TRANSFORMING LIVES

2017/2018 Mission Report
Our Mission
Living God’s love
by inspiring health,
wholeness and hope.

Our Vision
We will transform the health
experience of our communities
by improving health, enhancing
interactions and making care
more accessible.
DEAR FRIENDS AND COLLEAGUES:

The healthcare industry continues to experience significant changes. From high and rising costs to regulatory initiatives, these issues are causing hospitals and health systems to re-think who they are and how they want to deliver care. At Adventist Health, we are thriving and growing in the face of this transition by building on our legacy and reestablishing ourselves as the leader in physical, mental, spiritual and social health.

We remain committed to “living God’s love by inspiring health, wholeness and hope.” Our mission represents the heart of our people. It expresses that we know the love of God and consistently reflect that love in our actions, relationships and work.

Mission is the reason our organization exists. We have reimagined the traditional annual report and shifted focus to stories of mission. Throughout these pages, you will read about associates who are going beyond just healing the sick by sharing the case for living healthy; who are helping heal entire communities and restore people to their purpose; and who are filled with hope, joy and love.

We recognize that these stories represent just a fraction of the work our associates across the system do every day. From our newest family member Rideout Health to our Baldrige Award winner Adventist Health Castle, we are a united collection of board members, executives, physicians, associates, volunteers and partners transforming lives and communities in our backyards and across the world.

Ricardo B. Graham
Chairman of the Board

Scott Reiner
Chief Executive Officer

FROM THE CHIEF EXECUTIVE OFFICER

ABOVE: Scott Reiner, left, along with Elder Ricardo Graham, third from the right, tour Rideout Health. The tour included a trip to the helipad where they learned about how the hospital is serving Marysville and Yuba City. RIGHT PAGE: In February 2018, a group from Adventist Health, including Scott and his wife Margo, as well as Ricardo and his wife Audrey, flew to Kenya to help build a school and serve at a local hospital.
Adventist Health is serving more patients, transforming our care and creating greater access and greater outcomes. We continue to live the journey that we are on together to improve and transform the lives of our patients and our communities.

—Scott Reiner, CEO
Noemi “Mimi” Doohan, MD, the director of Adventist Health Ukiah Valley’s family medicine residency program, leads a team of providers who take health care to people who often avoid doctors and clinics. Carrying backpacks loaded with supplies and medical gear, they hit the streets to meet the needs of the homeless where they live. Homeless herself as a child, Dr. Doohan’s passion in caring for the most vulnerable members of her community has long been part of her career.

Taking medicine to the streets

While she was a medical student at Stanford University, Dr. Doohan heard Jim Withers, MD, describe Operation Safety Net, the street medicine program he founded in Pittsburgh. Dr. Doohan vowed she would start a street medicine program herself. She helped found Doctors Without Walls in Santa Barbara, California, before moving to Ukiah, California, and beginning the program there.

Dr. Doohan and her team take family medicine into the streets, including mental health and urgent care. They also include social workers to help connect the homeless with services to improve their quality of life.

“While we were doing is creating trust. There’s so much embarrassment and shame among the homeless,” Dr. Doohan explains. Working with the extra challenges of this underserved group pushes Dr. Doohan to continually ask how she can provide better healing to all her patients. “If we can do a better job with the homeless, we will do a better job for everyone.”
Many Project Restoration clients are homeless or at risk of becoming homeless. It became clear that without safe, healing shelter, life transformation would not be possible. The 10-bed Restoration House was opened, and it provides a healing environment for local community members who are high utilizers of local services, including hospital care, police responses and emergency transports. After six months in the program, clients achieve an average 70 percent reduction in utilization, while increasing health, wholeness and hope.

“Often, by the time we show up, it’s gone way beyond what it should have. If we can coordinate all the services that are available, and work together, it will be far more powerful. A program that reaches out and makes that first move can make an impact.”

– Zach Pindell, EMS Liaison

“Restoration House is a place for people who are experiencing significant medical issues and are also homeless, or at risk of becoming homeless. We provide intensive case management and a safe place to heal, where they’re accountable for their choices and actions. From here the goal is permanent housing, but we walk along that path with each resident as they are ready when it becomes available to them. This is a new beginning.”

– Marilyn Wakefield, AHCL Case Management Manager

“Just this last year we did 27,000 incidents, and you sometimes don’t think about what led up to that situation. If we can break that cycle, we can give a little bit of help to get them back on track. We’re offering individual alerts on health, productivity of our community, treating their kids properly, and treating their family properly. That’s tremendous.”

– Timothy Cell, Executive Chief of Police

Oakland Police Department

“A year ago I was homeless. I went through a divorce, depression, alcoholism. It started so fast that there was no going back. One of those nights, I got hit by a car. I was walking with a broken hip. I was close to dying, and I really didn’t care. I didn’t have a plan B. Here I finally had someone who had faith in me. Restoration House has given me everything.”

– Louis, Restoration House guest

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“Adventist Health Clear Lake is using collaborative resources to improve the overall health and wellness of Lake County. Lake County is one of the most underserved counties in California. Out of 57 California counties:

- Lake County is ranked #57 for length of life, based on two types of measures — how long people live and how healthy they feel while they are living.
- Ranked #52 for health factors, representing what influences the health of a county based on health behaviors, clinical care, social and economic and physical environment factors.

Adventist Health work in the region includes:

- Live Well Intensive: This intervention helps patients to gain access to provider appointments, and provides broad support to improve the social determinants of health and effectively linking to community resources.
- Safe Rx: This opioid reduction program has been shown to reduce harm from prescription drug misuse/abuse through collaborative partnerships that focus on prevention, treatment and recovery.
- Paramedic Home Visit Program functions as an extension of the Project Restoration Program, in collaboration with Lake County Fire and Paramedics. When there is a home situation noted that may contribute to health complications for the home occupants, EMTs have an option to engage the program which allows a home visit to assess action needed to provide a safer living environment and referrals to community agencies that can assist.

- "A center for community wellness"

Project Restoration

Adventist Health Clear Lake

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Paula Dhanda, MD, is the founder of the nonprofit Worldwide Healing Hands and a gynecologist at Adventist Health Clear Lake. She is providing state-of-the-art care to her patients, and is a lifelong inspiration to the volunteers who serve with her.

When I moved here, I was the only obstetrician-gynecologist in Lake County. Women were walking in with absolutely no prenatal care. At least once a month, a woman would walk into the emergency room with a dead baby. My focus when I first got here was to give all women access to obstetrical care. I was born in England, but grew up in India. My dad was a chief of surgery at Bombay Hospital and I remember him taking care of people in our living room, and that inspired me. After medical school I practiced in Beverly Hills where women have very easy access to care. The California Medical Association identified a physician-shortage in Clearlake and I could go somewhere where women do not have access to care. That’s what I really wanted to provide. I came up here in 1990 and I loved it.

For our little tiny hospital, we really give state-of-the-art care. When I first came here, we were performing laparoscopic surgeries that were not even being done in some of the bigger hospitals. In 2014, we started a program to take care of the homeless. Our volunteers offer free medical screenings for the homeless or the indigent. On one of our recent homeless screenings, there were two women that needed surgery and within 30 days I was able to bring them in and perform the surgery that they needed.

Adventist Health has been really supportive in everything that I’ve done. This hospital has always been supportive financially, with equipment. I don’t do this alone. I do this with the help of our volunteers, our donors, and the hospital. Some people say the glass is half-full or it’s half-empty. Volunteers take the glass and say, “Who needs a drink?”

When I returned from Chad, I created Worldwide Healing Hands as a way to help women get access to care. We’ve been to Chad, Nepal, Uganda, and we’ve been to Haiti five times. When we first went to Uganda, there was one OB/GYN serving a population of two million people. When we agree to go somewhere, we ask them to commit to bringing in doctors, midwives, and nurses from the whole region for us to do training. We’ve trained over 200 doctors, midwives, and nurses.

In 2009 a surgeon invited me to go to Chad where the women lacked healthcare. It was heartbreaking to see women dying, babies dying of preventable causes. There were so many mothers and their children dying because of a lack of facilities after they were born. The first time I heard a wail, like a mother losing a child, it was in Chad. And it’s just something that hits straight to your core.

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I just love the fact that we’re going and teaching something that they can teach, that they can continue to use. And I just envision teaching one person and it spreading and spreading and spreading and spreading.
“MOMMY! MOMMY! THERE’S THE JUNGLE MOBILE WHERE I GET MY SHOTS!” exclaimed 5-year old Nicole Collazo from the backseat of her mother’s car as they neared the parking lot of the Ming Avenue Walgreens in Bakersfield, California. The cute animals also caught the eye of Nicole’s mom, Alejandra Collazo. One can’t help but notice the animal-themed unit that houses the Children’s Mobile Immunization Program. This free community service is operated by Adventist Health Bakersfield in partnership with First 5 Kern.

Nicole needed immunizations before starting kindergarten, so Alejandra took advantage of the free clinic to get the shots for her daughter. “It’s got to get done, so why not take care of it now?”

The mission of the Children’s Mobile Immunization Program is to vaccinate as many Kern County kids as possible, at no cost to uninsured or under-insured children under the age of 18. Alejandra also plans to use the mobile service for her 12-year-old daughter, Amy, who will need booster shots for middle school.

The RV travels throughout Bakersfield and surrounding communities, including rural areas of Tehachapi, Lamont, Arvin and Delano. Immunization clinics are held at shopping centers, health fairs and parking lots on weekdays and weekends. Members of the Mobile Immunization Team also teach parents about why it’s important for kids to stay up-to-date on shots. They also make sure the mobile unit’s monthly schedule is shared at schools, churches and other community gathering places, as well as printed in local publications.

“I saw a calendar with all the clinics,” Alejandra says. “I knew I needed to get Nicole to one of them, and when she saw those jungle animals as we were driving, I thought, ‘Let’s get this done!’” Four tear-free shots later, a smiling Nicole admired her neon pink bandages and new coloring book, crayons and red lollipop offered at the end of her quick visit.

Then it was back into the family car for this mother and daughter — a parent’s commitment to keeping her kids healthy made a little easier, courtesy of some cute animals and a creative program and team.

In the fall of 2017 Adventist Health Roseville partnered with the Carmichael Seventh-day Adventist Church in Carmichael, California, and AMEN (Adventist Medical Evangelism Network) to provide medical, dental and vision services to the local community, serving over 280 people during the two-day event.

Pastor Keith Jacobson shares, “It’s an extension of our community services program. People come from as far away as Lodi, California, for services and basic medical screening.”

“Adventist Health has an identity rooted in a faith-based tradition,” says Yesenia Mock, community mission manager for Adventist Health. “At the clinic, we take an opportunity to really come alongside our community to serve the underserved in a very real way. We’re also taking partners and really leveraging those shared resources for the greater good of our community.”

Pastor Jacobson has even bigger plans. “A dream would be a standing community service center for all of Sacramento — for the Adventist churches to combine together so we would be open on a regular basis with a food bank and providing support for people who tend to fall through the cracks in our society today.”

The Children’s Mobile Immunization Program has made a major impact in helping to immunize kids in Kern County, including:

• 233,914 vaccines
• 89,692 patients
• 3,098 traveling clinics

“It is the only program of its kind in the Central Valley,” says Melissa Vega, program supervisor. “We give thanks for First 5 Kern for its continued funding and to Adventist Health Bakersfield and hospital leadership for their support. Without collaboration, this program could not be successful.”

“It’s just wild out there!”

The mobile immunization RV features Adventist Health’s pediatric mascot, Pip the penguin.

“Sharing and serving in our communities”

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IT'S NEARLY 6,000 MILES, FROM JODY'S REMOTE ISLAND HOME IN MICRONESIA TO KERN COUNTY, CALIFORNIA. YET DESPITE THE MILES, ADVENTIST HEALTH BAKERSFIELD WILL ALWAYS BE CLOSE TO JODY'S HEART.

Jody Fredrick’s life was upended when doctors diagnosed her with rheumatic heart disease — the result of rheumatic fever. Caused by a bacterial infection that typically starts as a sore throat, rheumatic fever can seriously damage the heart. The nonprofit group MAHI International (Missions Across His Islands) partnered with Adventist Health Bakersfield to bring Jody and her husband, Dohnis, to California for treatment.

Doctors discovered that Jody had more than a debilitating heart problem. She also had tuberculosis. Her lung infection would need to be addressed before Jody could be considered for heart surgery.

“So not only was she heart sick, her lungs were very sick as well,” says Brittany Hernandez, RN, who, as a former resident of Micronesia, befriended Jody on their long road home. "This is from my island!"

She had already been providing care to the nuns for a decade. The brothers, who are Greek Orthodox Christians and know of the monastery through their local parish, started visiting there about a decade.

The week they are at summer camp is also a week their own children attend camp. Their kids feel like the monastery is a second home where there is spiritual fellowship, ethnic homemade meals and loving hospitality provided by the sisters. "The relationships we've built with the nuns have also shaped how we provide medical care. The nurses listen to us and know us, and we want to emulate that kind of relationship with our patients," says Dr. Emmanuel Strategos. "The nuns also pray for us, and they pray for our patients."

“We learn so much about what it means to be deeply engaged in a life of faith just through observing the nuns. They are fully committed to their relationship with God and our faith is energized by spending time with them,” adds Dr. Stephen Strategos. “We get the benefit of their ascetical wisdom. We are so blessed by those relationships.”

Their service to the nuns is a family endeavor. The week they are at summer camp is also the week their own children attend camp. Their kids feel like the monastery is a second home where there is spiritual fellowship, ethnic homemade meals and loving hospitality provided by the sisters. "The relationships we've built with the nuns have also shaped how we provide medical care. The nurses listen to us and know us, and we want to emulate that kind of relationship with our patients," says Dr. Emmanuel Strategos. "The nuns also pray for us, and they pray for our patients."

The brothers visit the monastery regularly. It's a full day with a two-hour drive each way and a couple hours spent providing care and medical advice to the nuns. The monastery also welcomes a regular stream of guests and their ascetical wisdom. We are so blessed by those relationships.

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Blessed by living the mission

EMMANUEL STRATEGOS, MD, AND STEPHEN STRATEGOS, MD, WILL EMPHATICALLY TELL YOU that despite the years they have been providing health care and medical advice to the nuns at the Monastery of the Holy Theotokos the Life Giving Spring, in Squaw Valley California, the blessing they receive from spending time with these godly women far surpasses anything they give. These two brothers are internists in the Adventist Health Bakersfield market and among the first medical practices to become part of our Adventist Health Physicians Network (AHPN). When they joined AHPN in 2011 they had already been providing care to the nuns for a decade. The brothers, who are Greek Orthodox Christians and know of the monastery through their local parish, started visiting there about a decade.

The Strategos' also spend a week each year serving as camp doctors at the St. Nicholas Ranch’s summer youth program near the monastery. Their service to the nuns is a family endeavor. The week they are at summer camp is also the week their own children attend camp. Their kids feel like the monastery is a second home where there is spiritual fellowship, ethnic homemade meals and loving hospitality provided by the sisters. “The relationships we’ve built with the nuns have also shaped how we provide medical care. The nurses listen to us and know us, and we want to emulate that kind of relationship with our patients,” says Dr. Emmanuel Strategos. “The nuns also pray for us, and they pray for our patients.” “We learn so much about what it means to be deeply engaged in a life of faith just through observing the nuns. They are fully committed to their relationship with God and our faith is energized by spending time with them,” adds Dr. Stephen Strategos. “We get the benefit of their ascetical wisdom. We are so blessed by those relationships.”

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“Blessed by living the mission.”

“Our ascetical wisdom is what helps us attract each other,” says Dr. Stephen Strategos. "We’re energized by each other’s faith. It’s a dynamic that is energizing. We want to emulate that kind of relationship with our patients.”

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“We see healthy living as an integral part of living God’s love. We’re committed to delivering care centered around the whole person, meeting their emotional and aspirational needs for optimal quality of life, in addition to giving our patients the clinical outcomes and safety they expect and deserve.”

– Hoda Asmar, MD, chief clinical officer
WHEN JILL BORTH, NURSE MANAGER for care management at Adventist Health Lodi Memorial, was working at a local health fair, she met many young Hispanic families with pre-diabetic and diabetic symptoms. Lodi, California, is in San Joaquin County, which ranks third in the state for diabetes and pre-diabetes. Jill wanted to reach out to the community in a new way. She asked Victor Merida, retired pastor of the Spanish Seventh-day Adventist Church if he would host a diabetes support group.

Adventist Health rural health clinics in Central California are now offering diabetic retinopathy screenings to all diabetic patients to help diagnose vision problems at a much earlier stage. In the first four months, 96 patients were screened during their primary care appointments, and more than a quarter of them required follow up care. The screening can be performed in the primary-care provider’s office during the same visit without having to schedule another appointment with a specialist.

“Sometimes patients aren’t exhibiting symptoms at all,” says Luis Guzman, MD, of the Adventist Health Medical Office — Reedley. “That’s why this is such a great service because often patients won’t exhibit symptoms until it’s too late. This is a great way to identify disease at earlier stages by screening more of our patients and preventing blindness.”

Pastor Merida knew his congregation could benefit from Jill’s program, and it also hit close to home. “I was borderline diabetic,” he says, adding that he lost his own mother to complications from diabetes. “And I’m Hispanic — our diets are rich with fried and sugary foods. After watching my family, I knew I was next.”

During the free class at the church, the group discusses goals from the previous week and any new challenges, and celebrates their successes. The learning is interactive, with games and hands-on activities translated from English to Spanish.

Yolanda says that the class has been a joy for both her and her mom, also named Yolanda. “I’ve learned a whole new way of eating healthy,” she says. “For example, I learned that lentils and beans are better than tortillas. ‘Tortillas were life!’ she laughs. Yolanda’s mom even began a daily walking program.

Jill was surprised by how many people learned about the classes from their friends and neighbors, and how eager they were to learn how to live more healthy. After the first week, a young mom told Jill that once she learned how unhealthy sodas were for her family, they stopped drinking them immediately.

“We have to find people where they are and bring the message to them,” says Jill.

“People are coming to church,” says Pastor Merida. “When you come to church, it’s a joyful thing. This is our mission — it’s what’s expected of any child of God who knows something good and wants to teach, to love and bless others.”

Meeting community where they are
I haven't walked in a long time and there have been days when I get discouraged, but I come back here and they pick me up.

Brian Johnston, MD, is the center’s co-medical director, along with Stanley Mathis, DPM.

“There’s a very high incidence of diabetes in this community. Sixty percent of our patients are diabetic. Patients aren’t getting the kind of preventative or ongoing care they need, so they show up in the emergency department with severe diabetes they didn’t even know they had. These amputations have a profound effect on people. It’s depressing to lose your leg. It’s depressing to lose your earning capacity.

We’re treating it as you would treat a stroke or a heart attack. When people need an amputation, for example if they have gas gangrene, which is very rapidly spreading and very dangerous, we can get them in the OR in two hours,” says Dr. Johnston.

Dr. Mathis adds, “There was a UCLA study showing that in certain ZIP codes the amputation rate went up ten fold. If you lose one leg, you have an 80 percent chance to lose the other leg in five years. In five years after that, there’s an 80 percent chance that you’ll no longer be with us. We have a team that’s on-call 24/7, 365 days of the year. We have a foot and ankle specialist, a vascular specialist, infectious disease specialist, and an endocrinologist. If we can treat people faster, we can limit an infection to either no amputation or we might lose a small toe versus losing a leg.”

Saving limbs saves lives

John Serrano knows how lucky he is. “I had a small cut on the bottom of my foot, but I didn’t really pay attention to it. I got pretty sick and got to the point where I couldn’t even walk. I came to the hospital and they said it was infected. I went into surgery and the doctor said he would try to save my leg. I had two uncles pass away from the exact same thing. After surgery I moved the blanket to see if I had a leg, and it was still there. I can do more things with my daughter now. I can go for a walk, and before, I couldn’t even do that.”

The Center for Limb Preservation and Advanced Wound Care at Adventist Health White Memorial in Los Angeles is not just saving limbs, it’s saving lives. Opened in 2015, the center served almost 3,000 patients last year, mostly from the Boyle Heights community.

“I went to the doctor with flu symptoms,” recalls Hector Garcia. “The following day I noticed the skin had come off the bottom of my heel. It was a pretty severe infection, so if it wasn’t for them, I wouldn’t have a foot.

I went to the doctor with flu symptoms,” recalls Hector Garcia. “The following day I noticed the skin had come off the bottom of my heel. It was a pretty severe infection, so if it wasn’t for them, I wouldn’t have a foot.

“We believe that this center really belongs to this community. We have the modalities right here, the x-rays and special machines under one roof. Normally, an ultrasound is required to study circulation, but with our equipment we can study the very smallest of vessels, and not cause any kidney problems.” – Dr. Stanley Mathis

John Serrano with his daughter
On Tuesday morning paramedics rushed Silvana Shirvanian to Adventist Health Glendale’s Emergency Department. Her left side was weak, one side of her face was drooping and her speech was slurred — classic signs of a stroke.

On Thursday, Silvana got dressed and was discharged, walking out of the hospital on her own strength.

Of course, not every stroke patient has such an amazing outcome, but experiences like Silvana’s are becoming more common — thanks to the expertise of neuro-interventional surgeons Yaser Badr, MD, and Mikayel Grigoryan, MD, and an extraordinary stroke support team.

Upon arrival, emergency physician Sylvia Kotikian, MD, asked the patient when the stroke occurred. The previous night, about 8:30 p.m., explained Silvana’s sister, who discovered Silvana in the morning, lying on her bathroom floor, calling for help. Thirteen hours had lapsed. In many hospitals, that is too late for significant intervention.

“We didn’t give up on her,” says Michelle Jocson, the hospital’s stroke program manager. “Adventist Health Glendale is a comprehensive stroke center and our protocols follow latest evidence-based guidelines. We look at a patient’s symptoms within a 24-hour period.”

Every patient who comes in with a stroke that began within 24 hours receives a CT of the brain and CT angiography of the head and neck to determine where the clot is.

Luckily, the CT exams identified the cause of Silvana’s stroke: an emergent large vessel occlusion (ELVO) blockage of the middle cerebral artery leading to her brain.

Dr. Badr was on call at the Cath Lab, and the stroke team was ready. A tiny catheter was inserted through the groin and threaded through major vessels up into Silvana’s brain. Reaching the clot, the blockage was sucked out, or encapsulated within a pliable coiled stent, called a stentriever. The clot adheres to the coils, and then both the stent and clot are removed.

On Thursday afternoon, just two days after entering the ER and suffering a stroke, Silvana walked throughout the hospital sharing emotional hugs of joy with her doctors, nurses, Cath Lab and ER staff.
Interventional radiologists, Levi Dansby, MD, and Russell Paul, MD, are the only physicians in Kern County providing radioembolization, an advanced liver cancer treatment. This technology uses microscopic radiation beads to shrink liver tumors, allowing patients more time to get a liver transplant, the only cure for liver cancer.

“We give them a new lease on life,” says Dr. Dansby, who with Dr. Paul, performed Kern County’s first radioembolization in May 2017. “Without treatment, tumors can grow very fast. The average wait time for a liver transplant in our region is about a year. We keep the cancer under control in the meantime. At the very least, we can maximize life expectancy beyond what’s normal for patients with liver cancer.”

Radioembolization is a minimally invasive procedure, so people often go home just hours later. Using x-ray guidance, the doctors thread a catheter through the skin to the blood vessel supplying the tumor with blood. Next, they inject tiny radioactive beads that target the tumor while sparing most of the healthy liver tissue.

“In Kern County, most liver cancer develops from cirrhosis caused by alcoholism or hepatitis C,” Dr. Dansby says. “Some may have colon cancer that has spread to the liver. Often these patients aren’t candidates for more invasive surgeries.”

Another option, standard external beam radiation, requires such a high dose that it puts most patients at risk for liver failure. Before the doctors introduced radioembolization to Kern County, patients had to travel to Los Angeles for this procedure.

Follow-up is an emphasis of the interventional radiology program, Dr. Paul says. “We follow our patients for life.” The doctors say appreciation from patients and families is what keeps them inspired and moving forward with new treatments and technologies.

“When you have patients that come back and tell you how much you helped them, it makes a huge difference,” says Dr. Paul. “It keeps you pushing forward to offer more.”

“Interventional oncology program, and our small community hospital, are providing a university level of care that would rival any academic center, right here in Kern County.” – Dr. Russell Paul
AS AN EMERGENCY ROOM NURSE FOR ADVENTIST HEALTH TEHACHAPI VALLEY, RACHELLE P IÑA HAS SEEN CAR WRECKS, GUNSHOTS, DROWNINGS AND CARDIAC ARREST. But she wasn’t used to being caught in an emergency herself. A simple drive on Highway 58 to Mojave turned into a disaster for Rachelle and her children.

They were driving when, without warning, the sky opened and dumped rain and hail. With almost no visibility, the highway came to a stop. Suddenly, a flood of muddy water lifted and pushed Rachelle’s SUV and countless other vehicles, including semi-trailer trucks. They smashed into each other as they bobbed in the flood and her four children cried in terror. Eventually the car came to rest in a mud bank, where Rachelle and her kids were stuck for hours before help arrived.

Everyday inspiration

Soon after they were rescued, Rachelle heard the ER was overwhelmed. Still in shock herself, she headed to work to help other mudslide victims. “I cried with a lot of those patients,” Rachelle says. “It hit me — I could have died with all my kids in the car.”

Seeing patients out in the community as they’re healing and getting back to their daily lives also means a lot to Rachelle. Inspiration from her patients is what keeps Rachelle going through the most challenging shifts in the ER, like the one after the big mudslide of 2015. “My patients inspire me to do more than practice nursing,” Rachelle says. “They inspire me to love people.”

Not everybody gets carded at 68. But that’s what happened when Glen Davison asked for a senior discount while eating out. “The waitress insisted I wasn’t old enough, so I had to pull out my driver’s license.”

Glen looks and feels younger than he has in a long time. “I’m a changed man,” he says. One year ago, Glen was 44 pounds heavier and dependent on multiple prescription medicines to control high cholesterol, high blood pressure and diabetes. He couldn’t even walk to the mailbox without being winded. Today, he walks up to 17,000 steps a day and heads to the gym every Monday, Wednesday and Friday. He’s keeping his cholesterol, blood sugar and diabetes in check strictly with healthy habits. The only pills he takes are vitamins.

Glen credits TakeTEN, a 10-day physician-directed residential program at Adventist Health’s Lifestyle Medicine Institute in St. Helena, California. It’s designed for people struggling to lose weight, stop using tobacco or manage a chronic illness such as diabetes or heart disease.

The program helps members succeed by teaching — and motivating — them to eat better, work on their fitness and make other lifestyle changes to boost health. “We educate and empower people to take control of their health,” emphasizes James Peters, MD, DrPH, RDN, RRT, FACP. Dr. Peters leads TakeTEN with his wife, Cheryl Thomas Peters, Doctor of Clinical Nutrition, RDN.

TakeTEN starts with a comprehensive physical, including health screening tests and nutrition, fitness and stress assessments — used to design a personal long-term health plan combining the best of traditional medicine and evidence-based natural remedies.

“For the rest of their stay, participants put that plan into action,” says Dr. Cheryl Peters. “They learn to replace unhealthy habits with healthy ones to avoid relapsing at home.”

TakeTEN’s final day, many participants have already markedly lowered their cholesterol, blood pressure and blood sugar, reducing or eliminating their need for medication. “There’s also something here that can’t be measured: a change in spiritual attitude,” says TakeTEN exercise physiologist Lyse Hellie, MA. “People leave here with new energy and a confidence in their ability to make healthy choices and stick to them.”

TakeTEN™ for healthier choices

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Improving health

Everyday inspiration

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Adventist Health Castle in Kailua, Hawaii, is the recipient of the 2017 Malcolm Baldrige National Quality Award in healthcare. Awarded by the U.S. Department of Commerce, the award recognizes organizations using a systems perspective to achieve exceptional results. The Baldrige program also evaluates an organization’s core competencies, defined by Adventist Health Castle’s leaders as the ability to effectively execute organizational strategy, a tenacity for clinical excellence and a genuine demonstration of love for patients by all staff.

Execute Strategy. The leadership team developed a rigorous process, connecting the strategic plan with daily work. For example, one of the strategic goals is to improve patient experience scores to the 90th percentile. Every department, both clinical and non-clinical, has a customer experience goal supporting the organization goal. The pharmacy department’s goal is to improve patient communication about medications, with specific daily work strategies. Department directors track to 90-day action plans, reviewed by the senior leadership team. Everyone, from senior leaders to front line staff, are working toward the same goals.

Commitment to Quality. Adventist Health Castle is tenacious in “chasing zero harm” to patients across all care locations and modalities. This includes achieving incredibly low rates for common hospital-acquired infection, below one percent to zero. The hospital has met or surpassed top-quartile levels on composite measures of patient safety, evidence-based care, and mortality related to its clinical care processes.

Love Matters. Adventist Health Castle incorporates the Hawaiian culture of “aloha” that values kindness and compassion. There is an overt expression of care for patients, their families, associates, providers, and volunteers throughout the medical center, departments and clinics.

Patients are partners in their recovery to good health. Care boards in each room explain the strategy of care, and patients are expected to understand and recount instructions, such as for taking medication.

Great Processes, Great Results

The Baldrige journey has been one of assessment, analysis, feedback and growth to refine and align systems and processes. The result has been exceptional performance in population health, patient safety, patient satisfaction, associate and physician engagement, and strong financial performance.

“The reward is more than an award, it’s knowing we provide excellent care, always, to our patients and community.”

– Kathy Raethel, president
“It is hope that lights darkness in the most trying of circumstances. To make people’s lives better, each of us at Adventist Health must serve not only as agents of healing, but also agents of hope.”

— Dustin Aho, mission integration executive
When Darcy Pickens from Champions Recovery Programs in Hanford, California, arrived at the Adventist Health warehouse to pick up donated items, she was unprepared for what she saw. It was the first delivery of goods arranged through a new collaboration of Adventist Health Hanford, World Vision and retailer Costco, connecting surplus, first-quality goods with those in need.

Inside the warehouse was new furniture, toys and bicycles, household items like heaters, solar shades and barbecue grills, cleaning products and kitchen tools, non-perishables like cereal, granola, nuts and spices, and even Christmas decorations. Twenty-four pallets of goods, valued at more than $50,000. “I’m a little overwhelmed at the sheer volume,” Darcy said after taking a deep breath to compose herself. “I’m just thinking about how happy our clients and program managers are going to be when they see what we’ve been given. We can’t provide them with fancy shampoos or a barbecue grill, so this will make where they live feel more like a home, which is our goal — to treat the whole person and give them a sense of community.”

“World Vision’s mission is to focus on the most vulnerable children, and the work that Adventist Health does to holistically transform communities was a natural fit for this partnership,” said Reed Slattery, national gifts-in-kind director for World Vision.

Ed Ammon, president of the Central Valley Health Foundation said Adventist Health expects to receive a new shipment of goods every month. World Vision staff trains Adventist Health staff on proper storage, distribution and accounting of all surplus items. “This project has been in the works for about two years,” Ed said as he watched the items being loaded. “I’m really excited that we’re going to be able to bless the people in the communities Adventist Health serves.”

He said that each shipment will contain different items, but Adventist Health will be notified ahead of time so that they can connect them with the people who can best use them.

Champions operates five group homes in Lemoore and Hanford, California, and provides substance abuse and mental health treatment. The items will be used in the homes by the clients while undergoing recovery. “We try to teach them that they have a responsibility to give back to their community, so for them to see the generosity of the community that gives to them, this encourages them,” Darcy said.
LORI FALGE-PHILLIPS HAS BEEN LIVING HER PASSION AS A HOSPICE NURSE PRACTITIONER SINCE 1990. She found her professional home with the Feather River Hospice House, where her work is very personal.

Feather River Hospice House is a six-bed facility in Paradise, California, that provides a beautiful home setting for compassionate end-of-life care for patients, and their families. In 2017, the Hospice House provided loving end-of-life care to 104 patients. The house opened in 2003 and provides a warm environment for patients who may stay a few days or a few months. It’s one component of the continuum of Palliative Care services offered by Adventist Health Feather River.

“Pain and symptom management is my expertise,” she says. “Being able to help relieve the suffering of a patient by controlling their pain and symptoms directly affects the quality of that patient’s life.” She emphasizes that it is “listening to what patients tell me that guides me in my practice.”

Lori works side by side with Danny An, MD, medical director for both the hospice and palliative care programs. They believe it takes their whole team to provide the tender support needed for patients and families through this end-of-life journey. “It is the spiritual component by far that sets us apart from every other hospice I have ever known,” Lori says.

“Dr. An is always giving of his time to both palliative care and hospice and is truly a visionary. As a result, we are now serving 400-plus palliative care patients in our communities every month. Identifying and implementing quality care, while reaching a greater number of hospice patients, and reaching them earlier in their disease process is the key to the quality-of-life that is the driving force behind everything hospice does.”

“Listening to what patients tell me guides my practice.”

— Lori Falge-Phillips

Feather River Hospice also hosts an annual event, Light up a Life, for the entire community. The holiday fundraiser for Feather River Health Foundation brings the community together to share stories and music, and to buy a holiday light or luminaria to decorate the house, in the memory of a loved one.

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“I came in to visit my brother at Hospice House several times a day and what I saw was nothing short of miraculous. The staff showered all of us with compassion and care. Dr. An would make coffee for my brother, push him out to the garden, and pray with him while making sure our family was updated daily about my brother’s health. The care was like no other place I’ve ever seen.

The “cherry on top” was when my brother’s dentures disappeared. The staff searched the room extensively for hours until, finally, a nurse concluded it must have gone out with the trash. She called her husband to bring a ladder which she expertly used to gain access into the belly of the dumpster. After opening multiple trash bags, she excitedly exclaimed, “Eureka, I found it!” and, after a thorough sterilization, the dentures were delivered to my brother along with a big hug from the nurse.

Through the years I attempted to share with my brother about God, but he’d always find a way to change the subject. Then, in the last month of his life and with the help of volunteer chaplain, Don Bean, Dr. An, Stan’s gardener, a variety of staff members, and me, my brother accepted Christ as his Lord and Savior — all through the compassionate love and ministry of those fine people.

The experience makes me think of the Scripture which says, “Some plant, some water, but the Lord gives the increase.”
WHEN TERRY JOHNSSON BECAME ADVENTIST HEALTH PORTLAND’S MISSION INTEGRATION EXECUTIVE A FEW YEARS AGO, HE HAD AN EPIPHANY. He was walking his dog around his downtown Portland neighborhood and noticed that many of the homeless people he encountered weren’t wearing shoes and socks. Terry knew that the hospital’s emergency room deals with a host of foot problems, especially in the winter, including trench foot, skin infections and frostbite.

Since the health system had already formed a partnership with the Portland Rescue Mission, Terry mentioned his observation about the lack of footwear to the executive director. What he learned surprised him. “He said, socks are a big, big commodity in Portland. People will steal socks if they’re clean and dry. So many homeless people take their socks off at night and put them underneath them.”

The revelation sparked an idea. For the previous nine years, Adventist Health Portland has thrown a community concert for associates and the community, with the admission being canned goods for the Oregon Food Bank. Terry asked for sock donations, in addition to the canned goods, hoping to collect about 500 pairs. Instead, they collected 3,000 pairs for the Rescue Mission. In the first few months of 2018, they collected another 3,200 pairs.

With up to 1,000 people coming through the organization’s Burnside shelter each day, the need is huge, said Rob Anderson, director of partnership at the Rescue Mission. “We go through thousands of socks in a winter season, so we’re super grateful.”

The llamas walked into the transitional care unit as if they knew exactly why they were there. Susan says her heart was filled with joy as she watched the llamas interact with the patients. “We have so many residents who show no emotion, or are quiet and non-engaging,” Susan says. “But I watched the smiles on their faces as these gentle llamas went up to greet them. I couldn’t help but cry!”

Animal companions have been known to improve quality of life, especially for patients suffering from certain illnesses. “Animals of any kind are really magic,” says Susan. “Sometimes when people are ill, they can be angry and experience different emotions — but all negative emotion left and we were all feeling the same joy — we were still talking about it days afterward.”
THE TILLAMOOK COUNTY JAIL IN OREGON IS SMALL — WITH 96 BEDS, it serves the county’s population of about 25,000. At 11 p.m. on a Thursday night in 2015, Eric Swanson, executive director for strategy and development at Adventist Health Tillamook, received a text from the jail commander: We’ve lost our last nurse.

Eric understood the significance of the message. In addition to his work at Adventist Health Tillamook, he is also a paramedic and a reserve deputy with the sheriff’s office. He knew the jail needed medical staff to maintain their accreditation, so he immediately engaged Gina Seufert, physician and clinic services executive, to help develop a solution.

"Gina and I were on the same page right away," he says. "The sheriff’s office is an important community partner to us — and it was the right thing to do." After getting approval from hospital leadership, Eric began performing medical care in the jail the next day, and created a plan for the hospital to serve as the official clinic in the jail. Gina recruited a full-time nurse and team of committed medical assistants, paramedics and EMTs to join the efforts.

The on-site clinic provides the same high quality care to the inmates as in the other Adventist Health clinics. Medical staff is onsite 12 hours a day, seven days a week, and are always on call for emergencies. The only difference is that these patients are incarcerated.

The inmates are often surprised at the level of compassion they receive from the medical team. Eric recalls that while providing care to an inmate with a history of frequent visits to the jail, the inmate asked, “What’s going on here? This medical care is completely different.” Eric responded, “Well, I’m from Adventist Health. We really care about you as a person. We want to give you the very best care.”

“I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me.” — Matthew 25:36
Just days after finding out that Regina lost her home, Maria Nuñez, Yolanda Meza de Villegas and Maria Meza from the Environmental Services department made 600 tamales to help raise money for her. The tamales sold out in an hour and raised $1,156!

REGINA VALENTE-PAYNE IS A MATERIEL MANAGEMENT ASSOCIATE AT ADVENTIST HEALTH HOWARD MEMORIAL. ON OCTOBER 8 HER LIFE CHANGED, AND IT WAS HER WORK FAMILY WHO SUPPORTED HER.

“I woke up to the smell of smoke and walked outside to see a panoramic view of everything around us in flames. My husband and I grabbed only what would fit in our arms, and our dogs. I had to leave my sheep and goats, so I opened their pen to let them all out, hoping they would survive. I prayed and tried so very hard to be thankful, but the feeling of loss and numbness was indescribable. I could not believe everything was gone.

“I had a lot to be thankful for, because my Adventist Health Howard Memorial family was there for me. They showed up with clothes, scrubs, and everything you could think of. Several offered stalls for my horses. There was an overwhelming amount of love and kindness.

“When I returned to work, every person greeted me with a hug and asked if there was anything they could do to help. Three women made tamales so they could raise money for me, which was such a great help because insurance was going to be a long process.

“About 20 staff members of Adventist Health Howard Memorial were evacuated during the Mendolake Complex fire. The hospital was on evacuation watch for three days, but was able to stay open. However, Highway 101 was closed and all landlines, internet and cell service was lost. The incident command center constantly updated staff, patients, and the community on the status of the fire. Chaplains also provided crisis counseling to the victims and survivors during the fires, in addition to grief counseling for first responders — including law enforcement and firefighters — to help them process the emotions as part of their work during the disaster.”

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Esteban was court-committed to a rehabilitation program, Victory Outreach, in Simi Valley, California. After nine months, he wanted to leave. “I was tired and didn’t want to live this type of life. I wanted to go back to jail, where at least I knew what to expect.” Esteban’s counselor told him to look towards his future and stop running back to the past.

“He said, ‘God has a plan for you. He can do more for you than you can ever imagine.’ Esteban was skeptical and still wanted to leave the program. His counselor tossed a set of keys to Esteban, saying that as long as he was learning, he had one request. ‘Do me a favor. Go to the church and sit there for a half hour.’

“As I walked in, worship music was playing,” says Esteban. “I sat down and after 10 minutes, I started crying. I didn’t understand what was happening. I’m a rough-and-tough guy, but I knew it was God, telling me to stop running. That’s when my life changed.”

Esteban went back to his rehab program. In 2004, he found a temporary job at Adventist Health Simi Valley. After nine months, Cliff Patton, the vice president of the hospital at the time, recognized Esteban’s hard work and offered him a permanent job.

“He looked me in the eyes and told me he believed in second chances. He was willing to take a chance on me, and he told me not to let him down. I am still doing that to this day — not letting him down.”

Esteban is now the lead plant operations technician at Adventist Health Simi Valley where he loves helping people. “Even if I don’t ever meet them, by doing quality work, we’re helping people get better.”

“I give all the glory to God,” says Esteban. “I’m honored to be a positive influence to those that come from similar backgrounds. It’s not just talk. This is who I was, and this is who I am now. God’s able to do it for them, too, if they give Him a chance. God works.”

Esteban performs preventative maintenance on the hospital’s emergency generators. These generators provide backup electrical power in case of an interruption in normal power.
Mission Trip Highlights

Clinical Services
- 1,689 medical consultations
- 75 major surgeries, 74 minor surgeries
- 317 dental procedures
- 204 cataract and glaucoma surgeries
- 220 breast examinations
- 80 cervical cancer screenings/pap smears
- 250 OB/GYN consults and exams
- Donated 500 sunglasses and 500 reading glasses

Hospital Projects
- Pediatric isolation ward renovation
- New pediatric malnutrition and burn unit
- New vital signs equipment: stethoscopes, blood pressure, height and body composition scales

Community Projects
- Gifted 94 cows to 94 families
- Donated two boreholes and water pumps in two villages, impacting over 2,000 people
- Fed 475 people in the village of Maoluao
- Donated vitamins, shoes, used clothing and toys
- Donated a wheelchair for a polio patient
- Donated 40 desk sets and renovated two classrooms
- Provided programs for 856 children and 309 mothers at Mwami Adventist Church
- Renovated four rooms, donated new beds, bedding, mosquito nets and hygiene kits to the Mwami Leprosarium Center

Providing hope

Serving in Zambia

In August 2017, 82 volunteer physicians, medical staff, and associates from Adventist Health Bakersfield, Adventist Health Glendale, Adventist Health Simi Valley and Adventist Health White Memorial, traveled to Mwami, where they served more than 5,000 people.

“This trip gave me a chance to be able to help people I do not come in contact with on a usual basis,” says Veronica Shake, RN, Labor and Delivery, Adventist Health White Memorial. “No matter what your background is, we come together and bring God into what we do.”

“Tu be part of this was an amazing opportunity and we will forever be touched by the warm and gentle people of Mwami,” says Jeanine Maurer, RN, director of Aspen Surgery Center at Adventist Health Simi Valley. “I was on the surgical team from multiple Adventist Health markets that functioned seamlessly, as if we had been together for years.”

As the largest ever Adventist Health Southern California Region mission trip abroad, the experience included profound successes, challenges and lessons learned. Volunteer physicians and staff gave for the sake of giving, and learned about the mystery of service — of not knowing how an effort like this pays itself forward in the people and the community.

“I am proud of our team,” says John Raffoul, president of Adventist Health White Memorial and chair of the Adventist Health Southern California Region mission committee. “They worked very hard and gave endlessly and lovingly under harsh circumstances. May God bless you for building your treasures in Heaven.”

Mwami is a rural village in the eastern province of Zambia and home to Mwami Adventist Hospital. The 150-bed facility has only two physicians to treat malaria, pneumonia, diarrheal disease, HIV/AIDS, OB/GYN complications and much more.
Adventist Health is a faith-based, nonprofit integrated health system serving more than 80 communities on the West Coast and Hawaii.

Founded on Seventh-day Adventist heritage and values, Adventist Health provides care in hospitals, clinics, home care agencies, hospice agencies and joint-venture retirement centers in both rural and urban communities. Our compassionate and talented team of 35,000 includes associates, medical staff physicians, allied health professionals and volunteers driven in pursuit of one mission: living God’s love by inspiring health, wholeness and hope. Together, we are transforming the American healthcare experience with an innovative, yet timeless, whole-person focus on physical, mental, spiritual and social healing.

Together inspired.
Adventist Health’s mission statement of “living God’s love by inspiring health, wholeness and hope” is coupled with a vision to transform the health experience of our communities by improving health, enhancing interactions and making care more accessible. We are inspired by healing ministry as represented by the life of Jesus Christ and believe we are called to live out our mission intentionally in the communities we serve. In the small towns, suburbs and inner cities we serve, we continue our journey to provide quality healthcare until every person made in God’s image has experienced the best health today, hope for tomorrow and God’s love that endures forever.

2017 Adventist Health Community Benefit totals

$50,353,712 Free and discounted care
$21,990,720 Community health improvement
$21,743,922 Education and research
$134,751,239 Aid to the poor
$139,528,016 Aid to the elderly
$58,819,945 Subsidized community healthcare

TOTAL $427,187,555

At Adventist Health we are privileged to serve a broad spectrum of our community. We also recognize that there are those in the community who are suffering. We are committed to providing excellent healthcare through partnerships with our communities to help them become healthier, better places to live.

Community Integration

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Financial Summary
For year ended December 31, 2017

As a nonprofit organization, all net revenue over expenses is channeled back into our hospitals and health system. Unlike for-profit healthcare organizations (where money becomes dividend checks to investors), this money funds capital improvement, enhanced patient care, new hospital programs and community outreach.

We received net revenue from patient care and other sources of income $4,114,522,000
We incurred expenses in rendering patient care and other services $3,910,573,000
Margin available for equipment, plant and property improvement, working capital needs, and repayment of long-term debt $203,949,000

2017 Selected Facts and Statistics

Workforce
- Associates 23,500
- Physicians 5,000
- Volunteers 3,500

Admissions 148,605
Emergency Department Visits 697,007
Outpatient Visits 1,473,248
Home Health Visits 227,270
Hospice Visits 551,860
Board of Directors

(LEFT TO RIGHT) Jim Pedersen (retired), Bill Wing, Andrew Davis, Kerry Heinrich, Robert Cherry, MD, Scott Reiner, Richard Reiner, John Freedman, Ricardo Graham, David Banks, Wes Rippey, MD (retired) — Not pictured: Melody Gabriel, Larry Innocent, Velino Salazar
Executive Cabinet

(LEFT TO RIGHT) Joe Rapport, Chief Financial Officer; Scott Reiner, Chief Executive Officer; Wayne Ferch, President, Central California Region; Bill Wing, President; Joyce Newmyer, President, Pacific Northwest Region; John Beaman, Chief Business Officer; JoAnne Olson, Chief Human Performance Officer; Mark Ashlock, President, Physician Services; Jeff Eller, President, Northern California Region; Hoda Asmar, MD, Chief Clinical Officer; Andrew Jahn, President, Southern California Region