

STORIES OF TRIUMPH AND PROGRESS FROM CASA COLINA

keystone

2017



**Relying on the newest
technology is one of
our oldest traditions**

From the Chairman

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Casa Colina Hospital and Centers for Healthcare is a network of closely integrated services that function as a continuum of care to provide for the needs of persons with or at risk of disabling conditions. These days, almost any discussion related to improving healthcare, whether it's about reducing costs or improving patient care and satisfaction, involves technology. Innovative breakthroughs in information, tools, and devices are revolutionizing the way healthcare is delivered by rapidly changing the entire



medical field – from widespread adoption of electronic medical records to advances in bio-medical engineering. In fact, healthcare is still one of the most pressing challenges facing our nation and may even be evolving at a quicker pace than other industries. Team members at Casa Colina are trained to be highly skilled in the use of modern technology and are committed to providing the best possible experience. This in turn helps us improve patient outcomes, reduce the frequency of doctor visits and avoid costly hospital stays and expensive surgeries.

With new technological trends making a real difference right here in our community and nationwide with patients and medical and rehabilitation professionals, I would like to thank our donors, patients, and families. Because of your unyielding support, the Board is committed to proudly support the latest technology that healthcare has to offer, allowing Casa Colina to provide the highest level of healthcare services available. Our leadership in healthcare has been made possible by the belief in our mission that you share with us. I am committed to continuing that proud tradition of Casa Colina as a purpose-led organization, calling on the great range and diversity of our talent and capabilities.

The responsibility Casa Colina has to provide quality healthcare services in our community is evident by the quality and type of community benefits it provides annually. These services promote health and healing that are focused on addressing the identified unmet health needs of the community. This includes free and low-cost screenings, support groups, health education, preventive care and supportive services. It is this example of caring by individuals that inspires caring in the whole community and reminds me of how firmly and fundamentally compassion is woven into the fabric of our culture. This legacy of caring continues as we renew the strong commitment that allows Casa Colina to be highly regarded for excellent patient satisfaction and exceptional care.

Steve Norin

Steve Norin
Chairman, Board of Directors

LEADERS AND VISIONARIES

Our Board of Directors provides a special kind of leadership. Its responsible oversight coupled with forward thinking has enabled Casa Colina to continue to grow in dynamic ways and set the stage to evolve into one of the country's top medical and rehabilitation facilities. The Board is comprised of physicians, community leaders and previous patients.

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Message from the CEO

Just as technological innovation has led to numerous changes in consumer products, it has changed the hospital industry in profound ways. For example, now surgeons



have incredible instruments to perform minimally invasive procedures that did not even exist a few years ago, allowing patients quicker recoveries and improved outcomes.

Casa Colina continues to remain true to its roots – its core values – by continuously exploring the most viable and current technological advancements that can transform our patients’

lives. These innovations help us deliver better healthcare, better outcomes and a better quality of life and hope for thousands of people in our community each year.

As we celebrate the one-year anniversary of the technologically advanced Medical-Surgical Hospital that opened in April 2016, I reflect back on the solid progress we have made on many fronts while establishing exciting and novel ones as we embark on a new horizon in addressing the community’s healthcare needs. When we first opened our doors back in 1938, this meant the introduction of aquatic therapy for children recovering from the devastating effects of polio. Today, we’ve evolved into a state-of-the-art acute care hospital that provides medical-surgical and rehabilitation technology for all ages and diagnoses while supporting and complementing the services of our community’s neighboring hospitals.

The challenges we face in this ever-changing healthcare landscape will require time, vigilance and dedication.

All of us at Casa Colina realize we are on a journey. Every day, though, I am inspired by yet another story of how we have delivered on our mission: to provide individuals the opportunity to maximize their medical recovery and rehabilitation potential efficiently in an environment that recognizes their uniqueness, dignity and self esteem.

As the President and CEO of Casa Colina, I am extremely honored and proud to be part of our long history of the services we provide in our community for more than 75 years. This is a tribute to the success and stability of Casa Colina and the belief in the importance of our purpose held in common with our professional staff who are committed to offering high-quality care and a compassionate team of experts in a caring, accessible and friendly environment.

Felice L. Loverso, Ph.D.
President and CEO, Casa Colina Inc.

Celebrating Our New Medical-Surgical Wing

On April 16, 2016, Casa Colina Hospital and Centers for Healthcare had a very special Grand Opening celebration for its new Medical-Surgical Wing. It was attended by more than 200 invited guests, including elected officials, Casa Colina Board members and staff as well as the area’s leading physicians and surgeons who enthusiastically awaited the tour of its new wing.

It was a monumental afternoon since many in attendance played a pivotal role in its design and planning. This building represents the culmination of top surgeons, nurses and professionals throughout the region who wanted to create a preferred surgical facility for physicians who specialize in a wide variety of procedures – from orthopedic and neurosurgery to gastroenterology, urology and other specialties. In recognition of their contributions, Elliott Rothman, former Mayor of Pomona; Grace Napolitano, Congresswoman of the 32nd Congressional District; and Casa Colina Board Chairman, Steve Norin offered high praise for those involved in every aspect of its construction.

As they gathered on the east side of the new building under a large archway of balloons, confetti fell from the air just as Casa Colina President and CEO, Felice Loverso, Ph.D., cut the ribbon with a giant pair of gold scissors. “With our new hospital wing, Casa Colina will further meet its goal of providing the highest level of patient-centered medical and surgical care available in our region,” stated Dr. Loverso.

Everyone had an opportunity to take a tour inside the 38,500-square-foot Medical-Surgical Wing. It was a gratifying moment for those involved in its development to see that their vision of what this hospital could be – with its three spacious operating rooms offering the most advanced technology, a gastroenterology procedure room, a six-bed intensive care unit as well as 25 private patient rooms – was now a reality.

When tour groups stepped outside the new hospital waiting room, they observed the heartwarming artwork commissioned to recognize those who helped shape Casa Colina’s legacy. In this peaceful Rountree Memorial Garden, the expansive hand-painted mural also recognizes the cultural diversity of our community and the patients we serve.

The celebration concluded under a white tent in the Fireplace Courtyard with gourmet hors d’oeuvres and music performed by The Mother Road Trio band. The new Medical-Surgical Wing opened fully staffed for patient care on April 1, 2016.



The grand opening event included a ribbon cutting and confetti celebration that included (pictured from left to right): Steve Norin, Chairman of the Board of Directors; Grace Napolitano, Congresswoman, 32nd District; Felice Loverso, Ph.D., President and CEO; Samuel Crowe, Esq., past Chairman of the Board of Directors; and Elliott Rothman, former Mayor of Pomona.



Physicians, staff, volunteers and community members celebrated the opening of the new Medical-Surgical Wing. Talk, tours, food and entertainment lasted into the early evening.



Casa Colina's state-of-the-art Inpatient Gym features the very latest rehabilitation tools and equipment to promote optimum patient outcomes. Pictured from left to right: Stephanie Kaplan, PT, DPT, ATP, Director of Rehabilitation Services, and David Patterson, M.D., board-certified physiatrist and Medical Director of Rehabilitation Services

Relying on the newest technology is not new at Casa Colina. It's a longstanding tradition.

Since 1936, when Frances Eleanor Smith, along with concerned community members and dedicated physicians, founded Casa Colina, the world has evolved. That evolution is best symbolized by the gradual disappearance of obsolete technology in favor of more advanced clinical tools and their application toward improved medical and rehabilitation outcomes.

As a rehabilitation pioneer and a growing medical-surgical provider, Casa Colina is a leader in the use of advanced technology and is often the first to introduce many of the modalities that are implemented in quality patient care today. That is evidenced in the hospital's successful treatment of people with a wide range of diagnoses, from traumatic brain injury (TBI) and spinal cord injury (SCI) to stroke, multiple trauma, orthopedic injury, urologic conditions and far beyond.

"We're truly state of the art," said Dr. David Patterson, a board-certified physiatrist and Medical Director of Rehabilitation Services at Casa Colina. "What we're seeing is patients being helped with better bioengineering, prosthetics, wheelchairs – we're seeing dramatic improvements in products like these that people may have to use for the rest of their lives."

Over the past 150 years, war has helped to drive many of the advancements in rehabilitation. The Civil War, two world wars, the Vietnam War and conflicts in Iraq, Afghanistan and elsewhere, each of which disabled massive numbers of Americans, also helped fuel the development of clinical tools used to rehabilitate patients.

As a result, the landscape has changed dramatically. For instance, Casa Colina was among the first to install patient lift systems in the majority of its hospital rooms, enabling nurses to easily transfer immobile stroke, TBI, SCI, orthopedic and critical-care patients to bathrooms and showers when needed. In similar fashion, the harness-like Vector Gait and Safety System® allows therapists to help patients to walk or stand and enhance their mobility by incrementally enabling them to support their own body weight. Specialized glasses are used for improved vision, even for those who are legally blind. Driving simulators help to retrain drivers with physical or cognitive impairments. And, hyperbaric oxygen therapy is enabling patients with burns and other serious wounds to heal faster.

Other examples of clinical tools at Casa Colina are the Dynavision system™, which improves cognitive processing, and the SMART Balance Master® for balance assessment and

training, both used to treat patients with neurologic diagnoses. "We're definitely ahead of the curve," Dr. Patterson said.

Nowhere is that more evident than with patients with brain injuries, where repetition is the key to improving neuroplasticity – the brain's ability to reorganize itself by establishing new neural connections. According to Dr. Patterson, modern therapy devices at Casa Colina enable repetition like never before, optimally conditioning behavior.

Also important is the ability of new advancements to treat patients more quickly. As insurance lengths of stay have decreased – for SCI patients alone, from six months down to four or five weeks – these have equipped therapists to compensate by doing more in less time while at the same time standardizing care. "Many rehabilitation providers, including Casa Colina, are also relying on technology to fill in the gaps when patients are away from their therapists and working on their own," Dr. Patterson said. Some devices used during therapy at Casa Colina are even provided to patients and their caregivers for continued use after returning home.

"Choosing to implement a device often follows a thoughtful, rigorous and practical process," said Stephanie Kaplan, PT, DPT, ATP, Director of Rehabilitation Services. "Oftentimes, clinicians see a technology that we feel has potential. We'll bring it in for a demonstration with staff, and we may even have a patient trial day so that we can evaluate the device with those who would utilize it," said Kaplan. "That's often where the rubber meets the road: does it allow a patient to move or perform a task more easily, with greater frequency, and can we integrate it into our day-to-day work?"

"Many of the advances we've seen involve materials that are used to make devices," Dr. Patterson said. "Prosthetics have become much more lightweight, functional and stable."

Indeed, prosthetics have changed immensely. In many cases, bionic hands – the i-digits and i-limb prostheses – have replaced traditional hooks due to their increased functionality.

Robotics and implantable devices, including peripheral nerve and deep brain stimulators, help patients who have





Casa Colina's new Medical-Surgical Wing is home to three spacious operating rooms with innovative technology throughout to help promote better surgical results. Pictured from left to right: Shawna Sharp, RN, FA, CNOR, Chief Nursing officer and Lew Disney, M.D., board-certified neurosurgeon and Chair of the Department of Surgery



experienced spinal cord injuries and strokes make significant strides toward normalcy – including standing and controlling a computer. The ReWalk™ exoskeleton provides stability at the trunk with movement at the hip and knee to enable these patients to stand upright, walk, turn, and climb and descend stairs. Voice-activated environmental control systems operate home functions with voice commands. With stroke and TBI patients, the Bioness system(s) assist walking for those who have “foot drop” and opening/closing of the hand.

To treat spasticity, implantable programmable pumps infuse drugs that enable patients to walk less rigidly. For sports concussions, Casa Colina was one of the first West Coast providers to offer ImPACT to athletes, a computer-applied pre- and post-injury neuroassessment tool.

For persons with limited ability to speak or hear, augmented assisted communication, including the use of adaptive smart phones and tablets, is offered through the Casa Colina Technology Center. Hearing aids and cochlear implants help the young and old to hear.

Still, staff must be judicious. “There’s so much out there that is hope rather than helpful,” Dr. Patterson said. “We really have to do our homework to ensure that each new acquisition will truly benefit our patients.

Casa Colina’s Medical-Surgical Wing, which opened in April 2016, hasn’t had the cumulative years to reflect Casa Colina’s tradition of high-tech evolution. Instead, it opened from the start with technological excellence.

“We’ve done a fine job of availing ourselves to state-of-the-art technology now while building in room for technologies that are yet to be developed,” said Dr. Lew Disney, a board-certified neurosurgeon and Chair of the Department of Surgery. “Casa Colina is well ahead of what would exist in most major teaching hospitals.”

Already, the Medical-Surgical Wing offers several high-tech devices not found in most Southern California hospitals. The latest da Vinci® Xi® surgical robot enables surgeons to operate through a few small incisions. It features a magnified three-dimensional high-definition vision system and tiny wristed instruments that bend and rotate far better than the human hand, providing enhanced vision, precision and control – especially for urologic, gynecologic and general surgical procedures.

The breakthrough Mako™ robotic surgical arm for partial knee replacements enables surgeons to accurately target only the damaged portion of a knee, leaving the healthy, unaffected portions intact while minimizing pain, reducing hospital stays and improving outcomes. Soon, this level of precision will also be available for Casa Colina’s total knee and total hip replacement patients.

Other high-tech devices include the Visitor1® from Karl Storz, an Internet-based telemedicine robot that enables real-time video and audio collaboration with remote clinicians; and the Zeiss operating microscope, which includes a fluorescein luminescence module that permits better delineation between a tumor and normal brain tissue.

“All physicians desire the best outcomes for their patients, and you can get that utilizing the best technology,” said Shawna Sharp, RN, FA, CNOR, Chief Nursing Officer at Casa Colina. Dr. Disney added, “Additionally, you’re improving physician comfort and even surgical confidence. As a result, you get improved patient outcomes, including less post-operative pain, faster recoveries and overall much happier patients.”

While not all technology appears “exciting” on the surface, each piece is vitally important. Intraoperative image guidance is one example. Using sophisticated medical imaging, the device projects a 3D image of anatomy on a monitor, enabling physicians and surgical staff to know exactly where they are at all times during surgery relative to a tumor or another anomaly.

“That’s been an absolute godsend,” Dr. Disney said. “In the old days, there was a certain amount of guesswork, and intraoperative image guidance has eliminated that guesswork.”

There are other examples. Endoscopic microscopes permit surgeons to see around corners while navigating through vessels and other anatomy. Operating room tables that descend and rise facilitate better access to the body part on which the surgeon is operating. Operating room lights with inline high-definition cameras enable procedures to be displayed on monitors so that everyone in the operating room can view a live version of what the doctor is seeing and better anticipate his or her next responsibility. The Radlink Galileo Positioning System™ enables users to stream pre-operative images into the operating room and compare them with intra-operative images. The Cleansuite® System removes airborne particles and contaminants away from the patient on the operating room table, bathing them in HEPA-filtered air to reduce infections. And, virtually all patient data is now available for all to see on operating room monitors. And in the Intensive Care Unit, integrated workstations throughout eliminate the need for nurses to leave their patients and walk to a nurse station in order to chart a patient.

“Almost all of our technology is physician driven,” Sharp said. “Usually, the surgeons bring it to us, saying this is something they’re either trained on or that they believe is needed.” Often, surgeons and staff are trained concurrently either on site or at another facility.

“We’ve incorporated best practices wherever possible, and the technology we have in place has without a doubt made that possible,” Dr. Disney said. “We believe that we’re complementing the equipment and services that are available at other hospitals within the community; having certain types of technology available at Casa Colina allows us to locally treat patients who in the past might have had to be referred to a tertiary care center.”

It all adds up to one thing: the best patient care possible.

“Casa Colina is unique in that we’re highly patient- and physician-centric,” Dr. Disney said. “The primary concern is what can be done to make things better for the patient and for the physician. At the end of the day, technology plays a huge role in maximizing the ability of physicians to improve the lives of their patients.”



Luis A. Corrales, M.D., board-certified orthopedic surgeon and Director of Joint Replacement Surgery, pictured center, with patients Tim Otto, left, and Carole Gomez, right.

Robotic arm-assisted surgery ushers in new benefits for knee replacement patients

Tim Otto has a zest for life. As a boy and later a young man, he was an expert skateboarder, and as Tim approached 50, he continued to surf and ski.

Those activities cause wear on the knees, but it was something less conspicuous that brought the La Verne native to Casa Colina to undergo a partial knee replacement using the revolutionary Mako™ robotic arm-assisted surgical system.

“While jogging, I stepped off a curb to avoid a dog and tore the meniscus in my left knee,” said Tim, now a Pomona resident and a journeyman plumbing installer, describing the 2013 incident. “That started everything.”

Sadly, the cartilage in Tim’s knee was badly damaged. Something more than traditional meniscus surgery had to be done.

“I was bone on bone, and it was never the same after I injured it,” said Tim.

Meanwhile, the pain Tim was experiencing continued over the next three years, and he was forced to wear a knee brace.

“I had been undergoing knee injections and was looking into different options – cartilage regrowth and things like that,” Tim said. “In my 50s, I’ll need to work hard to finish out my pension, and I didn’t want to wait around. I’ll want to play hard, too!”

With the opening of Casa Colina Hospital’s new Medical-Surgical Wing on April 1, 2016, and implementation of the Mako robotic arm-assisted surgical system soon thereafter,

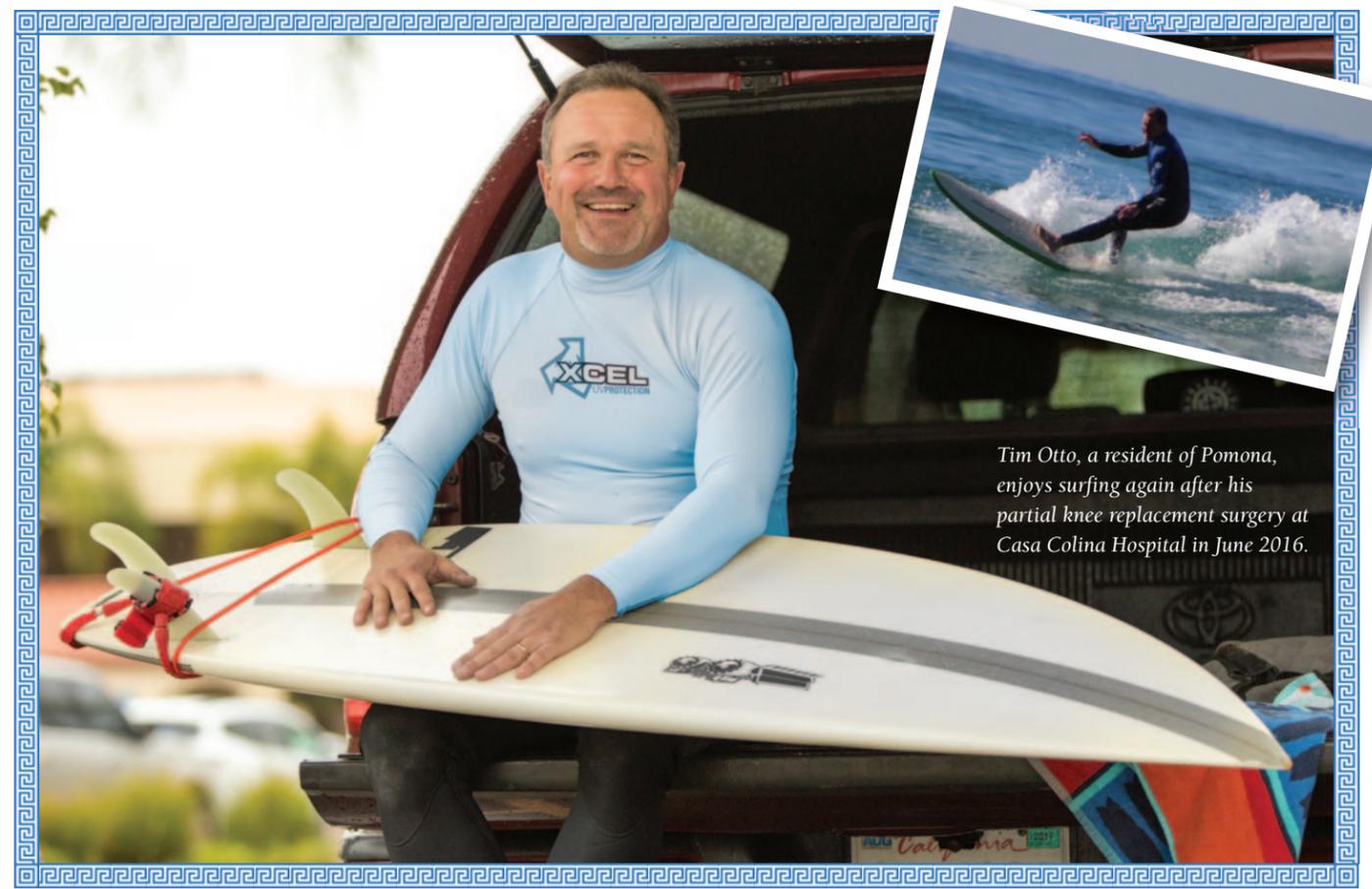
Tim scheduled an appointment with orthopedic surgeon Luis A. Corrales, M.D., Director of Joint Replacement Surgery at Casa Colina. After careful evaluation, Dr. Corrales recommended Tim undergo a partial knee replacement using the Mako robotic technology. His reasoning made sense: the new surgical device could reduce pain, minimize hospitalization, speed recovery, decrease scarring and provide better motion, creating a more natural-feeling knee.

The knee consists of three compartments: medial (inside), lateral (outside) and anterior (front), each of which are coated with cartilage that enables the knee to bend and move painlessly. The Mako robotic system, recommended for patients whose damage involves only one compartment, allows surgeons to make a patient-specific surgical plan that details the precise bone preparation and customized implant positioning using a CT scan of the patient’s own knee. With the Mako procedure, which takes traditional partial knee replacement to a higher, more accurate level, a three-dimensional virtual view of the patient’s knee anatomy is created, and the images correlate to his or her custom surgical plan.



“We’re able to plan the surgery and choose the orientation, position and size of the components that we’re going to use before we ever start the operation,” Dr. Corrales said.

During the actual surgery, as the surgeon maneuvers the



Tim Otto, a resident of Pomona, enjoys surfing again after his partial knee replacement surgery at Casa Colina Hospital in June 2016.

robotic arm, its tactile, auditory and visual feedback limits bone preparation to only the diseased areas and enables real-time adjustments and more optimal implant positioning and placement for each individual patient, eliminating the “bone-on-bone” friction and arthritis.

“Casa Colina has state-of-the-art operating rooms, any tool that’s needed to successfully perform the operation, great nursing and operating room staff, outstanding anesthesiologists who do a wonderful job controlling postsurgical pain and a great facility where patients can rest in comfort in a private room,” Dr. Corrales said. “And, obviously, we have great physical therapists here.”

The first Mako robotic procedure was completed at Casa Colina in May 2016 by Dr. Corrales, and as of February 2017, upwards of 21 had been performed.

“The main reason for acquiring robotic technology was to improve the surgical accuracy and outcomes of the procedure,” said Dr. Corrales, who has almost a decade of experience performing partial and full knee replacements and who trained on the Mako robotic system for about a year, meeting at various sites with surgeons who had experience using the platform. “As the population ages and remains active, there is a great need for this procedure and technology.” Tim’s surgery was June 15, 2016, just more than two months after Casa Colina became the first hospital in the community to acquire the Mako robotic technology, and the procedure lasted about 90 minutes. “Everything went extremely smoothly,” Tim said. “Dr. Corrales is a very good doctor, and Casa Colina is a great hospital.”

“My recovery was fast, and I was up and around before I knew it. I believe I progressed much more quickly than I would have had I undergone a full knee replacement – and with less discomfort.”

Tim was discharged the day of surgery, was walking that same day and began outpatient physical therapy at Casa Colina within a week, a regimen that lasted less than 8 weeks. During that period, therapists used a stationary bicycle, forward lunges, stretching and other exercises to further increase his mobility.

“Halfway into PT, I didn’t even need to ice the knee,” Tim said. “I was feeling really good very quickly.”

Dr. Corrales corroborated that. “By six weeks, he was pretty much back to normal,” he said.

Today, Tim’s knee is functioning extremely well and continues to improve, and he is able to do almost everything he could do prior to his jogging accident three years ago. He skateboards, surfs, rides a bicycle, walks – avoiding stray dogs with greater care – and plans to ski again. For Tim, life is good.

“Casa Colina is outstanding, and I received excellent care,” he said. “I was so disheartened before the surgery, not being able to do what I wanted. I definitely have a new lease on life.”



After years of pain, Carole Gomez also underwent partial left knee replacement at Casa Colina using the Mako robotic system. As it did for Tim, the procedure gave her a new lease on life.

The Covina resident’s problem began much differently than Tim’s. “I had gained lots of weight, and when I had the weight on, I didn’t have any problems,” said the longtime accountant, who is 48. “As soon as the weight started coming off, the knees really became an issue.”

Carole believes the damage may have been caused by the weight she had carried for many years, and as her weight dropped, she became more active, and the pain intensified. Eventually, she required regular pain medication.

“My life did get better as I lost the weight, but at the same time, I was noticing more and more pain and stiffness in my knees,” she said.

Her diagnosis was osteoarthritis. Carole, who was “literally on pain medication for five years,” was a perfect candidate for the Mako robotic system, which will eventually be used at Casa Colina to facilitate total knee replacements as well as total hip replacements.

In Carole’s case, fate played an important role. She was originally scheduled for a full knee replacement of the left knee with Dr. Corrales in early 2015, but an abnormal pre-surgical electrocardiogram delayed surgery. By the time things were normalized, her wedding date had almost arrived, and a further delay was necessitated.

In the meantime, Casa Colina acquired the Mako robotic system. After her wedding in September 2015, Carole returned to Dr. Corrales, who at that point recommended she undergo a partial knee replacement at Casa Colina rather than a total knee replacement.

“Everything happens for a reason, and we switched from total to partial, and my recovery was great,” she said. “When I knew the procedure was going to be less invasive and that recovery was going to be shorter, I was pumped.”

Carole’s procedure, also lasting about 90 minutes, occurred in June 2016. Like Tim, She was discharged the same day and was walking within hours. She remained comfortable in the days that followed and returned to work six days later. “It was nice; I felt fine – it was amazing.”



Carole Gomez, a resident of Covina, is back on the road and hiking after her partial knee replacement surgery in June 2016.

Carole began outpatient physical therapy within a week after surgery at San Antonio Regional Hospital’s Rancho Rehabilitation Center, which is managed by Casa Colina. Close to her workplace, she began therapy twice per week and quickly reduced treatments to only once per week. Since physical therapy ended and her home exercise regimen began, Carole’s recovery has been steady. She’s now able to hike up and down hills, doing virtually everything she could do before her knee became damaged – and more.

“It is a less-invasive option; there’s a faster recovery, and it does allow patients to enjoy a more active lifestyle,” said Dr. Corrales, who indicated the robotic technology also enhances physician confidence. “This is particularly important for younger patients. With the Mako partial knee system, there’s a very high patient satisfaction rate because we’re only replacing a third of the knee; the knee still functions normally, and it feels very natural.”

In fact, Carole is so happy with the results that she plans to undergo a partial knee replacement of her right knee in 2017 at Casa Colina, using the same Mako robotic technology.

“Today, I’m doing better than I ever expected,” she said. “The pain is gone in my left knee. I’m dancing again; my husband and I go motorcycle riding; we hike, and life is really good. It’s even more exciting to know that soon I’ll get the other knee done, and I’ll be even better than I am now. My experience with Casa Colina was life changing.”

Dr. Corrales described both Tim and Carole as wonderful patients.

“The challenge going in was that both patients were relatively young,” he said. “They were feeling so good early on that I had to hold them back a little to allow their bodies to heal. Once we did that, both progressed faster and better than either anticipated. I couldn’t be happier with their outcomes.”

She spent the past 30 years helping her son and others like him with traumatic brain injuries



In 1985, Christian Keith was a senior at Pacific Palisades High School. As he drove down Pacific Coast Highway after competing in a swim meet, a woman driving in the opposite direction crossed the centerline and hit him.

The impact left Christian with a traumatic brain injury (TBI). He was immediately transported by helicopter to UCLA Medical Center, where the 18-year-old underwent numerous surgeries. “It was touch and go for a while,” his mother, Sharon, recalled.

A year later, after months in the intensive care unit, neurological unit, and other local TBI rehabilitation facilities, Christian returned to his home. He was unable to walk, talk, eat or swallow, and his vision and memory were very poor. Fortunately, he had a ready smile and was happy to be around people. He continued with multiple therapies – physical, occupational and speech – at home and various rehabilitation facilities. Sharon discovered Casa Colina’s Outdoor Adventures Program and has been sold on Casa Colina’s role and reputation ever since.

Christian enjoyed several fishing and sailing trips with Casa Colina. Sharon was impressed with the care the staff put

into each adventure and how much everyone enjoyed the trips. To Sharon, it seemed like a good way to make life better for those with TBI and other injuries, so she began supporting Outdoor Adventures and other TBI programs.

She started by giving regularly to Casa Colina’s fundraising appeals for Outdoor Adventures. She donated to help purchase adaptive sports equipment and to help support free patient care. She sponsored various golf tournaments and attended Casa Colina’s Tribute to Courage black tie galas.

As Sharon became more aware of the need for persons with TBI to find appropriate long-term residential care, she and her financial advisor collaborated with California Community Foundation to create a donor-advised fund targeted to that goal. Now, non-profit organizations that provide residential or therapeutic programs for TBI survivors, such as Casa Colina, are able to

apply for grants to assist clients in need or directly for different programs. Thus far, she has generously contributed and continues to support Casa Colina through personal donations and her donor-advised fund to help patients with traumatic brain injuries.

“It’s a nice feeling when I see people living a quality life after a brain injury.”

– Sharon Keith,
Casa Colina Donor

The Frances Eleanor Smith Legacy Society

In 1938, Frances Eleanor Smith, affectionately known as “Mother Smith,” founded Casa Colina in response to the tragic polio outbreak. In a hacienda-style house in Chino, she created a place to care for young children with polio and taught them how to regain their mobility and “discover what is possible” as they became stronger and more prepared to live their lives to their maximum potential.



After the development of the polio vaccine in the early 1950s, Casa Colina broadened its services to care for patients of all ages with all kinds of physical injuries and disabilities. Remaining true to Mother Smith’s pioneering spirit, today, Casa Colina stands as a center of excellence in Southern California offering medical and rehabilitation care across a vast continuum of services.

In honor of Mother Smith’s legacy, Casa Colina created the Frances Eleanor Smith Legacy Society. Since Casa Colina’s founding in 1938, individuals dedicated to its long-term success have set up planned gifts to support Casa Colina’s mission. Some donors included Casa Colina as a beneficiary of their wills, retirement plans or life insurance policies while others added to Casa Colina’s endowment to continue their annual support after they were gone. Each of these individuals believed in Casa Colina’s mission and wanted to be sure it could continue to thrive and provide a high level of medical and rehabilitative care to those who could otherwise not afford it.

You are eligible for membership in the Frances Eleanor Smith Legacy Society if you have:

- ◆ Provided for Casa Colina in your estate
- ◆ Funded a Life Income Agreement or other planned gift (charitable gift annuity, charitable remainder trust, charitable lead trust, or remainder interest in a personal residence)

or if you have named Casa Colina as a beneficiary of your:

- ◆ IRA or other retirement plan
- ◆ Life insurance policy

We’re happy to answer any questions you may have about ways to support Casa Colina. Contact Christopher Cole, Executive Director of Philanthropy, by calling 909/596-7733, ext. 2125 or email ccole@casacolina.org to learn more about how you can touch the lives of the patients we serve.

A Giant Supporter

Brandon Crawford, shortstop for the San Francisco Giants and 2012 and 2014 World Series Champions, visited Casa Colina patients on September 21, 2016, with his wife Jalyne and past Casa Colina patient and father-in-law John Dantzcher.

With two World Series Championships under his belt, Brandon still finds time to pay it forward and visit Casa Colina annually to show his appreciation for care provided to two of his family members. He took time to speak to patients about everything from baseball to motivation. Avid baseball fans lined up for a chance to meet Brandon, who signed baseballs and other team memorabilia.



Pictured from left to right: Felice Loverso, Ph.D., President and CEO of Casa Colina; Jalyne Crawford; Brandon Crawford; John Dantzcher and David Patterson, M.D., Medical Director of Rehabilitation Services at Casa Colina

During his visit, he presented a generous check to Casa Colina in the amount of \$10,000 to support patients in need of financial assistance. Crawford is the founder of the “Craw Claw” and has directed proceeds to benefit Casa Colina patients.

Casa Colina helps basketball player make a huge rebound after a brain injury



Physical therapist, Ryan Lovell, PT, DPT, fills a tall order working with his patient Brent Watkins in Casa Colina Hospital's Inpatient Gym.

By the age of 25, Brent Watkins had grown accustomed to overcoming challenges. With the clinical care he found at Casa Colina, that same success – now as a recovering brain injury patient – has even deeper meaning.

At Temple City High, Brent failed to make the basketball team. “I was cut,” said Brent, explaining his inability to make the squad, adding, “I was only 5’11” as a freshman.” So, he played golf and baseball instead.

He went to Citrus College and continued to love basketball but received little interest from the program, which had already recruited its players. So, he decided to try out as a walk-on and was thrilled when he made the team, which at the time was ranked No. 2 in California. Now at 6’10”, he eventually started in a few games, performing capably over the next two seasons.

The progress Brent made at Citrus College earned him a basketball scholarship to the University of Lethbridge in Canada, where he made the starting lineup his first year and averaged nearly 14 points per game. People had begun taking notice of more than the budding star's formidable height.

Brent's luck faltered on July 5, 2015. He was returning to Lethbridge from a visit home in Temple City. He was on Interstate 15 just west of Butte, Montana. Weary from driving through the night, Brent dozed at the wheel and missed a curve, crashing through the freeway median. His pickup overturned. The accident left him with broken legs, multiple broken ribs and a traumatic brain injury.

The days that followed are a blur to him. “I was in a coma,” said Brent, who had thoughts of playing professional basketball internationally before the accident. “I woke up for one day and then went to sleep again for several.”

After 13 days recovering in Montana, Brent was transferred to San Antonio Regional Hospital in Upland where he spent a week – all of it in intensive care – before recuperating for three more weeks at a nearby long-term care hospital where he became medically stable and strong enough to begin inpatient rehabilitation.

Brent was young and had strength, stamina and athleticism, but he would need more than that to overcome his many challenges. Brent's father, John, a Pasadena police officer, knew his son would need the continuum of care of an exceptional rehabilitation system. John's police partner had

recently been discharged from Casa Colina Hospital following rehabilitation for a work-related motorcycle accident. His partner's experience, and the recommendation from a doctor friend, convinced John that Casa Colina's broad continuum of care was the best place for his son to rehabilitate.

Finally, on August 18, 2015, six weeks after the accident, Brent was admitted to Casa Colina Hospital's acute rehabilitation unit.

“When he arrived here, he had some very serious medical issues, both physical and cognitive,” said Dr. David Patterson, a board-certified physiatrist and Medical Director of Rehabilitation Services at Casa Colina. Those issues included an inability to sit, stand or take steps. “We knew we had to get him upright – he really turned a corner once we did that.”

Brent had some positive attributes that helped offset his injuries. A college athlete, he was big and strong, disciplined, and had a competitive spirit that inspired him to overcome

difficult situations. If anyone could recover from such serious injuries, it would be Brent.

“We used his history of being an athlete to our advantage, encouraging him not to quit and reminding him how important it is for athletes to ‘play through’ their injuries,” Dr. Patterson said. “We worked very aggressively with him.”

As an acute rehabilitation patient, a primary goal of

Brent's clinical team was enabling him to shift from lying on his back to a sitting position. Once accomplished, the next step was to help him stand, which was no easy task, given his towering height. Essential to accomplishing that was the Vector Gait and Safety System®, a sophisticated dynamic track-based, harness-like lift apparatus that enables therapists to help patients increase mobility by gradually decreasing the amount of their body weight that must be supported, allowing the therapist to assist with other walking restrictions without the fear of a patient falling. On September 11, 2015, 24 days after entering Casa Colina, Brent took his first steps with the Vector: a 90-foot walk assisted by two therapists a fraction of his height.

“Brent's balance was off; his coordination was off, and his core perception was off – partly because he's so tall,” Dr. Patterson said. “The importance of the Vector system is getting people like Brent to stand so that we can test their deficits and start to use the adaptive devices they would normally use.





Brent spent two months at Casa Colina Hospital's Rehabilitation Unit where he received three hours or more of daily therapy, five days per week.



When they're able to do that, cognition improves. We wanted to put Brent in a vertical environment in order to trigger capabilities he already had."

Ryan Lovell, PT, DPT, worked closely with Brent. He had joined Casa Colina the previous year as a neurologic physical therapy resident and was hired upon completion of the program. Ryan said, "We initially used the Vector to get Brent standing, partly because it took a lot of us to get him up. The team decided early on that in order for him to begin walking, we would need to have him putting weight on his extremities. As we removed enough support to where he could start taking steps, we began to walk him."

After two months in acute rehabilitation, Brent was transferred across campus to Casa Colina's Transitional Living Center (TLC), a structured residential rehabilitation environment that prepared him for the challenges he might face once he returned home. Now that he was walking, it was time to start working on regaining other skills at TLC, including cognitive processing, balance and reaction time. In addition to going on weekly outings in the community where he could practice basic skills such as entering and exiting a car, paying for meals, and problem solving in the "real world," he used two other high-tech rehabilitative platforms: the Dynavision™ System and NeuroCom® Balance Master System.

Featuring a 5-foot by 4-foot board displaying an array of computer-controlled, lighted buttons, Brent was tasked with recognizing when a new light came on anywhere in his field of vision and pressing the button as quickly as he could. Thanks to Dynavision, his cognition, attention, reaction time, and eye-hand coordination has improved dramatically.

NeuroCom's Balance Master is a rehabilitation tool that assesses the three distinct systems that provide information to the brain in order to govern balance: visual, vestibular (balance detectors in the ear) and somatosensory (conscious perception of touch, pain, etc.). The patient stands inside an open booth while a computer assesses his or her upright stability and responses to changes within their environment through pressure measurements taken by a plate in the floor. With continued training, the device helps repair balance impairments so that daily tasks that we take for granted, such as walking on uneven surfaces, can be safely achieved. Now, Brent once again walks with ease and steadiness.

Finally, therapists directed Brent's use of virtual reality devices in the form of popular game consoles such as Wii™ and Xbox® in order to assess and improve his motor, response and cognitive capabilities.

Brent has become extremely popular with Casa Colina clinical staff as he carries his 6'10" frame around campus. In January 2016, he transitioned to outpatient therapy, where he continues to hone the skills he worked on at TLC. He currently uses public transportation to get around, but he has also started using a driving simulator at Casa Colina, which could eventually get him back behind the wheel of a car.

"With Brent, we've been most concerned with attention behind the wheel," Ryan said. "Attention is a common concern with brain injuries. Now, however, we're firing on all cylinders – he always gives 100 percent. He's an excellent patient who has made great progress."

And why not? Brent's rehabilitation regimen has been intensive, involving three hours of daily physical, occupational and speech therapy as an inpatient and six hours of therapy each day at TLC. He is currently receiving up to one hour of physical, occupational and speech therapy two or three days per week as an outpatient. This intense treatment plan has taken him from being confined to a bed to being back on the basketball court.

"We've been very happy with Casa Colina," said Brent's mother, Yvonne. "The staff there has really brought him back a long way from where he was when he first arrived at Casa Colina."

Brent, who has progressed to the point where he is now taking physical education classes at Citrus College and Mt. San Antonio College, has experienced significant improvement all along the Casa Colina continuum. He has recovered approximately 75 percent of his pre-accident functionality, intends to eventually earn his undergraduate degree at Lethbridge and has hopes of eventually returning to the game of basketball in some capacity.

"He's been an ideal patient, always showing improvement in both cognitive and physical function," Dr. Patterson said. "There is no reason to believe he won't continue to progress after he leaves Casa Colina."

Brent's father has similar expectations.

"He's 400 percent better," John said. "When he first came to Casa Colina, he could only smile and move his toes. Now, the change in him is unbelievable. It's been a long road of recovery, and it's not over by any means, but I finally got my son back."



Work in the Transitional Living Center meant six hours of individual and group therapy nearly every day, preparing Brent for a safe and successful return home.



Making Sure Every Grant Counts

The expansion of rehabilitation services in an effort to meet the varying needs of Casa Colina patients has been an ongoing commitment of the hospital for many years. In that pursuit we are delighted to receive support from a wide range of funders and benefactors, people who believe in the transformational work that is being done at Casa Colina. These friends have consistently supported numerous programs that positively impact the lives of all patients who pass through our doors.

In 2016, Casa Colina was awarded grants totaling more than \$1.4 million, including major funding from the UniHealth Foundation, San Manuel Band of Mission Indians, National Institute of Health with Caltech and UCLA, Craig H. Neilsen Foundation, California Community Foundation-Sharon Keith Donor Advised Fund, Tri-City Mental Health and many others. We are deeply grateful for the high level of support that we have received as we've continued to expand our continuum of care in order to provide the highest level of medical and rehabilitation services for our patients.

UniHealth Foundation: Promoting Discharge Success with a High-Risk Transitional Navigation System

In an effort to broaden Casa Colina's comprehensive array of medical services, the Casa Colina Research Institute, under the direction of Emily Rosario, Ph.D., has been awarded an \$859,862 grant from the UniHealth Foundation, a nonprofit philanthropic organization dedicated to supporting activities that improve the health and well-being of individuals and communities within Casa Colina's service area. Grant funds are used to provide patient navigation services to high-risk medically vulnerable patients who are discharged from Casa Colina's acute rehabilitation program.

In recent years, patient navigation has earned widespread attention as an emerging profession, both within the media and in the popular lexicon, because it fills many gaps in the current healthcare system. This is especially true today as we see considerable change in how healthcare is delivered and paid for in this country.

The program funded, *Promoting Discharge Success with a High-Risk Transitional Navigation System*, offers an innovative approach to providing additional support for patients identified as high-risk for complications following their discharge from the hospital. It specifically addresses potential gaps in services experienced by those who encounter obstacles to managing their needs as they return to their communities.

Dr. Rosario oversees the project and tracks patient outcomes, measuring factors such as the frequency of discharged patients who experience urinary tract infections (UTIs), pressure ulcers, pneumonia, depression, loss of functional gains made during rehabilitation and other complications that result in re-hospitalization. Additionally, limitations in personal and life opportunities, decreased quality of life and the propensity to demonstrate non-productive behaviors, including drug abuse, are evaluated.

To minimize negative outcomes, key program initiatives include coordination of care, provision of psychosocial and

medical support and availing patients to community resources for financial assistance, transportation, family needs, translation services and referrals for individual and group therapy, weekly or monthly educational sessions and community activities. The program is overseen by a team that includes nurses, social workers and community health representatives.

“Casa Colina's mission includes our commitment to enhance the quality of life for every person we serve in an environment that recognizes their uniqueness, dignity and self-esteem,” said Felice L. Loverso, Ph.D., president and CEO of Casa Colina. “Patient navigation services extend this important mission to our patients even after discharge. It is with great sincerity that we express gratitude to the UniHealth Foundation for its generous support of these much-needed services in our community.”

San Manuel Band of Mission Indians: Children's Services General Operations

The San Manuel Band of Mission Indians has provided Casa Colina Children's Services with a grant totaling \$150,000 to support preventive, informational and health services. The grant is designed to help improve health outcomes while addressing issues of concern both locally and within Native American communities.

Through the grant, Children's Services will be able to serve more families while continuing to provide high-quality assessments and therapy in hopes of addressing the needs and priorities of affected children and families. Outcomes are tracked and reported in order to evaluate the extent to which goals were achieved.

National Institute of Health Grant Collaboration with Caltech and UCLA: Cognitive Neural Prosthetics for Clinical Applications

The National Institute of Health (NIH) has approved a collaborative grant of which \$378,470 has been allocated to Casa Colina to conduct a five-year experimental project evaluating neural implants for neural prosthetic applications in patients with spinal cord injuries (SCI). The project studies simultaneous implants in the motor cortex and the posterior parietal cortex regions to better understand how these areas help patients with paralysis.

The project is the first to examine the properties and complexities of these key brain areas. Researchers will compare how these regions code signals and how signals generalize and sequence across multiple contexts. They also will test whether one brain area is better than the other for particular motor variables and whether the two provide complementary information. Research is expected to facilitate the improved design of neuroprosthetics.

Craig H. Neilsen Foundation: Assistive Technology Education and Training for Individuals with Spinal Cord Injury

The Craig H. Neilsen Foundation has approved a grant totaling \$74,730 to promote improved quality of life for individuals living with a spinal cord injury (SCI). Funds are used to enhance Casa Colina's Assistive Technology Program, which provides a wide array of advanced technology options that allow patients to adapt and learn in order to compensate for the limitations resulting from SCI.

Specifically, the grant helped fund the creation of a new assistive technology lab with computer stations and other assistive technology devices, supported by an assistive technology specialist. The project provides SCI patients with education and training involving technology-based equipment specific for SCI; improved communication with the outside world; increased potential to return to work and other activities; and utilization of social media.

California Community Foundation Grant/Sharon Keith Donor Advised Fund: Implementing Rehabilitation Services for Residents with Traumatic Brain Injury

Casa Colina has received \$50,000 from the California Community Foundation/Sharon Keith Donor Advised Fund to support the Casa Colina at Apple Valley and Rancho Piño Verde long-term residential facilities for residents with traumatic brain injuries (TBI).

The facilities offer neuro-behavioral programs where staff is trained to help patients manage their behavior while living as independently as possible. In many cases, residents have suffered catastrophic brain injuries and are unable to live independently or with family due to related physical, behavioral, emotional or other cognitive issues.

The grant allows for the purchase of specialized exercise equipment and staff training to implement personalized fitness programs at each of the facilities. Overseen by a physical therapist, the goal of the project is to improve overall health and wellness of residents.

Tri-City Mental Health: Children's Services Family Support

Tri-City Mental Health Services awarded Casa Colina a \$10,000 grant to provide supportive services for its Children's Service Family Program.

The program's focus is to provide activities that will address key areas of need relative to parental support groups, age-appropriate sibling activities and events and activities that help facilitate a connection with other families and the community. The hope is to promote socialization and strengthen family bonding. Activities include sibling workshops and family fun nights/community connection events. The grant will fund 16 or more specially designed family-focused events.

Donors and volunteers make Casa Colina strong



Casa Colina Foundation is grateful to the individuals, families, foundations and corporations who understand its mission and have chosen to support the needs of its patients and help give them the opportunity to receive medical and rehabilitative care. Some donate time to help bring a more personal touch to the challenges of medical recovery and rehabilitation. In the last year, 459 volunteers contributed more than 38,000 hours of service to Casa Colina's programs. Many others have made financial contributions. Through these cumulative gifts of \$100 or more received between April 2015 and December 2016, you have shown that Casa Colina has a dynamic support system to meet its commitment to excellence for the community's present and future medical and rehabilitation needs. Your generosity has helped Casa Colina expand its services, pursue innovative treatments, continue signature programs and provide charity care. Thank you for your caring and support.

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More specialized care, close to home

Casa Colina opened its doors in 1938 as an inpatient treatment center for children rehabilitating from polio. Since then, its staff, with the support of Casa Colina's Board of Directors, has continually expanded services to meet the growing needs of the community and beyond. In anticipation of future changes in healthcare combined with the surrounding area's middle-aged and elderly populations growing at a faster rate than the rest of California, Casa Colina has constructed and opened a new 31-bed acute care hospital on its 20-acre Pomona campus to compliment its nationally renowned rehabilitation services.

Casa Colina offers the following medical and rehabilitation services:

- ◆ Acute care hospital with 68 rehabilitation beds, six private intensive care unit beds, 25 private medical beds, three operating rooms and a gastroenterology procedure room. Accredited by the Joint Commission
- ◆ Post-acute transitional living center with 42 residential rehabilitation beds, day treatment and home and community services. Accredited by the Commission on Accreditation of Rehabilitation Facilities
- ◆ Long-term residential facilities in Apple Valley and Lucerne Valley with 76 beds for people with traumatic brain injuries; 18 beds in Claremont for adults with developmental delay. Licensed by the Department of Social Services
- ◆ Outpatient rehabilitation centers in Pomona and Azusa
- ◆ Physician clinics with more than 30 medical specialties
- ◆ Hyperbaric medicine

- ◆ Diagnostic imaging
- ◆ Audiology
- ◆ Children's services
- ◆ Adult day health care
- ◆ Research institute
- ◆ Laboratory
- ◆ Support groups
- ◆ Wellness and fitness programs
- ◆ Community and professional education programs
- ◆ Outdoor Adventures recreational therapy program

Also on the Pomona campus:

- ◆ Outpatient surgery services
- ◆ Medical office building with urgent care, retail pharmacy, private physician practices and dialysis center (opening soon)
- ◆ Inland Neurosurgery Institute

To learn more about Casa Colina's continuum of care, please visit our web site at www.casacolina.org or email care@casacolina.org or call us at 909/596-7733, ext. 2232. We look forward to hearing from you and welcome your questions and/or comments.

Our Mission

Casa Colina will provide individuals the opportunity to maximize their medical recovery and rehabilitation potential efficiently in an environment that recognizes their uniqueness, dignity and self-esteem.

Our Vision

Leading and continuously redefining a patient-centered approach for those requiring highly specialized medically-driven levels of care.

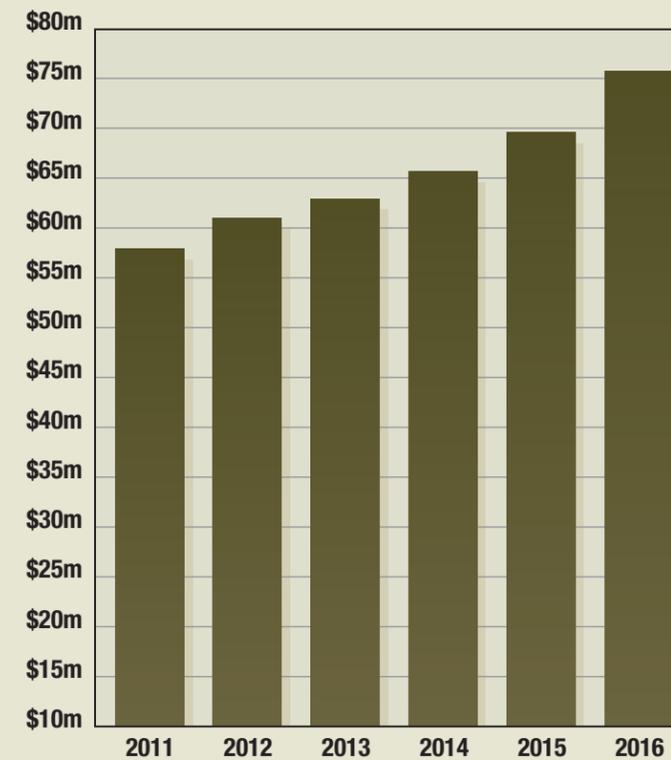
Our Values

It is our commitment to enhance the quality of life of every person we serve.

Casa Colina's Operational Performance

Net Revenue from Operations

(Excluding Foundation)



Operating Entities*

Financial Performance (Unaudited)

| Revenues | 2016 | 2015 |
|--|---------------------|---------------------|
| Gross patient and other services | \$69,246,000 | \$64,033,000 |
| Other operating revenue | 3,490,000 | 3,191,000 |
| Transfers from Foundation for uncompensated care and community benefits | 2,594,000 | 2,185,000 |
| Total Revenues | 75,330,000 | 69,409,000 |
| Operating Expenses | | |
| Salaries and benefits | 46,249,000 | 42,211,000 |
| Other expenses | 14,182,000 | 12,235,000 |
| Total Operating Expenses | 60,431,000 | 54,446,000 |
| Net Income from Operations Prior to Depreciation, Interest and Amortization | \$14,899,000 | \$14,963,000 |

*Excludes Foundation

Balance Sheets

(Unaudited/Consolidated)

March 31, 2016 and 2015

| Assets | 2016 | 2015 |
|---|----------------------|----------------------|
| Current assets | \$34,845,000 | \$26,686,000 |
| Investments | 72,711,000 | 73,467,000 |
| Assets limited as to use | 16,429,000 | 17,864,000 |
| Property and equipment, net | 111,178,000 | 88,973,000 |
| Other assets | 2,826,000 | 3,164,000 |
| Total Assets | \$237,989,000 | \$210,154,000 |
| Liabilities and Net Assets | | |
| Current liabilities | \$20,412,000 | \$16,219,000 |
| Long-term debt and other liabilities | 58,518,000 | 38,761,000 |
| Unrestricted and restricted net assets | 159,059,000 | 155,174,000 |
| Total Liabilities and Net Assets | \$237,989,000 | \$210,154,000 |



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Children’s Services – Ext. 4200

Corporate Offices – Ext. 2300
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Finance/Patient Accounting – Ext. 5558
Foundation – Ext. 2232
Human Resources – Ext. 2150
Laboratory – Ext. 3150
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