

healthcares

A PUBLICATION FROM THE PVHMC FOUNDATION

INSIDE

- ▶ Heart Calcium Test Saves the Life of a Young Police Officer
- ▶ Thanks to Donors, PVHMC Upgrades MRI
- ▶ New Blood Biomarker Test Predicts Preeclampsia Risk
- ▶ Pelvic Health at Different Stages and Conditions That Should be Discussed with your Doctor

FEATURED

*Azaliyah's NICU
Journey at Pomona
Valley Hospital
Medical Center*



INSIDE



MEDICAL CENTER
FOUNDATION

A passion for healing. A love of giving.

- 3 Chairperson's Message
- 4 Trusted Care for our Community
- 5 A Legacy in Color: Mural Gets Update
- 6 Thanks to Donors, PVHMC Upgrades MRI
- 7 Pelvic Health at Different Stages and Conditions That Should be Discussed with your Doctor
- 8 Understanding Ultra-Processed Foods
- 9 Choose a Colonoscopy
- 10 Heart Calcium Test Saves the Life of a Young Police Officer
- 12 Stroke Care: A Patient's Journey
- 14 69-Year-Old Motocross Rider Back on the Track After Crash Thanks to PVHMC
- 18 Azaliyah's NICU Journey at Pomona Valley Hospital Medical Center
- 20 PVHMC Receives Inaugural Excellence Award for Normothermia Care in NICU Infants
- 21 Emergency Department Opens Pediatric Waiting Area and Treatment Room
- 22 Planning for Your Future
- 23 Foundation Names Shuttle after Driver and Donor
- 24 Classes and Programs
- 25 Foundation Guardian Angels, Winter and Spring 2026
- 26 Foundation Donor List, Spring 2026

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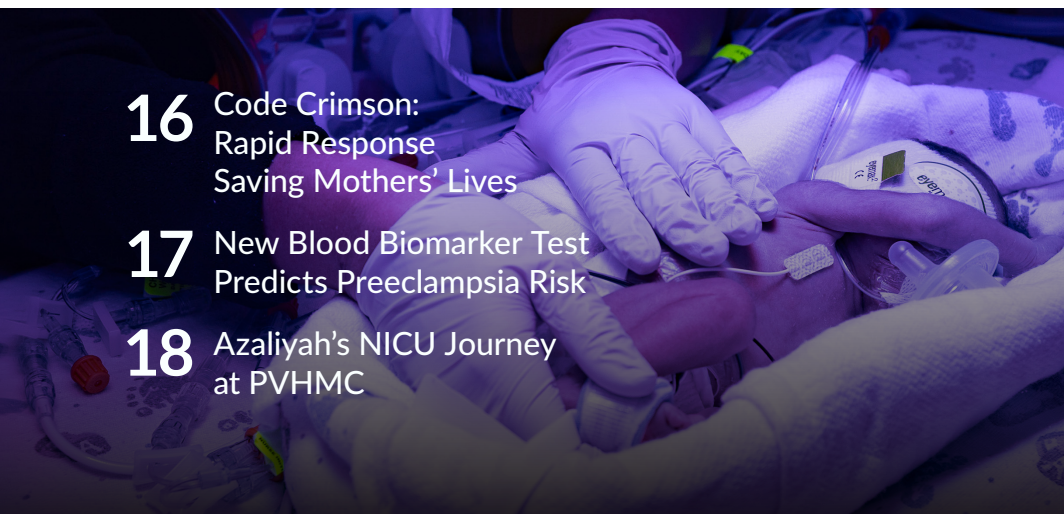
Barbara Brown

R. Melvin Butler, MD

Norman L. Cadman, MD

FEATURES

- 16 Code Crimson: Rapid Response Saving Mothers' Lives
- 17 New Blood Biomarker Test Predicts Preeclampsia Risk
- 18 Azaliyah's NICU Journey at PVHMC



► Chairperson's Message

Every day at Pomona Valley Hospital Medical Center (PVHMC), lives are changed in ways both profound and deeply personal. A premature baby takes its first breath. A cancer patient finds renewed hope. A family in crisis is met with compassion, skill, and unwavering care. These moments are why we exist and why your support matters so much.

Today, health care is facing significant challenges, including changes in federal funding. Yet even in uncertain times, one thing never changes: our commitment to care for every person who walks through our doors. We are honored to be here for our community, just as we have been for more than 120 years.

As we look toward the future, we are faced with a critical responsibility. California's seismic safety requirements mean we must complete essential upgrades by 2030 to ensure uninterrupted hospital operations in the event of a major earthquake. This is not just a construction project, it is a promise. A promise that when disaster strikes, your hospital will be here, ready to care for you, your family, and your neighbors. We cannot fulfill this promise without you.

At the same time, the needs of our community continue to grow. Our emergency department sees more than 100,000 patients each year, each one a person, a story, a life that matters. We are expanding and upgrading this vital space so that no one in need ever has to wait for care or be turned away.

We are also working to bring the most advanced medical technology to our region because your loved ones deserve the very best. From a new linear accelerator to fight cancer, to state-of-the-art imaging, to the latest da Vinci 5 surgical system for more precise and less invasive procedures, these investments mean

better outcomes, shorter recoveries, and more moments shared with those who matter most. Even our labor and delivery rooms are being improved, so that families can welcome new life in a more modern, comforting environment, more comforting environment.

Behind every innovation is a dedicated team of caregivers. With your support, we are able to invest in scholarships, advanced training, and continuing education, ensuring that our physicians, nurses, and staff remain at the forefront of medicine and continue to deliver extraordinary care.

As an independent, not-for-profit hospital, we rely on the generosity of people like you to do more, reach further, and care deeper than ever before. Patient revenue alone cannot sustain these life-saving advancements. Your gift helps bridge that gap and in doing so, it changes lives.

When you give to PVHMC, you are not just making a donation. You are giving a mother more time with her child. You are giving a patient hope in their fight against cancer. You are helping ensure that, in life's most critical moments, care is close, compassionate, and ready.

We invite you to stand with us. To be part of something larger than all of us, a commitment to healing, to hope, and to the future of our community.

To learn how you can make a difference, please visit: pvhmc.org/donate or call (909) 865-9139.



M. Hellen Rodríguez, MD
PVHMC Foundation Chairperson
and Maternal Fetal Medicine
Medical Director



See page 21 for more details on how PVHMC is providing children and their families with a more private, comfortable treatment area.

PVHMC's emergency department (ED) recently opened a dedicated pediatric waiting area for kids and families.

► President's Message

Hospital Quality Awards Mean Trusted Care for our Community

When it comes to excellence in patient care, Pomona Valley Hospital Medical Center (PVHMC) remains unmatched as a leader in the region. For 123 years, this hospital has been steadfastly committed to its mission of meeting the diverse

healthcare needs of the community we serve. As President/CEO for 33 years, an Associate for more than 48 years and a patient of our health system myself, I have not only experienced this care firsthand, but I am a lifetime believer and purveyor of this mission.

But don't take my word for it. The awards, accolades, designations and certifications that PVHMC earns each year stand as a testament to that commitment, defining the exceptional quality of care we provide.

Many awards and rankings are driven heavily by patient outcomes, which is data that measures metrics such as the effectiveness of the treatments and interventions, complication and readmission rates, and the health-related quality of life after discharge. While we receive numerous patient safety accolades each year, one

of our proudest accomplishments is earning our sixth consecutive "A" grade for hospital patient safety from The Leapfrog Group.

Within our specialized service lines, superior outcomes and rigorous internal processes have led us to earn prestigious reaccreditations and recertifications from The Joint Commission. They span our Hospital, Laboratory and disease-specific care, including advanced perinatal care, advanced hip and knee replacement, advanced palliative care, sepsis and pneumonia care, inpatient diabetes and advanced comprehensive stroke center. Our consistency and dedication to evidence-based practice, clinical quality improvements and multidisciplinary teamwork are truly what set us apart.

When you add all these achievements together, the picture is clear. Pomona Valley Hospital Medical Center is not content with being a community hospital alone. Rather, continuous investment in our people, our systems, processes and technologies has elevated us to a distinguished institution in the region.

PVHMC is proud to be an independent, not-for-profit hospital. However, standard revenue from patient services, especially in today's economic climate, is not enough to cover what we need to push the boundaries of care. This is where you, our friends and donors, can step in. With your philanthropic support, we can uphold investments in the latest healthcare technologies and expand services and programs. Your generosity directly impacts the health and longevity of our community and ensures that our families, friends and neighbors never have to travel far to receive high-quality, lifesaving care.

Please ask us how you can contribute by contacting Foundation@pvhmc.org. We're counting on you, so you can continue to count on us.

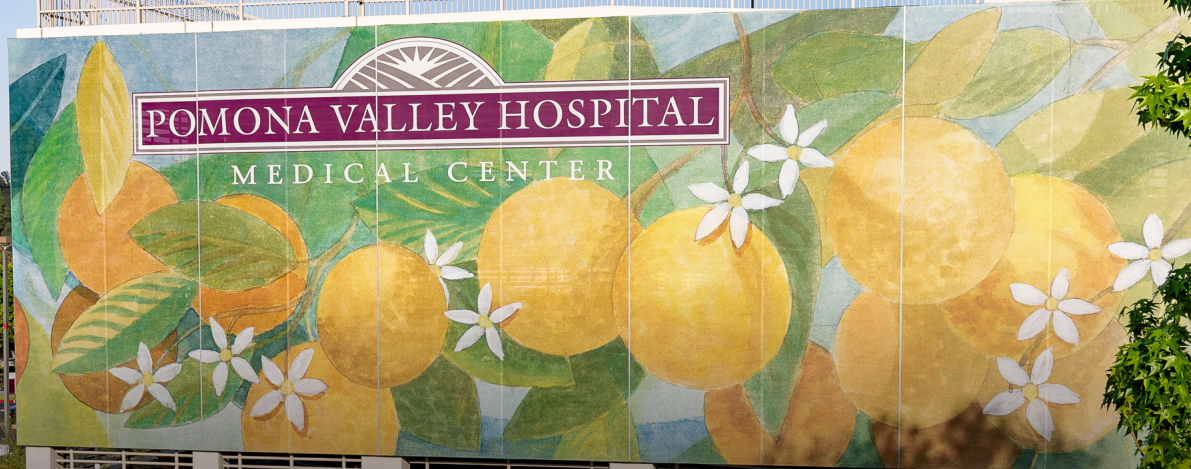


LEAPFROG
HOSPITAL
SAFETY GRADE



Richard E. Yochum, FACHE,
President/CEO of Pomona Valley
Hospital Medical Center and
Pomona Valley Hospital Medical
Center Foundation





For the hundreds of Associates, Physicians and Volunteers who arrive at PVHMC each day, and for our patients, visitors and residents who drive by, the mural is a reminder of the rich cultural fabric of the Pomona Valley.

A Legacy in Color: The “Gift of the Valley” Mural Receives an Update

Thanks to an extraordinary gift from Susan and Gordon DesCombes, the “Gift of the Valley” mural has been restored.

For years, the exterior of the parking structure at Pomona Valley Hospital Medical Center (PVHMC) has been more than just a functional space. It has served as a canvas for the “Gift of the Valley,” a vibrant mural that captures the history, spirit and character of the Pomona Valley and beyond. Today, thanks to an extraordinary gift from the Susan and Gordon DesCombes, this beloved landmark has been restored and renewed.

The story of our mural began with the late Betty DesCombes, who originally funded the artwork created by the late artist Tony Sheets, son of the renowned artist Millard Sheets. Betty’s vision was to create a lasting tribute to her husband, Don DesCombes, by preserving this important part of our local “artistic” culture into our parking structure.

For the hundreds of Associates, Physicians and Volunteers who arrive at PVHMC each day, and for our patients, visitors and residents who drive by, the mural

is a reminder of the rich cultural fabric of the Pomona Valley.

As time and the elements took their toll on the original piece, the need for a replacement became clear. Their recent contribution ensures that the “Gift of the Valley” will not fade into memory. By funding the replacement, the DesCombes family is carrying Betty and Don’s legacy forward, ensuring her original vision remains a permanent fixture of the local landscape.

In an environment focused on healing and clinical excellence, the presence of public art provides a necessary moment of inspiration and reflection for patients and healthcare providers alike.

Through this remarkable generosity, the “Gift of the Valley” will continue to stand tall as a testament to the enduring power of family, memory, and community support.



Thanks to the couple's gift, the radiology department has upgraded its MRI system to an advanced, more precise Siemens MAGNETOM Vida MRI platform.



Thanks to Dedicated Donors Pomona Valley Hospital Medical Center Upgrades its MRI

New equipment will mean shorter exam times, increased patient comfort, and better diagnostic accuracy

Thanks to a philanthropic gift in 2023 from Pomona Valley Hospital Medical Center (PVHMC) physician Dr. Daksha Jain and her husband, Mr. Sudhir Kapadia, the radiology department has upgraded its Magnetic Resonance Imaging (MRI) system to an advanced, more precise Siemens MAGNETOM Vida MRI platform.

The new system, which underwent construction and installation over the past two years and went live in May 2026, uses artificial intelligence (AI), to deliver higher performance, faster exams, and improved image quality. Patient scans will take less time than ever before while providing a more powerful diagnostic tool for physicians.

The couple has been a longtime supporter of the hospital. They were moved to make this latest donation because of their fundamental belief in helping others.

"Our new MRI system has deep resolve artificial-intelligence image reconstruction technology that provides sharper images in less time than ever before, revolutionizing imaging as we know it," says Johnson B. Lightfoote, MD, medical director of radiology services.

"We're grateful to Dr. Jain and her husband for their generous that will make an impact on our patients for years to come."

The higher quality AI-assisted image makes it easier and more accurate for clinicians to see fine anatomical detail or subtle abnormalities more clearly helping to improve diagnosis. Since the scan times are shorter, more patients can be examined each day, improving our capacity to serve the community.

"I've spent my entire medical career with PVHMC, and it is an honor to support the hospital in its mission to provide access to high-quality services to our community," said Dr. Jain, a semi-retired pediatrician who has practiced at PVHMC for more than 30 years. "As a community hospital, we have taken care of this region for more than century and we're proud to offer some of the latest advancements to our patients."

To support the advancement of the Radiology program at PVHMC, visit pvhmc.org/donate

► Pelvic Health at Different Stages and Conditions That Should be Discussed with your Doctor

Many women think that pelvic health disorders are a normal part of aging, but Pomona Valley Hospital Medical Center (PVHMC) urogynecologist Bilal Kaaki, MD, says they aren't. Dr. Kaaki says this is a common misconception for women who have been pregnant and those who are over age 60 and treatment is available.

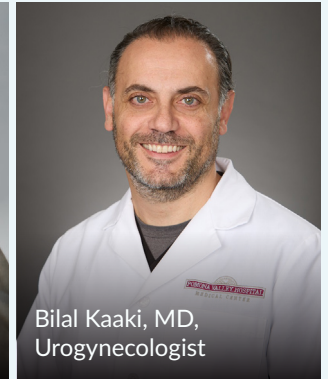
Pelvic health disorders can include urinary incontinence, fecal incontinence and pelvic organ prolapse, a condition where one or more pelvic organs (the vagina, uterus, bladder, urethra, small intestine, and rectum), drop from their normal position due to weakened muscles and ligaments that hold these organs in place.

Non-Invasive Treatments

Many pelvic floor disorders can be treated. Depending on the condition, non-surgical treatments include pelvic floor strengthening through physical therapy, bladder injections, prescription medications, and device implantation to support pelvic health.

Surgical Treatments

Some pelvic disorders will require surgery to be treated effectively. PVHMC offers minimally invasive gynecological procedures using the latest da Vinci robotic surgical system to repair prolapse, reposition the bladder to prevent leaks and repair damaged muscles that can cause fecal incontinence.



According to the National Institutes of Health, nearly one fourth of U.S. women will experience pelvic floor disorders in their lifetime. These conditions, which often occur during and after pregnancy, can include pelvic pain, urinary incontinence, constipation, pain during intercourse and pelvic pressure.

Causes

Some of the main reasons of pelvic health disorders, include pregnancy, childbirth and a reduction in estrogen during menopause that reduces the vagina's elasticity. Other environmental factors that can impact pelvic health include chronic cough caused by asthma or smoking, repeated heavy lifting, obesity, straining due to chronic constipation and prior surgery or pelvic radiation.

"Women often have feelings of shame when it comes to pelvic health disorders, but they are common and I encourage discussions about these issues," says Dr. Kaaki.

Prevention

Dr. Kaaki says there's ways to strengthen your pelvic floor by regularly doing exercises, such as Kegels. These exercises are important for all women, but especially for those who are pregnant, have delivered a child and those who are approaching menopause and experiencing a reduction in estrogen.

"After a woman delivers a child, it's important to talk to your doctor about changes in your pelvic floor," says Dr. Kaaki.

For those who experience frequent urination, Dr. Kaaki recommends reducing the consumption of bladder irritants such as drinks with caffeine and artificial sweeteners.

If you're experiencing symptoms of a pelvic health disorder, talk to your primary care physician. Need a doctor? Visit mvpvhc.com to access care in your neighborhood.

▶ Understanding Ultra-Processed Foods

Q&A with Nischita Merla, MD, Gastroenterologist,
Medical Director of Gastrointestinal Services at PVHMC

Recent studies have shown that consumption of ultra-processed foods (UPF) is strongly linked to an increased risk of colon cancer as well as the development of precancerous polyps in the intestines. With colorectal cancer cases rising among younger adults, many health organizations are looking at UPFs as part of this puzzle. Although additional studies are needed, the consensus is that ultra-processed foods should be minimized to reduce your risk of colorectal cancer.

Q: What are ultra-processed foods and why are they a concern?

Ultra-processed foods are products made through industrial techniques that often strip away nutritional value. They typically contain high levels of added sugar, salt, artificial colors and manufactured additives like high-fructose corn syrup or emulsifiers. In addition, they have been proven to increase inflammation

Some examples of UPFs include sugary drinks, ready-to-eat meals, processed meats, packaged sweets and snacks, flavored yogurts and dairy products and more.

Q: How prevalent are these foods in the average diet?

They are incredibly common. The U.S. Food and Drug Administration estimates that up to 70% of the U.S.

food supply consists of ultra-processed foods. Perhaps most concerning is that children currently consume more than 60% of their daily calories from these products.

Q: If I can't avoid processed foods entirely, what should I do?

The reality is that most Americans are going to consume ultra-processed foods. It's about being mindful and making healthier choices when you can. For example, whole foods are always a win – fish, beans and legumes, colorful fruits and vegetables. When shopping, look for items that are minimally processed, have smaller ingredient lists and are high in nutrients.

Q: We often think of colorectal cancer as an "older person's disease." Is that changing?

Yes, significantly. A 2026 American Cancer Society study found that nearly half of all new cases now occur in adults under age 65. While rates are decreasing in older adults due to regular screenings, the "early-onset" trend in people under 50 is an alarming shift that we are monitoring closely.



"It's about being mindful and making healthier choices when you can. For example, whole foods are always a win—fish, beans and legumes, colorful fruits and vegetables."

DR. NISCHITA MERLA

"When shopping, look for items that are minimally processed, have smaller ingredient lists and are high in nutrients," recommends Dr. Nischita Merla, gastroenterologist and medical director of PVHMC gastroenterology services.



► Choose a Colonoscopy



Although nearly 90% of colorectal cancer cases are preventable, colorectal cancer remains the second most common cause of cancer-related death in the United States.

Reluctancy and fears over having a colonoscopy are the main culprits behind this alarming trend. Dr. Merla says her patients frequently express anxiety over the procedure and will choose to forgo it.

With colorectal cancer cases rising among younger adults, many health organizations are looking at UPFs as part of this puzzle. Although additional studies are needed, the consensus is that ultra-processed foods should be minimized to reduce your risk of colorectal cancer.

"In the world of cancer care, you don't get many opportunities to identify and remove tissue before it becomes cancerous," says Dr. Merla. "I cannot stress enough how important it is to have this quick and painless procedure.

"With colorectal cancer cases rising among younger adults, many health organizations are looking at UPFs as part of this puzzle. Although additional studies are needed, the consensus is that ultra-processed foods should be minimized to reduce your risk of colorectal cancer.

Colonoscopy is the "gold standard" for colorectal cancer screenings and is a recommended screening for individuals at average risk starting at age 45. Not only can this screening detect cancer, but it can also prevent cancer by identifying and removing polyps that can become cancerous in the future.

Don't let fear of discomfort get in the way of your health. Talk to your doctor today and schedule your colonoscopy. Learn more about GI Services at PVHMC: pvhmc.org/GI

Q: What if I have a family history of the disease?

If you have a family history, you should speak with your physician immediately. You may need to begin screenings much earlier than age 45.

Q: Since people under 45 aren't routinely screened, what symptoms should they look for?

It is vital to pay attention to your body. Look for the red flags:

- Unexplained weight loss
- Persistent fatigue
- Blood in the stool
- Changes in bowel habits (such as persistent diarrhea or constipation)

Q: What is the main takeaway for those looking to reduce their risk?

While we are still learning why younger people are being diagnosed more frequently, we know that lifestyle matters. Combining a healthy diet with regular exercise and timely screenings is the most effective way to improve your gut health and reduce your risk.

▶ Heart Calcium Score Test Saves the Life of a Young Pomona Police Officer

When the Pomona Police Department offered access to a heart calcium score test at Pomona Valley Hospital Medical Center (PVHMC), Corporal Jesse Hedrick, 42, of Glendora, decided to take advantage of the program.



Jesse worked out regularly, maintained a good diet and his past blood work, blood pressure and cholesterol were always normal, but he had earlier this year begun experiencing pain in his left arm when he worked out too vigorously.

An avid runner who had run the famous Baker to Vegas Challenge Cup Relay, it was disappointing that the pain had forced him to stop running with his fellow officers. The calcium score test is typically for those between ages 40 and 70 and at increased risk for heart disease, but don't have symptoms. Despite a family history of cardiovascular disease, Jesse was shocked to learn his score was 357. Any score over zero suggests some evidence of coronary heart disease with 100 being considered a 'mild' score.

"Jesse's high score suggested he was at risk for a heart attack at any moment," said Nitanth Vangala, MD, cardiologist and Medical Director of Cardiovascular Rehabilitation, Pomona Valley Hospital Medical Center.

"For someone who is young, active and maintains a healthy diet, his test score was surprising, and he was lucky to have been tested."

When Jesse saw his score, he contacted his primary care doctor who sent him to his local cardiologist immediately. Jesse underwent an angiogram, which found that his left anterior descending (LAD) artery, the largest heart artery, was 100% blocked. It's a type of cardiac blood vessel that's part of your circulatory system. This network of blood vessels circulates blood throughout your body. The LAD artery carries almost half the blood to the heart and disperses it throughout the body. His other arteries were 100% open. His body had created a temporary workaround; new capillaries grew from the clear arteries to the clogged artery and were filling from the bottom up. Upon learning this information, his cardiologist said he needed a double bypass surgery soon.

Jesse learned that when he was resting, his heart would get the blood it needed. When he was exercising, there



wasn't enough blood flow, and the arteries were filling up. This explained why he had been experiencing pain in his left arm for nearly a year while exercising.

Following surgery, he started cardiac rehabilitation 2 to 3 days a week. The first couple of months of recovery were painful, but Jesse is getting stronger and starting to feel better. A 14-year veteran of the police force, he proudly went back to work this past month.

"I'm lucky to be alive and get emotional when I think about the experience," said Jesse. "The experience was a lot for my wife and two teen children to handle and I'm grateful to have received the testing that saved my life."

As Jesse's recovery continues to improve, he looks forward to getting back to playing bag pipes, playing catch with his son and exercising. Looking back, he has always prioritized his health, but says he's learned a lot about the importance of taking a proactive approach to screenings. Jesse is beyond grateful that the Pomona Police Department and PVHMC offered the calcium score test, because ultimately, it saved his life.

To make a gift to the Stead Heart and Vascular Center, visit pvhmc.org/donate



Heart disease kills more than 600,000 people each year, making it the leading cause of death in America.

Pomona Valley Hospital Medical Center (PVHMC) now offers CT Coronary Artery Calcium Scoring (CACS), a noninvasive test that can reveal risk factors for heart disease.

CT CACS scores the amount of calcium located in coronary arteries by taking a few low-dose CT images. According to clinical studies, people with a higher calcium score are more likely to suffer a heart attack or other cardiac complications over the next three to five years. In these cases, care of a cardiologist is recommended.

"Early detection of plaque buildup using the CT CACS screening method can identify people at high risk for heart disease, and lead to early preventative treatment," said Johnson B. Lightfoote, M.D. and Radiology Department Medical Director.

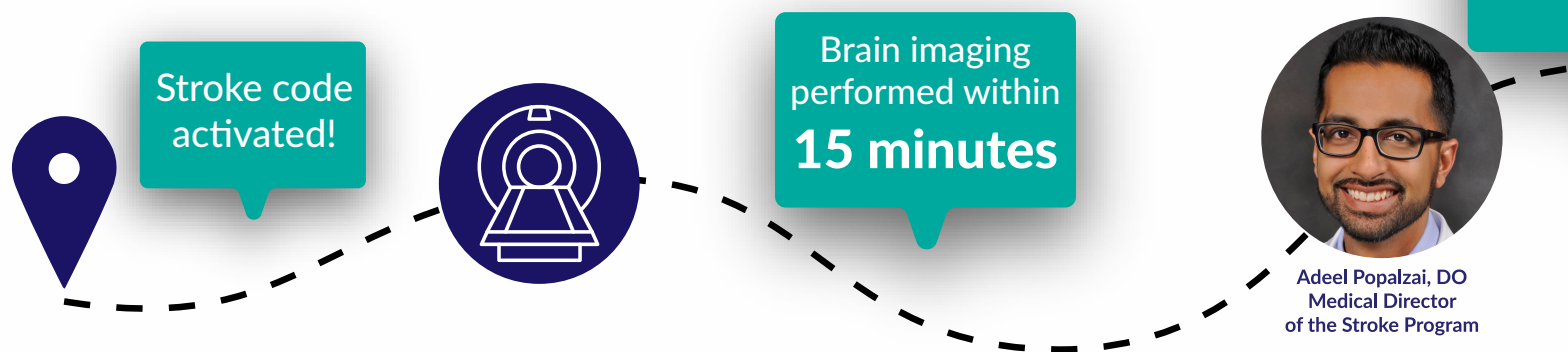
"This test can be potentially lifesaving, especially for patients with high risk factors."

Those who should consider a CT CACS are men over the age of 40 and women over 50, those with a family history of heart disease or personal tobacco use, and patients with high cholesterol, high blood pressure, diabetes or peripheral vascular disease.

To schedule an appointment, call 909.865.9395.

Stroke Alert:

Patient Care Journey at Pomona Valley Hospital Medical Center



Stage 1: Arrival and Assessment

Stage 1: When a stroke patient arrives at Pomona Valley Hospital Medical Center (PVHMC), our Comprehensive Stroke Program under the Stead Heart & Vascular Center employs state-of-the-art neuro-interventional techniques to provide rapid and effective stroke treatment. Our experienced team of neurologists, neurosurgeons and interventional neurologists use advanced imaging technology to accurately diagnose strokes and administer the appropriate interventions, such as clot-dissolving medication or minimally invasive endovascular procedures, to restore blood flow to the brain.

As a Comprehensive Stroke Center certified by The Joint Commission, we provide rapid, expert care to treat complex stroke cases and provide the best possible outcomes for patients.

Before a patient arrives, our team is already in communication with Emergency Medical Services (EMS). A Stroke Alert is activated so that the moment the patient arrives, our team is already at the intake bay to receive a report from EMS and perform a rapid assessment. Our stroke alert response team is composed of an emergency medicine physician, emergency department nurse, stroke nurse, lab phlebotomist, and patient access representative. They will assess their stroke symptoms, medical history, contraindications for treatment, draw labs, start an IV and register the patient.

Stage 2: Advanced Imaging

Stage 2: After the initial assessment, the patient undergoes imaging to determine if the patient is suffering from one of the two types of stroke—ischemic or hemorrhagic.

- Ischemic stroke is when a blood clot blocks the blood flow in an artery to the brain.
- Hemorrhagic stroke is when a blood vessel within the brain bursts. A type of hemorrhagic stroke can be caused by a ruptured brain aneurysm, called subarachnoid hemorrhage.

A radiologist reviews the advanced imaging of the brain and blood vessels, through CT angiogram, CT Perfusion and/or MRI, to determine where the blockage or bleeding is located.

Stage 3: Once the type of the stroke

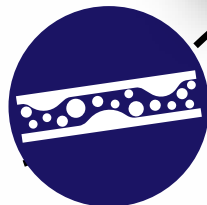
and eligibility for treatment has been determined by stroke specialists, the patient will undergo immediate intervention. Treatment is overseen by a team of neurologists, interventional neurologists and/or neurosurgeons.

For ischemic strokes, a neurologist will oversee administration of IV thrombolysis, a medication to break up/dissolve the clot. A neurosurgeon or interventional neurologist performs a thrombectomy, a minimally-invasive endovascular procedure that removes the clot from the artery.

24/7
interventionist
access



Nazli Janjua, MD,
Medical Director of
Neurointerventional
Services



State-of-the-Art
Neuro
Intensive Care



Rakesh Sinha MD
Associate Director of
Critical Care



Neuro Critical Care/Stroke Unit

Stage 4: Recovery and Rehabilitation

For hemorrhagic strokes, blood pressure will be controlled to prevent expansion of the bleeding. The neurosurgeon and Interventional Neurologist performs emergency surgery to remove the hematoma or repair the ruptured aneurysm, if needed.

The Neuro Intensive Care Unit at PVHMC provides exceptional post-treatment care for patients who have had a stroke. In the Neuro ICU, an Intensivist will oversee patients who require intensive care and monitoring for stroke complications, such as aspirations, brain swelling or bleeding.

A comprehensive stroke workup will be done to determine the cause for the stroke. The personal stroke risks identified will determine if additional surgical procedures are needed, such as Carotid Stenting and Endarterectomy. Medications will be started to help lower the risk for another stroke.

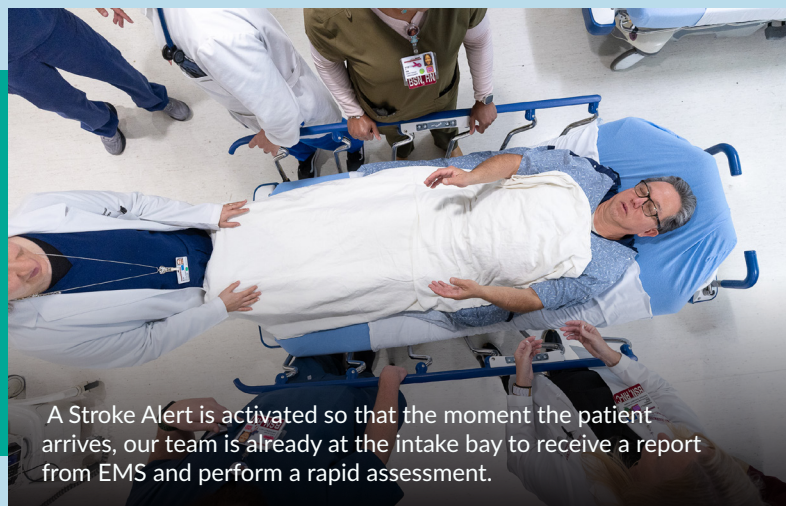
Patients will be transferred to a step down stroke unit called Telemetry for continued monitoring once their condition stabilizes. The care team will involve both the patient and support persons in discharge planning and provide education and resources to prepare them for a smooth transition home.

During their hospital stay, our Rehabilitation Services team will provide daily physiotherapy to begin the patient's recovery.

Stage 4: Before discharge from the hospital, patients are evaluated and recommended to an appropriate inpatient or outpatient rehabilitation program for additional neurological recovery to regain any function lost.

For patients who go home, PVHMC offers a comprehensive, multidisciplinary stroke rehabilitation program., including occupational, physical and speech and language therapy to help patients regain function and improve quality of life after a stroke.

We also offer "Life After Stroke, New Beginnings," a free support group for stroke survivors and their care-partners to support each other in their stroke recovery journey.



A Stroke Alert is activated so that the moment the patient arrives, our team is already at the intake bay to receive a report from EMS and perform a rapid assessment.

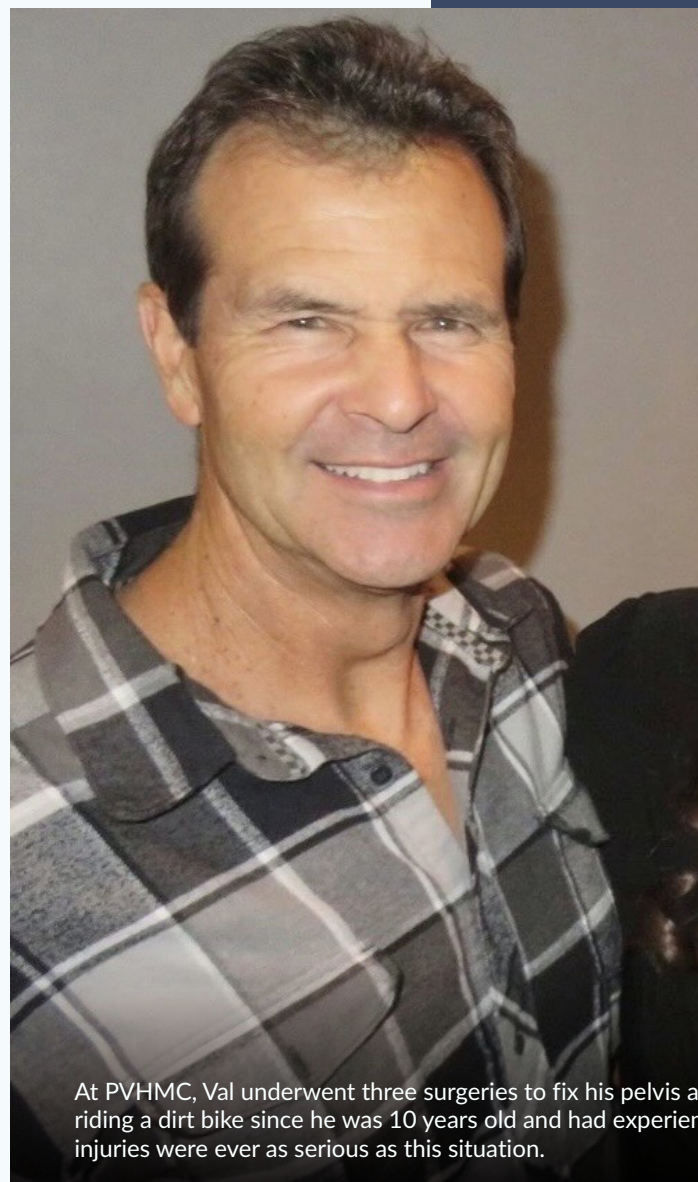
▶ 69-Year-Old Motocross Rider Back on the Track After Crash Thanks to Pomona Valley Hospital Medical Center

Val Tamietti, 69, is not your average motocross rider. The Glendora resident is a multiple time number one rider in Southern California. He has won many big events including a win at the Los Angeles Coliseum in his youth. He was even on the cover of Cycle News in 1977. He has continued to ride competitively until an accident on New Year's Eve in 2024 that nearly took his life.

"I was practicing at my local track and at the bottom of a big jump was a younger rider, stopped—who didn't realize you're not supposed to stop on the track," says Val. "I hit the back of his bike, and it knocked me unconscious for a few minutes."

"Val came in with significant injuries, and it was important that he was treated at a trauma center where we have a multi-disciplinary team to treat his broken pelvis and punctured bladder. He's made a fantastic recovery, and our entire team is happy to see him healthy and strong enough to return to his passion of motorcross racing."

CHRISTOPHER HAYES MD,
ORTHOPEDIC SURGEON



At PVHMC, Val underwent three surgeries to fix his pelvis and bladder injuries. He has been riding a dirt bike since he was 10 years old and had experienced some 25 broken bones and multiple surgeries over the years, but none of his injuries were ever as serious as this situation.

After the crash, a friend took Val home. His wife Debbi took one look at Val and decided immediately he needed to go to a local hospital. After a long wait in a crowded emergency room, doctors realized the serious extent of his injuries. His pelvis was broken in three places, his bladder was punctured, he had two small broken bones in his back, and a brain bleed. He was transported by ambulance to the trauma center at Pomona Valley Hospital Medical Center (PVHMC).

At PVHMC, Val underwent three surgeries to fix his pelvis and bladder injuries over two days while he was in the intensive care unit. He'd been riding a dirt bike since he was 10 years old and had experienced some 25 broken bones and multiple surgeries over the years, but none of his injuries were ever as serious as this situation.



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Christopher Hayes, MD, a board-certified orthopedic surgeon who specializes in orthopedic trauma and complex pelvis/acetabular fractures, performed Val's surgery.

"Dr. Hayes was a miracle worker," said Val. "I've been in a lot of hospitals over the years, but Pomona Valley Hospital Medical Center was the best. The entire medical team had a good attitude, and they helped put me back together again."

After his release from PVHMC, Val began his long road to recovery. He spent six weeks in physical therapy and six weeks in a wheelchair. Because Val was wearing a helmet, he was fortunate that he didn't require surgery for his traumatic brain injury; it was treated with physical therapy. He was given a walker, he used it for a week, then carried it with him just in case for safety. He gradually increased his home exercises until he walked one to two miles at a time, three or four times a week.



"Val came in with significant injuries, and it was important that he was treated at a trauma center where we have a multi-disciplinary team to treat his broken pelvis and punctured bladder," said Dr. Hayes. "He's made a fantastic recovery, and our entire team is happy to see him healthy and strong enough to return to his passion of motocross racing."

After nearly a year of hard work on his recovery, Val got back on his Yamaha motorbike. He's been riding for more than six months and says he feels good. The best part he says is that he's not feeling any pain and can continue to practice. He's even raced twice since his accident, but he hasn't won... yet.

"I missed the Dubya World Vet MX Championships Race at the Glen Helen Raceway, but I'll be back this summer 2026, shooting for the 70+ title," he says. "My goal is to keep going, and to someday be the oldest motocross racer in the world."



Labor and delivery care team members, including nurses, physicians and patient care support technicians, regularly undergo Practical Obstetric Multi-Professional Training (PROMPT) simulations for hemorrhage and other life-threatening complications of birthing.

Code Crimson: The Rapid Response Saving Mothers' Lives at PVHMC

As expectant parents near their delivery dates, anticipation is often mingled with anxiety. Postpartum hemorrhage (PPH), defined as heavy bleeding during or after birth, is a complication many fear. According to the American Hospital Association, PPH affects more than 100,000 women annually and accounts for 14% of maternal deaths in the U.S. Left untreated, it can quickly escalate to shock, organ failure, respiratory distress or even death.

At Pomona Valley Hospital Medical Center's (PVHMC) high risk maternity center, these fears are met with relentless preparation. PPH can be safely manageable when a medical team has the skills and preparation to act instantly. Preparation is just one reason why PVHMC is a leader in the state for maternal safety. Its PPH response program is anchored by an intensive, rapid-activation protocol for PPH known as a "Code Crimson."

Labor and delivery care team members, including nurses, physicians and patient care support technicians, regularly undergo Practical Obstetric Multi-Professional Training (PROMPT) simulations for hemorrhage and other life-threatening complications of birthing. These drills allow them to recognize subtle symptoms, precisely measure blood loss, and deploy life-saving interventions within a matter of minutes.

The Women's Center at PVHMC can identify and treat the most complex obstetric conditions. Our specialized unit includes maternal-fetal medicine specialists, a rapid response team, a dedicated operating room for

obstetrics patients, a 24/7 blood bank for immediate access to lifesaving blood product and access to a critical care unit

Proactive Care for our Patients

At PVHMC, preparation for a safe delivery starts long before labor begins. Patients identified with high-risk conditions, such as blood or placental conditions, are referred to our Joint Commission certified Perinatal Center, where maternal-fetal medicine physicians can provide continuous, specialized monitoring and care.

To ensure continuous safety, every maternity patient—including those not seen in our Perinatal Center—undergoes risk screening at three critical stages: upon admission, as their condition changes and immediately after delivery.

Accessing High Risk Maternity Care

For decades, PVHMC has been a pillar of maternity care in the region. Through our advanced maternal-fetal transport program, we safely accept patients from as far away as Bishop, California, through ambulance, helicopter or a fixed-wing plane.

No matter how complex the pregnancy, our expert team possesses the experience, protocols and superior skillset needed to give high-risk mothers and babies the best possible outcomes.

To learn how to support the Women's Center through the PVHMC Foundation, visit pvhmc.org/donate or call: 909.865.9139.

New Blood Biomarker Test Predicts Risk of Preeclampsia in Pregnant Patients

Preeclampsia is a serious condition in pregnancy involving dangerously elevated blood pressure that can affect the organs and be life-threatening for both mother and baby. The rate of preeclampsia in the US has increased 25% in the last two decades and is a leading cause of maternal and infant illness and death, according to the Preeclampsia Foundation.

The condition has historically been difficult to predict with precision, but a new laboratory test at Pomona Valley Hospital Medical Center (PVHMC) is offering a powerful tool to identify high-risk patients earlier and with greater confidence.

The blood biomarker test, known as the “soluble fms-like tyrosine kinase-1 to Placental Growth Factor ratio,” or sFlt-1/PlGF ratio, is a simple blood draw that measures the ratio of two proteins produced by the placenta. An elevated ratio of the proteins tells the care team that there is a high likelihood of the patient developing preeclampsia.

Once the patient is identified as high-risk, the care team can initiate closer monitoring, timely delivery planning or preventive treatment to help ensure a safe delivery.

PVHMC maternal-fetal medicine specialist, Richard Burwick, MD, MPH, was involved in the research trial on the sFlt-1/plGF ratio, including the definitive research trial that was used to obtain approval from the US Food and Drug Administration (FDA) in 2023. PVHMC is one of only a handful of facilities in the Southern

California region to offer this blood test in-hospital. Although it is available to be sent out to larger laboratory providers, results often take 4-5 days, a delay that Dr. Burwick says creates challenges for clinicians who need to make decisions for patients in real time.



Blood biomarker test for preeclampsia.

The limited availability of the test in-hospital is due to its newness, the high implementation costs of specialized laboratory equipment and the requirement for expert maternal-fetal medicine physicians to interpret the predictive data. Thankfully, PVHMC has earned Advanced accreditation for both its Laboratory and Perinatal Center, an in-hospital clinic for high-risk pregnancies.

“We are now getting results back the same day; usually within hours of the patient being seen,” says Dr. Burwick. “This gives us an immediate understanding of the severity of the patient’s condition and whether mom and baby are at high risk for complications.”

As a high-risk maternal-fetal center and one of the top delivering hospitals in the state (with more than 5,000 births per year), PVHMC is making this investment in prenatal care to strengthen its commitment to providing safe, evidence-based care and reducing preventable complications in pregnancy and childbirth.

“Ultimately, I believe this test will help us reduce maternal and neonatal complications related to preeclampsia, allowing us to have healthier moms and babies,” adds Dr. Burwick.

In the first week of the blood biomarker test launch on May 7, 2026, several patients received a positive test and subsequent consultation and referral to the hospital’s Perinatal Center.

To support investments in mother and baby care at PVHMC, visit pvhmc.org/donate and select the “LDRP Fund.”





Baby Azaliyah entered the world weighing 1.76 pounds and she was immediately transferred to the NICU. After 102 days in the NICU, on March 6, 2026, Azaliyah was able to go home.

► Azaliyah's NICU Journey at Pomona Valley

A 24-week pregnant Kendra Hudson was heading into work last November when she began to feel sudden pelvic pressure. When the pressure was followed by uncontrollable bleeding, she rushed to the nearest emergency department, which fortunately for her and her unborn child happened to be Pomona Valley Hospital Medical Center (PVHMC), where she had access to high-risk maternal fetal experts.

Until this episode, Kendra had experienced a healthy pregnancy. PVHMC doctors diagnosed her with a condition called cervical insufficiency, which causes the cervix to dilate early. According to the National Institute of Health, cervical insufficiency affects 1-2% of pregnancies and is a significant cause of spontaneous preterm birth in the second trimester.

PVHMC doctors and staff worked to keep Kendra's baby safely inside the womb for as long as possible. This would give her unborn child a chance to continue development. For the next six days Kendra remained on strict bed rest in the hospital. She was carefully positioned with her legs elevated to prevent contractions and also received medications to stop her from going into labor.

At 25 weeks, her body was ready to deliver. To bring Kendra's micro-preemie baby into the world, PVHMC staffed the delivery room with a coordinated team of 13 specialists, which included neonatologists, Neonatal Intensive Care Unit (NICU) nurses, respiratory therapists, and OB staff.

Baby Azaliyah entered the world weighing 1.76 pounds and she was immediately transferred to the NICU. Azaliyah required immediate respiratory support, including intubation and later a Continuous Positive Airway Pressure (CPAP) machine to deliver a steady flow of oxygen.

"When Azaliyah was delivered, she was crying, which signaled that she was strong enough to breathe on her own," said PVHMC neonatologist Harjinder Singh, MD. "Our team was relieved, but there was still much work to be done to help Azaliyah survive after being born 15 weeks early."

Kendra remembers the moment she and her husband, Andrew, were able to hold was able to hold Azaliyah for the first time—four days after her birth.



Pomona Valley Hospital Medical Center

“She was so tiny and covered in tubes and wires, but she was mine,” said Kendra. “That moment meant everything.”

Azaliyah endured numerous medical conditions, including sepsis, adrenal insufficiency, jaundice and low sodium levels. Despite all the challenges, she was safe in the hands of Dr. Singh, who led a multidisciplinary care team to closely monitor Azaliyah as she underwent three months of care in the NICU.

Kendra, Andrew and the NICU team spent Thanksgiving, Christmas, and New Years together and grew close to their care team.

“They didn’t just care for Azaliyah,” said Kendra. “They cared for all of us.”

After 102 days in the NICU, on March 6, 2026, Azaliyah was able to go home. She still required oxygen, but she was strong, stable, breastfeeding and experiencing healthy weight gains.

“Leaving the hospital was emotional,” said Kendra. “We made sure to say goodbye to everyone—especially the nurses who had been with us since the beginning.”

Azaliyah is growing stronger every day. In the months following, the Hudsons have settled into a rhythm of feedings, appointments, and walks outdoors, which has brought joy to the first-time parents.

“There was a moment when I was walking outside, holding her, just praying and thanking God to be out of the hospital, away from the wires - it’s something I’ll never take for granted,” said Kendra.

Azaliyah still visits PVHMC’s High-Risk Infant Clinic and Milestones Center for Child Development, to see multiple specialists who guide her progress. The continuity of care has made Azaliyah’s transition home smoother.

“We didn’t get the traditional experience of bringing our baby home right away,” said Kendra. “But she was loved every single day—by us and by an entire team at Pomona Valley Hospital Medical Center who never gave up on her.”

To donate to the NICU Fund, visit pvhmc.org/donate

► Pomona Valley Hospital Medical Center Receives Inaugural Excellence Award for Normothermia Care in NICU Infants

The California Perinatal Quality Care Collaborative (CPQCC) this year created the Bhatt Normothermia Excellence Award to recognize NICUs whose infants have the most consistently high chance of being admitted to the NICU normothermic. Newborn normothermia rates upon admission to California hospital NICUs averaged in the 60-70th percentile, while PVHMC has consistently ranked above 90%.

Normothermia in the NICU setting refers to the maintenance of a neonate's temperature between 97.7 – 99.5 degrees Fahrenheit. According to the National Library of Medicine, there is a high incidence

of hypothermia in preterm infants after delivery. Evidence suggests that hypothermia in this population is linked to a higher risk of morbidity, including hypoglycemia, respiratory distress, jaundice and susceptibility to infection, as well as mortality.

“A neonate’s transition from the womb to the delivery room is the highest risk period for heat loss,” adds Dr. Kamran. “When our NICU and maternity teams work together, we give our smallest patients the strongest possible start before their NICU journey even begins.”

In addition, the nurses implement numerous interventions to prevent heat loss and achieve normothermia immediately after delivery. These include the use of radiant warmers, exothermic mattresses, warmed blankets, woolen caps, humidified conditions in its isolettes, warmed cannulas that deliver oxygen to the baby and clear polyurethane bags that promote a humid environment while allowing access for the care team without compromising heat loss.

Dilip Bhatt, MD, a neonatologist and clinical researcher, has championed normothermia efforts across the CPQCC network as a key, evidence-based driver of better morbidity and mortality outcomes for neonates. The award highlights alignment and excellence with that initiative.

The award was presented at CPQCC’s Improvement Palooza 2026 on March 18th, a conference that brought together experts in neonatology to explore cutting-edge developments in quality improvement and modern newborn care.

PVHMC’s NICU is a state-of-the-art 53-bed level IIIb community intensive care unit, featuring board certified neonatologists and pediatric specialists, as well as a multidisciplinary care team. It also has a Neonatal Transport Service to provide rapid intervention and transfer for neonatal patients born throughout the region.



Pomona Valley Hospital Medical Center (PVHMC) has been awarded the inaugural Bhatt Normothermia Excellence Award from the California Perinatal Quality Care Collaborative (CPQCC).

of hypothermia in preterm infants after delivery. Evidence suggests that hypothermia in this population is linked to a higher risk of morbidity, including hypoglycemia, respiratory distress, jaundice and susceptibility to infection, as well as mortality.

“It is an honor to be recognized for our commitment to excellence in normothermia care for our neonates,” says Shahid Kamran, MD, neonatal-perinatal medicine physician and medical director of the NICU at PVHMC. “We’re proud of the interdisciplinary team we have formed that can provide evidence-based comprehensive care that can save the lives of our most fragile patients.”

PVHMC attributes the success of its normothermia program to the collaborative care model between the NICU and labor and delivery unit. Pre-delivery communication regarding a neonate’s condition allows



Emergency Department Opens Pediatric Waiting Area and Treatment Room

Pomona Valley Hospital Medical Center's (PVHMC) emergency department (ED) has opened a dedicated pediatric waiting area for kids.

It also recently opened a treatment room for pediatric patients in the ED. The new vibrant spaces provide children and their families with a more private, comfortable area.

Upon check-in, patients will have a rapid medical exam with an emergency medicine care team member. Families of patients with non-respiratory or infectious disease symptoms will be led to a separate waiting area, where they have access to activities and games while they wait to see the doctor. Once the patient is ready to be seen, families will be guided to a child-friendly treatment room.

"Emergency departments can be an overwhelming environment and we're proud to offer our community these new, comfortable spaces that are tailored to serve families during a stressful moment," said James Kim, MD, emergency medicine physician and medical director of emergency services. "These updates build upon our commitment to better serve our region's pediatric patients."

PVHMC is a designated Emergency Department Approved for Pediatrics (EDAP) by the Los Angeles County Emergency Medical Services Agency. The

EDAP designation means that PVHMC has equipment specially designed for pediatric patients and staff who are trained to meet the specific needs of children of all ages. PVHMC physicians and nurses are trained and nationally certified in both pediatric emergency medicine and advanced life support.

Because children are different from adults, children have a different spectrum of diseases, and their smaller bodies require specialized medical procedures and equipment that can accommodate their size and stage of development. Children experience better health outcomes when taken care of by physicians and nurses who are trained to attend to both a child's physical and emotional needs.

PVHMC has the only emergency department that is EDAP-designated, as well as the only pediatric inpatient care unit for admissions, to serve the community in a 12-mile radius.

If your child is experiencing a medical emergency, call 911, or if you can safely transport them, PVHMC is located at 1798 N. Garey Ave., Pomona, CA 91767. For more information, call 909.865.9500.

▶ Planning for Your Future and Your Loved Ones, Too

Over the years, the Pomona Valley Hospital Medical Center (PVHMC) Foundation has benefited through generous donors who have included the Hospital in their wills and estates. Their gifts back then are making a difference today.

Estate planning is not an easy thing to do. It's estimated that less than 50% of Americans have actually done the work. Here are three major roadblocks to putting an estate plan in place:

1. **It's uncomfortable.** None of us want to talk about our mortality and financial concerns, especially with our children. The reality is that once you've done a plan, you'll feel a lot better.
2. **Family issues get in the way.** Divorce, remarriage, and conflicts with family members can make estate planning difficult. But having a plan helps avoid challenges and court proceedings that might occur after you've passed.
3. **Planning's complicated.** A 'plan' can be as simple as a will and a durable power of attorney or as complex as a family trust. Most plans are straightforward and don't take a lot of time.

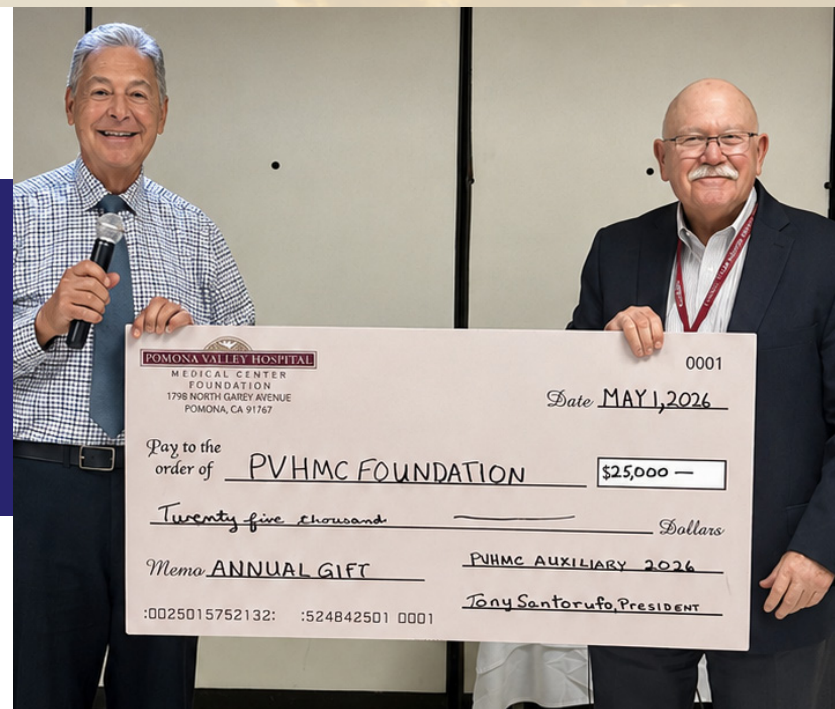
If you pass without a will or estate plan, California will decide how your assets get distributed. Who wants that? If you don't have a durable power of attorney or medical advance directive in place, you lose control of what happens if you're incapacitated or facing medical decisions at the end of your life. Who wants that either? To avoid these estate roadblocks and maintain control over your estate and your health decisions, get a referral to a good estate attorney. Then think about what you actually want to have happen with your assets. That's the first critical step.

In thinking about what you want to do, please consider Pomona Valley Hospital Medical Center Foundation as one of your beneficiaries. By naming the PVHMC Foundation in your estate, you can become a member of the Foundation's Circle of Friends. The Circle of Friends recognizes donors who want to share in the Hospital's future.

For more information, please call please contact James Dale, Vice President of Development, at 909.469.9408.

▶ Auxiliary Donates \$25,000 to the Foundation

At its annual Volunteer Appreciation Luncheon on May 1, 2026, the Auxiliary presented a \$25,000 check to the Pomona Valley Hospital Medical Center Foundation. These gifts play an integral part in allowing the hospital to provide the community with nationally recognized, high-quality medical services.



► Foundation Dedicates Shuttle to Former Volunteer Driver

Pomona Valley Hospital Medical Center (PVHMC) Foundation has received a \$10,000 gift from the estate of Stuart Elliott, a resident of Upland and longtime volunteer at the hospital who passed away in March 2025.

The gift has funded the purchase of a new, larger shuttle. Shuttles are driven by volunteers of the hospital to assist patients and visitors more comfortably access different areas of the hospital campus. The new shuttle was dedicated in memory of Stuart with a plaque in May of 2026.

Before Stuart volunteered at PVHMC, he was one of the original General Telephone & Electronics Corporation (GTE) phone technicians. During his many visits to the hospital to manage phone line issues, he befriended Associates in the Telecommunications Department. After retiring, he decided to become a Volunteer at the hospital, often spending time with them in the switchboard room. From 2004-2020, Stuart completed an astounding 4,089 hours of service. He was also a former member of the PVHMC Auxiliary, a not-for-profit dedicated to raising funds for the hospital, in part through its Sick Baby and Hospital Assistance Fund.

According to fellow PVHMC Volunteers, Stuart, known as “Stu,” was a kind, humble and generous man. He was a frequent donor to Foundation programs and active in volunteering beyond the wheels of the shuttle. Stuart and his wife once opened their home for the Auxiliary’s annual Holiday Homes Tour fundraiser, a more than six-year-tradition that raised a significant amount of money for the Sick Baby and Hospital Assistance Fund.

“We are deeply grateful to Mr. Elliott for his gift to the Foundation,” says Richard E. Yochum, FACHE, President/CEO of PVHMC. “Each day dozens of patients, visitors and Associates rely on the shuttles to navigate our campus. The shuttles are vital for those with mobility issues, and our shuttle drivers, like Stuart, are often the first friendly face they encounter during their visit.”

To learn more about volunteering at Pomona Valley Hospital Medical Center, visit pvhmc.org/volunteer



Stuart Elliott, a resident of Upland, volunteered at PVHMC from 2004-2020, completing an astounding 4,089 hours of shuttle service.

PVHMC Classes and Programs

WOMEN'S CENTER

For time, location and registration information, call **909.865.9858** or email **ferc@pvhmc.org**. *BabyLiveAdvice*: <https://class.babyliveadvice.com/pomona>

Virtual Prenatal & Educational Classes

Dates and times vary; see *BabyLiveAdvice* for schedule. Live online classes with certified providers, including childbirth preparation, breastfeeding, baby care, infant CPR, diabetes and pregnancy, and nutrition.

Women's Center Tours

Virtual and In-Person

Learn about our Women's Center facilities and services. In-person (English and Spanish): Schedule and registration through *BabyLiveAdvice*. Virtual (English): **First Thursday monthly at 7:00 pm**. Register through *BabyLiveAdvice*.

Childbirth Preparation Classes Virtual

This class is once a month and is a three-week series (one class per week). Week 1: Childbirth preparation, Week 2: Baby care, Week 3: Breastfeeding.

Pregnancy & Postpartum Stress

Virtual Group

Provides emotional support for pregnant and new moms, focusing on stress, depression, anxiety, and adjustment. Participants learn coping and relaxation techniques. **First and third Wednesday, 12:30 – 2:00 pm**. Call **909.865.9858** or for the meeting link, email **nayelilcsw@gmail.com**.

Safe Sitter Class

Two-day class teaching safety and childcare skills (summer only). Cost: \$40. Dates vary. Location: Pomona Valley Health Center–Claremont.

REHABILITATION

For more information call **909.865.9810**.

Sports Medicine Clinic

Athletic injury screenings by a Sports Medicine Physician. Every **Wednesdays and every other Monday at 5:00 pm**.

Pre-Participation Exam (PPE) Sports Physicals

Appointment required. Open to athletes (parent/guardian must accompany minors). Cost: \$60.

THE ROBERT & BEVERLY LEWIS FAMILY CANCER CARE CENTER (CCC)

For more information, email **ExpertCancerCare@pvhmc.org** or visit **pvhmc.org/events**.

Breast Cancer Support Group

Provides a safe, supportive environment for those coping with breast cancer to share experiences and receive emotional support. Priority given to CCC patients. **Third Tuesday, 11:00 am – 12:00 pm**. Location: CCC Professional Library.

Chair Pilates for Cancer Patients Class

Gentle, low-impact chair exercises are designed to improve posture, flexibility, endurance, and core strength. Priority given to CCC patients. **Fridays, 11:00 am – 12:00 pm**. Location: CCC Community Room.

STEAD HEART & VASCULAR CENTER

For more information and the register, please call **909.865.9823** or email **stroke.support@pvhmc.org**. To see the current schedule, please visit our events page at **pvhmc.org/events**.

Life After Stroke – New Beginnings

Educational support group to enhance quality of life and independence for stroke survivors through self-help education, discussion, and community resources. Open to the public. **Fourth Thursday, 10:00 – 11:30 am**. Location: Pomona Valley Health Center–Claremont. Second Floor Conference Room.

DIABETES

For more information and to register, call **909.865.9501 ext. 4020** or visit **pvhmc.org/events**. All classes are open to the public.

Diabetes 101

Educational class for those with Type 1 or Type 2 diabetes to gain a better understanding of living well with diabetes. English, **second Tuesday, 6:30 – 7:30 pm**. Spanish, **second Tuesday, 5:30 – 6:30 pm**. Location: Robert and Beverly Lewis Outpatient Pavilion, 3rd floor conference rooms.

Diabetes Nutrition Class (Quarterly)

Educational class covering healthy eating, nutrition, and food label reading, with adaptations for prediabetes and diabetes. English, **third Tuesday, 6:30 – 7:30 pm**. Spanish, **third Tuesday, 5:30 – 6:30 pm**. Location: Robert and Beverly Lewis Outpatient Pavilion, 3rd floor conference rooms.

TRAUMA SERVICES

For more information, call **909.865.9611**.

Stop the Bleed

Teaches participants how to respond to life-threatening bleeding emergencies. Open to the public. **Once a month, 9:00 – 10:00 am or 5:00 – 6:00 pm**. Location: PVHMC Trauma Services Office.

Trauma Survivors Peer Support Group

This is a safe space for individuals who have experienced physical trauma or violence to share and support each other in healing. Open to the public. **Second and fourth Thursday (excluding holidays), 4:30 – 5:30 pm**. Location: PVHMC Trauma Services Office.

Foundation Guardian Angels



Allan Lindo, RN, Observation, Billy Murray, RN, Observation, and Kelsey Schaefer, RN, Emergency Services "We received a letter from a patient's family recognizing your exceptional nursing care, professionalism, and communication. Thank you for representing our organization so well and making a meaningful difference for this patient and their family."

— Recognized by a Grateful Patient

Anita Valoff, Volunteer

— Recognized by Kathleen Doramus

Livia Vargas, RN, Breast Cancer Nurse Navigator

— Recognized by Kathleen Doramus

Chris Mills, RN, ICU3 "We would like to take a moment to extend our deepest appreciation to Chris for exemplifying the highest standards of compassionate care. Chris's unwavering dedication and expertise recently shone through in the care of two patients, where his actions went far above and beyond the expectations of his role. His deep empathy, commitment to patient well-being, and tireless attention to detail were not only a source of comfort to the patients but also to their families."

— Recognized by a Grateful Patient

Maria Olvera, RN, ICU2 "An extremely dedicated RN. An asset to PVHMC."

— Lillian Johnston

Tara Bernal, RN, Alexis Peraza, RN, and Andrea Van Loon, RN, GI Lab

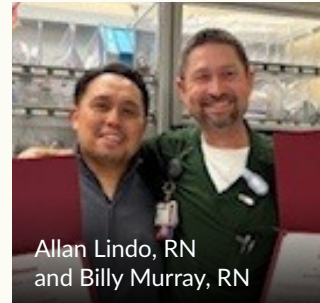
— Dianna Garcia

Lauren Rossman, PT, Sr. Physical Therapist "Lauren is exceptional as a physical therapist. Not only does Lauren know her job extremely well, she treats people with kindness. I have had vertigo three times over the years and was treated by Lauren twice. This last time took a little longer to recover but Lauren was right there encouraging me along the way. Lauren had a very calming way about her. She speaks softly, looks at you when she talks with you and genuinely cares. Lauren was able to get me through this episode of vertigo without missing a day of work."

— Recognized by a Grateful Patient

Joshua Gonzales, RN, Emergency Department "Joshua went above and beyond while caring for my mom. He was very kind and nice."

— Recognized by a Grateful Patient



Allan Lindo, RN
and Billy Murray, RN



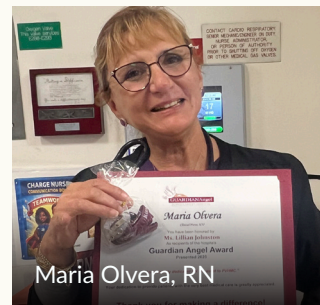
Anita Valoff



Livia Vargas, RN



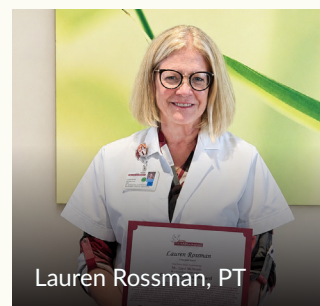
Chris Mills, RN



Maria Olvera, RN



Tara Bernal, RN,
Alexis Peraza, RN, and
Andrea Van Loon, RN



Lauren Rossman, PT



Joshua Gonzales, RN

To make a Guardian Angel gift, please visit
pvhmc.org/donate.

▶ Thank you to our generous donors!



BENEFACTORS

\$1 Million or more Lifetime Giving

PVHMC Auxiliary
Magistro Family Foundation
Dr. Daksha Jain and Mr. Sudhir Kapadia
Dr. Paul D. and Mrs. Trudy T. Orr
Drs. Robert and Christine Johnson
Estate of Dr. and Mrs. Lewis A. Vadheim
Estate of Lucy and Harry Hyde
Estate of Mr. and Mrs. E. Burdette Boileau
Estate of Mr. and Mrs. James McIlvried
Estate of Mr. and Mrs. Norman L. Williamson, Jr.
Estate of Mrs. Caroline Reeves
Estates of Drs. Robert H. Chaney and Lorna M. Forbes
Mr. and Mrs. Donald R. DesCombes
Mr. and Mrs. George Belding
Mr. and Mrs. William R. Stead
Mrs. Josephine P. Fulton
Robert and Beverly Lewis

INDIVIDUALS

2024 through current

Dr. and Mrs. Ryan H. Agena
Dr. Kyu Dong Ahn
Dr. Ramin Amirnovin
Mr. Edward Anton
Ms. Naomi Avila
Mrs. Rosanne Bader
Mr. Joseph Baumgaertner and Ms. Elise Magistro
Dr. and Mrs. R. Keith Beeman
Mr. and Mrs. Jonathan Berends
Mr. and Mrs. Bernard A. Bernstein
Mr. and Mrs. Dilip Bhatt
Ms. Stephanie Blaisdell
Mr. and Mrs. Gustave C Boesch III
Ms. Norene A. Bowers
Mr. and Mrs. Jason Brooks
Mrs. Barbara A. Brown
Mrs. Jan Brown
Dr. and Mrs. Kenneth Brown
Mr. David Burt
Dr. and Mrs. R. Melvin Butler
Mr. and Mrs. Charles E. Cable
Dr. Norman L. Cadman
Ms. Juliana Cardona, RN
Dr. Swarna Chanduri and Mr. Murali Chanduri
Mr. and Mrs. Joseph Chang
Ms. Laura Clark
Ms. Deborah Corey
Mr. and Mrs. Aaron Cornell
Mr. and Mrs. Richard P. Crean
Ms. Amy Croushore

Mr. and Mrs. James M. Dale
Mr. and Mrs. Gregory A. Daly
Dr. and Mrs. Harold D. Damuth, Jr.
Dr. Heather Davis
Mr. Joseph Davis
Mr. and Mrs. Gordon DesCombes
Dr. Lynne Diamond and Mr. Gary Kates
Mr. James Burke and Ms. Susan Dowler
Yi-Jing Duh
Mr. and Mrs. Richard C. Ede
Mr. and Mrs. James Erickson
Mr. Bernard Farnan
Mr. and Mrs. Richard Fass
Mr. Fred Faught
Mr. and Mrs. Bill Fortney
Ms. Marla Franklin
Mr. and Mrs. Russell W. Freehling
Mrs. Josephine P. Fulton
Ms. Jean Garrett
Mr. Roger A. Ginsburg
Dr. Stephen Glass and Dr. Sandra Glass
Dr. and Mrs. Gerald D. Goldman
Mr. and Mrs. Nicholas H. Goldware
Ms. Ann Gonzalez
Mrs. Jane Goodfellow
Dr. and Mrs. Sri G. Gorty
Mr. Donald P. Gould
Mr. Jeff W. Grant
Mr. and Mrs. William M. Grant
Ms. Karen P. Gutierrez
Mr. and Mrs. William Hall
Mrs. Irene A. Haskvitz
Ms. Martha Hazard
Mr. James Henson
Mr. and Mrs. Mark Herter
Ms. Juli Hester
Mr. Steven Hoelke
Mrs. Penny J. Holliday
Dr. Dana Homer-Bertrand
Mr. and Mrs. Kent Hoyos
Dr. Frank Hsu and Dr. Jane Hsu
Dr. Daksha Jain and Mr. Sudhir Kapadia
Dr. and Mrs. Sudhakar R. Kona
Mr. Wen Hui Lai
Mr. and Mrs. Lewis Israelitt
Dr. Jay Jablow and Dr. Bette-Lee Jablow
Ms. Margaret A. Jackson
Dr. Nazli Janjua
Ms. Nancy D. Jennings
Ms. Linda B. Johnson
Ms. Elene Johnston
Mr. and Mrs. R. William Johnston
Ms. Mary Kahn
Dr. Mary Kasem
Mr. and Mrs. William J. Kearney
Mr. and Mrs. Donald Kendrick
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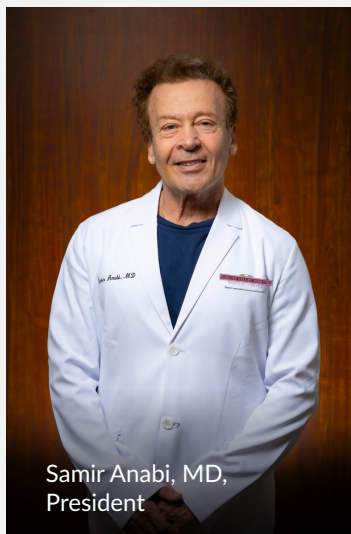
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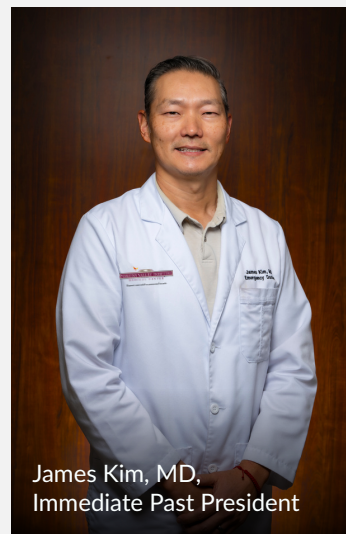
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