

STORIES OF TRIUMPH AND PROGRESS FROM CASA COLINA

keystone

2018

**BUILDING ON A
STRONG FOUNDATION:**

The Pillars of Casa Colina

CLINICAL EXCELLENCE, EDUCATION AND RESEARCH



FROM THE CHAIRMAN

I have just completed my first year as Chairman of the Board of Directors at Casa Colina Hospital and Centers for Healthcare. Though I have been a member of the Board for 14 years and involved in Casa Colina programs since the late 1980s, I remain amazed to witness over and over the life-changing work that happens daily at Casa Colina.

My role as Chairman, in which I am honored and humbled to serve, has given me an ever-clearer perspective of what makes Casa Colina such a special place. Most importantly, the entire team – from management to nurses and clinicians to



housekeeping and administration – is focused on our patients and their well-being. That singular focus creates the best possible outcomes for those among us who face the most difficult, even devastating, challenges. The endlessly positive attitude and collaborative effort of the Casa Colina team engages patients to believe in and strive for their own highest levels of recovery. As I'm fond of saying, magic happens here.

After all my years of involvement, I am more committed to and excited about Casa Colina than ever. Not only is today's Casa Colina a unique and extraordinary institution, our future can be even brighter with our major investments in fortifying our fundamental pillars: clinical excellence, education and research.

In my view, Casa Colina is one of the brightest gems in our community, not only for the thousands of patients we have served annually but for the many thousands of patients and families we have yet to serve who will be thankful Casa Colina is here when they are in need.

On behalf of my fellow directors and the Casa Colina team, I extend our gratitude to our generous supporters. You make it possible for us to do this important work. Inspired by your belief, we can dream big and make dreams happen. Those dreams include developing high-tech ways to intervene in spinal cord and traumatic brain injuries, sought-after residency programs and our proven, intensive rehabilitation approach.

We thank you and invite your continuing participation in our mission.

Edward "Randy" Blackman
Chairman, Board of Directors

BOARD OF DIRECTORS – Casa Colina, Inc. and Affiliates

Our Board of Directors provides a special kind of leadership. Their responsible oversight coupled with their 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. They are comprised of physicians, community leaders and previous patients.

CHAIRMAN Edward "Randy" Blackman	TREASURER Stephen Graeber	DIRECTORS-AT-LARGE Frank Alvarez Steven Bast, M.D. William Dwyre Gerard Galipeau, Jr.	Jose Rodriguez, M.D. Joseph Unis, M.D. Kiana Webb Daniel Wilson, M.D., Ph.D.
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PRESIDENT Felice L. Loverso, Ph.D.	CHIEF OF MEDICAL STAFF Elbert Chang, M.D.		
SECRETARY Thomas Reh			

FROM THE CEO

As I think about Casa Colina, I am reminded of how healthcare should be. So many institutions, whether service provider or payor, consider healthcare as a business dictated by financial models that put dollars before patient care. For decades in our industry, the first question has been, "Who is paying for this?" Some people blame Washington politics, managed care, independent practice associations and/or hospitals for this change in attitude toward the patients we humbly serve.



Casa Colina, on the other hand, has provided our community with a more traditional approach to medicine – one that allows clinicians, physician specialists and support staff to provide care unencumbered by the constraints of a fiscal model. Many years ago, our Board of Directors and staff defined our quest to be a center of excellence. Central to this pursuit are three pillars by which we, as an organization, will succeed or fail. The first is **CLINICAL EXCELLENCE**, measured by patient outcomes and satisfaction. The second is **EDUCATION**, not only of our staff and the broader community but of decisionmakers at the regional and

national level. The third pillar is **RESEARCH**, reflecting our commitment to ensure that the next generation of caregivers is brighter and more effective than we are.

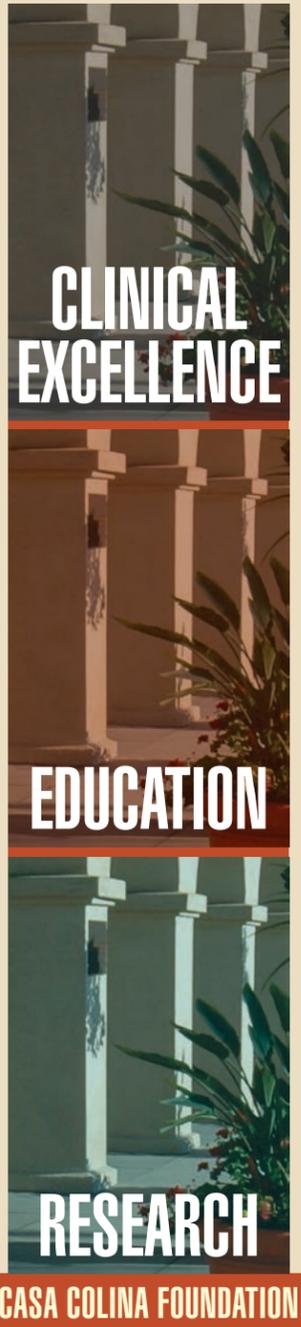
Each pillar complements and overlaps one another. Each is advanced with the support of the Casa Colina Foundation, which enables us to launch innovative ideas and to further our belief in access to quality services through free and subsidized care. Working in synergy, these initiatives are helping us to accomplish our goal to make Casa Colina one of the finest institutions in the western United States.

We continue to pursue this ambitious goal with meaningful investments. Our most important investment may be in the recruitment of exceptional staff. Also critical is our commitment to technology. Providing our staff with state-of-the-art equipment means we can provide our patients the most advanced clinical strategies. Finally, we invest in top-quality bricks and mortar so our staff, patients and families will experience healthcare in a venue that produces feelings of comfort and well-being to all who come to our campus.

We have been called visionaries by local, regional and national organizations that have witnessed the Casa Colina phenomena. In reality, there is nothing visionary about what we have done or continue to do. It is reflective of a traditional view of healthcare. In my way of thinking, sometimes old school is the best school, as history propels a concept and an institution forward.

Thank you for joining us on this journey.

Felice L. Loverso, Ph.D.
President and CEO



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CLINICAL
EXCELLENCE

CASA COLINA FOUNDATION

Recruiting Top-Tier Talent

The commitment to clinical excellence at Casa Colina is rooted in the community's need for expert, comprehensive medical care. "If the community is healthy, Casa Colina is healthy," said Felice L. Loverso, Ph.D., President and CEO.



From left to right:
Felice Loverso, Ph.D., President
and CEO of Casa Colina with
Inland Neurosurgery Institute
surgeons Aaron Cutler, M.D.,
Ramin AmirNovin, M.D., and
Siraj Gibani, M.D.

..... **Casa Colina** uses a variety of strategies to recruit high-caliber clinical talent to its campus, including research fellowships, internships, job shadowing opportunities and residency programs. However, one of the hospital's most powerful tools is the physician relocation agreement, which guarantees a clinician's base salary for up to two years. This level of support can give a physician the freedom and security to transition to a new community or build a new practice. It also allows for effective succession planning as physicians retire, which helps ensure continuing services to the community.

Casa Colina began bringing top doctors to the Inland Empire – alone and in partnership with other hospitals – “even before we had a place for them to work,” said Felice Loverso, Ph.D., Casa Colina President and CEO, “because we knew the community required this level of care.”

Since 2000, Casa Colina has recruited numerous physicians with the aid of relocation agreements. Before entering into such an agreement, Casa Colina engages an independent analyst to assess community needs within the hospital's service area. The findings guide the types of specialists Casa Colina chooses to recruit.

But Casa Colina's dedication to helping its physicians do their best work doesn't stop with relocation agreements, said Loverso. “It extends to our state-of-the-art facilities, including our new Medical-Surgical Wing, along with our highly trained nurses, technicians and our leadership in acute rehabilitation.”

Neurosurgical Excellence

Over the past decade, Casa Colina has deployed strategic physician relocation agreements to help fulfill the need for top neurosurgical care in the region. These agreements have helped to add three outstanding board-certified neurosurgeons at the Inland Neurosurgery Institute (INI) with a fourth due in summer 2018.

“We are excited to play a role in building and supporting exceptional neurological services in our community,” said Loverso, “all with an eye to achieving outstanding patient outcomes.”



Ramin AmirNovin, M.D., FAANS, first visited Casa Colina in 2007 and stayed, won over by its professionalism. “I love Casa Colina because it cares about bringing medical talent to this community and building a true place of excellence,” he said.

Dr. AmirNovin earned his medical degree with highest honors from New York University Medical School. He completed his General Surgery Internship and Neurological Surgery Residency at Harvard Medical School and Massachusetts General Hospital (MGH). A two-year fellowship at MGH honed Dr. AmirNovin's skills in functional and stereotactic neurosurgery, which uses 3D imaging to guide a surgeon to the exact location of a lesion, such as a brain tumor, sparing surrounding healthy tissue.

Having the latest, high-tech facilities on the Casa Colina campus enables him to practice another of his advanced subspecialties: deep brain stimulation (DBS). A form of stereotactic surgery, DBS delivers electric impulses to specific brain areas to restore disrupted circuits. It is considered the best surgical intervention for Parkinson's disease.

A board-certified neurosurgeon, Dr. AmirNovin has been rated a “Rising Star” and Top Doctor in regional magazines and consumer polls for his expertise and patient-centered care. “I make the decision whether to operate on my patients using the same criteria I would for my own family,” he said.



Aaron Cutler, M.D., appreciates how Casa Colina's support has assisted INI in assembling a solid core of neurosurgical expertise and opened the opportunity for him to choose the type of team he wanted to join. “Each of us at INI offers a broad foundation and subspecialist's knowledge that contributes to our growth as a Center of Excellence,” said Dr. Cutler, also named a Regional Top Doctor in various publications.

A Bay Area native, Dr. Cutler obtained his medical degree with high honors at New York Medical College. He completed his General Surgery Internship and Neurological Surgery Residency at UCLA Medical Center.

He completed two subspecialty fellowships: endoscopic and minimally invasive skull base and pituitary surgery at John Wayne Cancer Institute in Santa Monica, CA, and open skull base and cerebrovascular surgery at University of Utah Medical Center in Salt Lake City, UT. Endoscopic surgery has opened up minimally invasive options for pituitary tumors in particular by providing more detailed views and, in many cases, enabling removal through the nose. For patients, the result typically includes less pain and a faster recovery.

Dr. Cutler and his colleagues consulted with Casa Colina leadership on the outfitting of the high-tech operating rooms in the Medical-Surgical Wing that opened on the Casa Colina campus in 2016 – a collaboration he calls “one more example of this hospital's support for exceptional care.”



Siraj Gibani, M.D., realized the challenge of starting a new practice. He was able to join INI in 2017, thanks in part to a Casa Colina physician relocation agreement. “That support facilitated my transition,” he said.

It wasn't his first trip to Casa Colina. He came 20 years ago when his grandmother was in rehabilitation following knee replacement surgery and appreciated the care she received. Now he has a physician's point-of-view on the advantages of the hospital's 20-acre campus with convenient, one-stop services. “Having all of these resources in one place makes a world of difference for our patients,” he said.

Born in La Mirada, CA, Dr. Gibani grew up in West Covina and Pomona. He gained early admission at age 15 to California State University, Los Angeles, then attended the Pennsylvania State University College of Medicine. He completed his residency in neurosurgery at Temple University Hospital and a fellowship in spine surgery at Shriners' Hospital for Children, both in Philadelphia, followed by a fellowship in complex spinal deformities at Stanford University Hospital in Palo Alto, CA.

Dr. Gibani's interests include adult scoliosis and other degenerative spinal conditions.

“It is gratifying to be able to transform people's lives and to rid them of pain they may have had for years,” he said.



Richard M. Young, M.D.

Joining the INI team at Casa Colina this summer will be neurosurgeon Richard M. Young, M.D., whose subspecialty is endovascular neurosurgery and interventional radiology, minimally invasive image-based procedures used in diagnosis and treatment of diseases of the head, neck and spine. Dr. Young earned his medical degree at New York Medical College. During his residency in neurological surgery at George Washington University Hospital in Washington, D.C., he was a research fellow at the National Institutes of Health. He is fellowship trained in interventional neuroradiology at UCLA.



EDUCATION

CASA COLINA FOUNDATION

RESIDENCY PROGRAMS GUIDE THE NEXT GENERATION OF CLINICIANS

A residency is a special rite of passage at Casa Colina. It is a rare opportunity for those who meet the programs' rigorous standards to grow beyond their expectations. Our residents represent some of the nation's best and brightest – new physicians who will specialize in Physical Medicine and Rehabilitation (PM&R) and therapists who will specialize in neurological and orthopedic occupational or physical therapy.

From left to right:
Takuma Shito, PT, DPT, Orthopedic Physical Therapy Resident;
Nicholas Smith, PT, DPT, CSCS, Movement & Performance
Physical Therapy Fellow; Karthikeyan Bhuvaneshwaran, D.O.,
PM&R Resident; Thomas Kim, D.O., PM&R Resident; Katherine Ko,
Occupational Therapy Resident; Zair Shah, D.O., PM&R Resident;
Maybel Kyin, PT, DPT, Neurologic Physical Therapy Resident
Not pictured: Faith J. Rea, PT, DPT, OCS, Movement &
Performance Physical Therapy Fellow



Dr. Zair Shah observes a spinal cord injury patient using Ekso technology with physical therapist Michelle Herren.

During his Physical Medicine and Rehabilitation (PM&R) residency at Casa Colina Hospital and Centers for Healthcare, Zair Shah, D.O., witnessed something amazing he'd never seen before: a paralyzed patient using a wearable robotic device to walk for the first time after an injury.

Observing the Ekso™ in action – and learning how it can power hip and knee motion to enable a person with spinal cord injuries to stand, walk and turn – has been just one of the highlights of Dr. Shah's residency at Casa Colina. "When I see patients pushing themselves to the max just to walk again, just to use their hands again, just to feel whole again," he said, "it drives me to work harder."

Residency and Fellowship programs at Casa Colina are providing extraordinary experiences and training to new physicians who will specialize in PM&R and to therapists who will specialize in neurological and orthopedic occupational (OT) or physical therapy (PT).

Education is one of the pillars on which the Casa Colina mission is based. "We have made a substantial commitment

of resources to train these residents and fellows. What they learn from us now will impact thousands of patients across the country for decades to come," said Felice Loverso, Ph.D., Casa Colina President and CEO.

In these post-graduate training programs, a resident or fellow may perform as a licensed practitioner while training under the supervision and mentorship of an experienced preceptor.

Before the first residents or fellows could arrive at Casa Colina almost 10 years ago, hospital leadership had to ensure that its physicians, nurses and therapists were prepared to mentor them.

The programs also had to be accredited by several organizations, including the Accreditation Council for Graduate Medical Education (in affiliation with OPTI West Physical Medicine and Rehabilitation Residency), American Occupational Therapy Association, American Osteopathic Association and American Physical Therapy Association. This process involved a multitude of reports and on-site inspections.

DECADE OF EXPERIENCE

The PT residency is the oldest program at Casa Colina, having launched a decade ago. It is overseen by a team of lead PTs – Stephanie Kaplan, Cathy Timple, Rachel Tran and Andrea Haston – along with specially trained clinicians. New in 2017, the OT residency is supervised by Debra Ouellette and Susie Wong-Okamoto. A PT Fellowship program that focuses on movement and performance was initiated in 2017 in partnership with Azusa Pacific University.

Ross Bogey, D.O., came to Casa Colina in 2016 for the opportunity to build its PM&R Physician Residency Program into one of the best medical education training sites in the western United States. He now directs the program with a team of four other Casa Colina PM&R physicians.

Previously, he was on the teaching faculty at Baylor Institute for Rehabilitation, Kessler Institute for Rehabilitation, University of Texas-Southwestern Medical Center and Rehabilitation Institute of Chicago and was chosen as Teacher of the Year at the latter two programs. During his career, Dr. Bogey has trained more than 300 PM&R residents.

"I took the best elements from those PM&R Residency programs and implemented them here," he said. "I chose those aspects I thought would work well with Casa Colina's strong culture and infrastructure."

The result: Casa Colina was able to launch the program a year ahead of time with the first three physician residents beginning in July 2017. The second residency class at Casa Colina will start July 2018. By July 2019, the program will be completely staffed as an additional three PM&R residents begin their training following their internships for a total of nine residents at any given time.



From left to right: Occupational therapist Katherine Ko with a stroke patient using adaptive driving equipment in the Technology Center. Clinical Director Wendy Wang, OTR/L, provides guidance if needed.

instilled in us since day one at Casa Colina," said PM&R resident Thomas Kim, D.O. "Better patient care is just part of the culture here."

Beyond time working with patients, all residents and fellows must complete a rigorous educational curriculum and explore other growth opportunities. Some of these opportunities at Casa Colina typically might not be available to a new graduate, such as teaching undergraduates, conducting groundbreaking clinical research

and publishing their work in scientific publications.

"What an amazing feeling to reflect upon the challenges I overcame and the knowledge I gained during my residency," said occupational therapist Katherine Ko, who graduated from the Casa Colina program. "With the thoughtful guidance of my mentors, I developed a solid foundation for evidence-based practice and patient-centered care that I hope to pass along to future generations."

For the mentors, helping new clinicians to mature and embrace the field of rehabilitation medicine is exciting. "It's like parenting," Dr. Bogey said. "It's very satisfying to train someone well and know they'll spend the next 20 or 30 years following in your footsteps."

"In the end," added Kaplan, "we feel certain we can put our residents and fellows anywhere inside or outside Casa Colina, and they're going to thrive."

FACING NEW CHALLENGES

Residents and fellows in the physical and occupational therapy programs undergo a year of intensive training, devoting long hours to participating in neurological and orthopedic OT and PT sessions. "We want them to develop knowledge at a faster pace by working with seasoned mentors," Kaplan explained.

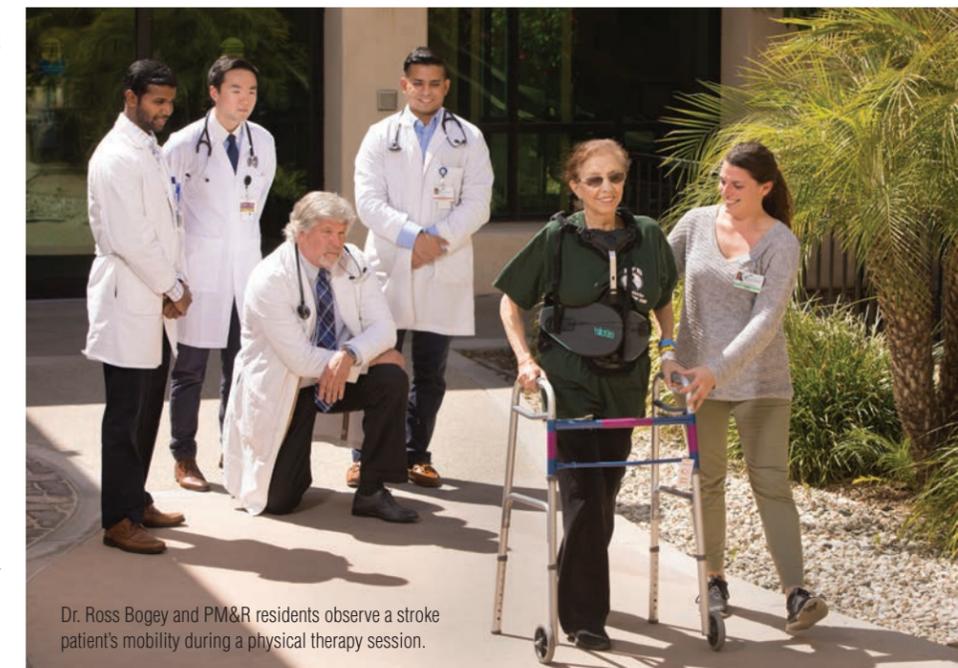
Physician residents spend three years in training, divided into 18 two-month clinical rotations, each focusing on different rehabilitation subspecialties. The residency is nothing if not eventful. As one of the nation's top rehabilitation hospitals, Casa Colina gives PM&R residents the opportunity to see an extremely broad spectrum of patients. During the week, they accompany staff physicians on their rounds plus participate in on-call coverage.

"In my first two months shadowing a Casa Colina physician, I was already exposed to patients with musculoskeletal issues, West Nile Virus, encephalitis and patients considered medically complex with multiple conditions," said PM&R resident Karthikeyan Bhuvaneshwaran, D.O.

In addition, Casa Colina has made arrangements with other area hospitals, enabling PM&R residents to gain experience in other settings, such as Chino Valley Medical Center, Children's Hospital Los Angeles and San Antonio Regional Hospital.

PUTTING PATIENTS FIRST

Above all, residents and fellows in every program quickly learn that at Casa Colina, everyone – doctors, nurses, therapists – must put patients first. If someone needs a glass of water, meds or help getting to the bathroom, it's everyone's job. "This philosophy was



Dr. Ross Bogey and PM&R residents observe a stroke patient's mobility during a physical therapy session.

CASA COLINA RESEARCH INSTITUTE



RESEARCH

CASA COLINA FOUNDATION

Changing the Future Through Bold Science

Armed with a state-of-the-art new facility, Casa Colina researchers and top-name collaborators are pushing the boundaries of knowledge about the brain, nervous system and recovery. The goal of these far-reaching investigations: to find the answers and the tools that will make a meaningful difference in people's lives.

From left to right: Research Institute staff members include Stephanie Chang, Nurse Patient Navigator; Caroline Schnakers, Ph.D., Assistant Director; Nikolas Fullmer, Research Associate; Emily Rosario, Ph.D., Director; James Divine, Research Associate; Trixie Quijada, Director of Grants and Administration; Ashley Tolentino, Nurse Patient Navigator; and Henry Millan, Research Associate
Not pictured: Laura Espinoza, MSW, Patient Navigator

When the Casa Colina Research Institute launched in 2010, it immediately attracted world-renowned research partners eager to work with the hospital's expert clinicians and scientists.

So far, they include the University of California, Los Angeles (UCLA); California Institute of Technology (Caltech); University of Southern California (USC); Stanford University; Harvard University and Princeton University. On a local level, partners include the University of La Verne and The Claremont Colleges.

With the opening of the new Research Institute building on the Casa Colina campus in October 2017, that list of collaborators is only expanding. "Our partners are drawn by Casa Colina's clinical expertise, our history of successful outcomes and our diverse and extensive patient population," said Emily Rosario, Ph.D., Director of the Casa Colina Research Institute.

"Wherever we see an alignment of interests is where we seek a collaboration," she added. Driving those interests are Casa Colina's primary objectives: to improve and expand clinical care and discover novel interventions to create better futures for individuals with disabilities.

For years, Casa Colina researchers had to borrow space in the hospital to advance their own studies and growing collaborations. It soon became clear that research – one of Casa Colina's primary pillars – required a dedicated space. The free-standing Research Institute features several offices, space for student research assistants from the University of La Verne and Claremont Colleges and videoconferencing facilities that allow researchers from near and far to be in close contact and/or conduct webinars.

Critically important, the new facility has three laboratories. One houses a pioneering study of brain-machine interface technology ("brain chips"), involving Caltech and UCLA Medical School, which could hold a key to new solutions for patients with spinal cord injuries.

A second lab focuses in part on studies of neuromodulation, the direct stimulation of the nervous system with electrical signals. It has been used as a treatment for unmanageable chronic pain and/or movement disorders as well as recovery from stroke and spinal cord damage.

The third lab is home to Casa Colina's state-of-the-art Faraday shielded room for electroencephalography (EEG), which records electrical activity of the brain. "These facilities are comparable to those in top-level academic settings," said Dr. Rosario.

Dr. Rosario came to Casa Colina in 2010 from a career in basic science for major universities because she "wanted to

be doing research that was more clinically relevant."

Being in a clinical environment and witnessing first-hand the patient experience is invaluable, she noted. "We are all passionate here about finding the answers and tools that will make a difference in people's lives and in pushing the boundaries of knowledge about the brain, the nervous system and the process of recovery."

All research at the hospital is supported by the Casa Colina Foundation, other private foundations and rehabilitation industry partners. Casa Colina also is the recipient of an increasing number of research grants.

In 2018, the Research Institute, along with UCLA and Caltech, entered the second year of a five-year collaborative grant from the National Institutes of Health to help patients with spinal cord injuries to communicate via computer using their brain activities. Casa Colina already has

published several articles on this topic in the peer-reviewed medical journal, *Neuron*.

Grant funding has supported the purchase of new technologies for better assessing and treating patients. In 2017, Casa Colina acquired diffusion tensor imaging (DTI), a magnetic resonance imaging (MRI) technique that reveals microstructural changes in the brain's white matter, which can't be seen with a traditional MRI. Currently, this technique is being used in a biomarkers study, funded by the Norris Foundation, which looks at the recovering brain in the chronic stage. In addition, Casa Colina recently received a two-year grant from the Disability Communications Fund to explore the efficacy of neuromodulation treatment in stroke patients with language impairments (aphasia).

A study that received a 2016 UniHealth Foundation grant is in its final phase of developing navigation services for patients at high risk for complications following acute rehabilitation. As principal investigator, Dr. Rosario is tracking patient outcomes and potential service gaps as patients return home and reintegrate back into the community.

This year, the Research Institute is starting two new collaborations. One, with Stanford University, focuses on deep brain stimulation to improve recovery in patients with traumatic brain injury. A second study with Princeton University will look at hemispatial neglect – an inability to pay attention to sensory stimuli on one side of space – in patients after brain damage and its relation to social cognition.

"This is an exciting time for research at Casa Colina," Dr. Rosario said, "with support and involvement from therapists, neuropsychologists, and physicians. We hope to continue to expand as we maintain our focus on high-quality translational and clinical research for the population we serve."

**Research at Casa Colina
By the Numbers**
(2011 to 2017)

60% of research is an academic collaboration

55% is grant funded

26 publications by Casa Colina researchers in peer-reviewed journals

52 presentations at national & international conferences

\$2.9 million in grant funding



(Top left) Research associates Niko Fullmer and Henry Millan place an EEG on a patient with a traumatic brain injury to determine changes in brain activity during recovery.
(Bottom left) Nurse Navigator Stephanie Chang speaks with Henry Millan about a case for the Patient Navigation Study, which assists patients after they are discharged to help prevent re-hospitalization.
(Top right) Dr. Caroline Schnakers and Aaron Rothbart, SLP, conduct an intervention using transcranial direct current stimulation (tDCS) as a form of neuromodulation for patients with aphasia following a stroke.
(Middle right) PhDs from Caltech work with a spinal cord injury patient to record neural activity in the parietal lobe of the brain that is responsible for the planning of movement.
(Bottom right) Dr. Caroline Schnakers and the research team discuss data from a recent study examining overlapping pathways for depression and pain by using diffusion tensor imaging.

Catalyst for Change and Support for Risk-Taking

CASA COLINA FOUNDATION

Every house needs a strong foundation, and Casa Colina Hospital and Centers for Healthcare is built on a robust, enduring one: the Casa Colina Foundation.

It provides the base for the three pillars that Casa Colina advances – clinical excellence, education and research – and supports a broad spectrum of initiatives, from innovative treatment and rehabilitation science to top medical talent, charity and subsidized care, community wellness and professional training.

“The Casa Colina Foundation is the catalyst for defining our mission and our future,” said Felice L. Loverso, Ph.D., Casa Colina President and CEO.

The Foundation touches every aspect of life at Casa Colina and is comprised of several departments and responsibilities, including business development, fundraising, public relations and communications, grant writing, community benefits, volunteer services and the Casa Colina Research Institute.



“The strength of the Foundation enables us to take risks and develop new programs and services that benefit our patients and our community,” said Bonnie Scudder, Chief Planning and Development Officer (pictured at left).

In the Fiscal Year Ending 2017, buoyed by the Foundation’s robust portfolio, Casa Colina logged a number of impressive achievements, including:

- Completing the first full year of operation for its 31-bed Medical-Surgical Wing, which opened in 2016;
- Opening the free-standing Casa Colina Research Institute, complete with three state-of-the-art laboratories and advanced video conferencing and;
- Providing nearly \$5.9 million in free and subsidized care in addition to community benefits.

As a non-profit 501.3c organization, Casa Colina is committed to giving back to the community. In 2017, Casa Colina’s community benefits included free sports injury and audiology screenings, free support groups and fitness programs, participation in community health fairs and health-related seminars for the public and health-care practitioners about such subjects as traumatic brain and spinal cord injury, stroke prevention, cardiac health and weight management.

These benefits also include financial assistance for patients who are uninsured or underinsured – a safety net that provides added peace of mind to individuals with disabilities and their families.

Casa Colina conducts a Community Health Needs Assessment every three years; the last was in 2015. A new assessment is under way this year and will help determine future recruitment, program development, training and community education efforts.

“We leverage the Foundation to achieve our operational goals,” said Dr. Loverso, “and to bring our values to life.”



Toward that end, the Foundation raises funds, primarily through events, for three signature

programs: Casa Colina Children’s Services, which provides physical rehabilitation services for children with acquired and developmental disabilities; Padua Village Homes, a residential program for adults with developmental disabilities; and the Outdoor Adventures program, which empowers people with disabilities by providing opportunities to take risks through recreation. Each year, the Foundation holds the Tribute to Courage Gala to benefit under-resourced patients.

Other fundraising efforts include planned giving, major gifts, grants and an annual giving campaign. These funds are directed toward developing new programs and services, purchasing new medical and rehabilitation equipment and providing free and subsidized patient care.

Casa Colina’s executive leadership and Board of Directors are on track to complete a new five-year Strategic Plan this year. Among the priority programs for 2018, which will tap into Foundation support, are:

- An upgraded Electronic Medical Record (EMR), budgeted at \$12.4 million, to replace an obsolete and inadequate system;
- A study into possible expansion of Casa Colina’s post-acute continuum of care into skilled home nursing;
- Development of a full-service cardiology program and a new spine surgery and rehabilitation program;
- Strengthening of physician alliance strategies, including identification of talented clinicians, physician relocation agreements and succession plans;
- Extension of the community wellness program to more off-site locations;
- Expansion of the Casa Colina parking lot;
- Increasing the medical residency program from three residents to six and;
- Renovation of the existing Outpatient Program space.



Over time, new programs receive Foundation funding until they are sustainable. “This practice allows us to seed and launch ideas we believe will help Casa Colina grow and thrive,” said Scudder, “and, ultimately, serve our patients today and in the future.”



“Casa Colina” means “house on the little hill,” and that’s how it started over 80 years ago – in a hacienda-style home in Chino, CA. Today, with support of the Casa Colina Foundation, Casa Colina is comprised of multiple “houses” on a 20-acre campus in Pomona, CA.

Every individual COUNTS

As a non-profit organization, Casa Colina is dedicated to providing meaningful benefits to the community. This has many aspects: medical and rehabilitation care, education, research, disease prevention, training the next generation of clinicians and supporting other organizations. These are some of those Community Benefits that made a difference for individuals in the last year. The unreimbursed cost of these efforts was \$5.9 million,* but their value to individuals goes beyond counting. Your support makes all of this possible.

*The complete text of the Casa Colina Community Benefits Report for 2017 is available on Casa Colina's website at <http://www.casacolina.org/Community-Benefits-Report.aspx>

5,499

individuals received free or subsidized care throughout Casa Colina's wide range of services, thanks to the generous support of grants, donations made by community members and fundraising events.

3,900

community members were assisted with information and referrals to community health and social services.

15,923

workouts were completed by 319 people who joined Aquatic, Land and Neuro-assisted Community Fitness Programs to continue their exercise routines after being discharged from their rehabilitation programs.

280

patients and individuals with disabilities within the community participated in 66 challenging excursions with Casa Colina's Outdoor Adventures where they enjoyed the exhilaration of outdoor recreational experiences such as sailing, skiing, waterskiing and fishing.

1,050

people joined 15 different Support Groups and free educational sessions that provided uplifting social opportunities for individuals and their family members to connect with their peers, share their mutual challenges and brainstorm ways to overcome them.

16,746

visits by 1,016 children – from infants to teens – who received subsidized care at Children's Services or local schools for their developmental disabilities, orthopedic injuries and learning disabilities. They not only improved physically but socially through children's group programs such as Kids' Crew, Teen Scene and Early Intervention.

11,713

patients of all ages were admitted for treatment at Casa Colina for a wide range of injuries and chronic illnesses – from accidents and athletic injuries to stroke and traumatic brain injuries.

568

athletes and weekend warriors attended Casa Colina's free Sports Injury Screening Clinics, where their injuries were diagnosed by an orthopedist or rehabilitation physician at no cost.

708

free hearing screenings were provided to people of all ages, from infants to seniors, by Casa Colina's Audiology Center.

3,500

attendees benefitted from free Community Health Education events presented by Casa Colina physicians, therapists and other health professionals at the Pomona campus and other venues in the area.

360

students from schools across the nation were welcomed for internships, practicums and residencies that furthered their expertise and careers. This helps to prepare physicians, nurses, physical therapists, occupational therapists, speech language pathologists, neuropsychologists, researchers and other clinicians for the next generation of care.

254

military-related personnel, since 2013, received specialized medical and rehabilitation services. Casa Colina maximized therapy to improve outcomes, whether or not services were reimbursed. Every Wounded Warrior treated at Casa Colina returned home, and some returned to active duty.



A Sharp Eye for Business and Her Community

MARY LOU JENSEN knows how to make every gift count. Of course, that's not surprising when you realize she has been a bookkeeper and accountant for more than 60 years. But it wasn't just in the way she gave financially; it was the way she used her intellectual curiosity, unwavering fiscal responsibility and kind generosity to make Casa Colina a better place for the past 20 years.

It was her sound approach to finance that helped her family's real estate development business thrive in the Inland Empire. After her husband, Bob, passed away in 1997, long-time friend and Casa Colina Board Member, Sam Crowe, approached her to join the Board.

At first she was reticent. "I don't know anything about hospitals. I only know about finance," she responded. Sam knew Mary Lou had much more to offer, including a heart of gold, a wealth of wisdom and an unquestionable devotion to her community. "You're a long-time resident. They need people like you," Sam insisted.

There was no denying it. After all, she was born at San Antonio Regional Hospital and lived in Ontario ever since. She cared deeply about the people of this area. Now that her business was less active, she had more time to devote to Casa Colina's Board.

One of her first tasks was a meeting that would forever change the course of Casa Colina's history. She was asked to interview Dr. Felice Loverso to become the replacement of retiring CEO Dale Eazell.

Positive first impressions were certainly mutual. By 1998, Mary Lou became more than a board member. She was a sounding board for new CEO, Dr. Loverso. They often brainstormed ways to expand Casa Colina's services and facilities to better meet the needs of people in the community. She also took on the role of Board Secretary, which she held for many years.

On the way back from a meeting with Dr. Loverso at Casa Colina's Rancho Piño Verde, a residential facility in Lucerne Valley for men with traumatic brain injuries, she suddenly had a thought of how they could help even more people who suffered this catastrophic injury. "Are we going through Apple Valley?" she asked, "I have a lot there. It's a big, four-acre property."

He found it. They walked around the flat, expansive property. "Do you think Casa Colina could use it?" Mary Lou asked. "Yes!" Dr. Loverso enthusiastically responded.

In 2001, this site became Casa Colina at Apple Valley and was marked with a festive grand-opening event. It is a caring and supportive home for 42 men and women with traumatic brain injuries. "It makes me feel good that Felice did something special with that land," Mary Lou stated.

When her son, Jerry Jay Jensen, passed away in 2007, she made another generous donation to Casa Colina in his memory, which is recognized by a plaque outside of the hospital's West Garden.

Mary Lou faced her own health challenge that year after taking a fall down some stairs at a local restaurant, which resulted in an open wound on her shin. Though her regular doctor wrapped it carefully, this stubborn wound simply would not heal.



An architectural rendering was presented to Mary Lou in appreciation for the property she donated to construct the Casa Colina at Apple Valley facility.

The help she needed was right around the corner. She went to the Casa Colina Wound Care Center, where infectious disease specialist Dr. Kerry Gott and his team of clinicians treated her wound from the inside out with weekly visits for six months. "They did an excellent job, and I experienced firsthand what Casa Colina's specialized care was all about."

Recently, on a trip back from the desert with her son John, they spontaneously stopped by Casa Colina at Apple Valley. "We didn't even call ahead. It was charming, clean and so orderly," Mary Lou recalled.

This year, Mary Lou is an Emeritus Board member, still keeps up with all of Casa Colina's Board decisions, attends many of her favorite fundraising activities and supports the Outdoor Adventures program.

At the age of 91, Mary Lou is clearly not ready to retire. She's much too busy figuring out new ways to support Casa Colina and its patients.



Top: Emeritus Board member Mary Lou Jensen keeps a full schedule at her home office.

Left: Mary Lou Jensen's donation in memory of her son, Jerry Jay Jensen, is recognized by a plaque in Casa Colina Hospital's West Garden. In April 2007, family members gathered to dedicate the plaque. Pictured from left to right are Jeff Jensen, Karen Jensen, Mary Lou Jensen and Suzanne Jensen.

Right: Enjoying the Casa Colina at Apple Valley grand-opening ceremony on October 5, 2001, with Annette and Sam Crowe, Emeritus Board member.

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 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, 434 volunteers contributed more than 33,509 hours of service to Casa Colina's programs. Many others have made financial contributions. Through these cumulative gifts of \$100 or more received between January 2017 and December 2017, 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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OVERCOMING OBSTACLES:

Johnny 'Ringo' Fights Back From Spinal Cord Injury

Casa Colina President and CEO Felice L. Loverso, Ph.D., enjoys a conversation with patient Johnny Scharnweber in late 2017

TRIUMPH

Johnny "Ringo" Scharnweber can remember the exact moment he misjudged a turn in a championship desert motorcycle race that rainy January weekend and went flying off his bike, only to land face first in wet sand.

Now 49, Johnny started riding dirt bikes at the age of nine, then graduated to desert racing, a form of off-road motorcycle racing. Over the four decades since, he'd become a respected rider and coach of endurocross, which has been called "one of the wildest sports on two wheels." So, when he crashed, he didn't panic.

Lying there, fully conscious, Johnny told himself to get up. Nothing happened. He tried to move his arms and legs. Nothing. Friends rushed to his side and called for help. "I knew then I was paralyzed," said Johnny, whose racing name is "Johnny Ringo." But, typical of his competitive spirit, in the next second he told himself, "This is just another speed bump."

He's grateful that his journey to recovery brought him to Casa Colina, a pioneer and innovator in the rehabilitation of spinal cord injuries (SCI). "It's truly amazing how far Casa Colina stands above everyone else," said Johnny, who spent nearly three months at the hospital, benefitting from its comprehensive, personalized continuum of care.

Before that, his story began with an ambulance ride to Arrowhead Regional Medical Center (ARMC) from that rainy crash site on January 22, 2017, at the National Hare and Hound Race in Johnson Valley. At ARMC, doctors operated on three broken vertebrae in his neck and inserted a titanium plate. Initially, Johnny had no feeling in his toes or fingers, but that gradually returned. A few weeks later, he was transferred to Loma Linda University Medical Center where he had additional surgery on two crushed lumbar vertebrae and began his rehabilitation.

Johnny had experience in meeting major challenges. Born with just one kidney, he endured three years of dialysis, followed by a kidney transplant in 1996. After a few months at Loma Linda, he could stand briefly and move his arms. But he hadn't walked yet, and at least one doctor expressed doubts he would ever walk again. "My heart sank when I heard that," says Johnny, who refused to accept that prognosis.

Then he heard about Casa Colina from Steve Graeber, a fellow insurance broker and colleague in the Inland Empire Underwriters Association. The two men served on a local non-profit board together, and Steve also happened to be a member of the Casa Colina Board of Directors.



Steve introduced Johnny to Casa Colina President Felice Loverso, Ph.D., who found a place for him. On April 7, 2017, finally strong enough to fully participate in the three hours of daily therapy in Casa Colina's acute rehabilitation unit, Johnny made the move – "a transformative day for me," he said.

He arrived at Casa Colina's

interdisciplinary Spinal Cord Injury Program with complex medical issues but some clear advantages, too. His spinal cord injury was classified as "incomplete," which meant he still had feeling and motion in his limbs. Then there were the intangibles he brought – his athletic background and "can-do" attitude. "I could tell he'd do well here," said Dr. David Patterson, a board-certified physiatrist and Medical Director of Rehabilitation Services at Casa Colina.

"His attitude was great, and attitude means a lot. Athletes are used to hard work, and Johnny knew how to fight through pain," said Dr. Patterson. He sees his own role as part quarterback and advocate for his patients. "You have to give hope, not statistics."

"I'm very competitive," said Johnny. "You tell me how the last person with this injury did, and I want to do better." He has since learned something Dr. Patterson and the Casa Colina team already knew – that every spinal cord injury is unique.

"Five people with SCI should be doing different things at different times," said Dr. Patterson. "That's why our treatment plans are individualized – never cookie cutter. And we can change them on a dime. We're not stuck in algorithms."

Ever since his accident, Johnny had one dream – to walk again. One week after arriving, Johnny's therapist team told him, "We're going to walk today." Fitted into a Reciprocating-Gate-Orthosis (RGO) brace and walker, which supported him from the chest down, he stood tall. Then Johnny, who is 6'4", aided by physical therapy assistant Elliott Llarena, took his first steps in nearly three months. "I was so excited," Johnny recalled. "I thought, 'I'm doing this!'"

In another session soon after, using a platform walker, he powered through about 50 feet, with Elliott helping to keep his feet from crisscrossing. "After he got that out of his system, I told him, 'Now we're going to take this slow and steady and accurately,'" said Elliott, who added that a patient as dedicated as Johnny "pushes you to excel, too."

"Johnny Ringo taking his first steps," his wife, Jennifer, posted on Facebook. "We're overjoyed at Johnny's progress at Casa Colina." She is front and center, which is another plus he has in his recovery: a supportive family. After Johnny's accident, she wrote on the white board in his home office,

Right: Johnny Scharnweber practices using a rollator walker, a less restrictive walking device, with physical therapist Stephanie Kaplan to improve his standing, balance and arm strength.



Below: Guided by physical therapist Melissa Braucht in the Assistive Technology Lab, Johnny learns how to use voice activation, a specialty mouse and hand splint to improve his efficiency on the computer.



“Every challenge you have we encounter together,” and left the sign up for when he would return.

That family includes their three kids: Sara, Samantha and Sam. His son moved back into the family home to become his father’s assistant, videographer and “all-around coach,” said Johnny. The support group also embraces an extended desert racing family, who follows “Ringo’s” every move on social media and cheers him on.

Together, Johnny, Jennifer and Sam attended an SCI support group at Casa Colina for people with spinal cord injuries and their families, finding comfort and wisdom in shared experiences. “Injuries like this are devastating for your loved ones,” said Johnny. “It’s a tragedy families go through together.”

The therapy team guided him to regaining other key abilities. In one of the hardest – the “transfer” or floor recovery – he had to move from bed to a chair to a floor mat, then back again. The first attempt took three therapists assisting him and 30 minutes. Within a few weeks, he managed the same move in one quarter the time with Sam by his side.

Often, after his three-hour therapy sessions, he would return on his own to the Casa Colina indoor gym and work on his arm or hand strength. There he found like-minded determination in a quote on the wall from a former patient, Frank Glankler: “I didn’t want to learn how to live with my disability. I wanted to learn how to overcome it.”

By early May, after a month in acute rehabilitation, Johnny was ready to transfer across the 20-acre campus to the Transitional Living Center (TLC), a structured residential rehabilitation setting. There, his schedule expanded to six hours of rehabilitation per day.

His progress was complicated by damage to his central nervous system, which had short-circuited his proprioception – the ability of the body to sense itself. That meant that while Johnny had regained feeling in his feet, for example, he didn’t automatically know where they were in space. “We had to retrain and reprogram his motor learning,” said Kori Westfall, his lead TLC physical therapist.

Among the tools on which they called was the high-tech Bioness L300, a gait-sensing system that deploys electrical stimulation to activate the user’s muscles at the right time, enabling them to walk with more confidence and accuracy, whatever the terrain.

Each night, the therapy team drew up Johnny’s tailored treatment plan for the next day. Suzanne Goya, occupational therapist at TLC, stepped in to guide Johnny in such independent living skills as feeding himself, changing his shirt, brushing his teeth – all tasks that allowed him to strengthen his weaker muscles and gain more motor control.

A tech buff, Johnny worked with Melissa Braucht, a physical therapist who specializes in the latest technology to help patients with neurologic injuries. With her guidance, he tested various computer keyboards, including a mouth keyboard, as well as mouse devices and speech recognition software that would reduce his need to type and re-establish his access to computers.

Each day, his son observed his dad’s therapy sessions, learning how to assist him at home. “It was mind-blowing to see his progress,” said Sam, “unbelievably fast compared to what we thought it would be.”

When it was almost time for Johnny to return home to Phelan in California’s Mojave Desert, Suzanne accompanied him on a home visit to assess its maneuverability and the need for any adaptive devices. “It can be hard for someone to go home after a spinal cord injury; they often feel like they’re not the same person,” said Suzanne. “We try to ease that transition.”

Johnny and Suzanne had worked for weeks on his grip strength. Once they arrived at his house, he told her the one thing he wanted to do was to rev his motorcycle. Slowly, he lifted himself out of his wheelchair and leaned over the bike, gripping both handlebars. When he heard the engine roar again, “his face lit up,” said Suzanne.

A short time later, on June 30, 2017, a little more than six months after his life changed in a split second, Johnny Ringo went home to stay.

He returns to Casa Colina once per month for outpatient rehabilitation. Stephanie Kaplan, PT, DPT, ATP, Director of Rehabilitation Services, follows Johnny’s video adventures on social media then fine-tunes his therapy at Casa Colina. “Everyone wants to feel normal and whole,” she said. “Our job is to help each patient achieve his or her full potential safely and effectively.”

“I am indebted to Casa Colina,” said Johnny. “They care as much as you do.” Blessed with plenty of persistence, he is still learning patience. “Getting the therapy done right is more valuable than anything.”

He relies on a power wheelchair for maximum mobility right now but exercises daily, walking, climbing stairs, rebuilding his strength. “He’s not done,” said Dr. Patterson. “He’ll continue to progress.”

Johnny is slowly returning to his insurance underwriting business. By October, he was able to coach a class on the backyard endurocross training course he built, dubbed “Ringoland,” which features classic hurdles like tractor tires and telephone poles. “It’s such a joy to watch riders learn the techniques to overcome these obstacles,” said Johnny. “Now my experience in getting over new obstacles may be helpful to others, too.”



Left: During early stages of rehabilitation, it is more challenging to take steps and bear weight. Physical therapy assistant Elliot Llarena assists Johnny with the ARJO Walker that has leg straps to prevent a fall and a larger surface to support his arms.



Below: Occupational therapist Suzanne Goya shows Johnny how to make a bed in the hospital’s Activities of Daily Living Center to improve his standing balance, endurance, upper extremity range of motion and strength.



Johnny’s therapy team joined by son Sam, Casa Colina Board Member Steve Graeber and his PM&R physician, David Patterson, M.D.



Casa Colina's Operational Performance

Specialized Care, Close to Home

Casa Colina opened its doors in Chino, CA, as an inpatient treatment center for children rehabilitating from polio. Since then, its staff, with the support of the Casa Colina Board of Directors, has continually expanded services to meet the growing needs of the community and beyond.

Casa Colina offers the following medical and rehabilitation services:

- Acute care hospital with 68 rehabilitation beds, six intensive care unit beds, 25 private medical beds, three operating rooms and a gastroenterology procedure room; accredited by the Joint Commission
- Transitional living center with 42 residential rehabilitation beds, day treatment program 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 outpatient services
- Adult day health care
- Research
- 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
- Inland Neurosurgery Institute

To learn more about Casa Colina's continuum of care, please visit our website at www.casacolina.org

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.

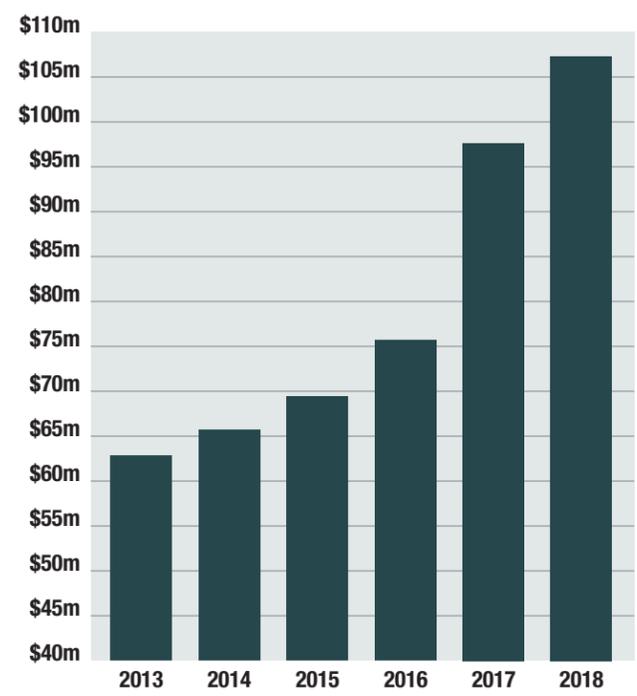
OUR VISION

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.

NET REVENUE FROM OPERATIONS (Excluding Foundation)



OPERATING ENTITIES* FINANCIAL PERFORMANCE (Unaudited)

Revenues	2018	2017
Net patient services revenues	\$99,796,000	\$89,982,000
Other operating revenue	3,403,000	3,659,000
Transfers from Foundation for uncompensated care and community benefits	3,848,000	3,964,000
Total Revenues	107,047,000	97,605,000
Operating Expenses		
Salaries and benefits	63,312,000	60,210,000
Other expenses	28,015,000	25,545,000
Total Operating Expenses	91,327,000	85,755,000
Net Income from Operations Prior to Depreciation, Interest and Amortization	\$15,720,000	\$11,850,000

*Excludes Foundation

BALANCE SHEETS

(Consolidated/Unaudited)
March 31, 2018 and 2017

Assets	2018	2017
Current assets	\$36,498,000	\$36,926,000
Investments	79,870,000	65,991,000
Assets limited as to use	16,028,000	16,604,000
Property and equipment, net	104,121,000	109,986,000
Other assets	914,000	1,223,000
Total Assets	\$237,431,000	\$230,730,000
Liabilities and Net Assets		
Current liabilities	\$19,901,000	\$14,458,000
Long-term debt and other liabilities	53,817,000	56,179,000
Unrestricted and restricted net assets	163,713,000	160,093,000
Total Liabilities and Net Assets	\$237,431,000	\$230,730,000





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Human Resources – Ext. 2150

Laboratory – Ext. 3150

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Outpatient Rehabilitation – Ext. 3500

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