

healing beyond our walls



Community Benefit Report

2009



**Saint John's
Health Center**

Breakthrough Medicine. Inspired Healing.SM

Letter from the CEO



Lou Lazatin,
President and Chief Executive Officer

Saint John's Health Center is grateful for the opportunity to share the highlights of our collaborative efforts in improving the health of our community. We are joined in these efforts by the members of the Saint John's Community Advisory Board, which is composed of community agencies and members that advise us and join with us in partnerships to address unmet health needs in the community.

We have launched specific initiatives that bring care to people earlier and help improve the quality of their lives. Many of these efforts are designed to bring care and information to people outside the walls of our hospital. In addition to improving quality, these services save costs to the overall community health system by avoiding crises through improved health and disease management.

We are able to make advances in community health by convening these agencies, promoting collaboration, data and information sharing, knowledge transfer and utilizing evidence-based practice models.

Although Santa Monica continues to be home for many who are affluent, many of our residents do not have health insurance, are frail elderly or simply do not know where to turn to have their health needs met. These difficulties also have been compounded by the prolonged economic crisis in our community, state and nation.

In this 2009 "Report to the Community," we spotlight some of the initiatives and people who help us live our mission: *We will in the Spirit of Charity, reveal God's healing love, while improving the health of our community, especially those who are poor or vulnerable.*



LaTisha Starbuck,
Vice President, Mission and Ethics

Saint John's *financials*

Every year, Saint John's Health Center donates extensive medical services and financial resources to help meet the needs of the underserved in our community. In 2009, Saint John's provided an estimated economic value of community benefits totaling \$33,799,942.



Medical Care Services: \$1,487,551

Saint John's provided free medical services to indigent and uninsured patients.



Local Non-Profit Organizations: \$1,104,049

Saint John's provided another \$876,870 in uncompensated care to low-income and disabled patients provided through local non-profit organizations, and \$227,179 for all other medical services.



Child and Family Development Center: \$609,732

CFDC has provided a comprehensive range of culturally sensitive and linguistically responsive mental health, outreach, development and educational services in response to community needs since 1962.



Pre-School Services: \$772,420

CFDC's Infant, Toddler and Pre-school Program serves families with children ages 3 months to kindergarten



Other Services for Vulnerable Populations: \$956,298

Under the category of Other Services for Vulnerable populations, Saint John's provided \$956,298 in grants in 2009 to various agencies that serve people living in poverty, the Community Benefit Team and for services to local schools, seniors and children.



Other Services for the Broader Community: \$644,629

Saint John's provides extensive support for community outreach and community health education



Health Research: \$1,664,127

Saint John's support for health research, nursing and other educational programs includes support for aspiring, greatly needed nurses, pharmacists, respiratory therapists, physical therapists, lab technicians, surgical technicians and other healthcare professionals.

Saint John's also provided \$24,247,988 worth of needed medical services to patients older than 65 years that were not covered by Medicare.

total economic value of community benefits:
\$33,799,942



shelter and care for the Homeless

At night, following her breast cancer surgery, Patricia Parker would lie awake in her battered, 40-year-old pickup truck parked curbside on a Santa Monica street, listening to hailstones pound the camper shell – and wishing she were anywhere else.

The skin on her back and breast was burned raw from the radiation therapy she was undergoing to keep her cancer at bay. The depression that had sent her into a tailspin ever since the death of her 23-year-old daughter – from uterine cancer – 16 years before now overwhelmed her. It didn't help that Parker's boyfriend of 17 years had walked out on her three days after her cancer diagnosis, taking everything she owned. At 56, she had no money, no home, no companionship, no hope.

"I was beside myself," Parker recalled tearfully. "I was ready to give up. I was telling everyone goodbye."

Parker's lifeline was the offer of a bed in the respite care program operated by Ocean Park Community Center (OPCC) and Venice Family Clinic, in collaboration with Saint John's Health Center. The program – the only such service within a 20-mile radius – provides food, shelter, supportive services and medical care at OPCC's shelter in Santa Monica for homeless people who need a

clean, warm place in which to recover after being treated at an emergency room or in a hospital.

"If it wasn't for that bed, I couldn't even tell you where I'd be today," said an emotional Parker.

MEDICAL AND HOUSING NEEDS

The respite care program was launched 1 ½ years ago to meet the medical and housing needs of the homeless population on the Westside, said Mary Luthy, Director of Community Benefits at Saint John's. "We were seeing large numbers of homeless people coming through our emergency room, many of them older and sicker than in previous years.

When homeless people are discharged from the hospital, they often go back to the street. It's not healthy for them and it's frustrating for us, because they frequently end up back in the ER. With this program, we can now discharge them directly to respite care so they can receive outpatient medical care in a clean, safe environment where they can rest and recover."

Providing stable housing for homeless people as they recover from injury or illness is critical to their long-term health and helps preserve precious healthcare resources, according to Deborah Maddis, Director of Housing and Special Initiatives for OPCC. "The respite care program makes it much easier for homeless individuals to get the medical services they need," she said. "It also reduces overuse of the ER by breaking the cycle so they're not going back and forth between the street and the ER."

To house the pilot program, OPCC, the largest provider of homeless services on the Westside, redesigned some space within its 70-bed shelter in Santa Monica to create 10 semi-private respite care beds – five for men, five for women. Residents are

allowed to stay at the center 24 hours a day for up to three weeks, although they are granted extensions if a doctor determines they need additional time to heal. Medical care is provided next door at OPCC's Access Center in two exam rooms staffed by Venice Family Clinic physicians. Saint John's, which is located a little less than two miles away, offers diagnostic and other medical services at no charge for patients in the program who have already been deemed eligible for charity care.

LONG-TERM BENEFITS

To date, a total of 145 homeless patients have used the respite care program. Eighty of them were either inpatients at Saint John's or outpatients treated in the hospital's ER at one time or another. Initial results indicate the program will have significant long-term benefits. OPCC has been able to place 42 percent of the respite care patients in either temporary or permanent housing. Those patients who have had to return to Saint John's for treatment after being in the program have generally been less sick and required a shorter length of stay in the hospital.

"The respite care program has made a difference in the lives of these people, because they are less ill," said Luthy. They do not become as acutely ill and do not require hospitalization."

The success of the program demonstrates the effectiveness of the collaborative approach taken by the three partner organizations, according to Eleni Manousogiannakis, Director of Program Development and Quality Improvement for Venice Family Clinic, the largest free clinic in the nation. Representatives from OPCC, Venice Family Clinic and Saint John's meet every month to share information, coordinate care and track program impact and outcomes.

Collaborations like these are the only way to effectively address the issue of homelessness and meet the medical needs of the homeless.

Eleni Manousogiannakis, Director of Program Development and Quality Improvement for Venice Family Clinic

Saint John's Donations to Project Handclasp Bring Relief, *save lives*



Within days of the devastating earthquake in Haiti, Saint John's sent large boxes of medical supplies and a team of orthopedic surgeons to the area.

In the first days after the 7.0-magnitude earthquake devastated Haiti on Jan. 12, urgent pleas for basic aid – medical supplies, food, water – poured into the US Navy's Project Handclasp headquarters in San Diego. One request, however, was more specific.

"I got an email from our people on the ground in Haiti asking for curtains," recalled Lt. Benjamin Harms, an officer with Project Handclasp, the Navy program that distributes humanitarian and educational materials donated by the private sector to those in need around the world. Why curtains? "Because so many buildings had been destroyed or left unsafe, they needed materials to help set up outdoor triage stations for the injured," he explained.

Harms barely had time to ponder the unusual request, much less figure out how to fill it. "That same day, I happened to get an email from Saint John's, saying 'We have curtains. Can you use them?'" he said. "It was quite a coincidence – and it answered the need."

Seven large boxes filled with matching cloth curtains that once covered windows and surrounded patient beds in the old Saint John's Health Center building were quickly trucked down to San Diego by the hospital. The boxes were packed in seven industrial-sized pallets that also included assorted medical supplies donated by the Health Center. Within days, the Saint John's curtains were loaded on a Navy supply ship out of Mayport, Fla., headed for Port-au-Prince, Haiti, where they were offloaded by helicopter and put to use providing shelter and privacy for the injured and sick.

For Saint John's, Project Handclasp provides a reliable and effective way to donate surplus items to parts of the world where they can do the most good. "The Navy offers the greatest chance of getting supplies safely and securely to people in developing countries, without them being stolen or misplaced," said Mary Luthy,

Director of Community Benefits at Saint John's Health Center. "And they do it at very little cost to the donor. We only have to pay for transportation to San Diego."

Donated materials are transported using available space on Navy ships and aircraft, according to Harms. When the shipments arrive in the countries to which they have been assigned, the materials are handed out by Navy sailors and Marines directly to the people who will benefit from them, allowing the US service members to act as ambassadors of goodwill. "We're the only organization like this in the military and Saint John's is one of our more active donors," said Harms. "They've been in on almost all of our major engagements in the last couple of years."

In 2008, for example, Saint John's donated seven surplus hospital beds that were part of a shipment delivered to Sao Tome and Principe, an island nation off the west coast of Africa. And in 2009, Saint John's contributed a large amount of nutritional supplements via Project Handclasp to a Navy-led humanitarian mission to nine countries in West and Central Africa. "Everything

that's donated to the Navy has to be top-notch," said Luthy. "These were medical-quality supplements we used at the hospital, with enough calories in one can to keep a child alive for a day.

"For people in the developing world, these donated items can literally be lifesavers – even something as seemingly mundane as a curtain," said Harms. "We who live in the United States often take for granted the everyday things that people in poorer countries have to struggle to obtain. We're very thankful to the people at Saint John's for their donations. Our program depends on the generosity of the donors we work with."





Angels in the ER:
the *face* of Saint John's

“Our patients love the Angels. They provide that extra level of comfort and care in what can be a very stressful place.”

Ann Harter, RN
Angels in the ER Program Administrator

Sarah Moyer, then 25, was working at a Santa Monica hair salon when she decided to volunteer for the Angels in the ER program at Saint John's Health Center. It was a decision that changed her life.

“At the time, I felt there was something missing in my life,” recalled Moyer, now 31. “I had gone to junior college after high school but I wasn't focused on or interested in school. Then, I began volunteering at Saint John's, in the Emergency Room (ER), and I just loved it. I loved being in the middle of all the excitement. It felt very fulfilling being able to help so many different kinds of people. I would take days off from my paying job at the hair salon just so I could volunteer there!”

Her experiences as an Angel spurred Moyer to go back to school and eventually earn a nursing degree at Santa Monica College. In August 2009, after completing her state board exams, she started her first nursing job – as an ER nurse at Saint John's.

“Sarah is a real find,” said Ann Harter, a retired registered nurse who administers the Angels in the ER program for the hospital. “But, in many ways, she's also very typical of the people who volunteer for our program. We have everything from retired CEOs and working professionals to college students deciding whether to pursue a career in healthcare.”

Like Sarah, they have to be people who can reach out to others and deal with all kinds of different folks. They need to be able to stay calm in a chaotic environment. And they can't be afraid to roll up their sleeves when they have to.”

The Angels in the ER program, which started almost 10 years ago, provides volunteers who work regular four-hour shifts alongside staff in the Saint John's ER. The Angels primarily serve as liaisons between patients and medical staff, offering non-medical assistance to patients and their families throughout their stay.

“We're the first people patients meet when they walk into the ER,” explained Harter. “We sign them in, get them wheelchairs if they need them, and make sure they and their families are as comfortable as possible while they're waiting. We let them know what they can expect during their time in the ER.”

PROVIDING EMOTIONAL SUPPORT

The 49 people ranging in age from 21 to 84 who volunteer for the program also provide emotional support for ER patients and their families. The ER staff's ability to focus on patient care is enhanced by the Angels who offer a friendly smile, a sympathetic touch and a listening ear.

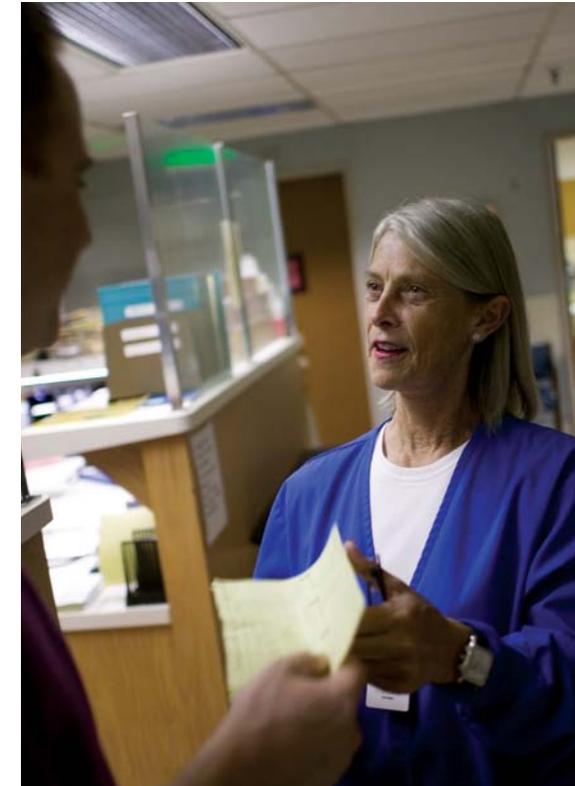
“We're at the bedside, holding hands if the patient wants to talk,” said Harter. “We're also very involved in the grieving process. We will stay with families as long as they need us.”

The program is so popular among community members wishing to volunteer that the hospital maintains a waiting list, said Grenda Pearlman, Saint John's Director of Volunteers. “These are very coveted positions. People who volunteer for the Angels program say it gives them a tremendous feeling of being useful, valued and challenged.”

APPRECIATED BY ALL

Patients and family members have been highly appreciative of the program. “Our patients love the Angels,” said Harter. “They provide that extra level of comfort and care in what can be a very stressful place.”

The ER staff also has come to value and depend upon the volunteers. “I couldn't imagine them not being here,” said Candice Parras, RN, Saint John's ER Director. “The Angels are truly a part of the team. They make the nurses' work so much easier. I don't know what I'd do without them.”





Mental Health *care* Designed for the *deaf*

Ziona Small says she doesn't know why she used to get so angry. The bright-eyed, soft-spoken 10-year-old will admit, though, to not liking the hearing aids she is supposed to wear to help overcome her hearing loss.

"Sometimes, I only wear my hearing aids for half a day," she explained. "At school, I sit at the front of the class and that helps me hear a little better."

Her mother Tameka Crayton says the counseling and medical care Ziona has received at the Saint John's Child and Family Development Center's Mental Health Services for Deaf and Hard-of-Hearing People has made a big difference in both her and Ziona's life. "This

program has been wonderful," Crayton added. "Ziona used to be a lot angrier, but just coming here and being able to talk to people who understand what she's going through has really helped her."

Ziona agreed: "It's better now. They're really nice to me here. We talk and sometimes I paint and play games. I stopped getting so mad. Now, I just walk away."

For deaf and hard-of-hearing people suffering from anxiety, depression or more severe forms of mental illness, just trying to communicate their feelings to a doctor or therapist adds an extra layer of complexity to an already challenging situation. The Saint John's program, which has been in operation since 1976, provides the only outpatient mental health services in the whole of Los Angeles County specifically designed to meet the needs of the deaf and hard-of-hearing community.

"Many of our clients are essentially denied access to mental health services in their own communities because they

are deaf," said Rebecca Refuerzo, Director of the Saint John's Child and Family Development Center.

Founded in 1962, CFDC provides a wide range of mental health, outreach, developmental and educational services primarily to low-income and needy individuals and families. The Saint John's program for deaf and hard-of-hearing people is just one of those services.

In addition to being fluent in American Sign Language (ASL), the three clinicians who work in the deaf and hard-of-hearing program also have a deep understanding of the cultural experiences and communication needs of deaf people and their families, according to Susan Hajiani, the Program Coordinator. Two of the three clinicians – including Hajiani herself – are deaf.

Two psychiatrists – one who works with adults and another who specializes in treating children – also are available to program participants. Currently, 85 deaf or hard-of-hearing patients ranging in age from 5 to 70 use the program's services. One-fourth of these patients are children, who often have particular difficulty dealing with the communication challenges of being deaf.

"Ninety-two percent of deaf children are born to hearing parents, so the communication issues within the family can be huge," said Hajiani. "In most cases, the deaf child learns ASL but the parents don't. Or, there is an added layer of difficulty because the parents only speak, say, Spanish or Mandarin but the child learns ASL and English. There's a whole different set of issues when it's a hearing child with deaf parents. In those cases, the child is often expected to take care of the parent – interpreting for them, for example – in a way that's not healthy to

the overall parent-child relationship."

The Santa Monica-based Center is supported with funding from a variety of sources including the Los Angeles County Department of Mental Health and private donations. Saint John's also provides the deaf and hard-of-hearing program with supplemental funding of about \$70,000 per year to pay for additional ASL interpreters.

Like many healthcare service providers, the Center has been impacted by the national economic downturn. "Yet, despite these tremendous economic pressures, the Saint John's Child and Family Development Center remains dedicated to continuing to provide these badly needed services to our clients, including the poor and deaf communities," said Refuerzo.

That's good news for Crayton, Ziona's mother. Crayton, who is taking college classes to earn her nursing degree, becomes emotional when talking about her daughter's hearing loss, which went undiagnosed for years.

"It wasn't until we came here that we learned she had hearing loss in both ears which she was born with," Crayton said. "This program and all the people here, like Susan, have been wonderful. Ziona and I have both come a long ways. We're trying to get to the point where she's comfortable dealing with her deafness. We're both learning that it's not the end of the world."

Palliative Care: the Right *care at the Right time*

“One of the biggest fears people have when they are admitted into a hospital is pain,” said Nancy Parks, RN, Palliative Nurse Coordinator at Saint John’s Health Center. “My role in the healthcare team is to make sure we address this up front.”

The goal of palliative care is to relieve the pain, symptoms and stress of serious illness, regardless of the eventual outcome.

“Palliative care is appropriate for people of any age who have a serious illness that might be life-threatening,” Parks added. “Saint John’s Palliative Care Team provides consultation for patients with serious, often progressive, illness.”

Services include clarifying goals of care, helping to manage difficult symptoms, smoothing transitions across the continuum of care and improving the quality of living and dying.

Parks and the entire team strive to get patients into palliative care as soon

as possible so that the effects of their treatments, such as chemotherapy for cancer, can be mitigated and pain is addressed so patients and their loved ones don’t suffer in silence.

“When you are facing a serious illness, you want relief not just from the pain, but also from fatigue, loss of appetite, shortness of breath, stress and the accompanying fear,” Parks explained.

Palliative care also is about helping patients better understand their conditions and the choices they have for care. Armed with this information, and knowing that the team is there to help, improves patients’ ability to tolerate medical treatments or make better-informed decisions as to the care they are willing to accept. Similarly, it helps caregivers, who are often worn out if their loved one’s disease is chronic and long term.

“Family education and participation is an important part of the equation,” Parks said.

The Palliative Care Team includes physicians, nurses, a pain pharmacist, social workers, chaplains, a speech pathologist, and other professionals participating in the patient’s care. They partner with the primary care physician to manage symptoms and help patients retain or regain as much control over their lives as possible.

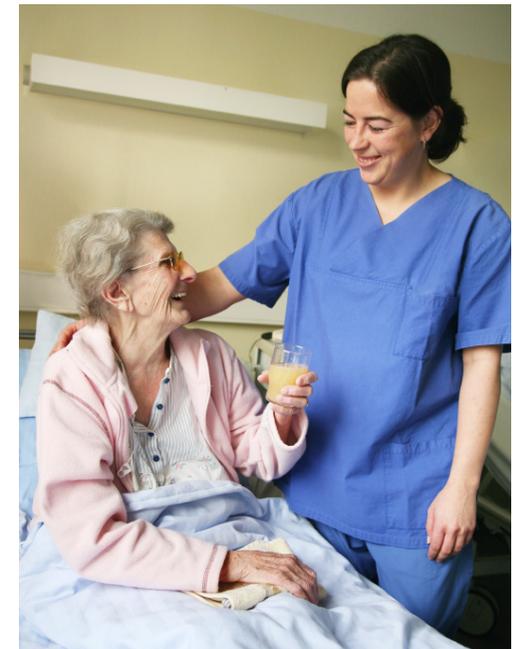
“The physician is pivotal to making sure the patients know what we can offer for them,” Parks explained. “The sooner the team can get involved, the better the patient’s experience and outcome will be.”

This includes holding patient-family care conferences and making sure everyone involved understands the treatment plan.

Palliative care has many facets that go beyond the hospital walls. Often patients are readmitted to hospitals because they acquire new infections or other complicating conditions when they are discharged to nursing homes or

other locations. For this reason, Saint John’s does community outreach.

“The more we can educate nursing homes and senior centers the better, Parks said. “This can really assist our patients when they come to us.”





Left photo: Gavin at birth with cleft lip and palate
Right photo: Gavin at 2 years old, with no visible sign of the cleft.

Saint John's Cleft Palate Center: Responding to *community need*

FACTS ABOUT CLEFT CONDITIONS

A cleft is a separation of the lip and/or palate (the roof of the mouth). A child may be born with a cleft lip, a cleft palate, or both.

Cleft conditions are now the most common birth anomalies in the United States, occurring in approximately one of 600 births. More than 6,800 babies are born with these deformities in the United States each year. (Source: Cleft Palate Foundation website)

In most cases, the cause of cleft lip and cleft palate is unknown, although a combination of genetic and environmental factors are suspected. There appears to be a greater chance of clefting in a newborn if a sibling, parent, or relative has had the condition.

Tani Dowell and her husband Michael were delighted when her first ultrasound scan during her 17th week of pregnancy revealed that their unborn baby was a boy. But the rest of the news was unexpected – and worrisome. The grainy image from inside her womb revealed that Gavin, now 2, would be born with a cleft lip and palate.

“We didn’t know what that meant,” recalled Tani Dowell. “We had been so excited just to learn if our baby was a boy or a girl. We were overwhelmed when the doctor told us there was something wrong with our child.”

After she had recovered from her initial shock and anxiety, the 38-year-old Torrance homemaker took to the Internet to learn everything she could about clefts. She called hospitals throughout Southern California, seeking an appointment with anyone who could help her. “All of them said they couldn’t meet with me, that I had to wait until the baby was born. It was so frustrating and disappointing.”

Then, Dowell heard about the Cleft Palate Center at Saint John’s Health Center from a woman whose twins had been treated there. “The first thing the people at Saint John’s asked me when I called was ‘When can you come in?’” said Dowell. “I knew immediately that this was the right place for me and my child.”

MULTIDISCIPLINARY APPROACH

The center, which has treated more than 2,000 children, uses a multidisciplinary approach, combining the talents and expertise of a 15-member core team of highly trained plastic surgeons, ear, nose and throat physicians, a pediatrician, speech pathologists, social workers and orthodontists, many of whom have worked together for decades. All are especially skilled in the care and management of children and adults with clefts.

“Cleft care is provided most efficiently and effectively if it is coordinated,” said Janet K. Salomonson, MD, a plastic surgeon and Medical Director of the Cleft Palate Center. “There are many factors to consider when treating a child with a cleft, everything from dental, speech, medical and surgery needs to psychosocial issues. With the team approach, fewer operations are needed and surgical outcomes are improved.”

PRENATAL CONSULTATIONS

The Saint John’s program is one of the few centers that offers prenatal consultations to families expecting a child with a cleft. “Even though the ultrasound image may not provide a complete diagnosis, we believe there is value in introducing team care before the baby is born,” explained Dr. Salomonson. “We meet with the parents to present general information about cleft care and possible treatment options.” As soon as possible after the baby is born, Dr. Salomonson and Ann Masson, RN, Nurse Coordinator of the Cleft Palate Center, evaluate the newborn either at the birthing hospital or at the center, formulate a treatment plan, and begin care.

Surgery to repair a cleft lip is usually performed three months after birth. A second surgery to repair the palate occurs when the baby is between 9 and 12 months old. And a third surgery – a bone graft to replace bone in the gum line – typically is performed when the child is between 6 and 10 years old. Interim team evaluations assess the child’s progress and determine whether additional surgical procedures, speech therapy and orthodontia are necessary as the child grows.

DEDICATED DOCTORS

For Dowell, having a plan of action prepared before Gavin’s birth was very reassuring – as was the constant contact with Masson and Dr. Salomonson. “They were like old friends – they kept checking up on me, asking me how my pregnancy was going,” she said.

As it happened, both Masson and Dr. Salomonson were at a medical conference in Philadelphia when Dowell’s water unexpectedly broke. Responding immediately to a page, Dr. Salomonson asked for photos of Gavin to be sent to her cell phone. She called the head neonatologist in the neonatal intensive care unit at the Torrance hospital where Dowell gave birth, and advised the staff there to begin taping Gavin immediately. Then, she and Masson booked an early flight home from the conference.

“It was amazing,” said Dowell. “They were so dedicated. They knew exactly what to do. They had a team and a plan and we never had to worry about anything. And it was clear that they really cared about our son.”

Gavin had lip repair surgery at three months and palate repair surgery at 10 months. Both operations were performed by Dr. Salomonson. “The operations couldn’t have gone any better,” said Dowell. “There’s hardly any scarring. He looks completely normal. I’m so glad we found the Saint John’s program. I can’t imagine where we’d be if we hadn’t.”



Advancing *professions* at Saint John's

“The prestige of the Saint John's doctors and the reputation of the Health Center throughout the state make this an excellent learning opportunity for our students.”

Ida Danzey, RN, DNP,
Associate Dean of Health Sciences
Santa Monica College

Thousands of aspiring healthcare professionals – including nurses, pharmacists, respiratory therapists, physical therapists, lab technicians and surgical technicians – have gained clinical experience needed to complete their college degrees or certifications at Saint John's Health Center. The training these students receive at Saint John's is part of the hospital's commitment to advancing the healthcare professions in the community.

“This has been a tremendous benefit for both the healthcare community at large and for our own local community,” said Shirley Edwards, RN, Director of Education at Saint John's. “Many of these students have come to work at Saint John's after completing their education, while others have taken their clinical experience with them to other hospitals in our area.”

TRAINING OPPORTUNITIES

Saint John's contracts with Santa Monica College, Mount St. Mary's College and UCLA School of Nursing to serve as a clinical training site for

nursing students. Trainees include students in the Santa Monica College and Mount St. Mary's College undergraduate nursing degree programs, as well as students in UCLA's two-year master's degree program. Saint John's also serves as a clinical training site for nursing students at other area colleges, including Cal State Dominguez Hills and Cal State Northridge.

“We have three or four clinical rotations going on at a time in the hospital between September and June, anywhere from 30 to 40 students on any given day,” said Edwards.

Saint John's staff serve as instructors for both clinical preceptorship and leadership preceptorship programs. In the clinical preceptorship program, students are paired with staff nurses at the hospital as they care for patients, giving the students valuable bedside experience. Students in the leadership preceptorship program work with the Health Center's Nursing Directors, learning the skills required to become nurse leaders.



Nursing staff with Human Patient Simulator

BUILDING RELATIONSHIPS

Santa Monica College's relationship with Saint John's dates back to the very beginnings of the school's nursing program, according to Ida Danzey, RN, DNP, Associate Dean of Health Sciences. Enrollment in the nursing program currently averages between 150 and 175 students.

“Saint John's really is providing a tremendous service to the community that supports the college,” said Danzey. “It provides them with an opportunity to see nursing in practice and to experience technology in a high-quality clinical setting.”

FINANCIAL GIFTS

Saint John's also has supported the Santa Monica College nursing program by contributing \$50,000 to fund an endowed chair of nursing – the Saint John's Health Center Chair of Excellence in Nursing – at the college. The Saint John's contribution was matched by the Santa Monica College Foundation. The first award of \$15,000 over three years was given to a nursing faculty member in 2005.

CLINICAL TRAINING

In addition to serving as a training site for aspiring nurses, Saint John's also provides clinical experience for a variety of other students in the healthcare professions. For example, students from the USC School of Pharmacy are trained in the Saint John's Pharmacy Department.

The Health Center offers the use of its facilities for clinical training at no charge to the colleges and universities. “Saint John's is very community-oriented and very supportive of our program,” said Danzey.

Saint John's also benefits from the partnerships with the various college programs. “The students create a learning environment at our hospital,” said Edwards. “It's professional

development for our staff, too. As healthcare professionals, it's important that we have someone to whom we can teach our professions.”



Bringing *hope* Where There Is None

“Our whole vision is to bring hope, light and love to a people who are broken and impoverished, who have endured a terrible civil war.”

Robert Hamilton, MD

Dr. Basile still finds it hard to talk about the suffering she has seen in West Africa. Most painful are her memories of the people she met there who were beyond help. Like the young albino man with a bleeding cancerous lesion on his head who came to the medical clinic in Sierra Leone staffed by Lighthouse Medical Missions volunteers in 2008.

“He asked me if we could do anything for him,” recalled Basile, a licensed vocational nurse who has traveled to Africa with the Santa Monica-based organization for 10 years. “But there was nothing we could do, except change his dressing and give him some antibiotics and try to make him a little more comfortable. He would come every day with his parents and sit there very quietly. Just by the way he looked at me, I knew how grateful he was for the precious medications and dressings, and for how we took the time to clean his wound. I’m sure he’s dead by now. I pray that I see him in heaven.”

Earlier this year, Saint John’s Health Center invited Lighthouse Medical Missions into the old Saint John’s hospital building to let

the nonprofit organization – which is affiliated with the Lighthouse Church of Santa Monica – have its pick of selected supplies, furnishings and other items that remained in the soon-to-be-demolished structure. For two days, Basile and her boss, Robert Hamilton, MD, a Santa Monica pediatrician who practices at Saint John’s, walked the floors of the near-empty building, identifying items to be shipped over to Sierra Leone.

“We looked for things that could be put to good use in a Third World country like Sierra Leone where people are so desperately poor and the need is so great,” said Dr. Hamilton, who has participated in numerous missions to Africa since 1998. They selected everything from leftover blood pressure cuffs, IV solutions, syringes, dressings and gloves to nonmedical items such as tables and chairs – even the wooden pews from the old chapel.

A total of 12 charitable organizations, including Habitat for Humanity, The Salvation Army and Lighthouse Medical Missions, were the beneficiaries. The items collected by Lighthouse Medical Missions alone filled one large rental truck and two additional vanloads.

In April, Lighthouse Medical Missions volunteers, participating in the organization’s latest mission, hand-carried some of the medical supplies from Saint John’s to Sierra Leone. The supplies were used to treat more than 3,500 people who – like the young albino man Basile tried to help – flocked to the temporary medical clinic set up by the volunteers in the town of Makeni.

“We have no comprehension in this country of the difficulties these people face every day,” said Basile. “There’s no food, water or shelter. People will stand in line all day long just to get a

bucket of water or a meal or to have a sick child seen by a doctor. The kids are so undernourished. They suffer from worms and parasites. Malaria is rampant. What we’re able to give them is hope.”

And that is one of the main objectives of Lighthouse Medical Missions’ relief efforts in Sierra Leone, according to Dr. Hamilton. “Our whole vision is to bring hope, light and love to a people who are broken and impoverished, who have endured a terrible civil war,” he said. “We are so thankful for the support that Saint John’s has given us to help us fulfill this vision.”



Photos courtesy of Mark Steines



comfort for the Dying

Nancy Kennedy does not shrink from the dying; instead, she embraces them. She has seen enough of death in the natural course of her own life – from elderly parents succumbing to old age to younger colleagues struck down in the prime of their lives by AIDS – not to feel any fear or discomfort in death’s presence.

“Dying is a natural process and it’s a shame we – as a society – are not as comfortable dealing with it as we should be,” said Kennedy, a fashion business consultant from Pacific Palisades who volunteers for the No One Dies Alone program at Saint John’s Health Center. “If the person dying is comfortable physically and they’re under proper care, it’s really an incredible gift to be present at such a special time. That’s something I learned when I started to lose people in my own life.”

The No One Dies Alone program provides volunteers to sit with terminally ill patients while they are dying. The program’s goal is to ensure that every patient has a fellow human being at his or her bedside at the moment of death. “This is not a religious program – it’s not about

“It’s just about being a human presence, a compassionate companion, for someone who’s terminally ill so they don’t die alone.”

Grenda Pearlman, Director of Volunteers

counseling,” explained Grenda Pearlman, Director of Volunteers at the Health Center. “It’s just about being a human presence, a compassionate companion, for someone who’s terminally ill so they don’t die alone.”

The program was created in 2001 by Sandra Clarke, a critical care nurse at Sacred Heart Medical Center in Eugene, Ore. One night, an elderly man near death asked Clarke to stay with him until he died.

The program was introduced to Saint John’s three years ago by Tish Starbuck, Vice President, Mission and Ethics. “As a nurse myself, I had been in similar situations,” Starbuck explained. “The No One Dies Alone program not only recognizes the human dignity of people who are dying and the importance of providing a witness to be with them when they take their last breath, it also supports and complements the care given by our clinical staff.”

At Saint John’s, a No One Dies Alone volunteer is alerted by a member of a terminally ill patient’s care team – such as a nurse, case manager or chaplain – when the patient is near death and no relative or friend is present. In some instances, volunteers are also called upon to relieve family members who just need a break from keeping vigil over a dying loved one. “The volunteers will either sit quietly with the patient during their last hours or, since we believe hearing is the last sense to go, they will speak softly to them, read aloud from a book or play music on a CD player,” said Pearlman. “There’s also a lot of hand holding.”

Kennedy, who received training in grief counseling and hospice care while volunteering at another area hospital, said two conditions need to be met before a terminally ill person will accept death. “The physical body has to be ready and the mind has to be at peace,” she said. “I tell the people I sit with that it’s OK for them to let go any time they want. I hold their hand and tell them that they’re loved.”

Most patients are at such an advanced stage of illness that they are unable to respond verbally to the volunteer sitting at their bedside. In some cases, though, Kennedy said, volunteers will see signs that the dying patient is aware of their presence. This can be anything from a squeeze of the volunteer’s hand to an observable reduction in the patient’s heart rate on the monitor screen in response to the soothing tone of the volunteer’s voice.

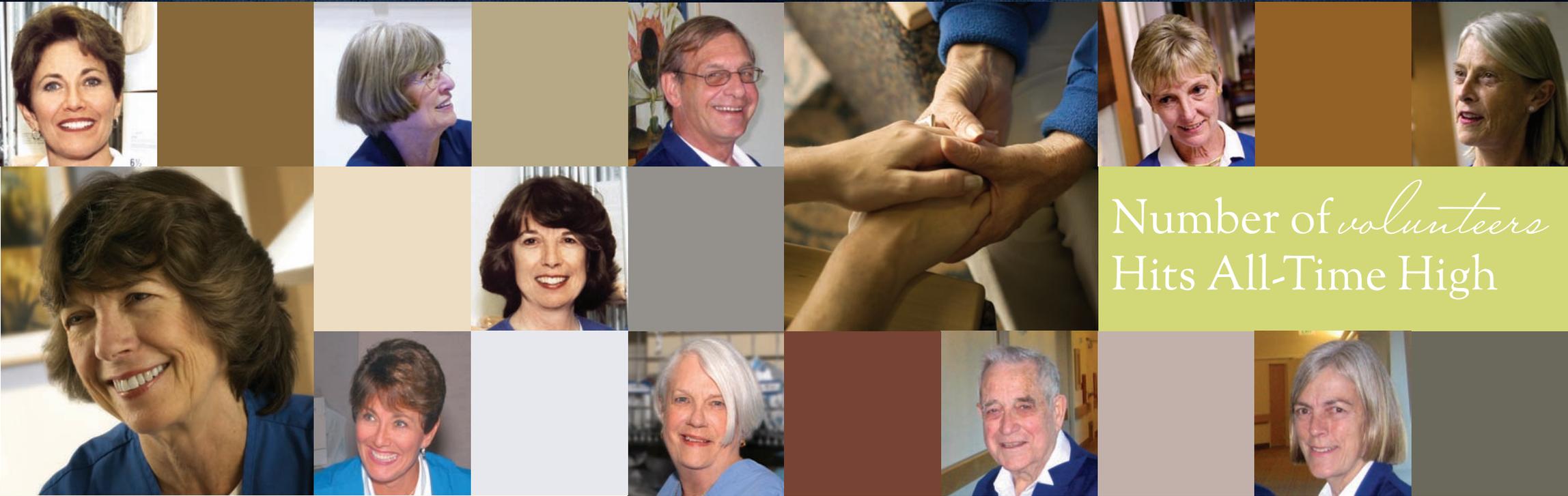
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Nancy Kennedy, Volunteer

It takes a special kind of person to volunteer for the No One Dies Alone program, according to Pearlman.

“A lot of people might not be comfortable volunteering for this,” Kennedy said. “You have to be fairly centered in your own life. It’s not for someone who’s going through any kind of personal trauma. The most important thing for the volunteer is to not bring fear and anxiety into the room – the patient may already be experiencing that. You also have to be comfortable with the physical realities that occur at the end of life. You’re mainly there as an observer and a calming force.”

And while the primary focus of the program is to bring comfort to the dying, many No One Dies Alone volunteers say they, too, have benefitted profoundly from the experience. “You really feel that you’ve been able to be of service,” said Kennedy. “It’s very enriching for your own life.”



Number of *volunteers* Hits All-Time High

Our volunteers play a very important role at the hospital. We're very fortunate that Saint John's is looked upon as such a coveted place at which to volunteer.

Grenda Pearlman, Director of Volunteers

Saint John's volunteers donated approximately 80,000 service hours, the equivalent of approximately 38 full time employees.

"We've been flooded with applications this year," said Grenda Pearlman, Director of Volunteers. "Our volunteers play a very important role at the hospital. We're very fortunate that Saint John's is looked upon as such a coveted place at which to volunteer."

A variety of reasons are believed to be behind the dramatic increase in applications. Some of the demand for volunteer work is undoubtedly in response to President Obama's nationwide call to service, according to Pearlman. Another factor could be the high rate of unemployment which has left more people than usual with time on their hands. Growing numbers of pre-med and pre-nursing students wanting to get some experience working in a hospital setting may be an additional reason.

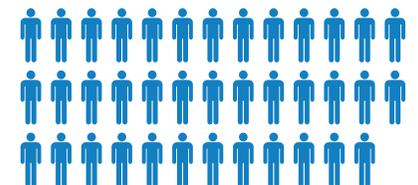
But Pearlman believes the most important factor may just be Saint John's itself – and the Health Center's enduring reputation as a high-quality, community-oriented, faith-based hospital. "I'm sure a lot has to do with our mission and the fact that we're a Catholic hospital," she said. "Also, I think the size of the hospital has something to do with it. We're not too big – people are comfortable here. And I've heard many people say we're the friendliest. We treat our volunteers well."

Volunteers range in age from 16 up to – until recently – nearly 100. They come from all walks of life and include high school and college students and retirees, as well as working professionals. Some have been with Saint John's for 30 or 40 years. One volunteer recently

retired after 53 years. The majority of the volunteers are women, but in recent months more men have started to volunteer.

Most people who volunteer do so because they want to interact with patients, according to Pearlman. "The most popular positions include our nursing units and our Angels in the ER program, which allow volunteers to interact directly with nursing staff, patients and their families."

Volunteers donated 80,000 hours, the equivalent of 38 full-time employees.



Saint John's Health Center thanks the following organizations for their ongoing partnership in helping us meet the needs of our community beyond our walls.

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Westside Family Health Center
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YMCA of Santa Monica

Since its founding in 1942 by the Sisters of Charity of Leavenworth, Saint John's Health Center has been providing the patients and families of Santa Monica, West Los Angeles and ocean communities with breakthrough medicine and inspired healing. Saint John's provides a spectrum of treatment and diagnostic services with distinguished areas of excellence in oncology, spine, neurosurgery, orthopedics, women's health, cardiac care and specialized programs such as the internationally acclaimed John Wayne Cancer Institute. For more information, visit www.newstjohns.org.

