severe and worsen with activity or in the early morning
- Personality or memory changes; changes in speech; problems understanding or finding words; or altered emotional state, such as exhibiting aggressiveness
- Seizures
- Changes in ability to walk or perform daily activities; loss of balance and difficulty with fine motor skills
- Altered perception of touch or pressure, arm or leg weakness on one side of the body or confusion with left and right sides of the body
- Vision changes, including loss of part of the vision or double vision
Comprehensive stroke care gives patients the best chance of a full recovery.

Written by Shari Roan
Photographed by Michael Neveux

When the “possible stroke” call comes into the emergency department at Providence Little Company of Mary Medical Center Torrance, no fewer than a dozen people spring into action before the ambulance has even reached the hospital doors. While stroke is a sudden, unexpected and overwhelming event to the person having it, it can be reassuring for patients to know that a health care team is poised and waiting for them. Over the last few years, the hospital has held countless hours of training and planning to establish a comprehensive stroke services unit.

That means that from the time patients are wheeled out of the ambulance, a multidisciplinary team is standing by and an emergency protocol is activated to deliver state-of-the-art diagnostic, treatment and rehabilitative care.
“We have changed the way we offer stroke care. The entire culture of the hospital has changed,” says William Conrad, MD, an emergency department physician and an architect of the hospital’s stroke program. “The program involves everyone from registration, laboratory, pharmacy, imaging, cardiac catheterization lab, radiology, nursing, neurology and more. Stroke care has the most moving parts of anything we do in the hospital.”

Such care is needed because stroke is a complex medical crisis where minutes count. During a stroke, blood flow to the brain is impaired, causing brain cells to die at a rate of about 1.9 million per minute. Stroke is a leading cause of death and disability in the United States, and stroke symptoms should always be considered an emergency.

Remember the acronym F.A.S.T. (Face drooping, Arm weakness, Speech difficulty and Time to call 911). Other symptoms that warrant emergency response are sudden numbness or weakness on one side of the body; mental confusion; visual disturbances; impaired balance or coordination; dizziness or a severe, sudden headache.

About 87% of strokes are ischemic, which means a clot is blocking blood flow—and oxygen—to the brain. A TIA, transient ischemic attack or “mini-stroke,” is a temporary blockage of blood flow to the brain and can be relatively benign compared to other types. About 13% are hemorrhagic, meaning that a blood vessel carrying blood and oxygen to the brain ruptures. Subarachnoid hemorrhagic stroke is a type of hemorrhagic stroke in which a weakened part of an artery enlarges and bursts.

Doctors at Providence Little Company of Mary Torrance are ready to deal with any type of stroke or level of severity as a Primary Stroke Center (see box, page 28).

ARRIVAL AND ASSESSMENT

Stroke care begins when the emergency department (ED) receives a radio transmission that a patient is en route. Information is gleaned from the paramedics regarding the patient’s age, medical history, symptoms and when the symptoms began. If the sign points to a possible stroke, the ED charge nurse—or anyone on the health care team—can call a “code stroke.” This is an order to alert the team and start the protocol. “We want to empower the staff to make the determination. Once the code is called, the whole team descends,” says Dr. Conrad.

Providence Little Company of Mary Torrance has a designated stroke program coordinator who oversees care within the program protocol. Stroke program coordinator Catrice Nakamura, RN, moves to the ED the minute she hears the code. She often meets the patient in ED ambulance bay and begins to assist the team in rapid delivery of stroke care by coordinating the patient’s care and communicating with multiple members of the stroke team.

Dr. J. Diego Lozano looks at CT scans to determine the type and site of the stroke in a newly-admitted patient.

“Within 29 minutes, on average, the patient has had blood work, the CT, a clinical exam from a board-certified neurologist, and they’ve gotten treatment.”

“I see our stroke patients in the ED and follow them through their hospital stay,” Nakamura says. “I oversee that our stroke quality measures are completed and that care is individualized to the needs of the patient and his or her family by rounding with our multi-professional stroke team.”

While the patient is in the ambulance bay, a nurse will draw blood for tests. The patient is then sent directly to the imaging department for a CT scan. The test results are immediately reviewed by a stroke specialist.

“It’s incredibly efficient,” Dr. Conrad says. “The patient doesn’t even stop in the ED treatment area.”

TREATMENT

After the CT scan is completed the patient is returned to the emergency room and the patient’s history is gathered. “The stroke neurologist performs his or her assessment, and makes a treatment decision,” Nakamura says.

For an ischemic stroke, two highly effective treatment options can make a huge difference in outcomes. One is a medication called tissue plasminogen activator (tPA), which is designed to break apart smaller blood clots. Patients who have clots blocking larger blood vessels, called large vessel occlusions, may receive tPA and may also be candidates for a revolutionary new procedure to physically remove the clot.

In many cases where tPA is indicated, the pharmacist is also ready in the emergency room and is preparing the dose. “We used to wait to notify the pharmacy. Now when a patient comes in with stroke, the clinical pharmacist is standing there, and he or she understands stroke as well as any community ED doctor,” Dr. Conrad explains. “Within about 29 minutes, on average, the patient has had blood work, a CT, a clinical exam from a board-certified neurologist, and they’ve gotten treatment.”

The team is considering other actions designed to save precious time, such as having paramedics draw blood en route and having a pharmacist deliver tPA in the CT room. The goal is to treat all patients within 60 minutes of entering the hospital and over half of all patients within 45 minutes, according to Dr. Conrad. To be effective, tPA must be administered within 4 1/2 hours of the first symptoms of a stroke. A National Institute of Neurological Disorders and Stroke (NINDS) study suggests that 8 out of 18 stroke patients who receive tPA according to the proper protocol will recover without significant disability.

Time is also critical for patients with large vessel occlusions, according to J. Diego Lozano, MD, a neuro-interventional radiologist at Providence Little Company of Mary Torrance. These large clots block major blood vessels and can cause devastating brain injury if not removed quickly. Two years ago, a series of landmark scientific papers was published demonstrating that a procedure called thrombectomy is safe and effective for removing these clots in appropriate patients.

To perform a thrombectomy, the patient is taken to a procedure room called a cardiac catheterization lab. The interventional radiologist, using an X-ray machine for guidance, threads a catheter through the groin into a blood vessel. A device called a stent retriever is then inserted and snaked through the catheter to the clot. The doctor snare the clot and pulls it out to reestablish blood flow to the brain. The procedure is fairly low-risk, and studies published earlier this year show mechanical thrombectomy may be suitable for even more patients.

“Within the last few months, we’ve seen tremendous progress in mechanical
Recently research shows the neuro-interventionalist can perform a test called a CT perfusion scan to look at what area of the brain may be impacted by the stroke. While some brain tissue has likely already died, the scan may show an area that is threatened by the blood clot but that can be salvaged with rapid treatment. “If this area, called the penumbra, is larger than the area that has already died, mechanical thrombectomy is warranted,” Dr. Teitelbaum says. “One of every three of these patients will have an excellent result, recovering with little or no disability three months following the stroke.”

“That’s a remarkable outcome,” he adds. “We’re sitting on one of the greatest medical procedures in modern history. It could potentially save billions of dollars in long-term medical costs.”

Mechanical thrombectomy is still considered an emergency, and doctors aim to complete the procedure within one hour. The ability to offer ITPA and thrombectomy has dramatically changed the outcomes for some stroke patients today according to Laura Jong, MD, the hospital’s stroke program director.

“In the past, this therapy was only available at certain facilities that were not geographically convenient. And as the clock was ticking, more brain cells were lost while the patient’s ambulance was stuck in traffic,” she explains. “Now Providence Little Company of Mary Torrance has the ability to perform these life-saving therapies day or night, seven days a week, as soon as patients arrive to the emergency room.”

Adda Dr. Lorano: “We’ve come a long, long way. Twenty years ago, all we had to offer these patients was an aspirin.”

In order to have growth and change, you need a team effort—which exemplifies the environment at Providence.”

**PRIMAR Y STROKE CENTER ON THE WAY TO COMPREHENSIVE STROKE CENTER**

In 2010 Providence Little Company of Mary Medical Center Torrance was designated as a Primary Stroke Center by The Joint Commission, a national, not-for-profit group that administers voluntary accreditation programs for hospitals and other health care organizations. That means the hospital has the resources and protocols to provide excellent outcomes for stroke care.

Soon the hospital is hoping to receive the highest level of accreditation and become a Comprehensive Stroke Center by the end of 2016. “All of our efforts stem from the goal of becoming a Comprehensive Stroke Center,” says William Conrad, MD, an emergency department physician who helped design the hospital’s stroke program.

A“neuro-hospitalist is adept at handling what goes on inside a hospital,” she says. “That is a different type of experience compared to neurologists who typically see mostly outpatients.” The neuro-hospitalist usually sees a stroke patient in the ED or shortly after admission and follows the patient to coordinate care.

“We see the patient every day,” she says. “If the primary team has a question, we help them. We talk to families. We order tests. The neuro-hospitalist is the doctor who is there from the beginning of care to discharge. While it can seem that a lot of people are involved in one person’s care—emergency room doctor, neuro-hospitalist, interventional radiologist, neurosurgeon, neuro-intensive—the team is highly coordinated and united.” Dr. Arch says.

“Things happen fast when a stroke patient enters the hospital. However various members of the medical team also update the patient and family members at every step, according to Nakamura.

“I get an opportunity to meet the patient or their loved ones when the patient is in the ICU, and then I follow up every day,” she says. “I’m a familiar face. Even if it’s just a quick peek in the stroke unit or ICU to say, ‘How are you?’”

Toward the end of the patient’s stay, the neuro-interventionalist, physical therapist, social worker, chaplain and acute rehab team member meet with the patient and family to discuss discharge and additional medical services, if needed.

The rehab team also assists the patient and family members with the coping skills they will need and with the transition from hospital to rehabilitation to home. “We have very strong psychological support here because all of our patients come to us in crisis,” Dr. Long says. “The whole family is in crisis. The team is working to support the patients so they can focus and improve in therapy. Our rehab team is talented, compassionate, innovative and loves what they do. From the time the ambulance doors swing open to a patient’s discharge from inpatient or rehabilitative care, the Providence Little Company of Mary team is dedicated to obtaining the best possible outcomes,” says Dr. Jong, the stroke program director.

“I am most proud of how every staff member has given more than 100% of their time and efforts to collaborate and work together to care for patients with stroke as if the patient were a personal loved one,” she says. “In order to have growth and change, you need a team effort—which exemplifies the environment at Providence.”
THE PATIENT WHO SLEPT THROUGH A STROKE

Angel Atamian was lucky she was taken to Providence Little Company of Mary Medical Center Torrance, where stroke care is a team effort.

Written by Nancy Brands Ward

When Angel Atamian awoke in her Redondo Beach home on the morning of April 4, the naturally loquacious 85-year-old wasn’t talking. Neither was she responsive. She gazed to the left and was weak on her right side.

Worried, her 90-year-old husband of nearly 60 years, Albert, phoned their daughter, Sylvia. She dialed 911.

Paramedics rushed Angel to Providence Little Company of Mary Medical Center Torrance, where her family learned she was experiencing a massive ischemic stroke. J. Diego Lozano, MD, an interventional neuroradiologist, was notified as he was riding his bicycle to work at the medical center. He arrived a few minutes later to the emergency department.

Because Angel’s stroke began in her sleep, no one knew how much time had elapsed since its onset. That meant she wasn’t eligible for clot-busting drugs that are often successful in restoring blood flow to the brain when administered shortly after stroke symptoms begin.

Dr. Lozano suggested a relatively new procedure called a mechanical thrombectomy (see page 29) whereby, under imaging guidance using a special x-ray machine, a catheter is threaded into an artery in the groin and up through the neck until it reaches the blood clot in the head causing the stroke.

“With the family’s understanding of the dire situation, the risks and benefits of mechanical thrombectomy, both the patient’s husband as well as from her daughter and how much they wanted her to be helped,” says Dr. Lozano. “I have to say, what struck me the most was the enormous bond and love that I could sense from Mrs. Atamian’s husband as well as from her daughter and how much they wanted her to be helped.”

Dr. Lozano, the interventional neuroradiologist, who treated Angel Atamian.

I have to say, what struck me the most was the enormous bond and love that I could sense from Mrs. Atamian’s husband as well as from her daughter and how much they wanted her to be helped.

“When I first saw him, I thought Dr. Lozano was too young to be a doctor. He was incredible,” Sylvia recalls. “He explained everything clearly, including the fact that he didn’t know if her speech would come back” Sylvia, who takes after her strong-willed mother who survived civil wars in Lebanon and doesn’t take ‘No’ for an answer, told Dr. Lozano, “You have to bring her back. My mom has to speak. Dad needs her.”

THE PROCEDURE

Angel was rushed to a angiography suite where Dr. Lozano and a team comprised of an anesthesiologist, and specially trained nurses and technicians awaited her. “Within a few minutes we were able to partially extract a clot from her blocked left brain vessel and establish some flow,” Dr. Lozano says. “After about 45 minutes, we were able to completely extract the clot and completely open the left middle cerebral artery using stent retrievers. Blood flow supplied by this major brain artery was reestablished and we were able to save a significant amount of brain tissue.”

Angel’s recovery was remarkable. The next day she moved her right side well enough to attempt to remove the IVs and get out of bed. Most of her speech came back initially in her native Armenian, and although she speaks four languages, her very first word was in English, and it was “No.”

“After I heard the ‘No,’ I knew everything was going to be OK,” Sylvia says. “Today you can’t even tell she’s had a stroke. She was in the right place with the right doctor and they responded very quickly. My family is so grateful.”

Dr. Lozano insists Angel’s treatment and care was a team effort, from the paramedics, to the emergency department doctors and staff, the catheterization lab team, the ICU team, and the rehabilitation team.

Sylvia understands that. Nevertheless, she can’t thank Dr. Lozano enough. “I want to hug him. I want to kiss him. From our standpoint, what he did was a miracle.”

Angel Atamian with her husband, Albert. They have been married for almost 60 years.
A HOSPITAL STAY AND THEN REHAB

Orfa was lucky that she was taken to Providence Little Company of Mary Medical Center Torrance, with its designation as a Primary Stroke Center. She learned she had had a stroke. After four days in the hospital, she was transferred to the Acute Rehabilitation at Providence Little Company of Mary Medical Center San Pedro, where she spent a month on improving her functional mobility, activities of daily living and her speech. The Rehabilitation is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). It ranked in the top 2% for patient outcomes in 2016. It offers an inpatient program with round-the-clock nursing supervision and intensive rehabilitation including physical, occupational and speech therapy. Once Orfa was ready to transition home, she went to the outpatient program.

While she was lucky she had no cognitive deficits from her stroke— "I remember everything," she says—the right side of her face drooped and her right arm and leg were affected. She started rehab slowly and then came the exoskeleton.

"The Ekso GT robotic exoskeleton allows us to get a patient who is very weak to start putting weight on her legs and start walking again," says Anh Long, MD, medical director of the acute rehabilitation program. "Research shows the more you use the weak limb, the faster you recover. We get patients on their feet as soon as possible while the neuroplasticity in the brain can help stimulate other parts of the brain to take over for injured areas."

"The exoskeleton is part of stroke therapy, along with parallel bars and other therapy modalities. It allows patients to be able to walk normally, without a limp," says Dr. Long. Besides stroke rehab, the Ekso GT device is also instrumental in rehabilitation after partial spinal cord injury, brain injury and immobility due to other illnesses.

"For someone who hasn’t walked in a while, just being able to stand and look at people eye to eye is very important psychologically," says Dr. Long. "They get really excited."
A PASSION FOR HELPING

Alanna Kennedy and her husband, Ed, have directed their passion for giving towards Providence Little Company of Mary Medical Center Torrance since the early 1990s. The couple has given regularly to further the medical center’s Mission of revealing God’s love for all, especially the poor and vulnerable, through compassionate service. Their contributions extend beyond prominence financial support. Ed served on the medical center’s finance committee. Alanna joined Mary Potter & Company, a volunteer support arm of the Providence Little Company of Mary Foundation. She also served as a member of the medical center’s “Company Calls” program that made daily calls to check on elderly community members. Today they volunteer as a Bucharistic Minister, bringing communion to patients who request it and serves on the Foundation Board of Trustees.

“We support this hospital because its core values of compassion, justice, excellence and stewardship are embodied in everyone including the staff, administration, doctors and nurses. When I volunteer, I see the deep caring that is exhibited for every patient, relative and loved one. They are treated with dignity and compassion, and their needs are always listened to intensively,” says Alanna.

Three of the Kennedy’s five grandchildren were born at the hospital, so the couple have seen the caliber of care firsthand. “What stands out about the hospital it is that it has a community feeling, everyone knows each other, and they really care about their patients,” Alanna adds.

Ed works daily at Long Beach-based ACOM Solutions, a software company he founded in 1993. Alanna works actively with her philanthropic organizations- the Peninsula Committee for Children’s Hospital Los Angeles, the Peninsula Committee for the Los Angeles Philharmonic, Little Sisters of the Poor and Los Amigos, a subcommittee of the National Charity League.

Alanna and Ed have two daughters and three grandchildren who live nearby and a son and two grandchildren who live in Burlingame. Family time is important to them: “Our family has gathered traditionally in Lake Tahoe since 1971, and there are a lot of great family memories there,” adds Alanna.

HEALING AND HELPING

When life dealt Jim and Joanne Hunter two unbearable blows, they decided to help others.

The philanthropists have supported Providence Little Company of Mary Medical Center Torrance for over a decade, with Jim serving on the Foundation Board of Trustees and Joanne as a member of the Executive Committee of the Community Ministry Board. The hospital recently received a significant gift from the Hunters, which will make a major impact on its cardiovascular services.

CARDIOLOGY, CANCER AND EDUCATION ARE A FOCUS FOR GIVING

Jim is as excited about the medical center’s cardiology services as he is about their expanding cancer care. “Hands down, they (Providence Little Company of Mary Torrance) are becoming the foremost cardiology center in Southern California,” exclaims Jim.

When not volunteering, the long-time South Bay residents enjoy traveling and spending time with their family, including: daughter, Mandy, and son-in-law, Heath Gregory, and grandchildren Hunter, Griffin and Emery of Manhattan Beach; and their daughter-in-law, Rory Hunter, and grandchildren Ethan, Dylan and Kaley of Palos Verdes.

A ripple effect of healing begins when one turns tragedy into a catalyst for helping others. Just ask Jim and Joanne Hunter. The loss of a child is unbearable. Losing two is unimaginable. The Hunters of Manhattan Beach decided long ago to turn their pain into a positive force—through generously supporting and expanding medical research and education, while also creating opportunities for California families to have access to better health care and education.

“Our daughter Meredith had transposition of the great arteries, a heart defect, which took her life at six months old. Our son Kory passed away four years ago, at the age of 43, from brain cancer. Nothing is as important as good health. We have always volunteered and given back,” shares Joanne, who is co-trustee with her brother of the Margaret M. Bloomfield Family Foundation. Since Kory’s death, their daughter, Mandy, and son-in-law, Heath Gregory, founded the Kory Foundation, a private foundation focused on raising money for brain cancer research. The efforts of both foundations are passions for Joanne and Jim.

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Cardiology, Cancer and Education are a Focus for Giving

“Providence Little Company of Mary Torrance has the highest quality of care. From state-of-the-art technology to their new venture with City of Hope (a partnership created in 2016 to expand access to leading-edge, high-quality cancer care and services), we really have a first-class hospital right here in the South Bay. There is absolutely no reason to get on a highway and travel elsewhere,” adds Jim.

Joanne and her husband, Ed, have directed their passion for giving towards Providence Little Company of Mary Medical Center Torrance since the early 1990s. The couple has given regularly to further the medical center’s Mission of revealing God’s love for all, especially the poor and vulnerable, through compassionate service.

The couple have seen the deep caring that is exhibited for every patient, relative and loved one. They are treated with dignity and compassion, and their needs are always listened to intensively,” says Alanna.

Regarding the San Pedro Emergency Room, he says, “I think there’s a great opportunity to help [those in need] and I feel a great affinity for that mission.”

Currently vice chair of the Board of Trustees, Mark will become chair in 2018. During his term, he looks forward to strengthening and expanding the Board with new members as well as growing the Foundation’s endowment. He also expects that funding of the Cardiovascular Center of Excellence, Women & Children’s Services and San Pedro Emergency Room campaigns will all be completed during his tenure.

Mark’s professional experience will benefit his role as chair. For more than three decades, he has served as CEO and owner of Capstan, Inc.

Mark Paullin sees Providence Little Company of Mary Medical Center Torrance as a friend to everyone who has come through many times over the years. His wife, Barbara, delivered all four of the couple’s children at the medical center, and more recently the couple’s three grandchildren (ages 7, 3 and 1) were born there as well. The family has relied on the hospital for various emergency room visits and medical procedures.

“We appreciate having a top-notch medical center close by,” he says. “The Mission of the hospital to help the poor and vulnerable reflects a compassion that’s shown in all their caregiving. Over the years, I’ve consistently seen the genuine sense of compassion and caring among the medical staff, nurses, doctors and medical technicians.”

Mark Paullin is a strong ally for Providence Little Company of Mary, offering leadership and philanthropic support.

Alanna and Ed Kennedy’s decades of giving are inspired by the Mission of Providence Little Company of Mary Medical Center Torrance.
39TH ANNUAL GOLF CLASSIC

More than 130 golfers teed it up on May 22 to support Providence Little Company of Mary Foundation’s 39th Annual Golf Classic, presented by American Honda Motor Co., Inc. The tournament raised more than $260,000 to benefit the Providence Little Company of Mary Medical Centers in San Pedro and Torrance. Clinical caregivers were thrilled to learn that the event also funded the purchase of cutting-edge phototherapy equipment used to treat newborns with jaundice.

We are extremely grateful to all of our generous sponsors, including lead sponsors the Scriba family, Mrs. Jacqueline Glass and family, Tom and Mary Ann Jankovich, Emergency Physicians of Providence Little Company of Mary Torrance and The Thermal Club. Thanks also to Ed Fountain and Rich Severa for their leadership as co-chairs and to all of the golfers and volunteers for another fantastic tournament.

1. Presenting sponsor, American Honda Motor Co., Inc., with the Scriba family and Mrs. Jacqueline Glass and family, made it a very successful tournament.
2. Bill Moller, major sponsor Tom Jankovich, Cheryl Gage and Chuck O’Malley enjoyed golf and dinner.
3. The “Welcome Team” consisted of Sister Trence Landen and Providence Little Company of Mary Foundation staff Marlene Young, Chris Haolit and Kurt Hirnichan.
5. Dr. Tom Schmalzried participated in the $98,000 shoot-out at the beautiful Palos Verdes Golf Club.
6. Providence Little Company of Mary chief executive, Mary Kingston, updated the golfers on the hospital’s accomplishments.
7. The Thermal Group sent two teams to welcome the golfers at the beautiful Palos Verdes Golf Club.
8. Providence Little Company of Mary Foundation development officer with his wife, Mary O’Malley enjoyed golf and dinner.
9. More than 130 golfers teed it up on May 22 to support Providence Little Company of Mary Foundation’s 39th Annual Golf Classic, presented by American Honda Motor Co., Inc. The tournament raised more than $260,000 to benefit the Providence Little Company of Mary Medical Centers in San Pedro and Torrance. Clinical caregivers were thrilled to learn that the event also funded the purchase of cutting-edge phototherapy equipment used to treat newborns with jaundice.

CONGRESSWOMAN BARRAGAN GATHERING

Nancy Pelosi asked all Democratic congresspeople to tour health care facilities on the morning of February 16, 2017 and talk about the potential impact of the repeal of the Affordable Care Act. LaRae Mardesich Bechmann helped to facilitate a local health care provider roundtable with Congresswoman Nanette Barragán (D-CA).

1. L-R Providence Little Company of Mary Foundation Board Member Mark Paulin, Bobbie and George Farinik, and LaRae Mardesich Bechmann, senior development officer for the Expansion Campaign.
2. Group shot including community health care leaders and two members of the Campaign for Emergency Excellence, Irene Mandola and Rachel Vivasentes.

NIU GRADUATE REUNION

On Sunday, June 4, we hosted an annual event, inviting the families who had children in the Providence Little Company of Mary Torrance NICU from 2010 to 2016, for a reunion. It was a full house with over 200 people. There were crafts, games and toys to occupy the children, while the adults were able to reconnect with the caregivers and other parents who shared similar experiences.

1. NICU RN, Lori, with an adorable, grateful patient and happy mother.
2. NICU medical director, Dr. Jan Yamamoto along with the family of a more recent NICU patient and occupational therapist, Camille.
3. Providence Little Company of Mary Torrance volunteer Marie, reminiscing with former patients.

PROVIDENCE LITTLE COMPANY OF MARY SAN PEDRO EMERGENCY EXCELLENCE CAMPAIGN SALON

On Sunday, March 12, Dr. Phyllis Monroe and Dr. David Cannon hosted a donor salon cocktail reception at their Rolling Hills home, to share details surrounding the emergency department expansion project at Providence Little Company of Mary Medical Center San Pedro. Dr. Miles Shaw, chief of staff and emergency department medical director, spoke about the wonderful impact this will have on the community.

1. Dr. Miles Shaw and Dr. Phyllis Monroe.
2. Michael Naala, Providence Little Company of Mary Foundation Development Officer with his wife, Mary Tabata, and Dr. David Cannon.
3. L-R Providence Little Company of Mary Foundation Board Member Mark Paulin, Bobbie and George Farinik, and LaRae Mardesich Bechmann, senior development officer for the Expansion Campaign.
OUT & ABOUT

RIPLEY DONOR SALON
On November 6, Lucille and Fred Ripley hosted a Sunday brunch at their Rolling Hills home to share the impressive expansion plans for Providence Little Company of Mary Medical Center San Pedro’s emergency department. Anne Lemaire, the hospital’s administrator and Dr. Miles Shaw, chief of staff and medical director of the emergency department, spoke about the positive impact the new expansion will have on the Harbor and Peninsula communities. LaRae Mardesic Bechmann, senior director of development, spoke about how event attendees can support the Campaign for Emergency Excellence by being community advocates and donors.

Electrophysiology Lab Dedication and Blessing
A signature element of Providence Little Company of Mary Medical Center Torrance’s $35 million Cardiovascular Center of Excellence Heart to Heart campaign is the $4.8 million, state-of-the-art Electrophysiology Laboratory (EP Lab). A dedication was held on April 3 in the hospital’s Center for Health Education, followed by a tour and demonstration of the new lab, which has been named in honor of donors Stanley and Maureen Moore.

Your health is in good hands with a Providence Medical Associates Primary Care Doctor
It’s important to have a primary care doctor. At Providence Medical Associates, our doctors work with you to keep you healthy and detect any early signs of illness. Together with the latest tools and technology, our goal is getting you to optimal health.

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Access to award-winning Providence Little Company of Mary Medical Centers San Pedro and Torrance
Over 180 physicians and specialists to serve you

For more information, please visit California.Providence.org or call (866) 909-DOCS.
Go Red for Women

Providence Little Company of Mary Medical Centers San Pedro and Torrance were major sponsors of the Go Red For Women Luncheon on May 5. It was an honor to help lead the fight against heart disease, and our very own Dr. Nazanin Azadi, a board-certified cardiologist, shared valuable information during the event.

A Western Celebration

Providence Little Company of Mary Medical Center Torrance and the Cancer Support Community—Redondo Beach joined in celebrating National Cancer Survivors Day with a fun “Western” themed evening. More than 140 cancer survivors, their families and friends enjoyed a buffet dinner, photo booth and a night of dancing that was lots of fun for all!

Come Together

Celebration Gala

Benefiting Providence Little Company of Mary Medical Centers

Honoring Donald and Priscilla Hunt for Their Extraordinary Philanthropy

Saturday, October 28, 2017

6:00pm Cocktail Reception, 7:30pm Dinner

Terranea Resort

100 Terranea Way

Rancho Palos Verdes, CA 90275

Tickets $350

Sponsorships $5,000+

Thank you to our generous sponsors

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Mrs. Jacqueline Glass and Family • Advanced Imaging of the South Bay, Inc.

Rosalind Farmans Hakikis & Family • Jim and Joanene Hunter • Gireny and Kent Shahi, MD

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John and Janine Colich • Del Amo Gardens Care Center • Gardena Convalescent Center • Sam and Mary Ann Jankovich • Chuck and Betsy Miller

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Providence Little Company of Mary Medical Center Torrance Medical Staff • The Prindle Family • U.S. Bank Healthcare Division • Vermont Healthcare Center

Special Thanks: Daily Breeze • Easy Reader News • TravelStore

For more information, please contact Katie Moe at (310) 303-5350, Katherine.Moe@providence.org or California.Providence.org/PLCMEvents.
Drs. Jean-Phillipe Langevin and Melita Petrossian offer innovative treatments for movement disorders.

Dr. Anh Long confers with Orfa Nitkiewicz during a rehabilitation session.

Donor Mark Paullin appreciates his ability to help Little Company of Mary Medical Centers in their Mission.